

ORIGINAL

11-047

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

RECEIVED

This Section must be completed for all projects.

JUL 6 2011

Facility/Project Identification

Facility Name:	Resurrection Medical Center	HEALTH FACILITIES & SERVICES REVIEW BOARD	
Street Address:	7435 West Talcott Avenue		
City and Zip Code:	Chicago, IL 60631		
County:	Cook		

Applicant /Co-Applicant Identification

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

Exact Legal Name:	Resurrection Medical Center
Address:	7435 West Talcott Avenue Chicago, IL 60631
Name of Registered Agent:	Ms. Sandra Bruce
Name of Chief Executive Officer:	Sister Donna Marie Wolowicki
CEO Address:	7435 West Talcott Avenue Chicago, IL 60631
Telephone Number:	773/792-5153

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:	Anne M. Murphy
Title:	Partner
Company Name:	Holland + Knight
Address:	131 South Dearborn Street Chicago, IL 60603
Telephone Number:	312/578-6544
E-mail Address:	Anne.Murphy@hklaw.com
Fax Number:	312/578-6666

Additional Contact

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

Name:	none
Title:	
Company Name:	
Address:	
Telephone Number:	
E-mail Address:	
Fax Number:	

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

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name:	Resurrection Medical Center		
Street Address:	7435 West Talcott Avenue		
City and Zip Code:	Chicago, IL 60631		
County:	Cook	Health Service Area VI	Health Planning Area: A-01

Applicant /Co-Applicant Identification

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

Exact Legal Name:	Resurrection Health Care Corporation
Address:	7435 West Talcott Avenue Chicago, IL 60631
Name of Registered Agent:	Ms. Sandra Bruce
Name of Chief Executive Officer:	Ms. Sandra Bruce
CEO Address:	7435 West Talcott Avenue Chicago, IL 60631
Telephone Number:	773/792-5555

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

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Title:	Partner
Company Name:	Holland + Knight
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Telephone Number:	312/578-6544
E-mail Address:	Anne.Murphy@hklaw.com
Fax Number:	312/578-6666

Additional Contact

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

Name:	none
Title:	
Company Name:	
Address:	
Telephone Number:	
E-mail Address:	
Fax Number:	

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

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name:	Resurrection Medical Center		
Street Address:	7435 West Talcott Avenue		
City and Zip Code:	Chicago, IL 60631		
County:	Cook	Health Service Area VI	Health Planning Area: A-01

Applicant /Co-Applicant Identification

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

Exact Legal Name:	Provena Health
Address:	19065 Hickory Creek Drive Mokena, IL 60631
Name of Registered Agent:	Mr. Guy Wiebking
Name of Chief Executive Officer:	Mr. Guy Wiebking
CEO Address:	19065 Hickory Creek Drive Mokena, IL 60631
Telephone Number:	708/478-6300

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	
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Title:	Partner
Company Name:	Holland + Knight
Address:	131 South Dearborn Street Chicago, IL 60603
Telephone Number:	312/578-6544
E-mail Address:	Anne.Murphy@hkllaw.com
Fax Number:	312/578-6666

Additional Contact

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

Name:	none
Title:	
Company Name:	
Address:	
Telephone Number:	
E-mail Address:	
Fax Number:	

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

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name:	Resurrection Medical Center		
Street Address:	7435 West Talcott Avenue		
City and Zip Code:	Chicago, IL 60631		
County:	Cook	Health Service Area VI	Health Planning Area: A-01

Applicant /Co-Applicant Identification

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

Exact Legal Name:	Cana Lakes Health Care		
Address:	7435 West Talcott Avenue		
Name of Registered Agent:	Ms. Sandra Bruce		
Name of Chief Executive Officer:	Ms. Sandra Bruce		
CEO Address:	7435 West Talcott Avenue Chicago, IL 60631		
Telephone Number:	773/792-5555		

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

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Fax Number:	312/578-6666

Additional Contact

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

Name:	none
Title:	
Company Name:	
Address:	
Telephone Number:	
E-mail Address:	
Fax Number:	

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:	Sister Donna Marie Wolowicki
Title:	Executive Vice President/CEO
Company Name:	Resurrection Medical Center
Address:	7435 West Talcott Avenue, Suite 260 Chicago, IL 60631
Telephone Number:	773/792-5153
E-mail Address:	Sdonna@reshealthcare.org
Fax Number:	773/990-7626

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:	Resurrection Health Care Corporation
Address of Site Owner:	7447 West Talcott Avenue Chicago, IL 60631
Street Address or Legal Description of Site:	7435 West Talcott Avenue Chicago, IL 60631
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:	Resurrection Medical Center	
Address:	7435 West Talcott Avenue Chicago, IL 60631	
<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.

The proposed project is limited to a change of ownership of Resurrection Medical Center, a 360-bed community hospital located in Chicago, Illinois. The proposed change of ownership is a result of the impending merger of the Resurrection and Provena systems through a common "super parent" corporation that will become the parent entity of Resurrection Health Care Corporation (the current Resurrection system parent) and Provena Health (the current Provena system parent).

It is the expectation of the applicants that, for a minimum of two years following the change of ownership, all programs and services currently provided by Resurrection Medical Center will continue to be provided, and consistent with IHFSRB requirements, access to the hospital's services will not be diminished. The licensee will continue to be Resurrection Medical Center.

The proposed project, consistent with Section 1110.40.a, is classified as being "non-substantive" as a result of the scope of the project being limited to a change of ownership.

Please refer to the "Project Overview" for a summary of the transaction.

Project Costs and Sources of Funds Resurrection Medical Center

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			\$566,667
Movable or Other Equipment (not in construction contracts)			
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Hospital			\$550,162,990
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS			\$550,729,657
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities			\$566,667
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Fair Market Value of Hospital			\$550,162,990
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS			\$550,729,657

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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Purchase Price: \$ _____	not applicable	
Fair Market Value: \$ _____	not applicable	

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 \$ none.

Project Status and Completion Schedules

Indicate the stage of the project's architectural drawings:

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

Anticipated project completion date (refer to Part 1130.140): September 30, 2011

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 **please see documentation requested by State Agency staff on following pages**
- 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.

Phone: 217-785-7126

FAX: 217-524-1770

From: Rose, Kevin [mailto:Edwin.Rose@provena.org]

Sent: Wednesday, February 16, 2011 12:42 PM

To: Fornoff, Jane

Subject: APORS Reporting - Provena St. Mary's Hospital and Provena Mercy Medical Center

Dear Jayne –

Thank you for working with me and staff at the local Provena ministries to assist us in improving our Adverse Pregnancy Outcome Reporting System (APORS) results. To summarize our conversation, the APORS reporting level at Provena St. Mary's Hospital is 77 and at Provena Mercy Medical Center is 75%. Given that each ministry's reporting level is only slightly below target and that each ministry is making a good faith effort to improve its reporting process such that they achieve target going forward, you will be recommending to Illinois Health Facilities and Services Review Board staff that review of any future certificate of need applications by Provena Health/Provena Hospitals be allowed to proceed, and that APORS reporting will not be a matter impacting project completeness.

Please respond back to confirm that you agree with this, and that I have accurately summarized our call. Thanks again – and I look forward to working with you and staff at the Provena ministries to ensure that we meet our targets in the future.

Sincerely,

Kevin

Kevin Rose

System Vice President, Strategic Planning & Business Development

Provena Health

19065 Hickory Creek Drive, Suite 300

From: Fornoff, Jane [mailto:Jane.Fornoff@Illinois.gov]
Sent: Thursday, February 17, 2011 1:28 PM
To: Rose, Kevin
Cc: Roate, George
Subject: RE: APORS Reporting - Provena St. Mary's Hospital and Provena Mercy Medical Center

Dear Kevin,

I am glad that you and the staff at Provena St. Mary's and Provena Mercy Medical Center are working to improve the timeliness of APORS (Adverse Pregnancy Outcome Reporting System). As I am sure you know, timely reporting is important because it helps assure that children achieve their full potential through the early case-management services provided to APORS cases.

As we discussed, since their current reporting timeliness is close to the compliance level, provided each ministry continues to make a good faith effort to improve its reporting process, I will be recommending to Illinois Health Facilities and Services Review Board staff that review of any future certificate of need applications by Provena Health/Provena Hospitals be allowed to proceed, and that APORS reporting will not be a matter impacting project completeness.

Jane

Jane Fornoff, D.Phil.
Perinatal Epidemiologist
Illinois Department of Public Health
Adverse Pregnancy Outcomes Reporting System
535 W Jefferson St, Floor 3
Springfield, IL 62761

Cost Space Requirements

not applicable

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: Resurrection Medical Center		CITY: Chicago			
REPORTING PERIOD DATES: From: January 1, 2009 to: December 31, 2009					
Category of Service	Authorized Beds	Admissions	Patient Days	Bed Changes	Proposed Beds
Medical/Surgical	214	11,399	56,316	None	214
Obstetrics	23	1,053	2,530	None	23
Pediatrics	17	230	473	None	17
Intensive Care	41	1,760	8,856	None	41
Comprehensive Physical Rehabilitation	65	1,370	17,925	None	65
Acute/Chronic Mental Illness					
Neonatal Intensive Care					
General Long Term Care					
Specialized Long Term Care					
Long Term Acute Care					
Other ((identify))					
TOTALS:	360	15,812	86,100	None	360

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

Sandra Bruce
SIGNATURE

SANDRA BRUCE
PRINTED NAME

PRESIDENT
PRINTED TITLE

Jeannie C. Frey
SIGNATURE

Jeannie C. Frey
PRINTED NAME

SECRETARY
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 22 day of March, 2011

Notarization:
Subscribed and sworn to before me
this 22 day of March

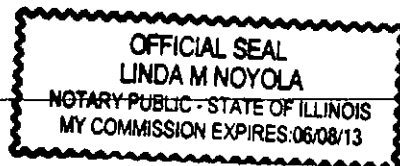
[Signature]
Signature of Notary

[Signature]
Signature of Notary

Seal

Seal

*Insert EXACT legal name of the applicant



CERTIFICATION

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Sandra Bruce
SIGNATURE
Sandra Bruce
PRINTED NAME
PRESIDENT AND CEO
PRINTED TITLE

Jeannie C. Frey
SIGNATURE
JEANNIE C. FREY
PRINTED NAME
SECRETARY
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 22 day of March, 2011

Notarization:
Subscribed and sworn to before me
this 22 day of March

Florita de Jesus Ortiz
Signature of Notary

Linda M. Noyola
Signature of Notary

Seal
OFFICIAL SEAL
FLORITA DE JESUS-ORTIZ
*Insert NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES: 09/29/14

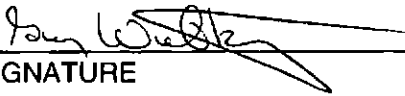
Seal
OFFICIAL SEAL
LINDA M NOYOLA
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES: 06/08/13

CERTIFICATION

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

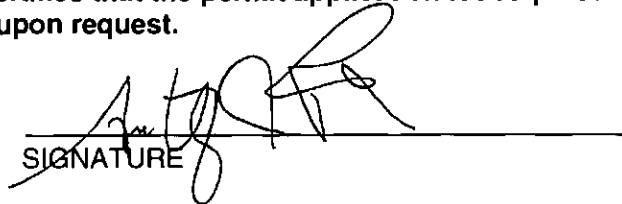
- o in the case of a corporation, any two of its officers or members of its Board of Directors;
- o in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
- o in the case of a partnership, two of 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
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SIGNATURE

Guy Wiebking
PRINTED NAME

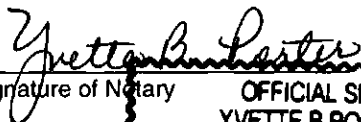
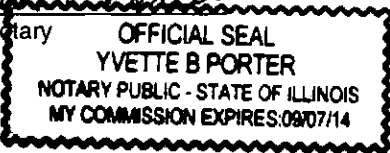
President and CEO
PRINTED TITLE


SIGNATURE

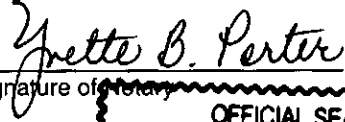
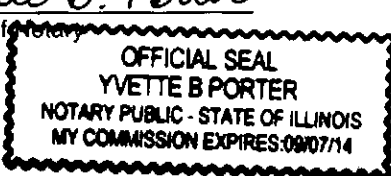
Anthony Filer
PRINTED NAME

Assistant Treasurer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 22nd day of March, 2011


Signature of Notary
Seal 

Notarization:
Subscribed and sworn to before me
this 22nd day of March, 2011


Signature of Notary
Seal 

*Insert EXACT legal name of the applicant

CERTIFICATION

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

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

This Application for Permit is filed on the behalf of __Cana Lakes Health Care__ *
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.

Sandra Bruce
SIGNATURE
SANDRA BRUCE
PRINTED NAME
PRESIDENT
PRINTED TITLE

Jeannie C. Frey
SIGNATURE
JEANNIE C. FREY
PRINTED NAME
SECRETARY
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 22 day of March, 2011

Notarization:
Subscribed and sworn to before me
this 22nd day of March

Florita de Jesus Ortiz
Signature of Notary

Linda M Noyola
Signature of Notary

Seal
OFFICIAL SEAL
FLORITA DE JESUS-ORTIZ
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES: 09/29/14
*Insert in back of legal frame of the applicant

Seal
OFFICIAL SEAL
LINDA M NOYOLA
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES: 06/08/13

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 VI - MERGERS, CONSOLIDATIONS AND ACQUISITIONS/CHANGES OF OWNERSHIP

This Section is applicable to projects involving merger, consolidation or acquisition/change of ownership.

NOTE: For all projects involving a change of ownership THE TRANSACTION DOCUMENT must be submitted with the application for permit. The transaction document must be signed dated and contain the appropriate contingency language.

A. Criterion 1110.240(b), Impact Statement

Read the criterion and provide an impact statement that contains the following information:

1. Any change in the number of beds or services currently offered.
2. Who the operating entity will be.
3. The reason for the transaction.
4. Any anticipated additions or reductions in employees now and for the two years following completion of the transaction.
5. A cost-benefit analysis for the proposed transaction.

B. Criterion 1110.240(c), Access

Read the criterion and provide the following:

1. The current admission policies for the facilities involved in the proposed transaction.
2. The proposed admission policies for the facilities.
3. A letter from the CEO certifying that the admission policies of the facilities involved will not become more restrictive.

C. Criterion 1110.240(d), Health Care System

Read the criterion and address the following:

1. Explain what the impact of the proposed transaction will be on the other area providers.
2. List all of the facilities within the applicant's health care system and provide the following for each facility.
 - a. the location (town and street address);
 - b. the number of beds;
 - c. a list of services; and
 - d. the utilization figures for each of those services for the last 12 month period.
3. Provide copies of all present and proposed referral agreements for the facilities involved in this transaction.
4. Provide time and distance information for the proposed referrals within the system.
5. Explain the organization policy regarding the use of the care system providers over area providers.
6. Explain how duplication of services within the care system will be resolved.
7. Indicate what services the proposed project will make available to the community that are not now available.

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

The following Sections **DO NOT** need to be addressed by the applicants or co-applicants responsible for funding or guaranteeing the funding of the project if the applicant has a bond rating of A- or better from Fitch's or Standard and Poor's rating agencies, or A3 or better from Moody's (the rating shall be affirmed within the latest 18 month period prior to the submittal of the application):

- Section 1120.120 Availability of Funds – Review Criteria
- Section 1120.130 Financial Viability – Review Criteria
- Section 1120.140 Economic Feasibility – Review Criteria, subsection (a)

VIII. - 1120.120 - Availability of Funds

Resurrection Medical Center

The applicant shall document that financial resources shall be available and be equal to or exceed the estimated total project cost plus any related project costs by providing evidence of sufficient financial resources from the following sources, as applicable: Indicate the dollar amount to be provided from the following sources:

\$566,667	a)	Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to: <ol style="list-style-type: none"> 1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and 2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
_____	b)	Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
_____	c)	Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
_____	d)	Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including: <ol style="list-style-type: none"> 1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated; 2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate; 3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.; 4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment; 5) For any option to lease, a copy of the option, including all terms and conditions.
_____	e)	Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
_____	f)	Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
\$550,162,990	g)	All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project—FMV of hospital
\$559,729,657	TOTAL FUNDS AVAILABLE	

APPEND DOCUMENTATION AS ATTACHMENT-39, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

IX. 1120.130 - Financial Viability

**not applicable, funded through
Internal sources**

All the applicants and co-applicants shall be identified, specifying their roles in the project funding or guaranteeing the funding (sole responsibility or shared) and percentage of participation in that funding.

Financial Viability Waiver

The applicant is not required to submit financial viability ratios if:

1. All of the projects capital expenditures are completely funded through internal sources
2. The applicant's current debt financing or projected debt financing is insured or anticipated to be insured by MBIA (Municipal Bond Insurance Association Inc.) or equivalent
3. The applicant provides a third party surety bond or performance bond letter of credit from an A rated guarantor.

See Section 1120.130 Financial Waiver for information to be provided

APPEND DOCUMENTATION AS ATTACHMENT-40, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

The applicant or co-applicant that is responsible for funding or guaranteeing funding of the project shall provide viability ratios for the latest three years for which audited financial statements are available and for the first full fiscal year at target utilization, but no more than two years following project completion. When the applicant's facility does not have facility specific financial statements and the facility is a member of a health care system that has combined or consolidated financial statements, the system's viability ratios shall be provided. If the health care system includes one or more hospitals, the system's viability ratios shall be evaluated for conformance with the applicable hospital standards.

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

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

2. Variance

Applicants not in compliance with any of the viability ratios shall document that another organization, public or private, shall assume the legal responsibility to meet the debt obligations should the applicant default.

APPEND DOCUMENTATION AS ATTACHMENT 41, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

X. 1120.140 - Economic Feasibility

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

A. Reasonableness of Financing Arrangements

The applicant shall document the reasonableness of financing arrangements by submitting a notarized statement signed by an authorized representative that attests to one of the following:

- 1) That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or
- 2) That the total estimated project costs and related costs will be funded in total or in part by borrowing because:
 - A) A portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order to maintain a current ratio of at least 2.0 times for hospitals and 1.5 times for all other facilities; or
 - B) Borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

B. Conditions of Debt Financing **not applicable, no debt financing**

This criterion is applicable only to projects that involve debt financing. The applicant shall document that the conditions of debt financing are reasonable by submitting a notarized statement signed by an authorized representative that attests to the following, as applicable:

- 1) That the selected form of debt financing for the project will be at the lowest net cost available;
- 2) That the selected form of debt financing will not be at the lowest net cost available, but is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs and other factors;
- 3) That the project involves (in total or in part) the leasing of equipment or facilities and that the expenses incurred with leasing a facility or equipment are less costly than constructing a new facility or purchasing new equipment.

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

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

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

* Include the percentage (%) of space for circulation

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 not applicable, non-substantive project

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)	Year	Year	Year
Inpatient			
Outpatient			
Total			

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

XII. Charity Care Information Resurrection Medical Center

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

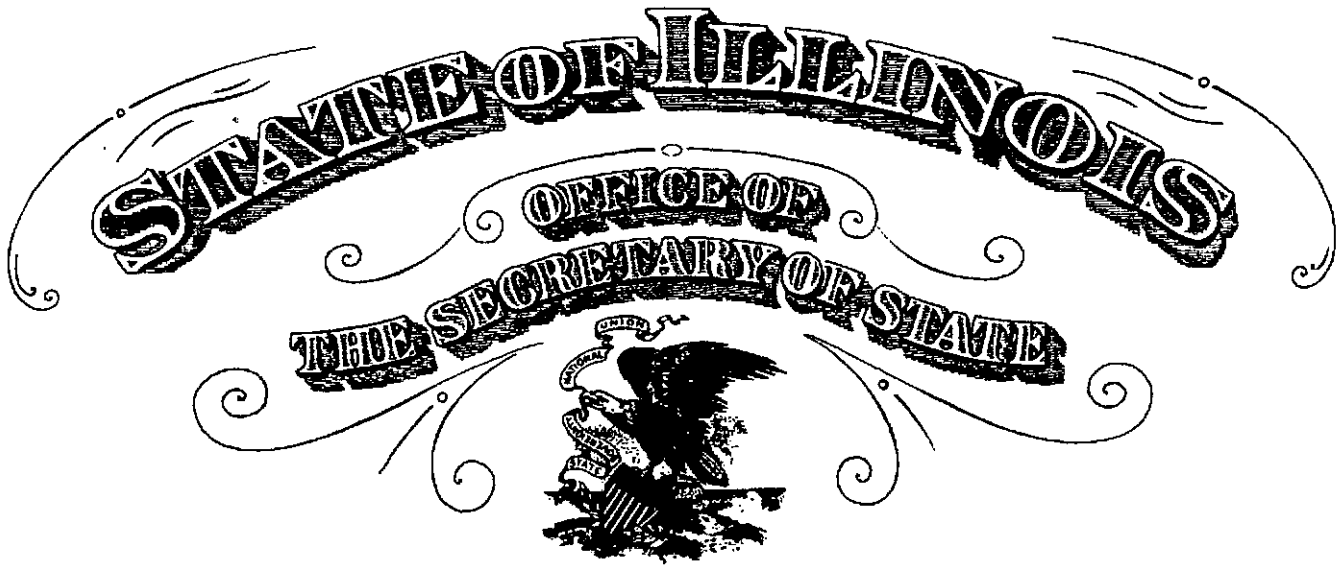
1. All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.
2. If the applicant owns or operates one or more facilities, the reporting shall be for 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			
	2008	2009	2010
Net Patient Revenue	\$294,435,864	\$280,129,629	\$271,149,457
Amount of Charity Care (charges)	\$4,894,127	\$6,713,421	\$9,603,564
Cost of Charity Care	\$1,410,011	\$1,869,515	\$2,440,289

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

RESURRECTION MEDICAL CENTER, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 30, 1984, 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 14TH day of FEBRUARY A.D. 2011 .

Jesse White

Authentication #: 1104501226

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

SECRETARY OF STATE
ATTACHMENT 1



To all to whom these Presents Shall Come, Greeting:

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

RESURRECTION HEALTH CARE CORPORATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 27, 1949, 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 17TH day of JANUARY A.D. 2011

Jesse White

SECRETARY OF STATE

Authentication #: 1101700286

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

ATTACHMENT 1



To all to whom these Presents Shall Come, Greeting:

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

PROVENA HEALTH, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 10, 1985, 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.

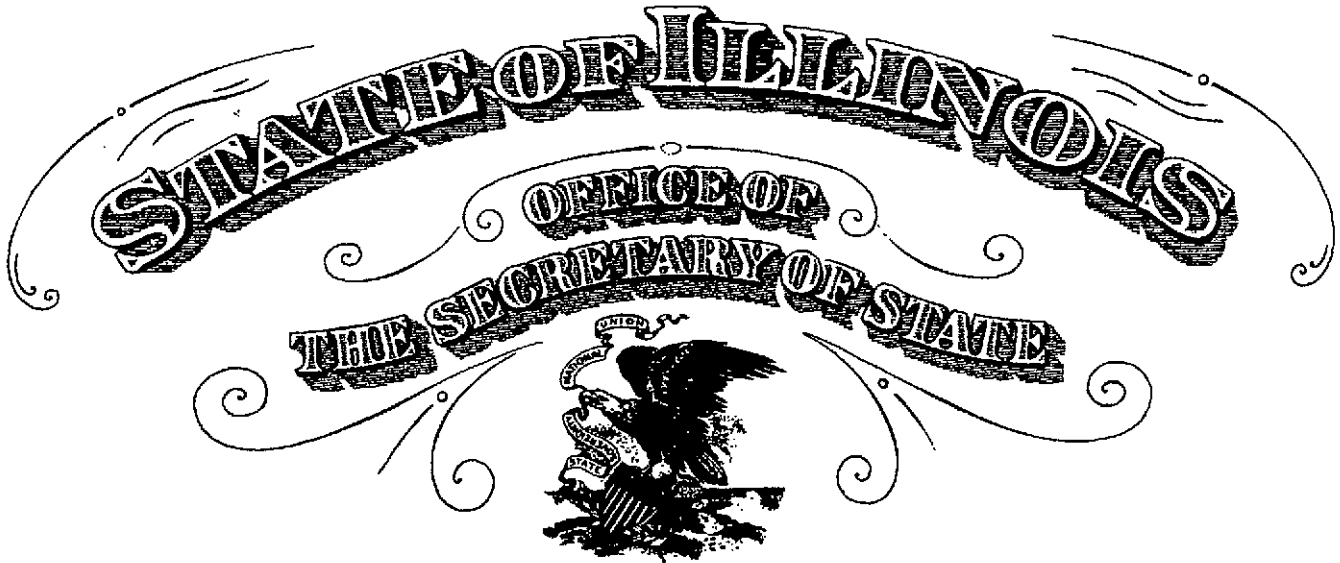
In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 11TH day of FEBRUARY A.D. 2011 .



Jesse White

Authentication #: 1104200726

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



To all to whom these Presents Shall Come, Greeting:

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

CANA LAKES HEALTH CARE, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 05, 1939, 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 4TH day of MARCH A.D. 2011 .

Jesse White

Authentication #: 1106302140

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

SECRETARY OF STATE
ATTACHMENT 1

*RMC (title held
by RHCC)*

CHICAGO TITLE INSURANCE COMPANY
LOAN POLICY (2006)
SCHEDULE A

POLICY NUMBER: 1401-008278308-D2

DATE OF POLICY: ~~PRO FORMA POLICY~~

date of recording - 1/23/10

AMOUNT OF INSURANCE: \$49,900,000.00

LOAN NUMBER:

YOUR LOAN REFERENCE: RESURRECTION HOSPITAL

1. NAME OF INSURED:

THE BANK OF NEW YORK MELLON TRUST COMPANY, N.A., A NATIONAL BANKING ASSOCIATION, AS MASTER TRUSTEE

2. THE ESTATE OR INTEREST IN THE LAND THAT IS ENCUMBERED BY THE INSURED MORTGAGE IS: FEE SIMPLE, UNLESS OTHERWISE NOTED.

3. TITLE IS VESTED IN:

RESURRECTION HEALTH CARE CORPORATION, AN ILLINOIS NOT FOR PROFIT CORPORATION

4. THE INSURED MORTGAGE, AND ITS ASSIGNMENTS, IF ANY, ARE DESCRIBED AS FOLLOWS:

MORTGAGE, ASSIGNMENT OF RENTS AND LEASES, SECURITY AGREEMENT AND FIXTURE FILING DATED AS OF DECEMBER 1, 2009 AND RECORDED - AS DOCUMENT - MADE BY RESURRECTION HEALTH CARE CORPORATION, AN ILLINOIS NOT-FOR-PROFIT CORPORATION, TO THE BANK OF NEW YORK MELLON TRUST COMPANY, N.A., A NATIONAL BANKING ASSOCIATION, AS MASTER TRUSTEE, TO SECURE INDEBTEDNESS NOT TO EXCEED \$750,000,000.00.

THIS POLICY VALID ONLY IF SCHEDULE B IS ATTACHED

CHICAGO TITLE INSURANCE COMPANY

LOAN POLICY (2006)

SCHEDULE A (CONTINUED) POLICY NUMBER: 1401-008278308 -D2

5. THE LAND REFERRED TO IN THIS POLICY IS DESCRIBED AS FOLLOWS:

PARCEL 1:

THAT PART OF THE WEST HALF OF THE SOUTHEAST QUARTER OF SECTION 1, TOWNSHIP 40 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING SOUTH OF THE SOUTHERLY LINE OF WEST TALCOTT AVENUE, AS NOW LOCATED AND OCCUPIED AND LYING NORTH OF A LINE 540 FEET NORTH FROM AND PARALLEL WITH THE NORTH LINE OF A TRACT OF LAND CONVEYED TO MARTHA R. TAYLOR BY DEED DATED JULY 7, 1859, AND RECORDED JULY 16, 1859, IN BOOK 177 OF DEEDS, PAGE 330, SAID NORTH LINE OF THE TAYLOR TRACT, BEING A LINE 16.57 CHAINS OR 1083.62 FEET NORTH FROM AND PARALLEL WITH THE SOUTH LINE OF SAID SOUTHEAST QUARTER; EXCEPTING FROM THE ABOVE DESCRIBED TRACT, THE WEST 10 FEET AND THE EAST 33 FEET THEREOF. ALSO, THAT PART OF THE WEST HALF OF THE NORTHEAST QUARTER OF SAID SECTION 1 LYING SOUTH OF SAID SOUTHERLY LINE OF WEST TALCOTT AVENUE, EXCEPTING THEREFROM THE WEST 33 FEET THEREOF, ALSO EXCEPTING THE FOLLOWING DESCRIBED TRACT: COMMENCING AT THE INTERSECTION OF THE SOUTHERLY LINE OF WEST TALCOTT AVENUE AND A LINE 33 FEET EAST OF THE WEST LINE OF THE NORTHEAST QUARTER OF SECTION 1; THENCE SOUTH 56°17'42" EAST ALONG THE SOUTHERLY LINE OF WEST TALCOTT AVENUE 871.31 FEET; THENCE SOUTH 33°42'18" WEST 275.04 TO THE POINT OF BEGINNING; THENCE SOUTH 63°38'33" WEST, 180.45 FEET; THENCE NORTH 03°52'53" WEST, 17.72 FEET; THENCE NORTH 71°06'12" EAST, 27.49 FEET; THENCE NORTH 25°36'25" WEST, 6.58 FEET; THENCE NORTH 52°05'49" WEST, 21.28 FEET; THENCE SOUTH 86°05'40" WEST, 38.83 FEET; THENCE SOUTH 44°11'07" WEST, 21.23 FEET; THENCE SOUTH 17°18'44" WEST, 6.62 FEET; THENCE SOUTH 79°02'39" EAST, 27.49 FEET; THENCE SOUTH 03°55'44" EAST, 17.48 FEET; THENCE NORTH 71°23'07" WEST, 131.12 FEET; THENCE SOUTH 18°36'53" WEST, 36.39 FEET; THENCE NORTH 71°23'07" WEST, 4.70 FEET; THENCE SOUTH 18°36'53" WEST, 19.22 FEET; THENCE SOUTH 71°23'07" EAST, 4.70 FEET; THENCE SOUTH 18°36'53" WEST, 24.00 FEET; THENCE SOUTH 71°23'07" EAST, 95.96 FEET; THENCE SOUTH 18°36'53" WEST, 97.70 FEET; THENCE SOUTH 85°32'49" WEST, 14.38 FEET; THENCE NORTH 32°39'19" WEST, 24.94 FEET; THENCE SOUTH 39°00'32" WEST, 25.86 FEET; THENCE SOUTH 03°48'05" EAST, 39.50 FEET; THENCE SOUTH 47°27'39" EAST, 25.77 FEET; THENCE NORTH 25°18'32" EAST, 24.92 FEET; THENCE NORTH 85°32'49" EAST, 14.49 FEET; THENCE SOUTH 26°28'39" EAST, 145.35 FEET; THENCE SOUTH 71°20'26" EAST, 28.93 FEET; THENCE NORTH 18°39'34" EAST, 30.98 FEET; THENCE NORTH 63°04'59" EAST, 18.33 FEET; THENCE NORTH 18°34'43" EAST, 41.49 FEET; THENCE NORTH 28°28'39" WEST, 94.91 FEET; THENCE NORTH 18°38'17" EAST, 90.23 FEET; THENCE NORTH 63°38'33" EAST, 209.89 FEET; THENCE NORTH 26°44'22" WEST, 26.13 FEET; THENCE NORTH 63°15'38" EAST, 9.57 FEET; THENCE NORTH 26°44'22" WEST, 33.30 FEET; THENCE SOUTH 63°15'38" WEST, 9.30 FEET; THENCE NORTH 26°44'22" WEST, 19.10 FEET TO THE POINT OF BEGINNING, IN COOK COUNTY, ILLINOIS.

PARCEL 2: EASEMENT FOR THE BENEFIT OF PARCEL 1 AS SET FORTH IN DECLARATION OF EASEMENTS AND COVENANTS MADE BY RESURRECTION HEALTH CARE CORPORATION AND RECORDED - AS DOCUMENT -, FOR INGRESS AND EGRESS OVER LAND DESCRIBED THEREIN.

THIS POLICY VALID ONLY IF SCHEDULE B IS ATTACHED

CHICAGO TITLE INSURANCE COMPANY

LOAN POLICY (2006)

SCHEDULE B - PART I

POLICY NUMBER: 1401-008278308-D2

EXCEPTIONS FROM COVERAGE

EXCEPT AS PROVIDED IN SCHEDULE B - PART II, THIS POLICY DOES NOT INSURE AGAINST LOSS OR DAMAGE (AND THE COMPANY WILL NOT PAY COSTS, ATTORNEYS' FEES OR EXPENSES) THAT ARISE BY REASON OF:

*Warrant
for title*

1. NOTE: THIS IS A PRO FORMA POLICY FURNISHED TO OR ON BEHALF OF THE PARTY TO BE INSURED. IT DOES NOT REPRESENT THE PRESENT STATE OF TITLE AND IS NOT A COMMITMENT TO INSURE THE ESTATE OR INTEREST AS SHOWN HEREIN, NOR DOES IT EVIDENCE THE WILLINGNESS OF THE COMPANY TO PROVIDE ANY AFFIRMATIVE COVERAGE SHOWN HEREIN. ANY SUCH COMMITMENT MUST BE AN EXPRESS WRITTEN UNDERTAKING ON APPROPRIATE FORMS OF THE COMPANY.

- I 2. EASEMENT FOR UNDERGROUND CABLES CREATED BY GRANT FROM THE RESSURECTION SISTERS, A CORPORATION OF ILLINOIS, TO THE ILLINOIS BELL TELEPHONE COMPANY DATED AUGUST 27, 1951 AND RECORDED JUNE 16, 1952 AS DOCUMENT 15365409 WITHIN A STRIP OF GROUND 5 FEET WIDE NORTH OF AND PARALLEL TO CENTER LINE OF PETERSON AVENUE STARTING AT THE PROPERTY LINE OF TALCOTT AVENUE 1,118.8 FEET SOUTHEASTERLY OF INTERSECTION OF ORIOLE AND TALCOTT AVENUE AND EXTENDING 931.8 FEET TO THE WEST PROPERTY LINE OF ORIOLE AVENUE APPROXIMATELY 601 FEET SOUTH OF THE INTERSECTION OF ORIOLE AND TALCOTT AVENUE.

(AFFECTS PARCEL 1)

- J 3. RIGHTS OF THE PUBLIC, THE MUNICIPALITY AND THE STATE OF ILLINOIS IN AND TO SO MUCH OF THE LAND TAKEN FOR TALCOTT AVENUE AND ORIOLE AVENUE.

(AFFECTS PARCEL 1)

- M 4. TERMS, PROVISIONS OF THE NO FURTHER REMEDIATION LETTER RECORDED OCTOBER 22, 1997 AS DOCUMENT 97786534.

- AB 5. EASEMENTS, COVENANTS AND RESTRICTIONS (BUT OMITTING ANY SUCH COVENANT OR RESTRICTION BASED ON RACE, COLOR, RELIGION, SEX, HANDICAP, FAMILIAL STATUS OR NATIONAL ORIGIN UNLESS AND ONLY TO THE EXTENT THAT SAID COVENANT (A) IS EXEMPT UNDER CHAPTER 42, SECTION 3607 OF THE UNITED STATES CODE OR (B) RELATES TO HANDICAP BUT DOES NOT DISCRIMINATE AGAINST HANDICAPPED PERSONS), RELATING TO INGRESS AND EGRESS, CONTAINED IN THE DECLARATION OF EASEMENTS AND COVENANTS MADE BY RESURRECTION HEALTH CARE CORPORATION, RECORDED - AS DOCUMENT NO. -, WHICH DOES NOT CONTAIN A REVERSIONARY OR FORFEITURE CLAUSE.

- AI 6. ANY LIEN, OR RIGHT TO A LIEN, FOR SERVICES, LABOR OR MATERIAL, TO BE FURNISHED AFTER SEPTEMBER 30, 2009, BEING THE DATE OF THE SWORN GENERAL CONTRACTOR'S STATEMENT COMPLETED BY POWER CONSTRUCTION COMPANY, IMPOSED BY LAW AND NOT SHOWN BY THE PUBLIC RECORDS.

CHICAGO TITLE INSURANCE COMPANY
OWNERS/LOAN POLICY
PROFORMA ADD EXCEPTIONS

POLICY NUMBER: 1401-008278308-D2

IN ADDITION TO THE MATTERS SET FORTH IN SCHEDULE B, THE TITLE TO THE ESTATE OR INTEREST IN THE LAND DESCRIBED OR REFERRED TO IN SCHEDULE A IS ALSO SUBJECT TO THE FOLLOWING MATTERS:

AD 1. 1. TAXES FOR THE YEAR 2009
2009 TAXES ARE NOT YET DUE OR PAYABLE.

PERM TAX#	PCL
12-01-217-003-0000	1 OF 2
THIS TAX NUMBER PART OF PARCEL IN QUESTION AND OTHER PROPERTY. PART PARCEL 1	
12-01-400-007-0000	2 OF 2
THIS TAX NUMBER PART OF PARCEL IN QUESTION AND OTHER PROPERTY. PART PARCEL 1	

CHICAGO TITLE INSURANCE COMPANY
POLICY SIGNATURE PAGE

POLICY NUMBER: 1401-008278308-D2

THIS POLICY SHALL NOT BE VALID OR BINDING UNTIL SIGNED BY AN AUTHORIZED SIGNATORY.

CHICAGO TITLE INSURANCE COMPANY

BY *Kjansille*
AUTHORIZED SIGNATORY

ENDORSEMENT

ATTACHED TO AND FORMING A PART OF
POLICY NUMBER: 1401 - 008278308 - D2

ISSUED BY

CHICAGO TITLE INSURANCE COMPANY

COMPREHENSIVE ENDORSEMENT 1

THE COMPANY INSURES THE OWNER OF THE INDEBTEDNESS SECURED BY THE INSURED MORTGAGE AGAINST LOSS OR DAMAGE SUSTAINED BY REASON OF:

1. THE EXISTENCE, AT DATE OF POLICY, OF ANY OF THE FOLLOWING: (A) COVENANTS, CONDITIONS OR RESTRICTIONS UNDER WHICH THE LIEN OF THE MORTGAGE REFERRED TO IN SCHEDULE A CAN BE DIVESTED, SUBORDINATED OR EXTINGUISHED, OR ITS VALIDITY, PRIORITY OR ENFORCEABILITY IMPAIRED. (B) UNLESS EXPRESSLY EXCEPTED IN SCHEDULE B: (1) PRESENT VIOLATIONS ON THE LAND OF ANY ENFORCEABLE COVENANTS, CONDITIONS OR RESTRICTIONS, AND ANY EXISTING IMPROVEMENTS ON THE LAND WHICH VIOLATE ANY BUILDING SETBACK LINES SHOWN ON A PLAT OF SUBDIVISION RECORDED OR FILED IN THE PUBLIC RECORDS. (2) ANY INSTRUMENT REFERRED TO IN SCHEDULE B AS CONTAINING COVENANTS, CONDITIONS OR RESTRICTIONS ON THE LAND WHICH, IN ADDITION, (i) ESTABLISHES AN EASEMENT ON THE LAND; (ii) PROVIDES A LIEN FOR LIQUIDATED DAMAGES; (iii) PROVIDES FOR A PRIVATE CHARGE OR ASSESSMENT; (iv) PROVIDES FOR AN OPTION TO PURCHASE, A RIGHT OF FIRST REFUSAL OR THE PRIOR APPROVAL OF A FUTURE PURCHASER OR OCCUPANT. (3) ANY ENCROACHMENT OF EXISTING IMPROVEMENTS LOCATED ON THE LAND ONTO ADJOINING LAND, OR ANY ENCROACHMENT ONTO THE LAND OF EXISTING IMPROVEMENTS LOCATED ON ADJOINING LAND. (4) ANY ENCROACHMENT OF EXISTING IMPROVEMENTS LOCATED ON THE LAND ONTO THAT PORTION OF THE LAND SUBJECT TO ANY EASEMENT EXCEPTED IN SCHEDULE B. (5) ANY NOTICES OF VIOLATION OF COVENANTS, CONDITIONS AND RESTRICTIONS RELATING TO ENVIRONMENTAL PROTECTION RECORDED OR FILED IN THE PUBLIC RECORDS.

2. ANY FUTURE VIOLATION ON THE LAND OF ANY EXISTING COVENANTS, CONDITIONS OR RESTRICTIONS OCCURRING PRIOR TO THE ACQUISITION OF TITLE TO THE ESTATE OR INTEREST IN THE LAND BY THE INSURED, PROVIDED THE VIOLATION RESULTS IN: (A) INVALIDITY, LOSS OF PRIORITY, OR UNENFORCEABILITY OF THE LIEN OF THE INSURED MORTGAGE; OR (B) LOSS OF TITLE TO THE ESTATE OR INTEREST IN THE LAND IF THE INSURED SHALL ACQUIRE TITLE IN SATISFACTION OF THE INDEBTEDNESS SECURED BY THE INSURED MORTGAGE.

3. ANY FINAL COURT ORDER OR JUDGMENT REQUIRING THE REMOVAL FROM ANY LAND ADJOINING THE LAND OF ANY ENCROACHMENT EXCEPTED IN SCHEDULE B.

4. ANY FINAL COURT ORDER OR JUDGMENT DENYING THE RIGHT TO MAINTAIN ANY EXISTING IMPROVEMENTS ON THE LAND BECAUSE OF ANY VIOLATION OF COVENANTS, CONDITIONS OR RESTRICTIONS OR BUILDING SETBACK LINES SHOWN ON A PLAT OF SUBDIVISION RECORDED OR FILED IN THE PUBLIC RECORDS.

WHEREVER IN THIS ENDORSEMENT THE WORDS "COVENANTS, CONDITIONS OR RESTRICTIONS" APPEAR, THEY SHALL NOT BE DEEMED TO REFER TO OR INCLUDE THE TERMS, COVENANTS, CONDITIONS OR LIMITATIONS CONTAINED IN AN INSTRUMENT CREATING A LEASE. AS USED IN PARAGRAPHS 1, 2 AND 4, THE WORDS "COVENANTS, CONDITIONS OR RESTRICTIONS" SHALL NOT BE DEEMED TO REFER TO OR INCLUDE ANY COVENANTS, CONDITIONS OR RESTRICTIONS RELATING TO ENVIRONMENTAL PROTECTION.

THIS ENDORSEMENT IS MADE A PART OF THE POLICY AND IS SUBJECT TO ALL THE TERMS AND

(CONTINUED)

END1PG

VGG

ATTACHMENT 2

ENDORSEMENT

**ATTACHED TO AND FORMING A PART OF
POLICY NUMBER: 1401 - 008278308 - D2**

ISSUED BY

CHICAGO TITLE INSURANCE COMPANY

**PROVISIONS THEREOF AND ANY PRIOR ENDORSEMENTS THERETO, EXCEPT TO THE EXTENT EXPRESSLY
STATED, IT NEITHER MODIFIES ANY OF THE TERMS AND PROVISIONS OF THE POLICY AND ANY
PRIOR ENDORSEMENTS, NOR DOES IT EXTEND THE EFFECTIVE DATE OF THE POLICY AND ANY
PRIOR ENDORSEMENTS, NOR DOES IT INCREASE THE FACE AMOUNT THEREOF.**

ENDORSEMENT

ATTACHED TO AND FORMING A PART OF
POLICY NUMBER: 1401 - 008278308 - D2

ISSUED BY

CHICAGO TITLE INSURANCE COMPANY

ALTA ENDORSEMENT FORM 3.1-06

1. THE COMPANY INSURES AGAINST LOSS OR DAMAGE SUSTAINED BY THE INSURED IN THE EVENT THAT, AT DATE OF POLICY,
 - A. ACCORDING TO APPLICABLE ZONING ORDINANCES AND AMENDMENTS, THE LAND IS NOT CLASSIFIED AS INSTITUTIONAL PLANNED DEVELOPMENT NUMBER 72;
 - B. THE FOLLOWING USE OR USES ARE NOT ALLOWED UNDER THAT CLASSIFICATION:
 - HOSPITAL AND RELATED MEDICAL USES
 - RESEARCH, EDUCATION AND ACADEMIC USES
 - RESEARCH AND MEDICAL FACILITIES
 - DAY CARE CENTERS (ADULT AND CHILE)
 - PROFESSIONAL OFFICES
 - HOSPITAL-RELATED RESIDENTIAL USES
 - PARKING
 - HEALTH, FITNESS AND WELLNESS CENTER
 - EMERGENCY HELIPORT
 - RELATED USES
 - C. THERE SHALL BE NO LIABILITY UNDER THIS PARAGRAPH 1.B. IF THE USE OR USES ARE NOT ALLOWED AS THE RESULT OF ANY LACK OF COMPLIANCE WITH ANY CONDITIONS, RESTRICTIONS, OR REQUIREMENTS CONTAINED IN THE ZONING ORDINANCES AND AMENDMENTS, INCLUDING BUT NOT LIMITED TO THE FAILURE TO SECURE NECESSARY CONSENTS OR AUTHORIZATIONS AS A PREREQUISITE TO THE USE OR USES. THIS PARAGRAPH 1.C. DOES NOT MODIFY OR LIMIT THE COVERAGE PROVIDED IN COVERED RISK 5.
2. THE COMPANY FURTHER INSURES AGAINST LOSS OR DAMAGE SUSTAINED BY THE INSURED BY REASON OF A FINAL DECREE OF A COURT OF COMPETENT JURISDICTION
 - A. PROHIBITING THE USE OF THE LAND, WITH ANY EXISTING STRUCTURE, AS INSURED IN PARAGRAPH 1.B.; OR
 - B. REQUIRING THE REMOVAL OR ALTERATION OF THE STRUCTURE ON THE BASIS THAT, AT DATE OF POLICY, THE ZONING ORDINANCES AND AMENDMENTS HAVE BEEN VIOLATED WITH RESPECT TO ANY OF THE FOLLOWING MATTERS:
 1. AREA, WIDTH, OR DEPTH OF THE LAND AS A BUILDING SITE

(CONTINUED)

ENDORSEMENT

ATTACHED TO AND FORMING A PART OF

POLICY NUMBER: 1401-008278308-D2

ISSUED BY

CHICAGO TITLE INSURANCE COMPANY

FOR THE STRUCTURE

- II. FLOOR SPACE AREA OF THE STRUCTURE
- III. SETBACK OF THE STRUCTURE FROM THE PROPERTY LINES OF THE LAND
- IV. HEIGHT OF THE STRUCTURE, OR
- V. NUMBER OF PARKING SPACES.
- VI. NUMBER OF LOADING DOCKS.

3. THERE SHALL BE NO LIABILITY UNDER THIS ENDORSEMENT BASED ON
- A. THE INVALIDITY OF THE ZONING ORDINANCES AND AMENDMENTS UNTIL AFTER A FINAL DECREE OF A COURT OF COMPETENT JURISDICTION ADJUDICATING THE INVALIDITY, THE EFFECT OF WHICH IS TO PROHIBIT THE USE OR USES;
 - B. THE REFUSAL OF ANY PERSON TO PURCHASE, LEASE OR LEND MONEY ON THE ESTATE OR INTEREST COVERED BY THIS POLICY.

THIS ENDORSEMENT IS ISSUED AS PART OF THE POLICY. EXCEPT AS IT EXPRESSLY STATES, IT DOES NOT (I) MODIFY ANY OF THE TERMS AND PROVISIONS OF THE POLICY, (II) MODIFY ANY PRIOR ENDORSEMENTS, (III) EXTEND THE DATE OF POLICY, OR (IV) INCREASE THE AMOUNT OF INSURANCE. TO THE EXTENT A PROVISION OF THE POLICY OR A PREVIOUS ENDORSEMENT IS INCONSISTENT WITH AN EXPRESS PROVISION OF THIS ENDORSEMENT, THIS ENDORSEMENT CONTROLS. OTHERWISE, THIS ENDORSEMENT IS SUBJECT TO ALL OF THE TERMS AND PROVISIONS OF THE POLICY AND OF ANY PRIOR ENDORSEMENTS.

ENDORSEMENT

ATTACHED TO AND FORMING A PART OF
POLICY NUMBER: 1401 - 008278308 - D2

ISSUED BY

CHICAGO TITLE INSURANCE COMPANY

LOCATION ENDORSEMENT 5 - SURVEY

THE COMPANY HEREBY INSURES THE INSURED AGAINST LOSS OR DAMAGE WHICH THE INSURED SHALL SUSTAIN IN THE EVENT THAT:

THE PLAT OF SURVEY MADE BY CHICAGO GUARANTY SURVEY COMPANY, NUMBER 2009-13337-001, DATED NOVEMBER 20, 2009, DOES NOT ACCURATELY DEPICT THE LOCATIONS OF THE EXTERIOR BOUNDARIES OF THE LAND DESCRIBED IN SCHEDULE A, DOES NOT SHOW THE PROPER DIMENSIONS OF SAID BOUNDARIES, AND DOES NOT CORRECTLY REFLECT THE ABSENCE AS OF THE DATE OF SAID SURVEY OF ANY ENCRDACHMENTS OR EASEMENTS NOT OTHERWISE EXPRESSLY SET FORTH IN SCHEDULE B.

THIS ENDORSEMENT IS MADE A PART OF THE POLICY AND IS SUBJECT TO ALL OF THE TERMS AND PROVISIONS THEREOF AND OF ANY PRIOR ENDORSEMENTS THERETO. EXCEPT TO THE EXTENT EXPRESSLY STATED, IT NEITHER MODIFIES ANY OF THE TERMS AND PROVISIONS OF THE POLICY AND ANY PRIOR ENDORSEMENTS, NOR DOES IT EXTEND THE EFFECTIVE DATE OF THE POLICY AND ANY PRIOR ENDORSEMENTS, NOR DOES IT INCREASE THE FACE AMOUNT THEREOF.

ENDIPC

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ENDORSEMENT

**ATTACHED TO AND FORMING A PART OF
POLICY NUMBER: 1401 - 009278308 - D2**

ISSUED BY

CHICAGO TITLE INSURANCE COMPANY

LOCATION ENDORSEMENT 6 - CONTIGUITY TO STREET

THE COMPANY HEREBY INSURES THE INSURED AGAINST LOSS OR DAMAGE WHICH THE INSURED SHALL SUSTAIN IN THE EVENT THAT, AT DATE OF POLICY:

THE COMPANY INSURES AGAINST LOSS OR DAMAGE SUSTAINED BY THE INSURED IF, AT DATE OF POLICY (I) THE LAND DOES NOT ABUT AND HAVE BOTH ACTUAL VEHICULAR AND PEDESTRIAN ACCESS TO AND FROM TALCOTT AVENUE AND ORIOLE AVENUE (THE "STREETS"), (II) THE STREETS ARE NOT PHYSICALLY OPEN AND PUBLICLY MAINTAINED, OR (III) THE INSURED HAS NO RIGHT TO USE EXISTING CURB CUTS OR ENTRIES ALONG THAT PORTION OF THE STREETS ABUTTING THE LAND.

THIS ENDORSEMENT IS MADE A PART OF THE POLICY AND IS SUBJECT TO ALL OF THE TERMS AND PROVISIONS THEREOF AND OF ANY PRIOR ENDORSEMENTS THERETO. EXCEPT TO THE EXTENT EXPRESSLY STATED, IT NEITHER MODIFIES ANY OF THE TERMS AND PROVISIONS OF THE POLICY AND ANY PRIOR ENDORSEMENTS, NOR DOES IT EXTEND THE EFFECTIVE DATE OF THE POLICY AND ANY PRIOR ENDORSEMENTS, NOR DOES IT INCREASE THE FACE AMOUNT THEREOF.

ENDPG

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ENDORSEMENT

**ATTACHED TO AND FORMING A PART OF
POLICY NUMBER: 1401-008278308-D2**

ISSUED BY

CHICAGO TITLE INSURANCE COMPANY

P.I.N. ENDORSEMENT ZA

THE COMPANY HEREBY INSURES THE INSURED AGAINST LOSS OR DAMAGE WHICH THE INSURED SHALL SUSTAIN BY REASON OF ANY INACCURACIES IN THE FOLLOWING ASSURANCES:

- (1) AT DATE OF POLICY, THE LAND DESCRIBED IN SCHEDULE A, TAKEN TOGETHER AS A TRACT WITH OTHER LAND NOT INSURED HEREIN, CONSTITUTES 2 PARCELS FOR REAL ESTATE TAX PURPOSES; AND**
- (2) AT DATE OF POLICY, THE LAND DESCRIBED IN SCHEDULE A, TOGETHER WITH OTHER LAND NOT INSURED HEREIN, IS ASSESSED FOR REAL ESTATE TAX PURPOSES UNDER THE FOLLOWING PERMANENT INDEX NUMBERS:**

12-01-217-003-0000 AND 12-01-400-007-0000.

THIS ENDORSEMENT IS MADE A PART OF THE POLICY AND IS SUBJECT TO ALL OF THE TERMS AND PROVISIONS THEREOF AND OF ANY PRIOR ENDORSEMENTS THERETO. EXCEPT TO THE EXTENT EXPRESSLY STATED, IT NEITHER MODIFIES ANY OF THE TERMS AND PROVISIONS OF THE POLICY AND ANY PRIOR ENDORSEMENTS, NOR DOES IT EXTEND THE EFFECTIVE DATE OF THE POLICY AND ANY PRIOR ENDORSEMENTS, NOR DOES IT INCREASE THE FACE AMOUNT THEREOF.

END/PC

VGG

ENDORSEMENT

ATTACHED TO AND FORMING A PART OF

POLICY NUMBER: 1401 - 008278308 - D2

ISSUED BY

CHICAGO TITLE INSURANCE COMPANY

DOING BUSINESS ENDORSEMENT

THE COMPANY HEREBY INSURES THE NAMED INSURED AT DATE OF POLICY AGAINST LOSS OR DAMAGE WHICH THE INSURED SHALL SUSTAIN BY REASON OF THE ENTRY OF ANY COURT ORDER OR JUDGMENT WHICH CONSTITUTES A FINAL DETERMINATION AND DENIES THE RIGHT TO ENFORCE THE LIEN OF THE MORTGAGE REFERRED TO IN SCHEDULE A ON THE GROUND THAT MAKING THE LOAN SECURED THEREBY CONSTITUTED A VIOLATION OF THE "DOING BUSINESS" LAWS OF THE STATE OF ILLINOIS.

THIS ENDORSEMENT IS MADE A PART OF THE POLICY AND IS SUBJECT TO ALL OF THE TERMS AND PROVISIONS THEREOF AND OF ANY PRIOR ENDORSEMENTS THERETO. EXCEPT TO THE EXTENT EXPRESSLY STATED, IT NEITHER MODIFIES ANY OF THE TERMS AND PROVISIONS OF THE POLICY AND ANY PRIOR ENDORSEMENTS, NOR DOES IT EXTEND THE EFFECTIVE DATE OF THE POLICY AND ANY PRIOR ENDORSEMENTS, NOR DOES IT INCREASE THE FACE AMOUNT THEREOF.

END1PG

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ENDORSEMENT

ATTACHED TO AND FORMING A PART OF
POLICY NUMBER: 1401-008278308 - D2

ISSUED BY

CHICAGO TITLE INSURANCE COMPANY

USURY (ILLINOIS LONGFORM) ENDORSEMENT

THE COMPANY HEREBY INSURES THE INSURED AGAINST LOSS OR DAMAGE WHICH THE INSURED SHALL SUSTAIN BY REASON OF THE ENTRY OF ANY COURT ORDER OR JUDGMENT WHICH CONSTITUTES A FINAL DETERMINATION AND ADJUDGES:

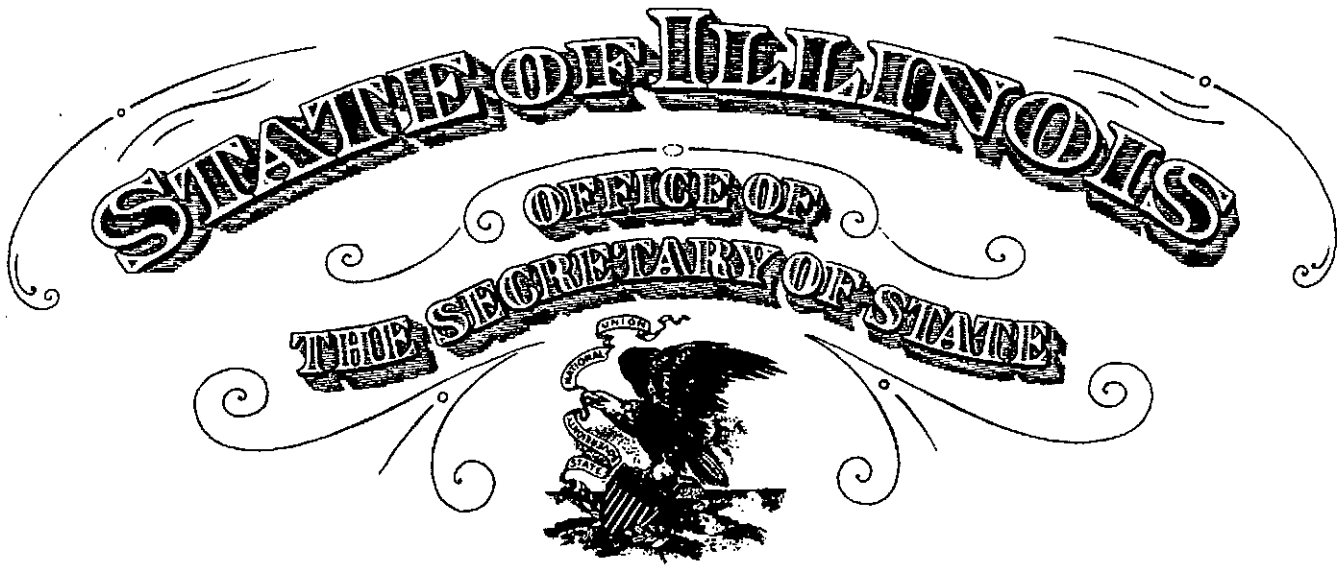
1. THAT THE LIEN OF THE MORTGAGE DESCRIBED IN SCHEDULE A IS INVALID OR UNENFORCEABLE AS TO THE PRINCIPAL AND INTEREST DUE ON THE NOTE SECURED THEREBY, SAID INTEREST BEING COMPUTED IN ACCORDANCE WITH THE PROVISIONS OF SAID MORTGAGE AND NOTE, ON THE GROUND THAT THE LOAN EVIDENCED BY THE NOTE SECURED THEREBY IS USURIOUS IN WHOLE OR IN PART; AND
2. THAT ANY PART OF THE PRINCIPAL AND INTEREST, SAID INTEREST HAVING BEEN COMPUTED IN ACCORDANCE WITH THE PROVISIONS OF SUCH MORTGAGE AND NOTE, WHICH HAS BEEN PAID TO THE INSURED MUST BE REPAYED, AS WELL AS ANY ADDITIONAL SUMS WHICH MUST BE PAID TO THE PERSON ENTITLED TO SUCH REPAYMENT ON THE GROUND THAT THE AMOUNT OF INTEREST SO PAID OR CONTRACTED FOR VIOLATED THE USURY LAWS OF THE STATE OF ILLINOIS.

THE INSURANCE AGAINST USURY RISKS AFFORDED BY THIS ENDORSEMENT AND ITS EFFECT ON THE TITLE INSURANCE UNDER THE POLICY TO WHICH IT IS ATTACHED SHALL SURVIVE THE SATISFACTION OF THE MORTGAGE OR TRUST DEED, THE LIEN OF WHICH IS THUS INSURED.

THIS ENDORSEMENT IS MADE A PART OF THE POLICY AND IS SUBJECT TO ALL OF THE TERMS AND PROVISIONS THEREOF AND OF ANY PRIOR ENDORSEMENTS THERETO. EXCEPT TO THE EXTENT EXPRESSLY STATED, IT NEITHER MODIFIES ANY OF THE TERMS AND PROVISIONS OF THE POLICY AND ANY PRIOR ENDORSEMENTS, NOR DOES IT EXTEND THE EFFECTIVE DATE OF THE POLICY AND ANY PRIOR ENDORSEMENTS, NOR DOES IT INCREASE THE FACE AMOUNT THEREOF.

END1PC

VGG



To all to whom these Presents Shall Come, Greeting:

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

RESURRECTION MEDICAL CENTER, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 30, 1984, 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 #: 1104501226

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 14TH day of FEBRUARY A.D. 2011 .

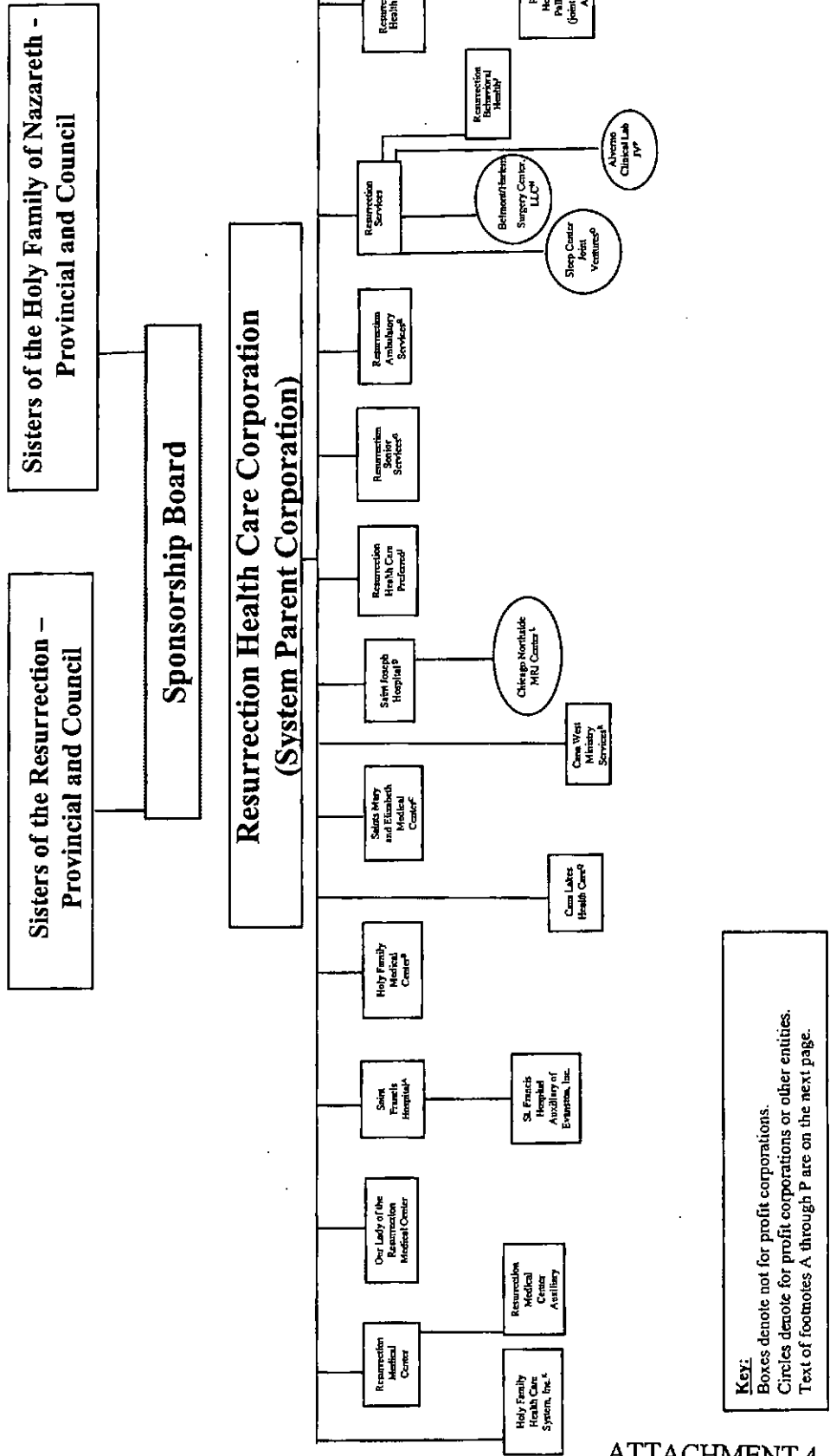
Jesse White

SECRETARY OF STATE
ATTACHMENT 3

CURRENT ORGANIZATIONAL CHARTS

Resurrection Health Care Corporation Corporate Organizational and Governance Structure

October 21, 2010



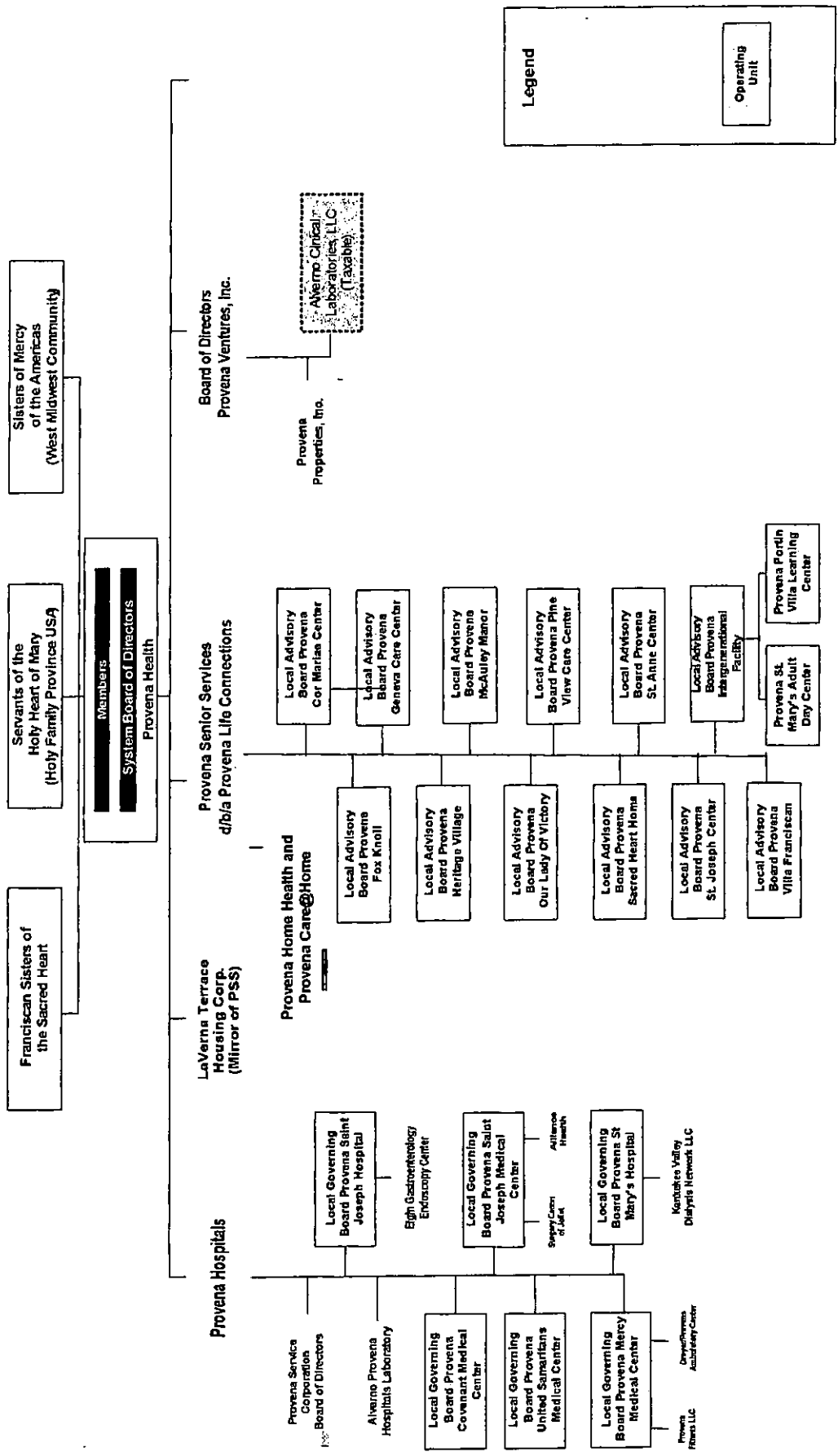
Key:
 Boxes denote not for profit corporations.
 Circles denote for profit corporations or other entities.
 Text of footnotes A through P are on the next page.

Resurrection Health Care Corporation
Legal Organizational Structure
As of October 21, 2010
Footnotes

- ^A Formerly named Saint Francis Hospital of Evanston (name change effective November 22, 2004)
- ^B Became part of the Resurrection system effective March 1, 2001, as part of the agreement of co-sponsorship between the Sisters of the Resurrection, Immaculate Conception Province and the Sisters of the Holy Family of Nazareth, Sacred Heart Province
- ^C Created from merger of Saint Elizabeth Hospital into Saint Mary of Nazareth Hospital Center, and name change of latter (surviving) corporation, both effective 12/1/03. Saint Mary of Nazareth Hospital Center (now part of Saints Mary and Elizabeth Medical Center) became part of Resurrection system under the co-sponsorship agreement referenced in Footnote B above
- ^D Saint Joseph Hospital, f/k/a Cana Services Corporation, f/k/a Westlake Health System
- ^E Formerly known as West Suburban Health Services, this 501(c)(3) corporation had been the parent corporation of West Suburban Medical Center prior to the hospital corporation becoming part of the Resurrection Health Care system. Effective January 1, 2010, Resurrection Ambulatory Services assumed the assets and liabilities of Resurrection Services' ambulatory care services division.
- ^F A Cayman Islands corporation registered to do business as an insurance company
- ^G Corporation formerly known as Westlake Nursing and Rehabilitation Center (also f/k/a Leyden Community Extended Care Center, Inc.)
- ^H Resurrection Home Health Services, f/k/a Health Connections, Inc., is the combined operations of Extended Health Services, Inc., Community Nursing Service West, Resurrection Home Care, and St. Francis Home Health Care (the assets of all of which were transferred to Health Connections, Inc. as of July 1, 1999).
- ^I Holy Family Health Preferred is a former d/b/a of Saints Mary and Elizabeth Health Preferred, and Saint Joseph Health Preferred. Operates under the d/b/a names of Resurrection Health Preferred, Saint Francis Health Preferred, and Holy Family Health Preferred
- ^J D/B/A name for Proviso Family Services, a/k/a ProCare Centers, a/k/a Employee Resource Centers
- ^K Former parent of Holy Family Medical Center; non-operating 501(c)(3) "shell" available for future use
- ^L An Illinois general partnership between Saint Joseph Hospital and Advocate Northside Health System, an Illinois not for profit corporation
- ^M Resurrection Health Care is the Corporate Member of RMNY, with extensive reserve powers, including appointment/removal of all Directors and approval of amendments to the Corporation's Articles and Bylaws. The Sponsoring Member of the Corporation is the Sisters of the Resurrection New York, Inc.
- ^N Resurrection Services owns over 50% of the membership interests of Belmont/Harlem, LLC, an Illinois limited liability company, which owns and operates an ambulatory surgery center
- ^O Resurrection Services owns a majority interest in the following Illinois limited liability companies which own and operate sleep disorder diagnostic centers: RES-Health Sleep Care Center of River Forest, LLC; RES-Health Sleep Care Center of Lincoln Park, LLC; RES-Health Sleep Care Center of Evanston, LLC; RES-Health Sleep Care Center of Chicago Northwest, LLC
- ^P Joint Venture for clinical lab services for 2 other Catholic health care systems, Provena and Sisters of Saint Francis Health Services, Inc., consisting of an Indiana limited liability company of which Resurrection Services is a 1/3 member, and a tax-exempt cooperative hospital service corporation, of which all Resurrection tax-exempt system hospitals collectively have a 1/3 interest
- ^Q Formerly named Westlake Community Hospital; all the assets of this corporation were sold to VHS Westlake Hospital Inc., effective August 1, 2010
- ^R Formerly named West Suburban Medical Center; all the assets of this corporation were sold to VHS West Suburban Medical Center, Inc., effective August 1, 2010

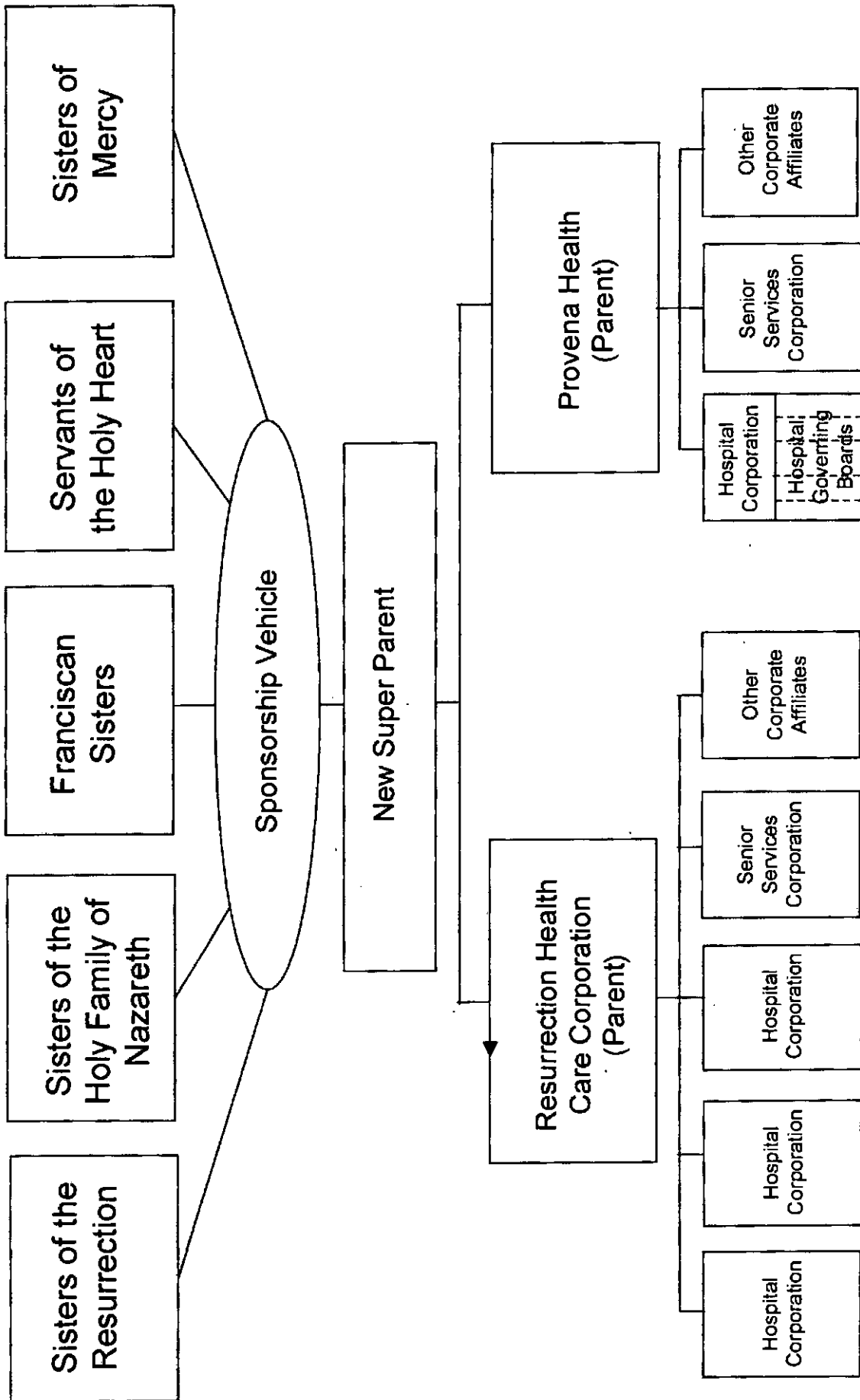
January 2011

Provena Health
Organizational Governance Structure



PROPOSED ORGANIZATIONAL CHART

Super Parent Structure



IDENTIFICATION OF PROJECT COSTS

Fair Market Value of Hospital

The insured value of the hospital was used to identify the Fair Market Value, consistent with a discussion of methodology with IHFSRB staff.

Consulting and Other Fees

The transaction-related costs anticipated to be incurred by Provena Health and Resurrection Health Care Corporation (approximately \$8,500,000) was equally apportioned among the thirteen hospitals, one ASTC and one ESRD facility for which CON applications need to be filed. The transaction-related costs include, but are not limited to: the due diligence process, the preparation of transaction-related documents, the CON application development process, CON review fees, and outside legal counsel, accounting and consulting fees.

7435 West Talcott Avenue
Chicago, Illinois 60631
773.792.5555



Sandra Bruce, FACHE
President & Chief Executive Officer

March 24, 2011

Illinois Health Facilities
and Services Review Board
525 West Jefferson
Springfield, IL 62761

To Whom It May Concern:

In accordance with Review Criterion 1110.230.b, Background of the Applicant, we are submitting this letter assuring the Illinois Health Facilities and Services Review Board (IHFSRB) that:

1. Over the past three years, there have been a total of five adverse actions involving a Resurrection hospital (each addressing Medicare Conditions of Participation). Two such actions relate to Our Lady of the Resurrection Medical Center (OLR), and three such actions relate to Saint Joseph Hospital (SJH). All five actions were initiated in 2009. Three of the five actions were fully resolved in 2009 to the satisfaction of CMS and IDPH, through plans of correction: (a) SJH was cited twice (in an initial and follow up survey) with certain deficiencies in conducting and documenting rounds on its psychiatry unit; and (b) OLR was cited with deficiencies in medical staff training and competencies in certain intubation procedures. The remaining two actions, each of which involves life safety code issues related to the age of the physical plant of OLR and SJH, are scheduled for plan of correction completion by March 31, 2011 and December 31, 2011 respectively.
2. Resurrection Health Care Corporation authorizes the State Board and State Agency access to information to verify documentation or information submitted in response to the requirements of Review Criterion 1110.230.b or to obtain any documentation or information which the State Board or State Agency finds pertinent to this application.

If we can in any way provide assistance to your staff regarding these assurances or any other issue relative to this application, please do not hesitate to call me.

Sincerely,

A handwritten signature in cursive script that reads 'Sandra Bruce'.

Sandra Bruce, FACHE
President & CEO

SB/fdjo



March 23, 2011

Illinois Health Facilities
and Services Review Board
525 West Jefferson
Springfield, IL 62761

To Whom It May Concern:

In accordance with Review Criterion 1110.230.b, Background of the Applicant, we are submitting this letter assuring the Illinois Health Facilities and Services Review Board (IHFSRB) that:

3. Neither Provena Health ("Provena") nor any wholly-affiliated corporation that owns or operates a facility subject to the IHFSRB's jurisdiction has had any adverse actions (as defined in Section 1130.140) taken against any hospital or ESRD facility during the three (3) year period prior to the filing of this application, and
4. Provena Health authorizes the State Board and State Agency access to information to verify documentation or information submitted in response to the requirements of Review Criterion 1110.230.b or to obtain any documentation or information which the State Board or State Agency finds pertinent to this application.

If we can in any way provide assistance to your staff regarding these assurances or any other issue relative to this application, please do not hesitate to call me.

Sincerely,

A handwritten signature in cursive script that reads "Meghan Kieffer".

Meghan Kieffer
System Senior Vice President/General Counsel



A handwritten signature in cursive script that reads "Yvette B. Porter".

FACILITIES LICENSED IN ILLINOIS

	Name	Location	IDPH Licensure #
Hospitals Owned by Resurrection Health Care Corporation:			
	Saint Mary of Nazareth Hospital	Chicago	2584
	Saint Elizabeth Hospital	Chicago	5314
	Resurrection Medical Center	Chicago	1974
	Saint Joseph Hospital	Chicago	5181
	Holy Family Medical Center	Des Plaines	1008
	St. Francis Hospital of Evanston	Evanston	2402
	Our Lady of Resurrection Medical Center	Chicago	1719
Hospitals Owned by Provena Health:			
	Covenant Medical Center	Urbana	4861
	United Samaritan Medical Center	Danville	4853
	Saint Joseph Medical Center	Joliet	4838
	Saint Joseph Hospital	Elgin	4887
	Provena Mercy Center	Aurora	4903
	Saint Mary's Hospital	Kankakee	4879
Ambulatory Surgical Treatment Centers Owned by Resurrection Health Care Corporation:			
	Belmont/Harlem Surgery Center, LLC*	Chicago	7003131
End Stage Renal Disease Facilities Owned by Provena Health:			
	Manteno Dialysis Center	Manteno	n/a
Long-Term Care Facilities Owned by Provena Health:			
	Provena Villa Franciscan	Joliet	2009220
	Provena St. Anne Center	Rockford	2004899
	Provena Pine View Care Center	St. Charles	2009222
	Provena Our Lady of Victory	Bourbonnais	2013080
	Provena Geneva Care Center	Geneva	1998975
	Provena McCauley Manor	Aurora	1992916
	Provena Cor Mariae Center	Rockford	1927199
	Provena St. Joseph Center	Freeport	0041871
	Provena Heritage Village	Kankakee	0042457
Long-Term Care Facilities Owned by Resurrection Health Care Corporation:			
	Holy Family Nursing and Rehabilitation Center	Des Plaines	0048652
	Maryhaven Nursing and Rehabilitation Center	Glenview	0044768
	Resurrection Life Center	Chicago	0044354
	Resurrection Nursing and Rehabilitation Ctr.	Park Ridge	0044362
	Saint Andrew Life Center	Niles	0044776
	Saint Benedict Nursing and Rehabilitation Ctr.	Niles	0044784
	Villa Scalabrini Nursing and Rehabilitation Ctr.	Northlake	0044792
	* Resurrection Health Care Corporation has a 51% ownership interest		
	** Provena Health has a 50% ownership interest		



State of Illinois 2009511
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.

DAHON T. ARNOLD, M.D.
DIRECTOR

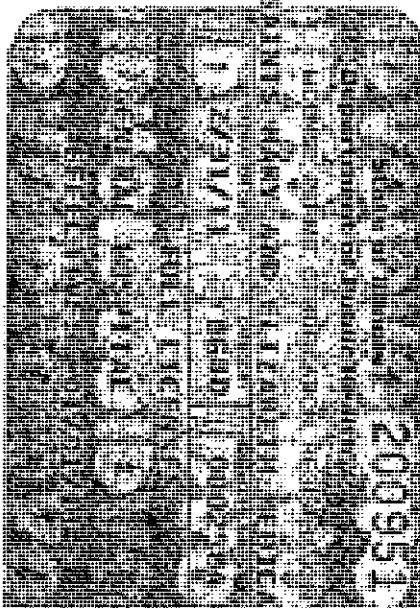
Issued under the authority of
 The State of Illinois
 Department of Public Health

EXPIRATION DATE 12/31/11	CATEGORY 968B	IDENTIFICATION NUMBER 0002584
FULL LICENSE GENERAL HOSPITAL EFFECTIVE: 01/01/11		
BUSINESS ADDRESS: SAINTS MARY AND ELIZABETH MEDICAL CENTER D/B/A SAINI MARY OF NAZARETH HOSPITAL 2233 WEST DIVISION STREET CHICAGO IL 60622		

The face of this license has a colored background. Printed by Authority of the State of Illinois 7-197

↑
 DISPLAY THIS PART IN A
 CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN
 IDENTIFICATION



11/06/10

SAINTS MARY AND ELIZABETH MEDICAL CENTER
 D/B/A SAINI MARY OF NAZARETH HOSPITAL
 2233 WEST DIVISION STREET
 CHICAGO IL 60622

FEE RECEIPT NO.



State of Illinois 2009544
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.

DANON T. ARNOLD, M.D.
DIRECTOR

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

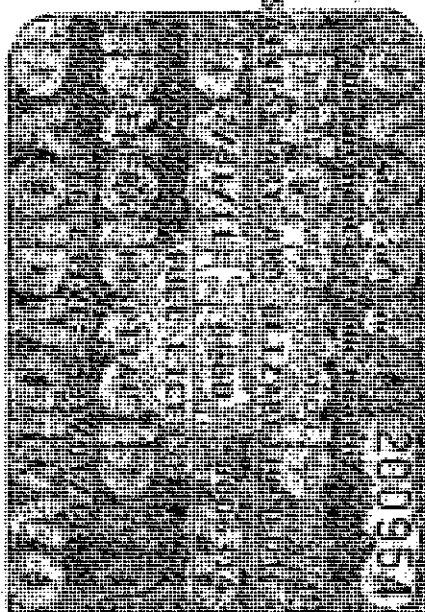
EXPIRATION DATE	CATEGORY	LP NUMBER
12/31/11	B68D	0005314
FULL LICENSE GENERAL HOSPITAL EFFECTIVE: 10/01/11		

SAINTS MARY AND ELIZABETH MEDICAL CENTER
D/B/A SAINT ELIZABETH HOSPITAL
1431 NORTH CLAREMONT AVENUE
CHICAGO, IL 60622

This face of this license has a colored background. Perfiled by Authority of the State of Illinois.

↑
 DISPLAY THIS PART IN A
 CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN
 IDENTIFICATION



11/06/10
SAINTS MARY AND ELIZABETH MED
D/B/A SAINT ELIZABETH HOSPITAL
1431 NORTH CLAREMONT AVENUE
CHICAGO IL 60622

FEE RECEIPT NO.



March 22, 2011

Margaret McDermott
Saints Mary and Elizabeth Medical Center
1431 N. Claremont
Chicago, IL 60622

Dear Ms. McDermott:

This letter is to certify that Saints Mary and Elizabeth Medical Center in Chicago, IL is currently accredited by the Healthcare Facilities Accreditation Program (HFAP) of the American Osteopathic Association (AOA).

The hospital was surveyed for re-accreditation by HFAP on November 15-17, 2010. They are currently in process and have not yet received their Accreditation Letter or Certificate.

You may use a copy of this letter with external organizations to demonstrate your accreditation status. Questions about the HFAP may be directed to my attention via phone at 312-202-8060.

Sincerely,

A handwritten signature in cursive script that reads "Troy Repuszka".

Troy Ann Repuszka, RN, BScN,
Deputy Director, HFAP



State of Illinois 2009495

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.

DAVID N. T. ARNOLD, M.D.

DIRECTOR

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

EXPIRATION DATE 12/31/11	CATEGORY 368D	IDENTIFIER 0001974
FULL LICENSE		
GENERAL HOSPITAL		
EFFECTIVE: 01/01/11		

BUSINESS ADDRESS

RESURRECTION MEDICAL CENTER
7435 WEST TALCOTT AVENUE

CHICAGO

IL 50631

This form of this license has a colored background. Printed by Authority of the State of Illinois • 117 •

DISPLAY THIS PART IN A
CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN
IDENTIFICATION

State of Illinois 2009495
Department of Public Health

RESURRECTION MEDICAL CENTER

EXPIRATION DATE 12/31/11	CATEGORY 368D	IDENTIFIER 0001974
FULL LICENSE		
GENERAL HOSPITAL		
EFFECTIVE: 01/01/11		

EFFECTIVE: 01/01/11

11/06/10

RESURRECTION MEDICAL CENTER
7435 WEST TALCOTT AVENUE

CHICAGO

IL 50631

SEE RECEIPT NO.



March 22, 2011

Sandra Bruce, CEO
Resurrection Medical Center
7435 W. Talcott
Chicago, IL 60637

Dear Ms. Bruce:

This letter is to certify that Resurrection Medical Center in Chicago, IL is currently accredited by the Healthcare Facilities Accreditation Program (HFAP) of the American Osteopathic Association (AOA).

The hospital was surveyed for re-accreditation by HFAP on November 29-December 1, 2010. They are currently in process and have not yet received their Accreditation Letter or Certificate.

You may use a copy of this letter with external organizations to demonstrate your accreditation status. Questions about the HFAP may be directed to my attention via phone at 312-202-8060.

Sincerely,

A handwritten signature in cursive script that reads "Troy Ann Repuszka".

Troy Ann Repuszka, RN, BScN,
Deputy Director, HFAP

← DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION



State of Illinois 2040005 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 J. ARNOLD, M.D.
DIRECTOR
Issued under the authority of
The State of Illinois
Department of Public Health

EXPIRATION DATE 07/02/12	CATEGORY 9880	ID NUMBER 0005181
FULL LICENSE GENERAL HOSPITAL EFFECTIVE: 07/03/11		

BUSINESS ADDRESS:

SAINI JOSEPH HOSPITAL
2900 NORTH LAKE SHORE DRIVE
CHICAGO IL 60657

The face of this license has a colored background. Printed by Authority of the State of Illinois • 497 •

State of Illinois 2040005
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION
SAINI JOSEPH HOSPITAL

EXPIRATION DATE 07/02/12	CATEGORY 9880	ID NUMBER 0005181
-----------------------------	------------------	----------------------

FULL LICENSE

GENERAL HOSPITAL

EFFECTIVE: 07/03/11

06/09/11

SAINI JOSEPH HOSPITAL
2900 NORTH LAKE SHORE DRIVE
CHICAGO IL 60657

FEE RECEIPT NO.



February 11, 2011

Carol Schultz
Accreditation Coordinator
St. Joseph Hospital
2900 N. Lakeshore Drive
Chicago, IL 60657

Dear Ms. Schultz:

This letter is to certify that St. Joseph Hospital in Chicago, IL is currently accredited by the Healthcare Facilities Accreditation Program (HFAP) of the American Osteopathic Association (AOA).

The hospital was surveyed for re-accreditation by HFAP on October 11-13, 2010. They are currently in process and have not yet received their Accreditation Letter or Certificate.

You may use a copy of this letter with external organizations to demonstrate your accreditation status. Questions about the HFAP may be directed to my attention via phone at 312-202-8060.

Sincerely,

A handwritten signature in cursive script that reads "Troy Repuszka".

Troy Ann Repuszka, RN, BScN,
Deputy Director, HFAP

← DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION



State of Illinois 2035973

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	I.D. NUMBER
06/30/12	BGED	0001008

FULL LICENSE

GENERAL HOSPITAL

EFFECTIVE: 07/01/11

05/07/11

HOLY FAMILY MEDICAL CENTER
100 NORTH RIVER ROAD

DES PLAINES IL 60016 1278

FEE RECEIPT NO.

State of Illinois 2035973
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

DAMON T. ARNOLD, M.D.

DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
06/30/12	BGED	0001008

FULL LICENSE
GENERAL HOSPITAL
EFFECTIVE: 07/01/11

BUSINESS ADDRESS

HOLY FAMILY MEDICAL CENTER
100 NORTH RIVER ROAD

DES PLAINES IL 60016 1278

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AMERICAN OSTEOPATHIC ASSOCIATION

**BUREAU OF HEALTHCARE FACILITIES ACCREDITATION
HEALTHCARE FACILITIES ACCREDITATION PROGRAM**

142 E. Ontario Street, Chicago, IL 60611-2864 ph 312 202 8258 | 800-621-1773 X 8258

January 7, 2011

John Baird
Chief Executive Officer
Holy Family Medical Center
100 North River Road
Des Plaines, IL 60016

Dear Mr Baird :

The American Osteopathic Association's Bureau of Healthcare Facilities Accreditation Executive Committee, at its meeting on January 4, 2011 reviewed the recertification survey report and found all Medicare conditions have been met. Your facility has been granted **Full Accreditation**, with resurvey within 3 years and AOA/HFAP **recommends continued deemed status**.

Holy Family Medical Center (All Sites as Listed)
100 North River Road
Des PLaines, IL 60016

Program: Acute Care Hospital
CCN # 140105
HFAP ID: 158128
Survey Dates: 08/23/2010 – 08/25/2010
Effective Date of Accreditation: 09/12/2010 - 09/12/2013

Condition Level Deficiencies: None
(Use crosswalk and CFR citations, if applicable):

No further action is required.

Sincerely,

George A. Reuther
Secretary

GAR/pmh

C: Laura Weber, Health Insurance Specialist, CMS
Region V, CMS

ATTACHMENT 11



State of Illinois 2009508
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

DAMON T. ARNOLD, M.D.
DIRECTOR

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

EXPIRATION DATE 12/31/11	CATEGORY 6680	I.D. NUMBER 0002402
FULL LICENSE		
GENERAL HOSPITAL		
EFFECTIVE: 01/01/11		

BUSINESS ADDRESS

ST. FRANCIS HOSPITAL OF EVANSTON
355 RIDGE AVENUE
EVANSTON IL 60202

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 2009508
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

ST. FRANCIS HOSPITAL OF EVANSTON

EXPIRATION DATE 12/31/11	CATEGORY 6680	I.D. NUMBER 0002402
FULL LICENSE		
GENERAL HOSPITAL		
EFFECTIVE: 01/01/11		

GENERAL HOSPITAL
EFFECTIVE: 01/01/11

11/06/10
ST. FRANCIS HOSPITAL OF EVANSTON
355 RIDGE AVENUE
EVANSTON IL 60202

FEE RECEIPT NO.



AMERICAN OSTEOPATHIC ASSOCIATION

BUREAU OF HEALTHCARE FACILITIES ACCREDITATION
HEALTHCARE FACILITIES ACCREDITATION PROGRAM

142 E. Ontario Street, Chicago, IL 60611-2864 312 202 8258 | 800-621-1773 X 8268

January 24, 2011

Jeffrey Murphy
Chief Executive Officer
Saint Francis Hospital
355 Ridge Avenue
Evanston, IL 60202

Dear Mr Murphy :

The American Osteopathic Association's Bureau of Healthcare Facilities Accreditation Executive Committee, at its meeting on January 18, 2011 reviewed the recertification survey report and found all Medicare conditions have been met. Your facility has been granted **Full Accreditation**, with resurvey within 3 years and AOA/HFAP **recommends continued deemed status**.

Saint Francis Hospital (All Sites as Listed)
355 Ridge Avenue
Evanston, IL 60202

Program: Acute Care Hospital
CCN # 140080
HFAP ID: 118676
Survey Dates: 10/4/2010 – 10/6/2010
Effective Date of Accreditation: 10/26/2010 - 10/26/2013

Condition Level Deficiencies: None
(Use crosswalk and CFR citations, if applicable):

No further action is required.

Sincerely,

George A. Reuther
Secretary

GAR/pmh

C: Laura Weber, Health Insurance Specialist, CMS
Region V, CMS



State of Illinois 2035984

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 Y. ARNOLD, M.D.
DIRECTOR

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

Table with 3 columns: EXPIRATION DATE (06/30/12), CATEGORY (DGBD), I.D. NUMBER (0001719)

FULL LICENSE
GENERAL HOSPITAL
EFFECTIVE: 07/01/11

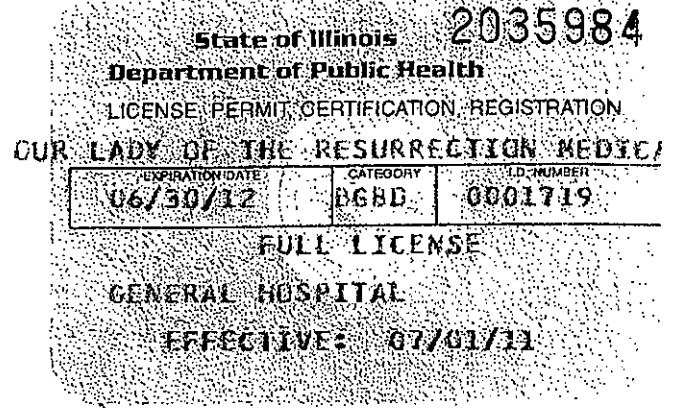
BUSINESS ADDRESS

OUR LADY OF THE RESURRECTION MEDICAL CTR
5645 WEST ADDISON STREET
CHICAGO IL 60634

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DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION



05/07/11

OUR LADY OF THE RESURRECTION MEDICAL
5645 WEST ADDISON STREET
CHICAGO IL 60634

FEE RECEIPT NO.



March 11, 2011

Betsy Pankau
Accreditation Coordinator
Our Lady of the Resurrection
5645 West Addison
Chicago, IL 60634

Dear Ms. Pankau:

This letter is to certify that Our Lady of the Resurrection Hospital in Chicago, IL is currently accredited by the Healthcare Facilities Accreditation Program (HFAP) of the American Osteopathic Association (AOA).

The hospital was surveyed for re-accreditation by HFAP on October 18-20, 2010. They are currently in process and have not yet received their Accreditation Letter or Certificate.

You may use a copy of this letter with external organizations to demonstrate your accreditation status. Questions about the HFAP may be directed to my attention via phone at 312-202-8060.

Sincerely,

A handwritten signature in cursive script that reads "Troy Repuszka".

Troy Ann Repuszka, RN, BScN,
Deputy Director, HFAP



State of Illinois 2009538
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

<small>EXPIRATION DATE</small> 12/31/11	<small>CATEGORY</small> B680	<small>TR. NUMBER</small> 0004861
FULL LICENSE		
GENERAL HOSPITAL		
EFFECTIVE: 01/01/11		

BUSINESS ADDRESS

**PROVENA HOSPITALS
 D/B/A COVENANT MEDICAL CENTER
 1400 WEST PARK AVENUE**

URBANA

IL 61801

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Provena Covenant Medical Center

Urbana, IL

has been Accredited by



The Joint Commission

Which has surveyed this organization and found it to meet the requirements for the

Hospital Accreditation Program

July 12, 2008

Accreditation is customarily valid for up to 39 months.



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

4968
Organization ID #



Mark Chassin, M.D.
President

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





State of Illinois 2009537
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.

DANON T. ARNOLD, M.D.
DIRECTOR

Special Under the authority of
 The State of Illinois
 Department of Public Health

EXPIRATION DATE	CATEGORY	ID NUMBER
12/31/11	BGBD	0004853
FULL LICENSE		
GENERAL HOSPITAL		
EFFECTIVE: 01/01/11		

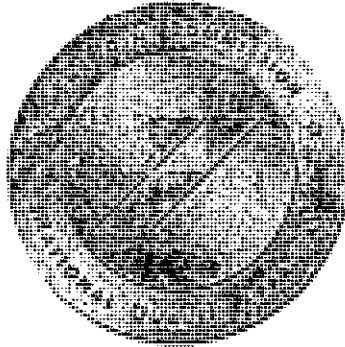
BUSINESS ADDRESS

PROVENA HOSPITALS
D/B/A UNITED SAHARIAN MED CIR-LOGAN
812 NORTH LOGAN AVENUE

DANVILLE IL 61832

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

Provena United Samaritans
Medical Center
Danville, IL
has been Accredited by



The Joint Commission

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

July 26, 2008

Accreditation is customarily valid for up to 39 months.

David L. Nahrwold

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

4928
Organisation ID #

Mark Chassin

Mark Chassin, M.D.
President

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State of Illinois 2009536
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.

DANON T. ARNOLD, M.D.
DIRECTOR

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

EXPIRATION DATE 12/31/11	CATEGORY B6BD	LD. NUMBER 0004838
FULL LICENSE		
GENERAL HOSPITAL		
EFFECTIVE: 01/01/11		

BUSINESS ADDRESS

PROVENA HOSPITALS
 D/B/A SAINT JOSEPH MEDICAL CENTER
 333 NORTH MADISON STREET
 JOLIET

IL 60435

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DISPLAY THIS PART IN A
 CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN
 IDENTIFICATION

State of Illinois 2009536
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE 12/31/11	CATEGORY B6BD	LD. NUMBER 0004838
FULL LICENSE		
GENERAL HOSPITAL		
EFFECTIVE: 01/01/11		

BUSINESS ADDRESS

PROVENA HOSPITALS
 D/B/A SAINT JOSEPH MEDICAL CENTER
 333 NORTH MADISON STREET
 JOLIET

IL 60435

FEE RECEIPT NO.



April 5, 2011

Jeffrey L. Brickman, M.B.A.
President and CEO
Provena Saint Joseph Medical Center
333 North Madison Street
Joliet, IL 60435

Joint Commission ID #: 7364
Program: Hospital Accreditation
Accreditation Activity: 60-day Evidence of
Standards Compliance
Accreditation Activity Completed: 04/05/2011

Dear Mr. Brickman:

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 January 29, 2011. 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.
Executive Vice President
Accreditation and Certification Operations



State of Illinois 2009540
 Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

DAMON, T. ARNOLD, M.D.
 DIRECTOR

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

EXPIRATION DATE 12/31/11	CATEGORY 9GBD	ID NUMBER 0004887
FULL LICENSE		
GENERAL HOSPITAL		
EFFECTIVE: 01/01/11		

BUSINESS ADDRESS

PROVENA HOSPITALS
 D/B/A SAINT JOSEPH HOSPITAL
 77 NORTH AIRLITE STREET
 ELGIN IL 60123

The face of this license has a colored background. Printed by Authority of the State of Illinois • 097 •

DISPLAY THIS PART IN A
 CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN
 IDENTIFICATION

State of Illinois 2009540
 Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

PROVENA HOSPITALS

EXPIRATION DATE 12/31/11	CATEGORY 9GBD	ID NUMBER 0004887
FULL LICENSE		
GENERAL HOSPITAL		
EFFECTIVE: 01/01/11		

BUSINESS ADDRESS

11/06/10

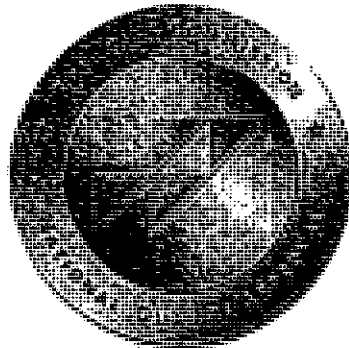
PROVENA HOSPITALS
 D/B/A SAINT JOSEPH HOSPITAL
 77 NORTH AIRLITE STREET
 ELGIN IL 60120

FEE RECEIPT NO.

Provena Saint Joseph Hospital

Elgin, IL

has been Accredited by



The Joint Commission

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

May 10, 2008

Accreditation is customarily valid for up to 39 months.

David L. Nahrwold

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

7338
Organization ID #

Mark Chassin

Mark Chassin, M.D.
President

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





State of Illinois 2009541

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation which name appears on this certificate has completed with the Department of the State Standards division when and registration and is hereby authorized to engage in the activity as indicated herein.

DAMON T. ARNOLD, M.D. State of Illinois Department of Public Health

DIRECTOR 12/31/11 0600 0004903

Table with columns: LICENSE TYPE, EXPIRES, REGISTRATION NO. Content: FULL LICENSE, GENERAL HOSPITAL, EFFECTIVE: 01/01/11

BUSINESS ADDRESS

PROVENA MERCY CENTER 1325 NORTH HIGHLAND AVENUE AURORA IL 60506

This form of certificate shall be returned to the Department of the State of Illinois.

Display this part in conspicuous place

REMOVE THIS CARD TO DISPLAY AN IDENTIFICATION

State of Illinois 2009541

Department of Public Health LICENSE, PERMIT, CERTIFICATION, REGISTRATION

PROVENA MERCY CENTER

12/31/11 0600 0004903

FULL LICENSE GENERAL HOSPITAL EFFECTIVE: 01/01/11

11/06/10

PROVENA HOSPITALS D/B/A MERCY CENTER FOR HEALTH CARE SERVICE 1325 NORTH HIGHLAND AVENUE AURORA IL 60506

FEE RECEIPT NO.



June 17, 2011

George Einhorn, RN
Interim CEO
Provena Mercy Medical Center
1325 North Highland Avenue
Aurora, IL 60506

Joint Commission ID #: 7240
Program: Behavioral Health Care Accreditation
Accreditation Activity: 60-day Evidence of
Standards Compliance
Accreditation Activity Completed: 06/16/2011

Dear Mr. Einhorn:

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 Behavioral Health Care

This accreditation cycle is effective beginning March 05, 2011. 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.

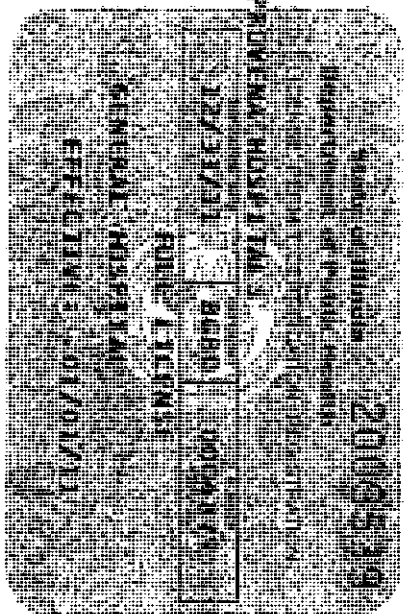
We encourage you to share this accreditation decision with your organization's appropriate staff, leadership, and governing body. You may also want to inform the Centers for Medicare and Medicaid Services (CMS), state or regional regulatory services, and the public you serve of your organization's accreditation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

A handwritten signature in black ink that reads 'Ann Scott Blouin RN, Ph.D.'.

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



← DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION ←

11/06/10
 PROVENA HOSPITALS
 D/B/A SAINT MARY'S HOSPITAL
 500 WEST COURT STREET
 KANKAKEE IL 60901

FEE RECEIPT NO.



May 27, 2011

Michael Arno, MBA, MHA
President and CEO, Provena St. Mary's
Hospital.
Provena St. Mary's Hospital
500 West Court Street
Kankakee, IL 60901

Joint Commission ID #: 7367
Program: Hospital Accreditation
Accreditation Activity: 60-day Evidence of
Standards Compliance
Accreditation Activity Completed: 05/27/2011

Dear Mr. Arno:

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 April 02, 2011. 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,

A handwritten signature in black ink that reads 'Ann Scott Blouin RN, PhD'.

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

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 2032822 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.

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

EXPIRATION DATE 04/30/12	CATEGORY EG88	ID. NUMBER 7003131
FULL LICENSE		
AMBUL SURGICAL TREAT CNTR		
EFFECTIVE: 05/01/11		

BUSINESS ADDRESS

BELMONT/HARLEN SURGERY CENTER, LLC
3101 NORTH HARLEN AVENUE
CHICAGO IL 60634

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

State of Illinois 2032822
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE 04/30/12	CATEGORY EG88	ID. NUMBER 7003131
FULL LICENSE		
AMBUL SURGICAL TREAT CNTR		
EFFECTIVE: 05/01/11		

04/30/12

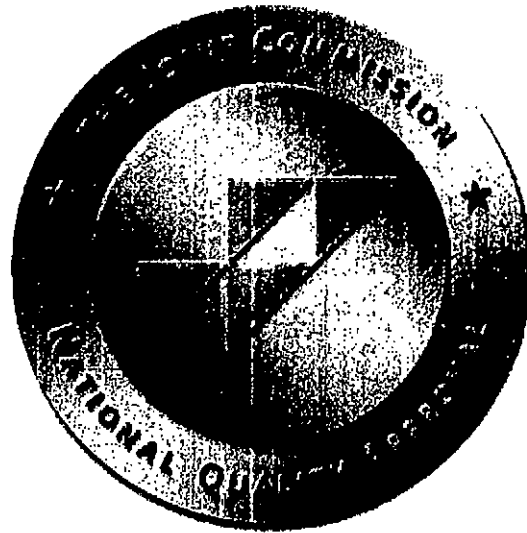
BELMONT/HARLEN SURGERY CENTER, LLC
3101 NORTH HARLEN AVENUE
CHICAGO IL 60634

FEE RECEIPT NO. 54561

elmont/Harlem Surgical Center, LLC

Chicago, IL

has been Accredited by



The Joint Commission

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

July 8, 2010

Accreditation is customarily valid for up to 39 months.

David L. Nahrwold

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

Organization ID #452703
Print/Reprint Date: 7/21/10

Mark Chassiri

Mark Chassiri, M.D.
President

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

Printed: 11/14/2005
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 99ES-63	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/15/2005
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NAME OF PROVIDER OR SUPPLIER MANTENO DIALYSIS CENTRE	STREET ADDRESS, CITY, STATE, ZIP CODE 1 EAST DIVISION MANTENO, IL 60950
--	---

(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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V 000	<p>INITIAL COMMENTS</p> <p>Surveyor: 11384 A. Based on policy and procedure review, interview with hemodialysis staff members and review of patient records, Manteno Dialysis Centre located at 1 E. Division St., Manteno, IL has met the requirements at 42 CFR 405, Subpart U and is in compliance with the Conditions of Coverage for End Stage Renal Dialysis (ESRD) facilities in the State of IL, as of 11/15/05. No deficiencies were cited.</p> <p>11384</p>	V 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Josa Parkline RN</i>	TITLE CEO	(X6) DATE 11/14/05
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A deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other 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.

ATTACHMENT II

PURPOSE OF PROJECT

The project addressed in this application is limited to a change of ownership as defined in the IHFSRB's rules, and does not propose any change to the services provided, including the number of beds provided at Resurrection Medical Center. The facility will continue operate as a general, acute care hospital. The hospital corporation will not change, and no change in the facility's IDPH license will be required.

The proposed change of ownership will result from the planned merger of the Provena and Resurrection systems, through the establishment of a not-for-profit, charitable "super parent" entity. This super parent will provide unified corporate oversight and system governance by serving as the corporate parent of Resurrection Health Care Corporation and Provena Health, each of which is the current parent entity of the Resurrection and Provena systems, respectively. The proposed merger—and the resultant deemed changes of ownership of the systems' facilities—will position Resurrection and Provena to strengthen access to Catholic health care, improve their long-term financial viability, enhance clinical capabilities, improve employee and medical staff satisfaction through a shared culture and integrated leadership, and position the unified system for innovation and adaptation under health care reform.

The table below identifies the hospital's inpatient origin for the 12-month period ending September 30, 2010; identifying each ZIP Code area that contributed a minimum of 1.0% of the hospital's admissions during that period.

ZIP Code	Community	Admissions	%	Cumulative %
60631	Chicago-Norwood Park	1,856	12.8%	12.8%
60634	Chicago-Dunning	1,813	12.5%	25.2%
60706	Harwood Heights	1,510	10.4%	35.6%
60656	Chicago-Oriole Park	1,436	9.9%	45.5%
60630	Chicago-Jefferson Park	1,131	7.8%	53.3%
60068	Park Ridge	803	5.5%	58.8%
60714	Niles	768	5.3%	64.1%
60646	Chicago-Edgebrook	626	4.3%	68.4%
60641	Chicago-Irving Park	523	3.6%	72.0%
60707	Elmwood Park	344	2.4%	74.4%
60016	Des Plaines	339	2.3%	76.7%
60018	Des Plaines	311	2.1%	78.8%
60176	Schiller Park	221	1.5%	80.4%
60639	Chicago-Cragin	211	1.5%	81.8%
60618	Chicago-Avondale	165	1.1%	82.9%
other ZIP Code areas contributing <1%		2,480	17.1%	100.0%
		14,537	100.0%	

As can be noted from the table above, fifteen ZIP Code areas accounted for nearly 83% of the hospital's admissions. This analysis clearly demonstrates that Resurrection Medical Center provides services primarily to area residents.

The measurable goals resulting from the consolidating of the systems will be continually high patient satisfaction reports, strong utilization levels, and improved access to capital to ensure that the hospital's physical plant is well maintained and that

needed equipment can be acquired. These goals will each be measurable within two years.

ALTERNATIVES

Section 1110.230(c) requests that an applicant document that the proposed project is the most effective or least costly alternative for meeting the health care needs of the population to be served.

This project is limited to a change of ownership resulting from the proposed merger of the Provena and Resurrection systems. As described elsewhere in this application, this is being implemented through the formation of a “super parent” entity that will create unified system oversight. This super parent structure will create a change in control, and under IHFSRB rules, a change of ownership of thirteen (13) hospitals, one (1) ambulatory surgical treatment center (ASTC), and one (1) end stage renal disease (ESRD) facility.

In order to best respond to Section 1110.230(c) given the nature of the project, technical assistance direction was sought from State Agency staff on February 22, 2010. Through the technical assistance process, the applicants were advised by State Agency staff that it would be appropriate to explain why this proposed system merger was the only alternative considered.

As explained in the Project Overview, Resurrection and Provena are committed to advancing the shared mission of the existing health systems in a manner that improves long-term financial viability, clinical integration and administrative efficiencies. For these two not-for-profit Catholic health systems, the merger of the systems is uniquely well-suited to meeting these mission, service delivery, and efficiency goals.

In very different circumstances, health systems might give serious consideration to an asset sale/acquisition in exchange for cash considerations, or to a corporate reorganization in which one party acquires and controls the other. Here, however, Provena and Resurrection have determined, through a process of discernment that involved both existing systems and the five (5) religious sponsors, that the systems should come together in a merger of equals transaction through a super parent structure, which will align corporate oversight, provide unified governance equally to entities currently in both systems, and avert the need for asset sale/acquisition. The System Merger Agreement has been submitted with this application.

IMPACT STATEMENT

The proposed change of ownership will have a significant positive broad-based and health care delivery impact on the communities historically served by Provena Saint Joseph Hospital. Consistent with IHFSRB rules, this impact statement covers the two-year period following the proposed change of ownership.

Reason for the Transaction

Through both discernment and due diligence processes, Provena Health (“Provena”) and its sponsoring congregations have concluded that its hospitals can better serve their patients and their communities if the Provena system were to merge with that of Resurrection Health Care Corporation (“Resurrection”). By doing so, Provena anticipates that it will be able to improve its administrative efficiencies and enhance its clinical integration efforts, consistent with its mission.

Anticipated Changes to the Number of Beds or Services Currently Offered

No changes are anticipated either to the number of beds (178) or to the scope of services currently provided at Provena Saint Joseph Hospital.

The current and proposed bed complement, consistent with Provena Saint Joseph Hospital’s 2009 IDPH Hospital Profile are:

- 99 medical/surgical beds
- 15 intensive care beds
- 30 acute mental illness
- 34 comprehensive physical rehabilitation

Among the other clinical services currently offered and proposed to continue to be provided are: surgery (including cardiovascular surgery), clinical laboratory, pharmacy, diagnostic imaging, cardiac catheterization, GI lab, emergency department, outpatient clinics, and physical, occupational, and speech therapy.

Operating Entity

Upon the change of ownership, the operating entity/licensee will remain Provena Saint Joseph Hospital.

Additions or Reductions in Staff

No changes in clinical or non-system administrative staffing, aside from those routine changes typical of hospitals, are anticipated during the first two years following the proposed change of ownership. The applicants fully intend to offer all current hospital employees positions at compensation levels and employee benefits equivalent to their current position, compensation and benefits.

Cost/Benefit Analysis of the Transaction

1. Cost

The costs associated with the transaction are limited to those identified in Section I and discussed in ATTACHMENT 7, those being an apportionment of the transactional

costs, categorized as "Consulting and Other Fees". As required by the IHFSRB's rules, the value of the hospital is included in the project cost identified in Section I of this application document. However, that identified component of the "project cost" does not result in an expenditure by any applicant.

2. Benefit

The applicants believe that the community will benefit greatly from the change of ownership, primarily through the combined system's ability to operate more efficiently, improve clinical integration, and enhanced access to capital.

In 2009, the hospital admitted approximately 8,800 patients, provided approximately 94,900 outpatient visits, and treated over 33,000 patients in its emergency department.

It is the expectation of the applicants that, for a minimum of two years following the change of ownership, all programs and services currently provided by Provena Saint Joseph Hospital will continue to be provided, and consistent with IHFSRB requirements, access to the hospital's services will not be diminished. Assessments related to potential program expansion will commence shortly after the change of ownership/merger occurs.

Each of the hospitals included in the system merger will provide both charity care and services to Medicaid recipients. According to IDPH data, during 2009 the admission of Medicaid recipients to Resurrection hospitals ranged between 8.6% and 65.2%, and for

Provena hospitals ranged between 11.0% and 27.3%. The primary variable in these percentages is the geographic location of the individual hospitals. Over 20% of the patients admitted to five (5) of the thirteen (13) Resurrection and Provena hospitals in 2009 were Medicaid recipients.

Finally, with over 1,100 employees (FTEs), Provena Saint Joseph Hospital is a major area employer, and, as noted above, no changes in clinical or non-system administrative staffing, aside from those routine changes typical of hospitals, are anticipated during the first two years following the proposed change of ownership.

ACCESS

Access to the facilities addressed in the merger will not become more restrictive as a result of the merger; and letters affirming such from the Chief Executive Officers of Provena Health and Resurrection Health Care Corporation are attached.

Both Provena and Resurrection currently operate with system-wide charity care policies. Attached is the hospital's Patient and Visitor Non-Discrimination policy, and Provena's Provision of Financial Assistance policy, which applies across all of its hospitals. Provena and Resurrection intend to develop a new, consolidated charity care policy for the combined system hospitals, generally taking the best elements of each of the existing system policies. Provena and Resurrection representatives have offered to the Illinois Attorney General's office that this new charity care policy will be shared in draft form with the Attorney General's office, so that the Attorney general's office can provide input into the policy. That policy, as of the filing of this application, is being developed, and will be provided to State Agency staff when complete. Resurrection and Provena have committed to the State Agency to provide this policy to the State Agency prior to appearing before the State Board.

Provena Saint Joseph Hospital will, as is the case now, operate without any restrictive admissions policies, related to race, ethnic background, religion, payment

source, or any other factor. A copy of the hospital's policy addressing non-discrimination in its admissions practices is attached, and the policy will be retained following the system merger. The hospital will continue to admit Medicare and Medicaid recipients, as well as patients in need of charity care. In addition, no agreements with private third party payors currently in place at Provena Saint Joseph Hospital are anticipated to be discontinued as a result of the proposed change of ownership.

7435 West Talcott Avenue
Chicago, Illinois 60631
773.792.5555



Sandra Bruce, FACHE
President & Chief Executive Officer

March 24, 2011

Illinois Health Facilities
and Services Review Board
Springfield, Illinois

To Whom It May Concern:

Please be advised that following the change of ownership of the hospitals and ASCs directly or indirectly owned or controlled by Resurrection Health Care Corporation, the admissions policies of those facilities will not become more restrictive.

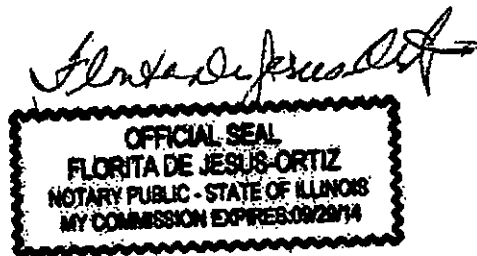
Resurrection and Provena, in consultation with the Illinois Attorney General's office, are currently revising the charity care policy to be used following the system merger. That revised policy will be provided to the State Agency upon completion.

Sincerely,

A handwritten signature in cursive script that reads "Sandra Bruce".

Sandra Bruce, FACHE
President & CEO

Notarized:





March 23, 2011


Illinois Health Facilities
and Services Review Board
Springfield, Illinois

To Whom It May Concern:

Please be advised that following the change of ownership of the hospitals and ESRD facility directly or indirectly owned or controlled by Provena Health, the admissions policies of those facilities will not become more restrictive.

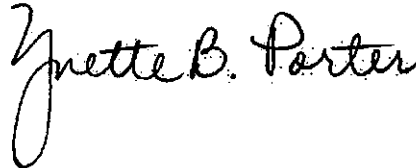
Provena and Resurrection, in consultation with the Illinois Attorney General's office, are currently revising the charity care policy to be used following the system merger. That revised policy will be provided to the State Agency upon completion.

Sincerely,


Guy Wiebking
President & CEO



Notarized:



CURRENT ADMISSIONS
and
CHARITY CARE POLICIES

POLICY PROTOCOL		
CATEGORY: Mission		NUMBER: 200.60
TITLE: Non-Discrimination in Patient Care		TITLE NUMBER: 371.03
		PAGE: 1 OF 2
EFFECTIVE DATE: March 1999	REVISION DATE: December 2004	
REFER TO: 1964 Civil Rights Act		LOCATION:

PHILOSOPHY

Mission Policies are intended to delineate the values, behaviors and directives that guide the Resurrection Health Care System as an organization whose identity and practices are consistent with the Roman Catholic tradition and its teachings.

PURPOSE

This policy defines the non-discriminatory practices applicable to all patients, visitors, physicians and employees of Resurrection Medical Center.

PROCESS

No person will be discriminated against or otherwise denied benefits of care or service on the grounds of race, sex, national origin, religion, age, sexual preference, disability or financial means. This includes, but is not limited to the following characteristics.

1. Services will be provided in a way that protects the dignity of the person and enhances the quality of life.
2. All patients will be admitted, receive care, be transferred and discharged appropriately with no distinction in eligibility and without discrimination. Patients and/or families/significant others will be given the choice in the vendor/facility for post acute care placement or service.
3. All patients with the same health problem will receive the same standard of care.
4. All patient transfers will be in compliance with the Consolidated Omnibus Budget Reconciliation Act (COBRA) and Emergency Medical Treatment and Active Labor Act (EMTALA) provisions.

POLICY PROTOCOL		
CATEGORY: Mission		NUMBER: 200.60
TITLE: Non-Discrimination in Patient Care		TITLE NUMBER: 371.03
		PAGE: 2 OF 2
EFFECTIVE DATE: March 1999	REVISION DATE: December 2004	
REFER TO: 1964 Civil Rights Act		LOCATION:

5. Patient care decisions are to be based on the interests, needs and well being of the patient and will not be influenced by the patient's ability to pay.
6. Patient rooms will not be changed for racial or other discriminatory reasons.
7. Persons and organizations referring patients to Resurrection Medical Center (RMC) are advised to do so without reference to race, sex, national origin, religion, age, sexual preference, disability or financial means.
8. Physician practices associated with RMC will appropriately serve the economically poor, disadvantaged and elderly, regardless of the source of referral and without discrimination.
9. Employees will be assigned to patient services without discrimination.
10. Officers, employees, and physicians are bound by the Resurrection Health Care (RHC) Code of Conduct and Conflict of Interest policies in the discharge of their duties for or on behalf of RHC.
11. The Chief Executive Officer is responsible for coordinating compliance with this policy.

POLICY PROTOCOL		
CATEGORY: Finance		NUMBER: 100.15
TITLE: Financial Assistance/Charity Care and Uninsured Patient Discount Programs (This policy applies to hospitals only)		TITLE NUMBER: 122.05
		PAGE: 1 OF 17
EFFECTIVE DATE: February 2002	REVISION DATE: January 2009	SUPERSEDES: September 2004
REFER TO:		LOCATION:

PHILOSOPHY

Finance Policies are intended to provide guidelines to promote responsible stewardship and allocation of resources.

PURPOSE

This policy establishes guidelines for the development and application of financial assistance and uninsured patient discount programs, by Resurrection Health Care system (RHC) hospitals. Such programs will be designed to assist individuals in financial need and other medically underserved individuals or groups to obtain appropriate medical care and advice, and thereby improve the health of those in the communities served by RHC hospitals.

PROCESS

1. Definitions
 - 1.1 Federal Poverty Level means the level of household income at or below which individuals within a household are determined to be living in poverty, based on the Federal Poverty Guidelines as annually determined by the U.S. Department of Health and Human Services.
 - 1.2 Financial Assistance/Charity Care means providing a discount of up to 100% of the charges associated with a patient's hospital care, or a discounted fee schedule, based on financial need.

POLICY PROTOCOL		
CATEGORY: Finance		NUMBER: 100.15
TITLE: Financial Assistance/Charity Care and Uninsured Patient Discount Programs (This policy applies to hospitals only)		TITLE NUMBER: 122.05
		PAGE: 2 OF 17
EFFECTIVE DATE: February 2002	REVISION DATE: January 2009	SUPERSEDES: September 2004
REFER TO:		LOCATION:

- 1.3 Financial Assistance Programs means all programs set forth herein to provide assistance to those in financial need including financial assistance/charity care, uninsured patient discounts, and medical indigence discounts and payment caps.
- 1.4 Financial need means documented lack of sufficient financial resources to pay the applicable charge for medical care. Financial need may be evidenced by low household income and asset levels, or high levels of medical debt in relation to household income (medical indigence). Financial need determinations also take into consideration other relevant circumstances, such as employment status or health status of patient or other household members, which may affect a patient's ability to pay. The existence of financial need must be demonstrated by information provided by or on behalf of the patient, and/or other objective data available to the hospital. RHC hospitals may use asset or debt information to assist in making a determination regarding financial need, when income data is unavailable or inconclusive, or reported income is not supported by objective data.
- 1.5 Illinois Resident or Cook County Resident means a person who lives in Illinois (or Cook County as applicable) and intends to remain living in Illinois (or Cook County) indefinitely. Relocation to Illinois or Cook County for the sole purposes of receiving health care benefits does not satisfy the residency requirement.
- 1.6 Illinois Uninsured Patient Discount Act means the hospital uninsured patient discount act, as passed by the Illinois General Assembly in 2008, effective as of April 1, 2009, and as amended from time to time.

POLICY PROTOCOL		
CATEGORY: Finance		NUMBER: 100.15
TITLE: Financial Assistance/Charity Care and Uninsured Patient Discount Programs (This policy applies to hospitals only)		TITLE NUMBER: 122.05
		PAGE: 3 OF 17
EFFECTIVE DATE: February 2002	REVISION DATE: January 2009	SUPERSEDES: September 2004
REFER TO:		LOCATION:

1.7 Medically Necessary Hospital Services means:

1.7.1 Except to the extent necessary to determine services subject to the Illinois Underinsured Patient Discount, for purposes of this policy "Medically Necessary Hospital Services" means those hospital services required for the treatment or management of a medical injury, illness, disease or symptom that, if otherwise left untreated, as determined by an independent treating physician or other physician consulted by an RHC Hospital would pose a threat to the patient's ongoing health status, and that would be (a) covered by guidelines for Medicare coverage if the patient were a Medicare beneficiary with the same clinical presentation as the Uninsured Patient; or (b) a discretionary, limited resource program for which the potential for unlimited free care would threaten the hospital's ability to provide such program at all (such as substance and chemical abuse treatment, continuing care for certain chronic diseases, chemotherapy and HIV drugs, other than when provided in connection with other Medically Necessary Hospital Services).

1.7.2 Examples of services that are not Medically Necessary Hospital Services include, but are not limited to: (1) cosmetic health services; including elective cosmetic surgery (exclusive of plastic surgery designed to correct disfigurement caused by injury, illness, or congenital defect or deformity); (2) services that are experimental or part of a clinical research program; (3) elective goods or services that are not necessary to treat an illness or injury; (4) private and/or non-RHC medical or physician professional fees; and (5) services and/or treatments not provided at an RHC Hospital; (6) pharmaceuticals or medical equipment, except to the extent required in connection with other medically necessary inpatient or outpatient care being received by a hospital patient; and (7) procedures or services for which the hospital provides a discounted "flat rate" pricing package.

POLICY PROTOCOL		
CATEGORY: Finance		NUMBER: 100.15
TITLE: Financial Assistance/Charity Care and Uninsured Patient Discount Programs (This policy applies to hospitals only)		TITLE NUMBER: 122.05
		PAGE: 4 OF 17
EFFECTIVE DATE: February 2002	REVISION DATE: January 2009	SUPERSEDES: September 2004
REFER TO:		LOCATION:

- 1.8 Non-Retirement Household Liquid Assets includes cash, or non-cash assets that can readily be converted to cash, owned by a member of a household, including savings accounts, investment accounts, stocks, bonds, treasury bills, certificates of deposit and money market accounts, and cash value of life insurance policies. Non-retirement household liquid assets will not include a patient's equity in his or her primary residence or assets held in qualified retirement plan or other similar retirement savings account for which there would be a tax penalty for early withdrawal of savings.
- 1.9 RHC Hospital means a hospital that is part of the not-for-profit, Catholic-sponsored health care system known as "Resurrection Health Care".
- 1.10 RHC Hospital Service Area means, for all hospitals, Cook County and with respect to each individual RHC hospital those portions of any adjacent counties that are within such hospital's defined service area or core community, based on the zip code of a predominant portion of the hospital's patient population.
- 1.11 Uninsured Patient means an individual who is or was a patient of an RHC hospital and at the time of service is or was not (a) covered under a policy of health insurance or (b) not a beneficiary under a public or private health insurance, health benefit, or other health coverage program, including Medicare, Medicaid, TriCare, SCHIP and All-Kids, high deductible health insurance plans, workers' compensation, accident liability insurance, or other third party liability plan.
2. Patient Treatment Standards. All patients of RHC hospitals shall be treated with respect and dignity regardless of their ability to pay for medical care, or their need for charitable assistance.

POLICY PROTOCOL		
CATEGORY: Finance		NUMBER: 100.15
TITLE: Financial Assistance/Charity Care and Uninsured Patient Discount Programs (This policy applies to hospitals only)		TITLE NUMBER: 122.05
		PAGE: 5 OF 17
EFFECTIVE DATE: February 2002	REVISION DATE: January 2009	SUPERSEDES: September 2004
REFER TO:		LOCATION:

3. Financial Assistance/Charity Care and other Financial Assistance Programs

- 3.1 Discount for Low-Income Uninsured Patients. Financial Assistance/Charity Care discounts or discounted fee schedules will be available for Medically Necessary Hospital Services provided to Uninsured Patients who are unable to pay all or part of the otherwise applicable charge for their care due to financial need, as documented in accordance with this Policy. Patients demonstrating financial need based on household income at or below one hundred percent (100%) of the Federal Poverty Level, combined with a general lack of liquid assets, will receive a one hundred percent (100%) discount on Medically Necessary Hospital Services. Patients generally lacking liquid assets who have household income between one hundred percent (100%) and up to four hundred percent (400%) of the Federal Poverty Level will receive a sliding-scale discount for such hospital care, at levels approved by the RHC Executive Leadership Team.
- 3.2 Payment Caps Under Illinois Uninsured Patient Discount Act. To the extent required by the Illinois Uninsured Patient Discount Act, and subject to other eligibility standards and exclusions as set forth by such law including standards based on asset level, Uninsured Patients who are Illinois residents having household income of up to six hundred percent (600%) of the Federal Poverty Level shall not be required to pay to an RHC hospital more than twenty five percent (25%) of such patient's family gross income within a twelve (12) month period.
- 3.3 Other Payment Caps. An Uninsured Patient who is eligible for Financial Assistance/Charity Care at an RHC Hospital pursuant to the criteria set forth in Section 5.1 or 5.3 below shall be eligible for a payment cap based on RHC's

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charitable commitment to catastrophic medical expenses assistance based on medical indigence, as follows:

- 3.3.1 For an eligible Uninsured Patient who demonstrates that s/he has a household income of four hundred percent (400%) or less of the Federal Poverty Level, such patient's payment obligation within any 12-month period will be limited to the higher of: (a) ten percent (10%) of the patient's annual gross household income; or (b) ten percent (10%) of the patient's Non-Retirement Household Liquid Assets.
- 3.3.2 For an eligible Uninsured Patient who demonstrates that s/he has a household income over four hundred percent (400%) of the Federal Poverty Level, or less, such patient's payment obligation within any 12-month period will be limited to the higher of: (a) fifteen percent (15%) of annual gross household income; or (b) fifteen percent (15%) of the patient's Non-Retirement Household Liquid Assets.
- 3.4 Financial Assistance/Charity Care for Insured Patients. Subject to insurance and governmental program restrictions (which may limit the ability to grant a discount on co-pays or deductibles, versus discounts on co-insurance), insured individuals, federal program beneficiaries and other individuals who are not automatically eligible for Financial Assistance/Charity Care hereunder but who demonstrate medical indigence or other financial need, may receive a Financial Assistance/Charity Care discount in similar or different amounts as are available to Uninsured Patients under this policy, as determined appropriate under the circumstances by RHC Patient Financial Services.

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4. Discounts for Uninsured, Medically Indigent Patients. Uninsured Patients whose household income is greater than four hundred percent (400%) of the Federal Poverty Level or who do not meet the automatic eligibility criteria set forth in Section 5 below, will nevertheless be eligible to receive a financial assistance/charity care discount based on a determination of medical indigence, by virtue of having medical bills from an RHC hospital in an amount equal to or greater than fifteen percent (15%) of their household income and available assets. Such Financial Assistance/Charity Care discount for uninsured higher income but medically indigent patients shall be one that is reasonable in relation to the individual patient's household financial circumstances and the health status of the patient and other family members.

5. Eligibility for Financial Assistance Programs
 - 5.1 Automatic Eligibility: Cook County and Adjacent County Residents and Patients Needing Emergency Medical Care. In order to best serve the needs of the low-income and medically underserved members of their respective communities, RHC hospitals' Financial Assistance/Charity Care and other Financial Assistance Programs (other than the RHC uninsured discount, which will be available to all patients irrespective of residence) will be automatically available to all residents (regardless of citizenship or immigration status) of Cook County and those portions of any adjacent counties that are within a hospital's service area, subject to a determination of financial need or other eligibility requirements. In addition, all RHC hospitals will provide financial assistance/charity care discounts to eligible patients in connection with hospital emergency department and other medical services necessary to diagnose, treat or stabilize an emergency medical condition.

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- 5.2 Patient Responsibilities. RHC hospitals may condition receipt of charitable assistance under any Financial Assistance Program on a patient acting reasonably and in good faith, by providing the hospital, within 30 days after the hospital's request, with all reasonably-requested financial and other relevant information and documentation needed to determine the patient's eligibility for assistance, including cooperating with the hospital's financial counselors in applying for coverage under governmental programs, such as Medicaid, accident coverage, crime victims funds, and other public programs that may be available to pay for health care services provided to the patient. In addition, an RHC hospital may, in its discretion, choose not to provide Financial Assistance/Charity Care discounts to voluntarily uninsured individuals who with other household members are at least 50% owners of the business in which they work, if such business had gross receipts in the prior tax year of an amount that is greater than \$200,000.
- 5.3 Discretionary Extension of Financial Assistance. Each RHC hospital is authorized to extend the availability of its Financial Assistance Programs to residents of other Illinois counties, other U.S. states or foreign countries, including travelers or out-of-town visitors, based on reasonable, standardized criteria applicable to all patients of such hospital.
- 5.4 Conditions of Discretionary Financial Assistance Program Participation. For individuals other than those who are automatically eligible to participate in an RHC Financial Assistance Program as set forth in Section 5.1 above, RHC hospitals may, as they determine appropriate, condition the receipt of such financial assistance on disclosure by the patient's immediate relatives, host family or sponsoring organization of their financial information, sufficient to demonstrate ability or inability to pay or contribute to the costs of care for their relative or hosted guest. The hospital may further condition any discretionary grant of financial assistance on a contribution toward the costs of the patient's

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care and/or a guarantee of payment by such relatives, hosts or others (as applicable), in the event the patient fails to qualify for coverage through governmental or private insurance and the patient fails to pay the amounts for which s/he is responsible. The hospital may also take into consideration the availability of other options for the proposed patient to receive medical care.

6. Uninsured Patient Discounts

- 6.1 Charitable Need for Uninsured Patient Discount. RHC believes that a substantial portion of uninsured individuals who seek hospital care are uninsured involuntarily, due to financial need, and further, that because of their uninsured status and inability to pay, many uninsured individuals delay or refrain from seeking needed medical care. RHC also believes, based on the experience of its hospitals in asking patients to apply for Financial Assistance/Charity Care discounts, that due to privacy and other concerns many uninsured individuals with financial need will not provide sufficient information to enable RHC hospitals to verify the existence of financial need.
- 6.2 RHC Charitable Uninsured Patient Discount. Therefore, as part of their charitable commitment to the poor and underserved, RHC hospitals will provide a discount on hospital charges to all Uninsured Patients, irrespective of residency, location or any other criteria, equal to 25% of the hospital charge for which the Uninsured Patient is responsible. If an Uninsured Patient also qualifies for a discount under the hospital's Financial Assistance/Charity Care standards, the amount of such discount will be applied to the patient's charge after application of the uninsured discount. Such RHC uninsured patient discount will not apply to any patient who qualifies for a discount under the Illinois Uninsured Patient Discount Act.

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- 6.3 Discount Under Illinois Uninsured Patient Discount Act. To the extent required by law, RHC hospitals shall provide an alternative form of discount to uninsured Illinois residents with gross family income of up to 600% of the Federal Poverty Level, and the 25% uninsured discount methodology set forth above shall not apply to any portion of such patients' bill.
- 6.4 Eligibility for Additional Financial Assistance. Patients receiving a discount based on uninsured status, whether under the RHC Charitable Uninsured Discount or pursuant to the Illinois Uninsured Patient Act, shall be eligible for an additional financial assistance described in this policy, pursuant to the eligibility standards set forth herein.
7. Hospital Responsibilities for Communicating Availability of Financial Assistance/Charity Care and Other Charitable Assistance Programs
- 7.1 Communicating Availability of Financial Assistance/Charity Care Discounts. Each RHC hospital will maintain effective methods of communicating the availability of Financial Assistance/Charity Care discounts to all patients, in multiple appropriate media and in multiple appropriate languages. The mechanisms that the Hospital will use to communicate the availability of Financial Assistance/Charity Care will include, but are not limited to the following:
- 7.1.1 Signage. Signs shall be conspicuously posted in the admission, registration and other appropriate areas of the hospital stating that patients may be eligible for Financial Assistance/Charity Care discounts, and describing how to obtain more information, including identification of appropriate hospital representatives by title. Such signs shall be prepared

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in English, Spanish, and any other language that is the primary language of at least 5% of the patients served by the hospital annually.

- 7.1.2 Provision of Financial Assistance Materials to Uninsured Patients. RHC hospitals will provide a summary of its Financial Assistance Programs and a Financial Assistance application to all persons receiving hospital care that it identifies as Uninsured Patients at the time of in-person registration, admission, or such later time at which the patient is first identified as an Uninsured Patient. For patients presenting in the Emergency Department, all RHC hospitals will provide such Financial Assistance materials at such time and in such manner as is consistent with their obligations under EMTALA to assess and stabilize the patient before making inquiry of the patient's ability to pay.
- 7.1.3 Brochures. Brochures, information sheets and/or similar forms of written communication regarding the hospital's Financial Assistance/Charity Care policy shall be maintained in appropriate areas of the hospital (e.g., the Emergency Department, organized registration areas, and the Business Office) stating in at least English, Spanish and Polish, that the hospital offers Financial Assistance/Charity Care discounts, and describing how to obtain more information.
- 7.1.4 Website. Each RHC's section of the Resurrection Health Care website must include: a notice in a prominent place that financial assistance is available at the hospital; a description of the financial assistance application process; and a copy of the RHC hospital financial assistance application form.

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7.1.5 Billing Notices. Each RHC hospital shall include a note on or with the Hospital bill and/or statement regarding the hospital's Financial Assistance/Charity Care program, and how the patient may apply for consideration under this program.

7.1.6 Financial Counselors. Each RHC hospital shall have one or more financial counselors whose contact information is listed or provided with other information concerning the hospital's Financial Assistance/Charity Care discount program, who are available to discuss eligibility and other questions concerning the program, and to provide assistance with applications.

8. Communication with Patients Regarding Eligibility Determination for Financial Assistance/Charity Care.

8.1 Notification of Determination. When an RHC hospital has made a determination that a patient's bill will be discounted or adjusted in whole or in part based on a determination of financial need, the hospital will notify the patient of such eligibility determination, and that there will be no further collection action taken on the discounted portion of the patient's bill.

8.2 Changes in Patient Financials Circumstances. Adverse changes on the patient's financial circumstances may result in an increase in any Financial Assistance/Charity Care discount provided by the hospital. Under no condition, however, would adverse or other changes in a patient's financial circumstances affect the hospital's continuation of any ongoing treatment during an episode of care.

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9. Application of Financial Assistance/Charity Care Determination to Past-Due Bills.
When a patient has been granted a discount on his or her bill under the hospital's Financial Assistance/Charity Care program, the hospital will automatically apply a similar discount or adjustment to all other outstanding patient bills. The hospital will advise the patient of such adjustment of prior accounts, and that the hospital will forego any further attempted to collect the amounts written off on such accounts.
10. Updating Prior Financial Need Determinations
- 10.1 Effective Time of Financial Assistance Qualification Determination. A determination of a patient's household income in connection with the patient's qualification for any form of Financial Assistance under this Policy will remain in effect the patient's entire episode of care, provided that if an episode of care continues for more than thirty (30) days, the hospital may request the patient to re-verify or supplement household income information or other eligibility information as the hospital reasonably deems appropriate, including cooperating with the hospital financial counselor to re-evaluate the patient's potential eligibility for coverage under Medicaid or other governmental programs and for the hospital's Financial Assistance/Charity Care program.
- 10.2 Re-Verification Within Six Months. When a patient (or the member of the household of a patient) who has received a determination of financial need under an RHC hospital's Financial Assistance/Charity Care program subsequently receives or applies for care from the same or any other RHC hospital more than 30 days but less than 6 months later, the hospital shall request appropriate information necessary to update the patient's or prospective patient's Financial Assistance/Charity Care application and re-verify the prior financial need determination. Hospital Financial Counselors will work with the patient to make the updating process as convenient as possible while assuring accuracy of

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information. The hospital shall consider the patient's (or prospective patient's) eligibility for Financial Assistance/Charity Care based on current income and assets, and other objective information obtained by the hospital relating to financial need, such as credit reports, new W-2s, tax returns or other data.

- 10.3 New Application Requirements. If more than six (6) months has expired since a patient's Financial Assistance eligibility determination, the patient must submit a new Financial Assistance application.
11. Financial Assistance/Charity Care Determinations Required Prior to Non-Emergency Services. RHC hospitals will make all reasonable efforts to expedite the evaluation of patients for eligibility for coverage under governmental programs and otherwise for Financial Assistance/Charity Care. Such evaluations must generally be made by an RHC hospital prior to provision of non-emergency hospital services. Persons who have come to a RHC hospital emergency department seeking care for a potential emergency medical condition will first receive a medical screening exam conducted in compliance with the Emergency Medical Treatment and Active Labor Act, as amended (EMTALA) and all care needed to stabilize any emergency medical condition, prior to an evaluation for coverage eligibility under governmental programs or Financial Assistance/Charity Care.
12. Staff Training and Understanding of Hospital Financial Assistance/Charity Care Program
- 12.1 General Program Knowledge. Employed staff of each RHC hospitals shall be trained, at the levels appropriate to their job function, with respect to the availability of the Financial Assistance/Charity Care discount program offered by such hospital for the benefit of poor and underserved members of such hospital's community.

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- 12.2 Specific Program Knowledge. Hospital staff who regularly interact with patients, including all staff in each hospital's Patient Financial Services, Patient Access and Registration departments will understand the hospital's Financial Assistance/Charity Care discount program, and be able to either accurately answer questions or direct questions regarding such programs to financial counselors or other contact persons.
- 12.3 Annual Training. All Patient Financial Services and Access department staff, and other applicable staff shall attend an annual in-service on the RHC hospital Financial Assistance/Charity Care discount program for RHC hospitals, which will be prepared and supervised by the RHC Finance Division, in consultation with the RHC Office of Legal Affairs, the System Compliance Officer and hospital senior management.
13. Collection Activity
- 13.1 General. All RHC hospitals shall engage in reasonable collection activities for collection of the portions of bills for which patients are responsible after application of any Financial Assistance/Charity Care discount, uninsured patient discount, insurance allowances and payment and other applicable adjustments.
- 13.2 Cessation of Collection Efforts on Discounted Amounts. No RHC hospital will engage in or direct collections activity with respect to any discounts on health care charges provided as a result of a determination of eligibility under the hospital's Financial Assistance/Charity Care program, unless it is later determined that the patient omitted relevant information relating to actual income or available assets, or provided false information regarding financial need or other eligibility

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criteria. Balances remaining after financial assistance discounts are applied will be subject to reasonable collection activity, consistent with this Policy.

- 13.3 Use of Reasonable Legal Processes to Enforce Patient Debt. Reasonable legal process, including the garnishment of wages, may be taken by any RHC Hospital to collect any patient debt remaining after any adjustment or discount for Financial Assistance/Charity Care, uninsured status or other reason, under the following circumstances:

13.3.1 For Uninsured Patients:

- The hospital has given the patient the opportunity to assess the accuracy of the hospital's bill;
- The hospital has given the Uninsured Patient the opportunity to apply for Financial Assistance/Charity Care and/or (a) a reasonable payment plan, or (b) a discount for which the patient is eligible pursuant to the Illinois Patient Uninsured Discount Act;
- The hospital has given the Uninsured Patient at least 60 days after discharge or receipt of services to apply for Financial Assistance/Charity Care;
- If the patient has indicated, and the hospital is able to verify, that the patient is unable to pay the full amount due in one payment, the hospital has offered the patient a reasonable payment plan;
- If the hospital and patient have entered into a reasonable payment plan, the patient has failed to make payments when due; and
- There is objective evidence that the patient's household income and/or assets are sufficient to meet his or her financial obligation to the hospital.

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13.3.2 For Insured Patients:

- The hospital has provided the patient the opportunity, for at least 30 days after the date of the initial bill, to request a reasonable payment plan for the portion of the bill for which the patient is responsible;
- If the patient requests a reasonable payment plan, and fails to agree to a plan within 30 days after such request; and
- If the hospital and patient have entered into a reasonable payment plan, the patient has failed to make payments when due.

13.4 Residential Liens. No RHC hospital will place a lien on the primary residence of a patient who has been determined to be eligible for Financial Assistance/Charity Care, for payment of the patient's undiscounted balance due. Further, consistent with long-standing RHC policy, in no case will any RHC provider execute a lien by forcing the sale or foreclosure of the primary residence of any patient to pay for any outstanding medical bill.

13.5 No Use of Body Attachments. In accordance with long-standing practice, no RHC hospital will use body attachment to require any person, whether receiving Financial Assistance/Charity Care discounts or not, to appear in court.

13.6 Collection Agency Referrals. RHC hospitals will ensure that all collection agencies used to collect patient bills promptly refer any patient who indicates financial need, or otherwise appears to qualify for Financial Assistance/Charity Care discounts, to a financial counselor to determine if the patient is eligible for such a charitable discount.

HEALTH CARE SYSTEM

The proposed change of ownership will not restrict the use of other area facilities, nor will it have an impact on other area providers. For purposes of this section, health care system refers to the combined Resurrection and Provena systems.

Impact of the Proposed Transaction on Other Area Providers

Following the change of ownership, Resurrection Medical Center will continue to operate with an “open” Medical Staff model, meaning that qualified physicians both can apply for admitting privileges at the hospital, and admit patients to the hospital on a voluntary basis—the physicians will not be required to admit only to Resurrection Medical Center. In addition, the hospital’s Emergency Department will maintain its current designated level, that being “comprehensive”. As a result, ambulance and paramedic transport patterns will not be altered because of the change of ownership. Last, because the admissions policies of the hospital will not be changed to become more restrictive (please see ATTACHMENT 19B), patients will not be “deflected” from Resurrection Medical Center to other area facilities as a result of the change of ownership.

Other Facilities Within the Acquiring Co-Applicants' Health Care System

Upon the completion of the merger, twelve other hospitals will be in the new Health Care System. All of those hospitals, with the exception of Holy Family Medical Center, which operates as a Long-Term Acute Care Hospital (LTACH), operate as general acute care hospitals. The table below identifies the distance and driving time (MapQuest, unadjusted) from Resurrection Medical Center to each of the other hospitals in the Health Care System.

Proximity of Resurrection Medical Center (7435 W. Talcott Avenue Chicago) to:				
			Miles	Minutes
Saint Francis Hospital	355 Ridge Avenue	Evanston	9.3	24
Saint Mary of Nazareth Hospital and St. Elizabeth's Med. Ctr.	2233 W. Division Street	Chicago	11.2	18
Saint Joseph Hospital	2900 N. Lake Shore Drive	Chicago	11.2	23
Our Lady of Resurrection Med. Ctr.	5645 West Addison Street	Chicago	5.9	13
Holy Family Medical Center	100 North River Road	Des Plaines	9.2	16
Provena United Samaritans Med. Ctr.	812 North Logan Street	Danville	182.2	192
Provena Covenant Medical Center	1400 West Park Avenue	Urbana	151.2	161
Provena Mercy Medical Center	1325 N. Highland Avenue	Aurora	37.9	50
Provena Saint Joseph Hospital	77 North Airlite Street	Elgin	33.7	44
Provena Saint Joseph Medical Ctr.	333 North Madison Street	Joliet	48.4	64
Provena St. Mary's Hospital	500 West Court Street	Kankakee	72.6	88

Source: MapQuest, 2/23/11

Consistent with a technical assistance conference held with IHFSRB Staff on February 14, 2011, historical utilization of the other facilities in the Health Care System is provided in the form of 2009 IDPH *Profiles* for those individual facilities, and those documents are attached.

Referral Agreements

Copies of Resurrection Medical Center’s current referral agreements related to IDPH “categories of service” not provided directly by the hospital are attached. It is the intent of the applicants to retain all of Resurrection Medical Center’s referral agreements, and each provider with which a referral agreement exists will be notified of the change of ownership. Each of the existing referral agreements will continue in their current form until those agreements are revised and/or supplemented, if and as necessary. That revision process is anticipated to take 6-12 months from the date of the change of ownership.

The table below identifies the driving time and distance between Resurrection Medical Center and each hospital with which RMC maintains a referral agreement.

Referral Site	Service	Miles*	Minutes*
Loyola University Medical Center 2160 S. First Ave. Maywood	perinatal	17.9	26
*MapQuest (unadjusted) March 3, 2011			

Duplication of Services

As certified in this application, the applicants fully intend to retain Resurrection Medical Center’s clinical programmatic complement for a minimum of two years. An initial evaluation of the clinical services provided by Resurrection Medical Center would suggest that the hospital provides few, if any, clinical services not typically provided by general acute care hospitals. In addition, and as can be seen from the proximity data

provided in the table above, the hospitals in the Health Care System do not have service areas that overlap.

Availability of Services to the Community

The proposed merger will, because of the strength of the newly-created system, allow for the development of important operations-based services that are not currently available. Examples of these new programs, which will benefit the community, and particularly the patient community are an electronic medical records (EMR) vehicle anticipated to be implemented system-wide, enhanced physician practice-hospital integration, more efficient equipment planning, replacement and procurement systems, and expanded material management programs; all of which will benefit the community through the resultant efficiencies in the delivery of patient care services.

In addition, Resurrection Medical Center is a primary provider of both hospital- and community-based health care programs in its community, and it is the intent of the applicants to provide a very similar community-based program complement, understanding that in the case of all hospitals, the complement of community programs is not static, and that from time-to-time programs are added or eliminated.

Ownership, Management and General Information

ADMINISTRATOR NAME: Sister Donna Marie C.R.
 ADMINSTRATOR PHONE: 773-792-5153
 OWNERSHIP: Resurrection Medical Center
 OPERATOR: Resurrection Medical Center
 MANAGEMENT: Not for Profit Corporation
 CERTIFICATION: None
 FACILITY DESIGNATION: General Hospital
 ADDRESS: 7435 West Talcott Avenue

Patients by Race

White 90.7%
 Black 1.7%
 American Indian 0.0%
 Asian 1.7%
 Hawaiian/ Pacific 0.3%
 Unknown: 5.5%

Patients by Ethnicity

Hispanic or Latino: 2.4%
 Not Hispanic or Latino: 92.0%
 Unknown: 5.5%
 IDPH Number: 1974
 HPA A-01
 HSA 6

CITY: Chicago

COUNTY: Suburban Cook (Chicago)

Facility Utilization Data by Category of Service

Clinical Service	Authorized CON Beds 12/31/2009	Peak Beds Setup and Staffed	Peak Census	Admlsions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy 12/31/2009	Staff Bed Occupancy Rate %
Medical/Surgical	214	225	190	11,399	53,786	2,530	4.9	154.3	72.1	68.6
0-14 Years				0	0					
15-44 Years				835	2,851					
45-64 Years				2,406	10,186					
65-74 Years				2,188	10,249					
75 Years +				5,970	30,500					
Pediatric	17	18	8	230	455	18	2.1	1.3	7.6	7.2
Intensive Care	41	30	30	2,838	8,856	0	3.1	24.3	59.2	80.9
Direct Admission				1,760	5,510					
Transfers				1,078	3,346					
Obstetric/Gynecology	23	31	31	1,053	2,466	64	2.4	6.9	30.1	22.4
Maternity				1,003	2,385					
Clean Gynecology				50	81					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds				0	0		0.0	0.0		
Acute Mental illness	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Rehabilitation	65	61	59	1,370	17,925	0	13.1	49.1	75.6	80.5
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
<i>Dedicated Observation</i>	0					0				
Facility Utilization	360			15,812	83,488	2,612	5.4	235.9	65.5	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	62.0%	8.6%	0.1%	28.9%	1.0%	1.4%	15,812
	9805	1360	13	4253	161	220	
Outpatients	39.2%	15.0%	0.1%	42.7%	2.2%	0.8%	159,245
	62394	23859	137	67987	3551	1337	

Financial Year Reported:

	7/1/2008 to	6/30/2009	Inpatient and Outpatient Net Revenue by Payor Source				Charity Care Expense	Total Charity Care Expense
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals	1,869,515	
Inpatient Revenue (\$)	65.7%	4.3%	0.0%	28.6%	1.4%	100.0%	Totals: Charity Care as % of Net Revenue	
	127,765,641	8,348,093	0	55,727,368	2,769,114	194,610,216		
Outpatient Revenue (\$)	26.9%	6.1%	0.0%	64.8%	2.3%	100.0%	0.7%	
	22,972,910	5,210,335	0	55,408,824	1,926,915	85,518,984	674,466	

Birthing Data

Number of Total Births: 1,038
 Number of Live Births: 1,026
 Birthing Rooms: 0
 Labor Rooms: 0
 Delivery Rooms: 0
 Labor-Delivery-Recovery Rooms: 0
 Labor-Delivery-Recovery-Postpartum Rooms: 17
 C-Section Rooms: 2
 CSections Performed: 312

Newborn Nursery Utilization

Level 1 Patient Days: 1,664
 Level 2 Patient Days: 1,653
 Level 2+ Patient Days: 90
 Total Nursery Patientdays: 3,407
Laboratory Studies
 Inpatient Studies: 511,319
 Outpatient Studies: 438,246
 Studies Performed Under Contract: 88,504

Organ Transplantation

Kidney: 0
 Heart: 0
 Lung: 0
 Heart/Lung: 0
 Pancreas: 0
 Liver: 0
 Total: 0

Surgery and Operating Room Utilization

Surgical Specialty	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	2	2	561	101	1886	131	2017	3.4	1.3
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	9	9	1066	993	1845	1092	2937	1.7	1.1
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	0	0	318	44	1060	93	1153	3.3	2.1
OB/Gynecology	0	0	0	0	243	625	565	526	1091	2.3	0.8
Oral/Maxillofacial	0	0	0	0	6	28	18	76	94	3.0	2.7
Ophthalmology	0	0	0	0	52	916	98	801	899	1.9	0.9
Orthopedic	0	0	0	0	855	546	1539	731	2270	1.8	1.3
Otolaryngology	0	0	0	0	90	336	164	371	535	1.8	1.1
Plastic Surgery	0	0	0	0	13	60	22	83	105	1.7	1.4
Podiatry	0	0	0	0	53	74	70	125	195	1.3	1.7
Thoracic	0	0	0	0	179	16	435	24	459	2.4	1.5
Urology	0	0	1	1	350	815	605	584	1189	1.7	0.7
Totals	0	0	12	12	3786	4554	8307	4637	12944	2.2	1.0

SURGICAL RECOVERY STATIONS Stage 1 Recovery Stations 12 Stage 2 Recovery Stations 20

Dedicated and Non-Dedicated Procedure Room Utilization

Procedure Type	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	5	5	1579	3774	970	2519	3489	0.6	0.7
Laser Eye Procedures	0	2	0	2	0	16	0	10	10	0.0	0.6
Pain Management	0	0	4	4	191	6576	143	4932	5075	0.7	0.8
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
Multipurpose Non-Dedicated Rooms											
	0	0	0	0	0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	4
Cath Labs used for Angiography procedures	0
Dedicated Diagnostic Catheterization Labs	0
Dedicated Interventional Catheterization Labs	0
Dedicated EP Catheterization Labs	1

Emergency/Trauma Care

Certified Trauma Center by EMS	<input type="checkbox"/>
Level of Trauma Service	Level 1 Level 2
	--- ---
Operating Rooms Dedicated for Trauma Care	0
Number of Trauma Visits:	0
Patients Admitted from Trauma	0
Emergency Service Type:	Comprehensive
Number of Emergency Room Stations	21
Persons Treated by Emergency Services:	38,300
Patients Admitted from Emergency:	9,625
Total ED Visits (Emergency+Trauma):	38,300

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	3,366
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	1,987
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	813
EP Catheterizations (15+)	566

Cardiac Surgery Data

Total Cardiac Surgery Cases:	215
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	215
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	147

Outpatient Service Data

Total Outpatient Visits	159,245
Outpatient Visits at the Hospital/ Campus:	159,245
Outpatient Visits Offsite/off campus	0

Diagnostic/Interventional Equipment

	Examinations				Radiation Equipment		Therapies/ Treatments
	Owned	Contract	Inpatient	Outpatient	Owned	Contract	
General Radiography/Fluoroscopy	9	0	33,176	30,020	Lithotripsy	0	0
Nuclear Medicine	5	0	3,504	5,520	Linear Accelerator	1	0
Mammography	2	0	19	19,164	Image Guided Rad Therapy	1	0
Ultrasound	9	0	6,240	11,421	Intensity Modulated Rad Therap	0	0
Diagnostic Angiography	0	0	0	0	High Dose Brachytherapy	1	0
Interventional Angiography	0	0	0	0	Proton Beam Therapy	0	0
Positron Emission Tomography (PET)	1	0	8	724	Gamma Knife	0	0
Computerized Axial Tomography (CAT)	3	0	12,006	18,683	Cyber knife	0	0
Magnetic Resonance Imaging	2	0	2,390	5,544			

Ownership, Management and General Information

ADMINISTRATOR NAME: Jeff Murphy
 ADMINSTRATOR PHONE: 847-316-2353
 OWNERSHIP: Saint Francis Hospital
 OPERATOR: Saint Francis Hospital
 MANAGEMENT: Not for Profit Corporation
 CERTIFICATION: None
 FACILITY DESIGNATION: General Hospital
 ADDRESS: 355 Ridge Avenue

Patients by Race

White 48.2%
 Black 23.5%
 American Indian 0.3%
 Asian 4.0%
 Hawaiian/ Pacific 0.0%
 Unknown: 24.1%

Patients by Ethnicity

Hispanic or Latino: 7.4%
 Not Hispanic or Latino: 75.9%
 Unknown: 16.7%
 IDPH Number: 2402
 HPA A-08
 HSA 7

CITY: Evanston

COUNTY: Suburban Cook County

Facility Utilization Data by Category of Service

Clinical Service	Authorized CON Beds 12/31/2009	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy 12/31/2009	Staff Bed Occupancy Rate %
Medical/Surgical	206	157	135	5,662	28,734	4,032	5.8	89.8	43.6	57.2
0-14 Years				0	0					
15-44 Years				889	3,318					
45-64 Years				1,741	8,300					
65-74 Years				1,151	6,190					
75 Years +				1,881	10,926					
Pediatric	12	12	6	283	636	211	3.0	2.3	19.3	19.3
Intensive Care	35	35	32	2,280	7,775	85	3.4	21.5	61.5	61.5
Direct Admission				1,678	5,840					
Transfers				602	1,935					
Obstetric/Gynecology	18	12	12	850	2,148	152	2.7	6.3	35.0	52.5
Maternity				714	1,862					
Clean Gynecology				136	286					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds				0	0		0.0	0.0		
Acute Mental Illness	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Rehabilitation	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	0					0				
Facility Utilization	271			8,473	39,293	4,480	5.2	119.9	44.3	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	48.1%	21.3%	0.0%	25.8%	3.3%	1.5%	8,473
	4072	1806	0	2186	282	127	
Outpatients	27.5%	20.1%	0.0%	20.3%	30.9%	1.2%	117,633
	32308	23699	0	23907	36315	1404	

Financial Year Reported:	7/1/2008 to	6/30/2009	Inpatient and Outpatient Net Revenue by Payor Source						Charity Care Expense	Total Charity Care Expense 3,344,304
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals				
Inpatient Revenue (\$)	47.8%	23.1%	0.0%	26.0%	3.1%	100.0%		1,883,268	Totals: Charity Care as % of Net Revenue	
	52,034,979	25,140,397	0	28,361,084	3,385,602	108,922,062		1,461,036	2.0%	
Outpatient Revenue (\$)	17.6%	10.5%	0.0%	58.3%	13.6%	100.0%				
	10,022,592	5,962,992	0	33,167,642	7,755,578	56,908,804				

Birthing Data

Number of Total Births: 721
 Number of Live Births: 710
 Birthing Rooms: 0
 Labor Rooms: 0
 Delivery Rooms: 0
 Labor-Delivery-Recovery Rooms: 0
 Labor-Delivery-Recovery-Postpartum Rooms: 18
 C-Section Rooms: 2
 CSections Performed: 175

Newborn Nursery Utilization

Level 1 Patient Days 1,729
 Level 2 Patient Days 660
 Level 2+ Patient Days 24
 Total Nursery Patientdays 2,413

Organ Transplantation

Kidney: 0
 Heart: 0
 Lung: 0
 Heart/Lung: 0
 Pancreas: 0
 Liver: 0
 Total: 0

Laboratory Studies

Inpatient Studies 402,225
 Outpatient Studies 229,844
 Studies Performed Under Contract 7,672

* Note: On 4/22/2009, Board approved the voluntary reduction of 104 beds within Medical Surgical, Pediatric, Ob-Gyn and ICU categories of service. The total bed count for the facility is 271 beds.

Surgery and Operating Room Utilization

Surgical Specialty	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	2	2	168	12	604	19	623	3.6	1.6
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	2	2	1096	801	2218	990	3208	2.0	1.2
Gastroenterology	0	0	2	2	0	0	0	0	0	0.0	0.0
Neurology	0	0	1	1	78	8	244	13	257	3.1	1.6
OB/Gynecology	0	0	1	1	188	277	514	342	856	2.7	1.2
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	2	2	22	744	24	584	608	1.1	0.8
Orthopedic	0	0	2	2	565	706	1379	1001	2380	2.4	1.4
Otolaryngology	0	0	0	0	58	161	90	219	309	1.6	1.4
Plastic Surgery	0	0	1	1	23	54	82	94	176	3.6	1.7
Podiatry	0	0	0	0	9	92	12	121	133	1.3	1.3
Thoracic	0	0	0	0	0	0	0	0	0	0.0	0.0
Urology	0	0	2	2	141	147	223	129	352	1.6	0.9
Totals	0	0	15	15	2348	3002	5390	3512	8902	2.3	1.2

SURGICAL RECOVERY STATIONS	Stage 1 Recovery Stations	11	Stage 2 Recovery Stations	28
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Dedicated and Non-Dedicated Procedure Room Utilization

Procedure Type	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	3	3	808	1830	616	1427	2043	0.8	0.8
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	1	1	21	542	20	351	371	1.0	0.6
Cystoscopy	0	0	2	2	113	132	130	113	243	1.2	0.9
Multipurpose Non-Dedicated Rooms											
	0	0	0	0	0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	2
Cath Labs used for Angiography procedures	0
Dedicated Diagnostic Catheterization Labs	0
Dedicated Interventional Catheterization Labs	0
Dedicated EP Catheterization Labs	0

Emergency/Trauma Care

Certified Trauma Center by EMS	<input checked="" type="checkbox"/>	
Level of Trauma Service	Level 1 Adult	Level 2 ---
Operating Rooms Dedicated for Trauma Care	2	
Number of Trauma Visits:	851	
Patients Admitted from Trauma	491	
Emergency Service Type:	Comprehensive	
Number of Emergency Room Stations	20	
Persons Treated by Emergency Services:	34,500	
Patients Admitted from Emergency:	5,956	
Total ED Visits (Emergency+Trauma):	35,351	

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	836
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	524
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	312
EP Catheterizations (15+)	0

Cardiac Surgery Data

Total Cardiac Surgery Cases:	75
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	75
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	63

Outpatient Service Data

Total Outpatient Visits	117,633
Outpatient Visits at the Hospital/ Campus:	106,748
Outpatient Visits Offsite/off campus	10,885

Diagnostic/Interventional Equipment

Examinations

Radiation Equipment

Therapies/

	Owned		Contract		Inpatient	Outpatient	Owned		Contract		Treatments
General Radiography/Fluoroscopy	4	0	13,559	29,471			Lithotripsy	0	0	0	
Nuclear Medicine	2	0	1,028	2,280			Linear Accelerator	1	0	119	
Mammography	3	0	0	10,623			Image Guided Rad Therapy	0	0	0	
Ultrasound	4	0	1,473	4,435			Intensity Modulated Rad Therap	1	0	74	
Diagnostic Angiography	0	0	0	0			High Dose Brachytherapy	0	0	0	
Interventional Angiography	0	0	0	0			Proton Beam Therapy	0	0	0	
Positron Emission Tomography (PET)	0	1	0	128			Gamma Knife	0	0	0	
Computerized Axial Tomography (CAT)	2	0	2,988	18,677			Cyber knife	0	0	0	
Magnetic Resonance Imaging	1	0	897	2,119							

<u>Ownership, Management and General Information</u>		<u>Patients by Race</u>		<u>Patients by Ethnicity</u>	
ADMINISTRATOR NAME:	Margaret McDermott	White	21.0%	Hispanic or Latino:	13.8%
ADMINSTRATOR PHONE	312-770-2115	Black	25.7%	Not Hispanic or Latino:	85.9%
OWNERSHIP:	Saints Mary and Elizabeth Medical Center DBA Saint	American Indian	0.1%	Unknown:	0.3%
OPERATOR:	Saints Mary and Elizabeth Medical Center DBA Saint	Asian	1.3%	IDPH Number:	2584
MANAGEMENT:	Not for Profit Corporation	Hawaiian/ Pacific	0.0%	HPA	A-02
CERTIFICATION:	None	Unknown:	52.0%	HSA	6
FACILITY DESIGNATION:	General Hospital				
ADDRESS	2233 West Divison Street	CITY:	Chicago	COUNTY:	Suburban Cook (Chicago)

<u>Facility Utilization Data by Category of Service</u>										
<u>Clinical Service</u>	<u>Authorized CON Beds 12/31/2009</u>	<u>Peak Beds Setup and Staffed</u>	<u>Peak Census</u>	<u>Admissions</u>	<u>Inpatient Days</u>	<u>Observation Days</u>	<u>Average Length of Stay</u>	<u>Average Daily Census</u>	<u>CON Occupancy 12/31/2009</u>	<u>Staff Bed Occupancy Rate %</u>
Medical/Surgical	186	186	152	10,373	48,081	3,623	5.0	141.7	76.2	76.2
0-14 Years				10	20					
15-44 Years				2,528	8,045					
45-64 Years				3,883	17,282					
65-74 Years				1,831	9,616					
75 Years +				2,121	13,118					
Pediatric	14	14	14	925	2,092	535	2.8	7.2	51.4	51.4
Intensive Care	32	32	30	2,010	7,979	5	4.0	21.9	68.4	68.4
Direct Admission				1,204	4,536					
Transfers				806	3,443					
Obstetric/Gynecology	20	20	20	2,199	5,113	235	2.4	14.7	73.3	73.3
Maternity				2,193	5,103					
Clean Gynecology				6	10					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds				0	0		0.0	0.0		
Acute Mental Illness	120	120	120	3,968	34,495	0	8.7	94.5	78.8	78.8
Rehabilitation	15	15	15	325	3,847	0	11.8	10.5	70.3	70.3
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
<i>Dedicated Observation</i>	0					0				
Facility Utilization	387			18,994	101,607	4,398	5.6	290.4	75.0	

(Includes ICU Direct Admissions Only)

<u>Inpatients and Outpatients Served by Payor Source</u>							
	<u>Medicare</u>	<u>Medicaid</u>	<u>Other Public</u>	<u>Private Insurance</u>	<u>Private Pay</u>	<u>Charity Care</u>	<u>Totals</u>
Inpatients	34.1%	42.9%	0.0%	18.8%	2.1%	2.1%	18,994
	6478	8142	8	3562	402	402	
Outpatients	20.6%	42.6%	0.1%	30.7%	3.3%	2.8%	160,335
	33067	68076	170	49228	5270	4524	

<u>Financial Year Reported: 7/1/2008 to 6/30/2009</u>								<u>Inpatient and Outpatient Net Revenue by Payor Source</u>	
	<u>Medicare</u>	<u>Medicaid</u>	<u>Other Public</u>	<u>Private Insurance</u>	<u>Private Pay</u>	<u>Totals</u>	<u>Charity Care Expense</u>	<u>Total Charity Care Expense</u>	
Inpatient Revenue (\$)	36.8%	34.8%	0.0%	18.9%	9.5%	100.0%		2,662,595	
	64,870,370	61,419,970	0	33,285,730	16,816,201	176,392,271	1,394,629		
Outpatient Revenue (\$)	16.6%	32.9%	0.0%	31.8%	18.7%	100.0%			
	11,265,066	22,276,179	0	21,509,882	12,633,284	67,684,411	1,267,966	1.1%	

<u>Birthing Data</u>		<u>Newborn Nursery Utilization</u>		<u>Organ Transplantation</u>	
Number of Total Births:	2,014	Level 1 Patient Days	3,691	Kidney:	0
Number of Live Births:	2,004	Level 2 Patient Days	0	Heart:	0
Birthing Rooms:	0	Level 2+ Patient Days	1,409	Lung:	0
Labor Rooms:	0	Total Nursery Patientdays	5,100	Heart/Lung:	0
Delivery Rooms:	0			Pancreas:	0
Labor-Delivery-Recovery Rooms:	8			Liver:	0
Labor-Delivery-Recovery-Postpartum Rooms:	0	<u>Laboratory Studies</u>		Total:	0
C-Section Rooms:	2	Inpatient Studies	641,498		
CSections Performed:	544	Outpatient Studies	251,694		
		Studies Performed Under Contract	3,466		

Surgery and Operating Room Utilization

Surgical Specialty	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	1	1	843	87	2000	135	2135	2.4	1.6
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	6	6	963	704	1561	767	2328	1.6	1.1
Gastroenterology	0	0	0	0	5	15	7	9	16	1.4	0.6
Neurology	0	0	0	0	156	3	589	7	596	3.8	2.3
OB/Gynecology	0	0	0	0	519	499	744	403	1147	1.4	0.8
Oral/Maxillofacial	0	0	0	0	9	9	9	18	27	1.0	2.0
Ophthalmology	0	0	0	0	2	149	4	229	233	2.0	1.5
Orthopedic	0	0	0	0	325	162	637	217	854	2.0	1.3
Otolaryngology	0	0	0	0	70	99	66	109	175	0.9	1.1
Plastic Surgery	0	0	0	0	20	9	44	19	63	2.2	2.1
Podiatry	0	0	0	0	103	125	93	171	264	0.9	1.4
Thoracic	0	0	0	0	173	26	297	17	314	1.7	0.7
Urology	0	0	1	1	324	298	447	300	747	1.4	1.0
Totals	0	0	8	8	3512	2185	6498	2401	8899	1.9	1.1

SURGICAL RECOVERY STATIONS	Stage 1 Recovery Stations	9	Stage 2 Recovery Stations	19
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Dedicated and Non-Dedicated Procedure Room Utilization

Procedure Type	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	3	3	1767	3958	628	1534	2162	0.4	0.4
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	0	0	0	0	0	0	0	0.0	0.0
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
Multipurpose Non-Dedicated Rooms											
	0	0	0	0	0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	2
Cath Labs used for Angiography procedures	0
Dedicated Diagnostic Catheterization Labs	0
Dedicated Interventional Catheterization Labs	0
Dedicated EP Catheterization Labs	0

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	1,438
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	852
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	268
EP Catheterizations (15+)	318

Emergency/Trauma Care

Certified Trauma Center by EMS	<input type="checkbox"/>	
Level of Trauma Service	Level 1	Level 2
Operating Rooms Dedicated for Trauma Care	0	0
Number of Trauma Visits:	0	0
Patients Admitted from Trauma	0	0
Emergency Service Type:	Comprehensive	
Number of Emergency Room Stations	31	
Persons Treated by Emergency Services:	57,393	
Patients Admitted from Emergency:	11,665	
Total ED Visits (Emergency+Trauma):	57,393	

Cardiac Surgery Data

Total Cardiac Surgery Cases:	75
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	75
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	61

Outpatient Service Data

Total Outpatient Visits	160,335
Outpatient Visits at the Hospital/ Campus:	160,335
Outpatient Visits Offsite/off campus	0

Diagnostic/Interventional Equipment	Examinations				Radiation Equipment			Therapies/ Treatments
	Owned	Contract	Inpatient	Outpatient	Owned	Contract		
General Radiography/Fluoroscopy	8	0	15,828	37,232	Lithotripsy	1	1	6
Nuclear Medicine	3	0	1,871	2,905	Linear Accelerator	1	0	124
Mammography	1	0	23	4,690	Image Guided Rad Therapy	0	0	0
Ultrasound	4	0	3,416	16,042	Intensity Modulated Rad Therap	0	0	0
Diagnostic Angiography	0	0	0	0	High Dose Brachytherapy	0	0	0
Interventional Angiography	0	0	0	0	Proton Beam Therapy	0	0	0
Positron Emission Tomography (PET)	0	0	0	0	Gamma Knife	0	0	0
Computerized Axial Tomography (CAT)	2	0	4,168	18,333	Cyber knife	0	0	0
Magnetic Resonance Imaging	1	0	1,315	2,749				

Ownership, Management and General Information

ADMINISTRATOR NAME: Roberta Luskin-Hawk
ADMINSTRATOR PHONE: 773-665-3972
OWNERSHIP: Saint Joseph Hospital
OPERATOR: Saint Joseph Hospital
MANAGEMENT: Not for Profit Corporation
CERTIFICATION: None
FACILITY DESIGNATION: General Hospital
ADDRESS: 2900 North Lake Shore Drive

Patients by Race

White
 Black
 American Indian
 Asian
 Hawaiian/ Pacific
 Unknown:

68.6%
 18.6%
 0.1%
 3.9%
 0.5%
 8.2%

Patients by Ethnicity
 Hispanic or Latino: 7.6%
 Not Hispanic or Latino: 84.2%
 Unknown: 8.2%

IDPH Number: 2493
 HPA A-01
 HSA 6

CITY: Chicago

COUNTY: Suburban Cook (Chicago)

Facility Utilization Data by Category of Service

Clinical Service	Authorized CON Beds 12/31/2009	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy 12/31/2009	Staff Bed Occupancy Rate %
Medical/Surgical	219	186	186	7,862	36,064	2,485	4.9	105.6	48.2	56.8
0-14 Years				1	6					
15-44 Years				1,901	9,333					
45-64 Years				2,550	11,595					
65-74 Years				1,060	4,252					
75 Years +				2,350	10,878					
Pediatric	11	7	7	293	754	137	3.0	2.4	22.2	34.9
Intensive Care	23	21	21	1,587	6,734	65	4.3	18.6	81.0	88.7
Direct Admission				696	3,753					
Transfers				891	2,981					
Obstetric/Gynecology	23	23	23	1,925	4,453	103	2.4	12.5	54.3	54.3
Maternity				1,903	4,406					
Clean Gynecology				22	47					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	26	26	26	652	5,996	0	9.2	16.4	63.2	63.2
Swing Beds				0	0		0.0	0.0		
Acute Mental Illness	35	34	34	1,312	9,266	1	7.1	25.4	72.5	74.7
Rehabilitation	23	23	17	448	4,367	0	9.7	12.0	52.0	52.0
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
<i>Dedicated Observation</i>	0					0				
Facility Utilization	360			13,188	67,634	2,791	5.3	192.9	53.6	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payer Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	43.6%	16.2%	0.2%	37.7%	1.2%	1.1%	13,188
	5747	2142	22	4972	161	144	
Outpatients	25.2%	15.8%	0.1%	52.9%	5.1%	1.0%	188,191
	47383	29662	158	99559	9558	1871	

Financial Year Reported: 7/1/2008 to 6/30/2009

Inpatient and Outpatient Net Revenue by Payer Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals	Charity Care Expense	Total Charity Care Expense
Inpatient Revenue (\$)	46.8%	13.9%	0.0%	36.8%	2.5%	100.0%	652,789	1,487,625
	64,832,024	19,290,122	0	51,002,179	3,520,673	138,644,998		
Outpatient Revenue (\$)	16.1%	3.6%	0.0%	72.0%	8.2%	100.0%	834,836	0.8%
	8,703,376	1,963,278	0	38,807,662	4,430,471	53,904,787		

Birthing Data

Number of Total Births: 1,837
 Number of Live Births: 1,833
 Birthing Rooms: 0
 Labor Rooms: 0
 Delivery Rooms: 0
 Labor-Delivery-Recovery Rooms: 1
 Labor-Delivery-Recovery-Postpartum Rooms: 17
 C-Section Rooms: 2
 CSections Performed: 557

Newborn Nursery Utilization

Level 1 Patient Days: 2,892
 Level 2 Patient Days: 199
 Level 2+ Patient Days: 2,812
 Total Nursery Patientdays: 5,903

Laboratory Studies
 Inpatient Studies: 434,758
 Outpatient Studies: 111,988
 Studies Performed Under Contract: 4,512

Organ Transplantation

Kidney: 0
 Heart: 0
 Lung: 0
 Heart/Lung: 0
 Pancreas: 0
 Liver: 0
 Total: 0

* Note: On 4/22/2009, Board approved the voluntary reduction of 42 beds within M/S, Ped and ICU categories of service. The total bed count for the facility is 360 beds. IMRT procedures are done on one of the Linear Accelerators.

Surgery and Operating Room Utilization

Surgical Specialty	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	1	1	265	136	765	254	1019	2.9	1.9
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	10	10	603	718	1656	1357	3013	2.7	1.9
Gastroenterology	0	0	0	0	22	1	25	1	26	1.1	1.0
Neurology	0	0	0	0	74	21	276	55	331	3.7	2.6
OB/Gynecology	0	0	0	0	280	450	856	729	1585	3.1	1.6
Oral/Maxillofacial	0	0	0	0	4	1	6	1	7	1.5	1.0
Ophthalmology	0	0	0	0	2	987	5	1241	1246	2.5	1.3
Orthopedic	0	0	0	0	362	837	920	1487	2407	2.5	1.8
Otolaryngology	0	0	0	0	66	776	92	998	1090	1.4	1.3
Plastic Surgery	0	0	0	0	39	331	267	1095	1362	6.8	3.3
Podiatry	0	0	0	0	30	241	51	445	496	1.7	1.8
Thoracic	0	0	0	0	40	11	135	20	155	3.4	1.8
Urology	0	0	1	1	133	339	212	473	685	1.6	1.4
Totals	0	0	12	12	1920	4849	5266	8156	13422	2.7	1.7

SURGICAL RECOVERY STATIONS	Stage 1 Recovery Stations	12	Stage 2 Recovery Stations	9
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Dedicated and Non-Dedicated Procedure Room Utilization

Procedure Type	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	4	4	736	3738	879	4219	5098	1.2	1.1
Laser Eye Procedures	0	0	1	1	1	133	3	177	180	3.0	1.3
Pain Management	0	0	1	1	225	954	263	534	797	1.2	0.6
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
Multipurpose Non-Dedicated Rooms											
	0	0	0	0	0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	2
Cath Labs used for Angiography procedures	1
Dedicated Diagnostic Catheterization Labs	0
Dedicated Interventional Catheterization Labs	0
Dedicated EP Catheterization Labs	0

Emergency/Trauma Care

Certified Trauma Center by EMS	<input type="checkbox"/>
Level of Trauma Service	Level 1 Level 2
Operating Rooms Dedicated for Trauma Care	0
Number of Trauma Visits:	0
Patients Admitted from Trauma	0
Emergency Service Type:	Comprehensive
Number of Emergency Room Stations	14
Persons Treated by Emergency Services:	20,131
Patients Admitted from Emergency:	5,311
Total ED Visits (Emergency+Trauma):	20,131

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	882
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	582
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	285
EP Catheterizations (15+)	15

Cardiac Surgery Data

Total Cardiac Surgery Cases:	64
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	64
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	53

Outpatient Service Data

Total Outpatient Visits	188,191
Outpatient Visits at the Hospital/ Campus:	160,748
Outpatient Visits Offsite/off campus	27,443

Diagnostic/Interventional Equipment

	Examinations		Radiation Equipment		Therapies/ Treatments			
	Owned	Contract	Inpatient	Outpatient				
General Radiography/Fluoroscopy	17	0	12,155	22,888	Lithotripsy	0	0	0
Nuclear Medicine	4	0	611	1,114	Linear Accelerator	1	0	167
Mammography	3	0	0	8,837	Image Guided Rad Therapy	0	0	0
Ultrasound	7	0	2,986	11,466	Intensity Modulated Rad Therap	1	0	9
Diagnostic Angiography	0	0	0	0	High Dose Brachytherapy	1	0	16
Interventional Angiography	0	0	0	0	Proton Beam Therapy	0	0	0
Positron Emission Tomography (PET)	0	1	0	391	Gamma Knife	0	0	0
Computerized Axial Tomography (CAT)	1	0	3,399	9,644	Cyber knife	0	0	0
Magnetic Resonance Imaging	1	0	1,922	2,478				

<u>Ownership, Management and General Information</u>		<u>Patients by Race</u>		<u>Patients by Ethnicity</u>	
ADMINISTRATOR NAME:	Margaret McDermott	White	19.3%	Hispanic or Latino:	4.0%
ADMINSTRATOR PHONE	312-770-2115	Black	59.8%	Not Hispanic or Latino:	75.6%
OWNERSHIP:	Saints Mary and Elizabeth Medical Center DBA St El	American Indian	0.0%	Unknown:	20.5%
OPERATOR:	Saints Mary and Elizabeth Medical Center DBA St El	Asian	0.4%	IDPH Number:	2360
MANAGEMENT:	Not for Profit Corporation	Hawaiian/ Pacific	0.0%	HPA	A-02
CERTIFICATION:	None	Unknown:	20.5%	HSA	6
FACILITY DESIGNATION:	General Hospital				
ADDRESS	1431 North Claremont	CITY:	Chicago	COUNTY:	Suburban Cook (Chicago)

<u>Facility Utilization Data by Category of Service</u>										
Clinical Service	Authorized CON Beds 12/31/2009	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy 12/31/2009	Staff Bed Occupancy Rate %
Medical/Surgical	40	40	40	3,414	9,323	0	2.7	25.5	63.9	63.9
0-14 Years				0	0					
15-44 Years				1,479	3,898					
45-64 Years				1,866	5,225					
65-74 Years				67	194					
75 Years +				2	6					
Pediatric	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Intensive Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Direct Admission				0	0					
Transfers				0	0					
Obstetric/Gynecology	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Maternity				0	0					
Clean Gynecology				0	0					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	28	26	22	525	6,849	0	13.0	18.8	67.0	72.2
Swing Beds				0	0		0.0	0.0		
Acute Mental Illness	40	70	70	2,181	18,452	0	8.5	50.6	126.4	72.2
Rehabilitation	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
<i>Dedicated Observation</i>	0					0				
Facility Utilization	108			6,120	34,624	0	5.7	94.9	87.8	

(Includes ICU Direct Admissions Only)

<u>Inpatients and Outpatients Served by Payor Source</u>							
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	28.2%	65.2%	0.0%	6.0%	0.3%	0.3%	6,120
	1726	3989	0	367	18	20	
Outpatients	21.6%	40.9%	0.1%	32.6%	3.4%	1.4%	25,461
	5505	10402	34	8304	856	360	

<u>Financial Year Reported:</u>	7/1/2008 to 6/30/2009		<u>Inpatient and Outpatient Net Revenue by Payor Source</u>					Charity Care Expense	Total Charity Care Expense
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals			
Inpatient Revenue (\$)	23.9%	70.1%	0.0%	5.5%	0.6%	100.0%	322,570	390,005	
	9,280,892	27,203,305	0	2,126,999	216,467	38,827,663		Totals: Charity Care as % of Net Revenue	
Outpatient Revenue (\$)	16.3%	43.1%	0.0%	36.1%	4.5%	100.0%	67,435	0.7%	
	3,057,316	8,058,125	0	6,755,379	838,631	18,709,451			

<u>Birth Data</u>		<u>Newborn Nursery Utilization</u>		<u>Organ Transplantation</u>	
Number of Total Births:	0	Level 1 Patient Days	0	Kidney:	0
Number of Live Births:	0	Level 2 Patient Days	0	Heart:	0
Birthing Rooms:	0	Level 2+ Patient Days	0	Lung:	0
Labor Rooms:	0	Total Nursery Patientdays	0	Heart/Lung:	0
Delivery Rooms:	0			Pancreas:	0
Labor-Delivery-Recovery Rooms:	0			Liver:	0
Labor-Delivery-Recovery-Postpartum Rooms:	0			Total:	0
C-Section Rooms:	0				
CSections Performed:	0				
		<u>Laboratory Studies</u>			
		Inpatient Studies	83,706		
		Outpatient Studies	51,107		
		Studies Performed Under Contract	0		

Surgery and Operating Room Utilization

Surgical Specialty	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	0	0	0	1	0	1	1	0.0	1.0
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	4	4	0	385	0	411	411	0.0	1.1
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	0	0	0	0	0	0	0	0.0	0.0
OB/Gynecology	0	0	0	0	0	21	0	17	17	0.0	0.8
Oral/Maxillofacial	0	0	0	0	0	9	0	8	8	0.0	0.9
Ophthalmology	0	0	0	0	0	536	0	462	462	0.0	0.9
Orthopedic	0	0	0	0	0	274	0	372	372	0.0	1.4
Otolaryngology	0	0	0	0	0	94	0	102	102	0.0	1.1
Plastic Surgery	0	0	0	0	0	2	0	2	2	0.0	1.0
Podiatry	0	0	0	0	0	59	0	76	76	0.0	1.3
Thoracic	0	0	0	0	0	2	0	1	1	0.0	0.5
Urology	0	0	1	1	0	283	0	214	214	0.0	0.8
Totals	0	0	5	5	0	1666	0	1666	1666	0.0	1.0

SURGICAL RECOVERY STATIONS

Stage 1 Recovery Stations 8 Stage 2 Recovery Stations 18

Dedicated and Non-Dedicated Procedure Room Utilization

Procedure Type	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	2	2	0	12	0	3	3	0.0	0.3
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	0	0	0	0	0	0	0	0.0	0.0
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
Multipurpose Non-Dedicated Rooms											
	0	0	0	0	0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs): 0
 Cath Labs used for Angiography procedures 0
 Dedicated Diagnostic Catheterization Labs 0
 Dedicated Interventional Catheterization Labs 0
 Dedicated EP Catheterization Labs 0

Emergency/Trauma Care

Certified Trauma Center by EMS
 Level of Trauma Service Level 1 Level 2
 --- ---
 Operating Rooms Dedicated for Trauma Care 0
 Number of Trauma Visits: 0
 Patients Admitted from Trauma 0
 Emergency Service Type: Comprehensive
 Number of Emergency Room Stations 8
 Persons Treated by Emergency Services: 4,286
 Patients Admitted from Emergency: 341
 Total ED Visits (Emergency+Trauma): 4,286

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures: 0
 Diagnostic Catheterizations (0-14) 0
 Diagnostic Catheterizations (15+) 0
 Interventional Catheterizations (0-14): 0
 Interventional Catheterization (15+) 0
 EP Catheterizations (15+) 0

Cardiac Surgery Data

Total Cardiac Surgery Cases: 0
 Pediatric (0 - 14 Years): 0
 Adult (15 Years and Older): 0
 Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases : 0

Outpatient Service Data

Total Outpatient Visits 25,461
 Outpatient Visits at the Hospital/ Campus: 25,461
 Outpatient Visits Offsite/off campus 0

Diagnostic/Interventional Equipment

Examinations

Radiation Equipment

Therapies/

	Owned		Contract		Inpatient	Outpatient	Owned		Contract		Therapies/ Treatments
General Radiography/Fluoroscopy	7	0	860	8,260			1	1			34
Nuclear Medicine	0	0	0	0			0	0			0
Mammography	1	0	0	3,110			0	0			0
Ultrasound	2	0	109	274			0	0			0
Diagnostic Angiography	0	0	0	0			0	0			0
Interventional Angiography	0	0	0	0			0	0			0
Positron Emission Tomography (PET)	0	0	0	0			0	0			0
Computerized Axial Tomography (CAT)	1	0	112	552			0	0			0
Magnetic Resonance Imaging	0	0	0	0			0	0			0

Ownership, Management and General Information

ADMINISTRATOR NAME: Ivette Estrada
ADMINSTRATOR PHONE: 773-282-3003
OWNERSHIP: Our Lady of the Resurrection Medical Center
OPERATOR: Our Lady of the Resurrection Medical Center
MANAGEMENT: Not for Profit Corporation
CERTIFICATION: None
FACILITY DESIGNATION: General Hospital
ADDRESS: 5645 West Addison Street

Patients by Race

White
 Black
 American Indian
 Asian
 Hawaiian/ Pacific
 Unknown:

Patients by Ethnicity

76.2% Hispanic or Latino: 9.8%
 7.8% Not Hispanic or Latino: 76.3%
 0.1% Unknown: 13.9%
 IDPH Number: 1719
 HPA A-01
 HSA 6

CITY: Chicago **COUNTY:** Suburban Cook (Chicago)

Facility Utilization Data by Category of Service

Clinical Service	Authorized CON Beds 12/31/2009	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy 12/31/2009	Staff Bed Occupancy Rate %
Medical/Surgical	213	193	124	6,884	33,414	2,597	5.2	98.7	46.3	51.1
0-14 Years				27	57					
15-44 Years				884	3,152					
45-64 Years				1,978	9,385					
65-74 Years				1,255	6,409					
75 Years +				2,740	14,411					
Pediatric	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Intensive Care	20	20	20	1,600	6,393	36	4.0	17.6	88.1	88.1
Direct Admission				1,154	4,605					
Transfers				446	1,788					
Obstetric/Gynecology	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Maternity				0	0					
Clean Gynecology				0	0					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	66	56	49	1,372	13,966	0	10.2	38.3	58.0	68.3
Swing Beds				0	0		0.0	0.0		
Acute Mental Illness	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Rehabilitation	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	0					0				
Facility Utilization	299			9,410	53,773	2,633	6.0	154.5	51.7	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	62.7%	15.5%	0.0%	17.4%	2.8%	1.6%	9,410
	5898	1458	0	1642	263	149	
Outpatients	36.6%	27.8%	0.1%	26.3%	7.5%	1.8%	106,302
	38888	29528	95	27928	7995	1868	

Financial Year Reported:	Inpatient and Outpatient Net Revenue by Payor Source						Charity Care Expense	Total Charity Care Expense
	7/1/2008 to	6/30/2009	Medicare	Medicaid	Other Public	Private Insurance		
Inpatient Revenue (\$)	45,372,692	4,707,203	0	14,436,297	16,788,176	81,304,368	922,725	1,613,275
	55.8%	5.8%	0.0%	17.8%	20.6%	100.0%		
Outpatient Revenue (\$)	10,380,455	7,196,801	0	17,126,806	19,287,337	53,991,399	690,550	Totals: Charity Care as % of Net Revenue
	19.2%	13.3%	0.0%	31.7%	35.7%	100.0%		1.2%

Birthing Data

Number of Total Births: 1
 Number of Live Births: 1
 Birthing Rooms: 0
 Labor Rooms: 0
 Delivery Rooms: 0
 Labor-Delivery-Recovery Rooms: 0
 Labor-Delivery-Recovery-Postpartum Rooms: 0
 C-Section Rooms: 0
 C-Sections Performed: 0

Newborn Nursery Utilization

Level 1 Patient Days: 0
 Level 2 Patient Days: 0
 Level 2+ Patient Days: 0
 Total Nursery Patientdays: 0
Laboratory Studies
 Inpatient Studies: 396,802
 Outpatient Studies: 297,369
 Studies Performed Under Contract: 10,827

Organ Transplantation

Kidney: 0
 Heart: 0
 Lung: 0
 Heart/Lung: 0
 Pancreas: 0
 Liver: 0
 Total: 0

* Note: According to Board action on 4/22/09, Board reduced 164 M/S beds overall voluntarily. New CON count for the facility is 299 beds

Surgery and Operating Room Utilization

Surgical Specialty	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	0	0	0	0	0	0	0	0.0	0.0
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	8	8	880	426	1399	424	1823	1.6	1.0
Gastroenterology	0	0	0	0	3	1	3	1	4	1.0	1.0
Neurology	0	0	0	0	162	12	492	19	511	3.0	1.6
OB/Gynecology	0	0	0	0	122	169	175	156	331	1.4	0.9
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	0	0	5	612	4	353	357	0.8	0.6
Orthopedic	0	0	0	0	364	360	603	442	1045	1.7	1.2
Otolaryngology	0	0	0	0	41	56	61	70	131	1.5	1.3
Plastic Surgery	0	0	0	0	8	23	21	30	51	2.6	1.3
Podiatry	0	0	0	0	0	0	0	0	0	0.0	0.0
Thoracic	0	0	0	0	28	0	83	0	83	3.0	0.0
Urology	0	0	1	1	170	169	267	196	463	1.6	1.2
Totals	0	0	9	9	1783	1828	3108	1691	4799	1.7	0.9

SURGICAL RECOVERY STATIONS

Stage 1 Recovery Stations

8

Stage 2 Recovery Stations

19

Dedicated and Non-Dedicated Procedure Room Utilization

Procedure Type	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	1	1	0	2	1148	1403	1200	1501	2701	1.0	1.1
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	1	0	1	0	1225	0	18375	18375	0.0	15.0
Cystoscopy	0	0	1	1	141	169	191	196	387	1.4	1.2
Multipurpose Non-Dedicated Rooms											
Minor/Local Procedur	0	1	0	1	0	89	0	59	59	0.0	0.7
	0	0	0	0	0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	1
Cath Labs used for Angiography procedures	1
Dedicated Diagnostic Catheterization Labs	0
Dedicated Interventional Catheterization Labs	0
Dedicated EP Catheterization Labs	0

Emergency/Trauma Care

Certified Trauma Center by EMS	<input type="checkbox"/>	
Level of Trauma Service	Level 1	Level 2
	---	---
Operating Rooms Dedicated for Trauma Care		0
Number of Trauma Visits:		0
Patients Admitted from Trauma		0
Emergency Service Type:	Comprehensive	
Number of Emergency Room Stations		18
Persons Treated by Emergency Services:		37,917
Patients Admitted from Emergency:		6,634
Total ED Visits (Emergency+Trauma):		37,917

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	626
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	479
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	146
EP Catheterizations (15+)	0

Cardiac Surgery Data

Total Cardiac Surgery Cases:	0
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	0
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	0

Outpatient Service Data

Total Outpatient Visits	106,302
Outpatient Visits at the Hospital/ Campus:	106,302
Outpatient Visits Offsite/off campus	0

Diagnostic/Interventional Equipment

Examinations

Radiation Equipment

Therapies/

	Owned		Contract		Inpatient	Outpatient	Owned		Contract		Therapies/ Treatments
General Radiography/Fluoroscopy	7	0	13,247	29,193			Lithotripsy	0	0	0	
Nuclear Medicine	2	0	1,666	2,499			Linear Accelerator	0	0	0	
Mammography	2	0	8	4,544			Image Guided Rad Therapy	0	0	0	
Ultrasound	4	0	3,487	6,636			Intensity Modulated Rad Therap	0	0	0	
Diagnostic Angiography	0	0	0	0			High Dose Brachytherapy	0	0	0	
Interventional Angiography	0	0	0	0			Proton Beam Therapy	0	0	0	
Positron Emission Tomography (PET)	0	0	0	0			Gamma Knife	0	0	0	
Computerized Axial Tomography (CAT)	2	0	4,225	15,489			Cyber knife	0	0	0	
Magnetic Resonance Imaging	1	1	922	1,555							

Ownership, Management and General Information

ADMINISTRATOR NAME: John Baird
ADMINISTRATOR PHONE: 847-813-3161
OWNERSHIP: Holy Family Medical Center
OPERATOR: Holy Family Medical Center
MANAGEMENT: Not for Profit Corporation
CERTIFICATION: Long Term Acute Care Hospital (LTACH)
FACILITY DESIGNATION: General Hospital
ADDRESS: 100 North River Road

Patients by Race

White 71.2%
 Black 5.0%
 American Indian 0.0%
 Asian 2.5%
 Hawaiian/ Pacific 0.3%
 Unknown: 21.0%

Patients by Ethnicity

Hispanic or Latino: 1.3%
 Not Hispanic or Latino: 79.0%
 Unknown: 19.7%
 IDPH Number: 1008
 HPA A-07
 HSA 7

CITY: Des Plaines

COUNTY: Suburban Cook County

Facility Utilization Data by Category of Service

<u>Clinical Service</u>	Authorized CON Beds 12/31/2009	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy 12/31/2009	Staff Bed Occupancy Rate %
Medical/Surgical	59	110	100	1,524	32,196	0	21.1	88.2	#####	80.2
0-14 Years				0	0					
15-44 Years				507	3,009					
45-64 Years				546	9,236					
65-74 Years				179	7,529					
75 Years +				292	12,422					
Pediatric	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Intensive Care	0	8	6	160	1,937	0	12.1	5.3	0.0	66.3
Direct Admission				37	448					
Transfers				123	1,489					
Obstetric/Gynecology	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Maternity				0	0					
Clean Gynecology				0	0					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds				0	0		0.0	0.0		
Acute Mental Illness	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Rehabilitation	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long-Term Acute Care	129	0	0	0	0	0	0.0	0.0	0.0	0.0
<i>Dedicated Observation</i>	0					0				
Facility Utilization	188			1,561	34,133	0	21.9	93.5	49.7	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	33.6%	14.0%	0.0%	48.9%	1.2%	2.3%	1,561
	525	218	0	763	19	36	
Outpatients	32.0%	24.6%	0.0%	38.5%	4.2%	0.6%	22,405
	7164	5521	11	8624	950	135	

Financial Year Reported:

7/1/2008 to

6/30/2009

Inpatient and Outpatient Net Revenue by Payor Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals	Charity Care Expense	Total Charity Care Expense
Inpatient Revenue (\$)	49.7%	15.0%	0.0%	30.0%	5.3%	100.0%	184,754	186,520
	31,307,091	9,452,199	0	18,919,331	3,353,949	63,032,570		Totals: Charity Care as % of Net Revenue
Outpatient Revenue (\$)	49.7%	15.0%	0.0%	30.0%	5.3%	100.0%	1,766	0.3%
	5,291,206	1,597,515	0	3,197,553	566,851	10,653,125		

Birthing Data

Number of Total Births: 0
 Number of Live Births: 0
 Birthing Rooms: 0
 Labor Rooms: 0
 Delivery Rooms: 0
 Labor-Delivery-Recovery Rooms: 0
 Labor-Delivery-Recovery-Postpartum Rooms: 0
 C-Section Rooms: 0
 CSections Performed: 0

Newborn Nursery Utilization

Level 1 Patient Days 0
 Level 2 Patient Days 0
 Level 2+ Patient Days 0
 Total Nursery Patientdays 0

Organ Transplantation

Kidney: 0
 Heart: 0
 Lung: 0
 Heart/Lung: 0
 Pancreas: 0
 Liver: 0
 Total: 0

Laboratory Studies

Inpatient Studies 130,069
 Outpatient Studies 43,454
 Studies Performed Under Contract 44,795

* Note: On 4/22/09, Board approved the reclassification of the beds under new category of service called Long Term Acute Care (LTAC) per PART 1100 rule. Facility opted to keep 59 beds in M/S and rest of the M/S beds clubbed with ICU were categorized as LTAC beds =129 beds. According to Board action on 4/22/09, Board reduced 50 LTAC beds voluntarily. New CON count for the facility is 188 beds (M/S=59, LTAC = 129). Total inpatient beds at the facility utilization prior to the Board action.

Surgery and Operating Room Utilization

Surgical Specialty	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	0	0	3	6	3	8	11	1.0	1.3
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	1	1	66	74	87	60	147	1.3	0.8
Gastroenterology	0	0	0	0	82	77	52	75	127	0.6	1.0
Neurology	0	0	0	0	0	0	0	0	0	0.0	0.0
OB/Gynecology	0	0	0	0	1	35	1	24	25	1.0	0.7
Oral/Maxillofacial	0	0	0	0	0	2	0	1	1	0.0	0.5
Ophthalmology	0	0	1	1	0	794	0	573	573	0.0	0.7
Orthopedic	0	0	0	0	0	18	0	31	31	0.0	1.7
Otolaryngology	0	0	0	0	0	19	0	21	21	0.0	1.1
Plastic Surgery	0	0	0	0	0	186	0	460	460	0.0	2.5
Podiatry	0	0	0	0	0	223	0	497	497	0.0	2.2
Thoracic	0	0	0	0	3	0	3	0	3	1.0	0.0
Urology	0	0	0	0	12	13	10	11	21	0.8	0.8
Totals	0	0	2	2	167	1447	166	1761	1917	0.9	1.2

SURGICAL RECOVERY STATIONS	Stage 1 Recovery Stations	13	Stage 2 Recovery Stations	21
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Dedicated and Non-Dedicated Procedure Room Utilization

Procedure Type	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	3	3	13	103	12	89	101	0.9	0.9
Laser Eye Procedures	0	0	1	1	0	145	0	37	37	0.0	0.3
Pain Management	0	0	0	0	0	0	0	0	0	0.0	0.0
Cystoscopy	0	0	1	1	7	0	9	0	9	1.3	0.0
Multipurpose Non-Dedicated Rooms											
	0	0	0	0	0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	0
Cath Labs used for Angiography procedures	0
Dedicated Diagnostic Catheterization Labs	0
Dedicated Interventional Catheterization Labs	0
Dedicated EP Catheterization Labs	0

Emergency/Trauma Care

Certified Trauma Center by EMS	<input type="checkbox"/>
Level of Trauma Service	Level 1 Level 2
Operating Rooms Dedicated for Trauma Care	0
Number of Trauma Visits:	0
Patients Admitted from Trauma	0
Emergency Service Type:	Stand-By
Number of Emergency Room Stations	0
Persons Treated by Emergency Services:	0
Patients Admitted from Emergency:	0
Total ED Visits (Emergency+Trauma):	0

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	0
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	0
Interventional Catheterizations (0-14):	0
Interventional Catheterizations (15+)	0
EP Catheterizations (15+)	0

Cardiac Surgery Data

Total Cardiac Surgery Cases:	0
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	0
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	0

Outpatient Service Data

Total Outpatient Visits	22,405
Outpatient Visits at the Hospital/ Campus:	22,405
Outpatient Visits Offsite/off campus	0

Diagnostic/Interventional Equipment

	Examinations		Radiation Equipment		Therapies/ Treatments			
	Owned	Contract	Inpatient	Outpatient				
General Radiography/Fluoroscopy	8	0	6,055	4,191	Lithotripsy	0	0	0
Nuclear Medicine	2	0	50	410	Linear Accelerator	0	0	0
Mammography	3	0	0	4,250	Image Guided Rad Therapy	0	0	0
Ultrasound	5	0	769	2,692	Intensity Modulated Rad Therap	0	0	0
Diagnostic Angiography	0	0	0	0	High Dose Brachytherapy	0	0	0
Interventional Angiography	0	0	0	0	Proton Beam Therapy	0	0	0
Positron Emission Tomography (PET)	0	0	0	0	Gamma Knife	0	0	0
Computerized Axial Tomography (CAT)	1	0	1,554	1,125	Cyber knife	0	0	0
Magnetic Resonance Imaging	1	0	0	722				

<u>Ownership, Management and General Information</u>		<u>Patients by Race</u>		<u>Patients by Ethnicity</u>	
ADMINISTRATOR NAME:	Mike Brown	White	80.1%	Hispanic or Latino:	2.1%
ADMINSTRATOR PHONE	217-443-5201	Black	16.9%	Not Hispanic or Latino:	97.3%
OWNERSHIP:	Provena Health	American Indian	0.1%	Unknown:	0.5%
OPERATOR:	Provena Health	Asian	0.2%	IDPH Number:	4853
MANAGEMENT:	Church-Related	Hawaiian/ Pacific	0.0%	HPA	D-03
CERTIFICATION:	None	Unknown:	2.7%	HSA	4
FACILITY DESIGNATION:	General Hospital				
ADDRESS	812 North Logan Street	CITY:	Danville	COUNTY:	Vermilion County

<u>Facility Utilization Data by Category of Service</u>										
<u>Clinical Service</u>	<u>Authorized CON Beds 12/31/2009</u>	<u>Peak Beds Setup and Staffed</u>	<u>Peak Census</u>	<u>Admissions</u>	<u>Inpatient Days</u>	<u>Observation Days</u>	<u>Average Length of Stay</u>	<u>Average Daily Census</u>	<u>CON Occupancy 12/31/2009</u>	<u>Staff Bed Occupancy Rate %</u>
Medical/Surgical	134	82	76	4,629	19,701	3,248	5.0	62.9	46.9	76.7
0-14 Years				0	0					
15-44 Years				708	2,035					
45-64 Years				1,318	5,251					
65-74 Years				830	3,906					
75 Years +				1,773	8,509					
Pediatric	9	8	8	168	329	94	2.5	1.2	12.9	14.5
Intensive Care	14	12	12	996	1,910	46	2.0	5.4	38.3	44.7
Direct Admission				642	1,231					
Transfers				354	679					
Obstetric/Gynecology	17	15	15	1,051	2,065	120	2.1	6.0	35.2	39.9
Maternity				916	1,738					
Clean Gynecology				135	327					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds				0	0		0.0	0.0		
Acute Mental Illness	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Rehabilitation	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
<i>Dedicated Observation</i>	0					0				
Facility Utilization	174			6,490	24,005	3,508	4.2	75.4	43.3	

(Includes ICU Direct Admissions Only)

<u>Inpatients and Outpatients Served by Payer Source</u>							
	<u>Medicare</u>	<u>Medicaid</u>	<u>Other Public</u>	<u>Private Insurance</u>	<u>Private Pay</u>	<u>Charity Care</u>	<u>Totals</u>
Inpatients	49.7%	24.2%	0.4%	22.1%	1.1%	2.6%	6,490
	3224	1570	24	1434	71	167	
Outpatients	19.3%	31.7%	0.9%	35.1%	8.4%	4.5%	87,354
	16876	27695	795	30690	7345	3953	

<u>Financial Year Reported:</u>	<u>1/1/2009 to 12/31/2009</u>		<u>Inpatient and Outpatient Net Revenue by Payer Source</u>					<u>Charity Care Expense</u>	<u>Total Charity Care Expense</u>
	<u>Medicare</u>	<u>Medicaid</u>	<u>Other Public</u>	<u>Private Insurance</u>	<u>Private Pay</u>	<u>Totals</u>			
Inpatient Revenue (\$)	37.6%	20.5%	0.3%	36.8%	4.8%	100.0%	1,066,068	4,019,971	
	16,776,873	9,156,068	128,018	16,398,885	2,129,524	44,589,368		Totals: Charity Care as % of Net Revenue	
Outpatient Revenue (\$)	14.4%	11.7%	1.5%	59.1%	13.3%	100.0%	2,953,903	3.5%	
	10,036,415	8,123,116	1,056,472	41,059,236	9,246,308	69,521,547			

<u>Birthing Data</u>		<u>Newborn Nursery Utilization</u>		<u>Organ Transplantation</u>	
Number of Total Births:	787	Level 1 Patient Days	1,217	Kidney:	0
Number of Live Births:	787	Level 2 Patient Days	33	Heart:	0
Birthing Rooms:	0	Level 2+ Patient Days	0	Lung:	0
Labor Rooms:	0	Total Nursery Patientdays	1,250	Heart/Lung:	0
Delivery Rooms:	0			Pancreas:	0
Labor-Delivery-Recovery Rooms:	5			Liver:	0
Labor-Delivery-Recovery-Postpartum Rooms:	0			Total:	0
C-Section Rooms:	1				
CSections Performed:	245				

* Note: According to Board action on 4/22/09, Board reduced 36 beds (M/S= 24, Ped=9, OB=2, ICU=1) overall voluntarily. New CON count for the facility is 174 beds. Regarding Actual Cost of Services Provided to Charity Care Inpatients and Outpatients, Provena calculated using the 2009 IRS 990 Schedule H instructions to determine the cost to charge ratio. This methodology was used because the 2009 Medicare Cost Report was not available at the time the AHQ was due.

Surgery and Operating Room Utilization

Surgical Specialty	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	0	0	63	13	171	13	184	2.7	1.0
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	4	4	872	789	1817	875	2692	2.1	1.1
Gastroenterology	0	0	2	2	138	108	150	73	223	1.1	0.7
Neurology	0	0	0	0	0	0	0	0	0	0.0	0.0
OB/Gynecology	0	0	0	0	293	339	641	386	1027	2.2	1.1
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	0	0	0	0	0	0	0	0.0	0.0
Orthopedic	0	0	0	0	169	65	476	104	580	2.8	1.6
Otolaryngology	0	0	0	0	9	318	20	448	468	2.2	1.4
Plastic Surgery	0	0	0	0	1	1	1	1	2	1.0	1.0
Podiatry	0	0	0	0	1	17	1	25	26	1.0	1.5
Thoracic	0	0	0	0	0	0	0	0	0	0.0	0.0
Urology	0	0	0	0	25	6	42	6	48	1.7	1.0
Totals	0	0	6	6	1571	1656	3319	1931	5250	2.1	1.2

SURGICAL RECOVERY STATIONS	Stage 1 Recovery Stations	0	Stage 2 Recovery Stations	0
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Dedicated and Non-Dedicated Procedure Room Utilization

Procedure Type	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	2	2	363	1151	277	865	1142	0.8	0.8
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	0	0	0	0	0	0	0	0.0	0.0
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
Multipurpose Non-Dedicated Rooms											
	0	0	0	0	0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	1
Cath Labs used for Angiography procedures	0
Dedicated Diagnostic Catheterization Labs	1
Dedicated Interventional Catheterization Labs	0
Dedicated EP Catheterization Labs	0

Emergency/Trauma Care

Certified Trauma Center by EMS	<input type="checkbox"/>
Level of Trauma Service	Level 1 Level 2
	--- ---
Operating Rooms Dedicated for Trauma Care	0
Number of Trauma Visits:	0
Patients Admitted from Trauma	0
Emergency Service Type:	Basic
Number of Emergency Room Stations	29
Persons Treated by Emergency Services:	37,712
Patients Admitted from Emergency:	4,225
Total ED Visits (Emergency+Trauma):	37,712

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	56
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	56
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	0
EP Catheterizations (15+)	0

Cardiac Surgery Data

Total Cardiac Surgery Cases:	0
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	0
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	0

Outpatient Service Data

Total Outpatient Visits	217,114
Outpatient Visits at the Hospital/ Campus:	217,114
Outpatient Visits Offsite/off campus	0

Diagnostic/Interventional Equipment

	Examinations				Radiation Equipment			Therapies/ Treatments
	Owned	Contract	Inpatient	Outpatient	Owned	Contract		
General Radiography/Fluoroscopy	6	0	8,830	23,841	Lithotripsy	0	0	0
Nuclear Medicine	2	0	402	1,803	Linear Accelerator	1	0	11,445
Mammography	1	0	0	3,925	Image Guided Rad Therapy	0	0	0
Ultrasound	2	0	922	6,877	Intensity Modulated Rad Therap	0	0	0
Diagnostic Angiography	0	0	0	0	High Dose Brachytherapy	0	0	0
Interventional Angiography	0	0	0	0	Proton Beam Therapy	0	0	0
Positron Emission Tomography (PET)	0	1	0	132	Gamma Knife	0	0	0
Computerized Axial Tomography (CAT)	2	0	3,222	11,462	Cyber knife	0	0	0
Magnetic Resonance Imaging	2	0	454	3,565				

Ownership, Management and General Information

ADMINISTRATOR NAME: David A. Bertauski
ADMINSTRATOR PHONE 217-337-2141
OWNERSHIP: Provena Covenant Medical Center
OPERATOR: Provena Covenant Medical Center
MANAGEMENT: Church-Related
CERTIFICATION: None
FACILITY DESIGNATION: General Hospital
ADDRESS 1400 West Park Avenue

Patients by Race

White 82.4%
 Black 14.0%
 American Indian 0.1%
 Asian 1.2%
 Hawaiian/ Pacific 0.0%
 Unknown: 2.3%

Patients by Ethnicity

Hispanic or Latino: 1.1%
 Not Hispanic or Latino: 97.7%
 Unknown: 1.2%
 IDPH Number: 4861
 HPA D-01
 HSA 4

CITY: Urbana

COUNTY: Champaign County

Facility Utilization Data by Category of Service

Clinical Service	Authorized CON Beds 12/31/2009	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy 12/31/2009	Staff Bed Occupancy Rate %
Medical/Surgical	110	95	83	5,325	18,950	3,012	4.1	60.2	54.7	63.3
0-14 Years				0	0					
15-44 Years				653	1,806					
45-64 Years				1,724	6,148					
65-74 Years				1,027	3,703					
75 Years +				1,921	7,293					
Pediatric	6	4	3	74	140	0	1.9	0.4	6.4	9.6
Intensive Care	15	14	14	1,397	3,594	34	2.6	9.9	66.3	71.0
Direct Admission				659	1,695					
Transfers				738	1,899					
Obstetric/Gynecology	24	22	22	1,249	2,839	74	2.3	8.0	33.3	36.3
Maternity				988	2,223					
Clean Gynecology				261	616					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Wing Beds				0	0		0.0	0.0		
Acute Mental Illness	30	25	21	923	4,246	0	4.6	11.6	38.8	46.5
Rehabilitation	25	21	19	396	4,362	0	11.0	12.0	47.8	56.9
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Skilled Observation	0					0				
Facility Utilization	210			8,626	34,131	3,120	4.3	102.1	48.6	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payer Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	45.8%	16.6%	1.9%	30.2%	2.8%	2.8%	
	3951	1429	164	2602	238	242	8,628
Outpatients	16.6%	45.8%	1.9%	30.4%	4.0%	1.3%	
	39058	107961	4488	71721	9524	3089	235,841

Financial Year Reported:

11/1/2009 to 12/31/2009

Inpatient and Outpatient Net Revenue by Payer Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals	Charity Care Expense	Total Charity Care Expense
Inpatient Revenue (\$)	43.0%	16.2%	0.4%	38.5%	3.0%	100.0%	1,846,049	4,601,304
	36,829,206	13,070,156	320,129	32,988,965	2,538,299	85,746,755	1,846,049	
Outpatient Revenue (\$)	11.9%	4.9%	2.6%	66.1%	14.4%	100.0%	2,755,255	
	9,423,391	3,928,867	2,085,649	52,568,920	11,481,099	79,487,926	2,755,255	2.8%

Birthing Data

Number of Total Births: 961
 Number of Live Births: 956
 Birthing Rooms: 0
 Labor Rooms: 0
 Delivery Rooms: 0
 Labor-Delivery-Recovery Rooms: 9
 Labor-Delivery-Recovery-Postpartum Rooms: 0
 Section Rooms: 2
 Sections Performed: 276

Newborn Nursery Utilization

Level 1 Patient Days 1,592
 Level 2 Patient Days 0
 Level 2+ Patient Days 798
 Total Nursery Patientdays 2,390
 Laboratory Studies
 Inpatient Studies 225,927
 Outpatient Studies 271,900
 Studies Performed Under Contract 58,884

Organ Transplantation

Kidney: 0
 Heart: 0
 Lung: 0
 Heart/Lung: 0
 Pancreas: 0
 Liver: 0
 Total: 0

Note: According to Board action on 4/22/09, Board reduced 44 beds (M/S= 18, Ped=12, AMI=10, ICU=3, Rehab=1) overall voluntarily. New CON count for the facility is 210 beds. Actual Cost of Services Provided to Charity Care Inpatients and Outpatients was calculated using the 2009 IPD-990 Splice H instructions to determine the cost to charge ratio. This methodology was used by Provena because the 2009 Medicare Cost Report was not available at time AHQ was due.

Surgery and Operating Room Utilization

Surgical Specialty	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	0	0	178	473	495	614	1109	2.8	1.3
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	12	12	451	1199	1256	1557	2813	2.8	1.3
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	0	0	20	54	56	70	126	2.8	1.3
OB/Gynecology	0	0	0	0	189	502	527	652	1179	2.8	1.3
Oral/Maxillofacial	0	0	0	0	11	30	31	38	69	2.8	1.3
Ophthalmology	0	0	0	0	194	514	540	666	1206	2.8	1.3
Orthopedic	0	0	0	0	413	1102	1153	1431	2584	2.8	1.3
Otolaryngology	0	0	0	0	276	734	767	953	1720	2.8	1.3
Plastic Surgery	0	0	0	0	3	7	9	10	19	3.0	1.4
Podiatry	0	0	0	0	129	342	360	443	803	2.8	1.3
Thoracic	0	0	0	0	17	46	47	59	106	2.8	1.3
Urology	0	0	0	0	237	630	660	818	1478	2.8	1.3
Totals	0	0	12	12	2118	5633	5901	7311	13212	2.8	1.3

SURGICAL RECOVERY STATIONS Stage 1 Recovery Stations 15 Stage 2 Recovery Stations 0

Dedicated and Non-Dedicated Procedure Room Utilization

Procedure Type	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	2	2	522	3444	434	2870	3304	0.8	0.8
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	0	0	0	0	0	0	0	0.0	0.0
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
Multipurpose Non-Dedicated Rooms											
	0	0	0	0	0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	3
Cath Labs used for Angiography procedures	3
Dedicated Diagnostic Catheterization Labs	0
Dedicated Interventional Catheterization Labs	0
Dedicated EP Catheterization Labs	0

Emergency/Trauma Care

Certified Trauma Center by EMS	<input type="checkbox"/>
Level of Trauma Service	Level 1 Level 2
Operating Rooms Dedicated for Trauma Care	0
Number of Trauma Visits:	0
Patients Admitted from Trauma	0
Emergency Service Type:	Comprehensive
Number of Emergency Room Stations	22
Persons Treated by Emergency Services:	35,126
Patients Admitted from Emergency:	4,218
Total ED Visits (Emergency+Trauma):	35,126

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	1,931
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	1,341
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	563
EP Catheterizations (15+)	27

Cardiac Surgery Data

Total Cardiac Surgery Cases:	123
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	123
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	109

Outpatient Service Data

Total Outpatient Visits	235,841
Outpatient Visits at the Hospital/ Campus:	235,841
Outpatient Visits Offsite/off campus	0

Diagnostic/Interventional Equipment

	Examinations			
	Owned	Contract	Inpatient	Outpatient
General Radiography/Fluoroscopy	14	0	12,224	20,241
Nuclear Medicine	3	0	372	2,846
Mammography	1	0	0	2,379
Ultrasound	4	0	2,260	4,607
Diagnostic Angiography	1	0	1,087	429
Interventional Angiography	0	0	0	0
Positron Emission Tomography (PET)	0	1	0	82
Computerized Axial Tomography (CAT)	2	0	3,751	9,384
Magnetic Resonance Imaging	1	0	891	1,879

Radiation Equipment

	Radiation Equipment		Therapies/ Treatments
	Owned	Contract	
Lithotripsy	0	1	140
Linear Accelerator	1	0	3,100
Image Guided Rad Therapy	0	0	0
Intensity Modulated Rad Therap	0	0	0
High Dose Brachytherapy	0	0	0
Proton Beam Therapy	0	0	0
Gamma Knife	0	0	0
Cyber knife	0	0	0

Ownership, Management and General Information		Patients by Race		Patients by Ethnicity	
ADMINISTRATOR NAME:	James D. Witt	White	62.8%	Hispanic or Latino:	22.7%
ADMINSTRATOR PHONE	630-801-2616	Black	11.6%	Not Hispanic or Latino:	75.0%
OWNERSHIP:	Provena Hospitals d/b/a Provena Mercy Medical Cent	American Indian	0.0%	Unknown:	2.3%
OPERATOR:	Provena Hospitals d/b/a Provena Mercy Medical Cent	Asian	0.6%	IDPH Number:	4903
MANAGEMENT:	Church-Related	Hawaiian/ Pacific	0.0%	HPA	A-12
CERTIFICATION:	None	Unknown:	25.0%	HSA	8
FACILITY DESIGNATION:	General Hospital				
ADDRESS	1325 North Highland Avenue	CITY:	Aurora	COUNTY:	Kane County

Facility Utilization Data by Category of Service										
Clinical Service	Authorized CON Beds 12/31/2009	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy 12/31/2009	Staff Bed Occupancy Rate %
Medical/Surgical	156	122	87	5,229	22,430	3,479	5.0	71.0	45.5	58.2
0-14 Years				0	0					
15-44 Years				972	3,368					
45-64 Years				1,634	7,079					
65-74 Years				900	4,051					
75 Years +				1,723	7,932					
Pediatric	16	16	11	443	867	370	2.8	3.4	21.2	21.2
Intensive Care	16	16	16	1,097	3,425	50	3.2	9.5	59.5	59.5
Direct Admission				768	2,286					
Transfers				329	1,139					
Obstetric/Gynecology	16	16	15	1,239	2,620	79	2.2	7.4	46.2	46.2
Maternity				1,145	2,419					
Clean Gynecology				94	201					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds				0	0		0.0	0.0		
Acute Mental Illness	95	72	64	2,718	16,682	0	6.1	45.7	48.1	63.5
Rehabilitation	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
<i>Dedicated Observation</i>	0					0				
Facility Utilization	299			10,397	46,024	3,978	4.8	137.0	45.8	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payer Source							
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	36.6%	27.3%	0.5%	30.2%	3.2%	2.1%	10,397
	3809	2838	55	3140	335	220	
Outpatients	15.9%	30.9%	0.6%	32.2%	17.8%	2.6%	93,254
	14809	28825	557	29986	16615	2462	

Financial Year Reported:	1/1/2009 to 12/31/2009		Inpatient and Outpatient Net Revenue by Payer Source						Charity Care Expense	Total Charity Care Expense
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals				
Inpatient Revenue (\$)	39.1%	33.6%	0.4%	24.9%	1.9%	100.0%			6,367,773	
	30,667,645	26,391,096	350,575	19,532,576	1,501,912	78,443,804	2,638,341		Totals: Charity Care as % of Net Revenue	
Outpatient Revenue (\$)	17.1%	23.7%	0.4%	54.8%	4.1%	100.0%			3.2%	
	15,493,796	21,553,255	323,234	49,733,701	3,677,093	90,781,079	2,729,432			

Birthing Data		Newborn Nursery Utilization		Organ Transplantation	
Number of Total Births:	1,124	Level 1 Patient Days	1,746	Kidney:	0
Number of Live Births:	1,121	Level 2 Patient Days	989	Heart:	0
Birthing Rooms:	0	Level 2+ Patient Days	0	Lung:	0
Labor Rooms:	0	Total Nursery Patientdays	2,735	Heart/Lung:	0
Delivery Rooms:	0			Pancreas:	0
Labor-Delivery-Recovery Rooms:	0			Liver:	0
Labor-Delivery-Recovery-Postpartum Rooms:	16	Laboratory Studies		Total:	0
C-Section Rooms:	2	Inpatient Studies	238,354		
C-Sections Performed:	377	Outpatient Studies	122,789		
		Studies Performed Under Contract	28,893		

* Note: According to Board action on 4/22/09, Board reduced 16 beds (Ped=12, AMI=4) overall voluntarily. New CON count for the facility is 299 beds. Actual Cost of Services Provided to Charity Care Inpatients and Outpatients was calculated using the 2009 IRS 990 Schedule H instructions to determine the cost to charge ratio. This methodology was used because the 2009 Medicare Cost Report was not available at time of reporting.

Surgery and Operating Room Utilization

Surgical Specialty	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	2	0	0	2	377	74	1537	124	1661	4.1	1.7
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	10	10	668	678	1337	989	2326	2.0	1.5
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	0	0	54	33	230	78	308	4.3	2.4
OB/Gynecology	0	0	0	0	138	210	308	240	548	2.2	1.1
Oral/Maxillofacial	0	0	0	0	3	2	9	4	13	3.0	2.0
Ophthalmology	0	0	0	0	1	15	3	15	18	3.0	1.0
Orthopedic	0	0	0	0	539	390	1320	699	2019	2.4	1.8
Otolaryngology	0	0	0	0	75	75	115	88	203	1.5	1.2
Plastic Surgery	0	0	0	0	11	5	32	7	39	2.9	1.4
Podiatry	0	0	0	0	29	32	38	54	92	1.3	1.7
Thoracic	0	0	0	0	0	0	0	0	0	0.0	0.0
Urology	0	0	0	0	84	117	194	157	351	2.3	1.3
Totals	2	0	10	12	1979	1631	5123	2455	7578	2.6	1.5

SURGICAL RECOVERY STATIONS

Stage 1 Recovery Stations

12

Stage 2 Recovery Stations

19

Dedicated and Non-Dedicated Procedure Room Utilization

Procedure Type	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	2	2	801	1305	865	1310	2175	1.1	1.0
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	0	0	0	0	0	0	0	0.0	0.0
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
Multipurpose Non-Dedicated Rooms											
	0	0	0	0	0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	3
Cath Labs used for Angiography procedures	1
Dedicated Diagnostic Catheterization Labs	0
Dedicated Interventional Catheterization Labs	0
Dedicated EP Catheterization Labs	0

Emergency/Trauma Care

Certified Trauma Center by EMS	<input checked="" type="checkbox"/>
Level of Trauma Service	Level 1 Adult
Operating Rooms Dedicated for Trauma Care	Level 2 ---
Number of Trauma Visits:	0
Patients Admitted from Trauma	658
Emergency Service Type:	Comprehensive
Number of Emergency Room Stations	26
Persons Treated by Emergency Services:	43,713
Patients Admitted from Emergency:	4,485
Total ED Visits (Emergency+Trauma):	44,371

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	1,701
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	983
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	531
EP Catheterizations (15+)	187

Cardiac Surgery Data

Total Cardiac Surgery Cases:	185
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	185
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	185

Outpatient Service Data

Total Outpatient Visits	196,631
Outpatient Visits at the Hospital/ Campus:	196,631
Outpatient Visits Offsite/off campus	0

Diagnostic/Interventional Equipment

Examinations

Radiation Equipment

Therapies/ Treatments

	Owned		Contract		Inpatient	Outpatient	Owned		Contract	Therapies/ Treatments
General Radiography/Fluoroscopy	4	0	12,923	26,254			Lithotripsy	0	1	20
Nuclear Medicine	2	0	1,035	3,306			Linear Accelerator	0	0	0
Mammography	2	0	0	3,497			Image Guided Rad Therapy	0	0	0
Ultrasound	3	0	2,531	9,994			Intensity Modulated Rad Therap	0	0	0
Diagnostic Angiography	0	0	0	0			High Dose Brachytherapy	0	0	0
Interventional Angiography	0	0	0	0			Proton Beam Therapy	0	0	0
Positron Emission Tomography (PET)	0	0	0	0			Gamma Knife	0	0	0
Computerized Axial Tomography (CAT)	3	0	4,665	13,917			Cyber knife	0	0	0
Magnetic Resonance Imaging	2	0	658	2,465						

Ownership, Management and General Information

ADMINISTRATOR NAME: Stephen O. Scogna
ADMINSTRATOR PHONE 847-695-3200 x5474
OWNERSHIP: Provena Hospitals d/b/a Provena Saint Joseph Hospi
OPERATOR: Provena Hospitals d/b/a Provena Saint Joseph Hospi
MANAGEMENT: Church-Related
CERTIFICATION: None
FACILITY DESIGNATION: General Hospital
ADDRESS 77 North Airlite Street

Patients by Race

White 81.5%
 Black 5.6%
 American Indian 0.0%
 Asian 1.5%
 Hawaiian/ Pacific 0.0%
 Unknown: 11.5%

Patients by Ethnicity

Hispanic or Latino: 9.8%
 Not Hispanic or Latino: 89.3%
 Unknown: 0.8%
 IDPH Number: 4887
 HPA A-11
 HSA 8

CITY: Elgin **COUNTY:** Kane County

Facility Utilization Data by Category of Service

Clinical Service	Authorized CON Beds 12/31/2009	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy 12/31/2009	Staff Bed Occupancy Rate %
Medical/Surgical	99	99	99	5,890	27,862	3,810	5.4	86.8	87.6	87.6
0-14 Years				34	75					
15-44 Years				941	3,341					
45-64 Years				1,774	7,903					
65-74 Years				1,098	5,495					
75 Years +				2,043	11,048					
Pediatric	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Intensive Care	15	15	15	1,123	4,210	0	3.7	11.5	76.9	76.9
Direct Admission				637	2,493					
Transfers				486	1,717					
Obstetric/Gynecology	0	15	6	232	508	66	2.5	1.6	0.0	10.5
Maternity				215	468					
Clean Gynecology				17	40					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds				0	0		0.0	0.0		
Acute Mental Illness	30	30	25	1,185	6,055	0	5.1	16.6	55.3	55.3
Rehabilitation	34	34	34	902	9,691	0	10.7	26.6	78.1	78.1
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
<i>Dedicated Observation</i>	0					0				
Facility Utilization	178			8,846	48,326	3,876	5.9	143.0	80.3	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	52.9%	11.0%	0.7%	30.6%	2.4%	2.4%	8,846
	4679	975	63	2711	210	208	
Outpatients	25.7%	17.9%	0.4%	42.7%	11.5%	1.7%	94,884
	24364	17017	422	40545	10954	1582	

Financial Year Reported: 1/1/2009 to 12/31/2009

Inpatient and Outpatient Net Revenue by Payor Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals	Charity Care Expense	Total Charity Care Expense
Inpatient Revenue (\$)	52.0%	17.7%	0.3%	28.1%	1.9%	100.0%	1,675,691	3,749,548
	39,020,448	13,249,904	210,860	21,061,538	1,439,586	74,982,336		
Outpatient Revenue (\$)	22.5%	14.4%	0.4%	60.1%	2.6%	100.0%	2,073,857	2.3%
	20,044,749	12,794,644	327,225	53,398,003	2,348,798	88,913,419		

Birthing Data

Number of Total Births: 222
 Number of Live Births: 222
 Birthing Rooms: 0
 Labor Rooms: 0
 Delivery Rooms: 0
 Labor-Delivery-Recovery Rooms: 7
 Labor-Delivery-Recovery-Postpartum Rooms: 0
 C-Section Rooms: 1
 CSections Performed: 47

Newborn Nursery Utilization

Level 1 Patient Days: 368
 Level 2 Patient Days: 239
 Level 2+ Patient Days: 63
 Total Nursery Patientdays: 670
 Inpatient Studies: 238,112
 Outpatient Studies: 152,236
 Studies Performed Under Contract: 80,753

Organ Transplantation

Kidney: 0
 Heart: 0
 Lung: 0
 Heart/Lung: 0
 Pancreas: 0
 Liver: 0
 Total: 0

* Note: According to project #09-033, approved on 10/13/09, facility discontinued 15 bed OB category of service. The data shown is prior to list discontinuation. Actual Cost of Services Provided to Charity Care Inpatients and Outpatients was calculated using the 2009 IRS 990 Schedule H instructions to determine the cost to charge ratio. This methodology was used because the 2009 Medicare Cost Report was not available for the 2009 period.

Surgery and Operating Room Utilization

Surgical Specialty	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	0	0	207	32	830	74	904	4.0	2.3
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	10	10	1040	981	1919	1261	3180	1.8	1.3
Gastroenterology	0	0	0	0	713	1170	741	1169	1910	1.0	1.0
Neurology	0	0	0	0	98	10	312	19	331	3.2	1.9
OB/Gynecology	0	0	0	0	63	103	141	115	256	2.2	1.1
Oral/Maxillofacial	0	0	0	0	4	0	4	0	4	1.0	0.0
Ophthalmology	0	0	0	0	3	279	4	287	291	1.3	1.0
Orthopedic	0	0	0	0	565	588	1472	1001	2473	2.6	1.7
Otolaryngology	0	0	0	0	77	200	118	377	495	1.5	1.9
Plastic Surgery	0	0	0	0	19	41	73	84	157	3.8	2.0
Podiatry	0	0	0	0	4	31	9	49	58	2.3	1.6
Thoracic	0	0	0	0	0	0	0	0	0	0.0	0.0
Urology	0	0	0	0	189	502	278	510	788	1.5	1.0
Totals	0	0	10	10	2982	3937	5901	4946	10847	2.0	1.3

SURGICAL RECOVERY STATIONS	Stage 1 Recovery Stations	11	Stage 2 Recovery Stations	22
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Dedicated and Non-Dedicated Procedure Room Utilization

Procedure Type	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	0	0	0	0	0	0	0	0.0	0.0
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	0	0	0	0	0	0	0	0.0	0.0
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
Multipurpose Non-Dedicated Rooms											
	0	0	0	0	0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	4
Cath Labs used for Angiography procedures	2
Dedicated Diagnostic Catheterization Labs	0
Dedicated Interventional Catheterization Labs	0
Dedicated EP Catheterization Labs	0

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	1,373
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	732
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	481
EP Catheterizations (15+)	160

Emergency/Trauma Care

Certified Trauma Center by EMS	<input checked="" type="checkbox"/>
Level of Trauma Service	Level 1 Adult
Operating Rooms Dedicated for Trauma Care	Level 2 ---
Number of Trauma Visits:	1
Patients Admitted from Trauma	564
Emergency Service Type:	Comprehensive
Number of Emergency Room Stations	20
Persons Treated by Emergency Services:	32,913
Patients Admitted from Emergency:	4,257
Total ED Visits (Emergency+Trauma):	33,477

Cardiac Surgery Data

Total Cardiac Surgery Cases:	64
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	64
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	64

Outpatient Service Data

Total Outpatient Visits	204,613
Outpatient Visits at the Hospital/ Campus:	172,261
Outpatient Visits Offsite/off campus	32,352

Diagnostic/Interventional Equipment

Examinations

Radiation Equipment

	Owned		Contract		Inpatient	Outpatient	Owned		Contract		Therapies/ Treatments
General Radiography/Fluoroscopy	5	0	14,504	22,969			Lithotripsy	0	0	0	
Nuclear Medicine	3	0	1,491	3,217			Linear Accelerator	2	0	4,854	
Mammography	3	0	0	6,823			Image Guided Rad Therapy	0	0	0	
Ultrasound	5	0	3,507	9,429			Intensity Modulated Rad Therap	1	0	1120	
Diagnostic Angiography	0	0	0	0			High Dose Brachytherapy	0	0	0	
Interventional Angiography	0	0	0	0			Proton Beam Therapy	0	0	0	
Positron Emission Tomography (PET)	0	1	0	182			Gamma Knife	0	0	0	
Computerized Axial Tomography (CAT)	2	0	6,194	16,786			Cyber knife	0	0	0	
Magnetic Resonance Imaging	1	0	1,449	2,538							

Ownership, Management and General Information		Patients by Race		Patients by Ethnicity	
ADMINISTRATOR NAME:	Jeffrey L. Brickman	White	77.3%	Hispanic or Latino:	8.2%
ADMINISTRATOR PHONE	815-725-7133	Black	12.7%	Not Hispanic or Latino:	91.5%
OWNERSHIP:	Provena Health	American Indian	0.0%	Unknown:	0.3%
OPERATOR:	Provena Hospitals d/b/a Provena St. Joseph Medical	Asian	0.8%	IDPH Number:	4838
MANAGEMENT:	Not for Profit Corporation	Hawaiian/ Pacific	0.0%	HPA	A-13
CERTIFICATION:	None	Unknown:	9.2%	HSA	9
FACILITY DESIGNATION:	General Hospital				
ADDRESS	333 North Madison Street	CITY:	Joliet	COUNTY:	Will County

Facility Utilization Data by Category of Service										
Clinical Service	Authorized CON Beds 12/31/2009	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy 12/31/2009	Staff Bed Occupancy Rate %
Medical/Surgical	319	282	271	15,783	67,402	9,063	4.8	209.5	65.7	74.3
0-14 Years				40	94					
15-44 Years				3,366	11,237					
45-64 Years				4,893	19,502					
65-74 Years				2,680	13,171					
75 Years +				4,804	23,398					
Pediatric	13	13	13	525	1,415	692	4.0	5.8	44.4	44.4
Intensive Care	52	52	51	4,413	11,848	22	2.7	32.5	62.5	62.5
Direct Admission				2,801	8,350					
Transfers				1,612	3,498					
Obstetric/Gynecology	33	33	33	2,406	6,039	275	2.6	17.3	52.4	52.4
Maternity				2,182	5,500					
Clean Gynecology				224	539					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds				0	0		0.0	0.0		
Acute Mental Illness	31	31	31	1,390	9,613	0	6.9	26.3	85.0	85.0
Rehabilitation	32	32	30	570	6,544	0	11.5	17.9	56.0	56.0
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
<i>Dedicated Observation</i>	0					0				
Facility Utilization	480			23,475	102,861	10,052	4.8	309.4	64.4	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payer Source							
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	46.0%	13.4%	0.9%	34.5%	3.2%	2.0%	23,475
	10793	3154	212	8099	751	466	
Outpatients	27.4%	16.9%	0.8%	48.5%	5.2%	1.3%	232,432
	63576	39251	1779	112829	12070	2927	

Financial Year Reported:	1/1/2009 to 12/31/2009		Inpatient and Outpatient Net Revenue by Payer Source					Charity Care Expense	Total Charity Care Expense 7,284,458
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals			
Inpatient Revenue (\$)	50.0%	11.1%	0.0%	25.3%	13.6%	100.0%	3,377,931	Totals: Charity Care as % of Net Revenue	
	101,834,552	22,548,805	0	51,620,573	27,643,931	203,647,861			
Outpatient Revenue (\$)	22.3%	6.0%	0.0%	51.9%	19.7%	100.0%	3,906,527	1.8%	
	46,700,399	12,443,368	0	108,545,931	41,267,927	208,957,625			

Birthing Data		Newborn Nursery Utilization		Organ Transplantation	
Number of Total Births:	2,016	Level 1 Patient Days	3,719	Kidney:	0
Number of Live Births:	2,011	Level 2 Patient Days	0	Heart:	0
Birthing Rooms:	0	Level 2+ Patient Days	1,943	Lung:	0
Labor Rooms:	0	Total Nursery Patientdays	5,662	Heart/Lung:	0
Delivery Rooms:	0			Pancreas:	0
Labor-Delivery-Recovery Rooms:	0			Liver:	0
Labor-Delivery-Recovery-Postpartum Rooms:	33	Laboratory Studies		Total:	0
C-Section Rooms:	2	Inpatient Studies	766,465		
CSections Performed:	745	Outpatient Studies	603,298		
		Studies Performed Under Contract	31,054		

* Note: The 2 Linear Accelerators are capable of performing IGRT, IMRT and Brachytherapy treatments. Actual Cost of Services Provided to Charity Care Inpatients and Outpatients was calculated using the 2009 IRS 990 Schedule H instructions to determine the cost to charge ratio. This methodology was used because the 2009 Medicare Cost Report was not available at time the AHQ was due

Surgery and Operating Room Utilization

Surgical Specialty	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	2	2	237	0	1377	0	1377	5.8	0.0
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	8	8	1383	1564	2553	1989	4542	1.8	1.3
Gastroenterology	0	0	0	0	1962	3416	1405	2393	3798	0.7	0.7
Neurology	0	0	0	0	373	49	1548	124	1672	4.2	2.5
OB/Gynecology	0	0	0	0	346	686	775	763	1538	2.2	1.1
Oral/Maxillofacial	0	0	0	0	2	25	5	62	67	2.5	2.5
Ophthalmology	0	0	0	0	6	386	11	363	374	1.8	0.9
Orthopedic	0	0	0	0	900	854	1974	1294	3268	2.2	1.5
Otolaryngology	0	0	0	0	143	436	201	541	742	1.4	1.2
Plastic Surgery	0	0	0	0	16	101	29	195	224	1.8	1.9
Podiatry	0	0	0	0	19	118	30	246	276	1.6	2.1
Thoracic	0	0	0	0	421	197	1266	323	1589	3.0	1.6
Urology	0	0	0	0	213	232	743	1309	2052	3.5	5.6
Totals	0	0	10	10	6021	8064	11917	9602	21519	2.0	1.2

SURGICAL RECOVERY STATIONS	Stage 1 Recovery Stations	10	Stage 2 Recovery Stations	0
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Dedicated and Non-Dedicated Procedure Room Utilization

Procedure Type	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	3	3	1962	3416	1405	2393	3798	0.7	0.7
Laser Eye Procedures	0	0	1	1	0	56	0	21	21	0.0	0.4
Pain Management	0	0	1	1	57	170	66	202	268	1.2	1.2
Cystoscopy	0	0	1	1	184	350	251	385	636	1.4	1.1
Multipurpose Non-Dedicated Rooms											
	0	0	1	1	0	2	0	1	1	0.0	0.5
	0	0	0	0	0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	4
Cath Labs used for Angiography procedures	0
Dedicated Diagnostic Catheterization Labs	0
Dedicated Interventional Catheterization Labs	0
Dedicated EP Catheterization Labs	1

Emergency/Trauma Care

Certified Trauma Center by EMS	<input checked="" type="checkbox"/>
Level of Trauma Service	Level 1 Adult
Operating Rooms Dedicated for Trauma Care	1
Number of Trauma Visits:	904
Patients Admitted from Trauma	866
Emergency Service Type:	Comprehensive
Number of Emergency Room Stations	43
Persons Treated by Emergency Services:	69,565
Patients Admitted from Emergency:	12,450
Total ED Visits (Emergency+Trauma):	70,469

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	2,714
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	1,329
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	995
EP Catheterizations (15+)	390

Cardiac Surgery Data

Total Cardiac Surgery Cases:	855
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	855
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	284

Outpatient Service Data

Total Outpatient Visits	506,576
Outpatient Visits at the Hospital/ Campus:	464,506
Outpatient Visits Offsite/off campus	42,070

Diagnostic/Interventional Equipment

	Examinations				Radiation Equipment			Therapies/ Treatments
	Owned	Contract	Inpatient	Outpatient	Owned	Contract		
General Radiography/Fluoroscopy	29	0	26,372	71,389	Lithotripsy	0	1	27
Nuclear Medicine	4	0	3,667	10,206	Linear Accelerator	2	0	70
Mammography	2	0	0	13,856	Image Guided Rad Therapy	2	0	40
Ultrasound	8	0	5,143	19,181	Intensity Modulated Rad Therap	2	0	36
Diagnostic Angiography	0	0	0	0	High Dose Brachytherapy	2	0	19
Interventional Angiography	0	0	0	0	Proton Beam Therapy	0	0	0
Positron Emission Tomography (PET)	0	1	0	0	Gamma Knife	0	0	0
Computerized Axial Tomography (CAT)	7	0	8,981	29,106	Cyber knife	0	0	0
Magnetic Resonance Imaging	4	0	4,170	8,779				

Ownership, Management and General Information		Patients by Race		Patients by Ethnicity	
ADMINISTRATOR NAME:	Michael Arno	White	78.3%	Hispanic or Latino:	3.1%
ADMINISTRATOR PHONE:	(815) 937-2401	Black	20.7%	Not Hispanic or Latino:	96.6%
OWNERSHIP:	Provena Hospitals	American Indian	0.0%	Unknown:	0.3%
OPERATOR:	Provena Hospitals d/b/a Provena St.Marys Hospital	Asian	0.2%	IDPH Number:	4879
MANAGEMENT:	Church-Related	Hawaiian/ Pacific	0.0%	HPA	A-14
CERTIFICATION:	None	Unknown:	0.7%	HSA	9
FACILITY DESIGNATION:	General Hospital				
ADDRESS	500 West Court Street	CITY:	Kankakee	COUNTY:	Kankakee County

Facility Utilization Data by Category of Service										
Clinical Service	Authorized CON Beds 12/31/2009	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy 12/31/2009	Staff Bed Occupancy Rate %
Medical/Surgical	105	83	77	4,471	19,084	952	4.5	54.9	52.3	66.1
0-14 Years				5	19					
15-44 Years				817	2,600					
45-64 Years				1,789	6,969					
65-74 Years				694	3,272					
75 Years +				1,166	6,224					
Pediatric	14	13	10	542	1,711	445	4.0	5.9	42.2	45.4
Intensive Care	26	25	25	2,051	5,860	75	2.9	16.3	62.5	65.0
Direct Admission				1,417	3,233					
Transfers				634	2,627					
Obstetric/Gynecology	12	13	8	466	1,042	52	2.3	3.0	25.0	23.1
Maternity				420	936					
Clean Gynecology				46	106					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds				0	0		0.0	0.0		
Acute Mental Illness	25	21	21	649	3,488	3	5.4	9.6	38.3	45.5
Rehabilitation	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	0					0				
Facility Utilization	182			7,545	31,185	1,527	4.3	89.6	49.2	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source							
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	46.0%	17.8%	1.2%	28.8%	4.2%	1.9%	7,545
	3474	1343	94	2171	320	143	
Outpatients	26.9%	15.1%	1.4%	40.9%	14.1%	1.5%	103,475
	27886	15592	1481	42310	14624	1582	

Financial Year Reported:	1/1/2009 to 12/31/2009		Inpatient and Outpatient Net Revenue by Payor Source					Charity Care Expense	Total Charity Care Expense
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals			
Inpatient Revenue (\$)	52.5%	14.5%	0.2%	29.7%	3.1%	100.0%	1,856,922	2,657,530	
	32,691,073	9,028,207	105,333	18,527,435	1,932,268	62,284,316		Totals: Charity Care as % of Net Revenue	
Outpatient Revenue (\$)	19.1%	8.9%	0.2%	65.9%	5.9%	100.0%	800,608	1.9%	
	15,172,947	7,045,738	132,298	52,276,990	4,708,645	79,336,618			

Birthing Data		Newborn Nursery Utilization		Organ Transplantation	
Number of Total Births:	424	Level 1 Patient Days	781	Kidney:	0
Number of Live Births:	420	Level 2 Patient Days	242	Heart:	0
Birthing Rooms:	0	Level 2+ Patient Days	20	Lung:	0
Labor Rooms:	0	Total Nursery Patientdays	1,043	Heart/Lung:	0
Delivery Rooms:	0			Pancreas:	0
Labor-Delivery-Recovery Rooms:	1	Laboratory Studies		Liver:	0
Labor-Delivery-Recovery-Postpartum Rooms:	4	Inpatient Studies	167,326	Total:	0
C-Section Rooms:	1	Outpatient Studies	204,947		
CSections Performed:	116	Studies Performed Under Contract	0		

* Note: According to Board action on 4/22/09, Board reduced 4 ICU beds overall voluntarily. New CON count for the facility is 182 beds. Actual Cost of Services Provided to Charity Care Inpatients and Outpatients (Part II, Question 3 on page 14) was calculated using the 2009 IRS 990 Schedule H instructions to determine the cost to charge ratio. This methodology was used because the 2009 Medicare Cost Report was not available until 4/30/09 was due.

Surgery and Operating Room Utilization

Surgical Specialty	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	0	0	0	0	0	0	0	0.0	0.0
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	7	7	450	640	839	989	1828	1.9	1.5
Gastroenterology	0	0	0	0	166	69	201	83	284	1.2	1.2
Neurology	0	0	0	0	51	747	121	909	1030	2.4	1.2
OB/Gynecology	0	0	0	0	197	248	391	416	807	2.0	1.7
Oral/Maxillofacial	0	0	0	0	12	9	24	17	41	2.0	1.9
Ophthalmology	0	0	0	0	3	385	8	422	430	2.7	1.1
Orthopedic	0	0	0	0	394	607	1047	1223	2270	2.7	2.0
Otolaryngology	0	0	0	0	10	285	15	360	375	1.5	1.3
Plastic Surgery	0	0	0	0	1	33	4	66	70	4.0	2.0
Podiatry	0	0	0	0	11	76	18	154	172	1.6	2.0
Thoracic	0	0	0	0	24	14	60	17	77	2.5	1.2
Urology	0	0	1	1	197	659	301	872	1173	1.5	1.3
Totals	0	0	8	8	1516	3772	3029	5528	8557	2.0	1.5

SURGICAL RECOVERY STATIONS Stage 1 Recovery Stations 0 Stage 2 Recovery Stations 0

Dedicated and Non-Dedicated Procedure Room Utilization

Procedure Type	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	5	5	360	1289	382	1565	1947	1.1	1.2
Laser Eye Procedures	0	0	1	1	0	22	0	17	17	0.0	0.8
Pain Management	0	0	0	0	0	0	0	0	0	0.0	0.0
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
Multipurpose Non-Dedicated Rooms											
	0	0	0	0	0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	2
Cath Labs used for Angiography procedures	2
Dedicated Diagnostic Catheterization Labs	0
Dedicated Interventional Catheterization Labs	0
Dedicated EP Catheterization Labs	0

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	658
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	522
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	113
EP Catheterizations (15+)	23

Emergency/Trauma Care

Certified Trauma Center by EMS	<input checked="" type="checkbox"/>	
Level of Trauma Service	Level 1 Adult	Level 2 ---
Operating Rooms Dedicated for Trauma Care	1	
Number of Trauma Visits:	291	
Patients Admitted from Trauma	223	
Emergency Service Type:	Comprehensive	
Number of Emergency Room Stations	22	
Persons Treated by Emergency Services:	31,174	
Patients Admitted from Emergency:	5,913	
Total ED Visits (Emergency+Trauma):	31,465	

Cardiac Surgery Data

Total Cardiac Surgery Cases:	0
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	0
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	0

Outpatient Service Data

Total Outpatient Visits	218,663
Outpatient Visits at the Hospital/ Campus:	187,202
Outpatient Visits Offsite/off campus	31,461

Diagnostic/Interventional Equipment

Examinations

Radiation Equipment

	Owned		Contract		Inpatient	Outpatient	Radiation Equipment		Therapies/ Treatments	
							Owned	Contract		
General Radiography/Fluoroscopy	7	0	7,780	30,258			Lithotripsy	0	1	156
Nuclear Medicine	2	0	1,405	1,861			Linear Accelerator	0	0	0
Mammography	4	0	0	4,584			Image Guided Rad Therapy	0	0	0
Ultrasound	4	0	2,102	6,361			Intensity Modulated Rad Therap	0	0	0
Diagnostic Angiography	0	0	0	0			High Dose Brachytherapy	0	0	0
Interventional Angiography	0	0	0	0			Proton Beam Therapy	0	0	0
Positron Emission Tomography (PET)	0	1	0	0			Gamma Knife	0	0	0
Computerized Axial Tomography (CAT)	2	0	2,494	15,811			Cyber knife	0	0	0
Magnetic Resonance Imaging	2	0	609	255						

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14	15	12	27
15-44	159	185	344
45-64	308	322	630
65-74	266	388	654
75+ Yea	192	420	612
TOTAL	940	1,327	2,267

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	25	26	51
Medicare	414	851	1,265
Other Public Insurance	0	0	0
Private Pay	10	16	26
Charity Care	3	1	4
TOTAL	940	1,327	2,267

NET REVENUE BY PAYOR SOURCE for Fiscal Year

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
18.7%	0.5%	0.0%	58.6%	22.2%	100.0%		0%
870,580	21,951	0	2,730,613	1,035,739	4,658,883	16,139	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY PREP and CLEAN-UP		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	266	133.00	88.00	221.00	0.83
General	16	12.00	7.00	19.00	1.19
Laser Eye	0	0.00	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00	0.00
OB/Gynecology	0	0.00	0.00	0.00	0.00
Ophthalmology	1304	652.00	325.00	977.00	0.75
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	287	287.00	119.00	406.00	1.41
Otolaryngology	37	22.00	12.00	34.00	0.92
Pain Management	148	74.00	24.00	98.00	0.66
Plastic	0	0.00	0.00	0.00	0.00
Podiatry	164	164.00	68.00	232.00	1.41
Thoracic	0	0.00	0.00	0.00	0.00
Urology	45	30.00	22.00	52.00	1.16
TOTAL	2267	1,374.00	665.00	2039.00	0.90

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY PREP and CLEAN-UP		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TOTAL SURGERIES	SURGERY TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	0	0	0	0	0.00

Reference Numbers	Facility Id	7003131	Number of Operating Rooms	4	
Health Service Area	006	Planning Service Area	030	Procedure Rooms	0
BELMONT/HARLEM SURGERY CENTER, LLC			Exam Rooms	0	
3101 NORTH HARLEM AVENUE			Number of Recovery Stations Stage 1	5	
CHICAGO, IL 60634			Number of Recovery Stations Stage 2	8	

Administrator Date
 FAITH MCHALE Completed
 4/26/2010

Registered Agent
 NANCY ARMATAS

Property Owner
 RESURRECTION SERVICES

Legal Owner

Type of Ownership
 Limited Liability Company (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
RESURRECTION MEDICAL CENTER, CHICAGO	2
OUR LADY OF RESURRECTION, CHICAGO	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.00
Physicians	0.00
Nurse Anesthetists	0.00
Dir. of Nurses	1.00
Reg. Nurses	2.00
Certified Aides	1.00
Other Hlth. Profs.	2.00
Other Non-Hlth. Profs	3.00
TOTAL	9.00

DAYS AND HOURS OF OPERATION

Monday	10
Tuesday	10
Wednesday	10
Thursday	10
Friday	10
Saturday	0
Sunday	0

FACILITY NOTES

HISTORICAL UTILIZATION OF MANTENO DIALYSIS CENTER

Provena Health maintains a 50% ownership interest in Manteno Dialysis Center, 15-station ESRD facility located in Manteno, Illinois. According to data provided by The Renal Network, Manteno Dialysis Center operated at 41.11% of capacity during the reporting quarter ending September 30, 2009.

PROVENA COR MARIAE CENTER

3330 MARIA LINDEN DRIVE
ROCKFORD, IL. 61114

Reference Numbers Facility ID 6005771

Health Service Area 001 Planning Service Area 201

Administrator

Teresa Wester-Peters

Contact Person and Telephone

Sandra Fuller
815-877-7416

Registered Agent Information

Teresa Wester-Peters
3330 Maria Linden Drive
Rockford, IL 61114

FACILITY OWNERSHIP

NON-PROF CORPORATION

CONTINUING CARE COMMUNITY

No

LIFE CARE FACILITY

No

ADMISSION RESTRICTIONS

Aggressive/Anti-Social 0
Chronic Alcoholism 0
Developmentally Disabled 0
Drug Addiction 0
Medicaid Recipient 0
Medicare Recipient 0
Mental Illness 0
Non-Ambulatory 0
Non-Mobile 0
Public Aid Recipient 0
Under 65 Years Old 0
Unable to Self-Medicare 0
Ventilator Dependent 1
Infectious Disease w/ Isolation 0
Other Restrictions 0
No Restrictions 0

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS
Neoplasms 0
Endocrine/Metabolic 0
Blood Disorders 0
*Nervous System Non Alzheimer 0
Alzheimer Disease 0
Mental Illness 0
Developmental Disability 0
Circulatory System 28
Respiratory System 23
Digestive System 10
Genitourinary System Disorders 14
Skin Disorders 4
Musculo-skeletal Disorders 14
Injuries and Poisonings 10
Other Medical Conditions 12
Non-Medical Conditions 7
TOTALS 122

Note: Reported restrictions denoted by '1'

Total Residents Diagnosed as Mentally Ill 14

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2009

LEVEL OF CARE	LICENSED BEDS	PEAK	PEAK	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2009	
		BEDS SET-UP	BEDS USED					Residents on 1/1/2009	
Nursing Care	73	73	69	73	69	4	73	16	113
Skilled Under 22	0	0	0	0	0	0	0	0	484
Intermediate DD	0	0	0	0	0	0	0	0	475
Sheltered Care	61	61	53	61	53	8			122
TOTAL BEDS	134	134	122	134	122	12	73	16	Identified Offenders 0

FACILITY UTILIZATION - 2009

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private	Private	Charity	TOTAL	Licensed	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.		Insurance	Pay	Care		Pat. days	Beds
Nursing Care	10344	38.8%	4319	74.0%	0	0	8821	167	23651	88.8%	88.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	1570	17775	0	19345	86.9%	86.9%
TOTALS	10344	38.8%	4319	74.0%	0	1570	26596	167	42996	87.9%	87.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	1	1	0	0	0	0	0	1	1	2	3
65 to 74	2	2	0	0	0	0	2	3	4	5	9
75 to 84	3	12	0	0	0	0	5	8	8	20	28
85+	10	38	0	0	0	0	10	24	20	62	82
TOTALS	16	53	0	0	0	0	17	36	33	89	122

PROVENA COR MARIAE CENTER

3330 MARIA LINDEN DRIVE
ROCKFORD, IL. 61114

Reference Numbers Facility ID 6005771

Health Service Area 001 Planning Service Area 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Other				Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	36	12	3	3	15	0	69
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	53	0	53
TOTALS	36	12	3	3	68	0	122

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	343	207
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	144	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	1	1
Amer. Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pac. Isl.	0	0	0	0	0
White	65	0	0	52	117
Race Unknown	0	0	0	0	0
Total	69	0	0	53	122

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	1	1
Non-Hispanic	69	0	0	52	121
Ethnicity Unknown	0	0	0	0	0
Total	69	0	0	53	122

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	9.54
LPN's	13.78
Certified Aides	41.78
Other Health Staff	0.00
Non-Health Staff	58.70
Totals	126.80

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
36.0%	5.9%	0.0%	5.5%	52.6%	100.0%		0.3%
3,213,321	522,027	0	494,247	4,684,406	8,914,001	25,072	

*Charity Expense does not include expenses which may be considered a community benefit.

PROVENA GENEVA CARE CENTER

1101 EAST STATE STREET

GENEVA, IL. 60134

Reference Numbers Facility ID 6003503

Health Service Area 008 Planning Service Area 089

Administrator

Dawn Renee Furman

Contact Person and Telephone

DAWN. R. FURMAN

630-232-7544

Registered Agent Information

Date Completed
5/12/2010

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	24
Mental Illness	11
Developmental Disability	1
Circulatory System	10
Respiratory System	10
Digestive System	3
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	2
Injuries and Poisonings	1
Other Medical Conditions	12
Non-Medical Conditions	0
TOTALS	81

Total Residents Diagnosed as Mentally Ill 15

FACILITY OWNERSHIP

NON-PROF CORPORATION

CONTINUING CARE COMMUNITY

No

LIFE CARE FACILITY

No

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2009

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2009	
									Residents on 1/1/2009	
Nursing Care	107	106	106	106	81	26	63	69	89	190
Skilled Under 22	0	0	0	0	0	0	0	0		198
Intermediate DD	0	0	0	0	0	0	0	0		81
Sheltered Care	0	0	0	0	0	0	0	0		0
TOTAL BEDS	107	106	106	106	81	26	63	69		Identified Offenders

FACILITY UTILIZATION - 2009

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.		Pat. days	Pat. days	Pat. days		Pat. days	Occ. Pct.
Nursing Care	6481	28.2%	19671	78.1%	0	311	5973	0	32436	83.1%	83.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	6481	28.2%	19671	78.1%	0	311	5973	0	32436	83.1%	83.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	1	0	0	0	0	0	0	0	1	0	1
65 to 74	4	4	0	0	0	0	0	0	4	4	8
75 to 84	6	19	0	0	0	0	0	0	6	19	25
85+	6	40	0	0	0	0	0	0	6	40	46
TOTALS	18	63	0	0	0	0	0	0	18	63	81

PROVENA GENEVA CARE CENTER

1101 EAST STATE STREET
GENEVA, IL. 60134

Reference Numbers Facility ID 6003503

Health Service Area 008 Planning Service Area 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE					TOTALS	
	Medicare	Medicaid	Other Public	Private Insurance	Charity Care		
Nursing Care	15	47	0	1	18	0	81
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	15	47	0	1	18	0	81

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	274	224
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	81	0	0	0	81
Race Unknown	0	0	0	0	0
Total	81	0	0	0	81

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	81	0	0	0	81
Ethnicity Unknown	0	0	0	0	0
Total	81	0	0	0	81

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.50
Director of Nursing	1.00
Registered Nurses	7.50
LPN's	12.00
Certified Aides	41.00
Other Health Staff	7.00
Non-Health Staff	24.00
Totals	94.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
32.7%	38.5%	0.0%	1.5%	27.2%	100.0%		0.0%
2,055,000	2,417,269	0	95,656	1,709,374	6,277,299	0	

*Charity Expense does not include expenses which may be considered a community benefit.

PROVENA HERITAGE VILLAGE		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
901 NORTH ENTRANCE KANKAKEE, IL. 60901		Aggressive/Anti-Social	1	DIAGNOSIS		
Reference Numbers	Facility ID 6004246	Chronic Alcoholism	1	Neoplasms	0	
Health Service Area 009	Planning Service Area 091	Developmentally Disabled	0	Endocrine/Metabolic	0	
Administrator		Drug Addiction	1	Blood Disorders	0	
Carol McIntyre		Medicaid Recipient	1	*Nervous System Non Alzheimer	0	
Contact Person and Telephone		Medicare Recipient	0	Alzheimer Disease	19	
CAROL D MCINTYRE		Mental Illness	1	Mental Illness	0	
815-939-4506		Non-Ambulatory	0	Developmental Disability	1	
Registered Agent Information	Date Completed 4/9/2010	Non-Mobile	0	Circulatory System	31	
		Public Aid Recipient	0	Respiratory System	10	
		Under 65 Years Old	0	Digestive System	5	
		Unable to Self-Medicat	0	Genitourinary System Disorders	0	
		Ventilator Dependent	1	Skin Disorders	0	
		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	0	
		Other Restrictions	0	Injuries and Poisonings	0	
		No Restrictions	0	Other Medical Conditions	8	
FACILITY OWNERSHIP		<i>Note: Reported restrictions denoted by 'I'</i>			Non-Medical Conditions	0
NON-PROF CORPORATION				TOTALS	74	
CONTINUING CARE COMMUNITY	No			Total Residents Diagnosed as Mentally Ill	0	
LIFE CARE FACILITY	No					

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS								ADMISSIONS AND DISCHARGES - 2009	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	51	51	51	51	42	9	51	0	72	Total Admissions 2009
Skilled Under 22	0	0	0	0	0	0	0	0	225	Total Discharges 2009
Intermediate DD	0	0	0	0	0	0	0	0	74	Residents on 12/31/2009
Sheltered Care	79	36	36	36	32	47			0	Identified Offenders
TOTAL BEDS	130	87	87	87	74	56	51	0		

FACILITY UTILIZATION - 2009											
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE											
LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.							
Nursing Care	8657	46.5%	0	0.0%	0	547	9197	0	18401	98.9%	98.9%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	5840	365	6205	21.5%	47.2%
TOTALS	8657	46.5%	0	0.0%	0	547	15037	365	24606	51.9%	77.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009											
AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	0	0	0	0	0	0	0	1	0	1
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	0	4	0	0	0	0	0	0	0	4	4
75 to 84	5	10	0	0	0	0	0	4	5	14	19
85+	3	19	0	0	0	0	4	24	7	43	50
TOTALS	9	33	0	0	0	0	4	28	13	61	74

PROVENA HERITAGE VILLAGE

901 NORTH ENTRANCE

KANKAKEE, IL. 60901

Reference Numbers Facility ID 6004246

Health Service Area 009 Planning Service Area 091

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE						TOTALS
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	
Nursing Care	24	0	0	10	8	0	42
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	31	1	32
TOTALS	24	0	0	10	39	1	74

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	206	177
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	113	102

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SKUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	41	0	0	32	73
Race Unknown	0	0	0	0	0
Total	42	0	0	32	74

ETHNICITY	Nursing	SKUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	42	0	0	32	74
Ethnicity Unknown	0	0	0	0	0
Total	42	0	0	32	74

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	11.00
Certified Aides	41.00
Other Health Staff	4.00
Non-Health Staff	48.00
Totals	113.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
47.3%	0.0%	0.0%	3.7%	49.0%	100.0%		0.2%
2,600,153	0	0	200,575	2,691,589	5,492,317	9,000	

*Charity Expense does not include expenses which may be considered a community benefit.

PROVENA MCAULEY MANOR

400 W. SULLIVAN ROAD

AURORA, IL. 60506

Reference Numbers Facility ID 6005912

Health Service Area 008 Planning Service Area 089

Administrator

Jennifer Roach

Contact Person and Telephone

Bill Erue

630-859-3700

Registered Agent Information

Megan Kieffer

19065 Hickory Creek Drive Suite 300

Mokena, IL 60448

FACILITY OWNERSHIP

NON-PROF CORPORATION

CONTINUING CARE COMMUNITY

No

LIFE CARE FACILITY

No

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	3
Mental Illness	1
Developmental Disability	0
Circulatory System	17
Respiratory System	3
Digestive System	6
Genitourinary System Disorders	0
Skin Disorders	1
Musculo-skeletal Disorders	15
Injuries and Poisonings	4
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	63

Total Residents Diagnosed as Mentally Ill 1

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2009

LEVEL OF CARE	LICENSED BEDS	PEAK	PEAK	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2009	
		BEDS SET-UP	BEDS USED					Residents on 1/1/2009	
Nursing Care	87	87	74	87	63	24	87	9	62
Skilled Under 22	0	0	0	0	0	0	0	0	517
Intermediate DD	0	0	0	0	0	0	0	0	516
Sheltered Care	0	0	0	0	0	0	0	0	63
TOTAL BEDS	87	87	74	87	63	24	87	9	Identified Offenders 0

FACILITY UTILIZATION - 2009

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private	Private	Charity	TOTAL	Licensed	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.		Insurance	Pay	Care		Pat. days	Beds
Nursing Care	10591	33.4%	1312	39.9%	0	695	10073	192	22863	72.0%	72.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	10591	33.4%	1312	39.9%	0	695	10073	192	22863	72.0%	72.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	0	0	0	0	0	0	0	1	0	1
45 to 59	0	1	0	0	0	0	0	0	0	1	1
60 to 64	2	0	0	0	0	0	0	0	2	0	2
65 to 74	5	1	0	0	0	0	0	0	5	1	6
75 to 84	5	10	0	0	0	0	0	0	5	10	15
85+	6	32	0	0	0	0	0	0	6	32	38
TOTALS	19	44	0	0	0	0	0	0	19	44	63

PROVENA MCAULEY MANOR

400 W. SULLIVAN ROAD
AURORA, IL. 60506

Reference Numbers Facility ID 6005912

Health Service Area 008 Planning Service Area 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	24	4	0	4	31	0	63
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	24	4	0	4	31	0	63

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	228	207
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	60	0	0	0	60
Race Unknown	2	0	0	0	2
Total	63	0	0	0	63

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	61	0	0	0	61
Ethnicity Unknown	0	0	0	0	0
Total	63	0	0	0	63

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	7.00
LPN's	3.00
Certified Aides	22.00
Other Health Staff	6.00
Non-Health Staff	32.00
Totals	72.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
48.8%	2.4%	0.0%	3.0%	45.8%	100.0%		0.1%
3,259,177	161,944	0	201,199	3,056,364	6,678,684	7,530	

*Charity Expense does not include expenses which may be considered a community benefit.

PROVENA OUR LADY OF VICTORY

20 BRIARCLIFF LANE
BOURBONNAIS, IL. 60914
Reference Numbers Facility ID 6007009
Health Service Area 009 Planning Service Area 091

Administrator
Robin Gifford

Contact Person and Telephone

ROBIN GIFFORD
815-937-2022

Registered Agent Information

Date Completed 5/6/2010

FACILITY OWNERSHIP

NON-PROF CORPORATION

CONTINUING CARE COMMUNITY

No

LIFE CARE FACILITY

No

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	0
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	5
Blood Disorders	2
*Nervous System Non Alzheimer	5
Alzheimer Disease	1
Mental Illness	1
Developmental Disability	0
Circulatory System	25
Respiratory System	17
Digestive System	2
Genitourinary System Disorders	8
Skin Disorders	2
Musculo-skeletal Disorders	9
Injuries and Poisonings	5
Other Medical Conditions	10
Non-Medical Conditions	0
TOTALS	94

Total Residents Diagnosed as Mentally Ill 1

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2009

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2009	
		SET-UP	USED					Residents on 1/1/2009	
Nursing Care	107	107	107	94	13	55	90	Residents on 1/1/2009	95
Skilled Under 22	0	0	0	0	0		0	Total Admissions 2009	205
Intermediate DD	0	0	0	0	0		0	Total Discharges 2009	206
Sheltered Care	0	0	0	0	0		0	Residents on 12/31/2009	94
TOTAL BEDS	107	107	107	94	13	55	90	Identified Offenders	0

FACILITY UTILIZATION - 2009

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.							
Nursing Care	7906	39.4%	23104	70.3%	0	480	2785	0	34275	87.8%	87.8%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	7906	39.4%	23104	70.3%	0	480	2785	0	34275	87.8%	87.8%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	1	0	0	0	0	0	0	0	1	1
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	2	2	0	0	0	0	0	0	2	2	4
65 to 74	4	10	0	0	0	0	0	0	4	10	14
75 to 84	10	20	0	0	0	0	0	0	10	20	30
85+	4	41	0	0	0	0	0	0	4	41	45
TOTALS	20	74	0	0	0	0	0	0	20	74	94

PROVENA OUR LADY OF VICTORY

20 BRIARCLIFF LANE
BOURBONNAIS, IL. 60914

Reference Numbers Facility ID 6007009

Health Service Area 009 Planning Service Area 091

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Other				Private Pay	Charity Care	TOTALS
	Medicare	Medicaid	Public Insurance				
Nursing Care	21	64	0	0	9	0	94
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	21	64	0	0	9	0	94

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	177	173
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	8	0	0	0	8
Hawaiian/Pac. Isl.	0	0	0	0	0
White	86	0	0	0	86
Race Unknown	0	0	0	0	0
Total	94	0	0	0	94

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	94	0	0	0	94
Ethnicity Unknown	0	0	0	0	0
Total	94	0	0	0	94

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	10.00
LPN's	16.00
Certified Aides	27.00
Other Health Staff	0.00
Non-Health Staff	37.00
Totals	92.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
38.1%	46.8%	0.0%	2.6%	12.5%	100.0%		0.0%
2,380,646	2,919,597	0	162,995	777,678	6,240,916	0	

*Charity Expense does not include expenses which may be considered a community benefit.

PROVENA PINE VIEW CARE CENTER

611 ALLEN LANE
ST. CHARLES, IL. 60174Reference Numbers Facility ID 6007439
Health Service Area 008 Planning Service Area 089Administrator
MELISSA ADAMSContact Person and Telephone
HOLLY ORLAND
630-377-2211

Registered Agent Information

Date Completed
5/7/2010

FACILITY OWNERSHIP

NON-PROF CORPORATION

CONTINUING CARE COMMUNITY

No

LIFE CARE FACILITY

No

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicate	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	5
Alzheimer Disease	1
Mental Illness	3
Developmental Disability	0
Circulatory System	12
Respiratory System	11
Digestive System	3
Genitourinary System Disorders	5
Skin Disorders	4
Musculo-skeletal Disorders	11
Injuries and Poisonings	4
Other Medical Conditions	36
Non-Medical Conditions	4
TOTALS	103
Total Residents Diagnosed as Mentally Ill	24

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2009

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2009	
									Residents on 1/1/2009	
Nursing Care	120	110	110	110	103	17	120	60	Total Admissions 2009	270
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2009	255
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2009	103
Sheltered Care	0	0	0	0	0	0			Identified Offenders	0
TOTAL BEDS	120	110	110	110	103	17	120	60		

FACILITY UTILIZATION - 2009

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.							
Nursing Care	8895	20.3%	17874	81.6%	0	607	7533	0	34909	79.7%	86.9%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	8895	20.3%	17874	81.6%	0	607	7533	0	34909	79.7%	86.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	3	2	0	0	0	0	0	0	3	2	5
65 to 74	2	5	0	0	0	0	0	0	2	5	7
75 to 84	8	13	0	0	0	0	0	0	8	13	21
85+	12	56	0	0	0	0	0	0	12	56	68
TOTALS	26	77	0	0	0	0	0	0	26	77	103

PROVENA PINE VIEW CARE CENTER

611 ALLEN LANE
ST. CHARLES, IL. 60174

Reference Numbers Facility ID 6007439

Health Service Area 008 Planning Service Area 089

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other		Private Insurance	Charity Care	TOTALS
			Public	Insurance			
Nursing Care	25	50	0	1	27	0	103
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	25	50	0	1	27	0	103

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	327	227
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	103	0	0	0	103
Race Unknown	0	0	0	0	0
Total	103	0	0	0	103

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	103	0	0	0	103
Ethnicity Unknown	0	0	0	0	0
Total	103	0	0	0	103

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	20.00
LPN's	5.00
Certified Aides	38.00
Other Health Staff	0.00
Non-Health Staff	41.00
Totals	106.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
38.1%	30.5%	0.0%	2.6%	28.8%	100.0%		0.0%
2,855,512	2,289,829	0	193,073	2,163,888	7,502,302	0	

*Charity Expense does not include expenses which may be considered a community benefit.

PROVENA ST. ANN CENTER

4405 HIGHCREST ROAD
 ROCKFORD, IL. 61107
 Reference Numbers Facility ID 6008817
 Health Service Area 001 Planning Service Area 201

Administrator
 Janelle Chadwick

Contact Person and Telephone
 JANELLE CHADWICK
 815-229-1999

Registered Agent Information
 Meghan Kieffer
 19608 Hickory Creek Drive Suite 300
 Mokena, IL 60448

FACILITY OWNERSHIP
 NON-PROF CORPORATION

CONTINUING CARE COMMUNITY No
LIFE CARE FACILITY No

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	4
Blood Disorders	0
*Nervous System Non Alzheimer	7
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	33
Respiratory System	8
Digestive System	5
Genitourinary System Disorders	13
Skin Disorders	4
Musculo-skeletal Disorders	26
Injuries and Poisonings	34
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	143

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2009

LEVEL OF CARE	LICENSED BEDS	PEAK		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2009	
		BEDS SET-UP	BEDS USED					Residents on 1/1/2009	
Nursing Care	179	179	163	179	143	36	119	60	153
Skilled Under 22	0	0	0	0	0	0	0	0	724
Intermediate DD	0	0	0	0	0	0	0	0	734
Sheltered Care	0	0	0	0	0	0	0	0	143
TOTAL BEDS	179	179	163	179	143	36	119	60	Identified Offenders 0

FACILITY UTILIZATION - 2009

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.		Pat. days	Pat. days	Pat. days		Pat. days	Occ. Pct.
Nursing Care	15823	36.4%	19188	87.6%	0	3254	16973	0	55238	84.5%	84.5%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	15823	36.4%	19188	87.6%	0	3254	16973	0	55238	84.5%	84.5%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	1	1	0	0	0	0	0	0	1	1	2
60 to 64	0	2	0	0	0	0	0	0	0	2	2
65 to 74	5	8	0	0	0	0	0	0	5	8	13
75 to 84	8	27	0	0	0	0	0	0	8	27	35
85+	23	68	0	0	0	0	0	0	23	68	91
TOTALS	37	106	0	0	0	0	0	0	37	106	143

PROVENA ST. ANN CENTER

4405 HIGHCREST ROAD

ROCKFORD, IL. 61107

Reference Numbers Facility ID 6008817

Health Service Area 001 Planning Service Area 201

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE						TOTALS
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	
Nursing Care	44	52	0	8	39	0	143
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	44	52	0	8	39	0	143

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	231	195
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	RESIDENTS BY RACIAL/ETHNICITY GROUPING					Totals
	Nursing	SkUnd22	ICF/DD	Shelter	Totals	
Asian	0	0	0	0	0	0
Amer. Indian	0	0	0	0	0	0
Black	7	0	0	0	7	7
Hawaiian/Pac. Isl.	0	0	0	0	0	0
White	136	0	0	0	136	136
Race Unknown	0	0	0	0	0	0
Total	143	0	0	0	143	143
ETHNICITY	RESIDENTS BY RACIAL/ETHNICITY GROUPING					Totals
	Nursing	SkUnd22	ICF/DD	Shelter	Totals	
Hispanic	1	0	0	0	1	1
Non-Hispanic	142	0	0	0	142	142
Ethnicity Unknown	0	0	0	0	0	0
Total	143	0	0	0	143	143

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	21.00
LPN's	35.00
Certified Aides	100.00
Other Health Staff	5.00
Non-Health Staff	54.00
Totals	217.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
39.0%	18.5%	0.0%	8.5%	34.0%	100.0%		0.0%
4,961,570	2,358,343	0	1,081,399	4,329,706	12,731,018	0	

*Charity Expense does not include expenses which may be considered a community benefit.

PROVENA ST. JOSEPH CENTER

659 EAST JEFFERSON STREET
FREEPORT, IL. 61032

Reference Numbers Facility ID 6008973

Health Service Area 001 Planning Service Area 177

Administrator

Michelle Lindeman

Contact Person and Telephone

Michelle Lindeman

815-232-6181

Registered Agent Information

Date
Completed
5/4/2010

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	0
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by 'I'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	2
Endocrine/Metabolic	5
Blood Disorders	1
*Nervous System Non Alzheimer	11
Alzheimer Disease	3
Mental Illness	6
Developmental Disability	2
Circulatory System	41
Respiratory System	5
Digestive System	7
Genitourinary System Disorders	3
Skin Disorders	0
Musculo-skeletal Disorders	9
Injuries and Poisonings	2
Other Medical Conditions	5
Non-Medical Conditions	0
TOTALS	102
Total Residents Diagnosed as Mentally Ill	9

FACILITY OWNERSHIP

NON-PROF CORPORATION

CONTINUING CARE COMMUNITY

No

LIFE CARE FACILITY

No

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2009

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2009	
		SET-UP	USED					Residents on 1/1/2009	
Nursing Care	120	111	111	108	102	18	120	94	103
Skilled Under 22	0	0	0	0	0	0	0	0	193
Intermediate DD	0	0	0	0	0	0	0	0	194
Sheltered Care	0	0	0	0	0	0	0	0	102
TOTAL BEDS	120	111	111	108	102	18	120	94	Identified Offenders 0

FACILITY UTILIZATION - 2009

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance		Private Pay		Charity Care	TOTAL	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.		Pat. days	Pat. days	Pat. days	Pat. days				
Nursing Care	4263	9.7%	23066	67.2%	0	1291	10535	0	39155	89.4%	96.6%		
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%		
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%		
Sheltered Care					0	0	0	0	0	0.0%	0.0%		
TOTALS	4263	9.7%	23066	67.2%	0	1291	10535	0	39155	89.4%	96.6%		

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	8	0	0	0	0	0	0	1	8	9
75 to 84	9	23	0	0	0	0	0	0	9	23	32
85+	9	52	0	0	0	0	0	0	9	52	61
TOTALS	19	83	0	0	0	0	0	0	19	83	102

PROVENA ST. JOSEPH CENTER

659 EAST JEFFERSON STREET
FREEPORT, IL. 61032

Reference Numbers Facility ID 6008973

Health Service Area 001 Planning Service Area 177

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Other					Private Pay	Charity Care	TOTALS
	Medicare	Medicaid	Public	Insurance				
Nursing Care	12	59	0	2	29	0	102	
Skilled Under 22	0	0	0	0	0	0	0	
ICF/DD		0	0	0	0	0	0	
Sheltered Care			0	0	0	0	0	
TOTALS	12	59	0	2	29	0	102	

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	195	163
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	3	0	0	0	3
Hawaiian/Pac. Isl.	0	0	0	0	0
White	98	0	0	0	98
Race Unknown	1	0	0	0	1
Total	102	0	0	0	102

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	101	0	0	0	101
Ethnicity Unknown	1	0	0	0	1
Total	102	0	0	0	102

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.00
LPN's	15.00
Certified Aides	44.00
Other Health Staff	6.00
Non-Health Staff	47.00
Totals	122.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
18.4%	40.8%	0.0%	6.3%	34.5%	100.0%		0.1%
1,196,547	2,652,594	0	411,964	2,245,919	6,507,024	4,872	

*Charity Expense does not include expenses which may be considered a community benefit.

PROVENA VILLA FRANCISCAN		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
210 NORTH SPRINGFIELD AVENUE		Aggressive/Anti-Social	0	DIAGNOSIS		
JOLIET, IL. 60435		Chronic Alcoholism	0	Neoplasms	0	
Reference Numbers	Facility ID 6012678	Developmentally Disabled	0	Endocrine/Metabolic	2	
Health Service Area 009	Planning Service Area 197	Drug Addiction	0	Blood Disorders	1	
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	2	
Ann Dodge		Medicare Recipient	0	Alzheimer Disease	0	
Contact Person and Telephone		Mental Illness	0	Mental Illness	3	
ANN DODGE		Non-Ambulatory	0	Developmental Disability	0	
815-725-3400		Non-Mobile	0	Circulatory System	4	
Registered Agent Information	Date Completed 4/28/2010	Public Aid Recipient	0	Respiratory System	5	
		Under 65 Years Old	0	Digestive System	2	
		Unable to Self-Medicat	0	Genitourinary System Disorders	9	
		Ventilator Dependent	0	Skin Disorders	2	
		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	90	
		Other Restrictions	0	Injuries and Poisonings	2	
		No Restrictions	1	Other Medical Conditions	36	
FACILITY OWNERSHIP		<i>Note: Reported restrictions denoted by '1'</i>			Non-Medical Conditions	0
NON-PROF CORPORATION				TOTALS	158	
CONTINUING CARE COMMUNITY	No					
LIFE CARE FACILITY	No			Total Residents Diagnosed as Mentally Ill	102	

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS						ADMISSIONS AND DISCHARGES - 2009		Residents on 1/1/2009	
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED		
Nursing Care	176	176	173	176	158	18	176	82	166	517
Skilled Under 22	0	0	0	0	0	0		0		525
Intermediate DD	0	0	0	0	0	0		0		158
Sheltered Care	0	0	0	0	0	0				
TOTAL BEDS	176	176	173	176	158	18	176	82	Identified Offenders	0

FACILITY UTILIZATION - 2009											
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE											
LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.		Pat. days	Pat. days	Pat. days		Pat. days	Occ. Pct.
Nursing Care	24894	38.8%	16739	55.9%	0	989	16317	0	58939	91.7%	91.7%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	24894	38.8%	16739	55.9%	0	989	16317	0	58939	91.7%	91.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009												
AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female		
Under 18	0	0	0	0	0	0	0	0	0	0	0	
18 to 44	0	0	0	0	0	0	0	0	0	0	0	
45 to 59	3	0	0	0	0	0	0	0	3	0	3	
60 to 64	2	0	0	0	0	0	0	0	2	0	2	
65 to 74	7	8	0	0	0	0	0	0	7	8	15	
75 to 84	25	38	0	0	0	0	0	0	25	38	63	
85+	9	66	0	0	0	0	0	0	9	66	75	
TOTALS	46	112	0	0	0	0	0	0	46	112	158	

PROVENA VILLA FRANCISCAN
210 NORTH SPRINGFIELD AVENUE
JOLIET, IL. 60435

Reference Numbers Facility ID 6012678

Health Service Area 009 Planning Service Area 197

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Other				Private	Charity	TOTALS
	Medicare	Medicaid	Public Insurance		Pay	Care	
Nursing Care	77	43	0	1	37	0	158
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	77	43	0	1	37	0	158

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	280	250
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	9	0	0	0	9
Hawaiian/Pac. Isl.	0	0	0	0	0
White	149	0	0	0	149
Race Unknown	0	0	0	0	0
Total	158	0	0	0	158

ETHNICITY	Nursing	SkiUnd22	ICF/DD	Shelter	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	151	0	0	0	151
Ethnicity Unknown	0	0	0	0	0
Total	158	0	0	0	158

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	2.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	23.42
LPN's	14.40
Certified Aides	65.80
Other Health Staff	14.00
Non-Health Staff	137.38
Totals	258.00

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
51.8%	15.4%	0.0%	0.9%	31.9%	100.0%		0.0%
7,277,014	2,169,644	0	119,626	4,478,378	14,044,662	0	

*Charity Expense does not include expenses which may be considered a community benefit.

ST. BENEDICT NURSING & REHAB

6930 WEST TOUHY AVENUE

NILES, IL. 60714

Reference Numbers Facility ID 6008874

Health Service Area 007 Planning Service Area 702

Administrator

Peter Goschy

Contact Person and Telephone

BRENDA DAVIS

847-813-3712

Registered Agent Information

Sandra Bruce

7435 West Talcott

Chicago, IL 60631

FACILITY OWNERSHIP

NON-PROF CORPORATION

CONTINUING CARE COMMUNITY

No

LIFE CARE FACILITY

No

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	3
Endocrine/Metabolic	5
Blood Disorders	0
*Nervous System Non Alzheimer	8
Alzheimer Disease	0
Mental Illness	0
Developmental Disability	0
Circulatory System	26
Respiratory System	28
Digestive System	10
Genitourinary System Disorders	4
Skin Disorders	0
Musculo-skeletal Disorders	0
Injuries and Poisonings	0
Other Medical Conditions	12
Non-Medical Conditions	0
TOTALS	96

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2009

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2009	
									Residents on 1/1/2009	
Nursing Care	99	99	99	99	96	3	99	99	Total Admissions 2009	96
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2009	150
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2009	96
Sheltered Care	0	0	0	0	0	0		0	Identified Offenders	0
TOTAL BEDS	99	99	99	99	96	3	99	99		

FACILITY UTILIZATION - 2009

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.							
Nursing Care	7889	21.8%	5350	14.8%	0	0	21399	0	34638	95.9%	95.9%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	7889	21.8%	5350	14.8%	0	0	21399	0	34638	95.9%	95.9%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	2	1	0	0	0	0	0	0	2	1	3
75 to 84	9	18	0	0	0	0	0	0	9	18	27
85+	10	56	0	0	0	0	0	0	10	56	66
TOTALS	21	75	0	0	0	0	0	0	21	75	96

ST. BENEDICT NURSING & REHAB

6930 WEST TOUHY AVENUE

NILES, IL. 60714

Reference Numbers Facility ID 6008874

Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Other					Private Pay	Charity Care	TOTALS
	Medicare	Medicaid	Public	Insurance				
Nursing Care	22	16	0	0	58	0	96	
Skilled Under 22	0	0	0	0	0	0	0	
ICF/DD		0	0	0	0	0	0	
Sheltered Care			0	0	0	0	0	
TOTALS	22	16	0	0	58	0	96	

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	261	233
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0
White	96	0	0	0	96
Race Unknown	0	0	0	0	0
Total	96	0	0	0	96

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	96	0	0	0	96
Ethnicity Unknown	0	0	0	0	0
Total	96	0	0	0	96

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	8.68
LPN's	5.52
Certified Aides	40.61
Other Health Staff	43.00
Non-Health Staff	11.00
Totals	110.81

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
39.8%	7.4%	0.0%	0.0%	52.7%	100.0%		0.0%
3,792,372	707,936	0	0	5,021,073	9,521,381	0	

*Charity Expense does not include expenses which may be considered a community benefit.

RESURRECTION LIFE CENTER			ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
7370 WEST TALCOTT CHICAGO, IL. 60631			Aggressive/Anti-Social	0	DIAGNOSIS		
Reference Numbers Facility ID 6014575			Chronic Alcoholism	0	Neoplasms	4	
Health Service Area 006 Planning Service Area 601			Developmentally Disabled	1	Endocrine/Metabolic	10	
Administrator			Drug Addiction	1	Blood Disorders	0	
Nancy Razo			Medicaid Recipient	0	*Nervous System Non Alzheimer	14	
Contact Person and Telephone			Medicare Recipient	0	Alzheimer Disease	9	
BRENDA DAVIS			Mental Illness	1	Mental Illness	16	
847-813-3712			Non-Ambulatory	0	Developmental Disability	0	
Registered Agent Information			Non-Mobile	0	Circulatory System	22	
Date Completed 5/6/2010			Public Aid Recipient	0	Respiratory System	10	
Sandra Bruce			Under 65 Years Old	0	Digestive System	4	
7435 West Talcott			Unable to Self-Medicate	0	Genitourinary System Disorders	3	
Chicago, IL 60631			Ventilator Dependent	1	Skin Disorders	4	
FACILITY OWNERSHIP			Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	23	
NON-PROF CORPORATION			Other Restrictions	0	Injuries and Poisonings	0	
CONTINUING CARE COMMUNITY			No Restrictions	0	Other Medical Conditions	42	
LIFE CARE FACILITY			<i>Note: Reported restrictions denoted by '1'</i>			Non-Medical Conditions	0
No						TOTALS	161
No						Total Residents Diagnosed as Mentally Ill	16

LEVEL OF CARE	LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS						ADMISSIONS AND DISCHARGES - 2009			
	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	Residents on 1/1/2009	
Nursing Care	147	147	146	147	146	1	112	112	161	Total Admissions 2009
Skilled Under 22	0	0	0	0	0	0	0	0	264	Total Discharges 2009
Intermediate DD	0	0	0	0	0	0	0	0	161	Residents on 12/31/2009
Sheltered Care	15	15	15	15	15	0	0	0	0	Identified Offenders
TOTAL BEDS	162	162	161	162	161	1	112	112		

FACILITY UTILIZATION - 2009											
BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE											
LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds Set Up
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.							
Nursing Care	8445	20.7%	24529	60.0%	0	0	19603	0	52577	98.0%	98.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	5475	0	5475	100.0%	100.0%
TOTALS	8445	20.7%	24529	60.0%	0	0	25078	0	58052	98.2%	98.2%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009											
AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	0	0	0	0	0	2	0	3	0	3
75 to 84	4	31	0	0	0	0	1	3	5	34	39
85+	16	94	0	0	0	0	0	9	16	103	119
TOTALS	21	125	0	0	0	0	3	12	24	137	161

RESURRECTION LIFE CENTER

7370 WEST TALCOTT
CHICAGO, IL. 60631

Reference Numbers Facility ID 6014575

Health Service Area 006 Planning Service Area 601

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Other				Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	20	79	0	0	47	0	146
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	15	0	15
TOTALS	20	79	0	0	62	0	161

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	261	0
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	166	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	2	0	0	0	2
Hawaiian/Pac. Isl.	0	0	0	0	0
White	144	0	0	15	159
Race Unknown	0	0	0	0	0
Total	146	0	0	15	161

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	145	0	0	15	160
Ethnicity Unknown	0	0	0	0	0
Total	146	0	0	15	161

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	21.02
LPN's	7.00
Certified Aides	51.71
Other Health Staff	11.77
Non-Health Staff	30.40
Totals	123.90

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
29.0%	22.2%	0.0%	0.0%	48.8%	100.0%		0.0%
3,599,478	2,752,857	0	0	6,046,287	12,398,622	0	

*Charity Expense does not include expenses which may be considered a community benefit.

FACILITY NOTES

Bed Change 7/15/2009 Added 10 nursing care beds and discontinued 10 sheltered care beds. Facility now has 147 nursing care and 15 sheltered care beds.

RESURRECTION NSG & REHAB CTR

1001 NORTH GREENWOOD AVENUE

PARK RIDGE, IL. 60068

Reference Numbers Facility ID 6007892

Health Service Area 007 Planning Service Area 702

Administrator

James Farlee

Contact Person and Telephone

BRENDA DAVIS

847-813-3712

Registered Agent Information

Sandra Bruce

7435 West Talcott

Chicago, IL 60631

FACILITY OWNERSHIP

NON-PROF CORPORATION

CONTINUING CARE COMMUNITY

LIFE CARE FACILITY

No

No

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	1
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	31
Endocrine/Metabolic	0
Blood Disorders	0
*Nervous System Non Alzheimer	58
Alzheimer Disease	26
Mental Illness	0
Developmental Disability	0
Circulatory System	69
Respiratory System	41
Digestive System	0
Genitourinary System Disorders	12
Skin Disorders	0
Musculo-skeletal Disorders	25
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	262

Total Residents Diagnosed as Mentally Ill 0

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2009

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2009	
		SET-UP	USED					Residents on 1/1/2009	243
Nursing Care	298	285	262	262	36	298	298	Total Admissions 2009	603
Skilled Under 22	0	0	0	0	0	0	0	Total Discharges 2009	584
Intermediate DD	0	0	0	0	0	0	0	Residents on 12/31/2009	262
Sheltered Care	0	0	0	0	0	0	0	Identified Offenders	1
TOTAL BEDS	298	285	262	262	36	298	298		

FACILITY UTILIZATION - 2009

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.							
Nursing Care	20742	19.1%	41546	38.2%	0	2026	21347	1068	86729	79.7%	83.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care			0	0.0%	0	0	0	0	0	0.0%	0.0%
TOTALS	20742	19.1%	41546	38.2%	0	2026	21347	1068	86729	79.7%	83.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	5	3	0	0	0	0	0	0	5	3	8
60 to 64	5	9	0	0	0	0	0	0	5	9	14
65 to 74	16	21	0	0	0	0	0	0	16	21	37
75 to 84	20	49	0	0	0	0	0	0	20	49	69
85+	22	112	0	0	0	0	0	0	22	112	134
TOTALS	68	194	0	0	0	0	0	0	68	194	262

RESURRECTION NSG & REHAB CTR1001 NORTH GREENWOOD AVENUE
PARK RIDGE, IL. 60068

Reference Numbers Facility ID 6007892

Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other Public Insurance		Private Pay	Charity Care	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	52	136	0	8	62	4	262
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	52	136	0	8	62	4	262

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	261	220
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	4	0	0	0	4
Amer. Indian	0	0	0	0	0
Black	4	0	0	0	4
Hawaiian/Pac. Isl.	0	0	0	0	0
White	254	0	0	0	254
Race Unknown	0	0	0	0	0
Total	262	0	0	0	262
ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	2	0	0	0	2
Non-Hispanic	260	0	0	0	260
Ethnicity Unknown	0	0	0	0	0
Total	262	0	0	0	262

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	59.50
LPN's	3.00
Certified Aides	92.00
Other Health Staff	10.00
Non-Health Staff	89.00
Totals	255.50

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
48.2%	25.9%	0.0%	0.0%	25.9%	100.0%		0.1%
9,977,713	5,363,092	0	0	5,373,527	20,714,332	26,938	

*Charity Expense does not include expenses which may be considered a community benefit.

MARYHAVEN NSG. & REHAB. CTR.

1700 EAST LAKE AVENUE

GLENVIEW, IL. 60025

Reference Numbers Facility ID 6005854

Health Service Area 007 Planning Service Area 702

Administrator

Sara Szumski

Contact Person and Telephone

BRENDA DAVIS

847-813-3712

Registered Agent Information

Sandra Bruce

7435 West Talcott

Chicago, IL 60631

FACILITY OWNERSHIP

NON-PROF CORPORATION

CONTINUING CARE COMMUNITY

No

LIFE CARE FACILITY

No

ADMISSION RESTRICTIONS

Aggressive/Anti-Social 0

Chronic Alcoholism 0

Developmentally Disabled 1

Drug Addiction 1

Medicaid Recipient 0

Medicare Recipient 0

Mental Illness 0

Non-Ambulatory 0

Non-Mobile 0

Public Aid Recipient 0

Under 65 Years Old 0

Unable to Self-Medicare 0

Ventilator Dependent 1

Infectious Disease w/ Isolation 0

Other Restrictions 0

No Restrictions 0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS

Neoplasms 3

Endocrine/Metabolic 4

Blood Disorders 0

*Nervous System Non Alzheimer 5

Alzheimer Disease 38

Mental Illness 0

Developmental Disability 1

Circulatory System 22

Respiratory System 3

Digestive System 1

Genitourinary System Disorders 1

Skin Disorders 0

Musculo-skeletal Disorders 33

Injuries and Poisonings 0

Other Medical Conditions 4

Non-Medical Conditions 0

TOTALS 115

Total Residents Diagnosed as Mentally Ill 6

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2009

LEVEL OF CARE	LICENSED BEDS	PEAK	PEAK	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2009	
		BEDS SET-UP	BEDS USED					Residents on 1/1/2009	
Nursing Care	135	135	122	135	115	20	135	135	110
Skilled Under 22	0	0	0	0	0	0	0	0	157
Intermediate DD	0	0	0	0	0	0	0	0	152
Sheltered Care	0	0	0	0	0	0	0	0	115
TOTAL BEDS	135	135	122	135	115	20	135	135	Identified Offenders 0

FACILITY UTILIZATION - 2009

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private	Private	Charity	TOTAL	Licensed	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.		Insurance	Pay	Care		Pat. days	Beds
Nursing Care	5974	12.1%	21182	43.0%	0	0	15550	0	42706	86.7%	86.7%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care			0	0.0%	0	0	0	0	0	0.0%	0.0%
TOTALS	5974	12.1%	21182	43.0%	0	0	15550	0	42706	86.7%	86.7%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	2	0	0	0	0	0	0	0	2	2
60 to 64	1	3	0	0	0	0	0	0	1	3	4
65 to 74	3	3	0	0	0	0	0	0	3	3	6
75 to 84	8	20	0	0	0	0	0	0	8	20	28
85+	15	60	0	0	0	0	0	0	15	60	75
TOTALS	27	88	0	0	0	0	0	0	27	88	115

MARYHAVEN NSG. & REHAB. CTR.

1700 EAST LAKE AVENUE
GLENVIEW, IL. 60025

Reference Numbers Facility ID 6005854

Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	9	45	0	1	60	0	115
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	9	45	0	1	60	0	115

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	224	201
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	1	0	0	0	1
Hawaiian/Pac. Isl.	0	0	0	0	0
White	114	0	0	0	114
Race Unknown	0	0	0	0	0
Total	115	0	0	0	115

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	115	0	0	0	115
Ethnicity Unknown	0	0	0	0	0
Total	115	0	0	0	115

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	17.21
LPN's	5.11
Certified Aides	38.34
Other Health Staff	3.73
Non-Health Staff	39.86
Totals	106.25

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
33.8%	29.7%	0.0%	0.0%	36.5%	100.0%		0.0%
3,019,283	2,645,099	0	0	3,256,278	8,920,660	0	

*Charity Expense does not include expenses which may be considered a community benefit.

HOLY FAMILY NURSING & REHABILITA CENTER

2380 DEMPSTER STREET
 DES PLAINES, IL. 60016
 Reference Numbers Facility ID 6004543
 Health Service Area 007 Planning Service Area 702

Administrator
 Tony Madl

Contact Person and Telephone
 BRENDA DAVIS
 847-813-3712

Registered Agent Information
 Sandra Bruce
 7435 West Talcott Avenue
 Chicago, IL 60631

FACILITY OWNERSHIP
 NON-PROF CORPORATION

CONTINUING CARE COMMUNITY No
 LIFE CARE FACILITY No

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	1
Chronic Alcoholism	0
Developmentally Disabled	0
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by '1'

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	11
Blood Disorders	4
*Nervous System Non Alzheimer	17
Alzheimer Disease	3
Mental Illness	10
Developmental Disability	0
Circulatory System	26
Respiratory System	24
Digestive System	1
Genitourinary System Disorders	5
Skin Disorders	8
Musculo-skeletal Disorders	14
Injuries and Poisonings	13
Other Medical Conditions	24
Non-Medical Conditions	0
TOTALS	160

Total Residents Diagnosed as Mentally Ill 10

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2009

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2009	
									Residents on 1/1/2009	
Nursing Care	251	231	170	231	160	91	149	247	153	580
Skilled Under 22	0	0	0	0	0	0		0		573
Intermediate DD	0	0	0	0	0	0		0		160
Sheltered Care	0	0	0	0	0	0				0
TOTAL BEDS	251	231	170	231	160	91	149	247		

FACILITY UTILIZATION - 2009

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.							
Nursing Care	8617	15.8%	34052	37.8%	0	0	10734	1382	54785	59.8%	65.0%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	8617	15.8%	34052	37.8%	0	0	10734	1382	54785	59.8%	65.0%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	2	2	0	0	0	0	0	0	2	2	4
45 to 59	9	8	0	0	0	0	0	0	9	8	17
60 to 64	5	7	0	0	0	0	0	0	5	7	12
65 to 74	9	13	0	0	0	0	0	0	9	13	22
75 to 84	5	31	0	0	0	0	0	0	5	31	36
85+	7	62	0	0	0	0	0	0	7	62	69
TOTALS	37	123	0	0	0	0	0	0	37	123	160

HOLY FAMILY NURSING & REHABILITA CENTER

2380 DEMPSTER STREET
DES PLAINES, IL. 60016

Reference Numbers Facility ID 6004543

Health Service Area 007 Planning Service Area 702

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Other					Private Pay	Charity Care	TOTALS
	Medicare	Medicaid	Public	Insurance				
Nursing Care	27	99	0	6	22	6	160	
Skilled Under 22	0	0	0	0	0	0	0	
ICF/DD		0	0	0	0	0	0	
Sheltered Care			0	0	0	0	0	
TOTALS	27	99	0	6	22	6	160	

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	261	220
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	5	0	0	0	5
Amer. Indian	0	0	0	0	0
Black	5	0	0	0	5
Hawaiian/Pac. Isl.	0	0	0	0	0
White	150	0	0	0	150
Race Unknown	0	0	0	0	0
Total	160	0	0	0	160

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	11	0	0	0	11
Non-Hispanic	149	0	0	0	149
Ethnicity Unknown	0	0	0	0	0
Total	160	0	0	0	160

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	28.40
LPN's	3.20
Certified Aides	51.02
Other Health Staff	14.60
Non-Health Staff	48.50
Totals	147.72

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
34.7%	41.4%	0.0%	0.0%	23.9%	100.0%		1.7%
3,796,733	4,533,430	0	0	2,623,018	10,953,181	181,416	

*Charity Expense does not include expenses which may be considered a community benefit.

VILLA SCALABRINI NSG & REHAB

480 NORTH WOLF ROAD
 NORTHLAKE, IL. 60164
 Reference Numbers Facility ID 6009591
 Health Service Area 007 Planning Service Area 704

Administrator
 Jim Kouziou

Contact Person and Telephone
 BRENDA DAVIS
 847-813-3712

Registered Agent Information
 Sandra Bruce
 7435 West Talcott
 Chicago, IL 60631
 Date Completed 5/6/2010

FACILITY OWNERSHIP
 NON-PROF CORPORATION
CONTINUING CARE COMMUNITY No
LIFE CARE FACILITY No

ADMISSION RESTRICTIONS

Aggressive/Anti-Social	0
Chronic Alcoholism	1
Developmentally Disabled	1
Drug Addiction	1
Medicaid Recipient	0
Medicare Recipient	0
Mental Illness	1
Non-Ambulatory	0
Non-Mobile	0
Public Aid Recipient	0
Under 65 Years Old	0
Unable to Self-Medicare	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	6
Endocrine/Metabolic	26
Blood Disorders	10
*Nervous System Non Alzheimer	28
Alzheimer Disease	28
Mental Illness	0
Developmental Disability	3
Circulatory System	43
Respiratory System	18
Digestive System	5
Genitourinary System Disorders	7
Skin Disorders	2
Musculo-skeletal Disorders	48
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	224

Total Residents Diagnosed as Mentally Ill 14

LICENSED BEDS, BEDS IN USE, MEDICARE/MEDICAID CERTIFIED BEDS

ADMISSIONS AND DISCHARGES - 2009

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS		BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED	MEDICAID CERTIFIED	ADMISSIONS AND DISCHARGES - 2009	
		SET-UP	USED					Residents on 1/1/2009	
Nursing Care	246	253	230	253	22	171	202	Residents on 1/1/2009	230
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2009	414
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2009	420
Sheltered Care	7	0	0	0	7	0	0	Residents on 12/31/2009	224
TOTAL BEDS	253	253	230	253	29	171	202	Identified Offenders	0

FACILITY UTILIZATION - 2009

BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.							
Nursing Care	17447	28.0%	45709	62.0%	0	1267	18792	433	83648	93.2%	90.6%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	17447	28.0%	45709	62.0%	0	1267	18792	433	83648	90.6%	90.6%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	1	1	0	0	0	0	0	0	1	1	2
45 to 59	4	2	0	0	0	0	0	0	4	2	6
60 to 64	2	0	0	0	0	0	0	0	2	0	2
65 to 74	5	13	0	0	0	0	0	0	5	13	18
75 to 84	14	50	0	0	0	0	0	0	14	50	64
85+	25	107	0	0	0	0	0	0	25	107	132
TOTALS	51	173	0	0	0	0	0	0	51	173	224

VILLA SCALABRINI NSG & REHAB

480 NORTH WOLF ROAD

NORTHLAKE, IL. 60164

Reference Numbers Facility ID 6009591

Health Service Area 007 Planning Service Area 704

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	Care	
Nursing Care	44	126	0	6	47	1	224
Skilled Under 22	0	0	0	0	0	0	0
ICF/DD		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	44	126	0	6	47	1	224

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	252	212
Skilled Under 22	0	0
Intermediate DD	0	0
Shelter	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing	SkilUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	18	0	0	0	18
Hawaiian/Pac. Isl.	0	0	0	0	0
White	197	0	0	0	197
Race Unknown	9	0	0	0	9
Total	224	0	0	0	224

ETHNICITY	Nursing	SkilUnd22	ICF/DD	Shelter	Totals
Hispanic	16	0	0	0	16
Non-Hispanic	208	0	0	0	208
Ethnicity Unknown	0	0	0	0	0
Total	224	0	0	0	224

STAFFING

EMPLOYMENT CATEGORY	FULL-TIME EQUIVALENT
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	34.61
LPN's	7.05
Certified Aides	75.20
Other Health Staff	13.30
Non-Health Staff	64.89
Totals	197.05

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
41.3%	31.6%	0.0%	0.0%	27.2%	100.0%		0.5%
7,596,699	5,807,508	0	0	4,996,309	18,400,516	89,396	

*Charity Expense does not include expenses which may be considered a community benefit.

OPERATING and CAPITAL COSTS
per ADJUSTED PATIENT DAY

Resurrection Medical Center
2012 Projection

ADJUSTED PATIENT DAYS:

\$	<u>83,225,754</u>	
	2,533	32,862

OPERATING COSTS

salaries & benefits	\$ 115,865,699
supplies	<u>\$ 48,211,793</u>
TOTAL	\$ 164,077,492

Operating cost/adjusted patient day:	\$ 4,992.94
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CAPITAL COSTS

depreciation	\$ 5,943,879
interest	<u>\$ 3,828,845</u>
TOTAL	\$ 9,772,724

Capital cost/adjusted patient day:	\$ 297.39
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LOYOLA UNIVERSITY MEDICAL CENTER-PERINATAL CENTER
AND
RESURRECTION MEDICAL CENTER

Loyola University Medical Center ("LUMC") - Perinatal Center, hereafter referred to as the "Perinatal Center", is recognized and designated by the Illinois Department of Public Health as a Level III Perinatal Center providing obstetrical and neonatal care. In order to serve as a Level II with Extended Capabilities affiliated perinatal facility designated by the Illinois Department of Public Health, Resurrection Medical Center hereafter referred to as the "Hospital", agrees to affiliate with the above Perinatal Center.

This agreement is consistent with the Adopted Rules of the Illinois Department of Public Health, Regionalized Perinatal Health Care Code Title 77: Public Health, Chapter I: Department of Public Health Subchapter i: Maternal and Child Health, Part 640 Regionalized Perinatal Health Care.

COMPONENTS FOR LETTER OF AGREEMENT

- I. **Introductory Remarks:** In 1974 the State of Illinois implemented the Regionalized Perinatal Care System to reduce the number of preterm births and infant deaths. The State of Illinois requires that Level I, II, II+ and III hospitals have an affiliation agreement with a Perinatal Center. Loyola University Medical Center ("LUMC") Perinatal Center is a designated Level III Perinatal Center affiliated with hospitals in Western Cook, DuPage, Grundy and Will counties.

As the Designate Perinatal Center, LUMC Perinatal Center provides regional administration, education and intensive care services. LUMC's Birth philosophy ensures and supports the feelings of "uniqueness" of every family regardless of risk status and combines a scientific and humanistic approach to childbirth. The staff of the Loyola Outpatient Center provides individualized prenatal care for high risk pregnancies. Intra-partum care is provided in the Birth Center by highly trained professionals including Perinatologists, Obstetricians, Obstetric Anesthesiologists, Case Managers, Registered Nurses and other support personnel. The Newborn Intensive Care Unit (Neonatal ICU) has the capacity to treat 50 premature and critically ill newborns with state of the art technology. This unit is staffed with highly trained professionals including Neonatologists, Case Manager, Neonatal Nurse Practitioners, Registered Nurses, Respiratory Therapists and other support personnel. The Neonatal Follow-up Clinic provides a team of Registered Nurses, Physicians, Speech and Hearing Specialist, Occupational Therapists and a Developmental Specialist. This clinic follows infants at risk for developmental delays. Evaluations can be scheduled for families who are concerned about their infant's development.

Twenty-four hour coverage is available for:

- A. Consultation with, diagnosis and treatment of high risk pregnancies and newborn problems.
- B. Transport of pregnant women or sick infants who need very specialized care.

II. **Perinatal Center Obligations:**

- A. A 24-hour obstetrical and neonatal "hot-line" for immediate consultation, referral and/or transport of perinatal patients is available.
Obstetrical 800/424-5126
Neonatal 708/216-6969
- B. The Perinatal Center will accept all medically eligible obstetrical/neonatal patients.
- C. If the Perinatal Center is unable to accept a referred maternal or neonatal patient because of bed unavailability, the Perinatal Center will make reasonable efforts to assist in arranging for admission of the patient to another facility capable of providing the appropriate level of care.
- D. Transportation of neonatal patients is the responsibility of the Perinatal Center. Decisions regarding transport and mode of transport will be made by the Perinatal Center attending neonatologist in collaboration with the referring physician.
- E. Transportation of the obstetrical patient is the responsibility of the Perinatal Center. Decisions regarding transport, transfer and mode of transport or transfer will be made by the Perinatal Center Maternal-Fetal Medicine physician in collaboration with the referring physician.

- F. The Maternal-Fetal Medicine physician of the Perinatal Center in collaboration with the referring physician will decide whether to have the obstetrical patient stabilized before transport, kept in the affiliated unit or transferred immediately. The best possible alternatives and the staff needed for transport will be determined.
 - G. Written protocols for the mechanism of referral/transfer/delivery will be distributed by the Perinatal Center to the Hospital physician, administration, and nursing service. This is to include a mechanism for data recording of the time, date and circumstances of the transfer so this information can be utilized as part of the morbidity and mortality reviews. (See Appendices A and B)
 - H. A written summary of patient management and outcome will be sent by the Perinatal Center to the referring physician of record and to the referring hospital's chart.
 - I. The Perinatal Center will conduct quarterly mortality and morbidity conferences at the Hospital
 - 1. The conference will be conducted by the Hospital's obstetrician, neonatologist and/or pediatrician.
 - 2. The Hospital will prepare written summaries of cases and statistics for discussion. This information is to be made available to the Perinatal Center at least two weeks prior to the conference (see Appendix C).
 - 3. The content of the review will be determined by the Loyola Perinatal Center in accordance with guidelines contained in the Perinatal Rules and Regulations. The review must include but not be limited to stillbirths, maternal deaths, neonatal deaths, maternal and/or neonatal transports. (Regional protocol for M & M reviews is in Appendix C)
 - 4. The conference will be attended by a perinatologist, neonatologist and nursing representative from the Perinatal Center. Obstetricians, Family Practice physicians, Pediatricians and Neonatologists involved in the care of patients discussed, and nursing representatives from the hospital will also be in attendance.
 - I. The Perinatal Center will transfer patients back to the referring physician when medically feasible after physician-to-physician consultation. (See Appendix D)
 - J. The Perinatal Center will provide comprehensive Neonatal Developmental Follow-Up programs for eligible at-risk infants. (See Appendix E)
 - K. The Perinatal Center will establish and coordinate the educational programs for the Level I, Level II, Level II+, and Level III Hospitals which they serve.
 - L. The Perinatal Center shall develop the Regional Perinatal Management Group, including but not limited to, representatives of each Hospital in the Perinatal Network. This group shall meet at least twice a year to plan management strategies, evaluate morbidity and mortality reviews, evaluate the effectiveness of current programs and services and to set future goals. The Regional Continuous Quality Improvement Council shall determine the projects and data collection system to be used by the Regional Perinatal Network.
- III. The Hospital Obligations:
- A. The Hospital, through its administrative staff, will inform the physician staff of the guidelines in this document.
 - B. The Hospital physicians will utilize the "hot-line" established by the Perinatal Center for consultation, referral and transport.
 - C. The Hospital designated as a Level II+ with Extended Capabilities will usually care for maternal and neonatal patients defined in the Level II with Extended Capabilities guidelines. (Appendix F). Data on all "exception cases" will be collected and reviewed as part of the quarterly Morbidity/Mortality meetings (Appendix G)

- D. The Hospital physicians will consult and/or transfer to the Perinatal Center obstetrical and neonatal patients who require the services of the Perinatal Center, including but not limited to, patients outlined in the perinatal rules and regulations. (See Appendix H for patients to be included for consultation, or transfer; a log detailing MFM consultations is required for all maternal patients meeting the criteria in Appendix G.)
- E. The Hospital will accept all medically eligible obstetrical/neonatal patients for return transport.
- F. The Hospital staff will develop and maintain an ongoing in-house continuing educational program for the obstetrical and neonatal/pediatric medical staff, perinatal nursing staff and other disciplines as needed. Staff will participate in continuing educational programs for both nurses and physicians developed by the Perinatal Center.
- H. The Hospital will designate representatives to serve on the Perinatal Regional Continuous Quality Improvement Council and Advisory Board. It is recommended that Obstetrics, Neonatology/Pediatrics and Nursing, and/or Hospital Administration represent the Hospital.
- I. The Hospital will establish a Perinatal Development Committee composed of medical and nursing representatives from both neonatal/pediatrics and obstetrical areas, administration and any other individuals deemed appropriate.
- J. The Hospital will maintain and share such statistics as the Perinatal Regional Continuous Quality Improvement Council and Advisory Board may deem appropriate.
- K. The Hospital physician will make appropriate referrals for high-risk infants and neonates with handicapping conditions to appropriate follow-up programs.
- L. The Hospital will provide documented evidence of the support services available as required by Resource Requirements for Level II with Extended Capabilities hospitals (Appendix I)
- M. The Hospital will appoint members to participation in a Continuous Quality Improvement program as defined by the Department of Human Services and implemented by the Perinatal Center

IV. Joint Responsibilities:

- A. This agreement shall be reviewed on an annual basis and amended as needed.
- B. This agreement will be valid for three years from the date of last execution at which time it may be renewed or re-negotiated.
- C. If either the Hospital or the Perinatal Center wishes to change an individualized portion of this agreement, either may initiate the discussion. If the Hospital wishes to make a change and the Perinatal Center is not in agreement, the Hospital can request a hearing by the Perinatal Advisory Committee.
- D. If either party decides to terminate this agreement, 90-day notice is required. The Illinois Department of Public Health shall also be notified of the intent to terminate.

APPENDIX A

Neonatal Transport

- I. PURPOSE: To provide the high risk neonate with prompt medical and nursing care by transportation from the referring hospital to the Perinatal Center in a rapid and safe manner. To provide the maximum degree of support possible within the physical constraints of a moving vehicle with restricted space and support facilities.
- II. PROCEDURE:
- A. The referring physician initiates the call to the Perinatal Center after identifying the need for the patient to receive tertiary care.
 - B. The referring physician, in conjunction with the neonatal attending/fellow, will evaluate the need for transport.
 - C. The decision as to the method of transport and the composition of the transport team will be made dependent on the patient's condition.
 - D. Upon arrival at the referring hospital the team will perform a patient assessment, initiate stabilization measures if needed and discuss plans of care with referring physician and family
 - E. If an appropriate bed is not available due to neonatal intensive care unit census, The Perinatal Center will make a reasonable effort to assist in arranging acceptance of the patient at another Level III facility.

A P P E N D I X B

Maternal Transport/Transfer

- I. PURPOSE: To insure safe ante-partum, intra-partum and post-partum care at the Perinatal Center for the mother and infant who are at risk.
- II. DEFINITION:
- Transfer: Acceptance of a patient for admission to the Perinatal Center, where the referring physician/hospital arranges mode of transportation.
- Transport: Acceptance of a patient for admission to the Perinatal Center where LUMC physician/hospital arranges mode of transportation.
- III. PROCEDURE:
- A. The referring physician initiates the call to the Perinatal Center after identifying the need for the patient to receive tertiary care.
- B. The patient must have been seen and evaluated by a physician at the referring hospital prior to the call.
- C. The referring physician, in conjunction with the Maternal-Fetal Medicine attending, will evaluate the need for transport.
- D. The decision as to the method of transport and the composition of the transport team will be made dependent on the patient's condition.
- E. For maternal transfers, the referring physician and hospital assume care for the patient until she reaches the Perinatal Center.
- F. Patients accepted for transport will remain in Labor & Delivery with appropriate monitoring until the arrival of the transport team.
- G. Upon arrival at the referring hospital the team will perform a patient assessment and evaluate eligibility for transport. The final decision to accept the patient will be made by the transport team.
- H. LIFE STAR/Ambulance personnel are responsible for transporting the patient.
- I. If no appropriate bed is available due to obstetric or Neonatal Intensive Care Unit census, the Perinatal Center will make a reasonable effort to assist with the arrangements for the acceptance of the patient at another Level III facility.

APPENDIX C

Morbidity & Mortality Conference

- I. PURPOSE: To comply with the Illinois Department of Public Health, Regionalized Perinatal Health Care Code, Title 77: Public Health, Chapter I: Department of Public Health Subchapter i: Maternal and Child Health, Part 640, Regionalized Perinatal Health Care Section 640.70.
- II. PROCEDURE:
- A. Joint Morbidity & Mortality reviews will be quarterly.
 - B. Date, time and location will be mutually decided upon, and an annual schedule will be prepared and disseminated by the LUMC Perinatal Center.
 - C. The reviews will be attended by a perinatologist, a neonatologist and a nursing representative from the LUMC Perinatal Center. Obstetricians, Pediatricians, Family Practice and Neonatologists involved in the care of patients discussed, and nursing representatives from the referral hospital will also attend.
 - D. Cases requiring review by the state statute include
 - All stillbirths
 - All neonatal deaths
 - All maternal deaths
 - E. Cases recommended for review by the Loyola Regional Continuous Quality Improvement Council and Advisory Board are:
 - 1. All maternal transports/transfers
 - 2. All neonatal transports
 - 3. All infants <2500 grams
 - 4. All infants with an Apgar score of less than four at five minutes
 - 5. Meningocele and/or hydrocephalus
 - 6. Down Syndrome
 - 7. All other handicapping or developmentally disabling conditions.
 - F. Preparation for the Joint Conference:
 - 1. A summary of all cases that meet the criteria for review will be sent to the Perinatal Center at least two weeks prior to the meeting.
 - 2. The maternal summary should include:
 - a. Name or initials (for Perinatal Center identification only)
 - b. Date and time of maternal admission
 - c. Date and time of maternal transfer
 - d. Maternal age, gravidity, parity and gestation
 - e. A summary of the perinatal course, including pertinent lab values, procedures and medications.
 - 3. The infant summary should include:
 - a. Name (for Perinatal Center identification only)
 - b. Date of birth
 - c. Birth weight and gestational age
 - d. Apgar scores at both 1 and 5 minutes
 - e. All resuscitative efforts
 - f. A summary of the neonatal course including pertinent lab values, procedures and medications.
 - g. Any pertinent maternal/obstetrical data
 - h. Cause of death and pathology report, if appropriate

A P P E N D I X D

Transport, Neonate To Regional Hospital

- I. PURPOSE: To provide appropriate neonatal bed utilization within the perinatal network. To return the stable infant to the referring hospital for continuation of care and enhancement of parent-child interaction until the baby is ready for discharge.
- II. DEFINITION: Neonatal return transport refers to the transfer of an infant from the Perinatal Center back to the referring hospital for continuation of care.
- III. PROCEDURE:
- A. The Loyola neonatal attending/fellow will:
1. Contact the physician at the regional hospital to arrange for transfer of care
 2. Will confirm acceptance of the neonate by the unit nurse manager or her designee and physician at the receiving hospital
 3. Will verify parent's knowledge of discharge/transfer to regional hospital
- B. The neonate's primary nurse will:
1. Contact the nurse at the receiving hospital to inform him/her of the patient's history, current condition, equipment requirements, parents involvement, and estimated time of arrival. A written summary of this report will accompany the infant.
- C. The transport nurse will:
1. Inform the referring hospital of the transport departure
 2. Give report to the admitting R.N.
 3. Give a copy of nursing and physician discharge summary and care plan to the admitting R.N.

APPENDIX E

Neonatal Developmental Follow-Up Program

- I. PURPOSE: The Neonatal Developmental Follow-up Program was established to:
- a. Maximize the infant/child's developmental outcomes by providing comprehensive screening assessments and initiating appropriate referrals for eligible high-risk infants born at or transported to LUMC.
 - b. Prevent/minimize secondary disabilities.
 - c. Provide support and resources to families.
 - d. Document neurodevelopmental outcomes of our survivors.

II. CRITERIA FOR FOLLOW-UP

Any infant meeting the criteria groups described below will be selected for clinic participation by the attending neonatologist(s) in the NICU/SCN units prior to discharge.

A. NEONATAL FOLLOW-UP CLINIC

1. Eligible Criteria

- a. Birthweight of 1250 grams or less.
- b. Hypoxic Ischemic Encephalopathy (HIE)
- c. Persistent Pulmonary Hypertension of the Newborn (PPHN)
- d. Shock
- e. Intraventricular hemorrhage (IVH) documented by CT scan or ultrasound
- f. Bronchopulmonary dysplasia (BPD).
- g. Meningitis and/or encephalitis documented by culture.
- h. Congenital infection including toxoplasmosis, rubella, cytomegalovirus, herpes, syphilis (TORCHS)
- i. Persistent hypoglycemia
- j. Apnea-theophylline and/or cardiorespiratory monitoring at discharge.
- k. Maternal substance abuse
- l. Small for gestational age (SGA)
- m. Per the discretion of the neonatologist, the Primary Care Physician, or if a parent(s) expresses concern regarding their child's potential for developmental problems.

2. Assessment Intervals:

- a. Assessments are scheduled at the gestational corrected ages of 1, 4, 8, and 12 months, and then periodically until 3 years of age.

B. APNEA CLINIC

1. Eligible Criteria:

- a. Discharged on theophylline and/or apnea monitors.

2. Assessment Intervals:

- a. Assessments are scheduled at the gestational corrected age of 1 month in the Apnea Clinic and monthly thereafter until monitors and Theophylline are discontinued.

C. BPD CLINIC

1. Eligible Criteria:

- a. Discharged on oxygen.

2. Assessment Intervals:

- a. Children are seen monthly or bimonthly per the discretion of the attending neonatologist. When released from the BPD Clinic children are seen in the Neonatal Follow-up Clinic at previously described intervals.

III. Appropriateness of Outside Referrals

- A. Determination for the appropriateness of following non-Loyola patients shall be made by a Loyola neonatologist or clinic coordinator using the above stated criteria (Section II). Referral patients will be scheduled only after receipt of medical records or by direct phone contact with the referring physician.

A P P E N D I X F

Maternal and Neonatal patients to be cared for at the Hospital:

I. Maternal

- A. The maternal patient with an uncomplicated current pregnancy and no previous history suggestive of potential difficulties.
- B. Normal current pregnancy although previous history may be suggestive of potential difficulties.
- C. Selected medical conditions controlled with medical treatment, such as mild chronic hypertension, controlled thyroid disease, illicit drug use, UTIs, nonsystemic steroid dependent reactive airway disease.
- D. Selected obstetric complications that present after 28 weeks, such as mild pre-eclampsia, PIH, placenta previa, abruptio placenta, PROM or premature labor.
- E. Other selected OB conditions that do not adversely affect maternal health or fetal well-being, such as normal twin gestation, hyperemesis gravidarum, suspected fetal macrosomia, or incompetent cervical os.
- F. Gestational Diabetes AI (White's criteria, noninsulin dependent)

II Neonatal

- A. Neonatal patients greater than or equal to 30 weeks gestation or greater than 1250 grams without risk factors.
- B. Mild to moderate respiratory distress (not requiring mechanical ventilation > 6 hours).
- C. Suspected neonatal sepsis, hypoglycemia responsive to glucose infusion, and asymptomatic neonates of diabetic mothers.
- D. Nursery care of infants with a birthweight of >1250 grams who are otherwise well.
- E. Nursery care of infants \geq 30 weeks who are otherwise well.

III. List of "EXCEPTIONS" being requested: A consultation and agreement between a neonatologist at Resurrection Medical Center and a neonatologist at the Perinatal Center, is required for newborns with the following conditions to remain at Resurrection Medical Center.

- A. Mechanical ventilation beyond the initial stabilization period of six (6) hours
- B. Sustained inhaled oxygen concentration in excess of 60% in order to maintain a transcutaneous or arterial oxygen saturation \geq 92% for >six (6) hours.

A P P E N D I X G

Description of Monitoring System For Consultations and Exceptions

- I. Resurrection Medical Center will complete an approved data collection forms for all maternal consult cases as defined in Appendix H.
- II. Resurrection Medical Center will complete an approved data collection form for all neonatal "exception" cases. "Exception" cases are defined as the following:
 - A. Mechanical ventilation beyond the initial stabilization period of six (6) hours
 - B. Inspired oxygen requirement is less than or equal to 60% to maintain an oxygen saturation >92% for > six (6) hours.
- III. Documentation of maternal consults and neonatal "exception" cases:
 - A. Since a phone consultation is required on all "exception" cases, documentation of the consultation will be maintained at Resurrection Medical Center. The Resurrection Medical Center Neonatologist will complete a log of "Exception Cases." These completed logs will be kept on file in the Resurrection Special Care Nursery for three calendar years.
 - B. A copy of the Resurrection Medical Center's documentation will be reviewed by the Network's Perinatal Administrator on a regular basis. This data collection will allow for identification of select cases of morbidity for review at the quarterly Morbidity/Mortality Review meetings.
 - C. A log detailing MFM consultations is required for all maternal patients meeting the criteria in Appendix H. This data collection will be reviewed by the Network's Perinatal Administrator on a regular basis and will allow for the identification of select cases of morbidity for review at the quarterly Morbidity/Mortality Review meetings.

APPENDIX H

- I. For the following maternal conditions, consultation with a Maternal-Fetal Medicine subspecialist ~~at the Resurrection Medical Center~~ with subsequent management and delivery at the appropriate facility as determined by mutual collaboration is recommended:
- A. Current OB history suggestive of potential difficulties, such as, IUGR, prior neonatal death, two or more previous deliveries < 34 weeks or a single preterm delivery 30 weeks, prior birth of a neonate with serious complications resulting in a handicapping condition, recurrent SAB or fetal demise, family history of genetic disease.
 - B. Active chronic medical problems with known increase in perinatal mortality, such as: cardiovascular disease Class I and II, autoimmune disease, reactive airway disease requiring treatment with systemic corticosteroids, seizure disorder, controlled hyperthyroidism on suppressive therapy, chronic hypertension controlled on a single medication, idiopathic thrombocytopenia purpura, thromboembolic disease, malignant disease (especially when active), renal disease with functional impairment, HIV + (consultation may be with MFM or ID subspecialist)
 - C. Selected OB complications that present prior to 30 weeks, such as: suspected IUGR, polyhydramnios oligohydramnios, preeclampsia/pregnancy induced hypertension, congenital viral disease, maternal surgical conditions, suspected fetal anomaly or abnormality, isoimmunization with antibody titres > 1:8, antiphospholipid syndrome
 - D. Abnormalities of the reproductive tract known to be associated with an increase in preterm delivery, such as uterine anomalies or DES exposure
 - E. Insulin dependent diabetes Class A2 and B or greater (White's criteria)
- II. For the following maternal conditions, referral to a maternal-fetal medicine subspecialist for evaluation ~~at the Resurrection Medical Center~~ shall occur. Subsequent management and site of delivery determined by mutual collaboration between patient's physician and the maternal-fetal medicine subspecialist:
- A. Patients from the above consultation list, which deemed advisable by mutual collaboration between Maternal-Fetal Medicine physician at the Perinatal Center and the obstetrician at the referring office of Hospital.
 - B. Selected chronic medical conditions with a known increase in perinatal mortality, such as: cardiovascular disease with functional impairment (Class III or greater), respiratory failure requiring mechanical ventilation, acute coagulopathy, intractable seizures, coma, sepsis, solid organ transplantation, active autoimmune disease requiring corticosteroid treatment, unstable reactive airway disease, renal disease requiring dialysis or with a serum creatinine greater than 1.5 mg%, active hyperthyroidism, hypertension that is unstable or requires more than one medication to control, severe hemoglobinopathy
 - C. Selected OB complications that present prior to 30 weeks gestation, such as: multiple gestation with more than two fetuses, twin gestation complicated by demise, discordancy, or maldevelopment of one fetus or by twin-to-twin transfusion, preterm labor unresponsive to first-line tocolytics, PROM, medical and obstetric complications of pregnancy possibly requiring induction of labor or non-emergent caesarean section for maternal or fetal indications, such as severe preeclampsia
 - D. Isoimmunization with possible need for intrauterine transfusion
 - E. Insulin dependent diabetes Classes C, D, R, F, or H (White's criteria)
 - F. Suspected congenital anomaly or abnormality requiring an invasive fetal procedure, neonatal surgery, or postnatal medical intervention to preserve life, such as: fetal hydrops, pleural effusion, ascites, persistent fetal arrhythmia, major organ system malformation/malfunction or genetic condition.

- III. For the following neonatal conditions, consultation is recommended:
- A. Infants with 10 minute Apgar scores of 5 or less
 - B. Stable infants identified as having handicapping conditions or developmental disabilities that threaten subsequent development
- IV. Transfer shall occur upon the recommendation of the Perinatal Center for the following conditions:
- A. Premature birth <30 weeks gestation
 - B. Birthweight <1250 grams
 - C. Infants requiring mechanical ventilation beyond the initial stabilization period of 6 hours (see exceptions).
 - D. Infants who require a sustained inhaled oxygen concentration in excess of 60% in order to maintain a transcutaneous or arterial oxygen saturation >92% (see exceptions).
 - E. Infants with significant congenital heart disease associated with cyanosis, congestive heart failure, or impaired peripheral blood flow
 - F. Infants with major congenital malformations requiring comprehensive evaluation or neonatal surgery.
 - G. Infants requiring neonatal surgery with general anesthesia
 - H. Infants with sepsis, unresponsive to therapy, associated with persistent shock or other organ system failure
 - I. Infants with uncontrolled seizures
 - J. Infants with stupor, coma, hypoxic ischemic encephalopathy Stage II or greater
 - K. Infants requiring double-volume exchange transfusion
 - L. Infants with metabolic derangement persisting after initial correction therapy
 - M. Infants identified as having handicapping conditions that threaten life for which transfer can improve outcome

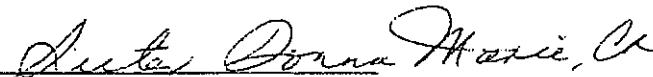
APPENDIX I

Resource requirements for Level II With Extended Capabilities

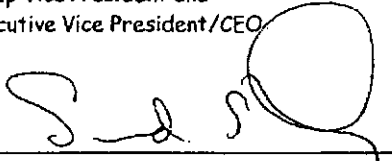
Resources shall include all those listed in Section 640.41(d) for Level I care and in Section 640.42(d) for Level II care as well as the following for Level II With Extended Capabilities designation:

1. Obstetric activities shall be directed and supervised by a board certified obstetrician or a subspecialty obstetrician certified by the American Board of Obstetrics and Gynecology in the subspecialty of maternal fetal medicine or a licensed osteopathic physician with equivalent training and experience and certified by the American Osteopathic Board of Obstetrics and Gynecology.
2. Neonatal activities shall be directed and supervised by a fulltime pediatrician certified by the American Board of Pediatrics Sub-Board of Neonatal/Perinatal Medicine or a licensed osteopathic physician with equivalent training and experience and certified by the American Osteopathic Board of Pediatricians.
3. The directors of obstetric and neonatal services shall ensure the backup supervision of their services when they are unavailable.
4. The obstetric-newborn nursing services shall be directed by a fulltime nurse experienced in perinatal nursing preferably with a master's degree.
5. The pediatric-neonatal respiratory therapy services shall be directed by a full-time licensed respiratory care practitioner with at least 3 years experience in all aspects of pediatric and neonatal respiratory therapy, preferably with a bachelor's degree and one successful completion of the neonatal/pediatric specialty examination of the National Board for Respiratory Care.
6. Preventative services designated to prevent, detect, diagnose and refer or treat conditions known to occur in the high risk newborn, such as: cerebral hemorrhage, visual defects (retinopathy of prematurity, and hearing loss, and to provide appropriate immunization of highrisk newborns.
7. A designated person to coordinate the local health department community nursing followup process, to direct discharge planning, to make home care arrangements, to track discharged patients, and to collect outcome information. The community nursing referral process shall consist of notifying the highrisk infant follow-up nurse in whose jurisdiction the patient resides. The Department of Public Health shall identify and update referral sources for the area served by the unit.
8. Develop a referral agreement with a neonatal followup clinic to provide neuro-developmental assessment and outcome data on the neonatal population. Institutional policies and procedures will describe the at-risk population and referral procedure to be followed. Infants will be scheduled at regular intervals. Neurodevelopmental assessments will be communicated to the primary care physicians. Referrals will be made for interventional care in order to minimize neurologic sequelae. A system shall be established to track, record, and report neurodevelopment outcome for the population, as required to support network CQI activities as developed by the Statewide Quality Council.
9. Exceptions to the standards of care set forth in this Agreement may be necessary based on patient care needs, current practice, outcomes, and geography in the regional perinatal network. These exceptions are to be addressed in the Letter of Agreement.
10. Also included in the LOA should be a description of the monitoring system used when a consultation occurs between the attending physician at the referring hospital and the physician consultant at the Perinatal Center and it is determined that the mother or newborn should remain in the community hospital for care.

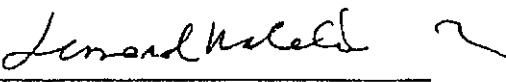
Resurrection Medical Center
Letter Of Agreement
RESURRECTION MEDICAL CENTER


Sister Donna Marie, C.R.
Group Vice President and
Executive Vice President/CEO

5-17-06
Date

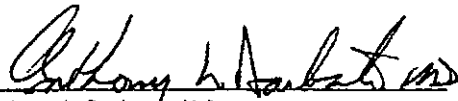

Suad Shuber, M.D.
Chairman of Obstetrics and Gynecology

5-17-06
Date


Leonardo C. Malalis, M.D.
Chairman of Pediatrics/Neonatology

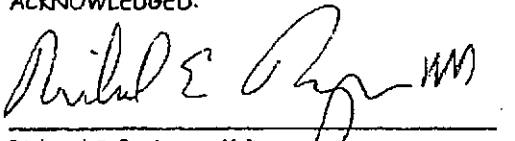
5/16/06
Date

LOYOLA UNIVERSITY MEDICAL CENTER



Anthony L. Barbato, M.D.
President and CEO

5/1/06
Date

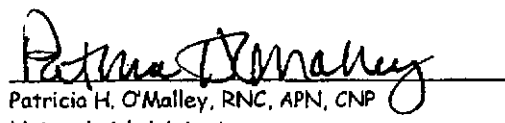
ACKNOWLEDGED:


Richard S. Besinger, M.D.
Co-Director Perinatal Center
Vice-Chairman, Dept of Obstetrics and Gynecology

5/3/06
Date


Marc Weiss, M.D.
Co-Director Perinatal Center
Director Division of Neonatology

5/1/06
Date


Patricia H. O'Malley, RNC, APN, CNP
Network Administrator
Loyola Perinatal Center

5/3/06
Date

RESURRECTION HEALTH CARE CORPORATION AND AFFILIATES

Consolidated Financial Statements and Schedules

June 30, 2010 and 2009

(With Independent Auditors' Report Thereon)



KPMG LLP
303 East Wacker Drive
Chicago, IL 60601-5212

Independent Auditors' Report

Board of Directors
Resurrection Health Care Corporation:

We have audited the accompanying consolidated statements of financial position of Resurrection Health Care Corporation and Affiliates as of June 30, 2010 and 2009, and the related consolidated statements of operations, changes in net assets, and cash flows for the years then ended. These consolidated financial statements are the responsibility of Resurrection Health Care Corporation's management. Our responsibility is to express an opinion on these consolidated financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. Our audits included consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Resurrection Health Care Corporation and Affiliates' internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, and evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the consolidated financial position of Resurrection Health Care Corporation and Affiliates as of June 30, 2010 and 2009, and the results of their operations, changes in net assets, and cash flows for the years then ended, in conformity with U.S. generally accepted accounting principles.

Our audits were made for the purpose of forming an opinion on the consolidated financial statements taken as a whole. The consolidating information in schedules 1 and 2 is presented for purposes of additional analysis of the 2010 consolidated financial statements rather than to present the financial position and results of operations of the individual organizations. The consolidating information has been subjected to the auditing procedures applied in the audit of the 2010 consolidated financial statements and, in our opinion, is fairly stated in all material respects in relation to the 2010 consolidated financial statements taken as a whole.

KPMG LLP

November 22, 2010

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RESURRECTION HEALTH CARE CORPORATION AND AFFILIATES

Consolidated Statements of Financial Position

June 30, 2010 and 2009

(In thousands)

Assets	<u>2010</u>	<u>2009</u>
Current assets:		
Cash and cash equivalents	\$ 63,091	41,410
Assets whose use is limited or restricted – required for current liabilities	256,030	379,482
Patient and resident accounts receivable, net of allowance for uncollectible accounts of \$88,655 in 2010 and \$74,322 in 2009	142,913	165,219
Other receivables	10,900	13,204
Inventory of supplies	14,840	13,960
Estimated receivables under third-party reimbursement programs	—	1,396
Prepaid expenses and other current assets	26,940	27,488
Assets held for sale	64,527	159,353
Total current assets	<u>579,241</u>	<u>801,512</u>
Assets whose use is limited or restricted:		
By boards for reinvestment and self-insurance	481,843	297,342
Under bond indenture agreements – held by trustee	22,813	29,260
By donors – permanently restricted	13,186	14,319
	<u>517,842</u>	<u>340,921</u>
Land, buildings, and equipment, net	696,657	718,348
Deferred finance charges, net	9,934	9,653
Other assets	20,778	17,722
	<u>\$ 1,824,452</u>	<u>1,888,156</u>

See accompanying notes to consolidated financial statements.

Liabilities and Net Assets	<u>2010</u>	<u>2009</u>
Current liabilities:		
Current installments of long-term debt	\$ 257,411	379,482
Accounts payable and accrued expenses	82,943	84,010
Accrued payroll and fringe benefits	59,250	58,871
Estimated payables under third-party reimbursement programs	108,886	97,228
Deferred revenue and refundable deposits	39,409	42,099
Liabilities held for sale	17,238	17,726
Total current liabilities	<u>565,137</u>	<u>679,416</u>
Long-term debt, excluding current installments and unamortized bond discount	339,078	256,767
Accrued pension liability	271,941	245,673
Estimated self-insured professional and general liability claims	246,405	251,671
Asset retirement obligation	10,643	10,622
Total liabilities	<u>1,433,204</u>	<u>1,444,149</u>
Net assets:		
Unrestricted	364,812	416,932
Temporarily restricted	13,250	12,756
Permanently restricted	13,186	14,319
Total net assets	<u>391,248</u>	<u>444,007</u>
	<u>\$ 1,824,452</u>	<u>1,888,156</u>

RESURRECTION HEALTH CARE CORPORATION AND AFFILIATES

Consolidated Statements of Operations

Years ended June 30, 2010 and 2009

(In thousands)

	<u>2010</u>	<u>2009</u>
Revenue:		
Net service revenue	\$ 1,318,468	1,306,678
Other revenue	100,711	105,521
Total revenue	<u>1,419,179</u>	<u>1,412,199</u>
Expenses:		
Salaries and wages	520,370	539,396
Payroll taxes and fringe benefits	164,980	156,925
Physicians' fees	67,028	68,899
Supplies	197,582	207,097
Other	129,950	133,655
Purchased services	68,157	65,654
Insurance	23,305	35,608
Depreciation and amortization	72,644	71,941
Provision for uncollectible accounts receivable	99,518	94,979
Interest	17,594	23,141
Assessments and taxes	54,039	50,537
Total expenses, before impairment costs	<u>1,415,167</u>	<u>1,447,832</u>
Income (loss) before impairment costs	4,012	(35,633)
Impairment costs	—	621
Income (loss) from operations	<u>4,012</u>	<u>(36,254)</u>
Nonoperating gains (losses):		
Investment income (loss) and other, net	95,414	(42,902)
Unrestricted contributions	1,109	14
Loss on early extinguishment of long-term debt	(1,022)	—
Net nonoperating gains (losses)	<u>95,501</u>	<u>(42,888)</u>
Revenue and gains in excess (deficient) of expenses and losses before discontinued operations	99,513	(79,142)
Loss from discontinued operations (including loss on sale of \$81,865 in 2010)	<u>108,207</u>	<u>32,478</u>
Revenue and gains deficient of expenses and losses	(8,694)	(111,620)
Other changes in unrestricted net assets:		
Net assets released from restrictions for purchase of land, buildings, and equipment	2,956	6,442
Recognition of change in pension funded status	(46,382)	(64,197)
Decrease in unrestricted net assets	<u>\$ (52,120)</u>	<u>(169,375)</u>

See accompanying notes to consolidated financial statements.

RESURRECTION HEALTH CARE CORPORATION AND AFFILIATES

Consolidated Statements of Changes in Net Assets

Years ended June 30, 2010 and 2009

(In thousands)

	<u>2010</u>	<u>2009</u>
Unrestricted net assets:		
Revenue and gains deficient of expenses and losses	\$ (8,694)	(111,620)
Net assets released from restrictions for purchase of land, buildings, and equipment	2,956	6,442
Recognition of change in pension funded status	<u>(46,382)</u>	<u>(64,197)</u>
Decrease in unrestricted net assets	<u>(52,120)</u>	<u>(169,375)</u>
Temporarily restricted net assets:		
Pledges and contributions	4,054	4,777
Investment return	604	307
Reclassification of net assets based on donor intent	1,300	415
Net assets released from restrictions for purchase of land, building, and equipment	(2,956)	(6,442)
Net assets released from restrictions for operations	<u>(2,508)</u>	<u>(4,520)</u>
Increase (decrease) in temporarily restricted net assets	<u>494</u>	<u>(5,463)</u>
Permanently restricted net assets:		
Reclassification of net assets based on donor intent	(1,300)	(415)
Contributions	<u>167</u>	<u>242</u>
Decrease in permanently restricted net assets	<u>(1,133)</u>	<u>(173)</u>
Change in net assets	<u>(52,759)</u>	<u>(175,011)</u>
Net assets at beginning of year	<u>444,007</u>	<u>619,018</u>
Net assets at end of year	<u>\$ 391,248</u>	<u>444,007</u>

See accompanying notes to consolidated financial statements.

RESURRECTION HEALTH CARE CORPORATION AND AFFILIATES

Consolidated Statements of Cash Flows

Years ended June 30, 2010 and 2009

(In thousands)

	<u>2010</u>	<u>2009</u>
Cash flows from operating activities:		
Change in net assets	\$ (52,759)	(175,011)
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Loss from discontinued operations	108,207	32,478
Depreciation and amortization	72,644	71,941
Provision for uncollectible accounts receivable	99,518	94,979
Loss on early extinguishment of long-term debt	1,022	—
Equity loss (gain) in joint ventures, net of cash distributions received	1,127	(175)
Impairment costs	—	621
Amortization of deferred occupancy and care revenue	(200)	(370)
Recognition of change in pension funded status	46,382	64,197
Change in net unrealized gains and losses on trading securities	(65,829)	62,514
Permanently restricted contributions	(167)	(242)
Changes in assets and liabilities:		
Patient and resident accounts receivable	(77,212)	(106,658)
Other receivables, inventory of supplies, prepaid expenses, and other current assets	1,972	4,407
Accounts payable and accrued expenses and other liabilities	(667)	(7,513)
Estimated payables under third-party reimbursement programs, net	13,054	6,933
Accrued pension liability	(20,114)	29,370
Estimated self-insured professional and general liability claims	(5,266)	(3,843)
Net cash provided by operating activities	<u>121,712</u>	<u>73,628</u>
Net cash used in discontinued operating activities	<u>(23,842)</u>	<u>(3,884)</u>
Cash flows from investing activities:		
Acquisition of land, buildings, and equipment, net	(50,953)	(82,311)
Gross purchases of securities	(675,978)	(530,367)
Gross sales or maturities of securities	688,338	581,447
Capital contributions to joint ventures	—	(1,228)
Net change in other assets	(4,183)	(97)
Net cash used in investing activities	<u>(42,776)</u>	<u>(32,556)</u>
Net cash used in discontinued investing activities	<u>(6,455)</u>	<u>(20,341)</u>
Cash flows from financing activities:		
Proceeds from the issuance of long-term debt	103,805	—
Repayments of long-term debt	(143,565)	(14,861)
Payments for deferred financing fees	(1,303)	—
Net refunds of entrance fees and membership deposits	(2,490)	(2,114)
Permanently restricted contributions	167	242
Net cash used in financing activities	<u>(43,386)</u>	<u>(16,733)</u>
Net cash provided by discontinued financing activities	<u>16,428</u>	<u>18,443</u>
Net increase in cash and cash equivalents	<u>21,681</u>	<u>18,557</u>
Cash and cash equivalents at beginning of year	<u>41,410</u>	<u>22,853</u>
Cash and cash equivalents at end of year	<u>\$ 63,091</u>	<u>41,410</u>
Supplemental disclosure of cash flow information:		
Cash paid for interest, net of amounts capitalized	\$ 17,229	22,984

See accompanying notes to consolidated financial statements.

RESURRECTION HEALTH CARE CORPORATION AND AFFILIATES

Notes to Consolidated Financial Statements

June 30, 2010 and 2009

(In thousands)

(1) Organization and Operations

Resurrection Health Care Corporation (RHC), a not-for-profit tax-exempt corporation, was incorporated for charitable, educational, and scientific purposes to support health and human services by providing management assistance and in all other relevant ways. The accompanying consolidated financial statements include the accounts of RHC and the following affiliates (collectively, RHC and Affiliates) for which it serves as the parent corporation through ownership, sole member powers, the authority to approve Board membership, or the holding of certain reserve powers:

- Resurrection Medical Center (RMC), a not-for-profit acute care hospital providing various inpatient and outpatient services and programs
- Saint Francis Hospital (SFH), a not-for-profit acute care hospital providing various inpatient and outpatient services and programs
- Our Lady of the Resurrection Medical Center (OLR), a not-for-profit acute care hospital providing various inpatient and outpatient services and programs
- Westlake Hospital (WH), a not-for-profit acute care hospital providing various inpatient and outpatient services and programs
- Saints Mary and Elizabeth Medical Center (SMEMC), not-for-profit acute care facilities providing various inpatient and outpatient services and programs
- Holy Family Medical Center (HFMC), a not-for-profit long-term acute care hospital providing various services and programs to patients in between acute care and skilled nursing
- Saint Joseph Hospital (SJH), a not-for-profit acute care hospital providing various inpatient and outpatient services and programs
- West Suburban Medical Center (WSMC), a not-for-profit acute care hospital providing various inpatient and outpatient services and programs
- Resurrection Senior Services (Senior Services), which provides various independent living and nursing services and programs and, which encompasses the following: Resurrection Nursing and Rehabilitation Center (RNRC), Resurrection Retirement Community (RRC), Resurrection Life Center (RLC), St. Francis Nursing and Rehabilitation Center (SFNR), Bethlehem Woods Retirement Community (BWRC), Casa San Carlo Retirement Community (CSCRC), St. Benedict Nursing and Rehabilitation Center (SBNRC), Villa Scalabrini Nursing and Rehabilitation Center (VSNRC), Maryhaven Nursing and Rehabilitation Center (MNRC), St. Andrew Life Center (SALC), Holy Family Nursing and Rehabilitation Center (HFNRC), Resurrection Nursing Home (RNH), and Mt. Loretto Nursing Home (MLNH)
- Resurrection Services (Services), which encompasses the following corporations and/or operating divisions: Resurrection Ambulatory Care Services (RACS), Resurrection Properties (RP), Resurrection Pharmacies, and Resurrection Medical Network
- Resurrection Behavioral Health (RBH), a not-for-profit corporation established to provide behavioral health services

RESURRECTION HEALTH CARE CORPORATION AND AFFILIATES

Notes to Consolidated Financial Statements

June 30, 2010 and 2009

(In thousands)

- Resurrection Home Health Services (Home Care), a not-for-profit corporation established to provide home care services. Home Care also includes RHC's membership interest in Rainbow Hospice.
- Resurrection Development Foundation (Foundation), a not-for-profit corporation established to coordinate fund-raising activities that support the benevolent care and other programs at RHC and Affiliates
- Resurrection Health Care Preferred (RHCP), a systemwide managed care contracting organization that engages physicians in capitated risk contracts

The above listed entities are not-for-profit corporations as described in Section 501(c)(3) of the Internal Revenue Code (Code) and, with the exception of RHCP, are exempt from federal income taxes on related income pursuant to Section 501(a) of the Code.

(2) Summary of Significant Accounting Policies

Significant accounting policies of RHC and Affiliates are as follows:

- The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements. Estimates also affect the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.
- In June 2009, the Financial Accounting Standards Board (FASB) issued an accounting standard which established the Codification to become the single source of authoritative accounting principles. The standard also provides the framework for selecting the principles used in the preparation of financial statements of nongovernmental entities that are represented in conformity with U.S. generally accepted accounting principles (GAAP). All guidance contained in the Codification carries an equal level of authority. The Codification is not intended to change GAAP, but is expected to simplify accounting research by reorganizing current GAAP into specific accounting topics. RHC and Affiliates adopted this accounting standard in 2010. The adoption of this accounting standard, which was subsequently codified in Accounting Standards Codification (ASC) Topic 105, *Generally Accepted Accounting Principles*, had no impact on RHC and Affiliates' results of operations, financial position, and liquidity.
- Cash and cash equivalents include demand deposits and investments in highly liquid debt instruments with maturities of three months or less, excluding amounts classified as assets whose use is limited or restricted.
- Inventory of supplies is stated at lower of cost (first-in, first-out method) or market.
- On July 1, 2008, RHC and Affiliates adopted ASC Subtopic 820-10, *Fair Value Measurements*, for fair value measurements of financial assets and financial liabilities and for fair value measurements of nonfinancial items that are recognized or disclosed at fair value in the consolidated financial statements on a recurring basis. ASC Subtopic 820-10 defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market

RESURRECTION HEALTH CARE CORPORATION AND AFFILIATES

Notes to Consolidated Financial Statements

June 30, 2010 and 2009

(In thousands)

participants at the measurement date. ASC Subtopic 820-10 also establishes a framework for measuring fair value and expands disclosures about fair value measurements. This pronouncement did not require any new fair value measurements and its adoption did not affect the results of operations or financial position of RHC and Affiliates. ASC Subtopic 820-10 establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value (note 7).

- Assets whose use is limited or restricted include: assets set aside by the boards of directors for debt repayment, reinvestment, and self-insurance purposes, over which the boards retain control and may at their discretion use for other purposes; assets held by a trustee under bond indenture agreements; and funds restricted by donors.
- Except as otherwise noted, the carrying value of all financial instruments approximates their fair values.
- Land, buildings, and equipment are stated at cost, or if donated, at fair value at date of donation, net of allowances for depreciation and impairments. Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed on the straight-line method.
- Deferred finance charges, bond discount, and bond premium are amortized on the straight-line basis over the periods the related obligations are outstanding.
- Deferred revenue and refundable deposits represent various types of entrance and membership fees received from residents of senior living facilities. RRC resident membership deposits are fully refundable, net of applicable processing fees, to the resident upon termination of the lease agreement between RRC and the resident, with any interest earned on such deposits accruing to RRC. BWRC and CSCRC offer a variety of partially refundable entrance fees. These entrance payments are included with deferred revenue and refundable deposits in the accompanying consolidated statements of financial position. Total entrance payments subject to refund at June 30, 2010 and 2009 approximated \$37,324 and \$39,969, respectively.
- Unconditional promises to give cash or other assets are reported at fair value at the date the promise is received. All contributions are considered to be available for unrestricted use unless specifically restricted by donors. Contributions are reported as direct additions to temporarily restricted net assets if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or a purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the consolidated statements of operations as net assets released from restrictions. Gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.
- Temporarily restricted net assets are those assets whose use has been limited by donors to a specific time period or purpose. Temporarily restricted net assets principally represent amounts restricted for the purpose of acquiring long-lived assets or for specific operating purposes. During 2010 and 2009, certain donors clarified their intentions for previously recorded gifts. Such reclassified amounts are reported as reclassifications of net assets based on donor intent in the accompanying consolidated statements of operations and changes in net assets.

RESURRECTION HEALTH CARE CORPORATION AND AFFILIATES

Notes to Consolidated Financial Statements

June 30, 2010 and 2009

(In thousands)

- Permanently restricted net assets represent donor-restricted contributions, the principal amount of which may not be expended. Amounts reported as permanently restricted net assets represent the cumulative amount of contributions received for permanent endowment. Investment return currently earned on permanently restricted investments is reported as either nonoperating investment income or a direct addition to temporarily restricted net assets based on donor intentions.

In August 2008, the FASB issued ASC Topic 958, *Endowments of Not-for-Profit Organizations: Net Asset Classification of Funds Subject to An Enacted Version of the Uniform Prudent Management of Institutional Funds Act (UPMIFA), and Enhanced Disclosures for All Endowment Funds*. ASC Topic 958 provides guidance on the net asset classification of donor restricted endowment funds for a not-for-profit organization and requires additional disclosure about endowment funds. RHC and Affiliates have adopted ASC Topic 958 as of July 1, 2008.

Effective June 30, 2009, the State of Illinois adopted UPMIFA, which establishes guidelines for the prudent spending and preservation of endowment funds through the establishment of a UPMIFA compliant endowment spending policy.

RHC and Affiliates classify as permanently restricted net assets the original value of gifts donated to the permanent endowment. Investment returns in excess of approved spending are classified within temporarily restricted net assets until appropriated for expenditure by RHC and Affiliates.

Endowment funds are commingled in a pooled investment portfolio administered by RHC (note 6). RHC relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). RHC targets a diversified asset allocation that places a greater emphasis on fixed income investments to achieve its long-term return objectives within prudent risk constraints. Investment return is allocated to endowment fund assets on a basis proportional to its percentage of the investment portfolio. RHC endowment fund assets are maintained at a level equivalent to the balance of permanently restricted net assets.

- Net service revenue is reported at the estimated net realizable amounts from patients and residents, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Those adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.
- The consolidated statements of operations include revenue and gains in excess (deficient) of expenses and losses. Transactions deemed by management to be ongoing, major, or central to the provision of health and residential care services are reported as revenue and expenses. Transactions incidental to the provision of health and residential care services are reported as gains and losses. Changes in unrestricted net assets, which are excluded from revenue and gains in excess (deficient) of expenses and losses, consistent with industry practice, include contributions of long-lived assets (including assets acquired using contributions, which by donor restriction were to be used for the purposes of acquiring such assets) and recognition of changes in pension funded status.

RESURRECTION HEALTH CARE CORPORATION AND AFFILIATES

Notes to Consolidated Financial Statements

June 30, 2010 and 2009

(In thousands)

- RHC and Affiliates account for discontinued operations under ASC guidance surrounding accounting for the impairment or disposal of long-lived assets. The guidance requires that a component entity that has been disposed of or is classified as held-for-sale and has operations and cash flows that can be clearly distinguished from the rest of the entity be reported as discontinued operations. In the period that a component entity has been disposed of or is classified as held-for-sale, the results of operations for current and prior periods are reclassified to discontinued operations in the accompanying consolidated statements of operations.
- Investment income or loss (including realized gains and losses on investments, changes in unrealized gains and losses on trading securities, interest, and dividends) is included in revenue and gains in excess (deficient) of expenses and losses unless the income or loss is restricted by donors, in which case the investment income is recorded directly to temporarily restricted net assets. Investment returns of temporarily restricted investments are recorded directly to temporarily restricted net assets in accordance with donor intent.
- RHC and Affiliates recognize liabilities when a legal obligation exists to perform an asset retirement obligation (ARO) in which the timing or method of settlement are conditional on a future event that may or may not be under the control of the entity. An ARO liability is recorded at its net present value with recognition of a related long-lived asset in a corresponding amount. The ARO liability is accreted through periodic charges to depreciation expense. RHC and Affiliates are legally liable to remove asbestos from existing buildings prior to future remodeling or demolishing of the existing buildings. The estimated asbestos removal cost at June 30, 2010 and 2009 was \$10,643 and \$10,622, respectively.
- RHC and Affiliates recognize the tax benefit from an uncertain tax position only if it is more likely than not that the tax position will be sustained on examination by the taxing authorities, based on the technical merits of the position. RHC and Affiliates do not have any liabilities for unrecognized tax benefits.
- RHC and Affiliates incur expenses for the provision of health and residential care services and related general and administrative activities.
- All significant intercompany balances and transactions have been eliminated in the preparation of the accompanying consolidated financial statements.
- Certain 2009 amounts have been reclassified to conform to the 2010 consolidated financial statement presentation.

RESURRECTION HEALTH CARE CORPORATION AND AFFILIATES

Notes to Consolidated Financial Statements

June 30, 2010 and 2009

(In thousands)

(3) Third-Party Reimbursement Programs

RHC and Affiliates have agreements with third-party payors, which provide for reimbursement at amounts different from their established rates. Contractual adjustments under third-party reimbursement programs principally represent the difference between the billings at list price and the amounts reimbursed by Blue Cross and certain other contracted third-party payors; the difference between the billings at list price and the allocated cost of services provided to Medicare and Medicaid patients; and any differences between estimated third-party reimbursement settlements for prior years and subsequent final settlements. A summary of the reimbursement methodologies with major third-party payors follows:

(a) Medicare

RMC, OLR, SFH, WH, SMEMC, HFMC, SJH, and WSMC (collectively known as the Hospitals) and Senior Services are paid for inpatient acute care services, long-term care services, outpatient services, psychiatric services, rehabilitation services, and home health services rendered to Medicare program beneficiaries under prospective reimbursement rates. These rates vary according to patient classification systems that are based on clinical, diagnostic, and other factors. The prospectively determined rates are not subject to retroactive adjustment. The Hospitals' classification of patients under the Medicare prospective payment systems and the appropriateness of the patients' admissions are subject to validation reviews.

For certain services and activities (medical education, Medicare bad debts, and indigent care) the Hospitals are reimbursed by Medicare based upon cost reimbursement methodologies. The Hospitals are reimbursed at tentative rates with final settlement determined after submission of annual cost reports by the Hospitals and audits thereof by the Medicare fiscal intermediary. The Medicare cost reports have been audited and settled by the Medicare fiscal intermediary through 2009 for HFMC and through 2007 for RMC, SFH, OLR, SMEMC, SJH, WH, and WSMC.

(b) Medicaid

Under the State of Illinois' (the State) Medicaid reimbursement system, the Hospitals are paid for inpatient acute care services rendered to Medicaid program beneficiaries under prospectively determined rates-per-discharge. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors. Senior Services are reimbursed based upon an all inclusive per-diem rate. SMEMC also receives incremental Medicaid reimbursement for specific Programs and services at the discretion of the State Medicaid program. Medicaid reimbursement methodologies and payment rates are subject to change based on the amount of funding available to the State Medicaid program and any such changes could have a significant effect on RHC and Affiliates' revenues.

The State has an assessment program to assist in the financing of its Medicaid program which is in effect through June 30, 2013. Pursuant to this program, hospitals within the State are required to remit payment to the State of Illinois Medicaid program under an assessment formula approved by the Centers for Medicare & Medicaid Services (CMS). RHC and Affiliates have included their 2010 and 2009 related assessments of \$48,811 within assessments and taxes expense in the accompanying consolidated statements of operations. The assessment program also provides hospitals within the

RESURRECTION HEALTH CARE CORPORATION AND AFFILIATES

Notes to Consolidated Financial Statements

June 30, 2010 and 2009

(In thousands)

State with additional Medicaid reimbursement based on funding formulas also approved by CMS. RHC and Affiliates have included their additional 2010 and 2009 related reimbursement of \$80,705 within net service revenue in the accompanying consolidated statements of operations.

(c) Blue Cross

The Hospitals also participate as providers of health care services under reimbursement agreements with Blue Cross. The provisions of these agreements stipulate that services will be reimbursed at a tentative reimbursement rate and that final reimbursement for these services is determined after the submission of annual cost reports by the Hospitals and reviews thereof by Blue Cross. The Blue Cross traditional indemnity reimbursement reports for 2009 and prior years have been reviewed by Blue Cross. The Blue Cross HMOI, PPO, and MCNP reimbursement reports have been reviewed by Blue Cross through 2009 for RMC, SFH, WH, SMEMC, SJH, and HFMC.

(d) Other

The Hospitals have also entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations. The basis for reimbursement under these agreements includes prospectively determined rates-per-discharge, discounts from established charges, and prospectively determined per diem rates.

A summary of gross and net service revenue for the years ended June 30, 2010 and 2009 follows:

	<u>2010</u>	<u>2009</u>
Service revenue:		
Nursing, dietary, and room service	\$ 984,031	719,756
Ancillary services	2,784,742	2,771,613
Long-term care services	152,248	146,635
Retirement communities	24,403	23,353
Ambulatory care services	10,905	8,962
Apothecary, durable medical equipment, home, health services, and other	<u>28,404</u>	<u>28,923</u>
Gross service revenue	3,984,733	3,699,242
Less provisions for estimated contractual adjustments under third-party reimbursement programs and other discounts and allowances	<u>2,666,265</u>	<u>2,392,564</u>
Net service revenue	\$ <u><u>1,318,468</u></u>	<u><u>1,306,678</u></u>

RESURRECTION HEALTH CARE CORPORATION AND AFFILIATES

Notes to Consolidated Financial Statements

June 30, 2010 and 2009

(In thousands)

A summary of RHC and Affiliates' Medicare, Medicaid, managed care, self-pay, and commercial utilization percentages based upon gross service revenue follows:

	<u>2010</u>	<u>2009</u>
Medicare	46%	47%
Medicaid	19	18
Managed care	25	25
Self-pay, commercial, and other	10	10

Accruals for settlements with third-party payors are made based on estimates of amounts to be received or paid under the terms of the respective contracts and related settlement principles and regulations of the federal Medicare program, the Illinois Medicaid program, and the Blue Cross Plan of Illinois. Included in 2010 and 2009 as additions to net service revenue is \$4,226 and \$9,589, respectively, related to changes in prior year third-party revenue estimates.

(4) Concentration of Credit Risk

RHC and Affiliates grant credit without collateral to their patients, most of who are local residents and are generally insured under third-party payor agreements. The mix of receivables from patients and third-party payors as of June 30, 2010 and 2009 was as follows:

	<u>2010</u>	<u>2009</u>
Medicare	35%	33%
Medicaid	17	21
Managed care	26	25
Self-pay	12	14
Commercial and other	10	7

(5) Charity Care

RHC and Affiliates provide necessary medical care to patients who meet certain criteria under their charity care policies without charge or at amounts less than their established rates. Because RHC and Affiliates do not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue. The following information presents the level of charity care provided during the years ended June 30, 2010 and 2009:

	<u>2010</u>	<u>2009</u>
Charges forgone for non-Medicare and non-Medicaid patients, based on established rates	\$ 86,894	52,919

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(6) Investments

RHC and Affiliates report their investments at fair value and consider all investments to be trading securities. Investment securities are exposed to various risks such as interest rate, credit, and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the accompanying consolidated statements of financial position. A summary of the composition of the RHC and Affiliates' investment portfolios at June 30, 2010 and 2009 follows:

	<u>2010</u>	<u>2009</u>
Cash and cash equivalents	\$ 41,322	59,127
Common stocks and mutual funds	226,132	114,504
U.S. Treasury securities	88,081	56,522
Corporate and municipal bonds and notes	308,991	308,240
U.S. government agency securities	109,346	182,010
	<u>\$ 773,872</u>	<u>720,403</u>

Investments are reported in the accompanying consolidated statements of financial position at June 30 as follows:

	<u>2010</u>	<u>2009</u>
Assets whose use is limited or restricted – required for current liabilities	\$ 256,030	379,482
Assets whose use is limited or restricted, less amounts required for current liabilities:		
By boards for reinvestment and self-insurance	481,843	297,342
Under bond indenture agreements – held by trustee	22,813	29,260
By donors – permanently restricted	13,186	14,319
	<u>\$ 773,872</u>	<u>720,403</u>

The composition of investment return on the RHC and Affiliates' investment portfolio for the years ended June 30, 2010 and 2009 is as follows:

	<u>2010</u>	<u>2009</u>
Interest and dividend income, net of fees and expenses	\$ 36,706	36,239
Net realized losses on sale of investments	(3,711)	(17,098)
Net change in unrealized gains and losses during the holding period	65,829	(62,514)
	<u>\$ 98,824</u>	<u>(43,373)</u>

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Investment returns are included in the accompanying consolidated financial statements for the years ended June 30, 2010 and 2009 as follows:

	<u>2010</u>	<u>2009</u>
Nonoperating gains (losses) – investment income (loss) and other, net	\$ 98,220	(43,680)
Temporarily restricted investment return	<u>604</u>	<u>307</u>
	<u>\$ 98,824</u>	<u>(43,373)</u>

(7) Fair Value Measurements

(a) Fair Value of Financial Instruments

The following methods and assumptions were used by RHC and Affiliates in estimating the fair value of its financial instruments:

- The carrying amount reported in the consolidated statements of financial position for the following approximates fair value because of the short maturities of these financial instruments: cash and cash equivalents, accounts receivable, accounts payable and accrued expenses, and estimated receivables and payables under third-party reimbursement programs.
- Assets whose use is limited or restricted: common stocks and mutual funds, and U.S. Treasury securities are measured using quoted market prices at the reporting date multiplied by the quantity held. Corporate and municipal bonds and notes and U.S. government agency securities are estimated based on observable market inputs as provided by national pricing services. The carrying value equals fair value.
- Fair value of fixed rate long-term debt is estimated based on market indications for the same or similar debt issues.

(b) Fair Value Hierarchy

RHC and Affiliates adopted ASC Subtopic 820-10 on July 1, 2008 for fair value measurements of financial assets and financial liabilities and for fair value measurements of nonfinancial items that are recognized or disclosed at fair value in the consolidated financial statements on a recurring basis. ASC Subtopic 820-10 establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to measurements involving significant unobservable market inputs (Level 3 measurements). The three levels of the fair value hierarchy are as follows:

- Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities that RHC and Affiliates have the ability to access at the measurement date.

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- Level 2 are observable market inputs other than Level 1 prices such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.
- Level 3 inputs are unobservable market inputs for the asset or liability.

The level in the fair value hierarchy within which a fair value measurement in its entirety falls is based on the lowest-level input that is significant to the fair value measurement in its entirety.

The following table presents assets that are measured at fair value on a recurring basis at June 30, 2010:

	<u>June 30, 2010</u>	<u>Quoted prices in active markets for identical assets (Level 1)</u>	<u>Significant other observable inputs (Level 2)</u>	<u>Significant unobservable inputs (Level 3)</u>
Assets:				
Cash and cash equivalents	\$ 63,091	63,091	—	—
Assets whose use is limited or restricted	<u>773,872</u>	<u>355,535</u>	<u>418,337</u>	<u>—</u>
Total	\$ <u><u>836,963</u></u>	<u><u>418,626</u></u>	<u><u>418,337</u></u>	<u><u>—</u></u>

The following table presents assets that are measured at fair value on a recurring basis at June 30, 2009:

	<u>June 30, 2009</u>	<u>Quoted prices in active markets for identical assets (Level 1)</u>	<u>Significant other observable inputs (Level 2)</u>	<u>Significant unobservable inputs (Level 3)</u>
Assets:				
Cash and cash equivalents	\$ 41,410	41,410	—	—
Assets whose use is limited or restricted	<u>720,403</u>	<u>230,153</u>	<u>490,250</u>	<u>—</u>
Total	\$ <u><u>761,813</u></u>	<u><u>271,563</u></u>	<u><u>490,250</u></u>	<u><u>—</u></u>

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(8) Asset Divestitures

Effective August 1, 2010, RHC sold substantially all of the assets and certain liabilities of and associated with WSMC, WH, and certain physician practices, properties, and retail pharmacies associated with Services (collectively referred to herein as the Entities). Pursuant to the Asset Purchase Agreement (Agreement), RHC sold substantially all the assets of the Entities including fixed assets, patient accounts receivable, and inventory. The net book value of the Entities' assets that were purchased by the buyer at date of sale approximated \$143,895. Accounts payable and accrued expenses assumed by the buyer at date of sale approximated \$16,962. RHC received net cash proceeds from the sale of \$45,068. RHC recognized a loss on the sale of \$81,865 in fiscal 2010.

The purchase price of the Entities, as defined in the Agreement, was \$40,000 based on net working capital of \$15,000. On August 1, 2010, the estimated net working capital of the Entities was \$20,068. Included in the net cash proceeds collected by RHC of \$45,068 are the purchase price and the excess of net working capital on August 1, 2010 above the amount specified in the Agreement. The Agreement also includes a provision for final settlement of the purchase consideration based on actual net working capital as of the date of sale.

Effective July 1, 2010, Senior Services sold substantially all of the assets of and associated with SFNR. Pursuant to the Asset Purchase Agreement, Senior Services sold substantially all the assets of SFNR including fixed assets, rights and obligations under resident agreements, resident accounts receivable, and inventory. The net book value of SFNR's assets that were purchased by the buyer at date of sale approximated \$1,668. Deferred revenue and liabilities attributable to entrance fees assumed by the buyer at date of sale approximated \$281. Senior Services received net cash proceeds from the sale of \$6,480. Senior Services recognized a gain on the sale of \$5,093 in fiscal 2011.

The Entities' and SFNR's assets and liabilities are classified as held-for-sale in the accompanying consolidated statements of financial position. The operations of the Entities and SFNR have been presented in the accompanying consolidated statements of operations as discontinued operations. The results of the Entities' and SFNR's operations, including the loss on the Entities' sale transaction, are reported in the accompanying consolidated statements of operations as loss from discontinued operations. Further, all net cash flows related to the operating, investing, and financing activities of the Entities and SFNR are reported separately as discontinued operations in the accompanying consolidated statements of cash flows.

Effective with the divestiture of the Entities, employees of the Entities will no longer be eligible for participation in the retirement plans sponsored by RHC (note 11). RHC will offer each employee who will no longer be eligible for participation in the RHC cash balance plans the option of receiving a lump-sum settlement of their benefit in their cash balance account. Gains or losses from the settlement of cash balance accounts will be recognized as gain or loss on discontinued operations at time of settlement.

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A summary of the operating components of the loss from discontinued operations for the Entities and SFNR for the years ended June 30, 2010 and 2009 is as follows:

	<u>2010</u>	<u>2009</u>
Revenuc	\$ 280,436	285,686
Expenses	306,624	318,784
Nonoperating gains (losses)	(154)	620
Loss from discontinued operations	<u>\$ (26,342)</u>	<u>(32,478)</u>

(9) Land, Buildings, and Equipment

A summary of land, buildings, and equipment at June 30, 2010 and 2009 follows:

	<u>2010</u>	<u>2009</u>
Land	\$ 59,993	59,993
Land improvements	39,041	39,545
Buildings and building equipment	926,051	960,302
Departmental equipment	567,191	701,430
	<u>1,592,276</u>	<u>1,761,270</u>
Less accumulated depreciation	971,850	1,089,048
	<u>620,426</u>	<u>672,222</u>
Construction in progress	76,231	46,126
Land, buildings, and equipment, net	<u>\$ 696,657</u>	<u>718,348</u>

Construction in progress at June 30, 2010 and 2009 consists primarily of costs associated with various projects including the construction of a bed tower at RMC. The remaining costs associated with these projects at June 30, 2010 are approximately \$10,034, substantially all of which have been contractually committed. Interest cost is capitalized as a component cost of significant capital projects to the extent that such interest expense exceeds interest income earned on any project specific borrowed funds. For the years ended June 30, 2010 and 2009, RHC capitalized interest cost of \$1,761 and \$0, respectively.

Impairment Costs

RHC and Affiliates periodically evaluate land, buildings, and equipment to determine whether assets may have been impaired in accordance with ASC guidance surrounding accounting for the impairment or disposal of long-lived assets. Such analyses require various valuation techniques using management assumptions, including estimates of future cash flows as well as third-party appraisals of the assets. As a result, there is at least a reasonable possibility that recorded estimates of fair value and impairment will change by a material amount.

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In 2009, a property no longer in use was deemed to be impaired and an impairment loss of \$621 was recognized to write the asset down to estimated fair value.

(10) Long-Term Debt

A summary of long-term debt at June 30, 2010 and 2009 follows:

	<u>2010</u>	<u>2009</u>
Fixed Rate Revenue Bonds (Series 2009)	\$ 101,040	—
Variable Rate Revenue Bonds (Series 2008A)	—	49,185
Variable Rate Revenue Bonds (Series 2008B)	—	49,185
Variable Rate Revenue Bonds (Series 2005A)	—	26,130
Variable Rate Revenue Bonds (Series 2005B)	119,140	119,240
Variable Rate Revenue Bonds (Series 2005C)	119,775	119,775
Fixed Rate Revenue Bonds (Series 1999A)	104,400	108,200
Fixed Rate Revenue Bonds (Series 1999B)	104,400	108,200
Revenue Bonds (Series 1997B) (HFMC)	31,350	32,400
Term loan (HFMC)	—	7,060
Mortgage loans (RMNY)	<u>12,244</u>	<u>12,528</u>
Total long-term debt	592,349	631,903
Less:		
Current installments	257,411	379,482
Unamortized bond premium	(4,739)	(4,977)
Unamortized bond discount	<u>599</u>	<u>631</u>
Long-term debt, excluding current installments and unamortized bond discount and premium	\$ <u>339,078</u>	<u>256,767</u>

On August 1, 1999, RHC entered into a Master Trust Indenture under which RHC was the only Obligated Group member. RMC, OLR, WH, SFH, Services, Senior Services, Home Care, and the Foundation were named Unlimited Credit Group Participants required to permit RHC to perform all obligations and covenants under the Master Trust Indenture. The Master Trust Indenture was amended and restated as of May 1, 2005, pursuant to the issuance of the Series 2005 bonds and the reissuance of the Variable Rate Demand Bonds (Series 1999A and Series 1999B). RHC, RMC, OLR, WH, SFH, SJH, SMEMC, and WSMC were named Obligated Group Members under the amended and restated Master Trust Indenture. Services, Senior Services, Home Care, and the Foundation were named Unlimited Credit Group Participants required to permit the Obligated Group to perform all obligations and covenants under the amended and restated Master Trust Indenture, and required to pay such amounts as are necessary to make all payments on the Series 1999 and Series 2005 obligations. On June 5, 2008, the Master Trust Indenture was amended and restated pursuant to the issuance of the Series 2008 bonds and the conversion of the Series 2005A and Series 2005B bonds. On December 1, 2009, the Master Trust Indenture was amended and restated pursuant to the issuance of the Series 2009 bonds and the advance refunding of the Series 2008A and Series 2008B bonds. The purpose of the Master Trust Indenture is to provide a mechanism for the efficient and economical issuance of notes by individual members of the Obligated

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Group using the collective borrowing capacity and credit rating of the Obligated Group. The Master Trust Indenture requires the individual members of the Obligated Group to make principal and interest payments on notes issued for their benefit and to pay such amounts as are otherwise necessary to enable the Obligated Group to satisfy all obligations issued under the Master Trust Indenture.

On December 22, 2009, the Illinois Finance Authority issued Revenue Refunding Bonds, Series 2009, in the amount of \$103,805 on behalf of RHC. The proceeds from the Series 2009 bond issuance were used to advance refund the Series 2008A and Series 2008B bonds. The transactions to advance refund and cash defease outstanding debt resulted in a loss of \$1,022, which is included with nonoperating losses in the 2010 consolidated statement of operations. Principal on the Series 2009 bonds is payable annually through 2025. Interest is payable semi-annually commencing on May 15, 2010 at fixed rates between 3.00% and 6.13% depending on date of maturity. The Series 2009 bonds were issued pursuant to a Bond Trust Indenture, dated as of December 1, 2009. The Series 2009 bonds are secured by an interest in the pledged revenues of the Obligated Group and a mortgage on RMC.

On June 5, 2008, the Illinois Finance Authority issued Variable Rate Revenue Bonds, Series 2008A and Series 2008B (collectively referred to as the Series 2008 bonds), in the aggregate amount of \$100,000 on behalf of RHC. The proceeds from the Series 2008 bond issuance were used to advance refund various outstanding debt. Principal on the bonds was due on May 15, 2029. Interest was payable monthly at variable rates. During 2010 and 2009, the effective interest rate on the Series 2008 bonds was 1.68% and 1.51%, respectively. The Series 2008 bonds were issued pursuant to two separate Bond Trust Indentures, each dated as of June 1, 2008. The Series 2008 bonds were secured by irrevocable transferable direct pay letters of credit issued by commercial banks, which expired on December 5, 2009. The Series 2008 bonds with an outstanding principal balance of \$98,370 were advance refunded in 2010.

On May 26, 2005, the Illinois Finance Authority issued Variable Rate Revenue Bonds, Series 2005A, Series 2005B, Series 2005C, and Series 2005D, and on June 16, 2005, the Illinois Finance Authority issued Variable Rate Revenue Bonds, Series 2005E (collectively referred to as the Series 2005 bonds), in the aggregate amount of \$350,000 on behalf of RHC. The Series 2005D and Series 2005E bonds were cash defeased in 2008. Principal on the bonds is payable annually through 2035. Interest is payable monthly at variable rates. During 2010 and 2009, the effective interest rate on the Series 2005 bonds was 0.27% and 1.67%, respectively. The Series 2005 bonds were issued pursuant to five separate Bond Trust Indentures, each dated as of May 1, 2005. The Series 2005B and 2005C bonds are secured by direct pay letters of credit issued by commercial banks, which currently expire on February 25, 2011, in amounts equal to the principal amount of the bonds and accrued interest on such principal. Holders of the Series 2005 bonds have a put option that allows them to redeem the bonds prior to maturity. The Obligated Group has an agreement with an underwriter to remarket any bonds redeemed through the exercise of put options. Principal on the Series 2005B and 2005C bonds outstanding at June 30, 2010 has been included in current installments of long-term debt as the letters of credit securing the bonds expire on February 25, 2011. The Series 2005A bonds with an outstanding principal balance of \$26,130 were cash defeased in 2010.

On August 27, 1999, the Illinois Health Facility Authorities issued Variable Rate Demand Revenue Bonds, Series 1999A and Series 1999B, and Periodic Auction Reset Securities, Series 1999C (collectively referred to as the Series 1999 bonds), in the aggregate amount of \$380,000 on behalf of RHC. The Series 1999C

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bonds were advance refunded in 2008. On June 5, 2008, RHC converted the outstanding Series 1999A and Series 1999B bonds of \$225,000 from variable rate to fixed rate bonds through a bond reissuance. Principal on the Series 1999A and Series 1999B bonds is payable annually through 2029. Interest is payable semiannually at fixed rates varying between 4.00% and 5.50% depending on date of maturity. The Series 1999A and Series 1999B bonds were issued pursuant to amended and restated Bond Trust Indentures, each dated as of June 1, 2008. Payment of principal and interest on the Series 1999A and Series 1999B bonds when due is guaranteed under municipal bond insurance policies.

On December 23, 1997, the Illinois Health Facilities Authority on behalf of HFMC issued its Revenue Bonds, Series 1997, in the principal amount of \$41,000 pursuant to a loan agreement dated December 1, 1997 between the Illinois Health Facilities Authority and HFMC (Series 1997B). Interest is payable at rates varying between 4.25% and 5.00% in annual installments through 2027. Effective February 6, 2001, HFMC entered into a Reimbursement, Mortgage, and Security Agreement (RHC Reimbursement Agreement) with RHC. The RHC Reimbursement Agreement provides that RHC will guarantee payment to the Bond Insurer of all amounts paid by the Bond Insurer in connection with the Series 1997B bonds under either the Bond Insurance Policy or the Surety Bond, which are not reimbursed to the Bond Insurer by HFMC. In conjunction with the RHC Reimbursement Agreement, HFMC issued its Direct Note Obligation, Series 2001A (Series 2001A), in a principal amount equal to the amount owed under the RHC Reimbursement Agreement, if any. Series 2001A is secured by a mortgage of the land and healthcare facilities of HFMC's main campus located in Des Plaines, Illinois and HFMC's accounts receivable. All intercompany amounts related to the Series 2001A bonds have been eliminated in consolidation. RHC has not made or accrued any payment obligations pursuant to this guarantee.

In October 1999, HFMC entered into a 10-year term loan (Term Loan) in the amount of \$10,275. Under the terms of the Term Loan, HFMC pays interest at a fixed rate of 7.75%. Principal installments are due annually in amounts ranging from \$227 to \$420 through October 2009 with a lump-sum payment of \$6,951, due November 2009. The Term Loan was repaid during 2010.

RNH and MLNH have two mortgage loan agreements through the Dormitory Authority of the State of New York. Principal and interest on the first note are payable in fixed monthly amounts of \$46 through July 2027. The note bears interest at a fixed annual rate of 7.25% and is secured by certain real estate. Principal and interest on the second note are payable in fixed monthly amounts of \$53 through January 2033. The note bears interest at a fixed annual rate of 7.90% and is secured by certain assets of RNH and MLNH.

At June 30, 2010 and 2009, the fair value of RHC and Affiliates' total long-term debt was approximately \$601,456 and \$621,801, respectively. Fair value was estimated using quoted market prices based upon the Obligated Group's current borrowing rates for similar types of long-term debt securities.

Under Section 148(f) of the Code, an issuer of tax-exempt bonds is required to rebate to the Internal Revenue Service the excess of investment income earned on all nonpurpose investments made with the gross proceeds of tax-exempt bond issues over the amount, which would have been earned if such nonpurpose investments had been invested at a rate equal to the interest yield on the related bond issue. The estimated rebate liability of \$1,148 and \$1,340 at June 30, 2010 and 2009, respectively, related to the

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Series 2005 bonds is recorded within accounts payable and accrued expenses in the accompanying consolidated statements of financial position.

Scheduled principal repayments on long-term debt based on the variable rate revenue bonds being put back to the Obligated Group and a corresponding draw being made on the underlying credit facility, if available, are as follows for the ensuing five years:

	<u>Amount</u>
Year:	
2011	\$ 257,411
2012	19,266
2013	19,945
2014	20,679
2015	20,568

Scheduled annual principal payments on long-term debt based on the scheduled redemptions according to the respective Bond Trust Indentures for the ensuing five years are as follows:

	<u>Amount</u>
Year:	
2011	\$ 18,496
2012	19,283
2013	19,981
2014	20,737
2015	21,608

(11) Employees' Retirement Plans

RHC and Affiliates have two cash balance plans (defined benefit plans that operate like defined contribution plans) (Plan A and Plan B) that cover substantially all eligible employees of RHC and Affiliates. Each eligible participant has a benefit account balance, which accrues as a percentage of current year's pay and earns interest at a specified rate.

RHC and Affiliates record pension cost at an amount calculated by an independent consulting actuary. RHC and Affiliates recognize the cost related to employee service using the projected unit credit cost method. Gains and losses, calculated as the difference between estimated and actual amounts of plan assets and the projected benefit obligation, and prior service cost are amortized over the expected future service period.

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The following table sets forth the consolidated funded status, assumptions, and amounts recognized in the accompanying consolidated financial statements as of and for the years ended June 30, 2010 and 2009 for Plans A and B:

	<u>2010</u>	<u>2009</u>
Change in benefit obligation:		
Benefit obligation at beginning of year	\$ (319,512)	(275,226)
Service cost	(21,521)	(20,569)
Interest cost	(20,095)	(18,275)
Actuarial loss	(44,731)	(25,375)
Benefits paid	20,585	19,933
Benefit obligation at end of year	\$ <u>(385,274)</u>	<u>(319,512)</u>
Change in plan assets:		
Fair value of plan assets at beginning of year	\$ 88,503	125,161
Actual return on plan assets	8,111	(16,264)
Adjustments for transfers	(472)	(461)
Employer contributions	61,942	—
Benefits paid	(20,585)	(19,933)
Fair value of plan assets at end of year	\$ <u>137,499</u>	<u>88,503</u>
Funded status	\$ (247,775)	(231,009)
Amounts recognized in the accompanying consolidated statements of financial position:		
Accrued pension liability	\$ (247,775)	(231,009)
Accumulated charge to unrestricted net assets	132,434	93,011
Net amount recognized	\$ <u>(115,341)</u>	<u>(137,998)</u>
Accumulated benefit obligation	\$ (384,838)	(317,790)
	<u>2010</u>	<u>2009</u>
Components of net periodic benefit cost:		
Service cost	\$ 21,521	20,569
Expense load	472	461
Interest cost	20,095	18,275
Expected return on plan assets	(8,297)	(9,664)
Amortization of unrecognized net loss	5,579	1,473
Amortization of unrecognized prior service credit	(403)	(650)
Net periodic benefit cost	\$ <u>38,967</u>	<u>30,464</u>

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	<u>2010</u>	<u>2009</u>
Other changes in plan assets and benefit obligation recognized in unrestricted net assets:		
Net actuarial loss	\$ (44,599)	(51,397)
Reversal of amortization items:		
Net actuarial loss	5,579	1,473
Prior service credit	(403)	(650)
Total recognized in unrestricted net assets	\$ <u>(39,423)</u>	<u>(50,574)</u>
Estimated future benefit payments:		
Fiscal year 2011	\$ 25,587	
Fiscal year 2012	30,197	
Fiscal year 2013	30,673	
Fiscal year 2014	31,781	
Fiscal years 2015 – 2020	221,657	
Expected contribution during fiscal year 2011	\$ 45,000	

The estimated net actuarial loss and prior service credit for Plans A and B that will be amortized from unrestricted net assets into net periodic benefit cost during the 2011 fiscal year are \$9,114 and \$346, respectively.

	<u>2010</u>	<u>2009</u>
Weighted average assumptions used to determine benefit obligations at June 30:		
Settlement (discount) rate	5.05%	6.57%
Weighted average rate of increase in future compensation levels	4.00	4.00
Weighted average assumptions used to determine net periodic benefit cost for years ended June 30:		
Discount rate	6.57%	6.93%
Expected return on plan assets	8.50	8.50
Rate of compensation increase	4.00	4.00

RHC's overall expected long-term rate of return on assets is 8.5%. The expected long-term rate of return is based on the portfolio as a whole and not on the sum of the returns on individual asset categories. The return is based exclusively on historical returns, without adjustments.

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RHC's pension plan weighted average asset allocations at June 30, 2010 and 2009, by asset category, are as follows:

Asset category	Plan assets at June 30	
	2010	2009
Equities	56.1%	55.8%
Fixed income securities	41.7	39.2
Cash and cash equivalents	2.2	5.0

RHC has developed a plan investment policy, which is reviewed and approved by the RHC Finance Committee and the boards of directors. The policy established goals and objectives of the fund, asset allocations, asset classifications, and manager guidelines. The policy reflects a target of up to 60% for equity securities. Investments are managed by independent advisers who are monitored by management and the Finance Committee. RHC monitors the asset allocation and executes required recalibrations of the portfolio allocation on a regular basis in response to fluctuations in market conditions and the overall portfolio composition.

RHC and Affiliates also have a defined contribution money purchase plan (Defined Contribution Plan). RHC and Affiliates contribute 25% of contributions made by employees to their tax deferred account up to a maximum contribution percentage of 1% of the participant's qualified income. RHC and Affiliates' boards of directors have amended Plan A and the Defined Contribution Plan whereby the employer matching contribution of the Defined Contribution Plan is considered a component of Plan A. Accordingly, this employer matching component has been included as a component of the accrued pension liability of Plan A as determined by the professional consulting actuary.

(a) Fair Value of Financial Instruments

The following is a description of the valuation methodologies used for pension Plan A and Plan B assets measured at fair value. There have been no changes in the methodologies used at June 30, 2010 and 2009.

- Cash and cash equivalents: Valued at the carrying amount that approximates fair value because of the short-term maturity of these investments.
- Common stocks, real estate investment trusts, U.S. government securities, and foreign securities: Valued at the closing price reported on the active market on which the individual securities are traded.
- Mortgage-backed securities, commercial mortgage-backed, asset-backed, CMO/REMIC, and corporate bonds and notes: Certain corporate bonds are valued at the closing price reported in the active market in which the bond is traded. Other corporate bonds are valued based on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of

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(In thousands)

similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

(b) Fair Value Hierarchy

Plan A and Plan B adopted ASC Subtopic 715-20-50 on July 1, 2009 for fair value measurements of financial assets and financial liabilities and for fair value measurements of nonfinancial items that are recognized or disclosed at fair value in the consolidated financial statements on a recurring basis. ASC Subtopic 715-20-50 establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value.

The following table presents the Plans' fair value hierarchy for those assets measured at fair value on a recurring basis as of June 30, 2010:

	Fair value	Level 1	Level 2	Level 3
Investments:				
Cash and cash equivalents	\$ 3,035	3,035	—	—
Common stocks	54,902	54,902	—	—
Real estate investment trusts	1,738	1,738	—	—
U.S. government securities	16,803	16,803	—	—
Mortgage-backed securities	12,627	—	12,627	—
Commercial mortgage-backed securities	3,250	—	3,250	—
Asset-backed securities	4,488	—	4,488	—
CMO/REMIC	3,624	—	3,624	—
Corporate bonds and notes	16,471	—	16,471	—
Foreign securities	20,561	20,561	—	—
	<u>137,499</u>	<u>97,039</u>	<u>40,460</u>	<u>—</u>
Total assets at fair value	\$ <u>137,499</u>	<u>97,039</u>	<u>40,460</u>	<u>—</u>

WSMC sponsored the West Suburban Health Care Retirement Income Plan (Income Plan), a noncontributory defined benefit pension plan, for which the board of directors of WSMC authorized the curtailment of the Income Plan effective January 1, 2002. As a result of the curtailment, participation in the Income Plan is limited to participants entering on or before January 1, 2002, and no new benefits will accrue to participants subsequent to that date. Gains and losses, calculated as the difference between estimated and actual amounts of plan assets and the projected benefit obligation, is amortized over the expected future service period. RHC has maintained responsibility for the Income Plan subsequent to the asset divestitures disclosed in note 8.

RESURRECTION HEALTH CARE CORPORATION AND AFFILIATES

Notes to Consolidated Financial Statements

June 30, 2010 and 2009

(In thousands)

A summary of the changes in the projected benefit obligation and plan assets and the resulting funded status of the Income Plan is as follows at June 30, 2010 and 2009 (measurement dates):

	<u>2010</u>	<u>2009</u>
Change in projected benefit obligation:		
Benefit obligation at beginning of period	\$ (57,918)	(54,305)
Interest cost	(3,858)	(3,778)
Actuarial loss	(11,620)	(2,049)
Benefits paid	<u>2,426</u>	<u>2,214</u>
Benefit obligation at end of period	\$ <u><u>(70,970)</u></u>	<u><u>(57,918)</u></u>
Change in plan assets:		
Fair value of plan assets at beginning of period	\$ 43,254	52,264
Actual return on plan assets	5,526	(7,856)
Employer contributions	450	1,060
Benefits paid	<u>(2,426)</u>	<u>(2,214)</u>
Fair value of plan assets at end of period	\$ <u><u>46,804</u></u>	<u><u>43,254</u></u>
Funded status	\$ (24,166)	(14,664)
	<u>2010</u>	<u>2009</u>
Accumulated benefit obligation	\$ (70,970)	(57,918)
Amount recognized in the accompanying consolidated statements of financial position:		
Accrued pension liability	\$ (24,166)	(14,664)
Accumulated charge to unrestricted net assets	<u>30,482</u>	<u>23,523</u>
Net amount recognized	\$ <u><u>6,316</u></u>	<u><u>8,859</u></u>
Components of net periodic benefit cost:		
Interest cost	\$ 3,858	3,778
Expected return on plan assets	(3,555)	(4,391)
Amortization of unrecognized net loss	<u>2,691</u>	<u>673</u>
Net periodic benefit cost	\$ <u><u>2,994</u></u>	<u><u>60</u></u>
Other changes in plan assets and benefit obligation recognized in unrestricted net assets:		
Net actuarial loss	\$ (9,650)	(14,296)
Reversal of amortization item:		
Net actuarial gain	<u>2,691</u>	<u>673</u>
Total recognized in unrestricted net assets	\$ <u><u>(6,959)</u></u>	<u><u>(13,623)</u></u>

RESURRECTION HEALTH CARE CORPORATION AND AFFILIATES

Notes to Consolidated Financial Statements

June 30, 2010 and 2009

(In thousands)

	<u>2010</u>	<u>2009</u>
Estimated future benefit payments:		
Fiscal year 2011	\$ 3,137	
Fiscal year 2012	3,314	
Fiscal year 2013	3,581	
Fiscal year 2014	3,859	
Fiscal years 2015 – 2020	27,194	
Expected contributions during fiscal year 2011:		
Minimum required contribution	\$ 662	
Weighted average assumptions used to determine benefit obligations:		
Settlement (discount) rate	5.41%	6.83%
Weighted average assumptions used to determine net periodic benefit cost:		
Discount rate	6.83%	7.13%
Expected return on plan assets	8.50	8.50

The estimated net actuarial loss for the Income Plan that will be amortized from unrestricted net assets into net periodic benefit cost during the 2011 fiscal year is \$3,904.

The Income Plan's overall expected long-term rate of return on assets is 8.5%. The expected long-term rate of return is based on the portfolio as a whole and not on the sum of the returns on individual asset categories. The return is based exclusively on historical returns, without adjustments.

The Income Plan's weighted average asset allocations at June 30, 2010 and 2009 by asset category are as follows:

<u>Asset category</u>	<u>Plan assets at June 30</u>	
	<u>2010</u>	<u>2009</u>
Equities	54.4%	50.8%
Fixed income securities	43.8	44.6
Cash and cash equivalents	1.8	4.6

RHC has developed a plan investment policy for the Income Plan, which is reviewed and approved by the RHC Finance Committee and the boards of directors. The policy established goals and objectives of the fund, asset allocations, asset classifications, and manager guidelines. The policy dictates a specific asset allocation between equity and fixed income securities. Investments are managed by independent advisers who are monitored by management and the Finance Committee. RHC monitors the asset allocation and executes required recalibrations of the portfolio allocation on a regular basis in response to fluctuations in market conditions and the overall portfolio composition.

RESURRECTION HEALTH CARE CORPORATION AND AFFILIATES

Notes to Consolidated Financial Statements

June 30, 2010 and 2009

(In thousands)

(c) *Fair Value of Financial Instruments*

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at June 30, 2010 and 2009.

- Cash and cash equivalents: Valued at the carrying amount that approximates fair value because of the short-term maturity of these investments.
- Common and preferred stocks, U.S. government securities, and foreign securities: Valued at the closing price reported on the active market on which the individual securities are traded.
- Municipal bonds, corporate bonds, notes, and debentures: Certain corporate bonds are valued at the closing price reported in the active market in which the bond is traded. Other corporate bonds are valued based on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

(d) *Fair Value Hierarchy*

The Plan adopted ASC Subtopic 715-20-50 on July 1, 2009 for fair value measurements of financial assets and financial liabilities and for fair value measurements of nonfinancial items that are recognized or disclosed at fair value in the consolidated financial statements on a recurring basis. ASC Subtopic 715-20-50 establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value.

RESURRECTION HEALTH CARE CORPORATION AND AFFILIATES

Notes to Consolidated Financial Statements

June 30, 2010 and 2009

(In thousands)

The following table presents the Plan's fair value hierarchy for those assets and liabilities measured at fair value on a recurring basis as of June 30, 2010:

	<u>Fair value</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Cash and cash equivalents	\$ 854	854	—	—
Common stocks	18,713	18,713	—	—
Real estate investment trusts	739	739	—	—
U.S. government securities	5,511	5,511	—	—
Mortgage-backed securities	4,698	—	4,698	—
Commercial mortgage-backed securities	1,498	—	1,498	—
Asset-backed securities	1,047	—	1,047	—
CMO/REMIC	2,257	—	2,257	—
Corporate bonds and notes	5,249	—	5,249	—
Municipal bonds	227	—	227	—
Foreign securities	6,011	6,011	—	—
	<u>\$ 46,804</u>	<u>31,828</u>	<u>14,976</u>	<u>—</u>

(12) Self-Insurance

(a) Professional and General Liability

RHC and Affiliates are self-insured for professional and general liability claims up to specified limits arising from incidents occurring after dates of entry into the program, which vary by corporation. Excess insurance coverage was occurrence based through various dates, at which time all corporations changed to claims-made-based coverage. There are no assurances that RHC and Affiliates will be able to renew existing policies or procure coverage on similar terms in the future.

RHC and Affiliates are involved in litigation arising in the ordinary course of business. Claims alleging malpractice have been asserted against RHC and Affiliates and are currently in various stages of litigation. Provisions for professional and general liability claims include the ultimate cost of known claims and claims incurred but not reported as of the respective consolidated statement of financial position dates. It is the opinion of management that the estimated malpractice liabilities accrued at June 30, 2010 and 2009 are adequate to provide for the ultimate cost of potential losses resulting from pending or threatened litigation; however, such estimates may be more or less than the amounts ultimately paid when claims are resolved. Estimated malpractice claims have been discounted at rates of 3.0% and 3.5% at June 30, 2010 and 2009, respectively. The accrued liability estimated for self-insured professional and general liability claims amounted to \$246,405 and \$251,671 at June 30, 2010 and 2009, respectively. All self-insured malpractice and general claim liabilities are reported as long-term liabilities as the portion expected to be paid within one year is not readily determinable.

RESURRECTION HEALTH CARE CORPORATION AND AFFILIATES

Notes to Consolidated Financial Statements

June 30, 2010 and 2009

(In thousands)

(b) Workers' Compensation

The Hospitals maintain self-insurance programs for workers' compensation coverage. These programs limit the self-insured retention to specific amounts on a per occurrence basis. Coverage from commercial insurance carriers is maintained for claims in excess of the self-insured retention. Accrued workers' compensation claims amounted to \$4,681 and \$8,109 at June 30, 2010 and 2009, respectively. Management believes the estimated self-insured workers' compensation claims liability at June 30, 2010 and 2009 is adequate to cover the ultimate liability; however, such estimates may be more or less than the amounts ultimately paid when claims are resolved. The portion of workers' compensation claims expected to be paid beyond one year of the consolidated statements of financial position dates is not readily determinable, and therefore, the entire accrual is classified as a current liability included within accounts payable and accrued expenses in the accompanying consolidated statements of financial position.

(c) Health Care

RHC and Affiliates also maintain a program of self-insurance for employee health coverage. Stop-loss reinsurance coverage is maintained for claims in excess of stop-loss limits. Accrued self-insured employee health care claims amounted to \$3,779 and \$6,761 for 2010 and 2009, respectively, and are included with accounts payable and accrued expenses in the accompanying consolidated statements of financial position. It is the opinion of management that the estimated health care costs accrued at June 30, 2010 and 2009 are adequate to provide for the ultimate liability; however, final payouts as claims are paid may vary significantly from estimated claim liabilities.

(13) Joint Ventures

Investments in joint ventures include RHC and Affiliates' investment in various joint ventures, which were established to provide various health care services including laboratory, radiation, oncology, sleep lab, and a group purchasing function. RHC and Affiliates account for their investments in the joint ventures on the equity method of accounting. RHC and Affiliates have included their proportional share of the joint ventures' net income (loss) of \$(1,143) and \$325 in 2010 and 2009, respectively, within investment income (loss) and other, net in the accompanying consolidated statements of operations. RHC and Affiliates received cash distributions from the joint ventures of \$16 and \$150 in 2010 and 2009, respectively. As of and for the years ended June 30, 2010 and 2009, respectively, the joint ventures had total assets of \$47,141 and \$50,041 members' equity of \$23,843 and \$25,230, revenue of \$76,510 and \$74,156 and net income of \$(26) and \$(1,313). The carrying value of RHC and Affiliates' investments in joint ventures of \$9,638 and \$10,622 at June 30, 2010 and 2009, respectively, is included with other assets in the accompanying consolidated statements of financial position.

RESURRECTION HEALTH CARE CORPORATION AND AFFILIATES

Notes to Consolidated Financial Statements

June 30, 2010 and 2009

(In thousands)

(14) Contingencies

(a) *Medicare Reimbursement*

For the year ended June 30, 2010, RHC and Affiliates recognized approximately \$500,644 of net service revenue from services provided to Medicare beneficiaries. Federal legislation has included provisions to reduce Medicare payments to health care providers as well as phase out cost-based reimbursement mechanisms to prospective payment methodologies. Changes in Medicare and other payor reimbursement as a result of current health reform initiatives may have an adverse effect on RHC and Affiliates' net service revenues.

(b) *Litigation*

RHC and Affiliates are involved in litigation and regulatory investigations arising in the normal course of business. In consultation with legal counsel, management estimates that these matters will be resolved without material adverse effect on RHC and Affiliates' consolidated financial position or results from operations.

(c) *Regulatory Investigations*

The U.S. Department of Justice and other federal agencies routinely conduct regulatory investigations and compliance audits of health care providers. RHC and Affiliates are subject to these regulatory efforts. Management is currently unaware of any regulatory matters, which may have a material adverse effect on RHC and Affiliates' consolidated financial position or results of operations.

(15) Subsequent Events

In connection with the preparation of the consolidated financial statements and in accordance with the recently issued ASC Topic 855, *Subsequent Events*, RHC and Affiliates evaluated subsequent events after the consolidated balance sheet date of June 30, 2010 through November 22, 2010, which was the date the consolidated financial statements were available to be issued.

RESURRECTION HEALTH CARE CORPORATION AND AFFILIATES

Consolidating Schedule - Financial Position Information

June 30, 2010

(In thousands)

Assets	Resurrection Health Care Corporation	Resurrection Medical Center	Saint Francis Hospital	Our Lady of the Resurrection Medical Center	Westlake Hospital	Saints Mary and Elizabeth Medical Center	Holy Family Medical Center	Saint Joseph Hospital
Current assets:								
Cash and cash equivalents	\$ 218	47,813	1,924	5	996	1,925	—	—
Assets whose use is limited or restricted - required for current liabilities	250,817	5,213	—	—	—	—	—	—
Patient and resident accounts receivable, net of allowance for uncollectible accounts of \$88,655	—	30,225	21,436	14,546	—	24,803	15,269	19,515
Other receivables	1,703	1,011	566	157	—	531	51	1,347
Inventory of supplies	—	1,934	1,350	636	—	4,393	1,105	4,359
Estimated receivables under third-party reimbursement programs	—	—	—	—	—	—	—	—
Prepaid expenses and other current assets	11,071	10,115	238	364	111	899	83	334
Assets held for sale	—	—	—	—	13,731	—	—	—
Due from affiliates	—	335,430	24,104	4,489	—	19,481	—	—
Total current assets	263,809	431,741	49,618	20,197	14,838	52,032	16,508	25,755
Assets whose use is limited or restricted:								
By boards for reinvestment and self-insurance	—	146,312	84,718	31,344	—	68,814	—	—
Under bond indenture agreements - held by trustee	12,357	—	—	—	—	—	1,227	—
By donors - permanently restricted	—	—	—	—	—	—	—	—
	12,357	146,312	84,718	31,344	—	68,814	1,227	—
Land, buildings, and equipment, net	195,255	17,473	69,771	28,865	—	91,092	28,981	71,097
Deferred finance charges	8,872	—	—	—	—	—	1,062	—
Other assets	8,885	3,497	122	—	—	903	—	—
	\$ 489,178	599,023	204,229	80,406	14,838	212,641	47,778	96,852

(Continued)

RESURRECTION HEALTH CARE CORPORATION AND AFFILIATES

Consolidating Schedule - Financial Position Information

June 30, 2010

(In thousands)

Assets	West Suburban Medical Center	Resurrection Senior Services	Resurrection Services	Resurrection Behavioral Health	Resurrection Home Health Services	Resurrection Development Foundation	Resurrection Health Care Preferred	Eliminations	Consolidated
Current assets:									
Cash and cash equivalents	\$ 2,030	4,897	748	457	110	672	1,296	—	63,091
Assets whose use is limited or restricted - required for current liabilities	—	—	—	—	—	—	—	—	256,030
Patient and resident accounts receivable net of allowance for uncollectible accounts of \$88,655	—	7,846	5,612	2,086	1,575	—	—	—	142,913
Other receivables	378	858	560	—	43	2,060	1,435	—	10,900
Inventory of supplies	—	348	715	—	—	—	—	—	14,840
Estimated receivables under third-party reimbursement programs	—	—	—	—	—	—	—	—	—
Prepaid expenses and other current assets	373	1,395	235	18	—	1,608	96	—	26,940
Assets held for sale	39,799	2,502	8,495	—	—	—	—	—	64,527
Due from affiliates	—	—	8,713	—	—	—	4,675	(396,892)	—
Total current assets	42,580	17,846	25,078	2,561	1,728	4,340	7,502	(396,892)	579,241
Assets whose use is limited or restricted:									
By boards for reinvestment and self-insurance	2,903	128,433	—	13	—	19,306	—	—	481,843
Under bond indenture agreements - held by trustee	—	9,229	—	—	—	13,186	—	—	22,813
By donors - permanently restricted	—	—	—	—	—	32,492	—	—	13,186
	2,903	137,662	—	13	—	32,492	—	—	517,842
Land, buildings, and equipment, net	—	112,054	78,598	2,891	212	161	207	—	696,657
Deferred finance charges	—	—	—	—	—	—	—	—	9,934
Other assets	29	—	5,055	—	2,287	—	—	—	20,778
	\$ 45,512	267,562	108,731	5,465	4,227	36,993	7,709	(396,892)	1,824,452

(Continued)

RESURRECTION HEALTH CARE CORPORATION AND AFFILIATES

Consolidating Schedule - Financial Position Information

June 30, 2010

(In thousands)

Liabilities and Net Assets	Resurrection Health Care Corporation	Resurrection Medical Center	Saint Francis Hospital	Our Lady of the Resurrection Medical Center	Westlake Hospital	Saints Mary and Elizabeth Medical Center	Holy Family Medical Center	Saint Joseph Hospital
Current liabilities:								
Current installments of long-term debt	\$ 256,030	—	—	—	—	—	1,105	—
Accounts payable and accrued expense:	18,120	26,203	2,672	2,270	—	5,360	1,712	2,783
Accrued payroll and fringe benefits	193	58,948	78	—	—	—	—	—
Estimated payables under third-party reimbursement program	—	24,324	13,668	5,342	5,427	5,709	9,244	33,324
Deferred revenue and refundable deposits	—	—	—	—	—	—	—	—
Liabilities held for sale	—	—	—	—	5,896	—	—	—
Due to affiliates	174,615	—	—	—	—	6	32,605	4,818
Total current liabilities	448,958	109,475	16,418	7,612	11,323	11,075	44,666	40,925
Long-term debt, excluding current installments and unamortized bond discount	297,464	—	—	—	—	—	29,646	—
Accrued pension liability	—	271,941	—	—	—	—	—	—
Estimated self-insured professional and general liability claims	—	51,284	43,384	16,782	21,912	38,425	5,941	25,340
Asset retirement obligation	10,643	—	—	—	—	—	—	—
Total liabilities	757,065	432,700	59,802	24,394	33,235	49,500	80,253	66,265
Net assets (deficit):								
Unrestricted	(268,160)	166,323	144,427	56,012	(18,397)	163,332	(32,475)	30,587
Temporarily restricted	273	—	—	—	—	9	—	—
Permanently restricted	—	—	—	—	—	—	—	—
Total net assets (deficit)	(267,887)	166,323	144,427	56,012	(18,397)	163,341	(32,475)	30,587
\$	489,178	599,023	204,229	80,406	14,838	212,841	47,778	96,852

(Continued)

RESURRECTION HEALTH CARE CORPORATION AND AFFILIATES

Consolidating Schedule - Financial Position Information

June 30, 2010

(In thousands)

Liabilities and Net Assets	West Suburban Medical Center	Resurrection Senior Services	Resurrection Services	Resurrection Behavioral Health	Resurrection Home Health Services	Resurrection Development Foundation	Resurrection Health Care Preferred	Eliminations	Consolidated
Current liabilities:									
Current installments of long-term debt	\$ ---	276	—	—	—	—	—	—	257,411
Accounts payable and accrued expenses	1,395	4,062	6,552	372	1,008	257	10,177	—	82,943
Accrued payroll and fringe benefits	—	—	31	—	—	—	—	—	59,250
Estimated payables under third-party reimbursement programs	9,346	2,502	—	—	—	—	—	—	108,886
Deferred revenue and refundable deposits	—	39,167	—	242	—	—	—	—	39,409
Liabilities held for sale	9,768	281	1,293	—	—	—	—	—	17,238
Due to affiliates	—	48,890	114,172	4,480	13,814	3,492	—	(396,892)	—
Total current liabilities	20,509	95,178	122,048	5,094	14,822	3,749	10,177	(396,892)	565,137
Long-term debt, excluding current installments and unamortized bond discount	—	11,968	—	—	—	—	—	—	339,078
Accrued pension liability	—	—	—	—	—	—	—	—	271,941
Estimated self-insured professional and general liability claims	43,337	—	—	—	—	—	—	—	246,405
Asset retirement obligation	—	—	—	—	—	—	—	—	10,643
Total liabilities	63,846	107,146	122,048	5,094	14,822	3,749	10,177	(396,892)	1,433,204
Net assets (deficit):									
Unrestricted	(18,334)	160,416	(13,317)	371	(10,595)	7,090	(2,468)	—	364,812
Temporarily restricted	—	—	—	—	—	12,968	—	—	13,250
Permanently restricted	—	—	—	—	—	13,186	—	—	13,186
Total net assets (deficit)	(18,334)	160,416	(13,317)	371	(10,595)	33,244	(2,468)	—	391,248
\$	45,512	267,562	108,731	5,465	4,227	36,993	7,709	(396,892)	1,824,452

See accompanying independent auditors' report.

RESURRECTION HEALTH CARE CORPORATION AND AFFILIATES
 Consolidating Schedule - Operations and Changes in Unrestricted Net Assets Information
 Year ended June 30, 2010
 (In thousands)

	Resurrection Health Care Corporation	Resurrection Medical Center	Saint Francis Hospital	Our Lady of the Resurrection Medical Center	Westlake Hospital	Saints Mary and Elizabeth Medical Center	Holy Family Medical Center	Saint Joseph Hospital
Revenue:								
Net service revenue	\$ —	272,149	167,533	125,229	—	310,219	89,729	189,784
Other revenue	769	4,352	3,300	811	—	5,777	812	3,468
Services provided to affiliates	144,445	—	—	—	—	—	—	—
Total revenue	145,214	276,501	170,833	126,050	—	315,996	90,541	193,252
Expenses:								
Salaries and wages	65,118	89,698	48,787	44,851	382	91,817	30,947	62,887
Payroll taxes and fringe benefits	18,570	28,565	15,091	13,296	—	27,405	9,524	20,346
Physicians' fees	649	16,461	11,084	4,744	—	10,728	1,830	14,729
Supplies	398	52,897	24,801	19,632	—	34,065	9,380	27,778
Other	36,000	15,185	6,100	4,188	—	5,012	4,231	7,759
Management services	—	29,510	19,085	15,348	—	31,289	7,252	17,781
Purchased services	9,150	8,756	7,259	4,476	—	19,804	2,740	9,670
Insurance	128	1,767	4,064	4,404	—	1,957	346	9,369
Depreciation and amortization	15,207	5,770	10,572	4,745	—	9,945	3,957	8,486
Provision for uncollectible accounts receivable	—	13,814	14,549	19,468	—	32,434	6,929	6,037
Interest	—	2,457	2,468	1,107	—	2,322	2,523	1,981
Assessments and taxes	—	6,819	5,904	3,994	—	20,428	2,869	8,514
Total expenses	145,020	271,699	169,764	140,283	382	289,606	82,528	193,337
Income (loss) from operations	194	4,802	1,069	(14,203)	(382)	26,390	8,013	(2,085)
Nonoperating gains (losses):								
Investment income (loss) and other, net	76,438	7,180	3,226	1,244	—	2,457	(267)	(469)
Unrestricted contributions	—	—	(169)	—	—	—	—	—
Loss on early extinguishment of long-term debt	—	(168)	(169)	(76)	—	(159)	(63)	(135)
Net nonoperating gains (losses)	76,438	7,012	3,057	1,168	—	2,298	(330)	(604)
Revenue and gains in excess (deficient) of expenses and losses before discontinued operations	76,632	11,814	4,126	(13,035)	(382)	28,688	7,683	(2,689)
Loss from discontinued operations (including loss on sale of \$81,865 in 2010):								
Revenue and gains in excess (deficient) of expenses and losses	5,374	—	—	—	30,534	—	—	—
Other changes in unrestricted net assets:								
Net assets released from restrictions for purchases of land, building, and equipment	—	403	616	47	122	448	53	104
Transfers to affiliated organizations	(231,032)	—	—	—	64,821	—	—	—
Recognition of change in pension funded status	—	(46,382)	—	—	—	—	—	—
Increase (decrease) in unrestricted net assets	\$ (159,774)	(34,165)	4,742	(12,988)	34,027	29,136	7,736	(2,385)

(Continued)

RESURRECTION HEALTH CARE CORPORATION AND AFFILIATES
Consolidating Schedule - Operations and Changes in Unrestricted Net Assets Information
Year ended June 30, 2010
(In thousands)

	West Suburban Medical Center	Resurrection Senior Services	Resurrection Services	Resurrection Behavioral Health	Resurrection Home Health Services	Resurrection Development Foundation	Resurrection Health Care Preferred	Eliminations	Consolidated
Revenue:									
Net service revenue	\$ —	127,403	24,633	—	11,789	—	—	—	1,318,468
Other revenue	5,327	2,044	20,864	17,738	—	—	46,650	(11,211)	100,711
Services provided to affiliates	—	9,274	—	—	—	—	—	(153,719)	—
Total revenue	5,327	138,721	45,497	17,738	11,789	—	46,650	(164,930)	1,419,179
Expenses:									
Salaries and wages	3,596	54,568	8,434	7,826	7,189	1,591	2,679	—	520,370
Payroll taxes and fringe benefits	910	21,436	4,040	3,075	1,831	292	599	—	164,980
Physicians' fees	—	310	5,800	1,971	—	—	198	(1,476)	67,028
Supplies	124	24,780	9,223	264	796	12	158	(8,526)	197,582
Other	619	7,718	8,839	1,931	1,281	718	42,294	(11,925)	129,950
Management services	—	12,408	3,631	710	2,237	66	166	(139,483)	—
Purchased services	143	3,373	4,657	1,252	47	203	147	(3,520)	68,157
Insurance	—	(102)	1,079	74	219	—	—	—	23,305
Depreciation and amortization	—	7,210	6,399	257	47	14	35	—	72,644
Provision for uncollectible accounts receivable	—	3,484	2,610	—	193	—	—	—	99,518
Interest	—	2,417	2,244	60	11	4	—	—	17,594
Assessments and taxes	—	1,896	2,215	—	—	—	—	—	54,039
Total expenses	5,392	139,498	60,171	17,420	13,851	2,900	46,276	(164,930)	1,415,167
Income (loss) from operations	(65)	(777)	(14,674)	318	(2,062)	(2,900)	374	—	4,012
Nonoperating gains (losses):									
Investment income (loss) and other, net	—	5,757	(1,211)	—	282	774	3	—	95,414
Unrestricted contributions	—	—	—	—	—	1,109	—	—	1,109
Loss on early extinguishment of long-term debt	—	(107)	(140)	(4)	(1)	—	—	—	(1,022)
Net nonoperating gains (losses)	—	5,650	(1,351)	(4)	281	1,883	3	—	95,501
Revenue and gains in excess (deficient) of expenses and losses before discontinued operations	(65)	4,873	(16,025)	314	(1,781)	(1,017)	377	—	99,513
Loss from discontinued operations (including loss on sale of \$81,865 in 2010)	57,398	1,381	13,520	—	—	—	—	—	108,207
Revenue and gains in excess (deficient) of expenses and losses	(57,463)	3,492	(29,545)	314	(1,781)	(1,017)	377	—	(8,694)
Other changes in unrestricted net assets:									
Net assets released from restrictions for purchases of land, building, and equipment	887	258	—	—	18	—	—	—	2,956
Transfers to affiliated organizations	122,609	11,003	32,599	—	—	—	—	—	(46,382)
Recognition of change in pension funded status	—	—	—	—	—	—	—	—	—
Increase (decrease) in unrestricted net assets	\$ 66,033	14,753	3,054	314	(1,763)	(1,017)	377	—	(52,120)

See accompanying independent auditors' report.

PROVENA HEALTH AND AFFILIATES

Consolidated Financial Statements and Supplementary Information

December 31, 2009 and 2008

(With Independent Auditors' Report Thereon)

PROVENA HEALTH AND AFFILIATES

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KPMG LLP
303 East Wacker Drive
Chicago, IL 60601-5212

Independent Auditors' Report

The Board of Directors
Provena Health:

We have audited the accompanying consolidated balance sheets of Provena Health and Affiliates (Provena Health) as of December 31, 2009 and 2008, and the related consolidated statements of operations, changes in net assets, and cash flows for the years then ended. These consolidated financial statements are the responsibility of Provena Health's management. Our responsibility is to express an opinion on these consolidated financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Provena Health's internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the consolidated financial statements, assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the consolidated financial position of Provena Health as of December 31, 2009 and 2008, and the results of their consolidated operations, changes in net assets, and cash flows for the years then ended, in conformity with U.S. generally accepted accounting principles.

Our audits were made for the purpose of forming an opinion on the consolidated financial statements taken as a whole. The consolidating information in schedules 1 through 16 is presented for purposes of additional analysis of the consolidated financial statements rather than to present the financial position and results of operations of the individual organizations. The schedules have been subjected to the auditing procedures applied in the basic audits of the consolidated financial statements and, in our opinion, are fairly stated in all material respects in relation to the consolidated financial statements taken as a whole.

KPMG LLP

April 16, 2010

ATTACHMENT 39

PROVENA HEALTH AND AFFILIATES

Consolidated Balance Sheets

December 31, 2009 and 2008

(In thousands)

Assets	2009	2008
Current assets:		
Cash and cash equivalents	\$ 87,247	66,617
Short-term investments	1,398	1,478
Assets limited or restricted as to use, required for current liabilities	10,650	10,247
Receivables:		
Patient and resident accounts receivable, less allowance for uncollectible accounts of approximately \$117,767 in 2009 and \$104,215 in 2008	178,348	193,219
Estimated receivables under third-party reimbursement programs	7,955	32,209
Inventories	21,774	20,810
Collateral held under securities lending agreement	—	54,910
Prepaid expenses and other	31,272	31,780
Total current assets	338,644	411,270
Assets limited or restricted as to use, net of current portion	410,007	311,707
Land, buildings, and equipment, net	687,911	708,060
Excess of purchase price over identifiable net assets acquired, net	833	1,468
Other	28,799	27,499
Total assets	\$ 1,466,194	1,460,004
Liabilities and Net Assets		
Current liabilities:		
Current installments of long-term debt	\$ 11,690	27,511
Current portion of obligations under capital leases	3,251	2,135
Current portion of estimated self-insurance liabilities	10,801	10,522
Accounts payable and accrued expenses	149,037	122,108
Estimated payables under third-party reimbursement programs	102,939	112,717
Payable under securities lending agreement	—	54,910
Other	23,188	22,597
Total current liabilities	300,906	352,500
Long-term debt, net of current installments	619,092	594,586
Obligations under capital leases, net of current portion	4,502	4,167
Estimated self-insurance liabilities, net of current portion	79,066	78,499
Pension benefit liability	72,877	77,208
Derivatives and other long-term liabilities	44,575	63,775
Total liabilities	1,121,018	1,170,735
Net assets:		
Unrestricted	336,245	279,074
Temporarily restricted	7,383	9,159
Permanently restricted	1,548	1,036
Total net assets	345,176	289,269
Total liabilities and net assets	\$ 1,466,194	1,460,004

See accompanying notes to consolidated financial statements.

PROVENA HEALTH AND AFFILIATES

Consolidated Statements of Operations

Years ended December 31, 2009 and 2008

(In thousands)

	2009	2008
Revenue:		
Net patient and resident service revenue	\$ 1,267,993	1,225,522
Other revenues	23,508	21,531
Net assets released from restriction used for operations	1,069	1,796
Total revenue	1,292,570	1,248,849
Expenses:		
Salaries and benefits	584,665	589,981
Supplies and drugs	171,267	175,007
Purchased services	161,870	173,219
Interest	31,503	22,362
Depreciation and amortization	70,721	68,255
Provider tax assessment	34,355	32,302
Provision for uncollectible accounts	131,614	114,072
Restructuring charges	31,856	9,952
Other	80,927	95,113
Total expenses	1,298,778	1,280,263
Loss from operations before impairments	(6,208)	(31,414)
Impairments	1,357	3,685
Loss from operations	(7,565)	(35,099)
Nonoperating gains (losses):		
Investment income – realized	2,839	2,726
Investment income (loss) – unrealized	30,348	(53,871)
Derivatives valuation adjustment	20,784	(30,561)
Other, net	(5,084)	(3,528)
Net nonoperating gains (losses)	48,887	(85,234)
Revenue and gains in excess (deficient) of expenses and losses	41,322	(120,333)
Other changes in unrestricted net assets:		
Expense reclassification for dedesignated hedges	258	258
Change in funded status of pension plan	11,457	(126,608)
Net assets released from restriction used for the purchase of land, buildings, and equipment	3,847	11,879
Other, net	287	93
Change in unrestricted net assets	\$ 57,171	(234,711)

See accompanying notes to consolidated financial statements.

PROVENA HEALTH AND AFFILIATES
Consolidated Statements of Changes in Net Assets
Years ended December 31, 2009 and 2008
(In thousands)

	2009	2008
Unrestricted net assets:		
Revenue and gains in excess (deficient) of expenses and losses	\$ 41,322	(120,333)
Other changes in unrestricted net assets:		
Expense reclassification for dedesignated hedges	258	258
Change in funded status of pension plan	11,457	(126,608)
Net assets released from restriction used for the purchase of land, building, and equipment	3,847	11,879
Other, net	287	93
Change in unrestricted net assets	57,171	(234,711)
Temporarily restricted net assets:		
Restricted contributions	2,976	7,177
Change in net unrealized gains (losses)	80	(182)
Temporarily restricted investment income	84	47
Net assets released from restrictions used for the purchase of land, buildings, and equipment	(3,847)	(11,879)
Net assets released from restriction used for operations	(1,069)	(1,796)
Change in temporarily restricted net assets	(1,776)	(6,633)
Permanently restricted net assets:		
Restricted contributions	519	168
Net realized and unrealized gains (losses) on investments	(7)	13
Change in permanently restricted net assets	512	181
Change in net assets	55,907	(241,163)
Net assets at beginning of year	289,269	530,432
Net assets at end of year	\$ 345,176	289,269

See accompanying notes to consolidated financial statements.

PROVENA HEALTH AND AFFILIATES

Consolidated Statements of Cash Flows

Years ended December 31, 2009 and 2008

(In thousands)

	<u>2009</u>	<u>2008</u>
Cash flows from operating activities:		
Change in net assets	\$ 55,907	(241,163)
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation and amortization	70,721	68,255
Provision for uncollectible accounts	131,614	114,072
Loss on sale of capital assets	62	715
Change in fair value of derivative instruments	(20,784)	30,561
Change in funded status of pension plan	(11,457)	126,608
Gains from equity interest of unconsolidated affiliates	(1,063)	(395)
Impairments	1,357	3,685
Change in net unrealized gains and losses on investment securities	(30,428)	54,054
Permanently restricted contributions	(519)	(168)
Changes in assets and liabilities:		
Patient and resident accounts receivable	(117,432)	(138,385)
Estimated settlements under third-party reimbursement programs, net	14,476	11,635
Inventories	(1,106)	459
Prepaid expenses and other assets	467	(5,251)
Accounts payable and accrued expenses	26,866	4,168
Estimated self-insurance liabilities	846	8,819
Other current liabilities	4,792	7,595
Other long-term liabilities	9,045	275
Net cash provided by operating activities	<u>133,364</u>	<u>45,539</u>
Cash flows from investing activities:		
Acquisition of land, buildings, and equipment, net	(49,239)	(117,248)
Net proceeds from sale of capital assets	3	1,726
Net change in assets limited or restricted as to use	(68,275)	26,236
Net change in short-term investments	80	1,065
Change in other long-term assets	4,450	2,414
Net cash used in investing activities	<u>(112,981)</u>	<u>(85,807)</u>
Cash flows from financing activities:		
Repayment of obligations under capital leases	(3,085)	(2,602)
Repayment of long-term debt	(302,015)	(7,097)
Issuance of long-term debt	310,588	44,000
Payment of bond issue costs	(5,760)	—
Permanently restricted contributions	519	168
Net cash provided by financing activities	<u>247</u>	<u>34,469</u>
Net change in cash and cash equivalents	20,630	(5,799)
Cash and cash equivalents at beginning of year	66,617	72,416
Cash and cash equivalents at end of year	<u>\$ 87,247</u>	<u>66,617</u>
Supplemental disclosure of cash flow information:		
Cash paid for interest, net of amounts capitalized	\$ 29,826	27,041
Supplemental disclosures of noncash transactions:		
Assets acquired under capital leases	\$ 4,536	1,715
Return of capital assets from investee	—	1,770

See accompanying notes to consolidated financial statements.

PROVENA HEALTH AND AFFILIATES

Notes to Consolidated Financial Statements

December 31, 2009 and 2008

(Dollars in thousands)

(1) Operations and Basis of Consolidation

Effective November 30, 1997, The Franciscan Sisters of the Sacred Heart (Franciscans), The Servants of the Holy Heart of Mary – Holy Family Province (ServantCor), and The Sisters of Mercy of the Americas Regional Community of Chicago (Mercy) (collectively, the Sponsors) created a new equally sponsored Catholic health care system called Provena Health in order to assure the provision of ongoing quality health care services to the communities served by the Sponsors.

Provena Health (the Parent) is the sole corporate sponsor of Provena Hospitals, Provena Senior Services, Provena Home Health, Provena Care @ Home, and Provena Health Assurance SPC, and owns 100% of Provena Ventures, Inc. (Ventures) (collectively referred to herein as Provena). These organizations include all of the health care operations of the Sponsors. Provena provides health care and long-term care services to communities primarily located in northern and central Illinois.

Provena Hospitals is a not-for-profit organization, which owns and operates six acute care hospitals and medical centers and more than 30 health centers. Provena Hospitals' wholly owned subsidiary, Provena Services Corporation (PSC), is an Illinois not-for-profit, taxable corporation formed to manage Provena Hospitals' physician practices.

Provena Senior Services is a not-for-profit organization, which owns and operates 10 nursing homes, four independent living facilities, two assisted living facilities, four adult daycare centers, two community service facilities, and one outpatient pharmacy in northern and central Illinois and Indiana.

Provena Home Health and Provena Care @ Home are not-for-profit organizations that own and operate five home health agencies, five private duty agencies, and one hospice in northern and central Illinois.

Ventures is a for-profit corporation, which operates various for-profit enterprises, consisting primarily of Provena Properties as of December 31, 2009 and 2008, which owns four parcels of land for future use of Provena Health.

Provena Health Assurance SPC was incorporated in the Cayman Islands on May 29, 2003, and operates subject to the provisions of the Companies Law (2002 Revision) of the Cayman Islands. Provena Health Assurance SPC is a wholly owned subsidiary of the Parent. The principal business of Provena Health Assurance SPC is to procure excess commercial insurance coverage on behalf of Provena through reinsurance with AM Best highly rated reinsurers.

All significant intercompany balances and transactions have been eliminated in the accompanying consolidated financial statements.

(2) Summary of Significant Accounting Policies

A summary of significant accounting policies follows:

- In June 2009, the Financial Accounting Standards Board (FASB) issued an accounting standard that established the Accounting Standards Codification (ASC or the Codification) to become the single source of authoritative accounting principles. The standard also provides the framework for selecting

PROVENA HEALTH AND AFFILIATES

Notes to Consolidated Financial Statements

December 31, 2009 and 2008

(Dollars in thousands)

the principles used in the preparation of financial statements of nongovernmental entities that are represented in conformity with generally accepted accounting principles in the United States. All guidance contained in the Codification carries an equal level of authority. The Codification is not intended to change generally accepted accounting principles, but is expected to simplify accounting research by reorganizing current generally accepted accounting principles into specific accounting topics. Provena adopted this accounting standard in the fourth quarter of 2009. The adoption of this accounting standard, which was subsequently codified in ASC Topic 105, *Generally Accepted Accounting Principles*, had no impact on Provena's financial position, results of operations, or liquidity.

- The preparation of consolidated financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements, and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.
- For purposes of display, transactions deemed by management to be ongoing, major, or central to the provision of health and long-term care services are reported as revenue and expenses. Peripheral or incidental transactions are reported as nonoperating gains and losses.
- The consolidated statements of operations include revenue and gains in excess (deficient) of expenses and losses. Changes in unrestricted net assets, which are excluded from revenue and gains in excess (deficient) of expenses and losses, consistent with industry practice, include changes in the funded status of Provena's defined benefit pension plan, reclassifications to interest expense for the previously effective portion of dedesignated hedges, and contributions of and for long-lived assets (including assets acquired using contributions, which by donor restriction were to be used for the purposes of acquiring such assets).
- Cash and cash equivalents consist primarily of demand deposits with banks, cash on hand, overnight secured repurchase agreements, and securities with an original term of 90 days or less when purchased, excluding amounts limited or restricted as to use. Short-term investments consist of securities with an original term of one year or less, excluding cash and cash equivalents and amounts limited or restricted as to use.
- On January 1, 2008, Provena adopted the provisions of ASC Topic 820, *Fair Value Measurements and Disclosures*, for fair value measurements of financial assets and liabilities and for fair value measurements of nonfinancial items that are recognized or disclosed at fair value in the consolidated financial statements on a recurring basis. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. ASC Topic 820 establishes a framework for measuring fair value and expands disclosures about fair value measurements (note 7).

On January 1, 2009, Provena adopted the provisions of ASC Topic 820 related to fair value measurements of nonfinancial assets and nonfinancial liabilities that are recognized or disclosed at fair value in the consolidated financial statements on a nonrecurring basis.

PROVENA HEALTH AND AFFILIATES

Notes to Consolidated Financial Statements

December 31, 2009 and 2008

(Dollars in thousands)

- Effective January 1, 2008, Provena adopted the fair value option provisions of ASC Subtopic 825-10, *Financial Instruments – Overall*, which gives Provena the irrevocable option to report most financial assets and liabilities at fair value on an instrument-by-instrument basis, with changes in fair value reported in earnings. Provena management has not elected to measure any additional eligible financial assets or financial liabilities at fair value subsequent to the adoption of ASC Subtopic 825-10.
- Investment income or loss (including realized gains and losses on investments, changes in unrealized gains and losses on trading securities, interest, and dividends) is included in unrestricted revenue and gains in excess (deficient) of expenses and losses in the accompanying consolidated statements of operations unless the income or loss is restricted by donor or law.
- Through a securities lending program, managed by its investment custodian, Provena had loaned certain marketable securities included in its investment portfolio. Provena terminated this program on October 26, 2009, resulting in the repayment of previously recognized investment losses of \$797 to the investment custodian. These investment losses, all of which were payable to the investment custodian when incurred in 2008, are included within accrued liabilities as of December 31, 2008 in the accompanying 2008 consolidated balance sheet. The market value of securities loaned was \$53,801 as of December 31, 2008. The custodian's loan agreements required the borrowers to maintain collateral equal to at least 102% of the market value of the securities loaned. This collateral was in the form of cash and cash equivalents and fixed income securities and was revalued on a daily basis. At December 31, 2008, Provena has presented the collateral received and the obligation to return that collateral in the accompanying 2008 consolidated balance sheet as collateral held under securities lending agreement and payable under securities lending agreement, respectively.
- Provena accounts for derivatives and hedging activities in accordance with ASC Topic 815, *Derivatives and Hedging*, which requires that all derivative instruments be recorded on the consolidated balance sheets at their respective fair values.

Effective January 1, 2008, Provena discontinued hedge accounting prospectively for its outstanding interest rate swap agreements as management determined that designation of the derivatives as hedging instruments was no longer appropriate given overall credit market and interest rate conditions. Provena continues to carry its derivatives at fair value and recognizes changes in their fair values subsequent to January 1, 2008 as nonoperating gains or losses in the consolidated statements of operations. Cumulative amounts charged to unrestricted net assets for the effective portion of hedges in the amount of \$4,644 as of January 1, 2008 are being reclassified from unrestricted net assets to interest expense on a straight-line basis over the terms of the underlying debt.

- Supplies inventories are stated at the lower of cost or market. Cost is determined on the basis of the most recent purchase price, which approximates the first-in, first-out method and the average cost method.
- Land, buildings, and equipment are stated at cost if purchased or at fair value at the date of donation. Depreciation is provided over the estimated useful life of each class of depreciable asset and is primarily computed using the straight-line method. Leasehold improvements are amortized over the

PROVENA HEALTH AND AFFILIATES

Notes to Consolidated Financial Statements

December 31, 2009 and 2008

(Dollars in thousands)

shorter of the terms of the leases or the estimated useful lives of the improvements. Equipment under capital leases is recorded at the present value of minimum lease payments. Amortization of equipment under capital leases is over the shorter of the lease term or useful life of the equipment. Interest cost incurred on borrowed funds during the period of construction of capital assets is capitalized as a component cost of acquiring those assets. Provena capitalized interest cost of \$1,582 and \$7,064 in 2009 and 2008, respectively.

- Gifts of long-lived assets, such as land, buildings, or equipment, are reported as unrestricted contributions, and are excluded from revenue and gains in excess (deficient) of expenses and losses, unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted contributions. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expiration of donor restrictions is reported when the donated or acquired long-lived assets are placed in service.
- Assets limited or restricted as to use include assets set aside by the Board of Directors for future capital improvements, over which the Board of Directors retains control and may at its discretion subsequently use for other purposes; assets held by trustees under indenture agreements and resident agreements; assets set aside for self-insured liabilities; assets held under collateral posting requirements; and donor-restricted investments. Assets limited or restricted as to use are classified as current assets to the extent they are required to satisfy obligations classified as current liabilities in the accompanying consolidated balance sheets.
- Goodwill, which represents the excess of purchase price over identified net assets acquired, principally relates to the acquisitions of a long-term care center within Provena Senior Services and imaging centers at Provena Saint Joseph Medical Center and Provena Saint Mary's Hospital. Goodwill is amortized over the expected period to be benefited, which ranges from 5 to 30 years. Goodwill, net of accumulated amortization of \$2,517 and \$1,882 is reported in the accompanying consolidated balance sheets as an other long-term asset at December 31, 2009 and 2008, respectively.

Provena's policy is to evaluate goodwill based on consideration of such factors as the occurrence of a significant adverse event or change in the environment in which Provena operates or if the expected future cash flows (undiscounted and without interest) are less than the carrying amount of the asset. An impairment loss would be recorded in the period such determination is made based on the fair value of the related entity or activity.

- Deferred finance charges and bond discount are amortized on a straight-line basis over the terms of the respective debt.
- Temporarily restricted net assets are those whose use by Provena has been limited by donors to a specific time period or purpose. Provena's temporarily restricted net assets are restricted for various programs related to the provision of health and pastoral care and the acquisition of land, buildings, and equipment.
- Provena's permanently restricted net assets represent endowment funds for which the investments are to be held in perpetuity and the related investment income is expendable to support healthcare or

PROVENA HEALTH AND AFFILIATES

Notes to Consolidated Financial Statements

December 31, 2009 and 2008

(Dollars in thousands)

other donor-designated services. During 2009, Provena adopted the provisions of ASC Topic 958, which provides guidance on the net asset classification of donor-restricted endowment funds for a not-for-profit organization that is subject to an enacted version of the Uniform Prudent Management of Institutional Funds Act of 2006 (UPMIFA). ASC Topic 958 also enhances disclosures related to both donor-restricted and board-designated endowment funds.

- Unconditional promises to give cash or other assets are reported at fair value at the date the promise is received. Gifts are reported as either a temporarily or permanently restricted contribution if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or a purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the consolidated statements of operations as net assets released from restrictions. Donor-restricted contributions whose restrictions are met within the same year as received are recorded as unrestricted contributions. Unrestricted contributions are included with nonoperating gains.
- Provena provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Because Provena does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue.
- Net patient and resident service revenue is reported at the estimated net realizable amounts from patients, residents, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.
- The provisions for estimated medical malpractice claims, workers' compensation claims, and employee health claims include estimates of the ultimate costs for both reported claims and claims incurred but not reported.
- During 2009 and 2008, Provena, with the assistance of outside consultants, completed restructuring efforts throughout the organization, which involved the elimination of various employee positions and the refocusing of strategic direction. As a result, charges of \$31,856 and \$9,952, comprised primarily of consulting fees and severance compensation, are reported as restructuring charges in the accompanying 2009 and 2008 consolidated statements of operations, respectively.
- Provena Health, Provena Hospitals, Provena Home Health, Provena Care @ Home, and Provena Senior Services are not-for-profit corporations as described in Section 501(c)(3) of the Internal Revenue Code (Code), and are exempt from federal income taxes on related income pursuant to Section 501(a) of the Code.
- Ventures is a for-profit corporation that recognizes deferred income taxes under the asset and liability method. Deferred tax assets and liabilities are recognized for the future tax consequences attributable to differences between the financial statement carrying amounts of existing assets and liabilities and their respective tax bases and operating loss and tax credit carryforwards. Deferred tax assets and liabilities are measured using enacted rates expected to apply to taxable income in the years in which those temporary differences are expected to be recovered or settled. The effect on

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deferred tax assets and liabilities of a change in tax rates is recognized in income in the period that includes the enactment date.

Ventures tax effects of temporary differences that give rise to significant portions of the deferred tax assets at December 31, 2009 and 2008 are primarily the result of net operating loss carryforwards (approximately \$6,221 and \$6,392 at December 31, 2009 and 2008, respectively, which expire at various future dates through 2029).

PSC is an Illinois for-profit taxable corporation that also recognizes deferred income taxes under the asset and liability method. PSC tax effects of temporary differences that give rise to significant portions of the deferred tax assets at December 31, 2009 and 2008 are primarily the result of net operating loss carryforwards (approximately \$85,774 and \$70,940 at December 31, 2009 and 2008, respectively, which expire at various future dates through 2029).

In assessing the realizability of deferred tax assets, management considers whether it is more likely than not that some portion or all of the deferred tax assets will not be realized. The ultimate realization of deferred tax assets is dependent upon the generation of future taxable income during the periods in which those temporary differences become deductible. Management considers projected future taxable income and tax planning strategies in making this assessment. Based upon the level of historical taxable losses and projections for future taxable losses over the periods for which the deferred tax assets are deductible, management believes it is more likely than not that Ventures and PSC will not realize the majority of the benefits of these deductible differences. The deferred tax assets attributable to the net operating loss carryforwards not realized as of December 31, 2009 and 2008 have been fully reserved in the accompanying consolidated financial statements due to the uncertainty of realization.

- On January 1, 2009, Provena adopted ASC Subtopic 740-10, which addresses the determination of how tax benefits claimed or expected to be claimed on a tax return should be recorded in the consolidated financial statements. Under ASC Subtopic 740-10, Provena may recognize the tax benefit from an uncertain tax position only if it is more likely than not that the tax position will be sustained on examination by the taxing authorities, based on the technical merits of the position. The tax benefits recognized in the consolidated financial statements from such a position are measured based on the largest benefit that has a greater than 50% likelihood of being realized upon ultimate settlement. ASC Subtopic 740-10 also provides guidance on derecognition, classification, interest and penalties on income taxes and accounting in interim periods and requires increased disclosures. At the date of adoption, and as of December 31, 2009, Provena does not have a liability for any unrecognized tax benefits.
- Provena evaluates long-lived assets for impairment on an annual basis. Long-lived assets are considered to be impaired whenever events or changes in circumstances indicate the carrying amount of an asset may not be recoverable from future cash flows. Recoverability of long-lived assets to be held and used is measured by a comparison of the carrying amount of an asset to future cash flows expected to be generated by the asset. When such assets are considered to be impaired, the impairment loss recognized is measured by the amount by which the carrying value of the asset exceeds the fair value of the asset.

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- Certain 2008 amounts have been reclassified to conform to the 2009 consolidated financial statement presentation.

(3) Net Patient Service Revenue

Provena has agreements with third-party payors that provide for reimbursement to Provena at amounts different from its established rates. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, capitation, and per diem payments. A summary of the basis of reimbursement with major third-party payors follows:

Medicare – Inpatient acute care services, outpatient services, physician services, home health, and long-term care services rendered to Medicare program beneficiaries are paid at prospectively determined rates per case. These rates vary according to patient and resident classification systems that are based on clinical, diagnostic, and other factors. The prospectively determined rates are not subject to adjustment. Provena's payment classification of patients and residents under the prospective payment systems, and the appropriateness of the services, are subject to validation reviews. Certain services related to Medicare beneficiaries are reimbursed based upon cost-reimbursement methodologies. Provena is reimbursed for cost-reimbursable items at tentative rates with final settlement determined after submission of annual reimbursement reports by Provena and audits thereof by the Medicare fiscal intermediary. As of December 31, 2009, annual Medicare reimbursement reports have been final settled through 2006.

Medicaid – Inpatient and outpatient services rendered to Medicaid program beneficiaries are reimbursed under prospectively determined rates per discharge and fee schedules, respectively. The Hospital also receives incremental Medicaid reimbursement for specific programs and services at the discretion of the State of Illinois Medicaid Program. Medicaid reimbursement may be subject to periodic adjustment, as well as to changes in existing payment methodologies and rates, based on the amount of funding available to the State of Illinois Medicaid Program.

During 2006, the State of Illinois (the State) enacted an assessment program to assist in the financing of its Medicaid program extending through June 30, 2008. During December 2008, the Centers for Medicare and Medicaid Services (CMS) granted approval of a new five-year Illinois Hospital Assessment Program retroactive to July 1, 2008. Pursuant to these programs, hospitals within the State are required to remit payment to the State of Illinois Medicaid program under an assessment formula approved by CMS. Provena has included its related assessments of \$34,355 and \$32,302 as provider tax assessment expense in the accompanying 2009 and 2008 consolidated statements of operations, respectively. Provena has included its assessment program liabilities of \$17,878 for the period from July 1, 2008 through December 31, 2008 within estimated payables under third-party reimbursement programs in the accompanying 2008 consolidated balance sheet. No such liabilities were outstanding as of December 31, 2009.

The assessment programs also provide hospitals within the State with additional Medicaid reimbursement based on funding formulas approved by CMS. Provena has included its additional related reimbursement of \$53,464 and \$49,026 within net patient service revenue in the accompanying 2009 and 2008 consolidated statements of operations, respectively. Provena has included receivables for its additional related reimbursement of \$26,732 for the period from July 1, 2008 through December 31, 2008 within

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estimated receivables under third-party reimbursement programs in the accompanying 2008 consolidated balance sheet. No such reimbursements were outstanding as of December 31, 2009.

Blue Cross – Provena also participates as a provider of health care services under reimbursement agreements with Blue Cross. The provisions of the indemnity plan agreements stipulate that services will be reimbursed at a tentative reimbursement rate and that final reimbursement for these services is determined after the submission of annual cost reports and reviews by Blue Cross. As of December 31, 2009, the Blue Cross cost settlements for 2009 are subject to audit and retroactive adjustment.

Managed Care – Provena also participates as a provider of health care services under various agreements with health maintenance organizations (HMOs) and preferred provider organizations (PPOs). The terms of each contract vary, but typically include a negotiated discount offered by Provena for services provided to contracted HMO and PPO patients.

For the years ended December 31, 2009 and 2008, the consolidated statements of operations include \$2,539 and \$7,779, respectively, of net favorably determined retroactive settlements and changes in prior estimates for third-party settlements and allowances.

A summary of gross and net patient and resident service revenue for the years ended December 31, 2009 and 2008 is as follows:

	<u>2009</u>	<u>2008</u>
Gross patient and resident service revenue	\$ 4,512,631	4,116,431
Plus Medicaid provider tax revenue	53,464	49,026
Less provisions for:		
Contractual adjustments under third-party reimbursement programs, including managed care and other	<u>(3,298,102)</u>	<u>(2,939,935)</u>
Net patient and resident service revenue	<u>\$ 1,267,993</u>	<u>1,225,522</u>

(4) Concentrations of Credit Risk

Provena grants credit without collateral to its patients and residents, most of whom are local residents in Provena's markets. The mix of gross receivables from patients, residents, and third-party payors at December 31, 2009 and 2008 is as follows:

	<u>2009</u>	<u>2008</u>
Medicare	23%	23%
Medicaid	21	23
Managed care/contract payors	30	30
Other	26	24
	<u>100%</u>	<u>100%</u>

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A summary of Provena's utilization percentages, based upon gross patient and resident service revenue, is as follows:

	<u>2009</u>	<u>2008</u>
Medicare	44%	43%
Medicaid	14	13
Managed care/contract payors	31	33
Other	11	11
	<u>100%</u>	<u>100%</u>

(5) Charity Care

Consistent with its mission, Provena provides medical care to all patients regardless of their ability to pay. In addition, Provena provides services intended to benefit the poor and underserved, including those persons who cannot afford health insurance because of inadequate resources and/or are uninsured or underinsured, and to enhance the health status of the communities in which it operates.

The following summary has been prepared in accordance with the Catholic Health Association of the United States' (CHA) policy documents *Community Benefit Program: A Revised Resource for Social Accountability and Community Benefit Reporting: Guidelines and Standard Definitions for the Community Benefit Inventory for Social Accountability*, released in November 2004, and *A Guide for Planning and Reporting Community Benefit*, released in May 2006. Provena has expanded its reporting by including more detailed classifications of program spending, consistent with the reporting guidelines.

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The following amounts reflect the quantifiable costs of Provena's community benefit ministry, unpaid Medicare costs, uninsured discount, and provision for bad debts for the years ended December 31:

	2009	2008
Ministry for the poor and the underserved:		
Unpaid cost of Medicaid and other public programs	\$ 61,511	59,107
Less net impact of Medicaid provider tax assessment program (note 3)	(19,109)	(16,724)
Net unpaid cost of Medicaid and other public programs	42,402	42,383
Charity care at cost	28,893	30,730
Community and subsidized health services	4,659	472
Health professions education	3,931	18
Financial/in-kind contributions	632	81
Other community benefits	269	228
Community benefit ministry	\$ 80,786	73,912
Unpaid cost of Medicare	\$ 52,244	50,777
Uninsured discount at cost	5,291	11,897
Provision for bad debt at cost	29,425	31,044

Ministry for the poor and the underserved represents the financial commitment to seek out and serve those who need help the most, especially the poor, the uninsured, and the indigent. This is done with the conviction that healthcare is a basic human right.

Unpaid cost of Medicaid and other public programs represents the cost (determined using a cost-to-charge ratio) of providing services to beneficiaries of public programs, including state Medicaid and indigent care programs, in excess of governmental and managed care contract payments.

Charity care represents the cost of services provided to patients who cannot afford health care services due to inadequate resources and/or are uninsured or underinsured. A patient is classified as a charity patient in accordance with the Provena's established policies and where no payment (or a discounted one) for such services is anticipated. Services provided to these patients are not reported as revenue in the consolidated statements of operations and changes in net assets. The cost of charity care is calculated using a cost-to-charge ratio methodology.

Community and subsidized health services represent services, in response to community need, that are subsidized from other revenue sources.

Health professions education represents costs incurred for facility-based educational programs, reduced by direct medical education funding, fees, and other revenues.

Financial/in-kind contributions represent cash and in-kind donations such as the value of meeting space, equipment, and personnel to assist other health care providers, social service agencies, and organizations.

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Unpaid cost of Medicare represents the cost (determined using a cost-to-charge ratio) of providing services to primarily elderly beneficiaries of the Medicare program, in excess of governmental and managed care contract payments.

Uninsured discount at cost represents the cost (determined using a cost-to-charge ratio) of providing a discount to uninsured patients.

Provision for bad debt at cost represents the cost (determined using a cost-to-charge ratio) of providing services to uninsured and underinsured patients.

(6) Assets Limited or Restricted as to Use and Short-Term Investments

A summary of the composition of assets limited or restricted as to use and short-term investments at December 31, 2009 and 2008 is as follows:

	2009	2008
Cash and cash equivalents	\$ 74,341	26,621
Corporate debt securities	76,950	52,093
Corporate debt funds	—	28,013
U.S. government obligations	133,457	124,930
Equity securities	58,000	35,710
Equity funds	77,088	52,894
Pledges receivable	2,216	3,152
Accrued interest receivable	3	19
	\$ 422,055	323,432

Investments are classified in the accompanying consolidated balance sheets as follows:

	2009	2008
Short-term investments	\$ 1,398	1,478
Assets limited or restricted as to use, required for current liabilities	10,650	10,247
Assets limited or restricted as to use, net of current portion	410,007	311,707
	\$ 422,055	323,432

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The composition of the noncurrent portion of assets limited or restricted as to use is as follows:

	<u>2009</u>	<u>2008</u>
Investments in centralized investment programs	\$ 293,461	245,021
Other Board-designated investments	5,253	4,243
Total unrestricted investments	<u>298,714</u>	<u>249,264</u>
Self-insurance trust	59,285	50,837
Debt service reserve funds held by Bond Trustee	19,465	—
Collateral held by derivative counterparties	23,507	1,299
Restricted by donors	8,931	10,195
Other	105	112
	<u>\$ 410,007</u>	<u>311,707</u>

The composition of investment return for 2009 and 2008 is as follows:

	<u>2009</u>	<u>2008</u>
Interest and dividend income, net of interest expense allocation	\$ 8,642	11,261
Change in net unrealized gains and losses on securities	30,428	(54,054)
Net realized gains (losses) on sale of investments	<u>(5,726)</u>	<u>(8,474)</u>
Total investment return	<u>\$ 33,344</u>	<u>(51,267)</u>

Interest and dividend income reflected above has been reduced by \$5,478 and \$5,190 of interest expense incurred on long-term debt in 2009 and 2008, respectively. As part of Provena's overall capital management program, a portion of interest expense incurred on outstanding long-term debt is apportioned against income earned on investment securities and is reported as a direct reduction of investment returns in the accompanying consolidated statements of operations.

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Investment returns are included in the accompanying consolidated statements of operations and changes in net assets for the years ended December 31, 2009 and 2008 as follows:

	2009	2008
Nonoperating gains (losses):		
Investment income – realized	\$ 2,839	2,726
Investment income (loss) – unrealized	30,348	(53,871)
Temporarily restricted net assets:		
Investment income	84	47
Change in net unrealized gains (losses)	80	(182)
Permanently restricted net assets:		
Net realized and unrealized gains (losses) on investments	(7)	13
Total investment return	\$ 33,344	(51,267)

(7) Fair Value Measurements

(a) Fair Value of Financial Instruments

The following methods and assumptions were used by Provena in estimating the fair value of its financial instruments:

- *The carrying amount reported in the consolidated balance sheets for the following approximates fair value because of the short maturities of these instruments:* cash and cash equivalents, patient and resident accounts receivable, accounts payable and accrued expenses, and estimated payables and receivables under third-party reimbursement programs.
- *Assets limited or restricted as to use and short-term investments:* Common stocks, quoted mutual funds, and direct U.S. government obligations, are measured using quoted market prices at the reporting date multiplied by the quantity held. Corporate bonds, notes, and U.S. agency securities are measured using other observable inputs. The carrying value equals fair value.
- *Interest rate swap agreements:* The fair value of interest rate swaps is determined using pricing models developed based on the LIBOR swap rate and other observable market data. The value was determined after considering the potential impact of collateralization and netting agreements, adjusted to reflect nonperformance risk of both the counterparty and Provena. The carrying value equals fair value.
- *Long-term debt:* The fair value of fixed rate long-term debt is estimated based on quoted market prices for the same or similar issues or on the current rates offered to Provena for debt of the same remaining maturities. For variable rate debt, carrying amounts approximate fair value.
- *Capital leases:* The fair value of capital leases is estimated based on debt of the same remaining maturities using Provena's incremental borrowing rate at the measurement date.

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The following table presents the carrying amounts and estimated fair values of Provena's financial instruments not carried at fair value at December 31, 2009 and 2008:

	2009		2008	
	Carrying amount	Fair value	Carrying amount	Fair value
Long-term debt	\$ 630,782	635,786	622,097	606,628
Capital leases	7,753	7,051	6,302	5,920

(b) Fair Value Hierarchy

Provena adopted ASC Topic 820 on January 1, 2008 for fair value measurements of financial assets and liabilities and for fair value measurements of nonfinancial items that are recognized or disclosed at fair value in the financial statements on a recurring basis. ASC Topic 820 establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to measurements involving significant unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are as follows:

- Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities that Provena has the ability to access at the measurement date.
- Level 2 are observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.
- Level 3 inputs are unobservable inputs for the asset or liability.

The level in the fair value hierarchy within which a fair measurement in its entirety falls is based on the lowest level input that is significant to the fair value measurement in its entirety.

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The following table presents assets and liabilities that are measured at fair value on a recurring basis at December 31, 2009:

	Total fair value	Fair value measurements at December 31, 2009 using		
		(Level 1)	(Level 2)	(Level 3)
Assets:				
Cash and cash equivalents	\$ 87,247	87,247	—	—
Assets limited as to use and short-term investments	422,055	253,164	168,891	—
Total	\$ 509,302	340,411	168,891	—
Liabilities:				
Derivatives and other long-term liabilities – interest rate derivatives	\$ 29,214	—	29,214	—

The following table presents assets and liabilities that are measured at fair value on a recurring basis at December 31, 2008:

	Total fair value	Fair value measurements at December 31, 2008 using		
		(Level 1)	(Level 2)	(Level 3)
Assets:				
Cash and cash equivalents	\$ 66,617	66,617	—	—
Assets limited as to use and short-term investments	323,432	141,225	182,207	—
Total	\$ 390,049	207,842	182,207	—
Liabilities:				
Derivatives and other long-term liabilities – interest rate derivatives	\$ 49,998	—	49,998	—

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(8) Land, Buildings, and Equipment

A summary of land, buildings, and equipment at December 31, 2009 and 2008 is as follows:

	2009	2008
Land	\$ 33,344	33,344
Land improvements	22,704	21,795
Buildings and leasehold improvements	849,627	710,759
Equipment and furnishings	617,838	593,546
	1,523,513	1,359,444
Less accumulated depreciation and amortization for capital leases	842,657	783,569
	680,856	575,875
Construction in progress	7,055	132,185
Land, buildings, and equipment, net	\$ 687,911	708,060

At December 31, 2009, construction in progress related to various building improvements and information systems projects. At December 31, 2008, construction in progress related primarily to the construction of a new bed tower at one of Provena's hospital ministries. Provena had outstanding contractual commitments of \$167 and \$15,795 as of December 31, 2009 and 2008, respectively, relating to these projects.

(9) Capital Leases

Provena leases certain equipment under capital leases. Included with equipment and furnishings is \$16,172 and \$11,636 of assets held under capital leases and \$8,435 and \$5,593 of related accumulated amortization at December 31, 2009 and 2008, respectively. Capital leases are secured by the underlying equipment. A summary of future minimum lease payments and the present value of future minimum lease payments related to capital leases as of December 31, 2009 are as follows:

Year:		
2010		\$ 3,445
2011		3,149
2012		1,233
2013		248
Total future minimum lease payments		8,075
Less amount representing interest at rates from 3.48% to 10.25%		322
Present value of future minimum lease payments		7,753
Less current portion of obligations under capital leases		3,251
Obligations under capital leases, excluding current portion		\$ 4,502

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(10) Investments in Joint Ventures and Affiliated Organizations

Provena has ownership interests in various entities, which are accounted for using the equity method of accounting. The carrying value of investments in affiliated companies amounted to approximately \$6,291 and \$6,330 at December 31, 2009 and 2008, respectively, and is included as a component of other noncurrent assets in the accompanying consolidated balance sheets. For the years ended December 31, 2009 and 2008, Provena recognized equity income of \$1,063 and \$395 on investments in affiliated companies, respectively. This income is included as a component of other revenues in the accompanying consolidated statements of operations.

Effective September 1, 2005, Alverno Provena Hospital Laboratories, Inc. (APHL, Inc.) was established as an Indiana nonprofit corporation through a joint venture among Provena, the Sisters of St. Francis Health Services, Inc., and certain affiliates. On January 31, 2008, Resurrection Healthcare joined APHL, Inc. as an equal participant. The corporation is operated as a cooperative hospital service organization, providing laboratory services for the benefit of its participants and patron hospitals. APHL, Inc. Provena has a 33.3% interest in APHL, Inc. at both December 31, 2009 and 2008, and an equity investment of \$250 at both December 31, 2009 and 2008. APHL, Inc. returned previously contributed capital assets of \$1,770 to Provena during 2008. Provena recognized no equity income or loss on APHL, Inc. in 2009 or 2008. APHL, Inc. made no cash distributions to Provena in 2009 or 2008.

Also effective September 1, 2005, Alverno Clinical Laboratories, LLC (ACL, LLC) was established through a joint venture between Provena and the Sisters of St. Francis Health Services, Inc. During 2007, Resurrection Health Care also became a joint venture member of ACL, LLC. This venture was established, among other things, to expand the availability of lab services to patients in the communities serviced by the company, encourage further improvement in the quality of lab services, and support APHL, Inc. Provena has a 33.3% interest in ACL, LLC and an equity investment of \$3,963 and \$4,175 at December 31, 2009 and 2008, respectively. Provena recognized equity losses on ACL, LLC of \$212 in 2009 and \$575 in 2008. ACL, LLC made no cash distributions to Provena in 2009 or 2008.

In addition to the APHL, Inc. and ACL, LLC investments described above, Provena has ownership interests in various other entities, which are also accounted for under the equity method. For the years ended December 31, 2009 and 2008, Provena recognized equity income of \$1,275 and \$970 from investments in these affiliated companies, respectively. Provena received no cash distributions from these equity method investees in 2009 or 2008.

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The following table summarizes the unaudited aggregated financial information of Provena's investments in joint ventures and affiliated organizations:

	<u>2009</u>	<u>2008</u>
Total assets	\$ 39,083	41,053
Total liabilities	<u>21,316</u>	<u>23,092</u>
Total equity	<u>\$ 17,767</u>	<u>17,961</u>
Net revenues	\$ 163,140	153,647
Operating expenses	<u>159,803</u>	<u>151,675</u>
Net income	<u>\$ 3,337</u>	<u>1,972</u>

Provena Hospitals obtains laboratory services from APHL, Inc., at cost, pursuant to an evergreen contractual agreement. Expense recognized by Provena for APHL, Inc. laboratory services was \$31,581 in 2009 and \$33,942 in 2008 and is included in purchased services.

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(11) Long-Term Debt

A summary of long-term debt at December 31, 2009 and 2008 is as follows:

	2009	2008
Illinois Finance Authority Revenue Bonds, Series 1998A, dated April 15, 1998, interest rates ranging from 4.50% to 5.75%, due May 15 annually in varying amounts through May 15, 2023	\$ 122,285	128,450
Illinois Finance Authority Variable Rate Demand Revenue Bonds, Series 1998B, dated May 14, 1998, converted to auction rate bonds in April 2003 with interest rate resets with each 35-day auction period (0.56% and 1.49% at December 31, 2009 and 2008, respectively), due every 35 days through May 1, 2028	70,600	71,200
Illinois Finance Authority Revenue Bonds, Series 1998C, dated May 14, 1998, interest rate changes weekly (ranging from 7.00% – 9.00% at December 31, 2008), retired in 2009	—	46,700
Illinois Finance Authority Periodic Auction Reset Securities, Series 1998D, dated May 14, 1998, interest rate changes daily (0.156% and 2.50% at December 31, 2009 and 2008, respectively), due annually on May 1 beginning 2009 in varying amounts through May 1, 2028	17,200	17,750
Illinois Finance Authority Periodic Auction Reset Securities, Series 1998D-R, dated January 2, 2001, interest rate changes daily (0.156% and 2.50% at December 31, 2009 and 2008, respectively), due annually on May 1 beginning 2009 in varying amounts through May 1, 2028	108,800	112,250
Commercial Paper Revenue Notes, Series 1998, unsecured, interest rate changes daily (3.50% at December 31, 2008), retired in 2009	—	60,000
JPMorgan Chase Direct Note Obligation, Series 2005B, multi-use revolving credit facility (not to exceed \$170,000 at December 31, 2008), dated February 27, 2008, variable interest rate, LIBOR plus 0.65% (3.19% at December 31, 2008), retired in 2009	—	170,000

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	<u>2009</u>	<u>2008</u>
JPMorgan Chase Direct Note Obligation, Series 2008A, multi-use revolving credit facility (not to exceed \$14,000 at December 31, 2008), dated May 9, 2008, variable interest rate, LIBOR plus 0.65% (3.52% as of December 31, 2008), retired in 2009	\$ —	14,000
Illinois Finance Authority Revenue Bonds, Series 2009A, dated June 25, 2009, effective interest rate of 8.00%, due annually beginning August 15, 2026 in varying amounts through August 15, 2034	200,000	—
Illinois Finance Authority Variable Rate Demand Revenue Bonds, Series 2009B, dated July 9, 2009, interest rate changes daily (0.20% at December 31, 2009) , due in varying amounts annually beginning August 15, 2035 through August 15, 2044	50,000	—
Illinois Finance Authority Variable Rate Demand Revenue Bonds, Series 2009C, dated July 9, 2009, interest rate changes weekly (0.27% at December 31, 2009) , due in varying amounts annually beginning August 15, 2035 through August 15, 2044	41,000	—
Illinois Finance Authority Variable Rate Demand Revenue Bonds, Series 2009D, dated July 9, 2009, interest rate changes weekly (0.27% at December 31, 2009) , due in varying amounts annually beginning August 15, 2035 through August 15, 2044	25,000	—
U.S. Department of Housing and Urban Development, 9.25% mortgage payable in monthly principal and interest installments of \$13 through November 2022, secured by a building	1,201	1,247
Total long-term debt	636,086	621,597
Less current installments of long-term debt	11,690	27,511
Less unamortized bond discount	5,304	—
Total long-term debt, net of current installments and unamortized bond discount	\$ <u>619,092</u>	<u>594,086</u>

During 1998, the Parent (the Obligated Group Member), Provena Hospitals, Provena Senior Services, and Ventures (the Designated Affiliates) issued bonds and commercial paper notes amounting to \$515,410 in

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order to provide funds to refinance certain then-existing indebtedness, to pay for certain capital expenditures and working capital, and pay expenses incurred in connection with the issuance of the bonds. All Series 1998 related bonds were secured by obligations issued under the Provena Health Master Trust Indenture (MTI) dated April 15, 1998 executed by the Obligated Group Member. The Obligated Group Member loaned proceeds from the bonds and the commercial paper notes to the Designated Affiliates through execution of informal notes payable. No Designated Affiliates were directly obligated with respect to the Master Notes; however, the MTI required that the Parent cause the Designated Affiliates to charge fees and rates for their services sufficient to enable the Parent to pay amounts due on Outstanding Master Notes and to comply with certain covenants contained in the MTI.

The purpose of the MTI is to provide a mechanism for the efficient and economical issuance of notes by Obligated Group members under the MTI using the collective borrowing capacity and credit rating of the Obligated Group members. The MTI requires members to make principal and interest payments on notes issued for their benefit as well as for other members if the other members are unable to make such payments. Payment of the scheduled principal and interest on all of the Series 1998 bonds and the commercial paper notes is insured by financial guaranty insurance policies issued by MBIA Insurance Corporation (MBIA (now known as National Public Finance Guarantee Corporation)). All of the Series 1998 bonds and the Series 1998 Commercial Paper Revenue Notes are secured by obligations issued under the MTI.

In 2005, Provena Health amended its MTI, which was subsequently amended and restated in 2009, to add Provena Hospitals (including six acute care hospital operating divisions) as a Member of the Obligated Group. In 2009, Provena Health amended its MTI to add Provena Senior Services as a Member of the Obligated Group. As a result, Provena Health, Provena Hospitals, and Provena Senior Services are now jointly and severally obligated on all obligations outstanding under the MTI. In addition, the MTI was further amended to establish additional covenants and provide additional security in favor of all obligation holders under the MTI, including a gross revenue pledge and certain financial covenants, which pledge and covenants may only be enforced by the Master Trustee at the direction of MBIA and may be modified, amended, or waived at any time with the consent of MBIA. As further security under the MTI, a mortgage has also been granted on Provena's six acute care hospital facilities.

Provena Health maintained a multi-use revolving credit facility with JPMorgan Chase Bank, N.A., for the purpose of meeting working capital requirements and financing capital expenditures in an amount not to exceed \$170,000. As of December 31, 2008, Provena Health had borrowed \$170,000 under the revolving credit agreement. The revolving agreement, which was secured by an obligation issued under the MTI and set to expire September 30, 2013, was fully repaid in 2009 with proceeds from the issuance of the Series 2009 bonds.

On May 9, 2008, Provena Health entered into a credit agreement with JPMorgan Chase Bank, N.A., in an aggregate principal amount not to exceed \$14,000 for the purpose of refinancing the \$14,000 borrowing associated with Provena St. Mary's and Provena Covenant Medical Center accounts receivable financing program. As of December 31, 2008, Provena Health had borrowed \$14,000 under the revolving credit agreement; however, the obligation was fully repaid in 2009 with proceeds from the issuance of the Series 2009 bonds.

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The Series 1998C bonds and Commercial Paper Revenue Notes, Series 1998, were backed by liquidity facility agreements with a commercial bank. The liquidity facility agreements expired on January 15, 2009 and were not renewed, replaced, or extended. Accordingly, all amounts of Series 1998C bonds and Commercial Paper Revenue Notes, Series 1998, outstanding as of January 15, 2009 were purchased by the commercial bank and converted to bank bonds pursuant to the terms of the liquidity facility agreements. The bank bonds bear interest at the highest of the following rates: the commercial bank's prime rate plus 1%; the Federal Funds Rate plus 2%; or 7%. These obligations were fully defeased in 2009 with proceeds from the issuance of the Series 2009 bonds.

Provena was not in compliance throughout 2008 with certain financial ratios and covenants contained in the MTI, revolving credit facilities, and liquidity facility agreements. Failure to maintain compliance could have resulted in acceleration of payment for debt outstanding under the MTI as well as collateral deposits to debt service reserve funds.

Provena was not in compliance at December 31, 2008 with its debt service coverage ratio requirement; debt capitalization ratio requirement; and debt service reserve funding requirements. Failure to comply with the MTI debt service coverage ratio requirement did not result in an event of default under the MTI; however, Provena was required by the MTI to engage operational consultants, which were retained by Provena in fiscal 2008. Noncompliance with the ratios and debt service reserve funding requirements did result in events of default with MBIA and the commercial bank providing the revolving credit facilities and liquidity facility agreements. These events of default, if not cured or waived, could have resulted in an acceleration of all obligations issued under the MTI. On May 27, 2009, Provena received compliance waivers from MBIA and the commercial bank for noncompliance with the aforementioned ratios and debt service reserve funding requirements as of and for the year ended December 31, 2008, and where applicable, the quarter ended March 31, 2009. Pursuant to the waiver granting process, Provena has amended and restated its MTI, as well as amended its revolving credit facility and liquidity facility agreements, as of May 27, 2009. The amended and restated MTI, as well as the amended revolving credit facility and liquidity facility agreements, revise the MBIA and commercial bank ratios, covenant requirements, and debt service reserve funding requirements. The amended and restated MTI also established additional covenants for the benefit of all obligation holders under the MTI, as well as granting a mortgage in favor of all obligation holders under the MTI on Provena's six acute care hospital facilities.

On June 25, 2009, Provena Health issued \$200,000 of Illinois Finance Authority Revenue Bonds, Series 2009A. On July 9, 2009, Provena Health issued \$116,000 of Illinois Finance Authority Variable Rate Demand Bonds, Series 2009B-D. The Series 2009B-D bonds have a put option that allows the holders to redeem the bonds prior to maturity. Provena has an agreement with a remarketing agent to remarket any bonds redeemed as a result of the exercise of put options. If the bonds cannot be remarketed, the bonds will be purchased by commercial banks under a Direct Pay Letter of Credit (DPLOC) that currently expires on July 9, 2011. So long as no event of default has occurred or is continuing, loans made with a draw under the DPLOC for a failed remarketing will be required to be repaid in twelve (12) equal quarterly installments of principal plus interest at the higher of the prime rate, or the adjusted one-month LIBOR rate plus 1% to 3% depending on the date of maturity, with the initial installment commencing 367 days after the date of the drawing under the DPLOC.

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The Series 2009A and Series 2009B-D Bonds are secured by obligations issued under the MTI. The proceeds of the sale of both Series 2009A and Series 2009B-D bonds were used, together with certain other funds, to (i) reimburse Provena Health, Provena Hospitals and Provena Senior Services for, or refinance outstanding indebtedness the proceeds of which were used for costs of acquiring, constructing, renovating, remodeling and equipping the bond financed property, (ii) establish a debt service reserve fund and (iii) pay certain expenses incurred in connection with the issuance of the Series 2009 bonds. As a result, the following obligations were redeemed, paid off or extinguished in 2009: Illinois Development Finance Authority Revenue Bonds, Series 1998C; Commercial Paper Revenue Notes, Series 1998; JPMorgan Chase Direct Note Obligation, Series 2005B; and JPMorgan Chase Direct Note Obligation, Series 2008A.

Aggregate scheduled principal repayments on long-term debt, assuming the Series 2009B-D variable rate demand obligations being put back to the Obligated Group on December 31, 2009 and a corresponding draw being made on the underlying DPLOC credit facility, for the ensuing five years and thereafter are as follows:

2010	\$	11,906
2011		51,716
2012		52,321
2013		51,452
2014		14,533
Thereafter		454,158
	\$	636,086

Aggregate scheduled principal repayments on long-term debt based on the scheduled redemptions in accordance with the MTI for the ensuing five years and thereafter are as follows:

2010	\$	11,906
2011		12,515
2012		13,121
2013		13,852
2014		14,533
Thereafter		570,159
	\$	636,086

On February 11, 2010, Provena issued \$126,000 of Illinois Finance Authority Revenue Bonds, Series 2010. The proceeds of the offering were, in part, used to purchase approximately \$126,000 of par value Series 1998D and Series 1998D-R Periodic Auction Reset Securities at 88% of par value. Provena also terminated its Series 1998D-R interest rate swap agreement pursuant to the redemption of the Periodic Auction Reset Securities. A net gain of approximately \$10,030 will be recognized in fiscal 2010 related to the bond redemption and termination of the Series 1998D-R interest rate swap agreement.

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Guaranty

Provena is a co-guarantor on certain loans approximating \$2,700 at December 31, 2009 related to a fitness center joint venture. Provena is also considered a co-guarantor of a lease of office space related to the fitness center joint venture with future outstanding commitments of \$5,260 at December 31, 2009. Provena accrued a \$3,250 loss during 2009 related to the guaranty of the fitness center debt and lease, which is included in other net nonoperating losses, none of which had been paid as of December 31, 2009.

Subsequent to year end, Provena negotiated a settlement with its joint venture partners and commercial banks to settle its obligation under its loan and lease guaranties. Under the settlement terms, Provena extinguished \$2,868 of fitness center loans outstanding with three commercial banks. In exchange for the payment, Provena was released from all bank and lease guaranties and forfeited all interest in the fitness center joint venture.

(12) Auction Rate Securities

Due to illiquid credit market conditions, many auction rate securities encountered trading difficulties, including Provena's Series 1998B, 1998D, and 1998D-R auction rate securities. Beginning in February 2008, due to lack of demand for auction rate securities, implementation of the auction procedures applicable to such securities did not produce sufficient clearing bids, causing existing holders to retain their positions at an interest rate established by a formula set forth in the bond documents. Provena has been paying interest on its auction rate securities since February 2008 at the maximum rate for auction rate securities as set forth in the applicable bond documents. The maximum rate applicable to Provena's Series 1998B Bonds is 175% of ARS Index (i.e., the greater of the 30-Day After-Tax Equivalent Rate or The Bond Market Association (now known as SIFMA) Municipal Swap Index). The maximum rate applicable to Provena's Series 1998D and Series 1998D-R Bonds is 200% of the ARS Index (i.e., the greater of the Seven-Day After-Tax Equivalent Rate or the SIFMA Municipal Swap Index). The effective interest rates on the auction rate securities for 2009 and 2008 were 0.56% and 4.71% for the Series 1998B Bonds, respectively, and 0.16% and 3.21% for the Series 1998D Bonds, respectively, and 0.16% and 3.57% for the Series 1998D-R Bonds, respectively.

No defaults or cross-default events have occurred as a result of the lack of sufficient clearing bids for Provena's auction rate securities. Additionally, Provena is not required to pay off the debt due to such lack of sufficient clearing bids and there is no acceleration of payments. Holders of the auction rate securities are required to hold such securities at the rates established from time to time in the bond documents. On February 11, 2010, Provena redeemed approximately \$126,000 par value of auction rate securities using a portion of the proceeds from the issuance of Series 2010 Revenue Bonds.

(13) Derivative Instruments and Hedging Activities

Provena has interest-rate-related derivative instruments to manage its exposure on its variable rate debt instruments and does not enter into derivative instruments for any purpose other than risk management purposes. That is, Provena does not speculate using derivative instruments.

By using derivative financial instruments to hedge exposures to changes in interest rates, Provena is exposed to credit risk and market risk. Credit risk is the failure of the counterparty to perform under the

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terms of the derivative contracts. When the fair value of a derivative contract is positive, the counterparty owes Provena, which creates credit risk for Provena. When the fair value of a derivative contract is negative, Provena owes the counterparty, and therefore, it does not possess credit risk. Provena minimizes the credit risk in derivative instruments by entering into transactions with high quality counterparties whose credit rating is higher than Aa. Market risk is the adverse effect on the value of a financial instrument that results from a change in interest rates. The market risk associated with interest rate changes is managed by establishing and monitoring parameters that limit the types and degree of market risk that may be undertaken. Provena management also mitigates risk through annual reviews of their derivative positions in the context of their total blended cost of capital.

Provena maintains interest rate swap programs on its Series 1998D-R debt and Series 1998B debt. The Series 1998D-R and 1998B debt exposes Provena to variability in interest payments due to changes in interest rates. Management believes that it is prudent to limit the variability of a portion of its interest payments. To meet this objective, management entered into two interest rate swap agreements to manage fluctuations in cash flows resulting from interest rate risk. These swaps were originally intended to change the variable rate cash flow exposure on the Series 1998D-R and Series 1998B debt to fixed cash flows. Under the terms of the interest rate swaps, Provena receives variable interest rate payments and makes fixed interest rate payments, thereby reducing the variability of cash flows from changes in interest rates.

On July 13, 2005, Provena Health entered into an interest rate swap agreement with a notional amount of \$122,150 whereby Provena Health will receive, on a monthly basis, 68.00% of one-month LIBOR rate. In exchange, Provena Health will pay an annualized fixed rate of 3.35%. The cash flows of the swap were effective May 15, 2008, the first call date for the Series 1998A bonds. The objective of Provena Health's strategy under this swap agreement was to hedge the variability in interest payments on the anticipated issuance of variable rate debt to refund the outstanding Series 1998A bonds on their call date of May 15, 2008. Provena did not refund the Series 1998A bonds in May 2008 as originally anticipated when the Series 1998A interest rate swap agreement became effective.

Effective January 1, 2008, Provena prospectively discontinued hedge accounting for its derivative instruments as management determined that designation of the derivatives as hedging instruments was no longer appropriate given overall credit market and interest rate conditions. Provena continues to carry its derivative instruments at fair value in the consolidated balance sheets and recognized \$20,784 and \$(30,561) in nonoperating gains (losses) for the years ended December 31, 2009 and 2008, respectively, attributable to the changes in the fair value of its derivatives.

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A summary of outstanding positions under interest rate swap agreements at December 31, 2009 is as follows:

Series	Notional amount	Maturity date	Rate received	Fixed rate paid
1998D-R	97,000	May 2028	65% of one-month LIBOR	4.704%
1998B	63,527	May 2028	65% of one-month LIBOR, plus 36 basis points	3.925
1998A	120,975	May 2023	68% of one-month LIBOR	3.350

Payments equal to the differential to be paid or received under the interest rate swap agreements are recognized monthly and amounted to payments of approximately \$10,207 in 2009 and \$5,281 in 2008, which are included in interest expense. The cumulative amount of prior year effective hedges charged to unrestricted net assets as of January 1, 2008 was \$4,644, which is being reclassified to interest expense over the terms of the underlying long-term debt. Interest expense includes \$258 in both 2009 and 2008 of amounts reclassified from unrestricted net assets related to the effective portion of prior year hedges charged to unrestricted net assets. The fair value of interest rate swap agreements of \$29,214 and \$49,998 at December 31, 2009 and 2008, respectively, are included with other long-term liabilities in the accompanying consolidated balance sheets.

Pursuant to the terms of its interest rate swap agreements, Provena is required to post collateral with its counterparties under certain specified conditions. Collateral posting requirements for each swap agreement are based on the amount of the derivative liability, Provena's bond ratings, and the number of days cash on hand. Provena posted \$23,507 and \$1,299 of collateral related to its swaps as of December 31, 2009 and 2008, respectively, which is included within the noncurrent portion of assets limited or restricted as to use. In 2009, collateral posting requirements were modified primarily based on downgrades in the credit ratings of Provena and MBIA.

(14) Temporarily Restricted Net Assets

Temporarily restricted net assets are available for the following purposes at December 31, 2009 and 2008:

	<u>2009</u>	<u>2008</u>
Land, building, and equipment acquisitions	\$ 5,349	7,003
Provision of health and pastoral care	2,034	2,156
	<u>\$ 7,383</u>	<u>9,159</u>

(15) Endowments

Provena has various donor-restricted endowment funds (collectively referred to as the Funds), the principal of which may not be expended. The interest and dividend income and realized gains from the Funds are utilized for Provena operations. The funds are classified in permanently restricted net assets in the consolidated balance sheets at December 31, 2009 and 2008.

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The Funds are maintained within Provena's commingled investment portfolio. The principal allocated to such Funds is approximately \$1,548 and \$1,036 at December 31, 2009 and 2008, respectively. The fair value of assets associated with individual donor-restricted endowment funds may fall below the amount of the original donation as a result of unfavorable market conditions. There were no such deficiencies as of December 31, 2009 and 2008.

(16) Self-Insurance

(a) *Professional and General Liability*

Provena Hospitals and Provena Senior Services are self-insured for professional and general liability. Professional insurance consultants have been retained to determine funding requirements. The amounts funded have been placed in an irrevocable trust account administered by a trustee. The trust assets are included within assets limited or restricted as to use in the accompanying consolidated balance sheets.

Provena is involved in litigation arising in the ordinary course of business. Claims alleging malpractice have been asserted against Provena and are currently in various stages of litigation. Additional claims may be asserted against Provena arising from services through December 31, 2008. It is the opinion of management that the estimated professional and general liabilities accrued at December 31, 2009 and 2008 are adequate to provide for potential losses resulting from pending or threatened litigation. The ultimate settlement of malpractice claims could be different from recorded accruals, with such differences being potentially significant. Professional and general liabilities are reported within estimated self-insured liabilities in the accompanying consolidated balance sheets.

Accrued professional and general liability losses are all reported as noncurrent liabilities and have been discounted at a rate of 3.25% and 2.00% as of December 31, 2009 and 2008, respectively. Professional and general liability self-insurance expense amounted to \$22,577 and \$37,141 for the years ended December 31, 2009 and 2008, respectively, and is included in other expense in the accompanying consolidated statements of operations.

Provena maintains varying levels of commercial umbrella and excess coverage by policy year. There are no assurances that Provena will be able to renew existing policies or procure coverage on similar terms in the future.

(b) *Workers' Compensation*

The Parent administers a self-insured workers' compensation program, which covers all Provena Health organizations except for the two long-term care and residential facilities in Indiana, which are commercially insured. Professional insurance consultants have been retained to determine funding requirements. The trust assets and the related liabilities are included in the accompanying consolidated balance sheets. Commercial workers' compensation claims umbrella and excess policies provide various levels of additional coverage by policy year. Workers' compensation self-insurance expense amounted to \$5,688 and \$6,494 for the years ended December 31, 2009 and 2008, respectively, and is included in salaries and benefits expense in the accompanying

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consolidated statements of operations. The entire liability for estimated self-insured workers' compensation claims is included within the current portion of estimated self-insurance liabilities in the accompanying consolidated balance sheets and has been discounted at the rate of 3.25% and 2.00% at December 31, 2009 and 2008, respectively.

(17) Employee Benefit Plans

The Provena Retirement Program consists of the Provena Employees' Pension Plan (the Plan), the Provena Employees' 403(b) Retirement Savings Plan (the Savings Plan), and the Provena Ventures, Inc. 401(k) Retirement Savings Plan (the 401(k) Plan). Matching employer and base contributions under the Savings Plan and the 401(k) Plan are funded currently and amounted to \$17,886 and \$17,529 for the years ended December 31, 2009 and 2008, respectively, and are included in salaries and benefits expense in the accompanying consolidated statements of operations.

The Plan was frozen effective December 31, 2003 and only specified grandfathered employees remained as active participants in the Plan. The Plan was replaced effective January 1, 2004 with the Savings Plan, a defined contribution plan. Provena recognizes the cost related to the Plan using the Projected Unit Credit cost method. Gains and losses, calculated as the difference between estimates and actual amounts of plan assets and the projected benefit obligation, were amortized over the expected future service period through 2004. Effective January 1, 2005, the amortization period was changed to the average remaining life expectancy of inactive participants (approximately 93% of plan participants are inactive). Prior service costs established January 1, 2001 and 2002 are being amortized over 8.8 years and 10.8 years, respectively.

Provena accounts for the Plan in accordance with ASC Topic 715, *Employer Accounting for Defined Benefit Pension and Other Postretirement Plans*. In accordance with ASC Topic 715, the funded status of the Plan, including all previously unrecognized actuarial gains and losses and unamortized prior service cost, is recognized as a component of unrestricted net assets in the accompanying consolidated balance sheets.

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The following table sets forth the Plan's funded status, amounts recognized in the accompanying consolidated financial statements, and assumptions at the Plan's measurement date, December 31:

	2009	2008
Change in benefit obligation:		
Projected benefit obligation at beginning of year	\$ 380,370	364,641
Service cost	2,647	2,952
Interest cost	23,311	22,852
Actuarial (gains) losses	20,583	7,767
Benefits paid	(18,829)	(17,842)
Projected benefit obligation at end of year	408,082	380,370
Change in plan assets:		
Fair value of plan assets at beginning of year	303,162	407,199
Actual return on plan assets	50,872	(86,195)
Benefits paid	(18,829)	(17,842)
Fair value of plan assets at end of year	335,205	303,162
Funded status	\$ (72,877)	(77,208)
Amounts recognized in the accompanying consolidated balance sheets:		
Pension benefit liability	\$ (72,877)	(77,208)
Amounts not yet reflected in net periodic benefit cost and included as an accumulated charge to unrestricted net assets:		
Unrecognized net actuarial losses	\$ 192,522	204,069
Unrecognized prior service cost	6	(84)
Net amounts included as an accumulated charge to unrestricted net assets	\$ 192,528	203,985

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	2009	2008
Calculation of change in unrestricted net assets:		
Accumulated unrestricted net assets, end of year	\$ 192,528	203,985
Reversal of accumulated unrestricted net assets, prior year	(203,985)	(77,377)
Change in unrestricted net assets	\$ (11,457)	126,608
Changes in plan assets and benefit obligations recognized in unrestricted net assets:		
Actuarial loss (gain) arising during the year	\$ (5,285)	127,863
Amortization of actuarial (loss) gain	(6,263)	(1,369)
Amortization of prior service cost	91	114
Net amounts recognized in unrestricted net assets as change in funded status of pension plan	\$ (11,457)	126,608
Estimate of amounts that will be amortized from unrestricted net assets to net pension cost in 2010:		
Net actuarial loss	\$ 5,619	
Prior service cost	2	
Estimated future benefit payments:		
Fiscal 2010	\$ 19,375	
Fiscal 2011	20,792	
Fiscal 2012	22,438	
Fiscal 2013	24,287	
Fiscal 2014	25,712	
Fiscal 2015 – 2019	148,305	
Weighted average assumptions used to determine benefit obligations:		
Discount rate – benefit obligations	5.80%	6.22%
Discount rate – periodic benefit cost	6.22	6.40
Expected return on plan assets	8.50	8.50
Rate of compensation increase	4.00	4.00
Components of net periodic benefit cost (benefit):		
Service cost	\$ 2,647	2,952
Interest cost	23,311	22,852
Expected return on plan assets	(25,005)	(33,900)
Amortization of unrecognized net actuarial loss	6,263	1,369
Amortization of unrecognized prior service cost	(91)	(114)
Net periodic benefit cost (benefit)	\$ 7,125	(6,841)

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Provena's overall expected long-term rate of return on assets is 8.5% in 2009 and 2008, respectively. The expected long-term rate of return is based on the portfolio as a whole and not on the sum of the returns on individual asset categories. The return is based exclusively on historical returns, without adjustments.

Provena does not expect to make any contributions to the Plan during 2010.

Provena has developed a Plan investment policy, which is reviewed and approved by the Provena Investment Subcommittee and the Board of Directors. The policy established goals and objectives of the fund, asset allocations, asset classifications, and manager guidelines. The policy dictates a target asset allocation and an allowable range for such categories based on quarterly investment fluctuations. Investments are managed by independent advisors who are monitored by management and the Investment Subcommittee.

The table below shows the target allocation and acceptable ranges and actual asset allocations as of December 31, 2009 and 2008:

Asset	Target allocation	Acceptable range	December 31	
			2009	2008
Equities	60%	55 – 65%	59%	49%
Fixed income securities and cash equivalents	40	35 – 45	41	51
Real estate	—	0 – 3	—	—

Provena monitors the asset allocation and executes required recalibrations of the portfolio allocation on a regular basis in response to fluctuations in market conditions and the overall portfolio composition.

(a) *Fair Value of Financial Instruments*

The following methods and assumptions were used by Provena in estimating the fair value of its financial instruments of the Plan:

- Common stocks, quoted mutual funds, and direct U.S. government obligations, are measured using quoted market prices at the reporting date multiplied by the quantity held. Corporate bonds, notes, and U.S. agency securities are measured using other observable inputs. The carrying value equals fair value.

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(b) Fair Value Hierarchy

The following table presents the Plan's fair value hierarchy for those assets and liabilities measured at fair value on a recurring basis as of December 31, 2009:

	Total fair value	Fair value measurements at December 31 using		
		(Level 1)	(Level 2)	(Level 3)
Investments:				
Cash and cash equivalents	\$ 814	814	—	—
Corporate debt securities	39,545	—	39,545	—
U.S. government obligations	96,935	24,060	72,875	—
Equity securities	194,958	194,958	—	—
Equity funds	2,953	2,953	—	—
Total	\$ 335,205	222,785	112,420	—

(18) Commitments and Contingencies

(a) Operating Leases

Provena leases various equipment and facilities under operating leases expiring at various dates through 2023. Total lease expense in 2009 and 2008 for all operating leases was approximately \$16,157 and \$16,332, respectively.

The following is a schedule by year of future minimum lease payments for the next five years and thereafter under operating leases as of December 31, 2009 that have initial or remaining lease terms in excess of one year:

2010	\$ 13,418
2011	10,581
2012	10,122
2013	9,305
2014	7,788
Thereafter	30,077
	<u>\$ 81,291</u>

(b) Medicare and Medicaid Reimbursement

Provena participates as a provider under the Medicare program. Federal legislation routinely includes provisions to change Medicare reimbursement mechanisms and reimbursement levels. For each the years ended December 31, 2009 and 2008, approximately 44% and 43%, respectively, of Provena's gross patient and resident service revenue related to services provided to Medicare beneficiaries. Recently enacted health care reform and other Medicare legislation may have an adverse effect on Provena's net patient and resident service revenues.

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Medicaid payment methodologies and rates may be subject to modification based on the amount of funding available to the State of Illinois Medicaid program.

In January 2010, Provena received notices for four of its six hospital ministries from the Medicare program requiring that they provide Medicare with documentation for claims to carry out the Recovery Audit Contracting (RAC) program. Provena is responding to the request. Review of claims through the RAC program may result in a liability to the Medicare program and could have an adverse effect on Provena's net patient and resident service revenues. No amounts have been accrued as of December 31, 2009 related to RAC program claim reviews.

(c) *Regulatory Investigations*

The U.S. Department of Justice and other federal agencies routinely conduct regulatory investigations and compliance audits of health care providers. Provena is subject to these regulatory efforts. Management is currently unaware of any regulatory matters that may have a material adverse effect on the consolidated financial position or results of operations.

(d) *Charity Care Legislation*

The Illinois attorney general and state legislature are considering legislation directed at Illinois not-for-profit hospitals. Such legislation could mandate the level of charity care, as defined by the State, that hospitals must provide in the future in order to retain state and local tax exemption benefits. Management is unable to predict the outcome of these legislative initiatives and any related impacts such legislation may have on Provena.

(e) *Litigation*

In the normal course of business, the Parent and affiliates are involved in litigation and regulatory investigations. In consultation with legal counsel, management estimates that these matters will be resolved without material adverse effect on Provena's financial position or results from operations.

(f) *Provena Covenant Medical Center Property Tax Exemption*

In February, 2004, the Illinois Department of Revenue denied the Provena Covenant Medical Center (Covenant) application for real estate tax-exempt status for the 2002 tax year. Provena appealed this ruling and the decision was reversed in 2007 by the Circuit Court of Sangamon County. The Illinois Department of Revenue appealed the 2007 ruling to the Appellate Court of the Fourth District, which overturned the 2007 ruling. Provena filed a Petition for Leave to Appeal to the Supreme Court of Illinois. The Supreme Court of the State of Illinois granted the appeal and released their opinion on March 18, 2010 in favor of the Illinois Department of Revenue. As a result of the unfavorable ruling, Provena has provided approximately \$9.3 million within 2009 other expense for real estate taxes and interest covered by the ruling for all periods through December 31, 2009.

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(g) *Provena Senior Services St. Joseph Center Tax Exemption*

In March 2007, the Illinois Department of Revenue denied the Provena Senior Services St. Joseph Center (St. Joseph Center) application for real estate tax-exempt status for the 2004 tax year. St. Joseph Center has been accruing property taxes on this property from 2004 and for all periods through December 31, 2009. Provena is presently pursuing an appeal of the ruling. A hearing was held before an Administrative Law Judge in October, 2008. Provena expects a decision sometime in 2010.

(h) *Investment Risks and Uncertainties*

Provena invests in various investment securities. Investment securities are exposed to various risks such as interest rate, credit, and overall market volatility risks. Due to the level of risk associated with certain investment securities and current market conditions, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the accompanying 2009 consolidated balance sheet.

(19) Subsequent Events

In connection with the preparation of the consolidated financial statements and in accordance with ASC Topic 855, *Subsequent Events*, Provena evaluated subsequent events after the consolidated balance sheet date of December 31, 2009 through April 16, 2010, which was the date the financial statements were available to be issued.

PROVENA HEALTH AND AFFILIATES

Consolidating Balance Sheet Information

December 31, 2009

(In thousands)

Assets	Provena Health	Provena Hospitals	Provena Senior Services	Provena Ventures, Inc.	Eliminations	Consolidated totals
Current assets:						
Cash and cash equivalents	\$ 37,765	35,401	12,446	1,635	—	87,247
Short-term investments	—	1,299	99	—	—	1,398
Assets limited or restricted as to use, required for current liabilities	10,650	—	—	—	—	10,650
Receivables:						
Patient and resident accounts receivable, less allowance for uncollectible accounts of approximately \$117,767	4,070	163,270	11,008	—	—	178,348
Estimated receivables under third-party reimbursement programs	—	7,123	832	—	—	7,955
Due from affiliates	9,226	1,393	7	—	(10,626)	—
Inventories	—	21,092	682	—	—	21,774
Prepaid expenses and other	21,360	8,954	844	114	—	31,272
Total current assets	83,071	238,532	25,918	1,749	(10,626)	338,644
Assets limited or restricted as to use, net of current portion	393,689	21,183	6,917	—	(11,782)	410,007
Land, buildings, and equipment, net	46,943	580,307	55,054	5,607	—	687,911
Excess of purchase price over net assets acquired, net	—	727	106	—	—	833
Other	49,359	7,367	382	3,978	(32,287)	28,799
Total assets	\$ 573,062	848,116	88,377	11,334	(54,695)	1,466,194
Liabilities and Net Assets						
Current liabilities:						
Current installments of long-term debt	\$ 11,639	—	51	—	—	11,690
Current portion of obligations under capital leases	1,666	1,579	6	—	—	3,251
Current portion of estimated self-insurance liabilities	10,801	—	—	—	—	10,801
Accounts payable and accrued expenses	37,844	100,620	10,310	263	—	149,037
Estimated payables under third-party reimbursement programs	—	102,879	60	—	—	102,939
Due to affiliates	1,369	8,343	914	—	(10,626)	—
Other	25,627	7,753	1,281	309	(11,782)	23,188
Total current liabilities	88,946	221,174	12,622	572	(22,408)	300,906
Long-term debt, net of current installments	617,943	—	1,149	—	—	619,092
Obligations under capital leases, net of current portion	2,894	1,593	15	—	—	4,502
Estimated self-insurance liabilities, net of current portion	79,066	—	—	—	—	79,066
Pension benefit liability	72,877	—	—	—	—	72,877
Derivatives and other long-term liabilities	36,489	7,265	821	—	—	44,575
Total liabilities	898,215	230,032	14,607	572	(22,408)	1,121,018
Net assets (deficit):						
Unrestricted	(325,155)	610,922	72,003	10,762	(32,287)	336,245
Temporarily restricted	2	5,858	1,523	—	—	7,383
Permanently restricted	—	1,304	244	—	—	1,548
Total net assets	(325,153)	618,084	73,770	10,762	(32,287)	345,176
Total liabilities and net assets	\$ 573,062	848,116	88,377	11,334	(54,695)	1,466,194

See accompanying independent auditors' report.

PROVENA HEALTH AND AFFILIATES
Consolidating Statement of Operations Information
Year ended December 31, 2009
(In thousands)

	Provena Health	Provena Hospitals	Provena Senior Services	Provena Ventures, Inc.	Eliminations	Consolidated totals
Revenue:						
Net patient and resident service revenue	\$ 28,234	1,149,612	90,147	—	—	1,267,993
Other revenues	157,843	14,170	5,782	311	(154,598)	23,508
Net assets released from restriction used for operations	—	910	159	—	—	1,069
Total revenue	186,077	1,164,692	96,088	311	(154,598)	1,292,570
Expenses:						
Salaries and benefits	73,181	456,818	62,088	—	(7,422)	584,665
Supplies and drugs	4,293	159,282	7,692	—	—	171,267
Purchased services	20,413	218,260	7,605	42	(84,450)	161,870
Interest	32,273	28,227	2,413	—	(31,410)	31,503
Depreciation and amortization	13,611	52,923	4,187	—	—	70,721
Provider tax assessment	—	34,355	—	—	—	34,355
Provision for uncollectible accounts	1,238	130,186	190	—	—	131,614
Restructuring charges	29,154	2,681	21	—	—	31,856
Other	32,304	72,222	7,499	218	(31,316)	80,927
Total expenses	206,467	1,154,954	91,695	260	(154,598)	1,298,778
Income (loss) from operations before impairments	(20,390)	9,738	4,393	51	—	(6,208)
Impairments	986	41	330	—	—	1,357
Income (loss) from operations	(21,376)	9,697	4,063	51	—	(7,565)
Nonoperating gains (losses):						
Investment income – realized	949	1,611	278	1	—	2,839
Investment income – unrealized	27,982	1,832	534	—	—	30,348
Derivatives valuation adjustment	20,784	—	—	—	—	20,784
Other, net	—	(5,018)	(66)	—	—	(5,084)
Net nonoperating gains (losses)	49,715	(1,575)	746	1	—	48,887
Revenue and gains in excess of expenses and losses	28,339	8,122	4,809	52	—	41,322
Other changes in unrestricted net assets:						
Expense reclassification for dedesignated hedges	258	—	—	—	—	258
Change in funded status of pension plan	11,457	—	—	—	—	11,457
Transfers from (to) affiliates	46,524	(41,161)	(5,368)	(4,387)	4,392	—
Net assets released from restriction used for the purchase of land, buildings, and equipment	—	3,601	246	—	—	3,847
Other, net	—	286	1	—	—	287
Change in unrestricted net assets	\$ 86,578	(29,152)	(312)	(4,335)	4,392	57,171

See accompanying independent auditors' report.

PROVENA HEALTH AND AFFILIATES
Consolidating Statement of Changes in Net Assets Information
Year ended December 31, 2009
(In thousands)

	Provena Health	Provena Hospitals	Provena Senior Services	Provena Ventures, Inc.	Eliminations	Consolidated totals
Unrestricted net assets:						
Revenue and gains in excess of expenses and losses	\$ 28,339	8,122	4,809	52	—	41,322
Other changes in unrestricted net assets:						
Expense reclassification for dedesignated hedges	258	—	—	—	—	258
Change in funded status of pension plan	11,457	—	—	—	—	11,457
Transfer (to)/from affiliates	46,524	(41,161)	(5,368)	(4,387)	4,392	—
Net assets released from restriction used for the purchase of land, building, and equipment	—	3,601	246	—	—	3,847
Other, net	—	286	1	—	—	287
Change in unrestricted net assets	<u>86,578</u>	<u>(29,152)</u>	<u>(312)</u>	<u>(4,335)</u>	<u>4,392</u>	<u>57,171</u>
Temporarily restricted net assets:						
Restricted contributions	(25)	2,144	857	—	—	2,976
Change in net unrealized gains	—	80	—	—	—	80
Temporarily restricted investment income	1	83	—	—	—	84
Net assets released from restrictions used for the purchase of land, buildings, and equipment	—	(3,601)	(246)	—	—	(3,847)
Net assets released from restriction used for operations	—	(910)	(159)	—	—	(1,069)
Change in temporarily restricted net assets	<u>(24)</u>	<u>(2,204)</u>	<u>452</u>	<u>—</u>	<u>—</u>	<u>(1,776)</u>
Permanently restricted net assets:						
Restricted contributions	—	519	—	—	—	519
Net realized and unrealized gains (losses) on investments	—	(8)	1	—	—	(7)
Change in permanently restricted net assets	<u>—</u>	<u>511</u>	<u>1</u>	<u>—</u>	<u>—</u>	<u>512</u>
Change in net assets	<u>86,554</u>	<u>(30,845)</u>	<u>141</u>	<u>(4,335)</u>	<u>4,392</u>	<u>55,907</u>
Net assets at beginning of year	<u>(411,707)</u>	<u>648,929</u>	<u>73,629</u>	<u>15,097</u>	<u>(36,679)</u>	<u>289,269</u>
Net assets at end of year	<u>\$ (325,153)</u>	<u>618,084</u>	<u>73,770</u>	<u>10,762</u>	<u>(32,287)</u>	<u>345,176</u>

See accompanying independent auditors' report.

PROVENA HEALTH AND AFFILIATES
Consolidating Statement of Cash Flows Information
Year ended December 31, 2009
(In thousands)

	Provena Health	Provena Hospitals	Provena Senior Services	Provena Ventures, Inc.	Eliminations	Consolidated totals
Cash flows from operating activities:						
Change in net assets	\$ 86,554	(30,845)	141	(4,335)	4,392	55,907
Adjustments to reconcile change in net assets to net cash provided by (used in) operating activities:						
Depreciation and amortization	13,611	52,923	4,187	—	—	70,721
Provision for uncollectible accounts	1,238	130,186	190	—	—	131,614
Loss on sale of capital assets	—	—	62	—	—	62
Change in fair value of derivative instruments	(20,784)	—	—	—	—	(20,784)
Change in funded status of pension plan	(11,457)	—	—	—	—	(11,457)
Gains from equity interest of unconsolidated affiliates	—	(1,275)	—	212	—	(1,063)
Impairments	986	41	330	—	—	1,357
Change in net unrealized gains and losses on investment securities	(27,981)	(1,913)	(534)	—	—	(30,428)
Permanently restricted contributions	—	(519)	—	—	—	(519)
Changes in assets and liabilities:						
Patient and resident accounts receivable	(1,800)	(117,533)	1,901	—	—	(117,432)
Estimated settlements under third-party reimbursements programs, net	(6)	14,612	(130)	—	—	14,476
Inventories	(130)	(903)	(73)	—	—	(1,106)
Prepaid expenses and other assets	6,041	870	47	87	(6,578)	467
Accounts payable and accrued expenses	5,109	20,218	1,541	(2)	—	26,866
Estimated self-insurance liabilities	846	—	—	—	—	846
Other current liabilities	5,546	(5,489)	(512)	(9)	5,256	4,792
Other long-term liabilities	10,166	(5,602)	90	—	4,391	9,045
Net cash provided by (used in) operating activities	<u>67,939</u>	<u>54,771</u>	<u>7,240</u>	<u>(4,047)</u>	<u>7,461</u>	<u>133,364</u>
Cash flows from investing activities:						
Acquisition of land, buildings, and equipment, net	(7,884)	(39,179)	(2,176)	—	—	(49,239)
Net proceeds from sale of capital assets	—	—	3	—	—	3
Net change in assets limited or restricted as to use	(70,874)	1,197	(153)	—	1,555	(68,275)
Net change in short-term investments	—	75	5	—	—	80
Change in other long-term assets	8,127	1,036	(85)	4,388	(9,016)	4,450
Net cash provided by (used in) investing activities	<u>(70,631)</u>	<u>(36,871)</u>	<u>(2,406)</u>	<u>4,388</u>	<u>(7,461)</u>	<u>(112,981)</u>
Cash flows from financing activities:						
Repayment of obligations under capital leases	(887)	(2,191)	(7)	—	—	(3,085)
Repayment of long-term debt	(301,965)	—	(30)	—	—	(302,015)
Issuance of long-term debt	310,588	—	—	—	—	310,588
Payment of bond issue costs	(5,760)	—	—	—	—	(5,760)
Permanently restricted contributions	—	519	—	—	—	519
Net cash provided by (used in) financing activities	<u>1,976</u>	<u>(1,672)</u>	<u>(57)</u>	<u>—</u>	<u>—</u>	<u>247</u>
Net change in cash and cash equivalents	<u>(716)</u>	<u>16,228</u>	<u>4,777</u>	<u>341</u>	<u>—</u>	<u>20,630</u>
Cash and cash equivalents at beginning of year	38,481	19,173	7,669	1,294	—	66,617
Cash and cash equivalents at end of year	<u>\$ 37,765</u>	<u>35,401</u>	<u>12,446</u>	<u>1,635</u>	<u>—</u>	<u>87,247</u>
Supplemental disclosure of cash flow information:						
Cash paid for interest, net of amounts capitalized	\$ 29,713	—	113	—	—	29,826
Supplemental disclosure of noncash transactions:						
Assets acquired under capital leases	\$ 4,447	82	7	—	—	4,536

See accompanying independent auditors' report.

PROVENA HOSPITALS
Consolidating Balance Sheet Information
December 31, 2009
(In thousands)

Assets	Provena Covenant Medical Center	Provena Mercy Center	Provena Saint Joseph Hospital	Provena Saint Joseph Medical Center
Current assets:				
Cash and cash equivalents	\$ 9,205	3,227	4,050	13,778
Short-term investments	—	—	—	1,299
Receivables:				
Patient accounts receivable, less allowance for uncollectible accounts of approximately \$116,162	24,706	24,477	24,206	56,098
Estimated receivables under third-party reimbursement programs	1,025	328	13	4,273
Due from affiliates	191	198	204	434
Inventories	3,323	2,857	4,383	5,782
Prepaid expenses and other	948	1,784	815	1,230
Total current assets	39,398	32,871	33,671	82,894
Assets limited or restricted as to use, net of current portion	5,417	5,233	2,481	2,240
Land, buildings, and equipment, net	40,876	63,103	136,337	257,680
Excess of purchase price over net assets acquired, net	—	—	—	243
Other	736	2,399	1,618	1,243
Total assets	\$ 86,427	103,606	174,107	344,300
Liabilities and Net Assets				
Current liabilities:				
Current portion of obligations under capital leases	\$ 187	133	124	698
Accounts payable and accrued expenses	23,444	15,141	10,065	28,320
Estimated payables under third-party reimbursement programs	13,308	14,868	18,793	39,613
Due to affiliates	1,061	1,130	1,319	2,135
Other	415	1,262	1,538	564
Total current liabilities	38,415	32,534	31,839	71,330
Obligations under capital leases, net of current portion	181	159	139	681
Derivatives and other long-term liabilities	159	2,150	543	2,622
Total liabilities	38,755	34,843	32,521	74,633
Net assets (deficit):				
Unrestricted	47,508	67,089	140,527	267,513
Temporarily restricted	66	1,273	614	1,960
Permanently restricted	98	401	445	194
Total net assets	47,672	68,763	141,586	269,667
Total liabilities and net assets	\$ 86,427	103,606	174,107	344,300

See accompanying independent auditors' report.

Schedule 5

Provena Saint Mary's Hospital	Provena United Samaritans Medical Center	Provena Service Corporation	Total Hospitals	Eliminations	Consolidated Hospital totals
5,141	—	—	35,401	—	35,401
—	—	—	1,299	—	1,299
20,049	12,553	1,181	163,270	—	163,270
746	738	—	7,123	—	7,123
308	524	100	1,959	(566)	1,393
2,770	1,977	—	21,092	—	21,092
1,605	2,305	267	8,954	—	8,954
30,619	18,097	1,548	239,098	(566)	238,532
1,614	4,198	—	21,183	—	21,183
54,041	25,755	2,515	580,307	—	580,307
484	—	—	727	—	727
756	463	152	7,367	—	7,367
87,514	48,513	4,215	848,682	(566)	848,116
179	258	—	1,579	—	1,579
10,686	10,878	2,086	100,620	—	100,620
9,017	7,280	—	102,879	—	102,879
1,294	1,771	199	8,909	(566)	8,343
781	653	2,540	7,753	—	7,753
21,957	20,840	4,825	221,740	(566)	221,174
206	227	—	1,593	—	1,593
1,224	435	132	7,265	—	7,265
23,387	21,502	4,957	230,598	(566)	230,032
62,514	26,513	(742)	610,922	—	610,922
1,595	350	—	5,858	—	5,858
18	148	—	1,304	—	1,304
64,127	27,011	(742)	618,084	—	618,084
87,514	48,513	4,215	848,682	(566)	848,116

PROVENA HOSPITALS
Consolidating Statement of Operations Information
Year ended December 31, 2009
(In thousands)

	<u>Provena Covenant Medical Center</u>	<u>Provena Mercy Center</u>	<u>Provena Saint Joseph Hospital</u>	<u>Provena Saint Joseph Medical Center</u>
Revenue:	\$			
Net patient and resident service revenue	163,641	169,225	163,896	380,339
Other revenues	1,415	3,582	1,466	4,260
Net assets released from restriction used for operations	179	135	8	126
Total revenue	<u>165,235</u>	<u>172,942</u>	<u>165,370</u>	<u>384,725</u>
Expenses:				
Salaries and benefits	53,393	67,956	69,752	153,830
Supplies and drugs	22,922	18,760	23,563	56,255
Purchased services	34,789	29,352	31,765	62,784
Interest	3,861	3,428	5,908	9,840
Depreciation and amortization	5,515	8,811	10,738	18,728
Provider tax assessment	4,410	6,961	4,394	12,071
Provision for uncollectible accounts	19,890	20,672	16,859	39,399
Restructuring costs	274	559	979	648
Other	21,086	9,452	7,615	17,384
Total expenses	<u>166,140</u>	<u>165,951</u>	<u>171,573</u>	<u>370,939</u>
Income (loss) from operations before impairments	(905)	6,991	(6,203)	13,786
Impairments	—	41	—	—
Income (loss) from operations	<u>(905)</u>	<u>6,950</u>	<u>(6,203)</u>	<u>13,786</u>
Nonoperating gains (losses):				
Investment income – realized	105	597	108	382
Investment income (loss) – unrealized	1,063	216	(1)	164
Other, net	(9)	(3,899)	(598)	8
Net nonoperating gains (losses)	<u>1,159</u>	<u>(3,086)</u>	<u>(491)</u>	<u>554</u>
Revenue and gains in excess (deficient) of expenses and losses	254	3,864	(6,694)	14,340
Other changes in unrestricted net assets:				
Transfers from (to) affiliates	(7,647)	(13,349)	169	(15,294)
Net assets released from restriction used for the purchase of land, buildings, and equipment	1,002	366	771	619
Other, net	—	—	—	291
Change in unrestricted net assets	<u>\$ (6,391)</u>	<u>(9,119)</u>	<u>(5,754)</u>	<u>(44)</u>

See accompanying independent auditors' report.

Schedule 6

Provena Saint Mary's Hospital	Provena United Samaritans Medical Center	Provena Service Corporation	Total Hospitals	Eliminations	Consolidated Hospital totals
141,621	114,111	16,808	1,149,641	(29)	1,149,612
1,867	2,319	231	15,140	(970)	14,170
72	390	—	910	—	910
<u>143,560</u>	<u>116,820</u>	<u>17,039</u>	<u>1,165,691</u>	<u>(999)</u>	<u>1,164,692</u>
48,657	43,426	19,804	456,818	—	456,818
21,813	15,108	890	159,311	(29)	159,282
29,738	26,420	3,412	218,260	—	218,260
3,425	1,686	79	28,227	—	28,227
5,329	3,442	360	52,923	—	52,923
3,557	2,962	—	34,355	—	34,355
17,243	15,267	856	130,186	—	130,186
14	138	69	2,681	—	2,681
6,811	7,209	3,635	73,192	(970)	72,222
<u>136,587</u>	<u>115,658</u>	<u>29,105</u>	<u>1,155,953</u>	<u>(999)</u>	<u>1,154,954</u>
6,973	1,162	(12,066)	9,738	—	9,738
—	—	—	41	—	41
<u>6,973</u>	<u>1,162</u>	<u>(12,066)</u>	<u>9,697</u>	<u>—</u>	<u>9,697</u>
230	189	—	1,611	—	1,611
160	230	—	1,832	—	1,832
(446)	(3)	(71)	(5,018)	—	(5,018)
<u>(56)</u>	<u>416</u>	<u>(71)</u>	<u>(1,575)</u>	<u>—</u>	<u>(1,575)</u>
6,917	1,578	(12,137)	8,122	—	8,122
(8,041)	(9,271)	12,272	(41,161)	—	(41,161)
406	437	—	3,601	—	3,601
(37)	—	32	286	—	286
<u>(755)</u>	<u>(7,256)</u>	<u>167</u>	<u>(29,152)</u>	<u>—</u>	<u>(29,152)</u>

PROVENA HOSPITALS
Consolidating Statement of Changes in Net Assets Information
Year ended December 31, 2009
(In thousands)

	<u>Provena Covenant Medical Center</u>	<u>Provena Mercy Center</u>	<u>Provena Saint Joseph Hospital</u>	<u>Provena Saint Joseph Medical Center</u>
Unrestricted net assets:				
Revenue and gains in excess (deficient) of expenses and losses	\$ 254	3,864	(6,694)	14,340
Other changes in unrestricted net assets:				
Transfer (to)/from affiliates	(7,647)	(13,349)	169	(15,294)
Net assets released from restriction used for the purchase of land, building, and equipment	1,002	366	771	619
Other, net	—	—	—	291
Change in unrestricted net assets	<u>(6,391)</u>	<u>(9,119)</u>	<u>(5,754)</u>	<u>(44)</u>
Temporarily restricted net assets:				
Restricted contributions	708	375	(59)	18
Change in net unrealized gains	—	—	—	—
Temporarily restricted investment income (loss)	(12)	64	—	—
Net assets released from restrictions used for the purchase of land, buildings, and equipment	(1,002)	(366)	(771)	(619)
Net assets released from restriction used for operations	(179)	(135)	(8)	(126)
Change in temporarily restricted net assets	<u>(485)</u>	<u>(62)</u>	<u>(838)</u>	<u>(727)</u>
Permanently restricted net assets:				
Restricted contributions	(7)	77	445	—
Net realized and unrealized losses on investments	(8)	—	—	—
Change in permanently restricted net assets	<u>(15)</u>	<u>77</u>	<u>445</u>	<u>—</u>
Change in net assets	<u>(6,891)</u>	<u>(9,104)</u>	<u>(6,147)</u>	<u>(771)</u>
Net assets at beginning of year	<u>54,563</u>	<u>77,867</u>	<u>147,733</u>	<u>270,438</u>
Net assets at end of year	<u>\$ 47,672</u>	<u>68,763</u>	<u>141,586</u>	<u>269,667</u>

See accompanying independent auditors' report.

Schedule 7

<u>Provena Saint Mary's Hospital</u>	<u>Provena United Samaritans Medical Center</u>	<u>Provena Service Corporation</u>	<u>Total Hospitals</u>	<u>Eliminations</u>	<u>Consolidated Hospital totals</u>
6,917	1,578	(12,137)	8,122	—	8,122
(8,041)	(9,271)	12,272	(41,161)	—	(41,161)
406	437	—	3,601	—	3,601
(37)	—	32	286	—	286
<u>(755)</u>	<u>(7,256)</u>	<u>167</u>	<u>(29,152)</u>	<u>—</u>	<u>(29,152)</u>
290	812	—	2,144	—	2,144
80	—	—	80	—	80
31	—	—	83	—	83
(406)	(437)	—	(3,601)	—	(3,601)
(72)	(390)	—	(910)	—	(910)
<u>(77)</u>	<u>(15)</u>	<u>—</u>	<u>(2,204)</u>	<u>—</u>	<u>(2,204)</u>
—	4	—	519	—	519
—	—	—	(8)	—	(8)
—	4	—	511	—	511
(832)	(7,267)	167	(30,845)	—	(30,845)
64,959	34,278	(909)	648,929	—	648,929
<u>64,127</u>	<u>27,011</u>	<u>(742)</u>	<u>618,084</u>	<u>—</u>	<u>618,084</u>

PROVENA HOSPITALS
Consolidating Statement of Cash Flows Information
Year ended December 31, 2009
(In thousands)

	Provena Covenant Medical Center	Provena Mercy Center	Provena Saint Joseph Hospital	Provena Saint Joseph Medical Center
Cash flows from operating activities:				
Change in net assets	\$ (6,891)	(9,104)	(6,147)	(771)
Adjustments to reconcile change in net assets to net cash provided by operating activities:				
Depreciation and amortization	5,515	8,811	10,738	18,728
Provision for uncollectible accounts	19,890	20,672	16,859	39,399
Gains from equity interest of unconsolidated affiliates	—	(1,006)	—	(55)
Impairments	—	41	—	—
Change in net unrealized gains and losses on investment securities	(1,063)	(216)	1	(164)
Permanently restricted contributions	8	(77)	(445)	—
Changes in assets and liabilities:				
Patient and resident accounts receivable	(21,717)	(18,446)	(9,253)	(40,812)
Estimated settlements under third-party reimbursement programs, net	3,777	(369)	2,987	(115)
Inventories	(615)	39	(7)	(217)
Prepaid expenses and other assets	299	473	(157)	677
Accounts payable and accrued expenses	12,304	3,002	(2,757)	1,338
Other current liabilities	(667)	(2,140)	(1,657)	2,295
Other long-term liabilities	(1,277)	196	224	(601)
Net cash provided by operating activities	<u>9,563</u>	<u>1,876</u>	<u>10,386</u>	<u>19,702</u>
Cash flows from investing activities:				
Acquisition of land, buildings, and equipment, net	(3,333)	(5,064)	(3,937)	(20,917)
Net change in assets limited or restricted as to use	213	(295)	491	858
Net change in short-term investments	—	—	—	75
Change in other long-term assets	88	732	(222)	698
Net cash used in investing activities	<u>(3,032)</u>	<u>(4,627)</u>	<u>(3,668)</u>	<u>(19,286)</u>
Cash flows from financing activities:				
Repayment of obligations under capital leases	(511)	(121)	(198)	(639)
Permanently restricted contributions	(8)	77	445	—
Net cash provided by (used in) financing activities	<u>(519)</u>	<u>(44)</u>	<u>247</u>	<u>(639)</u>
Net change in cash and cash equivalents	6,012	(2,795)	6,965	(223)
Cash and cash equivalents at beginning of year	3,193	6,022	(2,915)	14,001
Cash and cash equivalents at end of year	<u>\$ 9,205</u>	<u>3,227</u>	<u>4,050</u>	<u>13,778</u>
Supplemental disclosure of noncash transactions:				
Assets acquired under capital leases	\$ —	82	—	—

See accompanying independent auditors' report.

Schedule 8

Provena Saint Mary's Hospital	Provena United Samaritans Medical Center	Provena Service Corporation	Total Hospitals	Eliminations	Consolidated Hospital totals
(832)	(7,267)	167	(30,845)	—	(30,845)
5,329	3,442	360	52,923	—	52,923
17,243	15,267	856	130,186	—	130,186
(70)	—	(144)	(1,275)	—	(1,275)
—	—	—	41	—	41
(241)	(230)	—	(1,913)	—	(1,913)
—	(5)	—	(519)	—	(519)
(15,493)	(10,579)	(1,233)	(117,533)	—	(117,533)
3,453	4,879	—	14,612	—	14,612
(103)	—	—	(903)	—	(903)
(190)	(215)	(17)	870	—	870
2,439	3,702	190	20,218	—	20,218
(3,994)	615	59	(5,489)	—	(5,489)
(4,159)	(18)	33	(5,602)	—	(5,602)
<u>3,382</u>	<u>9,591</u>	<u>271</u>	<u>54,771</u>	<u>—</u>	<u>54,771</u>
(3,102)	(2,706)	(120)	(39,179)	—	(39,179)
317	(387)	—	1,197	—	1,197
—	—	—	75	—	75
(9)	(344)	93	1,036	—	1,036
<u>(2,794)</u>	<u>(3,437)</u>	<u>(27)</u>	<u>(36,871)</u>	<u>—</u>	<u>(36,871)</u>
(401)	(321)	—	(2,191)	—	(2,191)
—	5	—	519	—	519
<u>(401)</u>	<u>(316)</u>	<u>—</u>	<u>(1,672)</u>	<u>—</u>	<u>(1,672)</u>
187	5,838	244	16,228	—	16,228
<u>4,954</u>	<u>(5,838)</u>	<u>(244)</u>	<u>19,173</u>	<u>—</u>	<u>19,173</u>
<u>5,141</u>	<u>—</u>	<u>—</u>	<u>35,401</u>	<u>—</u>	<u>35,401</u>
—	—	—	82	—	82

PROVENA HEALTH AND AFFILIATES

Consolidating Balance Sheet Information

December 31, 2008

(In thousands)

Assets	Provena Health	Provena Hospitals	Provena Senior Services	Provena Ventures, Inc.	Eliminations	Consolidated totals
Current assets:						
Cash and cash equivalents	\$ 38,481	19,173	7,669	1,294	—	66,617
Short-term investments	—	1,374	104	—	—	1,478
Assets limited or restricted as to use, required for current liabilities	10,247	—	—	—	—	10,247
Receivables:						
Patient and resident accounts receivable, less allowance for uncollectible accounts of approximately \$104,215	4,196	175,924	13,099	—	—	193,219
Estimated receivables under third-party reimbursement programs	(3)	31,517	695	—	—	32,209
Due from affiliates	16,016	760	13	84	(16,873)	—
Inventories	11	20,189	610	—	—	20,810
Collateral held under securities lending agreement	54,910	—	—	—	—	54,910
Prepaid expenses and other	20,611	10,170	884	115	—	31,780
Total current assets	144,469	259,107	23,074	1,493	(16,873)	411,270
Assets limited or restricted as to use, net of current portion	295,237	20,468	6,230	—	(10,228)	311,707
Due from affiliates	—	—	—	4,392	(4,392)	—
Land, buildings, and equipment, net	52,761	592,232	57,460	5,607	—	708,060
Excess of purchase price over net assets acquired, net	—	1,355	113	—	—	1,468
Other	51,616	8,084	290	4,188	(36,679)	27,499
Total assets	\$ 544,083	881,246	87,167	15,680	(68,172)	1,460,004
Liabilities and Net Assets						
Current liabilities:						
Current installments of long-term debt	\$ 27,465	—	46	—	—	27,511
Current portion of obligations under capital leases	180	1,951	4	—	—	2,135
Current portion of estimated self-insurance liabilities	10,522	—	—	—	—	10,522
Accounts payable and accrued expenses	32,673	80,401	8,769	265	—	122,108
Estimated payables under third-party reimbursement programs	(1)	112,666	52	—	—	112,717
Due to affiliates	921	14,722	1,232	(2)	(16,873)	—
Payable under securities lending agreement	54,910	—	—	—	—	54,910
Other	22,900	8,118	1,487	320	(10,228)	22,597
Total current liabilities	149,570	217,858	11,590	583	(27,101)	352,500
Long-term debt, net of current installments	593,385	—	1,201	—	—	594,586
Obligations under capital leases, net of current portion	822	3,327	18	—	—	4,167
Estimated self-insurance liabilities, net of current portion	78,499	—	—	—	—	78,499
Due to affiliates	—	4,392	—	—	(4,392)	—
Pension benefit liability	77,208	—	—	—	—	77,208
Derivatives and other long-term liabilities	56,306	6,740	729	—	—	63,775
Total liabilities	955,790	232,317	13,538	583	(31,493)	1,170,735
Net assets (deficit):						
Unrestricted	(411,733)	640,074	72,315	15,097	(36,679)	279,074
Temporarily restricted	26	8,062	1,071	—	—	9,159
Permanently restricted	—	793	243	—	—	1,036
Total net assets	(411,707)	648,929	73,629	15,097	(36,679)	289,269
Total liabilities and net assets	\$ 544,083	881,246	87,167	15,680	(68,172)	1,460,004

See accompanying independent auditors' report.

PROVENA HEALTH AND AFFILIATES
Consolidating Statement of Operations Information
Year ended December 31, 2008
(In thousands)

	Provena Health	Provena Hospitals	Provena Senior Services	Provena Ventures, Inc.	Eliminations	Consolidated totals
Revenue:						
Net patient and resident service revenue	\$ 26,175	1,112,744	86,603	—	—	1,225,522
Other revenues	154,223	14,351	4,205	13	(151,261)	21,531
Net assets released from restriction used for operations	—	1,552	244	—	—	1,796
Total revenue	180,398	1,128,647	91,052	13	(151,261)	1,248,849
Expenses:						
Salaries and benefits	73,363	463,409	60,083	—	(6,874)	589,981
Supplies and drugs	4,252	163,256	7,499	—	—	175,007
Purchased services	24,552	232,269	8,157	63	(91,822)	173,219
Interest	28,778	22,036	2,439	—	(30,891)	22,362
Depreciation and amortization	13,895	50,150	4,210	—	—	68,255
Provider tax assessment	—	32,302	—	—	—	32,302
Provision for uncollectible accounts	177	113,878	17	—	—	114,072
Restructuring charges	9,579	373	—	—	—	9,952
Other	49,235	59,527	7,808	217	(21,674)	95,113
Total expenses	203,831	1,137,200	90,213	280	(151,261)	1,280,263
Income (loss) from operations before impairments	(23,433)	(8,553)	839	(267)	—	(31,414)
Impairments	2,948	737	—	—	—	3,685
Income (loss) from operations	(26,381)	(9,290)	839	(267)	—	(35,099)
Nonoperating gains (losses):						
Investment income - realized	579	1,706	433	8	—	2,726
Investment income (loss) - unrealized	(50,511)	(2,496)	(864)	—	—	(53,871)
Derivatives valuation adjustment	(30,561)	—	—	—	—	(30,561)
Other, net	—	(3,414)	(114)	—	—	(3,528)
Net nonoperating gains (losses)	(80,493)	(4,204)	(545)	8	—	(85,234)
Revenue and gains in excess (deficient) of expenses and losses	(106,874)	(13,494)	294	(259)	—	(120,333)
Other changes in unrestricted net assets:						
Expense reclassification for dedesignated hedges	258	—	—	—	—	258
Change in funded status of pension plan	(126,608)	—	—	—	—	(126,608)
Transfers from (to) affiliates	(50,310)	50,668	(358)	—	—	—
Net assets released from restriction used for the purchase of land, buildings, and equipment	—	11,835	44	—	—	11,879
Other, net	—	93	—	491	(491)	93
Change in unrestricted net assets	\$ (283,534)	49,102	(20)	232	(491)	(234,711)

See accompanying independent auditors' report.

PROVENA HEALTH AND AFFILIATES
 Consolidating Statement of Changes in Net Assets Information
 Year ended December 31, 2008
 (In thousands)

	Provena Health	Provena Hospitals	Provena Senior Services	Provena Ventures, Inc.	Eliminations	Consolidated totals
Unrestricted net assets:						
Revenue and gains in excess (deficient) of expenses and losses	\$ (106,874)	(13,494)	294	(259)	—	(120,333)
Other changes in unrestricted net assets:						
Expense reclassification for dedesignated hedges	258	—	—	—	—	258
Change in funded status of pension plan	(126,608)	—	—	—	—	(126,608)
Transfer (to)/from affiliates	(50,310)	50,668	(358)	—	—	—
Net assets released from restriction used for the purchase of land, building, and equipment	—	11,835	44	—	—	11,879
Other, net	—	93	—	491	(491)	93
Change in unrestricted net assets	<u>(283,534)</u>	<u>49,102</u>	<u>(20)</u>	<u>232</u>	<u>(491)</u>	<u>(234,711)</u>
Temporarily restricted net assets:						
Restricted contributions	—	6,494	683	—	—	7,177
Change in net unrealized gains (losses)	—	(182)	—	—	—	(182)
Temporarily restricted investment income	(2)	49	—	—	—	47
Net assets released from restrictions used for the purchase of land, buildings, and equipment	—	(11,835)	(44)	—	—	(11,879)
Net assets released from restriction used for operations	—	(1,552)	(244)	—	—	(1,796)
Change in temporarily restricted net assets	<u>(2)</u>	<u>(7,026)</u>	<u>395</u>	<u>—</u>	<u>—</u>	<u>(6,633)</u>
Permanently restricted net assets:						
Restricted contributions	—	168	—	—	—	168
Net realized and unrealized gains (losses) on investments	—	13	—	—	—	13
Change in permanently restricted net assets	<u>—</u>	<u>181</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>181</u>
Change in net assets	<u>(283,536)</u>	<u>42,257</u>	<u>375</u>	<u>232</u>	<u>(491)</u>	<u>(241,163)</u>
Net assets at beginning of year	(128,171)	606,672	73,254	14,865	(36,188)	530,432
Net assets at end of year	<u>\$ (411,707)</u>	<u>648,929</u>	<u>73,629</u>	<u>15,097</u>	<u>(36,679)</u>	<u>289,269</u>

See accompanying independent auditors' report.

PROVENA HEALTH AND AFFILIATES
Consolidating Statement of Cash Flows Information
Year ended December 31, 2008
(In thousands)

	Provena Health	Provena Hospitals	Provena Senior Services	Provena Ventures, Inc.	Eliminations	Consolidated totals
Cash flows from operating activities:						
Change in net assets	\$ (283,536)	42,256	375	232	(490)	(241,163)
Adjustments to reconcile change in net assets to net cash provided by (used in) operating activities:						
Depreciation and amortization	13,895	50,150	4,210	—	—	68,255
Provision for uncollectible accounts	177	113,878	17	—	—	114,072
Loss on sale of capital assets	—	608	107	—	—	715
Change in fair value of derivative instruments	30,561	—	—	—	—	30,561
Change in funded status of pension plan	126,608	—	—	—	—	126,608
Gains from equity interest of unconsolidated affiliates	—	(975)	—	580	—	(395)
Impairments	2,948	737	—	—	—	3,685
Change in net unrealized gains and losses on investment securities	50,511	2,679	864	—	—	54,054
Permanently restricted contributions	—	(168)	—	—	—	(168)
Changes in assets and liabilities:						
Patient and resident accounts receivable	(121)	(135,139)	(3,125)	—	—	(138,385)
Estimated settlements under third-party reimbursement programs, net	29	11,352	254	—	—	11,635
Inventories	—	536	(77)	—	—	459
Prepaid expenses and other assets	(10,277)	5,060	(512)	103	375	(5,251)
Accounts payable and accrued expenses	10,513	(6,421)	(49)	125	—	4,168
Estimated self-insurance liabilities	8,819	—	—	—	—	8,819
Other current liabilities	5,745	5,070	390	(112)	(3,498)	7,595
Other long-term liabilities	242	32	(43)	(41)	85	275
Net cash provided by (used in) operating activities	<u>(43,886)</u>	<u>89,655</u>	<u>2,411</u>	<u>887</u>	<u>(3,528)</u>	<u>45,539</u>
Cash flows from investing activities:						
Acquisition of land, buildings, and equipment, net	(11,915)	(101,885)	(3,448)	—	—	(117,248)
Net proceeds from sale of capital assets	—	1,726	—	—	—	1,726
Net change in assets limited or restricted as to use	18,869	4,232	(204)	—	3,339	26,236
Net change in short-term investments	—	1,066	(1)	—	—	1,065
Change in other long-term assets	2,962	(427)	56	(366)	189	2,414
Net cash provided by (used in) investing activities	<u>9,916</u>	<u>(95,288)</u>	<u>(3,597)</u>	<u>(366)</u>	<u>3,528</u>	<u>(85,807)</u>
Cash flows from financing activities:						
Repayment of obligations under capital leases	(114)	(2,486)	(2)	—	—	(2,602)
Repayment of long-term debt	(7,055)	—	(42)	—	—	(7,097)
Issuance of long-term debt	44,000	—	—	—	—	44,000
Permanently restricted contributions	—	168	—	—	—	168
Net cash provided by (used in) financing activities	<u>36,831</u>	<u>(2,318)</u>	<u>(44)</u>	<u>—</u>	<u>—</u>	<u>34,469</u>
Net change in cash and cash equivalents	2,861	(7,951)	(1,230)	521	—	(5,799)
Cash and cash equivalents at beginning of year	35,620	27,124	8,899	773	—	72,416
Cash and cash equivalents at end of year	<u>\$ 38,481</u>	<u>19,173</u>	<u>7,669</u>	<u>1,294</u>	<u>—</u>	<u>66,617</u>
Supplemental disclosure of cash flow information:						
Cash paid for interest, net of amounts capitalized	\$ 26,924	—	117	—	—	27,041
Supplemental disclosures of noncash transactions:						
Assets acquired under capital leases	\$ 1,113	578	24	—	—	1,715
Return of capital assets from investee	1,770	—	—	—	—	1,770

See accompanying independent auditors' report.

PROVENA HOSPITALS
Consolidating Balance Sheet Information
December 31, 2008
(In thousands)

Assets	Provena Covenant Medical Center	Provena Mercy Center	Provena Saint Joseph Hospital	Provena Saint Joseph Medical Center
Current assets:				
Cash and cash equivalents	\$ 3,193	6,022	(2,915)	14,001
Short-term investments	—	—	—	1,374
Receivables:				
Patient accounts receivable, less allowance for uncollectible accounts of approximately \$102,865	22,881	26,704	31,812	54,684
Estimated receivables under third-party reimbursement programs	3,038	6,973	3,431	8,814
Due from affiliates	176	466	168	379
Inventories	2,709	2,896	4,375	5,565
Prepaid expenses and other	1,256	2,330	675	2,034
Total current assets	33,253	45,391	37,546	86,851
Assets limited or restricted as to use, net of current portion	4,566	4,722	2,974	2,934
Land, buildings, and equipment, net	43,057	65,339	143,020	255,491
Excess of purchase price over net assets acquired, net	—	—	—	730
Other	830	3,335	1,534	1,329
Total assets	\$ 81,706	118,787	185,074	347,335
Liabilities and Net Assets				
Current liabilities:				
Current portion of obligations under capital leases	\$ 510	114	264	639
Accounts payable and accrued expenses	11,140	12,138	12,822	26,985
Estimated payables under third-party reimbursement programs	11,546	21,883	19,225	44,269
Due to affiliates	1,910	2,545	2,799	(60)
Other	420	2,127	1,773	1,161
Total current liabilities	25,526	38,807	36,883	72,994
Obligations under capital leases, net of current portion	368	216	197	1,379
Due to affiliates	—	—	—	—
Derivatives and other long-term liabilities	1,249	1,897	261	2,524
Total liabilities	27,143	40,920	37,341	76,897
Net assets (deficit):				
Unrestricted	53,899	76,208	146,281	267,557
Temporarily restricted	551	1,335	1,452	2,687
Permanently restricted	113	324	—	194
Total net assets	54,563	77,867	147,733	270,438
Total liabilities and net assets	\$ 81,706	118,787	185,074	347,335

See accompanying independent auditors' report.

<u>Provena Saint Mary's Hospital</u>	<u>Provena United Samaritans Medical Center</u>	<u>Provena Service Corporation</u>	<u>Total Hospitals</u>	<u>Eliminations</u>	<u>Consolidated Hospital totals</u>
4,954	(5,838)	(244)	19,173	—	19,173
—	—	—	1,374	—	1,374
21,799	17,240	804	175,924	—	175,924
4,425	4,836	—	31,517	—	31,517
221	418	62	1,890	(1,130)	760
2,667	1,977	—	20,189	—	20,189
1,502	2,085	288	10,170	—	10,170
<u>35,568</u>	<u>20,718</u>	<u>910</u>	<u>260,237</u>	<u>(1,130)</u>	<u>259,107</u>
1,690	3,582	—	20,468	—	20,468
56,079	26,490	2,756	592,232	—	592,232
625	—	—	1,355	—	1,355
726	230	100	8,084	—	8,084
<u>94,688</u>	<u>51,020</u>	<u>3,766</u>	<u>882,376</u>	<u>(1,130)</u>	<u>881,246</u>
424	—	—	1,951	—	1,951
8,247	7,173	1,896	80,401	—	80,401
9,244	6,499	—	112,666	—	112,666
5,819	1,643	1,196	15,852	(1,130)	14,722
406	747	1,484	8,118	—	8,118
<u>24,140</u>	<u>16,062</u>	<u>4,576</u>	<u>218,988</u>	<u>(1,130)</u>	<u>217,858</u>
361	806	—	3,327	—	3,327
4,392	—	—	4,392	—	4,392
836	(126)	99	6,740	—	6,740
<u>29,729</u>	<u>16,742</u>	<u>4,675</u>	<u>233,447</u>	<u>(1,130)</u>	<u>232,317</u>
63,269	33,769	(909)	640,074	—	640,074
1,672	365	—	8,062	—	8,062
18	144	—	793	—	793
<u>64,959</u>	<u>34,278</u>	<u>(909)</u>	<u>648,929</u>	<u>—</u>	<u>648,929</u>
<u>94,688</u>	<u>51,020</u>	<u>3,766</u>	<u>882,376</u>	<u>(1,130)</u>	<u>881,246</u>

PROVENA HOSPITALS

Consolidating Statement of Operations Information

Year ended December 31, 2008

(In thousands)

	<u>Provena Covenant Medical Center</u>	<u>Provena Mercy Center</u>	<u>Provena Saint Joseph Hospital</u>	<u>Provena Saint Joseph Medical Center</u>
Revenue:	\$			
Net patient and resident service revenue	149,754	173,101	166,437	353,439
Other revenues	1,720	3,578	1,723	3,522
Net assets released from restriction used for operations	224	77	11	241
Total revenue	151,698	176,756	168,171	357,202
Expenses:				
Salaries and benefits	58,440	70,126	73,846	146,678
Supplies and drugs	23,159	21,516	26,653	53,765
Purchased services	38,608	32,683	30,441	65,969
Interest	3,543	3,488	3,919	5,939
Depreciation and amortization	5,853	9,705	9,037	16,688
Provider tax assessment	3,951	6,532	4,329	10,714
Provision for uncollectible accounts	16,256	21,238	12,862	32,820
Rcstructuring charges	—	132	—	241
Other	9,229	9,407	9,656	15,129
Total expenses	159,039	174,827	170,743	347,943
Income (loss) from operations before impairments	(7,341)	1,929	(2,572)	9,259
Impairments	—	38	—	—
Income (loss) from operations	(7,341)	1,891	(2,572)	9,259
Nonoperating gains (losses):				
Investment income – realized	134	797	283	308
Investment income (loss) – unrealized	(1,379)	16	(24)	(290)
Other, net	262	(2,913)	—	(539)
Net nonoperating gains (losses)	(983)	(2,100)	259	(521)
Revenue and gains in excess (deficient) of expenses and losses	(8,324)	(209)	(2,313)	8,738
Other changes in unrestricted net assets:				
Transfers from (to) affiliates	522	(9,413)	22,289	26,073
Net assets released from restriction used for the purchase of land, buildings, and equipment	453	717	6,961	434
Other, net	—	—	135	—
Change in unrestricted net assets	\$ (7,349)	(8,905)	27,072	35,245

See accompanying independent auditors' report.

Schedule 14

Provena Saint Mary's Hospital	Provena United Samaritans Medical Center	Provena Service Corporation	Total Hospitals	Eliminations	Consolidated Hospital totals
135,574	116,041	18,656	1,113,002	(258)	1,112,744
2,069	2,633	150	15,395	(1,044)	14,351
141	858	—	1,552	—	1,552
<u>137,784</u>	<u>119,532</u>	<u>18,806</u>	<u>1,129,949</u>	<u>(1,302)</u>	<u>1,128,647</u>
49,041	47,074	18,204	463,409	—	463,409
21,783	15,371	1,267	163,514	(258)	163,256
30,479	28,002	6,087	232,269	—	232,269
3,385	1,679	83	22,036	—	22,036
5,286	3,267	314	50,150	—	50,150
4,058	2,718	—	32,302	—	32,302
14,181	15,216	1,305	113,878	—	113,878
—	—	—	373	—	373
7,152	6,153	3,845	60,571	(1,044)	59,527
<u>135,365</u>	<u>119,480</u>	<u>31,105</u>	<u>1,138,502</u>	<u>(1,302)</u>	<u>1,137,200</u>
2,419	52	(12,299)	(8,553)	—	(8,553)
—	—	699	737	—	737
<u>2,419</u>	<u>52</u>	<u>(12,998)</u>	<u>(9,290)</u>	<u>—</u>	<u>(9,290)</u>
123	59	2	1,706	—	1,706
(369)	(450)	—	(2,496)	—	(2,496)
(239)	15	—	(3,414)	—	(3,414)
<u>(485)</u>	<u>(376)</u>	<u>2</u>	<u>(4,204)</u>	<u>—</u>	<u>(4,204)</u>
1,934	(324)	(12,996)	(13,494)	—	(13,494)
5,234	(6,170)	12,133	50,668	—	50,668
512	2,758	—	11,835	—	11,835
(42)	—	—	93	—	93
<u>7,638</u>	<u>(3,736)</u>	<u>(863)</u>	<u>49,102</u>	<u>—</u>	<u>49,102</u>

PROVENA HOSPITALS

Consolidating Statement of Changes in Net Assets Information

Year ended December 31, 2008

(In thousands)

	<u>Provena Covenant Medical Center</u>	<u>Provena Mercy Center</u>	<u>Provena Saint Joseph Hospital</u>	<u>Provena Saint Joseph Medical Center</u>
Unrestricted net assets:				
Revenue and gains in excess (deficient) of expenses and losses	\$ (8,324)	(209)	(2,313)	8,738
Other changes in unrestricted net assets:				
Transfer (to)/from Affiliates	522	(9,413)	22,289	26,073
Net assets released from restriction used for the purchase of land, building, and equipment	453	717	6,961	434
Other, net	—	—	135	—
Change in unrestricted net assets	<u>(7,349)</u>	<u>(8,905)</u>	<u>27,072</u>	<u>35,245</u>
Temporarily restricted net assets:				
Restricted contributions	386	1,040	381	665
Change in net unrealized gains (losses)	—	—	—	—
Temporarily restricted investment income	(3)	3	—	—
Net assets released from restrictions used for the purchase of land, buildings, and equipment	(453)	(717)	(6,961)	(434)
Net assets released from restriction used for operations	<u>(224)</u>	<u>(77)</u>	<u>(11)</u>	<u>(241)</u>
Change in temporarily restricted net assets	<u>(294)</u>	<u>249</u>	<u>(6,591)</u>	<u>(10)</u>
Permanently restricted net assets:				
Restricted contributions	—	160	—	2
Net realized and unrealized gains (losses) on investments	13	—	—	—
Change in permanently restricted net assets	<u>13</u>	<u>160</u>	<u>—</u>	<u>2</u>
Change in net assets	<u>(7,630)</u>	<u>(8,496)</u>	<u>20,481</u>	<u>35,237</u>
Net assets at beginning of year	<u>62,193</u>	<u>86,363</u>	<u>127,252</u>	<u>235,201</u>
Net assets at end of year	\$ <u>54,563</u>	<u>77,867</u>	<u>147,733</u>	<u>270,438</u>

See accompanying independent auditors' report.

Schedule 15

Provena Saint Mary's Hospital	Provena United Samaritans Medical Center	Provena Service Corporation	Total Hospitals	Eliminations	Consolidated Hospital totals
1,934	(324)	(12,996)	(13,494)	—	(13,494)
5,234	(6,170)	12,133	50,668	—	50,668
512	2,758	—	11,835	—	11,835
(42)	—	—	93	—	93
<u>7,638</u>	<u>(3,736)</u>	<u>(863)</u>	<u>49,102</u>	<u>—</u>	<u>49,102</u>
882	3,140	—	6,494	—	6,494
(182)	—	—	(182)	—	(182)
49	—	—	49	—	49
(512)	(2,758)	—	(11,835)	—	(11,835)
(141)	(858)	—	(1,552)	—	(1,552)
<u>96</u>	<u>(476)</u>	<u>—</u>	<u>(7,026)</u>	<u>—</u>	<u>(7,026)</u>
—	6	—	168	—	168
—	—	—	13	—	13
—	6	—	181	—	181
7,734	(4,206)	(863)	42,257	—	42,257
57,225	38,484	(46)	606,672	—	606,672
<u>64,959</u>	<u>34,278</u>	<u>(909)</u>	<u>648,929</u>	<u>—</u>	<u>648,929</u>

PROVENA HOSPITALS
Consolidating Statement of Cash Flows Information
Year ended December 31, 2008
(In thousands)

	<u>Provena Covenant Medical Center</u>	<u>Provena Mercy Center</u>	<u>Provena Saint Joseph Hospital</u>
Cash flows from operating activities:			
Change in net assets	\$ (7,631)	(8,496)	20,480
Adjustments to reconcile change in net assets to net cash provided by (used in) operating activities:			
Depreciation and amortization	5,853	9,705	9,037
Provision for uncollectible accounts	16,256	21,238	12,862
Loss on sale of capital assets	64	109	—
Gains from equity interest of unconsolidated affiliates	—	(932)	—
Impairments	—	38	—
Change in net unrealized gains and losses on investment securities	1,379	(17)	24
Permanently restricted contributions	—	(160)	—
Changes in assets and liabilities:			
Patient and resident accounts receivable	(21,664)	(20,201)	(18,594)
Estimated settlements under third-party reimbursement programs, net	2,648	4,699	675
Inventories	26	(129)	(30)
Prepaid expenses and other assets	5,034	(173)	401
Accounts payable and accrued expenses	424	610	(695)
Other current liabilities	327	1,561	1,713
Other long-term liabilities	210	1,040	(182)
Net cash provided by (used in) operating activities	<u>2,926</u>	<u>8,892</u>	<u>25,691</u>
Cash flows from investing activities:			
Acquisition of land, buildings, and equipment, net	(4,024)	(4,470)	(36,814)
Net proceeds from sale of capital assets	5	—	—
Net change in assets limited or restricted as to use	57	(742)	6,082
Net change in short-term investments	—	—	—
Change in other long-term assets	(653)	(608)	54
Net cash used in investing activities	<u>(4,615)</u>	<u>(5,820)</u>	<u>(30,678)</u>
Cash flows from financing activities:			
Repayment of obligations under capital leases	(771)	(184)	(509)
Permanently restricted contributions	—	160	—
Net cash used in financing activities	<u>(771)</u>	<u>(24)</u>	<u>(509)</u>
Net change in cash and cash equivalents	(2,460)	3,048	(5,496)
Cash and cash equivalents at beginning of year	5,653	2,974	2,581
Cash and cash equivalents at end of year	<u>\$ 3,193</u>	<u>6,022</u>	<u>(2,915)</u>
Supplemental disclosure of noncash transactions:			
Assets acquired under capital leases	\$ —	—	—

See accompanying independent auditors' report.

Provena Saint Joseph Medical Center	Provena Saint Mary's Hospital	Provena United Samaritans Medical Center	Provena Service Corporation	Total Hospitals	Eliminations	Consolidated Hospital totals
35,237	7,734	(4,205)	(863)	42,256	—	42,256
16,688	5,286	3,267	314	50,150	—	50,150
32,819	14,181	15,216	1,306	113,878	—	113,878
449	—	(14)	—	608	—	608
117	(71)	—	(89)	(975)	—	(975)
—	—	—	699	737	—	737
290	553	450	—	2,679	—	2,679
(2)	—	(6)	—	(168)	—	(168)
(34,298)	(22,789)	(16,385)	(1,208)	(135,139)	—	(135,139)
6,368	(3,788)	750	—	11,352	—	11,352
196	148	325	—	536	—	536
(63)	(52)	(207)	120	5,060	—	5,060
(4,653)	192	(1,966)	(333)	(6,421)	—	(6,421)
(3,250)	3,456	176	1,087	5,070	—	5,070
(861)	229	(363)	(41)	32	—	32
49,037	5,079	(2,962)	992	89,655	—	89,655
(48,648)	(3,998)	(2,535)	(1,396)	(101,885)	—	(101,885)
1,721	—	—	—	1,726	—	1,726
(300)	(648)	(217)	—	4,232	—	4,232
1,066	—	—	—	1,066	—	1,066
939	(367)	48	160	(427)	—	(427)
(45,222)	(5,013)	(2,704)	(1,236)	(95,288)	—	(95,288)
(585)	(259)	(178)	—	(2,486)	—	(2,486)
2	—	6	—	168	—	168
(583)	(259)	(172)	—	(2,318)	—	(2,318)
3,232	(193)	(5,838)	(244)	(7,951)	—	(7,951)
10,769	5,147	—	—	27,124	—	27,124
14,001	4,954	(5,838)	(244)	19,173	—	19,173
—	578	—	—	578	—	578



7435 West Talcott Avenue
Chicago, Illinois 60631
773.792.5555

Sandra Bruce, FACHE
President & Chief Executive Officer

March 22, 2011

Illinois Health Facilities
and Services Review Board
Springfield, Illinois

RE: FUNDING OF PROJECT

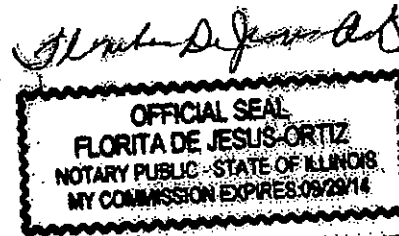
To Whom It May Concern:

I hereby attest that all of the real costs associated with the changes of ownership of the facilities directly or indirectly owned and/or controlled by Resurrection Health Care Corporation will be funded in total with cash or equivalents.

Sincerely,

Sandra Bruce, FACHE
President & Chief Executive Officer

Notarized:





March 22, 2011


Illinois Health Facilities
and Services Review Board
Springfield, Illinois

RE: FUNDING OF PROJECT

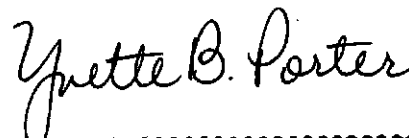
To Whom It May Concern:

I hereby attest that all of the real costs associated with the changes of ownership of the facilities directly or indirectly owned and/or controlled by either Resurrection Health Care Corporation or Provena Health will be funded in total with cash or equivalents.

Sincerely,


Guy Wiebking
President and CEO

Notarized:





ATTACHMENT 42A

OPERATING and CAPITAL COSTS
per ADJUSTED PATIENT DAY

Resurrection Medical Center
2012 Projection

ADJUSTED PATIENT DAYS:

\$	<u>83,225,754</u>	
	2,533	32,862

OPERATING COSTS

salaries & benefits	\$ 115,865,699
supplies	<u>\$ 48,211,793</u>
TOTAL	\$ 164,077,492

Operating cost/adjusted patient day:	\$ 4,992.94
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CAPITAL COSTS

depreciation	\$ 5,943,879
interest	<u>\$ 3,828,845</u>
TOTAL	\$ 9,772,724

Capital cost/adjusted patient day:	\$ 297.39
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Project Overview

Resurrection Health Care Corporation ("Resurrection") and Provena Health ("Provena") propose a merging of the two systems that will better position the combined system's hospitals, long-term care facilities, outpatient centers and other programs and facilities to continue to serve the patients and communities that have traditionally looked to those facilities and programs for care. As explained below and throughout the application, this system merger is intended to preserve access to Catholic health care; improve financial viability; improve patient, employee, and medical staff satisfaction through a shared culture and integrated leadership; and position the combined system for innovation and adaptation under health care reform.

This Project Overview supplements the Narrative Description provided in Section I.3. of the individual Certificate of Need applications filed to address the change of ownership of each of the thirteen (13) hospitals, one (1) ambulatory surgical treatment center (ASTC) and one (1) end stage renal dialysis (ESRD) facility currently owned or controlled by either Provena or Resurrection; and highlights the overall features of the proposed system merger.

Provena's hospitals are located primarily in the communities to the west of Chicago and in central Illinois, and Resurrection's hospitals are located in Chicago and communities to the north of Chicago. None of either system's hospital service areas overlap with those of any hospitals in the other system. Therefore, the proposed merger will not result in duplicative clinical services in any geographic area.

The proposed transaction would affect thirteen (13) hospitals, twenty-eight (28) long-term care facilities, one (1) ASTC, one (1) ESRD facility, an expanding health science university, six (6) home health agencies, and approximately fifty-eight (58) other freestanding outpatient sites. Resurrection is the sole member of seven (7) of the hospitals and Provena is the sole member of six (6) of the hospitals. The ASTC is a joint venture in which Resurrection has "control" pursuant to the IHFSRB definition, and the ESRD is a joint venture in which Provena has such "control".

About Provena Health

Provena Health is a health care system that was established in 1997 through the merging of the health care services of the Franciscan Sisters of the Sacred Heart, the Sisters of Mercy of the Americas—Chicago Regional Community (now West Midwest Community), and the Servants of the Holy Heart of Mary. These three congregations of religious women are now the sponsors of Provena Health. The primary reason for the formation of Provena Health was to strengthen the Catholic health ministry in Illinois, which at the time of formation was a major goal of the late Joseph Cardinal Bernardin, Archbishop of Chicago.

Today, Provena Health operates six acute care hospitals, twelve long-term care facilities, four senior residential facilities and a variety of freestanding outpatient facilities and programs.

About The Resurrection Health Care System

The Resurrection Health Care System grew from a single hospital, now known as Resurrection Medical Center, established by the Sisters of the Resurrection in northwest Chicago in the early 1950s. A second hospital, Our Lady of the Resurrection, was added in 1988. During the period from late 1997 through 2001, six more hospitals joined the Resurrection system. During the same period, eight Chicago area licensed long-term care facilities, three retirement communities, a home care agency, an ambulatory surgery center, and numerous freestanding outpatient facilities became part of Resurrection Health Care System. The Resurrection system is co-sponsored by two congregations of Catholic religious women, the Sisters of the Resurrection and the Sisters of the Holy Family of Nazareth.

In 2010, following a thorough discernment process, and in response to an immediate need to address financial concerns, Resurrection Health Care Corporation divested itself of two hospitals; Westlake Hospital and West Suburban Medical Center (IHFSRB Permits 10-013 and 10-014) to ensure that the two hospitals would be able to continue to serve their communities.

Decision to Merge and Goals of the Merger

In late 2010, Provena and Resurrection leadership began discussions to explore the potential benefits of a system merger. In addition to their clear mission compatibility, the two systems share many similar priorities related to clinical integration, administrative efficiencies and strategic vision. While their respective facilities are geographically proximate, their markets do not overlap, providing opportunities to strengthen all facilities through operational efficiencies and enhanced clinical collaborations.

This system merger decision was made in the larger context of a rapidly changing health care delivery environment. Across the nation, hospitals and other health care providers are addressing health care reform through various forms of integration and consolidation. These actions are thought necessary to achieve improved quality of care, efficiency of service delivery, and patient, medical staff, and employee satisfaction—all critical components of future success.

For Catholic-sponsored health care providers, including Resurrection and Provena, these adaptations to health care reform must be consistent with the mission and values inherent in the religious sponsorship of health care providers. This particular merger would afford Provena and Resurrection the opportunity to achieve essential systemic enhancements in a mission-compatible manner.

The Provena and Resurrection systems have, since 2008, been equal partners in Alverno Clinical Laboratories, LLC, which provides clinical pathology services to each of Resurrection's and Provena's thirteen hospitals, as well as a variety of other facilities.

Structure of the Transaction and Commitments

Through the proposed transaction, the Resurrection and Provena systems will merge through a common, not-for-profit, charitable "super parent" corporation that will become the parent entity of Resurrection Health Care Corporation (the current Resurrection system parent) and Provena Health (the current Provena system parent). Both of the current parent entities will continue to exist and operate, and will continue to serve as the direct parents of their respective subsidiary entities. It is the applicants' expectation that, for a minimum of two years, no Resurrection or Provena hospital or hospitals will be eliminated or restructured in the course of the system merger, and no health care facilities will require new or modified health facilities licenses as a result of the system merger. A chart depicting this proposed merged structure is attached as Exhibit A. The executed System Merger Agreement submitted with this application, provides detail regarding the means by which the super parent will exercise unified corporate oversight for the combined system.

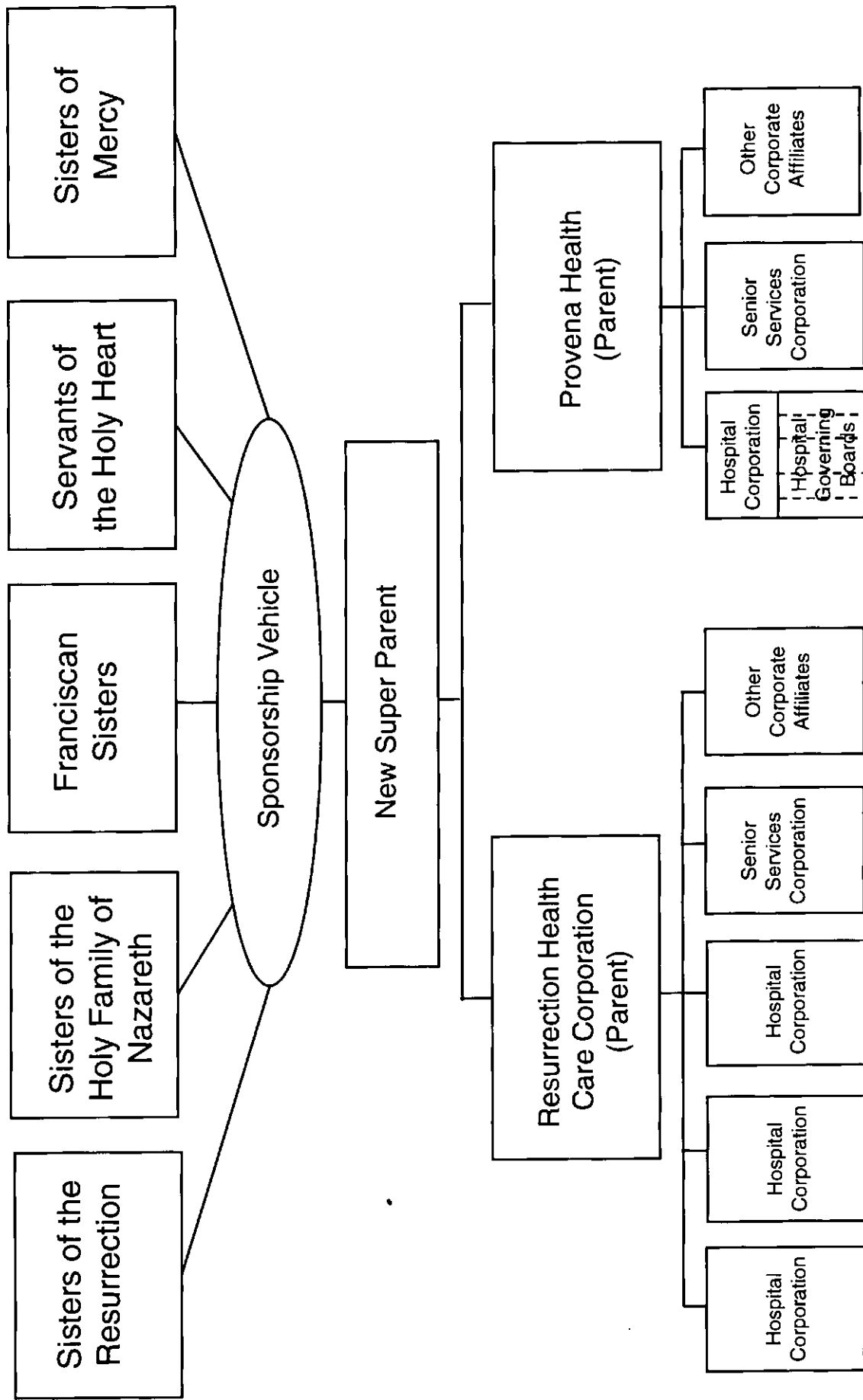
A co-applicant in each Certificate of Need application is Cana Lakes Health Care, which is an existing Illinois not-for-profit corporation. The Cana Lakes corporation will be reconstituted to serve as the super parent entity, through amendment of its corporate documents to reflect unified governance and corporate oversight. The Bylaws of the Super Parent will detail the composition of the Board of Directors; reserve powers of the five (5) religious sponsors; and other governance matters typically addressed in such documents. These Bylaws will be substantially in the form of an exhibit to the System Merger Agreement.

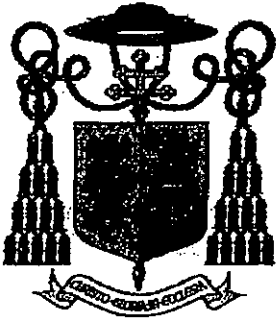
The licensees of the individual hospitals, long-term care facilities and the ASTC will not change. All of Resurrection's clinical programs and all of Provena's clinical programs will be included in the new structure.

The health care facilities and services will continue to operate as Catholic facilities, consistent with the care principles of the Ethical and Religious Directives for Catholic Health Care Services. It is the expectation of the applicants that all major clinical programs will be maintained for a minimum of two years, and each hospital will operate with non-discrimination and charity care policies that are no more restrictive than those currently in place.

The proposed transaction, while meeting the IHFSRB's definition of a "change of ownership" as the result of a new "super parent" entity, is a system merger through a straight forward corporate reorganization, without any payment to Resurrection by Provena, or to Provena by Resurrection. The only true costs associated with the transaction are those costs associated with the transaction itself. The merger is being entered into following thorough due diligence processes completed by both Provena and Resurrection, as well as independent analyses commissioned by Resurrection and by Provena.

Super Parent Structure





ARCHDIOCESE OF CHICAGO

OFFICE OF THE ARCHBISHOP

March 17, 2011

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson
Springfield, Illinois 62761

Dear Ms. Avery,

Resurrection Health Care Corporation and Provena Health have proposed a merging of the two systems that will better position the combined system's hospitals, long-term care facilities, outpatient centers and other programs and facilities to continue to serve the patients and communities that have traditionally looked to them for care. This system merger is intended to improve the financial viability of both entities as well as enhance patient, employee and medical staff satisfaction. Through a shared culture and integrated leadership, this merger would also position the combined system for innovation and adaptation under health care reform.

The proposed merger will position Resurrection and Provena to strengthen and improve access to Catholic health care in Illinois. This has long been an area of great interest and concern for me, and I am grateful for the willingness of two of our state's premier Catholic providers to collaborate in order to meet the current challenges in health care. As they do now, the combined systems will operate without any restrictive admissions policies related to race, ethnic background, religion, payment source, or any other factor. The new system will continue to admit Medicare and Medicaid recipients and to care for those patients in need of charity care.

This proposed merger has my full support and I can assure you that both Resurrection Health Care and Provena Health are working together collegially and in the best interests of their communities to strengthen and improve access to high quality, highly accountable Catholic health care in the State of Illinois.

Sincerely yours,

Francis Cardinal George, O.M.I.
Archbishop of Chicago



March 28, 2011

Ms. Courtney Avery, Administrator
Illinois Health Facilities and
Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

RE: Merger of Provena Health and Resurrection Health Care Corporation

Dear Ms. Avery:

We represent the five communities of women religious who seek the approval of the Illinois Health Facilities and Services Review Board to form a new Catholic health system to serve the citizens of Illinois through a merger of Provena Health and Resurrection Health Care Corporation.

As individual health systems, Provena Health and Resurrection Health Care have long provided compassionate healing to those in need. In keeping with the true spirit of the Sisters who came before us, ours have been ministries deeply focused on quality care for all, regardless of one's ability to pay.

Now, as we anticipate Health Reform and the sweeping changes that will transform the delivery of care as we have come to know it, we are keenly aware that the key to sustaining and growing our person-centered Mission lies in the strength of enduring partnerships we forge today.

By coming together, our two health systems would create the single largest Catholic healthcare network in the State, spanning 12 hospitals, 28 long-term care and senior residential facilities, more than 50 primary and specialty care clinics and six home health agencies, all serving adjacent, non-conflicting markets. A combined Provena Health and Resurrection Health Care would also represent one of the State's largest health systems, with locations throughout Chicago, the suburbs of Des Plaines, Evanston, Aurora, Elgin, Joliet and Kankakee, and Rockford, Urbana, Danville, and Avilla, Indiana, providing services for patients and residents across the continuum through nearly 100 sites of care.

Rooted in the tradition of Catholic healthcare, the new system would be distinguished by an ability to deliver quality care across the continuum from a broad and complementary base of leading edge locations and physician networks. From a foundation steeped in a shared heritage and set of values, the new system would give rise to an enormous potential to truly improve the wellbeing of generations of Illinoisans to come.

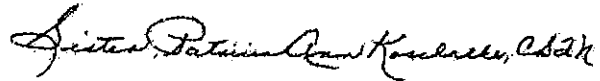
With a dedicated and talented combined team of nearly 5,000 physicians, supported by over 22,000 employees, the new system will play an important role in the economic vitality of the communities in which we serve. Above all, our partnership will remain true to the hallmarks of our Catholic identity: promoting and protecting the dignity of every individual from conception to death, caring for the poor and vulnerable and properly stewarding our precious people and financial resources.

A combined Provena Health and Resurrection Health Care will strengthen and expand access to an exceptional tradition of quality care and service millions of Illinois residents have come to know and depend upon for more than a century. On behalf of the women religious whose communities are sponsoring the proposal before you, we request your approval.

Gratefully,



Sister Mary Elizabeth Imler, OSF
Chairperson
Provena Health Member Body



Sister Patricia Ann Koschalke, CSFN
Chairperson
Resurrection Health Care Sponsorship Board