

ORIGINAL

10-016

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

RECEIVED

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

MAR 18 2010

This Section must be completed for all projects.

HEALTH FACILITIES &
SERVICES REVIEW BOARD

Facility/Project Identification

Facility Name:	Hauser-Ross Surgicenter				
Street Address:	2240 Gateway Drive				
City and Zip Code:	Sycamore 60178				
County:	DeKalb	Health Service Area	01	Health Planning Area:	007

Applicant Identification

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

Exact Legal Name:	Hauser-Ross Surgicenter, Inc.				
Address:	2240 Gateway Drive, Sycamore, Illinois 60178				
Name of Registered Agent:	Kevin Poorten				
Name of Chief Executive Officer:	Kevin Poorten				
CEO Address:	One Kish Hospital Drive, DeKalb, IL 60115				
Telephone Number:	815-756-1521				

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:	Joe Dant				
Title:	VP, Business Development				
Company Name:	Kishwaukee Community Hospital				
Address:	One Kish Hospital Drive, DeKalb, IL 60115				
Telephone Number:	815-756-1521				
E-mail Address:	jdant@kishhealth.org				
Fax Number:	815-756-7665				

Additional Contact

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

Name:	Janet Scheuerman				
Title:	Senior Consultant				
Company Name:	PRISM Healthcare Consulting				
Address:	1808 Woodmere Drive, Valparaiso, IN 46383				
Telephone Number:	219-464-3969				
E-mail Address:	jscheuerman@consultprism.com				
Fax Number:	219-464-0027				

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
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County:	DeKalb	Health Service Area	01
		Health Planning Area:	007

Applicant Identification

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Address:	One Kish Hospital Drive, DeKalb, IL 60115
Name of Registered Agent:	Kevin Poorten
Name of Chief Executive Officer:	Kevin Poorten
CEO Address:	One Kish Hospital Drive, DeKalb, IL 60115
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County:	DeKalb	Health Service Area	01	Health Planning Area:	007

Applicant Identification

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

Exact Legal Name:	KishHealth System				
Address:	One Kish Hospital Drive, DeKalb, IL 60115				
Name of Registered Agent:	Kevin Poorten				
Name of Chief Executive Officer:	Kevin Poorten				
CEO Address:	One Kish Hospital Drive, DeKalb, IL 60115				
Telephone Number:	815-756-1521				

Type of Ownership

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Post Permit Contact

[Person to receive all correspondence subsequent to permit issuance]

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Title:	VP, Business Development
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Address:	One Kish Hospital Drive, DeKalb, IL 60115
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Site Ownership

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

Exact Legal Name of Site Owner:	Kishwaukee Community Hospital
Address of Site Owner:	One Kish Hospital Drive, DeKalb, IL 60115
Street Address or Legal Description of Site:	2240 Gateway Drive, Sycamore, Illinois 60178

Operating Identity/Licensee

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

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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>).

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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-S, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

DESCRIPTION OF PROJECT

1. Project Classification

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

<p>Part 1110 Classification:</p> <p><input type="checkbox"/> Substantive</p> <p><input checked="" type="checkbox"/> Non-substantive</p>	<p>Part 1120 Applicability or Classification: [Check one only.]</p> <p><input checked="" type="checkbox"/> Part 1120 Not Applicable</p> <p><input type="checkbox"/> Category A Project</p> <p><input type="checkbox"/> Category B Project</p> <p><input type="checkbox"/> DHS or DVA Project</p>
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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					
Acute/Chronic Mental Illness					
Neonatal Intensive Care					
Open Heart Surgery					
Cardiac Catheterization					
In-Center Hemodialysis					
Non-Hospital Based Ambulatory Surgery				X	16
General Long Term Care					
Specialized Long Term Care					
Selected Organ Transplantation					
Kidney Transplantation					
Subacute Care Hospital Model					
Post Surgical Recovery Care Center					
Children's Community-Based Health Care Center					
Community-Based Residential Rehabilitation Center					
Long Term Acute Care Hospital Bed Projects					
Clinical Service Areas Other Than Categories of Service:					
• Surgery					
• Ambulatory Care Services (organized as a service)					
• Diagnostic & Interventional Radiology/Imaging					
• Therapeutic Radiology					
• Laboratory					
• Pharmacy					
• Occupational Therapy					
• Physical Therapy					
• Major Medical Equipment					
Freestanding Emergency Center Medical Services					
Master Design and Related Projects					
Mergers, Consolidations and Acquisitions					

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

3. Narrative Description

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

Kishwaukee Community Hospital (KCH, the Hospital) and KishHealth System (KHS) are seeking a certificate of need permit to discontinue Hauser-Ross Surgicenter (Hauser-Ross, the Surgicenter), a non-hospital ambulatory surgery category of service, located in Sycamore.

Hauser-Ross Surgicenter reported 1,618 hours of surgery in 2009. This volume can be accommodated at the three other surgery facilities that are part of KishHealth System. Seven area providers, both hospitals and ambulatory surgery treatment centers, have indicated their willingness to accept Hauser-Ross patients without conditions, limitations, or discrimination. Letters from these providers are included in Attachment 9, Exhibit 3.

The medical office building space in which the Hauser-Ross Surgicenter is located is no longer contemporary; substantial investment would be required to continue its use and meet surgical facility and operational standards. In order to increase the overall efficiency of surgery within KishHealth System and to preclude capital investment in the 25-year old medical office building currently housing the Surgicenter, clinical and administrative leadership at KCH and KHS determined that the most prudent course of action would be to discontinue Hauser-Ross Surgicenter. The space vacated by the Surgicenter is not suitable for clinical use; for that reason, KCH expects that the space will be used for physician office space, meeting rooms, and/or storage.

Section 1110.40 of the rules classifies the discontinuation of a category of service as non-substantive. There are no capital costs associated with the proposed discontinuation of non-hospital ambulatory surgery.

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	\$0	\$0	\$0
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	\$0	\$0	\$0
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, (IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Related Project Costs

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

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

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

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

Estimated start-up costs and operating deficit cost is \$ 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): **July 8, 2010 or 30 days after HFSRB approval; whichever date is later**

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 Not Applicable

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: Kishwaukee Community Hospital		CITY: DeKalb, IL			
REPORTING PERIOD DATES: From: January 1, 2008 to: December 31, 2008					
Category of Service	Authorized Beds	Admissions ^a	Patient Days ^b	Bed Changes	Proposed Beds
Medical/Surgical	70	4,417	16,833	-	70
Obstetrics	12	872	1,923	-	12
Pediatrics					
Intensive Care ^a	12	231	845	-	12
Comprehensive Physical Rehabilitation					
Acute/Chronic Mental Illness ^c	6	218	1,181	-	6
Neonatal Intensive Care					
General Long Term Care					
Specialized Long Term Care					
Long Term Acute Care					
Other ((identify))					
TOTALS:	100	5,738	20,782	-	100

a. Includes only direct admission to the intensive care unit.

b. Does not include the following observation utilization in authorized beds.

<u>Observation Days</u>	
<u>Category of Bed</u>	<u>Days</u>
Medical/Surgical	2,244
Intensive Care	57
Obstetrics/Gynecology	784
Total	3,085

c. The Acute / Chronic Metal Illness Category of Service at Kishwaukee Community Hospital was discontinued by the Illinois Health Facilities and Services Review Board on September 1, 2009. The unit was closed on September 11, 2009.

Facility Bed Capacity and Utilization - Preliminary

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: Kishwaukee Community Hospital		CITY: DeKalb, IL			
REPORTING PERIOD DATES: From: January 1, 2009 to: December 31, 2009					
Category of Service	Authorized Beds	Admissions ^a	Patient Days ^b	Bed Changes	Proposed Beds
Medical/Surgical	70	4,297	16,180	0	70
Obstetrics	12	914	1,933	0	12
Pediatrics	-	-	-	-	-
Intensive Care ^a	12	263	1,078	0	12
Comprehensive Physical Rehabilitation	-	-	-	-	-
Acute/Chronic Mental Illness ^c	6	5	15	0	6
Neonatal Intensive Care	-	-	-	-	-
General Long Term Care	-	-	-	-	-
Specialized Long Term Care	-	-	-	-	-
Long Term Acute Care	-	-	-	-	-
Other ((identify))	-	-	-	-	-
TOTALS:	100	5,479	19,206	0	100

a. Includes only direct admission to the intensive care unit.

b. Does not include the following observation utilization in authorized beds.

<u>Observation Days</u>	
<u>Category of Bed</u>	<u>Days</u>
Medical/Surgical	2,388
Intensive Care	61
Obstetrics/Gynecology	<u>912</u>
Total	3,261

c. The Acute / Chronic Metal Illness Category of Service at Kishwaukee Community Hospital was discontinued by the Illinois Health Facilities and Services Review Board on September 1, 2009. The unit was closed on September 11, 2009.

CERTIFICATION

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

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

This Application for Permit is filed on the behalf of Hauser-Ross Surgicenter* 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.

Kevin Poorten 3/15/10
Signature

Kevin Poorten
Printed Name

President and CEO of KishHealth System
Printed Title

Michael A Cullen
Signature

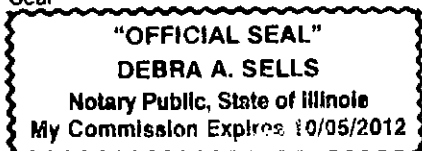
Michael Cullen
Printed Name

Chair, KishHealth System Board
Printed Title

Notarization:
Subscribed and sworn to before me
this 15 day of March, 2010

Debra A Sells
Signature of Notary

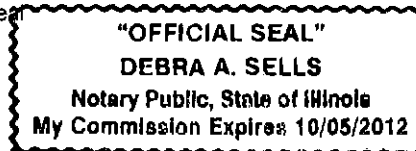
Seal



Notarization:
Subscribed and sworn to before me
this 15 day of March, 2010

Debra A Sells
Signature of Notary

Seal




*Insert EXACT legal name of the applicant

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- 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.

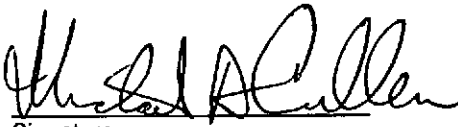
This Application for Permit is filed on the behalf of Kishwaukee Community Hospital* in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for permit on behalf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



Signature

Brad Copple
Printed Name

President, Kishwaukee Community Hospital
Printed Title




Signature

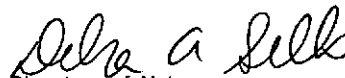
Michael Cullen
Printed Name

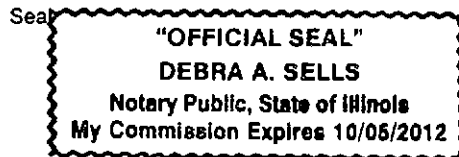
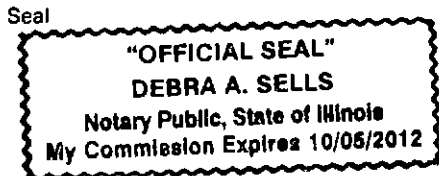
Chair, Kishwaukee Community Hospital Board
Printed Title

Notarization:
Subscribed and sworn to before me
this 16 day of March, 2010

Notarization:
Subscribed and sworn to before me
this 15 day of March, 2010


Signature of Notary


Signature of Notary



insert EXACT legal name of the applicant

CERTIFICATION

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

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

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

Kevin Poorten 3/15/10
Signature

Kevin Poorten
Printed Name

President and CEO of KishHealth System
Printed Title

Michael Cullen
Signature

Michael Cullen
Printed Name

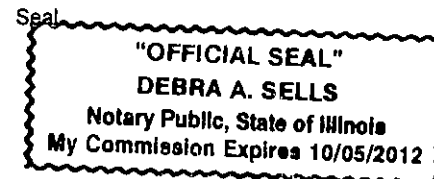
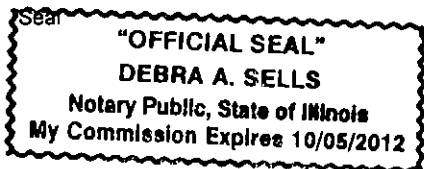
Chair, KishHealth System Board
Printed Title

Notarization:
Subscribed and sworn to before me
this 15 day of March, 2010

Notarization:
Subscribed and sworn to before me
this 15 day of March, 2010

Debra A Sells
Signature of Notary

Debra A Sells
Signature of Notary



"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 XI. SAFETY NET IMPACT STATEMENT**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:

INDEX OF ATTACHMENTS		
ATTACHMENT NO.		PAGES
1	Applicant Identification	21
2	Site Ownership	22
3	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	23 - 27
4	Flood Plain Requirements	28
5	Historic Preservation Act Requirements	29
6	Description of Project	30
7	Project and Sources of Funds Itemization	31
8	Cost Space Requirements	32
9	Discontinuation	33 - 105
10	Background of the Applicant	NA
11	Purpose of the Project	NA
12	Alternatives to the Project	NA
13	Size of the Project	NA
14	Project Service Utilization	NA
15	Unfinished or Shell Space	NA
16	Assurances for Unfinished/Shell Space	NA
17	Master Design Project	NA
18	Mergers, Consolidations and Acquisitions	NA
	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	NA
25	Staffing Availability	NA
26	Assurances	NA
	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
	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
70	Deteriorated Facilities	NA
71	Necessary Expansion	NA
72	Utilization- Major Medical Equipment	NA
73	Utilization-Service or Facility	NA
	FEC:	
74	Freestanding Emergency Center Medical Services	NA
	Financial and Economic Feasibility:	
75	Financial Feasibility	NA
76	Economic Feasibility	NA
77	Safety Net Impact Statement	106 - 109
Appendix 1	Community Benefits Plan	110 - 129

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name:	Hauser-Ross Surgicenter				
Street Address:	2240 Gateway Drive				
City and Zip Code:	Sycamore 60178				
County:	DeKalb	Health Service Area	01	Health Planning Area:	007

Applicant Identification

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

Exact Legal Name:	Hauser-Ross Surgicenter				
Address:	2240 Gateway Drive, Sycamore, Illinois 60178				
Name of Registered Agent:	Kevin Poorten				
Name of Chief Executive Officer:	Kevin Poorten				
CEO Address:	One Kish Hospital Drive, DeKalb, IL 60115				
Telephone Number:	815-756-1521				

Exact Legal Name:	Kishwaukee Community Hospital				
Address:	One Kish Hospital Drive, DeKalb, IL 60115				
Name of Registered Agent:	Kevin Poorten				
Name of Chief Executive Officer:	Kevin Poorten				
CEO Address:	One Kish Hospital Drive, DeKalb, IL 60115				
Telephone Number:	815-756-1521				

Exact Legal Name:	KishHealth System				
Address:	One Kish Hospital Drive, DeKalb, IL 60115				
Name of Registered Agent:	Kevin Poorten				
Name of Chief Executive Officer:	Kevin Poorten				
CEO Address:	One Kish Hospital Drive, DeKalb, IL 60115				
Telephone Number:	815-756-1521				

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Site Ownership

[Provide this information for each applicable site.]

Exact Legal Name of Site Owner:	Kishwaukee Community Hospital
Address of Site Owner:	One Kish Hospital Drive, DeKalb, IL 60115
Street Address or Legal Description of Site:	2240 Gateway Drive, Sycamore, Illinois 60178

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Attachment 3, Exhibits 1 and 2 are Certificates of Good Standing for Kishwaukee Community Hospital and KishHealth System. Hauser-Ross Surgicenter does not have a separate Certificate of Good Standing. Hauser-Ross Surgicenter is an assumed name (See Attachment 3, Exhibit 3).

Attachment 3, Exhibit 4 is the corporate organization chart for KishHealth System, a not-for-profit organization. Kishwaukee Community Hospital and Valley West Hospital are not-for-profit subsidiaries of KishHealth System.

Hauser-Ross Surgicenter is a department of Kishwaukee Community Hospital. The Hospital wholly owns and operates the Surgicenter.

It is expected that the patients currently using Hauser-Ross Surgicenter will relocate to Midland Surgical Center LLC, Kishwaukee Community Hospital, Valley West Hospital, and other area providers.

Midland Surgical Center, LLC is owned and operated by Kishwaukee Community Hospital. Midland Surgical Center is not an applicant on this application; its relationship to Kishwaukee Community Hospital is noted here because of the expected patient referral to this entity.



To all to whom these Presents Shall Come, Greeting:

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

KISHWAUKEE COMMUNITY HOSPITAL, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 25, 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.



Authentication #: 1003501522

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

In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 4TH
day of FEBRUARY A.D. 2010 .

Jesse White

SECRETARY OF STATE

File Number 5500-387-4



To all to whom these Presents Shall Come, Greeting:

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

KISHHEALTH SYSTEM, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 14, 1988, 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 #: 1003501544

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

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 4TH day of FEBRUARY A.D. 2010 .

Jesse White

SECRETARY OF STATE



SERVICES PROGRAMS PRESS PUBLICATIONS DEPARTMENTS CONTACT

CORPORATION FILE DETAIL REPORT

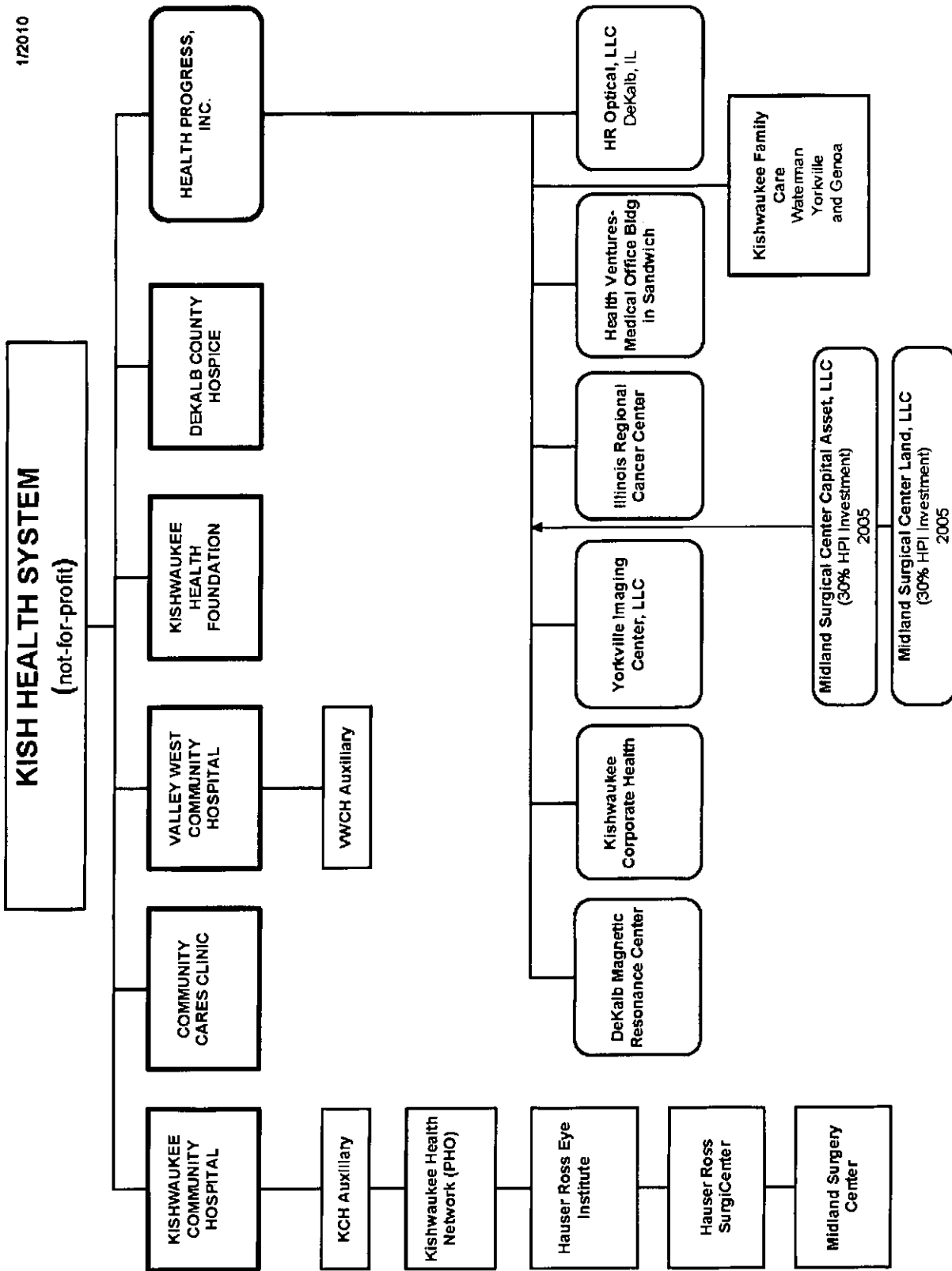
Entity Name	KISHWAUKEE COMMUNITY HOSPITAL	File Number	48627883
Status	ACTIVE		
Entity Type	CORPORATION	Type of Corp	NOT-FOR-PROFIT
Incorporation Date (Domestic)	02/25/1970	State	ILLINOIS
Agent Name	DEBBIE SELLS	Agent Change Date	12/30/2008
Agent Street Address	ONE KISH HSOPITAL DR	President Name & Address	
Agent City	DEKALB	Secretary Name & Address	
Agent Zip	60115	Duration Date	PERPETUAL
Annual Report Filing Date	01/15/2009	For Year	2009
Assumed Name	INACTIVE - KISHWAUKEE REGIONAL REHABILITATION CENTER ACTIVE - UNLIMITED PERFORMANCE ACTIVE - HAUSER-ROSS SURGICENTER ACTIVE - HAUSER-ROSS EYE INSTITUTE		
Old Corp Name	03/17/1988 - KISHWAUKEE COMMUNITY HEALTH SERVICES CENTER		

[Return to the Search Screen](#)

[Purchase Certificate of Good Standing](#)

(One Certificate per Transaction)

[BACK TO CYBERDRIVEILLINOIS.COM HOME PAGE](#)



SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

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>).

Not Required

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

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

Not Required

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

DESCRIPTION OF PROJECT

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

2. Project Outline

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

Clinical Service Areas	Establish	Expand	Modernize	Discontinue	No. of Beds, Stations or Key Rooms
Medical/Surgical, Obstetric, Pediatric and Intensive Care					
Acute/Chronic Mental Illness					
Neonatal Intensive Care					
Open Heart Surgery					
Cardiac Catheterization					
In-Center Hemodialysis					
Non-Hospital Based Ambulatory Surgery				X	16
General Long Term Care					
Specialized Long Term Care					
Selected Organ Transplantation					
Kidney Transplantation					
Subacute Care Hospital Model					
Post Surgical Recovery Care Center					
Children's Community-Based Health Care Center					
Community-Based Residential Rehabilitation Center					
Long Term Acute Care Hospital Bed Projects					
Clinical Service Areas Other Than Categories of Service:					
• Surgery					
• Ambulatory Care Services (organized as a service)					
• Diagnostic & Interventional Radiology/Imaging					
• Therapeutic Radiology					
• Laboratory					
• Pharmacy					
• Occupational Therapy					
• Physical Therapy					
• Major Medical Equipment					
Freestanding Emergency Center Medical Services					
Master Design and Related Projects					
Mergers, Consolidations and Acquisitions					

Type of Room	Number of Rooms
Operating Rooms	3
Procedure Rooms	1
Stage 1 Recovery	4
Stage 2 Recovery	8
Total	16

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

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	\$ 0	\$ 0	\$ 0
SOURCE OF FUNDS			
Cash and Securities *			
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	\$ 0	\$ 0	\$ 0

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

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.**

Not Required

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	\$ 0	0	0	0	0	0	0
NON CLINICAL							
Administrative							
Parking							
Gift Shop							
Total Non-clinical	\$ 0	0	0	0	0	0	0
TOTAL	\$ 0	0	0	0	0	0	0

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.**

The applicants, Hauser-Ross Surgicenter (Hauser-Ross, the Surgicenter), Kishwaukee Community Hospital (the Hospital, KCH), and KishHealth System (KHS), propose to discontinue a category of service, that is, the Hauser-Ross Surgicenter, a limited specialty non-hospital based ambulatory surgery. As the result of the discontinuation of the Hauser-Ross Surgicenter, 3 operating rooms and 1 procedure room will be discontinued. There are no beds in the project.

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

With the discontinuation of the 3 operating rooms and 1 procedure room at Hauser-Ross, 12 recovery stations will be closed. Of the 12 recovery stations, 4 are designated as Stage 1 and 8 are designated as Stage 2.

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

The applicants anticipate that the Surgicenter will be discontinued within 30 days of the Illinois Health Facilities and Services Review Board's approval of the discontinuation. For example, if the discontinuation is approved on June 8, 2010, discontinuation will occur by July 8, 2010. If approval occurs at a meeting after June 8, 2010, discontinuation will be delayed for 30 days after approval.

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

The Hauser-Ross Surgicenter is owned and operated by Kishwaukee Community Hospital and is located on the second floor of a medical office building that is also owned by Kishwaukee Community Hospital. At the time the Hauser-Ross Surgicenter is discontinued, the equipment will be relocated and used in other KishHealth System facilities or donated to a worthy cause. The use of the vacated space has not yet been finalized. However, the space was built in 1985 (25 years

ago) and the infrastructure would require substantial upgrades if it were to be used for clinical functions. That being the case, the Hospital expects that the space will be used for physician office space, meeting rooms, information technology, training center, and/or storage. It will not be used for any clinical functions.

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.**

All medical records for Hauser-Ross surgery patients will be kept either in hard copy or on disc in archiving and/or in the electronic medical record system on the Hospital campus.

It is expected that all Hauser-Ross surgery patients' medical records will be kept indefinitely, but at a minimum of 10 years. This meets standard legal requirements for medical record retention.

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.**

Not applicable. A category of service, not an entire facility, is being discontinued.

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.

KishHealth System (KHS) operates two hospitals that provide surgical services; Kishwaukee Community Hospital (the Hospital, KCH) and Valley West Hospital (VWH). Hauser-Ross Surgicenter (Hauser-Ross, the Surgicenter) and Midland Surgical Center are both owned and operated by Kishwaukee Community Hospital. KishHealth System has a for profit subsidiary, Health Progress, Inc. Health Progress is part of a joint venture ambulatory surgery, Midland Surgical Center (Midland).

KCH and VWH provide both with inpatient and outpatient surgery services. Hauser-Ross (a limited specialty outpatient center) and Midland (a multispecialty center) provide only outpatient services.

The Surgicenter is currently operating in space located on the second floor of a medical office building constructed in 1985, or 25 years ago. Hauser-Ross is no longer contemporary; the substantial investment will be required to continue its use under to maintain strict surgical standards.

In order to increase the overall efficiency of surgical services within KishHealth System, the clinical and administrative leadership determined that the current volume at Hauser-Ross could be readily consolidated into Midland and the two KishHealth System hospitals.

The following table is a summary of the utilization of the four KHS facilities over the last three years.

KishHealth System – Surgery Capacity and Availability

	Authorized Rooms	2007			2008 **			2009 - Preliminary					
		Cases	Hours	Rooms Justified*	Available Rooms	Cases	Hours	Rooms Justified*	Available Room	Cases	Hours	Rooms Justified*	Available Rooms
Kishwaukee Community Hospital	6	2,838	5,088	3.4	1.6	3,344	6,765	4.5	1.5	4,336	8,444	5.6	0.4
Valley West Hospital	4	1,533	3,906	2.6	1.4	1,146	2,983	2.0	2.0	1,227	3,205	2.1	1.9
Midland Surgical Center	2	1,106	1,021	0.7	1.3	1,051	978	0.7	1.3	1,091	1,253	0.8	1.2
Hauser-Ross Surgicenter	4	1,918	1,419	0.9	3.1	1,722	1,667	1.1	2.9	1,641	1,618	1.1	2.9

Procedure Rooms

Kishwaukee Community Hospital No eye procedure rooms
 Valley West Hospital No eye procedure rooms
 Midland Surgical Center No eye procedure rooms
 Hauser-Ross Surgicenter Three operating rooms and one procedure room

* Based on 1,500 hours per room

** Kishwaukee Community Hospital facility opened on October 2, 2007

The following table shows that the Hauser-Ross Surgicenter volume can be accommodated in the three other KHS facilities with adequate capacity available to support surgical growth within the system.

**KishHealth System Capacity to Accommodate
Hauser-Ross Surgicenter Volume**

	Authorized Rooms	2009 Hours	Rooms Justified	Available before Discontinuation	Available after Discontinuation
Kishwaukee Community Hospital	6	8,444	5.6	0.4	
Valley West Hospital	4	3,205	2.1	1.9	
Midland Surgical Center	<u>2</u>	<u>1,253</u>	<u>0.8</u>	<u>1.2</u>	
Total	12	12,902	8.5	3.5	2.4
 Hauser-Ross Surgicenter Volume	 4 *	 1,618	 1.1	 2.9	 0

* Includes 3 operating rooms and 1 procedure room

As shown above, when the Hauser-Ross Surgicenter is discontinued the volume can be accommodated in other KishHealth System facilities. Two of the remaining KishHealth System surgery programs – Kishwaukee Community Hospital and Midland Surgical Center are less than 1 mile from Hauser-Ross Surgicenter; the third, Valley West Hospital is 35 minutes away from the Hauser-Ross facility, but closer to patients who live south and east of DeKalb, the location of Hauser-Ross. Other area facilities responded to the request for an impact statement and noted that they also would be able to accommodate Hauser-Ross volume. Finally, the closure of Hauser-Ross will preclude the need to invest in the infrastructure and modernizing the space Hauser-Ross Surgicenter currently occupies.

Based on all of the above reasons, KishHealth System leadership determined that the discontinuation of the Hauser-Ross Surgicenter would best serve Hauser-Ross patients and the community.

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.**

At least 7 other facilities in the market area of Hauser-Ross Surgicenter have indicated that they have capacity and are willing to accept Hauser-Ross surgery patients without conditions, limitations or discrimination (see Attachment 9, Exhibit 1). Of these, three are part of KishHealth System; the others are surgery programs located within 45 minutes travel time of the Hauser-Ross facility. These facilities have indicated capacity to accommodate 8,385 additional hours of surgery; in 2009 Hauser-Ross reported 1,618 hours of surgery.

Based on this availability of surgical capacity within 45 minutes travel time of the Hauser-Ross facility and the willingness of providers with excess capacity to accept patients without conditions, limitations or discrimination, it does not appear that the discontinuation of Hauser-Ross Surgicenter will have an adverse effect upon access to eye surgical 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.**

Kishwaukee Community Hospital sent letters to all existing and approved hospitals and ambulatory surgery treatment centers within 45 minutes of Hauser-Ross Surgicenter (See Attachment 9, Exhibit 2). The letters and related documentation of the date and time the letters were received by the other area surgery providers are included with each letter.

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

Attachment 9, Exhibit 3 includes impact statements received from health care facilities that indicated their willingness to accept eye surgery referrals from Hauser-Ross physicians without conditions, limitations, or discrimination.

Attachment 9, Exhibit 4 is a map of the geographic area within 45 minutes of Hauser-Ross Surgicenter. All facilities within the area are identified with pushpins.

Attachment 9, Exhibit 5 shows the 2008 hospital utilization and 2007 ambulatory treatment center utilization – the most currently available in Hospital Profiles and Ambulatory Surgery Profiles.

This table shows that there are 20.15 total available operating rooms in the hospitals in the area. The table also shows that 15.92 procedure rooms were available, but none appear to be set up for eye procedures.

Further, this table shows that there are 34.30 available multispecialty operating rooms and 9.27 multispecialty procedure rooms in the area within 45 minutes of Hauser-Ross. There are also limited specialty facilities with additional capacity.

The 2008 utilization suggests that 34.30 operating rooms and 25.20 procedure rooms capable of use for eye surgery exist within 45 minutes travel time of the Hauser-Ross facility, again confirming adequate surgery capacity in the area after the proposed discontinuation of Hauser-Ross.

Area Providers Willing to Accept Hauser Ross Patients

Letters from following area providers have indicated their willingness to accept Hauser-Ross surgery patients without conditions, limitations, or discrimination.

Delnor Hospital	40 to 50 patients per month or approximately 120 hours of surgery per year
Dreyer Medical Clinic	10 to 20 patients per week or approximately 175 hours per year
Kishwaukee Community Hospital	All Hauser-Ross volume or 1,618 hours per year
Midland Surgical Center	All Hauser-Ross volume or 1,618 hours per year
Provena Mercy Medical Center	All Hauser-Ross volume or 1,618 hours per year
Provena Saint Joseph Hospital	All Hauser-Ross volume or 1,618 hours per year
Valley West Community Hospital	All Hauser-Ross volume or 1,618 hours per year

In 2009, Hauser-Ross reported 1,618 hours of surgery. The applicant has received 7 letters from area providers that confirm that there is adequate surgery capacity and would be open to discussions with Kishwaukee Community Hospital about see additional patients from the Hospital's service area. TriCities Surgery Center in Geneva also indicated a potential to accept some of the Hauser-Ross patients.

No facilities indicated that the closure of the Hauser-Ross would have any negative impact on them.

Impact Letters Sent

Algonquin Road Surgery Center
Castle Orthopaedics & Sports Medicine
Delnor Community Hospital
Dreyer Ambulatory Surgery Center
DuPage Orthopaedic Group Surgery Center
Elgin Gastroenterology Endoscopy Center
Fox Valley Orthopaedic Associates
Hauser-Ross Eye Institute
Kishwaukee Community Hospital
Midland Surgical Center
OSF Saint Anthony Medical Center
Provena Mercy Medical Center
Provena Saint Joseph Hospital
Rochelle Community Hospital
Rockford Ambulatory Surgery Center
Rockford Endoscopy Center
Rockford Orthopedic Surgery Center
Rush Copley Memorial Hospital
Sherman Hospital (Combined Sites)
Swedish American Medical Center – Belvidere
The Center for Surgery
Tri-Cities Surgery Center
Valley Ambulatory Surgery Center
Valley West Community Hospital



One Kish Hospital Drive • P.O. Box 707 • DeKalb, IL 60115
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January 27, 2010

Lori Callahan
 Administrator
 Algonquin Road Surgery Center, LLC
 2550 W Algonquin Road
 Lake In The Hills, IL 60156

Dear Ms. Callahan:

KishHealth System, Kishwaukee Community Hospital, and Hauser-Ross Surgicenter are preparing an application to discontinue the Hauser-Ross Surgicenter. We anticipate that, pending approval by the Illinois Health Facilities and Services Review Board (formerly the Illinois Health Facilities Planning Board), the discontinuation will occur in mid-June 2010.

Effective February 5, 2009, any certificate of need application submitted to the Illinois Health Facilities and Services Review Board must comply with new rules and be submitted on a new form. The new rules and form require that we contact all existing or approved hospitals and ambulatory surgery treatment centers within 45 minutes of the Hauser-Ross Surgicenter and request that they address the impact of the proposed discontinuation on their facilities.

In 2005, KishHealth System opened a modern multispecialty ambulatory surgery center, Midland Surgical Center, less than a mile from the Hauser-Ross Surgicenter. Today, the Midland Surgical Center is fully operational and volume is increasing. In the meantime, it has become increasingly evident that the 25-year-old Hauser-Ross Surgicenter would require infrastructure upgrades if it is to maintain strict surgical standards long term. The clinical and administrative leadership of KishHealth System have determined that it is now appropriate to shift these surgical cases to the Midland Surgical Center and the two KishHealth System hospitals, or refer them to other facilities, if necessary. This consolidation will improve operational efficiency at the remaining KishHealth System surgery facilities and preclude the need to upgrade the infrastructure of the existing Hauser-Ross Surgicenter space, thereby saving capital for other needed community healthcare projects.

As part of the discontinuation process, we are providing you with this intent to discontinue the Hauser-Ross Surgicenter and invite you to share with us any impact this action may have on your facility. Our utilization for the latest 24-month period is as follows:

Year	Cases	Hours
2008	1,722	1,666.75
2009	1,641	1,617.50

Kishwaukee Community Hospital | KCH Unlimited Performance Rehabilitation & Sports Medicine | Valley West Community Hospital | VWCH Rehabilitation
 Hauser-Ross Eye Institute & Surgicenter | Hauser-Ross Optical | Kishwaukee Cancer Care Center | DeKalb County Hospital | Kishwaukee Health Foundation
 Illinois Regional Cancer Center | Kishwaukee Corporate Health | DeKalb MRI Imaging Institute | KishHealth Family & Specialty Care Clinics
 Valley West Medical Arts Building | Yorkville Imaging Institute

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 PS Form 3800 August 2009

Further, we would appreciate your advising us as to whether your facility has capacity to assume additional eye surgery cases without conditions, limitations or discrimination. If you are able to assume additional patients under these requirements, please provide us with an estimate of the number of additional patients and hours of surgery that your facility could accept.

Please send your response to Joe Dant, Vice President of Business Development, Kishwaukee Community Hospital, One Kish Hospital Drive, DeKalb, IL 60115. You may also want to send a copy directly to Mike Constantino, Supervisor of Project Review, Illinois Health Facility and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, IL 662761.

If you have any questions about our plans, please do not hesitate to call Joe Dant at 815-756-1521.

Sincerely,

Kevin Poorten
 Kevin Poorten
 Chief Executive Officer

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</p> <ul style="list-style-type: none"> 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</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery</p> <p><i>Mike Constantino</i> <i>1-28</i></p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Lori Callahan Administrator Algonquin Road Surgery Center, LLC 2550 W Algonquin Road Lake In The Hills, IL 60156</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>3. Service Type</p> <p><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 to) 7008 2810 0000 9914 7581</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

KishHealth System

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January 27, 2010

Donna Wilson
Administrator
Castle Orthopaedics & Sports Medicine
2111 Odgen Avenue
Aurora, IL 60504

Dear Ms. Wilson:

KishHealth System, Kishwaukee Community Hospital, and Hauser-Ross Surgicenter are preparing an application to discontinue the Hauser-Ross Surgicenter. We anticipate that, pending approval by the Illinois Health Facilities and Services Review Board (formerly the Illinois Health Facilities Planning Board), the discontinuation will occur in mid-June 2010.

Effective February 5, 2009, any certificate of need application submitted to the Illinois Health Facilities and Services Review Board must comply with new rules and be submitted on a new form. The new rules and form require that we contact all existing or approved hospitals and ambulatory surgery treatment centers within 45 minutes of the Hauser-Ross Surgicenter and request that they address the impact of the proposed discontinuation on their facilities.

In 2005, KishHealth System opened a modern multispecialty ambulatory surgery center, Midland Surgical Center, less than a mile from the Hauser-Ross Surgicenter. Today, the Midland Surgical Center is fully operational and volume is increasing. In the meantime, it has become increasingly evident that the 25-year-old Hauser-Ross Surgicenter would require infrastructure upgrades if it is to maintain strict surgical standards long term. The clinical and administrative leadership of KishHealth System have determined that it is now appropriate to shift these surgical cases to the Midland Surgical Center and the two KishHealth System hospitals, or refer them to other facilities, if necessary. This consolidation will improve operational efficiency at the remaining KishHealth System surgery facilities and preclude the need to upgrade the infrastructure of the existing Hauser-Ross Surgicenter space, thereby saving capital for other needed community healthcare projects.

As part of the discontinuation process, we are providing you with this intent to discontinue the Hauser-Ross Surgicenter and invite you to share with us any impact this action may have on your facility. Our utilization for the latest 24-month period is as follows:

Year	Cases	Hours
2008	1,722	1,666.75
2009	1,641	1,617.50

Kishwaukee Community Hospital | KCH Unlimited Performance Rehabilitation & Sports Medicine | Valley West Community Hospital | VVCH Rehabilitation
Hauser-Ross Eye Institute & Surgicenter | Hauser-Ross Optical | Kishwaukee Cancer Care Center | DeKalb County Hospital | Kishwaukee Health Foundation
Illinois Regional Cancer Center | Kishwaukee Corporate Health | D.Kill MRI Imaging Institute | KishHealth Family & Specialty Care Clinic
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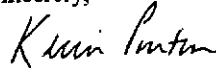
PS Form 3800, August 2006 See Reverse for Instructions

Further, we would appreciate your advising us as to whether your facility has capacity to assume additional eye surgery cases without conditions, limitations or discrimination. If you are able to assume additional patients under these requirements, please provide us with an estimate of the number of additional patients and hours of surgery that your facility could accept.

Please send your response to Joe Dant, Vice President of Business Development, Kishwauk Community Hospital, One Kish Hospital Drive, DeKalb, IL 60115. You may also want to send a copy directly to Mike Constantino, Supervisor of Project Review, Illinois Health Facility and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, IL 662761.

If you have any questions about our plans, please do not hesitate to call Joe Dant at 815-756-1521.

Sincerely,



Kevin Poorten
Chief Executive Officer

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 checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery KEVIN POORTEN 2-29-10</p> <p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Donna Wilson Administrator Castle Orthopaedics & Sports Medicine 2111 Odgen Avenue Aurora, IL 60504</p>	<p>3. Service Type</p> <p><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 to)</p>	<p>7008 2810 0000 9914 7604</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102585-02-M-1540</p>	



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January 27, 2010

Thomas Wright
President & CEO
DeInor Community Hospital
300 Randall Road
Geneva, IL 60134

Dear Tom:

KishHealth System, Kishwaukee Community Hospital, and Hauser-Ross Surgicenter are preparing an application to discontinue the Hauser-Ross Surgicenter. We anticipate that, pending approval by the Illinois Health Facilities and Services Review Board (formerly the Illinois Health Facilities Planning Board), the discontinuation will occur in mid-June 2010.

Effective February 5, 2009, any certificate of need application submitted to the Illinois Health Facilities and Services Review Board must comply with new rules and be submitted on a new form. The new rules and form require that we contact all existing or approved hospitals and ambulatory surgery treatment centers within 45 minutes of the Hauser-Ross Surgicenter and request that they address the impact of the proposed discontinuation on their facilities.

In 2005, KishHealth System opened a modern multispecialty ambulatory surgery center, Midland Surgical Center, less than a mile from the Hauser-Ross Surgicenter. Today, the Midland Surgical Center is fully operational and volume is increasing. In the meantime, it has become increasingly evident that the 25-year-old Hauser-Ross Surgicenter would require infrastructure upgrades if it is to maintain strict surgical standards long term. The clinical and administrative leadership of KishHealth System have determined that it is now appropriate to shift these surgical cases to the Midland Surgical Center and the two KishHealth System hospitals, or refer them to other facilities, if necessary. This consolidation will improve operational efficiency at the remaining KishHealth System surgery facilities and preclude the need to upgrade the infrastructure of the existing Hauser-Ross Surgicenter space, thereby saving capital for other needed community healthcare projects.

As part of the discontinuation process, we are providing you with this intent to discontinue the Hauser-Ross Surgicenter and invite you to share with us any impact this action may have on your facility. Our utilization for the latest 24-month period is as follows:

Year	Cases	Hours
2008	1,722	1,666.75
2009	1,641	1,617.50

Kishwaukee Community Hospital | KCH Unlimited Performance Rehabilitation & Sports Medicine | Valley West Community Hospital | VVCH Rehabilitation
Hauser-Ross Eye Institute & Surgicenter | Hauser-Ross Optical | Kishwaukee Cancer Care Center | DeKalb-Coswell Hospital | Kishwaukee Health Foundation
Illinois Regional Cancer Center | Kishwaukee Corporate Health | DeKalb MRI Imaging Institute | KishHealth Family & Specialty Care Clinics
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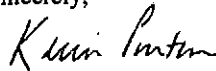
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Further, we would appreciate your advising us as to whether your facility has capacity to assume additional eye surgery cases without conditions, limitations or discrimination. If you are able to assume additional patients under these requirements, please provide us with an estimate of the number of additional patients and hours of surgery that your facility could accept.

Please send your response to Joe Dant, Vice President of Business Development, Kishwaukee Community Hospital, One Kish Hospital Drive, DeKalb, IL 60115. You may also want to send a copy directly to Mike Constantino, Supervisor of Project Review, Illinois Health Facility and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, IL 662761.

If you have any questions about our plans, please do not hesitate to call Joe Dant at 815-756-1521.

Sincerely,



Kevin Poorten
Chief Executive Officer

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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. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>M. G. Wright</i></p> <p>B. Received by (Printed Name) C. Date of Delivery <i>M. G. Wright</i> <i>1/29/10</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Thomas Wright President & CEO DeNor Community Hospital 300 Randall Road Geneva, IL 60134</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 Num (Transfer to) 7008 2810 0000 9914 7543</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102905-02-01-1040</p>	



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January 27, 2010

Donna Cooper
Administrator
Dreyer Ambulatory Surgery Center
1221 N Highland Avenue
Aurora, IL 60506

Dear Ms. Cooper:

KishHealth System, Kishwaukee Community Hospital, and Hauser-Ross Surgicenter are preparing an application to discontinue the Hauser-Ross Surgicenter. We anticipate that, pending approval by the Illinois Health Facilities and Services Review Board (formerly the Illinois Health Facilities Planning Board), the discontinuation will occur in mid-June 2010.

Effective February 5, 2009, any certificate of need application submitted to the Illinois Health Facilities and Services Review Board must comply with new rules and be submitted on a new form. The new rules and form require that we contact all existing or approved hospitals and ambulatory surgery treatment centers within 45 minutes of the Hauser-Ross Surgicenter and request that they address the impact of the proposed discontinuation on their facilities.

In 2005, KishHealth System opened a modern multispecialty ambulatory surgery center, Midland Surgical Center, less than a mile from the Hauser-Ross Surgicenter. Today, the Midland Surgical Center is fully operational and volume is increasing. In the meantime, it has become increasingly evident that the 25-year-old Hauser-Ross Surgicenter would require infrastructure upgrades if it is to maintain strict surgical standards long term. The clinical and administrative leadership of KishHealth System have determined that it is now appropriate to shift these surgical cases to the Midland Surgical Center and the two KishHealth System hospitals, or refer them to other facilities, if necessary. This consolidation will improve operational efficiency at the remaining KishHealth System surgery facilities and preclude the need to upgrade the infrastructure of the existing Hauser-Ross Surgicenter space, thereby saving capital for other needed community healthcare projects.

As part of the discontinuation process, we are providing you with this intent to discontinue the Hauser-Ross Surgicenter and invite you to share with us any impact this action may have on your facility. Our utilization for the latest 24-month period is as follows:

Year	Cases	Hours
2008	1,722	1,666.75
2009	1,641	1,617.50

Kishwaukee Community Hospital | KCH Unlimited Performance, Rehabilitation & Sports Medicine | Valley West Community Hospital | VVCH Rehabilitation
Hauser-Ross Eye Institute & Surgicenter | Hauser-Ross Optical | Kishwaukee Cancer Care Center | DeKalb County Hospital | Kishwaukee Health Foundation
Illinois Regional Cancer Center | Kishwaukee Corporate Health | DeKalb MRI Imaging Institute | KishHealth Family & Specialty Care Clinics
Valley West Medical Arts Building | Yorkville Imaging Institute

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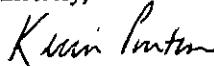
PS Form 3800, April 2006 See Reverse for Instructions

Further, we would appreciate your advising us as to whether your facility has capacity to assume additional eye surgery cases without conditions, limitations or discrimination. If you are able to assume additional patients under these requirements, please provide us with an estimate of the number of additional patients and hours of surgery that your facility could accept.

Please send your response to Joe Dant, Vice President of Business Development, Kishwaukee Community Hospital, One Kish Hospital Drive, DeKalb, IL 60115. You may also want to send a copy directly to Mike Constantino, Supervisor of Project Review, Illinois Health Facility and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, IL 662761.

If you have any questions about our plans, please do not hesitate to call Joe Dant at 815-756-1521.

Sincerely,



Kevin Poorten
Chief Executive Officer

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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. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery 1-28-12</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Donna Cooper Administrator Drayer Ambulatory Surgery Center 1221 N Highland Avenue Aurora, IL 60506</p>	<p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <p><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>2. Article Num (Transfer fr) 7008 2810 0000 9914 7598</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

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KishHealth System

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January 27, 2010

Barbara Kiel
Administrator
DuPage Orthopaedic Group Surgery Center
27650 Ferry Road
Warrenville, IL 60555

Dear Ms. Kiel:

KishHealth System, Kishwaukee Community Hospital, and Hauser-Ross Surgicenter are preparing an application to discontinue the Hauser-Ross Surgicenter. We anticipate that, pending approval by the Illinois Health Facilities and Services Review Board (formerly the Illinois Health Facilities Planning Board), the discontinuation will occur in mid-June 2010.

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In 2005, KishHealth System opened a modern multispecialty ambulatory surgery center, Midland Surgical Center, less than a mile from the Hauser-Ross Surgicenter. Today, the Midland Surgical Center is fully operational and volume is increasing. In the meantime, it has become increasingly evident that the 25-year-old Hauser-Ross Surgicenter would require infrastructure upgrades if it is to maintain strict surgical standards long term. The clinical and administrative leadership of KishHealth System have determined that it is now appropriate to shift these surgical cases to the Midland Surgical Center and the two KishHealth System hospitals, or refer them to other facilities, if necessary. This consolidation will improve operational efficiency at the remaining KishHealth System surgery facilities and preclude the need to upgrade the infrastructure of the existing Hauser-Ross Surgicenter space, thereby saving capital for other needed community healthcare projects.

As part of the discontinuation process, we are providing you with this intent to discontinue the Hauser-Ross Surgicenter and invite you to share with us any impact this action may have on your facility. Our utilization for the latest 24-month period is as follows:

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Hauser-Ross Eye Institute & Surgicenter | Hauser-Ross Optical | Kishwaukee Cancer Care Center | DeKalb County Hospital | Kishwaukee Health Foundation
Illinois Regional Cancer Center | Kishwaukee Corporate Health | DeKalb MRI Imaging Institute | KishHealth Family & Specialty Care Clinic
Valley West Medical Arts Building | Yaleville Imaging Institute

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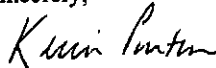
PS Form 3818, August 2006 See Reverse for Instructions

Further, we would appreciate your advising us as to whether your facility has capacity to assume additional eye surgery cases without conditions, limitations or discrimination. If you are able to assume additional patients under these requirements, please provide us with an estimate of the number of additional patients and hours of surgery that your facility could accept.

Please send your response to Joe Dant, Vice President of Business Development, Kishwaukee Community Hospital, One Kish Hospital Drive, DeKalb, IL 60115. You may also want to send a copy directly to Mike Constantino, Supervisor of Project Review, Illinois Health Facility and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, IL 662761.

If you have any questions about our plans, please do not hesitate to call Joe Dant at 815-756-1521.

Sincerely,



Kevin Poorten
Chief Executive Officer

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>Norman Landrum</i></p> <p>B. Received by (Printed Name) C. Date of Delivery NORMAN LANDRUM 1/28/10</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Barbara Kiel Administrator DuPage Orthopaedic Group Surgery Center 27650 Ferry Road Warrenville, IL 60555</p>	<p>3. Service Type <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Certified Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Registered <input type="checkbox"/> C.O.D. <input type="checkbox"/> Insured Mail</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article (Trans) 7008 2810 0000 9914 7666</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-00-1540</p>	



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January 27, 2010

JoAnn Dermuth
Administrator
Elgin Gastroenterology Endoscopy Center
745 Fletcher Drive
2nd Floor
Elgin, IL 60123

Dear Ms. Dermuth:

KishHealth System, Kishwaukee Community Hospital, and Hauser-Ross Surgicenter are preparing an application to discontinue the Hauser-Ross Surgicenter. We anticipate that, pending approval by the Illinois Health Facilities and Services Review Board (formerly the Illinois Health Facilities Planning Board), the discontinuation will occur in mid-June 2010.

Effective February 5, 2009, any certificate of need application submitted to the Illinois Health Facilities and Services Review Board must comply with new rules and be submitted on a new form. The new rules and form require that we contact all existing or approved hospitals and ambulatory surgery treatment centers within 45 minutes of the Hauser-Ross Surgicenter and request that they address the impact of the proposed discontinuation on their facilities.

In 2005, KishHealth System opened a modern multispecialty ambulatory surgery center, Midland Surgical Center, less than a mile from the Hauser-Ross Surgicenter. Today, the Midland Surgical Center is fully operational and volume is increasing. In the meantime, it has become increasingly evident that the 25-year-old Hauser-Ross Surgicenter would require infrastructure upgrades if it is to maintain strict surgical standards long term. The clinical and administrative leadership of KishHealth System have determined that it is now appropriate to shift these surgical cases to the Midland Surgical Center and the two KishHealth System hospitals, or refer them to other facilities, if necessary. This consolidation will improve operational efficiency at the remaining KishHealth System surgery facilities and preclude the need to upgrade the infrastructure of the existing Hauser-Ross Surgicenter space, thereby saving capital for other needed community healthcare projects.

As part of the discontinuation process, we are providing you with this intent to discontinue the Hauser-Ross Surgicenter and invite you to share with us any impact this action may have on your facility. Our utilization for the latest 24-month period is as follows:

Year	Cases	Hours
2008	1,722	1,666.75
2009	1,641	1,617.50

Kishwaukee Community Hospital | KCH Unlimited Performance Rehabilitation & Sports Medicine | Valley West Community Hospital | VWCH Rehabilitation
Hauser-Ross Eye Institute & Surgicenter | Hauser-Ross Optical | Kishwaukee Cancer Care Center | DeKalb County Hospital | Kishwaukee Health Foundation
Illinois Regional Cancer Center | Kishwaukee Corporate Health | DeKalb MRI Imaging Institute | Kishwaukee Family & Specialty Care Clinic
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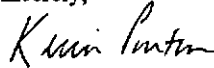
PS Form 3800, August 2006 See Reverse for Instructions

Further, we would appreciate your advising us as to whether your facility has capacity to assume additional eye surgery cases without conditions, limitations or discrimination. If you are able to assume additional patients under these requirements, please provide us with an estimate of the number of additional patients and hours of surgery that your facility could accept.

Please send your response to Joe Dant, Vice President of Business Development, Kishwaukee Community Hospital, One Kish Hospital Drive, DeKalb, IL 60115. You may also want to send a copy directly to Mike Constantino, Supervisor of Project Review, Illinois Health Facility and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, IL 662761.

If you have any questions about our plans, please do not hesitate to call Joe Dant at 815-756-1521.

Sincerely,



Kevin Poorten
Chief Executive Officer

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<p>1. Article Addressed to:</p> <p style="text-align: center;">JoAnn Dermuth Administrator Elgin Gastroenterology Endoscopy Center 745 Fletcher Drive 2nd Floor Elgin, IL 60123</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>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. Art (7a) 7008 2810 0000 9914 7680</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-44-1540</p>	

KishHealth System

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January 27, 2010

Mary O'Brien
CEO
Fox Valley Orthopaedic Associates
2525 Kaneville Road
Geneva, IL 60134

Dear Ms. O'Brien:

KishHealth System, Kishwaukee Community Hospital, and Hauser-Ross Surgicenter are preparing an application to discontinue the Hauser-Ross Surgicenter. We anticipate that, pending approval by the Illinois Health Facilities and Services Review Board (formerly the Illinois Health Facilities Planning Board), the discontinuation will occur in mid-June 2010.

Effective February 5, 2009, any certificate of need application submitted to the Illinois Health Facilities and Services Review Board must comply with new rules and be submitted on a new form. The new rules and form require that we contact all existing or approved hospitals and ambulatory surgery treatment centers within 45 minutes of the Hauser-Ross Surgicenter and request that they address the impact of the proposed discontinuation on their facilities.

In 2005, KishHealth System opened a modern multispecialty ambulatory surgery center, Midland Surgical Center, less than a mile from the Hauser-Ross Surgicenter. Today, the Midland Surgical Center is fully operational and volume is increasing. In the meantime, it has become increasingly evident that the 25-year-old Hauser-Ross Surgicenter would require infrastructure upgrades if it is to maintain strict surgical standards long term. The clinical and administrative leadership of KishHealth System have determined that it is now appropriate to shift these surgical cases to the Midland Surgical Center and the two KishHealth System hospitals, or refer them to other facilities, if necessary. This consolidation will improve operational efficiency at the remaining KishHealth System surgery facilities and preclude the need to upgrade the infrastructure of the existing Hauser-Ross Surgicenter space, thereby saving capital for other needed community healthcare projects.

As part of the discontinuation process, we are providing you with this intent to discontinue the Hauser-Ross Surgicenter and invite you to share with us any impact this action may have on your facility. Our utilization for the latest 24-month period is as follows:

Year	Cases	Hours
2008	1,722	1,666.75
2009	1,641	1,617.50

Kishwaukee Community Hospital | KCH Unlimited Performance Rehabilitation & Sports Medicine | Valley West Community Hospital | VVCH Rehabilitation
Hauser-Ross Fx Institute & Surgicenter | Hauser-Ross Optical | Kishwaukee Cancer Care Center | DeKalb County Hospital | Kishwaukee Health Foundation
Illinois Regional Cancer Center | Kishwaukee Corporate Health | DeKalb MRI Imaging Institute | Kishwaukee Family & Specialty Care Clinic
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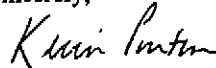
PS Form 3819 August 2005 See Reverse for Instructions

Further, we would appreciate your advising us as to whether your facility has capacity to assume additional eye surgery cases without conditions, limitations or discrimination. If you are able to assume additional patients under these requirements, please provide us with an estimate of the number of additional patients and hours of surgery that your facility could accept.

Please send your response to Joe Dant, Vice President of Business Development, Kishwaukee Community Hospital, One Kish Hospital Drive, DeKalb, IL 60115. You may also want to send a copy directly to Mike Constantino, Supervisor of Project Review, Illinois Health Facility and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, IL 662761.

If you have any questions about our plans, please do not hesitate to call Joe Dant at 815-756-1521.

Sincerely,



Kevin Poorten
Chief Executive Officer

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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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input checked="" type="checkbox"/> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Mary O'Brien CEO Fox Valley Orthopaedic Associates 2525 Kaneville Road Geneva, IL 60134</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><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 7008 2810 0000 9914 7673 (Transfer from card)</p> <p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	



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January 27, 2010

Laura Sykes
Administrator
Hauser Ross Eye Institute
2440 Gateway Drive
Sycamore, IL 60178

Dear Laura:

KishHealth System, Kishwaukee Community Hospital, and Hauser-Ross Surgicenter are preparing an application to discontinue the Hauser-Ross Surgicenter. We anticipate that, pending approval by the Illinois Health Facilities and Services Review Board (formerly the Illinois Health Facilities Planning Board), the discontinuation will occur in mid-June 2010.

Effective February 5, 2009, any certificate of need application submitted to the Illinois Health Facilities and Services Review Board must comply with new rules and be submitted on a new form. The new rules and form require that we contact all existing or approved hospitals and ambulatory surgery treatment centers within 45 minutes of the Hauser-Ross Surgicenter and request that they address the impact of the proposed discontinuation on their facilities.

In 2005, KishHealth System opened a modern multispecialty ambulatory surgery center, Midland Surgical Center, less than a mile from the Hauser-Ross Surgicenter. Today, the Midland Surgical Center is fully operational and volume is increasing. In the meantime, it has become increasingly evident that the 25-year-old Hauser-Ross Surgicenter would require infrastructure upgrades if it is to maintain strict surgical standards long term. The clinical and administrative leadership of KishHealth System have determined that it is now appropriate to shift these surgical cases to the Midland Surgical Center and the two KishHealth System hospitals, or refer them to other facilities, if necessary. This consolidation will improve operational efficiency at the remaining KishHealth System surgery facilities and preclude the need to upgrade the infrastructure of the existing Hauser-Ross Surgicenter space, thereby saving capital for other needed community healthcare projects.

As part of the discontinuation process, we are providing you with this intent to discontinue the Hauser-Ross Surgicenter and invite you to share with us any impact this action may have on your facility. Our utilization for the latest 24-month period is as follows:

Year	Cases	Hours
2008	1,722	1,666.75
2009	1,641	1,617.50

Kishwaukee Community Hospital | KCH Unlimited Performance Rehabilitation & Sports Medicine | Valley West Community Hospital | VWCH Rehabilitation
Hauser-Ross Eye Institute & Surgicenter | Hauser-Ross Optical | Kishwaukee Cancer Care Center | DeKalb County Hospital | Kishwaukee Health Foundation
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Further, we would appreciate your advising us as to whether your facility has capacity to assume additional eye surgery cases without conditions, limitations or discrimination. If you are able to assume additional patients under these requirements, please provide us with an estimate of the number of additional patients and hours of surgery that your facility could accept.

Please send your response to Joe Dant, Vice President of Business Development, Kishwaukee Community Hospital, One Kish Hospital Drive, DeKalb, IL 60115. You may also want to send a copy directly to Mike Constantino, Supervisor of Project Review, Illinois Health Facility and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, IL 662761.

If you have any questions about our plans, please do not hesitate to call Joe Dant at 815-756-1521.

Sincerely,

Kevin Poorten
 Kevin Poorten
 Chief Executive Officer

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1. Article Addressed to: <p style="text-align: center;"> Laura Sykes Administrator Hauser Ross Eye Institute 2440 Gateway Drive Sycamore, IL 60178 </p>	B. Received by (Printed Name) <i>STEVE SYKES</i>	C. Date of Delivery <i>11/29/10</i>
2. Article Number (Transfer from) <u>7008 2810 0000 9914 7734</u>	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 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	
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January 27, 2010

Brad Cople
 President
 Kishwaukee Community Hospital
 One Kish Hospital Drive
 DeKalb, IL 60115

Dear Brad:

KishHealth System, Kishwaukee Community Hospital, and Hauser-Ross Surgicenter are preparing an application to discontinue the Hauser-Ross Surgicenter. We anticipate that, pending approval by the Illinois Health Facilities and Services Review Board (formerly the Illinois Health Facilities Planning Board), the discontinuation will occur in mid-June 2010.

Effective February 5, 2009, any certificate of need application submitted to the Illinois Health Facilities and Services Review Board must comply with new rules and be submitted on a new form. The new rules and form require that we contact all existing or approved hospitals and ambulatory surgery treatment centers within 45 minutes of the Hauser-Ross Surgicenter and request that they address the impact of the proposed discontinuation on their facilities.

In 2005, KishHealth System opened a modern multispecialty ambulatory surgery center, Midland Surgical Center, less than a mile from the Hauser-Ross Surgicenter. Today, the Midland Surgical Center is fully operational and volume is increasing. In the meantime, it has become increasingly evident that the 25-year-old Hauser-Ross Surgicenter would require infrastructure upgrades if it is to maintain strict surgical standards long term. The clinical and administrative leadership of KishHealth System have determined that it is now appropriate to shift these surgical cases to the Midland Surgical Center and the two KishHealth System hospitals, or refer them to other facilities, if necessary. This consolidation will improve operational efficiency at the remaining KishHealth System surgery facilities and preclude the need to upgrade the infrastructure of the existing Hauser-Ross Surgicenter space, thereby saving capital for other needed community healthcare projects.

As part of the discontinuation process, we are providing you with this intent to discontinue the Hauser-Ross Surgicenter and invite you to share with us any impact this action may have on your facility. Our utilization for the latest 24-month period is as follows:

Year	Cases	Hours
2008	1,722	1,666.75
2009	1,641	1,617.50

Kishwaukee Community Hospital | KCH Unlimited Performance Rehabilitation & Sports Medicine | Valley West Community Hospital | VWC Rehabilitation
 Hauser-Ross Eye Institute & Surgicenter | Hauser-Ross Optic | Kishwaukee Cancer Care Center | DeKalb County Hospital | Kishwaukee Health Foundation
 Illinois Regional Cancer Center | Kishwaukee Corporate Health | DeKalb MRI Imaging Institute | KishHealth Family & Specialty Care Clinics
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Further, we would appreciate your advising us as to whether your facility has capacity to assume additional eye surgery cases without conditions, limitations or discrimination. If you are able to assume additional patients under these requirements, please provide us with an estimate of the number of additional patients and hours of surgery that your facility could accept.

Please send your response to Joe Dant, Vice President of Business Development, Kishwaukee Community Hospital, One Kish Hospital Drive, DeKalb, IL 60115. You may also want to send a copy directly to Mike Constantino, Supervisor of Project Review, Illinois Health Facility and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, IL 662761.

If you have any questions about our plans, please do not hesitate to call Joe Dant at 815-756-1521.

Sincerely,

Kevin Poorten
 Kevin Poorten
 Chief Executive Officer

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<p>1. Article Addressed to:</p> <p style="text-align: center;">Brad Copple President Kishwaukee Community Hospital One Kish Hospital Drive DeKalb, IL 60115</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 N (Transfer) 7008 2810 0000 9914 7710</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	



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January 27, 2010

Patricia Sulaver
 Administrator
 Midlands Surgery Center
 2120 Midlands Court
 Sycamore, IL 60178

Dear Ms. Sulaver:

KishHealth System, Kishwaukee Community Hospital, and Hauser-Ross Surgicenter are preparing an application to discontinue the Hauser-Ross Surgicenter. We anticipate that, pending approval by the Illinois Health Facilities and Services Review Board (formerly the Illinois Health Facilities Planning Board), the discontinuation will occur in mid-June 2010.

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 Hauser-Ross Eye Institute & Surgicenter • Hauser-Ross Optical • Kishwaukee Cancer Care Center • DeKalb County Hospital • Kishwaukee Health Foundation
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U.S. Form 3800, August 2009 See Reverse for Instructions

Further, we would appreciate your advising us as to whether your facility has capacity to assume additional eye surgery cases without conditions, limitations or discrimination. If you are able to assume additional patients under these requirements, please provide us with an estimate of the number of additional patients and hours of surgery that your facility could accept.

Please send your response to Joe Dant, Vice President of Business Development, Kishwaukee Community Hospital, One Kish Hospital Drive, DeKalb, IL 60115. You may also want to send a copy directly to Mike Constantino, Supervisor of Project Review, Illinois Health Facility and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, IL 662761.

If you have any questions about our plans, please do not hesitate to call Joe Dant at 815-756-1521.

Sincerely,

Kevin Poorten
 Kevin Poorten
 Chief Executive Officer

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>Mhaelleke</i>
1. Article Addressed to: <p style="text-align: center;">Patricia Sulaver Administrator Midlands Surgery Center 2120 Midlands Court Sycamore, IL 60178</p>	B. Received by (Printed Name) C. Date of Delivery 1-28-10
2. Article (Trans) 7008 2810 0000 9914 7741	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:
PS Form 3811, February 2004	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input 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

KishHealth System

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815.756.1521 • Fax: 815.748.8337 • www.kishhealth.org

January 27, 2010

David Schertz
Administrator
OSF Saint Anthony Medical Center
5666 East State Street
Rockford, IL 61108

Dear David:

KishHealth System, Kishwaukee Community Hospital, and Hauser-Ross Surgicenter are preparing an application to discontinue the Hauser-Ross Surgicenter. We anticipate that, pending approval by the Illinois Health Facilities and Services Review Board (formerly the Illinois Health Facilities Planning Board), the discontinuation will occur in mid-June 2010.

Effective February 5, 2009, any certificate of need application submitted to the Illinois Health Facilities and Services Review Board must comply with new rules and be submitted on a new form. The new rules and form require that we contact all existing or approved hospitals and ambulatory surgery treatment centers within 45 minutes of the Hauser-Ross Surgicenter and request that they address the impact of the proposed discontinuation on their facilities.

In 2005, KishHealth System opened a modern multispecialty ambulatory surgery center, Midland Surgical Center, less than a mile from the Hauser-Ross Surgicenter. Today, the Midland Surgical Center is fully operational and volume is increasing. In the meantime, it has become increasingly evident that the 25-year-old Hauser-Ross Surgicenter would require infrastructure upgrades if it is to maintain strict surgical standards long term. The clinical and administrative leadership of KishHealth System have determined that it is now appropriate to shift these surgical cases to the Midland Surgical Center and the two KishHealth System hospitals, or refer them to other facilities, if necessary. This consolidation will improve operational efficiency at the remaining KishHealth System surgery facilities and preclude the need to upgrade the infrastructure of the existing Hauser-Ross Surgicenter space, thereby saving capital for other needed community healthcare projects.

As part of the discontinuation process, we are providing you with this intent to discontinue the Hauser-Ross Surgicenter and invite you to share with us any impact this action may have on your facility. Our utilization for the latest 24-month period is as follows:

Year	Cases	Hours
2008	1,722	1,666.75
2009	1,641	1,617.50

Kishwaukee Community Hospital | KCH Uninjured Performance Rehabilitation & Sports Medicine | Valley West Community Hospital | VAWCH Rehabilitation
Hauser-Ross Eye Institute & Surgicenter | Hauser-Ross Optical | Kishwaukee Cancer Care Center | DeKalb County Hospital | Kishwaukee Health Foundation
Illinois Regional Cancer Center | Kishwaukee Corporate Health | DeKalb MRI Imaging Institute | KishHealth Family & Specialty Care Clinic
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PS Form 3800, August 2006 See Reverse for Instructions

Further, we would appreciate your advising us as to whether your facility has capacity to assume additional eye surgery cases without conditions, limitations or discrimination. If you are able to assume additional patients under these requirements, please provide us with an estimate of the number of additional patients and hours of surgery that your facility could accept.

Please send your response to Joe Dant, Vice President of Business Development, Kishwaukee Community Hospital, One Kish Hospital Drive, DeKalb, IL 60115. You may also want to send a copy directly to Mike Constantino, Supervisor of Project Review, Illinois Health Facility and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, IL 662761.

If you have any questions about our plans, please do not hesitate to call Joe Dant at 815-756-1521.

Sincerely,

Kevin Poorten
 Kevin Poorten
 Chief Executive Officer

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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<p>1. Article Addressed to:</p> <p style="text-align: center;">David Schertz Administrator OSF Saint Anthony Medical Center 5666 East State Street Rockford, IL 61108</p>	<p>3. Service Type</p> <p><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>2. Article Number (Transfer from service lab)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7008 2810 0000 9914 7512</p>	



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January 27, 2010

Jim Witt
President & CEO
Provena Mercy Medical Center
1325 N Highland Avenue
Aurora, IL 60506

Dear Mr. Witt:

KishHealth System, Kishwaukee Community Hospital, and Hauser-Ross Surgicenter are preparing an application to discontinue the Hauser-Ross Surgicenter. We anticipate that, pending approval by the Illinois Health Facilities and Services Review Board (formerly the Illinois Health Facilities Planning Board), the discontinuation will occur in mid-June 2010.

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In 2005, KishHealth System opened a modern multispecialty ambulatory surgery center, Midland Surgical Center, less than a mile from the Hauser-Ross Surgicenter. Today, the Midland Surgical Center is fully operational and volume is increasing. In the meantime, it has become increasingly evident that the 25-year-old Hauser-Ross Surgicenter would require infrastructure upgrades if it is to maintain strict surgical standards long term. The clinical and administrative leadership of KishHealth System have determined that it is now appropriate to shift these surgical cases to the Midland Surgical Center and the two KishHealth System hospitals, or refer them to other facilities, if necessary. This consolidation will improve operational efficiency at the remaining KishHealth System surgery facilities and preclude the need to upgrade the infrastructure of the existing Hauser-Ross Surgicenter space, thereby saving capital for other needed community healthcare projects.

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Kishwaukee Community Hospital | KCH Enhanced Performance Rehabilitation & Sport Medicine | Valley West Community Hospital | VVCH Rehabilitation
Hauser-Ross Eye Institute & Surgicenter | Hauser-Ross Optical | Kishwaukee Cancer Care Center | DeKalb County Hospital | Kishwaukee Health Foundation
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PS Form 3800 August 2009 See Reverse for Instructions

Further, we would appreciate your advising us as to whether your facility has capacity to assume additional eye surgery cases without conditions, limitations or discrimination. If you are able to assume additional patients under these requirements, please provide us with an estimate of the number of additional patients and hours of surgery that your facility could accept.

Please send your response to Joe Dant, Vice President of Business Development, Kishwaukee Community Hospital, One Kish Hospital Drive, DeKalb, IL 60115. You may also want to send a copy directly to Mike Constantino, Supervisor of Project Review, Illinois Health Facility and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, IL 662761.

If you have any questions about our plans, please do not hesitate to call Joe Dant at 815-756-1521.

Sincerely,

Kevin Poorten
 Kevin Poorten
 Chief Executive Officer

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1. Article Addressed to:	B. Received by (Printed Name) <i>GREENBERG</i> C. Date of Delivery <i>128-10</i>
Jim Witt President & CEO Provena Mercy Medical Center 1325 N Highland Avenue Aurora, IL 60506	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:
	<div style="border: 2px solid black; border-radius: 50%; padding: 10px; width: 100px; margin: 0 auto;"> JAN 28 2010 </div>
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input 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
2. Article Num (Transfer fro) <i>7008 2810 0000 9914 7567</i>	
PS Form 3811, February 2004	Domestic Return Receipt
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KishHealth System

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January 27, 2010

William A Brown
President & CEO
Provena Saint Joseph Hospital
77 North Airite Street
Elgin, IL 60123

Dear Mr. Brown:

KishHealth System, Kishwaukee Community Hospital, and Hauser-Ross Surgicenter are preparing an application to discontinue the Hauser-Ross Surgicenter. We anticipate that, pending approval by the Illinois Health Facilities and Services Review Board (formerly the Illinois Health Facilities Planning Board), the discontinuation will occur in mid-June 2010.

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Year	Cases	Hours
2008	1,722	1,666.75
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Kishwaukee Community Hospital | KCH Uninjured Performance Rehabilitation & Sports Medicine | Valley West Community Hospital | VWCH Rehabilitation
Hauser-Ross Eye Institute & Surgicenter | Hauser-Ross Optical | Kishwaukee Cancer Care Center | DeKalb County Hospital | Kishwaukee Health Foundation
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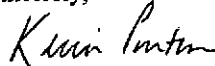
PS Form 3800 August 2009 Sent Rev

Further, we would appreciate your advising us as to whether your facility has capacity to assume additional eye surgery cases without conditions, limitations or discrimination. If you are able to assume additional patients under these requirements, please provide us with an estimate of the number of additional patients and hours of surgery that your facility could accept.

Please send your response to Joe Dant, Vice President of Business Development, Kishwaukee Community Hospital, One Kish Hospital Drive, DeKalb, IL 60115. You may also want to send a copy directly to Mike Constantino, Supervisor of Project Review, Illinois Health Facility and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, IL 662761.

If you have any questions about our plans, please do not hesitate to call Joe Dant at 815-756-1521.

Sincerely,



Kevin Poorten
Chief Executive Officer

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1. Article Addressed to: <div style="text-align: center;"> William A Brown President & CEO Provena Saint Joseph Hospital 77 North Airlite Street Elgin, IL 60123 </div>	B. Received by (Printed Name) <i>KICK MAY</i>	C. Date of Delivery <i>1-25-10</i>
2. Article Number (Transfer from) 7008 2810 0000 9914 7574	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 Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
Domestic Return Receipt 102596-02-M-1540		



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January 27, 2010

Bruce Peterson
CEO
Rochelle Community Hospital
900 North 2nd Street
Rochelle, IL 61068

Dear Bruce:

KishHealth System, Kishwaukee Community Hospital, and Hauser-Ross Surgicenter are preparing an application to discontinue the Hauser-Ross Surgicenter. We anticipate that, pending approval by the Illinois Health Facilities and Services Review Board (formerly the Illinois Health Facilities Planning Board), the discontinuation will occur in mid-June 2010.

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2008	1,722	1,666.75
2009	1,641	1,617.50

Kishwaukee Community Hospital • KCHU Clinical Perinatal Rehabilitation & Sport Medicine • Valley West Community Hospital • AWC II Rehabilitation
Hauser-Ross Eye Institute & Surgicenter • Hauser-Ross Optical • Kishwaukee Cancer Care Center • DeKalb County Hospice • Kishwaukee Health Foundation
Illinois Regional Cancer Center • Kishwaukee Corporate Health • DeKalb MRI Imaging Institute • KishHealth Family & Specialty Care Clinics
Valley West Medical Arts Building • Yorkville Imaging Institute

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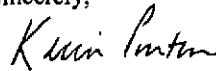
PS Form 3824 August 2006 See Reverse for Instructions

Further, we would appreciate your advising us as to whether your facility has capacity to assume additional eye surgery cases without conditions, limitations or discrimination. If you are able to assume additional patients under these requirements, please provide us with an estimate of the number of additional patients and hours of surgery that your facility could accept.

Please send your response to Joe Dant, Vice President of Business Development, Kishwaukee Community Hospital, One Kish Hospital Drive, DeKalb, IL 60115. You may also want to send a copy directly to Mike Constantino, Supervisor of Project Review, Illinois Health Facility and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, IL 662761.

If you have any questions about our plans, please do not hesitate to call Joe Dant at 815-756-1521.

Sincerely,



Kevin Poorten
Chief Executive Officer

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<p>1. Article Addressed to:</p> <p style="text-align: center;">Bruce Peterson CEO Rochelle Community Hospital 900 North 2nd Street Rochelle, IL 61068</p>	<p>3. Service Type</p> <p><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 # (Transit) 7008 2810 0000 9914 7529</p>	<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-00-1540</p>



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January 27, 2010

Steven Gunderson, DO
CEO, Medical Director
Rockford Ambulatory Surgery Center
10616 Featherstone Road
Rockford, IL 61107

Dear Dr. Gunderson:

KishHealth System, Kishwaukee Community Hospital, and Hauser-Ross Surgicenter are preparing an application to discontinue the Hauser-Ross Surgicenter. We anticipate that, pending approval by the Illinois Health Facilities and Services Review Board (formerly the Illinois Health Facilities Planning Board), the discontinuation will occur in mid-June 2010.

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Hauser-Ross Eye Institute & Surgicenter • Hauser-Ross Optic • Early-Stage Cancer Care Center • DeKalb County Hospital • Kishwaukee Health Foundation
Illinois Regional Cancer Center • Kishwaukee Corporate Health • DeKalb MRI Imaging Institute • KishHealth Family & Specialty Care Clinics
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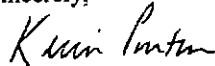
PS Form 3800, August 2006 See Reverse for Instructions

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If you have any questions about our plans, please do not hesitate to call Joe Dant at 815-756-1521.

Sincerely,



Kevin Poorten
Chief Executive Officer

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1. Article Addressed to: Steven Gunderson, DO CEO, Medical Director Rockford Ambulatory Surgery Center 10616 Featherstone Road Rockford, IL 61107	B. Received by (Printed Name) <i>K. Brown</i>	C. Date of Delivery 1-27-10
2. Article # (Transfer) 7008 2810 0000 9914 7628	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 102595-02-M-1540		

KishHealth System

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January 27, 2010

Nancy Gary
Administrator
Rockford Endoscopy Center
401 Roxbury Road
Rockford, IL 61107

Dear Ms. Gary:

KishHealth System, Kishwaukee Community Hospital, and Hauser-Ross Surgicenter are preparing an application to discontinue the Hauser-Ross Surgicenter. We anticipate that, pending approval by the Illinois Health Facilities and Services Review Board (formerly the Illinois Health Facilities Planning Board), the discontinuation will occur in mid-June 2010.

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Blount Regional Cancer Center | Kishwaukee Corporate Health | DeKalb MRI Imaging Institute | Kishwaukee Family & Specialty Care Clinic
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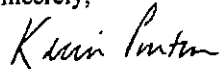
PS Form 3800 August 2006 See Reverse for Important Limits

Further, we would appreciate your advising us as to whether your facility has capacity to assume additional eye surgery cases without conditions, limitations or discrimination. If you are able to assume additional patients under these requirements, please provide us with an estimate of the number of additional patients and hours of surgery that your facility could accept.


Please send your response to Joe Dant, Vice President of Business Development, Kishwaukee Community Hospital, One Kish Hospital Drive, DeKalb, IL 60115. You may also want to send a copy directly to Mike Constantino, Supervisor of Project Review, Illinois Health Facility and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, IL 662761.

If you have any questions about our plans, please do not hesitate to call Joe Dant at 815-756-1521.

Sincerely,



Kevin Poorten
Chief Executive Officer

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:	B. Received by (Printed Name)	C. Date of Delivery
 <p>Nancy Gary Administrator Rockford Endoscopy Center 401 Roxbury Road Rockford, IL 61107</p>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	SALLY A BERGIN 12/10
2. Article Number	3. Service Type	
7008 2810 0000 9914 7697	<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-1540



One Kish Hospital Drive • P.O. Box 707 • DeKalb, IL 60115
 815.756.1521 • Fax: 815.748.8337 • www.kishhealth.org

January 27, 2010

Don Schreiner
 CEO
 Rockford Orthopedic Surgery Center
 346 Roxbury Road
 Rockford, IL 61107

Dear Mr. Schreiner:

KishHealth System, Kishwaukee Community Hospital, and Hauser-Ross Surgicenter are preparing an application to discontinue the Hauser-Ross Surgicenter. We anticipate that, pending approval by the Illinois Health Facilities and Services Review Board (formerly the Illinois Health Facilities Planning Board), the discontinuation will occur in mid-June 2010.

Effective February 5, 2009, any certificate of need application submitted to the Illinois Health Facilities and Services Review Board must comply with new rules and be submitted on a new form. The new rules and form require that we contact all existing or approved hospitals and ambulatory surgery treatment centers within 45 minutes of the Hauser-Ross Surgicenter and request that they address the impact of the proposed discontinuation on their facilities.

In 2005, KishHealth System opened a modern multispecialty ambulatory surgery center, Midland Surgical Center, less than a mile from the Hauser-Ross Surgicenter. Today, the Midland Surgical Center is fully operational and volume is increasing. In the meantime, it has become increasingly evident that the 25-year-old Hauser-Ross Surgicenter would require infrastructure upgrades if it is to maintain strict surgical standards long term. The clinical and administrative leadership of KishHealth System have determined that it is now appropriate to shift these surgical cases to the Midland Surgical Center and the two KishHealth System hospitals, or refer them to other facilities, if necessary. This consolidation will improve operational efficiency at the remaining KishHealth System surgery facilities and preclude the need to upgrade the infrastructure of the existing Hauser-Ross Surgicenter space, thereby saving capital for other needed community healthcare projects.

As part of the discontinuation process, we are providing you with this intent to discontinue the Hauser-Ross Surgicenter and invite you to share with us any impact this action may have on your facility. Our utilization for the latest 24-month period is as follows:

Year	Cases	Hours
2008	1,722	1,666.75
2009	1,641	1,617.50

Kishwaukee Community Hospital | KCH Unlimited (Anatomical, Rehabilitation & Sports Medicine) | Valley West Community Hospital | VVCH Rehabilitation
 Hauser-Ross Eye Institute & Surgicenter | Hauser-Ross Optical | Kishwaukee Cancer Care Center | DeKalb County Hospital | Kishwaukee Health Foundation
 Illinois Regional Cancer Center | Kishwaukee Corporate Health | DeKalb MRI Imaging Institute | Kishwaukee Family & Specialty Care Clinics
 Valley West Medical Arts Building | Yorkville Imaging Institute

5E22 7008 2810 0000 9914 7635

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PS Form 3800 August 2005 See Reverse for Instructions

Further, we would appreciate your advising us as to whether your facility has capacity to assume additional eye surgery cases without conditions, limitations or discrimination. If you are able to assume additional patients under these requirements, please provide us with an estimate of the number of additional patients and hours of surgery that your facility could accept.

Please send your response to Joe Dant, Vice President of Business Development, Kishwaukee Community Hospital, One Kish Hospital Drive, DeKalb, IL 60115. You may also want to send a copy directly to Mike Constantino, Supervisor of Project Review, Illinois Health Facility and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, IL 662761.

If you have any questions about our plans, please do not hesitate to call Joe Dant at 815-756-1521.

Sincerely,

Kevin Poorten
 Kevin Poorten
 Chief Executive Officer

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>x Steve Madrid</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: <p style="text-align: center;">Don Schreiner CEO Rockford Orthopedic Surgery Center 346 Roxbury Road Rockford, IL 61107</p>	B. Received by (Printed Name) C. Date of Delivery
2. Article Number (transfer fro) 7008 2810 0000 9914 7635	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: <div style="border: 1px solid black; border-radius: 50%; width: 100px; height: 100px; margin: 10px auto; text-align: center; line-height: 100px;"> JAN 10 10 10 AM '04 </div>
PS Form 3811, February 2004	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input 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
Domestic Return Receipt	102595-02-M-1940



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January 27, 2010

Barry Finn
President & CEO
Rush Copley Memorial Hospital
2000 Ogden Avenue
Aurora, IL 60504

Dear Mr. Finn:

KishHealth System, Kishwaukee Community Hospital, and Hauser-Ross Surgicenter are preparing an application to discontinue the Hauser-Ross Surgicenter. We anticipate that, pending approval by the Illinois Health Facilities and Services Review Board (formerly the Illinois Health Facilities Planning Board), the discontinuation will occur in mid-June 2010.

Effective February 5, 2009, any certificate of need application submitted to the Illinois Health Facilities and Services Review Board must comply with new rules and be submitted on a new form. The new rules and form require that we contact all existing or approved hospitals and ambulatory surgery treatment centers within 45 minutes of the Hauser-Ross Surgicenter and request that they address the impact of the proposed discontinuation on their facilities.

In 2005, KishHealth System opened a modern multispecialty ambulatory surgery center, Midland Surgical Center, less than a mile from the Hauser-Ross Surgicenter. Today, the Midland Surgical Center is fully operational and volume is increasing. In the meantime, it has become increasingly evident that the 25-year-old Hauser-Ross Surgicenter would require infrastructure upgrades if it is to maintain strict surgical standards long term. The clinical and administrative leadership of KishHealth System have determined that it is now appropriate to shift these surgical cases to the Midland Surgical Center and the two KishHealth System hospitals, or refer them to other facilities, if necessary. This consolidation will improve operational efficiency at the remaining KishHealth System surgery facilities and preclude the need to upgrade the infrastructure of the existing Hauser-Ross Surgicenter space, thereby saving capital for other needed community healthcare projects.

As part of the discontinuation process, we are providing you with this intent to discontinue the Hauser-Ross Surgicenter and invite you to share with us any impact this action may have on your facility. Our utilization for the latest 24-month period is as follows:

Year	Cases	Hours
2008	1,722	1,686.75
2009	1,641	1,617.50

Kishwaukee Community Hospital | KCH Unlimited Performance Rehabilitation & Sports Medicine | Valley West Community Hospital | VWCH Rehabilitation
Hauser-Ross Eye Institute & Surgicenter | Hauser-Ross Optical | Kishwaukee Cancer Care Center | DeKalb County Hospital | Kishwaukee Health Foundation
Illinois Regional Cancer Center | Kishwaukee Corporate Health | DeKalb MRI Imaging Institute | Kishwaukee Family & Specialty Care Clinic
Valley West Medical Arts Building | Yorkville Imaging Institute

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Total Postage & Fees	\$	5.54

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PS Form 3800, August 2006 See Reverse for Instructions

Further, we would appreciate your advising us as to whether your facility has capacity to assume additional eye surgery cases without conditions, limitations or discrimination. If you are able to assume additional patients under these requirements, please provide us with an estimate of the number of additional patients and hours of surgery that your facility could accept.

Please send your response to Joe Dant, Vice President of Business Development, Kishwaukee Community Hospital, One Kish Hospital Drive, DeKalb, IL 60115. You may also want to send a copy directly to Mike Constantino, Supervisor of Project Review, Illinois Health Facility and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, IL 662761.

If you have any questions about our plans, please do not hesitate to call Joe Dant at 815-756-1521.

Sincerely,

Kevin Poorten
 Kevin Poorten
 Chief Executive Officer

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
1. Article Addressed to: <p style="text-align: center;">Barry Finn President & CEO Rush Copley Memorial Hospital 2000 Ogden Avenue Aurora, IL 60504</p>	B. Received by (Printed Name) <i>Steve...</i> C. Date of Delivery 1-29-10
2. Article Number (Transfer from)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: <i>2000 Ogden Ave</i>
7008 2810 0000 9914 7611	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 102595-02-44-1540	



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January 27, 2010

Richard Floyd
President & CEO
Sherman Hospital
934 Center Street
Elgin, IL 60120

Dear Mr. Floyd:

KishHealth System, Kishwaukee Community Hospital, and Hauser-Ross Surgicenter are preparing an application to discontinue the Hauser-Ross Surgicenter. We anticipate that, pending approval by the Illinois Health Facilities and Services Review Board (formerly the Illinois Health Facilities Planning Board), the discontinuation will occur in mid-June 2010.

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As part of the discontinuation process, we are providing you with this intent to discontinue the Hauser-Ross Surgicenter and invite you to share with us any impact this action may have on your facility. Our utilization for the latest 24-month period is as follows:

Year	Cases	Hours
2008	1,722	1,666.75
2009	1,641	1,617.50

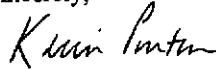
Kishwaukee Community Hospital | KCH Unburied Performance Rehabilitation & Sports Medicine | Valley West Community Hospital | VWCH Rehabilitation
Hauser-Ross Eye Institute & Surgicenter | Hauser-Ross Optical | Kishwaukee Cancer Care Center | DeKalb County Hospice | Kishwaukee Health Foundation
Illinois Regional Cancer Center | Kishwaukee Corporate Health | DeKalb MRI Imaging Institute | KishHealth Family & Specialty Care Clinics
Valley West Medical Arts Building | Yorkville Imaging Institute

Further, we would appreciate your advising us as to whether your facility has capacity to assume additional eye surgery cases without conditions, limitations or discrimination. If you are able to assume additional patients under these requirements, please provide us with an estimate of the number of additional patients and hours of surgery that your facility could accept.

Please send your response to Joe Dant, Vice President of Business Development, Kishwaukce Community Hospital, One Kish Hospital Drive, DeKalb, IL 60115. You may also want to send a copy directly to Mike Constantino, Supervisor of Project Review, Illinois Health Facility and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, IL 662761.

If you have any questions about our plans, please do not hesitate to call Joe Dant at 815-756-1521.

Sincerely,



Kevin Poorten
Chief Executive Officer



One Kish Hospital Drive • P.O. Box 707 • DeKalb, IL 60115
815.756.1521 • Fax: 815.748.8337 • www.kishhealth.org

January 27, 2010

Richard Floyd
President & CEO
Sherman Hospital
1425 N Randall Road
Elgin, IL 60123

Dear Rick:

KishHealth System, Kishwaukee Community Hospital, and Hauser-Ross Surgicenter are preparing an application to discontinue the Hauser-Ross Surgicenter. We anticipate that, pending approval by the Illinois Health Facilities and Services Review Board (formerly the Illinois Health Facilities Planning Board), the discontinuation will occur in mid-June 2010.

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As part of the discontinuation process, we are providing you with this intent to discontinue the Hauser-Ross Surgicenter and invite you to share with us any impact this action may have on your facility. Our utilization for the latest 24-month period is as follows:

Year	Cases	Hours
2008	1,722	1,666.75
2009	1,641	1,617.50

Kishwaukee Community Hospital | KCH Unintended Performance Rehabilitation & Sports Medicine | Valley West Community Hospital | VWCH Rehabilitation
Hauser-Ross Eye Institute & Surgicenter | Hauser-Ross Optical | Kishwaukee Cancer Care Center | DeKalb County Hospice | Kishwaukee Health Foundation
Illinois Regional Cancer Center | Kishwaukee Corporate Health | DeKalb MRI Imaging Institute | Kish/DeKalb Family & Specialty Care Clinic
Valley West Medical Arts Building | Yorkville Imaging Institute

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Total Postage & Fees	\$	5.54

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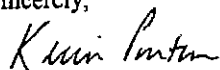
PS Form 3800 August 2006 See Reverse for Instructions

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If you have any questions about our plans, please do not hesitate to call Joe Dant at 815-756-1521.

Sincerely,



Kevin Poorten
Chief Executive Officer

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 <i>x J. Constantino</i> <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
Richard Floyd President & CEO Sherman Hospital 1425 N Randall Road Elgin, IL 60123	<i>BNUTISTA</i> <i>1-28-10</i> D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article (Trans)	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.	
PS Form 3811, February 2004	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
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Domestic Return Receipt 102595-02-M-1540		



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January 27, 2010

Don Daniels
 Administrator, Medical Center/Belvidere
 Swedish American Medical Center/Belvidere
 1625 South State Street
 Belvidere, IL 61008

Dear Mr. Daniels:

KishHealth System, Kishwaukee Community Hospital, and Hauser-Ross Surgicenter are preparing an application to discontinue the Hauser-Ross Surgicenter. We anticipate that, pending approval by the Illinois Health Facilities and Services Review Board (formerly the Illinois Health Facilities Planning Board), the discontinuation will occur in mid-June 2010.

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As part of the discontinuation process, we are providing you with this intent to discontinue the Hauser-Ross Surgicenter and invite you to share with us any impact this action may have on your facility. Our utilization for the latest 24-month period is as follows:

Year	Cases	Hours
2008	1,722	1,666.75
2009	1,641	1,617.50

Kishwaukee Community Hospital • KCH Unlimited Performance, Rehabilitation & Sports Medicine • Valley West Community Hospital • VVCH Rehabilitation
 Hauser-Ross Eye Institute & Surgicenter • Hauser-Ross Optical • Kishwaukee Cancer Care Center • DeKalb County Hospital • Kishwaukee Health Foundation
 Illinois Regional Cancer Center • Kishwaukee Corporate Health • DeKalb MRI Imaging Institute • KishHealth Family & Specialty Care Clinic
 Valley West Medical Arts Building • Yorkville Imaging Institute

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 City, State, ZIP+4 Belvidere, IL

US Form 3800 August 2006 See Reverse for Instructions

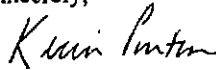
7008 2810 0000 9914 7550

Further, we would appreciate your advising us as to whether your facility has capacity to assume additional eye surgery cases without conditions, limitations or discrimination. If you are able to assume additional patients under these requirements, please provide us with an estimate of the number of additional patients and hours of surgery that your facility could accept.

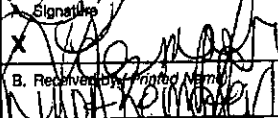
Please send your response to Joe Dant, Vice President of Business Development, Kishwaukee Community Hospital, One Kish Hospital Drive, DeKalb, IL 60115. You may also want to send a copy directly to Mike Constantino, Supervisor of Project Review, Illinois Health Facility and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, IL 662761.

If you have any questions about our plans, please do not hesitate to call Joe Dant at 815-756-1521.

Sincerely,



Kevin Poorten
Chief Executive Officer

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>1. Article Addressed to:</p> <p style="text-align: center;">Don Daniels Administrator, Medical Center/Belvidere Swedish American Medical Center/Belvidere 1625 South State Street Belvidere, IL 61008</p>	<p>Signature: </p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Receiver's Printed Name: <u>Don Daniels</u> C. Date of Delivery: <u>1-28-10</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <p><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 (Transit) <u>7008 2810 0000 9914 7550</u></p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

KishHealth System

One Kish Hospital Drive • P.O. Box 707 • DeKalb, IL 60115
815.756.1521 • Fax: 815.748.8337 • www.kishhealth.org

January 27, 2010

Anthony Fato
Administrator
The Center for Surgery
475 Diehl Road
Naperville, IL 60563

Dear Mr. Fato:

KishHealth System, Kishwaukee Community Hospital, and Hauser-Ross Surgicenter are preparing an application to discontinue the Hauser-Ross Surgicenter. We anticipate that, pending approval by the Illinois Health Facilities and Services Review Board (formerly the Illinois Health Facilities Planning Board), the discontinuation will occur in mid-June 2010.

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As part of the discontinuation process, we are providing you with this intent to discontinue the Hauser-Ross Surgicenter and invite you to share with us any impact this action may have on your facility. Our utilization for the latest 24-month period is as follows:

Year	Cases	Hours
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Kishwaukee Community Hospital | KCH Unlimited Performance, Rehabilitation, & Sports Medicine | Valley West Community Hospital | VVCH Rehabilitation
Hauser-Ross Eye Institute & Surgicenter | Hauser-Ross Optical | Kishwaukee Cancer Care Center | DeKalb County Hospital | Kishwaukee Health Foundation
Illinois Regional Cancer Center | Kishwaukee Corporate Health | DeKalb MRI Imaging Institute | KishHealth/Lamith & Specialty Care Clinics
Valley West Medical Arts Building | Yorkville Imaging Institute

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Sent To: Fato/The Center for Surgery
Street, Apt. No., or PO Box No.: 475 East Diehl Road, Naperville
City, State, ZIP+4: ADMN-JF

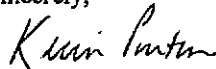
PS Form 3800, August 2006 See Reverse for Instructions

Further, we would appreciate your advising us as to whether your facility has capacity to assume additional eye surgery cases without conditions, limitations or discrimination. If you are able to assume additional patients under these requirements, please provide us with an estimate of the number of additional patients and hours of surgery that your facility could accept.

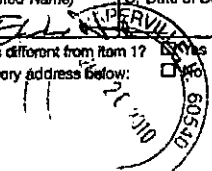
Please send your response to Joe Dant, Vice President of Business Development, Kishwaukee Community Hospital, One Kish Hospital Drive, DeKalb, IL 60115. You may also want to send a copy directly to Mike Constantino, Supervisor of Project Review, Illinois Health Facility and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, IL 662761.

If you have any questions about our plans, please do not hesitate to call Joe Dant at 815-756-1521.

Sincerely,



Kevin Poorten
Chief Executive Officer

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 checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>Brandt Elliott</i></p> <p>B. Received by (Printed Name) <i>Brandt Elliott</i></p> <p>C. Date of Delivery </p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Anthony Fato Administrator The Center for Surgery 475 Diehl Road Naperville, IL 60563</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input 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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer to)</p>	<p>7008 2810 0000 9914 7642</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

KishHealth System

One Kish Hospital Drive • P.O. Box 707 • DeKalb, IL 60115
815.756.1521 • Fax: 815.748.8337 • www.kishhealth.org

January 27, 2010

Joseph Ollayos
Administrator
Tri-Cities Surgery Center
3458 Delnor Drive
Geneva, IL 60134

Dear Mr. Ollayos:

KishHealth System, Kishwaukee Community Hospital, and Hauser-Ross Surgicenter are preparing an application to discontinue the Hauser-Ross Surgicenter. We anticipate that, pending approval by the Illinois Health Facilities and Services Review Board (formerly the Illinois Health Facilities Planning Board), the discontinuation will occur in mid-June 2010.

Effective February 5, 2009, any certificate of need application submitted to the Illinois Health Facilities and Services Review Board must comply with new rules and be submitted on a new form. The new rules and form require that we contact all existing or approved hospitals and ambulatory surgery treatment centers within 45 minutes of the Hauser-Ross Surgicenter and request that they address the impact of the proposed discontinuation on their facilities.

In 2005, KishHealth System opened a modern multispecialty ambulatory surgery center, Midland Surgical Center, less than a mile from the Hauser-Ross Surgicenter. Today, the Midland Surgical Center is fully operational and volume is increasing. In the meantime, it has become increasingly evident that the 25-year-old Hauser-Ross Surgicenter would require infrastructure upgrades if it is to maintain strict surgical standards long term. The clinical and administrative leadership of KishHealth System have determined that it is now appropriate to shift these surgical cases to the Midland Surgical Center and the two KishHealth System hospitals, or refer them to other facilities, if necessary. This consolidation will improve operational efficiency at the remaining KishHealth System surgery facilities and preclude the need to upgrade the infrastructure of the existing Hauser-Ross Surgicenter space, thereby saving capital for other needed community healthcare projects.

As part of the discontinuation process, we are providing you with this intent to discontinue the Hauser-Ross Surgicenter and invite you to share with us any impact this action may have on your facility. Our utilization for the latest 24-month period is as follows:

Year	Cases	Hours
2008	1,722	1,666.75
2009	1,641	1,817.50

Kishwaukee Community Hospital | KCH Unlimited Performance Rehabilitation & Sports Medicine | Valley West Community Hospital | AWCHE Rehabilitation
Hauser-Ross Eye Institute & Surgicenter | Hauser-Ross Optic | Kishwaukee Cancer Care Center | DeKalb County Hospital | Kishwaukee Health Foundation
Illinois Regional Cancer Center | Kishwaukee Corporate Health | D.K.B. MRI Imaging Institute | Kishwaukee Family & Specialty Care Clinics
Valley West Medical Arts Building | Yorkville Imaging Institute

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Sent to **Ollayos**
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City, State, ZIP+4
Admin-87

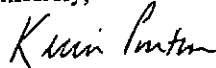
PS Form 3824, August 2008 See Reverse for Instructions

Further, we would appreciate your advising us as to whether your facility has capacity to assume additional eye surgery cases without conditions, limitations or discrimination. If you are able to assume additional patients under these requirements, please provide us with an estimate of the number of additional patients and hours of surgery that your facility could accept.

Please send your response to Joe Dant, Vice President of Business Development, Kishwaukee Community Hospital, One Kish Hospital Drive, DeKalb, IL 60115. You may also want to send a copy directly to Mike Constantino, Supervisor of Project Review, Illinois Health Facility and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, IL 662761.

If you have any questions about our plans, please do not hesitate to call Joe Dant at 815-756-1521.

Sincerely,



Kevin Poorten
Chief Executive Officer

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>Ros Throck</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <p style="text-align: center;">Joseph Ollayos Administrator Tri-Cities Surgery Center 3458 Delnor Drive Geneva, IL 60134</p>	B. Received by (Printed Name) <i>Ros Throck</i>	C. Date of Delivery <i>1-28-10</i>
2. Article Number <small>(Transfer from)</small>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <p style="text-align: center; font-size: 1.2em;"><u>345 DELNOR DR</u></p>	
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input 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	
7008 2810 0000 9914 7659		
PS Form 3811, February 2004 Domestic Return Receipt 102585-02-M-1540		



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January 27, 2010

Debrahlee Crook, RN
Administrator
Valley Ambulatory Surgery Center
2210 Dean Street
St. Charles, IL 60175

Dear Ms. Crook:

KishHealth System, Kishwaukee Community Hospital, and Hauser-Ross Surgicenter are preparing an application to discontinue the Hauser-Ross Surgicenter. We anticipate that, pending approval by the Illinois Health Facilities and Services Review Board (formerly the Illinois Health Facilities Planning Board), the discontinuation will occur in mid-June 2010.

Effective February 5, 2009, any certificate of need application submitted to the Illinois Health Facilities and Services Review Board must comply with new rules and be submitted on a new form. The new rules and form require that we contact all existing or approved hospitals and ambulatory surgery treatment centers within 45 minutes of the Hauser-Ross Surgicenter and request that they address the impact of the proposed discontinuation on their facilities.

In 2005, KishHealth System opened a modern multispecialty ambulatory surgery center, Midland Surgical Center, less than a mile from the Hauser-Ross Surgicenter. Today, the Midland Surgical Center is fully operational and volume is increasing. In the meantime, it has become increasingly evident that the 25-year-old Hauser-Ross Surgicenter would require infrastructure upgrades if it is to maintain strict surgical standards long term. The clinical and administrative leadership of KishHealth System have determined that it is now appropriate to shift these surgical cases to the Midland Surgical Center and the two KishHealth System hospitals, or refer them to other facilities, if necessary. This consolidation will improve operational efficiency at the remaining KishHealth System surgery facilities and preclude the need to upgrade the infrastructure of the existing Hauser-Ross Surgicenter space, thereby saving capital for other needed community healthcare projects.

As part of the discontinuation process, we are providing you with this intent to discontinue the Hauser-Ross Surgicenter and invite you to share with us any impact this action may have on your facility. Our utilization for the latest 24-month period is as follows:

Year	Cases	Hours
2008	1,722	1,666.75
2009	1,641	1,617.50

Kishwaukee Community Hospital • KishHealth Unlimited (Rehabilitation & Sports Medicine) • Valley West Community Hospital • AWCCH Rehabilitation
Hauser-Ross Eye Institute & Surgicenter • Hauser-Ross Optimal • Kishwaukee Cancer Care Center • DeKalb County Hospital • Kishwaukee Health Foundation
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Valley West Medical Art Building • Yorkville Imaging Institute

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Total Postage & Fees	\$	5.54

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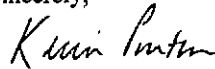
PS Form 3800 August 2006 See Reverse for Instructions

Further, we would appreciate your advising us as to whether your facility has capacity to assume additional eye surgery cases without conditions, limitations or discrimination. If you are able to assume additional patients under these requirements, please provide us with an estimate of the number of additional patients and hours of surgery that your facility could accept.



Please send your response to Joe Dant, Vice President of Business Development, Kishwaukee Community Hospital, One Kish Hospital Drive, DeKalb, IL 60115. You may also want to send a copy directly to Mike Constantino, Supervisor of Project Review, Illinois Health Facility and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, IL 662761.

If you have any questions about our plans, please do not hesitate to call Joe Dant at 815-756-1521.

Sincerely,



Kevin Poorten
Chief Executive Officer

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 type="checkbox"/> Addressee </p> <p>B. Received by (Printed Name) C. Date of Delivery  02</p>	
<p>1. Article Addressed to:</p> <p style="text-align: center;">✓ Debrahlee Crook, RN Administrator Valley Ambulatory Surgery Center 2210 Dean Street St. Charles, IL 60175</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>2. 7008 2810 0000 9914 7703</p>	<p>3. Service Type <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Certified Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Registered <input type="checkbox"/> C.O.D. <input type="checkbox"/> Insured Mail</p>	
	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811, February 2004 Domestic Return Receipt 102585-02-44-1540



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 815.756.1521 • Fax: 815.748.8337 • www.kishhealth.org

January 27, 2010

Brad Copple
 President
 Valley West Community Hospital
 11 East Pleasant Avenue
 Sandwich, IL 60548

Dear Brad:

KishHealth System, Kishwaukee Community Hospital, and Hauser-Ross Surgicenter are preparing an application to discontinue the Hauser-Ross Surgicenter. We anticipate that, pending approval by the Illinois Health Facilities and Services Review Board (formerly the Illinois Health Facilities Planning Board), the discontinuation will occur in mid-June 2010.

Effective February 5, 2009, any certificate of need application submitted to the Illinois Health Facilities and Services Review Board must comply with new rules and be submitted on a new form. The new rules and form require that we contact all existing or approved hospitals and ambulatory surgery treatment centers within 45 minutes of the Hauser-Ross Surgicenter and request that they address the impact of the proposed discontinuation on their facilities.

In 2005, KishHealth System opened a modern multispecialty ambulatory surgery center, Midland Surgical Center, less than a mile from the Hauser-Ross Surgicenter. Today, the Midland Surgical Center is fully operational and volume is increasing. In the meantime, it has become increasingly evident that the 25-year-old Hauser-Ross Surgicenter would require infrastructure upgrades if it is to maintain strict surgical standards long term. The clinical and administrative leadership of KishHealth System have determined that it is now appropriate to shift these surgical cases to the Midland Surgical Center and the two KishHealth System hospitals, or refer them to other facilities, if necessary. This consolidation will improve operational efficiency at the remaining KishHealth System surgery facilities and preclude the need to upgrade the infrastructure of the existing Hauser-Ross Surgicenter space, thereby saving capital for other needed community healthcare projects.

As part of the discontinuation process, we are providing you with this intent to discontinue the Hauser-Ross Surgicenter and invite you to share with us any impact this action may have on your facility. Our utilization for the latest 24-month period is as follows:

Year	Cases	Hours
2008	1,722	1,666.75
2009	1,641	1,617.50

Kishwaukee Community Hospital | KCH Unimodal Performance Rehabilitation & Sports Medicine | Valley West Community Hospital | VWCH Rehabilitation
 Hauser-Ross Eye Institute & Surgicenter | Hauser-Ross Optical | Kishwaukee Cancer Care Center | DeKalb County Hospital | Kishwaukee Health Foundation
 Illinois Regional Cancer Center | Kishwaukee Corporate Health | DeKalb MRI Imaging Institute | KishHealth Family & Specialty Care Clinics
 Valley West Medical Arts Building | Yorkville Imaging Institute

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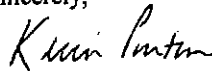
PS Form 3800, August 2005 See Reverse for Instructions

Further, we would appreciate your advising us as to whether your facility has capacity to assume additional eye surgery cases without conditions, limitations or discrimination. If you are able to assume additional patients under these requirements, please provide us with an estimate of the number of additional patients and hours of surgery that your facility could accept.

Please send your response to Joe Dant, Vice President of Business Development, Kishwaukee Community Hospital, One Kish Hospital Drive, DeKalb, IL 60115. You may also want to send a copy directly to Mike Constantino, Supervisor of Project Review, Illinois Health Facility and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, IL 662761.

If you have any questions about our plans, please do not hesitate to call Joe Dant at 815-756-1521.

Sincerely,



Kevin Poorten
Chief Executive Officer

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
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<p>1. Article Addressed to:</p> <p style="text-align: center;">Brad Cople President Valley West Community Hospital 11 East Pleasant Avenue Sandwich, IL 60548</p>	<p>B. Received by (Printed Name)</p> <p style="text-align: center;"><i>Doris Miller</i></p>	<p>C. Date of Delivery</p> <p style="text-align: center;"><i>1/28</i></p>
<p>2. Article No. (Transfer)</p> <p style="text-align: center;">7008 2810 0000 9914 7727</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
<p>PS Form 3811, February 2004</p>	<p>3. Service Type <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> C.O.D.</p> <p><input type="checkbox"/> Registered <input type="checkbox"/></p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/></p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>Domestic Return Receipt 102505-02-M-1540</p>		

Impact Statements Received

Delnor Hospital

Dreyer Medical Clinic

Kishwaukee Community Hospital

Midland Surgical Center

Provena Mercy Medical Center

Provena Saint Joseph Hospital

Rockford Endoscopy Center

Rockford Orthopedic

Swedish American Health System

Tri-Cities Surgery Center

Valley West Community Hospital



A MAGNET
NURSING HOSPITAL



February 5, 2010

**DELNOR
HOSPITAL**

300 Randall Road
Geneva, Illinois 60134
Tel 630/208 3000

Mr. Joe Dant
Vice President of Business Development
Kishwaukee Community Hospital
One Kish Hospital Drive
DeKalb, IL 60115

Dear Mr. Dant:

I am in receipt of your letter dated January 27, 2010, announcing KishHealth System's intent to discontinue the Hauser-Ross Surgicenter. It is not anticipated that this action will have any impact on Delnor Hospital.

Delnor has the capacity to assume additional eye surgery cases without conditions, limitations or discrimination. It is estimated that our surgery department could accommodate an additional 40-50 patients per month during its normal hours of operation Monday through Friday, 7 a.m. – 4 p.m.

If you need additional information or clarification, please feel free to contact me at 630-208-3074.

Sincerely,

Thomas L. Wright
President & CEO

dw

cc: Mike Constantino, Supervisor of Project Review
Illinois Health Facility & Services Review Board

Administration
1877 West Downer Place
Aurora, Illinois 60506
630-906-5151
630-906-5096 FAX
www.dreyermed.com

Dreyer Medical Clinic
 Advocate

February 8, 2010

Joe Dant
Vice President of Business Development
Kishwaukee Community Hospital
One Kish Hospital Drive
DeKalb, IL 60115

Regarding: Hauser-Ross Surgicenter

Dear Mr. Dant:

Thank you for your letter dated January 27 regarding the application to discontinue the Hauser-Ross Surgicenter. Dreyer Medical Clinic's Ambulatory Surgery Center, which is located at 1221 North Highland Ave., Aurora, could accommodate approximately 5-10 more cataract cases on Mondays, Thursdays, and Fridays. Additionally, we could accommodate up to 5-10 iridotomy cases per day, any day of the week.

I hope this information is useful. Please do not hesitate to contact me if you have any further questions.

Sincerely,

Donna S. Cooper

Donna S. Cooper
President

cc: Mike Constantino
Supervisor of Project Review
Illinois Health Facility and Services Review Board
525 West Jefferson Street
2nd Floor
Springfield, IL 62761

Batavia Fox Valley Villages Hinckley Mercy Campus Oswego Plainfield
Rush-Copley Campus West Aurora West Downer Place Yorkville
Dreyer Medical Clinic is an affiliate of Advocate Health Care



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February 10, 2010

Joseph C. Dant
Vice President, Business Development
KishHealth System
One Kish Hospital Drive
DeKalb, IL 60115

Dear Joseph:

I am responding to your request for potential impact to Kishwaukee Community Hospital regarding the proposed discontinuation of the Hauser-Ross Surgicenter. Kishwaukee Community Hospital anticipates no negative impact on its operations due to this potential closing.

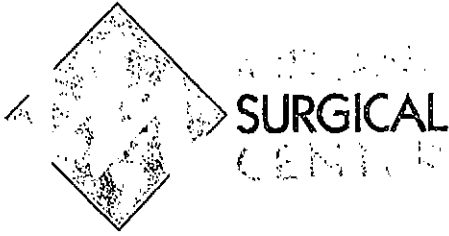
Additionally, Kishwaukee Community Hospital does have surgical capacity and is willing to accept all of the current workload of eye surgery cases performed at the surgery center without conditions, limitations or discrimination.

If you have any questions, please contact me directly.

Sincerely,

Brad Copple
President

Kishwaukee Community Hospital • KCH Enhanced Performance Rehabilitation & Sports Medicine • Valley West Community Hospital • VWH Rehabilitation
Hauser-Ross Eye Institute & Surgicenter • Hauser-Ross Optical • Kishwaukee Cancer Care Center • DeKalb County Hospital • Kishwaukee Health Foundation
Blumh Regional Cancer Center • Kishwaukee Corporate Health • DeKalb MRI Imaging Institute • Kishwaukee Family & Sports Care Clinics
Valley West Medical Arts Building • Valley West Hospice Center



February 10, 2010

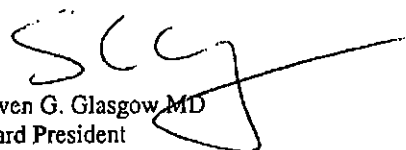
Joe Dant
Vice President of Business Development
Kishwaukee Community Hospital
One Kish Hospital Drive
DeKalb, IL. 60115

Mr. Dant:

In regard to the closure of Hauser-Ross Surgicenter and the impact it will have on Midland Surgical Center, I think you will find that we can accept these eye surgery cases without any conditions, limitations or discriminations. In the last 24 month period, Midland Surgical Center utilization has been:

Year	Surgeries	Hours
2008	1,234	1,234
2009	1,345	1,345

Based on a 5200 hour per year capacity and on the numbers provided by Hauser-Ross Surgicenter, Midland Surgical Center is capable of handling the added eye surgery cases as a result of the closing.


Steven G. Glasgow MD
Board President
Midland Surgical Center

James D. Witt, FACHE, RN
President & CEO

Provena Mercy Medical Center
1325 North Highland Avenue
Aurora, IL 60506-1449
630 801-2616 Tel
630 859-9914 Fax



February 2, 2010

Mr. Joe Dant
Vice President Business Development
Kishwaukee Community Hospital
One Kish Hospital Drive
DeKalb, IL 60115

Re: Hauser-Ross Ambulatory Surgery Center Discontinuation

Dear Mr. Dant:

I am responding to your request for an impact statement regarding the proposed discontinuation of the Hauser-Ross Surgicenter in DeKalb.

Provena Mercy Medical Center is willing and able to accommodate all of the current workload of eye surgery cases performed at the surgery center without conditions, limitations, or discrimination.

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

Sincerely,

A handwritten signature in black ink, appearing to read "James D. Witt".

James D. Witt, FACHE, RN
President & CEO

cc: Mike Constantino
Project Review Supervisor
Health Facilities and Services Review Board
525 W. Jefferson Street, 2nd Floor
Springfield, IL 62761

Provena Health ministries are sponsored by the Franciscan Sisters of the Sacred Heart,
the Servants of the Holy Heart of Mary and the Sisters of Mercy of the Americas.

William A. Brown, FACHE
President & CEO

77 North Arkite Street
Elgin, IL 60123-4912
847-888-5414 Tel
847-888-5475 Fax



January 29, 2010

Mr. Joe Dant
Vice President Business Development
Kishwaukee Community Hospital
One Kish Hospital Drive
DeKalb, IL 60115

Re: Hauser-Ross Ambulatory Surgery Center Discontinuation

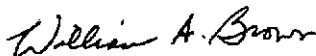
Dear Mr. Dant:

I am responding to your request for an impact statement regarding the proposed discontinuation of the Hauser-Ross Surgicenter in DeKalb.

Provena Saint Joseph Hospital is willing and able to accommodate all of the current workload of eye surgery cases performed at the surgery center without conditions, limitations, or discrimination.

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

Sincerely,

A handwritten signature in cursive script that reads "William A. Brown".

William A. Brown, FACHE
President & CEO

Cc: Mike Constantino
Project Review Supervisor
Health Facilities and Services Review Board
525 W. Jefferson Street, 2nd Floor
Springfield, IL 62761

Provena Health ministries are sponsored by the Franciscan Sisters of the Sacred Heart,
the Servants of the Holy Heart of Mary and the Sisters of Mercy of the Americas.



February 2, 2010

Mr. Joe Dant
Vice President, Business Development
Kishwaukee Community Hospital
One Kish Hospital Drive
DeKalb IL 60115

Dear Mr. Dant:

I am writing in response to your notice that the Hauser-Ross Surgicenter will close in June of this year. You asked that we indicate what capacity our facility has to accept any of your cases.

Rockford Endoscopy Center is a single specialty endoscopy center. We perform only gastrointestinal procedures. Therefore, we are not prepared to accept any eye cases.

If you have questions, please feel free to contact me at (815) 484-7811.

Sincerely,

A handwritten signature in black ink that reads 'Nancy Garry'. The signature is fluid and cursive, with the first name being more prominent.

Nancy Garry
Administrator

CC: Mike Constantino
Supervisor, Project Review
Illinois Health Facility and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield IL 62761



February 10, 2010

Joe Dant,
Vice President of Business Development
Kishwaukee Community Hospital
One Kish Hospital Drive
DeKalb, IL 60115

Mr. Dant,

Per our discussion, I am writing to support the closure of the Hauser-Ross Surgery Center effective June 2010. The impact of this closure will have no effect on our current multispecialty surgery center operations.

We currently operate at 50-60% capacity and would be open for discussion with seeing additional patients from your area if the need were to arise. If you have any further questions, please do not hesitate to call me.

Sincerely,

Don Schreiner, CEO
815-484-6915 –office
815-262-5236 – cell
dons@rockfordortho.com

cc: Mike Constantino, Supervisor of Project Review
Illinois Health Facility and Services Review Board
525 West Jefferson Street
2nd Floor
Springfield, IL 662761

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**SWEDISHAMERICAN
HEALTH SYSTEM**



Winner Of The Lincoln Award For Excellence

SwedishAmerican Hospital
SwedishAmerican
Medical Group/Belvidere
SwedishAmerican
Medical Group/Brookside
SwedishAmerican
Medical Group/Dixon
SwedishAmerican
Medical Group/Davis Junction
SwedishAmerican
Medical Group/Five Points
SwedishAmerican
Medical Group/Midtown
SwedishAmerican
Medical Group/Northwest
SwedishAmerican
Medical Group/Roseoe
SwedishAmerican
Medical Group/Valley
SwedishAmerican
Medical Group/Woodside
SwedishAmerican
Cancer (CANCER)
SwedishAmerican
Cancer Pediatrics
SwedishAmerican
Breast Health Center
SwedishAmerican
Health Alliance
SwedishAmerican Health
Management Corporation
SwedishAmerican
Home Health Care
SwedishAmerican
Immediate Care
SwedishAmerican
Infusion Services/DME
SwedishAmerican
Medical Foundation
SwedishAmerican NSO
SwedishAmerican Realty
Greater Rockford
Hematology/Oncology
Center
Midwest Center For Health
And Healing
Medical Arts Center
Networks
Northern Illinois
Health Care Network
Northern Illinois
Surgery Center

February 15, 2010

Joe Dant
Vice President of Business Development
Kishwaukee Community Hospital
One Kish Hospital Drive
DeKalb, IL 60115

Dear Mr. Dant,

At this time, SwedishAmerican Medical Center/Belvidere has no capability to assume eye surgery cases. I do not anticipate this will change in the near future.

Thank you for your consideration.

Sincerely,

Don Daniels

cc: **Mike Costantino**
Supervisor of Project Review
Illinois Health Facility and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

TRI-CITIES

surgery center

Joe Dant
Vice President of Business Development
Kishwaukee Community Hospital
One Kish Hospital Drive
DeKalb, IL 60115

February 2, 2010

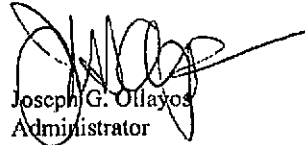
Dear Mr. Dant:

This letter is written in response to KishHealth System CEO Kevin Poorten's January 27, 2010 letter announcing the KishHealth System's proposal to close the Hauser-Ross Surgicenter. It is our understanding from the letter that the four ophthalmologists who currently perform procedures there will shift their activity to the nearby Midland Surgical Center.

Tri-Cities Surgery Center, L.L.C, located in Geneva, Illinois on the campus of Delnor Community Hospital, does not anticipate that this proposed action will have any impact on our facility. Regarding additional capacity for eye surgery cases, we do have some OR time available, but its use is conditional as our only hospital transfer agreement is with Delnor-Community Hospital.

In any case, you have our best wishes for continued success with your outpatient surgical ventures.

Sincerely,



Joseph G. Orlagos
Administrator

Copy to:

Mike Constantino
Supervisor of Project Review
Illinois Health Facility and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

345 Delnor Drive
Geneva, IL 60134
Phone: 630.262.8100
Fax: 630.262.8111

<http://www.tcsurgery.com>



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815.786.8484 • Fax: 815.786.3705 • www.vwch.org

February 10, 2010

Joseph C. Dant
Vice President, Business Development
KishHealth System
One Kish Hospital Drive
DeKalb, IL 60115

Dear Joseph:

I am responding to your request for potential impact to Valley West Community Hospital regarding the proposed discontinuation of the Hauser-Ross Surgicenter. Valley West Community Hospital anticipates no negative impact on its operations due to this potential closing.

Additionally, Valley West Community Hospital does have surgical capacity and is willing to accept all of the current workload of eye surgery cases performed at the surgery center without conditions, limitations or discrimination.

If you have any questions, please contact me directly.

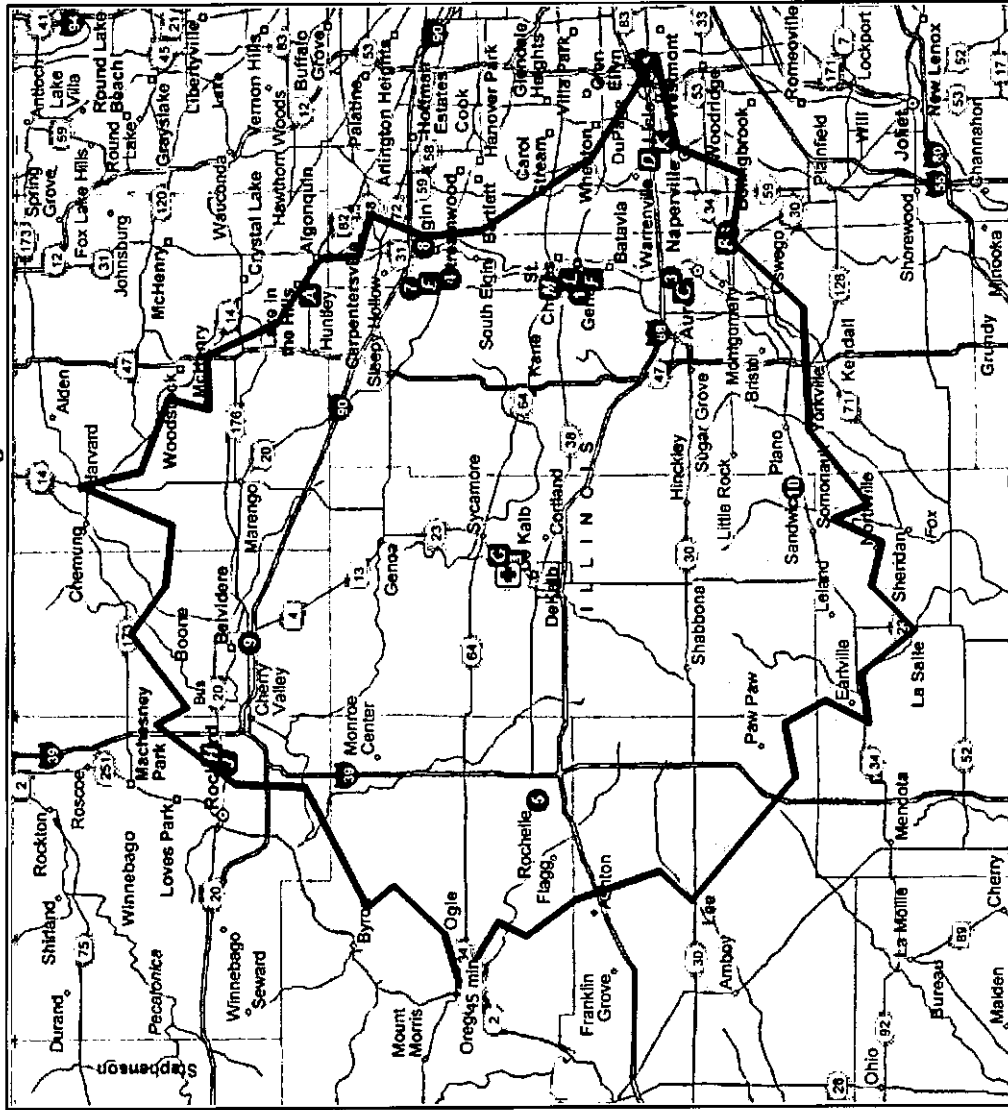
Sincerely,

A handwritten signature in black ink, appearing to read 'Brad Copple'.

Brad Copple
President

Kishwaukee Community Hospital | KCH Outpatient Podiatry, Rehabilitation & Sports Medicine | Valley West Community Hospital
VWCH Rehabilitation | Hauser-Ross Eye Surgery Center | Kishwaukee Cancer Care Center | DeKalb County Hospice
Kishwaukee Health Foundation | DeKalb Regional Cancer Center | Kishwaukee Corporate Health | DeKalb MRI
Kishwaukee Family Speech, Hearing, Vision & Hearing Center | Hampshire • Stoughton • Yorkville

Surgical Facilities within 45 Minutes of Hauser-Ross Surgicenter



- Pushpins**
- H** Hauser-Ross Surgicenter
 - K** Kishwaukee Community Hospital
 - 1** Delnor Community Hospital
 - 2** OSF St. Anthony Medical Center
 - 3** Provena Mercy Medical Center
 - 4** Provena St. Joseph Hospital
 - 5** Rochelle Community Hospital
 - 6** Rush-Copley Medical Center
 - 7** Sherman Hospital - New Site
 - 8** Sherman Hospital - Center Road Site
 - 9** Swedish American Medical Center - Belvidere
 - 10** Valley West Community Hospital
 - A** Algonquin Road surgery Center
 - B** Castle Surgicenter
 - C** Dreyer Ambulatory Surgery Center
 - D** DuPage Orthopaedic Group Surgery Center
 - E** Elgin Gastroenterology Endoscopy Center
 - F** Fox Valley Orthopaedic Associates
 - G** Midland Surgical Center
 - H** Rockford Ambulatory Surgery Center
 - J** Rockford Endoscopy Center
 - J** Rockford Orthopaedic Surgery Center
 - K** The Center for Surgery
 - L** Tri-Cities Surgery Center
 - M** Valley Ambulatory Surgery Center

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Availability of Operating and Procedure Rooms in 2007/2008 within 45 Minutes Normal Travel Time of Hauser-Ross Surgicenter

Facility	Surgical Hours*	Operating Rooms	Rooms Used	Rooms Available	Procedure Hours*	Procedure Rooms	Rooms Used	Rooms Available	Rooms	ASTC/Procedure Room Type	Specialty
Hauser-Ross Surgicenter	1,419	3	0.95	2.05	149	1	1	0	Limited	Ophthalmology	
<u>Acute Care Hospital Facilities</u>											
Kishwaukee Community Hospital	6,765	6	4.51	1.49	4,280	4	2.85	1.15		GI, Cysto, Pain	
Delnor Community Hospital	12,505	7	8.34	-1.34	4,139	3	2.76	0.24		GI, Pain	
Provena Mercy Medical Center	8,811	12	5.87	6.13	3,812	2	2.54	-0.54		GI	
Provena Saint Joseph Hospital	10,689	11	7.13	3.87	NA	0	NA	NA		None	
Rochelle Community Hospital	505	2	0.34	1.66	200	6	0.13	5.87		GI, Cysto, Pain	
Rush Copley Memorial Hospital	20,991	11	13.99	-2.99	6,449	6	4.30	1.70		GI, Pain	
Saint Anthony Medical Center	19,939	14	13.29	0.71	3,627	10	2.42	7.58		GI, Pain	
Sherman Hospital (Combined Sites)	12,583	17	8.39	8.61	NA	0	NA	NA		None	
Swedish American Medical Center - Belvidere	NA	0	NA	NA	NA	0	NA	NA		None	
Valley West Community Hospital	2,983	4	1.99	2.01	1,606	1	1.07	-0.07		GI	
Subtotal Acute Care Hospitals	84	63.85	20.15			32	16.08	15.92			
<u>Ambulatory Surgery Treatment Centers</u>											
Algonquin Road Surgery Center	2,254	3	1.50	1.50	768	1	0.51	0.49	Multi		
Castle Surgicenter	1,411	2	0.94	1.06	NA	0	NA	NA	Multi		
Dreyer Ambulatory Surgery Center	3,518	4	2.35	1.65	4,373	5	2.92	2.08	Multi		
Midland Surgical Center	1,021	2	0.68	1.32	NA	0	NA	NA	Multi		
Rockford Ambulatory Surgery Center	4,420	5	2.95	2.05	-	2	0.00	2.00	Multi		
Rockford Orthopedic Surgery Center	1,951	2	1.30	0.70	NA	0	NA	NA	Multi		
The Center for Surgery	7,696	8	5.13	2.87	2,417	4	1.61	2.39	Multi		
Tri-Cities Surgery Center	384	2	0.26	1.74	453	2	0.30	1.70	Multi		
Valley Ambulatory Surgery Center	7,129	6	4.75	1.25	580	1	0.39	0.61	Multi		
Subtotal Multi-Specialty ASTCs	34	19.86	14.14			15	5.73	9.27			
<u>Subtotal Facilities Capable of Ophthalmology</u>											
DuPage Orthopaedic Group Surgery Center	3,247	4	2.16	1.84	NA	0	NA	NA	Limited	Orthopaedic	
Fox Valley Orthopaedic Associates	3,934	4	2.62	1.38	NA	0	NA	NA	Limited	Orthopaedic	
Elgin Gastroenterology Endoscopy Center	NA	0	NA	NA	3,433	2	2.29	-0.29	Limited	Gastro-Intestinal	
Rockford Endoscopy Center	NA	0	NA	NA	9,500	4	6.33	-2.33	Limited	Gastro-Intestinal	
Subtotal Limited-Specialty ASTCs	8	4.79	3.21			6	8.62	-2.62			
Grand Total All Facilities	126	88.49	37.51			53	30.42	22.58			

*Utilization is based on the most recent published data; 2008 data for hospitals; 2007 data for ASTCs
Source: MapQuest as of 12/03/09; IDPH Hospital Profiles; IDPH ASTC Profiles

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.

	<u>2006</u>	<u>2007</u>	<u>2008</u>
Charity Care			
VW Inpatient Count	37	40	41
KCH Inpatient Count	235	189	213
Total KCH & VW Inpatient Count	<u>272</u>	<u>229</u>	<u>254</u>
VW Outpatient Count	318	482	395
KCH Outpatient Count	859	1001	1055
Total KCH & VW Outpatient Count	<u>1177</u>	<u>1483</u>	<u>1450</u>
VW Inpatient Cost	\$44,113	\$156,504	\$140,214
KCH Inpatient Cost	\$744,744	\$843,948	\$861,068
Total KCH & VW Inpatient Cost	<u>\$788,857</u>	<u>\$1,000,452</u>	<u>\$1,001,282</u>
VW Outpatient Cost	\$187,708	\$275,449	\$267,392
KCH Outpatient Cost	\$476,704	\$766,382	\$789,820
Total KCH & VW Outpatient Cost	<u>\$664,412</u>	<u>\$1,041,831</u>	<u>\$1,057,212</u>
Total KCH & VW Cost	<u>\$1,453,269</u>	<u>\$2,042,283</u>	<u>\$2,058,494</u>

Source: Hospital Data

KishHealth System and Kishwaukee Community Hospital certify that the above reported charity care information is accurate and complete.

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.

KishHealth Systems (KHS) includes Kishwaukee Community Hospital (KCH) and Valley West Hospital (VW). These two facilities account for approximately 98 percent of KHS's patients and revenue.

	<u>2006</u>	<u>2007</u>	<u>2008</u>
Medicaid			
VW Inpatient Count	358	335	234
KCH Inpatient Count	993	1003	782
Total KCH & VW Count Inpatient	<u>1351</u>	<u>1338</u>	<u>1016</u>
VW Outpatient Count	5435	6079	6473
KCH Outpatient Count	15938	16362	17588
Total KCH & VW Outpatient	<u>21373</u>	<u>22441</u>	<u>24061</u>
VW Inpatient Net Revenue	\$976,895	\$1,179,898	\$347,683
KCH Inpatient Net Revenue	<u>\$2,384,462</u>	<u>\$2,641,547</u>	<u>\$1,093,848</u>
Total KCH & VW Net Revenue	<u>\$3,361,357</u>	<u>\$3,821,445</u>	<u>\$1,441,531</u>
VW Outpatient Net Revenue	\$392,822	\$1,099,213	\$1,903,733
KCH Outpatient Net Revenue	<u>\$1,970,221</u>	<u>\$3,003,119</u>	<u>\$5,871,802</u>
Total KCH & VW Net Revenue	<u>\$2,363,043</u>	<u>\$4,102,332</u>	<u>\$7,775,535</u>

Source: Hospital Data

KishHealth System and Kishwaukee Community Hospital certify that the above reported Medicaid information is accurate and complete.

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

KishHealth System and Kishwaukee Community Hospital participate in numerous safety net services. The following are just two examples:

The Community Cares Clinic

KishHealth System in collaboration with Northern Illinois University (NIU) and private donors provides The Community Cares Clinic (the Clinic) which offers affordable access (primarily to the uninsured, underinsured and Medicaid population in DeKalb County) to primary medical care for individuals and families. The goal of the Clinic is to allow patients to establish an ongoing relationship with medical providers to meet their health care needs.

The available scope of services at the Clinic includes primary non-emergency care for infants, children, and adults, such as managing high blood pressure, diabetes, high cholesterol, and asthma. Specific services include annual physicals, well child exams, sick care, immunizations, school and sports physicals, and basic testing provided by an on-site laboratory. The Clinic has an English and Spanish bilingual staff.

The Community Cares Clinic is also a clinical training site for NIU nursing, nurse practitioner, dietetics, public health, and clinical laboratory science students.

APPENDIX 1
2009 COMMUNITY BENEFITS PLAN REPORT
KISH*HEALTH* SYSTEM

Annual Non Profit Hospital Community Benefits Plan Report

Hospital or Hospital System: <u>Kish Health System</u>											
Mailing Address: <u>One Kish Hospital Drive</u>		<u>DeKalb IL 60115</u>									
<small>(Street Address/P.O. Box)</small>		<small>(City, State, Zip)</small>									
Physical Address (if different than mailing address):											
<small>(Street Address/P.O. Box)</small>		<small>(City, State, Zip)</small>									
Reporting Period: <u>05/01/08</u> through <u>04/30/09</u> Taxpayer Number: <u>36-3649080</u>											
<small>Month Day Year Month Day Year</small>											
<p>If filing a consolidated financial report for a health system, list below the Illinois hospitals included in the consolidated report.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;"><small>Hospital Name</small></th> <th style="text-align: center;"><small>Address</small></th> <th style="text-align: center;"><small>FEIN #</small></th> </tr> </thead> <tbody> <tr> <td><u>Kishwaukee Community Hospital</u></td> <td><u>One Kish Hospital Drive</u> <u>DeKalb IL 60115</u></td> <td><u>23-7087041</u></td> </tr> <tr> <td><u>Valley West Community Hospital</u></td> <td><u>11 East Pleasant Avenue</u> <u>Sandwich IL 60148</u></td> <td><u>36-4244337</u></td> </tr> </tbody> </table>			<small>Hospital Name</small>	<small>Address</small>	<small>FEIN #</small>	<u>Kishwaukee Community Hospital</u>	<u>One Kish Hospital Drive</u> <u>DeKalb IL 60115</u>	<u>23-7087041</u>	<u>Valley West Community Hospital</u>	<u>11 East Pleasant Avenue</u> <u>Sandwich IL 60148</u>	<u>36-4244337</u>
<small>Hospital Name</small>	<small>Address</small>	<small>FEIN #</small>									
<u>Kishwaukee Community Hospital</u>	<u>One Kish Hospital Drive</u> <u>DeKalb IL 60115</u>	<u>23-7087041</u>									
<u>Valley West Community Hospital</u>	<u>11 East Pleasant Avenue</u> <u>Sandwich IL 60148</u>	<u>36-4244337</u>									
<p>1. ATTACH Mission Statement: The reporting entity must provide an organizational mission statement that identifies the hospital's commitment to serving the health care needs of the community and the date it was adopted.</p>											
<p>2. ATTACH Community Benefits Plan: The reporting entity must provide its most recent Community Benefits Plan and specify the date it was adopted. The plan should be an operational plan for serving health care needs of the community. The plan must:</p> <ol style="list-style-type: none"> 1. Set out goals and objectives for providing community benefits including charity care and government-sponsored indigent health care. 2. Identify the populations and communities served by the hospital. 3. Disclose health care needs that were considered in developing the plan. 											
<p>3. REPORT Charity Care: Charity care is care for which the provider does not expect to receive payment from the patient or a third-party payer. Charity care does not include bad debt. In reporting charity care, the reporting entity must report the actual cost of services provided, based on the total cost to charge ratio derived from the hospital's Medicare cost report (CMS 2552-96 Worksheet C, Part 1, PPS Inpatient Ratios), not the charges for the services.</p> <p>Charity Care..... <u>\$ 2,057,261</u></p> <p>ATTACH Charity Care Policy: Reporting entity must attach a copy of its current charity care policy and specify the date it was adopted.</p>											

4. **REPORT Community Benefits actually provided other than charity care:**
 See instructions for completing Section 4 of the Annual Non Profit Hospital Community Benefits Plan Report.

Community Benefit Type

Language Assistant Services	\$ 216,441
Government Sponsored Indigent Health Care	\$ 27,300,531
Donations	\$ 430,485
Volunteer Services	
a) Employee Volunteer Services	\$ 113,892
b) Non-Employee Volunteer Services	\$ 422,736
c) Total (add lines a and b)	\$ 536,628
Education	\$ 347,612
Government-sponsored program services	\$ —
Research	\$ —
Subsidized health services	\$ 10,423,084
Bad debts	\$ 20,446,856
Other Community Benefits	\$ 660,131

Attach a schedule for any additional community benefits not detailed above.

5. **ATTACH Audited Financial Statements for the reporting period.**

Under penalty of perjury, I the undersigned declare and certify that I have examined this Annual Non Profit Hospital Community Benefits Plan Report and the documents attached thereto. I further declare and certify that the Plan and the Annual Non Profit Hospital Community Benefits Plan Report and the documents attached thereto are true and complete.

<u>Kevin Paorten, President + CEO</u> Name / Title (Please Print)	<u>815-756-1521 ext. 153323</u> Phone: Area Code / Telephone No.
<u>Kevin Paorten 10/22/09</u> Signature	<u>10/22/09</u> Date.
<u>Phillip Johnson</u> Name of Person Completing Form	<u>815-756-1521 ext. 153545</u> Phone: Area Code / Telephone No.
<u>pjohnson@Kishhospital.org</u> Electronic / Internet Mail Address	<u>815-748-8914</u> FAX: Area Code / FAX No.

MISSION STATEMENTS

KishHealth System (adopted 2005)

We are the cornerstone of health care for the communities we serve—the first choice for service, comfort and safety. As a community-owned health system, the Kish family unselfishly commits to excellence, education and innovation.

Kishwaukee Community Hospital (adopted 1994)

Kishwaukee Community Hospital serves all people with skill and compassion, while respecting their dignity, rights, and choices, by offering access to high quality preventive, curative, and rehabilitative care, delivered in a cost effective manner. Kishwaukee Community Hospital recognizes the need to effectively manage resources for present and future generations.

Valley West Community Hospital (adopted 2008)

Valley West Community hospital will strive to provide high quality primary care and community health education, while promoting community health services in a friendly, caring environment.

Valley West Community hospital is committed to providing health care in accordance with the highest medical and ethical standards of care, compassion and respect for all, protecting the dignity, autonomy and integrity of all our patients, while managing the medical resources at our disposal with wisdom and fairness.

DeKalb County Hospice (adopted 2006)

To assist people to live with dignity and hope in ways that best meet their needs while coping with end-of-life issues, and to support grieving family and community members.

Hauser-Ross Eye Institute (adopted 1987)

Whereas we believe medical and surgical eye care should be a marriage between love and technology, we devote ourselves to the union of the healing arts with modern science. Our goal is to improve the vision and quality of life for the patients we are privileged to serve.

Kishwaukee Health Foundation (adopted 1999)

The Kishwaukee Health Foundation supports and encourages health and human services through fund raising assistance to KishHealth System's not-for-profit community activities.



Community Benefits Plan for FY 2009
Adopted: March 2009

Goals and objectives for providing community benefits

The Accounting and Marketing & Public Relations Department will prepare an annual report of Community Benefits that will be reviewed by the senior leadership team. The report will include expenses and a narrative of community benefit activities in the following areas:

Charity Care

- As part of its charitable mission, KHS provides financial assistance, including access to pharmaceutical assistance for patients who meet the eligibility criteria established in its Financial Assistance Policy.
- The policy is by the board of directors annually. The last review was March 25, 2009.
- An underlying principle of the health system's financial assistance policy is that fear of a hospital bill should never prevent any patient from seeking essential health care for medically necessary services.
- For FY 09, the guideline for financial assistance eligibility is family income up to 350% of the federal poverty level.
- The health system adheres to the requirements of the Hospital Uninsured Patient Discount Act of 2009, providing uninsured patients discounts when family income is at or below 600% of the federal poverty level for Kishwaukee Community Hospital, 300% of the federal poverty level for Valley West Community Hospital.
- A patient also may qualify for financial assistance based on extenuating circumstances related to family size, family income, employment status, and other financial obligations including other medical expenses.
- Access to pharmaceutical assistance especially reaches out to cancer patients.
- Access to free mammograms is provided to patients referred by TriCounty Community Health Center.
- Other patients are referred to the Illinois Breast and Cervical Cancer Program for assistance with breast and cervical cancer screenings and treatment.

Government Sponsored Indigent Health Care

KishHealth System will track and report annually the amount of unreimbursed costs of Medicare, Medicaid and other federal, state and local government sponsored indigent healthcare.

Bad Debt

Bad debt will be calculated for payment that was expected but not received. This amount will be included in the annual Community Benefit report.

Language Assistance

KishHealth System will employ Spanish interpreters available or on call 24/7 and will contract for translation services for other languages; communication services also will be provided for the visually and hearing impaired.

Cash and In-Kind Donations

- Each year an allocation will be made in the operating budget for donations to community events and organizations that improve the health, welfare and quality of life in the communities served by KishHealth System.
- The Marketing & PR Department also will track in-kind donations and services such as surplus supplies, food, bottled water, and free nutrition consults for cancer and bariatric patients.

Volunteer Services

- KishHealth System employees will regularly report to the Director of Marketing & Public Relations, materials, services, time and money donated in connection with health system-sponsored community benefit activities.
- KishHealth System will encourage and facilitate payroll deductions for employee donations to United Way, Kishwaukee Health Foundation and DeKalb County Hospice.
- KishHealth System will operate a Volunteer Services Department and track the number of adult and teen volunteer hours donated to the hospitals.
- The health system will provide staff support and cover costs for the annual Auxiliary Balls that raise money for hospital improvements and healthcare scholarships.

Education

- The health system will maintain a medical library for patient, doctor and employee use.
- Clinical experiences will be provided for students at Northern Illinois University, Kishwaukee College and other schools in the areas of nursing, radiology, pharmacy, physical therapy, respiratory therapy, social services, and social services. The cost of providing employee trainers and job-shadowing will be tracked.
- A limited number of unpaid and paid internships will be offered in both clinical and non-clinical areas.
- The Auxiliaries and the Health Foundation will award healthcare scholarships annually.

Research: (none in fy09)

Costs of research activities not covered by grants and donations will be calculated and reported.

Subsidized health services

A number of programs and services may operate at a loss, but will be subsidized because they improve the health and safety of the community. These include but are not limited to:

- Operating Diabetes Education Centers at Kishwaukee Community Hospital and Valley West Community Hospital.
- Providing free post-partum mom and baby home visits.
- Operating Community Wellness Departments to provide free and low cost education, screenings, a Wellness Club and programs for schools and other organizations. The Community Wellness Department also provides tuition waivers for childbirth education classes for low income women, including a special childbirth class for pregnant teens.
- Operating an Emergency Medical Services System to oversee and train area EMS providers; and preparedness for disasters including bio-terrorism events.

- Operating a Child Development Center for children with attention deficit disorder
- Providing free support services for local cancer patients.
- Providing Employee Assistance Program for community clients and health system employees.
- Providing Continuing Medical Education
- Costs associated with assuring adequate physician coverage and access to primary care.

Other

The Health System will calculate miscellaneous community benefit expenses. Including but not limited to:

- Costs associated with the development and start up of the Community Cares Clinic to service low and moderate income families.
- Unlimited Performance Rehabilitation and Sports Medicine free activities in the community related to exercise and fitness.
- Cost of publishing Community Wellness guides and Health Sense magazine for KCH and VWCH
- Personnel expenses for employees who work at the health system's Community Wellness Fairs.
- Property taxes and sales taxes paid.

Populations and communities served by KishHealth System

- KishHealth System serves all of DeKalb County, IL and border communities in Kane, Ogle, LaSalle and Kendall counties. (Attachment 2.2)
- This geographic area includes a growing Hispanic population. (Attachment 2.2). Northern Illinois University students and visitors is a population unique to our service area.

Health care needs considered in developing this plan

1. The Top 3 priorities identified in the DeKalb County Health Department Community Needs Assessment and Plan, adopted in November 2007 by the DeKalb County Board, are:

- Inadequate access to primary health care (see details below)
- Type II Diabetes (see Subsidized health services regarding Diabetes Education Center)
- Cardiovascular Disease (see details below).

2. Needs identified by KishHealth System

- Inadequate Access to Primary Care
- Cancer Services
- Cardiovascular Services
- Community Outreach
- Emergency Medical Services & Preparedness

Inadequate Access

- To specifically address the lack of access to primary care, KishHealth will operate a primary care clinic in conjunction with Northern Illinois University targeted at low and moderate income families, the Medicaid population, and the uninsured. The goal is to open this clinic during the latter half of FY09. (The Community Cares Clinic opened in August, 2009.)

- A representative from the Kishwaukee Community Hospital Wellness Department attends meetings of the Latino Action Group and participated on the Health subcommittee to help improve the Hispanic community's access to healthcare.
- The Valley West Wellness Department representative sat on the Kendall County Health Initiatives Council, to facilitate services to underserved populations in the southern part of the health system's market.
- Physicians recruited by KishHealth System are required to provide care to all.
- Health system operates a clinic in Shabbona, an underserved rural area, to provide primary care access.

Cancer Services

- Free support services continue to be provided for cancer patients based on input from cancer patients.
- Access to prescription assistance will be provided.
- Free and low cost cancer screenings will be provided during the year.

Cardiovascular Disease

Because cardiovascular disease is a major health issue facing many in our community, the health system will take the following actions:

- Recruit more cardiovascular specialists.
- Seek state approval to provide cardiac catheterization (received in April 2009; opened cath lab in May, 2009.)
- Offer affordable cardiovascular screenings such as free blood pressure checks, HeartWise Cardiac Health Evaluation.
- Offer healthy lifestyle classes, such as stop smoking classes, cholesterol management, heart disease education.

Community Wellness

Part of the health system's mission is to provide community education and promote disease prevention. To accomplish this, the health system operates a Community Wellness Department. Community Wellness initiatives follow guidelines established by the U.S. Department of Health & Human Services' Healthy People 2010, as well as community health needs identified by the health system.

Wellness Department activities at Kishwaukee Community Hospital for FY 09 included the following:

- 1,792 free blood pressure checks at weekly clinics;
- 3,007 contacts at hospital-sponsored Wellness Fair;
- 1,409 members of Kish Hospital's free Wellness Club, which provides discounts at fitness centers and for healthy menu selections at restaurants, free wellness classes and free and reduced cost health screenings;
- 300 participants in the Weight No More 10-week class on nutrition and exercise;
- 354 participants in the two-day Safe Sitter class for pre-teens;
- 436 tuition waivers for childbirth education classes; including 29 participants in the class, "Prepared Childbirth for Young Moms," targeted to pregnant teenagers.
- 20 free physician lectures on various health topics.
- The price of the HeartWise Cardiac Health Evaluation was reduced significantly to make it more affordable. As a result, the risk assessments increased 123% at Kish Hospital. The program has saved lives including at least one non-symptomatic individual who required immediate open heart surgery based on the results of his evaluation.

- Kish Hospital Community Wellness increased school programs by 205% reaching a total of 3,954 students, pre-kindergarten through high school. The programs, taught by nurse educators, meet Illinois learning standards in health promotion, prevention, treatment of illness and injury, understanding human body systems and factors that influence growth and development, and promoting and enhancing health and well-being through effective communication and decision-making skills.
- At Kish Hospital, the Girls Only program, a puberty program for pre-teens and their mothers, increased 118% and the Prepared Childbirth classes increased 25%.
- Smoking Cessation classes are held quarterly and had 72 contacts. The \$25 fee is refunded if the participant attends all four classes.

Other community outreach and wellness efforts

- Cancer and diabetes support groups meet regularly
- Kish Kids Party is a free educational program for children scheduled for surgery.
- FitFest, a walking event, with the Kishwaukee Family YMCA to celebrate Employee Health and Fitness Day. More than 300 participate.
- KCH OB nurse made 509 newborn home visits. The home visits are free of charge and are conducted. 48-72 hours after discharge to evaluate the infant, encourage good parenting, and to check the mother.
- KCH maintains a web site, which include useful health information for consumers.
- A free, quarterly Community Wellness magazine for Kish Hospital is published quarterly and mailed to 60,000 residents, providing information about programs, free screenings, and general health tips.
- A free, 16-page newsletter, *HealthSense*, is mailed to 60,000 households twice a year, containing information about disease and health management.
- Free weekly blood pressure checks.
- Free mammograms, PAP, and HIV testing provided in conjunction with Tri-County Community Health Center, DeKalb County Health Department and Illinois Breast Cancer and Cervical Cancer Program.

Community Wellness activities for FY09 at Valley West Community Hospital, included:

- 16 CPR classes for teachers, healthcare providers and the general public. More than 200 local high school students also received CPR training.
- Baby sitter training, puberty program for pre-teens and their parents, self-esteem and personal health, diabetes management, and cancer support groups.
- Approximately 130 people participated in a 14-week guided exercise and nutrition Weight No More program sponsored by Valley West in conjunction with the Fox Valley Family YMCA.
- Physicians offered more than 20 free lectures on medical topics at Valley West including Hepatitis C, asthma, COPD, healthy weight loss, various foot conditions, various cancers (prostate, lung cancer and colorectal), diabetes, calcium scoring, Parkinson's disease, chronic lung disease, colonoscopy, and hormone imbalances.
- Hospital personnel assist with our own health fairs, Career Fairs for 2 local high schools. Hospital tours for approximately 200 preschool and K-3 school children are conducted each year.
- Twice a year a reduce-priced PSA blood test and program are offered for prostate cancer screening. Twice a year, a low cost cholesterol screening is offered to the public, along with the educational component of the test results.

- The price of the HeartWise Cardiac Health Evaluation was reduced significantly to make it more affordable. As a result, the risk assessments increased 964% at Valley West. The program has saved lives including at least one non-symptomatic individual who required immediate open heart surgery based on the results of his evaluation.
- A Wellness Fair is held in conjunction with Sandwich Freedom Days each June/July, offering to the more than 1,000 in attendance, 10-12 free screenings including vision acuity, blood glucose, posture evaluation, thermographic neurological testing, blood pressure, oxygen saturation of blood, skin cancer, surface muscle testing, visual foot analysis, and body fat analysis.
- Blood pressure screenings are done weekly in the main lobby for the public.
- Valley West Community Wellness increased school programs by 1230%, reaching 2,300 students, pre-kindergarten through high school. The programs, taught by nurse and wellness educators, meet Illinois learning standards in health promotion, prevention, treatment of illness and injury, understanding human body systems and factors that influence growth and development, and promoting and enhancing health and well-being through effective communication and decision-making skills.
- The Maternity Suites offers a continuing and regular schedule of birthing classes, New Baby care, Sibling class and a free breastfeeding class included with each prepared childbirth session. New mothers receive a basket of gifts from the Valley West Auxiliary.
- Valley West participates in Sandwich Park District, Sandwich Freedom Days, The YMCA Summer Scamper and the YMCA Triathlon by serving water, fruit juice and watermelon at the finish line for runners in these races.
- Valley West furnishes a box of first-aid supplies to youth summer sports teams, 4-H campers, etc.
- Scout troops are invited for tours/lessons in badge work and health education suited to their age group.
- "To Your Health," a syndicated, non-commercial, daily 60-second health update is sponsored by the hospital and aired each morning on a local radio station.
- A 5-Minute radio program each Monday morning and evening features health system employees and staff physicians talking about health concerns, diagnoses, and technology related to their areas of expertise.
- The hospital sponsors support groups for cancer patients and those living with diabetes. These groups meet monthly, offering speakers on topics of interest and support from professional staff.

Emergency Medical Services and Emergency Preparedness

Emergency Medical Service and Emergency Preparedness is the hospital's leading subsidized service. Kishwaukee Community Hospital is the EMS Resource Hospital in Region 1 in DeKalb County, responsible for overseeing, training, and critiquing all emergency providers. In this role, the hospital establishes all the direct patient care protocols for pre-hospital care and monitors this care through radio communication as ambulances are en route to the hospital. Because it's a resource hospital, KCH has a system called *KishHealth* EMS System, which provides training and continuing education for pre-hospital providers and teaches EMT and paramedic courses for Kishwaukee College.

Kishwaukee Community Hospital also is designated by the American Heart Association as a provider of CPR, First Aid, and Advanced Life Support courses. The hospital also maintains an EMS Training Center at an offsite location.

EMS training in FY 09 included 2,196 teaching hours, reaching 2,322 participants. Highlights include:

- Special training classes for Northern Illinois University police officers and Genoa-Kingston firefighters
- Fall and spring EMT-B classes
- Paramedic class
- 15 classes a month at 11 locations for EMS continuing education.
- 62 American Heart Association basic and advanced cardiac life support and first aid classes for healthcare providers and the lay public with 724 participants
- Free public CPR class with 20 participants

Disaster training activities included:

- Disaster drill was staged in September 2008 with hospital personnel, local police, fire and 13 area EMS providers, DeKalb County American Red Cross and Voluntary Action Center, local Boy Scouts and Boy Scout leaders. The scenario was a tornado at a local elementary school, involving 60 victims. In addition to the disaster drill, the Boy Scouts camped out overnight on hospital grounds and hospital personnel provided training for their emergency preparedness merit badge.
- Northern Illinois University mass casualty homecoming event
- NIU Events Safety Task Force 2-day training
- Semi-monthly NIU meetings
- DeKalb School District Safety Task Force
- DeKalb County Local Emergency Planning Committee quarterly meetings

Other outreach

- Two EMS staff members provided a free first aid station at the five-day Sandwich Fair for a total of 144 staff hours.

KISHWAUKEE HEALTH SYSTEM

Adopted 1/30/07

POLICIES AND PROCEDURES

FINANCIAL ASSISTANCE POLICY AND PROCEDURE

1.0 **PURPOSE.** In furtherance of its mission to promote the health and well-being of the community it serves, the Kishwaukee Health System ("KHS") Board of Directors has adopted this Financial Assistance Policy and Procedure (the "Policy") (formerly the KHS Charity Care Policy) to define the process KHS shall use to determine whether a patient is eligible for a charitable waiver of, or reduction in, charges for the health care Medically Necessary Services he or she has received from KHS.

2.0 **APPLICATION.** This Policy shall apply to KHS, KHS hospitals, including Kishwaukee Community Hospital and Valley West Community Hospital, KHS subsidiary corporations, including, without limitation, DeKalb County Hospice and Health Progress, any other entity in which KHS has controlling equity ownership, and any KHS vendors who furnish Medically Necessary Services to KHS patients under contract with KHS or a KHS hospital. Any reference to KHS in this Policy includes any entity listed in this section 2.0.

3.0 **DEFINITIONS.** In this Policy, the following capitalized terms shall have the meanings set forth in this section 3.

3.1 **Bad Debt.** A patient account receivable that KHS initially anticipated to be paid at the time health care Medically Necessary Services were furnished, but later deems to be uncollectible and eligible to be written-off pursuant to KHS' Billing and Collections Policy.

3.2 **Director.** The KHS Director of Patient Financial Services.

3.3 **Family.** The patient, his or her spouse (including a legal common law spouse) and his or her legal dependents as defined by the United States Internal Revenue Code and its implementing regulations.

3.4 **Family Income.** Gross wages, salaries, wages, welfare benefits, strike benefits, unemployment benefits, dividends, interest income, Social Security benefits, workers compensation, veterans benefits, training stipends, military allotments, regular support from Family not living in the household, child support, alimony, support from a parent if a parent claims the child on taxes, government pensions, private pensions, insurance and annuity payments, and income from rents, royalties, estates and trusts.

3.5 **Financial Assistance.** A charitable waiver of, or reduction in, charges for Medically Necessary Services KHS furnishes to a patient. The term "Financial Assistance" shall be synonymous with the term "charity care" when used in this Policy or other KHS policies, procedures and documents.

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3.6 Financial Disclosure Worksheet. The form attached hereto as Exhibit B which must be completed by a patient seeking Financial Assistance. The Financial Disclosure Worksheet may be modified from time to time by KHS as necessary to administer this Policy.

3.7 Medically Necessary Medically Necessary Services. Physician-ordered care required to treat an illness or condition. Medically Necessary Services do not include cosmetic services (e.g., elective bariatric procedures), care that is experimental in nature, non-medical services such as social, educational, and vocational services, or services that are not routinely furnished by KHS or within KHS' capabilities.

4.0 POLICY AND PROCEDURE.

4.1 Underlying Principles. As part of its charitable mission, KHS provides Financial Assistance to all patients who meet the eligibility criteria set forth in this Policy. The principles underlying this Policy include the following:

- Fear of a hospital bill should never prevent any patient from seeking essential health care Medically Necessary Services.
- All patients should be treated fairly, with dignity, compassion and respect.
- Availability of Financial Assistance should be broadly communicated to community members in a clear, understandable, and dignified manner and in languages appropriate to the communities and patients served.
- Financial Assistance must be provided in a manner that balances the need to provide monetary support for financially or medically needy individuals with the KHS Board of Director's fiduciary responsibility to manage KHS' finances in a manner that allows for the continued fulfillment of KHS' charitable mission.
- Financial assistance does not eliminate personal responsibility: patients eligible for Financial Assistance are expected to access available public or private program funding in order to be eligible for Financial Assistance and each patient is expected to contribute to the cost of his or her care based on his or her individual ability to pay.
- Determination of a patient's eligibility for Financial Assistance under this Policy shall be made in a non-discriminatory manner.

4.2 Charges for Medically Necessary Medically Necessary Services; Consideration of Actual Costs. KHS sets standard charges for its Medically Necessary Medically Necessary Services; however, Medicare and Medicaid pay significantly less than these standard charges and managed care and other contracted care entities may pay less than these standard charges. KHS' standard charges may be charitably waived or reduced for patients who meet the eligibility criteria set forth in section 4.3 of this Policy. In determining the amount of Financial Assistance offered to an eligible patient, KHS may consider the actual cost of the Medically Necessary Medically Necessary Services provided to such patient. In furtherance of its fiduciary obligation

to maintain the financial solvency of the organization, KHS shall budget annually the total amount of Financial Assistance expected to be offered, but such budgeted amount shall not constitute a cap on the total amount of Financial Assistance, in the aggregate, that KHS may offer in any given fiscal year.

4.3 Eligibility. Patients who fall within either one of the following eligibility categories may be offered Financial Assistance.

(a) Family Income At or Below Established Federal Poverty Level Family Income Guidelines. With respect to any amounts not covered by a responsible third party payor, a patient meeting a Federal Poverty Level Family Income category shall be eligible to receive Financial Assistance. The Financial Assistance guidelines describing the Federal poverty level percentages and the corresponding amount of charitable waiver of, or reduction in, charges for Medically Necessary Services are attached hereto as Exhibit A. The applicable percentage of the Federal Poverty Level and the corresponding charitable waiver or reduction amount shall be subject to annual review and adjustment by the KHS Board of Directors.

(b) Uninsured or Underinsured Patients. A patient failing to meet the criteria in section 4.3(a) may be eligible for Financial Assistance in an amount to be determined by KHS based on the following criteria:

(i) Family Income relative to Family size and other related factors such as current financial obligations and living expenses.

(ii) Employment status, including, but not limited to, future earning capacity with consideration of the likelihood of a financial capacity sufficient to meet his or her financial obligations in an acceptable time period.

(iii) Future and current ability to pay.

(iv) Medical expenses as a percentage of a patient's annual gross income, the total amount of medical bills outstanding, and the frequency of payments to be made in relation to factors (i) through (iii) above.

(v) Credit report information.

(vi) Actual cost of care provided.

(vii) Other factors deemed appropriate by KHS from time to time.

(c) Assets Not Considered. In determining a patient's eligibility for Financial Assistance under this Policy, KHS shall not consider the value of a patient's personal or real property, including, without limitation, savings accounts, retirement or IRA funds, life insurance, trust accounts, and real estate, and shall not attach or force the pledge or use of such assets.

(d) Re-Evaluation of Eligibility. KHS may evaluate a patient's eligibility for Financial Assistance at any time during or after the patient's receipt of Medically Necessary Services, including during the collection process. See KHS' Billing and Collection Policy. A patient's eligibility for Financial Assistance shall be re-evaluated when a closed account is reopened and whenever a patient requests re-evaluation based on a change in Family Income, Family size, or a change in any other factor affecting the patient's ability to pay for Medically Necessary Services.

4.4 Patient Responsibilities. Patients who wish to be considered for Financial Assistance must act reasonably and cooperate fully with KHS by providing all necessary information and assisting in completing the Financial Disclosure Worksheet and, if applicable, all required forms and applications for government-sponsored programs.

4.5 Communication of Policy. KHS shall make every effort to communicate to patients the availability of Financial Assistance.

(a) Availability of Policy Information. A summary of this Policy shall be posted on the KHS website. This posting shall include instructions for applying for Financial Assistance, a copy of the Financial Disclosure Worksheet that must be completed, and Financial Assistance eligibility guidelines. Financial Assistance applications and brochure shall be placed in all admission, registration and waiting areas of KHS hospitals and KHS clinic sites that provide Medically Necessary Services. Conspicuously posted signage shall be placed in each KHS hospital's emergency department, the admissions office, registration areas, and public restrooms. Such signage shall clearly convey the availability of Financial Assistance to eligible patients.

(b) Culturally Sensitive Communications. KHS shall ensure Financial Assistance applications, forms, brochures, and signage are posted in all languages that constitute the primary language for at least 5% of the KHS patient population based on U.S. Census data for DeKalb, Kendall, Kane, LaSalle, Lee and Ogle Counties, Illinois.

4.6 Training Regarding Policy. KHS shall provide training annually to all staff who interact with patients regarding the availability of Financial Assistance. Such training shall also be provided to new hires, as part of their employee orientation. Participation in this training shall be mandatory and shall be designed to ensure that staff are aware of the availability of Financial Assistance and where to direct a patient who requests more information regarding same. All KHS financial counselors shall receive additional training regarding this Policy and the procedures for determining a patient's eligibility for Financial Assistance. KHS shall also ensure health care vendors and collection agencies under contract with KHS are provided a copy of this Policy.

5.0 **PROCEDURE.**

5.1 **Identification of Eligible Patients.**

(a) **Notice of Policy.** All patients who present for Medically Necessary Services shall receive general written or oral information regarding the availability of Financial Assistance. KHS shall provide a Financial Disclosure Worksheet to any patient requesting Financial Assistance and KHS financial counselors shall be available to assist patients in completing the Financial Disclosure Worksheet.

(b) **Timely Request for Financial Information.** KHS shall request a patient's general financial information during the pre-admission interview or as soon as possible upon the patient's request for Medically Necessary Services at KHS. This request shall occur after medical screening and/or stabilizing treatment in the case of emergency Medically Necessary Services.

(c) **Special Notice to Self-Pay Patients.** KHS shall include written information regarding the availability of Financial Assistance in all bills sent to self-pay patients. Such information shall inform the patient of the availability of Financial Assistance, as well as alternative funding options, such as government-sponsored programs, grants, community funding and crime victim funding. Informational material also shall include contact information for a KHS representative who can provide further information regarding this Policy.

5.2 **Determination of Eligibility.**

(a) **Timing.** KHS shall determine if a patient is eligible for Financial Assistance under this Policy as close as possible to the time of admission or the provision of Medically Necessary Services, assuming that adequate eligibility information is readily available. Before an application for Financial Assistance is reviewed for eligibility, KHS shall assist the patient in determining whether other resources, including community aid, Medicaid and Medicare, welfare or other community resources, may be available. To assist in this process, KHS may refer patients to program enrollment personnel or, as appropriate, assist patients in applying for Medicaid or other community assistance.

(b) **Applying for Financial Assistance.** KHS shall require each patient seeking Financial Assistance to complete a Financial Disclosure Worksheet. KHS shall assist patients who request help completing the Financial Disclosure Worksheet. If a patient provides an incomplete Financial Disclosure Worksheet to KHS, a KHS financial counselor or other patient accounts representative shall contact the patient or other responsible party to attempt to gather any additional needed information to process the Financial Assistance request.

(c) **Patient Responsibility to Update Financial Information.** A patient applying for Financial Assistance must update their Financial Disclosure Worksheet upon each inpatient admission, regardless of past receipt of Financial Assistance. For all outpatient and other Medically Necessary Services, KHS shall require patients who have previously requested

Financial Assistance to update their Financial Disclosure Worksheet on a periodic basis to ensure their financial circumstances have not changed.

(d) Determination of Financial Assistance. KHS shall determine if a patient is eligible for Financial Assistance based on the information provided in the Financial Disclosure Worksheet. KHS shall make Financial Assistance only after a complete and accurate Financial Disclosure Worksheet is obtained, unless KHS determines that the patient has good cause for not completing the Worksheet (e.g., homeless, deceased, etc.), in which case KHS may make the determination based on available information. Patients who, based on the information disclosed in the Financial Disclosure Worksheet, meet the eligibility criteria set forth in section 4.3(a) shall receive the amount of Financial Assistance listed in Exhibit A, as may be amended from time to time. If a patient does not meet the eligibility criteria set forth under section 4.3(a) of this Policy as evidenced by the Financial Disclosure Worksheet, the Director, or his or her designee, shall evaluate if the patient is eligible for Financial Assistance under section 4.3(b). The Director, or his or her designee, may approve up to \$5,000 of Financial Assistance to a patient who is eligible under section 4.3(b). If the Director, or his or her designee, determines a patient may be eligible for an amount in excess of \$5,000, he or she shall obtain approval for such amount from the individual listed below, based on the proposed amount of Financial Assistance.

Proposed Amount of Financial Assistance:	Approval By:
\$5,001 to \$15,000	Vice President, Finance
\$15,001 to \$25,000	Administrator
\$25,001 to \$35,000	President/CEO Kishwaukee Health System
Any amount over \$35,000	Board of Directors

5.3 Notification of Financial Assistance Determination. When possible, KHS shall provide patients with written notice of KHS' Financial Assistance determination within 14 days of submission of a completed Financial Disclosure Worksheet.

5.4 Appeals. If a patient is denied Financial Assistance, he or she may submit a letter of appeal to the Director. The Director, or his or her designee, shall review the letter and provide the patient a written response within 14 days of receipt of the patient's letter of appeal.

6.0 PROHIBITIONS. KHS shall not routinely waive Medicare deductibles or coinsurance, but KHS may waive Medicare deductible and coinsurance amounts if KHS determines, in good faith, that the patient meets the eligibility criteria under this Policy and applicable law. KHS shall not advertise the waiver of Medicare cost-sharing amounts relating to any Medically Necessary Services.

7.0 ACCOUNTING AND RECORDKEEPING.

7.1 Documentation of Charity Care. KHS shall maintain documentation of all completed Financial Assistance applications submitted, and the determinations made pursuant to

same either to grant or deny Financial Assistance. KHS shall also document changes in eligibility determinations upon re-evaluation of a patient's eligibility for Financial Assistance.

7.2 Accounting for Financial Assistance. KHS shall maintain separate accounts for the provision of Financial Assistance and the write off of Bad Debts under the KHS Billing and Collections Policy. KHS may write off inactive outstanding Bad Debt balances for Medically Necessary Services provided before a patient was eligible for or failed to complete an application for Financial Assistance pursuant to the Billing and Collections Policy; however, such accounts shall not be accounted for as Financial Assistance and shall instead be allocated to Bad Debt. KHS shall identify the gross charges related to Financial Assistance and exclude these amounts from the accounts receivable and revenue reporting in its financial statements, as indicated by revised Financial Accounting Standards Board, KHS' external auditor's recommendations, and the judgment and agreement of KHS management and the KHS Board of Directors.

8.0 REVIEW OF FINANCIAL ASSISTANCE PROVIDED AND VENDOR COMPLIANCE.

8.1 Review of Amount of Financial Assistance Provided. The Business Affairs Committee of the Board of Directors shall periodically review the amount of Financial Assistance provided and the level of Bad Debt write-offs (running comparison periods, budgeted expectations and actual, monthly, year-to-date and prior year). The Vice President of Finance shall report any unusual fluctuations and other significant/material matters relating to Financial Assistance and/or Bad Debts to the Business Affairs Committee of the KHS Board of Directors.

8.2 Vendor Compliance. KHS shall inform all vendors providing Medically Necessary Services to KHS patients under contract with KHS, including, without limitation, provider-based physician groups, when KHS determines a patient is eligible for Financial Assistance under this Policy. On at least an annual basis, KHS shall obtain reports from vendors providing Medically Necessary Services to KHS patients under contract with KHS regarding the amount of Financial Assistance provided by such vendor during the previous fiscal year. KHS shall ensure that its collection agencies are aware of this Policy and require that such agencies refer patients that may be eligible for Financial Assistance to KHS for re-evaluation of eligibility, where appropriate.

8.3 Review of Policy. The KHS Board of Directors shall annually review this Policy.

9. **INTERPRETATION.** In the event of any conflict between this Policy and any other KHS policy, including without limitation, the KHS Billing and Collections Policy, the terms of this Policy shall apply. It is the intent of this policy to comply with all federal, state and local laws. If any law, current or future, conflicts with this Policy, such law shall supersede this Policy.

APPROVED BY	TITLE	DATE

7/06
DATE REVISED

MWJ384JPM

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EXHIBIT A
FPL Eligibility Guidelines
Effective: March 2008

Family Size	Family Income In \$\$	Financial Assistance Discount %	Federal Poverty Guidelines In \$\$	Family Income as a % of the Federal Poverty Guidelines
1	0 - 20,800	100%	10,400	200%
	20,801 - 26,000	75%		250%
	26,001 - 31,200	50%		300%
	31,201 - 36,400	25%		350%
2	0 - 28,000	100%	14,000	200%
	28,001 - 35,000	75%		250%
	35,001 - 42,000	50%		300%
	42,001 - 49,000	25%		350%
3	0 - 35,200	100%	17,600	200%
	35,201 - 44,000	75%		250%
	44,001 - 52,800	50%		300%
	52,801 - 61,600	25%		350%
4	0 - 42,400	100%	21,200	200%
	42,401 - 53,000	75%		250%
	53,001 - 63,600	50%		300%
	63,601 - 74,200	25%		350%
5	0 - 49,600	100%	24,800	200%
	49,601 - 62,000	75%		250%
	62,001 - 74,400	50%		300%
	74,401 - 86,800	25%		350%
6	0 - 56,800	100%	28,400	200%
	56,801 - 71,000	75%		250%
	71,001 - 85,200	50%		300%
	85,201 - 99,400	25%		350%
7	0 - 64,000	100%	32,000	200%
	64,001 - 80,000	75%		250%
	80,001 - 96,000	50%		300%
	96,001 - 112,000	25%		350%
8	0 - 71,200	100%	35,600	200%
	71,201 - 88,000	75%		250%
	88,001 - 106,800	50%		300%
	106,801 - 124,600	25%		350%
9	0 - 78,400	100%	39,200	200%
	78,401 - 98,000	75%		250%
	98,001 - 117,600	50%		300%
	117,601 - 137,200	25%		350%
10	0 - 85,600	100%	42,800	200%
	85,601 - 107,000	75%		250%
	107,001 - 128,400	50%		300%
	128,401 - 149,800	25%		350%

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Description	KCH	WVCH	RCH
Health Plan EOC 4440	\$1,459	\$18,693	\$18,473
Health Plan Other (non-EOC 4440)	\$3,026	\$1,832	\$1,173
Community Foundation	\$21,881	\$100,055	\$31,854
Health Plan Expense Truogy	\$10,000	\$10,000	\$70,942
Health Plan Other (non-EOC 4440)	\$18,332	\$207,718	\$18,332
Health Plan Other (non-EOC 4440)	\$28,972	\$1,127	\$10,000
Health Plan Other (non-EOC 4440)	\$1,175	\$1,127	\$1,127
State Tax withheld community EOC 7583	\$5,452	\$5,452	\$0
State Tax withheld credits of no 07, 2000, 0020		\$5,452	\$0
Total Other community Benefits	\$697,455	\$452,701	\$65,483
			\$38,774

System benefits as of State of IL, comm. ban. surpl. FY 09-10 year of filing 04