

**ORIGINAL**

16-075

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
APPLICATION FOR PERMIT

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

**RECEIVED**

This Section must be completed for all projects.

NOV 05 2010

**Facility/Project Identification**HEALTH FACILITIES &  
SERVICES REVIEW BOARD

Facility Name:	St. Francis Hospital		
Street Address:	1215 Franciscan Drive		
City and Zip Code:	Litchfield, Illinois 62056		
County:	Montgomery	Health Service Area:	3
		Health Planning Area:	E-02, 3-Montgomery

**Applicant /Co-Applicant Identification**

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

Exact Legal Name:	St. Francis Hospital of the Hospital Sisters of the Third Order of St. Francis		
Address:	1215 Franciscan Drive Litchfield, Illinois 62056		
Name of Registered Agent:	Mr. Leo A. Lenn		
Name of Chief Executive Officer:	Mr. Daniel Perryman		
CEO Address:	1215 Franciscan Drive Litchfield, Illinois 62056		
Telephone Number:	217-324-8500		

**Type of Ownership of Applicant/Co-Applicant**

- |                                     |                           |                          |                     |                                |
|-------------------------------------|---------------------------|--------------------------|---------------------|--------------------------------|
| <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.

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

**Primary Contact**

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

Name:	Ms. Diane Lindsay
Title:	Chief Financial Officer
Company Name:	St. Francis Hospital
Address:	1215 Franciscan Drive Litchfield, Illinois 62056
Telephone Number:	217-324-8510
E-mail Address:	dlindsay@sfl.hshs.org
Fax Number:	217-324-8724

**Additional Contact**

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

Name:	Ms. Andrea R. Rozran
Title:	Principal
Company Name:	Diversified Health Resources, Inc.
Address:	65 E. Scott Street Suite 9A Chicago, Illinois 60610-5274
Telephone Number:	312-266-0466
E-mail Address:	arozran@diversifiedhealth.net
Fax Number:	312-266-0715

**Additional Applicant Identification**  
 [Provide for each co-applicant [refer to Part 1130.220].

Exact Legal Name:	Hospital Sisters Services, Inc.
Address:	4936 LaVerna Road Springfield, Illinois 62794
Name of Registered Agent:	Mr. Leo A. Lenn
Name of Chief Executive Officer:	Mr. Larry P. Schumacher, Interim President/CEO and COO
CEO Address:	4936 LaVerna Road Springfield, Illinois 62794
Telephone Number:	217-523-4747

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.

**Additional Applicant Identification**  
 [Provide for each co-applicant [refer to Part 1130.220].

Exact Legal Name:	Hospital Sisters Health System
Address:	4936 Leverna Road Springfield, Illinois 62794
Name of Registered Agent:	Mr. Leo A. Lenn
Name of Chief Executive Officer:	Mr. Larry P. Schumacher, Interim President/CEO and COO
CEO Address:	4936 LaVerna Road Springfield, Illinois 62794
Telephone Number:	217-523-4747

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.

**Post Permit Contact**

[Person to receive all correspondence subsequent to permit issuance-THIS PERSON MUST BE EMPLOYED BY THE LICENSED HEALTH CARE FACILITY AS DEFINED AT 20 ILCS 3960]

Name:	Ms. Diane Lindsay
Title:	Chief Financial Officer
Company Name:	St. Francis Hospital
Address:	1215 Franciscan Drive Litchfield, Illinois 62056
Telephone Number:	217-324-8510
E-mail Address:	dlindsay@sfl.hshs.org
Fax Number:	217-324-8724

**Site Ownership**

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:	St. Francis Hospital of the Hospital Sisters of the Third Order of St. Francis
Address of Site Owner:	1215 Franciscan Drive Litchfield, Illinois 62056
Street Address or Legal Description of Site:	1215 Franciscan Drive Litchfield, Illinois 62056
Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease or a lease.	
APPEND DOCUMENTATION AS <u>ATTACHMENT-2</u> , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

**Operating Identity/Licensee**

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

Exact Legal Name:	St. Francis Hospital of the Hospital Sisters of the Third Order of St. Francis		
Address:	1215 Franciscan Drive Litchfield, Illinois 62056		
<input checked="" type="checkbox"/>	Non-profit Corporation	<input type="checkbox"/>	Partnership
<input type="checkbox"/>	For-profit Corporation	<input type="checkbox"/>	Governmental
<input type="checkbox"/>	Limited Liability Company	<input type="checkbox"/>	Sole Proprietorship
		<input type="checkbox"/>	Other
<ul style="list-style-type: none"> <li>o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.</li> <li>o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.</li> <li>o <b>Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.</b></li> </ul>			
APPEND DOCUMENTATION AS <u>ATTACHMENT-3</u> , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

**Organizational Relationships**

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

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

**Flood Plain Requirements**

[Refer to application instructions.]

**NOT APPLICABLE TO THIS PROJECT**

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

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

**Historic Resources Preservation Act Requirements**

[Refer to application instructions.]

**NOT APPLICABLE TO THIS PROJECT**

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

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

**DESCRIPTION OF PROJECT****1. Project Classification**

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

Part 1110 Classification:

- Substantive  
 Non-substantive

Part 1120 Applicability or Classification:  
[Check one only.]

- Part 1120 Not Applicable  
 Category A Project  
 Category B Project  
 DHS or DVA Project

**2. Narrative Description**

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

This project proposes the discontinuation of the 11-bed General Long-Term Care Category of Service at St. Francis Hospital.

This project is "Non-Substantive" in accordance with 77 Ill. Adm. Code 1110.40.b) because it is solely for the discontinuation of a category of service.

There are no capital costs associated with this project.

St. Francis Hospital is located in Planning Area 3-Montgomery, which has an excess of 61 General Long-Term Care beds as of September 28, 2010.

**Project Costs and Sources of Funds**

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

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

**Related Project Costs**

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

Land acquisition is related to project	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 \$ \_\_\_\_\_.

**Project Status and Completion Schedules**

Indicate the stage of the project's architectural drawings:

<input checked="" type="checkbox"/> None or not applicable	<input type="checkbox"/> Preliminary
<input type="checkbox"/> Schematics	<input type="checkbox"/> Final Working

Anticipated project completion date (refer to Part 1130.140): Upon receipt of CON Permit

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

**NOT APPLICABLE BECAUSE THIS PROJECT HAS NO COSTS**

Purchase orders, leases or contracts pertaining to the project have been executed.

Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON Contingencies

Project obligation will occur after permit issuance.

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

**State Agency Submittals**

Are the following submittals up to date as applicable:

Cancer Registry

APORS

All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted

All reports regarding outstanding permits

**Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.**

### Cost Space Requirements

Provide in the following format, the department/area **DGSF** or the building/area **BGSF** and cost. The type of gross square footage either **DGSF** or **BGSF** must be identified. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the department's or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

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

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

### Facility Bed Capacity and Utilization

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

FACILITY NAME: St. Francis Hospital		CITY: Litchfield			
REPORTING PERIOD DATES:		From: January 1, 2009		to: December 31, 2009	
Category of Service	Authorized Beds	Admissions	Patient Days	Bed Changes	Proposed Beds
Medical/Surgical	18	1,141*	5,667*	0	18
Obstetrics	3	328	739**	0	3
Pediatrics	0	0	0	0	0
Intensive Care	4	81	207	0	4
Comprehensive Physical Rehabilitation	0	0	0	0	0
Acute/Chronic Mental Illness	0	0	0	0	0
Neonatal Intensive Care	0	0	0	0	0
General Long Term Care	11	0	0	-11	0
Specialized Long Term Care					
Long Term Acute Care					
Other ((identify))					
<b>TOTALS:</b>	<b>36</b>	<b>1,526***</b>	<b>6,613**</b>	<b>-11</b>	<b>25</b>

\*Medical/Surgical admissions and patient days include patients in Swing beds.

Medical/Surgical patient days include Observation Days on the nursing unit.

\*\*Obstetric patient days include Observation Days on the nursing unit.

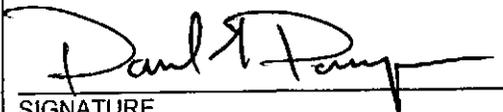
\*\*\*Total Admissions exclude transfers into the Intensive Care Unit.

**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 St. Francis Hospital of the Hospital Sisters of The Third Order of St. Francis 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

Daniel L. Perryman

PRINTED NAME

President and CEO, Board Member

PRINTED TITLE



SIGNATURE

Chris P. Poirot, M.D.

PRINTED NAME

Chairman of the Board of Directors

PRINTED TITLE

Notarization:

Subscribed and sworn to before me this 26<sup>th</sup> day of October, 2010

Notarization:

Subscribed and sworn to before me this 26<sup>th</sup> day of October, 2010



Signature of Notary

Seal



\*Insert EXACT legal name of the applicant



Signature of Notary

Seal



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

Leo A. Lenn  
SIGNATURE  
LEO A. LENN  
PRINTED NAME  
S.V.P. + Treasurer  
PRINTED TITLE

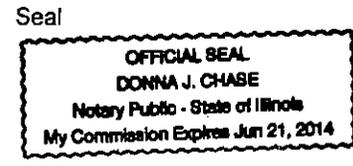
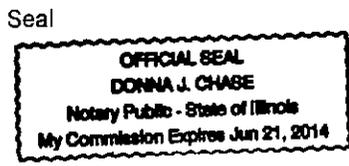
Larry P. Schumacher  
SIGNATURE  
Larry P Schumacher  
PRINTED NAME  
Interim Pres + CEO / COO  
PRINTED TITLE

Notarization:  
Subscribed and sworn to before me  
this 28 day of October

Notarization:  
Subscribed and sworn to before me  
this 28 day of October

Donna J. Chase  
Signature of Notary

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

Leo A. Lenn  
SIGNATURE  
LEO A. LENN  
PRINTED NAME  
SVP + Treasurer  
PRINTED TITLE

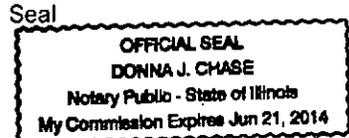
Larry P Schumacher  
SIGNATURE  
Larry P Schumacher  
PRINTED NAME  
Interim Pres/CEO/ COO  
PRINTED TITLE

Notarization:  
Subscribed and sworn to before me  
this 28 day of October

Notarization:  
Subscribed and sworn to before me  
this 28 day of October

Donna J. Chase  
Signature of Notary

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

**REASONS FOR DISCONTINUATION**

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

**IMPACT ON ACCESS**

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

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

**D. Projected Operating Costs**

**NOT APPLICABLE BECAUSE THIS PROJECT HAS NO COSTS**

The applicant shall provide the projected direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year at target utilization but no more than two years following project completion. Direct cost means the fully allocated costs of salaries, benefits and supplies for the service.

**E. Total Effect of the Project on Capital Costs**

**NOT APPLICABLE BECAUSE THIS PROJECT HAS NO COSTS**

The applicant shall provide the total projected annual capital costs (in current dollars per equivalent patient day) for the first full fiscal year at target utilization but no more than two years following project completion.

APPEND DOCUMENTATION AS ATTACHMENT -42, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**XI. Safety Net Impact Statement**

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

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

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

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

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

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
<b>Total</b>			
Charity (cost in dollars)	Year	Year	Year
Inpatient			
Outpatient			
<b>Total</b>			
MEDICAID			

014

Medicaid (revenue)			
Inpatient			
Outpatient			
Total			

APPEND DOCUMENTATION AS ATTACHMENT-43, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**XII. Charity Care Information**

Charity Care information **MUST** be furnished for **ALL** projects.

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three audited fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.
2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.
3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

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

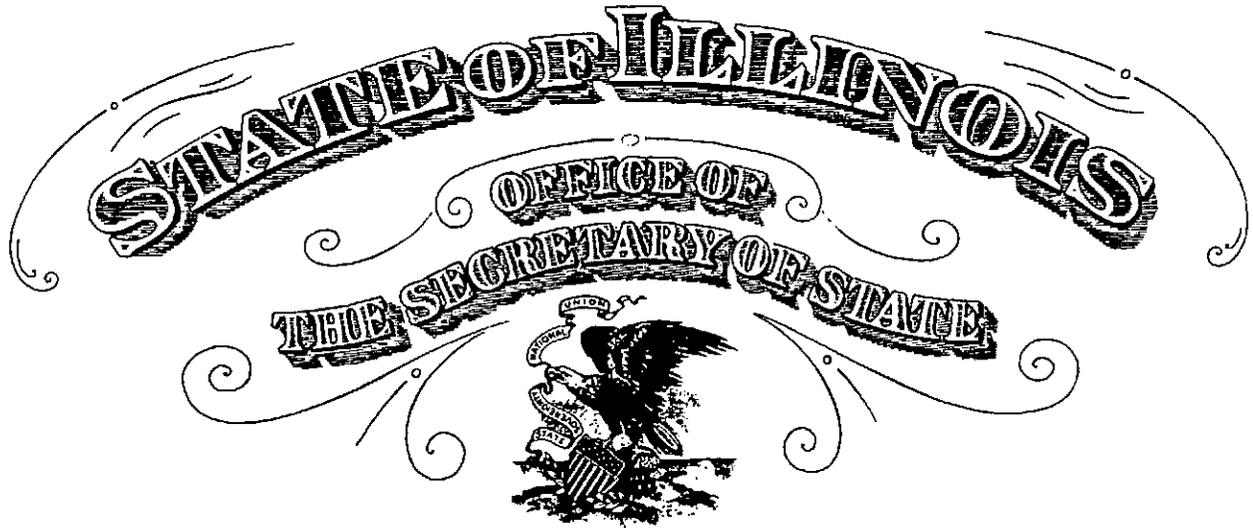
A table in the following format must be provided for all facilities as part of Attachment 44.

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

APPEND DOCUMENTATION AS ATTACHMENT-44, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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

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



To all to whom these Presents Shall Come, Greeting:

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

ST. FRANCIS HOSPITAL, OF THE HOSPITAL SISTERS OF THE THIRD ORDER OF ST. FRANCIS, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JUNE 03, 1955, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 13TH day of MAY A.D. 2010 .



Jesse White

Authentication #: 1013303112

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

SECRETARY OF STATE



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

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

HOSPITAL SISTERS SERVICES, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 04, 1983, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 1003202764

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 1ST day of FEBRUARY A.D. 2010 .*

*Jesse White*

SECRETARY OF STATE



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

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

HOSPITAL SISTERS HEALTH SYSTEM, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 26, 1978, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



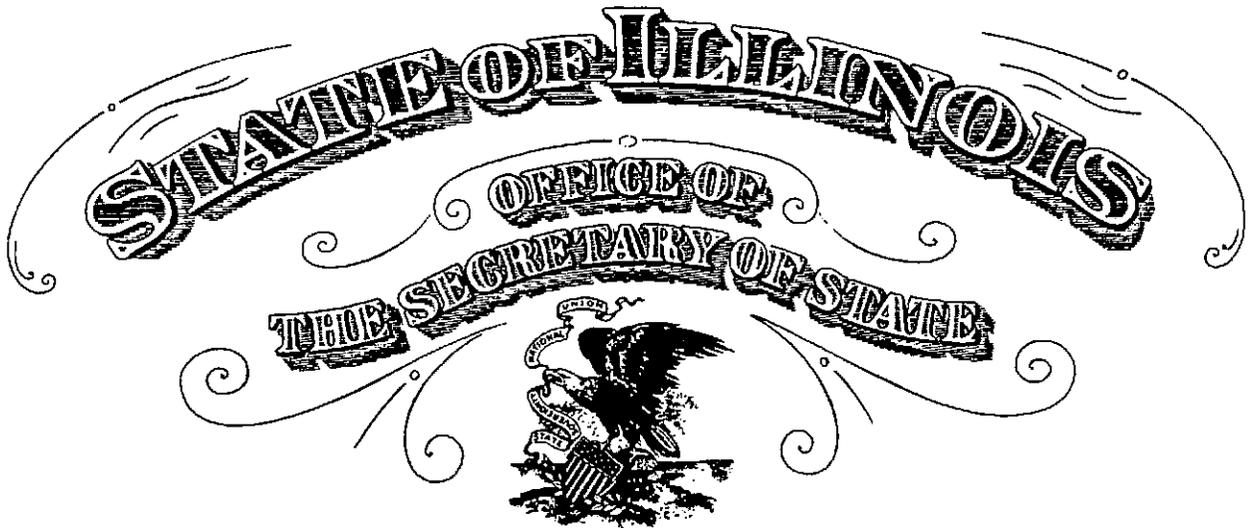
Authentication #: 1003202768

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 1ST day of FEBRUARY A.D. 2010 .*

*Jesse White*

SECRETARY OF STATE



To all to whom these Presents Shall Come, Greeting:

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

ST. FRANCIS HOSPITAL, OF THE HOSPITAL SISTERS OF THE THIRD ORDER OF ST. FRANCIS, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JUNE 03, 1955, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 13TH day of MAY A.D. 2010 .



Jesse White

Authentication #: 1013303112

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

SECRETARY OF STATE

*A mission of healing. A passion for caring.*



**St. Francis**  
HOSPITAL

October 11, 2010

Mr. Dale W. Galassie  
Acting Chairman  
Illinois Health Facilities and Services Review Board  
525 W. Jefferson  
Second Floor  
Springfield, Illinois 62702

Dear Mr. Galassie:

St. Francis Hospital hereby certifies that St. Francis Hospital of the Hospital Sisters of the Third Order of St. Francis is the owner of the site on which the hospital is located.

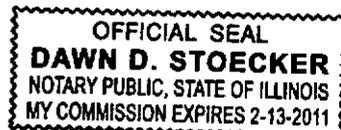
Sincerely,

Daniel L. Perryman  
President and CEO

Notarization:

Subscribed and sworn to before me  
this 13<sup>th</sup> day of October, 2010

Signature of Notary



021

An Affiliate of Hospital Sisters Health System

1215 Franciscan Drive • Litchfield, IL 62056 • 217-324-2191 • [www.stfrancis-litchfield.org](http://www.stfrancis-litchfield.org)



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

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

ST. FRANCIS HOSPITAL, OF THE HOSPITAL SISTERS OF THE THIRD ORDER OF ST. FRANCIS, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JUNE 03, 1955, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 1013303112

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 13TH day of MAY A.D. 2010 .*

*Jesse White*

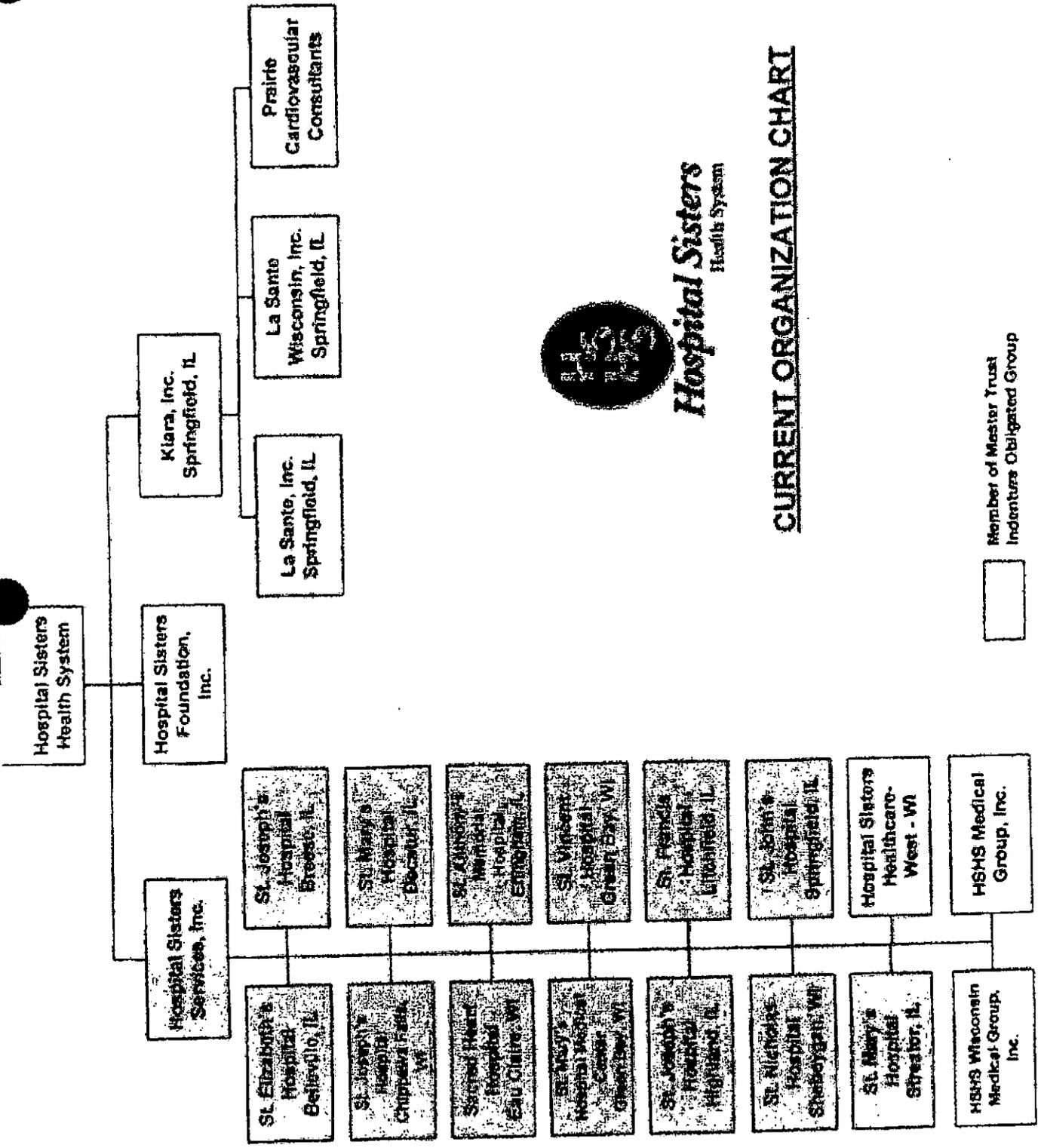
SECRETARY OF STATE

I.  
Organizational Relationships

This project has 3 co-applicants: St. Francis Hospital, Hospital Sisters Services, Inc. (HSSI), and Hospital Sisters Health System.

As will be seen on the Organizational Chart that appears on the following page, HSSI is the sole corporate member of St. Francis Hospital, and Hospital Sisters Health System is the sole corporate member of HSSI.

There are no capital costs for this project.



**Hospital Sisters**  
Health System

**CURRENT ORGANIZATION CHART**

Member of Master Trust  
Indenture Obligated Group



I.  
Project Costs

This Attachment is not applicable because the discontinuation of St. Francis Hospital's General Long Term Care Category of Service does not have any project costs.

ATTACHMENT 7

I.  
Project Status

This Attachment is not applicable because the discontinuation of St. Francis Hospital's General Long Term Care Category of Service does not have any project costs.

As a result, there will not be any project expenditures associated with this project, and the CON permit is not subject to "obligation," as defined in 77 Ill. Adm. Code 1130.140.

I.  
Cost Space Requirements

<u>Dept. / Area</u>	<u>Cost</u>	<u>Gross Square Feet</u>		<u>Amount of Proposed Total Gross Square Feet</u> <u>That Is:</u>			
		<u>Existing</u>	<u>Proposed</u>	<u>New Const.</u>	<u>Modernized</u>	<u>As Is</u>	<u>Vacated Space</u>
<u>CLINICAL</u>							
General Long Term Care (Skilled Nursing Unit)	\$0	3,312	0	0	0	0	3,312
Total Clinical	\$0	3,312	0	0	0	0	3,312
<u>NON CLINICAL</u>							
Total Non-clinical	<u>\$0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
TOTAL	\$0	3,312	0	0	0	0	3,312

I.  
Cost Space Requirements

The discontinuation of the General Long Term Care Category of Service (Skilled Nursing Service) at St. Francis Hospital will result in 3,312 gross square feet of space being vacated.

After the General Long Term Care Category of Service is discontinued, St. Francis Hospital intends to convert its current Skilled Nursing Unit into administrative office space, which is non-clinical space. This conversion will be accomplished without any capital costs.

It should be noted that St. Francis Hospital has been designated as a Critical Access Hospital and, as such, it is not permitted to operate more than 25 acute care beds.

This project does not include the addition of any authorized beds to the hospital.

When this project is completed, St. Francis will have a total of 25 authorized beds, 18 in the Medical/Surgical Category of Service, 3 in the Obstetric Category of Service, and 4 in the Intensive Care Category of Service.

II.  
Discontinuation

A. General Information Requirements

1. This project proposes to discontinue St. Francis Hospital's General Long Term Care Category of Service (Skilled Nursing Service), which has an authorized capacity of 11 beds.
2. The General Long Term Care Category of Service is the only clinical or non-clinical service that will be discontinued.
3. The General Long Term Care Category of Service will be discontinued upon receipt of a Certificate of Need permit.

However, as stated in the Notices of Temporary Suspension that St. Francis Hospital has been submitting monthly since May 25, 2010, the hospital has temporarily suspended its General Long Term Care Category of Service and ceased providing this category of service pending receipt of the CON permit.

4. It is anticipated that the rooms in the Skilled Nursing Unit will be used for general and administrative offices.

All beds and other furnishings and equipment on the Skilled Nursing Unit will be removed from the rooms and placed into storage. This furniture and equipment will be used only if they are needed to replace broken or obsolete furniture or equipment in other areas of the hospital.

5. All medical records pertaining to the General Long Term Care Category of Service (Skilled Nursing Service) will continue to be stored with the hospital's electronic and paper records.

The retention policy for medical records of patients who occupied the General Long Term Care beds is stated below.

- a. Record retention will be compliant with governmental and accreditation retention requirements.
- b. In addition, unless the governmental and accreditation retention requirements are more stringent than those stated in this paragraph, each patient's records will be retained for a minimum of 10 years after the date of the patient's most recent care at the hospital or for longer periods of time when requested by the

patient's physician, the patient or person acting legally on the patient's behalf, or appropriate legal counsel.

6. This Item is not applicable because this application does not propose to discontinue an entire facility.

B. Reasons for Discontinuation

This application seeks approval for the discontinuation of St. Francis Hospital's General Long Term Care Category of Service (Skilled Nursing Service) for the reason identified in 77 Ill. Adm. Code 1110.130.b)1): "Insufficient volume or demand for the service."

St. Francis Hospital is a Critical Access Hospital. Since the hospital received a CON permit to establish a "swing bed" service in March, 2007, the hospital has found that patients requiring skilled nursing services do not need to be moved to a separate Skilled Nursing Unit within the hospital, a unit that provides the General Long Term Care Category of Service. That is because the "swing bed" program" permits St. Francis Hospital's 18 Medical/Surgical beds to be utilized to provide Skilled Nursing Care Services through the federal Medicare Program, as a result of which St. Francis' patients requiring skilled nursing care do not need to be transferred to the separate Skilled Nursing Unit.

St. Francis Hospital's staff has had periodic discussions with staff members at the Illinois Department of Public Health concerning the reasonableness of discontinuing its General Long Term Care Category of Service because its patients requiring skilled nursing care are utilizing the "swing beds."

Because it is now apparent that St. Francis Hospital does not need to maintain a General Long Term Care Category of Service in order to care for its own patients requiring Skilled Nursing Care and because the planning area in which St. Francis Hospital is located (Planning Area 3-Montgomery) has 61 excess General Long Term Care beds, hospital administration has determined that it would be appropriate to discontinue this Category of Service.

C. Impact on Access

1. The discontinuation of St. Francis Hospital's General Long Term Care Category of Service (Skilled Nursing Service) will not have an adverse effect upon access to care for residents of the hospital's market area for the following reasons.
  - a. St. Francis Hospital is located in Planning Area 3-Montgomery for General Long Term Care, which has an excess of 61 General Long Term Care (Skilled Nursing) beds as of September 28, 2010.

There are 3 freestanding nursing homes in Litchfield that provide this category of service, and local residents that are not eligible for care in St. Francis Hospital's "swing beds" are able to receive general long term care services in these facilities.

In addition to St. Francis Hospital, there are 20 facilities providing the General Long Term Care Category of Service that are located within 45 minutes travel time of St. Francis Hospital, some of which are located in other planning areas.

- b. St. Francis Hospital provides a "swing bed" program through the Federal Medicare Program, and its patients requiring General Long Term Care are able to receive skilled nursing care without having to be transferred to a distinct skilled nursing unit.

Under this program, an approved hospital, such as St. Francis Hospital, may use its acute care beds as needed to provide either acute or skilled nursing care for post-acute patients. As a result, St. Francis Hospital's patients requiring a stay in a Skilled Nursing Unit following hospitalization of at least three consecutive calendar days do not need to be admitted to the hospital's Skilled Nursing Unit in order to receive this level of care.

The purpose of the "swing bed" program is to increase access to post-acute skilled nursing care for Medicare beneficiaries and to maximize the efficiency of hospital operations by meeting unpredictable demands for acute and long term care. (Source of information: U.S. Centers for Medicare and Medicaid Services: "Fact Sheet: Swing Bed"), April, 2009.

Since the "swing bed" program was approved by the Illinois Health Facilities Planning Board in March, 2007, St. Francis Hospital has provided the "swing bed" care identified below, as reported in the Annual Hospital Questionnaire submitted to the Illinois Department of Public Health.

<u>Year</u>	<u>No. of Patients</u>	<u>Patient Days</u>
2007	40	375
2008	37	240
2009	18	108

- c. St. Francis Hospital surveyed all facilities providing the General Long Term Care Category of Service that are located within 45 minutes travel time and received 6 responses, of which 4 were from facilities that agreed to accept any of St. Francis Hospital's patients that require this category of care without conditions, limitations, or discrimination.

Copies of the written requests for impact statements that were sent to each of these facilities are appended to this Attachment, followed by documentation that the requests were received at each facility.

<u>Facility and Town Planning Area</u>	<u>Travel Time*</u>
Auburn Nursing & Rehabilitation Center Auburn 3-Sangamon	44 minutes
Cardinal Hill Healthcare, Greenville 3-Bond	45 minutes
Carlinville Area Hospital, Carlinville 3-Macoupin	30 minutes
Carlinville Rehab & Health Care Center, Carlinville 3-Macoupin	31 minutes
Community Memorial Hospital, Staunton 3-Macoupin	25 minutes
Fair Oaks, Greenville 3-Bond	42 minutes
Friendship Home, Carlinville 3-Macoupin	32 minutes
Greenville Regional Hospital, Greenville 3-Bond	42 minutes

<u>Facility and Town Planning Area</u>	<u>Travel Time*</u>
Heritage Manor - Carlinville, Carlinville 3-Macoupin	34 minutes
Heritage Manor - Gillespie, Gillespie 3-Macoupin	21 minutes
Heritage Manor - Litchfield, Litchfield 3-Montgomery	2 minutes
Heritage Manor - Staunton, Staunton 3-Macoupin	24 minutes
Hillsboro Rehab & Healthcare, Hillsboro 3 Montgomery	16 minutes
Litchfield Healthcare Center, Litchfield 3-Montgomery	2 minutes
Litchfield Terrace, Litchfield 3-Montgomery	3 minutes
Montgomery County Nursing and Rehab, Hillsboro 3-Montgomery	17 minutes
Nokomis Rehab & Health Care Center, Nokomis 3-Montgomery	38 minutes
Pleasant Hill Healthcare, Girard 3-Macoupin	40 minutes

<u>Facility and Town Planning Area</u>	<u>Travel Time*</u>
Sunrise Manor of Virden, Virden 3-Macoupin	45 minutes
University Nursing & Rehab Center Edwardsville 3-Madison	44 minutes

\*Travel Time was calculated using [www.mapquest.com](http://www.mapquest.com)

- 2.. As noted above, there are 20 additional facilities located within 45 minutes travel time of St. Francis Hospital that provide the General Long Term Care Category of Service.

Each of these facilities was sent a written request to provide an impact statement, indicating the extent to which it will absorb St. Francis Hospital's General Long Term Care workload without conditions, limitations, or discrimination.

A copy of each letter is found in this Attachment, along with proof that these letters were sent by certified mail and received.

3. Impact statements were received from the following facilities:

- Auburn Nursing & Rehabilitation Center, Auburn
- Community Memorial Hospital, Staunton
- Fair Oaks, Greenville
- Heritage Manor - Gillespie, Gillespie
- Hillsboro Rehab & Health Care, Hillsboro
- Pleasant Hill Village, Girard

The impact statements received from these facilities are found in this Attachment.



# St. Francis HOSPITAL

*A mission of healing. A passion for caring*

July 14, 2010

Administrator  
Auburn Nursing & Rehab Center  
304 W Maple Ave  
Auburn, IL 62615

Dear Administrator:

St. Francis Hospital is submitting a certificate of need (CON) application to discontinue our General Long Term Care (Skilled Nursing) Service upon receipt of approval from the Health Facilities and Services Review Board. We will continue to use our swing beds to provide short-stay skilled nursing services to patients who are transferred from our acute care beds.

During the past 2 1/2 years, we provided skilled nursing care in our "swing beds" to the following number of patients.

<u>Year</u>	<u>Admissions</u>	<u>Patient Days</u>
CY2008	37	240
CY2009	18	108
1/10-6/10	13	61

What we have found over the last 30 months since we received a CON permit to establish a "swing bed program" is that the skilled nursing care we need to provide to patients we treat is addressed by using our "swing beds" for the patient days noted above.

Because we have concluded that this trend is unlikely to change in the foreseeable future, we do not anticipate that the discontinuation of our General Long Term Care Category of Service will have any impact upon other health care facilities providing this category of service. However, in accordance with the Rules of the Illinois Health Facilities and Services Review Board, we are sending this letter to ascertain whether your facility would have capacity available to accommodate patients requiring skilled nursing care that would not receive care in our "swing beds" and whether your facility has any

035

An Affiliate of Hospital Sisters Health System

1215 Franciscan Drive, Wheeling, IL 60090 312-331-1000

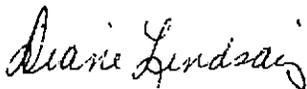
restrictions or limitations that preclude you from providing service to residents of our market area.

I would appreciate it if you would send me a letter indicating the impact of the discontinuation of our General Long Term Care Service upon your facility and whether your facility is willing and able to absorb an additional General Long Term Care caseload without conditions, limitations, or discrimination.

Please note that it is the policy of the Illinois Health Facilities and Services Review Board that your failure to respond to this request for an impact statement within 15 days following your receipt of this letter shall constitute a non-rebuttable assumption that the discontinuation will not have an adverse impact upon your facility.

You may contact me at (217) 324-8510 or [dlindsay@sfl.hshs.org](mailto:dlindsay@sfl.hshs.org) if you have any questions or need additional information.

Sincerely,



Diane Lindsay  
Chief Financial Officer  
St. Francis Hospital  
1215 Franciscan Drive  
Litchfield, IL 62056



# St. Francis HOSPITAL

*A mission of healing. A passion for caring.*

July 14, 2010

Administrator  
Cardinal Hill Healthcare  
South Fourth St  
Greenville, IL 62246

Dear Administrator:

St. Francis Hospital is submitting a certificate of need (CON) application to discontinue our General Long Term Care (Skilled Nursing) Service upon receipt of approval from the Health Facilities and Services Review Board. We will continue to use our swing beds to provide short-stay skilled nursing services to patients who are transferred from our acute care beds.

During the past 2 1/2 years, we provided skilled nursing care in our "swing beds" to the following number of patients.

<u>Year</u>	<u>Admissions</u>	<u>Patient Days</u>
CY2008	37	240
CY2009	18	108
1/10-6/10	13	61

What we have found over the last 30 months since we received a CON permit to establish a "swing bed program" is that the skilled nursing care we need to provide to patients we treat is addressed by using our "swing beds" for the patient days noted above.

Because we have concluded that this trend is unlikely to change in the foreseeable future, we do not anticipate that the discontinuation of our General Long Term Care Category of Service will have any impact upon other health care facilities providing this category of service. However, in accordance with the Rules of the Illinois Health Facilities and Services Review Board, we are sending this letter to ascertain whether your facility would have capacity available to accommodate patients requiring skilled nursing care that would not receive care in our "swing beds" and whether your facility has any

037

An Affiliate of Hospital Sisters Health System

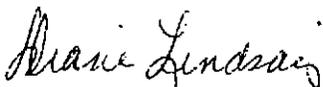
restrictions or limitations that preclude you from providing service to residents of our market area.

I would appreciate it if you would send me a letter indicating the impact of the discontinuation of our General Long Term Care Service upon your facility and whether your facility is willing and able to absorb an additional General Long Term Care caseload without conditions, limitations, or discrimination.

Please note that it is the policy of the Illinois Health Facilities and Services Review Board that your failure to respond to this request for an impact statement within 15 days following your receipt of this letter shall constitute a non-rebuttable assumption that the discontinuation will not have an adverse impact upon your facility.

You may contact me at (217) 324-8510 or [dlindsay@sfl.hshs.org](mailto:dlindsay@sfl.hshs.org) if you have any questions or need additional information.

Sincerely,



Diane Lindsay  
Chief Financial Officer  
St. Francis Hospital  
1215 Franciscan Drive  
Litchfield, IL 62056



**St. Francis**  
HOSPITAL

*A mission of healing. A passion for caring.*

December 22, 2009

Administrator  
Carlinville Area Hospital  
930 Morgan St  
Carlinville, IL 62626

Dear Administrator:

St. Francis Hospital, located in Litchfield, IL, proposes to discontinue the use of eleven (11) general long term care beds the later of June 1, 2010 or upon receipt of approval from the Health Facilities and Services Review Board (HFSRB). We will continue to provide subacute services in our swing beds at the hospital. During our last fiscal year we admitted fourteen skilled nursing patients to the swing beds for a total of seventy-nine patient days.

We anticipate that the discontinuation of the use of the long term care beds will have no impact on the healthcare facilities located within the hospital's market area. However the HFSRB rules require us to ask whether your facility will have capacity to accept additional long term care patients and whether your facility has any restrictions or limitations that would preclude it from providing those services to our market area.

Please send a written impact statement to my attention within 15 days of receipt of this letter if you wish to comment so that we can include your response in the Certificate of Need application to discontinue the 11 beds.

You may contact me at (217) 324-8510 or [dlindsay@sfl.hshs.org](mailto:dlindsay@sfl.hshs.org) if you have any questions or need additional information.

Sincerely,

Diane Lindsay  
Chief Financial Officer  
St. Francis Hospital  
1215 Franciscan Drive  
Litchfield, IL 62056

An Affiliate of Hospital Sisters Health System

1215 Franciscan Drive • Litchfield, IL 62056 • 217-324-2191 • [www.stfrancis-litchfield.org](http://www.stfrancis-litchfield.org)

039



**St. Francis**  
HOSPITAL

*A mission of healing. A passion for caring.*

December 22, 2009

Administrator  
Carlinville Rehab  
751 N Oak St  
Carlinville, IL 62626

Dear Administrator:

St. Francis Hospital, located in Litchfield, IL, proposes to discontinue the use of eleven (11) general long term care beds the later of June 1, 2010 or upon receipt of approval from the Health Facilities and Services Review Board (HFSRB). We will continue to provide subacute services in our swing beds at the hospital. During our last fiscal year we admitted fourteen skilled nursing patients to the swing beds for a total of seventy-nine patient days.

We anticipate that the discontinuation of the use of the long term care beds will have no impact on the healthcare facilities located within the hospital's market area. However the HFSRB rules require us to ask whether your facility will have capacity to accept additional long term care patients and whether your facility has any restrictions or limitations that would preclude it from providing those services to our market area.

Please send a written impact statement to my attention within 15 days of receipt of this letter if you wish to comment so that we can include your response in the Certificate of Need application to discontinue the 11 beds.

You may contact me at (217) 324-8510 or [dilindsay@sfl.hshs.org](mailto:dilindsay@sfl.hshs.org) if you have any questions or need additional information.

Sincerely,

Diane Lindsay  
Chief Financial Officer  
St. Francis Hospital  
1215 Franciscan Drive  
Litchfield, IL 62056

An Affiliate of Hospital Sisters Health System

1215 Franciscan Drive • Litchfield, IL 62056 • 217-324-2191 • [www.stfrancis-litchfield.org](http://www.stfrancis-litchfield.org)

040

*A mission of healing. A passion for caring.*



**St. Francis**  
HOSPITAL

October 11, 2010

Mr. Glen Miller  
Administrator  
Carlinville Rehab and Health Care Center  
751 N. Oak St.  
Carlinville, IL 62626

Dear Mr. Miller:

St. Francis Hospital is submitting a certificate of need (CON) application to discontinue our General Long Term Care (Skilled Nursing) Service upon receipt of approval from the Health Facilities and Services Review Board. We will continue to use our swing beds to provide short-stay skilled nursing services to patients who are transferred from our acute care beds.

During the past 2 1/2 years, we provided skilled nursing care in our "swing beds" to the following number of patients.

<u>Year</u>	<u>Admissions</u>	<u>Patient Days</u>
CY2008	37	240
CY2009	18	108
1/10-6/10	13	61

What we have found over the last 30 months since we received a CON permit to establish a "swing bed program" is that the skilled nursing care we need to provide to patients we treat is addressed by using our "swing beds" for the patient days noted above.

Because we have concluded that this trend is unlikely to change in the foreseeable future, we do not anticipate that the discontinuation of our General Long Term Care Category of Service will have any impact upon other health care facilities providing this category of service. However, in accordance with the Rules of the Illinois Health Facilities and Services Review Board, we are sending this letter to ascertain whether your facility would have capacity available to accommodate patients requiring skilled nursing care that would not receive care in our "swing beds" and whether your facility has any restrictions or limitations that preclude you from providing service to residents of our market area.

D&J

An Affiliate of Hospital Sisters Health System

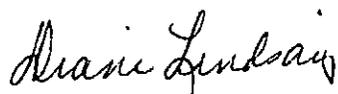
1215 Franciscan Drive • Litchfield, IL 62056 • 217-324-2191 • [www.stfrancis-litchfield.org](http://www.stfrancis-litchfield.org)

I would appreciate it if you would send me a letter indicating the impact of the discontinuation of our General Long Term Care Service upon your facility and whether your facility is willing and able to absorb an additional General Long Term Care caseload without conditions, limitations, or discrimination.

Please note that it is the policy of the Illinois Health Facilities and Services Review Board that your failure to respond to this request for an impact statement within 15 days following your receipt of this letter shall constitute a non-rebuttable assumption that the discontinuation will not have an adverse impact upon your facility.

You may contact me at (217) 324-8510 or [dlindsay@sfl.hshs.org](mailto:dlindsay@sfl.hshs.org) if you have any questions or need additional information.

Sincerely,



Diane Lindsay  
Chief Financial Officer  
St. Francis Hospital  
1215 Franciscan Drive  
Litchfield, IL 62056



# St. Francis HOSPITAL

*A mission of healing. A passion for caring.*

December 22, 2009

Administrator  
Community Memorial Hospital  
400 Caldwell St  
Staunton, IL 62088

Dear Administrator:

St. Francis Hospital, located in Litchfield, IL, proposes to discontinue the use of eleven (11) general long term care beds the later of June 1, 2010 or upon receipt of approval from the Health Facilities and Services Review Board (HFSRB). We will continue to provide subacute services in our swing beds at the hospital. During our last fiscal year we admitted fourteen skilled nursing patients to the swing beds for a total of seventy-nine patient days.

We anticipate that the discontinuation of the use of the long term care beds will have no impact on the healthcare facilities located within the hospital's market area. However the HFSRB rules require us to ask whether your facility will have capacity to accept additional long term care patients and whether your facility has any restrictions or limitations that would preclude it from providing those services to our market area.

Please send a written impact statement to my attention within 15 days of receipt of this letter if you wish to comment so that we can include your response in the Certificate of Need application to discontinue the 11 beds.

You may contact me at (217) 324-8510 or [dlindsay@sfl.hshs.org](mailto:dlindsay@sfl.hshs.org) if you have any questions or need additional information.

Sincerely,

Diane Lindsay  
Chief Financial Officer  
St. Francis Hospital  
1215 Franciscan Drive  
Litchfield, IL 62056

An Affiliate of Hospital Sisters Health System

1215 Franciscan Drive • Litchfield, IL 62056 • 217-324-2191 • [www.stfrancis-litchfield.org](http://www.stfrancis-litchfield.org)



# St. Francis HOSPITAL

*A mission of healing. A passion for caring.*

July 14, 2010

Administrator Kris Albers  
Fair Oaks  
200 Healthcare Drive  
Greenville, IL 62246

Dear Administrator:

St. Francis Hospital is submitting a certificate of need (CON) application to discontinue our General Long Term Care (Skilled Nursing) Service upon receipt of approval from the Health Facilities and Services Review Board. We will continue to use our swing beds to provide short-stay skilled nursing services to patients who are transferred from our acute care beds.

During the past 2 1/2 years, we provided skilled nursing care in our "swing beds" to the following number of patients.

<u>Year</u>	<u>Admissions</u>	<u>Patient Days</u>
CY2008	37	240
CY2009	18	108
1/10-6/10	13	61

What we have found over the last 30 months since we received a CON permit to establish a "swing bed program" is that the skilled nursing care we need to provide to patients we treat is addressed by using our "swing beds" for the patient days noted above.

Because we have concluded that this trend is unlikely to change in the foreseeable future, we do not anticipate that the discontinuation of our General Long Term Care Category of Service will have any impact upon other health care facilities providing this category of service. However, in accordance with the Rules of the Illinois Health Facilities and Services Review Board, we are sending this letter to ascertain whether your facility would have capacity available to accommodate patients requiring skilled nursing care that would not receive care in our "swing beds" and whether your facility has any

044

An Affiliate of Hospital Sisters Health System

1215 Franciscan Drive, Mount Pleasant, IL 62550, 618-551-2111

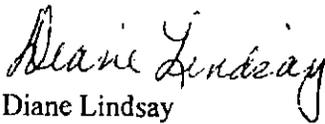
restrictions or limitations that preclude you from providing service to residents of our market area.

I would appreciate it if you would send me a letter indicating the impact of the discontinuation of our General Long Term Care Service upon your facility and whether your facility is willing and able to absorb an additional General Long Term Care caseload without conditions, limitations, or discrimination.

Please note that it is the policy of the Illinois Health Facilities and Services Review Board that your failure to respond to this request for an impact statement within 15 days following your receipt of this letter shall constitute a non-rebuttable assumption that the discontinuation will not have an adverse impact upon your facility.

You may contact me at (217) 324-8510 or [dlindsay@sfl.hshs.org](mailto:dlindsay@sfl.hshs.org) if you have any questions or need additional information.

Sincerely,



Diane Lindsay  
Chief Financial Officer  
St. Francis Hospital  
1215 Franciscan Drive  
Litchfield, IL 62056



**St. Francis**  
HOSPITAL

*A mission of healing. A passion for caring.*

December 22, 2009

Administrator  
Friendship Home  
826 N High St  
Carlinville, IL 62626

Dear Administrator:

St. Francis Hospital, located in Litchfield, IL, proposes to discontinue the use of eleven (11) general long term care beds the later of June 1, 2010 or upon receipt of approval from the Health Facilities and Services Review Board (HFSRB). We will continue to provide subacute services in our swing beds at the hospital. During our last fiscal year we admitted fourteen skilled nursing patients to the swing beds for a total of seventy-nine patient days.

We anticipate that the discontinuation of the use of the long term care beds will have no impact on the healthcare facilities located within the hospital's market area. However the HFSRB rules require us to ask whether your facility will have capacity to accept additional long term care patients and whether your facility has any restrictions or limitations that would preclude it from providing those services to our market area.

Please send a written impact statement to my attention within 15 days of receipt of this letter if you wish to comment so that we can include your response in the Certificate of Need application to discontinue the 11 beds.

You may contact me at (217) 324-8510 or [dlindsay@sfl.hshs.org](mailto:dlindsay@sfl.hshs.org) if you have any questions or need additional information.

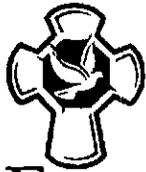
Sincerely,

Diane Lindsay  
Chief Financial Officer  
St. Francis Hospital  
1215 Franciscan Drive  
Litchfield, IL 62056

An Affiliate of Hospital Sisters Health System

1215 Franciscan Drive • Litchfield, IL 62056 • 217-324-2191 • [www.stfrancis-litchfield.org](http://www.stfrancis-litchfield.org)

046



# St. Francis HOSPITAL

*A mission of healing. A passion for caring.*

July 14, 2010

Administrator Betsy Stockstill  
Greenville Regional Hospital  
200 Healthcare Drive  
Greenville, IL 62246

Dear Administrator:

St. Francis Hospital is submitting a certificate of need (CON) application to discontinue our General Long Term Care (Skilled Nursing) Service upon receipt of approval from the Health Facilities and Services Review Board. We will continue to use our swing beds to provide short-stay skilled nursing services to patients who are transferred from our acute care beds.

During the past 2 1/2 years, we provided skilled nursing care in our "swing beds" to the following number of patients.

<u>Year</u>	<u>Admissions</u>	<u>Patient Days</u>
CY2008	37	240
CY2009	18	108
1/10-6/10	13	61

What we have found over the last 30 months since we received a CON permit to establish a "swing bed program" is that the skilled nursing care we need to provide to patients we treat is addressed by using our "swing beds" for the patient days noted above.

Because we have concluded that this trend is unlikely to change in the foreseeable future, we do not anticipate that the discontinuation of our General Long Term Care Category of Service will have any impact upon other health care facilities providing this category of service. However, in accordance with the Rules of the Illinois Health Facilities and Services Review Board, we are sending this letter to ascertain whether your facility would have capacity available to accommodate patients requiring skilled nursing care that would not receive care in our "swing beds" and whether your facility has any restrictions or limitations that preclude you from providing service to residents of our market area.

047

An Affiliate of Hospital Sisters Health System

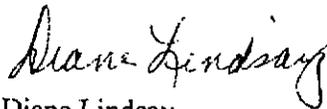
1215 Franciscan Drive • Litchfield, IL 62550 • 667-266-3300

I would appreciate it if you would send me a letter indicating the impact of the discontinuation of our General Long Term Care Service upon your facility and whether your facility is willing and able to absorb an additional General Long Term Care caseload without conditions, limitations, or discrimination.

Please note that it is the policy of the Illinois Health Facilities and Services Review Board that your failure to respond to this request for an impact statement within 15 days following your receipt of this letter shall constitute a non-rebuttable assumption that the discontinuation will not have an adverse impact upon your facility.

You may contact me at (217) 324-8510 or [dlindsay@sfl.hshs.org](mailto:dlindsay@sfl.hshs.org) if you have any questions or need additional information.

Sincerely,



Diane Lindsay  
Chief Financial Officer  
St. Francis Hospital  
1215 Franciscan Drive  
Litchfield, IL 62056



# St. Francis HOSPITAL

*A mission of healing. A passion for caring.*

December 22, 2009

Administrator  
Heritage Manor  
1200 University Ave  
Carlinville, IL 62626

Dear Administrator:

St. Francis Hospital, located in Litchfield, IL, proposes to discontinue the use of eleven (11) general long term care beds the later of June 1, 2010 or upon receipt of approval from the Health Facilities and Services Review Board (HFSRB). We will continue to provide subacute services in our swing beds at the hospital. During our last fiscal year we admitted fourteen skilled nursing patients to the swing beds for a total of seventy-nine patient days.

We anticipate that the discontinuation of the use of the long term care beds will have no impact on the healthcare facilities located within the hospital's market area. However the HFSRB rules require us to ask whether your facility will have capacity to accept additional long term care patients and whether your facility has any restrictions or limitations that would preclude it from providing those services to our market area.

Please send a written impact statement to my attention within 15 days of receipt of this letter if you wish to comment so that we can include your response in the Certificate of Need application to discontinue the 11 beds.

You may contact me at (217) 324-8510 or [dlindsay@sfl.hshs.org](mailto:dlindsay@sfl.hshs.org) if you have any questions or need additional information.

Sincerely,

Diane Lindsay  
Chief Financial Officer  
St. Francis Hospital  
1215 Franciscan Drive  
Litchfield, IL 62056

049

An Affiliate of Hospital Sisters Health System

1215 Franciscan Drive • Litchfield, IL 62056 • 217-324-2191 • [www.stfrancis-litchfield.org](http://www.stfrancis-litchfield.org)



# St. Francis HOSPITAL

*A mission of healing. A passion for caring.*

December 22, 2009

Administrator  
Heritage Manor  
RR # 2 Box 3B  
Gillespie, IL 62033

Dear Administrator:

St. Francis Hospital, located in Litchfield, IL, proposes to discontinue the use of eleven (11) general long term care beds the later of June 1, 2010 or upon receipt of approval from the Health Facilities and Services Review Board (HFSRB). We will continue to provide subacute services in our swing beds at the hospital. During our last fiscal year we admitted fourteen skilled nursing patients to the swing beds for a total of seventy-nine patient days.

We anticipate that the discontinuation of the use of the long term care beds will have no impact on the healthcare facilities located within the hospital's market area. However the HFSRB rules require us to ask whether your facility will have capacity to accept additional long term care patients and whether your facility has any restrictions or limitations that would preclude it from providing those services to our market area.

Please send a written impact statement to my attention within 15 days of receipt of this letter if you wish to comment so that we can include your response in the Certificate of Need application to discontinue the 11 beds.

You may contact me at (217) 324-8510 or [dilindsay@sfl.hshs.org](mailto:dilindsay@sfl.hshs.org) if you have any questions or need additional information.

Sincerely,

Diane Lindsay  
Chief Financial Officer  
St. Francis Hospital  
1215 Franciscan Drive  
Litchfield, IL 62056

050

An Affiliate of Hospital Sisters Health System

1215 Franciscan Drive • Litchfield, IL 62056 • 217-324-2191 • [www.stfrancis-litchfield.org](http://www.stfrancis-litchfield.org)



# St. Francis HOSPITAL

*A mission of healing. A passion for caring.*

December 22, 2009

Administrator  
Heritage Manor  
682 S. Illinois Ave.  
Litchfield, IL 62056

Dear Administrator:

St. Francis Hospital, located in Litchfield, IL, proposes to discontinue the use of eleven (11) general long term care beds the later of June 1, 2010 or upon receipt of approval from the Health Facilities and Services Review Board (HFSRB). We will continue to provide subacute services in our swing beds at the hospital. During our last fiscal year we admitted fourteen skilled nursing patients to the swing beds for a total of seventy-nine patient days.

We anticipate that the discontinuation of the use of the long term care beds will have no impact on the healthcare facilities located within the hospital's market area. However the HFSRB rules require us to ask whether your facility will have capacity to accept additional long term care patients and whether your facility has any restrictions or limitations that would preclude it from providing those services to our market area.

Please send a written impact statement to my attention within 15 days of receipt of this letter if you wish to comment so that we can include your response in the Certificate of Need application to discontinue the 11 beds.

You may contact me at (217) 324-8510 or [d Lindsay@sfl.hshs.org](mailto:d Lindsay@sfl.hshs.org) if you have any questions or need additional information.

Sincerely,

Diane Lindsay  
Chief Financial Officer  
St. Francis Hospital  
1215 Franciscan Drive  
Litchfield, IL 62056

An Affiliate of Hospital Sisters Health System <sup>051</sup>

1215 Franciscan Drive • Litchfield, IL 62056 • 217-324-2191 • [www.stfrancis-litchfield.org](http://www.stfrancis-litchfield.org)



**St. Francis**  
HOSPITAL

*A mission of healing. A passion for caring.*

December 22, 2009

Administrator  
Heritage Manor  
215 West Pennsylvania Ave  
Staunton, IL 62088

Dear Administrator:

St. Francis Hospital, located in Litchfield, IL, proposes to discontinue the use of eleven (11) general long term care beds the later of June 1, 2010 or upon receipt of approval from the Health Facilities and Services Review Board (HFSRB). We will continue to provide subacute services in our swing beds at the hospital. During our last fiscal year we admitted fourteen skilled nursing patients to the swing beds for a total of seventy-nine patient days.

We anticipate that the discontinuation of the use of the long term care beds will have no impact on the healthcare facilities located within the hospital's market area. However the HFSRB rules require us to ask whether your facility will have capacity to accept additional long term care patients and whether your facility has any restrictions or limitations that would preclude it from providing those services to our market area.

Please send a written impact statement to my attention within 15 days of receipt of this letter if you wish to comment so that we can include your response in the Certificate of Need application to discontinue the 11 beds.

You may contact me at (217) 324-8510 or [dlindsay@sfl.hshs.org](mailto:dlindsay@sfl.hshs.org) if you have any questions or need additional information.

Sincerely,

Diane Lindsay  
Chief Financial Officer  
St. Francis Hospital  
1215 Franciscan Drive  
Litchfield, IL 62056

052



**St. Francis**  
HOSPITAL

*A mission of healing. A passion for caring.*

December 22, 2009

Administrator  
Hillsboro Rehab and Healthcare  
1300 East Tremont St  
Hillsboro, IL 62049

Dear Administrator:

St. Francis Hospital, located in Litchfield, IL, proposes to discontinue the use of eleven (11) general long term care beds the later of June 1, 2010 or upon receipt of approval from the Health Facilities and Services Review Board (HFSRB). We will continue to provide subacute services in our swing beds at the hospital. During our last fiscal year we admitted fourteen skilled nursing patients to the swing beds for a total of seventy-nine patient days.

We anticipate that the discontinuation of the use of the long term care beds will have no impact on the healthcare facilities located within the hospital's market area. However the HFSRB rules require us to ask whether your facility will have capacity to accept additional long term care patients and whether your facility has any restrictions or limitations that would preclude it from providing those services to our market area.

Please send a written impact statement to my attention within 15 days of receipt of this letter if you wish to comment so that we can include your response in the Certificate of Need application to discontinue the 11 beds.

You may contact me at (217) 324-8510 or [dlindsay@sfl.hshs.org](mailto:dlindsay@sfl.hshs.org) if you have any questions or need additional information.

Sincerely,

Diane Lindsay  
Chief Financial Officer  
St. Francis Hospital  
1215 Franciscan Drive  
Litchfield, IL 62056

An Affiliate of Hospital Sisters Health System

1215 Franciscan Drive • Litchfield, IL 62056 • 217-324-2191 • [www.stfrancis-litchfield.org](http://www.stfrancis-litchfield.org)



**St. Francis**  
HOSPITAL

*A mission of healing. A passion for caring.*

December 22, 2009

Administrator  
Litchfield Health Care Center  
1285 E Union Ave  
Litchfield, IL 62056

Dear Administrator:

St. Francis Hospital, located in Litchfield, IL, proposes to discontinue the use of eleven (11) general long term care beds the later of June 1, 2010 or upon receipt of approval from the Health Facilities and Services Review Board (HFSRB). We will continue to provide subacute services in our swing beds at the hospital. During our last fiscal year we admitted fourteen skilled nursing patients to the swing beds for a total of seventy-nine patient days.

We anticipate that the discontinuation of the use of the long term care beds will have no impact on the healthcare facilities located within the hospital's market area. However the HFSRB rules require us to ask whether your facility will have capacity to accept additional long term care patients and whether your facility has any restrictions or limitations that would preclude it from providing those services to our market area.

Please send a written impact statement to my attention within 15 days of receipt of this letter if you wish to comment so that we can include your response in the Certificate of Need application to discontinue the 11 beds.

You may contact me at (217) 324-8510 or [dlindsay@sfl.hshs.org](mailto:dlindsay@sfl.hshs.org) if you have any questions or need additional information.

Sincerely,

Diane Lindsay  
Chief Financial Officer  
St. Francis Hospital  
1215 Franciscan Drive  
Litchfield, IL 62056

An Affiliate of Hospital Sisters Health System

1215 Franciscan Drive • Litchfield, IL 62056 • 217-324-2191 • [www.stfrancis-litchfield.org](http://www.stfrancis-litchfield.org)

054



# St. Francis HOSPITAL

*A mission of healing. A passion for caring.*

December 22, 2009

Administrator  
Litchfield Terrace  
1024 E Tyler Ave  
Litchfield, IL 62056

Dear Administrator:

St. Francis Hospital, located in Litchfield, IL, proposes to discontinue the use of eleven (11) general long term care beds the later of June 1, 2010 or upon receipt of approval from the Health Facilities and Services Review Board (HFSRB). We will continue to provide subacute services in our swing beds at the hospital. During our last fiscal year we admitted fourteen skilled nursing patients to the swing beds for a total of seventy-nine patient days.

We anticipate that the discontinuation of the use of the long term care beds will have no impact on the healthcare facilities located within the hospital's market area. However the HFSRB rules require us to ask whether your facility will have capacity to accept additional long term care patients and whether your facility has any restrictions or limitations that would preclude it from providing those services to our market area.

Please send a written impact statement to my attention within 15 days of receipt of this letter if you wish to comment so that we can include your response in the Certificate of Need application to discontinue the 11 beds.

You may contact me at (217) 324-8510 or [dlindsay@sfl.hshs.org](mailto:dlindsay@sfl.hshs.org) if you have any questions or need additional information.

Sincerely,

Diane Lindsay  
Chief Financial Officer  
St. Francis Hospital  
1215 Franciscan Drive  
Litchfield, IL 62056

An Affiliate of Hospital Sisters Health System

1215 Franciscan Drive • Litchfield, IL 62056 • 217-324-2191 • [www.stfrancis-litchfield.org](http://www.stfrancis-litchfield.org)

055



# St. Francis HOSPITAL

*A mission of healing. A passion for caring.*

December 22, 2009

Administrator  
Montgomery County Nursing and Rehab  
S Rt 127  
Hillsboro, IL 62049

Dear Administrator:

St. Francis Hospital, located in Litchfield, IL, proposes to discontinue the use of eleven (11) general long term care beds the later of June 1, 2010 or upon receipt of approval from the Health Facilities and Services Review Board (HFSRB). We will continue to provide subacute services in our swing beds at the hospital. During our last fiscal year we admitted fourteen skilled nursing patients to the swing beds for a total of seventy-nine patient days.

We anticipate that the discontinuation of the use of the long term care beds will have no impact on the healthcare facilities located within the hospital's market area. However the HFSRB rules require us to ask whether your facility will have capacity to accept additional long term care patients and whether your facility has any restrictions or limitations that would preclude it from providing those services to our market area.

Please send a written impact statement to my attention within 15 days of receipt of this letter if you wish to comment so that we can include your response in the Certificate of Need application to discontinue the 11 beds.

You may contact me at (217) 324-8510 or [dilindsay@sfl.hshs.org](mailto:dilindsay@sfl.hshs.org) if you have any questions or need additional information.

Sincerely,

Diane Lindsay  
Chief Financial Officer  
St. Francis Hospital  
1215 Franciscan Drive  
Litchfield, IL 62056

An Affiliate of Hospital Sisters Health System

1215 Franciscan Drive • Litchfield, IL 62056 • 217-324-2191 • [www.stfrancis-litchfield.org](http://www.stfrancis-litchfield.org)

05E



# St. Francis HOSPITAL

*A mission of healing. A passion for caring.*

December 22, 2009

Administrator  
Nokomis Rehabilitation & Health Care Center  
505 Stevens St  
Nokomis, IL 62075

Dear Administrator:

St. Francis Hospital, located in Litchfield, IL, proposes to discontinue the use of eleven (11) general long term care beds the later of June 1, 2010 or upon receipt of approval from the Health Facilities and Services Review Board (HFSRB). We will continue to provide subacute services in our swing beds at the hospital. During our last fiscal year we admitted fourteen skilled nursing patients to the swing beds for a total of seventy-nine patient days.

We anticipate that the discontinuation of the use of the long term care beds will have no impact on the healthcare facilities located within the hospital's market area. However the HFSRB rules require us to ask whether your facility will have capacity to accept additional long term care patients and whether your facility has any restrictions or limitations that would preclude it from providing those services to our market area.

Please send a written impact statement to my attention within 15 days of receipt of this letter if you wish to comment so that we can include your response in the Certificate of Need application to discontinue the 11 beds.

You may contact me at (217) 324-8510 or [dlindsay@sfl.hshs.org](mailto:dlindsay@sfl.hshs.org) if you have any questions or need additional information.

Sincerely,

Diane Lindsay  
Chief Financial Officer  
St. Francis Hospital  
1215 Franciscan Drive  
Litchfield, IL 62056

An Affiliate of Hospital Sisters Health System

1215 Franciscan Drive • Litchfield, IL 62056 • 217-324-2191 • [www.stfrancis-litchfield.org](http://www.stfrancis-litchfield.org)

057



# St. Francis HOSPITAL

*A mission of healing. A passion for caring.*

July 14, 2010

Administrator  
Pleasant Hill Village  
1010 W. North St.  
Girard, IL 62640

Dear Administrator:

St. Francis Hospital is submitting a certificate of need (CON) application to discontinue our General Long Term Care (Skilled Nursing) Service upon receipt of approval from the Health Facilities and Services Review Board. We will continue to use our swing beds to provide short-stay skilled nursing services to patients who are transferred from our acute care beds.

During the past 2 1/2 years, we provided skilled nursing care in our "swing beds" to the following number of patients.

<u>Year</u>	<u>Admissions</u>	<u>Patient Days</u>
CY2008	37	240
CY2009	18	108
1/10-6/10	13	61

What we have found over the last 30 months since we received a CON permit to establish a "swing bed program" is that the skilled nursing care we need to provide to patients we treat is addressed by using our "swing beds" for the patient days noted above.

Because we have concluded that this trend is unlikely to change in the foreseeable future, we do not anticipate that the discontinuation of our General Long Term Care Category of Service will have any impact upon other health care facilities providing this category of service. However, in accordance with the Rules of the Illinois Health Facilities and Services Review Board, we are sending this letter to ascertain whether your facility would have capacity available to accommodate patients requiring skilled nursing care that would not receive care in our "swing beds" and whether your facility has any

058

An Affiliate of Hospital Sisters Health System

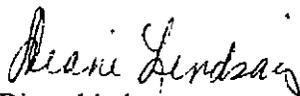
restrictions or limitations that preclude you from providing service to residents of our market area.

I would appreciate it if you would send me a letter indicating the impact of the discontinuation of our General Long Term Care Service upon your facility and whether your facility is willing and able to absorb an additional General Long Term Care caseload without conditions, limitations, or discrimination.

Please note that it is the policy of the Illinois Health Facilities and Services Review Board that your failure to respond to this request for an impact statement within 15 days following your receipt of this letter shall constitute a non-rebuttable assumption that the discontinuation will not have an adverse impact upon your facility.

You may contact me at (217) 324-8510 or [dlindsay@sfl.hshs.org](mailto:dlindsay@sfl.hshs.org) if you have any questions or need additional information.

Sincerely,



Diane Lindsay  
Chief Financial Officer  
St. Francis Hospital  
1215 Franciscan Drive  
Litchfield, IL 62056



# St. Francis HOSPITAL

*A mission of healing. A passion for caring.*

July 14, 2010

Administrator  
Sunrise Manor of Virden  
333 S Wrightsman St.  
Virden, IL 62690

Dear Administrator:

St. Francis Hospital is submitting a certificate of need (CON) application to discontinue our General Long Term Care (Skilled Nursing) Service upon receipt of approval from the Health Facilities and Services Review Board. We will continue to use our swing beds to provide short-stay skilled nursing services to patients who are transferred from our acute care beds.

During the past 2 1/2 years, we provided skilled nursing care in our "swing beds" to the following number of patients.

<u>Year</u>	<u>Admissions</u>	<u>Patient Days</u>
CY2008	37	240
CY2009	18	108
1/10-6/10	13	61

What we have found over the last 30 months since we received a CON permit to establish a "swing bed program" is that the skilled nursing care we need to provide to patients we treat is addressed by using our "swing beds" for the patient days noted above.

Because we have concluded that this trend is unlikely to change in the foreseeable future, we do not anticipate that the discontinuation of our General Long Term Care Category of Service will have any impact upon other health care facilities providing this category of service. However, in accordance with the Rules of the Illinois Health Facilities and Services Review Board, we are sending this letter to ascertain whether your facility would have capacity available to accommodate patients requiring skilled nursing care that would not receive care in our "swing beds" and whether your facility has any

060

An Affiliate of Hospital Sisters Health System

1215 Franciscan Drive • Litchfield, IL 62556 • 217.201.2101

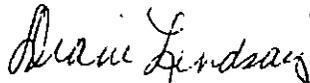
restrictions or limitations that preclude you from providing service to residents of our market area.

I would appreciate it if you would send me a letter indicating the impact of the discontinuation of our General Long Term Care Service upon your facility and whether your facility is willing and able to absorb an additional General Long Term Care caseload without conditions, limitations, or discrimination.

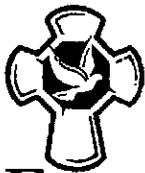
Please note that it is the policy of the Illinois Health Facilities and Services Review Board that your failure to respond to this request for an impact statement within 15 days following your receipt of this letter shall constitute a non-rebuttable assumption that the discontinuation will not have an adverse impact upon your facility.

You may contact me at (217) 324-8510 or [dlindsay@sfl.hshs.org](mailto:dlindsay@sfl.hshs.org) if you have any questions or need additional information.

Sincerely,



Diane Lindsay  
Chief Financial Officer  
St. Francis Hospital  
1215 Franciscan Drive  
Litchfield, IL 62056



# St. Francis HOSPITAL

*A mission of healing. A passion for caring.*

July 14, 2010

Administrator  
University Nursing & Rehab  
1095 University Drive  
Edwardsville, IL 62025

Dear Administrator:

St. Francis Hospital is submitting a certificate of need (CON) application to discontinue our General Long Term Care (Skilled Nursing) Service upon receipt of approval from the Health Facilities and Services Review Board. We will continue to use our swing beds to provide short-stay skilled nursing services to patients who are transferred from our acute care beds.

During the past 2 1/2 years, we provided skilled nursing care in our "swing beds" to the following number of patients.

<u>Year</u>	<u>Admissions</u>	<u>Patient Days</u>
CY2008	37	240
CY2009	18	108
1/10-6/10	13	61

What we have found over the last 30 months since we received a CON permit to establish a "swing bed program" is that the skilled nursing care we need to provide to patients we treat is addressed by using our "swing beds" for the patient days noted above.

Because we have concluded that this trend is unlikely to change in the foreseeable future, we do not anticipate that the discontinuation of our General Long Term Care Category of Service will have any impact upon other health care facilities providing this category of service. However, in accordance with the Rules of the Illinois Health Facilities and Services Review Board, we are sending this letter to ascertain whether your facility would have capacity available to accommodate patients requiring skilled nursing care that would not receive care in our "swing beds" and whether your facility has any

062

An Affiliate of Hospital Sisters Health System

1215 Franciscan Drive • Litchfield, IL 62556 • 217.234.2101

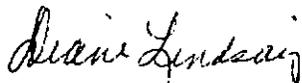
restrictions or limitations that preclude you from providing service to residents of our market area.

I would appreciate it if you would send me a letter indicating the impact of the discontinuation of our General Long Term Care Service upon your facility and whether your facility is willing and able to absorb an additional General Long Term Care caseload without conditions, limitations, or discrimination.

Please note that it is the policy of the Illinois Health Facilities and Services Review Board that your failure to respond to this request for an impact statement within 15 days following your receipt of this letter shall constitute a non-rebuttable assumption that the discontinuation will not have an adverse impact upon your facility.

You may contact me at (217) 324-8510 or [dlindsay@sfl.hshs.org](mailto:dlindsay@sfl.hshs.org) if you have any questions or need additional information.

Sincerely,



Dianc Lindsay  
Chief Financial Officer  
St. Francis Hospital  
1215 Franciscan Drive  
Litchfield, IL 62056

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
 Glen Miller, Administrator  
 Carlinville Rehab and Health Care Ctr.  
 751 N. Oak St.  
 Carlinville, IL 62626

2. Article Number  
 (Transfer from service label) 7000 1670 0008 5419 8518

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery  
 L. CRAYS 10/15/10

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

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

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Carlene K. Rehab  
751 NOak St  
Caldwell, CA 92624

2. Article Number

(Transfer from service label)

7000 1670 0008 0959 8721

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Community Memorial  
Hospital  
400 Caldwell St.  
Stamton IL 62058

2. Article Number

(Transfer from service label)

7000 1670 0008 0959 8660

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Tami Wilhoit*  Agent  
 Addressee

B. Received by (Printed Name)

Tami Wilhoit

C. Date of Delivery

12-24-09

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Litchfield Terrace  
1024 E Tyler Ave.  
Litchfield IL 62056

2. Article Number

(Transfer from service label)

7000 1670 0008 0959 8684

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *J. Jones*  Agent  
 Addressee

B. Received by (Printed Name)

J. Jones

C. Date of Delivery

12-24-09

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Litchfield Health Care  
Center  
1285 E University Ave  
Litchfield IL 62056

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Shirley Williams*  Agent  
 Addressee

B. Received by (Printed Name)

Shirley Williams

C. Date of Delivery

12-24-09

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)  Yes

08

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Heitzgen Manor  
682 S Illinois Ave  
Litchfield IL 62556

2. Article Number  
(Transfer from service label)

7000 1670 0008 9890 2 324

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  Addressee  
 X Dawn Everett 443
- B. Received by (Printed Name) C. Date of Delivery  
 Dawn Everett 12-24-09
- D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.
4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Heritage Manor  
1200 University Ave  
Carlinville IL 62626

2. Article Number  
(Transfer from service label)

7000 1670 0008 0959 8745

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  Addressee  
 X Helma M. F. F. F.
- B. Received by (Printed Name) C. Date of Delivery  
 HELMA M. F. F. F. 12/26/09
- D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.
4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Hillbuck Rehab +  
Heathcare  
1300 East Trueman St  
Hillburo IL 62049

2. Article Number

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  Addressee  
 X [Signature]
- B. Received by (Printed Name) C. Date of Delivery  
 [Name] 12-26-09
- D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.
4. Restricted Delivery? (Extra Fee)  Yes

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>Ginny Turner</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>Ginny Turner</i></p> <p>C. Date of Delivery</p> <p><i>12/24/01</i></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>1. Article Addressed to:</p> <p><i>Montgomery County</i> <i>Nursing Center</i> <i>S Rt 127</i> <i>Hillsboro IL 62049</i></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>2. Article Number (Transfer from service label)</p> <p><i>7000 1670 0008 0959 8691</i></p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>D. Conroy</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>D. CONROY</i></p> <p>C. Date of Delivery</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>1. Article Addressed to:</p> <p><i>Heritage Manor</i> <i>215 West Pennsylvania</i> <i>Stamton IL 62085</i></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>2. Article Number (Transfer from service label)</p> <p><i>7000 1670 0008 9890 2065</i></p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>Ginny Brown</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>Ginny Brown</i></p> <p>C. Date of Delivery</p> <p><i>12/24/01</i></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>1. Article Addressed to:</p> <p><i>Heritage Manor</i> <i>Rt 2 Box 3B</i> <i>Quincy IL 62033</i></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>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Nikomis Rehab +  
Health Care Center  
505 Stevens St  
Nikomis IL 62075

2. Article Number

(Transfer from service label)

7000 1670 0008 0959 8677

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*[Signature]*

Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

1-2-24

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

Yes

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Carlinville Area  
Hospital  
930 Morgan St.  
Carlinville IL  
62626

2. Article Number

(Transfer from service label)

7000 1670 0008 0933 0260

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*[Signature]*

Agent  
 Addressee

B. Received by (Printed Name)

CARMEN TRUMC

C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

Yes

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Friendship Home  
826 N High St.  
Carlinville IL 62626

2. Article Number

7000 1670 0008 0933 0260

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*[Signature]*

Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

1-2-24

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

Yes

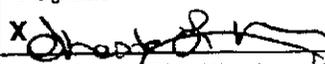
**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Cardinal Hill Healthcare  
South 4th St.  
Greenville IL 62246

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
  Addressee

B. Received by (Printed Name)  Date of Delivery  
Shasta McClay 7-19-10

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

400 Hillview Dr.  
Greenville IL 62246

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number

(Transfer from service label)

70001670 0008 5418 2579

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
 Admin. Kk's Albers  
 Fair Oaks  
 200 Healthcare Dr.  
 Greenville IL 62246

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 X   Addressee

B. Received by (Printed Name) C. Date of Delivery  
 C. K. Miller 7-19-10

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

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

4. Restricted Delivery? (Extra Fee)  Yes

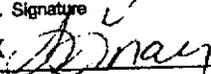
2. Article Number (Transfer from service label) 7000 1670 0008 5418 2067  
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
 Pleasant Hill Village  
 1010 W North St.  
 Girard IL 62640

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 X   Addressee

B. Received by (Printed Name) C. Date of Delivery  
 S. Gray 7/19/10

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

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

4. Restricted Delivery? (Extra Fee)  Yes

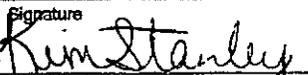
2. Article Number (Transfer from service label) 7000 1670 0008 5418 2050  
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
 Sunrise Manor of Virden  
 333 S Wrightman St.  
 Virden IL 62690

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 X   Addressee

B. Received by (Printed Name) C. Date of Delivery  
 Kim Stanley 7/16/10

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

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7000 1670 0008 5418 2074  
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

071

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Auburn Nursing + Rehab  
 304 W Maple Ave  
 Auburn, IL 62615

2. Article Number

(Transfer from service label)

7000 1670 0008 5418 25 86

PS Form 3811, February 2004

Domestic Return Receipt

102585-02-V

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

x *Michelle Smith*  Agent  
 Addressee

B. Received by (Printed Name)

Michelle Smith

C. Date of Delivery

7-19-10

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

Yes

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

University Nursing Rehab  
 1095 University Dr.  
 Edwardsville, IL 62025

2. Article Number

(Transfer from service label)

7000 1670 0008 5418 2098

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*J. Ferris*  Agent  
 Addressee

B. Received by (Printed Name)

J. Ferris

C. Date of Delivery

7-16-10

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

Yes

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

Admin. Betsy Stockstill  
 Greenville Reg. Hospital  
 200 Healthcare Dr.  
 Greenville, IL 62246

2. Article Number

(Transfer from service label)

7000 1670 0008 5418 2081

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

x *C. Ferris*  Agent  
 Addressee

B. Received by (Printed Name)

C. Ferris

C. Date of Delivery

7-19-10

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

Yes



July 27, 2010

Diane Lindsay  
Chief Financial Officer  
St. Francis Hospital  
1215 Franciscan Drive  
Litchfield, IL 62056

Dear Diane,

I am writing in reference to the letter I received from you in regards to St. Francis Hospital terminating its swing bed program. I do not feel that there would be a negative impact on our facility. We welcome any additional referrals.

Respectfully,

A handwritten signature in black ink that reads "W Oberlink, Admin".

Whitney Oberlink  
Administrator  
Auburn Nursing & Rehabilitation Center  
304 Maple Ave.  
Auburn, IL 62615  
(217) 438-6125



**COMMUNITY MEMORIAL HOSPITAL**

400 CALDWELL ST.  
STAUNTON, ILLINOIS 62088-1499

December 28, 2009

Diane Lindsay  
Chief Financial Officer  
St. Francis Hospital  
1215 Franciscan Drive  
Litchfield, IL 62056

Dear Ms. Lindsay,

Thank you for your notification of the intent to discontinue use of the eleven (11) general long term care beds that St. Francis has maintained. You requested an impact statement from the area healthcare facilities, and I want to provide that to you.

The proposed closing of the eleven (11) long term care beds will not have any impact upon Community Memorial Hospital. Access to long term beds is available within Staunton, Gillespie, and Alhambra, and we have not found it necessary to go outside that geographical area unless the family requested placement at another facility.

I trust this statement will suffice for your needs, and I wish you success with this new endeavor.

Sincerely,

Sue Campbell, CEO  
Community Memorial Hospital

C: File

074



**Fair Oaks**

July 21, 2010

Chief Financial Officer  
St Francis Hospital  
1215 Franciscan Drive  
Litchfield, IL 62056

Dear Chief Financial Officer,

This letter is in regards to your notification of the discontinuation of General Long Term Care beds located in your facility. Fair Oaks does have bed availability. Please feel free to refer patients to our Social Service Director, Cathy Skogley. We will then assess the patients to see if we can meet their needs. If you have any further questions, please call either myself at (618) 664-1230 ext 3700 or Cathy at (618) 664-1230 ext 3717.

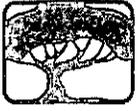
Thank You,

A handwritten signature in black ink that reads "Kris Albers".

Kris Albers RN LNHA

Administrator  
Fair Oaks  
200 Healthcare Drive  
Greenville, IL 62246

075



# HERITAGE MANOR

*Sharing a Heritage  
of Care*

---

1/4/10

Diane Lindsey SFO  
St. Francis Hospital  
1215 Franciscan Drive  
Litchfield, IL 62056

Dear Ms Lindsey,

I have received your letter regarding discontinuing the use of eleven general long term care beds. I am writing to let you know this will have no impact on us at Heritage Manor Gillespie LLC. We are happy to accept additional long term care patients. We do not foresee any limitations or restrictions. We have a history of accepting challenging individuals and situations. We enjoy our relationship with St. Francis Hospital.

Best Regards,

Jean Strausbaugh  
Administrator

07E

Heritage Manor - Gillespie, LLC

---

7588 Staunton Rd. • Gillespie, Illinois 62033 • (217) 839-2171 • (217) 839-3741



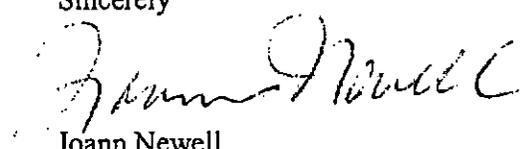
January 7, 2010

Diane Lindsay  
Chief Financial Officer  
St. Francis Hospital  
1215 Franciscan Drive  
Litchfield, IL 62056

Dear Ms. Diane Lindsay

We anticipate that the discontinuation of St. Francis Hospital use of the long-term bed will have no impact on the Hillsboro Rehab facility located within the hospitals market area. Hillsboro Rehab will have capacity to accept additional long-term care patients, as we are a Licensed Skilled facility.

Sincerely



Joann Newell  
Administrator

077

*Specialized Alzheimer's Care • Skilled Care • Therapies • Respite Care*

(217) 532-6191 • FAX (217) 532-6194 • 1300 East Tremont Street • Hillsboro, IL 62049



# Pleasant Hill Village

*Brethren Home of Girard*

July 22, 2010

Diane Lindsay  
Chief Financial Officer  
St. Francis Hospital  
1215 Franciscan Drive  
Litchfield, Illinois 62056

Dear Diane,

In reference to your letter of July 14, 2010, the discontinuation of your General Long Term Care Service at the hospital will not negatively affect our facility here in Girard. Furthermore, our facility is willing to absorb an additional caseload without conditions, limitations, or discrimination.

Sincerely,

*Lynda Hood, SSD*

Lynda Hood  
Social Service Director  
Pleasant Hill Healthcare

## XI. Safety Net Impact Statement

### 1. The project's material impact, if any, on essential safety net services in the community

Health Safety Net Services have been defined as services provided to patients who are low-income and otherwise vulnerable, including those uninsured and covered by Medicaid. (Agency for Healthcare Research and Quality, Public Health Service, U.S. Department of Health and Human Services, "The Safety Net Monitoring Initiative," AHRQ Pub. No. 03-P011, August, 2003)

This modernization project will discontinue the General Long Term Care Category of Service (Skilled Nursing Service) at St. Francis Hospital.

As discussed in Attachment 10, the following issues are relevant to this issue.

- St. Francis Hospital is located in Planning Area 3-Montgomery, which has an excess of 61 General Long Term Care (Skilled Nursing Care) beds as of September 28, 2010.
- There are 3 freestanding nursing homes in Litchfield that provide this category of service, and local residents that are not eligible for care in St. Francis Hospital's "swing beds" are able to receive general long term care services in these facilities.

In addition to St. Francis Hospital, there are 20 facilities providing the General Long Term Care Category of Service that are located within 45 minutes travel time of St. Francis Hospital. Some of these facilities are located in other planning areas.

- St. Francis Hospital provides a "swing bed" program through the Federal Medicare Program, and its patients requiring General Long Term Care are able to receive skilled nursing care without having to be transferred to a distinct skilled nursing unit.

Under this program, an approved hospital, such as St. Francis Hospital, may use its acute care beds as needed to provide either acute or skilled nursing care for post-acute patients. As a result, St. Francis Hospital's patients requiring a stay in a Skilled Nursing Unit following hospitalization of at least three consecutive calendar days do not need to be admitted to the hospital's Skilled Nursing Unit in order to receive this level of care.

The purpose of the "swing bed" program is to increase access to post-acute skilled nursing care for Medicare beneficiaries and to maximize the

efficiency of hospital operations by meeting unpredictable demands for acute and long term care. (Source of information: U.S. Centers for Medicare and Medicaid Services: "Fact Sheet: Swing Bed"), April, 2009.

- St. Francis Hospital surveyed all 20 other facilities providing the General Long Term Care Category of Service that are located within 45 minutes travel time. The hospital received 6 responses, of which 4 were from facilities that agreed to accept any of St. Francis Hospital's patients that require this category of care without conditions, limitations, or discrimination.

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

This project will not have any impact on other providers or health care systems and, as such, it will not have any impact on other providers' or health care systems' abilities to cross-subsidize safety net services.

3. How the discontinuation of a facility or service might impact the remaining safety net providers in a given community

There are no other hospitals in Litchfield. St. Francis Hospital is a Critical Access Hospital.

There are 3 nursing homes in Litchfield that provide the General Long Term Care Category of Service. Although each of these facilities received a letter from St. Francis Hospital asking them to assess the impact of the proposed discontinuation upon their facility, none of those facilities responded to this request.

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.

A notarized certification describing the amount of charity care provided by St. Francis Hospital for 2007 through 2009 is found on Page 4 of this Attachment.

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 Illinois Health Facilities and Services Review Board under Section 13 of the Illinois Health Facilities Act and published in the Annual Hospital Profile.

A notarized certification describing the amount of care provided to Medicaid patients by St. Francis Hospital for 2007 through 2009 is found on Page 5\_ of this Attachment.

3. Any other information the applicant believes is directly relevant to safety net services

As a Critical Access Hospital, St. Francis Hospital provides needed and important health care services to the community it serves.

St. Francis Hospital provides community outreach services for healthy living. These services include community health fairs, disease screening, and wellness and healthy living programs.

The hospital reaches out to area senior citizens, providing free programs and screening, such as Heart Healthy Exercise program at Heritage Manor in Litchfield and free cholesterol screenings for the general public and residents of Evergreen Place.

St. Francis Hospital provides special health education and awareness programs to area residents, including diabetes education classes, a Calorie Class in conjunction with Lighten Up 4 Montgomery County, heart healthy lifestyle classes, senior fitness and exercise classes, and stress management programs.

The hospital partners with other health care providers, including the Macoupin County Department of Public Health and the Montgomery County Health Department, to provide health information and services.

St. Francis Hospital and its colleagues routinely reach out to local and global communities.

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

This table will be found on Page 6 of this Attachment.



*A mission of healing. A passion for caring.*

October 11, 2010

Mr. Dale W. Galassie  
Acting Chairman  
Illinois Health Facilities and Services Review Board  
525 W. Jefferson  
Springfield, Illinois 62761

Dear Mr. Galassie:

St. Francis Hospital hereby certifies that it provided the amount of charity care at cost that is shown below for the three audited fiscal years prior to submission of this certificate of need application.

<u>Charity Care</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>
Inpatient	\$ 5,248	\$ 27,878	\$ 12,499
Outpatient	\$ 257,171	\$ 180,948	\$ 404,134
Total	\$ 262,419	\$ 208,826	\$ 416,633

This amount was calculated in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act.

Sincerely,

Daniel L. Perryman  
President and CEO

Notarization:

Subscribed and sworn to before me  
this 13<sup>th</sup> day of October, 2010

Signature of Notary



08

An Affiliate of Hospital Sisters Health System



*A mission of healing. A passion for caring.*

October 11, 2010

Mr. Dale W. Galassie  
Acting Chairman  
Illinois Health Facilities and Services Review Board  
525 W. Jefferson  
Springfield, Illinois 62761

Dear Mr. Galassie:

St. Francis Hospital hereby certifies that it provided the amount of Medicaid that is shown below for the three audited fiscal years prior to submission of this certificate of need application.

<u>Medicaid Net Revenue</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>
Inpatient	\$ 1,674,400	\$ 943,560	\$ 1,069,662
Outpatient	\$ 5,605,600	\$ 3,866,947	\$ 3,709,882
Total	\$ 7,280,000	\$ 4,810,507	\$ 4,779,544

This information is provided in a manner consistent with 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 Illinois Health Facilities and Services Review Board under Section 13 of the Illinois Health Facilities Planning Act and published in the Annual Hospital Profile.

Sincerely,

Daniel L. Perryman  
President and CEO

Notarization:

Subscribed and sworn to before me  
this 13<sup>th</sup> day of October, 2010

Signature of Notary



08

An Affiliate of Hospital Sisters Health System

ST. FRANCIS HOSPITAL  
SAFETY NET INFORMATION PER P.A. 96-0031

<b>CHARITY CARE</b>			
	<b>FY2007</b>	<b>FY2008</b>	<b>FY2009</b>
<b>Charity (# of patients)</b>			
Inpatient	12	19	20
Outpatient	578	675	571
<b>Total Patients</b>	<b>590</b>	<b>694</b>	<b>591</b>
<b>Charity (cost in dollars)</b>			
Inpatient	\$5,248	\$27,878	\$12,499
Outpatient	\$257,171	\$180,948	\$404,134
<b>Total</b>	<b>\$262,419</b>	<b>\$208,826</b>	<b>\$416,633</b>
<b>MEDICAID</b>			
	<b>FY2007</b>	<b>FY2008</b>	<b>FY2009</b>
<b>Medicaid (# of patients)</b>			
Inpatient	327	362	329
Outpatient	10,928	10,039	11,694
<b>Total Patients</b>	<b>11,255</b>	<b>10,401</b>	<b>12,023</b>
<b>Medicaid (revenue)</b>			
Inpatient	\$1,674,400	\$943,560	\$1,069,662
Outpatient	\$5,605,600	\$3,866,947	\$3,709,882
<b>Total</b>	<b>\$7,280,000</b>	<b>\$4,810,507</b>	<b>\$4,779,544</b>

XII. Charity Care Information

1. The amount of charity care for the last 3 audited fiscal years for St. Francis Hospital, the cost of charity care, and the ratio of that charity care cost to net patient revenue are presented below.

ST. FRANCIS HOSPITAL

	FY2007	FY2008	FY2009
<b>Net Patient Revenue</b>	\$34,170,789	\$32,769,220	\$34,662,825
Amount of Charity Care (charges)	\$593,056	\$515,743	\$1,335,789
Cost of Charity Care	\$262,419	\$208,826	\$416,633

2. This chart is provided for St. Francis Hospital only.
3. This item is not applicable because St. Francis Hospital is an existing facility.