

Original

11-018

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

RECEIVED

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

APR 12 2011

This Section must be completed for all projects.

HEALTH FACILITIES &
SERVICES REVIEW BOARD

Facility/Project Identification

Facility Name: Blessing Hospital at 11th Street
Street Address: 1005 Broadway Street
City and Zip Code: Quincy 62305
County: Adams Health Service Area E-05 Health Planning Area: 03

Applicant /Co-Applicant Identification

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

Exact Legal Name:
Address:
Name of Registered Agent:
Name of Chief Executive Officer:
CEO Address:
Telephone Number:

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

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

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: Betty J. Kasparie
Title: Vice President, Corporate Compliance
Company Name: Blessing Corporate Services, Inc.
Address: 1005 Broadway Quincy, Illinois 62305
Telephone Number: (217) 223-8400, ext. 6808
E-mail Address: bkasparie@blessinghealthsystem.com
Fax Number: (217) 223-6891

Additional Contact

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

Name: Jerry R. Jackson
Title: Vice President, Engineering & Facility Development
Company Name: Blessing Corporate Services, Inc.
Address: 1005 Broadway Quincy, Illinois 62305
Telephone Number: (217) 223-8400, ext. 6702
E-mail Address: jjackson@blessinghealthsystem.com
Fax Number: (217) 223-6891

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: Betty J. Kasparie
Title: Vice President, Corporate Compliance
Company Name: Blessing Corporate Services, Inc.
Address: 1005 Broadway Quincy, Illinois 62305
Telephone Number: (217) 223-8400, ext. 6808
E-mail Address: bkasparie@blessinghealthsystem.com
Fax Number: (217) 223-6891

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:
Address of Site Owner:
Street Address or Legal Description of Site: 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 ATTACHMENT-2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee

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

Exact Legal Name: Blessing Hospital
Address: 1005 Broadway
<input checked="" type="checkbox"/> Non-profit Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> For-profit Corporation <input type="checkbox"/> Governmental <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other
<ul style="list-style-type: none"> o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner. o Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.
APPEND DOCUMENTATION AS ATTACHMENT-3, 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.]

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

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.

In 1993, Blessing Hospital purchased St. Mary's Hospital at 1415 Vermont, located three (3) blocks from the Blessing Hospital Campus at 11th Street in Quincy, Illinois. As part of the change of ownership CON, all clinical services except the three adult and adolescent mental illness bed units totaling 56 licensed beds and 39 medical surgical beds were discontinued at the 14th Street Campus and relocated to the 11th Street Campus.

The project proposes to eliminate the medical surgical and mental illness categories of service remaining at the 14th Street Campus representing 39 and 56 beds respectively. This would eliminate all clinical services the 14th Street Campus, thus Blessing Hospital proposes, as a part of this application, to surrender the 14th Street hospital license to the Illinois Department of Public Health at the conclusion of this project.

In addition, Blessing Hospital at the 11th Street location proposes to construct a new bed tower to modernize the medical surgical category of service allowing for private rooms and establish a mental health category of service. The proposed building would consist of a new ground level and four (4) floors totaling 177,044 square feet of new construction and 5,537 square feet of renovation to existing space.

The proposed building would house a new mental health category of service for adolescents and adults that is being relocated to the 11th Street Campus on the ground level and first floor, with the 2nd and 3rd floor housing the modernized medical/surgical beds allowing for the development of private rooms. The proposed 4th floor would be shelled space allowing for the inventory of 2nd floor beds to be relocated at a later date to the shelled construction and the vacated 2nd floor to be used for patient recovery from outpatient procedures. The proposed project would decrease total beds between the two campus locations by 96 beds: 39 medical/surgical at 14th Street; 42 medical/surgical at 11th Street; and, a net difference of 15 mental illness beds.

The project is "substantive" in accordance with 77 IL Adm. Code 1110.40(b) because it does not meet the criteria for classification as a "non-substantive" project.

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

Related Project Costs

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

Land acquisition is related to project	<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		
	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 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): _____	
Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140):	
<input type="checkbox"/> Purchase orders, leases or contracts pertaining to the project have been executed.	
<input type="checkbox"/> Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON Contingencies	
<input type="checkbox"/> Project obligation will occur after permit issuance.	
APPEND DOCUMENTATION AS <u>ATTACHMENT-B</u> , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

State Agency Submittals

Are the following submittals up to date as applicable:
<input type="checkbox"/> Cancer Registry
<input type="checkbox"/> APORS
<input type="checkbox"/> All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
<input type="checkbox"/> 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
REVIEWABLE							
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical							
NON REVIEWABLE							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL							

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: Blessing Hospital - 14th		CITY: Quincy			
REPORTING PERIOD DATES: From: Jan. 1, 2010 to: Dec. 31, 2010					
Category of Service	Authorized Beds	Admissions	Patient Days	Bed Changes	Proposed Beds
Medical/Surgical	39	—	—	(39)	0
Obstetrics					
Pediatrics					
Intensive Care					
Comprehensive Physical Rehabilitation					
Acute/Chronic Mental Illness	56	1640	9474	(56)	0
Neonatal Intensive Care					
General Long Term Care					
Specialized Long Term Care					
Long Term Acute Care					
Other ((identify)					
TOTALS:	95	1640	9474	(95)	0

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: Blessing Hospital - 11th		CITY: Quincy			
REPORTING PERIOD DATES:		From: Jan. 1, 2010		to: Dec. 31, 2010	
Category of Service	Authorized Beds	Admissions	Patient Days	Bed Changes	Proposed Beds
Medical/Surgical	200	8656	38749	(42)	158
Obstetrics	25	1358	2930	0	25
Pediatrics	20	805	2035	0	20
Intensive Care	25	1190	5366	0	25
Comprehensive Physical Rehabilitation	18	394	4788	0	
Acute/Chronic Mental Illness	--				41
Neonatal Intensive Care	--				
General Long Term Care	20	499	6105	0	20
Specialized Long Term Care					
Long Term Acute Care					
Other ((identify))					
TOTALS:	308	12902	59973	(42)	289

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

Maureen A. Kahn
 SIGNATURE
MAUREEN A. KAHN
 PRINTED NAME
President/CEO
 PRINTED TITLE

Timothy A. Moore
 SIGNATURE
TIMOTHY A. MOORE
 PRINTED NAME
V.P. FINANCE
 PRINTED TITLE

Notarization:
 Subscribed and sworn to before me
 this 8th day of April, 2011

Notarization:
 Subscribed and sworn to before me,
 this 8th day of April, 2011

Betsey A. Powell
 Signature of Notary
 Seal "OFFICIAL SEAL"
 BETSEY A. POWELL
 Notary Public, State of Illinois
 My Commission Expires 05/21/11
 Insert EXACT legal name of the applicant

Betsey A. Powell
 Signature of Notary
 Seal "OFFICIAL SEAL"
 BETSEY A. POWELL
 Notary Public, State of Illinois
 My Commission Expires 05/21/11

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.

SECTION III – BACKGROUND, PURPOSE OF THE PROJECT, AND ALTERNATIVES - INFORMATION REQUIREMENTS

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

Criterion 1110.230 – Background, Purpose of the Project, and Alternatives

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

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

APPEND DOCUMENTATION AS ATTACHMENT-11, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 11.

PURPOSE OF PROJECT

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

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

NOTE: Information regarding the "Purpose of the Project" will be included in the State Agency Report.

APPEND DOCUMENTATION AS ATTACHMENT-12, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-6) MUST BE IDENTIFIED IN ATTACHMENT 12.

ALTERNATIVES

- 1) Identify **ALL** of the alternatives to the proposed project:

Alternative options **must** include:

- A) Proposing a project of greater or lesser scope and cost;
 - B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;
 - C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and
 - D) Provide the reasons why the chosen alternative was selected.
- 2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality and financial benefits in both the short term (within one to three years after project completion) and long term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**
- 3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

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

SECTION IV - PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE

Criterion 1110.234 - Project Scope, Utilization, and Unfinished/Shell Space

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

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

Provide a narrative for any discrepancies from the State Standard. A table must be provided in the following format with Attachment 14.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?

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

PROJECT SERVICES UTILIZATION:

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

Document that in the second year of operation, the annual utilization of the service or equipment shall meet or exceed the utilization standards specified in 1110.Appendix B. **A narrative of the rationale that supports the projections must be provided.**

A table must be provided in the following format with Attachment 15.

UTILIZATION					
	DEPT./ SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD	MET STANDARD?
YEAR 1					
YEAR 2					

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

UNFINISHED OR SHELL SPACE:

Provide the following information:

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

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

ASSURANCES:

Submit the following:

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

APPEND DOCUMENTATION AS ATTACHMENT-17, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION VII - SERVICE SPECIFIC REVIEW CRITERIA

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

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

1. Applicants proposing to establish, expand and/or modernize Medical/Surgical, Obstetric, Pediatric and/or Intensive Care categories of service must submit the following information:
2. Indicate bed capacity changes by Service: Indicate # of beds changed by action(s):

Category of Service	# Existing Beds	# Proposed Beds
<input checked="" type="checkbox"/> Medical/Surgical	200	158
<input type="checkbox"/> Obstetric		
<input type="checkbox"/> Pediatric		
<input type="checkbox"/> Intensive Care		

3. READ the applicable review criteria outlined below and **submit the required documentation for the criteria:**

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

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.530(d)(2) - Documentation			X
1110.530(d)(3) - Documentation Related to Cited Problems			X
1110.530(d)(4) - Occupancy			X
110.530(e) - Staffing Availability	X	X	
1110.530(f) - Performance Requirements	X	X	X
1110.530(g) - Assurances	X	X	X

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

C. Criterion 1110.730 - Acute Mental Illness and Chronic Mental Illness

- Applicants proposing to establish, expand and/or modernize Acute Mental Illness and Chronic Mental Illness category of service must submit the following information:
- Indicate bed capacity changes by Service: Indicate # of beds changed by action(s):

Category of Service	# Existing Beds	# Proposed Beds
<input checked="" type="checkbox"/> Acute Mental Illness	56	41
<input type="checkbox"/> Chronic Mental Illness		

- READ the applicable review criteria outlined below and **submit the required documentation for the criteria:**

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.730(b)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (formula calculation)	X		
1110.730(b)(2) - Planning Area Need - Service to Planning Area Residents	X	X	
1110.730(b)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	X		
1110.730(b)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service		X	
1110.730(b)(5) - Planning Area Need - Service Accessibility	X		
1110.730(c)(1) - Unnecessary Duplication of Services	X		
1110.730(c)(2) - Maldistribution	X		
1110.730(c)(3) - Impact of Project on Other Area Providers	X		
1110.730(d)(1) - Deteriorated Facilities			X
1110.730(d)(2) - Documentation			X
1110.730(d)(3) - Documentation Related to Cited Problems			X
1110.730(d)(4) - Occupancy			X
1110.730(e(1)) - Staffing Availability	X	X	
1110.730(f) - Performance Requirements	X	X	X
1110.730(g) - Assurances	X	X	X
APPEND DOCUMENTATION AS <u>ATTACHMENT-22</u>, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

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

1. Applicants proposing to establish, expand and/or modernize Clinical Service Areas Other than Categories of Service must submit the following information:
2. Indicate changes by Service: Indicate # of key room changes by action(s):

Service	# Existing Key Rooms	# Proposed Key Rooms
<input checked="" type="checkbox"/> Infusion Therapy	scattered	8 chairs
<input type="checkbox"/>		
<input type="checkbox"/>		

3. READ the applicable review criteria outlined below and **submit the required documentation for the criteria:**

PROJECT TYPE	REQUIRED REVIEW CRITERIA	
New Services or Facility or Equipment	(b) -	Need Determination - Establishment
Service Modernization	(c)(1) -	Deteriorated Facilities
		and/or
	(c)(2) -	Necessary Expansion
		PLUS
	(c)(3)(A) -	Utilization - Major Medical Equipment
		Or
	(c)(3)(B) -	Utilization - Service or Facility
<p>APPEND DOCUMENTATION AS <u>ATTACHMENT-37</u>, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</p>		

D. Projected Operating 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

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			
Total			
Charity (cost in dollars)	Year	Year	Year
Inpatient			
Outpatient			
Total			
MEDICAID			
Medicaid (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			

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.



To all to whom these Presents Shall Come, Greeting:

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

BLESSING HOSPITAL, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON OCTOBER 29, 1873, 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 #: 1105200632

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 21ST day of FEBRUARY A.D. 2011 .

Jesse White

SECRETARY OF STATE

Attachment 1

Site Ownership

Blessing Hospital
1005 Broadway
Quincy, Illinois 62305

Blessing Hospital
1415 Vermont Street
Quincy, Illinois 62305

Serial No.

2183171

OWNER TITLE INSURANCE POLICY

Attorneys' Title Guaranty Fund, Inc.
CHAMPAIGN, ILLINOIS

SUBJECT TO THE EXCLUSIONS FROM COVERAGE, THE EXCEPTIONS CONTAINED IN SCHEDULE B AND THE PROVISIONS OF THE CONDITIONS AND STIPULATIONS HEREOF, Attorneys' Title Guaranty Fund, Inc., an Illinois Corporation, herein called The Fund, insures, as of the Effective Date of policy shown in Schedule A, against loss or damage, not exceeding the amount of insurance stated in Schedule A, and costs, attorneys' fees and expenses which The Fund may become obligated to pay hereunder, sustained or incurred by the insured by reason of:

1. Title to the estate or interest described in Schedule A being vested otherwise than as stated therein;
2. Any defect in or lien or encumbrance on such title; or
3. Lack of a right of access to and from the land; or
4. Unmarketability of such title.

In Witness Whereof, Attorneys' Title Guaranty Fund, Inc., has caused this policy to be signed and sealed in its name by its Executive Vice President, by direction of its Board of Directors, to become binding when countersigned by a member of The Fund.



Attorneys' Title Guaranty F

By

Michael J. P.
Executive Vice

... however, that failure to notify shall in no case prejudice rights of any such insured under this policy unless The F... shall be prejudiced by such failure and then only to the exte... such prejudice,
(c) The Fund shall have the right at its own cost to insti... and without undue delay prosecute any action or proceedin...

FUND FORM 104
OPA COVER (REV. 11/84)

Original

11-018

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

RECEIVED

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

APR 12 2011

This Section must be completed for all projects.

HEALTH FACILITIES &
SERVICES REVIEW BOARD

Facility/Project Identification

Facility Name: Blessing Hospital at 11th Street
Street Address: 1005 Broadway Street
City and Zip Code: Quincy 62305
County: Adams Health Service Area E-05 Health Planning Area: 03

Applicant /Co-Applicant Identification

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

Exact Legal Name:
Address:
Name of Registered Agent:
Name of Chief Executive Officer:
CEO Address:
Telephone Number:

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

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

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: Betty J. Kasparie
Title: Vice President, Corporate Compliance
Company Name: Blessing Corporate Services, Inc.
Address: 1005 Broadway Quincy, Illinois 62305
Telephone Number: (217) 223-8400, ext. 6808
E-mail Address: bkasparie@blessinghealthsystem.com
Fax Number: (217) 223-6891

Additional Contact

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

Name: Jerry R. Jackson
Title: Vice President, Engineering & Facility Development
Company Name: Blessing Corporate Services, Inc.
Address: 1005 Broadway Quincy, Illinois 62305
Telephone Number: (217) 223-8400, ext. 6702
E-mail Address: jjackson@blessinghealthsystem.com
Fax Number: (217) 223-6891

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: Betty J. Kasparie
Title: Vice President, Corporate Compliance
Company Name: Blessing Corporate Services, Inc.
Address: 1005 Broadway Quincy, Illinois 62305
Telephone Number: (217) 223-8400, ext. 6808
E-mail Address: bkasparie@blessinghealthsystem.com
Fax Number: (217) 223-6891

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:
Address of Site Owner:
Street Address or Legal Description of Site: 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 ATTACHMENT-2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee

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

Exact Legal Name: Blessing Hospital
Address: 1005 Broadway
<input checked="" type="checkbox"/> Non-profit Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> For-profit Corporation <input type="checkbox"/> Governmental <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other
<ul style="list-style-type: none"> o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner. o Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.
APPEND DOCUMENTATION AS ATTACHMENT-3, 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.]

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

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.

In 1993, Blessing Hospital purchased St. Mary's Hospital at 1415 Vermont, located three (3) blocks from the Blessing Hospital Campus at 11th Street in Quincy, Illinois. As part of the change of ownership CON, all clinical services except the three adult and adolescent mental illness bed units totaling 56 licensed beds and 39 medical surgical beds were discontinued at the 14th Street Campus and relocated to the 11th Street Campus.

The project proposes to eliminate the medical surgical and mental illness categories of service remaining at the 14th Street Campus representing 39 and 56 beds respectively. This would eliminate all clinical services the 14th Street Campus, thus Blessing Hospital proposes, as a part of this application, to surrender the 14th Street hospital license to the Illinois Department of Public Health at the conclusion of this project.

In addition, Blessing Hospital at the 11th Street location proposes to construct a new bed tower to modernize the medical surgical category of service allowing for private rooms and establish a mental health category of service. The proposed building would consist of a new ground level and four (4) floors totaling 177,044 square feet of new construction and 5,537 square feet of renovation to existing space.

The proposed building would house a new mental health category of service for adolescents and adults that is being relocated to the 11th Street Campus on the ground level and first floor, with the 2nd and 3rd floor housing the modernized medical/surgical beds allowing for the development of private rooms. The proposed 4th floor would be shelled space allowing for the inventory of 2nd floor beds to be relocated at a later date to the shelled construction and the vacated 2nd floor to be used for patient recovery from outpatient procedures. The proposed project would decrease total beds between the two campus locations by 96 beds: 39 medical/surgical at 14th Street; 42 medical/surgical at 11th Street; and, a net difference of 15 mental illness beds.

The project is "substantive" in accordance with 77 IL Adm. Code 1110.40(b) because it does not meet the criteria for classification as a "non-substantive" project.

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

Related Project Costs

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

Land acquisition is related to project	<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 <input type="checkbox"/> Yes <input type="checkbox"/> 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 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): _____	
Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140):	
<input type="checkbox"/> Purchase orders, leases or contracts pertaining to the project have been executed.	
<input type="checkbox"/> Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON Contingencies	
<input type="checkbox"/> Project obligation will occur after permit issuance.	
APPEND DOCUMENTATION AS <u>ATTACHMENT-8</u> , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

State Agency Submittals

Are the following submittals up to date as applicable:
<input type="checkbox"/> Cancer Registry
<input type="checkbox"/> APORS
<input type="checkbox"/> All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
<input type="checkbox"/> 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
REVIEWABLE							
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical							
NON REVIEWABLE							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL							

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: Blessing Hospital - 14th		CITY: Quincy			
REPORTING PERIOD DATES:		From: Jan. 1, 2010		to: Dec. 31, 2010	
Category of Service	Authorized Beds	Admissions	Patient Days	Bed Changes	Proposed Beds
Medical/Surgical	39	—	—	(39)	0
Obstetrics					
Pediatrics					
Intensive Care					
Comprehensive Physical Rehabilitation					
Acute/Chronic Mental Illness	56	1640	9474	(56)	0
Neonatal Intensive Care					
General Long Term Care					
Specialized Long Term Care					
Long Term Acute Care					
Other ((identify)					
TOTALS:	95	1640	9474	(95)	0

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: Blessing Hospital - 11th		CITY: Quincy			
REPORTING PERIOD DATES:		From: Jan. 1, 2010		to: Dec. 31, 2010	
Category of Service	Authorized Beds	Admissions	Patient Days	Bed Changes	Proposed Beds
Medical/Surgical	200	8656	38749	(42)	158
Obstetrics	25	1358	2930	0	25
Pediatrics	20	805	2035	0	20
Intensive Care	25	1190	5366	0	25
Comprehensive Physical Rehabilitation	18	394	4788	0	
Acute/Chronic Mental Illness	--				41
Neonatal Intensive Care	--				
General Long Term Care	20	499	6105	0	20
Specialized Long Term Care					
Long Term Acute Care					
Other ((identify)					
TOTALS:	308	12902	59973	(42)	289

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

Maureen A. Kahn
 SIGNATURE
MAUREEN A. KAHN
 PRINTED NAME
President/CEO
 PRINTED TITLE

Timothy A. Moore
 SIGNATURE
TIMOTHY A. MOORE
 PRINTED NAME
V.P. FINANCE
 PRINTED TITLE

Notarization:
 Subscribed and sworn to before me
 this 8th day of April, 2011

Notarization:
 Subscribed and sworn to before me,
 this 8th day of April, 2011

Betsey A. Powell
 Signature of Notary

Betsey A. Powell
 Signature of Notary

Seal "OFFICIAL SEAL"
 BETSEY A. POWELL
 Notary Public, State of Illinois
 My Commission Expires 05/21/11
 Insert EXACT legal name of the applicant

Seal "OFFICIAL SEAL"
 BETSEY A. POWELL
 Notary Public, State of Illinois
 My Commission Expires 05/21/11

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.

SECTION III – BACKGROUND, PURPOSE OF THE PROJECT, AND ALTERNATIVES - INFORMATION REQUIREMENTS

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

Criterion 1110.230 – Background, Purpose of the Project, and Alternatives

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

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

APPEND DOCUMENTATION AS **ATTACHMENT-11**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 11.

PURPOSE OF PROJECT

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

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

NOTE: Information regarding the "Purpose of the Project" will be included in the State Agency Report.

APPEND DOCUMENTATION AS **ATTACHMENT-12**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-6) MUST BE IDENTIFIED IN ATTACHMENT 12.

ALTERNATIVES

- 1) Identify **ALL** of the alternatives to the proposed project:

Alternative options **must** include:

- A) Proposing a project of greater or lesser scope and cost;
- B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;
- C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and
- D) Provide the reasons why the chosen alternative was selected.

- 2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality and financial benefits in both the short term (within one to three years after project completion) and long term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**
- 3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

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

SECTION IV - PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE

Criterion 1110.234 - Project Scope, Utilization, and Unfinished/Shell Space

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

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

Provide a narrative for any discrepancies from the State Standard. A table must be provided in the following format with Attachment 14.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?

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

PROJECT SERVICES UTILIZATION:

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

Document that in the second year of operation, the annual utilization of the service or equipment shall meet or exceed the utilization standards specified in 1110.Appendix B. **A narrative of the rationale that supports the projections must be provided.**

A table must be provided in the following format with Attachment 15.

UTILIZATION					
	DEPT./ SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD	MET STANDARD?
YEAR 1					
YEAR 2					

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

UNFINISHED OR SHELL SPACE:

Provide the following information:

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

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

ASSURANCES:

Submit the following:

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

APPEND DOCUMENTATION AS ATTACHMENT-17, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION VII - SERVICE SPECIFIC REVIEW CRITERIA

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

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

- Applicants proposing to establish, expand and/or modernize Medical/Surgical, Obstetric, Pediatric and/or Intensive Care categories of service must submit the following information:
- Indicate bed capacity changes by Service: Indicate # of beds changed by action(s):

Category of Service	# Existing Beds	# Proposed Beds
<input checked="" type="checkbox"/> Medical/Surgical	200	158
<input type="checkbox"/> Obstetric		
<input type="checkbox"/> Pediatric		
<input type="checkbox"/> Intensive Care		

- READ the applicable review criteria outlined below and **submit the required documentation for the criteria:**

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

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.530(d)(2) - Documentation			X
1110.530(d)(3) - Documentation Related to Cited Problems			X
1110.530(d)(4) - Occupancy			X
1110.530(e) - Staffing Availability	X	X	
1110.530(f) - Performance Requirements	X	X	X
1110.530(g) - Assurances	X	X	X

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

C. Criterion 1110.730 - Acute Mental Illness and Chronic Mental Illness

1. Applicants proposing to establish, expand and/or modernize Acute Mental Illness and Chronic Mental Illness category of service must submit the following information:
2. Indicate bed capacity changes by Service: Indicate # of beds changed by action(s):

Category of Service	# Existing Beds	# Proposed Beds
<input checked="" type="checkbox"/> Acute Mental Illness	56	41
<input type="checkbox"/> Chronic Mental Illness		

3. READ the applicable review criteria outlined below and submit the required documentation for the criteria:

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.730(b)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (formula calculation)	X		
1110.730(b)(2) - Planning Area Need - Service to Planning Area Residents	X	X	
1110.730(b)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	X		
1110.730(b)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service		X	
1110.730(b)(5) - Planning Area Need - Service Accessibility	X		
1110.730(c)(1) - Unnecessary Duplication of Services	X		
1110.730(c)(2) - Maldistribution	X		
1110.730(c)(3) - Impact of Project on Other Area Providers	X		
1110.730(d)(1) - Deteriorated Facilities			X
1110.730(d)(2) - Documentation			X
1110.730(d)(3) - Documentation Related to Cited Problems			X
1110.730(d)(4) - Occupancy			X
1110.730(e)(1) - Staffing Availability	X	X	
1110.730(f) - Performance Requirements	X	X	X
1110.730(g) - Assurances	X	X	X
APPEND DOCUMENTATION AS ATTACHMENT-22, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

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

1. Applicants proposing to establish, expand and/or modernize Clinical Service Areas Other than Categories of Service must submit the following information:
2. Indicate changes by Service: Indicate # of key room changes by action(s):

Service	# Existing Key Rooms	# Proposed Key Rooms
<input checked="" type="checkbox"/> Infusion Therapy	scattered	8 chairs
<input type="checkbox"/>		
<input type="checkbox"/>		

3. READ the applicable review criteria outlined below and **submit the required documentation for the criteria:**

PROJECT TYPE	REQUIRED REVIEW CRITERIA
New Services or Facility or Equipment	(b) - Need Determination - Establishment
Service Modernization	(c)(1) - Deteriorated Facilities
	and/or
	(c)(2) - Necessary Expansion
	PLUS
	(c)(3)(A) - Utilization - Major Medical Equipment
	Or
	(c)(3)(B) - Utilization - Service or Facility
APPEND DOCUMENTATION AS <u>ATTACHMENT-37</u> , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

D. Projected Operating 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

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			
Total			
Charity (cost in dollars)	Year	Year	Year
Inpatient			
Outpatient			
Total			
MEDICAID			
Medicaid (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			

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.

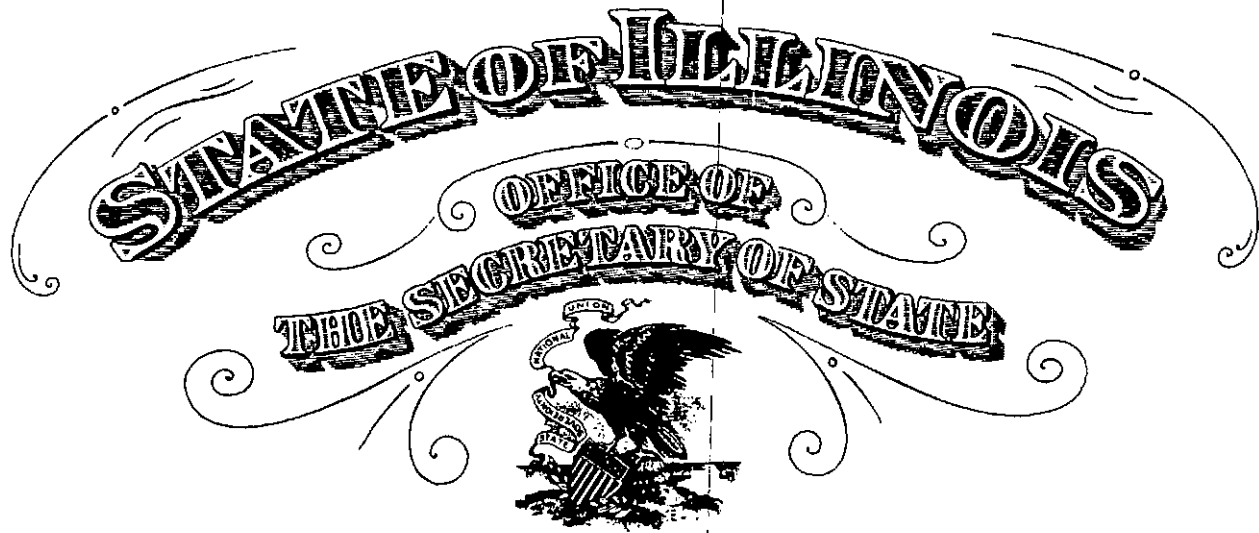
1. All applicants and co-applicants shall indicate the amount of charity care for the latest three audited fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.
2. If the applicant owns or operates one or more facilities, the reporting shall be for each 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.



To all to whom these Presents Shall Come, Greeting:

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

BLESSING HOSPITAL, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON OCTOBER 29, 1873, 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 21ST day of FEBRUARY A.D. 2011 .



Authentication #: 1105200632
Authenticate at: <http://www.cyberdriveillinois.com>

Jesse White

SECRETARY OF STATE

Site Ownership

Blessing Hospital
1005 Broadway
Quincy, Illinois 62305

Blessing Hospital
1415 Vermont Street
Quincy, Illinois 62305

OPA

Serial No. 2183171

OWNER TITLE INSURANCE POLICY

Attorneys' Title Guaranty Fund, Inc.

CHAMPAIGN, ILLINOIS

SUBJECT TO THE EXCLUSIONS FROM COVERAGE, THE EXCEPTIONS CONTAINED IN SCHEDULE B AND THE PROVISIONS OF THE CONDITIONS AND STIPULATIONS HEREOF, Attorneys' Title Guaranty Fund, Inc., an Illinois Corporation, herein called The Fund, insures, as of the Effective Date of policy shown in Schedule A, against loss or damage, not exceeding the amount of insurance stated in Schedule A, and costs, attorneys' fees and expenses which The Fund may become obligated to pay hereunder, sustained or incurred by the insured by reason of:

1. Title to the estate or interest described in Schedule A being vested otherwise than as stated therein;
2. Any defect in or lien or encumbrance on such title; or
3. Lack of a right of access to and from the land; or
4. Unmarketability of such title.

In Witness Whereof, Attorneys' Title Guaranty Fund, Inc., has caused this policy to be signed and sealed in its name by its Executive Vice President, by direction of its Board of Directors; to become binding when countersigned by a member of The Fund.



Attorneys' Title Guaranty Fund, Inc.

By

Michael J. Rooney

Michael J. Rooney
Executive Vice President

... however, that failure to notify shall in no case prejudice rights of any such insured under this policy unless The Fund shall be prejudiced by such failure and then only to the extent of such prejudice.

(c) The Fund shall have the right at its own cost to institute and without undue delay prosecute any action or proceeding.

FUND FORM 104
OPA COVER (REV. 11/84)

EXHIBIT A

Parcel A

Lots One (1), Two (2), Three (3), Four (4), Five (5), Six (6), Seven (7) and Eight (8) in Block Two (2) in Willard Keyes Addition to the City of Quincy, and the alleys running North and South and East and West through said Block Two (2), said alleys having been vacated by Ordinances No. 95, 1127 and 1138 of the City of Quincy;

Lots One (1), Two (2), Three (3), and Four (4) in Block Eleven (11) in Willard Keyes Addition to the City of Quincy;

Lots One (1), Two (2), Three (3), Four (4), Five (5), Six (6), Seven (7), Eight (8), Nine (9), and Ten (10) in James W. Singleton's Addition to the City of Quincy;

The alley running East and West between Tenth Street and Eleventh Street and lying South of James W. Singleton's Addition to the City of Quincy and North of Block Eleven (11) in Willard Keyes Addition to the City of Quincy, said alley having been vacated by Ordinance No. 66-52 of the City of Quincy; and

Spring Street running East and West between Tenth Street and Eleventh Street, said Street having been vacated by Ordinance No. 66-52 of the City of Quincy;

all situated in Adams County, Illinois.

Parcel B

Lots One (1), Two (2), Three (3), Four (4), Five (5), Six (6), Seven (7), Eight (8), Nine (9), and Ten (10) in Block Two (2) in William D. Morgan's Addition to the City of Quincy; and

Lots Eleven (11), Twelve (12), Thirteen (13), Fourteen (14), Fifteen (15), Sixteen (16), Seventeen (17), Eighteen (18), Nineteen (19), and Twenty (20) in Block Two (2) in John Whetstone's Addition to the City of Quincy;

all situated in Adams County, Illinois.

FUND OWNER FORM

SCHEDULE A

Policy No.: OPA2183171 Effective Date: August 8, 1989, 4:30 p.m.

Amount of Insurance: \$ 500,000.00

1. Name of Insured:

Blessing Hospital, an Illinois
not-for-profit corporation.

2. The estate or interest in the land described herein and which is covered by this policy is, at the effective date hereof, vested in the named insured and is a fee simple (if other, specify same: _____).

3. The land referred to in this policy is described as follows:

(See Attached Exhibit A)

ISSUED BY
Schmiedeskamp, Robertson,
Neu & Mitchell
217/223-3030

(Attorney or Firm of Attorneys)

2334
MEMBER NO.

Rubini B. Miller
SIGNATURE OF ATTORNEY

232 No. 6th St., P.O. Box 1069,
(Mailing Address)

Quincy
(City)

Illinois 62306
(Zip)

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Parcel C

Lots One (1), Two (2), Three (3), Four (4), Five (5), and Six (6) in Geise's Addition to the City of Quincy; and

Lots Eleven (11), Twelve (12), Thirteen (13), Fourteen (14), and Fifteen (15) in Block Three (3) in William D. Morgan's Addition to the City of Quincy;

all situated in Adams County, Illinois.

Parcel D

Lots One (1), Two (2), Three (3), Four (4), Eight (8), Nine (9), Ten (10), and Eleven (11) in Bernard Meyer's Addition to the City of Quincy, except the North one hundred (100) feet of the West eleven (11) feet of said Lot Eleven (11); and

Lot Seven (7) in Block Ten (10) in Willard Keyes Addition to the City of Quincy, except the North one hundred (100) feet of said Lot Seven (7);

all situated in Adams County, Illinois.

Parcel E

Lots One (1), Two (2), Three (3), Four (4) and the East fifty (50) feet of Lot Five (5) in Block Ten (10) in Willard Keyes Addition to the City of Quincy;

all situated in Adams County, Illinois.

Parcel F

A part of Block One (1) in Willard Keyes Addition to the City of Quincy, bounded and described as follows:

Commencing on the South line of Spring Street at a point one hundred (100) feet East of the intersection of the East line of Eleventh Street and the South line of Spring Street, running thence East along the South line of Spring Street one hundred seventy-five and seventy-two hundredths (175.72) feet to the West line of a twelve (12) foot wide alley, thence South along the West line of said alley one hundred ninety-five and seventy-nine hundredths (195.79) feet to a point on the North line of a twenty (20) foot wide alley, thence West along the North line of said alley two hundred seventy-four and seventy-three hundredths (274.73) feet to a point on the East line of Eleventh Street, thence North along the East line of Eleventh Street one hundred sixty-nine and eighty-two hundredths (169.82) feet to a point that is twenty-five (25) feet South of the intersection of the East line of Eleventh Street and the South line of Spring Street, thence East parallel with the South line of Spring Street one hundred (100) feet, thence North parallel with the East line of Eleventh Street twenty-five (25) feet to the place of beginning;

all situated in Adams County, Illinois.

Parcel G

A part of Block One (1) in Willard Keyes Addition to the City of Quincy, bounded and described as follows:

Commencing at the Northeast corner of said Block, running thence South on the West line of Twelfth Street one hundred ninety-seven and one-half (197-1/2) feet, more or less, to the North line of an alley, thence West on the North line of said alley one hundred fifty (150) feet, more or less, to the East line of an alley, thence North on the East line of said alley to the South line of Spring Street, thence East on the South line of Spring Street to the place of beginning;

all situated in Adams County, Illinois.

Parcel M

Part of Lot One (1) in Block Three (3) in Willard Keyes Addition to the City of Quincy, bounded and described as follows: Commencing on the North line of Broadway at the intersection of the said North line of Broadway with the West line of Tenth Street, running thence West along the North line of Broadway sixty-one and one-half (61-1/2) feet, thence North parallel with the West line of said Tenth Street and midway between the brick building known as Nos. 927 and 929 Broadway, to an alley, thence East along the South line of said alley and parallel with the North line of Broadway, to the West line of Tenth Street, and thence South along the West line of Tenth Street to the place of beginning;

all situated in Adams County, Illinois.

Parcel N

The West twenty-six and two-thirds (26-2/3) feet of Lot Two (2) and all of Lots Three (3), Four (4), Five (5) and Six (6) in Block Eleven (11) in Holmes and Wood's Addition to the City of Quincy; and, the East one hundred twenty (120) feet of Block Three (3) in Plat One of the Subdivision of the Estate of Samuel Alexander, deceased, an Addition to the City of Quincy, lying North of the alley running East and West through said Block;

all situated in Adams County, Illinois.

Parcel O

Lot Seven (7) in Block Eleven (11) in Holmes and Wood's Addition to the City of Quincy;

Part of Block Three (3) of Plat One (1) of the Subdivision of the Estate of Samuel Alexander, deceased, bounded and described as follows: Beginning at a point on the North line of Vermont Street in the City of Quincy, seventy-two (72) feet West of the East line of Lot Seven (7) in Block Eleven (11) of Holmes and Wood's Addition to the City of Quincy, thence Northerly in a straight line one hundred eighty-nine (189) feet to a point on the South line of a twenty (20) foot alley, which point is seventy and three-tenths (70.3) feet West of the East line of said Lot Seven (7), thence East along the South line of said alley to the West line of said Lot Seven (7), thence South along the West line of said Lot Seven (7) to the North line of Vermont Street, and thence West along said North line of Vermont Street to the place of beginning;

all situated in Adams County, Illinois.

Parcel P

A part of the Northeast Quarter of Section Thirty-five (35) in Township One (1) South of the Base Line, in Range Nine (9) West of the Fourth Principal Meridian, more particularly described as follows: Commencing at a point where the South line of Locust Street in the City of Quincy, intersects the East line of North Tenth Street in said City, thence South $01^{\circ} 00'$ East along the East line of said North Tenth Street in said City, one hundred sixty-one and sixty-two and one-half hundredths (161.625) feet to a point, thence North $89^{\circ} 00'$ East parallel to the South line of said Locust Street six hundred two and forty-six hundredths (602.46) feet to a point, thence North parallel to the East line of said North Tenth Street to a point in the South line of said Locust Street, thence West six hundred two and forty-six hundredths (602.46) feet to the point of beginning;

all situated in Adams County, Illinois.

Parcel Q

The East Half of the Northeast Quarter of Section Thirty-one (31) in Township One (1) North, Range Eight (8) West of the Fourth Principal Meridian, except the North one (1) rod thereof; and

The North Half of the Northwest Quarter of Section Thirty-two (32), in Township One (1) North, Range Eight (8) West of the Fourth Principal Meridian, except a parcel off of the West end of the North one (1) rod of the Northwest Quarter of the Northwest Quarter of Section Thirty-two (32), in Township One (1) North, Range Eight (8) West, bounded and described as follows: Beginning at the Northwest corner of said Northwest Quarter of the Northwest Quarter of Section Thirty-two (32), thence East on the North line of said Quarter Quarter Twenty-eight (28) feet, thence Southwesterly to a point one (1) rod South and twelve (12) feet East of said Northwest corner of said Quarter Quarter, thence West twelve (12) feet to the West line of said Quarter Quarter, thence North to the place of beginning;

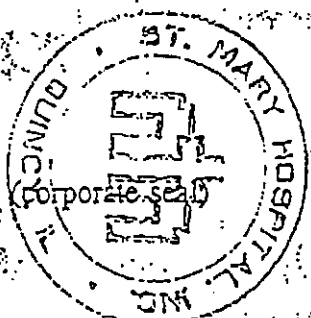
all situated in Adams County, Illinois.

WARRANTY DEED FROM CORPORATION

THE GRANTOR, St. Mary Hospital, Inc., an Illinois not-for-profit corporation, created and existing under and by virtue of the laws of the State of Illinois, duly authorized to transact business in the State of Illinois, for the consideration of Ten Dollars (\$10.00) and other good and valuable consideration, and pursuant to authority given by said corporation's Board of Directors, CONVEYS and WARRANTS unto Blessing Hospital, an Illinois not-for-profit corporation, the following described real estate, as described on Exhibit A annexed hereto and made a part hereof.

This Deed is made, executed and delivered in pursuance of a Resolution duly adopted at a special meeting of the Board of Directors of said corporation held on the 16th day of February, 1993.

IN WITNESS WHEREOF, said Grantor has caused its corporate seal to be hereto affixed, and has caused its name to be signed to these presents by its President, and attested by its Secretary, this 31st day of March, 1993.



St. Mary Hospital, Inc., an Illinois not-for-profit corporation

By

William H. Metzinger

William H. Metzinger
President and C.E.O.

ATTEST:

Tillie King

Tillie King, Secretary

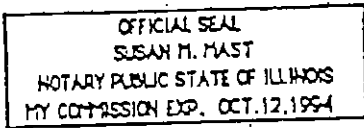
STATE OF ILLINOIS)
)ss.
COUNTY OF ADAMS)

I, Susan M. Mast, a Notary Public in and for said County, in the State aforesaid, do hereby certify that William H. Metzinger, personally known to me to be the President of St. Mary Hospital, Inc., an Illinois not-for-profit corporation, and Tillie King, personally known to me to be the Secretary of said corporation, and personally known to me to be the same persons whose names are subscribed to the foregoing instrument, appeared before me this day in person and severally acknowledged that as such President and Secretary, they signed and delivered the said instrument as President and Secretary of said corporation, and caused the

(1)

corporate seal of said corporation to be affixed thereto, pursuant to authority given by the Board of Directors of said corporation as their free and voluntary act, and as the free and voluntary act and deed of said corporation, for the uses and purposes therein set forth.

Given under my hand and Notarial Seal this 31st day of March, 1993.



Susan M. Mast
Notary Public

Deed Prepared By: Scholz, Staff & Palmer
Attorneys at Law
625 Vermont Street
Quincy, IL 62301-3088

Exempt under provisions of Paragraph (b)
Section 4, Real Estate Transfer Tax Act.
St. Mary Hospital, Inc., an Illinois
not-for-profit corporation, Seller

3/31/93 By *William H. Metzinger* William H. Metzinger
Date ~~Buyer, Seller or Representative~~ President & C.E.O.

The tax statements for the year 1992 and
subsequent years shall be sent to:

Blessing Hospital, an Illinois not-for-profit corporation
Broadway at 11th Streets, Quincy, Illinois 62301

EXHIBIT A

TRACT I:

Lots One (1), Two (2), Three (3), Four (4), Five (5), Six (6), Seven (7) and Eight (8) of Gilman's Subdivision, and a vacated alley Twenty (20) feet in width, North and South, running from the East line of Fourteenth (14) Street between said Lots One (1) through Four (4) and Lots Five (5) through Eight (8), to the point of intersection of the East line of said Lots Four (4) and Five (5), extended, all of said Lots and alley being in and comprising all of Lot Five (5) of Nevin's Addition to the City of Quincy, Adams County, Illinois.

TRACT II:

All of Lots Six (6), Seven (7) and Eight (8) of Nevin's Addition to the City of Quincy, lying North of the North line of Vermont Street, as the said Street is now located and that part of Lot Nine (9) of said Nevin's Addition bounded and described as follows: Commencing at the point of intersection of the West line of said Lot Nine (9) with the South line of Broadway, said point being the Northwest corner of said Lot Nine (9); running thence East along the North lot line Sixty-seven (67) feet, more or less, to the point of intersection of said North lot line with the West line of Sixteenth (16th) Street; running thence South along the West line of said Sixteenth (16th) Street to the point of intersection of said West Street line with the North line of Vermont Street, said point being Sixty-six and Five-twelfths ($66\frac{5}{12}$) feet East of the point of intersection of the North line of Vermont Street with the West line of said Lot Nine (9); running thence West along the North line of Vermont Street to the said point of intersection with the West line of said Lot Nine (9); running thence North along said West lot line to the point of beginning, all situated in the City of Quincy, County of Adams and State of Illinois; EXCEPTING therefrom the following described tract, to-wit:

A part of Lot Seven (7) in Nevin's Addition to the City of Quincy, in the County of Adams and State of Illinois, more particularly bounded and described as follows, to-wit: Commencing at the intersection of the West right-of-way line of North 16th Street with the North right-of-way line of Vermont Street in said City of Quincy, running thence North $88^{\circ} 53'$ West along the said North right-of-way line of said Vermont Street Three Hundred Three and Seven Tenths (303.7) feet to the point of beginning, continuing thence North $88^{\circ} 53'$ West along the said North right-of-way line of

said Vermont Street One Hundred Fifteen (115) feet to a point, running thence North 0° 5' East Seventy-four and Two Tenths (74.2) feet to a point; running thence South 89° 00' East One Hundred Fifteen (115) feet to the West edge of a concrete sidewalk, running thence South 0° 5' West along said West edge of said sidewalk Seventy-four and Four Tenths (74.4) feet to the point of beginning, situated in the County of Adams, in the State of Illinois.

TRACT III:

Parcel (a): All of the North One-half ($\frac{1}{2}$) of Lot Nineteen (19), EXCEPT the East One Hundred Twenty-five (125) feet thereof, all in Nevin's Addition to the City of Quincy, all situated in the County of Adams, in the State of Illinois; also,

Parcel (b): The East Fifty (50) feet of the West One Hundred and Eight (108) feet of the North One-half of Lot Twenty (20), in Nevin's Addition to the City of Quincy, situated in the County of Adams and State of Illinois.

Parcel (c): The East Forty-eight (48) feet of the West One Hundred Fifty-six (156) feet of the North Half of Lot Twenty (20) in Nevins Addition to the City of Quincy, Adams County, Illinois.

Parcel (d): The East Forty-six (46) feet of the North Half of Lot Twenty (20), in Nevins Addition to the City of Quincy, situated in the County of Adams and State of Illinois.

Parcel (e): The West Fifty (50) feet of the East One Hundred Twenty-five (125) feet of the North Half of Lot Nineteen (19) in Nevins Addition to the City of Quincy, bounded as follows: Beginning at a point on the North line of said Lot Nineteen (19) which is Seventy-five (75) feet West of the Northeast corner of said Lot Nineteen (19) as originally platted; running thence West Fifty (50) feet on the North line of said Lot Nineteen (19); thence South Two Hundred Five (205) feet, more or less, to a point equidistant from the North and South lines of said Lot Nineteen (19) as platted; thence East Fifty (50) feet; thence North Two Hundred Five (205) feet, more or less, to the place of beginning, EXCEPT that part of the above described Lot Nineteen (19) included in Vermont Street, as now located, situated in the County of Adams, in the State of Illinois.

TRACT IV:

Beginning at a point on the South line of Vermont Street, as now laid out, in the City of Quincy, Twenty-five (25) feet West of the East line of Lot Nineteen (19) of Nevin's Addition to said City of Quincy, running thence West on the South line of Vermont Street, as now laid out, a distance of Fifty (50) feet, thence South One Hundred Eighty-seven (187) feet and Nine (9) inches, more or less, to the Center of Lot Nineteen (19), or to a point which is Two Hundred Five (205) feet and Three (3) inches North of the North line of Hampshire Street, in said City, thence East Fifty (50)

feet, and thence North One Hundred Eighty-seven (187) feet and Nine (9) inches, more or less, to the place of beginning, all situated in the County of Adams, in the State of Illinois.

TRACT V:

The West Fifty-six and Ninety-three Hundredths (56.93) feet of the South Half of Lot Nineteen (19) and the East Fifteen and One-half (15-1/2) feet of the South Half of Lot Twenty (20) in Nevins' Addition to the City of Quincy, situated in the County of Adams in the State of Illinois, subject to an easement for purposes of ingress and egress dated April 13, 1974, recorded May 15, 1974, in Book 11 of Rights-of-Way at Page 147, in the Office of the Recorder of Deeds in and for Adams County, Illinois.

SEARCHED
SERIALIZED
INDEXED
MAY 15 1974
ADAMS COUNTY CLERK
OFFICE OF THE RECORDER OF DEEDS
QUINCY, ILLINOIS

15- P. 1a

02695

STATE OF ILLINOIS } No. 02695

Adams County } S. S.

Charles E. (Charles) Williams

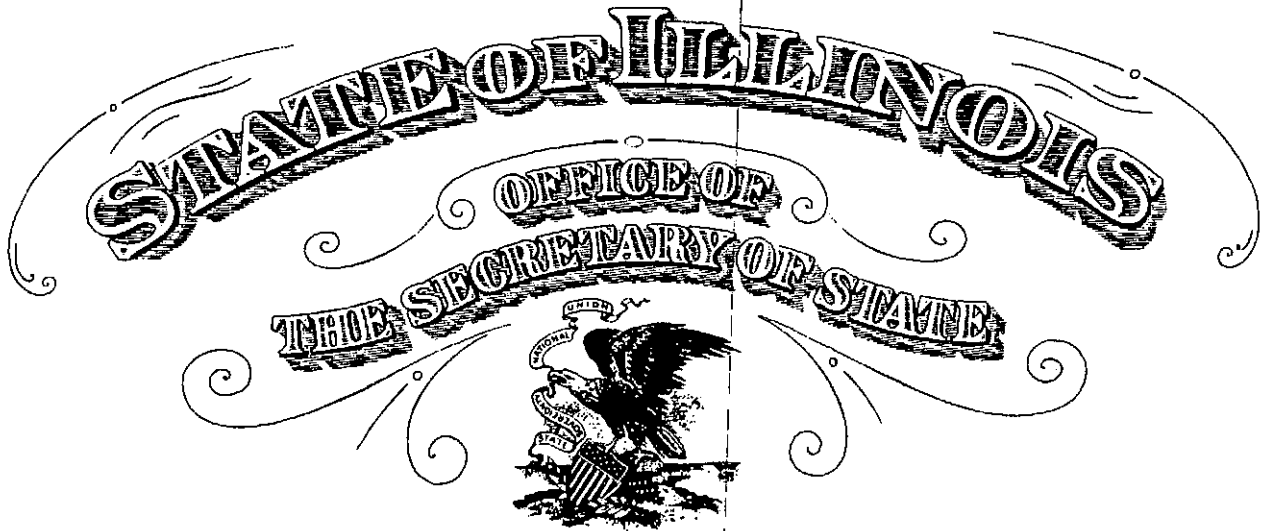
Recorder with: not for the County, and State, elsewhere, do hereby certify that the within and foregoing instrument of writing was filed for record on the 31st day of March A. D. 19 93 at 2:15 o'clock P. M. and duly returned to volume 516 of Records page 2797 IN TESTIMONY WHEREOF, I have hereunto set my hand the day and date above.

Recorder

Charles E. Williams

Deputy

Richard H. Lee



To all to whom these Presents Shall Come, Greeting:

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

BLESSING HOSPITAL, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON OCTOBER 29, 1873, 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 21ST day of FEBRUARY A.D. 2011



Jesse White

SECRETARY OF STATE

Authentication #: 1105200632

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

Organizational Relationships

Attached is the organizational chart for the Blessing entities. The Blessing Foundation plans to hold a public campaign to raise \$7 million in funding for the project.

The Blessing Foundation raises, maintains, and disburses charitably donated funds for the benefit of the Blessing Health System, which includes Blessing Hospital.

BLESSING

Corporate Services, Inc.

2/11/11

Blessing Corporate Services, Inc.
Board of Trustees

B. Bradford Billings
president/CEO

- Blessing Hospital
Maureen A. Kohn
president/CEO
- The Blessing Foundation,
Inc.
Patrick M. Garveler
president/CEO
- Blessing Affiliates, Inc.
Jerry R. Jackson
president/CEO
- Blessing Care Corporation
d/b/a Illini Community Hospital
Cynthia L. Schneider
president/CEO
- Denman Services, Inc.
Richard E. Kempe
president/CEO
- Blessing Physician Services
Jerry R. Jackson
president/CEO

Richard Smith
vice president
Physician Resources

JoEllen Randall
vice president
Human Resources

- Child Care
J. Patton
- Employee Relations
B. Dickson
- Human Resources
D. Lepper-BH
K. Huff-Ilhni

Employee Health
B. Ellingson

Patrick M. Gerveler
chief financial officer

- Financial Services
T. Moor-BH
S. Long-Dawson
S. Purcell-Ilhni
A. Haggelock-BPS
- Information Technology
L. Elakick-Ilhni
T. Haverstock
- Materials Management
- Treasury /
Planning Analysis
L. Voshak
J. Hall
- Third Party
Reimbursement
C. Ziegler
- Managed Care
K. Brown

Richard E. Kempe
vice president
Strategic & Business
Development

Betty J. Marphala
vice president
Corporate Compliance &
Organizational Planning

- CDM Coordinator/
Pricing
D. Kessler
L. Gunster
- Compliance Internal
Audit
L. Weitz
M. Kewenich
R. Beris
- Organizational
Improvement
B. Bees
- Information Security
Officer
(B. Praetor)
- Risk Management/
Insurance
C. Bailey
B. Crane

Infection Control
C. Orton

Jerry R. Jackson
vice president
Engineering & Facility
Development

- Educational
Services
P. Louffler
- Facility Support
Services & Safety
J. Boczah

Michael Gilpin
vice president
Marketing

- Marketing & Public
Relations
L. Nelson-BH
J. Reinhardt
E. Reinhardt-BPS
- Environmental
Services & Safety
R. Hamann
- Maintenance &
Construction
B. Hillegranner
- Power Plant &
Grounds
M. Behrens

39

April 6, 2011

Mr. Michael Constantino
Project Review Supervisor
Illinois Health Facilities Planning Board
525 West Jefferson
Springfield, IL 62702

RE: Compliance Requirement of Illinois Executive Order #2006-5 Regarding Construction in
Special Flood Hazard Area

Dear Mr. Constantino:

The undersigned is an authorized agent of Blessing Hospital, the owner of the site for the
proposed CON.

I hereby attest that this site is not located in a floodplain as identified by the most recent FEMA
map and that this location complies with Floodplain Rule and the requirements under Illinois
Executive Order #2006-5, "Construction Activities in Special Flood Hazard Areas".

Signature:



Maureen A. Kahn
President
Blessing Hospital



2006-05

**CONSTRUCTION ACTIVITIES
IN SPECIAL FLOOD HAZARD AREAS**

WHEREAS, the State of Illinois has programs for the construction of buildings, facilities, roads, and other development projects and annually acquires and disposes of lands in floodplains; and

WHEREAS, federal financial assistance for the acquisition or construction of insurable structures in all Special Flood Hazard Areas requires State participation in the National Flood Insurance Program; and

WHEREAS, the Federal Emergency Management Agency has promulgated and adopted regulations governing eligibility of State governments to participate in the National Flood Insurance Program (44 C.F.R. 59-79), as presently enacted or hereafter amended, which requires that State development activities comply with specified minimum floodplain regulation criteria; and

WHEREAS, the Presidential Interagency Floodplain Management Review Committee has published recommendations to strengthen Executive Orders and State floodplain management activities;

NOW THEREFORE, by virtue of the authority vested in me as Governor of the State of Illinois, it is hereby ordered as follows:

I. For purpose of this Order:

- A. "Critical Facility" means any facility which is critical to the health and welfare of the population and, if flooded, would create an added dimension to the disaster. Damage to these critical facilities can impact the delivery of vital services, can cause greater damage to other sectors of the community, or can put special populations at risk. The determination of Critical Facility will be made by each agency.

Examples of critical facilities where flood protection should be required include:

Emergency Services Facilities (such as fire and police stations)
Schools
Hospitals
Retirement homes and senior care facilities
Major roads and bridges
Critical utility sites (telephone switching stations or electrical transformers)
Hazardous material storage facilities (chemicals, petrochemicals, hazardous or toxic substances)

Examples of critical facilities where flood protection is recommended include:

Sewage treatment plants
Water treatment plants
Pumping stations

- B. "Development" or "Developed" means the placement or erection of structures (including manufactured homes) or earthworks; land filling, excavation or other alteration of the ground surface; installation of public utilities; channel modification; storage of materials or any other activity undertaken to modify the existing physical features of a floodplain.
- C. "Flood Protection Elevation" means one foot above the applicable base flood or 100-year frequency flood elevation.
- D. "Office of Water Resources" means the Illinois Department of Natural Resources, Office of Water Resources.
- E. "Special Flood Hazard Area" or "Floodplain" means an area subject to inundation by the base or 100-year frequency flood and shown as such on the most current Flood Insurance Rate Map published by the Federal Emergency Management Agency.
- F. "State Agencies" means any department, commission, board or agency under the jurisdiction of the Governor; any board, commission, agency or authority which has a majority of its members appointed by the Governor; and the Governor's Office.



Illinois Historic
Preservation Agency

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

FAX (217) 782-8161

JAN 24 2011

Adams County
Quincy

New Construction of Patient Tower Addition, Blessing Hospital
1005 Broadway St.
HAI-09411
IHPA Log #017072210

September 3, 2010

Dennis Pruitt
Heideman Associates Inc.
13545 Barret Parkway Dr., Suite 200
St. Louis, MO 63021

Dear Mr. Pruitt:

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

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

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

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

Sincerely,

Anne E. Haaker
Anne E. Haaker
Deputy State Historic
Preservation Officer

RECEIVED
JAN 12 2011

B BLESSING
Corporate Services, Inc.

Preservation Services

B. Bradford Billings
President / Chief Executive Officer

IHPA REVIEW

H/A _____
AC _____
AR _____
File _____

Subsidiaries

- Blessing Hospital
- Blessing Affiliates, Inc.
- BlessingCare Corporation
- The Blessing Foundation
- Denman Services, Inc.

January 7, 2011

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

To Whom It May Concern:

Blessing Hospital is submitting this letter to you for review of the preservation requirements for a Certificate of Need to build a new patient/bed tower on the current campus. Please provide a determination letter for submission with our Certificate of Need application.

1. General Project Description and Address:

Blessing Hospital, 1005 Broadway, Quincy, Illinois, proposes to develop a new patient tower located on the north side attached to the 1970 bed tower. See number three in the purple on the attached map. In addition, the hospital has received approval from the City of Quincy for the four block segment of North 10th Street between Broadway and Elm Street and the one block length of Oak Street from 10th to 11th Streets be vacated in order to provide for internal and vehicular circulation and accommodate future expansion of facilities at the 11th Street Campus. Blessing currently owns all the properties adjoining the street segments proposed for vacation: between Broadway and College Avenue, these properties are developed with the main hospital and nursing school complex, the twin buildings of the Blessing Health Center, the physical plant building, the Child Care Center, and surface parking. Properties on either side of 10th between College and Elm have cleared but not developed. No structures are proposed to be demolished.

In addition, Blessing will request the Hospital at the 14th Street Campus be decommissioned as a Hospital when the psychiatric units are relocated to the 11th Street Campus with this project.

2. Topical map shows general location of project. See the master site plan attached. The proposed project is in purple, #3.

January 7, 2010

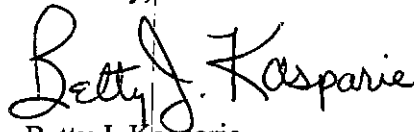
Page 2

3. Photographs of any standing buildings/structures within the project area.

No buildings are proposed to be demolished. All other standing buildings in the project area belong to the hospital campus.

4. Address for buildings/structures of present.
1005 Broadway, Quincy, Illinois, 62305

Sincerely,

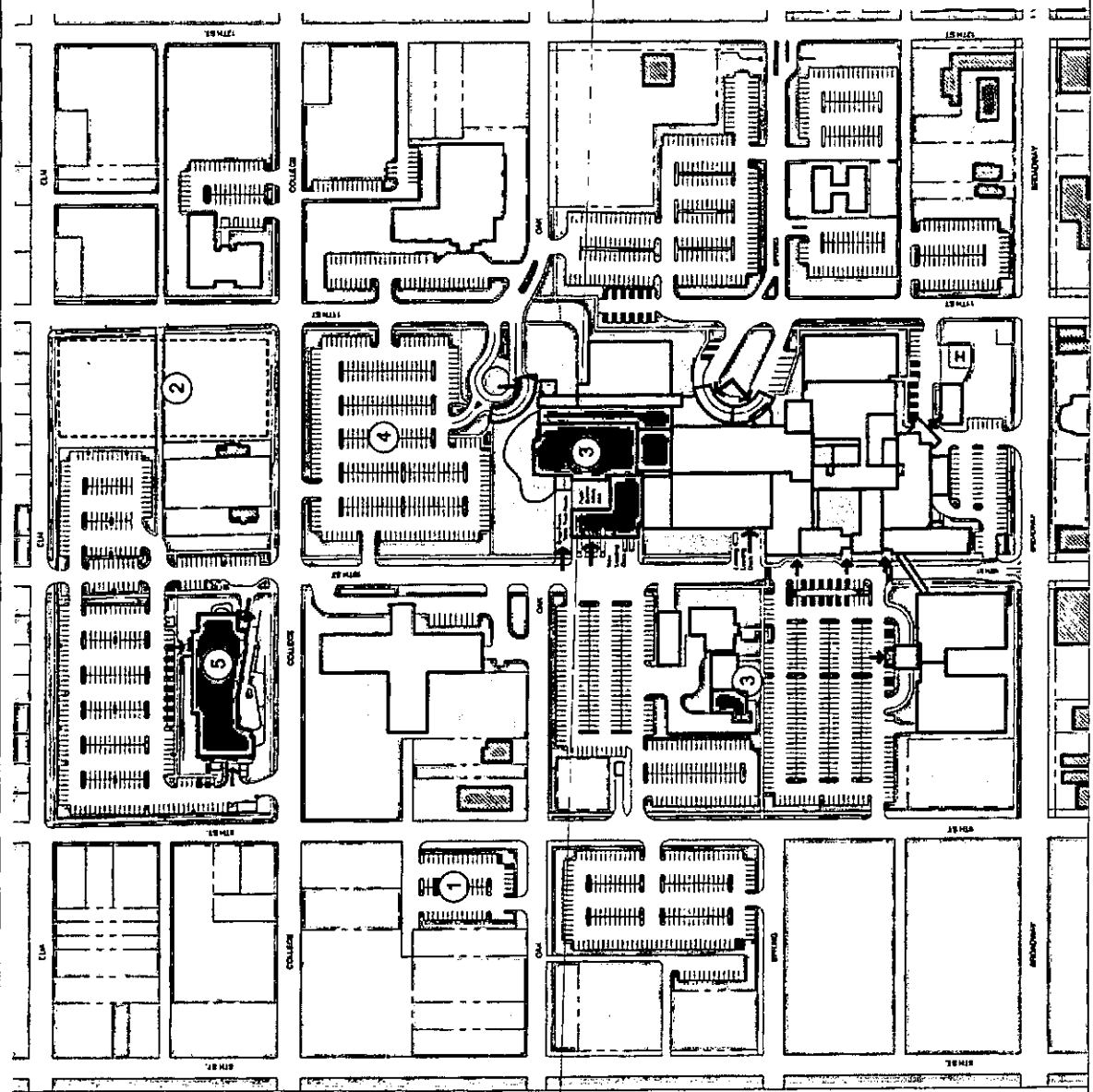


Betty J. Kasparie
Vice President, Corporate Compliance





BJK/lmh

Master Site Plan

B BLESSING HOSPITAL
QUINCY, ILLINOIS



LEGEND

-  FUTURE BUILDINGS
-  BLESSING BUILDINGS
-  PEDESTRIAN ENTRY
-  VEHICLE ENTRY

NOTES

- ① Parking Lot (47 Spaces)
- ② Parking Lot
- ③ New Patient Tower (5 Floors) & Central Plant Addition
- ④ Parking Lot
- ⑤ College of Nursing/ IS Building (3 Floors)

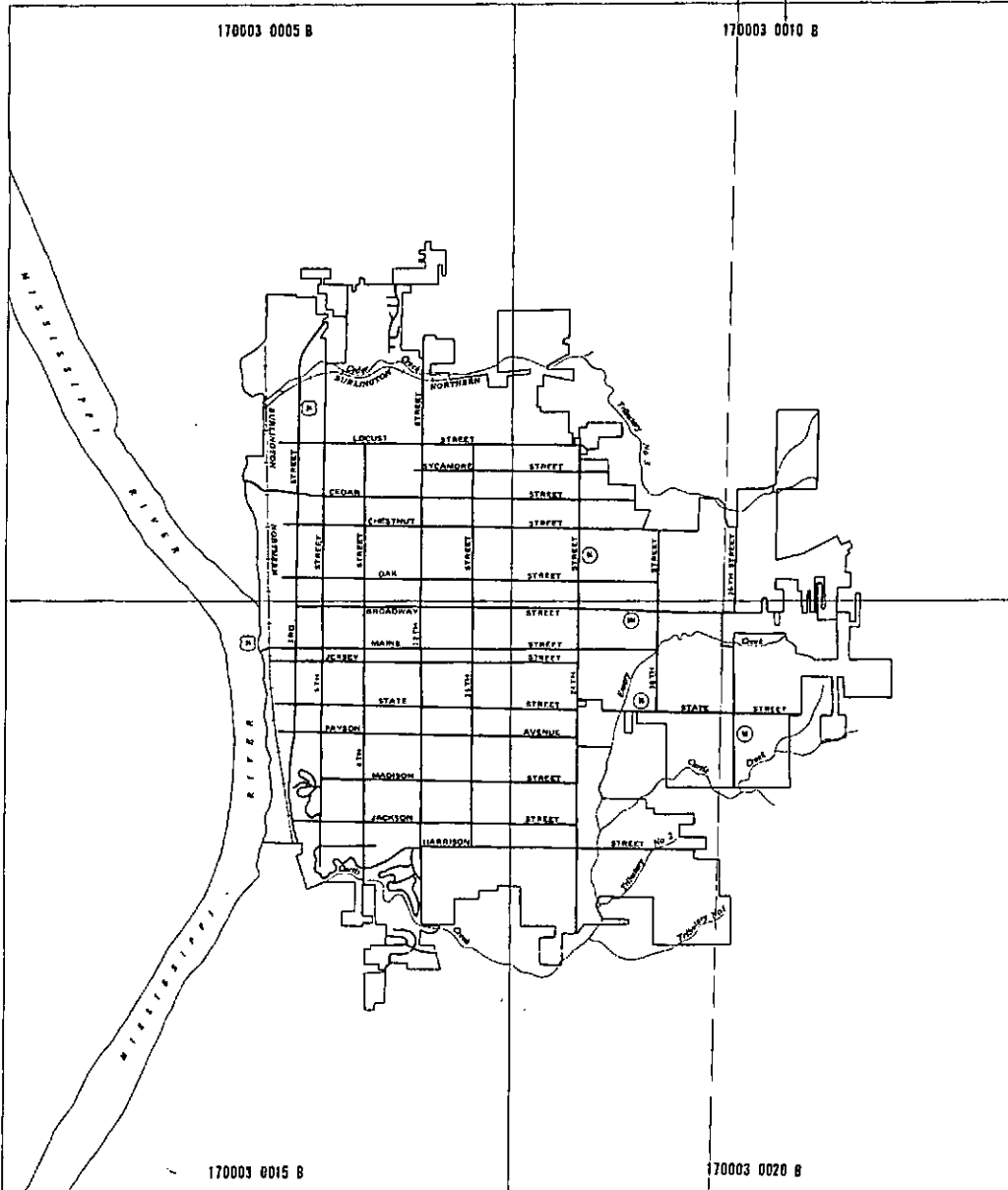
CHRISTNER

48

COMMUNITY-PANEL NUMBER

170003 0005 B

170003 0010 B



170003 0015 B

170003 0020 B

NATIONAL FLOOD INSURANCE PROGRAM

FIRM
FLOOD INSURANCE RATE MAP

CITY OF
QUINCY,
ILLINOIS
ADAMS COUNTY

MAP INDEX

PANELS PRINTED: 5, 10, 15, 20

COMMUNITY-PANEL NUMBERS

170003 0001 - 0020

EFFECTIVE DATE:

OCTOBER 15, 1967

Federal emergency management agency
federal insurance administration

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Project Costs and Sources of Funds

USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning costs	\$10,943	\$7,601	\$18,544
Site Survey and Soils Investigation	\$20,064	\$13,936	\$34,000
Site Preparation	\$0	\$2,518,299	\$2,518,299
Off Site Work			
New Construction Contracts	31,734,795	21,287,171	\$53,021,966
Modernization Contracts	\$0	\$754,912	\$754,912
Contingencies	\$2,928,836	\$2,034,286	\$4,963,122
Architectural/Engineering Fees	\$1,808,883	\$1,256,399	\$3,065,282
Consulting and Other Fees	\$194,639	\$135,191	\$329,830
Movable or Other Equipment (not in construction contracts)	\$1,362,530	\$182,470	\$1,545,000
Bond Issuance Expense (project related)			\$600,000
Net Interest Expense During Construction (project related)			\$3,578,687
Fair Market Value of Leased Space or Equipment			
Other Costs to be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USE OF FUNDS			\$70,429,642
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities			\$33,429,642
Pledges			\$ 7,000,000
Gifts and Bequests			
Bond Issues (project related)			\$30,000,000
Mortgages			
Leases (fair market value)			
Government Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS			\$70,429,642

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 checked="" type="checkbox"/> No
Purchase Price: \$	0	
Fair Market Value: \$	0	

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 \$ 6,856,420*
***Reflects entire operating budget for mental illness service.**

Project Status and Completion Schedules

Indicate the stage of the project's architectural drawings:

None or not applicable Preliminary
 Schematics Final Working

Anticipated project completion date (refer to Part 1130.140): June 2014

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

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

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

Cost Space Requirements		Gross Square Feet		Amount of Proposed Total Gross Square Feet That is:			
Dept./ Area	Cost	Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
REVIEWABLE							
Med-Surg Units	16,941,979	53,776	103,736	49,960	-	53,776	-
Psych Units	13,927,292	-	34,480	34,480	-	-	-
Infusion Area	865,523	-	3,170	3,170	-	-	-
Total Clinical	31,734,794	53,776	141,396	87,620	-	53,776	-
NON REVIEWABLE							
Public space/circulation/elevators	5,084,554	74,711	93,311	18,150	450	74,711	-
Mechanical	4,889,973	42,278	65,848	23,570	-	42,278	-
Storage	717,424	7,297	10,144	2,847	-	7,297	-
Purchasing & Central Stores	768,235	2,269	5,722	3,453	-	2,269	-
Housekeeping	28,255	4,009	4,136	127	-	4,009	-
Food & Nutrition/ Dining	1,191,514	14,737	16,840	3,640	-	13,200	-
Info. Systems/Telecomm.	75,075	9,592	10,592	-	2,000	8,592	-
College of Nursing	753,866	20,761	23,166	1,155	3,000	19,011	-
Shell Space/ Unassigned	3,331,596	1,388	18,988	17,600	-	1,388	-
Light Wells/ Open to Below	424,639	N/A	2,065	2,065	-	-	-
Exterior walls/partitions	2,258,653	N/A	12,453	12,453	-	-	-
Total Non-clinical	19,523,785	177,042	263,265	85,060	5,450	171,367	-
Site Development	2,518,299						
TOTAL	53,776,878	230,818	404,661	172,680	5,450	225,143	-

Total Construction Cost	\$	53,776,878
Contingency %	9.23%	\$ 4,963,122
Total of Construction Cost with Contingency	\$	58,740,000

Discontinuation

General Information Requirements:

1. In 1993, Blessing Hospital purchased St. Mary's Hospital located three (3) blocks from the Blessing Hospital Campus. As part of the 1993 Certificate of Need, all services except the three acute/chronic mental illness units totaling 56 licensed beds and 39 medical surgical beds were relocated to the 11th Street Campus. These services were not relocated due to the lack of space. Blessing had planned to relocate the psychiatric services to the 11th Street Campus and surrender the license to the 14th Street Campus within five (5) years of the buyout.

Rather than 5 years later, but 18 years later this proposal is being submitted to:

- a. Discontinue the Medical/Surgical Service at the 14th Street Campus – 39 beds
- b. Discontinue the 56 bed acute/chronic mental illness since at service at the 14th Street Campus
- c. Surrender the license for the 14th Street Campus following the completion of the newly proposed bed tower at the 11th Street Campus.

The new construction at the 11th street Campus proposes to establish an acute/chronic medical illness category of service. In essence, relocating the mental health category of service to the same location as all other inpatient services on the 11th Street Campus.

2. No other hospital services would remain in the hospital building.
3. The license would be surrendered following the opening of the new unit at the 11th Street Campus.
4. The 14th Street physical plant would continue to be used to house support functions. During a recent CMS validation survey, Illinois Department of Public Health ("IDPH") sited the 14th Street Campus for several life safety issues. A letter attached to Henry Kowalenko, at IDPH indicates Blessing's commitment to resolve the remaining three life safety issues by submitting a Certificate of Need for a new bed tower with construction to begin in late 2012. The life safety issues are found at Attachment 22.
5. All medical records would remain the property of Blessing Hospital and as the Health Information Management department at 11th Street handles all medical record functions for the 14th Street Campus. Blessing Hospital would archive all records per the organization's record retention policy.
6. As part of this application, I certify all questionnaires and data required by HFSRB or DPH will be provided through the date of discontinuation and the required information will be submitted no later than 60 days following the date of discontinuation.

Signature: _____

Maureen A. Kahn
Maureen A. Kahn
President
Blessing Hospital

Reason for Discontinuation:

The acute mental illness category of service is being discontinued at the 14th Street Campus and relocated in new construction at the 11th Street Campus. The medical surgical beds are discontinued because they will not be needed at the 11th Street Campus. Relocating psychiatric services and discontinuing the medical surgical beds will allow Blessing Hospital to surrender the license for the 14th Street Campus. This is the final step of consolidation of services to the 11th Street Campus.

Clinical operational improvements include:

1. Eliminates need from ER to Psych by ambulance or security vehicle.
2. Psych will now be in space on 11th Street designed specifically for treating mental illness.
3. Eliminate duplicate pharmacy area at 14th Street.
4. Increase physician satisfaction by eliminating the need to travel for psych consults.
5. Eliminate house supervisor at 14th Street.

Impact on Access:

1. Since the Acute Mental Health Service category is being established as a new category of service, there is no negative impact on access. Blessing Hospital proposes to reduce the number of beds from 56 to 41 which will still exceed the planning areas bed need. In fact, access will be improved as discussed later in the application.
2. There are no inpatient psychiatric services within 45 minutes travel time. Springfield, Illinois, is the closest inpatient psychiatric service located two (2) hours drive time from Blessing Hospital. Map Quest maps are attached.
3. There is no change in services and no other inpatient hospital facilities located within 45 minutes.

B BLESSING HOSPITAL

www.blessinghealthsystem.org

January 13, 2011

Henry Kowalenko
Illinois Department of Public Health
Division of Health Care Facilities and Programs
525 - 535 West Jefferson Street
Springfield, IL 62761-0001

Dear Mr. Kowalenko:

This is a follow-up letter to a phone conversation we had this summer after Blessing Hospital submitted its Plan of Correction for the CMS validation survey, and also a phone conversation with Tom Busse, January 11, 2011.

Please read the attached document from our recent joint Board meeting between Blessing Corporate Services and Blessing Hospital Boards. The action taken by our Boards has given us the approval to move forward on a new patient addition. This construction will start late in 2012 with occupancy in mid 2014.

As we discussed, this will give us the opportunity to move our Psychiatric Services from the 14th Street Campus into this new addition. We will be requesting to de-license the 14th Street campus as part of our C.O.N. submittal for the new building project.

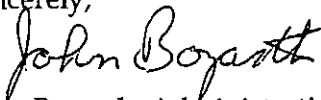
We have completed all of the 42 deficiencies at our 14th Street Campus with three exceptions, K012, K17B and K20C. We continue to make daily rounds on these floors as part of our Interim Life Safety measure.

Our project cost for these citations is approximately \$500,000. As we discussed in our phone conversation, this money can be better utilized in our new building project.

Please let this letter serve as an addendum to our Plan of Corrections we are submitting.

If you need anything else, please let me know.

Sincerely,



John Bozarth, Administrative Director
Facility Support Services & Safety



"Special" Joint Blessing Corporate Services and Blessing Hospital
Board of Trustees Meeting
Friday, November 19, 2010 12 noon
Blessing Administrative Board Room 4th Floor

NEW PATIENT TOWER PROJECT

Blessing Hospital Board Chair, Michael Klingner, called the meeting to order at 12 noon and welcomed both the BCS and Blessing Hospital board members to this meeting. Mr. Brad Billings introduced Jerry Jackson and also John Reeve and Robin Ringwald both from the Christner Inc. organization who will be narrating the PowerPoint presentation provided in the Board packet concerning the proposed new Patient Tower Project.

Discussion was held concerning the scope of the project showing a three-dimensional picture of a new entrance to the Blessing main campus building and access to the new patient tower from the current Cancer Center entrance.

A "stacking diagram" was provided which indicates specific Blessing Hospital departments located on each floor of the current buildings on the main campus as well as those to be located in the new tower. Total new square footage of this tower is approximately 172,680.

A project schedule (timetable) was provided showing design development stage to finish in February 2011 at which time the CON will be filed with the State of Illinois Health Facilities Planning Board. After CON approval, the bidding will begin in July 2012 with construction for approximately 20 months and move-in date in March/April 2014.

Estimated current construction cost for this project is \$53.4 million with additional fee costs for a grand total of \$69.4 million.

A MOTION WAS MADE, SECONDED AND PASSED BY THE BLESSING HOSPITAL BOARD TO SUPPORT MOVING FORWARD WITH AN APPROXIMATE \$70 MILLION CONSTRUCTION PROJECT WHICH WILL INCLUDE PRIVATE ROOM EXPANSION AND ASSOCIATED ANCILLARY SPACE (INCLUDING ONE FLOOR OF SHELLLED SPACE) TO BE FUNDED BY A COMBINATION OF DEBT, CASH AND PHILANTHROPIC SUPPORT (THE EXACT PROPORTION OF WHICH IS TO BE DETERMINED) AND RECOMMEND TO THE BLESSING CORPORATE SERVICES BOARD OF TRUSTEES PRELIMINARY AUTHORIZATION TO MOVE FORWARD WITH THIS PROJECT BY APPROVING THE FILING OF A CERTIFICATE OF NEED APPLICATION WITH THE ILLINOIS HEALTH FACILITIES PLANNING BOARD. (Koontz/Bluhm)

At this time, the Blessing Hospital Board was dismissed (1:28pm).

The BCS Board continued the above discussion led by Chairman Foster on the pros and cons of moving ahead on approval of the patient tower project.



















A MOTION WAS MADE, SECONDED AND PASSED TO ACCEPT THE MOTION TAKEN BY THE BLESSING HOSPITAL BOARD OF TRUSTEES TO MOVE FORWARD IN SUPPORT OF AN APPROXIMATE \$70 MILLION CONSTRUCTION PROJECT WHICH WILL INCLUDE PRIVATE ROOM EXPANSION AND ASSOCIATED ANCILLARY SPACE (INCLUDING ONE FLOOR OF SHELLLED SPACE) TO BE FUNDED BY A COMBINATION OF DEBT, CASH AND PHILANTHROPIC SUPPORT (THE EXACT PROPORTION OF WHICH IS TO BE DETERMINED) AND PRELIMINARY AUTHORIZATION TO MOVE FORWARD WITH THIS PROJECT BY APPROVING THE FILING OF A CERTIFICATE OF NEED APPLICATION WITH THE ILLINOIS HEALTH FACILITIES PLANNING BOARD. (Stebor/Knapheide).

mapquest

Trip to:
 1005 Broadway St
 Quincy, IL 62301-2834
 116.90 miles
 2 hours 4 minutes

Notes

ST Johns

		Miles Per Section	Miles Driven
	800 E Carpenter St Springfield, IL 62769-0002		
	1. Start out going EAST on E CARPENTER ST toward I-55-BL / N 9TH ST.	Go 0.07 Mi	0.07 mi
	2. Take the 1st RIGHT onto I-55-BL / N 9TH ST. <i>If you reach N 10TH ST you've gone a little too far</i>	Go 0.2 Mi	0.3 mi
	3. Turn LEFT onto E MADISON ST. <i>E MADISON ST is just past E MASON ST</i>	Go 0.1 Mi	0.4 mi
	4. E MADISON ST becomes E CLEAR LAKE AVE.	Go 2.2 Mi	2.6 mi
	5. Merge onto I-55 S / I-72 W / US-36 W. 	Go 5.1 Mi	7.7 mi
	6. Keep RIGHT to take I-72 W / US-36 W via EXIT 92A-B toward JACKSONVILLE. 	Go 92.9 Mi	100.6 mi
	7. Merge onto I-172 N. 	Go 2.9 Mi	103.5 mi
	8. Take the IL-57 / THE GREAT RIVER ROAD exit, EXIT 2, toward MARBLEHEAD. 	Go 0.5 Mi	104.1 mi
	9. Turn LEFT onto IL-57 N. 	Go 11.8 Mi	115.8 mi
	10. Turn RIGHT onto YORK ST / IL-57 E. <i>YORK ST is just past CIVIC CENTER PLZ</i> 	Go 0.09 Mi	115.9 mi
	11. Take the 1st LEFT onto S 4TH ST / IL-57 N. Continue to follow S 4TH ST. <i>If you reach S 5TH ST you've gone a little too far</i>	Go 0.4 Mi	116.3 mi



12. Turn RIGHT onto BROADWAY ST.
BROADWAY ST is just past VERMONT ST

Go 0.6 Mi 116.9 mi



13. 1005 BROADWAY ST.
Your destination is just past N 10TH ST
If you reach N 11TH ST you've gone a little too far

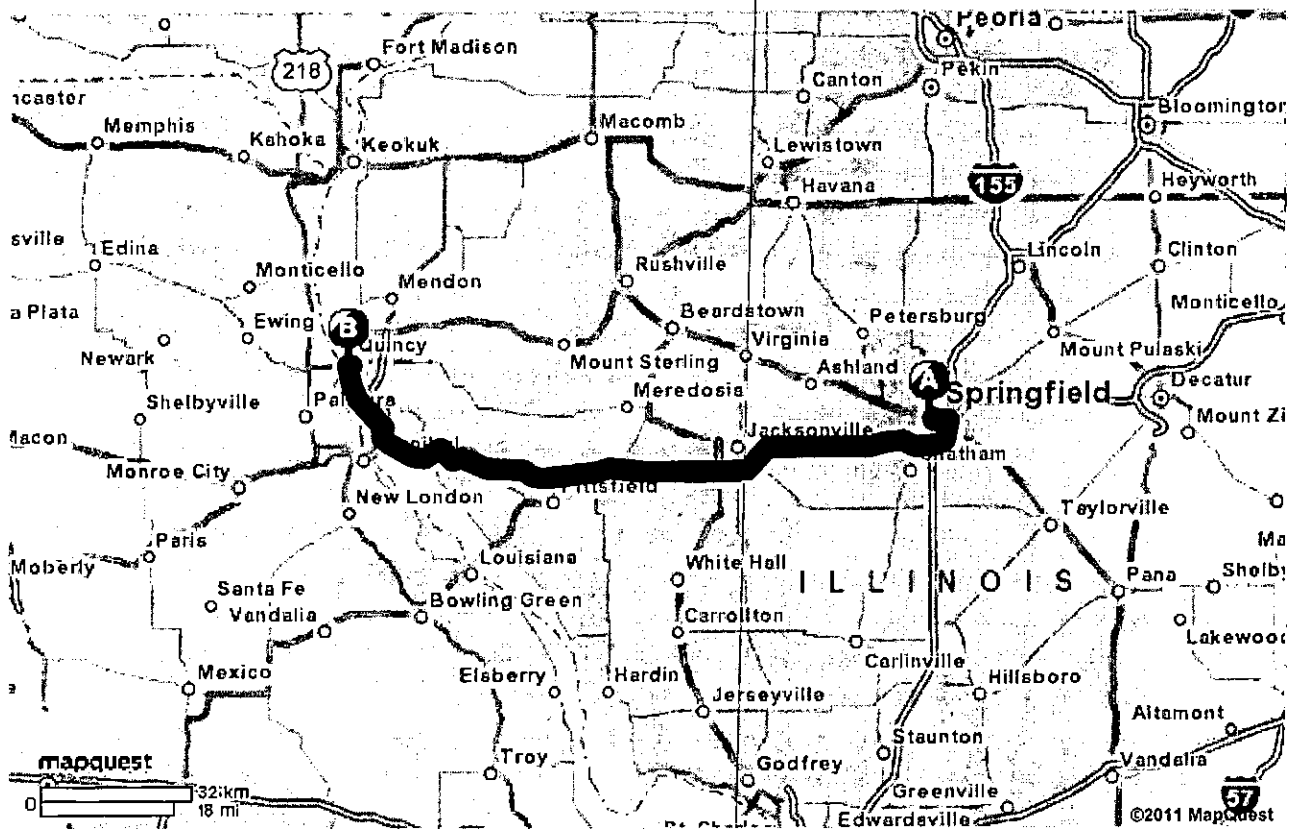
116.9 mi



1005 Broadway St
 Quincy, IL 62301-2834

116.9 mi 116.9 mi

Total Travel Estimate: 116.90 miles - about 2 hours 4 minutes



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mapquest

Trip to:
 1005 Broadway St
 Quincy, IL 62301-2834
 113.75 miles
 2 hours 4 minutes

Notes

MEMORIAL

		Miles Per Section	Miles Driven
	701 E Carpenter St Springfield, IL 62702-5321		
	1. Start out going WEST on E CARPENTER ST toward N 7TH ST.	Go 0.2 Mi	0.2 mi
	2. Turn LEFT onto N 5TH ST. <i>N 5TH ST is just past N 6TH ST</i>	Go 0.3 Mi	0.5 mi
	3. Turn RIGHT onto E JEFFERSON ST / IL-97 N. <i>E JEFFERSON ST is just past E MADISON ST</i>	Go 3.0 Mi	3.4 mi
	4. Turn LEFT onto IL-4 S / S VETERANS PKWY. <i>IL-4 S is 0.3 miles past OLD BEARDSTOWN RD</i>	Go 5.0 Mi	8.4 mi
	5. Merge onto I-72 W / US-36 W toward JACKSONVILLE. <i>If you reach MATHERS RD you've gone about 0.5 miles too far</i>	Go 89.1 Mi	97.5 mi
	6. Merge onto I-172 N.	Go 2.9 Mi	100.4 mi
	7. Take the IL-57 / THE GREAT RIVER ROAD exit, EXIT 2, toward MARBLEHEAD.	Go 0.5 Mi	100.9 mi
	8. Turn LEFT onto IL-57 N.	Go 11.8 Mi	112.7 mi
	9. Turn RIGHT onto YORK ST / IL-57 E. <i>YORK ST is just past CIVIC CENTER PLZ</i>	Go 0.09 Mi	112.8 mi
	10. Take the 1st LEFT onto S 4TH ST / IL-57 N. Continue to follow S 4TH ST. <i>If you reach S 5TH ST you've gone a little too far</i>	Go 0.4 Mi	113.2 mi
	11. Turn RIGHT onto BROADWAY ST. <i>BROADWAY ST is just past VERMONT ST</i>	Go 0.6 Mi	113.8 mi
	12. 1005 BROADWAY ST. <i>Your destination is just past N 10TH ST</i>		

If you reach N 11TH ST you've gone a little too far

113.8 mi

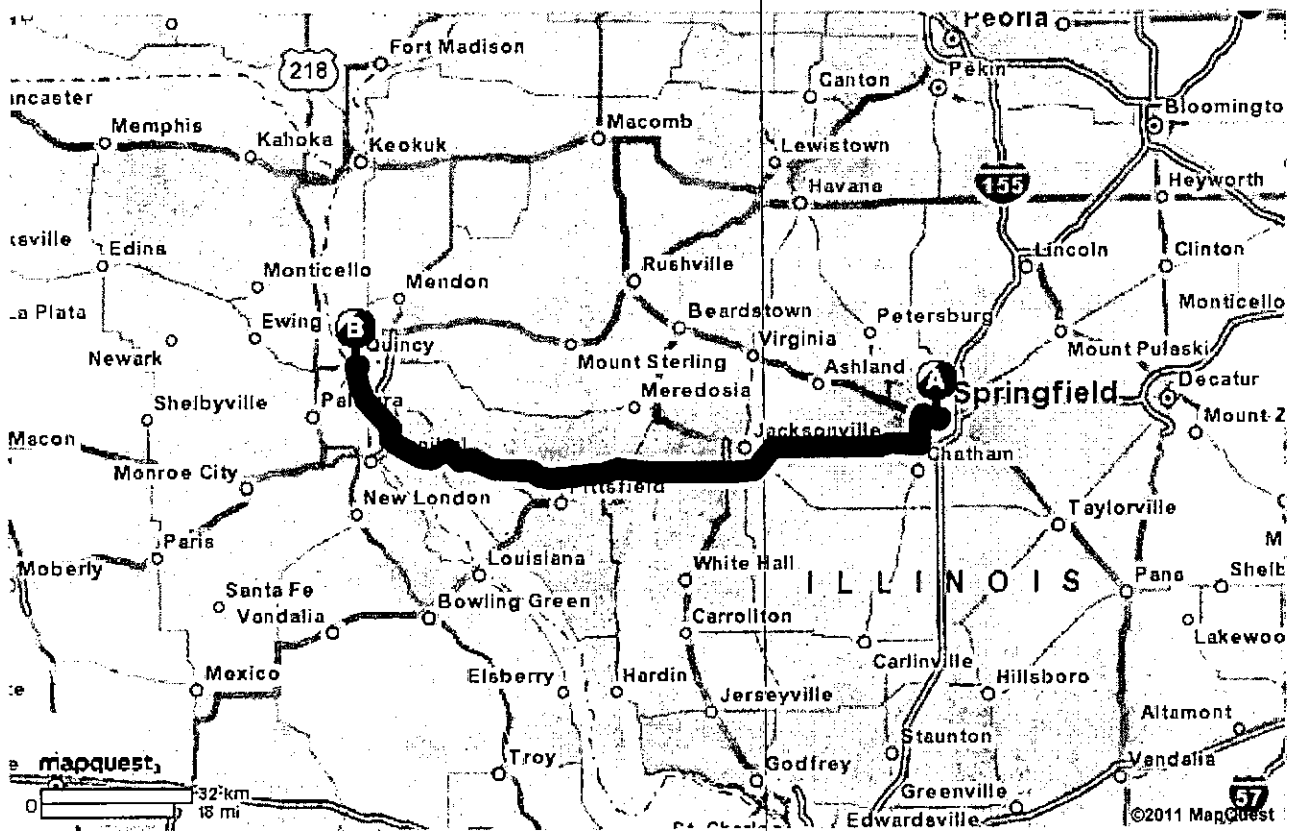


1005 Broadway St
Quincy, IL 62301-2834

113.8 mi

113.8 mi

Total Travel Estimate: 113.75 miles - about 2 hours 4 minutes



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Background, Purpose of the Project, and Alternatives

Background of Applicant

1. A. Blessing Hospital at 11th Street
B. Blessing Hospital at 14th Street
C. Surgery Center at 1118 Hampshire

2. I certify there has been no adverse action taken against the facility owned and/or operated by the applicant during the three (3) years prior to the filing of the application.

Signature: Maureen A. Kahn
Maureen A. Kahn
President
Blessing Hospital

3. I authorize permitting HFSRB and DPH access to any documents to verify the information submitted, including, but not limited to: official records of DPH or other state agencies; the licensing or certification records of other states, when applicable; and, the records of nationally recognized accreditation organizations.

Signature: Maureen A. Kahn
Maureen A. Kahn
President
Blessing Hospital

4. No applications have been submitted in the previous year.



State of Illinois 2009531

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

DAMON T. ARNOLD, M.D.
DIRECTOR

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

Table with 3 columns: EXPIRATION DATE (12/31/11), CATEGORY (BGBD), I.D. NUMBER (0004515)

FULL LICENSE
GENERAL HOSPITAL
EFFECTIVE: 01/01/11

BUSINESS ADDRESS

BLESSING HOSPITAL AT 14TH STREET
1415 VERMONT STREET
QUINCY IL 62301

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

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 2009531
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

BLESSING HOSPITAL AT 14TH STREET

Table with 3 columns: EXPIRATION DATE (12/31/11), CATEGORY (BGBD), I.D. NUMBER (0004515)

FULL LICENSE
GENERAL HOSPITAL
EFFECTIVE: 01/01/11

11/06/10

BLESSING HOSPITAL AT 14TH STREET
1415 VERMONT STREET
QUINCY IL 62301

FEE RECEIPT NO.



State of Illinois 2009456

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

DAMON T. ARNOLD, M.D.
DIRECTOR

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

Table with 3 columns: EXPIRATION DATE (12/31/11), CATEGORY (BGBD), I.D. NUMBER (0000141)

FULL LICENSE
GENERAL HOSPITAL
EFFECTIVE: 01/01/11

BUSINESS ADDRESS

BLESSING HOSPITAL AT 11TH STREET
BROADWAY AT 11TH STREET
QUINCY IL 62301

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

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 2009456
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

BLESSING HOSPITAL AT 11TH STREET

Table with 3 columns: EXPIRATION DATE (12/31/11), CATEGORY (BGBD), I.D. NUMBER (0000141)

FULL LICENSE
GENERAL HOSPITAL
EFFECTIVE: 01/01/11

11/06/10

BLESSING HOSPITAL AT 11TH STREET
BROADWAY AT 11TH STREET
QUINCY IL 62301

Attachment 11

FEE RECEIPT NO.

63



file

January 20, 2011

Maureen Kahn, RN
President/Senior Executive Officer
Blessing Hospital
1005 Broadway
Quincy, IL 62305-7005

Joint Commission ID #: 4738
Program: Hospital Accreditation
Accreditation Activity: Measure of Success
Accreditation Activity Completed: 01/20/2011

Dear Mrs. Kahn:

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

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

Comprehensive Accreditation Manual for Hospitals

This accreditation cycle is effective beginning June 25, 2010. The Joint Commission reserves the right to shorten or lengthen the duration of the cycle; however, the certificate and cycle are customarily valid for up to 36 months.

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

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

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

Sincerely,

Ann Scott Blouin RN, Ph.D.

Ann Scott Blouin, RN, Ph.D.
Executive Vice President
Accreditation and Certification Operations



file

January 20, 2011

Margen Kahn, RN
President/Senior Executive Officer
Blessing Hospital
1005 Broadway
Quincy, IL 62305-7005

Joint Commission ID #: 4738
Program: Home Care Accreditation
Accreditation Activity: Measure of Success
Accreditation Activity Completed: 01/20/2011

Dear Mrs. Kahn:

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

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

- Comprehensive Accreditation Manual for Home Care

This accreditation cycle is effective beginning June 24, 2010. The Joint Commission reserves the right to shorten or lengthen the duration of the cycle; however, the certificate and cycle are customarily valid for up to 36 months.

Please visit Quality Check® on The Joint Commission web site for updated information related to your accreditation decision.

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

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

Sincerely,

Ann Scott Blouin RN, PhD

Ann Scott Blouin, RN, Ph.D.
Executive Vice President
Accreditation and Certification Operations



file

Blessing Hospital
1005 Broadway
Quincy, IL 62305-7005

Organization Identification Number: 4738

Measure of Success Submitted: 1/7/2011

Program(s)

Hospital Accreditation
Home Care Accreditation

Executive Summary

Hospital Accreditation : As a result of the accreditation activity conducted on the above date(s), there were no Requirements for Improvement identified.

Home Care Accreditation : As a result of the accreditation activity conducted on the above date(s), there were no Requirements for Improvement identified.

If you have any questions, please do not hesitate to contact your Account Executive.

Thank you for collaborating with The Joint Commission to improve the safety and quality of care provided to patients.

66

The Joint Commission
Summary of Compliance

Program	Standard	Level of Compliance
HAP	NPSG.03.04.01	Compliant
HAP	PC.01.02.03	Compliant
HAP	RC.01.01.01	Compliant
OME	EC.02.02.01	Compliant
OME	HR.01.06.01	Compliant
OME	IC.02.01.01	Compliant
OME	RC.02.01.01	Compliant

Background, Purpose of the Project, and Alternatives
Purpose of Project

1. For 135 years, Blessing Hospital has served the healthcare needs of the people of west central Illinois, northeast Missouri, and southeast Iowa. Approximately 247,000 people live within a 50-mile radius of Blessing Hospital. Blessing is the largest hospital for 100 miles in all directions.

The Hospital's primary market area covers six counties – four in west central Illinois (Adams, Brown, Hancock, and Pike) and two in northeast Missouri (Marion and Lewis). The region's economy is heavily agricultural, with a mix of some 100 manufacturers in addition to commercial/retail businesses making up the rest of the local economy. Blessing Hospital is the largest employer in its region. Quincy, the city in which the main Blessing Hospital campus is located, is the hub of non-farm employment and retail trade in the market area.

The latest unemployment rate for the primary market counties served by Blessing Hospital stood at 7.4 percent for west central Illinois and 7.9 percent for northeast Missouri.

The median household income in Blessing's west central Illinois counties is \$38,070 (with 11.5% below the Poverty Level), compared to \$53,974 for Illinois. The median household income for the northeast Missouri counties in Blessing's primary market is \$34,172 (with 14.3% below the Poverty Level), compared to \$45,194 for the state of Missouri.

The majority of Blessing's primary market area, either entire counties or low income populations within the counties, are designated federal Health Professional Shortage Areas for Primary Care.

2. This project will improve the healthcare and well-being of the market area population by consolidating all clinical services to the 11th Street Campus and surrendering the 14th Street hospital license. This will include discontinuing 39 medical surgical beds and 56 mental illness beds on the 14th Street Campus and reducing medical surgical capacity at the 11th Street Campus from 200 to 158 beds. A new mental illness category of service will be established at the 11th Street Campus reducing from the 56 licensed beds on 14th Street to 41 licensed beds on 11th Street.

Blessing proposes to construct a ground and four floor bed tower with the ground and first floor housing the mental illness category of service and a second and third floor bed unit redistributing the 158 remaining medical surgical beds to create private rooms. A fourth floor is proposed to be shelled so at a later date and in a separate CON the private rooms on the second floor of the current 1970 building can be relocated to the shelled space and the current rooms on the second floor will be used to relocate the outpatient mental health program from 14th Street and the sleep center which is currently located in leased space.

As a result of this project, Blessing's two campuses will reduce beds:

- Medical Surgical from 239 to 158
- Mental Illness from 56 to 41

The public has become more vocal and less satisfied in sharing semi-private rooms. The desire for private rooms to address safety, noise, privacy, and infection control are all reasons for this project. The redistribution of the 158 medical surgical beds between existing space and new construction will result in an increased percentage of private rooms.

The two categories of clinical services impacted by this project are medical surgical and mental illness.

3. Blessing Hospital's market area for the Medical Surgical Category of Service consists of those zip codes in which 0.5% or more of its Medical Surgical patients reside, as shown in the patient origin chart.

This market area is predominantly located within Blessing Hospital's primary and secondary service areas, with 58% of the patients residing in Adams County, the location of Blessing Hospital.

Nearly 74% of these Medical Surgical patients reside in the state-designated planning area in which Blessing Hospital is located, Planning Area E-05. In addition, the Hospital also serves residents in Missouri and Iowa zip codes outside the planning area for the state of Illinois.

The primary service area is Adams County, which is within the state designated Planning Area E-05. Carthage Memorial Hospital, a 15-medical surgical bed critical access hospital is the only other hospital located in the E-05 Planning Area.

The secondary counties which include zip codes in which more than 0.5% of Blessing Hospital's medical surgical cases reside and are in Planning Area E-05 are:

- Hancock County

The following counties which include zip codes in which more than 0.5% of Blessing's medical surgical cases live are attached. Approximately 20% of Blessing's business in-migrates from Missouri.

4. The problems that need addressed by this project are:
 - a. The need to redistribute medical surgical beds to private rooms due to changes in technology requiring different equipment in the room, which requires more space. The current rooms are 366 square feet and do not accommodate necessary equipment.
 - b. The public is requesting/demanding private rooms to address privacy issues and noise.

- c. Research shows medical errors are less likely to occur in private rooms.
 - d. Blessing Hospital proposes to vacate the 14th Street Campus to avoid continuing costs of maintaining a second hospital building to Illinois Hospital Licensure/CMS and Joint Commission Standards.
 - e. The mental health services are isolated on the 14th Street Campus, thus transporting patients from the 11th Street ER to be admitted at the 14th Street Campus is a risk. The transfer and treatment of patients that may need ICU/medical surgical services prior to admission to the 14th Street mental health unit also add complexity to the treatment of patients.
 - f. Three recent CMS/IDPH findings would require an investment of \$500,000 for the 14th Street hospital to come into compliance.
 - g. The Behavior Services Unit, one of the three mental health units, cannot be a locked unit because of the need for exits prohibited by the current 14th Street structure.
 - h. There are clinical operational improvements to be gained by consolidation to one campus inclusive of eliminating duplicate pharmacy area at 14th Street and eliminating the need for a house supervisor for the 14th Street Campus.
5. The sources of information provided are:
- a. Department of Health and Human Services Survey (*Attachment 20/21*)
 - b. Illinois Hospital Licensing Requirements
 - c. Standards for Accessible Design: ADA Accessibility Guidelines for Buildings and Facilities 28 Code of Federal Regulations
 - d. National Fire Protection Association NFPA 101: Life Safety Code
 - e. The Facilities Guidelines Institute and the American Institute of Architects Academy of Architecture for Health with Assistance from the U.S. Department of HHS, 2006 Guidelines for Design and Construction of Health Care Facilities
 - f. Hospital Architects
 - g. Health Resources and Services Administration (HRSA) of the U.S. Department of HHS, Medically Underserved Areas and Populations by State and County
6. This project will address and improve the healthcare of Blessing Hospital's market area, Planning Area E-05, as well as support the participants in medical education and health programs offered by Blessing Hospital because it will enable Blessing Hospital to provide Medical Surgical Nursing Units that meet contemporary standards with adequate space. Blessing Hospital has educational affiliations with:
- SIU School of Medicine Family Practice Residency
 - Blessing-Rieman College of Nursing (both BSN/MSN)
 - John Wood Community College (ADN)
 - Culver-Stockton College (BSN)
 - Quincy University (BSN)

In addition, Blessing Hospital provides the following educational training programs:

- School of Radiology
- Emergency Medical Services Program
- Pharmacy Tech
- Respiratory Therapy
- Surgical Tech

Several of the area counties are considered medically underserved areas and health manpower shortage areas. Adams, Brown, and Hancock counties in Illinois are identified as such by HRSA. Copies of the reports are attached for both mental illness and primary care.

7. Blessing Hospital's goal is to continue to provide quality healthcare to residents of its market area.

The proposed project is a significant step in helping to achieve the organization's goals.

Blessing Hospital
Medical/Surgical Patients
Calendar 2010

Community	County	Zip Code	# of Cases	% Total
Quincy	Adams	62301	4,978	57.51%
Camp Point	Adams	62320	251	2.90%
Canton	Lewis	63435	203	2.35%
Pittsfield	Pike	62363	167	1.93%
Palmyra	Marion	63461	149	1.72%
Mendon	Adams	62351	142	1.64%
Mt. Sterling	Brown	62353	142	1.64%
Kahoka	Clark	63445	142	1.64%
Liberty	Adams	62347	136	1.57%
Hannibal	Marion	63401	126	1.46%
Barry	Pike	62312	109	1.26%
Ursa	Adams	62376	102	1.18%
Payson	Adams	62360	91	1.05%
Keokuk	Lee	52632	82	0.95%
Golden	Adams	62339	82	0.95%
La Belle	Lewis	63447	78	0.90%
La Grange	Lewis	63448	71	0.82%
Clayton	Adams	62324	69	0.80%
Lewistown	Lewis	63452	64	0.74%
Ewing	Lewis	63440	61	0.70%
Carthage	Hancock	62321	60	0.69%
Fowler	Adams	62338	57	0.66%
Hamilton	Hancock	62341	57	0.66%
Subtotal			7,419	85.71%
Total			8,656	100.00%

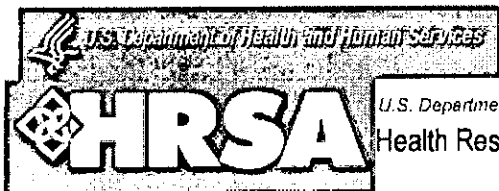


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Find Shortage Areas: HPSA by State & County

- Shortage Designation Home
- Find Shortage Areas
- HPSA & MUA/P by Address
- HPSA Eligible for the Medicare Physician Bonus Payment
- MUA/P by State & County

Criteria:						
State: Illinois County: Adams County Brown County Hancock County Pike County			Discipline: Mental Health Metro: All Status: Designated Type: All			
Date of Last Update: All Dates HPSA Score (lower limit): 0						
Results: 14 records found. (Satellite sites of Comprehensive Health Centers automatically assume the HPSA score of the affiliated grantee. They are not listed separately.)						
HPSA Name	ID	Type	FTE	# Short	Score	
001 - Adams County						
Catchment Area 3-01-01	7179991749	Geographical Area	3	1	16	
Adams		Single County				
009 - Brown County						
Catchment Area 3-01-01	7179991749	Geographical Area	3	1	16	
Brown		Single County				
Quincy Medical Group-Mt. Sterling Rural Health	7179991785	Rural Health Clinic			9	
Western Illinois Correctional Center	71799917F8	Correctional Facility	0	1	15	
067 - Hancock County						
Catchment Area 3-01-01	7179991749	Geographical Area	3	1	16	
Hancock		Single County				
149 - Pike County						
Catchment Area 3-01-01	7179991749	Geographical Area	3	1	16	
Pike		Single County				
Quincy Medical Group - Pleasant Hill	7179991762	Rural Health Clinic			15	
Quincy Medical Group-Pittsfield Rural Health	7179991763	Rural Health Clinic			15	
Quincy Medical Group-Barry Rural Health	7179991784	Rural Health Clinic			9	
Quincy Medical Group-Pike County Family Practice	71799917HA	Rural Health Clinic	0		14	
<input type="button" value="NEW SEARCH"/>			<input type="button" value="MODIFY SEARCH CRITERIA"/>			



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Health Resources and Services Administration



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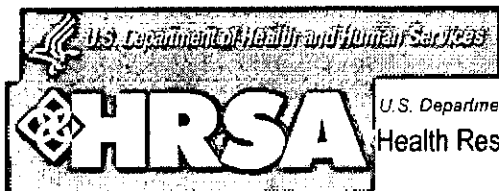
Find Shortage Areas: HPSA by State & County

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- [Find Shortage Areas](#)
- [HPSA & MUA/P by Address](#)
- [HPSA Eligible for the Medicare Physician Bonus Payment](#)
- [MUA/P by State & County](#)

Criteria:					
State: Illinois County: Calhoun County McDonough County Schuyler County Date of Last Update: All Dates HPSA Score (lower limit): 0	Discipline: Mental Health Metro: All Status: Designated Type: All				
Results: 7 records found. (Satellite sites of Comprehensive Health Centers automatically assume the HPSA score of the affiliated grantee. They are not listed separately.)					
HPSA Name	ID	Type	FTE	# Short	Score
013 - Calhoun County					
Catchment Area 3-02-02	7179991750	Geographical Area	2	1	15
Calhoun		Single County			
109 - McDonough County					
Catchment Area 1-08-08	71799917A4	Geographical Area	1	1	15
McDonough		Single County			
169 - Schuyler County					
Catchment Area 3-01-01	7179991748	Geographical Area	3	1	16
Schuyler		Single County			
Illinois Department of Human Services Treatment	71799917B2	State Mental Hospital	1	1	12

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- MUA/P by State & County

Criteria:					
State: Missouri County: Clark County Knox County Lewis County Marlon County Pike County Scotland County Date of Last Update: All Dates HPSA Score (lower limit): 0	Discipline: Mental Health Metro: All Status: Designated Type: All				
Results: 16 records found. (Satellite sites of Comprehensive Health Centers automatically assume the HPSA score of the affiliated grantee. They are not listed separately.)					
HPSA Name	ID	Type	FTE	# Short	Score
045 - Clark County					
Mental Health Service Area 14/Hannibal	7200002974	Geographical Area	2	1	18
Clark		Single County			
103 - Knox County					
Mental Health Service Area 14/Hannibal	7200002974	Geographical Area	2	1	18
Knox		Single County			
111 - Lewis County					
Quincy Medical Group - Canton	7200002933	Rural Health Clinic			11
Quincy Medical Group - Lewistown Rural Health	7200002934	Rural Health Clinic			11
Mental Health Service Area 14/Hannibal	7200002974	Geographical Area	2	1	18
Lewis		Single County			
Quincy Medical Group-Labelle Rural Health	7200002085	Rural Health Clinic	0		14
127 - Marion County					
Mental Health Service Area 14/Hannibal	7200002974	Geographical Area	2	1	16
Marion		Single County			
Salt River Community Health Center	7200002086	Federally Qualified Health Center Look A Like	0		11
163 - Pike County					
Mental Health Service Area 15/Mexico	7200002077	Geographical Area	1	2	15
Pike		Single County			
199 - Scotland County					
Mental Health Service Area 14/Hannibal	7200002974	Geographical Area	2	1	10
Scotland		Single County			
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Criteria:						
State: Iowa		Discipline: Mental Health				
County: Lee County		Metro: All				
Date of Last Update: All Dates		Status: Designated				
HPSA Score (lower limit): 0		Type: All				
Results: 3 records found. (Satellite sites of Comprehensive Health Centers automatically assume the HPSA score of the affiliated grantee. They are not listed separately.)						
HPSA Name	ID	Type	FTE	# Short	Score	
111 - Lee County						
Low Income - Mental Health Catchment Area-16B	7199991942	Population Group	1	1	11	
Lee		Single County				
Iowa State Penitentiary	7199991659	Correctional Facility			21	

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- Find Shortage Areas
- HPSA & MUA/P by Address
- HPSA Eligible for the Medicare Physician Bonus Payment
- MUA/P by State & County

Criteria:

State: Illinois County: Adams County Brown County Hancock County Pike County Date of Last Update: All Dates HPSA Score (lower limit): 0	Discipline: Primary Medical Care Metro: All Status: Designated Type: All
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Results: 12 records found.
(Satellite sites of Comprehensive Health Centers automatically assume the HPSA score of the affiliated grantee. They are not listed separately.)

HPSA Name	ID	Type	FTE	# Short	Score
001 - Adams County					
Low Income - Adams	117999172A	Population Group	2	4	13
Adams		Single County			
009 - Brown County					
Brown	117009	Single County	0	1	15
Western Illinois Correctional Center	117998174P	Correctional Facility	1	1	15
Quincy Medical Group-Mt. Sterling Rural Health	117999174X	Rural Health Clinic			1
067 - Hancock County					
Hancock	117067	Single County	5	1	4
149 - Pike County					
Quincy Medical Group - Pleasant Hill	117999174U	Rural Health Clinic			3
Quincy Medical Group-Pittsfield Rural Health	117999174V	Rural Health Clinic			3
Quincy Medical Group-Barry Rural Health	117999174W	Rural Health Clinic			2
Pike/Scott	117999175X	Geographical Area	6	0	10
Pike		Single County			
Quincy Medical Group-Pike County Family Practice	11799917PW	Rural Health Clinic	0		3

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Criteria:

State: Illinois County: Calhoun County McDonough County Schuyler County	Discipline: Primary Medical Care Metro: All Status: Designated Type: All				
Date of Last Update: All Dates HPSA Score (lower limit): 0					
Results: 6 records found. (Satellite sites of Comprehensive Health Centers automatically assume the HPSA score of the affiliated grantee. They are not listed separately.)					
HPSA Name	ID	Type	FTE	# Short	Score
013 - Calhoun County					
Jersey/Calhoun	117999176N	Geographical Area	6	1	11
Calhoun		Single County			
109 - McDonough County					
Low Income - Mc Donough County	117999174H	Population Group	2	1	16
McDonough		Single County			
169 - Schuyler County					
Cass/Schuyler	117999175J	Geographical Area	1	4	16
Schuyler		Single County			

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Criteria:

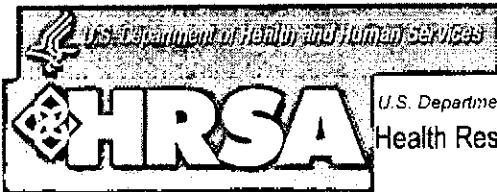
State: Missouri County: Clark County Knox County Lewis County Marion County Pike County Scotland County Date of Last Update: All Dates HPSA Score (lower limit): 0	Discipline: Primary Medical Care Metro: All Status: Designated Type: All
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Results: 19 records found.
 (Satellite sites of Comprehensive Health Centers automatically assume the HPSA score of the affiliated grantee. They are not listed separately.)

HPSA Name	ID	Type	FTE	# Short	Score
045 - Clark County					
Low Income - Clark County	120999293X	Population Group	0	1	16
Clark		Single County			
Wyaconda Medical Services	129999295J	Rural Health Clinic			0
103 - Knox County					
Low Income - Knox County	120000202E	Population Group		1	13
Knox		Single County			
111 - Lewis County					
Lewis	129111	Single County	2	1	12
Quincy Medical Group-Canton	120999282V	Rural Health Clinic			2
Quincy Medical Group - Lewistown Rural Health	120999282W	Rural Health Clinic			4
Quincy Medical Group-Labells Rural Health	129999288N	Rural Health Clinic	0		4
Lewistown Rural Health Clinic	12099929GM	Rural Health Clinic	0		0
127 - Marion County					
Low Income - Marion County	1209992997	Population Group	1	3	17
Marion		Single County			
Salt River Community Health Center	12999929GL	Federally Qualified Health Center Look A Like	0		2
163 - Pike County					
Eastern Missouri Health Services	120999294J	Rural Health Clinic			0
Low Income - Pike County	1209992973	Population Group	0	2	17
Pike		Single County			
199 - Scotland County					
Low Income - Scotland County	120999201X	Population Group	0	1	14
Scotland		Single County			
Memphis Medical Services	129999294W	Rural Health Clinic			0

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Criteria:						
State: Iowa		Discipline: Primary Medical Care				
County: Lee County		Metro: All				
Date of Last Update: All Dates		Status: Designated				
HPSA Score (lower limit): 0		Type: All				
Results: 7 records found. (Satellite sites of Comprehensive Health Centers automatically assume the HPSA score of the affiliated grantee. They are not listed separately.)						
HPSA Name	ID	Type	FTE	# Short	Score	
111 - Lee County						
Iowa State Penitentiary	1108991912	Correctional Facility	1	0	9	
Low Income - Keosauqua Service Area	1108991974	Population Group	0	2	16	
Cedar Township		Minor Civil Division				
Franklin Township		Minor Civil Division				
Harrison Township		Minor Civil Division				
Marion Township		Minor Civil Division				
Van Buren Township		Minor Civil Division				
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**Background, Purpose of the Project, and Alternatives
Alternatives to the Project**

OPTION 1

a) SCOPE:

- 1970 Patient Tower Upgrade

Floor	Renovation SF	New Construction	Program
Ground	2,450	15,000	Dining area, receiving area, linen storage, IT offices
1st	3,000	10,000	College of Nursing entry, hospital infusion, conference rooms
2nd	18,000	5,000	Upgrade existing patient floor for 40 private M/S beds
3rd	18,000	5,000	Upgrade existing patient floor for 40 private M/S beds
4th	-	5,000	Support area
5th	18,000	5,000	Upgrade existing patient floor for 40 private M/S beds
6th	18,000	5,000	Upgrade existing patient floor for 40 private M/S & SNU beds
Total SF	77,450	50,000	

- Psych Units Upgrade at 14th Street Campus

Floor	Renovation SF	New Construction	Program
5th	18,000	-	CAS unit (16 beds), Psych Administration
6th	18,000	-	APS unit (16 beds), BMS unit (10 beds)
Total SF	36,000	-	

- Total: 50,000 SF (new construction), 113,450 (renovation).

b) COST:

- Construction Cost of 1970 Patient Tower Upgrade: \$33,812,821
- Construction Cost of Psych Units Upgrade at 14th Street Campus: \$5,962,811
- Total construction cost: \$39,775,632
- Total construction cost with contingency: \$43,446,923
- Total project cost: \$56,481,000 (includes design/soft costs, furniture and equipment)

OPTION 2

a) SCOPE:

- 1970 Patient Tower Upgrade

Floor	Renovation SF	New Construction	Program
Ground	2,450	15,000	Dining area, receiving area, linen storage, IT offices
1st	3,000	10,000	College of Nursing entry, hospital infusion, conference rooms
2nd	18,000	5,000	Upgrade existing patient floor for 40 private M/S beds
3rd	18,000	5,000	Upgrade existing patient floor for 40 private M/S beds
4th	-	5,000	Support area
5th	18,000	5,000	Upgrade existing patient floor for 40 private M/S beds
6th	18,000	5,000	Upgrade existing patient floor for 40 private M/S & SNU beds
Total SF	77,450	50,000	

- Freestanding Psych Hospital at 11th Street Campus

Floor	Renovation SF	New Construction	Program
1st		45,000	CAS (16 beds), APS (16 beds), BMS (10 beds), Psych Admin.
Total SF	-	45,000	

- Total: 95,000 SF (new construction), 77,450 (renovation).
- b) COST:
 - Construction Cost of 1970 Patient Tower Upgrade: \$33,812,821
 - Construction Cost of Freestanding Psych Hospital at 11th Street Campus: \$10,811,952
 - Total construction cost: \$44,624,773
 - Total construction cost with contingency: \$48,743,640
 - Total project cost: \$63,366,731 (includes design/soft costs, furniture and equipment)

OPTION 3

a) SCOPE:

- New Patient Tower

Floor	Renovation SF	New Construction	Program
Basement	-	22,300	Mechanical
Ground	2,450	39,720	CAS (15 beds), dining, receiving, linen storage, hospital infusion
1st	3,000	32,740	APS (16 beds), BMS (10 beds), psych admin., classrooms
2nd	-	22,710	32-bed M/S unit
3rd	-	22,710	32-bed M/S unit
4th	-	22,710	New elevators, support area, shelled space (17,040 SF)
5th	-	5,150	New elevators, support area
6th	-	4,640	New elevators, support area
Total SF	5,450	172,680	

- Total: 172,680 SF (new construction), 5,450 (renovation).
- b) COST:
 - Construction cost of New Patient Tower: \$53,776,878
 - Construction cost with contingency: \$58,740,000
 - Total project cost: \$69,408,464 (includes design/soft costs, furniture and equipment)

OPTIONS 3 COMPARISON

Option 1 was rejected for following reasons:

- No additional capacity for medical surgical units to accommodate future growth and requires psych inpatient units to stay outside of main hospital.
- The narrow floor plate, close/irregular column spacing and small window opening of the outdated 1970 patient tower are not suitable for modern medical surgical units.
- Greater and longer disturbance to patients and staff during construction.
- Off-site psych IP units are inconvenient and less efficient because about 50% of psych patients are admitted through ER.

- Off-site psych IP units also requires additional operational costs such as transportation of food and supply from main hospital.
- Having psych IP units stay at 14th Street Campus will require additional operational costs for continuing to use 14th Street Campus as hospital instead of business offices.
- The narrow floor plate, close/irregular column spacing and small window opening of the outdated 1962 patient tower at 14th Street Campus are not suitable for modern psych IP units.

Option 2 was rejected for following reasons:

- No additional capacity for medical surgical units to accommodate future growth and requires psych inpatient units to stay outside of main hospital.
- The narrow floor plate, close/irregular column spacing and small window opening of the outdated 1970 patient tower are not suitable for modern medical surgical units.
- Greater and longer disturbance to patients and staff during construction.
- Off-site psych IP units are inconvenient and less efficient because about 50% of psych patients are admitted through ER.
- Off-site psych IP units also requires additional operational costs such as transportation of food and supply from main hospital.
- The low density, one-story development of the freestanding psych hospital encumbers the highest and best use of the finite building site at 11th Street Campus.

Option 3 was selected for following reasons:

- Provides additional capacity for medical surgical units to accommodate future growth.
- Includes psych inpatient units in the main hospital for more convenient admission process through ER and better staff/operations efficiency.
- Enables relocation of all inpatients out of 14th Street Campus.
- The design of large/well proportioned floor plate and wide/regular column spacing enable the new patient tower to provide functional layouts that optimize staff efficiency, clinical outcomes, and patient satisfaction.
- Shifting the traffic of inpatient visitors from main entrance to north entrance will achieve a more balanced use of parking resources and provide easier site access and circulation.
- Less and shorter disturbance to patients and staff during construction.

Project Scope, Utilization, and Unfinished/Shell Space

Size of Project

1. Blessing Hospital currently has 200 medical surgical beds in the main hospital and 83% of these beds are semi-private. The new patient tower will provide additional 49,960 DGSF for the Medical/Surgical department. The total number of available medical surgical beds will be 158 beds after the completion of the new patient tower and semi-private patient rooms in the existing 1970 patient tower will become private rooms. The proposed DGSF of Medical/Surgical department is 103,736 or 603 DGSF per bed. It is within the state standard of 500 to 660 DGSF per bed.

2. Blessing Hospital currently has 56 psych beds at 14th Street Campus. Psych IP Units will be relocated to the main hospital at the 11th Street Campus under the current project scope. The new patient tower will provide 32,190 DGSF with 41 beds for three Psych IP Units (16 beds for APS, 10 beds for BMS, and 15 beds for CAS). The proposed DGSF per bed is 785 SF and exceeds the state standard of 440-560 DGSF per bed. The 225 SF discrepancy is mainly due to the small unit size that ranges between 10 and 16 beds per unit. All three units are locked and require their own support areas including nurse station, restraint/seclusion area, group therapy room, and day/dining room, etc. Additional space for activity and staff/support areas such as exercise gym (1,316 SF) and physician/therapist offices (4 private offices per unit) is also needed for the department because of clinical and operational needs.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
Med-Surg Units	603 DGSF/Bed	500-660 DGSF/Bed		Yes
Psych Units	785 DGSF/Bed	440-560 DGSF/Bed	225 DGSF/Bed	No
Infusion Area	3,170	N/A	N/A	N/A
Public space/circulation/elevators	18,600	N/A	N/A	N/A
Mechanical	23,570	N/A	N/A	N/A
Storage	2,847	N/A	N/A	N/A
Purchasing & Central Stores	3,453	N/A	N/A	N/A
Housekeeping	127	N/A	N/A	N/A
Food & Nutrition/ Dining	3,640	N/A	N/A	N/A
Info. Systems/Telecomm.	2,000	N/A	N/A	N/A
College of Nursing	4,155	N/A	N/A	N/A
Shell Space/ Unassigned	17,600	N/A	N/A	N/A
Light Wells/ Open to Below	2,065	N/A	N/A	N/A
Exterior walls/partitions	12,453	N/A	N/A	N/A

Project Scope, Utilization, and Unfinished/Shell Space

Project Services Utilization

- The project proposes to modernize the medical surgical category of services, to discontinue mental illness category at 14th Street, and establish a mental illness category at 11th Street.

The Illinois Health Facilities and Services Review Board has established a utilization target of 85% for modernization of medical surgical beds in facilities with less than 200 beds and 85% utilization target for mental illness beds.

The projected medical surgical and psych utilization for Blessing Hospital for the first two years after project completion is shown below:

Medical Surgical	Current	Projected Days	State Standard	Met Standard?
	39,882			
Year 1 (2015)		41,916	85%	No
Year 2 (2016)		42,336	85%	No

Psych*	Current	Projected Days	State Standard	Met Standard?
	9,520			
Year 1 (2015)		13,209	85%	Yes
Year 2 (2016)		13,341	85%	Yes

*Due to complexity of poor facility design and specific requirements of patients, Blessing had to decline 610 admissions last year, which would increase patient days to 12,418 requiring 40 beds at 85% occupancy.

Project Scope, Utilization, and Unfinished/Shell Space

Unfinished/Shell Space

1. New shelled space of 17,600 square feet used for medical surgical.
2. The proposed shelled space will be used for 20 new private rooms and six semi-private rooms. Blessing would propose to take bed inventory from the 2nd floor of the 1970 building to the new tower. The current square footage for these 1970 rooms on 2400 is 17,704 or 366 DGSF, a significant difference from the current state norm of 550 – 650 DGSF. Blessing is proposing to reallocate beds not add to the inventory when the CON for this space is submitted.
3. The 2nd floor vacated space would be used to relocate the outpatient psychiatric therapy program currently located at the 14th Street Campus, which includes office space for seven psychiatrists, 13 staff, waiting area, reception, etc. This move would align the outpatient psychiatric program on the same campus as the inpatient program. This move continues to support Blessing's long term goal of vacating the 14th Street Campus in total.

In addition, Blessing currently leases space for the sleep center program and proposes to relocate it to the hospital.

Project Scope, Utilization, and Unfinished/Shell Space

Assurances

Blessing Hospital will submit to HFSRB a CON Application to develop and utilize the shell space regardless of capital thresholds in effect at the time or the categories of service involved.

Blessing would propose to submit the CON two years after the completion of the proposed CON.

The anticipated completion of the CON would be 2016.

Signature:



Maureen A. Kahn
President
Blessing Hospital

**Medical/Surgical Beds
Applicable Review Criteria**

D1. Deteriorated Facilities

Blessing's current bed tower was designed in the late 1960's and opened in 1970 making the tower 40+ years old. The proposed project is to modernize the facility by adding a bed tower adjacent to the current bed tower. The proposed tower will house two medical surgical floors with a third floor proposed to the shell space. The goal is to create private rooms. The rooms in the current bed tower are 366 DGSF while the new state norm is 500-600 DGSF/bed. Thus, the new standard for a bed is significantly higher than the DGSF as exists in the 1970 tower being used mainly as semi private rooms. Blessing proposes to redistribute beds to the new tower allowing for private rooms achieving the DGSF construction standard needed today in the delivery of care. Thus it is our intent to move as many beds as possible to the new tower. There are many reasons to move to private rooms inclusive of:

- Patients recover faster in private rooms because they sleep and rest better.
- Patient safety is improved due to not having two patients in same room (med errors).
- Patient privacy demands can be more easily achieved; one patient/one family in a room.
- Less transfers because of incompatible roommates.
- Less falls due to all the equipment necessary in small space for two patients.
- Infection rates can be reduced when bathrooms don't have to be shared.
- Patient satisfaction scores will improve.

D2. Documentation

The most recent inspection reports are attached for the Hospital as well as the most recent Joint Commission report.

D3. Documentation Related to Cited Problems

None.

D4. Occupancy

The projected medical surgical utilization for Blessing Hospital for the first two years after project completion is shown below:

	Calendar 2010	Calendar 2015	Calendar 2016
Total Medical Surgical Admissions	8,656	9,098	9,189
Total Days (including OBV)	39,882	41,916	42,336
Average LOS	4.6	4.6	4.6
Average Daily Census	110	115	116
Authorized Beds	200	158	158
Occupancy	55%	73%	73%

*4,701 OBV admissions in addition

The Blessing Health System is currently carrying out the following growth strategies that should add to the demand for inpatient bed space:

Addition of Advanced Surgical Technology: We have recently added a DaVinci robotic surgery system and a Stryker Surgical Navigation System, both of which will likely reduce out-migration of patients from our market who are seeking these technologies to and in planned surgical operations. This should have particular impact on patients having procedures related to the uterus or prostate gland, and all of which would involve inpatient hospitalization. We also anticipate the addition of bariatric surgery in the near future, which would add a significant number of inpatient surgery procedures to our current caseload.

Expansion of Orthopedic Surgery Services: Over the past decade, the Quincy service area has experienced an increasing out-migration of orthopedic surgery cases, which has now reached a level in excess of forty percent (40%). To stem this revenue hemorrhage and improve service to the area population, the Blessing Health System has entered into an agreement with the Southern Illinois University School of Medicine that will begin building an orthopedic center of excellence in Quincy, including the short term addition of two to three orthopedic surgeons. This will likely result in a significant increase in inpatient days.

Increasing Emergency Department Volume: Blessing Hospital continues to experience an increase in the volume of patients seen in its Emergency Department of about five percent per year. This has recently necessitated the addition of a tenth Emergency Medicine physician and several mid-level providers in its parallel track urgent care center. It is predictable that inpatients generated from emergency care will continue to rise proportionately.

Expansion of Key Outreach Programs: Blessing is actively expanding its outreach services in Cardiology and Medical Oncology to communities throughout the region. While this results in more people receiving needed care closer to their homes, it also uncovers an increasing number of patients who are in need of more complex services that can only be delivered within the main chassis of the Hospital such as cardiac catheterization and stereotactic radio surgery. In some cases these patients require inpatient hospitalization.

Diabetic Center of Excellence: The Quincy service area manifests an unusually high rate of diabetic mellitus within its population. To address this, the Blessing System anticipates developing a new clinical center of excellence to address this disease and its medical fallout. As patients are screened and processed it is a virtual certainty that some percentage of them will require inpatient care to abate acute symptoms.

Physician Recruitment

Over the past six years, the Blessing Health System has aggressively sought additional physician manpower to address documented community needs. This has included the development of a new corporate entity within the System know as Blessing Physician Services, a 35-member multi-specialty group of employed physicians. Concurrently, the

Quincy Medical Group, a physician partnership operating a multi-specialty physician group has added approximately 20 more physicians and 20 mid-level providers to its ranks. The rapid growth in Blessing Hospital's medical staff has produced a commensurate rise in both inpatients and outpatients.

Blessing Physician Services is continuing to actively recruit physicians, with the Board of Trustees of the System approving eight additional physician recruits during the current fiscal year. A new Department of Otolaryngology will open, and primary care services will continue to expand. Also, a second Cardiovascular Surgeon is currently being sought to facilitate the expansion of cardiac and endovascular surgery options in the community.

In addition the population over 65 continues to increase as does their need for health care and hospitalizations. Life expectancy continues to increase so the number of co-morbidities will increase per patient as they age.

Blessing would also like to present to the Board for consideration the over-lap factor defined as patients that may be discharged in a given day, but are still in a bed at the same time new admissions for the day are arriving. The "day" count reflects the number of patients in a bed at midnight, not the patient flow of a day. The architects worked with hospital staff to define the overlap to be at 50% of the total admissions. This would mean that if 30 admissions were coming in for a day, 50 percent of the patients scheduled to go home that day would still be in a hospital bed at the time new admits were arriving. The attached chart reflects this impact.

In addition, there is probable impact of Health Care Reform where coverage is expanded by offering Medicaid type insurance plans to the uninsured will result in additional volumes of admissions. We are still too early in the reform to project the impact.

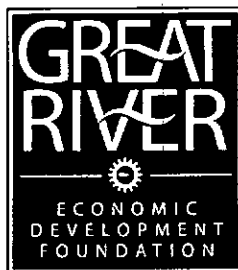
Blessing Hospital has attached the Peak Census by day for calendar 2010.

As Blessing is the largest hospital in all directions for 100 miles and is surrounded by only critical access hospitals, the organization needs to retain a bed complement that could respond to an area emergency.

This project has the support of the community as referenced by the letters of support attached.

f. Performance Requirements

The minimum bed category for a medical surgical category of service within an MSA is 100 beds. Blessing Hospital is not in an MSA.



April 5, 2011

To Whom It May Concern,

Please accept this letter of support for the approval of Blessing Hospital's Certificate of Need Application to permit the renovation of its patient tower.


Blessing Hospital has been providing quality healthcare in the tri-state area for more than 130 years. It plays a vital role in the local economy – serving as the largest employer in Quincy and Adams County. The state of the art services provided also play a significant role in the region's quality of life.

In March 2010 the American Nurses Credentialing Center gave Blessing Hospital Magnet status for nursing quality, an honor earned by only six percent of hospitals in America. In October, the AAIM Employers Association out of Peoria recognized Blessing Health System as its Employer of the Year. The award honors great employers that recognize people as their greatest asset.

Thanks to this commitment to care and commitment to their employees, it is critical that the hospital be allowed to modernize its facility. Blessing Hospital's bed tower will enable the hospital to provide healthcare in a more efficient manner.

Thank you for your careful consideration of this matter.

Sincerely,


Jim Mentesti
President



CCNE Accredited

Blessing-Rieman College of Nursing

Bachelor and Master of Science in Nursing Programs
www.brcn.edu



**Center of Excellence
in Nursing Education**

*Science of Nursing Education
2006 - 2009*

April 5, 2011

Please accept this letter of support for the approval of Blessing Hospital's Certificate of Need Application to permit the renovation of its patient tower.

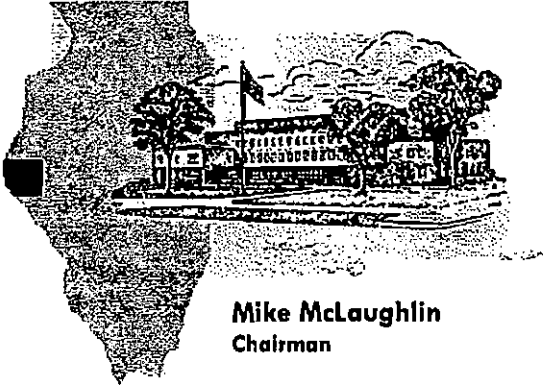
Blessing Hospital has been serving the tri-state area for more than 130 years, providing care to all who seek it. Because Blessing Hospital has been such an important provider in improving the quality of life for the tri-state residents, it is critical that the Hospital is allowed to modernize its facility.

Blessing Hospital's bed tower will enable the Hospital to provide healthcare in a more efficient manner.

The bed tower will allow Blessing-Rieman College of Nursing students to experience nursing in an up-to-date, quality focused, safe facility, and allow access to crucial patient experiences.

Sincerely,

Pamela Brown, Ph.D., RN
President/CEO



COUNTY BOARD
COUNTY OF ADAMS Quincy, Illinois

Mike McLaughlin
Chairman

April 5, 2011

Please accept this letter of support for the approval of Blessing Hospital's Certificate of Need Application to permit the renovation of its patient tower.

Blessing Hospital has been serving the tri-state area for more than 130 years, providing care to all who seek it. Because Blessing Hospital has been such an important provider in improving the quality of life for the tri-state residents, it is critical that the Hospital is allowed to modernize its facility.

Blessing Hospital's bed tower will enable the Hospital to provide healthcare in a more efficient manner.

Blessing Hospital is the largest employer in the tri-state area and is an excellent corporate citizen. The area will be well served with this new patient tower.

Please let this serve as my personal endorsement on behalf of all the residents of Adams County.

Sincerely,

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

Mike McLaughlin
Adams County Board Chairman



OFFICE OF THE MAYOR
CITY OF QUINCY

JOHN A. SPRING
MAYOR

April 5, 2011

To Whom It May Concern:

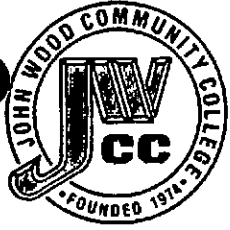
Please accept this letter of support for the approval of Blessing Hospital's Certificate of Need Application to permit the renovation of its patient tower.

Blessing Hospital has been serving the tri-state area for more than 130 years, providing care to all who seek it. Because Blessing Hospital has been such an important provider in improving the quality of life for the tri-state residents, it is critical that the Hospital be allowed to modernize its facility.

Blessing Hospital's bed tower will enable the Hospital to provide healthcare in a more efficient manner.

Sincerely,

John A. Spring
Mayor



John Wood Community College

1301 South 48th Street • Quincy, Illinois 62305-8736
(217) 224-6500 • Fax: (217) 224-4208 • www.jwcc.edu

April 5, 2011

Please accept this letter of support for the approval of Blessing Hospital's Certificate of Need Application to permit the renovation of its patient tower.

Blessing Hospital has been serving the tri-state area for more than 130 years, providing care to all who seek it. Because Blessing Hospital has been such an important provider in improving the quality of life for the tri-state residents, it is critical that the Hospital is allowed to modernize its facility.

Blessing Hospital's bed tower will enable the Hospital to provide healthcare in a more efficient manner. Blessing Hospital is our region's largest employer and must keep pace with the changes coming in 21st century healthcare.

Sincerely,

Phil Conover
Dean of Career, Technical, & Workforce Education
John Wood Community College



330 Vermont • Quincy, Illinois 62301 • Phone 217-222-8440 • Fax 217-222-8508

April 6, 2011

Please accept this letter of support for the approval of Blessing Hospital's Certificate of Need Application to permit the renovation of its patient tower.

Blessing Hospital has been serving the tri-state area for more than 130 years, providing care to all who seek it. Because Blessing Hospital has been such an important provider in improving the quality of life for the tri-state residents, it is critical that the Hospital is allowed to modernize its facility.

Blessing Hospital's bed tower will enable the Hospital to provide healthcare in a more efficient manner.

Sincerely,

Nancy A. Blahm, RNC, MS
Public Health Administrator

"Public Health is Public Wealth"

EQUAL OPPORTUNITY EMPLOYER

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/28/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 140015	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BLESSING AT 11TH STRE B. WING _____	(X3) DATE SURVEY COMPLETED R 12/28/2010
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NAME OF PROVIDER OR SUPPLIER BLESSING HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE BROADWAY AT 11TH STREET QUINCY, IL 62301
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X6) COMPLETION DATE
{K 000}	<p>INITIAL COMMENTS</p> <p>Surveyor: 14290</p> <p>This CMS Form 2567 is for Blessing Hospital at 11th Street. See the separate CMS Forms 2567 for Blessing Hospital at 14th Street, the Quincy Medical Group Surgery Center, and for the Fast Care Center.</p> <p>On July 13 - 15, 2010, the Life Safety portion of a Medicare Sample Validation Survey conducted at the above facility by Surveyors 14290, 14416, and 16339. The surveyors were accompanied during the survey walk-through by the following provider representatives:</p> <ul style="list-style-type: none"> The Administrative Director of Facility Support Services and Safety. The Director of Maintenance and Construction. The Supervisor of Construction. The Compliance Specialist. <p>The facility was observed to consist of multiple buildings constructed between 1920 and 2005. All buildings were observed to be of Type I (332) construction and to be fully covered by an automatic sprinkler system.</p> <p>With the exception of the Cancer Center, all buildings were surveyed as existing health care occupancies under the 2000 Edition of the NFPA 101 Life Safety Code, including Chapter 19.</p> <p>During an interview held at the site on the afternoon of July 14, 2010, the provider's Compliance Specialist stated that inpatients are treated within the Cancer Center, which was constructed in 2003. The Cancer Center was</p>	{K 000}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Maurice A. Kaba* TITLE: *President/CEO* (X6) DATE:

any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that the institution's corrective action program provides sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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NAME OF PROVIDER OR SUPPLIER BLESSING HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE BROADWAY AT 11TH STREET QUINCY, IL 62301
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{K 000}	<p>Continued From page 1</p> <p>surveyed as a new ambulatory health care facility under the 2000 Edition of the NFPA 101 Life Safety Code, including Chapters 20 and 38.</p> <p>Unless otherwise noted, those code sections listed herein that do not include a reference to a specific NFPA code and year of issue (such as NFPA 70 1999) are taken from the 2000 Edition of the NFPA 101 Life Safety Code.</p> <p>Unless otherwise noted, all deficiencies cited herein were found through random observation during the survey walk-through, staff interview, or document review.</p> <p>The requirements of 42 CFR Subpart 482.41 are NOT MET as evidenced by the deficiencies cited under the following K-Tags.</p> <p>UPDATE 12/28/10: A Monitoring Survey was conducted at the facility on 12/28/10 by surveyor 13755. Unless otherwise indicated, all deficiencies or corrections were found by direct observation, staff interview and document review. New deficiencies or deficiencies not observed to be corrected satisfactorily are indicated by the notation: UPDATE 12/28/10.</p>	{K 000}		
{K 017}	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Corridors are separated from use areas by walls constructed with at least ½ hour fire resistance rating. In sprinklered buildings, partitions are only required to resist the passage of smoke. In non-sprinklered buildings, walls properly extend above the ceiling. (Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Charting and clerical stations, waiting areas, dining rooms, and activity spaces may be open to the corridor under certain</p>	{K 017}		

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{K 017}	<p>Continued From page 2 condltions specified in the Code. Gift shops may be separated from corridors by non-fire rated walls if the gift shop is fully sprinklered.) 19.3.6.1, 19.3.6.2.1, 19.3.6.5</p> <p>This STANDARD is not met as evidenced by: Surveyor: 14290</p> <p>Based on random observation during the survey walk-through, not all exit access corridors are separated from use areas in accordance with 19.3.6.1.</p> <p>Findings include:</p> <p>A. The Second Floor Surgical Department Holding Bays were observed to constitute patient treatment rooms which are not separated from exit access corridors as required by 19.3.6.1.</p> <p>B. Corrected 12/28/10. C. Corrected 12/28/10:</p>	{K 017}	<p>K017A A wall will be constructed to separate the treatment area from the hallway. The Director of Maintenance and Construction is responsible for the correction. See attached ILSM in place until final correction is made.</p>	3/1/11
{K 038}	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1</p> <p>This STANDARD is not met as evidenced by:</p>	{K 038}		

Attachment
K 017
ILSM

Interim Life Safety Measures Matrix
 CMS#_K017A

Area Affected: Surgical prep holding bays on 2nd floor and med gas shutoffs

DATE: 8/31/10

Interim Life Safety Measures

Existing Significant Life Safety Code Deficiencies or Conditions as a Result of Construction	Initiate Fire Watch	Post Signs at alternate exits	Inspect Exits Daily	Provide Temporary Detection	add'n fire fight equip	Temp Const Barrier	Increase surveillance const areas	enforce storage practices safe	addnl training FFE for employees	1 addnl fire drill/ per shift per qtr	Inspect temp FFE monthly	conducts education to promote hazards	trains staff to compensate for deficiencies
1 Patient room door latching problem													
2 Smoke barrier missing or incomplete													
3 Fire exit discharge improperly													
4 Excessive travel distance to approved exit													
5 Lack of two remote exits													
6 Improperly protected vertical openings													
7 Large penetrations in fire barriers													
8 Corridor walls not extended to deck													
9 Hazard areas not properly protected													
0 Any other items			XXX									XXX	
CONSTRUCTION RELATED ISSUES													
10 Blocking off approved exit													
11 Rerouting traffic to Emerg.Rm.													
12 Major renovation of a floor													
13 Replacing fire alarm system													
14 Installing sprinkler system													
15 Significantly modifying smoke or fire barrier walls													
16 Adding addition to a structure													
MAINTENANCE RELATED ISSUES													
17 Fire Alarm OOS > 1 shift													
18 Sprinkler OOS > 1 shift													
19 Disconnecting alarm devices > 1 shift													

Additional Comments:

The treatment area is open to the corridor and this causes the med gas shutoff valves to be in the same room.

1. We will train surgery staff that this is a deficiency and they need to make sure treatment does not protrude in the 8 ft egress path.
2. We will inspect corridors on a daily basis to verify that these exit corridors are clear.
3. Staff will be educated what these med gas valves shutoff. With daily inspections to verify the corridor is clear this will allow easy access to shutoff valves

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{K 038}	<p>Continued From page 3 Surveyor: 14290</p> <p>Based on random observation during the survey walk-through, not all exit accesses are arranged so that exits are readily accessible at all times in accordance with 19.2.1.</p> <p>Findings include:</p> <p>A. Corrected 12/28/10. B. Corrected 12/28/10. C. Corrected 12/28/10. D. Corrected 12/28/10.</p> <p>E. Chairs were observed, at Corridor work stations, which obstruct the Corridor in a manner prohibited by 19.2.3.3. and 7.1.10.2.1.</p> <p>1. Third Floor 1961/1929 Building CVU, all Corridors. 2. Corrected 12/28/10.</p> <p>F. Corrected 12/28/10.</p> <p>G. NEW 12/28/10: The discharge level for Stair #2 is not provided with an interrupter gate or other effective means to prevent continued travel beyond the level of discharge to comply with 7.7.3.</p>	{K 038}	<p>K 038E.1. Automatic retractable chairs have been installed in the corridor work stations.</p> <p>K 038G. An interrupter gate will be installed at the stair landing. The Director of Maintenance and Construction is responsible for the correction.</p>	<p>1/13/11</p> <p>1/30/11</p>
{K 047}	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Exit and directional signs are displayed in accordance with section 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1</p>	{K 047}		

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{K 047}	Continued From page 4 This STANDARD is not met as evidenced by: Surveyor: 14290 Based on random observation during the survey walk-through, exit signs did not illuminate a continuous path of egress in all cases in accordance with 19.2.10.1. and 7.10. Findings include: A. Egress paths were observed that are not identified by exit signs as required by 7.10.1.1. Locations observed include (all First Floor): 1. Corrected 12/28/10. 2. The north end of the 1929 Building (former Administration) Corridor. UPDATE 12/28/10: Although exit signage was indicated to be added at the far north end of the corridor, the only path of egress marked by visible exit signage at the corridor intersection near the entrance to Stair #7 was for Stair #7. A second path was not identified to direct the second path through at least one of the three self-closing cross corridor doors at this location. Signage on both sides of these doors may be required to provide the required designation of exit paths.	{K 047}	K 047 A.2. A new exit sign was installed at this location by stair #7.	1/7/11
{K 063}	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems have an adequate and reliable water supply which provides continuous and automatic pressure. 9.7.1.1, NFPA 13	{K 063}		

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{K 063}	Continued From page 5 This STANDARD is not met as evidenced by: Surveyor: 14416 A. Corrected 12/28/10. B. Annual fire pump testing documents do not indicate test was performed on emergency power. (NFPA 25, 1998, 5-3.3.4) UPDATE 12/28/10: The Plan of Correction indicated that documentation of the annual fire pump testing was completed. However review of the documentation was not done on this survey date. Review will be required during a subsequent follow-up survey. NFPA 101 LIFE SAFETY CODE STANDARD	{K 063}	K 063 B. This was completed on our annual pump test. The Compliance Specialist is responsible for future monitoring. Documentation is on file at Blessing Hospital Facilities Department.	8/30/10
{K 064}	NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10 This STANDARD is not met as evidenced by: Surveyor: 14290 Based on document review and staff interview, not all portable fire extinguishers in the facility are installed and maintained in accordance with 19.3.5.6., 9.7.4.1., and NFPA 10. Findings include: A. Based on document review, it could not be determined that portable fire extinguishers are	{K 064}	K064 A. We have an invoice from the company that performed the testing with all of their corrections. We will verify proper documentation on annual inspection in the future. This information was added to the PM so staff is aware of what is needed. Compliance Specialist will monitor for future compliance.	8/31/10

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{K 064}	Continued From page 6 inspected and tested annually in accordance with NFPA 10 1998 4-4.1. because no records of such tests had been provided by the vendor responsible for the tests. During an interview, held in the Office of the Administrative Director of Facility Support Services and Safety on the morning of July 15, 2010, the provider's Compliance Specialist confirmed this finding. UPDATE 12/28/10: The Plan of Correction indicated that documentation of the annual inspection and testing of the fire extinguishers was completed. However review of the documentation was not done on this survey date. Review will be required during a subsequent follow-up survey. NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2 This STANDARD is not met as evidenced by: Surveyor: 14290 Based on random observation during the survey walk-through, not all portions of the facility's air conditioning and ventilating systems are installed in accordance with NFPA 90A. Findings include: A. The deficiencies listed below were observed at a series of toilet exhaust ducts throughout the	{K 064}		
{K 067}		{K 067}	K 067 A.1. The Director of Maintenance and Construction is responsible for the correction. Walls will be constructed to deck to enclose the ductwork, with dampers added at the 6 th floor deck and the 2 nd floor ceiling. We have established an ILSM for this which will be monitored by the Compliance Specialist. We verified with an FSES, copy attached, that providing the shaft enclosures provides equivalent safety. Future monitoring will be by the Supervisor of Construction. Please see attached FSES.	3/15/11

Attachment
K 067 A1 and K 067 A2
FSES Toilet Shaft Enclosures
ILSM

WORKSHEET 4.7.1 COVER SHEET

Fire/Smoke Zone* Evaluation Worksheet for Health Care Facilities

Facility Blessing Hospital 11th Street Building 1970 Building
 Zone(s) Evaluated 1970 Building all Zones
 Evaluator Code Consultants Inc. Date September 1, 2010

Complete this worksheet for each zone. Where conditions are the same in several zones, one worksheet can be used for those zones.

*Fire/smoke zone is a space separated from all other spaces by floors, horizontal exits, or smoke barriers.

WORKSHEET 4.7.2 OCCUPANCY RISK PARAMETER FACTORS

Risk Parameters	Risk Factor Values					
	Mobility Status	Mobile	Limited Mobility	Not Mobile	Not Movable	
1. Patient Mobility (M)	No. of Patients	1-5	6-10	11-30	>30	
	Risk Factor	1.0	1.6	3.2	4.5	
2. Patient Density (D)	No. of Patients	1-5	6-10	11-30	>30	
	Risk Factor	1.0	1.2	1.5	2.0	
3. Zone Location (L)	Floor	1 st	2 nd or 3 rd	4 th to 6 th	7 th and Above	Basements
	Risk Factor	1.1	1.2	1.4	1.6	1.6
4. Ratio of Patients to Attendants (T)	Patients Attendant	1-2 1	3-5 1	6-10 1	>10 1	One or More† None
	Risk Factor	1.0	1.1	1.2	1.5	4.0
5. Patient Average Age (A)	Age	Under 65 Years and Over 1 Year		65 Years and Over 1 Year and Younger		
	Risk Factor	1.0		1.2		

†A risk factor of 4.0 is charged to any zone that houses patients without any staff in immediate attendance.

WORKSHEET 4.7.3 OCCUPANCY RISK FACTOR CALCULATION

Occupancy Risk $M \times D \times L \times T \times A \times F = R$

$3.2 \times 2 \times 1.4 \times 1.2 \times 1.2 \times 12.90 = 12.9024$

WORKSHEET 4.7.4 (New Buildings)

$1.0 \times F = R$

$1.0 \times \square = 0.00$

WORKSHEET 4.7.5 (Existing Buildings)

$0.6 \times F = R$

$0.6 \times 12.90 = 7.74$

Toilet Shaft Enclosures
WORKSHEET 4.7.6 SAFETY PARAMETER VALUES

Safety Parameters	Parameter Values						
	Combustible Types III, IV, and V				Noncombustible Types I and II		
1. Construction Floor or Zone	000	111	200	211 + 2HH	000	111	222, 322, 433
First	-2	0	-2	0	0	2	2
Second	-7	-2	-4	-2	-2	2	4
Third	-8	-7	-9	-7	-7	2	4
4 th and Above	-13	-7	-13	-7	-8	-7	
2. Interior Finish (Corridors and Exits)	Class C -5(0) ^f	Class B 0(3) ^f	Class A				
3. Interior Finish (Rooms)	Class C -3(1) ^f	Class B 1(3) ^f	Class A				
4. Corridor Partitions/Walls	None or Incomplete -10(0) ^g	<½ hr.	≈½ to 1 hr.	=1 hr.			
5. Doors to Corridor	No Door -10	<20 min. FPR	≈20 min. FPR	=20 min. FPR and Auto Clos.			
6. Zone Dimensions	Dead End			No Dead Ends >30 ft. and Zone Length is			
	>100 ft.	>50 ft. to 100 ft.	30 ft. to 50 ft.	>150 ft.	100 ft. to 150 ft.	<100 ft.	
	-6(0) ^g	-4(0) ^g	-2(0) ^g	-2(0) ^g	0	1	
7. Vertical Openings	Open 4 or More Floors -14	Open 2 or 3 Floors -10	Enclosed with Indicated Fire Resistance				
			<1 hr.	≈1 hr. to <2 hr.	=2 hr.		
			0	2(0) ^g	3(0) ^g		
8. Hazardous Areas	Double Deficiency		Single Deficiency		No Deficiencies		
	In Zone	Outside Zone	In Zone	In Adjacent Zone			
	-11	-5	-6	-2	0		
9. Smoke Control	No Control -5(0) ^g	Smoke Barrier Serves Zone 0	Mechanically Assisted Systems by Zone 0				
10. Emergency Movement Routes	<2 Routes -8	Multiple Routes					
		Deficient	Without Horizontal Exit(s)	Horizontal Exit(s)	Direct Exit(s)		
		-2	0	1	5		
11. Manual Fire Alarm	No Manual Fire Alarm -4		Manual Fire Alarm				
			W/O Fire Dept. Conn.	W/Fire Dept. Conn.			
			1	2			
12. Smoke Detection and Alarm	None 0(3) ^g	Corridor Only 3(3) ^g	Rooms Only 3(3) ^g	Corridor and Hablt. Spaces 4	Total Spaces In Zone 5		
13. Automatic Sprinklers	None 0	Corridor and Hablt. Space 8	Entire Building 10				

NOTES: ^a Use (0) where Parameter 5 is -10.
^b Use (0) where Parameter 10 is -8.
^c Use (0) on floor with fewer than 31 patients (existing buildings only).
^d Use (0) where Parameter 4 is -10.

^e Use (0) where Parameter 1 is based on first floor zone or on an unprotected type of construction (columns marked "000" or "200").
^f Use () if the area of Class B or C interior finish in the corridor end exit or room is protected by automatic sprinklers and Parameter 13 is 0; use () if the room with existing Class C interior finish is protected by automatic sprinklers, Parameter 4 is greater than or equal to 1, and Parameter 13 is 0.

^g Use this value in addition to Parameter 13 if the entire zone is protected with quick response automatic sprinklers.

For SI units: 1 ft. = 0.3048 m

WORKSHEET 4.7.7 INDIVIDUAL SAFETY EVALUATIONS

Safety Parameters	Containment Safety (S_1)	Extinguishment Safety (S_2)	People Movement Safety (S_3)	General Safety (S_4)
1. Construction	4	4		4
2. Interior Finish (Corridor and Exit)	3		3	3
3. Interior Finish (Rooms)	3			3
4. Corridor Partitions/Walls	0			0
5. Doors to Corridor	0		0	0
6. Zone Dimensions			0	0
7. Vertical Openings	0		0	0
8. Hazardous Areas	0	0		0
9. Smoke Control			0	0
10. Emergency Movement Routes			-2	-2
11. Manual Fire Alarm		2		2
12. Smoke Detection and Alarms		3	3	3
13. Automatic Sprinklers	10	10	10 + 2 / 5	10
Total Value	20	19	9	23

**WORKSHEET 4.7.8 MANDATORY SAFETY REQUIREMENTS
(FOR USE IN HOSPITALS OR NURSING HOMES)**

Zone Location	Containment (S_a)		Extinguishment (S_b)		People Movement (S_c)	
	New	Existing	New	Existing	New	Existing
1st story	11	5	15(12) ^a	4	8(5) ^a	1
2nd or 3rd story ^b	15	9	17(14) ^a	6	10(7) ^a	3
4th story or higher	18	9	19(16) ^a	6	11(8) ^a	3

^a Use () in zones that do not contain patient sleeping rooms.

^b For a 2nd story zone location in a *sprinklered* EXISTING facility, as an alternative to the mandatory safety requirement values set specified in the table, the following mandatory values *set* shall be permitted to be used:

$S_a = 7, S_b = 10, \text{ and } S_c = 7$

WORKSHEET 4.7.9 ZONE FIRE SAFETY EQUIVALENCY EVALUATION

				Yes	No	
Containment Safety (S ₁)	minus	Mandatory Containment (S _a)	= 0	<input checked="" type="checkbox"/>		
				S_1	S_a	C
				<input type="checkbox"/> 20.0	<input type="checkbox"/> 45.0	<input type="checkbox"/> 11.0
Extinguishment Safety (S ₂)	minus	Mandatory Extinguishment (S _b)	= 0	<input checked="" type="checkbox"/>		
				S_2	S_b	E
				<input type="checkbox"/> 13.0	<input type="checkbox"/> 6.0	<input type="checkbox"/> 13.0
People Movement Safety (S ₃)	minus	Mandatory People Movement (S _c)	= 0	<input checked="" type="checkbox"/>		
				S_3	S_c	P
				<input type="checkbox"/> 9.0	<input type="checkbox"/> 3.0	<input type="checkbox"/> 6.0
General Safety (S ₄)	minus	Occupancy Risk (R)	= 0	<input checked="" type="checkbox"/>		
				S_4	R	G
				<input type="checkbox"/> 25.0	<input type="checkbox"/> 10.0	<input type="checkbox"/> 15.0

WORKSHEET 4.7.10 FACILITY FIRE SAFETY REQUIREMENTS WORKSHEET

Complete one copy of this worksheet for each facility.

For each consideration, select and mark the appropriate column.

	Met	Not Met	Not Applic.
A. Building utilities conform to the requirements of Section 9.1.	<input checked="" type="checkbox"/>		
B. In new facilities only, life-support systems, alarms, emergency communication systems, and illumination of generator set locations are powered as prescribed by 18.5.1.2 and 18.5.1.3.			<input checked="" type="checkbox"/>
C. Heating and air conditioning systems conform with the air conditioning, heating, and ventilating systems requirements within Section 9.2, except for enclosure of vertical openings, which have been considered in Safety Parameter 7 of Worksheet 4.7.6.	<input checked="" type="checkbox"/>		
D. Fuel-burning space heaters and portable electrical space heaters are not used.	<input checked="" type="checkbox"/>		
E. There are no flue-fed incinerators.	<input checked="" type="checkbox"/>		
F. An evacuation plan is provided and fire drills conducted in accordance with 18.7.1/18.7.2 and 19.7.1/19.7.2.	<input checked="" type="checkbox"/>		
G. Smoking regulations have been adopted and implemented in accordance with 18.7.4 and 19.7.4.	<input checked="" type="checkbox"/>		
H. Draperies, upholstered furniture, mattresses, furnishings, and decorations combustibility is limited in accordance with 18.7.5 and 19.7.5.	<input checked="" type="checkbox"/>		
I. Fire extinguishers are provided in accordance with the requirements of 18.3.5.4 and 19.3.5.6.	<input checked="" type="checkbox"/>		
J. Exit signs are provided in accordance with the requirements of 18.2.10.1 and 19.2.10.	<input checked="" type="checkbox"/>		
K. Emergency lighting is provided in accordance with 18.2.9.1 or 19.2.9.	<input checked="" type="checkbox"/>		
L. Standpipes are provided in all new high-rise buildings as required by 18.4.2.			<input checked="" type="checkbox"/>

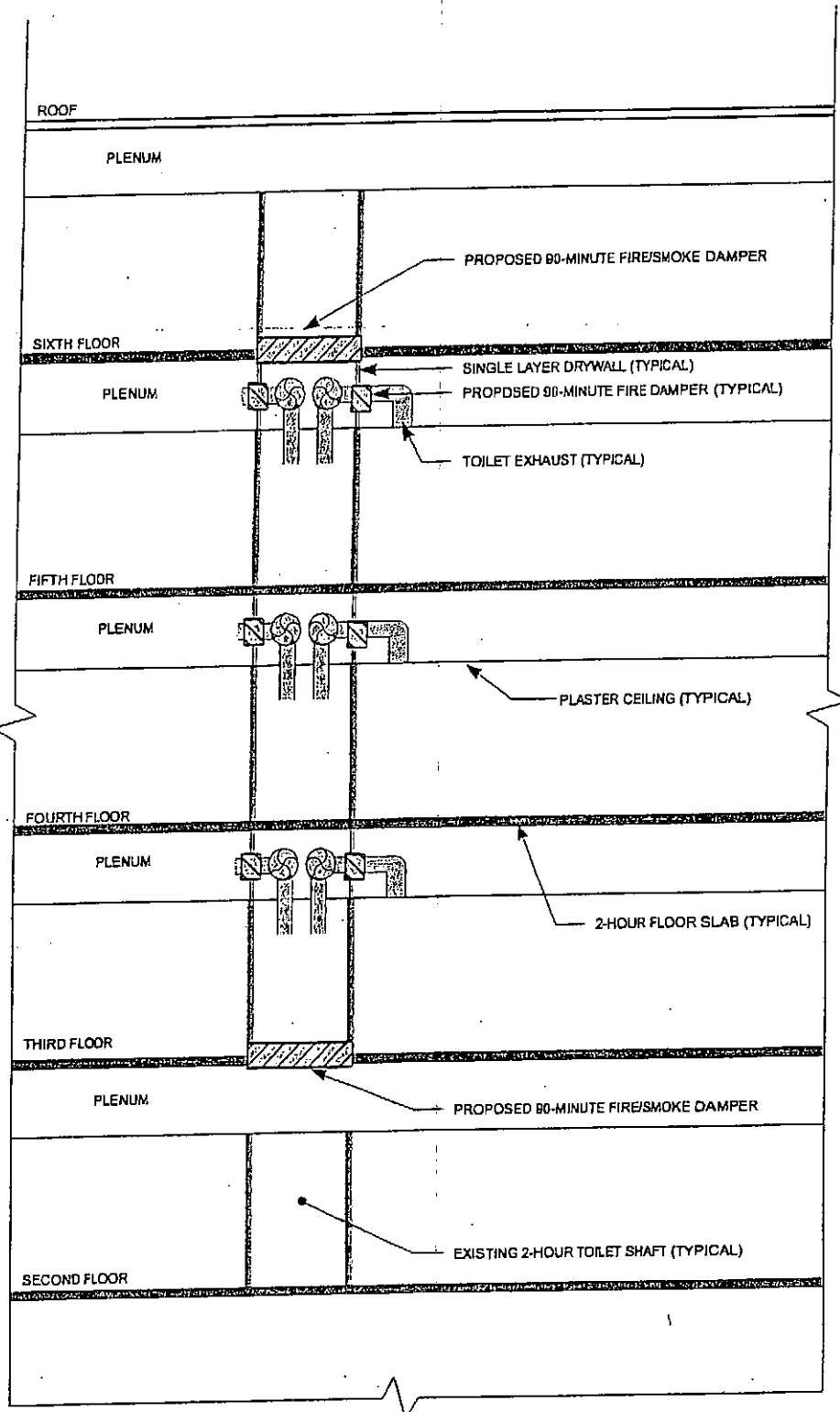
All references are to NFPA 101-2000, Life Safety Code.

WORKSHEET 4.7.11 CONCLUSIONS

1. All of the checks in Worksheet 4.7.9 are in the "Yes" column. The level of fire safety is at least equivalent to that prescribed by the Life Safety Code.*


2. One or more of the checks in Worksheet 4.7.9 are in the "No" column. The level of fire safety is not shown by this system to be equivalent to that prescribed by the Life Safety Code.*

* The equivalency covered by this worksheet includes the majority of considerations covered by the Life Safety Code. There are some considerations that are not evaluated by this method. These must be considered separately. These additional considerations are covered in Worksheet 4.7.10, the "Facility Fire Safety Requirements Worksheet." One copy of this separate worksheet is to be completed for each facility.



TOILET SHAFT ENCLOSURE UPGRADES

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THIS IS A GRAPHIC REPRESENTATION
 OF A DESIGN CONCEPT.
 IT SHOULD NOT BE CONSIDERED
 A DEFINITIVE PLAN FOR THE EXACT
 LOCATION OF THE PROTECTION
 FEATURES REPRESENTED.

10042_H2_SK-1.dwg



BLESSING HOSPITAL
 11th Street Campus
 Quincy, Illinois

FIGURE NO. **SK-1**

DATE: 8-1-10

100421.02.000

Interim Life Safety Measures Matrix
 CMS#_KO67 1 and 2

Area Affected: All toilet exhaust shafts and lack of dampers in the 70 bldg. patient tower
 DATE: 9/1/10

Existing Significant Life Safety Code Deficiencies or Conditions as a Result of Construction	Interim Life Safety Measures												
	Initiate Fire Watch	Post Signs at alternate exits	Inspect Exits Daily	Provide Temporary Detection	add'n fire fight equip	Temp Const Barrier	Increase surveillance const areas	enforce storage practices safe	addnl training FFE for employees	1 addnl fire drill/ per shift per qtr	Inspect temp FFE monthly	conducts education to promote hazards	trains staff to compensate for deficiencies
Code Deficiencies:													
1 Patient room door latching problem													
2 Smoke barrier missing or incomplete													
3 Fire exit discharge improperly													
4 Excessive travel distance to approved exit													
5 Lack of two remote exits													
6 Improperly protected vertical openings				xxx									
7 Large penetrations in fire barriers													
8 Corridor walls not extended to deck													
9 Hazard areas not properly protected													
0 Any other items													
Code Deficiencies/Construction Related Issues:													
10 Blocking off approved exit													
11 Rerouting traffic to Emerg.Rm.													
12 Major renovation of a floor													
13 Replacing fire alarm system													
14 Installing sprinkler system													
15 Significantly modifying smoke or fire barrier walls													
16 Adding addition to a structure													
Code Deficiencies/Construction Related Issues:													
17 Fire Alarm OOS > 1 shift													
18 Sprinkler OOS > 1 shift													
19 Disconnecting alarm devices > 1 shift													
Additional Comments:	All toilet exhaust shafts in the 70 bldg. patient tower are in sufficient and missing dampers. We will install smoke duct detectors at the top of each shaft to monitor this area until walls can be built and dampers can be installed.												

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 140015	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BLESSING AT 11TH STRE B. WING _____	(X3) DATE SURVEY COMPLETED R 12/28/2010
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NAME OF PROVIDER OR SUPPLIER BLESSING HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE BROADWAY AT 11TH STREET QUINCY, IL 62301
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{K 067}	Continued From page 7 1970 Building. Surveyor 14290 notes that it appears that the cited conditions exist in at least 8 locations on the Sixth through Second Floors. Deficiencies observed include: 1. The toilet exhaust ducts were observed to not be enclosed in shafts which which carry a minimum 2 hour fire resistance rating, as required by NFPA 90A 1999 3-3.4.1., because the enclosures for the ducts consist of drywall or plaster on the outside of metal studs only and because they do not extend from the ceiling to the underside of the deck above.	{K 067}	K 067 A.2. The Director of Maintenance and Construction is responsible for the correction. Dampers to be installed as the walls are constructed enclosing the duct shaft. We have established an ILSM for this which will be monitored by the Compliance Specialist for Facilities. We verified with an FSES, copy attached, that providing the shaft enclosures with dampers provide equivalent safety. Future monitoring will be by the Supervisor of Construction for Facilities Department.	3/15/11
{K 069}	NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 This STANDARD is not met as evidenced by: Surveyor: 14416 A. Based on direct observation, record review and interview, the facility failed to provide for the Tea Room grease hood system: 1. A connection between the hood suppression system and the fire alarm system. (NFPA 96, 1999, 7-6.2) 2. Monthly system inspections of the hood suppression system as required. (NFPA 17, 1998, 9-2 & 17A, 5-2) UPDATE 12/28/10: The Plan of Correction indicated that documentation of the correction of	{K 069}	K 069 A. 1. The connection was installed and tested by maintenance staff and a Honeywell Fire Alarm Co. technician. This will be verified on semi-annual hood testing and monitored by the Facilities Department Compliance Specialist. K 069 A. 2. Monthly inspection has been added to our Preventive Maintenance program and compliance will be monitored by the Compliance Specialist.	8/24/10 8/1/10

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{K 069}	Continued From page 8 the above deficiencies was available. However review of the documentation was not done on this survey date. Review will be required during a subsequent follow-up survey.	{K 069}		
{K 076}	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities.</p> <p>(a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation.</p> <p>(b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4</p> <p>This STANDARD is not met as evidenced by: Surveyor: 14290</p> <p>Based on random observation during the survey walk-through, not all portable medical gases are stored in accordance with NFPA 99.</p> <p>Findings include:</p> <p>A. Medical gas tanks were observed being stored, in sprinklered portions of the building, that are less than 5'-0" from combustibles as prohibited by NFPA 99 1999 8-3.1.11.2(c)(2). Locations observed include:</p> <p>1. Sixth Floor:</p>	{K 076}	K 076 A.1.b. New rated storage cabinets have been ordered for installation at this location. The Director of Labor and Delivery is responsible for ongoing compliance.	1/31/11

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NAME OF PROVIDER OR SUPPLIER BLESSING HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE BROADWAY AT 11TH STREET QUINCY, IL 62301
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{K 076}	Continued From page 9 a. Corrected 12/28/10. b. 1961 Building Storage Room, 6 tanks. UPDATE 12/28/10: The plan of correction indicated that the oxygen storage would be removed from this storage room and discontinued. However, signage on the door indicated that oxygen was stored in this room and tanks were observed to be stored in non-compliance with applicable requirements.	{K 076}		
{K 077}	<p>2. Corrected 12/28/10.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Piped in medical gas systems comply with NFPA 99, Chapter 4.</p> <p>This STANDARD is not met as evidenced by: Surveyor: 14290</p> <p>Based on random observation during the survey walk-through, not all piped-in medical gas systems are installed and maintained in accordance with NFPA 99.</p> <p>Findings include:</p> <p>A. Manual medical gas shutoff (zone) valves were observed that are located in the same room as the station outlets they serve, as prohibited by NFPA 99 1999 4.3.1.2.3(d). Locations observed include (all Second Floor 1982 Building Surgical Department):</p> <ol style="list-style-type: none"> 1. Surgical Prep/Holding Bays. 2. Corrected 12/28/10. 	{K 077}	K 077 A.1. Refer to K017 A which will also resolve this deficiency.	3/1/11

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NAME OF PROVIDER OR SUPPLIER BLESSING HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE BROADWAY AT 11TH STREET QUINCY, IL 62301	
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{K 130}	<p>NFPA 101 MISCELLANEOUS</p> <p>OTHER LSC DEFICIENCY NOT ON 2786</p> <p>This STANDARD is not met as evidenced by: Surveyor: 14290</p> <p>Based on random observation during the survey walk-through, document review, and staff interview, the facility is not in compliance with a series of Life Safety and other code requirements that are not documented under other K-Tags.</p> <p>Findings include:</p> <p>A. Due to the number, variety, and severity of the life safety deficiencies observed during the survey walk-through, the provider shall institute appropriate interim life safety measures until all cited deficiencies are corrected. The provider shall include, as an attachment to its Plan of Correction (PoC) and referenced therein, a detailed narrative and proposed schedule for all such measures. The narrative shall describe all measures to be implemented, as well as the frequency with which they are to be conducted, and shall indicate the manner in which the measures are to be documented. The narrative shall also include comments related to changes in the interim life safety measures to remain in place as work toward the completion of its PoC progresses.</p>	{K 130}	<p>K 130 A. We will have active interim life safety measures in place for deficiencies not corrected within 45 days of findings.</p>	9/30/10
{K 160}	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>All existing elevators, having a travel distance of 25 ft. or more above or below the level that best serves the needs of emergency personnel for fire</p>	{K 160}		

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{K 160}	<p>Continued From page 11</p> <p>fighting purposes, conform with Firefighter's Service Requirements of ASME/ANSI A17.3, Safety Code for Existing Elevators and Escalators. 19.5.3, 9.4.3.2</p> <p>This STANDARD is not met as evidenced by: Surveyor: 14416</p> <p>A. 1970 Building Ninth Floor Elevator Penthouse</p> <p>1. By direct observation the surveyor finds sprinkler protection provided within the elevator equipment room, however heat detectors are not provided or install within 2 feet of each sprinkler head as a means to automatically disconnect the main power supply to elevators prior to the application of water from the activation of sprinklers. (A17.1, 102.2.c.3)</p> <p>2. By direct observation and staff interview the above condition exists within the remainder of the facility's elevator equipment rooms.</p> <p>UPDATE 12/28/10: Heat detectors were observed to be installed at the 9th floor penthouse in accordance with the plan of correction. However, observation of the heat detection for other sprinklered elevator equipment rooms was not done during this survey. Confirmation of installations will be required during a subsequent follow-up survey.</p>	{K 160}	<p>K 160 A. Heat detectors were installed and tested by a certified electrician and Honeywell fire alarm company technician.</p>	8/27/10
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Acute Mental Illness

Establishment of a Service

Blessing Hospital at 14th Street is licensed for 56 behavioral health inpatient beds, one child/adolescent unit 18 beds, and two adult units with 20 and 18 beds. The proposed project will discontinue the acute mental illness category of service at the 14th Street hospital and establish a new acute mental illness category of service on the 11th Street Blessing Hospital main campus. Blessing purchased St. Mary Hospital in 1993 through a change of ownership and all categories of inpatient services except mental illness and a medical service unit have been relocated to the 11th Street Campus. Blessing had planned to vacate the 14th Street Campus and surrender the license in 1998, five years after the purchase. Blessing has stretched the life of that facility as an inpatient hospital as far as economically feasible. It is now necessary to relocate the service for quality and economic reasons to the 11th Street Campus. As stated earlier, the completion of this project will allow Blessing to surrender the 14th Street license and reduce the regulatory burden of meeting standards to keep the 14th Street Campus up to code for inpatient care. Attached are letters from Blessing Hospital to the Illinois Department of Public Health indicating a commitment to file this CON to address compliance issues identified during a recent CMS audit.

As a part of the CON, Blessing proposes to reduce the number of inpatient beds by 15 or 27% from 56 to 41 (16 child/adolescent unit, and 10 and 16 bed adult units). The community has had inpatient mental health services since 1966 when they were established by the former 14th Street occupant, St. Mary Hospital. Blessing Hospital added the service as part of the purchase in 1993. Behavioral health patients are admitted from mental health centers and hospital ERs in 12 rural Illinois counties in HSA 3 (Adams, Brown, Calhoun, Cass, Green, Hancock, Jersey, Macoupin, Morgan, Pike, Schuyler and Scott). In addition, Blessing serves Missouri and Iowa counties due to the location on the border.

In FY10, 833 of the 1622 admissions to Blessing or 51% of behavioral health admissions were admitted from Adams County. Blessing is a regional inpatient behavioral health provider. According to the Psych Total IP Market Report which compiles market counties and Illinois CompData for FY06-FY10, Blessing's behavioral health admissions and market share were from the following Illinois counties:

<u>County</u>	<u>Admissions</u>	<u>%Market Share</u>
Adams	3984	94.9
Brown	131	59.2
Calhoun	28	21.4
Cass	191	31.1

Fulton	213	15.9
Green	202	31.9
Hancock	419	72.8
Jersey	159	18.4
McDonough	360	43.2
Morgan	322	28.7
Pike	359	68.6
Schuyler	117	51.9
Scott	44	40.4

The 3/18/2011 Illinois Department of Public Health State Summary for Acute Mental Illness shows 228 existing beds with a calculated bed need of 103 for an excess of 125 beds. In 2007, the Illinois Health Care Facilities and Services Board approved a permit to establish the Springfield Behavior Health Center, now known as the Lincoln Prairie Behavior Center for 80 beds and more recently allowed an increase of 8 beds. Both Springfield hospitals reduced beds in 2009, totaling a 78 bed reduction.

Blessing has the only inpatient behavioral health unit within 100 mile radius of Quincy (see attached IHA map for adult and children hospitals providing inpatient behavioral health services in Illinois as well as the MapQuest maps indicating the mileage). The closest behavioral health facilities in Illinois are in Springfield and Peoria. Blessing has the only child and adolescent unit within a 100 mile radius in Illinois, Missouri and Iowa. In FY10, Blessing admitted 1622 behavioral health patients for a total of 9471 treatment days, average length of stay was 6.02 days and average census was 25.95.

The Health Facilities Planning threshold for new construction of acute mental health facilities is an 85% occupancy rate. Blessing's 2010 average daily census was 25.95 which would be an occupancy rate of 63% based on the projected 41 beds. An 85% occupancy would establish a bed need of 30 beds. The following factors should be considered in justifying the need for 41 behavioral health beds in Quincy.

Peak Census

Peak census exceeded 30 patients 67 times during 2010 reaching a census of 35 or higher 7 times. A peak census report for 2010 is attached.

Lack of Behavioral Health Beds in Rural Areas

According to the "IHA Recommendations to Address the Crumbling Infrastructure of the Behavioral Health System in Illinois", community hospitals closed 226 behavioral health beds in 2009; at least 20% of private hospital inpatient psychiatric beds have been closed in the past decade. There are 52 counties in Illinois that have a hospital without a psychiatric unit and 23 Illinois counties who do not have a hospital. Blessing Hospital is the only Illinois rural hospital in Planning Area 3 with a psychiatric unit and is only one

of nine rural units in the entire state (see attached IHA map of Illinois Rural Hospitals with Psychiatric Units).

In Acute Mental Illness Planning Area 3, all behavioral health beds, with the exception of Blessing's inventory are located in Springfield which is 100 miles from Quincy.

<u>Hospital</u>	<u>Beds</u>
Blessing Hospital	56 current, 41 proposed
Memorial Medical	50
Lincoln Prairie Behavioral Center	88
St. Johns Hospital	40
McFarland Zone Center	82 civil beds

Indigent Treatment

The Community Hospital Inpatient Psychiatric Services "CHIPS" program was established in 2002 when three state hospitals were closed or downsized. These funds were contracted to 33 community hospitals as an alternative for those persons who would otherwise have obtained acute care in a state facility. In FY09, Blessing received a CHIPS award of \$233,289. In FY09, Blessing admitted 252 out of a total of 1588 CHIPS admissions in DMH Regions 3 and 4. Our admissions were the second highest of the 11 hospitals in Region 3 and 4. Only 43% of indigent admissions at Blessing were funded by CHIPS. Blessing did not receive payment for 57% of indigent mentally ill patients. In July of 2009, DMH eliminated the CHIPS program. The percent of indigent behavioral health admissions at Blessing has increased from 269 or 12.81% at a loss of \$2,398,317 in FY09 to 307 or 16.98% at a loss of \$3,229,759 in FY10. Based on the DMH CHIPS report, Blessing admits a higher percentage of indigent patients than other hospitals with behavioral health units in Planning Area 3. Blessing's commitment to indigent care is reflected in a 79.87% behavioral health public funding including Illinois, Missouri and other state Medicaid, Medicare and private pay. Behavioral Health Methods of Payment for FY10:

<u>Method of Payment</u>	<u>Percentage</u>
Blue Cross	10.26
Champus	.18
Commercial Ins	1.83
Illinois Medicaid	35.55
Liability	.05
Managed Care	7.54
Medicare A	20.59
Medicare B	.06
Missouri Medicaid	6.47
NG Med MGD	.22

Other Government	.04
Private Pay	16.98
Workman's Comp	0

Potential Reduction of SOF Beds at McFarland Zone Center

McFarland Zone Center Kennedy Hall C&A Forensic Unit closed in 2011. McFarland has proposed reducing adult civil units from three to two decreasing civil beds from 82 to 54 with the third adult civil unit converting to an adult forensic unit. McFarland's three civil units have a 90%+ occupancy. Hospitals and MHCs have difficulty in admitting civil patients to McFarland due to the high occupancy rate. Memorial, St. John and Methodist Hospital ERs refer patients to Blessing when inpatient behavioral health beds are not available. The closure of additional civil beds at McFarland would increase referrals to Blessing from Springfield area hospitals, rural hospital ERs and MHCs.

Impact of Potential Bed Loss on Community Psychiatrist Services

The IHA Rural Mental Health Work Group has identified a shortage of psychiatrists to staff behavioral health units or treat patients on an outpatient basis. Community mental health centers have eliminated staff and programs, substance abuse programs have closed, and inpatient psychiatric facilities are full. There is a shortage of psychiatrists especially in rural Illinois and especially for children.

According to the "IHA Recommendations to Address the Crumbling Infrastructure of the Behavioral Health System in Illinois" of the 104 counties in Illinois:

- 50 counties do not have a psychiatrist at all
- 14 counties have one psychiatrist
- 17 counties have between 2-5
- 84 counties do not have child psychiatrists
- 6 counties have one psychiatrist
- 7 counties have between 2 and 5 child psychiatrists

According to the Mental Health Work Group of the Illinois Rural Health Association in 2005:

- 70% of the 84 medically underserved counties in Illinois did not have a psychiatrist
- 100% of the medically underserved counties without a psychiatrist were in rural counties

Access to behavioral health services has always been a challenge in rural Illinois because there is a lack of psychiatrists willing to work in rural areas. Blessing faced psychiatrist

shortage with only two psychiatrists in their mid 60s and an inability to recruit US psychiatrists to practice in a rural area. Blessing found that most counties in West Central Illinois were in federally underserved critical shortage areas. Blessing recruited five J-1 psychiatrists in three years and has the highest retention rate of all physician specialties. Blessing employs seven board certified psychiatrists, four adult and three child/adolescent, who deliver essential mental health services to the community. Blessing is developing telepsychiatry services to provide psychiatrists to rural areas where the distance for the psychiatrist to travel would prohibit providing services. Without an adequate number of behavioral health beds, the hospital would be unable to recruit, retain and financially support existing psychiatrist services to the following community organizations:

- Transitions of Western Illinois
- Community Health Care
- Illinois Veterans Home
- Recovery Resources
- Chaddock
- SIU Quincy Family Practice
- Memorial Hospital in Carthage
- Evergreen Center in Carthage
- East Adams Rural Medical Clinic
- Golden Good Shepherd Nursing Home
- Timberpoint Nursing Home
- North Adams Nursing Home
- St. Vincent's Nursing Home
- Good Samaritan Nursing Home
- Sunset Nursing Home
- Sycamore Health Care Nursing Home

Community Partnership

Blessing Hospital partners with hospitals and mental health centers throughout Planning Area 3. The hospital is developing on-site and/or telepsychiatry services with Passavant Hospital in Jacksonville, Illini Hospital in Pittsfield and Memorial Hospital in Carthage. The hospital has provided psychiatrists to mental health centers in Adams, Brown, Hancock, and Pike counties. Hospital staff provides ongoing on-site visits with referral sources for ongoing referral source satisfaction.

Shorter Average Length of Stay

Blessing Hospital has a shorter length of stay than the IHA state average for hospitals with behavioral health units. Blessing child and adolescent had an average length of stay of 7.77 versus state average of 8.8. Blessing adult locked unit had 844 admissions

with an average length of stay of 4.75 days and open unit had 408 admissions with an average length of stay of 6.73 days versus the state average of 5.5 days.

	<u>IHA Average</u>	<u>Blessing Child/Adolescent</u>
2008	8.7	8.05
2009	8.7	8.20
2010	8.8	7.77

	<u>IHA Average</u>	<u>Blessing Adult Locked</u>	<u>Blessing Adult Open</u>
2008	5.6	4.41	6.5
2009	5.5	4.73	6.22
2010	5.5	4.75	6.73

Inability to Admit Behavioral Health Patients at the 14th Street Campus Facility

The three behavioral health units were constructed on existing medical surgical floors. The physical limitations of unit design at the Blessing at 14th Street facility and the three block distance from hospital medical services at Blessing at 11th limits admissions due to gender, age and severity of psychiatric and medical illness.

Patient rooms consist primarily of four patient suites which share bathroom and shower. If one bed is occupied by a male patient no female patients can be admitted to remaining three beds in the suite. If a sexual perpetrator is admitted they cannot have a roommate. If a bisexual person is admitted they cannot have a roommate. If a patient is acutely psychotic or agitated they cannot have a roommate. Children ages 5-17 are admitted. Different age and gender requirements restrict admissions to four bed suites sharing bathrooms and showers. Frequently behavioral health patients are declined admission due to the lack of an "appropriate bed". In 2010, 610 behavioral health admissions were declined. If these admissions were in the utilization, (610 x 4.75 ALOS) Blessing Hospital would be at 85% occupancy on 41 proposed beds.

The 18 bed adult locked unit has a five bed close observation area with two semi private rooms. If a patient is in restraints or seclusion they cannot have a roommate which limits acute admissions. On the child/adolescent unit, there is only one restraint/seclusion room which limits the number and type of adolescent admissions.

One of the two adult units is unlocked which limits admission of involuntary, court ordered, psychotic, suicidal, homicidal, and elopement risk patients. Construction costs to convert the unlocked unit to a locked unit exceed \$1,000,000. The inability to admit patients to a locked versus unlocked unit is reflected in the difference of occupancy rate of 61% on an 18 bed adult locked unit versus 35% on a 20 bed adult open unit.

None of the three units have oxygen or suction in patient rooms required for behavioral health admissions with co-morbid medical/surgical conditions.

Current behavioral health units are three blocks from the main hospital campus at Blessing at 11th with emergency, surgery, medical/surgical, ICU and IMC unit, laboratory, x-ray and pharmacy. This three block distance from medical services has limited the number behavioral health admissions with complicated medical conditions.

Patient origin for admissions in the recent 12 month period is included as an attachment. Projected referrals by each of the physicians is provided by letters from each physicians attesting to the total number of patients who have received care at existing facilities in the area during the last 12 months.

The CON will eliminate four bed patient suites and provide for private and semi-private rooms. All behavioral health units will be locked. Two semi-private rooms will be designated as swing beds and increase bed availability to either adult unit.

Two of the semi-private rooms will be constructed with oxygen and suction capacity which will increase the number of behavioral admissions with complicated medical needs.

Relocation of inpatient behavioral health services to the 11th Street medical campus will allow immediate access of behavioral health patients to ER, medical-surgical and medical ancillary services (laboratory, x-ray, pharmacy) and provide for admission of complicated medical conditions.

Maps produced by MapQuest will reflect the distance to the other providers in Springfield, Illinois. Also attached are IHA produced maps of Mental Health service providers by location in Illinois. Both will reflect Quincy is located in excess of 115 miles from other providers in the market located in Springfield, Illinois.


The project will not create an unnecessary duplication or mal-distribution of services. A list of zip code areas located in total or in part within 30 minutes normal travel time is attached. The total population of the identified zip coders based upon the most recent population numbers is also attached. There are no existing or approved health care providers within 30 minutes normal travel time. In fact, travel time to the closest provider is in excess of 2 hours. The project will have not lower the utilization of other area providers due to the travel distance.

Blessing currently has the clinical and professional staffing needed for the project since the staff currently working on the 14th Street Campus will all be relocated to the 11th Street Campus as a part of the project. The current location has met licensure and Joint Commission requirements and it is anticipated the new 11th Street location would

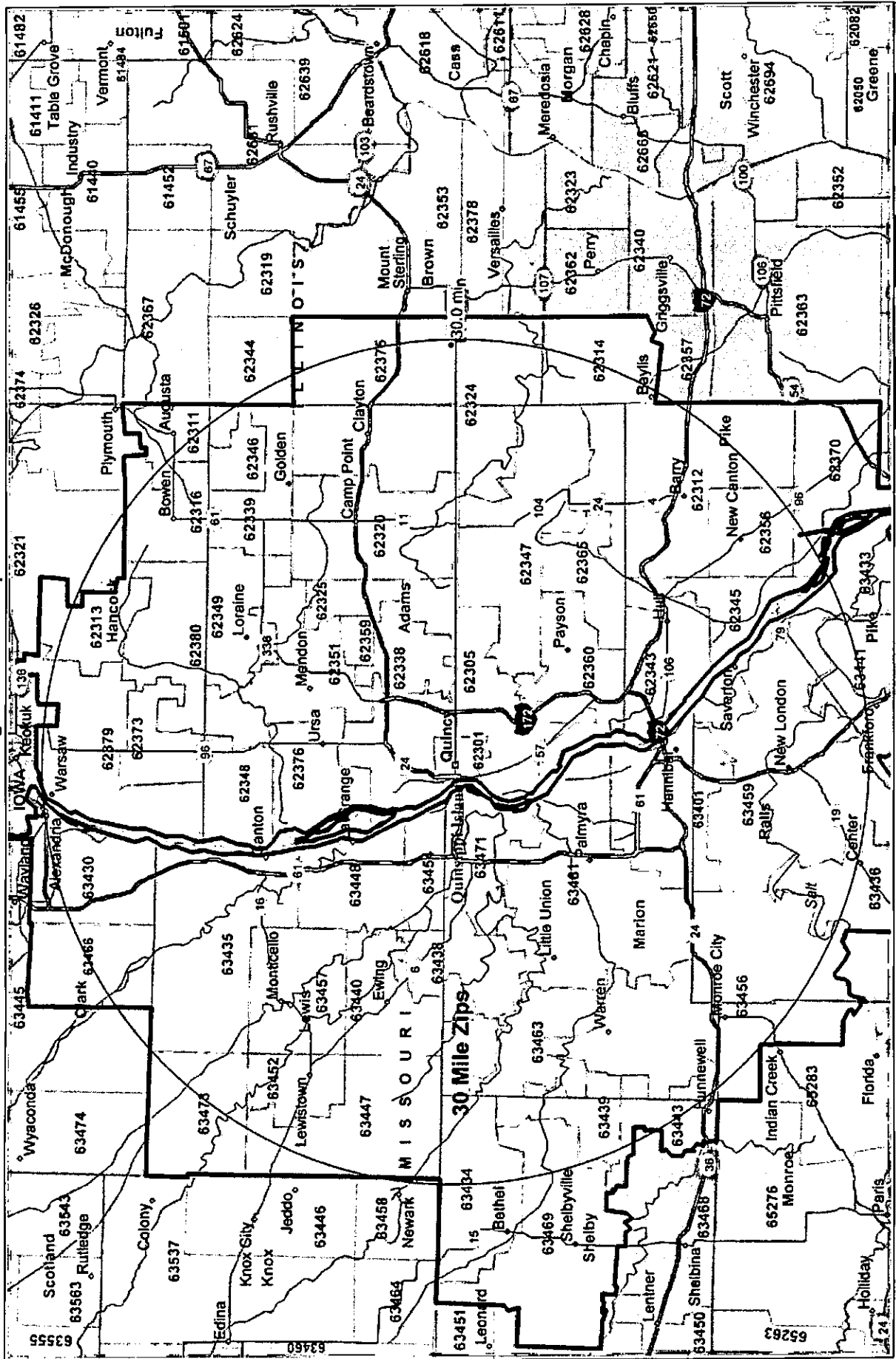
continue to do the same. In fact, the requirements will be met more efficiently with new construction.

The minimum unit size of 10 beds will be achieved with this application.

The CEO of Blessing Hospital attests to the applicant's understanding that, by the second year of operation after the project completion, the applicant will achieve and maintain the occupancy standards for mental illness.

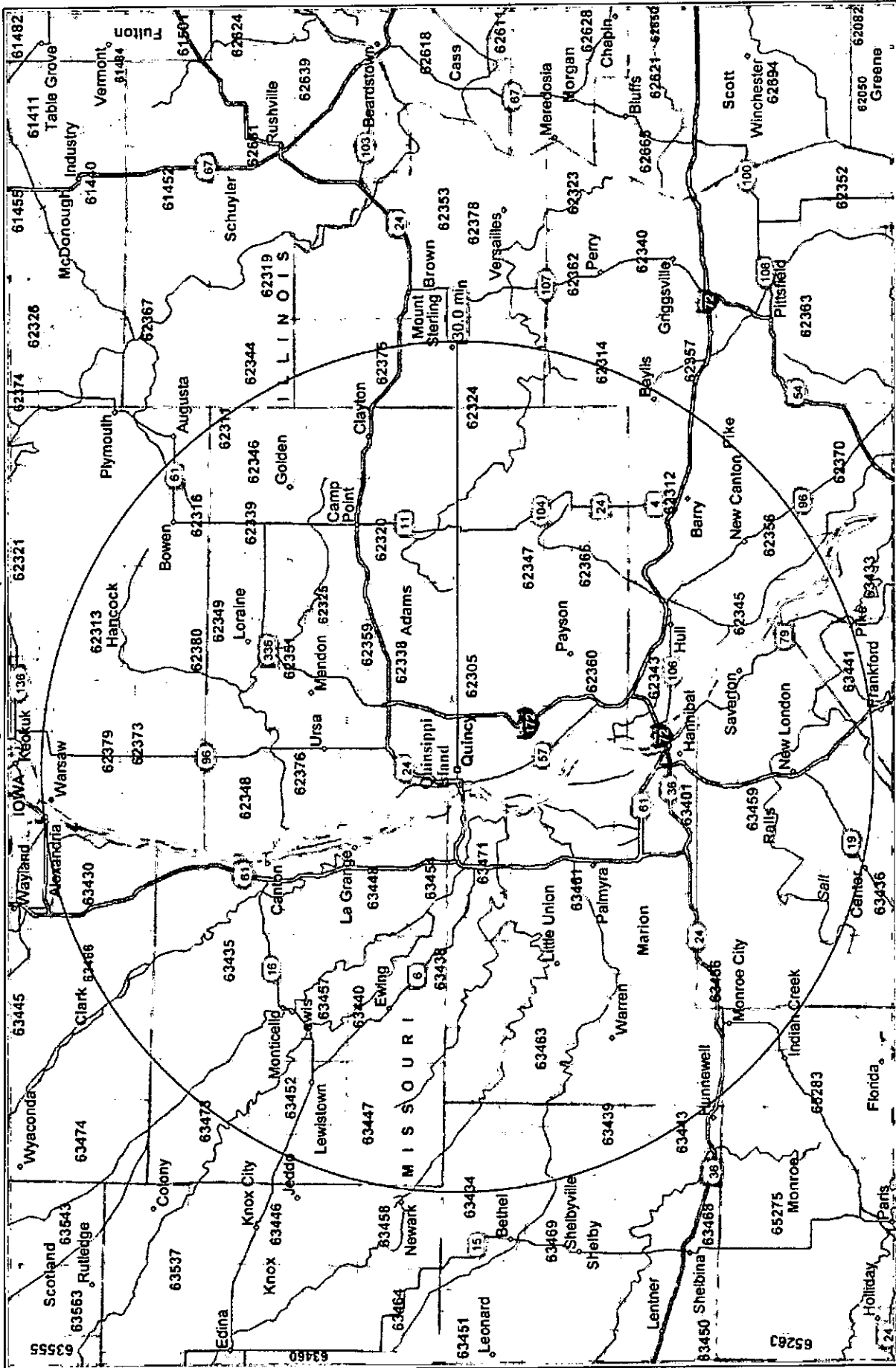
Signature: 
Maureen A. Kahn
President
Blessing Hospital

Blessing 30 Mile wZips



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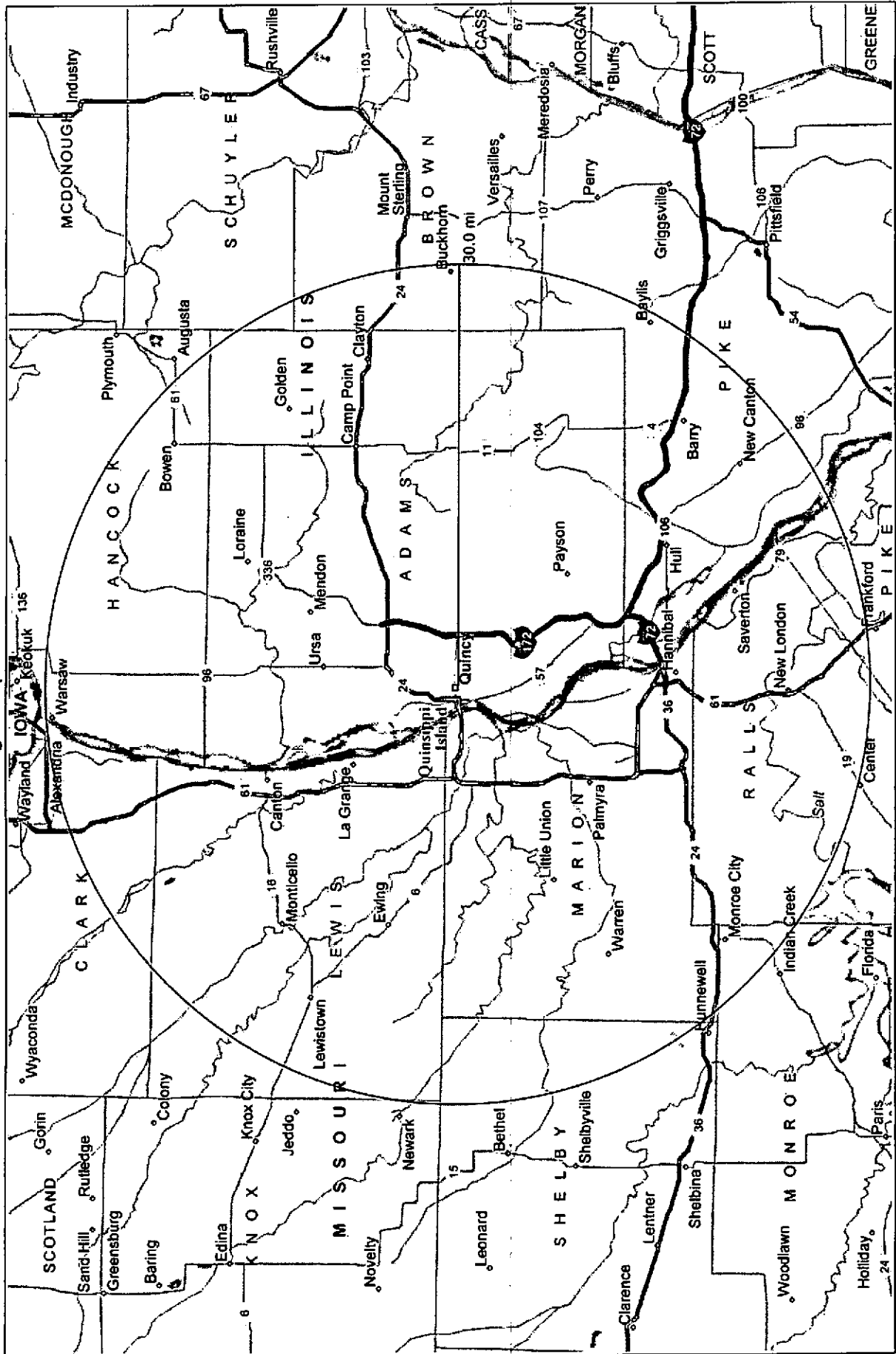
Blessing 30 Mile wzips



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Blessing Hospital 30 Miles



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Zips Codes / 30 Mile Radius Blessing Hospital

Illinois	Population	Missouri	Population
62301	52,461	63401	21,891
62305	see 62301	63430	662
62311	974	63433	56
62312	2,206	63434	503
62313	395	63435	4,261
62314	698	63436	1,309
62316	740	63438	518
62320	2,257	63439	199
62324	1,519	63440	1,434
62325	474	63441	1,116
62338	1,364	63443	449
62339	930	63447	1,117
62343	790	63448	1,679
62345	415	63452	1,197
62346	254	63454	869
62347	2,177	63456	4,208
62348	255	63457	289
62349	670	63459	3,802
62351	1,806	63461	5,571
62356	725	63463	643
62359	192	63466	1,447
62360	1,753	63469	1,235
62365	691	63471	662
62370	641	63473	282
62373	415		
62375	381		
62376	1,143		
62379	2,257		
62380	438		

Psych Discharges by Zip Code

From: 10/01/2009

To:

09/30/2010

	APS	BMS	CAS	Total
32707	0	1	0	1
32926	0	1	0	1
33763	1	0	0	1
34482	0	1	0	1
46260	1	0	0	1
50265	1	0	0	1
50310	1	0	0	1
50317	1	0	0	1
50447	0	1	0	1
52537	0	1	0	1
52620	0	1	0	1
52625	0	2	1	3
52627	1	3	0	4
52632	5	8	5	18
52656	1	0	0	1
53446	1	0	0	1
53511	1	0	0	1
60030	0	0	1	1
60151	0	1	0	1
60181	0	1	0	1
60466	0	1	0	1
60560	0	1	0	1
60563	0	1	0	1
60563	1	0	0	1
61041	1	0	0	1
61201	1	0	0	1
61239	1	0	0	1
61241	1	0	0	1
61354	0	1	0	1
61401	3	1	0	4
61410	0	0	1	1
61412	1	0	0	1
61415	0	0	1	1
61420	0	1	0	1
61422	2	3	0	4
61425	0	0	1	1
61427	1	1	0	2
61438	0	1	0	1
61440	1	0	0	1
61443	1	0	1	2
61450	0	0	2	2
61451	1	0	0	1
61452	0	1	0	1
61454	0	0	2	2
61455	30	12	3	45
61462	0	0	1	1
61469	0	1	0	1
61471	1	0	0	1
61473	1	0	0	1
61477	0	0	1	1
61482	0	1	0	1
61484	0	1	0	1
61501	1	2	0	3

61520	CANTON	3	2	0	5
61531	FARMINGTON	1	0	0	1
61542	LEWISTOWN	3	2	0	5
61554		2	0	2	4
61571		0	1	0	1
61603	PEORIA	0	1	0	1
61605	PEORIA	0	0	2	2
61607	PEORIA	1	0	0	1
61615	PEORIA	2	0	0	2
61764	PONTIAC	1	0	0	1
62002	ALTON	2	0	0	2
62012	BRIGHTON	2	0	0	2
62016	CARROLLTON	2	1	0	3
62017		1	0	0	1
62024	EAST ALTON	2	0	0	2
62031	FIELDON	0	1	0	1
62033	GILLESPIE	1	0	0	1
62035	GODFREY	1	0	0	1
62044	GREENFIELD	3	1	0	4
62047	HARDIN	3	1	0	4
62049	HILLSBORO	1	0	0	1
62052	JERSEYVILLE	9	9	1	19
62054	KANE	0	1	0	1
62056	LITCHFIELD	1	0	1	2
62060	MADISON	1	0	0	1
62063	MEDORA	3	2	0	5
62082	ROODHOUSE	3	4	1	8
62092	WHITE HALL	9	10	0	19
62234	COLLINSVILLE	0	0	1	1
62269		2	0	0	2
62301	QUINCY	295	184	119	598
62305	QUINCY	41	33	26	100
62306	QUINCY	2	2	0	4
62311	AUGUSTA	28	11	3	42
62312	BARRY	5	7	5	17
62313	BASCO	0	0	2	2
62314	BAYLIS	1	3	2	6
62316	BOWEN	1	2	0	3
62319		1	0	0	1
62320	CAMP POINT	10	7	6	23
62321	CARTHAGE	12	6	6	24
62324	CLAYTON	4	3	3	10
62325	COATSBURG	2	0	0	2
62326	COLCHESTER	3	2	1	6
62330	DALLAS CITY	1	1	1	3
62336	FERRIS	1	0	0	1
62338	FOWLER	2	2	1	5
62339	GOLDEN	2	0	0	2
62340	GRIGGSVILLE	2	4	8	14
62341	HAMILTON	5	20	5	30
62343	HULL	3	0	1	4
62345	KINDERHOOK	0	1	0	1
62347	LIBERTY	1	1	6	8
62348	LIMA	1	0	0	1
62349	LORAINE	2	1	0	3
62351	MENDON	9	1	4	14
62352	MILTON	0	0	3	3
62353	MOUNT STERLI	14	4	2	20
62354	NAUVOO	2	2	0	4
62355	NEBO	2	3	0	5
62356	NEW CANTON	2	0	0	2
62357	NEW SALEM	1	1	1	3

62359	PALOMA	1	3	0	4
62360	PAYSON	3	5	4	12
62361	PEARL	1	0	0	1
62362	PERRY	0	0	3	3
62363	PITTSFIELD	10	7	5	22
62365	PLAINVILLE	1	2	0	3
62366	PLEASANT HILL	3	2	0	5
62367	PLYMOUTH	3	1	0	4
62370	ROCKPORT	3	2	0	5
62373	SUTTER	2	1	0	3
62376	URSA	5	7	0	12
62378	VERSAILLES	1	4	0	5
62379	WARSAW	3	5	4	12
62380	WEST POINT	1	1	1	3
62526	DECATUR	2	0	0	2
62550	MOWEAQUA	0	1	0	1
62561	RIVERTON	1	0	0	1
62601	ALEXANDER	1	0	0	1
62611	ARENZVILLE	1	0	0	1
62612	ASHLAND	0	0	1	1
62615	AUBURN	0	0	1	1
62618	BEARDSTOWN	11	11	8	30
62624	BROWNING	0	1	2	3
62627	CHANDLERVILL	0	1	0	1
62628	CHAPIN	1	0	0	1
62629	CHATHAM	0	1	0	1
62632		1	0	1	2
62640	GIRARD	1	0	0	1
62644	HAVANA	1	0	0	1
62649	HETTICK	2	0	0	2
62650	JACKSONVILLE	27	19	8	54
62651		0	1	0	1
62656	LINCOLN	1	0	0	1
62665	MEREDOSIA	4	2	3	9
62668	MURRAYVILLE	1	3	0	4
62674	PALMYRA	0	1	0	1
62681	RUSHVILLE	3	6	7	16
62685	SHIPMAN	1	0	0	1
62688	TALLULA	1	0	0	1
62690	VIRDEN	0	1	0	1
62691	VIRGINIA	0	1	1	2
62694	WINCHESTER	0	4	2	6
62702	SPRINGFIELD	2	2	0	4
62703	SPRINGFIELD	5	1	0	6
62704	SPRINGFIELD	1	2	1	4
62832	DU QUOIN	0	1	0	1
63125	SAINT LOUIS	0	1	0	1
63334	BOWLING GREE	0	0	3	3
63353	LOUISIANA	1	0	2	3
63385	WENTZVILLE	1	0	1	2
63401	HANNIBAL	11	15	32	58
63430	ALEXANDRIA	1	1	0	2
63432		0	1	0	1
63435	CANTON	3	3	6	12
63437	CLARENCE	0	0	1	1
63438	DURHAM	3	0	0	3
63440	EWING	2	0	1	3
63443	HUNNEWELL	0	0	1	1
63445	KAHOKA	4	4	1	9
63446	KNOX CITY	0	0	1	1
63447	LA BELLE	0	1	2	3
63448	LA GRANGE	0	4	1	5

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63452	LEWISTOWN	2	2	6	10
63454	MAYWOOD	0	1	0	1
63456	MONROE CITY	0	0	2	2
63457	MONTICELLO	1	0	0	1
63458	NEWARK	0	1	0	1
63459	NEW LONDON	0	1	0	1
63461	PALMYRA	1	2	10	13
63462	PERRY	1	0	0	1
63463	PHILADELPHIA	0	0	3	3
63464	PLEVNA	1	0	0	1
63472	WAYLAND	0	1	1	2
63501	KIRKSVILLE	6	7	4	17
63537	EDINA	0	2	2	4
63538	ELMER	1	1	0	2
63548	LANCASTER	0	0	1	1
63549	LA PLATA	0	1	0	1
63552	MACON	0	0	1	1
63555	MEMPHIS	1	2	2	5
63561	QUEEN CITY	0	1	0	1
65202	COLUMBIA	0	1	0	1
65265	MEXICO	0	0	1	1
65714	NIXA	0	1	0	1
65775		0	1	0	1
72206		1	1	0	2
75070		0	0	1	1
78240		0	1	0	1
95354		1	1	0	2
Total		723	544	371	1,638

{DS_ENCOUNTER.DISCHARGE_DATE} in 20091001.00 to 20100930.00 and
 {ENCOUNTER.DISCHARGE_FLOOR} in ["APS", "BMS", "CAS"]

Z:\Reports\Crystal Reports\Ken\Psych\Discharges by Zip Code Psych.rpt

8 12/2/2010

Fiscal Year Only

Complies with Market Counties Combines Illinois CompData and Missouri HIDI data into one report

Sum of encounters

County	Facility Name	Fiscal Year										Grand Total
		Fy '06 Total	Fy '07 Total	Fy '08 Total	Fy '09 Total	Fy '10 Total						
ADAMS	All Other Illinois Hospitals	11	8	15	26	40	1.8%	3.0%	4.5%	100	2.4%	
	All Other Missouri	1	6	4	2	1	0.5%	0.2%	0.1%	14	0.3%	
	Audrain Medical Center - Mexico, MO			3	5	1	0.4%	0.6%	0.1%	3	0.1%	
	Barnes-Jewish Hospital - St. Louis, MO		834	788	799	833	95.1%	93.7%	93.3%	3984	94.9%	
	Blessing Hospital	7	8	10	11	5	1.2%	1.3%	0.6%	41	1.0%	
	Hannibal Regional Hospital - MO	1								1	0.0%	
	Mcdonough District Hospital	7	6	4	2	1	0.5%	0.2%	0.1%	20	0.5%	
	Memorial Medical Center Springfield	1	2	2	3	3	0.2%	0.4%	0.3%	11	0.3%	
	Methodist Medical Center-Peoria	1	1							1	0.0%	
	OSF St. Mary Med Center	1		1	1	1	0.1%	0.1%	0.1%	3	0.1%	
	Proctor Hospital			1	3	1	0.1%	0.4%	0.1%	5	0.1%	
	St. John's Hospital			1	1	3	0.1%	0.1%	0.3%	4	0.1%	
	St. Louis Children's Hospital - MO									4	0.1%	
	University Hospital and Clinics - Columbia, MO									4	0.1%	
ADAMS Total		760	865	829	853	893	100.0%	100.0%	100.0%	4200	100.0%	
BROWN	All Other Illinois Hospitals	38	27	24	17	25	2.5%	60.7%	70.4%	131	59.2%	
	Blessing Hospital					1				1	0.6%	
	Mcdonough District Hospital					7				70	31.4%	
	Memorial Medical Center Springfield	21	22	13	7	7	32.5%	25.0%	18.5%	1	0.5%	
	Methodist Medical Center-Peoria	1								1	0.5%	
	Passavant Area Hospital	1	1			1	1.5%	1.9%	0.5%	1	0.5%	
	Sarah D Culbertson Memorial Hospital	3	3	2	4	3	4.6%	5.7%	7.4%	2	0.9%	
	St. John's Hospital									15	6.6%	
BROWN Total		65	53	40	28	36	100.0%	100.0%	100.0%	222	100.0%	
CALHOUN	All Other Illinois Hospitals	6	14	9	11	13	25.0%	40.7%	58.8%	53	40.2%	
	All Other Missouri	5	5	13	10	4	20.8%	37.0%	17.6%	37	27.9%	
	Alton Memorial Hospital		1	3	2			7.4%		6	4.5%	
	Audrain Medical Center - Mexico, MO			1	3	5	3.0%	11.1%	23.5%	28	21.4%	
	Blessing Hospital	10	5	5	3	1	15.2%			2	1.5%	
	Jersey Community Hospital	1	1	1	1	1	4.2%	3.7%		3	2.3%	
	Memorial Medical Center Springfield	1	1	1	1	1	4.2%			1	0.8%	
	St Anthony's Health Center Alton			1			3.0%			1	0.8%	
	St. John's Hospital	1					4.2%			1	0.8%	
CALHOUN Total		24	26	33	27	23	100.0%	100.0%	100.0%	133	100.0%	
CASS	All Other Illinois Hospitals	5	4	17	45	28	5.8%	32.6%	21.4%	99	16.1%	
	Blessing Hospital	33	38	37	40	43	38.4%	29.0%	32.7%	191	31.1%	

Fiscal Year Only

Complies with Market Counties Combines Illinois CompData and Missouri HIDI data into one report

Sum of encounters

Fiscal Year

County	Facility Name	Fy '06 Total		Fy '07 Total		Fy '08 Total		Fy '09 Total		Fy '10 Total		Grand Total
		Count	%	Count	%	Count	%	Count	%	Count	%	
CASS Total		86	100.0%	138	100.0%	121	100.0%	138	100.0%	131	100.0%	614
Clark	All Other Missouri	4	14.8%	10	31.3%	3	9.7%	6	20.7%	7	14.7%	30
	Audrain Medical Center - Mexico, MO			1	3.1%			1	3.4%			2
	Blessing Hospital	8	29.6%	7	21.9%	9	29.0%	15	51.7%	13	29.4%	52
	Hannibal Regional Hospital - MO	10	37.0%	7	21.9%	8	25.8%	3	10.3%	17	38.2%	45
	Missouri Residents/Iowa Hospitals	4	14.8%	2	6.3%	5	16.1%			5	11.8%	16
	Moberly Regional Medical Center - MO	1	3.7%	3	9.4%	1	3.2%			1	2.9%	6
	Northeast Regional Medical Center - Kirksville, MO					1	3.2%					1
	Scotland County Memorial Hospital - Memphis, MO			2	6.3%	3	9.7%	2	6.9%	1	2.9%	8
	University Hospital and Clinics - Columbia, MO			1	3.2%	1	3.2%	2	6.9%			3
Clark Total		27	100.0%	32	100.0%	31	100.0%	29	100.0%	45	100.0%	164
FULTON	All Other Illinois Hospitals	52	17.3%	36	12.0%	26	8.8%	36	14.8%	1	0.7%	1
	Blessing Hospital	69	23.0%	51	17.0%	52	17.5%	22	9.1%	19	9.4%	186
	Galesburg Cottage Hospital	2	0.7%	12	4.0%	7	2.4%	15	6.2%	4	2.0%	213
	Graham Hospital	29	9.7%	34	11.3%	23	7.7%	8	3.3%	7	3.4%	101
	Mcdonough District Hospital					3	1.0%	4	1.6%	1	0.7%	8
	Memorial Medical Center Springfield	10	3.3%	3	1.0%	4	1.3%	2	0.8%	3	1.3%	22
	Methodist Medical Center-Peoria	124	41.3%	140	46.7%	159	53.5%	131	53.9%	108	54.4%	662
	OSF Saint Francis Medical Center			5	1.7%	1	0.3%	3	1.2%	4	2.0%	13
	OSF St. Mary Med Center	1	0.3%	1	0.3%	1	0.3%	1	0.4%			3
	Proctor Hospital	11	3.7%	12	4.0%	17	5.7%	16	6.6%	13	6.7%	69
	Sarah D Culbertson Memorial Hospital	1	0.3%			1	0.3%	1	0.4%			3
	St. John's Hospital	1	0.3%	6	2.0%	3	1.0%	5	2.1%	3	1.3%	18
FULTON Total		300	100.0%	300	100.0%	297	100.0%	243	100.0%	199	100.0%	1339
GREENE	All Other Illinois Hospitals	35	27.8%	25	18.2%	32	28.3%	47	39.5%	64	45.7%	203
	All Other Missouri	14	11.1%	13	9.5%	8	7.1%	8	6.7%	7	4.8%	50
	Alton Memorial Hospital							6	5.0%	5	3.8%	11
	Barnes-Jewish Hospital - St. Louis, MO			2	1.5%	2	1.8%			3	1.9%	7
	Blessing Hospital	43	34.1%	54	39.4%	44	38.9%	24	20.2%	37	26.7%	202

Fiscal Year Only

Complies with Market Counties Combines Illinois CompData and Missouri HIDI data into one report

Sum of encounters

Fiscal Year

County	Fy '06 Total	Fy '07 Total	Fy '08 Total	Fy '09 Total	Fy '10 Total	Grand Total
Jersey Community Hospital	1	2	1	1	1	5
Memorial Medical Center Springfield	18	20	11	15	11	75
Methodist Medical Center-Peoria	2	14.6%	9.7%	12.6%	7.6%	2
OSF Saint Francis Medical Center	4	2.9%	3.5%	1.0%	1.0%	1
Passavant Area Hospital	4	0.7%	3.5%			12
Proctor Hospital	9	15	7	16	11	58
St. John's Hospital	9	10.9%	6.2%	13.4%	7.6%	58
Thomas H Boyd Memorial	3	2.2%	2.7%	1.7%		8
GREENE Total	126	137	113	119	140	635
		100.0%	100.0%	100.0%	100.0%	100.0%
HANCOCK	2	5	8	13	16	44
All Other Illinois Hospitals	2	4.7%	8.8%	9.7%	10.7%	44
Barnes-Jewish Hospital - St. Louis, MO	64	83	64	91	117	419
Blessing Hospital	3	0.9%	78.3%	0.7%	78.6%	1
Fort Madison Community Hospital	3	1	1	1	0.9%	6
Galesburg Cottage Hospital					0.7%	2
Great River Medical Center West Burlington			1	1		1
Hannibal Regional Hospital - MO	3	1	7	2	1	3
Keokuk Area Hospital	3	0.9%	7.7%	4.5%	0.9%	17
Mcdonough District Hospital	1	1.0%	3.0%	3.0%		5
Memorial Hospital Carhage	3	4	5	7	4	23
Memorial Medical Center Springfield	13	8	2	2	3	28
Methodist Medical Center-Peoria	5	3	2	1	0.7%	11
OSF Saint Francis Medical Center			2	3	2.2%	4
OSF St. Mary Med Center			1	1	0.9%	1
Proctor Hospital	1	1.0%	1	2	0.9%	4
St. John's Hospital	1	0.9%	1.1%	1.5%	0.9%	4
University of Iowa Hospital & Clinic	1	1				2
HANCOCK Total	96	106	91	134	149	576
		100.0%	100.0%	100.0%	100.0%	100.0%
JERSEY	81	67	79	68	80	375
All Other Illinois Hospitals	81	45.8%	40.4%	42.2%	46.2%	43.2%
All Other Missouri	24	35	39	33	32	163
Alton Memorial Hospital	2	1.1%	20.5%	20.5%	18.5%	6.5%
Barnes-Jewish Hospital - St. Louis, MO	5	1	13	16	24	56
Blessing Hospital	40	2.8%	4	5	3.1%	15
Jersey Community Hospital	14	42	38	18	21	159
Memorial Medical Center Springfield	4	22.6%	20.0%	11.2%	12.3%	49
Proctor Hospital	4	7.9%	10	11	5	21
St Anthony's Health Center Alton	3	2.3%	3	5	4	15
		0.5%	1.6%	3.1%	2.3%	1
		1.7%	0.6%	0.6%	0.6%	6

Fiscal Year Only

Complies with Market Counties Combines Illinois CompData and Missouri HIDI data into one report

Fiscal Year

Sum of encounters

County	Facility Name	Fy '06 Total		Fy '07 Total		Fy '08 Total		Fy '09 Total		Fy '10 Total		Grand Total	
		Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage
JERSEY Total		177	100.0%	166	100.0%	190	100.0%	161	100.0%	173	100.0%	867	100.0%
Knox	All Other Missouri	3	14.3%	3	13.0%	1	4.5%	4	13.8%	8	24.0%	19	14.8%
	Audrain Medical Center - Mexico, MO	1	4.8%	5	21.7%	8	36.4%	8	27.6%	7	20.0%	2	1.6%
	Blessing Hospital	7	33.3%	9	39.1%	6	27.3%	9	31.0%	7	20.0%	35	27.0%
	Hannibal Regional Hospital - MO	7	33.3%	1	4.3%	6	27.3%	3	10.3%	3	8.0%	38	29.4%
	Moberly Regional Medical Center - MO	2	9.5%	5	21.7%	6	27.3%	1	3.4%	3	8.0%	9	6.8%
	Northeast Regional Medical Center - Kirksville, MO	1	4.8%									16	12.2%
	Scotland County Memorial Hospital - Memphis, MO											3	2.3%
	University Hospital and Clinics - Columbia, MO											8	6.0%
Knox Total		21	100.0%	23	100.0%	22	100.0%	29	100.0%	33	100.0%	128	100.0%
LEE	All Other Illinois Hospitals	1	7.1%	3	20.0%	1	7.7%	2	8.3%	3	8.3%	3	3.1%
	All Other Missouri	13	92.9%	9	60.0%	11	84.6%	21	87.5%	29	91.7%	83	85.0%
	Blessing Hospital			1	6.7%							1	1.0%
	Memorial Medical Center Springfield											1	1.0%
	Methodist Medical Center-Peoria			2	13.3%							2	2.0%
	Proctor Hospital												
LEE Total		14	100.0%	15	100.0%	13	100.0%	24	100.0%	32	100.0%	98	100.0%
Lewis	All Other Missouri	10	13.0%	15	22.7%	7	10.3%	5	6.5%	8	13.3%	45	12.9%
	Audrain Medical Center - Mexico, MO			3	4.5%	2	2.9%					2	0.6%
	Barnes-Jewish Hospital - St. Louis, MO			31	47.0%	43	63.2%	48	62.3%	32	53.3%	4	1.1%
	Blessing Hospital	49	63.6%	1	1.5%	13	19.1%	20	26.0%	15	24.4%	1	0.3%
	Boone Hospital Center - Columbia, MO	14	18.2%	2	3.0%	1	1.5%	1	1.3%	1	2.2%	76	21.7%
	Hannibal Regional Hospital - MO	4	5.2%					2	2.6%	3	4.4%	9	2.7%
	Moberly Regional Medical Center - MO											5	1.3%
	Northeast Regional Medical Center - Kirksville, MO											1	0.3%
	St. Louis Children's Hospital - MO											2	0.7%
	University Hospital and Clinics - Columbia, MO												
Lewis Total		77	100.0%	66	100.0%	68	100.0%	77	100.0%	60	100.0%	348	100.0%
Marion	All Other Illinois Hospitals	1	0.2%	1	0.2%			2	0.4%	12	2.1%	15	0.6%
	All Other Kansas Hospitals	107	22.3%	144	30.0%	129	25.6%	137	25.3%	153	26.3%	670	25.9%
	All Other Missouri	9	1.9%	4	0.8%	3	0.6%	5	0.9%	3	0.5%	24	0.9%
	Audrain Medical Center - Mexico, MO	4	0.8%	1	0.2%	2	0.4%			3	0.5%	10	0.4%
	Barnes-Jewish Hospital - St. Louis, MO	56	11.7%	59	12.3%	69	13.7%	100	18.5%	87	14.9%	371	14.3%
	Blessing Hospital												

Fiscal Year Only

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Fiscal Year

Sum of encounters

County	Facility Name	Fy '06 Total		Fy '07 Total		Fy '08 Total		Fy '09 Total		Fy '10 Total		Grand Total	
		Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage
	Boone Hospital Center - Columbia, MO	295	61.6%	266	55.4%	288	57.3%	286	52.9%	287	49.2%	1	0.0%
	Hannibal Regional Hospital - MO			1	0.2%							1422	55.0%
	Kansas Residents/Missouri Hospitals	2	0.4%	3	0.6%	3	0.6%	5	0.9%	11	1.8%	1	0.0%
	Moberly Regional Medical Center - MO	3	0.6%			2	0.4%	1	0.2%			24	0.9%
	Northeast Regional Medical Center - Kirksville, MO			1	0.2%							6	0.2%
	St. Louis Children's Hospital - MO	2	0.4%			6	1.2%	5	0.9%	28	4.8%	1	0.0%
	University Hospital and Clinics - Columbia, MO											41	1.6%
Marion Total		479	100.0%	480	100.0%	503	100.0%	541	100.0%	583	100.0%	2586	100.0%
MCDONOUGH	All Other Illinois Hospitals	19	12.8%	16	10.5%	15	9.5%	24	12.3%	25	14.2%	99	11.9%
	Blessing Hospital	81	54.4%	82	53.9%	80	50.6%	73	37.4%	44	24.6%	360	43.2%
	Galesburg Cottage Hospital	2	1.3%	3	2.0%	2	1.3%	6	3.1%	9	5.2%	22	2.7%
	Great River Medical Center West Burlington					1	0.6%					1	0.1%
	McDonough District Hospital	21	14.1%	16	10.5%	20	12.7%	49	25.1%	41	23.1%	147	17.7%
	Memorial Hospital Carthage									1	0.7%	1	0.2%
	Memorial Medical Center Springfield	5	3.4%	13	8.6%	13	8.2%	8	4.1%	8	4.5%	47	5.6%
	Methodist Medical Center-Peoria	16	10.7%	14	9.2%	20	12.7%	24	12.3%	29	16.4%	103	12.4%
	OSF Saint Francis Medical Center							1	0.5%	3	1.5%	4	0.4%
	OSF St. Mary Med Center			1	0.7%	1	0.6%					2	0.2%
	Passavant Area Hospital			1	0.7%							1	0.1%
	Proctor Hospital	5	3.4%	6	3.9%	6	3.8%	6	3.1%	3	1.5%	26	3.1%
	St. John's Hospital							4	2.1%	15	8.2%	19	2.2%
MCDONOUGH Total		149	100.0%	152	100.0%	158	100.0%	195	100.0%	179	100.0%	833	100.0%
Monroe	All Other Illinois Hospitals							2	2.9%			2	0.5%
	All Other Missouri	7	8.9%	9	12.0%	20	23.3%	15	22.1%	12	16.7%	63	16.6%
	Audrain Medical Center - Mexico, MO	10	12.7%	11	14.7%	18	20.9%	9	13.2%	5	7.4%	53	14.0%
	Blessing Hospital	7	8.9%	7	9.3%	7	8.1%	7	10.3%	3	3.7%	31	8.1%
	Boone Hospital Center - Columbia, MO	10	12.7%	10	13.3%	6	7.0%					26	6.8%
	Columbia Regional Hospital - MO	1	1.3%									1	0.3%
	Hannibal Regional Hospital - MO	29	36.7%	22	29.3%	20	23.3%	18	26.5%	17	24.1%	106	28.0%
	Moberly Regional Medical Center - MO	13	16.5%	14	18.7%	13	15.1%	11	16.2%	21	29.6%	72	19.0%
	University Hospital and Clinics - Columbia, MO	2	2.5%	2	2.7%	2	2.3%	6	8.8%	13	18.5%	25	6.7%
Monroe Total		79	100.0%	75	100.0%	86	100.0%	68	100.0%	72	100.0%	380	100.0%
MORGAN	All Other Illinois Hospitals	14	5.6%	14	6.5%	26	11.6%	51	24.6%	44	19.5%	149	13.3%
	All Other Missouri	5	2.0%	3	1.4%			3	1.4%	1	0.6%	12	1.1%
	Alton Memorial Hospital							1	0.5%			1	0.1%
	Audrain Medical Center - Mexico, MO					1	0.4%					1	0.1%

Fiscal Year Only

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Fiscal Year

Sum of encounters

County	Facility Name	Fy '06 Total	Fy '07 Total	Fy '08 Total	Fy '09 Total	Fy '10 Total	Grand Total
	Blessing Hospital	75	56	75	48	68	322
	Memorial Medical Center Springfield	79	74	69	46	61	329
	Methodist Medical Center-Peoria		2	1	1	5	9
	OSF Saint Francis Medical Center						1
	Passavant Area Hospital	37	32	26	29	25	149
	Proctor Hospital		4	4	3	1	12
	St. John's Hospital	41	29	23	21	19	133
	St. Louis Children's Hospital - MO				1		1
	Thomas H Boyd Memorial				2		2
MORGAN Total		251	214	225	207	225	1122
PIKE, IL	All Other Illinois Hospitals	3	2	6	15	11	37
	All Other Missouri	3	4	2	3	5	17
	Alton Memorial Hospital					1	1
	Audrain Medical Center - Mexico, MO	1	1				2
	Blessing Hospital	45	62	76	85	91	359
	Hannibal Regional Hospital - MO	4	4	8	9	4	29
	Illini	8	2	2	2	3	17
	Memorial Medical Center Springfield	17	6	2	1	5	31
	Methodist Medical Center-Peoria			2	1		4
	Moberly Regional Medical Center - MO			2	1	1	4
	Passavant Area Hospital	1					1
	Proctor Hospital	1		1			3
	St. John's Hospital	3	4	3	3	5	18
	St. Luke's Hospital - Chesterfield, MO			1			1
PIKE, IL Total		86	85	103	121	128	523
PIKE, MO	All Other Illinois Hospitals	75	117	115	96	112	515
	All Other Missouri	22	25	17	15	11	90
	Audrain Medical Center - Mexico, MO	4	6	18	10	5	53
	Barnes-Jewish Hospital - St. Louis, MO	14	1	2			4
	Blessing Hospital	1					1
	Boone Hospital Center - Columbia, MO	1					1
	Columbia Regional Hospital - MO	50	36	28	29	37	180
	Hannibal Regional Hospital - MO				3		3
	Missouri Residents/Other States					1	1
	Moberly Regional Medical Center - MO	1		1			3
	OSF St. Mary Med Center						1

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Fiscal Year

County	Fy '06 Total	Fy '07 Total	Fy '08 Total	Fy '09 Total	Fy '10 Total	Grand Total
Facility Name						
Pike County Memorial Hospital - Louisiana, MO	6	11	2	4	1	24
St. Louis Children's Hospital - MO				1		1
St. Luke's Hospital - Chesterfield, MO	2	2	1	1	1	4
University Hospital and Clinics - Columbia, MO	2	1	1	1	7	12
PIKE, MO Total	176	200	186	161	179	902
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Ralls						
All Other Illinois Hospitals	9	18	4	1	8	10
All Other Missouri	8	7	8	6	7	44
Audrain Medical Center - Mexico, MO	6	13	8	3	1	26
Blessing Hospital		1	8	4	1	32
Boone Hospital Center - Columbia, MO	34	26	26	20	23	129
Hannibal Regional Hospital - MO	1					1
Moberly Regional Medical Center - MO					3	3
University Hospital and Clinics - Columbia, MO				1	3	4
	1.7%		56.5%	2.9%	5.9%	1.5%
Ralls Total	58	66	46	35	45	250
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
SCHUYLER						
All Other Illinois Hospitals	3	1	1	12	11	28
Blessing Hospital	32	21	15	24	25	117
Galesburg Cottage Hospital			1		1	2
Memorial Medical Center Springfield	7	5	11	6	7	36
Methodist Medical Center-Peoria		2	5	2	4	13
Proctor Hospital	1	2	2	1	3	7
Sarah D Culbertson Memorial Hospital	2	2	1	2	2	7
St. John's Hospital	1	4	1	6	5	16
	2.2%	11.4%	2.8%	11.3%	9.5%	7.2%
SCHUYLER Total	46	35	36	53	56	226
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Scotland						
All Other Missouri	7	8	5	1	3	24
Audrain Medical Center - Mexico, MO	8	7	7	8	5	35
Blessing Hospital						
Boone Hospital Center - Columbia, MO	6	2	2	1	4	15
Hannibal Regional Hospital - MO	5	1	1	3	3	12
Moberly Regional Medical Center - MO	2	1	1	1	1	5
Northeast Regional Medical Center - Kirksville, MO	2			2	1	5
Scotland County Memorial Hospital - Memphis, MO	2			1		3
St. Louis Children's Hospital - MO				1	1	2
University Hospital and Clinics - Columbia, MO					1	1
	23.3%	44.4%	29.4%	5.3%	15.4%	23.4%
Scotland Total	30	18	17	19	17	101
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
SCOTT						
All Other Illinois Hospitals	6	11	12	8	7	44
Blessing Hospital						
	46.2%	44.0%	48.0%	32.0%	33.3%	40.4%

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Service Line Psych-Drug Abuse

Psych Total IP Market

Fiscal Year Only

Complies with Market Counties Combines Illinois CompData and Missouri HID data into one report

Sum of encounters

Fiscal Year

County	Facility Name	Fy '06 Total		Fy '07 Total		Fy '08 Total		Fy '09 Total		Fy '10 Total		Grand Total	
		Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage
	Illini	6	46.2%	10	40.0%	10	40.0%	4	16.0%	5	26.7%	35	32.7%
	Memorial Medical Center Springfield			1	4.0%			1	4.0%			2	1.9%
	Passavant Area Hospital			1	4.0%			2	8.0%	3	13.3%	6	5.2%
	Proctor Hospital					1	4.0%					1	0.9%
	St. John's Hospital			2	8.0%	2	8.0%	2	8.0%	3	13.3%	9	8.0%
	St. Louis Children's Hospital - MO	1	7.7%									1	0.9%
SCOTT Total		13	100.0%	25	100.0%	25	100.0%	25	100.0%	20	100.0%	108	100.0%
Shelby	All Other Missouri	5	10.4%	7	12.5%	10	16.9%	7	15.6%	11	25.8%	40	15.9%
	Audrain Medical Center - Mexico, MO	2	4.2%			4	6.8%	4	8.9%	1	3.2%	11	4.5%
	Blessing Hospital	6	12.5%	12	21.4%	10	16.9%	7	15.6%	1	3.2%	36	14.6%
	Boone Hospital Center - Columbia, MO	2	4.2%	1	1.8%	2	3.4%					5	2.0%
	Columbia Regional Hospital - MO	2	4.2%									2	0.8%
	Hannibal Regional Hospital - MO	19	39.6%	32	57.1%	29	49.2%	19	42.2%	13	32.3%	112	45.1%
	Moberly Regional Medical Center - MO	10	20.8%	4	7.1%	4	6.8%	4	8.9%	12	29.0%	34	13.6%
	University Hospital and Clinics - Columbia, MO	2	4.2%					4	8.9%	3	6.5%	9	3.5%
Shelby Total		48	100.0%	56	100.0%	59	100.0%	45	100.0%	41	100.0%	249	100.0%
Grand Total		3188		3333		3292		3332		3460		16605	

**B BLESSING
HOSPITAL**

www.blessinghealthsystem.org

April 4, 2011

Chairman
Illinois Health Facility Planning Board
525 West Jefferson Street
Second Floor
Springfield, Illinois 62761

Dear Chairman:

This letter is in support of the Blessing Hospital CON for construction and relocation of inpatient behavioral health services from Blessing at 14th Street to the Blessing at 11th Street campus.

I am a board certified psychiatrist with an outpatient practice at Blessing Hospital since 2005. I was the attending psychiatrist for 357 behavioral health admissions in 2009 and 385 admissions in 2010 at Blessing Hospital.

There is a shortage of psychiatrists, especially in rural Illinois and for children. Without an adequate number of inpatient behavioral health beds, Blessing will be unable to recruit, retain and financially support its seven board certified psychiatrists at outpatient community organizations.

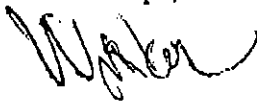
This construction is necessary for the hospital to reduce the ongoing cost of maintaining inpatient behavioral health beds. Behavioral health relocation to the 11th Street campus will result in the 14th Street campus being reclassified and exempt from inpatient accreditation, licensure and life safety codes. I would anticipate an increase in my inpatient referrals with the proposed changes of four bed suites to double and single rooms, an increased number of restraint and seclusion rooms, availability of oxygen and suction in selected patient rooms, and locking of the second adult unit.

Blessing has the only inpatient behavioral health unit within 100 mile radius of Quincy. The hospital has made a commitment to indigent care as reflected by 80% of behavioral health admissions having public funding.

I would ask your support of Blessing Hospital's effort to continue inpatient behavioral health services for the residents of Community Service Area 3. My referrals have not been used to support another pending or approved CON application.

Sincerely,

Valentina Vrtikapa, MD





www.blessinghealthsystem.org

April 4, 2011

Chairman
Illinois Health Facility Planning Board
525 West Jefferson Street
Second Floor
Springfield, Illinois 62761

Dear Chairman:

This letter is in support of the Blessing Hospital CON for construction and relocation of inpatient behavioral health services from Blessing at 14th Street to the Blessing at 11th Street campus.

Although I am not the attending inpatient psychiatrist, I admit patients from my outpatient practice to the three inpatient behavioral health units at Blessing and provide weekend inpatient psychiatric coverage.

There is a shortage of psychiatrists, especially in rural Illinois and for children. Without an adequate number of inpatient behavioral health beds, Blessing will be unable to recruit, retain and financially support its seven board certified psychiatrists at outpatient community organizations.

This construction is necessary for the hospital to reduce the ongoing cost of maintaining inpatient behavioral health beds. Behavioral health relocation to the 11th Street campus will result in the 14th Street campus being reclassified and exempt from inpatient accreditation, licensure and life safety codes. I would anticipate an increase in my inpatient referrals with the proposed changes of four bed suites to double and single rooms, an increased number of restraint and seclusion rooms, availability of oxygen and suction in selected patient rooms, and locking of the second adult unit.

Blessing has the only inpatient behavioral health unit within 100 mile radius of Quincy. The hospital has made a commitment to indigent care as reflected by 80% of behavioral health admissions having public funding.

I would ask your support of Blessing Hospital's effort to continue inpatient behavioral health services for the residents of Community Service Area 3. My referrals have not been used to support another pending or approved CON application.

Sincerely,



Raghuram Prasad, MD

**B BLESSING
HOSPITAL**

www.blessinghealthsystem.org

April 4, 2011

Chairman
Illinois Health Facility Planning Board
525 West Jefferson Street
Second Floor
Springfield, Illinois 62761

Dear Chairman:

This letter is in support of the Blessing Hospital CON for construction and relocation of inpatient behavioral health services from Blessing at 14th Street to the Blessing at 11th Street campus.

I am a board certified psychiatrist with an outpatient practice at Blessing Hospital since 1989. I was the attending psychiatrist for 436 behavioral health admissions in 2009 and 458 admissions in 2010 at Blessing Hospital.

There is a shortage of psychiatrists, especially in rural Illinois and for children. Without an adequate number of inpatient behavioral health beds, Blessing will be unable to recruit, retain and financially support its seven board certified psychiatrists at outpatient community organizations.

This construction is necessary for the hospital to reduce the ongoing cost of maintaining inpatient behavioral health beds. Behavioral health relocation to the 11th Street campus will result in the 14th Street campus being reclassified and exempt from inpatient accreditation, licensure and life safety codes. I would anticipate an increase in my inpatient referrals with the proposed changes of four bed suites to double and single rooms, an increased number of restraint and seclusion rooms, availability of oxygen and suction in selected patient rooms, and locking of the second adult unit.

Blessing has the only inpatient behavioral health unit within 100 mile radius of Quincy. The hospital has made a commitment to indigent care as reflected by 80% of behavioral health admissions having public funding.

I would ask your support of Blessing Hospital's effort to continue inpatient behavioral health services for the residents of Community Service Area 3. My referrals have not been used to support another pending or approved CON application.

Sincerely,

LeeRoy W. Johnson M.D.

LeeRoy W. Johnson, MD



www.blessinghealthsystem.org

April 4, 2011

Chairman
Illinois Health Facility Planning Board
525 West Jefferson Street
Second Floor
Springfield, Illinois 62761

Dear Chairman:

This letter is in support of the Blessing Hospital CON for construction and relocation of inpatient behavioral health services from Blessing at 14th Street to the Blessing at 11th Street campus.

Although I am not the attending inpatient psychiatrist, I admit patients from my outpatient practice to the three inpatient behavioral health units at Blessing and provide weekend inpatient psychiatric coverage.

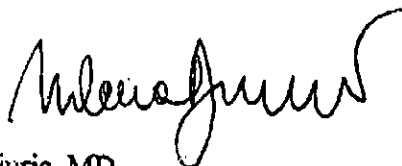
There is a shortage of psychiatrists, especially in rural Illinois and for children. Without an adequate number of inpatient behavioral health beds, Blessing will be unable to recruit, retain and financially support its seven board certified psychiatrists at outpatient community organizations.

This construction is necessary for the hospital to reduce the ongoing cost of maintaining inpatient behavioral health beds. Behavioral health relocation to the 11th Street campus will result in the 14th Street campus being reclassified and exempt from inpatient accreditation, licensure and life safety codes. I would anticipate an increase in my inpatient referrals with the proposed changes of four bed suites to double and single rooms, an increased number of restraint and seclusion rooms, availability of oxygen and suction in selected patient rooms, and locking of the second adult unit.

Blessing has the only inpatient behavioral health unit within 100 mile radius of Quincy. The hospital has made a commitment to indigent care as reflected by 80% of behavioral health admissions having public funding.

I would ask your support of Blessing Hospital's effort to continue inpatient behavioral health services for the residents of Community Service Area 3. My referrals have not been used to support another pending or approved CON application.

Sincerely,



Milena D Djuric, MD

**B BLESSING
HOSPITAL**

www.blessinghealthsystem.org

April 4, 2011

Chairman
Illinois Health Facility Planning Board
525 West Jefferson Street
Second Floor
Springfield, Illinois 62761

Dear Chairman:

This letter is in support of the Blessing Hospital CON for construction and relocation of inpatient behavioral health services from Blessing at 14th Street to the Blessing at 11th Street campus.

I am a board certified psychiatrist with an outpatient practice at Blessing Hospital since 2004. I was the attending psychiatrist for 400 behavioral health admissions in 2009 and 417 admissions in 2010 at Blessing Hospital.

There is a shortage of psychiatrists, especially in rural Illinois and for children. Without an adequate number of inpatient behavioral health beds, Blessing will be unable to recruit, retain and financially support its seven board certified psychiatrists at outpatient community organizations.

This construction is necessary for the hospital to reduce the ongoing cost of maintaining inpatient behavioral health beds. Behavioral health relocation to the 11th Street campus will result in the 14th Street campus being reclassified and exempt from inpatient accreditation, licensure and life safety codes. I would anticipate an increase in my inpatient referrals with the proposed changes of four bed suites to double and single rooms, an increased number of restraint and seclusion rooms, availability of oxygen and suction in selected patient rooms, and locking of the second adult unit.

Blessing has the only inpatient behavioral health unit within 100 mile radius of Quincy. The hospital has made a commitment to indigent care as reflected by 80% of behavioral health admissions having public funding.

I would ask your support of Blessing Hospital's effort to continue inpatient behavioral health services for the residents of Community Service Area 3. My referrals have not been used to support another pending or approved CON application.

Sincerely,



Salvado Sanchez-Zungia, MD

**B BLESSING
HOSPITAL**www.blessinghealthsystem.org

April 6, 2011

Chairman
Illinois Health Facility Planning Board
525 West Jefferson Street
Second Floor
Springfield, Illinois 62761

Dear Chairman:

This letter is in support of Blessing Hospital Quincy, Illinois's request for a certificate of need for construction and relocation of behavioral health services from Blessing at 14th Street to Blessing at 11th Street.

I am a board certified child psychiatrist with an active outpatient practice at Blessing Hospital. I have been here since 2001. I also have been the attending child psychiatrist for 201 behavioral health admissions in 2009 and 192 admissions in 2010 at Blessing Hospital. Blessing Hospital has the only inpatient child behavioral health unit within 100 miles of Quincy. The hospital has made a commitment to indigent care as reflected by 80% of behavioral health admissions having public funding.

There is a shortage of psychiatrists in rural Illinois especially child and adolescent psychiatrists without adequate hospital facilities. It would be impossible to provide appropriate total care for these clients.

The construction is necessary for the hospital to reduce ongoing costs of maintaining inpatient behavioral health beds. Behavioral health relocation to the 11th Street campus will result in 14th Street campus being reclassified and exempt from inpatient accreditation, licensure and life safety codes. I would anticipate an increase in inpatient referrals with the proposed changes from 4 bed suites to double and single occupancy rooms. There will also be an increase in number of restraint and seclusion rooms which will provide for greater safety for clients. There will be the availability of medical services, oxygen, and suction in patient rooms that are not available at this time. The proposed construction also does provide for being able to have a locked facility for the second part of the adult psychiatric unit so that the total program would have a locked basis and be able to provide a more secure programming for psychiatric patients.

I am asking for your support of Blessing Hospital's effort to continue inpatient behavioral health care services for residents of our Community Service Area 3. My referrals have not been used to support another pending or approved CON application.

Sincerely,

Lanny E. Stiles D.O.
Lanny E. Stiles D.O.



www.blessinghealthsystem.org

April 4, 2011

Chairman
Illinois Health Facility Planning Board
525 West Jefferson Street
Second Floor
Springfield, Illinois 62761

Dear Chairman:

This letter is in support of the Blessing Hospital CON for construction and relocation of inpatient behavioral health services from Blessing at 14th Street to the Blessing at 11th Street campus.

I am a board certified psychiatrist with an outpatient practice at Blessing Hospital since 2005. I was the attending psychiatrist for 186 behavioral health admissions in 2009 and 190 admissions in 2010 at Blessing Hospital.

There is a shortage of psychiatrists, especially in rural Illinois and for children. Without an adequate number of inpatient behavioral health beds, Blessing will be unable to recruit, retain and financially support its seven board certified psychiatrists at outpatient community organizations.

This construction is necessary for the hospital to reduce the ongoing cost of maintaining inpatient behavioral health beds. Behavioral health relocation to the 11th Street campus will result in the 14th Street campus being reclassified and exempt from inpatient accreditation, licensure and life safety codes. I would anticipate an increase in my inpatient referrals with the proposed changes of four bed suites to double and single rooms, an increased number of restraint and seclusion rooms, availability of oxygen and suction in selected patient rooms, and locking of the second adult unit.

Blessing has the only inpatient behavioral health unit within 100 mile radius of Quincy. The hospital has made a commitment to indigent care as reflected by 80% of behavioral health admissions having public funding.

I would ask your support of Blessing Hospital's effort to continue inpatient behavioral health services for the residents of Community Service Area 3. My referrals have not been used to support another pending or approved CON application.

Sincerely,



Ronald St. Hill, MD



Pat Quinn, *Governor*

Michelle R. B. Saddler, *Secretary*

Greater Illinois - Central Region
Andrew McFarland Mental Health Center

● Jordan Litvak, Network Manager
● Karen Schweighart, Hospital Administrator

April 4, 2011

Chairman
Illinois Facility Planning Board
525 W. Jefferson St., 2nd Floor
Springfield, Illinois 62761

To whom it may Concern:

Please be advised that the Division of Mental Health is in support of continuing inpatient psychiatric care provided by Blessing Hospital. Blessing admits over 1,600 behavioral health patients each year and serves as a regional access hub for west central Illinois. The next closest facilities are in Springfield, Peoria, and Rock Island, all of which periodically exceed inpatient capacity at their respective area hospitals. Blessing also has the only Child and Adolescent unit within a 100 miles radius in Illinois, Missouri, and Iowa.

Blessing already admits patients from hospitals with inpatient behavioral health units at St. Johns, Memorial, and Methodist Hospital Emergency Rooms. The impact of the loss of inpatient behavioral health at Blessing Hospital would also include difficulty in retaining psychiatrists and psychiatrist contracts to community organizations.

It is my understanding that the current occupancy at Blessing inpatient psych unit is affected by suites of four patients who share bathrooms and showers. This limits admissions due to patient issues of gender, age, and severity of psychiatric illness. The proposed unit will provide for private and semi private beds and increase accessibility while decreasing the total number of behavioral health beds.

Sincerely,

Jordan Litvak
Executive Director, Regions 3 and 4
Department of Human Services
Division of Mental Health

Schuyler County Mental Health Association

127 South Liberty Street Rushville, IL 62681

Phone: 217-322-4373 Fax: 217-322-2138

Chairman
Illinois Facility Planning Board
525 West Jefferson Street
Second Floor
Springfield, Illinois 62761

Mr. Chairman:

My name is Trenton Chockley and I work for the Schuyler County Mental Health Association. I'm sending this letter on behalf of Blessing Hospital. It is my understanding that they are proposing to move inpatient psychiatric services from their facility at 14th street to what will be a newly constructed facility at 11th street. We look forward to these planned changes.

Schuyler County Mental Health is a community mental health center in Rushville, Illinois. We provide out-patient behavioral health services for our rural community. We also are the local resource for behavioral health crisis situations. Since our agency's earliest days, we have had an on-going relationship with Blessing Hospital. Through the past four decades, we have referred a vast number of behavioral health cases for admission to Blessing.

Blessing admits over 1600 patients each year for behavior health services. Some people might think this is an indication of the need in the city of Quincy alone, however, Quincy is not a large city or part of a suburban metro complex. These 1600 patients come from a large geographic area. Speaking for the Rushville community, when we have a crisis situation where in-patient behavioral health care is the only safe course of action, we are limited. Behavioral health units in Springfield are a little further than Blessing, but the lone applicable hospital in Peoria is an additional thirty minutes of travel time in comparison. Within a 100 mile radius of Rushville there are nearly 15 hospitals, but of those hospitals only 5 are equipped for behavioral health admissions. Furthermore, Blessing is the only hospital with a C&A unit within 100 miles of Quincy. When inpatient behavioral health units are full at one of those other four hospitals I previously mentioned; when capacity allows, Blessing admits patients from said hospital emergency rooms. And capacity is a problem not limited to these hospitals - we are finding it more and more difficult to find occupancy in state operated facilities. We know that the loss of Blessing Hospital as a resource for behavioral health inpatient services would impact 1600 people annually, but with recent developments I suspect the number would increase substantially.

We have benefited from Blessing Hospital's policies through the years. Blessing admits patients regardless of ability to pay... this despite loss of CHIPS indigent care funding. They also have accessible behavioral health admissions through Central Intake 24 hours a day, 7 days a week. Also Blessing coordinates treatment and discharge planning when a patient is returning to the community. In addition to this relationship we have shared in providing direct service; we have participated with Blessing Hospital on the Mental Health Authority Education Committee. This work has provided training to countless professionals who are called upon to respond to behavioral health issues. There are many organizations represented on the committee, but Blessing Hospital takes a lead role and without their leadership I doubt the committee would exist.

Please accept this letter of support on their behalf.

Thank you,



Trenton Chockley,
Executive Director



4409 Maine St. • P.O. Box 3646 • Quincy, IL 62305-3646

Phone: (217) 223-0413 • Fax: 223-0461

April 4, 2011

Chairman
Health Facility Planning Board
2nd Floor
525 W. Jefferson Street
Springfield, IL 62761

Dear Sir:

I am writing to express support for Blessing Hospital's plan to relocate its behavioral health services from its 14th Street campus to the Hospital's 11th Street campus. This move will improve the quality of Blessing's behavioral health services and locate these services in a facility that better meets the needs of patients and families.

As an outpatient community mental health service provider, we work very closely with the inpatient behavioral health units at Blessing Hospital. We refer our consumers who need inpatient care to Blessing for these services. Having inpatient mental health services available in our community enables us to coordinate inpatient and outpatient care and provide great continuity of care. Locally provided inpatient treatment also enables families to participate in the care plans of loved ones, and improves mental health treatment outcomes.

We urge the Health Facilities Planning Board to approve Blessing Hospital's request to relocate its behavioral health beds. Blessing's inpatient mental health services *are critical* to the health and well-being of residents of Adams County and surrounding counties.

Blessing Hospital serves approximately 1600 individuals a year. The hospital not only serves Adams County residents, but residents from many other counties in west central Illinois. Certainly these figures speak to the need for inpatient services in our area.

Blessing Hospital's inpatient behavioral health beds are the only such beds within a 100 mile radius. Without local inpatient mental health services people in our area who need inpatient treatment would have to travel a minimum of 100 miles for such treatment. When a person is in psychiatric crisis, travel is very difficult. In addition, many people simply do not have the financial resources to travel this distance for care. Traveling a long distance for inpatient mental health treatment will be a huge barrier.

Inpatient mental health treatment, if not provided at Blessing Hospital, would likely not be available to people in our area. At this time it is very difficult to access admission to McFarland Zone Center, the State operated facility that serves our area; and McFarland would certainly not be able to accommodate an additional 1600 admissions annually.

Admission to a State mental health facility is often not appropriate for the patient, nor is it needed. There are some people who can benefit from a brief inpatient stay who either would not meet McFarland Zone Center's admission criteria or would refuse admission to a State hospital.

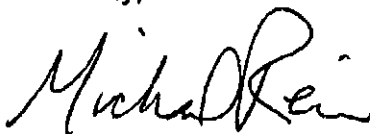
Travel for inpatient care would be costly for all and impossible for some. If inpatient psychiatric services are not available locally, area residents would be required to travel at least 100 miles for these services.

The continuity of mental health care and quality of care would be impacted if inpatient treatment is not available in our community. It would be very difficult for families to participate in treatment services/treatment planning if their loved ones are hospitalized 100 miles away. It would also be difficult for community mental health staff to participate in case staffing/discharge planning when people are hospitalized outside the community.

The community mental health system in our area would be severely impacted if inpatient mental health services are removed from our community. Blessing Hospital has been successful in recruiting psychiatrists to serve our area. Having inpatient behavioral health services has certainly assisted the Hospital with their recruitment efforts. It would be very difficult for a psychiatrist to practice in our rural area without inpatient mental health resources in the community. If Blessing Hospital does not retain its inpatient mental health services it would likely result in psychiatrists leaving our area in order to practice in areas that have inpatient resources. This would very negatively impact the community mental health care system in many counties in west central Illinois.

On behalf of the Board of Directors and staff of Transitions of Western Illinois, I urge the Health Facilities Planning Board to approve Blessing Hospital's request to relocate its inpatient behavioral health services to new construction at its 11th Street campus. We very much want to retain these important services in our area.

Sincerely,



Michael Rein
Executive Director

From here it all changes

WellSpring
RESOURCES

2615 Edwards Street · Alton, IL 62002 | office: (618) 462-2331 | fax: (618) 462-2331
501 Saint Louis Avenue · East St. Louis, IL 62201 | office: (618) 482-8191 | fax: (618) 482-9719
220 East County Road · Jerseyville, IL 62052 | office: (618) 639-2010 | fax: (618) 639-2015

April 4, 2011

Chairman
Illinois Facility Planning Board
525 West Jefferson Street, 2nd floor
Springfield, Illinois 62761

Re: Letter in Support of Blessing Hospital Request

I write this letter in support of Blessing Hospital's request for approval to move and renovate its inpatient psychiatric services.

WellSpring Resources is a community mental health agency providing an array of services to children and adults in Madison, Jersey, Calhoun, and Greene Counties in Illinois. We refer consumers to Blessing Hospital for inpatient behavioral health services.

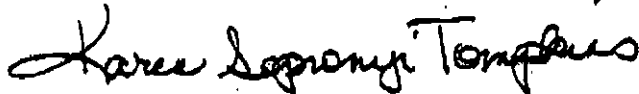
The services that Blessing provides are very much needed. Annually they admit over 1600 behavioral health patients. There are few behavioral health resources within a 100 mile radius of Quincy. Blessing operates the only child and adolescent inpatient unit within 100 miles in Illinois, Missouri and Iowa. The high occupancy of state operated facilities has made admitting consumers to inpatient services very difficult. Without Blessing's inpatient services it would be difficult to retain psychiatrists and psychiatrist contracts to community organizations such as ours.

WellSpring participates with Blessing Hospital on the Mental Health Authority Education Committee. Blessing provides admissions to consumers who need inpatient psychiatric services regardless of ability to pay despite loss of CHIPS indigent care funding. It offers accessible behavioral health admissions through Central Intake 24 hours a day, 7 days a week, and also coordinates treatment and discharge planning.

The current Blessing inpatient facility offers suites of four patients who share bathroom and shower. This is complicated and limits admissions due to gender, age, severity of psychiatric illness. The proposed renovated unit will provide for private and semi private beds and increase bed availability while decreasing number of behavioral health beds.

WellSpring Resources approves of and supports Blessing Hospital's request for approval to relocate and renovate its psychiatric inpatient programs.

Sincerely,



Karen Sopronyi-Tompkins, MPA
Executive Director



SIU HealthCare

Exceptional Medicine. Partners in Care.

April 4, 2011

Chairman
Illinois Facility Planning Board
525 West Jefferson Street
Second Floor
Springfield, IL 62761

Dear Chairman,

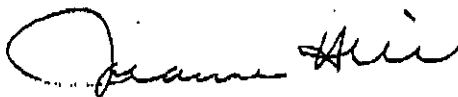
I am writing to you today to support the proposed relocation of inpatient psychiatric services at Blessing Hospital from the current location at 14th & Broadway to a newly constructed area at the Blessing Hospital main campus located at 11th & Broadway. The new accommodations will add comfort and accommodation flexibility for the patients. The accommodations currently available at the 14th and Broadway location allow for four patients to share a bathroom and shower limiting admissions due to patient gender, age, and severity of psychiatric illness. The new area to be located at 11th & Broadway propose private and semi-private rooms and an increase in occupancy to accommodate the need for this service in the Quincy area.

SIU Quincy Family Practice currently has four behavioralists on staff who refer patients for inpatient care when warranted. Blessing Hospital inpatient psychiatric services currently serves the Quincy area within a 100 mile radius. Blessing Hospital admits over 1,600 inpatient behavioral health patients on an annual basis. Loss of this service in the Quincy, IL area would put an additional burden on the patients who benefit, as the closest facilities of this type are in Springfield, IL and Peoria, IL. Additionally, Blessing Hospital has worked very hard to recruit and maintain an excellent psychiatric provider staff for the Quincy area. Losing an inpatient facility for behavioral health would most probably result in losing this expertise the Quincy medical community has come to rely on.

SIU Quincy Family Practice participates with Blessing Hospital on the Mental Health Authority Education Committee. Our family medicine residents directly benefit from the expert resources in psychiatric care brought to the Quincy area by Blessing Hospital as each family resident completes a psychiatric rotation with community providers in this area. Coordination of treatment and discharge planning are skills provided to our residents as a learning opportunity. Behavioral health needs are very different from acute medicine, and the residents learn first-hand the importance of having an inpatient facility in the immediate area accessible 24 hours, 7 days a week regardless of the patients ability to pay.

Thank you for consideration of my comments as the decision is made to allow for improvement in patient care delivery for behavioral health services in the Quincy area.

Sincerely,



Jeanne Hill, MBA
Medical Services Administrator
SIU Quincy Family Practice

Quincy Family Practice Center
Southern Illinois University School of Medicine
612 North 11th Street | Quincy, Illinois 62301-2662
(217) 224-9484 | Fax: (217) 224-7950 | www.siumed.edu

BRIDGEWAY

April 4, 2011

Chairman
Illinois Facility Planning Board
525 West Jefferson St, 2nd floor
Springfield, IL 62761

Dear Chairman:

Bridgeway operates treatment and crisis behavioral health services in six (6) counties of western Illinois. It is increasingly difficult to find beds available for persons with psychiatric needs.

Bridgeway strongly supports a viable inpatient service available to consumers (both adults and children) in the Quincy area. Bridgeway has few options available for inpatient psychiatric care. We must send adult patients to Springfield, Peoria, Quad Cities and Rockford. Children and adolescent patients are even more difficult with far fewer options and often referrals must be sent to Streamwood in the Chicago area.

I would like, as a regional behavioral health provider, to support Blessing Hospital's proposal for a more modern facility. Strong inpatient service at Blessing Hospital is a very valuable asset for both serving our patients as well as serving as a resource for our clinical staff and physicians.

Sincerely,



James H. Starnes
CEO

Johnson, Chuck

From: Lee, Kay E. [kalee@mdh.org]
Sent: Friday, April 01, 2011 4:26 PM
To: Johnson, Chuck

Nothing fancy - hope it helps

April 1, 2011

Chairman
Illinois Facility Planning Board
525 West Jefferson Street
Second Floor
Springfield, Illinois 62761

To Whom It May Concern,

I am writing in support of the proposal to move inpatient psychiatric services from Blessing at 14 with new construction at 11th.

As providers of outpatient behavioral health services in a rural community, we rely heavily on the availability of Blessing Hospital's inpatient psychiatric services.

Blessing is one of only three inpatient units within a 100 mile radius of our hospital. The 24/7 access to services as well as Blessing's willingness to admit regardless of ability to pay are but two of the reasons that I strongly support the continuing need for inpatient psychiatric care in Quincy, IL.

Sincerely

Kay Lee

Director/Behavioral Health Services

McDonough District Hospital

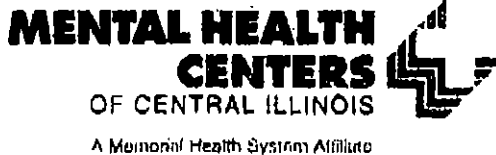
Macomb, IL:

61455

04/01/2011

Attachment 22

165



340 West State Street
 P.O. Box 370
 Jacksonville, Illinois 62651
 Phone and TTY (217) 245-6126
 Fax (217) 245-4296 • MHCCI.org

4/5/2011

Chair
 Illinois Facility planning Board
 525 West Jefferson Street
 Second Floor
 Springfield, Illinois 62761

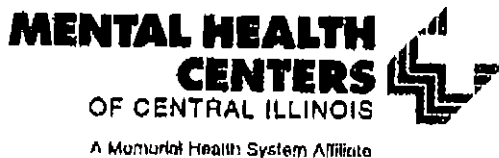
Dear Chair of Illinois Facility planning Board,

As the Director of the Mental Health Centers of Central Illinois Jacksonville site I am writing to provide my full support regarding the proposal for Blessing Hospital to move inpatient psychiatric services due to their planned construction. There is without a doubt a significant need for those continued psychiatric beds for adults and children as well as the benefits of a new facility. It would be a tragedy to individuals in our community to lose inpatient psychiatry services in Quincy.

It would create an extreme and dire circumstance for individuals without the inpatient psychiatric facility at Blessing Hospital in Quincy. Despite Jacksonville being closer to Springfield where there are 2 Private inpatient Psychiatry units for Adults, Memorial and St. John's Hospital, and one unit for children it is frequently necessary to send individuals to the Blessing facility due to the simple fact that there is a lack of psychiatric beds already. We also have the State facility for Adults at McFarland State Hospital in Springfield, which also has a high occupancy rate which affects the ability to admit consumers. There are times now that consumers must be held for days until Psychiatric beds become available either at Blessing or in the Springfield facilities. Facilities farther than Quincy or Springfield will rarely agree to accept individuals from our area.

Blessing admits over 1600 behavioral health patients each year. There is a lack of alternative behavioral units within a 100 mile radius of Quincy with the nearest facilities being in Springfield and Peoria. The impact of losing these beds in Quincy would be that individuals may have to be held for long periods before being able to be admitted or worse might not be able to be admitted at all. This would delay care and put individuals at an increased risk of harming themselves or others. During the calendar year of 2010 my agency as a whole admitted 67 consumers to Blessing Hospital. One was admitted by our agency through St. John's ED, 7 admitted by my agency through Memorial Medical Center ED and 59 were admitted by my agency through Passavant Hospital (Jacksonville, IL). Both Memorial and St. John's have Inpatient units yet need to send consumers to Quincy at times. Passavant staff admits consumers to Blessing in addition to the numbers of admissions that I have provided.





340 West State Street
P.O. Box 370
Jacksonville, Illinois 62651
Phone and TTY (217) 245-6126
Fax (217) 245-4296 • MHCCI.org

Blessing Hospital is an outstanding provider of inpatient psychiatric care and I hold their team in high regard. They are easy to work with and clearly put the needs of consumers as their highest priority. We work closely with their team from the beginning process of contacting their highly accessible intake department 24 hours a day to discharge planning. Consumers consistently report a positive and beneficial experience in their facility.

I request that you please authorize the certificate of need for the inpatient psychiatric beds in a new facility as requested by Blessing Hospital.

Sincerely,

A handwritten signature in black ink that reads "Robert L. Heape".

Robert L. Heape, MS, LCPC
Director Jacksonville Site



APR-04-2011 MON 06:00 PM
Apr. 4. 2011 10:52AM

BLESSING HOSPITAL
JERSEY COMMUNITY HOSPITAL

2172289428

P. 08

No. 0565 P. 1

400 Maple Summit Road
P.O. Box 426
Jerseyville, Illinois 62052



Phone: (618) 498-6402
Fax: (618) 498-8496
www.jch.org

Jersey Community Hospital


Mr. Dale Galassie, Chair
Illinois Facility Planning Board
525 West Jefferson Street
Second Floor
Springfield, Illinois 62761


Dear Chairman Galassie,

We have been made aware of Blessing Hospital's request to move and improve its inpatient psychiatric services and the associated petition to the CON Board. As a referring hospital, we regularly use Blessing's inpatient unit. Such referrals are often difficult to make, as finding an open bed is never easy, particularly as some institutions may limit access for the under or uninsured.

In our experience, Blessing has accepted admissions from JCH regardless of the ability to pay. This service is one of the very few available to our facility and needs to be allowed to revamp its capabilities. We support the application to move the service to a new location and to provide private and semi-private accommodations.

Sincerely,


Larry Bear
Administrator

 **SIU School of Medicine**

April 4, 2011

Chairman Illinois Facility Planning Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Mr. Chairman:

This letter is in support of the Blessing Behavioral Healthcare inpatient unit, which is proposed to be included in the new 11th street hospital complex. I whole-heartedly support this project.

As a mental health provider who has worked in Quincy since 1971, I have a close association with the Blessing Behavioral Healthcare Program. I rely on this service to keep my patients safe and to assist them through their emotional crisis when the need arises. There are no other inpatient behavioral health services within 100 miles, and accommodating transportation to these sites is extremely difficult. Without this unit, mental health clinicians in Quincy would have a great deal more difficulty trying to find appropriate services for their patients.

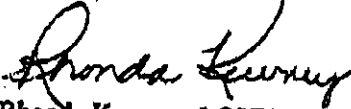
I also teach at the SIU Healthcare Residency Program in Quincy. The psychiatrist and mental health professionals from the hospital provide a valuable service to our resident physicians by teaching the psychiatry curriculum. The hospital also allows us at SIU Healthcare the opportunity to have one of the child psychiatrists hired by their program work with our pediatric population one half day a week. Our patients require evaluation and medication services, and we are fortunate to be able to purchase this time from the hospital. The psychiatrists in Quincy are employed by Blessing Hospital, and their main job responsibilities are to provide inpatient services. Without the inpatient unit, I am sure these people would be forced to leave the community to find employment elsewhere.

Quincy Family Medicine Residency Program
Southern Illinois University School of Medicine
612 North 11th Street | Quincy, Illinois 62301-2662
(217) 224-9484 | Fax: (217) 224-7950 | www.quincyfamily.org

Attachment 22

The administrator of Blessing Behavioral Health Unit is a patient advocate who works tirelessly to promote educational opportunities for mental health professionals and reduce stigma for emotional disorder. Mr. Johnson is the Chair of the Education Committee of the Mental Health Authority, and brings quality educational experiences to other mental health professionals in our area. The benefits of the Blessing Behavioral Healthcare Programs and their professional service to the community cannot be overstated. I respectfully request you give strong consideration to their relocation to the 11th street complex.

Sincerely,


Rhonda Kewney, LCSW

RK/ash

APR. 4. 2011 10:08AM

CHADDOCK

NO. 818

P. 2



205 South 24th Street
Quincy, Illinois 62301
phone: 217.222.0034
fax: 217.222.3865
toll-free: 1.888.242.3625
www.chaddock.org

April 3, 2011

Chairman
Illinois Facility Planning Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

Dear Chairman and Board,

This letter is in support of the proposed new construction for inpatient psychiatric services at Blessing Hospital in Quincy, Illinois to replace current inpatient beds at an older Blessing facility.

Blessing has the only child and adolescent inpatient behavioral health services within 100 miles in Illinois, Missouri and Iowa. As a residential treatment facility serving severely emotionally disturbed youth, it is critical that we have convenient, reliable inpatient psychiatric services when our clients' mental health issues cannot be safely managed in our unlocked campus setting. Obviously, with more than 1600 behavioral health admissions annually, Chaddock is only one of the many who rely on the vital behavioral health services provided by Blessing Hospital.

Blessing's in-patient behavioral health services are a critical component of the total system of care in west-central Illinois. In addition to vital inpatient services, the psychiatrists employed by Blessing also contract with community organizations throughout the area that require the services of a psychiatrist but could not otherwise solely support such services.

At Chaddock, we rely on Blessing's 24/7 central intake for behavioral health services, admissions regardless of ability to pay despite the loss of CHIPS indigent care funding, and their willingness to work with our treatment staff to coordinate treatment and discharge planning. If you need additional information on the critical role that Blessing behavioral health services plays in this community, and the many ways the care they provide could be enhanced through the construction of a new facility, please feel free to contact me at 217/222-0034. Thank you for your consideration, and continued support, of the vital role that Blessing Hospital behavioral health services plays in this portion of the state.

Sincerely,

Debbie Reed
President/CEO

TUTAL P. 22

Human Resource Center for Cass County
121 East Second Street * Beardstown, Illinois 62618

*Cass County Mental Health Association
 Comprehensive Community Mental Health Services*

Phone: (217) 323-2980
 Fax: (217) 323-3791

TTY: (217) 323-5725
 e-mail: hrc@casscomm.com

April 4, 2011

Chairman
 Illinois Facility Planning Board
 525 West Jefferson Street
 Second Floor
 Springfield, IL 62761

Re: Letter of Support for Blessing Hospital

To Whom It May Concern,

Our Agency, Cass County Mental Health Association, has worked with Blessing Hospital for many years as our primary referral source for inpatient psychiatric hospitalizations.

Over the last several years we have encountered barriers to obtaining in-patient psychiatric hospitalizations placements due to the area hospitals having no occupancies. Our crisis teams have had to travel as far North as Chicago, South to St. Louis, East to Champaign and Danville to locate a psychiatric in-patient placement. On an average our Agency refers approximately 6-8 people a month to the Blessing Hospital Psychiatric unit. Our Agency has a very large and active SASS (Screening, Assessment Support Services for children/adolescents) program and we refer many children to Blessing's Child Psychiatrist. Not having the inpatient behavioral health program available would be extremely detrimental to the children/adolescents and adults that we serve in our Agency programs.

Blessing is our first choice when dealing with a psychiatric hospitalization. The intake workers are very accessible and easy to work with 24 hours a day, 7 days a week. Blessing Hospital staff work very well with our Agency staff to ensure the continuity of care and are consistent with including our staff in the client's progress, their treatment planning and their discharge planning. Blessing Hospital accepts admissions, if beds available, regardless of ability to pay. We also have a staff member that participates with Blessing Hospital on the Mental Health Authority Education Committee.

Sincerely,

Don Cates

Don Cates
 Executive Director

Attachment 22

P. 02/02 217 323 3791

CASS CO. MENTAL HEALTH

APR-03-2011 23:22

172



MENTAL HEALTH CENTERS OF WESTERN ILLINOIS

Brown Site

700 SE Cross
Mt. Sterling, Illinois 62353
Phone: 217-773-3325
Fax: 217-773-2425

Psychosocial Rehabilitation
210 Country Lane
Mt. Sterling, Illinois 62353
Phone: 217-773-3958
Fax: 217-773-2339

Sterling Apartments
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Fax: 217-357-6609

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Fax: 217-285-2804

West Facility
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Pittsfield, Illinois 62363
Phone: 217-285-4930
Fax: 217-285-6223

Chairman
Illinois Facility Planning Board
525 West Jefferson Street
Second Floor
Springfield, Illinois 62761

Mental Health Centers of Western Illinois pledges our support to Blessing Hospital as they seek to improve client care for persons admitted for inpatient behavioral health care/psychiatric services.

Our agency serves three rural counties – Pike, Brown, and Hancock and we have partnered with Blessing Hospital for many years in regards to meeting the needs of the individuals we jointly serve. The need and availability for inpatient psychiatric services for individuals residing within our small communities is greatly needed. Blessing Hospital is within 30-45 minutes from each of our three sites and all other alternative psychiatric inpatient units are over 100 miles. We frequently experience problems with getting a client admitted to a state operated facility due to high occupancy and the closest state operated facility from our three rural communities is approximately 100 miles away.

The impact of loss of inpatient services at Blessing would be devastating to our three agencies and would greatly reduce the availability of psychiatric services to persons served in West Central Illinois.

Sincerely,

Roxie Oliver LCPC
Executive Director

 **Locust Street
Resource Center**

Formerly Macopin County Mental Health Association

April 1, 2011

Chairman
Illinois Facility Planning Board
525 West Jefferson Street
2nd Floor
Springfield, IL 62761

RE: Blessing Hospital

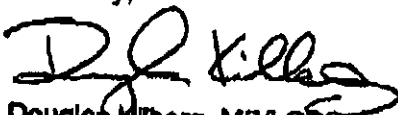
Dear Chairman,

I am writing to express my support of Blessing Hospital's plans to improve their inpatient psychiatric unit. This agency regularly makes referrals for inpatient admissions at Blessing Hospital - particularly for residents in our western catchment area. Blessing's services are high-quality and consumer-focused. They provide a resource that is closer to home and more accessible for many of our consumers who consistently report a high level of satisfaction with the care they received at Blessing.

Access to inpatient psychiatric care is becoming increasingly difficult. It is not uncommon for my staff to contact 20+ hospitals throughout central Illinois when seeking an inpatient admission. The state hospital in Springfield, as well as the private hospitals in the area, is difficult to access due to the limited number of beds already. There are no other psychiatric beds within 100 miles of Quincy and any reduction in beds would significantly impact services in this area and put individuals at risk. In addition, an admission far from a consumer's home makes collateral services difficult and limits continuity of care.

I am in full support of Blessing's desire to move and enhance their inpatient services and would strongly endorse their plan. I hope this information is helpful as you consider their request. If you need any additional information, please feel free to contact me at 217-854-3166 or by e-mail at dk@macmhc.org.

Sincerely,


Douglas Kilberg, MS/LCPC
Executive Director



MENTAL HEALTH CENTERS OF WESTERN ILLINOIS

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Our agency serves three rural counties – Pike, Brown, and Hancock and we have partnered with Blessing Hospital for many years in regards to meeting the needs of the individuals we jointly serve. The need and availability for inpatient psychiatric services for individuals residing within our small communities is greatly needed. Blessing Hospital is within 30-45 minutes from each of our three sites and all other alternative psychiatric inpatient units are over 100 miles. We frequently experience problems with getting a client admitted to a state operated facility due to high occupancy and the closest state operated facility from our three rural communities is approximately 100 miles away.

The impact of loss of inpatient services at Blessing would be devastating to our three agencies and would greatly reduce the availability of psychiatric services to persons served in West Central Illinois.

Sincerely,

Roxie Oliver LCPC
Executive Director



1600 West Walnut / Jacksonville, Illinois 62650 / 217.245.9541 / www.passavanthospital.com

April 4, 2011

Chairman
Illinois Facility Planning Board
525 W. Jefferson, Second Floor
Springfield, IL 62761

Dear Chairman,

I am writing in support of Blessing Behavioral Health Services' new construction project. Passavant Area Hospital refers patients to Blessing Behavioral Health Services in Quincy on a weekly basis. In calendar year 2010, Passavant Area Hospital transferred out over 125 patients requiring inpatient psychiatric care. We have a great deal of difficulty finding available psychiatric beds within a hundred miles of our facility. Due to the current bed shortage we are placing patients on long waiting lists and housing them for up to 72 hours waiting for a bed to become available.

In order to help meet the needs of these patients, while we are waiting for a bed, we currently are contracting with Blessing Behavioral Health for telepsychiatry services. Blessing Behavioral Health Services has consistently gone above and beyond to meet the needs of our patients. They have accepted many of our patients who have numerous physical problems in addition to their psychiatric issues. If the unit at Blessing were to close, the majority of these individuals would not receive the help they need.

Thank you for considering Blessing Behavioral Health Services' request which helps to ensure quality psychiatric services are available not only to Quincy's population but also to ours.

Sincerely,

Chester A. Wym, CPA, FHFMA
President and CEO

VHA

TOTAL P.01

176

Attachment 22



1454 North County Road 2050
P.O. Box 160
Carthage, IL 62321
(217) 357-8500
www.mhnlc.org

April 4, 2011

Chairman
Illinois Facility Planning Board
525 West Jefferson Street
Second Floor
Springfield, Illinois 62761

Dear Chairman,

I am writing this letter to validate our support of the proposal for Blessing Hospital to move inpatient psychiatric services from Blessing at 14th to a newly constructed facility at Blessing at 11th. We have always experienced a cooperative relationship with Blessing Behavior Health as a referral source for inpatient care and would encourage and support their endeavors.

We must retain this service at Blessing since the next closest facility is at least 100 miles away in either Springfield or Peoria. Transportation to these facilities would put an undue burden on the transferring facilities. The census at these outlying facilities is historically at maximum capacity and they are rarely able to accept our admissions.

The loss of inpatient behavior health at Blessing could jeopardize the number of psychiatrists available to service our community needs. We currently contract with Blessing for psychiatric services at our Outpatient Geriatric Psychiatric Program. Our program would not exist without the support from Blessing Behavior Health.

Lastly, Blessing Behavior Health has been an extraordinary partner in helping us to meet the needs of our community. They accept our patients regardless of their ability to pay, despite the loss of CHIPS indigent care funding. They provide access to behavior health admissions 24 hours a day, 7 days a week. Their new structure would provide increased privacy for our patients as well as increase the bed availability.

In conclusion, please consider the request from Blessing Hospital for new construction for their inpatient behavior health patients. It is an essential service for the residents of Hancock County.

Sincerely Yours,

A handwritten signature in cursive script that reads 'Florine Dixon'.

Florine Dixon, RN MS
VP Clinical Services
Memorial Hospital
Carthage, Illinois 62321

Caring professionals...close to home.



Locust Street Resource Center

formerly Macoupin County Mental Health Association

April 1, 2011

Chairman
Illinois Facility Planning Board
525 West Jefferson Street
2nd Floor
Springfield, IL 62761

RE: Blessing Hospital

Dear Chairman,

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Access to inpatient psychiatric care is becoming increasingly difficult. It is not uncommon for my staff to contact 20+ hospitals throughout central Illinois when seeking an inpatient admission. The state hospital in Springfield, as well as the private hospitals in the area, is difficult to access due to the limited number of beds already. There are no other psychiatric beds within 100 miles of Quincy and any reduction in beds would significantly impact services in this area and put individuals at risk. In addition, an admission far from a consumer's home makes collateral services difficult and limits continuity of care.

I am in full support of Blessing's desire to move and enhance their inpatient services and would strongly endorse their plan. I hope this information is helpful as you consider their request. If you need any additional information, please feel free to contact me at 217-854-3166 or by e-mail at dk@macmhc.org.

Sincerely,
Douglas Kilberg

Douglas Kilberg, MS/LCPC
Executive Director

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Mental Health Centers of Western Illinois pledges our support to Blessing Hospital as they seek to improve client care for persons admitted for inpatient behavioral health care/psychiatric services.

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The impact of loss of inpatient services at Blessing would be devastating to our three agencies and would greatly reduce the availability of psychiatric services to persons served in West Central Illinois.

Sincerely,

Roxie Oliver LCPC
Executive Director



Interim Report of the IHA Behavioral Health Steering Committee

Recommendations to Address the Crumbling Infrastructure of the Behavioral Health System in Illinois

October 2009

The Current Environment

Hospitals in Illinois are serving a large and steadily increasing number of persons with mental and substance use illnesses—in their emergency departments (EDs), in their medical beds, and in specialty facilities. We are witnesses to a crumbling mental health system of care, and the human consequences attached to delays in treatment, inadequate treatment, or no treatment at all. We have become the safety net that once was reserved for the State—not by plan or design, but by default. We are available 24 hours a day, seven days a week, and we have remained open and available when others have not.

As an association of health care providers, we are alarmed by the growing number of persons with mental and substance use illnesses presenting at our doors, in crisis, because treatment was not available to them earlier and in a more appropriate setting. Hospitals with specialized psychiatric expertise are struggling to remain viable in the face of inadequate funding, staff shortages, and a complex regulatory scheme. Hospitals that do not have specialized psychiatric expertise are using whatever resources they have to keep patients safe; they struggle to find an appropriate setting to which the patient may be referred—a task that is increasingly difficult. The loss of state-operated and private hospital inpatient beds in the past decade, recent community agency funding cuts, and a shortage of psychiatrists and other mental health professionals have combined to diminish, and in some instances deplete, the pool of existing mental health resources in many communities.

In some parts of our state, mental health services simply do not exist—for anyone. In other parts of the state, services are limited in their nature or scope: acute inpatient psychiatric care is not available, but there are outpatient services; mental health services are available for adults, but not for kids; mental health services are available, but there are no substance abuse services. In almost every part of the state, the person who lacks insurance, especially the single adult male without children, faces more closed than open doors. Those that are open are entered only with great effort. And it is this group of persons who are most disenfranchised, who most often may be in the ED with limited options for referral, who are in our jails and prisons or homeless. It is this group of persons who don't qualify for Medicaid or Medicare, and who have limited resources that we have abandoned when we close a state-operated psychiatric hospital; cut non-Medicaid mental health funding, such as CHIPS; or close residential substance abuse treatment facilities.

How did we get here? A Look at the Facts and the Challenge

When it comes to mental health services, there has never been a time in which resources have been adequate to meet the need. And the dire circumstances presented to us in 2009 by the national and local economy, an unprecedented State budget deficit, and the highest unemployment seen here in decades, fell upon a weakened foundation. Consider this:

Inpatient capacity is not evenly distributed, and acute inpatient capacity has shrunk.

- State hospitals in the 1950s and early 1960s had more than 35,000 beds; in 2009, there are 1400 beds in the nine remaining state-operated facilities (SOHs).
- There has been a precipitous decline in inpatient hospital psychiatric beds since 1990. The number of authorized beds decreased from 7,174 in 1991 to 4,217 beds in 2004—a 22.7 percent decrease. Since that time, the number of private hospital psychiatric beds has remained relatively constant, in terms of their aggregate number. There have been more bed losses amongst psychiatric units in general hospitals and more beds added in freestanding psychiatric facilities in the past few years. In 2009, there were only 3,986 beds in the private system; 250 beds were taken out of the pool by the Illinois Department of Public Health (because they were no longer physically available to patients) in 2009.
- There are 52 counties in Illinois that have a hospital that does not have psychiatric services. Another 23 Illinois counties do not have hospitals and therefore do not have inpatient hospital psychiatric services.

There is a shortage of psychiatrists, especially in rural Illinois and especially for children.

- There is a shortage of psychiatrists, especially child psychiatrists, and the supply of psychiatrists is not being replenished adequately to meet demand. Of 102 counties in Illinois, fifty Illinois counties do not have a psychiatrist at all; 14 counties have one psychiatrist; 17 counties have between 2 and 5. The situation is worse for child psychiatrists; 84 counties do not have a child psychiatrist; 6 counties have one child psychiatrist; 7 counties have between 2 and 5 child psychiatrists. (source: Illinois Psychiatric Society – 2006 data)
- According to the Mental Health Work group of the Illinois Rural Health Association, in 2005, 70 percent of the 84 medically underserved counties in Illinois did not have a psychiatrist; and 100 percent of the medically underserved counties without a psychiatrist were in rural counties.

Mental illness is a common disease, and hospitals treat a large number of persons with mental and substance use illnesses. We continue, however, to treat behavioral health services as the poor step children of our systems.

- Mental illness is common. One in five adults suffers from a diagnosable mental illness in a given year, according to the National Institute of Mental Health. The U.S. Center for Mental Health Services estimates that over 700,000 of Illinois residents have a severe mental illness and an estimated 240,000 Illinois children have a severe emotional disturbance.
- In 2004, there were more than 273,000 adult hospital inpatients with a mental health diagnosis or 19.3 percent of all adult inpatients. Of those, it was the principal diagnosis for 80,350 patients. These data indicate that two-thirds of patients discharged from Illinois hospitals with a mental illness diagnosis were those in which mental illness was a secondary diagnosis. (source: COMPdata 2005) The same pattern exists for substance abuse patients, but is even more pronounced. In 2004, there were 185,623 adult inpatients discharged with a principal or secondary diagnosis of substance abuse. Of those, only 12,344 or 6.7 percent of the group were discharged with substance abuse as their principal diagnosis; it was a secondary diagnosis for 178,750 adult inpatients in Illinois.
- In 2006, there were 98,778 patients discharged with a principal diagnosis of mental disorder and 37,429 patients discharged with a substance use disorder; in 2008, hospitals discharged 98,190 patients with a principal diagnosis of a mental disorder and 35,933 patients with a substance use disorder.
- Coverage for mental health and substance abuse conditions has historically been less than that for other medical problems. Federal mental health parity legislation requires equal coverage for mental and other medical conditions in group policies covering 50 or more employees, but coverage for behavioral conditions is still not required. And Medicare only last year began the elimination of discriminatory provisions limiting inpatient care, outpatient visits and life time limits. Medicaid rates are far below costs for institutions or professionals. Only those that qualify for add-on payments can survive under this system.

The Emergency Department is filling in the gaps created by an insufficient number of acute inpatient beds and outpatient services.

- Many patients with mental illnesses present to our EDs in crisis, because treatment was not available to them sooner and in another more appropriate setting. Illinois hospitals treated approximately 173,630 patients with behavioral health conditions in our EDs in 2008. In the first six months of 2009, Illinois hospitals have treated 2,009,364 patients in our EDs, of which 63,449 patients presented with a primary behavioral health diagnosis (3.16%) and 233,880 presented with behavioral health as any diagnosis (11.64%).
- Once assessed in the ED, many psychiatric patients wait a very long time to be admitted to an inpatient bed. A 2005 IHA survey of behavioral health services in hospital EDs indicated psychiatric patients waited twice as long as other patients. Recent data from some of our hospitals indicates that this trend has continued, and since the loss of CHIPS funding on July 1 of this year, has grown unacceptably long.

- Transfers to State-operated hospitals (SOHs) are the most difficult to accomplish in a timely manner. Data collected in 2008 indicated patients waited an average of 12.38 hours in an ED for a transfer to a SOH. In July 2009, these waits were an average of 20 hours. (Both sets of data derived from a group of hospitals that were collecting this data to determine patient turnaround times). One major academic medical center in Chicago reports that average ED time for a transfer to a SOH in the three month period of June through August 2009 was 17.9 hours, almost two hours longer on average than it was during the same time period in 2007. Another Chicago hospital reports that patients in July 2009 were waiting an average of 19.6 hours for a transfer, a two hour increase since May of this year. A south suburban hospital reports patients were waiting an average of 22.7 hours, with a range of between 15 and 36 hours, for a transfer to a SOH between April and June 30 of this year.

The care and costs of patients once borne by the State has been shifted to the private sector without a commensurate shift in dollars and resources. The loss is both in the inpatient and outpatient sectors.

- During the recent budget doomsday scenario, the community mental health system has lost critical services, many of which cannot be replaced. Although providers were told they could expect as much as a 50 percent cut in their budgets in the final weeks of the SFY 2010 budget debates, the result was a 10 percent reduction to the Division of Mental Health (DMH) budget overall, but up to 100 percent in cuts to some services such as the Community Hospital Inpatient Psychiatric Services program (CHIPS). The Division of Alcoholism and Substance Abuse (DASA) providers incurred a loss of 14 percent overall but 22 percent in GRF spending; and this followed a previous year in which their budget was cut. Substance abuse services, especially residential services, do not exist in many parts of our state.
- When state-operated hospitals closed or downsized, the resources have not been redirected to the community, despite the State's representation that such funds would be preserved for those patients who otherwise would have been treated in the SOH. The CHIPS program is one such example of a failed promise to persons who are among our most vulnerable.

Rural hospitals are inundated with patients with behavioral health needs for whom they have limited services to offer and a limited number of alternatives from which to choose.

- Access to behavioral health services in rural Illinois has always been a challenge, primarily because there is a lack of psychiatrists and other mental health professionals working in rural communities. The shortage of psychiatrists means there are only a few inpatient units in rural Illinois; patients have difficulty obtaining medical oversight for psychotropic medication and its side effects; and patients must travel great distances to obtain care.
- The limited number of transportation options in rural communities means patients have difficulty reaching those few treatment options that do exist. As a result, rural hospitals

are treating patients in their EDs until transportation and a bed are available. If the wait is too long, they treat behavioral health patients in their medical beds, with the staff and resources they can garner. One rural CEO recently reported that his hospital has one patient on suicide watch every day.

There is not a unifying element leading or organizing the financing and delivery of behavioral health services. Fragmentation and lack of coordination across multiple systems of care increases costs, is not patient centered and contributes to poor outcomes.

- Despite the consolidation of human services in 1997, the vision of a streamlined system of care has yet to be realized. The failure to integrate substance abuse and mental health services is particularly discouraging since many patients with either a mental or substance use illness have a co-occurring disorder. The fragmentation of services, driven by different funding streams, perpetuates a system that is not designed around the patient and which presents enormous barriers to access. Primary medical care, inpatient psychiatric care and substance abuse services are funded through the Illinois Department of Healthcare and Family Services. The Division of Human Services through DMH or DASA finances community based mental health and substance abuse services as well as inpatient psychiatric services. It is very, very difficult to develop a continuum of care when different agencies, with funding sources with varying criteria, are not coordinated through some mechanism—a unified plan, or a common vision or goals.
- The recent *Chicago Tribune* series about young mentally ill nursing home residents preying upon elderly residents illustrates the lack of a cohesive, coordinated system of services in which a patient/resident is receiving services in the setting most appropriate for his or her condition. In this instance, patients reside where funding exists, not where their clinical condition dictates.

Recommendations

Organization and Delivery of Services

- Organize, fund and provide the regulatory framework for a coordinated, comprehensive continuum of care that is patient-centered, delivered according to the best known evidence and practices, accessible, cost-effective, culturally competent, and recovery oriented. The present system is organized around funding streams.
- Ensure acute inpatient and/or acute crisis services, in settings that are designed, staffed and funded appropriately to serve persons with serious mental illness whose conditions require stabilization and treatment. State operated hospitals or their equivalent must exist. Private hospitals, as they are currently configured, cannot serve every patient who is served in a SOH. We will always need a safety net. We, therefore, need to have sufficient acute inpatient and crisis capacity regardless of whether the State or the private sector delivers it. Specifically:

- **In the short term, do not close Tinley Park Mental Health Center unless and until replacement inpatient beds are in place.**
- **If the private sector is going to serve patients who currently are served by the SOHs, establish agreements with the DMH that are long term and protect the patients for whom services are provided; that cover the reasonable costs of care, including medical services; and that are governed by clinically-driven criteria.**
- **Provide the clinical expertise to serve patients with co-occurring substance abuse and mental illnesses, whatever the locus of care.**
- **Implement an appropriate quality management program that evaluates the efficacy and appropriateness of care provided**
- **Create a mechanism to articulate a unified vision and goals for the behavioral health system of care that is organized around patients/consumers. This mechanism could be a Strategic Plan that incorporates all of the state agencies that have a responsibility for either funding or operating or regulating a health or behavioral health service.**
- **Provide care for persons in the right place at the right time.**

Nursing homes are generally not equipped and were not designed to care for the young, mentally ill resident. Some residents will have medical conditions that can be served in a nursing facility; and some residents' mental illnesses will be so severe that independent or supportive housing will be insufficient to meet their needs. But absent these notable exceptions, many nursing homes residents can live in supportive housing. We will be developing recommendations about supportive housing and assertive case management, which is an evidence-based practice that has been found to be an effective service for persons with serious mental illnesses.

- **Encourage models of care that integrate primary medical and specialty behavioral health services.**

The U.S. Surgeon General, the Institute of Medicine and the President's New Freedom Commission on Mental health all concluded that primary medical and specialty psychiatric care need to be integrated. They came to this conclusion because first, mental and substance use illnesses are medical diseases, just like any other illness; second, because these diseases can be treated; and third, because there is a high co-occurrence of medical and mental conditions. To illustrate the point: one fifth of persons hospitalized for cardiac conditions have been found to have depression; persons with serious mental illnesses die much younger than the population as a whole—because of untreated medical conditions.

As part of this recommendation we should consider the appropriateness of such models as medical homes to coordinate primary and specialty services, for the Medicaid patient as well as the unfunded patient whose services may be funded through DMH. We should also consider ways in which the accountable care organization models may apply to behavioral health providers. The FQHC has aligned with behavioral health and hospitals in various areas in Illinois. Finally we should explore ways in which the models, if working, can be replicated or adapted to other regions.

- **Focus on Improving Care in the Emergency Department.**

- The Behavioral Health Steering Committee in 2007 published a report *Best Practices for the Treatment of Patients with Psychiatric and Substance use Illnesses in the Hospital Emergency Department*. This report provides practical tips for the hospital that has specialized psychiatric or substance abuse expertise as well as those that do not. A copy is available on the IHA web site.
- More work needs to be done to bring the resources of the specialty psychiatric and substance abuse communities to the emergency department. Moreover, new models of care should be explored. Consideration should be given to regional emergency psychiatric triage teams; an emergency continuum of care that connects acute inpatient hospitals, crisis respite beds, outpatient providers in a meaningful network.

Financing

- Pay for the reasonable costs of delivering services. Pay for medical services that are delivered along with psychiatric services. The Medicaid base rate has not been materially increased since the early 1990s; the only providers who can survive under the Medicaid payment system are those who qualify for DSH payments. And it must be noted that approximately one-third of all psychiatric patients serviced in a private hospitals are Medicaid recipients—a far larger number than is found in the medical population as a whole.
- Pay psychiatrists a reasonable rate. Psychiatrists are paid about \$20 per quarter hour or approximately \$80 an hour. A slightly higher amount is available for an initial visit. This rate does not cover their costs. A psychiatrist in private practice could not serve only Medicaid patients. Moreover, psychiatrists with inpatient admitting privileges cannot serve Medicaid patients exclusively. The numbers don't add up.
- Shift State behavioral health DSH to private hospitals. Currently \$95 million comes to Illinois for DSH behavioral health services; \$90 million goes to the State; \$5 million goes to hospitals. Private hospitals serve the overwhelming majority of patients each year; and DMH defines itself as serving the same patients in terms of their clinical presentations. With the loss of CHIPS, we are serving an increasing number of indigent patients previously served by the State. The funds should go with the patients.

- Waivers may permit use of funds in non-traditional, non-medical contexts to maintain a person's independence in the community. Some states have used a waiver to permit the delivery of personal care services to clients living in supportive housing units. We should explore the availability of such funds to free up funds for other services that do not qualify for Medicaid.
- For patients who are unfunded and who have serious and persistent mental illnesses, implement a funding "package" that eliminates the artificial distinctions created by Medicaid or non-Medicaid funded services and which provides "disease management" services for sufficient duration to prevent unnecessary readmission. These services include, but are not limited to, inpatient and outpatient care, case management, and assistance with social supports such as supportive residential housing and employment or vocational assistance. Provide a minimum of 90 days to all persons who meet financial and clinical criteria. They should automatically qualify for funding (which could be Medicaid) in a similar way in which services are provided to children experiencing a psychiatric crisis. For those who do not qualify for Medicaid, these persons would have their care funded through the DMH. They would receive services in a package that provides continuity of care across multiple settings and organized around their clinical needs. This shifts the financing away from the Medicaid/non-Medicaid, primarily settings-driven system to one that is person-based. It also streamlines the admissions processes. "Money follows the patient" through systems of coordinated care that have been created for this purpose (similar to a cancer clinic or a Mayo Clinic that moves a person from provider to provider under one umbrella structure). The patient doesn't need to rationalize the system; it is already rationalized for him or her.
- Provide funding through DMH for every indigent mentally ill patient who meets clinical criteria for an inpatient hospital. Eliminate CHIPs-like models in which a number of beds are identified in advance in favor of a model that would permit more flexibility for the patient.

The Rural Hospitals' Challenges

- Engage in a focused effort to assist rural hospitals to meet the needs of their communities and patients with behavioral health needs. The Rural Behavioral Health Task Force has met twice in recent months and has recommended that IHA develop strategies that will improve Medicaid reimbursement for psychiatric services and psychiatrists; that it identify with our members and community partners models of care that have improved access to behavioral health services in rural communities; that we assist our members in their abilities to better serve the patient with behavioral health needs through training opportunities for staff and through the use of technology. More specifically:
 - Training
 - Give front line and other care givers the tools to intervene appropriately when a patient presents in their EDs with a psychiatric condition. Training about such

concerns as how to deal with an aggressive patient, a suicidal patient or depressed patient would assist them in caring for patients who may not have any other alternatives.

- Share best practices and other evidence-based practices with rural providers. Practices that effectively integrate primary and specialty behavioral health would be especially helpful to the rural community.

- Technology

- Expand the availability of telemedicine. Telemedicine has been an effective tool to bring the expertise of academic and specialty medicine to rural communities in Illinois. It has been used effectively in many other states, and a few of our hospitals have begun to use telemedicine for psychiatric patients in partnership with the SIU School of Medicine and the University of Illinois at Chicago.
- Increase funding to expand the ability of other rural hospitals to obtain psychiatric services; some hospitals also need assistance with the equipment used.
- Increase the use of electronic medical records to enable coordination of care across multiple settings, public and private.

- Transportation

- Develop a strategy to improve the availability of and funding for transportation for persons with mental illness, both those who are being transported on an involuntary as well as those on a voluntary basis.

Legal and Regulatory

- Align the law to support access to care without sacrificing patient rights.

Revisit the law that governs the delivery of mental health services in Illinois, the Illinois Mental Health and Developmental Disabilities Code. It was written at a time when a majority of patients with mental illness were treated in state facilities. In the 1960s, when the first version of the Code was written, there were 17 units in private hospitals and a handful of freestanding "sanitaria." The public system had about 35,000 beds in several more hospitals than exist today. It was also written when advances in psychotropic medication were new; its benefits yet to be realized by patients who now could live more independently. Mental health hearings were held (and still are) at the state facilities. Patients and witnesses remained in the treatment setting and were not hauled off to court in shackles. Protections were designed to ensure a person wasn't locked up in an institution for an indeterminate period of time. These were the days in which patients remained in SOHs for months and years.

Today, the average length of stay for an adult in a psychiatric facility or unit is less than 9 days. The Petitions are dismissed because the patient is discharged before he or she has his/her day in court. And, the costs of participating in mental health hearings for hospitals are enormous—averaging \$1500 dollars per case; involving staff accompanying the patient as well as the staff substituting on the unit for the staff in court.

- Make hearings more users friendly by moving them to private hospitals and using video for telecourt.

Psych Calendar 2010 Peak Census Days

Date	Days	Date	Days	Date	Days	Date	Days	Date	Days	Date	Days	Date	Days	Date	Days
24-Jan-10	37	18-Feb-10	32	25-Jun-10	30	01-Nov-10	28	10-Mar-10	28	02-May-10	22	30-Mar-10	24	16-Jun-10	19
25-Jan-10	36	19-Feb-10	31	17-Oct-10	30	02-Sep-10	28	19-Mar-10	28	19-May-10	22	13-Nov-10	24	27-Nov-10	19
31-Jan-10	36	20-Feb-10	32	15-Jan-10	30	03-Jan-10	28	03-Mar-10	28	03-Mar-10	22	25-Mar-10	24	04-Jun-10	19
31-Jan-10	36	17-May-10	31	25-Feb-10	30	18-Oct-10	28	03-Feb-10	28	27-May-10	22	16-Jul-10	24	04-Jun-10	19
14-Mar-10	36	27-Oct-10	31	30-Aug-10	29	16-Nov-10	27	08-Apr-10	28	19-Nov-10	22	23-Nov-10	24	11-Dec-10	18
19-Sep-10	36	01-Sep-10	31	02-Sep-10	29	17-Jul-10	27	02-Feb-10	28	25-Jun-10	22	23-Jun-10	24	08-Dec-10	18
06-Sep-10	36	06-Aug-10	31	30-Nov-10	28	06-Jan-10	27	04-Oct-10	28	03-Aug-10	22	15-Jun-10	24	25-Dec-10	19
11-Jul-10	36	11-Jul-10	31	24-Jul-10	28	27-Sep-10	27	19-Apr-10	28	05-Oct-10	22	07-Dec-10	19	07-Dec-10	19
25-Jun-10	35	27-Aug-10	31	22-Jul-10	28	26-Nov-10	27	20-Aug-10	28	18-Aug-10	22	11-Nov-10	19	11-Nov-10	19
30-Jun-10	35	22-Sep-10	31	16-Oct-10	28	19-Oct-10	27	10-Apr-10	28	04-Aug-10	22	16-Jun-10	19	16-Jun-10	19
25-Jun-10	35	26-Aug-10	31	08-Nov-10	29	02-Nov-10	27	15-Dec-10	25	21-Mar-10	22	28-Mar-10	18	28-Mar-10	18
25-Jun-10	35	13-Jan-10	31	04-Feb-10	28	23-Jun-10	27	18-Dec-10	25	04-Jul-10	22	19-Dec-10	18	19-Dec-10	18
29-Oct-10	34	15-Jun-10	31	08-Nov-10	29	23-Jun-10	27	22-Feb-10	25	31-May-10	22	07-Aug-10	19	07-Aug-10	19
21-Sep-10	34	06-Jun-10	31	12-Oct-10	29	12-Oct-10	27	08-Mar-10	25	28-Apr-10	22	26-Apr-10	18	26-Apr-10	18
26-Sep-10	34	06-Jun-10	31	15-Aug-10	29	14-Oct-10	27	13-Apr-10	25	09-May-10	22	09-Aug-10	19	09-Aug-10	19
14-Jan-10	34	13-Mar-10	31	20-Jan-10	29	12-Jul-10	27	14-May-10	25	25-May-10	22	25-May-10	19	25-May-10	19
14-Jan-10	34	31-Oct-10	31	12-Jul-10	28	18-Jan-10	27	21-Aug-10	25	15-Oct-10	24	28-Mar-10	19	28-Mar-10	19
09-Nov-10	34	15-Nov-10	31	23-Feb-10	29	15-Apr-10	27	09-May-10	25	22-Aug-10	24	29-Jun-10	19	08-Oct-10	19
21-Oct-10	34	28-Feb-10	31	21-Jan-10	29	30-Sep-10	27	06-Jun-10	25	26-Jun-10	24	06-Apr-10	19	06-Apr-10	19
23-Jan-10	34	09-Feb-10	31	17-Nov-10	29	07-Sep-10	27	08-May-10	25	06-May-10	24	12-Dec-10	18	03-Jun-10	18
28-Jan-10	34	20-Mar-10	31	15-Mar-10	29	14-Feb-10	27	20-Apr-10	25	09-Jun-10	21	09-Jun-10	18	03-Apr-10	18
29-Aug-10	34	28-Aug-10	31	09-Oct-10	29	13-Feb-10	27	10-Nov-10	25	06-Jan-10	21	19-Jun-10	18	05-Apr-10	18
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10-Jul-10	33	09-Jul-10	31	06-Feb-10	28	14-Aug-10	27	01-Oct-10	25	28-Apr-10	21	30-May-10	17	02-Jan-10	17
29-Aug-10	33	22-Jan-10	31	11-Aug-10	28	23-Aug-10	27	11-Oct-10	25	20-May-10	21	05-Aug-10	17	02-Jan-10	17
17-Mar-10	33	04-Mar-10	31	20-Feb-10	28	20-Feb-10	27	24-Jun-10	25	08-Sep-10	21	24-Nov-10	17	24-Dec-10	17
25-Sep-10	33	18-Aug-10	31	31-Jul-10	28	12-Aug-10	27	02-Aug-10	25	15-Jun-10	23	23-Mar-10	17	24-Nov-10	17
06-Feb-10	33	19-Feb-10	31	30-Jul-10	28	31-Jul-10	27	07-Aug-10	25	08-Apr-10	23	01-May-10	17	29-Mar-10	17
01-Feb-10	33	28-Sep-10	31	08-Mar-10	28	20-Apr-10	26	08-Sep-10	25	06-May-10	23	03-May-10	17	01-Jan-10	17
20-Oct-10	33	25-Oct-10	31	12-Mar-10	28	05-Jun-10	26	10-Oct-10	25	28-Nov-10	23	02-Apr-10	17	13-Jun-10	18
18-Sep-10	33	24-Sep-10	31	19-Jul-10	28	27-Jun-10	26	14-Sep-10	25	30-Jun-10	20	29-Dec-10	18	02-Jul-10	18
17-Sep-10	33	23-Sep-10	31	13-Jul-10	28	04-Nov-10	26	13-Sep-10	25	05-Mar-10	20	14-Dec-10	18	20-Dec-10	18
18-Sep-10	33	23-Sep-10	31	17-Apr-10	28	24-Oct-10	26	12-Sep-10	25	22-Oct-10	20	24-Apr-10	18	24-Dec-10	18
29-Jun-10	33	19-Jan-10	31	19-Apr-10	28	20-Jun-10	26	08-Jun-10	25	07-Jan-10	20	10-Jun-10	18	23-Dec-10	18
21-Feb-10	33	05-Sep-10	31	22-Jun-10	28	19-May-10	26	20-Nov-10	24	24-Jan-10	20	29-May-10	15	21-Dec-10	15
13-May-10	33	27-Feb-10	31	15-Jul-10	28	20-May-10	26	25-Apr-10	24	13-Oct-10	20	28-May-10	15	01-Jun-10	15
07-Jul-10	32	29-Oct-10	31	16-May-10	28	16-May-10	26	06-Aug-10	24	09-Jun-10	20	28-Jun-10	15	23-Apr-10	15
11-Apr-10	32	01-Aug-10	31	18-Mar-10	28	11-Feb-10	26	10-Aug-10	24	22-Apr-10	20	28-Jun-10	15	10-Dec-10	14
08-Jul-10	32	19-Apr-10	31	28-Oct-10	28	27-Jul-10	26	19-Apr-10	24	12-Apr-10	20	31-Mar-10	14	02-Jun-10	14
11-May-10	32	18-May-10	31	16-Nov-10	28	21-Nov-10	26	11-Sep-10	24	05-Dec-10	20	30-Apr-10	12	12-Jun-10	12
24-Aug-10	32	01-Mar-10	31	08-Nov-10	28	15-Dec-10	26	04-May-10	24	09-Oct-10	20	08-Dec-10	12	04-Apr-10	11
19-Feb-10	32	05-May-10	31	26-Sep-10	28	18-Dec-10	26	21-Apr-10	24	27-Apr-10	20	06-Dec-10	11	11-Jun-10	11
18-Mar-10	32	07-Nov-10	31	15-Sep-10	28	12-Feb-10	26	14-Apr-10	24	26-Dec-10	20	01-Apr-10	11	11-Jun-10	11
17-Feb-10	32	28-Jul-10	31	11-Jan-10	28	08-Mar-10	26	07-Oct-10	24	04-Dec-10	20	24-Mar-10	11	17-Feb-10	11

**Psych Average Age And Cases
By Location by Fiscal Year
Through 09/30/2010**

		APS	BMS	CAS	Total
2010	<=17 Avg Age	17.81	0.00	13.43	13.51
	Cases	7	0	358	365
	18 + Avg Age	40.80	38.22	18.38	39.47
	Cases	716	544	13	1,273
	Total	40.58	38.22	13.60	33.68
		723	544	371	1,638
Total		40.58	38.22	13.60	33.68
		723	544	371	1,638

		APS	BMS	CAS	Total
2009	<=17 Avg Age	17.65	18.00	13.62	13.66
	Cases	3	1	387	391
	18 + Avg Age	41.70	37.26	18.45	39.31
	Cases	601	609	9	1,219
	Total	41.58	37.23	13.73	33.08
		604	610	396	1,610
Total		41.58	37.23	13.73	33.08
		604	610	396	1,610

		APS	BMS	CAS	Total
2008	<=17 Avg Age	17.29	17.81	13.78	13.80
	Cases	1	1	400	402
	18 + Avg Age	42.00	38.65	18.24	40.30
	Cases	688	593	9	1,290
	Total	41.97	38.62	13.88	34.00
		689	594	409	1,692
Total		41.97	38.62	13.88	34.00
		689	594	409	1,692

		APS	BMS	CAS	Total
2007	<=17 Avg Age	17.59	17.42	13.29	13.36
	Cases	4	2	375	381
	18 + Avg Age	41.13	37.13	18.36	39.28
	Cases	743	526	12	1,281
	Total	41.01	37.05	13.45	33.33
		747	528	387	1,662
Total		41.01	37.05	13.45	33.33
		747	528	387	1,662

		APS	BMS	CAS	Total
2006	<=17 Avg Age	17.50	0.00	13.77	13.78
	Cases	1	0	364	365
	18 + Avg Age	43.70	37.26	18.48	40.70
	Cases	693	553	8	1,254
	Total	43.66	37.26	13.87	34.63
		694	553	372	1,619
Total		43.66	37.26	13.87	34.63
		694	553	372	1,619

		APS	BMS	CAS	Total
2005	<=17 Avg Age	17.59	17.36	13.62	13.64
	Cases	1	1	408	410
	18 + Avg Age	42.47	37.22	18.37	39.90
	Cases	651	575	6	1,232
	Total	42.43	37.19	13.69	33.35
		652	576	414	1,642
Total		42.43	37.19	13.69	33.35
		652	576	414	1,642

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 {DS_ENCOUNTER.DISCHARGE_FLOOR} in ["APS", "BMS", "CAS"] and
 {DS_ENCOUNTER.DISCHARGE_DATE} <= 20100930.00

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**Psych Average Age And Cases
By Location by Fiscal Year
Through 09/30/2009**

		APS	BMS	CAS	Total
2009	<=17 Avg Age	17.65	18.00	13.62	13.66
	Cases	3	1	386	390
	18 + Avg Age	41.74	37.29	18.45	39.34
	Cases	598	608	9	1,215
	Total	41.62 601	37.26 609	13.73 395	33.10 1,605
Total		41.62 601	37.26 609	13.73 395	33.10 1,605

		APS	BMS	CAS	Total
2008	<=17 Avg Age	17.29	17.81	13.78	13.80
	Cases	1	1	400	402
	18 + Avg Age	42.00	38.66	18.24	40.30
	Cases	688	592	9	1,289
	Total	41.97 689	38.63 593	13.88 409	34.00 1,691
Total		41.97 689	38.63 593	13.88 409	34.00 1,691

		APS	BMS	CAS	Total
2007	<=17 Avg Age	17.59	17.42	13.30	13.37
	Cases	4	2	376	382
	18 + Avg Age	41.13	37.13	18.40	39.29
	Cases	743	526	11	1,280
	Total	41.01 747	37.05 528	13.45 387	33.33 1,662
Total		41.01 747	37.05 528	13.45 387	33.33 1,662

		APS	BMS	CAS	Total
2006	<=17 Avg Age	17.50	0.00	13.77	13.78
	Cases	1	0	364	365
	18 + Avg Age	43.70	37.26	18.48	40.70
	Cases	693	553	8	1,254
	Total	43.66	37.26	13.87	34.63
		694	553	372	1,619
Total		43.66	37.26	13.87	34.63
		694	553	372	1,619

		APS	BMS	CAS	Total
2005	<=17 Avg Age	17.59	17.36	13.64	13.66
	Cases	1	1	410	412
	18 + Avg Age	42.47	37.22	18.55	39.94
	Cases	651	575	4	1,230
	Total	42.43	37.19	13.69	33.35
		652	576	414	1,642
Total		42.43	37.19	13.69	33.35
		652	576	414	1,642

{DS_ENCOUNTER.DISCHARGE_DATE} <= 20090930.00 and
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 {DS_ENCOUNTER.DISCHARGE_FLOOR} in ["APS", "BMS", "CAS"]

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	2005	2006	2007	2008	2009
RECUR MJR DEPRESS-SEVERE	137	200	202	250	255
DEPRESSIVE DISORDER NEC	119	172	176	202	216
ANXIETY STATE NOS	169	161	146	207	165
ALCOHOL ABUSE-UNSPEC	116	91	122	89	100
OPPOSITIONAL DEFIANT DIS	95	84	98	57	69
PSYCHOSIS NOS	57	77	49	56	55
SCHIZOAFFECTIVE DIS-UNSP	42	74	74	44	48
TENSION HEADACHE	29	55	38	53	51
BIPOLAR DISORDER, NOS	32	37	49	43	47
RECURR MAJR DEPRESS-MOD	44	57	46	24	21
MAJR DEPRESS DIS-SEVERE	33	41	33	26	33
DYSTHYMIC DISORDER	15	28	21	55	41
SCHIZOPHRENIA NOS-UNSPEC	35	23	18	34	27
PARANOID SCHIZO-UNSPEC	29	36	22	26	20
REC MJR DEPRES-PSYCHOTIC	25	28	26	22	29
PANIC DISOR W/O AGORAPHO	12	13	18	30	45
PERSIS MENT DISORDER NEC	32	30	23	14	17
SPECIAL SYMPTOM NEC/NOS	19	31	11	18	23
ATTN DEFICIT W HYPERACT	23	16	17	27	12
ALCOHOL ABUSE-CONTINUOUS	13	13	7	42	18
MAJOR DEPRESS DIS-UNSPEC	52	6	11	4	17
MAJOR DEPRESS DIS-MOD	17	19	18	11	12
EPISODIC MOOD DISORD NOS	7	18	23	16	7
ALCOHOL WITHDRAWAL	6	6	18	17	20
CONDUCT DISTURBANCE NOS	7	16	17	11	15
RECURR MAJR DEPRESS-UNSP	42	7	5	4	4
AC ALCOHOL INTOX-UNSPEC	6	8	11	12	24
DRUG WITHDRAWAL	15	7	4	16	19
POSTCONCUSSION SYNDROME	5	4	8	19	25
AC ALCOHOL INTOX-CONTIN	7	2	8	19	20
BIPOL I-REC DEPRESS NOS	9	10	12	7	12
Total All Other Principal DX	227	186	176	238	250
Total	1,476	1,556	1,507	1,693	1,717
% of Previous Year	105%	97%	112%	101%	

Represents 86% of the 5 Year Total

3/2/2010



Admissions, Average Length of Stay, Average Daily Census by Attending

From: 01/01/2009

To: 12/31/2009

Physician		Patient Count	% of Total	Length of Stay	Avg Length of Stay	Avg Daily Census
Johnson	000275	436	27.40%	2,225	5.10	6.10
Stoops	000340	1	0.06%	3	3.00	0.01
Wollaston	000483	2	0.13%	5	2.50	0.01
Saalborn	000554	1	0.06%	4	4.00	0.01
Stiles	000807	201	12.63%	1,624	8.08	4.45
Sanchez-Zuniga	001097	400	25.14%	2,249	5.62	6.16
Dilley	002021	2	0.13%	13	6.50	0.04
St Hill	002029	186	11.69%	1,541	8.28	4.22
Vrtikapa	002031	357	22.44%	1,890	5.29	5.18
Ludolph	002037	1	0.06%	8	8.00	0.02
Ghanekar	002042	1	0.06%	5	5.00	0.01
Prasad	002095	2	0.13%	16	8.00	0.04
Djuric	002185	1	0.06%	1	1.00	0.00
Grand Total:		1,591		9,584	6.02	26.26

Z:\Reports\Crystal Reports\Ken\Patients\Clinical Demographics\Avg LOS_Avg Census by attending.rpt

{DS_ENCOUNTER.INOUT_CODE} = "I" and

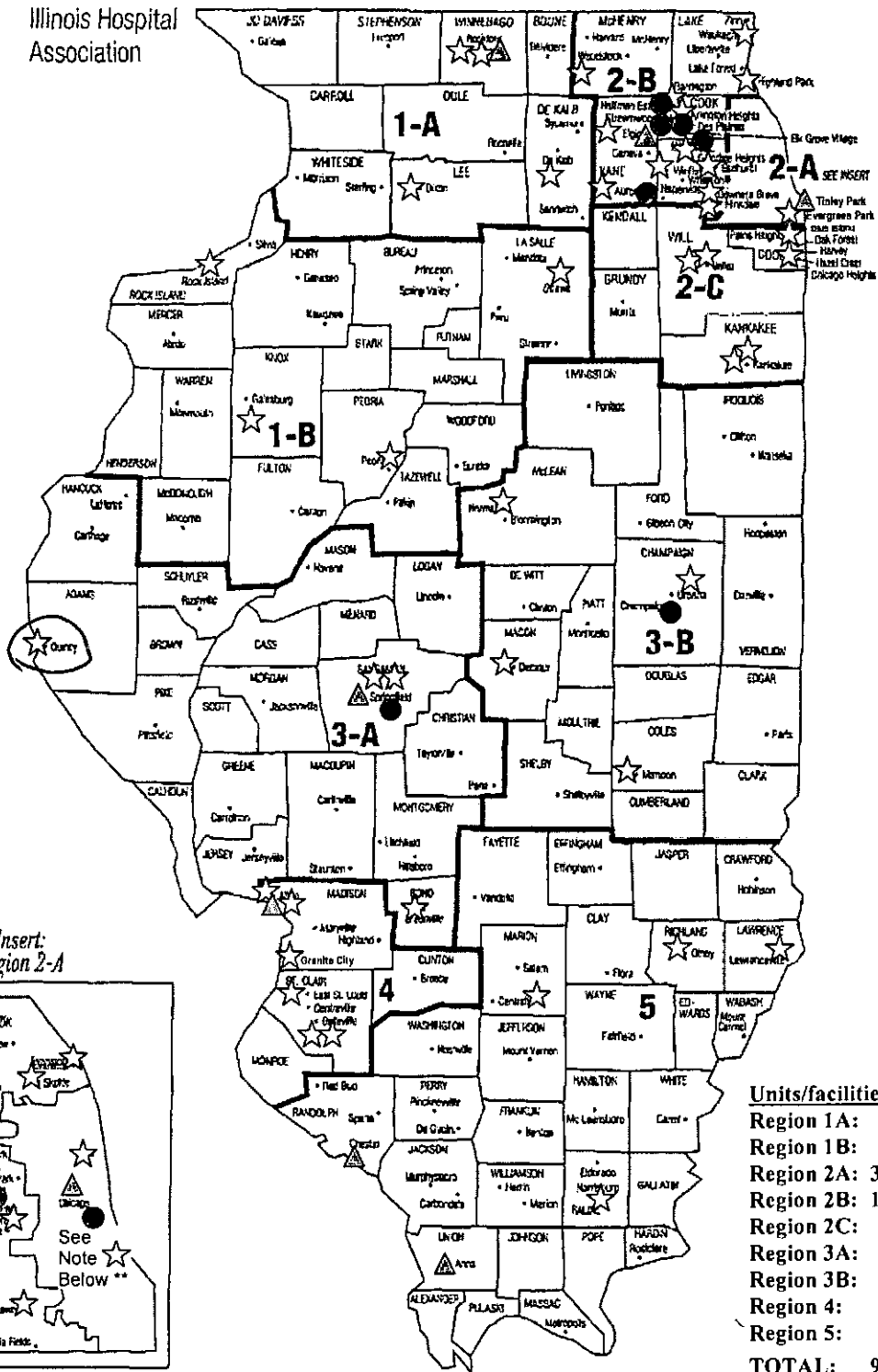
{DS_ENCOUNTER.DISCHARGE_FLOOR} in ["APS", "BMS", "CAS"] and

{DS_ENCOUNTER.DISCHARGE_DATE} in 20090101.00 to 20091231.00

Illinois Inpatient Psychiatric Providers (As of 04/08/08)



Illinois Hospital
Association



****NOTE**** Region 2A / City of Chicago/Cook County Area has:

- 2 Free-standing hospitals
- 2 State-operated facilities
- 30 Acute care hospitals

LEGEND:

☆ = Acute care hospital

▲ = State-operated facility

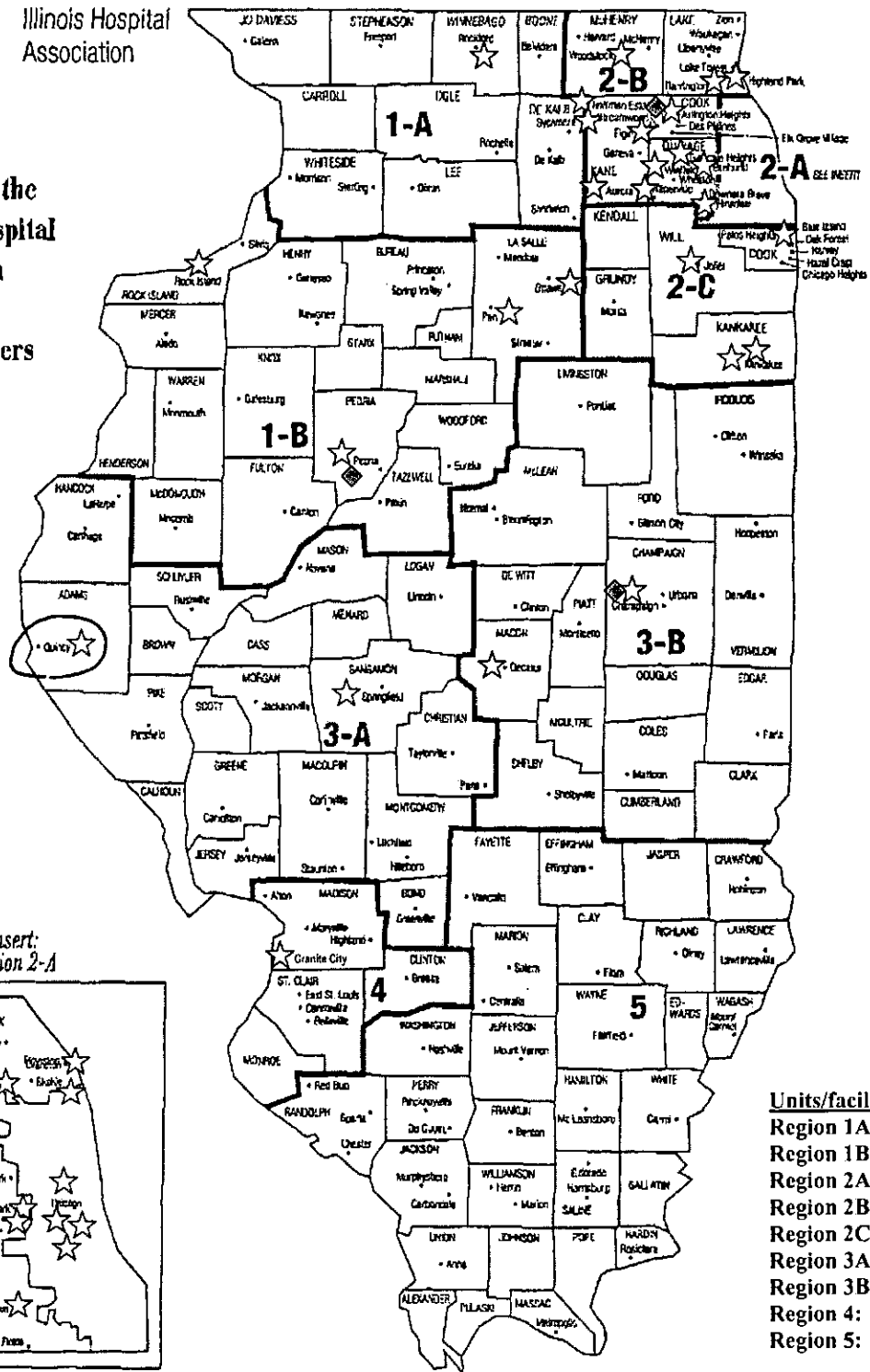
● = Free-standing facility

Illinois Hospitals Providing Inpatient Mental Health & Substance Abuse Services for Children and Teens (ages 17 and under)



Illinois Hospital Association

Regions of the Illinois Hospital Association and cities with members



Units/facilities:

Region 1A:	2
Region 1B:	5
Region 2A:	10
Region 2B:	15
Region 2C:	4
Region 3A:	2
Region 3B:	2
Region 4:	1
Region 5:	0

LEGEND:

☆ = Inpatient Mental Health Services

◆ = Dedicated Inpatient Substance Abuse Services, including rehabilitation

3-01-2005

Patient Financial Demographics Financial Class by Fiscal Year

		<u>Fy '06</u>	<u>Fy '07</u>	<u>Fy '08</u>	<u>Fy '09</u>	<u>Fy '10</u>	<u>Fy '11</u>
Inpatient	Blue Cross	121 \$933,847 7.22%	145 \$1,227,313 8.54%	156 \$1,335,277 8.28%	167 \$1,849,064 9.88%	163 \$1,950,871 10.26%	24 \$209,595 12.18%
	Champus	14 \$93,389 0.72%	8 \$57,467 0.40%	10 \$106,512 0.66%	10 \$103,629 0.55%	3 \$33,975 0.18%	4 \$25,496 1.48%
	Commrci al	67 \$525,429 4.06%	75 \$580,409 4.04%	60 \$576,659 3.57%	54 \$709,924 3.79%	30 \$348,676 1.83%	0 \$0 0.00%
	IIISt Wlfr	603 \$4,830,780 37.35%	615 \$5,541,107 38.54%	589 \$6,112,453 37.88%	538 \$6,647,735 35.51%	560 \$6,761,485 35.55%	70 \$540,195 31.39%
	Liability	0 \$0 0.00%	0 \$0 0.00%	0 \$0 0.00%	1 \$6,706 0.04%	1 \$10,011 0.05%	0 \$0 0.00%
	Manage Cre	182 \$1,354,111 10.47%	191 \$1,525,633 10.61%	151 \$1,389,497 8.61%	137 \$1,595,721 8.52%	137 \$1,434,707 7.54%	27 \$199,376 11.59%
	Medicare A	385 \$3,653,753 28.25%	312 \$3,138,443 21.83%	347 \$3,523,681 21.84%	301 \$3,750,871 20.03%	324 \$3,915,160 20.59%	33 \$247,569 14.39%
	Medicare B	2 \$12,165 0.09%	0 \$0 0.00%	2 \$21,175 0.13%	1 \$50,287 0.27%	2 \$11,502 0.06%	1 \$25,392 1.48%
	MO Welfare	81 \$668,139 5.17%	96 \$916,616 6.38%	98 \$1,125,912 6.98%	113 \$1,387,048 7.41%	98 \$1,229,697 6.47%	15 \$200,435 11.65%
	NG MED MGD	0 \$0 0.00%	1 \$2,763 0.02%	11 \$88,349 0.55%	17 \$180,927 0.97%	6 \$43,249 0.23%	0 \$0 0.00%
	Otr St Wlf	0 \$0 0.00%	2 \$8,342 0.06%	0 \$0 0.00%	4 \$42,357 0.23%	6 \$41,000 0.22%	5 \$44,102 2.56%
	OtrGov Agn	0 \$0 0.00%	0 \$0 0.00%	0 \$0 0.00%	0 \$0 0.00%	1 \$7,891 0.04%	0 \$0 0.00%

**Patient Financial Demographics
Financial Class by Fiscal Year**

		<u>Fy '06</u>	<u>Fy '07</u>	<u>Fy '08</u>	<u>Fy '09</u>	<u>Fy '10</u>	<u>Fy '11</u>
Inpatient	PrivatePa y	164 \$860,607 6.65%	216 \$1,369,904 9.53%	268 \$1,856,140 11.50%	267 \$2,398,317 12.81%	307 \$3,229,759 16.98%	34 \$228,731 13.29%
	Wrkmn Comp	0 \$0 0.00%	1 \$9,714 0.07%	0 \$0 0.00%	0 \$0 0.00%	0 \$0 0.00%	0 \$0 0.00%
Total		1,619 \$12,932,221 23.46	1,662 \$14,377,712 22.11	1,692 \$16,135,654 21.56	1,610 \$18,722,586 20.15	1,638 \$19,017,982 21.48	213 \$1,720,892 18.42

12/2/2010

Z:\Reports\Crystal Reports\Ken\Miscellaneous\Johnson, Chuck\Patient Financial Demographics Financial Class.rpt

{DS_ENCOUNTER.DISCHARGE_FLOOR} in ["APS", "BMS", "CAS"] and
{DS_ENCOUNTER.DISCHARGE_FISCAL_YEAR} > 2005.00













197

mapquest

Trip to:
 1005 Broadway St
 Quincy, IL 62301-2834
 113.75 miles
 2 hours 4 minutes

Notes

MEMORIAL

		Miles Per Section	Miles Driven
	701 E Carpenter St Springfield, IL 62702-5321		
	1. Start out going WEST on E CARPENTER ST toward N 7TH ST.	Go 0.2 Mi	0.2 mi
	2. Turn LEFT onto N 5TH ST. <i>N 5TH ST is just past N 6TH ST</i>	Go 0.3 Mi	0.5 mi
	3. Turn RIGHT onto E JEFFERSON ST / IL-97 N. <i>E JEFFERSON ST is just past E MADISON ST</i>	Go 3.0 Mi	3.4 mi
	4. Turn LEFT onto IL-4 S / S VETERANS PKWY. <i>IL-4 S is 0.3 miles past OLD BEARDSTOWN RD</i>	Go 5.0 Mi	8.4 mi
	5. Merge onto I-72 W / US-36 W toward JACKSONVILLE. <i>If you reach MATHERS RD you've gone about 0.5 miles too far</i>	Go 89.1 Mi	97.5 mi
	6. Merge onto I-172 N.	Go 2.9 Mi	100.4 mi
	7. Take the IL-57 / THE GREAT RIVER ROAD exit, EXIT 2, toward MARBLEHEAD.	Go 0.5 Mi	100.9 mi
	8. Turn LEFT onto IL-57 N.	Go 11.8 Mi	112.7 mi
	9. Turn RIGHT onto YORK ST / IL-57 E. <i>YORK ST is just past CIVIC CENTER PLZ</i>	Go 0.09 Mi	112.8 mi
	10. Take the 1st LEFT onto S 4TH ST / IL-57 N. Continue to follow S 4TH ST. <i>If you reach S 5TH ST you've gone a little too far</i>	Go 0.4 Mi	113.2 mi
	11. Turn RIGHT onto BROADWAY ST. <i>BROADWAY ST is just past VERMONT ST</i>	Go 0.6 Mi	113.8 mi
	12. 1005 BROADWAY ST. <i>Your destination is just past N 10TH ST</i>		

If you reach N 11TH ST you've gone a little too far

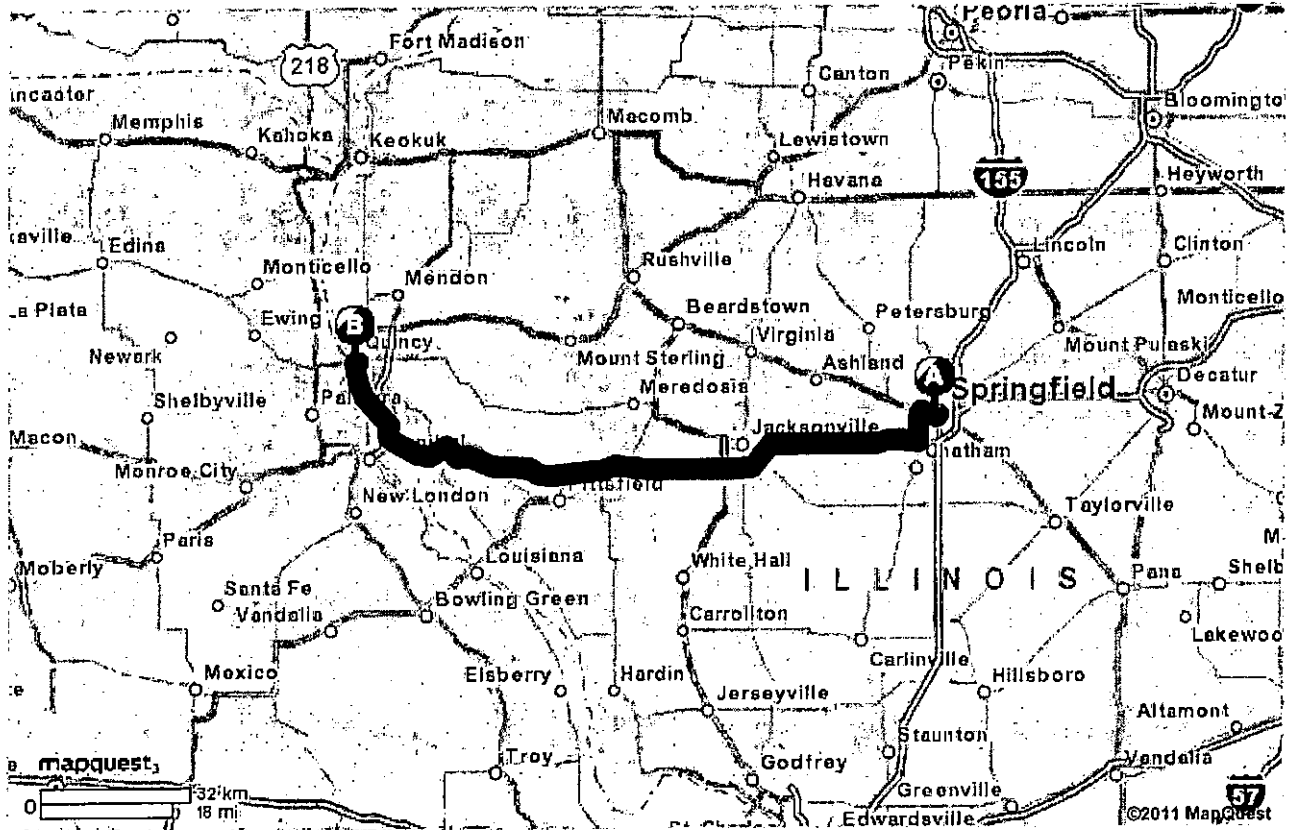
113.8 mi

1005 Broadway St
Quincy, IL 62301-2834

113.8 mi

113.8 mi

Total Travel Estimate: 113.75 miles - about 2 hours 4 minutes



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mapquest

Trip to:
 1005 Broadway St
 Quincy, IL 62301-2834
 116.90 miles
 2 hours 4 minutes

Notes

ST Johns

	800 E Carpenter St Springfield, IL 62769-0002	Miles Per Section	Miles Driven
	1. Start out going EAST on E CARPENTER ST toward I-55-BL / N 9TH ST.	Go 0.07 Mi	0.07 mi
	2. Take the 1st RIGHT onto I-55-BL / N 9TH ST. <i>If you reach N 10TH ST you've gone a little too far</i>	Go 0.2 Mi	0.3 mi
	3. Turn LEFT onto E MADISON ST. <i>E MADISON ST is just past E MASON ST</i>	Go 0.1 Mi	0.4 mi
	4. E MADISON ST becomes E CLEAR LAKE AVE.	Go 2.2 Mi	2.6 mi
		5. Merge onto I-55 S / I-72 W / US-36 W.	Go 5.1 Mi 7.7 mi
		6. Keep RIGHT to take I-72 W / US-36 W via EXIT 92A-B toward JACKSONVILLE.	Go 92.9 Mi 100.6 mi
		7. Merge onto I-172 N.	Go 2.9 Mi 103.5 mi
		8. Take the IL-57 / THE GREAT RIVER ROAD exit, EXIT 2, toward MARBLEHEAD.	Go 0.5 Mi 104.1 mi
		9. Turn LEFT onto IL-57 N.	Go 11.8 Mi 115.8 mi
		10. Turn RIGHT onto YORK ST / IL-57 E. <i>YORK ST is just past CIVIC CENTER PLZ</i>	Go 0.09 Mi 115.9 mi
		11. Take the 1st LEFT onto S 4TH ST / IL-57 N. Continue to follow S 4TH ST. <i>If you reach S 5TH ST you've gone a little too far</i>	Go 0.4 Mi 116.3 mi



12. Turn RIGHT onto BROADWAY ST.
BROADWAY ST is just past VERMONT ST

Go 0.6 MI 116.9 mi



13. 1005 BROADWAY ST.
*Your destination is just past N 10TH ST
If you reach N 11TH ST you've gone a little too far*

116.9 mi

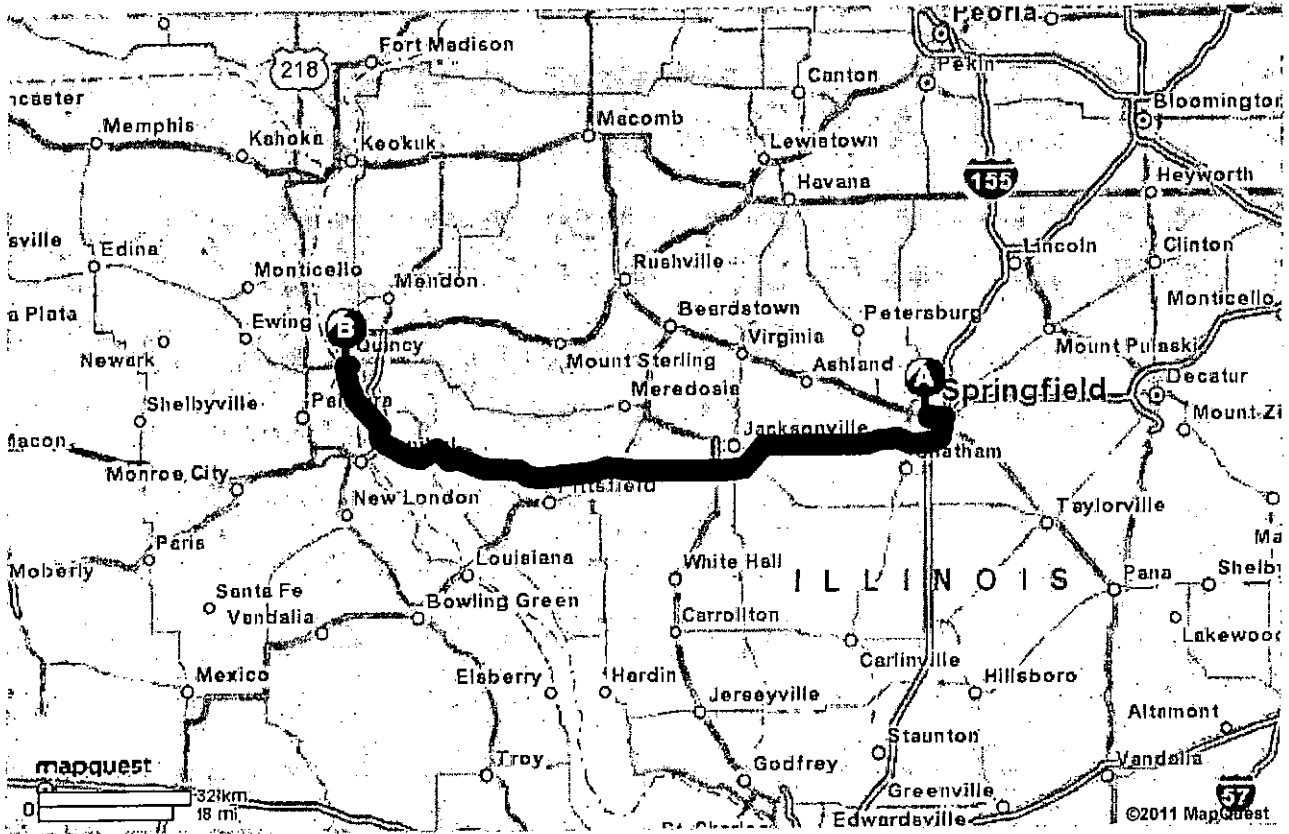


1005 Broadway St
Quincy, IL 62301-2834

116.9 mi 116.9 mi



Total Travel Estimate: 116.90 miles - about 2 hours 4 minutes



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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/30/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 140015	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - BLESSING AT 14TH STRE B. WING _____	(X3) DATE SURVEY COMPLETED R 12/28/2010
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NAME OF PROVIDER OR SUPPLIER BLESSING HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE BROADWAY AT 11TH STREET QUINCY, IL 62301
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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{K 000}	<p>INITIAL COMMENTS</p> <p>Surveyor: 14290</p> <p>This CMS Form 2567 is for Blessing Hospital at 14th Street. See the separate CMS Forms 2567 for Blessing Hospital at 11th Street, the Quincy Medical Group Surgery Center, and for the Fast Care Center.</p> <p>On July 13 - 15, 2010, the Life Safety portion of a Medicare Sample Validation Survey conducted at the above facility by Surveyors 14290, 14416 and 16339. The surveyors were accompanied during the survey walk-through by the following provider representatives:</p> <ul style="list-style-type: none"> The Administrative Director of Facility Support Services and Safety. The Director of Maintenance and Construction. The Supervisor of Construction. The Compliance Specialist. <p>The facility was observed to consist of multiple buildings constructed between 1962 and 1982. All buildings were observed to be of Type I (332) construction; the facility was observed to be partially covered by an automatic sprinkler system.</p> <p>The facility was surveyed as an existing health care occupancy under the 2000 Edition of the NFPA 101 Life Safety Code, including Chapter 19.</p> <p>Unless otherwise noted, those code sections listed herein that do not include a reference to a specific NFPA code and year of issue (such as NFPA 70 1999) are taken from the 2000 Edition</p>	{K 000}		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Maureen G. Kahn</i>	TITLE <i>President/CEO</i>	(X8) DATE
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any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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NAME OF PROVIDER OR SUPPLIER BLESSING HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE BROADWAY AT 11TH STREET QUINCY, IL 62301
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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{K 000}	Continued From page 1 of the NFPA 101 Life Safety Code. Unless otherwise noted, all deficiencies cited herein were found through random observation during the survey walk-through, staff interview, or document review. The requirements of 42 CFR Subpart 482.41 are NOT MET as evidenced by the deficiencies cited under the following K-Tags. UPDATE 12/28/10: A Monitoring Survey was conducted at the facility on 12/28/10 by surveyor 13755. Unless otherwise indicated, all deficiencies or corrections were found by direct observation, staff interview and document review. New deficiencies or deficiencies not observed to be corrected satisfactorily are indicated by the notation: UPDATE 12/28/10.	{K 000}		
{K 012}	NFPA 101 LIFE SAFETY CODE STANDARD Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1 This STANDARD is not met as evidenced by: Surveyor: 16339 1. Portions of the building were found to have unprotected structural steel. The surveyor finds that portions of structural beams have missing fire proofing. Example locations include: a) Fourth Floor - Outpatient: Toilet Room in NW Doctor's Office west corridor.	{K 012}	K 012 1.a. Due to the excessive cost to correct the original construction type, Blessing Hospital is requesting that this discrepancy be deferred for correction. Blessing Corporate Services governing board has committed to building a new patient addition at the 11 th street campus. Construction is to start mid-year in 2012. After approved occupancy of the new unit, the 14 th street campus will be delicensed as a hospital. We will continue our ILSM until then. Please see attached minutes from the Blessing Corporate Services Board of Trustees meeting and the letter of conversation between Henry Kowalenko and John Bozarth on the discrepancy plan.	4/2014

208

Attachment
K 012 1.a.
Letter
Governing board minutes
ILSM

B BLESSING HOSPITAL

www.blessinghealthsystem.org

January 13, 2011

Henry Kowalenko
Illinois Department of Public Health
Division of Health Care Facilities and Programs
525 - 535 West Jefferson Street
Springfield, IL 62761-0001

Dear Mr. Kowalenko:

This is a follow-up letter to a phone conversation we had this summer after Blessing Hospital submitted its Plan of Correction for the CMS validation survey, and also a phone conversation with Tom Busse, January 11, 2011.

Please read the attached document from our recent joint Board meeting between Blessing Corporate Services and Blessing Hospital Boards. The action taken by our Boards has given us the approval to move forward on a new patient addition. This construction will start late in 2012 with occupancy in mid 2014.

As we discussed, this will give us the opportunity to move our Psychiatric Services from the 14th Street Campus into this new addition. We will be requesting to de-license the 14th Street campus as part of our C.O.N. submittal for the new building project.


We have completed all of the 42 deficiencies at our 14th Street Campus with three exceptions, K012, K17B and K20C. We continue to make daily rounds on these floors as part of our Interim Life Safety measure.

Our project cost for these citations is approximately \$500,000. As we discussed in our phone conversation, this money can be better utilized in our new building project.

Please let this letter serve as an addendum to our Plan of Corrections we are submitting.

If you need anything else, please let me know.

Sincerely,



John Bozarth, Administrative Director
Facility Support Services & Safety



"Special" Joint Blessing Corporate Services and Blessing Hospital
Board of Trustees Meeting
Friday, November 19, 2010 12 noon
Blessing Administrative Board Room 4th Floor

NEW PATIENT TOWER PROJECT

Blessing Hospital Board Chair, Michael Klingner, called the meeting to order at 12 noon and welcomed both the BCS and Blessing Hospital board members to this meeting. Mr. Brad Billings introduced Jerry Jackson and also John Reeve and Robin Ringwaid both from the Christner Inc. organization who will be narrating the PowerPoint presentation provided in the Board packet concerning the proposed new Patient Tower Project.

Discussion was held concerning the scope of the project showing a three-dimensional picture of a new entrance to the Blessing main campus building and access to the new patient tower from the current Cancer Center entrance. The Board was provided an updated Master Site Plan which includes the tower project as well as possible future expansion for the Information Technology and College of Nursing building at the corner of 10th and College Streets as well as the Power Plant expansion.

A "stacking diagram" was provided which indicates specific Blessing Hospital departments located on each floor of the current buildings on the main campus as well as those to be located in the new tower. Total new square footage of this tower is approximately 172,680.

A project schedule (timetable) was provided showing design development stage to finish in February 2011 at which time the CON will be filed with the State of Illinois Health Facilities Planning Board. After CON approval, the bidding will begin in July 2012 with construction for approximately 20 months and move-in date in March/April 2014.

Estimated current construction cost for this project is \$53.4 million with additional fee costs for a grand total of \$69.4 million.

A MOTION WAS MADE, SECONDED AND PASSED BY THE BLESSING HOSPITAL BOARD TO SUPPORT MOVING FORWARD WITH AN APPROXIMATE \$70 MILLION CONSTRUCTION PROJECT WHICH WILL INCLUDE PRIVATE ROOM EXPANSION AND ASSOCIATED ANCILLARY SPACE (INCLUDING ONE FLOOR OF SHELL SPACE) TO BE FUNDED BY A COMBINATION OF DEBT, CASH AND PHILANTHROPIC SUPPORT (THE EXACT PROPORTION OF WHICH IS TO BE DETERMINED) AND RECOMMEND TO THE BLESSING CORPORATE SERVICES BOARD OF TRUSTEES PRELIMINARY AUTHORIZATION TO MOVE FORWARD WITH THIS PROJECT BY APPROVING THE FILING OF A CERTIFICATE OF NEED APPLICATION WITH THE ILLINOIS HEALTH FACILITIES PLANNING BOARD. (Koontz/Bluhm)

At this time, the Blessing Hospital Board was dismissed (1:28pm).

The BCS Board continued the above discussion led by Chairman Foster on the pros and cons of moving ahead on approval of the patient tower project.

A MOTION WAS MADE, SECONDED AND PASSED TO ACCEPT THE MOTION TAKEN BY THE BLESSING HOSPITAL BOARD OF TRUSTEES TO MOVE FORWARD IN SUPPORT OF AN APPROXIMATE \$70 MILLION CONSTRUCTION PROJECT WHICH WILL INCLUDE PRIVATE ROOM EXPANSION AND ASSOCIATED ANCILLARY SPACE (INCLUDING ONE FLOOR OF SHELL SPACE) TO BE FUNDED BY A COMBINATION OF DEBT, CASH AND PHILANTHROPIC SUPPORT (THE EXACT PROPORTION OF WHICH IS TO BE DETERMINED) AND PRELIMINARY AUTHORIZATION TO MOVE FORWARD WITH THIS PROJECT BY APPROVING THE FILING OF A CERTIFICATE OF NEED APPLICATION WITH THE ILLINOIS HEALTH FACILITIES PLANNING BOARD. (Stebor/Knapheide).

Interim Life Safety Measures Matrix
CMS#_K012 2_ and K044 A

K044 A, 29-firedoor-72-1-5 lacks a proper 90 minute fire rating.

1. Daily inspections will expand immediately to checking all exit corridors on the entire first floor of the campus until the doors are replaced.

Interim Life Safety Measures Daily Checklist
CMS#_K012 2_ and K044 A

Area Affected: 1962 bidg UL design assembly for rated envelope and 2 hour barrier bear old surgery waiting room.													
Interim Life Safety Measures													
DATE INITIATED:	Initiate Fire Watch	Post Signs at alternate exits	Inspect Exits Daily	Provide Temporary Detection	add'n fire fight equip	Temp Const Barrier	Increase surveillance const areas	enforce storage practices safe	addnl training FFE for employees	1 addnl fire drill/ per shift per qtr	Inspect temp FFE monthly	conducts education to promote hazards	trains staff to compensate for deficiencies
Date:													
Sunday													
Monday													
Tuesday													
Wednesday													
Thursday													
Friday													
Saturday													

214

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/30/2010
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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 140015	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - BLESSING AT 14TH STRE B. WING _____	(X3) DATE SURVEY COMPLETED R 12/28/2010
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NAME OF PROVIDER OR SUPPLIER BLESSING HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE BROADWAY AT 11TH STREET QUINCY, IL 62301
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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{K 012}	Continued From page 2 2. Certain areas have spray on fireproofing on the underside of the concrete pan for the waffle slab. During an interview held in the building on the morning of July 14, 2010, the provider's Supervisor of Construction was not able to identify the UL Designs used to obtain the necessary construction type throughout the building. Documentation for the construction assemblies to comply with 19.1.6.2 and NFPA 220 1999 was not available on site (No UL Design Numbers).	{K 012}		
{K 017}	NFPA 101 LIFE SAFETY CODE STANDARD Corridors are separated from use areas by walls constructed with at least ½ hour fire resistance rating. In sprinklered buildings, partitions are only required to resist the passage of smoke. In non-sprinklered buildings, walls properly extend above the ceiling. (Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Charting and clerical stations, waiting areas, dining rooms, and activity spaces may be open to the corridor under certain conditions specified in the Code. Gift shops may be separated from corridors by non-fire rated walls if the gift shop is fully sprinklered.) 19.3.6.1, 19.3.6.2.1, 19.3.6.5 This STANDARD is not met as evidenced by: Surveyor: 16339 Based on random observation during the survey walk-through, not all exit access corridors are separated from use areas in accordance with	{K 017}		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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NAME OF PROVIDER OR SUPPLIER BLESSING HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE BROADWAY AT 11TH STREET QUINCY, IL 62301
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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{K 017}	<p>Continued From page 3 19.3.6.1.</p> <p>Findings include:</p> <p>A. Corrected 12/28/10.</p> <p>B. The 4th Floor Outpatient Unit exit access corridor has a nursing station that is open to the corridor. The nurse's station lacks 24 hour supervision. The nursing station is smoke detected but not sprinklered in accordance with the exceptions under 19.3.6.1.</p> <p>UPDATE 12/28/10: The plan of correction indicated that this nurse station qualified under Exception No. 3 of 19.3.6.1 as a nurse station. However, this exception implies that the nurse station is staffed or otherwise supervised in accordance with the NFPA 101 Handbook commentary which states "Staff supervision is important; it allows staff to see, hear or smell a developing fire or to prevent the ignition of a fire by virtue of their presence." Since this staff supervision is not available on a 24 hour basis, the space does not qualify as a nurse station under Exception No. 3. Since this building has construction type and vertical opening deficiencies, a fire developing on this floor can directly affect patients on other floors. Surveyor notes that Exception No. 6 may be an alternative to separation of the space from the corridor if the space and the corridors onto which the space opens onto located in the same smoke compartment are provided with smoke detection and the space is provided with sprinkler protection.</p> <p>C. Corrected 12/28/10. D. Corrected 12/28/10.</p>	{K 017}	<p>K 017 B. Due to the excessive cost to correct the original construction type, Blessing Hospital is requesting that this discrepancy be deferred for correction. Blessing Corporate Services governing board has committed to building a new patient addition at the 11th street campus. Construction is to start mid-year in 2012. After approved occupancy of the new unit, the 14th street campus will be delicensed as a hospital. We will continue our ILSM until then. Please see attached minutes from the Blessing Corporate Services Board of Trustees meeting and the letter of conversation between Henry Kowalenko and John Bozarth on the discrepancy plan. See attachments for K 012. See also attached ILSM.</p>	4/2014
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Attachment

K 017 B.

Letter (see K 012 attachment)

Governing board minutes (see K 012 attachment)

ILSM

Interim Life Safety Measures Matrix
CMS #K017 B

Interim Life Safety Measures													
Area Affected: 14th st 4th floor outpatient unit nurse station open to corridor.	Initiate Fire Watch	Post Signs at alternate exits	Inspect Exits Daily	Provide Temporary Detection	add'n fire fight equip	Temp Const Barrier	Increase surveillance const areas	enforce storage practices safe	addnl training FFE for employees	1 addnl fire drill per shift per qtr	Inspect temp FFE monthly	conducts education to promote hazards	trains staff to compensate for deficiencies
Code Deficiencies													
1 Patient room door latching problem													
2 Smoke barrier missing or incomplete													
3 Fire exit discharge improperly													
4 Excessive travel distance to approved exit													
5 Lack of two remote exits													
6 Improperly protected vertical openings													
7 Large penetrations in fire barriers													
8 Corridor walls not extended to deck				X									
9 Hazard areas not properly protected													
0 Any other items													
Construction Related Issues													
10 Blocking off approved exit													
11 Rerouting traffic to Emerg. Rm.													
12 Major renovation of a floor													
13 Replacing fire alarm system													
14 Installing sprinkler system													
15 Significantly modifying smoke or fire barrier walls													
16 Adding addition to a structure													
Maintenance/Testing/Construction temporary Fire Protection disconnected													
17 Fire Alarm OOS > 1 shift													
18 Sprinkler OOS > 1 shift													
19 Disconnecting alarm devices > 1 shift													
Additional Comments:													
We will install a smoke detector in the nurse station temporarily until deficiency is corrected.													
Detector will be installed 1/14/11.													

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/30/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 140015	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - BLESSING AT 14TH STRE B. WING _____	(X3) DATE SURVEY COMPLETED R 12/28/2010
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NAME OF PROVIDER OR SUPPLIER BLESSING HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE BROADWAY AT 11TH STREET QUINCY, IL 62301
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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{K 020}	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least one hour. An atrium may be used in accordance with 8.2.5.6. 19.3.1.1.</p> <p>This STANDARD is not met as evidenced by: Surveyor: 16339</p> <p>Based on random observation during the survey walk-through, not all ventilation shafts or floor/ceiling assemblies are constructed or maintained as fire resistive assemblies in accordance with 19.3.1.1.</p> <p>Findings include:</p> <p>A. Seventh Floor (Penthouse): A floor access panel was observed to not carry a minimum fire resistance rating of 1-1/2 hours as required by 8.2.3.2.3.1(1).</p> <p>UPDATE 12/28/10: Although smaller floor access penetrations have been sealed with concrete in accordance with the plan of correction, a 2-leaf steel access door located adjacent the elevator machinery was observed that did not afford a minimum 1 1/2-hour rating.</p> <p>B. Corrected 12/28/10.</p> <p>C. Sixth Floor: The ventilation shaft that connects 4 stories or more by Stair #2 was observed to not carry 2 hour rated enclosure as required by 19.3.1.1.</p>	{K 020}	<p>K 020 A. Penetration will be sealed with concrete to provide level of protection needed. Director of Maintenance and Construction is responsible for the correction.</p> <p>K 020 C. Due to the excessive cost to correct the original construction type, Blessing Hospital is requesting that this discrepancy be deferred for correction. Blessing Corporate Services governing board has committed to building a new patient addition at the 11th street campus. Construction is to start mid-year in 2012. After approved occupancy of the new unit, the 14th street campus will be delicensed as a hospital. We will continue our ILSM until then. Please see attached minutes from the Blessing Corporate Services Board of Trustees meeting and the letter of conversation between Henry Kowalenko and John Bozarth on the discrepancy plan. See previous attachments. See attached ILSM.</p>	<p>2/28/11</p> <p>4/2014</p>
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Attachment

K 020 A.

Letter (see K 012 attachment)

Governing board minutes (see K 012 attachment)

ILSM

Interim Life Safety Measures Matrix
CMS#_KO20 C

Area Affected: Sixth floor ventilation shaft by stair 2

DATE: 9/2/10

Existing Significant Life Safety Code Deficiencies or Conditions as a Result of Construction	Interim Life Safety Measures												
	Initiate Fire Watch	Post Signs at alternate exits	Inspect Exits Daily	Provide Temporary Detection	add'n fire fight equip	Temp Const Barrier	Increase surveillance const areas	enforce storage practices safe	add'n training FFE for employees	1 add'n fire drill per shift per qtr	Inspect temp FFE monthly	conducts education to promote hazards	trains staff to compensate for deficiencies
Code Deficiencies													
1 Patient room door latching problem													
2 Smoke barrier missing or incomplete													
3 Fire exit discharge improperly													
4 Excessive travel distance to approved exit													
5 Lack of two remote exits													
6 Improperly protected vertical openings				XXX									
7 Large penetrations in fire barriers													
8 Corridor walls not extended to deck													
9 Hazard areas not properly protected													
0 Any other items													
Construction Related Issues													
10 Blocking off approved exit													
11 Rerouting traffic to Emerg.Rm.													
12 Major renovation of a floor													
13 Replacing fire alarm system													
14 Installing sprinkler system													
15 Significantly modifying smoke or fire barrier walls													
16 Adding addition to a structure													
Maintain fire testing/equipment temporary fire protection disconnected													
17 Fire Alarm OOS > 1 shift													
18 Sprinkler OOS > 1 shift													
19 Disconnecting alarm devices > 1 shift													
Additional Comments:													
This shaft does not carry the proper 2 hour fire rated enclosure as required by 19.3.1.1													
1. We will install a smoke detector at the top of the shaft until deficiency is corrected.													

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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NAME OF PROVIDER OR SUPPLIER BLESSING HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE BROADWAY AT 11TH STREET QUINCY, IL 62301
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{K 020}	Continued From page 5 UPDATE 12/28/10: Surveyor notes the correction date for this deficiency to be 6/11/11. D. Corrected 12/28/10. E. Corrected 12/28/10.	{K 020}		
{K 025}	NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4 This STANDARD is not met as evidenced by: Surveyor: 16339 Based on random observation during the survey walk-through, not all designated or required smoke barrier walls are constructed or maintained as minimum 30 minute fire rated assemblies in accordance with 19.3.7.3. Findings include: A. Fifth Floor: Cable wirings near the EMS Office were observed that pass through a required smoke barrier wall that are not sealed against smoke to comply with 8.3.6.1.	{K 025}		

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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NAME OF PROVIDER OR SUPPLIER BLESSING HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE BROADWAY AT 11TH STREET QUINCY, IL 62301
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{K 025}	Continued From page 6 UPDATE 12/28/10: Although the noted wiring penetration has been sealed, the duct penetration in this barrier does not contain a smoke damper to comply with Exception No. 2 under 19.3.7.3. Both smoke compartments on each side of the smoke barrier are not fully sprinkler protected.	{K 025}	K 025 A. Damper has been ordered and will be installed. Director of Maintenance and Construction is responsible for the correction.	2/11/11
{K 033}	NFPA 101 LIFE SAFETY CODE STANDARD Exit components (such as stairways) are enclosed with construction having a fire resistance rating of at least one hour, are arranged to provide a continuous path of escape, and provide protection against fire or smoke from other parts of the building. 8.2.5.2, 19.3.1.1 This STANDARD is not met as evidenced by: Surveyor: 16339 Based on random observation during the survey walk-through, not all exit stair shafts are constructed or maintained as fire resistive assemblies in accordance with 19.3.1.1. Findings include: A. An exit passageway was observed with duct penetrations that appear to be tied in to the main ventilation system. The provider was unable to identify when these ducts were installed and how they are permitted under 7.1.3.2.1.(e). Ground Floor exit passageway extending from Stair #2. UPDATE 12/28/10: This deficiency was not reviewed during this on-site survey. It is not clear how the duct penetrations may comply with the	{K 033}	K 033 A. After consultation with our consulting firm, Code Consultants Inc. we feel the surveyor incorrectly identified the wall as an exit discharge passageway. The correct section is exit access corridors 19.3.6.2. The wall is in an existing access corridor required to be half hour rated or resistant to the passage of smoke that has smoke tight joints to a monolithic (hard) ceiling. The existing design is in compliance with section 19.3.6.2.1 Exception No. 3. Copy attached. The heater is a local heater and does not serve any other levels. The heater is located within the vestibule and contained in a drywall enclosure. The vestibule and the heater are separated from adjacent rooms by corridor wall construction, complying with Section 19.3.6.2.1, Exception 3. Corridor walls are not required to provide a ½-hour rating if they comply with Section 19.3.6.2.1, Exception 3, and are "resistant to the passage of smoke." Stair #2 is independent of and remote to this exit access corridor wall and has exiting directly to the exterior. See attached map for location.	1/14/11

Attachment

K 033 A.

Code 19.3.6.2, 2000 Edition Existing Health Care Occupancies
map

Exception No. 2: Standard response sprinklers shall be permitted for use in hazardous areas protected in accordance with 19.3.2.1.

19.3.5.4 Isolated hazardous areas shall be permitted to be protected in accordance with 9.7.1.2. For new installations in existing health care occupancies, where more than two sprinklers are installed in a single area, waterflow detection shall be provided to sound the building fire alarm, or to notify by a signal, any constantly attended location, such as PBX, security, or emergency room, at which the necessary corrective action shall be taken.

19.3.5.5* Newly introduced cubicle curtains in sprinklered areas shall be installed in accordance with NFPA 13, *Standard for the Installation of Sprinkler Systems*.

19.3.5.6 Portable fire extinguishers shall be provided in all health care occupancies in accordance with 9.7.4.1.

19.3.6 Corridors.

19.3.6.1 Corridors shall be separated from all other areas by partitions complying with 19.3.6.2 through 19.3.6.5. (See also 19.2.5.9.)

Exception No. 1: Smoke compartments protected throughout by an approved, supervised automatic sprinkler system in accordance with 19.3.5.3 shall be permitted to have spaces that are unlimited in size open to the corridor, provided that the following criteria are met:

(a) The spaces are not used for patient sleeping rooms, treatment rooms, or hazardous areas.

(b) The corridors onto which the spaces open in the same smoke compartment are protected by an electrically supervised automatic smoke detection system in accordance with 19.3.4, or the smoke compartment in which the space is located is protected throughout by quick-response sprinklers.

(c) The open space is protected by an electrically supervised automatic smoke detection system in accordance with 19.3.4, or the entire space is arranged and located to allow direct supervision by the facility staff from a nurses' station or similar space.

(d) The space does not obstruct access to required exits.

Exception No. 2: In smoke compartments protected throughout by an approved, supervised automatic sprinkler system in accordance with 19.3.5.3, waiting areas shall be permitted to be open to the corridor, provided that the following criteria are met:

(a) The aggregate waiting area in each smoke compartment does not exceed 600 ft² (55.7 m²).

(b) Each area is protected by an electrically supervised automatic smoke detection system in accordance with 19.3.4, or each area is arranged and located to allow direct supervision by the facility staff from a nursing station or similar space.

(c) The area does not obstruct access to required exits.

Exception No. 3: Spaces for nurses' stations.

Exception No. 4: Gift shops open to the corridor where protected in accordance with 19.3.2.5.

Exception No. 5: Limited care facilities in smoke compartments protected throughout by an approved, supervised automatic sprinkler system in accordance with 19.3.5.3 shall be permitted to have group meeting or multipurpose therapeutic spaces open to the corridor, provided that the following criteria are met:

(a) The space is not a hazardous area.

(b) The space is protected by an electrically supervised automatic smoke detection system in accordance with 19.3.4, or the space is arranged and located to allow direct supervision by the facility staff from the nurses' station or similar location.

(c) The area does not obstruct access to required exits.

Exception No. 6: Spaces other than patient sleeping rooms, treatment rooms, and hazardous areas shall be permitted to be open to the corridor and unlimited in area, provided that the following criteria are met:

(a) The space and the corridors onto which it opens, where located in the same smoke compartment, are protected by an electrically supervised automatic smoke detection system in accordance with 19.3.4.

(b)* Each space is protected by automatic sprinklers, or the furnishings and furniture, in combination with all other combustibles within the area, are of such minimum quantity and arrangement that a fully developed fire is unlikely to occur.

(c) The space does not obstruct access to required exits.

Exception No. 7: Waiting areas shall be permitted to be open to the corridor, provided that the following criteria are met:

(a) Each area does not exceed 600 ft² (55.7 m²).

(b) The area is equipped with an electrically supervised automatic smoke detection system in accordance with 19.3.4.

(c) The area does not obstruct any access to required exits.

Exception No. 8: In a limited care facility, group meeting or multipurpose therapeutic spaces, other than hazardous areas, that are under continuous supervision by facility staff shall be permitted to be open to the corridor, provided that the following criteria are met:

(a) Each area does not exceed 1500 ft² (140 m²).

(b) Not more than one such space is permitted per smoke compartment.

(c) The area is equipped with an electrically supervised automatic smoke detection system in accordance with 19.3.4.

(d) The area does not obstruct access to required exits.

19.3.6.2 Construction of Corridor Walls. ✖

19.3.6.2.1* Corridor walls shall be continuous from the floor to the underside of the floor or roof deck above, through any concealed spaces, such as those above suspended ceilings, and through interstitial structural and mechanical spaces, and they shall have a fire resistance rating of not less than 1/2 hour.

Exception No. 1: In smoke compartments protected throughout by an approved, supervised automatic sprinkler system in accordance with 19.3.5.2, a corridor shall be permitted to be separated from all other areas by non-fire-rated partitions and shall be permitted to terminate at the ceiling where the ceiling is constructed to limit the transfer of smoke.

Exception No. 2: Existing corridor partitions shall be permitted to terminate at ceilings that are not an integral part of a floor construction if 5 ft (1.5 m) or more of space exists between the top of the ceiling subsystem and the bottom of the floor or roof above, provided that the following criteria are met:

(a) The ceiling shall be part of a fire-rated assembly tested to have a fire resistance rating of not less than 1 hour in compliance with the provisions of 8.2.3.1.

(b) The corridor partitions form smoketight joints with the ceilings (joint filler, if used, shall be noncombustible).

(c) Each compartment of interstitial space that constitutes a separate smoke area is vented, in a smoke emergency, to the outside by mechanical means having sufficient capacity to provide not less than two air changes per hour but, in no case, a capacity less than 5000 ft³/min (2.36 m³/s).

(d) The interstitial space shall not be used for storage.

(e) The space shall not be used as a plenum for supply, exhaust, or return air, except as noted in 19.3.6.2.1(3).

Exception No. 3. Existing corridor partitions shall be permitted to terminate at monolithic ceilings that resist the passage of smoke where there is a smoketight joint between the top of the partition and the bottom of the ceiling.*

19.3.6.2.2* Corridor walls shall form a barrier to limit the transfer of smoke.

19.3.6.2.3 Fixed fire window assemblies in accordance with 8.2.3.2.2 shall be permitted in corridor walls.

Exception: There shall be no restrictions in area and fire resistance of glass and frames in smoke compartments protected throughout by an approved, supervised automatic sprinkler system in accordance with 19.3.5.2.

19.3.6.3 Corridor Doors.

19.3.6.3.1* Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas shall be substantial doors, such as those constructed of 1³/₄-in. (4.4-cm) thick, solid-bonded core wood or of construction that resists fire for not less than 20 minutes and shall be constructed to resist the passage of smoke. Compliance with NFPA 80, *Standard for Fire Doors and Fire Windows*, shall not be required. Clearance between the bottom of the door and the floor covering not exceeding 1 in. (2.5 cm) shall be permitted for corridor doors.

Exception No. 1: Doors to toilet rooms, bathrooms, shower rooms, sink closets, and similar auxiliary spaces that do not contain flammable or combustible materials.

Exception No. 2: In smoke compartments protected throughout by an approved, supervised automatic sprinkler system in accordance with 19.3.5.2, the door construction requirements of 19.3.6.3.1 shall not be mandatory, but the doors shall be constructed to resist the passage of smoke.

19.3.6.3.2* Doors shall be provided with a means suitable for keeping the door closed that is acceptable to the authority having jurisdiction. The device used shall be capable of keeping the door fully closed if a force of 5 lbf (22 N) is applied at the latch edge of the door. Roller latches shall be prohibited on corridor doors in buildings not fully protected by an approved automatic sprinkler system in accordance with 19.3.5.2.

Exception No. 1: Doors to toilet rooms, bathrooms, shower rooms, sink closets, and similar auxiliary spaces that do not contain flammable or combustible materials.

Exception No. 2: Existing roller latches demonstrated to keep the door closed against a force of 5 lbf (22 N) shall be permitted to be kept in service.

19.3.6.3.3* Hold-open devices that release when the door is pushed or pulled shall be permitted.

19.3.6.3.4 Door-closing devices shall not be required on doors in corridor wall openings other than those serving required exits, smoke barriers, or enclosures of vertical openings and hazardous areas.

19.3.6.3.5 Nonrated, factory- or field-applied protective plates extending not more than 48 in. (122 cm) above the bottom of the door shall be permitted.

19.3.6.3.6 Dutch doors shall be permitted where they conform to 19.3.6.3. In addition, both the upper leaf and lower leaf shall be equipped with a latching device, and the meeting edges of the upper and lower leaves shall be equipped with an astragal, a rabbit, or a bevel.

Dutch doors protecting openings in enclosures around hazardous areas shall comply with NFPA 80, *Standard for Fire Doors and Fire Windows*.

19.3.6.3.7 Door frames shall be labeled, shall be of steel construction, or shall be of other materials in compliance with the provisions of 8.2.3.2.1.

Exception: Door frames in smoke compartments protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7.

19.3.6.3.8 Fixed fire window assemblies in accordance with 8.2.3.2.2 shall be permitted in corridor doors.

Exception: There shall be no restrictions in area and fire resistance of glass and frames in smoke compartments protected throughout by an approved, supervised automatic sprinkler system in accordance with 19.3.5.2.

19.3.6.4 Transfer Grilles. Transfer grilles, regardless of whether they are protected by fusible link-operated dampers, shall not be used in these walls or doors.

Exception: Doors to toilet rooms, bathrooms, shower rooms, sink closets, and similar auxiliary spaces that do not contain flammable or combustible materials shall be permitted to have ventilating louvers or to be undercut.

19.3.6.5 Openings. In other than smoke compartments containing patient bedrooms, miscellaneous openings such as mail slots, pharmacy pass-through windows, laboratory pass-through windows, and cashier pass-through windows shall be permitted to be installed in vision panels or doors without special protection, provided that the aggregate area of openings per room does not exceed 20 in.² (130 cm²), and the openings are installed at or below half the distance from the floor to the room ceiling.

Exception: For rooms protected throughout by an approved, supervised automatic sprinkler system in accordance with 19.3.5.2, the aggregate area of openings per room shall not exceed 80 in.² (520 cm²).

19.3.7 Subdivision of Building Spaces.

19.3.7.1 Smoke barriers shall be provided to divide every story used for sleeping rooms for more than 30 patients into not less than two smoke compartments. The size of any such smoke compartment shall not exceed 22,500 ft² (2100 m²), and the travel distance from any point to reach a door in the required smoke barrier shall not exceed 200 ft (60 m).

Exception No. 1: Where neither the length nor width of the smoke compartment exceeds 150 ft (45 m), the travel distance to reach the smoke barrier door shall not be limited.

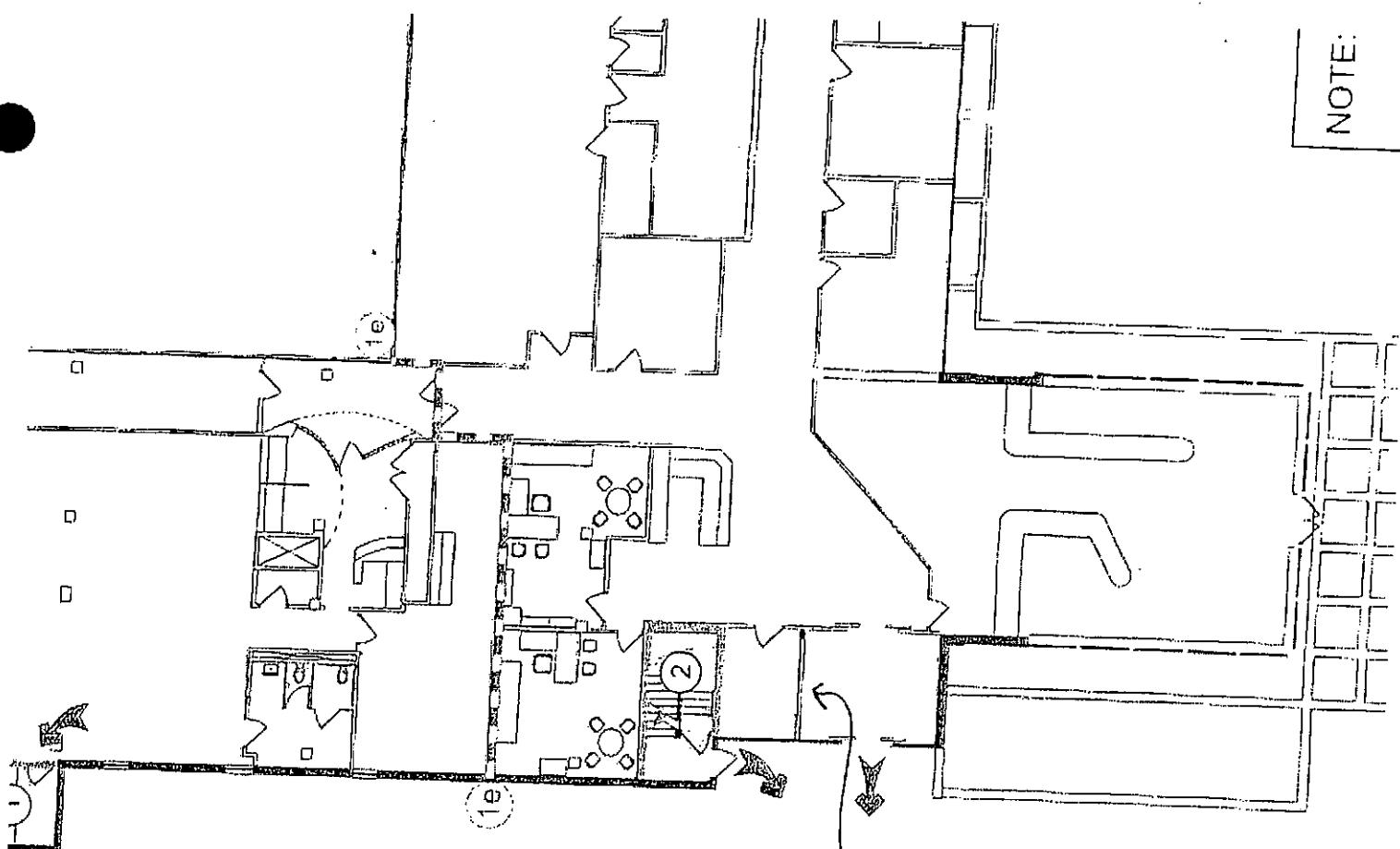
Exception No. 2: The area of an atrium separated in accordance with 8.2.5.6 shall not be limited in size.

19.3.7.2 For purposes of the requirements of 19.3.7, the number of health care occupants shall be determined by actual count of patient bed capacity.

19.3.7.3 Any required smoke barrier shall be constructed in accordance with Section 8.3 and shall have a fire resistance rating of not less than 1/2 hour.

Exception No. 1: Where an atrium is used, smoke barriers shall be permitted to terminate at an atrium wall constructed in accordance with Exception No. 2 to 8.2.5.6(1). Not less than two separate smoke compartments shall be provided on each floor.

Exception No. 2. Dampers shall not be required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air condi-*



NOTE:

HEATER
LOCATION
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
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{K 033}	Continued From page 7 requirements of 7.1.3.2.1(e), Exception No. 1 for existing penetrations when not protected by fire dampers. It is not clear from the original drawings provided as part of the plan of correction explanation where the enclosure of the exit passageway is maintained. (Is the "chase" containing the fan coil and ducts within the rated enclosure or outside the enclosure which would require the duct penetrations to be provided with fire dampers?)	{K 033}		
{K 038}	<p>B. Corrected 12/28/10.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1</p> <p>This STANDARD is not met as evidenced by: Surveyor: 16339</p> <p>Based on random observation during the survey walk-through, not all exit accesses are arranged so that exits are readily accessible at all times in accordance with 19.2.1.</p> <p>Findings include:</p> <p>A. Corrected 12/28/10.</p> <p>B. Common path of travel was observed to exceed 75 feet as required by 39.2.5.3. Locations observed include:</p> <p>1. First Floor, Old Recovery Room corridor</p>	{K 038}	K 038 B.1. K 012 and K020 will be null for this discrepancy due to completion of K 044A, which creates the two hour separation for the first floor recovery room area. Attached, please find an explanation of the FSES parameter values and parameter value changes.	3/31/11

Attachment
K 038 B.1.
Revised FSES



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The Fire Protection and
Life Safety Experts

- Code Consultation
- Fire and Egress Modeling
- Accessibility Consultation
- Fire Alarm Design
- Fire Sprinkler Design

September 1, 2010
Revised January 12, 2011

Mr. Henry Kowalenko
Illinois Department of Public Health
525 West Jefferson Street
Design Standards Unit, 4th Floor
Division of Health Care Facilities and Programs
Springfield, IL 62761-0001

RE: FSES EVALUATION
BLESSING HOSPITAL 14TH STREET CAMPUS
STAGE 2 RECOVERY FIRST FLOOR
PROJECT NO: 100421.02.001

Dear Henry:

We are requesting approval of an FSES evaluation that confirms that the existing level of fire safety is equivalent to that prescribed by the 2000 Life Safety Code at Blessing Hospital 14th Street campus. Attached are the documents and graphics, dated May 10, 2002 required for the FSES as an equivalency request for the Stage 2 Recovery area on the First Floor of the 14th Street Building at Blessing Hospital. The FSES evaluation was completed to address the following existing design:

- Since the second required exit is via a suite the design results in a dead end corridor in excess of 100 feet.
- A Safety Parameter Value of -6 was assigned under "6 Zone Dimensions" on Work Sheet 4.7.6 for this dead end deficiency.
- The Safety Parameter Value of + 1 for horizontal exits under Emergency Movement Routes was based on the entire Zone "A" under evaluation which contains more than 2 exits that are remote from each other and includes a horizontal exit for exiting from the zone.
- Since the comment was made that the construction type of Type I (332) was not approved based on the existing floor ceiling assemblies as not being acceptable and voiding the floor assembly rating of 2-hours, the FSES was revisited using Type II(000) construction. This new evaluation also indicates that equivalent safety is existing.
- Note that this area is not currently occupied and is secured from any public or staff access.

Based on the attached evaluations, equivalent life safety is provided as documented in the enclosed FSES worksheets dated September 1, 2010 for the First Floor Zone "A" in the 14th Street Building of Blessing Hospital.

Mr. Henry Kowalenko
Revised January 12, 2011
Page 2



CODE CONSULTANTS, INC.

Thank you for your attention to these matters. Please feel free to call at your convenience.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael Zakowski", written in a cursive style.

Michael Zakowski
Project Manager

Attachments

c: John Bozarth, Blessing
Bruce Hillebrenner, Blessing
Mike Hiland, Blessing
Craig Kurk, Blessing

<http://data1/dellekvision/2010/1004/100421/02/001/Letters/100421.02.001 FSES Cover LTR Zone A revised 2011-01-12.doc>

Revised 1/12/11

WORKSHEET 4.7.1 COVER SHEET

Fire/Smoke Zone* Evaluation Worksheet for Health Care Facilities

Facility Blessing Hospital 14th Street Building 14th Street Campus
 Zone(s) Evaluated First Floor Smoke Zone "A"
 Evaluator Code Consultants Inc. Date September 1, 2010

Complete this worksheet for each zone. Where conditions are the same in several zones, one worksheet can be used for those zones.

*Fire/smoke zone is a space separated from all other spaces by floors, horizontal exits, or smoke barriers.

WORKSHEET 4.7.2 OCCUPANCY RISK PARAMETER FACTORS

Risk Parameters	Risk Factor Values					
	Mobility Status	Mobile	Limited Mobility	Not Mobile	Not Movable	
1. Patient Mobility (M)	Risk Factor	1.0	1.6	3.2	4.5	
	No. of Patients	1-5	6-10	11-30	>30	
2. Patient Density (D)	Risk Factor	1.0	1.2	1.5	2.0	
	Floor	1 st	2 nd or 3 rd	4 th to 6 th	7 th and Above	Basements
3. Zone Location (L)	Risk Factor	1.1	1.2	1.4	1.6	1.6
	Patients Attendant	$\frac{1-2}{1}$	$\frac{3-5}{1}$	$\frac{6-10}{1}$	$\frac{11}{1}$	One or More† None
4. Ratio of Patients to Attendants (T)	Risk Factor	1.0	1.1	1.2	1.5	4.0
	Age	Under 65 Years and Over 1 Year		65 Years and Over 1 Year and Younger		
5. Patient Average Age (A)	Risk Factor	1.0		1.2		

†A risk factor of 4.0 is charged to any zone that houses patients without any staff in immediate attendance.

WORKSHEET 4.7.3 OCCUPANCY RISK FACTOR CALCULATION

$$\text{Occupancy Risk} = M \times D \times L \times T \times A = F$$

$$3.2 \times 1.5 \times 1.1 \times 1.1 \times 1.2 = 6.9696$$

WORKSHEET 4.7.4 (New Buildings)

$$1.0 \times F = R$$

$$1.0 \times \boxed{} = \boxed{0.00}$$

WORKSHEET 4.7.5 (Existing Buildings)

$$0.6 \times F = R$$

$$0.6 \times \boxed{6.97} = \boxed{4.18}$$

WORKSHEET 4.7.6 SAFETY PARAMETER VALUES

Safety Parameters		Parameter Values						
		Combustible Types III, IV, and V				Noncombustible Types I and II		
1. Construction Floor or Zone		000	111	200	211 + 2HH	000	111	222, 322, 433
	First	-2	0	-2	0	0	2	2
	Second	-7	-2	-4	-2	-2	2	4
	Third	-9	-7	-9	-7	-7	2	4
	4 th and Above	-13	-7	-13	-7	-9	-7	4
2. Interior Finish (Corridors and Exits)	Class C	Class B		Class A				
	-5(0) ^f	0(3) ^f		3				
3. Interior Finish (Rooms)	Class C	Class B		Class A				
	-3(1) ^f	1(3) ^f		3				
4. Corridor Partitions/Walls	None or Incomplete	<½ hr.		≥½ to 1 hr.		≥1 hr.		
	-10(0) ^g	0		1(0) ^g		2(0) ^g		
5. Doors to Corridor	No Door	<20 min. FPR		≥20 min. FPR		≥20 min. FPR and Auto Clos.		
	-10	0		1(0) ^g		2(0) ^d		
6. Zone Dimensions	Dead End				No Dead Ends >30 ft. and Zone Length is			
	>100 ft.	>50 ft. to 100 ft.	30 ft. to 50 ft.		>150 ft.	100 ft. to 150 ft.	<100 ft.	
	-6(0) ^b	-4(0) ^b	-2(0) ^b		-2(0) ^c	0	1	
7. Vertical Openings	Open 4 or More	Open 2 or 3		Enclosed with Indicated Fire Resistance				
	Floors	Floors		<1 hr.	≥1 hr. to <2 hr.		≥2 hr.	
	-14	-10		0	2(0) ^g		3(0) ^g	
8. Hazardous Areas	Double Deficiency			Single Deficiency		No Deficiencies		
	In Zone	Outside Zone		In Zone	In Adjacent Zone			
	-11	-5		-8	-2		0	
9. Smoke Control	No Control	Smoke Barrier Serves Zone		Mechanically Assisted Systems by Zone				
	-5(0) ^c	0		0				
10. Emergency Movement Routes	<2 Routes		Multiple Routes					
		Deficient	Without Horizontal Exit(s)		Horizontal Exit(s)		Direct Exit(s)	
	-8	-2	0		1		5	
11. Manual Fire Alarm	No Manual Fire Alarm			Manual Fire Alarm				
	-4			W/O Fire Dept. Conn.	W/Fire Dept. Conn.			
12. Smoke Detection and Alarm	None	Corridor Only		Rooms Only		Corridor and Habit. Spaces		Total Spaces In Zone
	0(3) ^g	2(3) ^g		3(3) ^g		4		5
13. Automatic Sprinklers	None	Corridor and Habit. Space		Entire Building				
	0	8		10				

NOTES: ^a Use (0) where Parameter 5 is -10.
^b Use (0) where Parameter 10 is -8.
^c Use (0) on floor with fewer than 31 patients (existing buildings only).
^d Use (0) where Parameter 4 is -10.

^e Use (0) where Parameter 1 is based on first floor zone or on an unprotected type of construction (columns marked "000" or "200").

^f Use () if the area of Class B or C interior finish in the corridor and exit or room is protected by automatic sprinklers and Parameter 13 is 0; use () if the room with existing Class C interior finish is protected by automatic sprinklers, Parameter 4 is greater than or equal to 1, and Parameter 13 is 0.

^g Use this value in addition to Parameter 13 if the entire zone is protected with quick-response automatic sprinklers.

For SI units: 1 ft. = 0.3048 m

Revised 1/12/11

WORKSHEET 4.7.7 INDIVIDUAL SAFETY EVALUATIONS

Safety Parameters	Containment Safety (S_1)	Extinguishment Safety (S_2)	People Movement Safety (S_3)	General Safety (S_4)
1. Construction	X 0	X 0		X 0
2. Interior Finish (Corridor and Exit)	3		3	3
3. Interior Finish (Rooms)	3			3
4. Corridor Partitions/Walls	0			0
5. Doors to Corridor	1		1	1
6. Zone Dimensions			-6	-6
7. Vertical Openings	0		0	0
8. Hazardous Areas	0	0		0
9. Smoke Control			0	0
10. Emergency Movement Routes			-2	-2
11. Manual Fire Alarm		2		2
12. Smoke Detection and Alarms		2	2	2
13. Automatic Sprinklers	8	8	8 + 2 / 4	8
Total Value	15	12	2	11

**WORKSHEET 4.7.8 MANDATORY SAFETY REQUIREMENTS
(FOR USE IN HOSPITALS OR NURSING HOMES)**

Zone Location	Containment (S_a)		Extinguishment (S_b)		People Movement (S_c)	
	New	Existing	New	Existing	New	Existing
1st story	11	5	15(12) ^a	4	8(5) ^a	7
2nd or 3rd story ^b	15	9	17(14) ^a	6	10(7) ^a	3
4th story or higher	18	9	19(16) ^a	6	11(8) ^a	3

^a Use () in zones that do not contain patient sleeping rooms.

^b For a 2nd story zone location in a *sprinklered* EXISTING facility, as an alternative to the mandatory safety requirement values set specified in the table, the following mandatory values *set* shall be permitted to be used:

$S_a = 7, S_b = 10, \text{ and } S_c = 7$

Revised 11/2/11

WORKSHEET 4.7.9 ZONE FIRE SAFETY EQUIVALENCY EVALUATION

				Yes	No
Containment Safety (S ₁)	minus	Mandatory Containment (S _a)	≥ 0	15 - = 10 X	
Extinguishment Safety (S ₂)	minus	Mandatory Extinguishment (S _b)	≥ 0	12 - = 8 X	
People Movement Safety (S ₃)	minus	Mandatory People Movement (S _c)	≥ 0	- = 1.0 X	
General Safety (S ₄)	minus	Occupancy Risk (R)	≥ 0	11 - = 6.8 X	

WORKSHEET 4.7.10 FACILITY FIRE SAFETY REQUIREMENTS WORKSHEET

Complete one copy of this worksheet for each facility.

For each consideration, select and mark the appropriate column.

	Met	Not Met	Not Applic.
A. Building utilities conform to the requirements of Section 9.1.	X		
B. In new facilities only, life-support systems, alarms, emergency communication systems, and illumination of generator set locations are powered as prescribed by 18.5.1.2 and 18.5.1.3.			X
C. Heating and air conditioning systems conform with the air conditioning, heating, and ventilating systems requirements within Section 9.2, except for enclosure of vertical openings, which have been considered in Safety Parameter 7 of Worksheet 4.7.6.	X		
D. Fuel-burning space heaters and portable electrical space heaters are not used.	X		
E. There are no fuel-fed incinerators.	X		
F. An evacuation plan is provided and fire drills conducted in accordance with 18.7.1/18.7.2 and 19.7.1/19.7.2.	X		
G. Smoking regulations have been adopted and implemented in accordance with 18.7.4 and 19.7.4.	X		
H. Draperies, upholstered furniture, mattresses, furnishings, and decorations combustibility is limited in accordance with 18.7.5 and 19.7.5.	X		
I. Fire extinguishers are provided in accordance with the requirements of 18.3.5.4 and 19.3.6.6.	X		
J. Exit signs are provided in accordance with the requirements of 18.2.10.1 and 19.2.10.	X		
K. Emergency lighting is provided in accordance with 18.2.9.1 or 19.2.9.	X		
L. Standpipes are provided in all new high-rise buildings as required by 18.4.2.			X

All references are to NFPA 101-2000, *Life Safety Code*.


























WORKSHEET 4.7.11 CONCLUSIONS

1. All of the checks in Worksheet 4.7.9 are in the "Yes" column. The level of fire safety is at least equivalent to that prescribed by the *Life Safety Code*.
2. One or more of the checks in Worksheet 4.7.9 are in the "No" column. The level of fire safety is not shown by this system to be equivalent to that prescribed by the *Life Safety Code*.

* The equivalency covered by this worksheet includes the majority of considerations covered by the *Life Safety Code*. There are some considerations that are not evaluated by this method. These must be considered separately. These additional considerations are covered in Worksheet 4.7.10, the "Facility Fire Safety Requirements Worksheet." One copy of this separate worksheet is to be completed for each facility.


Revised 1/12/11

GRAPHIC KEY

	2-HOUR FIRE RATED WALL		FIRE EXTINGUISHER
	1-HOUR FIRE RATED WALL		MANUAL PULL STATION
	SMOKE BARRIER		SMOKE BARRIER IDENTIFICATION
	AREA PROTECTED BY AUTOMATIC SPRINKLERS		EXIT IDENTIFICATION AND STAIR IDENTIFICATION
	SPRINKLER PROTECTED EXIT ACCESS CORRIDOR		HORIZONTAL EXIT IDENTIFICATION
	NONSPRINKLERED AREA		EXIT SIGNS
	NONSPRINKLERED EXIT ACCESS CORRIDOR		EXIT ENCLOSURE
	EXISTING SMOKE DETECTOR		EXIT
	NEW SMOKE DETECTOR		LIFE SAFETY CODE EXIT CAPACITY (1985 EDITION)
	HEAT DETECTOR		FIRE RATED DOOR ASSEMBLY IN MINUTES
	MAGNETIC HOLD OPEN DEVICE		AUDIBLE ALARM DEVICE OR VISUAL ALARM DEVICE
	FIRE HOSE CABINET (2-1/2 INCH OUTLET, AND FIRE EXTINGUISHER)		AUDIBLE / VISUAL ALARM DEVICE
	2-1/2 INCH STANDPIPE OUTLET		


236

THIS IS A GRAPHIC KEY. IT SHOULD NOT BE CONSIDERED A CONTRACT DOCUMENT. THE CONTRACT DOCUMENTS SHALL BE THE CONTRACT DOCUMENTS. THE CONTRACT DOCUMENTS SHALL BE THE CONTRACT DOCUMENTS.

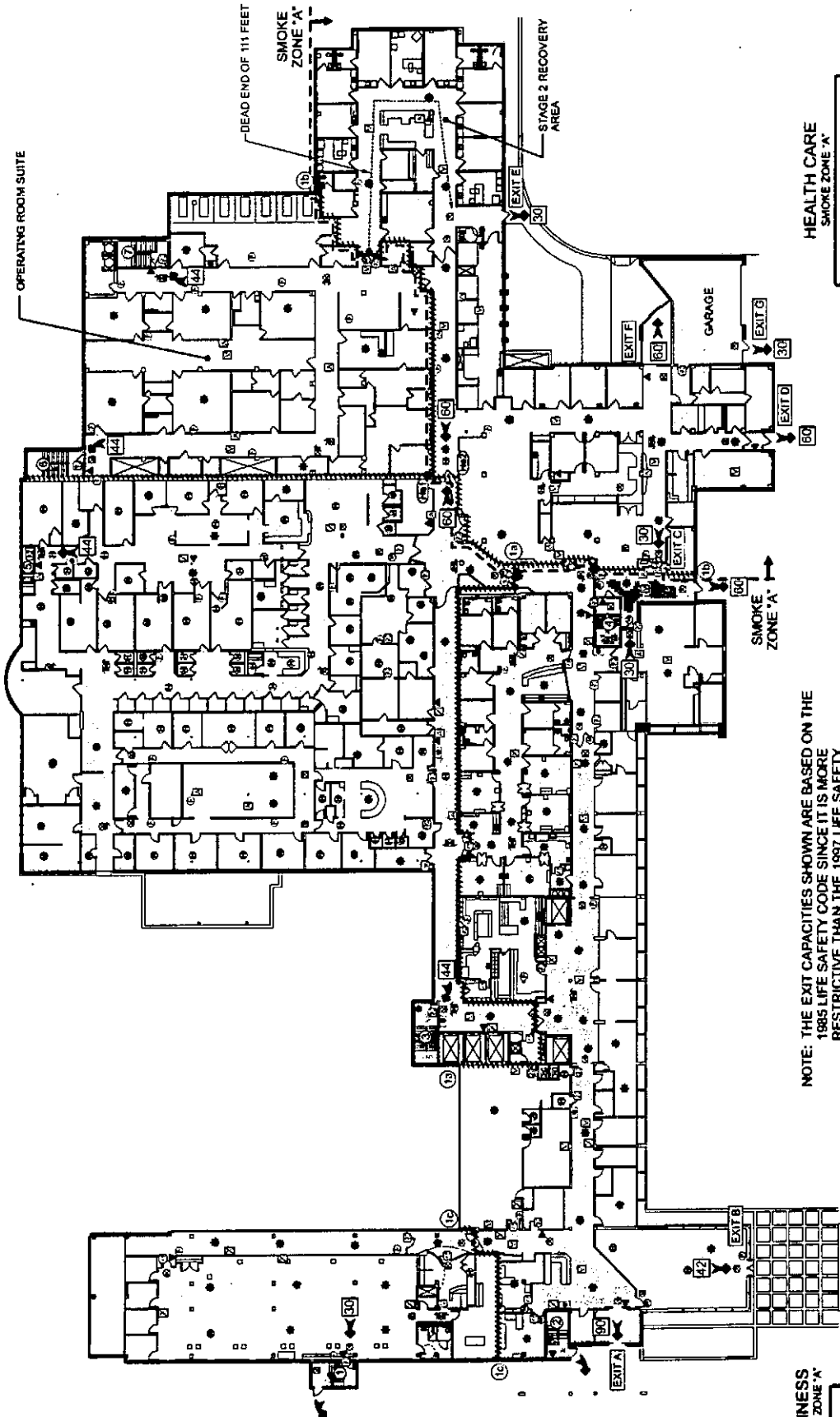


BLESSING HOSPITAL
14th Street Campus
Quincy, Illinois

DATE: 1-12-11



CCI
CORPORATE IDENTITY, INC.



HEALTH CARE AND BUSINESS
ENTIRE FLOOR EXCLUDING SMOKE ZONE 'A'

OCCUPANT LOAD = 278
EXIT CAPACITY = 428

THIS IS A GRAPHIC REPRESENTATION
OF A DESIGN CONCEPT.
A REPRESENTATIVE NUMBER OF
LOCATIONS OF THE PROPOSED
FURNITURE IS SHOWN FOR
ILLUSTRATION PURPOSES.

NOTE: THE EXIT CAPACITIES SHOWN ARE BASED ON THE
1985 LIFE SAFETY CODE SINCE IT IS MORE
RESTRICTIVE THAN THE 1997 LIFE SAFETY
CODE.

HEALTH CARE
SMOKE ZONE 'A'

OCCUPANT LOAD = 119
EXIT CAPACITY = 270

THIS IS A GRAPHIC REPRESENTATION
OF A DESIGN CONCEPT.
A REPRESENTATIVE NUMBER OF
LOCATIONS OF THE PROPOSED
FURNITURE IS SHOWN FOR
ILLUSTRATION PURPOSES.

FIRST FLOOR

B BLESSING HOSPITAL
14th Street Campus
Quincy, Illinois

CCCI
CORE CONSULTANTS, INC.
100 W. MONROE ST. SUITE 200
ST. LOUIS, MISSOURI 63101-1912
314-491-7433
www.ccciconsultants.com

FIGURE NO. 1
DATE: 1-12-11
10/04/21.02.003

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/30/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 140015	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - BLESSING AT 14TH STRE B. WING _____	(X3) DATE SURVEY COMPLETED R 12/28/2010
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NAME OF PROVIDER OR SUPPLIER BLESSING HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE BROADWAY AT 11TH STREET QUINCY, IL 62301
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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{K 038}	Continued From page 8 leading to the old OR's.	{K 038}		
{K 044}	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Horizontal exits, if used, are in accordance with 7.2.4. 19.2.2.5</p> <p>This STANDARD is not met as evidenced by: Surveyor: 16339</p> <p>Based on random observation during the survey walk-through and document review, not all designated or required horizontal exits or fire barriers are constructed or maintained as fire resistive assemblies.</p> <p>Findings include:</p> <p>A. Designated 2 hour rated fire separation walls at the First Floor Level near the Old Day Surgery Waiting have double egress doors that are not labeled as to their fire resistance rating.</p> <p>UPDATE 12/28/10: The labels on these doors specifically indicate that the doors do not carry a rating due to the manner in which they were constructed and installed but are labeled as "fire door". Without certification of a minimum 1</p>	{K 044}	<p>K 044 A. New doors have been ordered. There is a minimum five week delivery time. This will be added to our existing ILSM for K 012 until corrected. Please see attachment for K 012.</p>	3/31/11

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NAME OF PROVIDER OR SUPPLIER BLESSING HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE BROADWAY AT 11TH STREET QUINCY, IL 62301
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{K 044}	Continued From page 9	{K 044}		
{K 045}	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8</p> <p>This STANDARD is not met as evidenced by: Surveyor: 16339</p> <p>Based on random observation during the survey walk-through not all exterior egress paths are illuminated in such a manner that the failure of one fixture will not leave the area in darkness as prohibited by 19.2.8.</p> <p>Findings include:</p> <p>A. Numerous exterior egress paths were observed that are not provided with lighting, on emergency power, that are equipped so that the failure of 1 fixture (bulb) will not leave the area in darkness. Example locations include:</p> <ol style="list-style-type: none"> 1. First Floor - Stair # 1 (G) 2. First Floor - Exterior exit by the Blessing Foundation 3. Ground Floor - Stair #3 Exit C 4. Ground Floor - Exit D 	{K 045}	<p>K 045 A. 1-4. At the time of survey on 12/28/10, the Director of Maintenance and Construction was unable to answer to whether the light fixtures were instant-on type light fixtures. These were later verified to be two bulbs instant-on type lights and on emergency power.</p>	1/12/11

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 140015	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - BLESSING AT 14TH STRE B. WING _____	(X3) DATE SURVEY COMPLETED R 12/28/2010
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NAME OF PROVIDER OR SUPPLIER BLESSING HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE BROADWAY AT 11TH STREET QUINCY, IL 62301
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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{K 045}	Continued From page 10 UPDATE 12/28/10: New lighting has been installed which utilizes a 2-lamp fixture. However, the lamp type is not of the incandescent, fluorescent, LED, quartz or otherwise of a type which is of the instant-on type to meet the requirement for continuous illumination. The lamps provided have a restrike time which can leave the area in darkness longer than the 10 seconds allowed.	{K 045}		
{K 047}	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Exit and directional signs are displayed in accordance with section 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1</p> <p>This STANDARD is not met as evidenced by: Surveyor: 16339</p> <p>Based on random observation during the survey walk-through, exit signs did not illuminate a continuous path of egress in all cases in accordance with 19.2.10.1. and 7.10.</p> <p>Findings include:</p> <p>A. Egress paths were observed that are not identified by exit signs as required by 7.10.1.1. Locations observed include:</p> <ol style="list-style-type: none"> 1. Ground Floor - Kitchen. 2. First Floor Account Offices. <p>UPDATE 12/28/10: Although the plan of correction indicated that new exit signage would be installed, verification of the installed signage</p>	{K 047}	<p>K 047 A.1. Additional exit signs were added.</p> <p>K 047 A.2. Additional exit signs were added.</p>	<p>9/15/10</p> <p>9/15/10</p>

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NAME OF PROVIDER OR SUPPLIER BLESSING HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE BROADWAY AT 11TH STREET QUINCY, IL 62301		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{K 047}	Continued From page 11 was inadvertently missed during this follow-up survey. Verification will be required at the next on-site visit.	{K 047}		
{K 048}	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. 19.7.1.1</p> <p>This STANDARD is not met as evidenced by: Surveyor: 16339</p> <p>Based on document review, the facility's written plan for the protection of patients is not complete as required by 19.7.1.1.</p> <p>Findings include:</p> <p>A. During a review of the facility's fire protection plan documents, it was determined that the facility has not accurately maintained a comprehensive set of building floor plans, which show critical elements of its egress and fire/smoke compartmentalization systems, for compliance with 19.7.1.1. Critical elements of these systems not shown accurately on the facility's Life Safety Master Plans include:</p> <p>1. Not all existing Ventilation shaft are identified on the Life Safety master Plan. Example: Sixth Floor-Ventilation Shafts on the West Side.</p> <p>UPDATE 12/28/10: This specific deficiency location was not reviewed during this follow-up survey. Surveyor notes that the correction noted for deficiency K067.A.2 indicated that a shaft had</p>	{K 048}	K 048 A.1. Graphic design plans will be updated through consulting firm.	1/31/11

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{K 048}	Continued From page 12 been removed by rerouting exhaust ductwork horizontally and slab penetrations sealed with concrete. However, the reference plans indicated that a shaft still existed.	{K 048}		
{K 052}	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4</p> <p>This STANDARD is not met as evidenced by: Surveyor: 16339</p> <p>Based on document review and staff interview, the facility's fire alarm system is not inspected, tested, and maintained in accordance with 9.6.</p> <p>Findings include:</p> <p>A. Through document review, it was determined that the sensitivity of smoke detectors is not calibrated at least every other year as required by NFPA 72 1999 7-3.2.1. During an interview, held in the Office of the Administrative Director of Facility Support Services and Safety on the morning of July 15, 2010, the provider's Compliance Specialist confirmed this finding.</p>	{K 052}	K052 A. All testing has been by United Systems Alarm Company. The report is on file at Blessing Hospital. Follow-up monitoring/testing is the responsibility of the Compliance Specialist.	8/19/10

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NAME OF PROVIDER OR SUPPLIER BLESSING HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE BROADWAY AT 11TH STREET QUINCY, IL 62301
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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{K 052}	Continued From page 13 UPDATE 12/28/10: The Plan of Correction indicated that documentation of the sensitivity testing of the smoke detectors was completed. However review of the documentation was not done on this survey date. Review will be required during a subsequent follow-up survey.	{K 052}		
{K 063}	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems have an adequate and reliable water supply which provides continuous and automatic pressure. 9.7.1.1, NFPA 13 This STANDARD is not met as evidenced by: Surveyor: 14416 A. Annual fire pump testing documents do not indicate test was performed on emergency power. (NFPA 25, 1998, 5-3.3.4) UPDATE 12/28/10: The Plan of Correction indicated that documentation of the annual fire pump testing was completed. However review of the documentation was not done on this survey date. Review will be required during a subsequent follow-up survey.	{K 063}	K 063 A. This test will be performed in September on annual inspection. Report will be on file at Blessing Hospital. Compliance Specialist will monitor compliance in future.	9/30/10
{K 067}	NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2	{K 067}		

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{K 067}	Continued From page 14 This STANDARD is not met as evidenced by: Surveyor: 16339 A. Designated ventilation shafts were observed with duct penetrations that are not provided with fire dampers. Locations include: 1. Corrected 12/28/10. 2. Second Floor: A ductwork penetration through a ventilation shaft in Men's Room southeast side by Stair #4. UPDATE 12/28/10: see also K048. Surveyor notes that the correction noted for this deficiency indicated that a shaft had been removed by rerouting exhaust ductwork horizontally and slab penetrations sealed with concrete. However, the reference plans indicated that a shaft still existed. Wall penetrations were noted to be unsealed if the shaft still existed on this floor and other floors as shown on the plans.	{K 067}	K 067 A.2. Graphic design plans will be updated through consulting firm.	1/31/11
{K 104}	NFPA 101 LIFE SAFETY CODE STANDARD Penetrations of smoke barriers by ducts are protected in accordance with 8.3.6. This STANDARD is not met as evidenced by: Surveyor: 16339	{K 104}		

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{K 104}	<p>Continued From page 15</p> <p>Based on random observation during the survey walk-through, not all designated or required smoke barrier walls are constructed or maintained as minimum 30 minute fire rated assemblies in accordance with 19.3.7.3.</p> <p>Findings include:</p> <p>A. Corrected 12/28/10.</p> <p>B. First Floor: Designated smoke barrier wall leading to Patient Account Offices was observed with a duct penetration that is not smoke dampered (adjacent compartment of the Patient Account Offices is not sprinklered).</p> <p>UPDATE 12/28/10: A duct entering the Patient Account Offices suite from the adjacent west office on the south side of the designated smoke barrier wall could not be confirmed to be provided with a smoke damper.</p>	{K 104}	K 104 B. Ductwork is abandoned and will be removed and wall closed up to meet code.	2/11/11
{K 147}	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>This STANDARD is not met as evidenced by: Surveyor: 16339</p> <p>Based on random observation during the survey walk-through, not all portions of the building electrical system are installed in accordance with NFPA 70 1999.</p> <p>Findings include:</p>	{K 147}		

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{K 147}	Continued From page 16 A. Corrected 12/28/10. However the electrical panel EEU located in the west end of the Sixth floor in a small closet was not provided with a directory as required by NFPA 70 1999 384-13. B. Corrected 12/28/10. C. Corrected 12/28/10.	{K 147}	K 147 A. New directory will be created after circuits are identified and labeled.	1/31/11

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 140015	(X2) MULTIPLE CONSTRUCTION A. BUILDING 03 - SURGERY CENTER B. WING _____	(X3) DATE SURVEY COMPLETED R 12/28/2010
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{K 000}	<p>INITIAL COMMENTS</p> <p>Surveyor: 14290</p> <p>This CMS Form, 2567 is for the Quincy Medical Group Surgery Center.. See the separate CMS Forms 2567 for Blessing Hospital at 11th Street, Blessing Hospital at 14th Street, and for the Fast Care Center.</p> <p>On July 13 - 15, 2010, the Life Safety portion of a Medicare Sample Validation Survey conducted at the above facility by Surveyors 14290, 14416 and 16339. The surveyors were accompanied during the survey walk-through by the following provider representatives:</p> <ul style="list-style-type: none"> The Administrative Director of Facility Support Services and Safety. The Director of Maintenance and Construction. The Supervisor of Construction. The Compliance Specialist. <p>The facility was observed to consist of an ambulatory surgical treatment center on the third floor of a building constructed in 2003. The building was observed to be of Type II (000) construction and to be fully covered by an automatic sprinkler system.</p> <p>The facility was surveyed as a new ambulatory health care occupancy under the 2000 Edition of the NFPA 101 Life Safety Code, including Chapters 20 and 38.</p> <p>Unless otherwise noted, those code sections listed herein that do not include a reference to a specific NFPA code and year of issue (such as NFPA 70 1999) are taken from the 2000 Edition</p>	{K 000}		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE

Maureen G. Kahn *President/CEO*

(X6) DATE

A deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that the findings regarding provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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{K 000}	Continued From page 1 of the NFPA 101 Life Safety Code. Unless otherwise noted, all deficiencies cited herein were found through random observation during the survey walk-through, staff interview, or document review. The requirements of 42 CFR Subpart 482.41 are NOT MET as evidenced by the deficiencies cited under the following K-Tags. UPDATE 12/28/10: A Monitoring Survey was conducted at the facility on 12/28/10 by surveyor 13755. Unless otherwise indicated, all deficiencies or corrections were found by direct observation, staff interview and document review. New deficiencies or deficiencies not observed to be corrected satisfactorily are indicated by the notation: UPDATE 12/28/10.	{K 000}		
{K 072}	NFPA 101 LIFE SAFETY CODE STANDARD Means of egress are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct exits, access to, egress from, or visibility of exits. 7.1.10 This STANDARD is not met as evidenced by: Surveyor: 14290 Based on random observation during the survey walk-through, not all egress paths are maintained free of obstructions or impediments to full instant use in the case of fire or other emergency in accordance with 19.2.3.3.	{K 072}		

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{K 072}	<p>Continued From page 2</p> <p>Findings include:</p> <p>A. Carts and equipment were observed in exit access corridors that obstruct egress as prohibited by 19.2.3.3. and 7.1.10.2.1. Locations and items observed include (all Third Floor Surgery Center):</p> <ol style="list-style-type: none"> 1. Corrected 12/28/10. 2. The Surgical Prep/Stage I Recovery Corridors. <p>UPDATE 12/28/10: Although the carts and equipment were observed not to be located to obstruct the required egress aisles, they were observed to be stored in patient prep/recovery bays as to constitute a degree of hazard greater than normal to the general occupancy. Although the use of the patient bays would not be prohibited for storage of such equipment, they were not enclosed to meet the requirements of 8.4.1.2. The number of recovery bays can not be reduced since they are required to meet the recovery count for the number of OR being served.</p> <ol style="list-style-type: none"> 3. Corrected 12/28/10. 4. Corrected 12/28/10. 	{K 072}	<p>K 072 A.2. Equipment that was stored in patient prep/recovery bays was removed from the patient bays and placed in proper storage. Staff was instructed on proper storage. The Administrative Director of Surgical Services is responsible for ongoing compliance.</p>	1/10/11
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Clinical Service Areas Other than Categories of Service

Infusion Therapy Service Modernization

1. Blessing Hospital currently provides infusion services in space never designed to accommodate infusion therapy. This project proposes to establish seven (7) open chairs and one isolation room. The goal is to consolidate infusion therapy into one location to make it more convenient for the patients and more efficiently managed by the staff.
2. The space also calls for a lab draw chair to be established next door to the infusion area so patients needing blood draws do not need to cross the hospital campus for a blood draw. This is a draw area only. No lab processing will occur at this location.

Current infusion treatments since July 2010, when the program began, have been:

July	120
August	139
September	119
October	158
November	177
December	235
January	237
February	171

MOODY'S INVESTORS SERVICE

7 World Trade Center
250 Greenwich Street
New York, NY 10007
www.moody's.com

October 15, 2010

NOV 15 2010

Mr. Patrick Gerveler
Chief Financial Officer
Blessing Hospital
Broadway at 11th Street
Quincy, IL 62305

Dear Mr. Gerveler:

We wish to inform you that Moody's Investors Service has affirmed the **A3** rating on Blessing Hospital's outstanding debt issued by the City of Quincy, IL. The rating outlook remains **stable**.

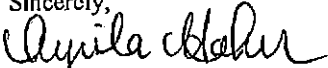
Moody's will monitor this rating and reserves the right, at its sole discretion, to revise or withdraw this rating at any time.

The rating as well as any other revisions or withdrawals thereof will be publicly disseminated by Moody's through the normal print and electronic media and in response to verbal requests to Moody's rating desk.

In order for us to maintain the currency of our rating, we request that you provide ongoing disclosure, including annual and quarterly financial and statistical information.

Should you have any questions regarding the above, please do not hesitate to contact me.

Sincerely,



Nyisha Hohn
Associate Analyst
Phone: 212-553-7814
Fax: 212-298-6202
Email: nyisha.hohn@moodys.com

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Attachment 41

MOODY'S
INVESTORS SERVICE

Rating Update: MOODY'S AFFIRMS BLESSING HOSPITAL'S (IL) A3 BOND RATING; OUTLOOK
REMAINS STABLE

Global Credit Research - 15 Oct 2010

AFFIRMATION AFFECTS TOTAL OF \$77.1 MILLION OF RATED DEBT OUTSTANDING

Quincy (City of) IL
Health Care-Hospital
IL

Opinion

NEW YORK, Oct 15, 2010 -- Moody's Investors Service has affirmed the A3 rating on Blessing Hospital's outstanding debt issued by the City of Quincy, IL listed at the conclusion of this report. The rating outlook remains stable reflecting Blessing's continued strong operating performance, balance sheet measures and lead market position as a sole provider of services in Quincy, IL.

LEGAL SECURITY: The bonds are collateralized by a pledge of the Hospital's gross receipts

INTEREST RATE DERIVATIVES: None

STRENGTHS

- *As the sole community provider in the city and six county primary service area, BH captures a dominant 56.7% inpatient market share
- *Favorable payor rates and contracts contributing to strong cash flow performance and balance sheet metrics
- *Improved operating performance over the last three years with strong operating revenue growth
- *Presence of a certificate of need (CON) in the State Illinois and lack of comparably sized competitor for 110 miles
- *Growth in absolute cash and strengthened balance sheet metrics

CHALLENGES

- *Flat to declining admissions trends over the last three years due to shift to observation stays; including observations, admissions have grown over the same time period
- *High self pay and Medicaid exposure, which has grown the last five years, with 7% self-pay and 13% Medicaid (above the national median of 11%)
- *Dependence on a large multi-specialty physician group that represented 48% of revenues in FY 2009 although BCS' own physician group now contributes 38% of revenues
- *Capital spend will likely accelerate over the next several years (\$22.9 million budgeted for FY 2011) as some investment had been deferred in order to build balance sheet resources (as evidenced by a capital spend ratio that has been shy of 1.0 time for the last four years)

RECENT DEVELOPMENTS/RESULTS

As the sole community provider in Quincy, Illinois, Blessing Hospital maintains lead inpatient market share of 56.7% over a six county service area. Blessing's parent corporation, Blessing Corporate Services (BCS), also includes Illinois Community Hospital (ICH), a 25-bed critical access hospital. Despite its lead market position, BCS continues to experience outmigration for tertiary services to larger more tertiary providers located 110 to 130 miles away in Springfield, Illinois, and Missouri. BCS has continued to increase its tertiary service offerings in recent years to recoup lost volume. Expansion has included cardiac services, recruitment of a urologist and purchase of a DaVinci Surgical Robot. Inpatient admissions have remained relatively flat to just slightly declining due to a shift to observation status. Admissions themselves remained flat in FY 2009 and FY 2010 however admissions plus observation stays grew 5% in FY 2009 and FY 2010.

BCS continues to rely on its relationship with the Quincy Medical Group (QMG), a multi-specialty group with over 100 physicians, which it derives 48% of its revenues from. Both organizations continue to be dependent on each other as QMG makes up almost half of BCS' active medical staff and Blessing Hospital is the only inpatient hospital in Quincy for QMG physicians to utilize. We note favorably, BCS' continued dependence on QMG has lessened in recent years with the growth of Blessing Physician Services (BPS), the hospital's employed physician group, which now accounts for 38% of total revenues. BPS now employs 40 physicians in a variety of specialties and continues to expand. Through the recruitment of specialists including a cardiovascular surgeon, a urologist and expanding its orthopedic program, Blessing continues to decrease its reliance on QMG.

Over the last three years, BCS has been able to grow and maintain strong operating performance following prior years of variable operating trends. BCS recorded \$15.7 million in operating income (4.9% margin) in fiscal year (FY) 2009 and is on target to generate \$18.4 million operating income (5.6% margin) based on annualized nine months of FY 2010. Operating revenue grew 14% in FY 2009 and moderated to 4% in FY 2010 mainly due to the shift in admissions to observation stays. Management attributes its considerable operating revenue growth to its favorable managed care contracts and cardiac catheterizations which grew 52% in FY 2009 and will almost double in FY 2010. BCS operating performance translated into strong operating metrics at the A3 median level with \$37.6 million operating cash flow (11.8% margin) in FY 2009 and \$39.5 million operating cash flow (12.0%) based on annualized nine months of FY 2010.

BCS has improved its cash position and balance sheet metrics over the last three years. BCS' unrestricted cash and investments grew to \$123.6 million (153 days cash on hand) at June 30, FY 2010 up from \$110.6 million (142 days cash on hand) at FYE 2009, and cash-to-debt grew to 131% as of June 30, FY 2010 from 112% at FYE 2009. Management attributes its improved cash position to its operating performance and proceeds from the sale of its Renal Dialysis services. Debt measures continue to strengthen with debt service coverage improving to 6.2 times through nine months of FY 2010 from 5.8 times through FY 2009 and debt-to cash flow decreased to 2.2 times through nine months FY 2010 from 2.5 times in FY 2009. At June 30, 2010, BCS was invested 28% in cash 34% in equities and 37% in fixed income with the 37% of fixed income funds concentrated in one fund. Blessing plans to undertake a private room initiative project in 2012 or 2013 and estimates the project cost to total \$65 million with \$30 to \$35 million possibly financed with debt. As a result of the timing of the private room initiative, Moody's has not incorporated any future capital or debt plans into the current rating or outlook.

Outlook

The stable rating outlook reflects our belief that BCS's array of service offerings, market position, and favorable payor contracts will continue to strengthen operating performance and maintain balance sheet measures.

What could change the rating--UP

Improved and sustained profitability, sustained growth in market share and volume trends translated into strengthened balance sheet measures

What could change the rating--DOWN

Decline in liquidity, sustained downturn in operating performance, declines in volumes, or a material increase in debt without a commensurate increase in cashflow

KEY INDICATORS

Assumptions & Adjustments:

- Based on financial statements for Blessing Corporate Services, Inc. and Affiliates
- First number reflects Audit year ended September 30, 2009
- Second number reflects Interim nine months financial statements annualized ended June 30, 2010
- Investment returns normalized at 6% unless otherwise noted
- *Inpatient admissions: 13,798; 13,821
- *Total operating revenues: \$318 million; \$330 million
- *Moody's-adjusted net revenue available for debt service: \$44.3 million; \$47.4 million
- *Total debt outstanding: \$98.9 million; \$94.5
- *Maximum annual debt service (MADS): \$7.7 million; \$7.7 million
- *MADS Coverage with reported Investment Income: 4.2 times; 5.8 times
- *Moody's-adjusted MADS Coverage with normalized Investment Income: 5.8 times; 6.2 times
- *Debt-to-cash flow: 2.5 times; 2.2 times
- *Days cash on hand: 142 days; 163 days
- *Cash-to-debt: 112%; 131%
- *Operating margin: 4.9%; 5.6%
- *Operating cash flow margin: 11.8%; 12.0%

RATED DEBT (debt outstanding as of September 30, 2009)

- Series 2004, City of Quincy, IL, Revenue bonds (\$13.6 million outstanding), supported by a direct pay Letter of Credit from JPMorgan Chase (expires September 30, 2015)
- Series 2007, City of Quincy, Revenue bonds (\$41.9 million outstanding), rated A3
- Series 2008, City of Quincy, Adams County, Illinois Variable rate Demand revenue Bonds (\$21.6 million outstanding), supported by an irrevocable direct pay Letter of Credit from JPMorgan Chase (expires September 30, 2015)

CONTACTS

Obligor: Mr. Patrick Gerveler, Chief Financial Officer (217) 223-8400 extension 6814

LAST RATING ACTION:

The last rating action was on October 23, 2008 when an A3 rating and stable outlook was assigned to Blessing Hospital, IL. That rating was subsequently recalibrated to A3/stable on May 7, 2010.

RATING METHODOLOGY:

The principal methodology used in rating Blessing Hospital, IL was Not-for-Profit Hospitals and Health Systems rating methodology published in January 2008. Other methodologies and factors that may have been considered in the process of rating this Issuer can also be found on Moody's website.

MOODY'S adopts all necessary measures so that the information it uses in assigning a credit rating is of sufficient quality and from sources MOODY'S considers to be reliable including, when appropriate, independent third-party sources. However, MOODY'S is not an auditor and cannot in every instance independently verify or validate information received in the rating process.

Please see ratings tab on the Issuer/entity page on Moodys.com for the last rating action and the rating history.

The date on which some Credit Ratings were first released goes back to a time before Moody's Investors Service's Credit Ratings were fully digitized and accurate data may not be available. Consequently, Moody's Investors Service provides a date that it believes is the most reliable and accurate based on the information that is available to it. Please see the ratings disclosure page on our website www.moodys.com for further information.

Please see the Credit Policy page on Moodys.com for the methodologies used in determining ratings, further information on the meaning of each rating category and the definition of default and recovery.

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130 East Randolph Street
Suite 2900
Chicago, IL 60601
tel 312 233-7001
reference no.: 33443001

MAY 10 2010

April 30, 2010

Blessing Hospital
Broadway at 11th Street
Quincy, IL 62301
Attention: Mr. Patrick Gerveler, Vice President/Chief Financial Officer

Re: *\$41,850,000 Quincy (Blessing Hospital), Illinois, Series 2007*

Dear Mr. Gerveler:

Standard & Poor's has reviewed the rating on the above-referenced obligations. After such review, we have affirmed the "A-" rating and stable outlook. A copy of the rationale supporting the rating and outlook is enclosed.

The rating is not investment, financial, or other advice and you should not and cannot rely upon the rating as such. The rating is based on information supplied to us by you or by your agents but does not represent an audit. We undertake no duty of due diligence or independent verification of any information. The assignment of a rating does not create a fiduciary relationship between us and you or between us and other recipients of the rating. We have not consented to and will not consent to being named an "expert" under the applicable securities laws, including without limitation, Section 7 of the Securities Act of 1933. The rating is not a "market rating" nor is it a recommendation to buy, hold, or sell the obligations.

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Mr. Patrick Gerveler
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April 30, 2010

Please send all information to:
Standard & Poor's Ratings Services
Public Finance Department
55 Water Street
New York, NY 10041-0003

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Sincerely yours,

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enclosure

cc: Mr. Andrew J. Majka, Partner and Chief Operating Officer
Kaufman, Hall & Associates

Ms. Ann Scott, Comptroller
City of Quincy

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Attachment 41

Quincy, Illinois Blessing Hospital

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**RatingsDirect
Publication Date**
May 5, 2010

Credit Profile

Quincy, Illinois

Blessing Hosp, Illinois

Quincy (Blessing Hospital)

Long Term Rating	A-/Stable	Affirmed
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Rationale

Standard & Poor's Ratings Services affirmed its 'A-' long-term rating on the City of Quincy, Ill.'s series 2007 revenue refunding bonds, issued for Blessing Hospital. The outlook is stable.

The 'A-' long-term rating reflects our view of Blessing's:

- Strong operating performance with 5.0% operating margin, generating adequate 3.1x debt service coverage in fiscal 2009;
- Maintenance of an adequate balance sheet characterized by 142 days' cash on hand, 1.2x cash to debt, and 40.8% leverage as of Sept. 30, 2009;
- Leading business position, with no direct competition in its primary service area; and
- Stable utilization trends, including increasing outpatient volumes.

Credit concerns include:

- Heavy reliance on Quincy Medical Group (QMG) for about 48% of its admissions, although reliance from this group is slowly declining due to Blessing creating its own medical group, Blessing Physician Service; and
- High dependence on the top 10 admitters of about 36%.

To a lesser degree, another concern centers on Blessing's \$183 million capital plans during the next five years. The plans are flexible, but could weaken balance sheet measures that in our view are currently slightly below average.

Blessing does not participate in any interest rate swaps, and there are no imminent plans to enter any swap agreements. The bonds are secured by a revenue pledge of security for the rated bonds. Standard & Poor's analysis incorporates the entire Blessing Corporate Services (BCS) organization. The numbers cited in this report refer to the system as a whole. Of the system, Blessing Hospital represented 84% of total assets, 87% of net revenues, and 100% of net income. This rating affects about \$41.85 million of long-term debt. Blessing Health System's total long-term debt is about \$100 million, including capital leases and bank notes.

Blessing posted a solid operating income of \$15.4 million, or a 5.0% margin, for the fiscal year-ended Sept. 30, 2009. This is mainly due to a 5.7% increase in emergency room visits, a 4.4% increase in radiology, a 4.6% increase in outpatient registration, a 52% increase in catherization, and a 33.1% increase in observation patients. However, \$5.5 million in investment losses led to excess income of \$9.9 million, or a 3.2% margin, generating adequate debt service coverage at 3.1x. This compares favorably with \$5.6 million (2.1% margin) operating income and \$8 million (2.9% margin) excess income in 2008. Factors affecting the 2008 fiscal year included higher charity care and bad debt, as well as higher surgery supplies expense. Blessing's 2010 operating budget is targeting an operating margin of 5%, with an assumption of a 5.0% price increase, implementation of a hospitalist program, increases in Medicare inpatient rates, an increase in the Illinois provider tax program, and cost containment initiatives.

Balance sheet measures remain below the median for the rating category, but unrestricted cash and investments have continued to increase during the past few fiscal years. Unrestricted cash and investments were \$110.6 million, equal to 142 days' cash on hand as of Sept. 30, 2009. Cash-to-long-term debt is moderate at 1.2x and leverage is also moderate, with a debt to capitalization ratio of 40.8%. Blessing Foundation Inc., a sole-purpose foundation dedicated to the support of the not-for-profit subsidiaries of Blessing Corporate Services, holds about \$18 million of the total unrestricted liquidity.

Through the first five months of fiscal 2010, the operating income of Blessing Hospital was \$7.3 million compared to \$8.5 million during the same period last year. Aided by investment income and the sale of the renal service line, the bottom line was \$15.7 million, generating strong debt service coverage at 5.5x. As of Feb. 28, 2010, unrestricted cash was \$90 million (equal to 135 days' cash on hand), cash to debt was moderate 1.1x and leverage was 39.9%.

Management has prepared a master facility plan that defines campus needs, including additional private patient rooms, room renovations, surgery expansion, and IT upgrades during 2010 to 2016. The plan totaled \$238 million, which includes a potential bond issue of \$58 million in fiscal years 2012 and 2013. The capital project is contingent upon Blessing meeting operational performance targets. The planned capital spending for fiscal 2010 is \$19 million toward routine capital expenditures and maintenance work. The hospital has a plan to contribute \$4.5 million toward the pension fund in fiscal 2010 and has estimated to fund \$18 million during the next five years.

Outlook

The stable outlook reflects Blessing's strong operating performance, growing outpatient volumes, and leading business position. Although improved operating results led to slight increase in liquidity, in our view, overall balance sheet metrics remain below average. The hospital has a \$183 million capital plan during the next five years and a \$58 million debt issuance plan. Given Blessing's moderate debt burden and below-average liquidity, Standard & Poor's believes that Blessing has limited additional debt capacity at the current rating level. However, management has stated its intent to reconsider capital projects if financial results do not meet expectations. Maintenance of the current rating depends largely on Blessing's ability to continue to generate solid operating income and build liquidity. If operation weakens or liquidity deteriorates, a lower rating or outlook change is likely.

Organization Profile

Blessing Hospital (337-staffed beds) services a broad area of western Illinois and northeast Missouri, with flat primary and secondary market area populations of 150,000 and 275,000, respectively. Blessing Hospital holds the leading business position in its primary service area with a 60% market share. Hospitals in Springfield, Ill., about 110 miles away, capture about a 4% share. Missouri and Iowa hospitals capture approximately 28% of market share. Blessing has a plan to expand physician outreach operations and has plans to open two new clinics in Keokuk, Iowa and Carthage, Ill. On Oct. 1, 2009, Blessing sold its renal dialysis business with locations in Quincy and Pittsfield, Ill., and Hanibal, Mo. In addition, on Nov. 1, 2009, Blessing sold Quincy Health Care Management, Inc. Utilization trends are favorable, although acute admissions and total surgeries were relatively flat at 11,250 and 14,345, respectively in fiscal 2009. However, emergency visits and outpatient visits reflected growth of 5.7% and 4.6%, respectively, in fiscal 2009. Blessing's partnership with the world renowned, Rehabilitation Institute of Chicago, continues to enhance Blessing's rehabilitation program.

BCS is the parent organization of Blessing Hospital, a not-for-profit, acute-care hospital; The Blessing Foundation Inc., which engages primarily in fundraising to benefit the not-for-profit subsidiaries of BCS; Blessing Affiliates Inc., which operates a clinic in the community that provides health care services to uninsured patients; Denman Services Inc., which sells and rents medical equipment and operates a commercial laundry service for hospitals; Blessing Care Corp. (doing business as Illini Community Hospital), a rural critical access hospital; and Blessing Physician Services.

Related Criteria And Research

USPF Criteria: Not-For-Profit Health Care, June 14, 2007

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Safety Net Information per PA 96-0031

CHARITY CARE			
Charity (# of patients)	2010	2009	2008
Inpatient	642	281	290
Outpatient	2,199	960	1,211
Total	2,841	1,241	1,501
Charity (cost in dollars)			
Inpatient	3,489,684	1,547,563	1,712,620
Outpatient	1,872,110	917,685	978,215
Total	5,361,794	2,465,248	2,690,835

MEDICAID			
Medicaid (# of patients)	2010	2009	2008
Inpatient	2,425	2,426	2,259
Outpatient	26,868	26,488	23,431
Total	29,293	28,914	25,690
Medicaid (revenue) NET			
Inpatient	3,583,136	6,033,747	4,340,825
Outpatient	14,021,126	13,564,929	6,584,598
Total	17,604,262	19,598,676	10,925,423

2009 Community Benefit

TOTAL COMMUNITY BENEFIT 2009

\$62,632,815

2006 - \$34,342,000 • 2007 - \$51,042,000 • 2008 - \$57,749,000

CHARITY CARE \$3,035,634

Uncompensated healthcare to patients who stated *before receiving care* that they had no ability to pay.

BAD DEBT EXPENSE \$8,709,788

Uncompensated healthcare to patients who stated *after receiving care* that they had no ability to pay.

MEDICARE/MEDICAID FUNDING SHORTFALLS \$42,823,729

The difference between what Medicare and Medicaid paid for those covered by the programs and what it cost Blessing Hospital to provide the care.

Medicare Shortfalls	\$32,477,321
Medicaid Shortfalls	\$10,346,408

COMMUNITY HEALTH IMPROVEMENT SERVICES

Health Screenings/Tests	\$1,571,017
Community Outreach Clinic	\$1,063,627
SIU Patient Centered Medical Home	\$100,000
Support Groups	\$50,816
Cancer Center Appearance Center	\$27,249
Educational Programs	\$19,986
Patient Transportation	\$4,709
Charity Pharmacy Prescriptions	\$3,985



HEALTH PROFESSIONALS EDUCATION

SIU Residency Program	\$1,690,464
Blessing-Rieman College of Nursing	\$1,086,166
Preceptors	\$825,645
Radiology School	\$174,759
Lab School	\$63,752
Medical School Internships	\$1,000

IN-KIND CONTRIBUTIONS/DONATIONS

Value of office space provided to other not-for-profit healthcare organizations	\$124,640
Donations/Sponsorships	\$67,742
Meeting Space	\$43,972
Computer Equipment	\$4,300

SUBSIDIZED HEALTH SERVICES

Home Healthcare	\$1,135,529
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COMMUNITY BUILDING ACTIVITIES

Medical Interpreting Services	\$4,576
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Charity Care Information

CHARITY CARE			
	2010	2009	2008
Net Patient Revenue	267,345,132	263,870,910	228,480,522
Amount of Charity Care (charges)	16,249,551	7,471,226	7,574,564
Cost of Charity Care	5,361,794	2,465,248	2,690,835