

ORIGINAL

11-050

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:	Saint Mary of Nazareth Hospital	<b>HEALTH FACILITIES &amp; SERVICES REVIEW BOARD</b>
Street Address:	2233 West Division Street	
City and Zip Code:	Chicago, IL 60622	
County:	Cook	Health Service Area VI Health Planning Area: A-02

**Applicant /Co-Applicant Identification**

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

Exact Legal Name:	Saints Mary and Elizabeth Medical Center d/b/a Saint Mary of Nazareth Medical Center		
Address:	2233 West Division Street Chicago, IL 60622		
Name of Registered Agent:	Ms. Sandra Bruce		
Name of Chief Executive Officer:	Margaret McDermott		
CEO Address:	2233 West Division Street Chicago, IL 60622		
Telephone Number:	312/773-2115		

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

<input checked="" type="checkbox"/>	Non-profit Corporation	<input type="checkbox"/>	Partnership	
<input type="checkbox"/>	For-profit Corporation	<input type="checkbox"/>	Governmental	
<input type="checkbox"/>	Limited Liability Company	<input type="checkbox"/>	Sole Proprietorship	<input type="checkbox"/> Other

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

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

**Primary Contact**

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

Name:	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:	Saint Mary of Nazareth Hospital		
Street Address:	2233 West Division Street		
City and Zip Code:	Chicago, IL 60622		
County:	Cook	Health Service Area	VI Health Planning Area: A-02

**Applicant /Co-Applicant Identification**

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

Exact Legal Name:	Resurrection Health Care Corporation
Address:	355 N. Ridge Avenue Chicago, IL 60202
Name of Registered Agent:	Ms. Sandra Bruce
Name of Chief Executive Officer:	Jeffrey Murphy
CEO Address:	355 N. Ridge Avenue Chicago, IL 60202
Telephone Number:	847/316-2352

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

<input checked="" type="checkbox"/>	Non-profit Corporation	<input type="checkbox"/>	Partnership	
<input type="checkbox"/>	For-profit Corporation	<input type="checkbox"/>	Governmental	
<input type="checkbox"/>	Limited Liability Company	<input type="checkbox"/>	Sole Proprietorship	<input type="checkbox"/> Other

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

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[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**

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**Facility/Project Identification**

Facility Name:	Saint Mary of Nazareth Hospital		
Street Address:	2233 West Division Street		
City and Zip Code:	Chicago, IL 60622		
County:	Cook	Health Service Area	VI Health Planning Area: A-02

**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	
<input type="checkbox"/>	Limited Liability Company	<input type="checkbox"/>	Sole Proprietorship	<input type="checkbox"/> Other

o Corporations and limited liability companies must provide an **Illinois certificate of good standing**.

o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.

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**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**

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**Facility/Project Identification**

Facility Name:	Saint Mary of Nazareth Hospital		
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City and Zip Code:	Chicago, IL 60622		
County:	Cook	Health Service Area	VI Health Planning Area: A-02

**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	
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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:	

### 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:	Margaret McDermott
Title:	Executive Vice President/CEO
Company Name:	Saint Mary of Nazareth Medical Center
Address:	2233 West Division Street Chicago, IL
Telephone Number:	312/773-2115
E-mail Address:	mmcdermott@reshealthcare.org
Fax Number:	312/770-2678

### Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:	Saints Mary and Elizabeth Medical Center
Address of Site Owner:	2233 West Division Street Chicago, IL
Street Address or Legal Description of Site:	2233 West Division Street Chicago, IL
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:	Saints Mary and Elizabeth Medical Center				
Address:	2233 West Division Street Chicago, IL				
<input checked="" type="checkbox"/>	Non-profit Corporation	<input type="checkbox"/>	Partnership		
<input type="checkbox"/>	For-profit Corporation	<input type="checkbox"/>	Governmental		
<input type="checkbox"/>	Limited Liability Company	<input type="checkbox"/>	Sole Proprietorship	<input type="checkbox"/>	Other
<ul style="list-style-type: none"><li>o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.</li><li>o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.</li><li>o <b>Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.</b></li></ul>					
APPEND DOCUMENTATION AS 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](http://www.FEMA.gov) or [www.illinoisfloodmaps.org](http://www.illinoisfloodmaps.org). **This map must be in a readable format.** In addition please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2005-5 (<http://www.hfsrb.illinois.gov>).

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

### Historic Resources Preservation Act Requirements

[Refer to application instructions.]

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 Saint Mary of Nazareth Hospital, a 387-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 Saint Mary of Nazareth Hospital 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 Saint Mary of Nazareth Hospital.

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 Saint Mary of Nazareth Hospital

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			\$297,088,616
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
<b>TOTAL USES OF FUNDS</b>			<b>\$297,655,283</b>
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			\$297,088,616
Governmental Appropriations			
Grants			
Other Funds and Sources			
<b>TOTAL SOURCES OF FUNDS</b>			<b>\$297,655,283</b>

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



**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:

- None or not applicable
- Preliminary
- Schematics
- 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

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**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
<b>REVIEWABLE</b>							
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical							
<b>NON REVIEWABLE</b>							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
<b>TOTAL</b>							

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

## Facility Bed Capacity and Utilization

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

<b>FACILITY NAME: Saint Mary of Nazareth Hospital</b>		<b>CITY: Chicago</b>			
<b>REPORTING PERIOD DATES: From: January 1, 2009 to: December 31, 2009</b>					
<b>Category of Service</b>	<b>Authorized Beds</b>	<b>Admissions</b>	<b>Patient Days</b>	<b>Bed Changes</b>	<b>Proposed Beds</b>
Medical/Surgical	186	10,373	51,704	None	186
Obstetrics	20	2,199	5,348	None	20
Pediatrics	14	925	2,627	None	14
Intensive Care	32	1,204	7,984	None	32
Comprehensive Physical Rehabilitation	15	325	3,847	None	15
Acute/Chronic Mental Illness	120	3,968	34,495	None	120
Neonatal Intensive Care					
General Long Term Care					
Specialized Long Term Care					
Long Term Acute Care					
Other ((identify)					
<b>TOTALS:</b>	<b>387</b>	<b>18,994</b>	<b>106,005</b>	<b>None</b>	<b>387</b>

**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 Saints Mary and Elizabeth 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

SIGNATURE

SANDRA BRUCE  
PRINTED NAME

PRINTED NAME

President  
PRINTED TITLE

PRINTED TITLE

Jennie C. Frey  
SIGNATURE

SIGNATURE

JENNIE C. FREY  
PRINTED NAME

PRINTED NAME

Secretary  
PRINTED TITLE

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

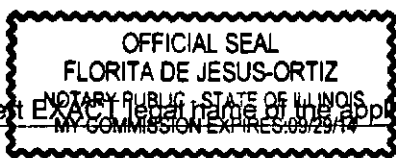
Florita de Jesus Ortiz  
Signature of Notary

Signature of Notary

Linda M. Noyola  
Signature of Notary

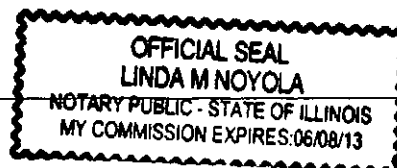
Signature of Notary

Seal



\*Insert EXACT legal name of the applicant

Seal



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- 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 Health Care Corporation\* 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

PRINTED NAME

President and CEO  
\_\_\_\_\_  
PRINTED TITLE

PRINTED TITLE

*Jeannie C. Frey*  
\_\_\_\_\_  
SIGNATURE

Jeannie C. Frey  
\_\_\_\_\_  
PRINTED NAME

PRINTED NAME

SECRETARY  
\_\_\_\_\_  
PRINTED TITLE

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

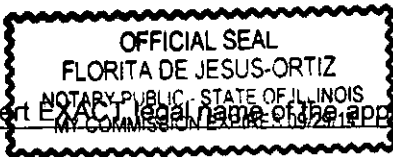
*Florita de Jesus-Ortiz*  
\_\_\_\_\_  
Signature of Notary

Signature of Notary

*Linda M. Noyola*  
\_\_\_\_\_  
Signature of Notary

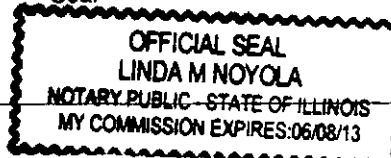
Signature of Notary

Seal



\*Insert EXACT legal name of the applicant

Seal

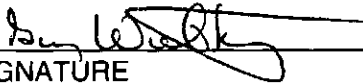


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- o in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- o in the case of a sole proprietor, the individual that is the proprietor.

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



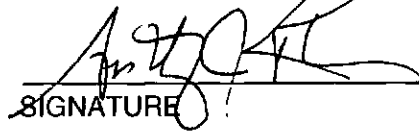
SIGNATURE

Guy Wiebking

PRINTED NAME

President and CEO

PRINTED TITLE



SIGNATURE

Anthony Filer

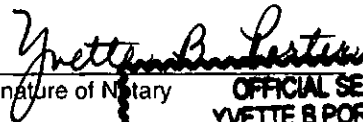
PRINTED NAME

Assistant Treasurer

PRINTED TITLE

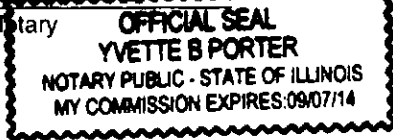
Notarization:

Subscribed and sworn to before me  
this 22<sup>nd</sup> day of March, 2011



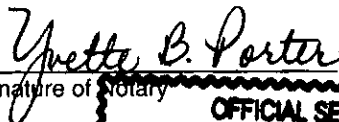
Signature of Notary

Seal



Notarization:

Subscribed and sworn to before me  
this 22<sup>nd</sup> 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 22 day of March

*Florita de Jesus Ortiz*

Signature of Notary

*Linda M Noyola*

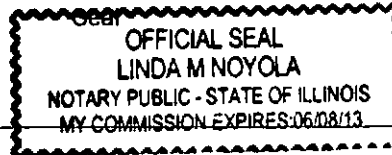
Signature of Notary

Seal



\*Insert NOTARY PUBLIC STATE OF ILLINOIS applicant

Seal



### **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**

**Saint Mary of Nazareth Hospital**

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)	<p>Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:</p> <ol style="list-style-type: none"> <li>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</li> <li>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;</li> </ol>
_____	b)	<p>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.</p>
_____	c)	<p>Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;</p>
_____	d)	<p>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:</p> <ol style="list-style-type: none"> <li>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;</li> <li>2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate;</li> <li>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.;</li> <li>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;</li> <li>5) For any option to lease, a copy of the option, including all terms and conditions.</li> </ol>
_____	e)	<p>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;</p>
_____	f)	<p>Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;</p>
\$297,088,616	g)	<p>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</p>
\$297,655,283	<b>TOTAL FUNDS AVAILABLE</b>	

**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		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										
<b>TOTALS</b>										

\* 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			
<b>Total</b>			
Charity (cost in dollars)	Year	Year	Year
Inpatient			
Outpatient			
<b>Total</b>			
MEDICAID			
Medicaid (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
<b>Total</b>			
Medicaid (revenue)	Year	Year	Year
Inpatient			
Outpatient			
<b>Total</b>			

**Saint Mary of Nazareth Hospital and  
St. Elizabeth's Hospital**

**XII. Charity Care Information**

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

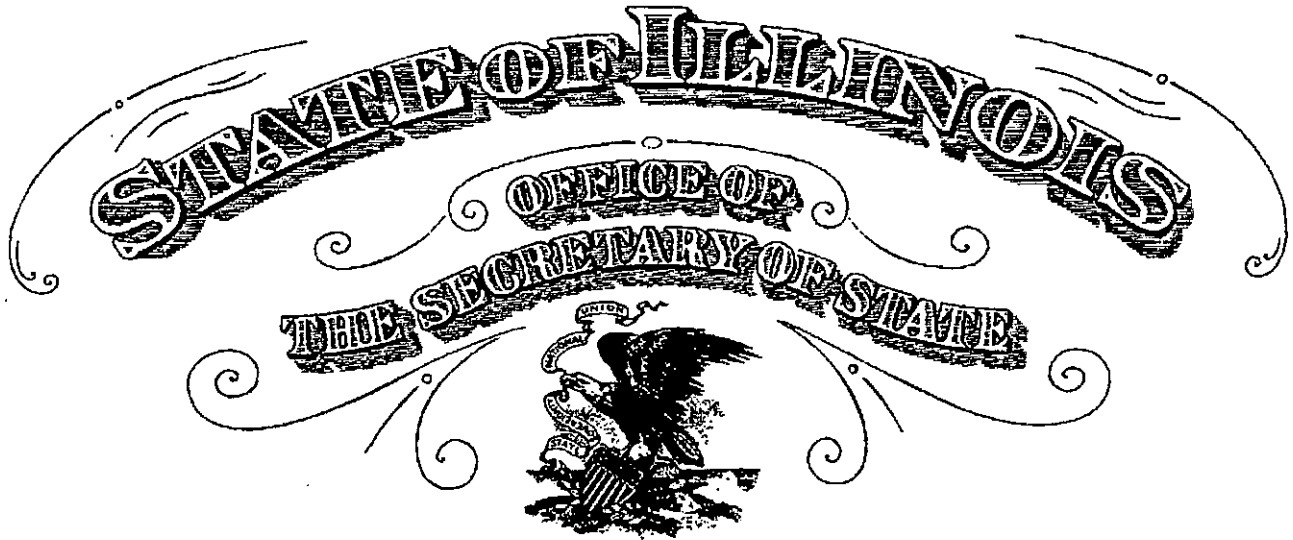
1. All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.
2. If the applicant owns or operates one or more facilities, the reporting shall be for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

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

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

CHARITY CARE			
	2008	2009	2010
Net Patient Revenue	\$283,267,620	\$301,613,796	\$310,219,204
Amount of Charity Care (charges)	\$12,464,822	\$11,203,125	\$22,487,027
Cost of Charity Care	\$3,667,419	\$3,052,600	\$5,750,506

**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*

SAINTS MARY AND ELIZABETH MEDICAL CENTER, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 17, 1958, 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 #: 1105601478

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 25TH day of FEBRUARY A.D. 2011 .***

*Jesse White*

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.



Authentication #: 1101700286

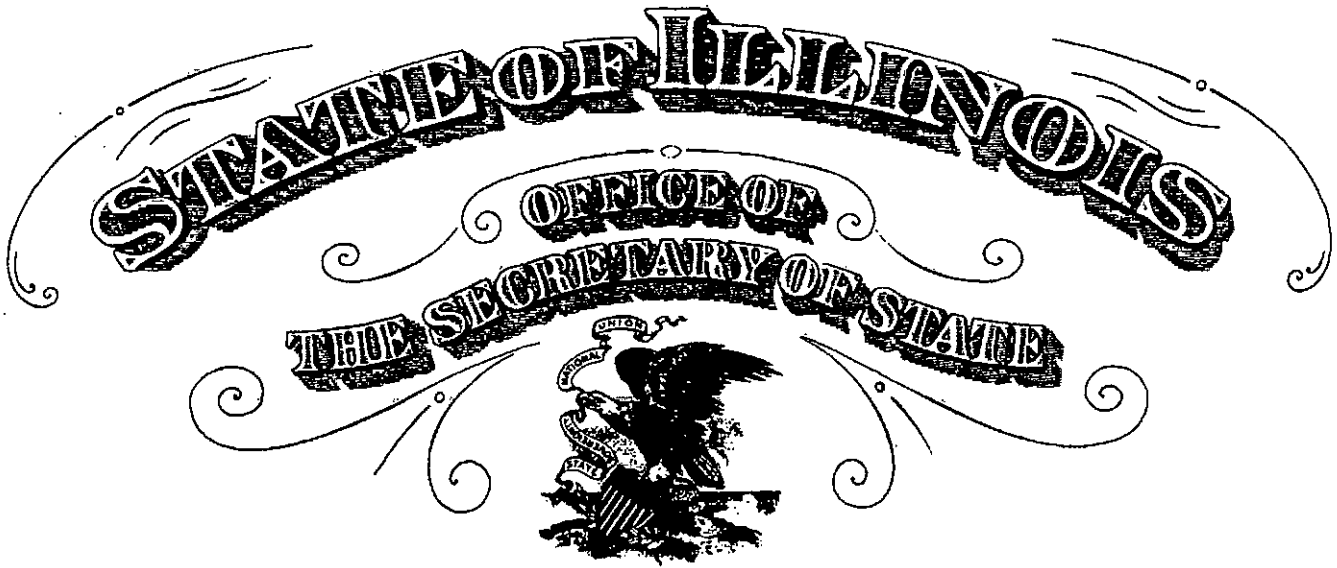
Authenticate at: <http://www.cyberdriveillinois.com>

*In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 17TH day of JANUARY A.D. 2011*

*Jesse White*

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*

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.



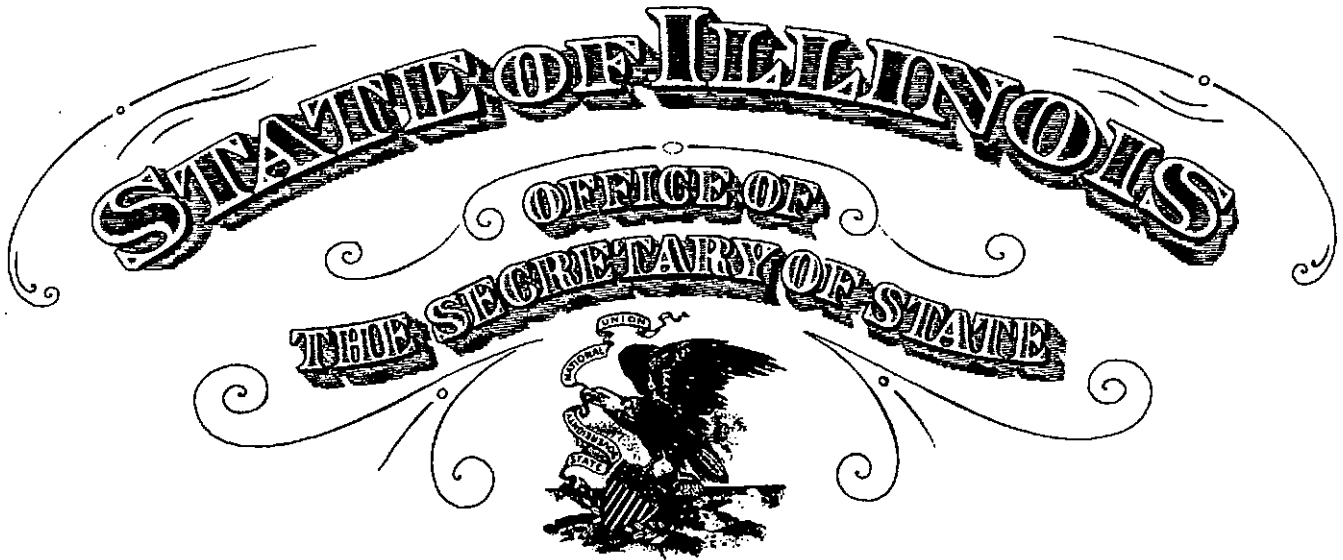
**In Testimony Whereof,** *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 11TH day of FEBRUARY A.D. 2011*

*Jesse White*

Authentication #: 1104200726

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

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*

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

**TRUSTEE'S DEED**

This indenture made this 21<sup>st</sup> day of May, 2010, between **CHICAGO TITLE LAND TRUST COMPANY**, a corporation of Illinois, as Successor Trustee to **LASALLE BANK, N.A.**, Successor Trustee to Exchange National Bank of Chicago, under the provisions of a deed or deeds in trust, duly recorded and delivered to said company in pursuance of a Trust Agreement dated the 15th day of April, 1971 and known as Trust Number 42200 party of the first part, and



Doc#: 1014122116 Fee: \$42.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 05/21/2010 03:16 PM Pg: 1 of 4

8267978 D2 lalle  
by

**SAINTS MARY AND ELIZABETH MEDICAL CENTER**, an Illinois not-for profit corporation

whose address is :

c/o Resurrection Health Care Corp.  
7435 West Talcott  
Chicago, Illinois 60631

party of the second part.

**WITNESSETH**, That said party of the first part, in consideration of the sum of TEN and no/100 DOLLARS (\$10.00) AND OTHER GOOD AND VALUABLE considerations in hand paid, does hereby **CONVEY AND QUITCLAIM** unto said party of the second part, the following described real estate, situated in Cook County, Illinois, to wit:

SEE LEGAL DESCRIPTION ATTACHED HERETO AND MADE A PART HEREOF:

Permanent Tax Number: See attached

Property Address: 1217 North Oakley Blvd., Chicago, Illinois

together with the tenements and appurtenances thereunto belonging.

TO HAVE AND TO HOLD the same unto said party of the second part, and to the proper use, benefit and behoof forever of said party of the second part.

This deed is executed pursuant to and in the exercise of the power and authority granted to and vested in said trustee by the terms of said deed or deeds in trust delivered to said trustee in pursuance of the trust agreement above mentioned. This deed is made subject to the lien of every trust deed or mortgage (if any there be) of record in said county given to secure the payment of money, and remaining unreleased at the date of the delivery hereof.

Trustee's Deed Tenancy in Common (1/86)  
P. 154

IN WITNESS WHEREOF, said party of the first part has caused its corporate seal to be hereto affixed, and has caused its name to be signed to these presents by its Assistant Vice President, the day and year first above written.



CHICAGO TITLE LAND TRUST COMPANY,  
as Trustee as Aforesaid

By: Lidia Marinca  
Lidia Marinca / Trust Officer / Asst. V.P.

State of Illinois  
County of Cook SS.

I, the undersigned, a Notary Public in and for the County and State aforesaid, do hereby certify that the above named Assistant Vice President of CHICAGO TITLE LAND TRUST COMPANY, personally known to me to be the same person whose name is subscribed to the foregoing instrument as such Assistant Vice President appeared before me this day in person and acknowledged that he/she signed and delivered the said instrument as his/her own free and voluntary act and as the free and voluntary act of the Company; and the said Assistant Vice President then and there caused the corporate seal of said Company to be affixed to said instrument as his/her own free and voluntary act and as the free and voluntary act of the Company.

Given under my hand and Notarial Seal this 21st day of May, 2010.



Nancy A. Carlin  
NOTARY PUBLIC

This instrument was prepared by:  
CHICAGO TITLE LAND TRUST COMPANY  
171 N. Clark, Suite 575, Chicago, IL 60601

AFTER RECORDING, PLEASE MAIL TO:

BRIS E CURRAN, ESQ  
Jagoratti & Harris  
3500 Three First National Plaza  
Chicago, IL 60602

SEND TAX BILLS TO: Sts. Mary and Elizabeth Medical Center  
7447 W. Talcott  
Chicago, IL 60631

Exempt under provisions of Paragraph E, Section 31-45  
Real Estate Transfer Tax Act

5/21/10 [Signature]  
Date Buyer, Seller, Representative



EXHIBIT A  
TO  
LETTER OF DIRECTION  
(Direction to Convey)  
LEGAL DESCRIPTION OF PROPERTY

BLOCKS 15 AND 16 IN THE SUBDIVISION OF THE WEST 1/2 OF THE NORTHWEST 1/4 OF SECTION 6, TOWNSHIP 39 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN (ACKNOWLEDGE BY WATSON, TOWER AND DAVIS), RECORDED OCTOBER 10, 1856, ANTE-FIRE, AND RE-RECORDED JUNE 23, 1857, ANTE-FIRE, TOGETHER WITH ALL OF THE VACATED ALLEYS LYING WITHIN SAID BLOCKS 15 AND 16 AND, ALSO TOGETHER WITH THAT PART OF VACATED NORTH BELL AVENUE LYING BETWEEN SAID BLOCKS 15 AND 16 AND LYING SOUTH OF A LINE DRAWN BETWEEN THE NORTHEAST CORNER OF SAID BLOCK 15 AND THE NORTHWEST CORNER OF SAID BLOCK 16 AND LYING NORTH OF A LINE DRAWN BETWEEN THE SOUTHEAST CORNER OF SAID BLOCK 16 AND LYING NORTH OF A LINE DRAWN BETWEEN THE SOUTHEAST CORNER OF SAID BLOCK 15 AND THE SOUTHWEST CORNER OF SAID BLOCK 16, ALL TAKEN AS ONE TRACT IN COOK COUNTY, ILLINOIS.

(EXCEPTING FROM SAID TRACT THE FOLLOWING DESCRIBED PARCEL: BEGINNING AT A POINT IN THE SOUTH LINE OF SAID BLOCK 16 155.36 FEET WEST OF THE SOUTHEAST CORNER OF SAID BLOCK 16; THENCE NORTH 89 DEGREES 55 MINUTES 22 SECONDS WEST ALONG SAID SOUTH LINE A DISTANCE OF 175.69 FEET; THENCE NORTH 00 DEGREES 00 MINUTES 00 SECONDS EAST A DISTANCE OF 154.00 FEET; THENCE SOUTH 89 DEGREES 55 MINUTES 22 SECONDS EAST ALONG A LINE 154.00 FEET NORTH OF AND PARALLEL WITH SAID SOUTH LINE, A DISTANCE OF 175.69 FEET; THENCE SOUTH 00 DEGREES 00 MINUTES 00 SECONDS WEST 154.00 FEET TO THE POINT OF BEGINNING).

Street Address: 1217 N. Oakley Blvd., Chicago, Cook County, Illinois

PINs:

17-06-124-001-0000; 17-06-124-002-0000; 17-06-124-003-0000; 17-06-124-004-0000;  
17-06-124-020-0000; 17-06-124-036-0000; 17-06-124-037-0000; 17-06-124-038-0000;  
17-06-124-039-0000; 17-06-124-045-0000; 17-06-124-046-0000; 17-06-124-047-0000;  
17-06-124-048-0000; 17-06-124-049-0000; 17-06-124-050-0000; 17-06-125-001-0000;  
17-06-125-005-0000; 17-06-125-025-0000; 17-06-125-026-0000; 17-06-125-027-0000;  
17-06-125-028-0000; 17-06-125-029-0000; 17-06-125-030-0000; 17-06-125-031-0000;  
17-06-125-032-0000; 17-06-125-040-0000; 17-06-125-041-0000; 17-06-125-042-0000;  
17-06-125-044-0000; 17-06-125-046-0000; 17-06-301-024-0000;

And

Part of 17-06-125-145-0000, Part of 17-06-125-043-0000.

1700787-1

STATEMENT BY GRANTOR AND GRANTEE

The grantor or his agent affirms that, to the best of his knowledge, the name of the grantor shown on the deed or assignment of beneficial interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, a partnership authorized to do business or acquire and hold title to real estate in Illinois, or other entity recognized as a person and authorized to do business or acquire and hold title to real estate under the laws of the State of Illinois.

Dated 5/21, 2010

Signature: [Signature] (Grantor or Agent)

Subscribed and sworn to before me by the said Kris E. Curran this 21<sup>st</sup> day of May 2010

[Signature] (Notary Public)



The grantee or his agent affirms and verifies that the name of the grantee shown on the deed or assignment of beneficial interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, a partnership authorized to do business or acquire and hold title to real estate in Illinois, or other entity recognized as a person and authorized to do business or acquire and hold title to real estate under the laws of the State of Illinois.

Dated 5/21, 2010

Signature: [Signature] (Grantee or Agent)

Subscribed and sworn to before me by the said Kris E. Curran this 21<sup>st</sup> day of May 2010

[Signature] (Notary Public)



NOTE: Any person who knowingly submits a false statement concerning the identity of a grantee shall be guilty of a Class C misdemeanor for the first offense and of a Class A misdemeanor for subsequent offenses.

[Attach to deed or ABI to be recorded in Cook County, Illinois, if exempt under provisions of Section 4 of the Illinois Real Estate Transfer Tax Act.]

1626972

1626972-1

TRUSTEE'S DEED

COOK COUNTY, ILLINOIS

94892741

Form 109 Rev. 1-77

Indivisual

1994 OCT 18 PM 3:14

94892741

THIS INDENTURE, made this 22 day of January, 1992, between AMERICAN NATIONAL BANK AND TRUST COMPANY OF CHICAGO, a corporation duly organized and existing as a national banking association under the laws of the United States of America, and duly authorized to accept and execute trusts within the State of Illinois, not personally but as Trustee under the provisions of a deed or deeds in trust duly recorded and delivered to said national banking association in pursuance of a certain Trust Agreement, dated the 31st day of August, 1989, and known as Trust Number 10900601 party of the first part, and St. Elizabeth's Hospital of Chicago, Inc., an Illinois not-for-profit corporation, 1431 North Claremont Avenue, Chicago, Illinois 60622, party of the second part.

WITNESSETH, that said party of the first part, in consideration of the sum of Ten and 00/100 (\$10.00) Dollars, and other good and valuable considerations in hand paid, does hereby grant, sell and convey unto said parties of the second part, the following described real estate, situated in Cook County, Illinois, to-wit:

THAT PART OF BLOCK 6 IN WATSON, TOWER AND DAVIS SUBDIVISION OF THE WEST 1/2 OF THE NORTH WEST 1/4 IN SECTION 6, TOWNSHIP 39 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, DESCRIBED AS FOLLOWS; BEGINNING AT THE SOUTH EAST CORNER OF SAID BLOCK 6; THENCE NORTH 00 DEGREES-11-40 EAST ALONG THE EAST LINE THEREOF 159.30 FEET; THENCE NORTH 90 DEGREES WEST PARALLEL WITH THE SOUTH LINE OF BLOCK 6 AFORESAID 85.15 FEET; THENCE SOUTH 00 DEGREES-50-45 WEST 91.77 FEET; THENCE NORTH 89 DEGREES-46-08 WEST 83.48 FEET; THENCE SOUTH 00 DEGREES-11-40 WEST 68.07 FEET TO THE SOUTH LINE THEREOF; THENCE NORTH 90 DEGREES EAST ALONG SAID SOUTH LINE 179.14 FEET TO THE POINT OF BEGINNING, (EXCEPT FROM THE ABOVE DESCRIBED PROPERTY THE MOST NEARLY 30.0 FEET THEREOF) IN COOK COUNTY, ILLINOIS (the "Real Estate").

PIN: 17-06-109-001

Subject with the interests and appurtenances thereto including

TO HAVE AND TO HOLD the same unto said party of the second part, and to the heirs, executors and assigns, forever, of said party of the second part.

1408 N. Oakley, Chicago  
 25

This deed is governed by the laws of the State of Illinois, and the parties hereto agree that any dispute arising out of this deed shall be resolved by arbitration in Cook County, Illinois, in accordance with the provisions of the Illinois Arbitration Act, Chapter 120, Illinois Compiled Statutes (65 ILCS 120/1-120/10). This deed is subject to the terms of all other deeds, mortgages, liens and other instruments of record in Cook County, Illinois, affecting the premises hereinafter described.

AMERICAN NATIONAL BANK AND TRUST COMPANY OF CHICAGO  
 Vice President  
 Assistant Secretary

STATE OF ILLINOIS, COUNTY OF COOK: ss. I, the undersigned, a Notary Public in and for the County and State aforesaid, DO HEREBY CERTIFY that the foregoing is a true and correct copy of the original of the deed of the AMERICAN NATIONAL BANK AND TRUST COMPANY OF CHICAGO, a National Banking Association, duly authorized to accept and execute trusts within the State of Illinois, not personally but as Trustee under the provisions of a deed or deeds in trust duly recorded and delivered to said national banking association in pursuance of a certain Trust Agreement, dated the 31st day of August, 1989, and known as Trust Number 10900601 party of the first part, and St. Elizabeth's Hospital of Chicago, Inc., an Illinois not-for-profit corporation, 1431 North Claremont Avenue, Chicago, Illinois 60622, party of the second part, and that the same is a true and correct copy of the original of the deed of the AMERICAN NATIONAL BANK AND TRUST COMPANY OF CHICAGO, a National Banking Association, duly authorized to accept and execute trusts within the State of Illinois, not personally but as Trustee under the provisions of a deed or deeds in trust duly recorded and delivered to said national banking association in pursuance of a certain Trust Agreement, dated the 31st day of August, 1989, and known as Trust Number 10900601 party of the first part, and St. Elizabeth's Hospital of Chicago, Inc., an Illinois not-for-profit corporation, 1431 North Claremont Avenue, Chicago, Illinois 60622, party of the second part, and that the same is a true and correct copy of the original of the deed of the AMERICAN NATIONAL BANK AND TRUST COMPANY OF CHICAGO, a National Banking Association, duly authorized to accept and execute trusts within the State of Illinois, not personally but as Trustee under the provisions of a deed or deeds in trust duly recorded and delivered to said national banking association in pursuance of a certain Trust Agreement, dated the 31st day of August, 1989, and known as Trust Number 10900601 party of the first part, and St. Elizabeth's Hospital of Chicago, Inc., an Illinois not-for-profit corporation, 1431 North Claremont Avenue, Chicago, Illinois 60622, party of the second part.

750-7626 02

10-18-94 &

I hereby declare this deed represents a transaction exempt under the provisions of § 15-1.1 of the Real Estate Transfer Tax Act (91 ILCS 1200.1-286) of the Chicago Transfer Tax Ordinance and § 15-1.1 of the Cook County Transfer Tax Ordinance. Certified: [Signature]

94892741

DELIVERY INSTRUCTIONS  
 Vador, Price, Kaufman & Karsholz  
 222 North LaSalle Street  
 Suite 2500  
 Chicago, Illinois 60601  
 Attention: Pearl A. Zager

1408 North Oakley  
 Chicago, Illinois

BOX 323-CTI

10-18-94  
8

STATEMENT BY GRANTOR AND GRANTEE

The grantor or his agent affirms that, to the best of his knowledge, the name of the grantee shown on the deed or assignment of beneficial interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, a partnership authorized to do business or acquire and hold title to real estate in Illinois, or other entity recognized as a person and authorized to do business or acquire and hold title to real estate under the laws of the State of Illinois.

Dated: Oct 13 1994 Signature: [Signature]  
Grantor or Agent

Subscribed and sworn to before me by the said

this 13th day of October 1994  
[Signature]  
Notary Public  
Patricia Craven  
Notary Public, State of Illinois  
My Commission Expires 2/25/95

The grantee or his agent affirms and verifies that the name of the grantee shown on the deed or assignment of beneficial interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, a partnership authorized to do business or acquire and hold title to real estate in Illinois, or other entity recognized as a person and authorized to do business or acquire and hold title to real estate under the laws of the State of Illinois.

Dated: Oct 13 1994 Signature: [Signature]  
Grantee or Agent

Subscribed and sworn to before me by the said

this 13th day of Oct 1994  
[Signature]  
Notary Public  
Patricia Craven  
Notary Public, State of Illinois  
My Commission Expires 2/25/95

04892741

NOTE: Any person who knowingly submits a false statement concerning the identity of a grantee shall be guilty of a Class C misdemeanor for the first offense and of a Class A misdemeanor for subsequent offenses.

[Attach to deed or ABI to be recorded in Cook County, Illinois, if exempt under provisions of Section 4 of the Illinois Real Estate Transfer Tax Act.]

VAT0000



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

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

SAINTS MARY AND ELIZABETH MEDICAL CENTER, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 17, 1958, 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 25TH day of FEBRUARY A.D. 2011 .*

*Jesse White*

Authentication #: 1105601478

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

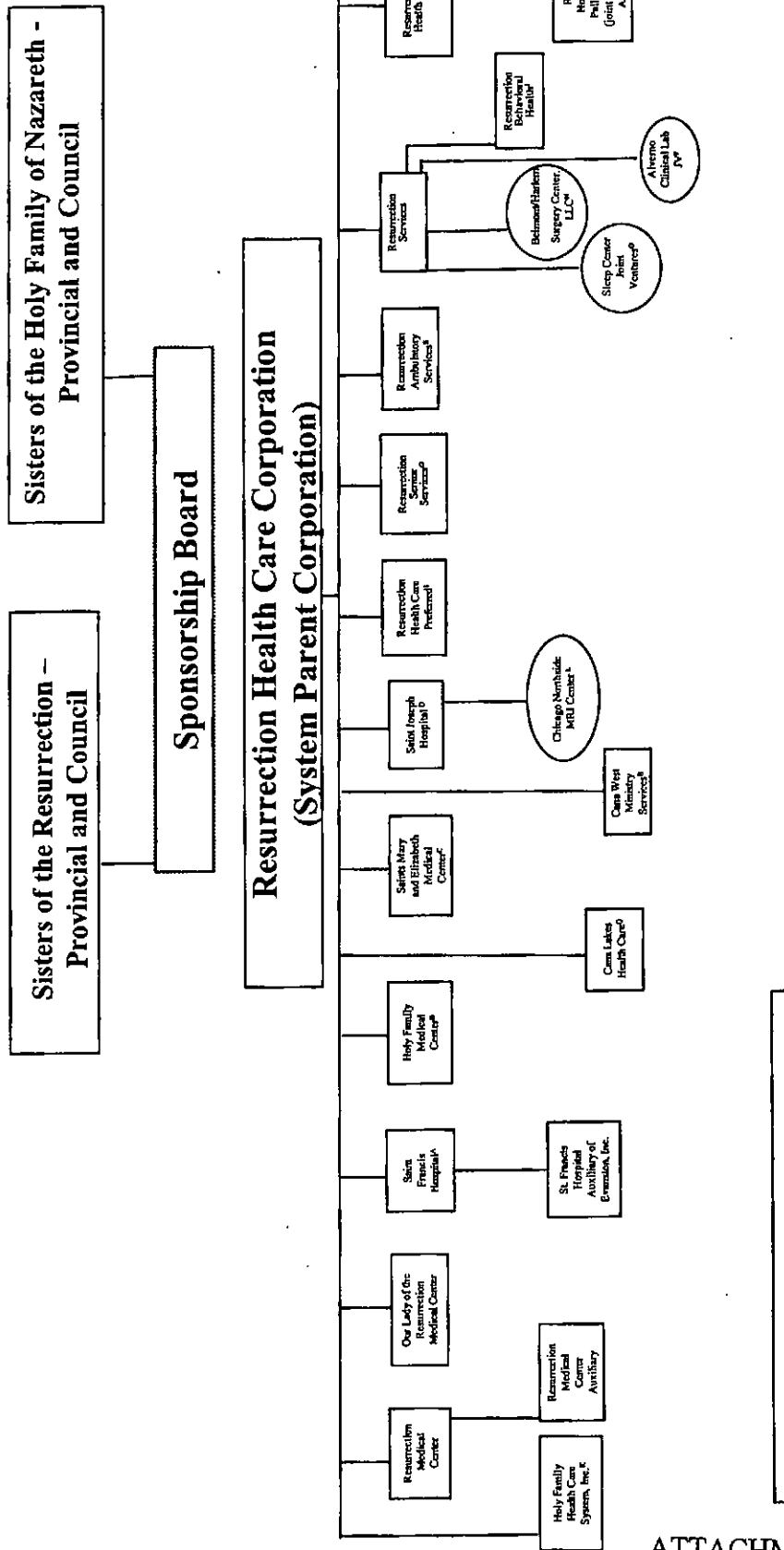
SECRETARY OF STATE

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.

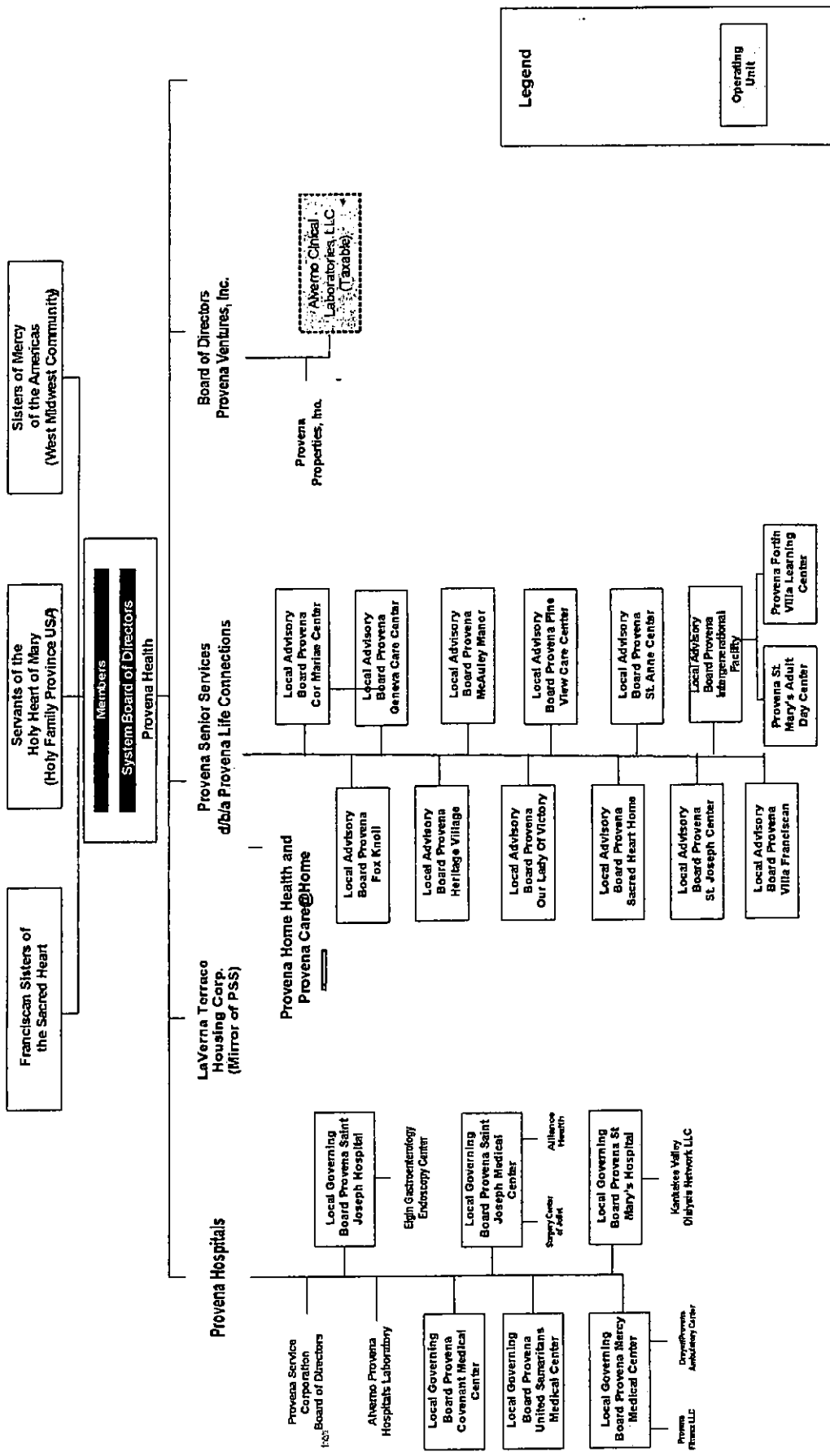
**Resurrection Health Care Corporation**  
**Legal Organizational Structure**  
**As of October 21, 2010**  
**Footnotes**

- <sup>A</sup> Formerly named Saint Francis Hospital of Evanston (name change effective November 22, 2004)
- <sup>B</sup> 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
- <sup>C</sup> 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
- <sup>D</sup> Saint Joseph Hospital, f/k/a Cana Services Corporation, f/k/a Westlake Health System
- <sup>E</sup> 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.
- <sup>F</sup> A Cayman Islands corporation registered to do business as an insurance company
- <sup>G</sup> Corporation formerly known as Westlake Nursing and Rehabilitation Center (also f/k/a Leyden Community Extended Care Center, Inc.)
- <sup>H</sup> 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).
- <sup>I</sup> 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
- <sup>J</sup> D/B/A name for Proviso Family Services, a/k/a ProCare Centers, a/k/a Employee Resource Centers
- <sup>K</sup> Former parent of Holy Family Medical Center; non-operating 501(c)(3) "shell" available for future use
- <sup>L</sup> An Illinois general partnership between Saint Joseph Hospital and Advocate Northside Health System, an Illinois not for profit corporation
- <sup>M</sup> Resurrection Health Core 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.
- <sup>N</sup> 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
- <sup>O</sup> 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
- <sup>P</sup> 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
- <sup>Q</sup> Formerly named Westlake Community Hospital; all the assets of this corporation were sold to VHS Westlake Hospital Inc., effective August 1, 2010
- <sup>R</sup> 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



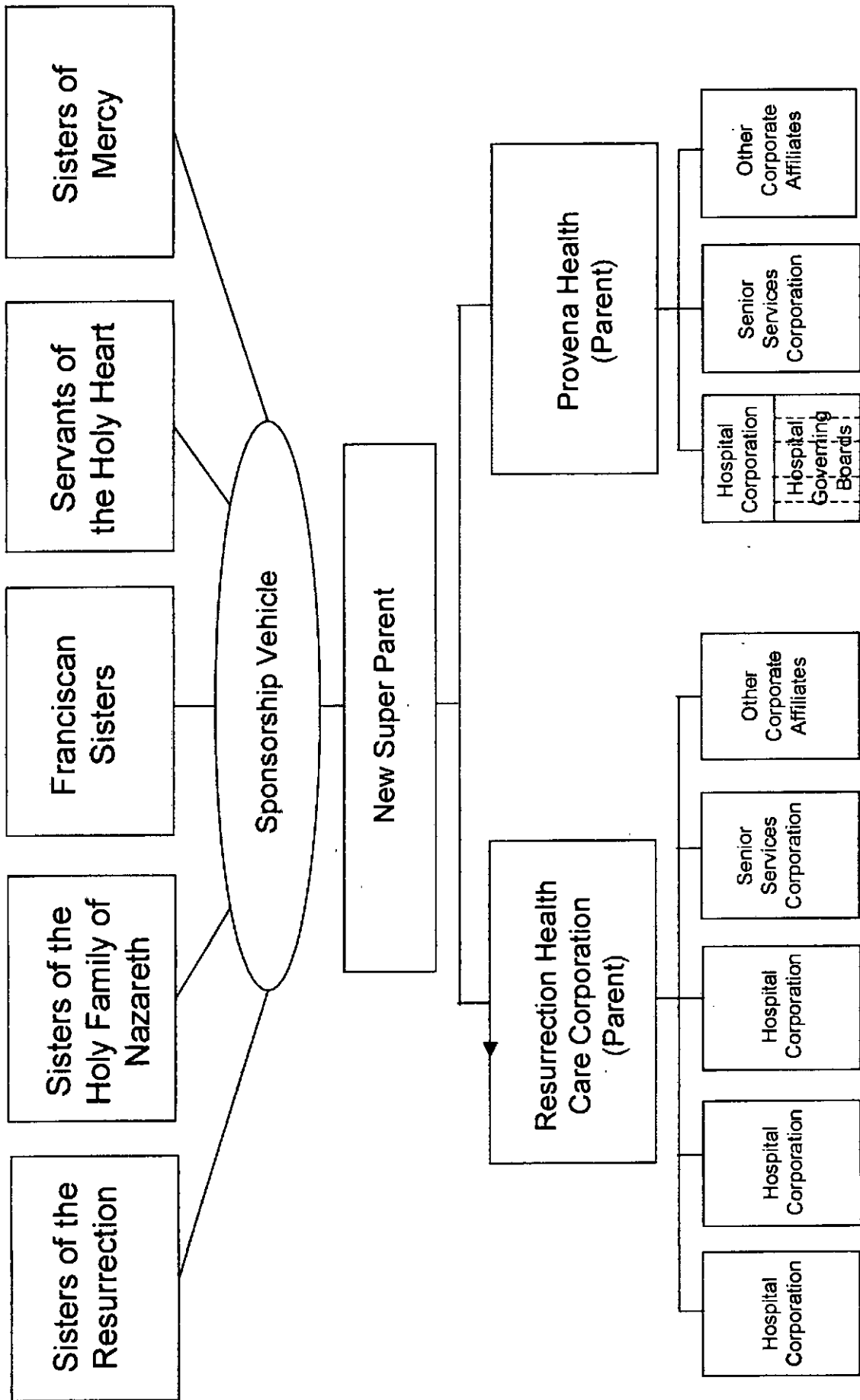
January 2011

**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 #
<b>Hospitals Owned by Resurrection Health Care Corporation:</b>			
	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
<b>Hospitals Owned by Provena Health:</b>			
	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
<b>Ambulatory Surgical Treatment Centers Owned by Resurrection Health Care Corporation:</b>			
	Belmont/Harlem Surgery Center, LLC*	Chicago	7003131
<b>End Stage Renal Disease Facilities Owned by Provena Health:</b>			
	Manteno Dialysis Center	Manteno	n/a
<b>Long-Term Care Facilities Owned by Provena Health:</b>			
	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
<b>Long-Term Care Facilities Owned by Resurrection Health Care Corporation:</b>			
	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.

**DAMON T. ARNOLD, M.D.**  
**DIRECTOR**

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

EXPIRATION DATE	CATEGORY	STATION NUMBER
12/31/11	BGBB	0002584
<b>FULL LICENSE</b> <b>GENERAL HOSPITAL</b> <b>EFFECTIVE: 01/01/11</b>		

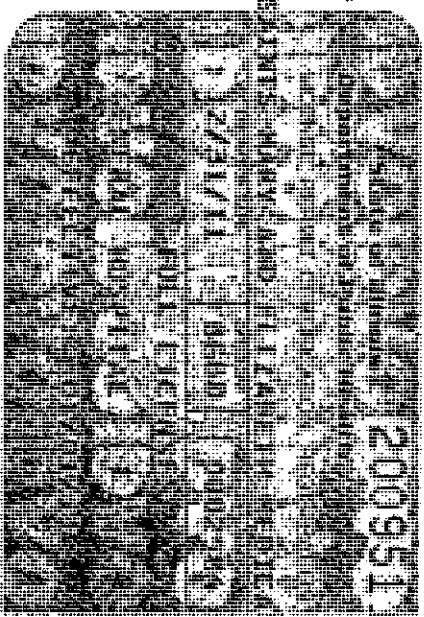
**BUSINESS ADDRESS:**

**SAINTS MARY AND ELIZABETH MEDICAL CENTE**  
**D/B/A SAINT MARY OF MAZARETH 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.

↑  
 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 MARY OF MAZARETH H**  
**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.

**BARON 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	B680	0005314
FULL LICENSE		
GENERAL HOSPITAL		
EFFECTIVE- 10/01/11		

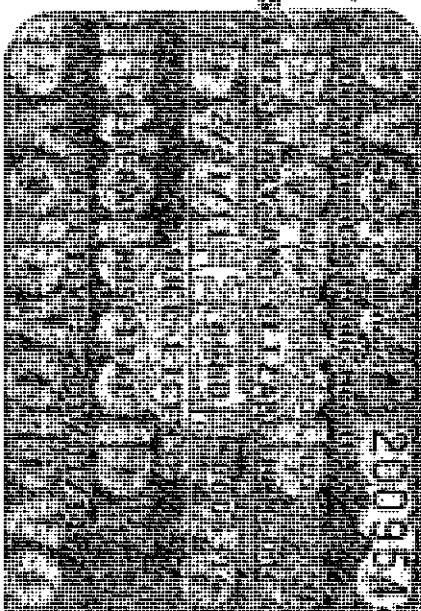
**BUSINESS ADDRESS**

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

The face of this license has a colored background. Printed 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.

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

EXPIRATION DATE <b>12/31/11</b>	CATEGORY <b>068D</b>	I.D. NUMBER <b>0001974</b>
<b>FULL LICENSE</b>		
<b>GENERAL HOSPITAL</b>		
<b>EFFECTIVE: 01/01/11</b>		

BUSINESS ADDRESS

**RESURRECTION MEDICAL CENTER**  
**7435 WEST TALCOTT AVENUE**

**CHICAGO**

**IL 60631**

The face of this license has a colored background, printed by Authority of the State of Illinois • 437 •

← DISPLAY THIS PART IN A  
CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN  
IDENTIFICATION

**State of Illinois 2009495**  
**Department of Public Health**

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE <b>12/31/11</b>	CATEGORY <b>068D</b>	I.D. NUMBER <b>0001974</b>
<b>FULL LICENSE</b>		
<b>GENERAL HOSPITAL</b>		
<b>EFFECTIVE: 01/01/11</b>		

**GENERAL HOSPITAL**

**EFFECTIVE: 01/01/11**

**11/06/10**

**RESURRECTION MEDICAL CENTER**  
**7435 WEST TALCOTT AVENUE**

**CHICAGO**

**IL 60631**

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.

**GAMON I. ARNOLD, M.D.**  
**DIRECTOR**

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

EXPIRATION DATE <b>07/02/12</b>	CATEGORY <b>HGHC</b>	ID NUMBER <b>0005181</b>
<b>FULL LICENSE</b>		
<b>GENERAL HOSPITAL</b>		
<b>EFFECTIVE: 07/03/11</b>		

**BUSINESS ADDRESS**

**SAINT 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

**SAINT JOSEPH HOSPITAL**

EXPIRATION DATE <b>07/02/12</b>	CATEGORY <b>HGHC</b>	ID NUMBER <b>0005181</b>
------------------------------------	-------------------------	-----------------------------

**FULL LICENSE**

**GENERAL HOSPITAL**

**EFFECTIVE: 07/03/11**

**06/14/11**

**SAINT 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



**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. ARNGLO, M.D.**  
**DIRECTOR**

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

EXPIRATION DATE <b>06/30/12</b>	CATEGORY <b>0650</b>	ID. NUMBER <b>0001008</b>
<b>FULL LICENSE</b>		
<b>GENERAL HOSPITAL</b>		
<b>EFFECTIVE: 07/01/11</b>		

**BUSINESS ADDRESS**

**HOLY FAMILY MEDICAL CENTER**  
**100 NORTH RIVER ROAD**

**DES PLAINES**

**IL 60016 1278**

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 2035973**

**Department of Public Health**

**LICENSE, PERMIT, CERTIFICATION, REGISTRATION**

EXPIRATION DATE <b>06/30/12</b>	CATEGORY <b>0650</b>	ID. NUMBER <b>0001008</b>
<b>FULL LICENSE</b>		
<b>GENERAL HOSPITAL</b>		
<b>EFFECTIVE: 07/01/11</b>		

**05/07/11**

**HOLY FAMILY MEDICAL CENTER**  
**100 NORTH RIVER ROAD**

**DES PLAINES IL 60016 1278**

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 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	CATEGORY	I.D. NUMBER
12/31/11	6680	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	CATEGORY	I.D. NUMBER
12/31/11	8680	0002402
FULL LICENSE		
GENERAL HOSPITAL		
EFFECTIVE: 01/01/11		

BUSINESS ADDRESS

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 8268 | 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 (BGBD), 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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REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 2035984
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

OUR LADY OF THE RESURRECTION MEDICAL

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

FULL LICENSE

GENERAL HOSPITAL

EFFECTIVE: 07/01/11

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

EXPIRATION DATE	CATEGORY	IC NUMBER
12/31/11	8680	0004861
<b>FULL LICENSE</b>		
<b>GENERAL HOSPITAL</b>		
<b>EFFECTIVE: 01/01/11</b>		

**BUSINESS ADDRESS**

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

**URBANA**

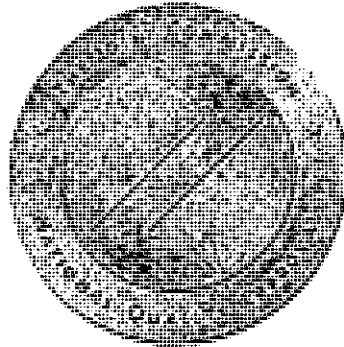
**IL 61801**

The face of this license has a colored background. Printed by Authority of the State of Illinois • 407 •

# 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*

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

4968  
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](http://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.

**DAVID T. ARNOLD, M.D.**  
**DIRECTOR**

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

EXPIRATION DATE	CATEGORY	ITA NUMBER
12/31/11	BGBD	0004853
<b>FULL LICENSE</b>		
<b>GENERAL HOSPITAL</b>		
<b>EFFECTIVE: 01/01/11</b>		

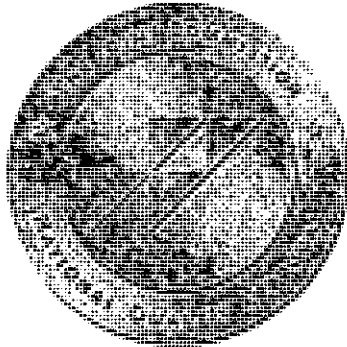
**BUSINESS ADDRESS**

**PROVENA HOSPITALS  
 D/B/A UNITED SAHARITAN MED CTR-LOGAN  
 812 NORTH LOGAN AVENUE**

**DANVILLE IL 61832**

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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.

Handwritten signature of David L. Nahrwold.

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

4928  
Organization ID #

Handwritten signature of 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](http://www.jointcommission.org).







**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.

**DARON T. ARNOLD, M.D.**  
**DIRECTOR**

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

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

BUSINESS ADDRESS

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

**JOLIET**

**IL 60435**

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

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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**  
**PROVENA HOSPITALS**

EXPIRATION DATE <b>12/31/11</b>	CATEGORY <b>B6BD</b>	LD NUMBER <b>0004838</b>
------------------------------------	-------------------------	-----------------------------

**FULL LICENSE**  
**GENERAL HOSPITAL**  
**EFFECTIVE: 01/01/11**

**11/06/10**

**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 8GBD	ID NUMBER 0004887
FULL LICENSE		
GENERAL HOSPITAL		
EFFECTIVE: 01/01/11		

BUSINESS ADDRESS

PROVENA HOSPITALS  
 D/8/A SAINT JOSEPH HOSPITAL  
 77 NORTH AIRLITE STREET  
 ELGIN

IL 60123

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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 8GBD	ID NUMBER 0004887
FULL LICENSE		
GENERAL HOSPITAL		
EFFECTIVE: 01/01/11		

EFFECTIVE: 01/01/11

11/06/10

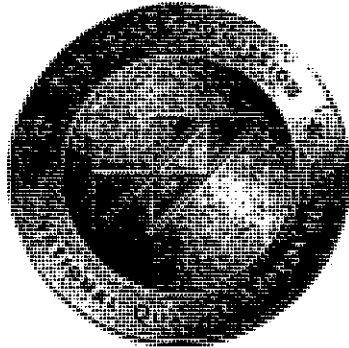
PROVENA HOSPITALS  
 D/8/A SAINT JOSEPH HOSPITAL  
 77 NORTH AIRLITE STREET  
 ELGIN  
 IL 60120

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](http://www.jointcommission.org).





State of Illinois 2009541

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The Director, upon the expiration of the license, permit, certification, registration, or other authority, may, at the discretion of the Director, suspend or revoke the license, permit, certification, registration, or other authority if the licensee fails to comply with the provisions of the license, permit, certification, registration, or other authority.

DAVID M. H. ARMOUR, M.D.  
DIRECTOR

Based upon the authority of the State of Illinois, Department of Public Health.

12/31/11	0600	0004903
FULL LICENSE		
GENERAL HOSPITAL		
EFFECTIVE: 01/01/11		
BUSINESS ADDRESS		

PROVENA MERCY CENTER  
1325 NORTH HIGHLAND AVENUE  
AURORA

IL 60506

The fee of this license shall be a general development fee of \$100.00 and a fee of \$10.00 for each of the following: - 4877 -

Display THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS 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		

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,

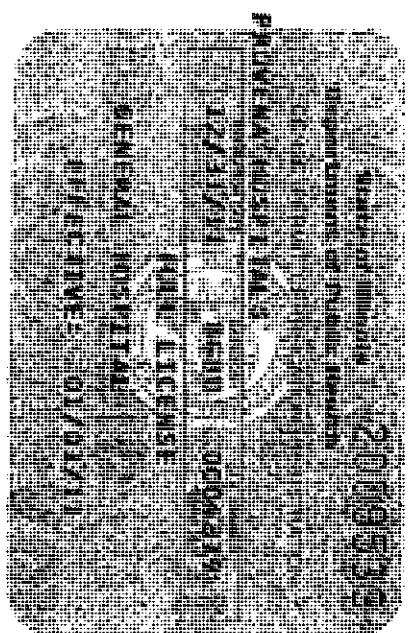
A handwritten signature in black ink that reads "Ann Scott Blouin RN, PhD".

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 ←



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,

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

EXPIRATION DATE 04/30/12	CATEGORY NONE	ID. NUMBER 7003131
FULL LICENSE		
AMBUL SURGICAL TREAT CNTR		
EFFECTIVE: 05/01/11		

BUSINESS ADDRESS

BELMONT/HARLEM SURGERY CENTER, LLC  
3101 NORTH HARLEM 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 NONE	ID. NUMBER 7003131
FULL LICENSE		
AMBUL SURGICAL TREAT CNTR		
EFFECTIVE: 05/01/11		

04/10/11

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

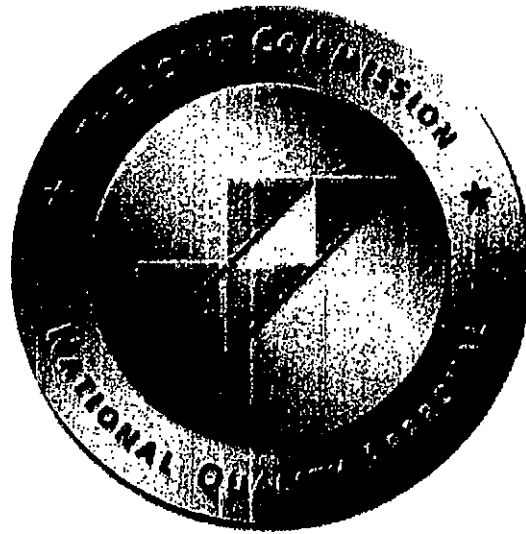
FEE RECEIPT NO.

34361

# 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 Chassid*

Mark Chassid, 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:  <b>99ES-63</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/15/2005</b>
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NAME OF PROVIDER OR SUPPLIER <b>MANTENO DIALYSIS CENTRE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1 EAST DIVISION MANTENO, IL 60950</b>
--	---

(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><b>INITIAL COMMENTS</b></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>Lisa Parkline RN</i>	TITLE <i>CEO</i>	(X6) DATE <i>11/14/05</i>
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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 THE 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 Saint Mary of Nazareth Hospital. 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.

<b>ZIP Code</b>	<b>Community</b>	<b>Admissions</b>	<b>%</b>	<b>Cumulative %</b>
60647	Chicago-Logan Square	3,307	13.5%	13.5%
60622	Chicago-Wicker Park	2,762	11.2%	24.7%
60639	Chicago-Cragin	2,228	9.1%	33.8%
60651	Chicago-Humboldt Park	2,188	8.9%	42.7%
60618	Chicago-Avondale	871	3.5%	46.2%
60624	Chicago-Garfield Park	855	3.5%	49.7%
60641	Chicago-Irving park	843	3.4%	53.1%
60644	Chicago-Austin	786	3.2%	56.3%
60623	Chicago-Lawndale	606	2.5%	58.8%
60612	Chicago-Medical Dist,	589	2.4%	61.2%
60634	Chicago-Uptown	430	1.8%	62.9%
60640	Chicago-Pilsen	424	1.7%	64.7%
60608	Chicago	403	1.6%	66.3%
60620	Chicago	355	1.4%	67.8%
60629	Chicago	325	1.3%	69.1%
60649	Chicago	311	1.3%	70.3%
60625	Chicago-Albany Park	310	1.3%	71.6%
60626	Chicago-Rogers Park	275	1.1%	72.7%
other ZIP Code areas contributing <1%		<u>6,702</u>	<u>27.3%</u>	100.0%
		24,570	100.0%	

As can be noted from the table above, eighteen ZIP Code areas accounted for nearly 33% of the hospital's admissions. This analysis clearly demonstrates that Saint Mary of Nazareth Hospital 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 LHFSRB 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 Saint Mary of Nazareth Medical Center. 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, Resurrection Health Care Corporation (“Resurrection”) and its sponsoring congregations have concluded that its hospitals can better serve their patients and their communities if the Resurrection system were to merge with that of Provena Health (“Provena”). By doing so, Resurrection 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 (387) or to the scope of services currently provided at Saint Mary of Nazareth Medical Center.

The current and proposed bed complement, consistent with Saint Mary of Nazareth Center’s 2009 IDPH Hospital Profile are:

- 186 medical/surgical beds
- 14 pediatrics beds
- 32 intensive care beds
- 20 obstetrics/gynecology beds
- 120 acute mental illness
- 15 comprehensive rehabilitation beds.

Among the other clinical services currently offered and proposed to continue to be provided are: surgery (including cardiovascular surgery), nursery, 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 Saint Mary of Nazareth Medical Center.

#### 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 19,000 patients, provided approximately 160,000 outpatient visits, and treated over 57,000 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 Saint Mary of Nazareth Medical Center 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 nearly 1,600 employees (FTEs), Saint Mary of Nazareth Medical Center 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 Non-Discrimination in Patient Care policy, and Resurrection's Financial Assistance/Charity Care and Uninsured Patient Discount Programs 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.

Saint Mary of Nazareth 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 Saint Mary of Nazareth 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 ASTC directly or indirectly owned or controlled by Resurrection Health Care Corporation, the admissions policies of those facilities will not become more restrictive.

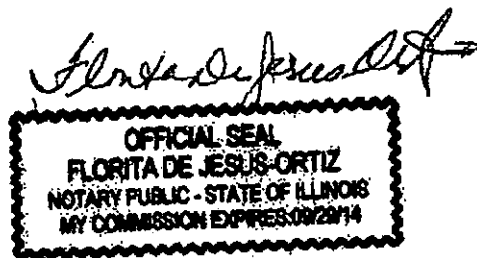
Resurrection and Provena, in consultation with the Illinois Attorney General's office, are currently revising the charity care policy to be used following the system merger. That revised policy will be provided to the State Agency upon completion.

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: <b>Mission</b>		NUMBER: 1400.60
TITLE: Non-Discrimination in Patient Care		TITLE NUMBER: 405.01
		PAGE: 1 OF 2
EFFECTIVE DATE: April 2004	REVISION DATE:	SUPERSEDES:
REFER TO:		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 non-discriminatory practices applicable to all patients, visitors, physicians and employees and endorsed by Resurrection Health Care.

### 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.
3. All patients with the same health problem will receive the same standard of care.
4. All patient transfers will be in compliance with COBRA provisions.
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.

POLICY PROTOCOL		
CATEGORY: <b>Mission</b>		NUMBER: 1400.60
TITLE: Non-Discrimination in Patient Care		TITLE NUMBER: 405.01
		PAGE: 2 OF 2
EFFECTIVE DATE: April 2004	REVISION DATE:	SUPERSEDES:
REFER TO:		LOCATION:

6. Patient rooms will not be changed for racial or other discriminatory reasons.
7. Persons and organizations referring patients to Saints Mary and Elizabeth Medical Center (SMEMC) 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 SMEMC 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. Employees, officers and physicians are bound by the Resurrection Health Care (RHC) Code of Conduct/Conflict of Interest Policy 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		
<b>CATEGORY:</b>  Finance		<b>NUMBER:</b> 100.15
<b>TITLE:</b> Financial Assistance/Charity Care and Uninsured Patient Discount Programs  (This policy applies to hospitals only)		<b>TITLE NUMBER:</b> 122.05
		<b>PAGE:</b> 1 OF 17
<b>EFFECTIVE DATE:</b> February 2002	<b>REVISION DATE:</b> January 2009	<b>SUPERSEDES:</b> September 2004
<b>REFER TO:</b>		<b>LOCATION:</b>

### 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.

### PROCESSES

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

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

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

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

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



POLICY/PROTOCOL		
<b>CATEGORY:</b>  Finance		<b>NUMBER:</b> 100.15
<b>TITLE:</b> Financial Assistance/Charity Care and Uninsured Patient Discount Programs  (This policy applies to hospitals only)		<b>TITLE NUMBER:</b> 122.05
		<b>PAGE:</b> 6 OF 17
<b>EFFECTIVE DATE:</b> February 2002	<b>REVISION DATE:</b> January 2009	<b>SUPERSEDES:</b> September 2004
<b>REFER TO:</b>		<b>LOCATION:</b>

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, Saint Mary of Nazareth Hospital 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 Saint Mary of Nazareth Hospital. 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 Saint Mary of Nazareth Hospital 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 Saint Mary of Nazareth Hospital to each of the other hospitals in the Health Care System.

Proximity of Saint Mary of Nazareth Hospital (2233 W. Division Street Chicago) to:					
			Miles	Minutes	
Saint Francis Hospital	355 Ridge Avenue	Evanston	8.9	28	
Saint Mary of Nazareth Hospital	7435 W. Talcott Avenue	Chicago	11.2	18	
Saint Joseph Hospital	2900 N. Lake Shore Drive	Chicago	4.8	15	
Our Lady of Resurrection Med. Ctr.	5645 West Addison Street	Chicago	8.1	18	
Holy Family Medical Center	100 North River Road	Des Plaines	19.5	29	
Provena United Samaritans Med. Ctr.	812 North Logan Street	Danville	140.6	172	
Provena Covenant Medical Center	1400 West Park Avenue	Urbana	141.7	151	
Provena Mercy Medical Center	1325 N. Highland Avenue	Aurora	38.8	54	
Provena Saint Joseph Hospital	77 North Airlite Street	Elgin	43.8	63	
Provena Saint Joseph Medical Ctr.	333 North Madison Street	Joliet	44	58	
Provena St. Mary's Hospital	500 West Court Street	Kankakee	63.2	77	

Source: MapQuest, 02/22/2011

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 Saint Mary of Nazareth Hospital'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 Saint Mary of Nazareth Hospital'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 Saint Mary of Nazareth Hospital and each hospital with which the hospital maintains a referral agreement.

<b>Referral Site</b>	<b>Service</b>	<b>Miles*</b>	<b>Minutes*</b>
Children's Memorial Hospital 2300 Children's Plaza Chicago	pediatrics	3.4	11
Northwestern Memorial Hospital 320 East Huron Street Chicago	spinal cord services	4.1	11
John H. Stroger, Jr. Hospital 1835 West Harrison St. Chicago	neonatology	2.5	8
	pediatrics	2.5	8

\*MapQuest (unadjusted) March 3, 2011

### Duplication of Services

As certified in this application, the applicants fully intend to retain Saint Mary of Nazareth Hospital's clinical programmatic complement for a minimum of two years. An initial evaluation of the clinical services provided by Saint Mary of Nazareth Hospital 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, Saint Mary of Nazareth Hospital 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  
 Black  
 American Indian  
 Asian  
 Hawaiian/ Pacific  
 Unknown:

90.7%  
 1.7%  
 0.0%  
 1.7%  
 0.3%  
 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	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy 12/31/2009	Staff Bed Occupancy Rate %
<b>Medical/Surgical</b>	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					
<b>Pediatric</b>	17	18	8	230	455	18	2.1	1.3	7.6	7.2
<b>Intensive Care</b>	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					
<b>Obstetric/Gynecology</b>	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					
<b>Neonatal</b>	0	0	0	0	0	0	0.0	0.0	0.0	0.0
<b>Long Term Care</b>	0	0	0	0	0	0	0.0	0.0	0.0	0.0
<b>Swing Beds</b>				0	0		0.0	0.0		
<b>Acute Mental Illness</b>	0	0	0	0	0	0	0.0	0.0	0.0	0.0
<b>Rehabilitation</b>	65	61	59	1,370	17,925	0	13.1	49.1	75.6	80.5
<b>Long-Term Acute Care</b>	0	0	0	0	0	0	0.0	0.0	0.0	0.0
<i>Dedicated Observation</i>	0					0				
<b>Facility Utilization</b>	<b>360</b>			<b>15,812</b>	<b>83,488</b>	<b>2,612</b>	<b>5.4</b>	<b>235.9</b>	<b>65.5</b>	

(Includes ICU Direct Admissions Only)

**Inpatients and Outpatients Served by Payor Source**

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
<b>Inpatients</b>	62.0%	8.6%	0.1%	26.9%	1.0%	1.4%	15,812
	9805	1360	13	4253	161	220	
<b>Outpatients</b>	39.2%	15.0%	0.1%	42.7%	2.2%	0.8%	159,245
	62394	23859	137	67967	3551	1337	

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	Private Pay		
<b>Inpatient Revenue (\$)</b>	127,765,641	8,348,093	0	55,727,368	2,769,114	194,610,216	1,195,049	1,869,515	
<b>Outpatient Revenue (\$)</b>	22,972,910	5,210,335	0	55,408,824	1,926,915	85,518,984	674,466	Totals: Charity Care as % of Net Revenue	
								0.7%	

Birthing Data		Newborn Nursery Utilization		Organ Transplantation	
Number of Total Births:	1,038	Level 1 Patient Days	1,664	Kidney:	0
Number of Live Births:	1,026	Level 2 Patient Days	1,653	Heart:	0
Birthing Rooms:	0	Level 2+ Patient Days	90	Lung:	0
Labor Rooms:	0	Total Nursery Patientdays	3,407	Heart/Lung:	0
Delivery Rooms:	0			Pancreas:	0
Labor-Delivery-Recovery Rooms:	0			Liver:	0
Labor-Delivery-Recovery-Postpartum Rooms:	17	<b>Laboratory Studies</b>		Total:	0
C-Section Rooms:	2	Inpatient Studies	511,319		
CSections Performed:	312	Outpatient Studies	438,246		
		Studies Performed Under Contract	88,504		

**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
<b>Totals</b>	<b>0</b>	<b>0</b>	<b>12</b>	<b>12</b>	<b>3786</b>	<b>4554</b>	<b>8307</b>	<b>4637</b>	<b>12944</b>	<b>2.2</b>	<b>1.0</b>

<b>SURGICAL RECOVERY STATIONS</b>	Stage 1 Recovery Stations	12	Stage 2 Recovery Stations	20
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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	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
<b>Multipurpose Non-Dedicated Rooms</b>											
	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	
General Radiography/Fluoroscopy	9	0	33,176	30,020	Lithotripsy 0 0 0
Nuclear Medicine	5	0	3,504	5,520	Linear Accelerator 1 0 4,907
Mammography	2	0	19	19,164	Image Guided Rad Therapy 1 0 5108
Ultrasound	9	0	6,240	11,421	Intensity Modulated Rad Therap 0 0 0
Diagnostic Angiography	0	0	0	0	High Dose Brachytherapy 1 0 73
Interventional Angiography	0	0	0	0	Proton Beam Therapy 0 0 0
Positron Emission Tomography (PET)	1	0	8	724	Gamma Knife 0 0 0
Computerized Axial Tomography (CAT)	3	0	12,006	18,683	Cyber knife 0 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 %
<b>Medical/Surgical</b>	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					
<b>Pediatric</b>	12	12	6	283	636	211	3.0	2.3	19.3	19.3
<b>Intensive Care</b>	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					
<b>Obstetric/Gynecology</b>	18	12	12	850	2,148	152	2.7	6.3	35.0	52.5
Maternity				714	1,862					
Clean Gynecology				136	286					
<b>Neonatal</b>	0	0	0	0	0	0	0.0	0.0	0.0	0.0
<b>Long Term Care</b>	0	0	0	0	0	0	0.0	0.0	0.0	0.0
<b>Swing Beds</b>				0	0		0.0	0.0		
<b>Acute Mental Illness</b>	0	0	0	0	0	0	0.0	0.0	0.0	0.0
<b>Rehabilitation</b>	0	0	0	0	0	0	0.0	0.0	0.0	0.0
<b>Long-Term Acute Care</b>	0	0	0	0	0	0	0.0	0.0	0.0	0.0
<b>Dedicated Observation</b>	0					0				
<b>Facility Utilization</b>	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
<b>Inpatients</b>	48.1%	21.3%	0.0%	25.8%	3.3%	1.5%	8,473
	4072	1806	0	2186	282	127	
<b>Outpatients</b>	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			
<b>Inpatient Revenue (\$)</b>	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			
<b>Outpatient Revenue (\$)</b>	17.6%	10.5%	0.0%	58.3%	13.6%	100.0%	1,461,036	2.0%	
	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  
**Laboratory Studies**  
 Inpatient Studies 402,225  
 Outpatient Studies 229,844  
 Studies Performed Under Contract 7,672

**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 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
<b>Totals</b>	<b>0</b>	<b>0</b>	<b>15</b>	<b>15</b>	<b>2348</b>	<b>3002</b>	<b>5390</b>	<b>3512</b>	<b>8902</b>	<b>2.3</b>	<b>1.2</b>

<b>SURGICAL RECOVERY STATIONS</b>	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
<b>Multipurpose Non-Dedicated Rooms</b>											
	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
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/ Treatments
	Owned	Contract	Inpatient	Outpatient	Owned	Contract		
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>
<b>Medical/Surgical</b>	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					
<b>Pediatric</b>	14	14	14	925	2,092	535	2.8	7.2	51.4	51.4
<b>Intensive Care</b>	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					
<b>Obstetric/Gynecology</b>	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					
<b>Neonatal</b>	0	0	0	0	0	0	0.0	0.0	0.0	0.0
<b>Long Term Care</b>	0	0	0	0	0	0	0.0	0.0	0.0	0.0
<b>Swing Beds</b>				0	0		0.0	0.0		
<b>Acute Mental Illness</b>	120	120	120	3,968	34,495	0	8.7	94.5	78.8	78.8
<b>Rehabilitation</b>	15	15	15	325	3,847	0	11.8	10.5	70.3	70.3
<b>Long-Term Acute Care</b>	0	0	0	0	0	0	0.0	0.0	0.0	0.0
<i>Dedicated Observation</i>	0					0				
<b>Facility Utilization</b>	<b>387</b>			<b>18,994</b>	<b>101,607</b>	<b>4,398</b>	<b>5.6</b>	<b>290.4</b>	<b>75.0</b>	

(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>
<b>Inpatients</b>	34.1%	42.9%	0.0%	18.8%	2.1%	2.1%	18,994
	6478	8142	8	3562	402	402	
<b>Outpatients</b>	20.6%	42.5%	0.1%	30.7%	3.3%	2.8%	160,335
	33067	68076	170	49228	5270	4524	

<u>Inpatient and Outpatient Net Revenue by Payor Source</u>								<u>Charity Care Expense</u>	<u>Total Charity Care Expense</u> 2,662,595
<u>Financial Year Reported:</u>	<u>Medicare</u>	<u>Medicaid</u>	<u>Other Public</u>	<u>Private Insurance</u>	<u>Private Pay</u>	<u>Totals</u>			
7/1/2008 to 6/30/2009	36.8%	34.8%	0.0%	18.9%	9.5%	100.0%			
<b>Inpatient Revenue (\$)</b>	64,870,370	61,419,970	0	33,285,730	16,816,201	176,392,271	1,394,629	<b>Totals: Charity Care as % of Net Revenue</b>	
<b>Outpatient Revenue (\$)</b>	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
<b>Totals</b>	<b>0</b>	<b>0</b>	<b>8</b>	<b>8</b>	<b>3512</b>	<b>2185</b>	<b>6498</b>	<b>2401</b>	<b>8899</b>	<b>1.9</b>	<b>1.1</b>

**SURGICAL RECOVERY STATIONS**      Stage 1 Recovery Stations      9      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	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
<b>Multipurpose Non-Dedicated Rooms</b>											
	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
Number of Trauma Visits:	0
Patients Admitted from Trauma	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			
	Owned	Contract	Inpatient	Outpatient
General Radiography/Fluoroscopy	8	0	15,828	37,232
Nuclear Medicine	3	0	1,871	2,905
Mammography	1	0	23	4,690
Ultrasound	4	0	3,416	16,042
Diagnostic Angiography	0	0	0	0
Interventional Angiography	0	0	0	0
Positron Emission Tomography (PET)	0	0	0	0
Computerized Axial Tomography (CAT)	2	0	4,168	18,333
Magnetic Resonance Imaging	1	0	1,315	2,749

**Radiation Equipment**

	Radiation Equipment		Therapies/ Treatments
	Owned	Contract	
Lithotripsy	1	1	6
Linear Accelerator	1	0	124
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**

ADMINISTRATOR NAME: Roberta Lusk-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 68.6%  
 Black 18.6%  
 American Indian 0.1%  
 Asian 3.9%  
 Hawaiian/ Pacific 0.5%  
 Unknown: 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 %
<b>Medical/Surgical</b>	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					
<b>Pediatric</b>	11	7	7	293	754	137	3.0	2.4	22.2	34.9
<b>Intensive Care</b>	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					
<b>Obstetric/Gynecology</b>	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					
<b>Neonatal</b>	0	0	0	0	0	0	0.0	0.0	0.0	0.0
<b>Long Term Care</b>	26	26	26	652	5,996	0	9.2	16.4	63.2	63.2
<b>Swing Beds</b>				0	0		0.0	0.0		
<b>Acute Mental Illness</b>	35	34	34	1,312	9,266	1	7.1	25.4	72.5	74.7
<b>Rehabilitation</b>	23	23	17	448	4,367	0	9.7	12.0	52.0	52.0
<b>Long-Term Acute Care</b>	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	0					0				
<b>Facility Utilization</b>	<b>360</b>			<b>13,188</b>	<b>67,634</b>	<b>2,791</b>	<b>5.3</b>	<b>192.9</b>	<b>53.6</b>	

(Includes ICU Direct Admissions Only)

**Inpatients and Outpatients Served by Payor Source**

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
<b>Inpatients</b>	43.6%	16.2%	0.2%	37.7%	1.2%	1.1%	13,188
	5747	2142	22	4972	161	144	
<b>Outpatients</b>	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 Payor Source				Charity Care Expense	Total Charity Care Expense
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals	1,487,625	
<b>Inpatient Revenue (\$)</b>	46.8%	13.9%	0.0%	36.8%	2.5%	100.0%	Totals: Charity Care as % of Net Revenue	
	64,832,024	19,290,122	0	51,002,179	3,520,673	138,644,998	652,789	
<b>Outpatient Revenue (\$)</b>	16.1%	3.6%	0.0%	72.0%	8.2%	100.0%	0.8%	
	8,703,376	1,963,278	0	38,807,662	4,430,471	53,904,787	834,836	

**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
<b>Totals</b>	<b>0</b>	<b>0</b>	<b>12</b>	<b>12</b>	<b>1920</b>	<b>4849</b>	<b>5266</b>	<b>8156</b>	<b>13422</b>	<b>2.7</b>	<b>1.7</b>

<b>SURGICAL RECOVERY STATIONS</b>	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
<b>Multipurpose Non-Dedicated Rooms</b>											
	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 <input type="checkbox"/> Level 2 <input type="checkbox"/>
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			
	Owned	Contract	Inpatient	Outpatient
General Radiography/Fluoroscopy	17	0	12,155	22,888
Nuclear Medicine	4	0	611	1,114
Mammography	3	0	0	8,837
Ultrasound	7	0	2,986	11,466
Diagnostic Angiography	0	0	0	0
Interventional Angiography	0	0	0	0
Positron Emission Tomography (PET)	0	1	0	391
Computerized Axial Tomography (CAT)	1	0	3,399	9,644
Magnetic Resonance Imaging	1	0	1,922	2,478

**Radiation Equipment**

	Radiation Equipment		Therapies/ Treatments
	Owned	Contract	
Lithotripsy	0	0	0
Linear Accelerator	1	0	167
Image Guided Rad Therapy	0	0	0
Intensity Modulated Rad Therap	1	0	9
High Dose Brachytherapy	1	0	16
Proton Beam Therapy	0	0	0
Gamma Knife	0	0	0
Cyber knife	0	0	0

**Ownership, Management and General Information**

**ADMINISTRATOR NAME:** Margaret McDermott  
**ADMINSTRATOR PHONE:** 312-770-2115  
**OWNERSHIP:** Saints Mary and Elizabeth Medical Center DBA St El  
**OPERATOR:** Saints Mary and Elizabeth Medical Center DBA St El  
**MANAGEMENT:** Not for Profit Corporation  
**CERTIFICATION:** None  
**FACILITY DESIGNATION:** General Hospital  
**ADDRESS:** 1431 North Claremont

**Patients by Race**

White 19.3%  
 Black 59.8%  
 American Indian 0.0%  
 Asian 0.4%  
 Hawaiian/ Pacific 0.0%  
 Unknown: 20.5%

**Patients by Ethnicity**

Hispanic or Latino: 4.0%  
 Not Hispanic or Latino: 75.6%  
 Unknown: 20.5%  
 IDPH Number: 2360  
 HPA A-02  
 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 %
<b>Medical/Surgical</b>	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					
<b>Pediatric</b>	0	0	0	0	0	0	0.0	0.0	0.0	0.0
<b>Intensive Care</b>	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Direct Admission				0	0					
Transfers				0	0					
<b>Obstetric/Gynecology</b>	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Maternity				0	0					
Clean Gynecology				0	0					
<b>Neonatal</b>	0	0	0	0	0	0	0.0	0.0	0.0	0.0
<b>Long Term Care</b>	28	26	22	525	6,849	0	13.0	18.8	67.0	72.2
<b>Swing Beds</b>				0	0		0.0	0.0		
<b>Acute Mental Illness</b>	40	70	70	2,181	18,452	0	8.5	50.6	126.4	72.2
<b>Rehabilitation</b>	0	0	0	0	0	0	0.0	0.0	0.0	0.0
<b>Long-Term Acute Care</b>	0	0	0	0	0	0	0.0	0.0	0.0	0.0
<b>Dedicated Observation</b>	0					0				
<b>Facility Utilization</b>	108			6,120	34,624	0	5.7	94.9	87.8	

(Includes ICU Direct Admissions Only)

**Inpatients and Outpatients Served by Payor Source**

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

**Financial Year Reported:**

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			
<b>Inpatient Revenue (\$)</b>	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			
<b>Outpatient Revenue (\$)</b>	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			

**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  
**Laboratory Studies**  
 Inpatient Studies: 83,706  
 Outpatient Studies: 51,107  
 Studies Performed Under Contract: 0

**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	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	1.4
Orthopedic	0	0	0	0	0	274	0	372	372	0.0	1.1
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
<b>Totals</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>5</b>	<b>0</b>	<b>1666</b>	<b>0</b>	<b>1666</b>	<b>1666</b>	<b>0.0</b>	<b>1.0</b>

<b>SURGICAL RECOVERY STATIONS</b>	Stage 1 Recovery Stations	8	Stage 2 Recovery Stations	18
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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	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
<b>Multipurpose Non-Dedicated Rooms</b>											
	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

**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

**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	8	
Persons Treated by Emergency Services:	4,286	
Patients Admitted from Emergency:	341	
Total ED Visits (Emergency+Trauma):	4,286	

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

**Radiation Equipment**

	Radiation Equipment		Therapies/Treatments
	Owned	Contract	
Lithotripsy	1	1	34
Linear Accelerator	0	0	0
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**

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 76.2%  
 Black 7.8%  
 American Indian 0.1%  
 Asian 1.8%  
 Hawaiian/ Pacific 0.2%  
 Unknown: 13.9%

**Patients by Ethnicity**

Hispanic or Latino: 9.8%  
 Not Hispanic or Latino: 76.3%  
 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% 5898	15.5% 1458	0.0% 0	17.4% 1642	2.8% 263	1.6% 149	9,410
Outpatients	36.6% 38888	27.8% 29528	0.1% 95	26.3% 27928	7.5% 7995	1.8% 1868	106,302

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 1,613,276
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals			
Inpatient Revenue (\$)	55.8% 45,372,692	5.8% 4,707,203	0.0% 0	17.8% 14,436,297	20.6% 16,788,176	100.0% 81,304,368	922,725	Totals: Charity Care as % of Net Revenue	
Outpatient Revenue (\$)	19.2% 10,380,455	13.3% 7,196,801	0.0% 0	31.7% 17,126,806	35.7% 19,287,337	100.0% 53,991,399	690,550		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  
 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: 396,802  
 Outpatient Studies: 297,369  
 Studies Performed Under Contract: 10,827

\* 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
<b>Totals</b>	<b>0</b>	<b>0</b>	<b>9</b>	<b>9</b>	<b>1783</b>	<b>1828</b>	<b>3108</b>	<b>1691</b>	<b>4799</b>	<b>1.7</b>	<b>0.9</b>

**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
<b>Multipurpose Non-Dedicated Rooms</b>											
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

**Cardiac Catheterization Utilization**

Total Cardiac Cath Procedures:	625
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	479
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	146
EP Catheterizations (15+)	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 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  
 ADMINSTRATOR 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

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	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
Dedicated Observation	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
Outpatients	32.0%	24.6%	0.0%	38.5%	4.2%	0.6%	22,405

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 (\$)	31,307,091	9,452,199	0	18,919,331	3,353,949	63,032,570	184,754	186,520
Outpatient Revenue (\$)	5,291,206	1,597,515	0	3,197,553	566,851	10,653,125	1,766	11,859,299
								Totals: Charity Care as % of Net Revenue
								0.3%

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

Organ Transplantation

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

\* 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). Average length of stay 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
<b>Totals</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>2</b>	<b>167</b>	<b>1447</b>	<b>156</b>	<b>1761</b>	<b>1917</b>	<b>0.9</b>	<b>1.2</b>

<b>SURGICAL RECOVERY STATIONS</b>	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
<i>Gastrointestinal</i>	0	0	3	3	13	103	12	89	101	0.9	0.9
<i>Laser Eye Procedures</i>	0	0	1	1	0	145	0	37	37	0.0	0.3
<i>Pain Management</i>	0	0	0	0	0	0	0	0	0	0.0	0.0
<i>Cystoscopy</i>	0	0	1	1	7	0	9	0	9	1.3	0.0
<b>Multipurpose Non-Dedicated Rooms</b>											
	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	Owned	Contract	
<i>General Radiography/Fluoroscopy</i>	8	0	6,055	4,191	<i>Lithotripsy</i> 0 0 0
<i>Nuclear Medicine</i>	2	0	50	410	<i>Linear Accelerator</i> 0 0 0
<i>Mammography</i>	3	0	0	4,250	<i>Image Guided Rad Therapy</i> 0 0 0
<i>Ultrasound</i>	5	0	769	2,692	<i>Intensity Modulated Rad Therap</i> 0 0 0
<i>Diagnostic Angiography</i>	0	0	0	0	<i>High Dose Brachytherapy</i> 0 0 0
<i>Interventional Angiography</i>	0	0	0	0	<i>Proton Beam Therapy</i> 0 0 0
<i>Positron Emission Tomography (PET)</i>	0	0	0	0	<i>Gamma Knife</i> 0 0 0
<i>Computerized Axial Tomography (CAT)</i>	1	0	1,554	1,125	<i>Cyber knife</i> 0 0 0
<i>Magnetic Resonance Imaging</i>	1	0	0	722	

Ownership, Management and General Information		Patients by Race		Patients by Ethnicity	
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

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 %
<b>Medical/Surgical</b>	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					
<b>Pediatric</b>	9	8	8	168	329	94	2.5	1.2	12.9	14.5
<b>Intensive Care</b>	14	12	12	996	1,910	46	2.0	5.4	38.3	44.7
Direct Admission				642	1,231					
Transfers				354	679					
<b>Obstetric/Gynecology</b>	17	15	15	1,051	2,065	120	2.1	6.0	35.2	39.9
Maternity				916	1,738					
Clean Gynecology				135	327					
<b>Neonatal</b>	0	0	0	0	0	0	0.0	0.0	0.0	0.0
<b>Long Term Care</b>	0	0	0	0	0	0	0.0	0.0	0.0	0.0
<b>Swing Beds</b>				0	0		0.0	0.0		
<b>Acute Mental Illness</b>	0	0	0	0	0	0	0.0	0.0	0.0	0.0
<b>Rehabilitation</b>	0	0	0	0	0	0	0.0	0.0	0.0	0.0
<b>Long-Term Acute Care</b>	0	0	0	0	0	0	0.0	0.0	0.0	0.0
<b>Dedicated Observation</b>	0					0				
<b>Facility Utilization</b>	174			6,490	24,005	3,508	4.2	75.4	43.3	

(Includes ICU Direct Admissions Only)

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

Financial Year Reported:	Inpatient and Outpatient Net Revenue by Payor Source							Charity Care Expense	Total Charity Care Expense
	1/1/2009 to	12/31/2009	Medicare	Medicaid	Other Public	Private Insurance	Private Pay		
<b>Inpatient Revenue (\$)</b>	16,776,873	9,156,068	37.6%	20.5%	0.3%	36.8%	4.8%	100.0%	4,019,971
									Totals: Charity Care as % of Net Revenue
<b>Outpatient Revenue (\$)</b>	10,036,415	8,123,116	14.4%	11.7%	1.5%	59.1%	13.3%	100.0%	3.5%

Birthing Data		Newborn Nursery Utilization		Organ Transplantation	
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 (CMS Form 990) is not available for 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
<b>Totals</b>	<b>0</b>	<b>0</b>	<b>6</b>	<b>6</b>	<b>1671</b>	<b>1656</b>	<b>3319</b>	<b>1931</b>	<b>5250</b>	<b>2.1</b>	<b>1.2</b>

**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	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

**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

**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 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		Inpatient	Outpatient
	Owned	Contract		
General Radiography/Fluoroscopy	6	0	8,830	23,841
Nuclear Medicine	2	0	402	1,803
Mammography	1	0	0	3,925
Ultrasound	2	0	922	6,877
Diagnostic Angiography	0	0	0	0
Interventional Angiography	0	0	0	0
Positron Emission Tomography (PET)	0	1	0	132
Computerized Axial Tomography (CAT)	2	0	3,222	11,462
Magnetic Resonance Imaging	2	0	454	3,565

**Radiation Equipment**

	Radiation Equipment		Therapies/ Treatments
	Owned	Contract	
Lithotripsy	0	0	0
Linear Accelerator	1	0	11,445
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**

**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 %
<b>Medical/Surgical</b>	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					
<b>Pediatric</b>	6	4	3	74	140	0	1.9	0.4	6.4	9.6
<b>Intensive Care</b>	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					
<b>Obstetric/Gynecology</b>	24	22	22	1,249	2,839	74	2.3	8.0	33.3	36.3
Maternity				988	2,223					
Clean Gynecology				261	616					
<b>Neonatal</b>	0	0	0	0	0	0	0.0	0.0	0.0	0.0
<b>Long Term Care</b>	0	0	0	0	0	0	0.0	0.0	0.0	0.0
<b>Wing Beds</b>				0	0		0.0	0.0		
<b>Acute Mental Illness</b>	30	25	21	923	4,246	0	4.6	11.6	38.8	46.5
<b>Rehabilitation</b>	25	21	19	396	4,362	0	11.0	12.0	47.8	56.9
<b>Long-Term Acute Care</b>	0	0	0	0	0	0	0.0	0.0	0.0	0.0
<b>Extended Observation</b>	0					0				
<b>Facility Utilization</b>	210			8,626	34,131	3,120	4.3	102.1	48.6	

(Includes ICU Direct Admissions Only)

**Inpatients and Outpatients Served by Payor Source**

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
<b>Inpatients</b>	45.8%	16.6%	1.9%	30.2%	2.8%	2.8%	
	3951	1429	164	2602	238	242	8,626
<b>Outpatients</b>	16.6%	45.8%	1.9%	30.4%	4.0%	1.3%	
	39058	107961	4488	71721	9524	3089	235,841

**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
<b>Inpatient Revenue (\$)</b>	43.0%	15.2%	0.4%	38.5%	3.0%	100.0%		4,601,304
	36,829,206	13,070,156	320,129	32,988,965	2,538,299	85,746,755	1,846,049	
<b>Outpatient Revenue (\$)</b>	11.9%	4.9%	2.6%	66.1%	14.4%	100.0%		
	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: 2  
 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 a facility is 210 beds. Actual Cost of Services Provided to Charity Care Inpatients and Outpatients was calculated using the 2009 IPSS-99 Schedule 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
<b>Totals</b>	<b>0</b>	<b>0</b>	<b>12</b>	<b>12</b>	<b>2118</b>	<b>5633</b>	<b>5901</b>	<b>7311</b>	<b>13212</b>	<b>2.8</b>	<b>1.3</b>

<b>SURGICAL RECOVERY STATIONS</b>	Stage 1 Recovery Stations	15	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	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
<b>Multipurpose Non-Dedicated Rooms</b>											
	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 Catheterizations (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				Radiation Equipment			Therapies/ Treatments
	Owned	Contract	Inpatient	Outpatient	Owned	Contract		
General Radiography/Fluoroscopy	14	0	12,224	20,241	Lithotripsy	0	1	140
Nuclear Medicine	3	0	372	2,846	Linear Accelerator	1	0	3,100
Mammography	1	0	0	2,379	Image Guided Rad Therapy	0	0	0
Ultrasound	4	0	2,260	4,607	Intensity Modulated Rad Therap	0	0	0
Diagnostic Angiography	1	0	1,087	429	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	82	Gamma Knife	0	0	0
Computerized Axial Tomography (CAT)	2	0	3,751	9,384	Cyber knife	0	0	0
Magnetic Resonance Imaging	1	0	891	1,879				

Ownership, Management and General Information

**ADMINISTRATOR NAME:** James D. Witt  
**ADMINISTRATOR PHONE:** 630-801-2616  
**OWNERSHIP:** Provena Hospitals d/b/a Provena Mercy Medical Cent  
**OPERATOR:** Provena Hospitals d/b/a Provena Mercy Medical Cent  
**MANAGEMENT:** Church-Related  
**CERTIFICATION:** None  
**FACILITY DESIGNATION:** General Hospital  
**ADDRESS:** 1325 North Highland Avenue

Patients by Race

White 62.8%  
 Black 11.6%  
 American Indian 0.0%  
 Asian 0.6%  
 Hawaiian/ Pacific 0.0%  
 Unknown: 25.0%

Patients by Ethnicity

Hispanic or Latino: 22.7%  
 Not Hispanic or Latino: 75.0%  
 Unknown: 2.3%  
 IDPH Number: 4903  
 HPA A-12  
 HSA 8

**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 %
<b>Medical/Surgical</b>	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					
<b>Pediatric</b>	16	16	11	443	867	370	2.8	3.4	21.2	21.2
<b>Intensive Care</b>	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					
<b>Obstetric/Gynecology</b>	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					
<b>Neonatal</b>	0	0	0	0	0	0	0.0	0.0	0.0	0.0
<b>Long Term Care</b>	0	0	0	0	0	0	0.0	0.0	0.0	0.0
<b>Swing Beds</b>				0	0		0.0	0.0		
<b>Acute Mental Illness</b>	95	72	64	2,718	16,682	0	6.1	45.7	48.1	63.5
<b>Rehabilitation</b>	0	0	0	0	0	0	0.0	0.0	0.0	0.0
<b>Long-Term Acute Care</b>	0	0	0	0	0	0	0.0	0.0	0.0	0.0
<i>Dedicated Observation</i>	0					0				
<b>Facility Utilization</b>	<b>299</b>			<b>10,397</b>	<b>46,024</b>	<b>3,978</b>	<b>4.8</b>	<b>137.0</b>	<b>45.8</b>	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
<b>Inpatients</b>	36.6%	27.3%	0.5%	30.2%	3.2%	2.1%	10,397
	3809	2838	55	3140	335	220	
<b>Outpatients</b>	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		<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			
<b>Inpatient Revenue (\$)</b>	39.1%	33.6%	0.4%	24.9%	1.9%	100.0%	2,638,341	5,367,773	
	30,667,645	26,391,096	350,575	19,532,576	1,501,912	78,443,804			
<b>Outpatient Revenue (\$)</b>	17.1%	23.7%	0.4%	54.8%	4.1%	100.0%	2,729,432	3.2%	
	15,493,796	21,553,255	323,234	49,733,701	3,677,093	90,781,079			

Birthing Data

Number of Total Births: 1,124  
 Number of Live Births: 1,121  
 Birthing Rooms: 0  
 Labor Rooms: 0  
 Delivery Rooms: 0  
 Labor-Delivery-Recovery Rooms: 0  
 Labor-Delivery-Recovery-Postpartum Rooms: 16  
 C-Section Rooms: 2  
 CSections Performed: 377

Newborn Nursery Utilization

Level 1 Patient Days: 1,746  
 Level 2 Patient Days: 989  
 Level 2+ Patient Days: 0  
 Total Nursery Patientdays: 2,735  
Laboratory Studies  
 Inpatient Studies: 238,354  
 Outpatient Studies: 122,789  
 Studies Performed Under Contract: 28,893

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 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
<b>Totals</b>	<b>2</b>	<b>0</b>	<b>10</b>	<b>12</b>	<b>1979</b>	<b>1631</b>	<b>5123</b>	<b>2455</b>	<b>7578</b>	<b>2.6</b>	<b>1.5</b>

<b>SURGICAL RECOVERY STATIONS</b>	Stage 1 Recovery Stations	12	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	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
<b>Multipurpose Non-Dedicated Rooms</b>											
	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	0
Number of Trauma Visits:	658
Patients Admitted from Trauma	334
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		
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 %
<b>Medical/Surgical</b>	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					
<b>Pediatric</b>	0	0	0	0	0	0	0.0	0.0	0.0	0.0
<b>Intensive Care</b>	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					
<b>Obstetric/Gynecology</b>	0	15	6	232	508	66	2.5	1.6	0.0	10.5
Maternity				215	468					
Clean Gynecology				17	40					
<b>Neonatal</b>	0	0	0	0	0	0	0.0	0.0	0.0	0.0
<b>Long Term Care</b>	0	0	0	0	0	0	0.0	0.0	0.0	0.0
<b>Swing Beds</b>				0	0		0.0	0.0		
<b>Acute Mental Illness</b>	30	30	25	1,185	6,055	0	5.1	16.6	55.3	55.3
<b>Rehabilitation</b>	34	34	34	902	9,691	0	10.7	26.6	78.1	78.1
<b>Long-Term Acute Care</b>	0	0	0	0	0	0	0.0	0.0	0.0	0.0
<i>Dedicated Observation</i>	0					0				
<b>Facility Utilization</b>	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
<b>Inpatients</b>	52.9%	11.0%	0.7%	30.6%	2.4%	2.4%	8,846
	4679	975	63	2711	210	208	
<b>Outpatients</b>	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					Charity Care Expense	Total Charity Care Expense
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals			
<b>Inpatient Revenue (\$)</b>	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		Totals: Charity Care as % of Net Revenue	
<b>Outpatient Revenue (\$)</b>	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			

**Birth 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

**Organ Transplantation**

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

**Laboratory Studies**

Inpatient Studies 238,112  
 Outpatient Studies 152,236  
 Studies Performed Under Contract 80,753

\* 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 its 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 until 2010 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	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
<b>Totals</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>10</b>	<b>2982</b>	<b>3937</b>	<b>5901</b>	<b>4946</b>	<b>10847</b>	<b>2.0</b>	<b>1.3</b>

**SURGICAL RECOVERY STATIONS**                      Stage 1 Recovery Stations                      11                      Stage 2 Recovery Stations                      22

**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
<b>Multipurpose Non-Dedicated Rooms</b>											
	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

**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:	564
Patients Admitted from Trauma	424
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 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

**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			
	Owned	Contract	Inpatient	Outpatient
General Radiography/Fluoroscopy	5	0	14,504	22,969
Nuclear Medicine	3	0	1,491	3,217
Mammography	3	0	0	6,823
Ultrasound	5	0	3,507	9,429
Diagnostic Angiography	0	0	0	0
Interventional Angiography	0	0	0	0
Positron Emission Tomography (PET)	0	1	0	182
Computerized Axial Tomography (CAT)	2	0	6,194	16,786
Magnetic Resonance Imaging	1	0	1,449	2,538

**Radiation Equipment**

	Owned		Contract	Therapies/ Treatments
	Owned	Contract		
Lithotripsy	0	0		0
Linear Accelerator	2	0		4,854
Image Guided Rad Therapy	0	0		0
Intensity Modulated Rad Therap	1	0		1120
High Dose Brachytherapy	0	0		0
Proton Beam Therapy	0	0		0
Gamma Knife	0	0		0
Cyber knife	0	0		0

<u>Ownership, Management and General Information</u>		<u>Patients by Race</u>		<u>Patients by Ethnicity</u>	
ADMINISTRATOR NAME:	Jeffrey L. Brickman	White	77.3%	Hispanic or Latino:	8.2%
ADMINSTRATOR 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

<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>
<b>Medical/Surgical</b>	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					
<b>Pediatric</b>	13	13	13	525	1,415	692	4.0	5.8	44.4	44.4
<b>Intensive Care</b>	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					
<b>Obstetric/Gynecology</b>	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					
<b>Neonatal</b>	0	0	0	0	0	0	0.0	0.0	0.0	0.0
<b>Long Term Care</b>	0	0	0	0	0	0	0.0	0.0	0.0	0.0
<b>Swing Beds</b>				0	0		0.0	0.0		
<b>Acute Mental Illness</b>	31	31	31	1,390	9,613	0	6.9	26.3	85.0	85.0
<b>Rehabilitation</b>	32	32	30	570	6,544	0	11.5	17.9	56.0	56.0
<b>Long-Term Acute Care</b>	0	0	0	0	0	0	0.0	0.0	0.0	0.0
<i>Dedicated Observation</i>	0					0				
<b>Facility Utilization</b>	<b>480</b>			<b>23,475</b>	<b>102,861</b>	<b>10,052</b>	<b>4.8</b>	<b>309.4</b>	<b>64.4</b>	

(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>
<b>Inpatients</b>	46.0%	13.4%	0.9%	34.5%	3.2%	2.0%	23,475
	10793	3154	212	8099	751	466	
<b>Outpatients</b>	27.4%	16.9%	0.8%	48.5%	5.2%	1.3%	232,432
	63576	39251	1779	112829	12070	2927	

<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>			
<b>Inpatient Revenue (\$)</b>	50.0%	11.1%	0.0%	25.3%	13.6%	100.0%	3,377,931	7,284,458	
	101,834,552	22,548,805	0	51,620,573	27,643,931	203,647,861			
<b>Outpatient Revenue (\$)</b>	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			

<u>Birthing Data</u>		<u>Newborn Nursery Utilization</u>		<u>Organ Transplantation</u>	
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	<u>Laboratory Studies</u>		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
<b>Totals</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>10</b>	<b>6021</b>	<b>8064</b>	<b>11917</b>	<b>9602</b>	<b>21519</b>	<b>2.0</b>	<b>1.2</b>

<b>SURGICAL RECOVERY STATIONS</b>	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
<b>Multipurpose Non-Dedicated Rooms</b>											
	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

**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

**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	904
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 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%
ADMINSTRATOR 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 %
<b>Medical/Surgical</b>	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					
<b>Pediatric</b>	14	13	10	542	1,711	445	4.0	5.9	42.2	45.4
<b>Intensive Care</b>	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					
<b>Obstetric/Gynecology</b>	12	13	8	466	1,042	52	2.3	3.0	25.0	23.1
Maternity				420	936					
Clean Gynecology				46	106					
<b>Neonatal</b>	0	0	0	0	0	0	0.0	0.0	0.0	0.0
<b>Long Term Care</b>	0	0	0	0	0	0	0.0	0.0	0.0	0.0
<b>Swing Beds</b>				0	0		0.0	0.0		
<b>Acute Mental Illness</b>	25	21	21	649	3,488	3	5.4	9.6	38.3	45.5
<b>Rehabilitation</b>	0	0	0	0	0	0	0.0	0.0	0.0	0.0
<b>Long-Term Acute Care</b>	0	0	0	0	0	0	0.0	0.0	0.0	0.0
<i>Dedicated Observation</i>	0					0				
<b>Facility Utilization</b>	<b>182</b>			<b>7,545</b>	<b>31,185</b>	<b>1,527</b>	<b>4.3</b>	<b>89.6</b>	<b>49.2</b>	

(Includes ICU Direct Admissions Only)

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

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

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			Liver:	0
Labor-Delivery-Recovery-Postpartum Rooms:	4			Total:	0
C-Section Rooms:	1				
CSections Performed:	116				

\* 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 and the 2008 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
<b>Totals</b>	<b>0</b>	<b>0</b>	<b>8</b>	<b>8</b>	<b>1516</b>	<b>3772</b>	<b>3029</b>	<b>5528</b>	<b>8557</b>	<b>2.0</b>	<b>1.5</b>

<b>SURGICAL RECOVERY STATIONS</b>	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	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
<b>Multipurpose Non-Dedicated Rooms</b>											
	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

**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:	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):	31,466

**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

**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			Therapies/ Treatments
	Owned	Contract	Inpatient	Outpatient	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
<b>TOTAL</b>	<b>940</b>	<b>1,327</b>	<b>2,267</b>

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	25	26	51
Medicare	414	851	1,265
Other Public	0	0	0
Insurance	488	433	921
Private Pay	10	16	26
Charity Care	3	1	4
<b>TOTAL</b>	<b>940</b>	<b>1,327</b>	<b>2,267</b>

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
<b>TOTAL</b>	<b>2267</b>	<b>1,374.00</b>	<b>665.00</b>	<b>2039.00</b>	<b>0.90</b>

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
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>

<b>Reference Numbers</b>	<b>Facility Id</b> 7003131	<b>Number of Operating Rooms</b>	4
<b>Health Service Area</b> 006	<b>Planning Service Area</b> 030	<b>Procedure Rooms</b>	0
<b>BELMONT/HARLEM SURGERY CENTER, LLC</b>		<b>Exam Rooms</b>	0
3101 NORTH HARLEM AVENUE		<b>Number of Recovery Stations Stage 1</b>	5
CHICAGO, IL 60634		<b>Number of Recovery Stations Stage 2</b>	8
<b>Administrator</b>	<b>Date</b>		
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
<b>TOTAL</b>	<b>9.00</b>

**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-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	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

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	73	73	69	73	4	73	16	Residents on 1/1/2009	113
Skilled Under 22	0	0	0	0	0	0	0	Total Admissions 2009	484
Intermediate DD	0	0	0	0	0	0	0	Total Discharges 2009	475
Sheltered Care	61	61	53	61	8			Residents on 12/31/2009	122
TOTAL BEDS	134	134	122	134	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 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	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
<b>TOTALS</b>	<b>36</b>	<b>12</b>	<b>3</b>	<b>3</b>	<b>68</b>	<b>0</b>	<b>122</b>

## 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
<b>Total</b>	<b>69</b>	<b>0</b>	<b>0</b>	<b>53</b>	<b>122</b>

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
<b>Total</b>	<b>69</b>	<b>0</b>	<b>0</b>	<b>53</b>	<b>122</b>

## 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
<b>Totals</b>	<b>126.80</b>

## 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		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
1101 EAST STATE STREET		Aggressive/Anti-Social	0	DIAGNOSIS		
GENEVA, IL. 60134		Chronic Alcoholism	1	Neoplasms	0	
Reference Numbers	Facility ID 6003503	Developmentally Disabled	1	Endocrine/Metabolic	1	
Health Service Area 008	Planning Service Area 089	Drug Addiction	1	Blood Disorders	0	
Administrator		Medicaid Recipient	0	*Nervous System Non Alzheimer	5	
Dawn Renee Furman		Medicare Recipient	0	Alzheimer Disease	24	
Contact Person and Telephone		Mental Illness	0	Mental Illness	11	
DAWN. R. FURMAN		Non-Ambulatory	0	Developmental Disability	1	
630-232-7544		Non-Mobile	0	Circulatory System	10	
Registered Agent Information	Date Completed	Public Aid Recipient	0	Respiratory System	10	
	5/12/2010	Under 65 Years Old	0	Digestive System	3	
		Unable to Self-Medicare	0	Genitourinary System Disorders	1	
		Ventilator Dependent	1	Skin Disorders	0	
		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	2	
		Other Restrictions	0	Injuries and Poisonings	1	
		No Restrictions	0	Other Medical Conditions	12	
FACILITY OWNERSHIP		<i>Note: Reported restrictions denoted by 'I'</i>			Non-Medical Conditions	0
NON-PROF CORPORATION				TOTALS	81	
CONTINUING CARE COMMUNITY	No					
LIFE CARE FACILITY	No			Total Residents Diagnosed as Mentally Ill	15	

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	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		

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	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	Medicare		Other		Private	Charity	TOTALS
	Medicare	Medicaid	Public	Insurance	Pay	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
<b>TOTALS</b>	<b>15</b>	<b>47</b>	<b>0</b>	<b>1</b>	<b>18</b>	<b>0</b>	<b>81</b>

## 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
<b>Total</b>	<b>81</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>81</b>

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
<b>Total</b>	<b>81</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>81</b>

## 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
<b>Totals</b>	<b>94.00</b>

## 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	0.0%
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		Aggressive/Anti-Social	1	DIAGNOSIS		
KANKAKEE, IL. 60901		Chronic Alcoholism	1	Neoplasms	0	
Reference Numbers	Facility ID 6004246	Developmentally Disabled	0	Endocrine/Metabolic	0	
Health Service Area 009	Planning Service Area 091	Drug Addiction	1	Blood Disorders	0	
Administrator		Medicaid Recipient	1	*Nervous System Non Alzheimer	0	
Carol McIntyre		Medicare Recipient	0	Alzheimer Disease	19	
Contact Person and Telephone		Mental Illness	1	Mental Illness	0	
CAROL D MCINTYRE		Non-Ambulatory	0	Developmental Disability	1	
815-939-4506		Non-Mobile	0	Circulatory System	31	
Registered Agent Information	Date Completed 4/9/2010	Public Aid Recipient	0	Respiratory System	10	
		Under 65 Years Old	0	Digestive System	5	
		Unable to Self-Medicate	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 '1'</i>			Non-Medical Conditions	0
NON-PROF CORPORATION				TOTALS	74	
CONTINUING CARE COMMUNITY	No					
LIFE CARE FACILITY	No			Total Residents Diagnosed as Mentally Ill	0	

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	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
<b>TOTALS</b>	<b>24</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>39</b>	<b>1</b>	<b>74</b>

## 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
<b>Total</b>	<b>42</b>	<b>0</b>	<b>0</b>	<b>32</b>	<b>74</b>

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
<b>Total</b>	<b>42</b>	<b>0</b>	<b>0</b>	<b>32</b>	<b>74</b>

## 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
<b>Totals</b>	<b>113.00</b>

## 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 Kleffer

19065 Hickory Creek Drive Suite 300

Mokena, IL 60448

**FACILITY OWNERSHIP**

NON-PROF CORPORATION

CONTINUING CARE COMMUNITY

LIFE CARE FACILITY

Date Completed  
5/7/2010

No  
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-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	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
<b>TOTALS</b>	<b>63</b>
<b>Total Residents Diagnosed as Mentally Ill</b>	
	<b>1</b>

**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	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
<b>TOTAL BEDS</b>	<b>87</b>	<b>87</b>	<b>74</b>	<b>87</b>	<b>63</b>	<b>24</b>	<b>87</b>	<b>9</b>	<b>Identified Offenders 0</b>

**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	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%
<b>TOTALS</b>	<b>10591</b>	<b>33.4%</b>	<b>1312</b>	<b>39.9%</b>	<b>0</b>	<b>695</b>	<b>10073</b>	<b>192</b>	<b>22863</b>	<b>72.0%</b>	<b>72.0%</b>

**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
<b>TOTALS</b>	<b>19</b>	<b>44</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>19</b>	<b>44</b>	<b>63</b>

## 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	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
<b>TOTALS</b>	<b>24</b>	<b>4</b>	<b>0</b>	<b>4</b>	<b>31</b>	<b>0</b>	<b>63</b>

## 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
<b>Total</b>	<b>63</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>63</b>

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
<b>Total</b>	<b>63</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>63</b>

## 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
<b>Totals</b>	<b>72.00</b>

## 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		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS	
20 BRIARCLIFF LANE		Aggressive/Anti-Social 0		DIAGNOSIS	
BOURBONNAIS, IL. 60914		Chronic Alcoholism 0		Neoplasms 2	
Reference Numbers	Facility ID 6007009	Developmentally Disabled 0		Endocrine/Metabolic 5	
Health Service Area 009	Planning Service Area 091	Drug Addiction 0		Blood Disorders 2	
Administrator		Medicaid Recipient 0		*Nervous System Non Alzheimer 5	
Robin Gifford		Medicare Recipient 0		Alzheimer Disease 1	
Contact Person and Telephone		Mental Illness 0		Mental Illness 1	
ROBIN GIFFORD		Non-Ambulatory 0		Developmental Disability 0	
815-937-2022		Non-Mobile 0		Circulatory System 25	
Registered Agent Information	Date Completed 5/6/2010	Public Aid Recipient 0		Respiratory System 17	
		Under 65 Years Old 0		Digestive System 2	
		Unable to Self-Medicare 0		Gen/ourinary System Disorders 8	
		Ventilator Dependent 1		Skin Disorders 2	
		Infectious Disease w/ Isolation 0		Musculo-skeletal Disorders 9	
		Other Restrictions 0		Injuries and Poisonings 5	
		No Restrictions 0		Other Medical Conditions 10	
FACILITY OWNERSHIP		Note: Reported restrictions denoted by '1'		Non-Medical Conditions 0	
NON-PROF CORPORATION				TOTALS 94	
CONTINUING CARE COMMUNITY	No			Total Residents Diagnosed as Mentally Ill 1	
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	107	107	107	107	94	13	55	90	95	205
Skilled Under 22	0	0	0	0	0	0		0		206
Intermediate DD	0	0	0	0	0	0		0		94
Sheltered Care	0	0	0	0	0	0				0
TOTAL BEDS	107	107	107	107	94	13	55	90		

LEVEL OF CARE	FACILITY UTILIZATION - 2009									Licensed Beds Occ. Pct.	Peak Beds Set Up Occ. Pct.
	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL		
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.	Pat. days	Pat. days	Pat. days	Pat. days	Pat. days		
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%

AGE GROUPS	RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2009										
	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	RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE					TOTALS	
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay		Charity Care
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
<b>TOTALS</b>	<b>21</b>	<b>64</b>	<b>0</b>	<b>0</b>	<b>9</b>	<b>0</b>	<b>94</b>

## 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
<b>Total</b>	<b>94</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>94</b>

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
<b>Total</b>	<b>94</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>94</b>

## 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
<b>Totals</b>	<b>92.00</b>

## 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. 60174  
Reference Numbers Facility ID 6007439  
Health Service Area 008 Planning Service Area 089

Administrator  
MELISSA ADAMS

Contact 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	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	120	110	110	103	17	120	60	88	270
Skilled Under 22	0	0	0	0	0		0		255
Intermediate DD	0	0	0	0	0		0		103
Sheltered Care	0	0	0	0	0				
TOTAL BEDS	120	110	110	103	17	120	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
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	RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE						TOTALS
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	
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
<b>TOTALS</b>	<b>25</b>	<b>50</b>	<b>0</b>	<b>1</b>	<b>27</b>	<b>0</b>	<b>103</b>

## 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	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	0	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0	0
White	103	0	0	0	0	103
Race Unknown	0	0	0	0	0	0
<b>Total</b>	<b>103</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>103</b>
ETHNICITY	RESIDENTS BY RACIAL/ETHNICITY GROUPING					Totals
	Nursing	SkUnd22	ICF/DD	Shelter	Totals	
Hispanic	0	0	0	0	0	0
Non-Hispanic	103	0	0	0	0	103
Ethnicity Unknown	0	0	0	0	0	0
<b>Total</b>	<b>103</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>103</b>

## 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
<b>Totals</b>	<b>106.00</b>

## 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  
 Date Completed 4/28/2010  
 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-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	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
<b>TOTALS</b>	<b>143</b>
<b>Total Residents Diagnosed as Mentally Ill 0</b>	

**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	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
<b>TOTAL BEDS</b>	<b>179</b>	<b>179</b>	<b>163</b>	<b>179</b>	<b>143</b>	<b>36</b>	<b>119</b>	<b>60</b>	<b>Identified Offenders 0</b>

**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	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%
<b>TOTALS</b>	<b>15823</b>	<b>36.4%</b>	<b>19188</b>	<b>87.6%</b>	<b>0</b>	<b>3254</b>	<b>16973</b>	<b>0</b>	<b>55238</b>	<b>84.5%</b>	<b>84.5%</b>

**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
<b>TOTALS</b>	<b>37</b>	<b>106</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>37</b>	<b>106</b>	<b>143</b>

## 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	Other					Private Pay	Charity Care	TOTALS
	Medicare	Medicaid	Public	Insurance				
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	
<b>TOTALS</b>	<b>44</b>	<b>52</b>	<b>0</b>	<b>8</b>	<b>39</b>	<b>0</b>	<b>143</b>	

## 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	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Asian	0	0	0	0	0
Amer. Indian	0	0	0	0	0
Black	7	0	0	0	7
Hawaiian/Pac. Isl.	0	0	0	0	0
White	136	0	0	0	136
Race Unknown	0	0	0	0	0
<b>Total</b>	<b>143</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>143</b>

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	1	0	0	0	1
Non-Hispanic	142	0	0	0	142
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>143</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>143</b>

## 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
<b>Totals</b>	<b>217.00</b>

## 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		ADMISSION RESTRICTIONS		RESIDENTS BY PRIMARY DIAGNOSIS		
659 EAST JEFFERSON STREET FREEPORT, IL. 61032		Aggressive/Anti-Social	0	DIAGNOSIS		
Reference Numbers Facility ID 6008973		Chronic Alcoholism	0	Neoplasms	2	
Health Service Area 001 Planning Service Area 177		Developmentally Disabled	0	Endocrine/Metabolic	5	
Administrator		Drug Addiction	0	Blood Disorders	1	
Michelle Lindeman		Medicaid Recipient	0	*Nervous System Non Alzheimer	11	
Contact Person and Telephone		Medicare Recipient	0	Alzheimer Disease	3	
Michelle Lindeman		Mental Illness	1	Mental Illness	6	
815-232-6181		Non-Ambulatory	0	Developmental Disability	2	
Registered Agent Information		Non-Mobile	0	Circulatory System	41	
Date Completed 5/4/2010		Public Aid Recipient	0	Respiratory System	5	
		Under 65 Years Old	0	Digestive System	7	
		Unable to Self-Medicare	0	Genitourinary System Disorders	3	
		Ventilator Dependent	1	Skin Disorders	0	
		Infectious Disease w/ Isolation	0	Musculo-skeletal Disorders	9	
		Other Restrictions	0	Injuries and Poisonings	2	
		No Restrictions	0	Other Medical Conditions	5	
FACILITY OWNERSHIP		<i>Note: Reported restrictions denoted by 'I'</i>			Non-Medical Conditions	0
NON-PROF CORPORATION					TOTALS	102
CONTINUING CARE COMMUNITY		No				
LIFE CARE FACILITY		No			Total Residents Diagnosed as Mentally Ill	9

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	120	111	111	108	102	18	120	94	Total Admissions 2009	193
Skilled Under 22	0	0	0	0	0	0	0	0	Total Discharges 2009	194
Intermediate DD	0	0	0	0	0	0	0	0	Residents on 12/31/2009	102
Sheltered Care	0	0	0	0	0	0	0	0	Identified Offenders	0
TOTAL BEDS	120	111	111	108	102	18	120	94		

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 Peak Beds	
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.		Pat. days	Pat. days	Pat. days	Pat. days			Pat. days	Occ. Pct.
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					Charity Care	TOTALS
	Medicare	Medicaid	Public	Insurance	Private Pay		
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
<b>TOTALS</b>	<b>12</b>	<b>59</b>	<b>0</b>	<b>2</b>	<b>29</b>	<b>0</b>	<b>102</b>

**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
<b>Total</b>	<b>102</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>102</b>
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
<b>Total</b>	<b>102</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>102</b>

**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
<b>Totals</b>	<b>122.00</b>

**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-Medicate	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			Total Residents Diagnosed as Mentally Ill	102	
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	176	176	173	176	158	18	176	82	Total Admissions 2009	166
Skilled Under 22	0	0	0	0	0	0		0	Total Discharges 2009	517
Intermediate DD	0	0	0	0	0	0		0	Residents on 12/31/2009	525
Sheltered Care	0	0	0	0	0	0			Identified Offenders	158
TOTAL BEDS	176	176	173	176	158	18	176	82		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.	Peak Beds Set Up Occ.
	Pat. days	Occ. Pct.	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	Medicare	Medicaid	Other		Private Pay	Charity Care	TOTALS
			Public	Insurance			
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
<b>TOTALS</b>	<b>77</b>	<b>43</b>	<b>0</b>	<b>1</b>	<b>37</b>	<b>0</b>	<b>158</b>

## 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	SkUnd22	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
<b>Total</b>	<b>158</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>158</b>

ETHNICITY	Nursing	SkUnd22	ICF/DD	Shelter	Totals
Hispanic	7	0	0	0	7
Non-Hispanic	151	0	0	0	151
Ethnicity Unknown	0	0	0	0	0
<b>Total</b>	<b>158</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>158</b>

## 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
<b>Totals</b>	<b>258.00</b>

## 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**

**ADMISSION RESTRICTIONS**

**RESIDENTS BY PRIMARY DIAGNOSIS**

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

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

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

Date Completed  
 5/6/2010

*Note: Reported restrictions denoted by '1'*

**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	99	99	99	99	96	3	99	99	96
Skilled Under 22	0	0	0	0	0	0	0	0	150
Intermediate DD	0	0	0	0	0	0	0	0	150
Sheltered Care	0	0	0	0	0	0	0	0	96
<b>TOTAL BEDS</b>	<b>99</b>	<b>99</b>	<b>99</b>	<b>99</b>	<b>96</b>	<b>3</b>	<b>99</b>	<b>99</b>	<b>96</b>

**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%
<b>TOTALS</b>	<b>7889</b>	<b>21.8%</b>	<b>5350</b>	<b>14.8%</b>	<b>0</b>	<b>0</b>	<b>21399</b>	<b>0</b>	<b>34638</b>	<b>95.9%</b>	<b>95.9%</b>

**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
<b>TOTALS</b>	<b>21</b>	<b>75</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>21</b>	<b>75</b>	<b>96</b>

## ST. BENEDICT NURSING &amp; 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	RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE					TOTALS	
	Medicare	Medicaid	Other Public	Private Insurance	Charity Care		
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
<b>TOTALS</b>	<b>22</b>	<b>16</b>	<b>0</b>	<b>0</b>	<b>58</b>	<b>0</b>	<b>96</b>

## 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	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	0	0	0	0	0	0
Hawaiian/Pac. Isl.	0	0	0	0	0	0
White	96	0	0	0	0	96
Race Unknown	0	0	0	0	0	0
<b>Total</b>	<b>96</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>96</b>

ETHNICITY	RESIDENTS BY RACIAL/ETHNICITY GROUPING					Totals
	Nursing	SkUnd22	ICF/DD	Shelter	Totals	
Hispanic	0	0	0	0	0	0
Non-Hispanic	96	0	0	0	0	96
Ethnicity Unknown	0	0	0	0	0	0
<b>Total</b>	<b>96</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>96</b>

## 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
<b>Totals</b>	<b>110.81</b>

## 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

7370 WEST TALCOTT

CHICAGO, IL. 60631

Reference Numbers Facility ID 6014575

Health Service Area 006 Planning Service Area 601

## Administrator

Nancy Razo

## 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	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 'I'*

## RESIDENTS BY PRIMARY DIAGNOSIS

DIAGNOSIS	
Neoplasms	4
Endocrine/Metabolic	10
Blood Disorders	0
*Nervous System Non Alzheimer	14
Alzheimer Disease	9
Mental Illness	16
Developmental Disability	0
Circulatory System	22
Respiratory System	10
Digestive System	4
Genitourinary System Disorders	3
Skin Disorders	4
Musculo-skeletal Disorders	23
Injuries and Poisonings	0
Other Medical Conditions	42
Non-Medical Conditions	0
TOTALS	161
Total Residents Diagnosed as Mentally Ill	16

## 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	147	147	146	147	146	1	112	112	161
Skilled Under 22	0	0	0	0	0	0	0	0	264
Intermediate DD	0	0	0	0	0	0	0	0	264
Sheltered Care	15	15	15	15	15	0	0	0	161
TOTAL BEDS	162	162	161	162	161	1	112	112	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	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 Pay	Charity Care	TOTALS
	Medicare	Medicaid	Public	Insurance				
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	
<b>TOTALS</b>	<b>20</b>	<b>79</b>	<b>0</b>	<b>0</b>	<b>62</b>	<b>0</b>	<b>161</b>	

## 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
<b>Total</b>	<b>146</b>	<b>0</b>	<b>0</b>	<b>15</b>	<b>161</b>

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
<b>Total</b>	<b>146</b>	<b>0</b>	<b>0</b>	<b>15</b>	<b>161</b>

## 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
<b>Totals</b>	<b>123.90</b>

## 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 &amp; 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

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	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
<b>TOTALS</b>	<b>262</b>

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	298	285	262	262	262	36	298	298	243	603
Skilled Under 22	0	0	0	0	0	0		0		584
Intermediate DD	0	0	0	0	0	0		0		262
Sheltered Care	0	0	0	0	0	0				1
<b>TOTAL BEDS</b>	<b>298</b>	<b>285</b>	<b>262</b>	<b>262</b>	<b>262</b>	<b>36</b>	<b>298</b>	<b>298</b>		

## 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	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%
<b>TOTALS</b>	<b>20742</b>	<b>19.1%</b>	<b>41546</b>	<b>38.2%</b>	<b>0</b>	<b>2026</b>	<b>21347</b>	<b>1068</b>	<b>86729</b>	<b>79.7%</b>	<b>83.4%</b>

## 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
<b>TOTALS</b>	<b>68</b>	<b>194</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>68</b>	<b>194</b>	<b>262</b>

## RESURRECTION NSG &amp; REHAB CTR

1001 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	Medicaid	Other		Private Pay	Charity Care	TOTALS
			Public	Insurance			
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
<b>TOTALS</b>	<b>52</b>	<b>136</b>	<b>0</b>	<b>8</b>	<b>62</b>	<b>4</b>	<b>262</b>

## 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
<b>Total</b>	<b>262</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>262</b>

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
<b>Total</b>	<b>262</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>262</b>

## 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
<b>Totals</b>	<b>255.50</b>

## 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 'I'*

**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
<b>TOTALS</b>	<b>115</b>
<b>Total Residents Diagnosed as Mentally III</b>	
	<b>6</b>

**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	135	135	122	135	115	20	135	135	Residents on 1/1/2009	110
Skilled Under 22	0	0	0	0	0	0	0	0	Total Admissions 2009	157
Intermediate DD	0	0	0	0	0	0	0	0	Total Discharges 2009	152
Sheltered Care	0	0	0	0	0	0	0	0	Residents on 12/31/2009	115
<b>TOTAL BEDS</b>	<b>135</b>	<b>135</b>	<b>122</b>	<b>135</b>	<b>115</b>	<b>20</b>	<b>135</b>	<b>135</b>	<b>Identified Offenders</b>	<b>0</b>

**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	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%
<b>TOTALS</b>	<b>5974</b>	<b>12.1%</b>	<b>21182</b>	<b>43.0%</b>	<b>0</b>	<b>0</b>	<b>15550</b>	<b>0</b>	<b>42706</b>	<b>86.7%</b>	<b>86.7%</b>

**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
<b>TOTALS</b>	<b>27</b>	<b>88</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>27</b>	<b>88</b>	<b>115</b>

## MARYHAVEN NSG. &amp; 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
<b>TOTALS</b>	<b>9</b>	<b>45</b>	<b>0</b>	<b>1</b>	<b>60</b>	<b>0</b>	<b>115</b>

## 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
<b>Total</b>	<b>115</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>115</b>

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
<b>Total</b>	<b>115</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>115</b>

## 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
<b>Totals</b>	<b>106.25</b>

## 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-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

**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
<b>TOTALS</b>	<b>160</b>

**Total Residents Diagnosed as Mentally Ill 10**

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

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	573
Intermediate DD	0	0	0	0	0	0		0	160	160
Sheltered Care	0	0	0	0	0	0				
<b>TOTAL BEDS</b>	<b>251</b>	<b>231</b>	<b>170</b>	<b>231</b>	<b>160</b>	<b>91</b>	<b>149</b>	<b>247</b>	<b>Identified Offenders</b>	<b>0</b>

**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%
<b>TOTALS</b>	<b>8617</b>	<b>15.8%</b>	<b>34052</b>	<b>37.8%</b>	<b>0</b>	<b>0</b>	<b>10734</b>	<b>1382</b>	<b>54785</b>	<b>59.8%</b>	<b>65.0%</b>

**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
<b>TOTALS</b>	<b>37</b>	<b>123</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>37</b>	<b>123</b>	<b>160</b>

**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	RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE					TOTALS	
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay		Charity Care
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
<b>TOTALS</b>	<b>27</b>	<b>99</b>	<b>0</b>	<b>6</b>	<b>22</b>	<b>6</b>	<b>160</b>

**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	RESIDENTS BY RACIAL/ETHNICITY GROUPING					Totals
	Nursing	SkUnd22	ICF/DD	Shelter		
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
<b>Total</b>	<b>160</b>	<b>0</b>	<b>0</b>	<b>0</b>		<b>160</b>

ETHNICITY	RESIDENTS BY RACIAL/ETHNICITY GROUPING					Totals
	Nursing	SkUnd22	ICF/DD	Shelter		
Hispanic	11	0	0	0		11
Non-Hispanic	149	0	0	0		149
Ethnicity Unknown	0	0	0	0		0
<b>Total</b>	<b>160</b>	<b>0</b>	<b>0</b>	<b>0</b>		<b>160</b>

**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
<b>Totals</b>	<b>147.72</b>

**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 Kouzious

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-Medicate	0
Ventilator Dependent	0
Infectious Disease w/ Isolation	0
Other Restrictions	0
No Restrictions	0

Note: Reported restrictions denoted by 'I'

**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
<b>TOTALS</b>	<b>224</b>
<b>Total Residents Diagnosed as Mentally Ill 14</b>	

**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	246	253	230	253	224	22	171	202	230	414
Skilled Under 22	0	0	0	0	0	0		0	Total Admissions 2009	420
Intermediate DD	0	0	0	0	0	0		0	Total Discharges 2009	224
Sheltered Care	7	0	0	0	0	7			Residents on 12/31/2009	224
<b>TOTAL BEDS</b>	<b>253</b>	<b>253</b>	<b>230</b>	<b>253</b>	<b>224</b>	<b>29</b>	<b>171</b>	<b>202</b>	<b>Identified Offenders</b>	<b>0</b>

**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	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%
<b>TOTALS</b>	<b>17447</b>	<b>28.0%</b>	<b>45709</b>	<b>62.0%</b>	<b>0</b>	<b>1267</b>	<b>18792</b>	<b>433</b>	<b>83648</b>	<b>90.6%</b>	<b>90.6%</b>

**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	8
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
<b>TOTALS</b>	<b>51</b>	<b>173</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>51</b>	<b>173</b>	<b>224</b>

## VILLA SCALABRINI NSG &amp; 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	RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE						TOTALS
	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity 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
<b>TOTALS</b>	<b>44</b>	<b>126</b>	<b>0</b>	<b>6</b>	<b>47</b>	<b>1</b>	<b>224</b>

## 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	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	18	0	0	0	18	18
Hawaiian/Pac. Isl.	0	0	0	0	0	0
White	197	0	0	0	197	197
Race Unknown	9	0	0	0	9	9
<b>Total</b>	<b>224</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>224</b>	<b>224</b>

ETHNICITY	RESIDENTS BY RACIAL/ETHNICITY GROUPING					Totals
	Nursing	SkUnd22	ICF/DD	Shelter	Totals	
Hispanic	16	0	0	0	16	16
Non-Hispanic	208	0	0	0	208	208
Ethnicity Unknown	0	0	0	0	0	0
<b>Total</b>	<b>224</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>224</b>	<b>224</b>

## 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
<b>Totals</b>	<b>197.05</b>

## 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.

**TRANSFER AGREEMENT  
BY AND BETWEEN  
CHILDREN'S MEMORIAL HOSPITAL AND**

---

**THIS TRANSFER AGREEMENT** (this "Agreement") is entered into as of the first day of August, 2004, by and between Children's Memorial Hospital, an Illinois non-profit corporation ("Receiving Hospital") and Saints Mary and Elizabeth, an Illinois not for profit corporation ("Transferring Facility") (each a "Party" and collectively "Parties").

**WHEREAS**, Transferring Facility owns and operates a general acute care hospital;

**WHEREAS**, Receiving Hospital owns and operates a general acute hospital and ancillary facilities specializing in pediatric care;

**WHEREAS**, Transferring Facility receives from time to time patients who are need of specialized services not available at Transferring Facility;

**WHEREAS**, the Parties are legally separate organizations and are not related in any way to one another through common ownership or control; and

**WHEREAS**, the Parties desire to establish a transfer arrangement in order to assure continuity of care for patients and to ensure accessibility of services to patients.

**NOW, THEREFORE**, for and in consideration of the terms, conditions, covenants, agreements and obligations contained herein, and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, it is hereby mutually agreed by the Parties as follows:

**ARTICLE I.**

**Patient Transfers**

1.1. Acceptance of Patients. Upon recommendation of an attending physician and pursuant to the provisions of this Agreement, Receiving Hospital agrees to admit a patient as promptly as possible, provided customary admission requirements are met, State and Federal laws and regulations are met, and Receiving Hospital has the capacity to treat the patient. Notice of the transfer shall be given by Transferring Facility as far in advance as possible. Receiving Hospital shall give prompt confirmation of whether it can provide health care appropriate to the patient's medical needs. Receiving Hospital agrees to exercise its best efforts to provide for prompt admission of transferred patients and, to the extent reasonably possible under the circumstances, give preference to patients requiring transfer from Transferring Facility.

1.2. Appropriate Transfer. It shall be Transferring Facility's responsibility to arrange for appropriate and safe transportation and to arrange for the care of the patient during a transfer. The Transferring Facility shall ensure that the transfer is an "appropriate transfer" under the Emergency Medical Treatment and Active Labor Act, as may be amended ("EMTALA"), and is carried out in accordance with all applicable laws and regulations. The Transferring Facility

shall provide in advance sufficient information to permit a determination as to whether the Receiving Hospital can provide the necessary patient care. The patient's medical record shall contain a physician's order transferring the patient. When reasonably possible, a physician from the Transferring Facility shall communicate directly with a physician from the Receiving Hospital before the patient is transferred.

1.3. Transfer Log. The Transferring Facility shall keep an accurate and current log of all patients transferred to the Receiving Hospital and the disposition of such patient transfers.

1.4. Admission to the Receiving Hospital from Transferring Facility. When a patient's need for admission to a center specialized in pediatric care is determined by his/her attending physician, Receiving Hospital shall admit the patient in accordance with the provisions of this Agreement as follows:

(a) Patients determined to be emergent by the attending physician shall be admitted, subject to bed, space, qualified personnel and equipment availability, provided that all usual conditions of admission to Receiving Hospital are met.

(b) All other patients shall be admitted according to the established routine of Receiving Hospital.

1.5. Standard of Performance. Each Party shall, in performing its obligations under this Agreement, provide patient care services in accordance with the same standards as services provided under similar circumstances to all other patients of such Party, and as required by federal and state laws and Medicare/Medicaid certification standards. Each Party shall maintain all legally required certifications and licenses from all applicable governmental and accrediting bodies, and shall maintain full eligibility for participation in Medicare and Medicaid. Receiving Hospital shall maintain accreditation by the Joint Commission on Accreditation of Healthcare Organizations ("JCAHO").

1.6. Billing and Collections. Each Party shall be entitled to bill patients, payors, managed care plans and any other third party responsible for paying a patient's bill, for services rendered to patients by such Party and its employees, agents and representatives, and neither Party will have any liability to the other Party for such charges. Each Party shall be solely responsible for all matters pertaining to its billing and collection of such charges. The Parties shall reasonably cooperate with each other in the preparation and completion of all necessary forms and documentation and the determination of insurance coverage and managed care requirements for each transferred patient. Each Party shall have the sole final responsibility for all forms, documentation, and insurance verification.

1.7. Personal Effects. Personal effects of any transferred patient shall be delivered to the transfer team or admissions department of the Receiving Hospital. Personal effects include money, jewelry, personal papers and articles for personal hygiene.

## ARTICLE II.

### Medical Records

Subject to applicable confidentiality requirements, the Parties shall exchange all information which may be necessary or useful in the care and treatment of the transferred patient or which may be relevant in determining whether such patient can be adequately cared for by the other Party. All such information shall be provided by the Transferring Facility in advance, where possible, and in any event, at the time of the transfer. The Transferring Facility shall send a copy of all patient medical records that are available at the time of transfer to the Receiving Hospital. Other records shall be sent as soon as practicable after the transfer. The patient's medical record shall contain evidence that the patient was transferred promptly, safely and in accordance with all applicable laws and regulations. Each Party shall and shall cause its employees and agents to protect the confidentiality of all patient information (including, but not limited to, medical records, electronic data, radiology films, laboratory blocks, slides and billing information), and comply with all applicable state and federal laws and regulations protecting the confidentiality of patients' records, including the Health Insurance Portability and Accountability Act of 1996 and the corresponding Standards for Privacy of Individually Identifiable Health Information regulations.

## ARTICLE III.

### Term and Termination

3.1. Term. This Agreement shall be effective as of the day and year written above and shall remain in effect until terminated as provided herein.

3.2. Termination. This Agreement may be terminated as follows:

(a) Termination by Mutual Consent. The Parties may terminate this Agreement at any time by mutual written consent, and such termination shall be effective upon the date stated in the consent.

(b) Termination Without Cause. Either Party may terminate this Agreement, without cause, upon thirty (30) days prior written notice.

(c) Termination for Cause. A Party shall have the right to immediately terminate this Agreement for cause upon the happening of any of the following:

(i) If such Party determines that the continuation of this Agreement would endanger patient care.

(ii) Violation by the other Party of any material provision of this Agreement, provided such violation continues for a period of fifteen (15) days after receipt of written notice by the other Party specifying such violation with particularity.

(iii) A general assignment by the other Party for the benefit of creditors; the institution by or against the other Party, as debtor, of proceedings of any nature under any law of the United States or any state, whether now existing or currently enacted or amended, for the relief of debtors, provided that in the event such proceedings are instituted against the other Party remain unstayed or undismissed for thirty (30) days; the liquidation of the other Party for any reason; or the appointment of a receiver to take charge of the other Party's affairs, provided such appointment remains undischarged for thirty (30) days. Such termination of the provisions of this Agreement shall not affect obligations which accrued prior to the effective date of such termination.

(iv) Exclusion of either Party from participation in the Medicare or Medicaid programs or conviction of either Party of a felony.

(v) Either Party's loss or suspension of any certification, license, accreditation (including JCAHO or other accreditation as applicable), or other approval necessary to render patient care services.

#### ARTICLE IV.

##### Non-Exclusive Relationship

This Agreement shall be non-exclusive. Either Party shall be free to enter into any other similar arrangement at any time and nothing in this Agreement shall be construed as limiting the right of either Party to affiliate or contract with any other hospital, nursing home, home health agency, school or other entity on either a limited or general basis while this Agreement is in effect. Neither Party shall use the other Party's name or marks in any promotional or advertising material without first obtaining the written consent of the other Party.

#### ARTICLE V.

##### Certification and Insurance

5.1. Licenses, Permits, and Certification. Each Party represents to the other that it and all of its employees, agents and representatives possess and shall maintain in valid and current status during the term of this Agreement all required licenses, permits and certifications enabling such Party to provide the services set forth in this Agreement.

5.2. Insurance. Both Parties shall, at their own cost and expense, obtain and maintain in force during the term of this Agreement appropriate levels of general and professional liability insurance coverage, in accordance with good business practice for acute-care hospitals in the Chicagoland area. Such insurance shall be provided by insurance company(ies) acceptable to Parties and licensed to conduct business in the State of Illinois or by a self-insurance program. Verification of insurance shall be in the possession of both Parties at all times while this Agreement is in effect. Both Parties shall be notified at least thirty (30) days prior to cancellation, notice of cancellation, reduction, or material change in coverage to either policy. In



the event the form of insurance is claims made, both Parties warrant and represent that they will purchase appropriate tail coverage for claims, demands, or actions reported in future years for acts of omissions during the term of this Agreement. In the event of insufficient coverage as defined in this Section, or lapse of coverage, the non-breaching Party reserves the right to immediately and unilaterally terminate this Agreement.

5.3. Notification of Claims. Each Party shall notify the other in writing, by certified mail, of any action or suit filed and shall give prompt notice of any claim made against either by any person or entity which may result in litigation related in any way to this Agreement.

## ARTICLE VI.

### Indemnification

Each Party shall indemnify and hold harmless the other Party from and against any and all manner of claims, demands, causes of action, liabilities, damages, costs, and expenses (including costs and reasonable attorney's fees) arising from or incident to the performance of such indemnifying Party's duties hereunder, except for negligent or willful acts or omissions of the other Party. Notwithstanding anything to the contrary, a Party's obligations with respect to indemnification for acts described in this article shall not apply to the extent that such application would nullify any existing insurance coverage of such Party or as to that portion of any claim of loss in which insurer is obligated to defend or satisfy.

## ARTICLE VII.

### Compliance With Laws

At all times, both Parties shall comply with all federal, state and local laws, rules and regulations now in effect or later adopted relating to the services to be provided hereunder and that may be applicable to the Parties including, but not limited to, laws, rules and regulations regarding confidentiality, disclosure and retention of patient records, such as the regulations promulgated under the Health Insurance Portability and Accountability Act of 1996. A Party shall promptly notify the other Party if it receives notice of any actual or alleged infraction, violation, default or breach of the same. Neither Transferring Facility or Receiving Hospital, nor any employee, officer, director or agent thereof, is an "excluded person" under the Medicare rules and regulations.

As of the date hereof and throughout the term of this Agreement: (a) Transferring Facility represents, warrants and covenants to Receiving Hospital that Transferring Hospital is licensed to operate a general acute care hospital in Illinois and is a participating facility in Medicare and Medicaid; and (b) Receiving Hospital represents, warrants and covenants to Transferring Facility that Receiving Hospital is licensed to operate a general acute hospital and ancillary facilities specializing in pediatric care and to participate in Medicare and Medicaid.

ARTICLE VIII.

Miscellaneous

8.1. Non-Referral of Patients. Neither Party is under any obligation to refer or transfer patients to the other Party and neither Party will receive any payment for any patient referred or transferred to the other Party. A Party may refer or transfer patients to any facility based on the professional judgment of the treating physician and the individual needs and wishes of the patients.

8.2. Relationship of the Parties. The Parties expressly acknowledge that in performing their respective obligations under this Agreement, they are each acting as independent contractors. Transferring Facility and Hospital are not and shall not be considered joint venturers or partners, and nothing herein shall be construed to authorize either Party to act as general agent for the other. Neither Party, by virtue of this Agreement, assumes any liability for any debts or obligations of either a financial or legal nature incurred by the other Party. Each Party shall disclose in its respective dealings that they are separate entities.

8.3. Notices. All notices and other communications under this Agreement shall be in writing and shall be deemed received when delivered personally or when deposited in the U.S. mail, postage prepaid, sent registered or certified mail, return receipt requested or sent via a nationally recognized and receipted overnight courier service, to the Parties at their respective principal office of record as set forth below or designated in writing from time to time. No notice of a change of address shall be effective until received by the other Party:

To Receiving Hospital:

Children's Memorial Hospital  
2300 Children's Plaza  
Chicago, IL 60614  
Attention: Gordon Bass, COO  
Fax No.: (773) 880-4126

To Transferring Facility:

Saints Mary and Elizabeth Medical Center  
2233 West Division Street  
Chicago, IL 60622  
\_\_\_\_\_

With a copy to:

Jeannie Carmedelle Frey, Esq.  
Senior Vice President  
Legal Affairs/General Counsel  
Resurrection Health Care  
7435 West Talcott Avenue

Chicago, IL 60631  
(773) 792-5875 (fax)

8.4. Assignment. Neither Party may assign its rights or delegate its obligations under this Agreement without the prior written consent of the other, except that either Party may assign all or part of its rights and delegate all or part of its obligations under this Agreement to any entity controlled by or under common control with such Party.

8.5. Entire Agreement; Amendment. This Agreement contains the entire agreement of the Parties with respect to the subject matter hereof and may not be amended or modified except in a writing signed by both Parties. All continuing covenants, duties, and obligations contained herein shall survive the expiration or termination of this Agreement.

8.6. Governing Law. This Agreement shall be construed and all of the rights, powers and liabilities of the Parties hereunder shall be determined in accordance with the laws of the State of Illinois; provided, however, that the conflicts of law principles of the State of Illinois shall not apply to the extent that they would operate to apply the laws of another state.

8.7. Headings. The headings of articles and sections contained in this Agreement are for reference purposes only and will not affect in any way the meaning or interpretation of this Agreement.

8.8. Non-discrimination. Neither Party shall discriminate against any individuals on the basis of race, color, sex, age, religion, national origin, or disability in providing services under this Agreement.

8.9. Severability. If any provision of this Agreement, or the application thereof to any person or circumstance, shall be held to be invalid, illegal or unenforceable in any respect by any court or other entity having the authority to do so, the remainder of this Agreement, or the application of such affected provision to persons or circumstances other than those to which it is held invalid or unenforceable, shall be in no way affected, prejudiced or disturbed, and each provision of this Agreement shall be valid and shall be enforced to the fullest extent permitted by law.

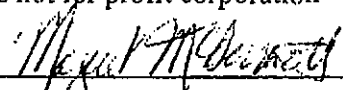
8.10. Successors and Assigns. This Agreement shall be binding upon, and shall inure to the benefit of the Parties hereto, their respective successors and permitted assigns.

8.11. Waiver. No failure by a Party to insist upon the strict performance of any covenant, agreement, term or condition of this Agreement, shall constitute a waiver of any such breach of such covenant, agreement, term or condition. Any Party may waive compliance by the other Party with any of the provisions of this Agreement if done so in writing. No waiver of any provision shall be construed as a waiver of any other provision or any subsequent waiver of the same provision.

8.12. Counterparts. This Agreement may be executed in any number of counterparts, each of which shall be deemed an original, but all such counterparts together shall constitute one and the same instrument.

IN WITNESS WHEREOF, the Parties have caused this Agreement to be executed and delivered as of the day and year written above.

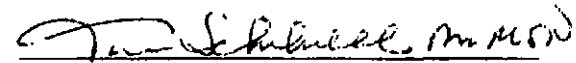
Saints Mary and Elizabeth Medical Center  
an Illinois not for profit corporation

By: 

Name: Margaret McDermott

Title: Executive Vice President & CEO

CHILDREN'S MEMORIAL HOSPITAL

By: 

Name: Tom Schubnell

Title: Administrator of Surgical & ER Services

Resurrection Health Care

MediTract Scanning Cover Sheet

1. Contracting Entity: Saints Mary and Elizabeth Medical Center (Select from Form One)
2. Site(s): Saints Mary and Elizabeth Medical Center (Select from Form Two)
3. Department: Patient Care Services (Select from Form Three)
4. Contract Type: Transfer Agreement (Select from Form Four)

*It is very important to be precise in identifying contract type to enable ready identification of this and similar contracts.*

5. Primary Responsible Party: Jamilette L. Zaenger (Name of the Contract Manager)
6. Secondary Responsible Party: Martin Judd (Name of a supervisor, peer or direct report of the Contract Manager)
7. Third Responsible Party: Heather Murphy
8. Compliance Questions:

Does this contract require a Business Associate Agreement?  
 Yes  No  N/A

If yes, does the contract contain a Business Associate Addendum or Business Associate language that has been approved by the RHC System Compliance Officer?  
 Yes  No  N/A

Does this contract require a Conflict of Interest Compliance Statement?  
 Yes  No  N/A

If yes, does the contract contain the Conflict of Interest Compliance Statement?  
 Yes  No  N/A

Has this vendor been excluded, suspended or debarred from Medicare, Medicaid or any other federal or state funded health care program?  
 Yes  No  N/A

Does this contract contain the vendor's representation that it/he/she has not been excluded, suspended or debarred from Medicare, Medicaid or any other federal or state funded health care program?  
 Yes  No  N/A

Does this contract contain language regarding the insurance to be maintained by the vendor?  
 Yes  No  N/A

Does the contract language regarding insurance meet our insurance requirements?  
 Yes  No  N/A

Does the contract have proof of insurance attached? If yes, please add to the database as an attachment to this contract.  
 Yes  No  N/A

Does this contract involve a financial arrangement with a physician?  
 Yes  No  N/A

If yes, does the compensation under this physician contract reflect commercially reasonable terms and Fair Market Value, in accordance with the standards set forth in the RHC Financial Arrangements with Physicians Policy?  
 Yes  No  N/A

If yes, does this physician contract contain language that the physician agrees to uphold the Ethical and Religious Directives for Catholic Health Care Services, as promulgated from time to time by the Archbishop of Chicago?  
 Yes  No  N/A

If yes, does the contract contain language regarding and a copy of the "RHC Compliance Program"?  
 Yes  No  N/A

Does this contract require a copy of the "Vendor Information on Our Compliance Program" to be attached?  
 Yes  No  N/A

If yes, does the contract contain language regarding and a copy of the "Vendor Information on Our Compliance Program"?  
 Yes  No  N/A

TRANSFER AGREEMENT  
BETWEEN

SAINTS MARY AND ELIZABETH MEDICAL CENTER  
AND  
NORTHWESTERN MEMORIAL HOSPITAL

This Transfer Agreement ("**Agreement**") is entered into as of the 5<sup>th</sup> day of October, 2004 by and between Northwestern Memorial Hospital ("**Receiving Hospital**") and Saints Mary and Elizabeth Medical Center, d/b/a Saint Elizabeth Hospital, an Illinois not-for-profit corporation ("**Transferring Facility**") (each a "**Party**" and collectively the "**Parties**").

**RECITALS**

**WHEREAS**, Transferring Facility owns and operates a general acute care hospital; and

**WHEREAS**, Transferring Facility receives from time to time patients who are in need of specialized services in the area of spinal cord care ("**Specialty**") not available at Transferring Facility, but available at Receiving Hospital; and

**WHEREAS**, the Parties are legally separate organizations and are not related in any way to one another through common ownership or control; and

**WHEREAS**, the Parties desire to establish a transfer arrangement in order to assure continuity of care for patients and to ensure accessibility of services to patients.

**NOW, THEREFORE**, for and in consideration of the terms, conditions, covenants, agreements and obligations contained herein:

**SECTION 1**

**PATIENT TRANSFERS**

- 1.1 **Acceptance of Patients**. Upon recommendation of an attending physician and pursuant to the provisions of this Agreement, Receiving Hospital agrees to admit a patient as promptly as possible, provided customary admission requirements, State and Federal laws and regulations are met, and Receiving Hospital has the capacity to treat the patient. Notice of the transfer shall be given by Transferring Facility as far in advance as possible. After receiving a transfer request, Receiving Hospital shall give prompt confirmation of whether it can provide health care appropriate to the patient's medical needs. Receiving Hospital agrees to exercise its reasonable best efforts to provide for prompt admission of transferred patients and, to the extent reasonably possible under the circumstances, to give preference to patients requiring transfer from Transferring Facility.
- 1.2 **Appropriate Transfer**. It shall be Transferring Facility's responsibility, at no cost to Receiving Facility, to arrange for appropriate and safe transportation and care of the patient during such transport. The Transferring Facility shall assure

that the transfer is an "appropriate transfer" under the Emergency Medical Treatment and Active Labor Act, as may be amended ("EMTALA"), and is carried out in accordance with all applicable laws and regulations. The Transferring Facility shall provide in advance sufficient information to permit a determination as to whether the Receiving Hospital can provide the necessary patient care. The patient's medical record shall contain a physician's order to transfer the patient. When reasonably possible, a physician from the Transferring Facility shall communicate directly with a physician from the Receiving Hospital before the patient is transferred.

- 1.3 **Transfer Log.** The Transferring Facility shall keep an accurate and current log of all patients transferred to the Receiving Hospital and the disposition of such patient transfers.
- 1.4 **Admission to the Receiving Hospital from Transferring Facility.** When a patient's need for admission to a center specialized in the Specialty is determined by his/her attending physician, Receiving Hospital shall admit the patient in accordance with the provisions of this Agreement as follows:
  - (a) Patients determined to be emergent by the attending physician shall be admitted, subject to bed, space, qualified personnel and equipment availability, provided that all usual conditions of admission to Receiving Hospital are met.
  - (b) All other patients shall be admitted according to the established routine of Receiving Hospital.
- 1.5 **Standard of Performance.** Each Party shall, in performing its obligations under this Agreement, provide patient care services in accordance with the same standards as services provided under similar circumstances to all other patients of such Party, and as required by federal and state laws and Medicare/Medicaid certification standards. Each Party shall maintain all legally required certifications and licenses from all applicable governmental and accrediting bodies, and shall maintain full eligibility for participation in Medicare and Medicaid.
- 1.6 **Billing and Collections.** Each Party shall be entitled to bill patients, payors, managed care plans and any other third party responsible for paying a patient's bill, for services rendered to patients by such Party and its employees, agents and representatives, and neither Party will have any liability to the other Party for such charges. Each Party shall be solely responsible for all matters pertaining to its billing and collection of such charges. The Parties shall reasonably cooperate with each other in the preparation and completion of all necessary forms and documentation and the determination of insurance coverage and managed care requirements for each transferred patient. Each Party shall have the sole final responsibility for all forms, documentation, and insurance verification.

- 1.7 **Personal Effects.** Personal effects of any transferred patient shall be delivered to the transfer team or admissions department of the Receiving Hospital. Personal effects include money, jewelry, personal papers and articles for personal hygiene.

## SECTION 2

### MEDICAL RECORDS

Subject to applicable confidentiality requirements, the Parties shall exchange all information which may be necessary or useful in the care and treatment of the transferred patient or which may be relevant in determining whether such patient can be adequately cared for by the other Party. All such information shall be provided by the Transferring Facility in advance, where possible, and in any event, no later than at the time of the transfer. The Transferring Facility shall send a copy of all patient medical records that are available at the time of transfer to the Receiving Hospital. Other records shall be sent as soon as practicable after the transfer. The patient's medical record shall contain evidence that the patient was transferred promptly, safely and in accordance with all applicable laws and regulations. Each Party shall and shall cause its employees and agents to protect the confidentiality of all patient information (including, but not limited to, medical records, electronic data, radiology films, laboratory blocks, slides and billing information), and comply with all applicable state and federal laws and regulations protecting the confidentiality of patients' records, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the corresponding Standards for Privacy of Individually Identifiable Health Information regulations, each as amended from time to time.

## SECTION 3

### TERM AND TERMINATION

- 3.1 **Term.** This Agreement shall be effective as of the day and year written above and **shall remain in effect until terminated as provided herein.**
- 3.2 **Termination.** This Agreement may be terminated as follows:
- (a) **Termination by Mutual Consent.** The Parties may terminate this Agreement at any time by mutual written consent, and such termination shall be effective upon the date stated in the consent.
  - (b) **Termination Without Cause.** Either Party may terminate this Agreement, without cause, upon ninety (90) days prior written notice to the other Party.
  - (c) **Termination for Cause.** A Party shall have the right to immediately terminate this Agreement for cause upon the happening of any of the following:



- (i) If such Party determines that the continuation of this Agreement would endanger patient care.
- (ii) Violation by the other Party of any material provision of this Agreement, which violation continues for a period of fifteen (15) days after receipt of written notice by the other Party specifying the violation.
- (iii) A general assignment by the other Party for the benefit of creditors; the institution by or against the other Party, as debtor, of proceedings of any nature under any law of the United States or any state, whether now existing or currently enacted or amended, for the relief of debtors, provided that in the event such proceedings instituted against the other Party remain unstayed or undismissed for thirty (30) days; the liquidation of the other Party for any reason; or the appointment of a receiver to take charge of the other Party's affairs, provided such appointment remains undischarged for thirty (30) days. Such termination of the provisions of this Agreement shall not affect obligations which accrued prior to the effective date of such termination.
- (iv) Exclusion of the other Party from participation in the Medicare or Medicaid programs or conviction of the other Party of a felony related to the provision of health care services.
- (v) Except with respect to a change from one accrediting organization to another, the other Party's loss or suspension of any certification, license, accreditation (including Health Facilities Accreditation Program (HFAP) or Joint Commission on Accreditation of Healthcare Organizations (JCAHO) or other applicable accreditation), or other approval necessary to render patient care services.
- (vi) In the event of insufficient coverage as defined in Section 5 herein, or lapse of coverage.

#### **SECTION 4**

##### **NON-EXCLUSIVE RELATIONSHIP**

This Agreement shall be non-exclusive. Either Party shall be free to enter into any other similar arrangement at any time and nothing in this Agreement shall be construed as limiting the right of either Party to affiliate or contract with any other hospital, nursing home, home health agency, school or other entity on either a limited or general basis while this Agreement is in effect. Neither Party shall use the other Party's name or marks in any promotional or advertising material without first obtaining the written consent of the other Party.

## SECTION 5

### CERTIFICATION AND INSURANCE

- 5.1 **Licenses, Permits, and Certification.** Each Party represents to the other that it and all of its employees, agents and representatives possess and shall maintain in valid and current status during the term of this Agreement all required licenses, permits and certifications enabling such Party to provide the services set forth in this Agreement.
- 5.2 **Insurance.** Each Party shall, at its own cost and expense, obtain and maintain in force during the term of this Agreement appropriate levels of general and professional liability insurance coverage, in accordance with good business practice for acute-care hospitals in the Chicagoland area. Such insurance shall be provided by insurance company(ies) acceptable to the other Party and licensed to conduct business in the State of Illinois, or by an appropriately designed and operated self-insurance program. Verification of insurance coverage shall be in the possession of each Party at all times while this Agreement is in effect and shall be promptly provided to the other Party upon request. Each Party shall notify the other Party at least thirty (30) days prior to cancellation, notice of cancellation, reduction, or material adverse change in its insurance coverage. In the event the form of insurance held is claims made, each Party warrants and represents that it will purchase appropriate tail coverage for claims, demands, or actions reported in future years for acts of omissions during the term of this Agreement.
- 5.3 **Notification of Claims.** Each Party shall notify the other in writing, by certified mail, of any action or suit filed and shall give prompt notice of any claim made against either by any person or entity that may result in litigation related in any way to this Agreement.

## SECTION 6

### INDEMNIFICATION

Each Party shall indemnify and hold harmless the other Party from and against any and all manner of claims, demands, causes of action, liabilities, damages, costs, and expenses (including costs and reasonable attorney's fees) arising from or incident to the performance of such indemnifying Party's duties hereunder, except for negligent or willful acts or omissions of the other Party. Notwithstanding anything to the contrary, a Party's obligations with respect to indemnification for acts described in this section shall not apply to the extent that such application would nullify any existing insurance coverage of such Party or as to that portion of any claim of loss in which insurer is obligated to defend or satisfy.

## SECTION 7

### COMPLIANCE WITH LAWS

At all times, both Parties shall comply with all federal, state and local laws, rules and regulations now in effect or later adopted relating to the services to be provided hereunder and that may be applicable to the Parties including, but not limited to, laws, rules and regulations regarding confidentiality, disclosure and retention of patient records, such as the regulations promulgated under the Health Insurance Portability and Accountability Act of 1996. A Party shall promptly notify the other Party if it receives notice of any actual or alleged infraction, violation, default or breach of the same. Neither Transferring Facility or Receiving Hospital, nor any employee, officer, director or agent thereof, is an "excluded person" under the Medicare rules and regulations.

As of the date hereof and throughout the term of this Agreement: (a) Transferring Facility represents, warrants and covenants to Receiving Hospital that Transferring Facility is licensed to operate a general acute care hospital in Illinois and is a participating facility in Medicare and Medicaid; and (b) Receiving Hospital represents, warrants and covenants to Transferring Facility that Receiving Hospital is licensed to operate a general acute hospital and ancillary facilities specializing in the Specialty and to participate in Medicare and Medicaid.

## SECTION 8

### MISCELLANEOUS

- 8.1 **Non-Referral of Patients.** Neither Party is under any obligation to refer or transfer patients to the other Party and neither Party will receive any payment for any patient referred or transferred to the other Party. A Party may refer or transfer patients to any facility based on the professional judgment of the treating physician and the individual needs and wishes of the patients.
- 8.2 **Relationship of the Parties.** The Parties expressly acknowledge that, in performing their respective obligations under this Agreement, each is acting as an independent contractor. Transferring Facility and Receiving Hospital are not and shall not be considered joint venturers or partners, and nothing herein shall be construed to authorize either Party to act as general agent for the other. Neither Party, by virtue of this Agreement, assumes any liability for any debts or obligations of either a financial or legal nature incurred by the other Party. Each Party shall disclose in its respective dealings that they are separate entities.
- 8.3 **Notices.** Any notice required to be given under this Agreement shall be in writing and shall be deemed given when personally delivered or sent by prepaid United States certified mail, return receipt requested, or by traceable one or two-day courier services or confirmed facsimile to each Party as follows:

To Receiving Hospital: Northwestern Memorial Hospital  
251 E. Huron Street  
Chicago, IL 60611  
Attention: Mr. Dean Harrison  
Facsimile Number: 312-926-8283

To Transferring Facility: Saint Elizabeth Hospital  
1431 N. Claremont Avenue  
Chicago, IL 60622  
Attention: Suzanne Lambert, V.P. Patient Care Serv.  
Facsimile Number: 312-850-5983

or to such other address of which the receiving Party has given notice pursuant to this Section. All notices shall be considered given and received on the date actually received if given by personal delivery, or traceable courier service, or on the date shown as received on a fax confirmation sheet (unless such date is not a business day, in which case the notice shall be deemed given on the next business day) if given by facsimile.

- 8.4 **Assignment.** Neither Party may assign its rights or delegate its obligations under this Agreement without the prior written consent of the other, except that either Party may assign all or part of its rights and delegate all or part of its obligations under this Agreement to any entity controlled by or under common control with such Party, or a successor in interest to substantially all of the assets of such Party.
- 8.5 **Entire Agreement; Amendment.** This Agreement contains the entire agreement of the Parties with respect to the subject matter hereof and may not be amended or modified except in a writing signed by both Parties. All continuing covenants, duties, and obligations contained herein shall survive the expiration or termination of this Agreement.
- 8.6 **Governing Law.** This Agreement shall be governed by and construed according to the laws of the State of Illinois without regard to the conflict of laws provisions thereunder.
- 8.7 **Headings.** The headings of sections contained in this Agreement are for reference purposes only and will not affect in any way the meaning or interpretation of this Agreement.
- 8.8 **Non-discrimination.** Neither Party shall discriminate against any individuals on the basis of race, color, sex, age, religion, national origin, or disability in providing services under this Agreement.
- 8.9 **Severability.** If any provision of this Agreement, or the application thereof to any person or circumstance, shall be held to be invalid, illegal or unenforceable in any respect by any court or other entity having the authority to do so, the remainder of this Agreement, or the application of such affected provision to

persons or circumstances other than those to which it is held invalid or unenforceable, shall be in no way affected, prejudiced or disturbed, and each provision of this Agreement shall be valid and shall be enforced to the fullest extent permitted by law.

8.10 **Successors and Assigns.** This Agreement shall be binding upon, and shall inure to the benefit of the Parties hereto, their respective successors and permitted assigns.

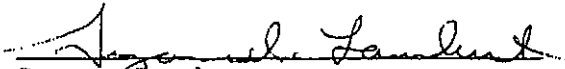
8.11 **Waiver.** No failure by a Party to insist upon the strict performance of any covenant, agreement, term or condition of this Agreement, shall constitute a waiver of any such breach of such covenant, agreement, term or condition. Any Party may waive compliance by the other Party with any of the provisions of this Agreement if done so in writing. No waiver of any provision shall be construed as a waiver of any other provision or any subsequent waiver of the same provision.

8.12 **Counterparts.** This Agreement may be executed in any number of counterparts, each of which shall be deemed an original, but all such counterparts together shall constitute one and the same instrument.

IN WITNESS WHEREOF, the Parties have executed this Agreement through their respective authorized officers, effective as of the day and year first written above.

**TRANSFERRING FACILITY**

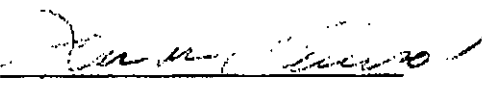
Saints Mary and Elizabeth Medical Center, d/b/a Saint Elizabeth Hospital



Suzanne Lambert  
Vice President, Patient Care Services

**RECEIVING HOSPITAL**

Northwestern Memorial Hospital

Signature: 

Printed Name: Mr. Dean Harrison

Title: Chief Executive Officer

*PHK  
11/12/04*

Resurrection Health Care

MediTract Scanning Cover Sheet

1. Contracting Entity: Saints Mary and Elizabeth Medical Center (Select from Form One)
2. Site(s): Saints Mary and Elizabeth Medical Center (Select from Form Two)
3. Department: Patient Care Services (Select from Form Three)
4. Contract Type: Transfer Agreement (Select from Form Four)

*It is very important to be precise in identifying contract type to enable ready identification of this and similar contracts.*

5. Primary Responsible Party: Jamilette L. Zaenger (Name of the Contract Manager)
6. Secondary Responsible Party: Sue Lambert (Name of a supervisor, peer or direct report of the Contract Manager)
7. Third Responsible Party: Heather Murphy
8. Compliance Questions:

Does this contract require a Business Associate Agreement?  
 Yes  No  N/A

If yes, does the contract contain a Business Associate Addendum or Business Associate language that has been approved by the RHC System Compliance Officer?  
 Yes  No  N/A

Does this contract require a Conflict of Interest Compliance Statement?  
 Yes  No  N/A

If yes, does the contract contain the Conflict of Interest Compliance Statement?  
 Yes  No  N/A

Has this vendor been excluded, suspended or debarred from Medicare, Medicaid or any other federal or state funded health care program?  
 Yes  No  N/A

Does this contract contain the vendor's representation that it/he/she has not been excluded, suspended or debarred from Medicare, Medicaid or any other federal or state funded health care program?  
 Yes  No  N/A

Does this contract contain language regarding the insurance to be maintained by the vendor?  
 Yes  No  N/A

Does the contract language regarding insurance meet our insurance requirements?  
 Yes  No  N/A

Does the contract have proof of insurance attached? If yes, please add to the database as an attachment to this contract.  
 Yes  No  N/A

Does this contract involve a financial arrangement with a physician?  
 Yes  No  N/A

If yes, does the compensation under this physician contract reflect commercially reasonable terms and Fair Market Value, in accordance with the standards set forth in the RHC Financial Arrangements with Physicians Policy?  
 Yes  No  N/A

If yes, does this physician contract contain language that the physician agrees to uphold the Ethical and Religious Directives for Catholic Health Care Services, as promulgated from time to time by the Archbishop of Chicago?  
 Yes  No  N/A

If yes, does the contract contain language regarding and a copy of the "RHC Compliance Program"?  
 Yes  No  N/A

Does this contract require a copy of the "Vendor Information on Our Compliance Program" to be attached?  
 Yes  No  N/A

If yes, does the contract contain language regarding and a copy of the "Vendor Information on Our Compliance Program"?  
 Yes  No  N/A

PROFESSIONAL SERVICES AGREEMENT  
BETWEEN  
SAINTS MARY AND ELIZABETH MEDICAL CENTER AND  
JOHN H. STROGER, Jr. HOSPITAL OF COOK COUNTY

THIS AGREEMENT (hereinafter "Agreement") is made and entered into by and between Saints Mary and Elizabeth Medical Center of Chicago, Illinois, Inc., an Illinois not-for-profit corporation (hereinafter called "SMEMC"), on behalf of its Saint Mary of Nazareth Hospital campus (hereinafter called "SMON") and Cook County (hereinafter called "County") through its Cook County Health and Hospitals System (hereinafter called "System") on behalf of the John H. Stroger Hospital of Cook County (hereinafter called "Hospital") effective as of the date last signed.

**WITNESETH**

**WHEREAS**, SMEMC is organized and conducted as a not-for-profit corporation primarily for the purpose of providing facilities for the diagnosis and treatment of clinical disease;

**WHEREAS**, SMEMC's SMON campus has a Department of Pediatrics which provides services to its patients and which must be staffed with licensed physicians who are qualified to care for newborn patients in need of professional neonatology and pediatric services and SMON has patients who need access to professional maternal and fetal services ("Services").

**WHEREAS**, SMEMC is a member of the John H. Stroger, Jr. Hospital of Cook County Perinatal Network; and

**WHEREAS**, Hospital employs or has independent contractor agreements with physicians who possess the professional training, skill, and expertise to provide Services to SMON patients in need of such Services; and

**WHEREAS**, SMEMC wishes to contract with the Hospital to assign both Hospital - employed Physicians ("Hospital Physicians") and Hospital-contracted Physicians ("Contract Physicians") (collectively "Physicians") to provide Services in order to facilitate the provision of quality care at a reasonable cost and to assure the availability of Services for SMON's patients;

**NOW THEREFORE**, for and in consideration of the foregoing and the mutual covenants herein contained and for other good and valuable consideration the sufficiency of which is hereby acknowledged, the parties hereto agree as follows:

I. Engagement

1.1 SMEMC hereby enters into this Agreement with the Hospital to provide the Services described in Exhibit A, which is attached hereto and made a part hereof. The Hospital shall provide the Services to SMON through Physicians.

II. General Requirements of Physicians

2.1 Licensure and Certification

(a.) The Hospital shall provide the Services through Physicians, each of whom shall be an employee of the County or an independent contractor whom the Hospital has engaged to provided Services. Physicians assigned to SMON by Hospital to provide the Services required herein shall at all times:

- i. hold a currently valid and unlimited license to practice medicine in the State of Illinois and a DEA registration permit; and
- ii. be members in good standing of the SMEMC's medical staff with appropriate privileges in accordance with the SMEMC's medical staff bylaws, rules and policies; and
- iii. for neonatology services be board certified in pediatrics or neonatology and qualified by training or experience to provide neonatal resuscitation services; and
- iv. for maternal-fetal medicine be board certified in obstetrics and gynecology; and
- v. participate in Medicare, Medicaid and any other federal or state funded health care programs; and
- vi. satisfy all qualifications for insurability under the insurance requirements of this Agreement; and
- vii. meet all continuing medical education and training requirements as may be required to maintain skills that, at a minimum, conform to the standards of care in the Chicago metropolitan community for the delivery of Services; and
- viii. possess excellent communication skills and the ability to deal effectively and courteously with SMEMC Medical Staff members, personnel, other physicians and patients and their families in all situations, including medical emergencies and other stressful conditions.

(b.) Within thirty (30) days of SMEMC's written or verbal request for removal of a Physician, Hospital shall voluntarily remove, replace and thereafter no longer assign that Physician. Notwithstanding the foregoing, upon SMEMC's request, Hospital shall immediately remove, replace and no longer assign a Physician to provide Services in the event that any of the following occurs:

- (i) Physician fails to meet the professional qualification requirements of paragraph 2.1(a) above.
- (ii) Death or permanent disability of the Physician.
- (iii) Physician is charged with a felony, indicted for any crime, or arrested for any act of moral turpitude.



- (iv) Material breach of patient information confidentiality under Section 3.3 by Physician.
- (v) Physician becomes uninsurable or unable to secure and maintain the required liability insurance in accordance with the requirements of this Agreement.
- (vi) Physician engages in any dishonest or unethical behavior as reasonably determined by SMEMC senior management.
- (vii) Physician engages in a pattern of disruptive behavior or is unable to work cooperatively with SMEMC personnel and other physicians, as reasonably determined by SMEMC senior management.
- (viii) Physician is indicted for any crime.
- (ix) Physician is under investigation by any regulatory or enforcement agency for matters concerning his/her provision of patient care.
- (x) Physician is the subject of a credible allegation of fraud and abuse or similar activities that are criminally or civilly proscribed, or enters into a consent decree or other judicial order or administrative settlement with respect to fraud and abuse or similar proscribed activities.
- (xi) Physician is suspended, debarred or excluded from participation in Medicare, Medicaid or any other federal or state funded health care program.
- (xii) Physician is unprofessional towards patients or SMEMC personnel as determined by SMEMC senior management.
- (xiii) Physician takes any action that places patient health or safety in imminent and serious danger as reasonably determined by SMEMC senior management.
- (xiv) Failure to return a signed Acknowledgement to SMEMC in accordance with paragraph 3.5 hereof.

If one or more of the events (i)-(xiv) occur, Hospital shall in a timely manner, but in any event no later than ten (10) days after Physician's removal, replace such Physician with a professional qualified in accordance with the requirements of paragraph 2.1(a). SMEMC shall have the right to approve any replacement Physician prior to the replacement Physician's performance of any Services.

## **2.2 Designation of Service Providers.**

Subject to the requirements of paragraph 2.1, the Hospital shall assign sufficient Physicians to provide the Services required during the Term of this Agreement. Except as provided in paragraph 2.1(b) above, the Hospital has sole discretion as to the Physicians it shall assign to provide the Services required herein; provided such Physicians meet the requirements of paragraph 2.1(a).

### III. Hospital's Obligations

#### 3.1 Services.

The Hospital shall provide the Services described in Exhibit A in a manner that is consistent with the contracts or agreements of which the Hospital has actual notice (excluding payment terms) entered into by SMEMC, including, but not limited to the Letter of Agreement for Perinatal Care dated April 14, 2006 ("Letter of Agreement for Perinatal Care") in effect between the parties and any transfer or similar a agreement with another health care facility. To the extent permitted by the terms of such agreements, SMEMC shall provide the Hospital with copies of all said agreements prior to the commencement of Services hereunder.

#### 3.2 Teaching and Administrative Duties.

The Hospital shall:

(a.) Engage in a reasonable amount of teaching activity to assist the SMEMC's Medical Staff, nurses, and residents in providing appropriate care for patients requiring Services hereunder. Any such educational program or session shall be coordinated with the SMEMC administration or other appropriate body/department of the SMEMC with authority over educational programs.

(b.) Provide medical-administrative services as may be necessary and appropriate to administer the implementation and operation of this Agreement on the Hospital's behalf and to schedule and arrange coverage in accordance with the terms of the Agreement.

(c.) Furnish one or more Physicians to serve on SMEMC committees or panels as may reasonably be required by SMEMC or applicable licensing or accreditation standards.

(d.) Participate in SMEMC's quality assurance and utilization review programs as reasonably requested by SMEMC.

#### 3.3 Applicable Standards.

The Hospital shall require Physicians to perform all duties required under this Agreement in accordance with professional standards of care as may be required by standards of the Joint Commission, HFAP(Healthcare Facilities Accreditation Program), U.S. Department of Health and Human Services or other federal, state or local authority with respect to, or affecting, SMEMC. The Hospital shall conform with, and shall require Physicians to conform with, all applicable federal and state statutes and regulations. The Hospital shall and shall cause Physicians to protect the confidentiality of all patient information (including medical records, electronic data, radiology films, laboratory blocks, slides and billing information), and comply with all of SMEMC's written or oral policies on the release of patient information and all applicable state and federal laws and regulations protecting the confidentiality of patients' records, including the Health Insurance Portability and Accountability Act of 1996 and the corresponding Standards for Privacy of Individually Identifiable Health Information regulations.

each as amended from time to time ("HIPAA"). The parties shall execute and comply with the Business Associate Agreement attached hereto as Exhibit C. If there is a conflict between the terms of this Agreement and the terms of the Business Associate Agreement, the terms most protective of Protected Health Information (as defined by HIPAA) shall control.

#### 3.4 Use of Premises.

The Hospital and the Physicians may not use SMEMC staff, space, supplies, equipment or other property for purposes other than the performance of Services hereunder, except as may otherwise be set forth in a separate written agreement between the parties hereto.

3.5 Ethical and Religious Directives for Catholic Health Care Services. In performing Services pursuant to this Agreement, Hospital shall, and shall cause Physician who provide Services at SMON pursuant to this Agreement to, all times abide by the *Ethical and Religious Directives for Catholic Health Care Services*, as promulgated from time to time by the Archbishop of Chicago.

#### 3.6 Loss of Staff Privileges on Termination.

In the event that a Hospital Physician or Contract Physician assigned to provide Services pursuant to this Agreement ceases rendering such Services as a result of termination, expiration or other cancellation of this Agreement or his/her termination as an employee or independent contractor of the Hospital or of any entity with whom the Hospital has contracted to provide Contract Physicians, and such Hospital Physician or Contract Physician was not, independently (prior to the Effective Date and/or unrelated to this Agreement), a member of Center's medical staff, at the sole option of SMEMC, such Hospital Physician or Contract Physician's medical staff membership and clinical privileges at SMEMC shall concurrently terminate, and such Hospital Physician or Contract Physician shall not be entitled to any medical staff hearing or other due process on such termination. Termination under this paragraph shall not constitute a reportable action to the National Practitioner Data Bank. The Hospital shall cause each Physician it assigns to provide Services at SMON to execute and return to SMEMC, as a condition of such assignment, an Acknowledgement containing the provision reflected in Exhibit B regarding the concurrent termination of medical staff membership and clinical privileges and waiver of rights pursuant to SMEMC's medical staff bylaws.

In the event of the termination of a Physician's employment or contractual relationship with Hospital, the Hospital's sole obligation to SMEMC shall be to timely notify SMEMC of the termination said relationship.

### IV. SMEMC's Obligations

#### 4.1 Equipment, Facilities and Supplies.

SMEMC shall provide an office, call-rooms and such facilities, systems equipment, supplies, utilities, janitorial, laundry, and support services reasonably necessary for the provision of Services, as jointly determined by the parties hereto in conjunction with the Physicians and

consistent with the requirements of HFAP. The offices and call-rooms provided by SMEMC for Physicians' utilization hereunder shall be reasonably appropriate for their intended use and be located in reasonable proximity to the units, sites or locations where Services must be provided.

#### **4.2 Section of Perinatal Care.**

Hospital shall recommend to SMEMC a qualified Physician to serve as the head of the section of perinatal care at Center. Designation of the Physician who shall serve as head of the section of perinatal care at the Center shall be in accordance with the mutual agreement of SMEMC and Hospital.

#### **4.3 Regionalized Perinatal Health Care Code.**

SMEMC shall cooperate with Physicians in establishing a team which shall include Hospital Physicians and Contract Physicians and be available to provide 24-hour- neonatal resuscitation in SMON in compliance with the Regionalized Perinatal Health Care Code.

### **V. Financial Arrangements and Insurance**

#### **5.1 Billing and Collection.**

(a.) SMEMC shall bill and collect on behalf of Hospital for all fees accruing from the provision of Services by Physicians. Hospital hereby assigns to SMEMC the sole and exclusive right to bill and receive collections from Services rendered pursuant to this Agreement. Hospital covenants that it has the authority to assign such billing and collection rights to SMEMC on behalf of itself, County, System and Physicians. SMEMC shall perform appropriate billing and collection functions relative thereto. The Hospital and Physicians shall cooperate in providing all information to SMEMC or, as directed by SMEMC, to its contractors which shall be necessary to performance of appropriate billing and collection functions.

(b.) SMEMC shall remit to the County each calendar quarter during the Term of this Agreement the collections received for Services (except those Services performed by Physicians covering the maternal-fetal clinic at SMON, which shall be retained by SMEMC in accordance with Section 5.2(a)) during the previous calendar quarter; provided however, Hospital and SMEMC agree that SMEMC shall retain thirty percent (30%) of the collections received each calendar quarter as compensation for the billing and collection services performed by SMEMC on behalf of Hospital hereunder. SMEMC shall remit each calendar quarter's collections within thirty (30) days of SMEMC's receipt of all billing reports for the quarter for which the payment is being made.

(c) SMEMC agrees to notify Hospital in writing of all Managed Care Organizations it contracts with. SMEMC and Hospital acknowledge that SMEMC cannot effectively render services under contracts with third party payors with respect to Services provided under this Agreement unless Physicians providing Services hereunder either individually, or collectively, also contract with such third party payors as needed consistent with this Agreement. Hospital agrees that

Physicians shall participate in such third party payment or managed care programs in which the SMEMC participates, so long as reimbursement is reasonable based on type of plan.

(d) **Professional Fees.**

(i) The Parties agree that the fees charged and billed for Services shall be comparable to the prevailing fee levels for such Services rendered at similar institutions within the Hospital's service area. A copy of the current fee schedules for Services furnished shall be attached hereto as Exhibit D and shall be reviewed by Hospital on at least an annual basis and prior to any increase in fees. If SMEMC reasonably determines that such fees are not consistent with the prevailing rates in the community, the Parties shall use good faith efforts to revise such fees or demonstrate that such fees are reasonably consistent with the prevailing rates in the community. If the Parties are unable to mutually agree that such fees are consistent with the prevailing rates, Hospital reserves the right to terminate this Agreement. Hospital shall keep confidential all information provided to it under this Section and shall use the information only for proper purposes and in accordance with applicable law.

(ii) The Parties agree that for all patient bills related to Services provided by Physicians under this Agreement, included in each bill shall be a notice that if patients are unable to pay the full amount of their bill, and have qualified for financial assistance/charity care by SMEMC, they may be eligible to receive a similar discount from Physicians, with evidence of the SMEMC's assistance determination. If a patient has qualified for a need-based discount of up to 100% of the patient's hospital bill pursuant to the SMEMC's financial assistance/charity care policy, Hospital and Physicians agree that a similar discount off bill for the Services shall be provided to the patient.

(e.) Notwithstanding anything to the contrary in prior agreements between County and SMEMC for similar services SMEMC shall bill for Services rendered by Physicians under those prior agreements.

(f.) Center agrees that the Cook County Auditor or any of its duly authorized representatives shall, until expiration of three (3) years after the final payment under the Agreement, have upon prior written request, reasonable access and the right to examine any books, documents, papers and records of SMON related to the billing and collection of the Services. SMEMC shall be responsible for establishing and maintaining records sufficient to document the calculation of collections remitted to Hospital.

(g.) The Center further agrees that it shall include in all of its subcontracts hereunder a provision to the effect that the subcontractor agrees that the Cook County Auditor or any of its duly authorized representatives shall, until expiration of three (3) years after final payment under the subcontract, have upon prior written request, reasonable access and the right to examine any books, documents, papers and records of such subcontractor involving transactions relating to the subcontract to this Agreement, or to such subcontractor's compliance with any term, condition or provision under this Agreement.

5.2 **Payment to the County for Clinic Coverage and SMEMC Coverage.**

(a.) **Maternal-Fetal Clinic Coverage.** SMEMC shall pay County one hundred ninety dollars and no cents (\$190.00) per hour for Services provided by Physicians staffing the maternal-fetal medicine clinic at SMON as provided in Exhibit A up to a maximum total payment of forty thousand and no dollars (\$40,000.00) each year of this Agreement. Hospital shall bill SMEMC quarterly for such maternal-fetal clinic Services, which bill shall set forth in detail the time spent by Physicians performing such Services during the quarter and shall attach time sheets for each Physician for the quarter. SMEMC shall be entitled to retain all monies collected from billings for the Services of Physicians providing coverage at the clinic. Hospital hereby assigns to SMEMC the sole and exclusive right to bill, receive and retain collections from Services rendered by Physicians providing coverage at the SMON maternal-fetal clinic. Hospital covenants that it has the authority to assign such billing and collection rights to SMEMC on behalf of itself, County, System and Physicians and shall cooperate in providing all information to SMEMC or, as directed by SMEMC, to its contractors which shall be necessary to performance of appropriate billing and collection functions.

(b.) **24/7/365 Hospital Coverage** SMEMC shall pay to County the amount of two hundred twenty thousand dollars (\$220,000) per year to compensate the County for the administrative services and 24-hour, 7-day per week, 365-day per year coverage provided by Hospital through Physicians as part of the Services provided under this Agreement. SMEMC shall make payment in equal quarterly installments of Fifty-five Thousand Dollars (\$55,000). SMEMC shall provide no less than ninety (90) days prior written notice to County if it determines that an adjustment is required to be made to the annual payment for coverage in order to reflect fair market value for the coverage provided hereunder. All payment adjustments shall be set forth in a signed written amendment to this Agreement.

### **5.3 Insurance and Indemnification.**

#### **(a) Insurance Requirements for Contract Physicians.**

The Hospital shall require all Contract Physicians to keep and maintain professional liability insurance coverage in amounts not less than three million dollars (\$3,000,000.00) per claim and five million dollars (\$5,000,000.00) in aggregate for the Services to be rendered hereunder. Such insurance shall be maintained throughout the Term of this Agreement. If coverage is provided on a claims-made basis, the Contract Physicians shall maintain the insurance then in effect or secure an extended reporting period (tail) for an unlimited period after termination of this Agreement and/or the termination of his/her contractual relationship with Hospital. The Hospital shall require the Contract Physician to provide SMEMC with a certificate or certificates of insurance certifying the amounts of coverage required hereunder prior to the Effective Date, and thereafter annually and upon SMEMC's request.

#### **(b) Indemnification of Hospital Physicians.**

The County shall indemnify each Hospital Physician with regard to claims for professional liability arising from the provision of Services at the Center as provided in Cook County Code of Ordinances, Article IV, Section 38-89.

(c) Professional Liability Insurance of SMEMC Staff.

SMEMC shall provide, or as applicable, require that each physician and non-physician health professional it permits to provide health care services at SMON to be covered under a policy of professional liability insurance or under SMEMC's plan of self-insurance, which shall insure against professional liability incurred as a result of the professional activities of those health professionals at SMON.

(d) Responsibility for Acts or Omissions of Other Party.

Neither party shall be liable for any negligent or wrongful act chargeable to the other party except as expressly provided in this Agreement. In the event of a claim for any such wrongful or negligent act, each party shall bear the cost of its own defense except as otherwise expressly provided herein. This paragraph shall survive the termination or expiration of this Agreement.

VI. Term and Termination of Agreement

6.1 Term.

The Term of this Agreement shall commence on July 1, 2008 and shall expire on June 30, 2010. The parties may agree in writing to extend this Agreement for periods of one or more months or years. The initial term and all renewal terms shall be the "Term" of this Agreement. Any such extension shall be subject to the provisions of this Agreement; provided, however, that the parties shall negotiate the amount payable for continued Services for such extension at least sixty (60) days in advance of the expiration date of this Agreement.

6.2 Termination.

This agreement may be terminated as follows:

(a) Termination Without Cause.

Either party may terminate this Agreement, without cause, at any time, by notifying the other party in writing in which event this Agreement shall terminate on the date which is ninety (90) days from the date of such notice as deemed delivered as provided in Section 7.8 of this Agreement.

(b) Termination With Cause.

Either party may terminate this Agreement upon a determination that the other party has materially breached its obligations, responsibilities or duties under this Agreement. Upon such a determination, the non-breaching party shall provide the other party with notice of the details of the breach. In the event that such breach is not cured within thirty (30) day of notice of such breach, the non-breaching party may immediately terminate this Agreement upon written notice thereof.

(c.) **Automatic and Immediate Termination.** This Agreement will automatically terminate immediately if:

- (i) Hospital becomes ineligible to provide Services hereunder;
- (ii) Any Physician has his/her license to practice medicine in the State of Illinois revoked, suspended or restricted and Hospital fails to replace such individual with another qualified professional;
- (iii) Any Physician's good standing status as a member of the SMEMC's Medical Staff is suspended or terminated and Hospital fails to replace such individual with another qualified professional;
- (iv) Hospital is unable to secure and maintain the required liability insurance for itself and its Physicians in accordance with the insurance requirements of this Agreement and replacement coverage is not obtained, or for Physicians required by Hospital to secure and maintain their own insurance, any such Physician is unable to meet the required insurance requirements of this Agreement and Hospital fails to promptly replace such individual with another qualified professional; or
- (v) Hospital is debarred, suspended or excluded from Medicare, Medicaid or any other federal or state funded health care program, or any Physician is debarred, suspended or excluded from Medicare, Medicaid or any other federal or state funded health care program and Hospital fails to replace such individual with another qualified professional.

(d.) **Non-Automatic Immediate Termination.** This Agreement may immediately terminate as follows:

- (i) If SMEMC's senior management determines that (a) Hospital engages in any dishonest or unethical behavior (including a material breach of patient confidentiality under Section 3.3; or (B) Hospital takes any action that, as reasonably determined by SMEMC senior management, places patient health or safety in imminent and serious danger; or
- (ii) If SMEMC's senior management determines that any Physician is (A) disruptive and unable to work cooperatively with SMEMC personnel and other physicians; (B) engages in any dishonest or unethical behavior (including a material breach of patient confidentiality under Section 3.3; or (C) takes any action that, as reasonably determined by SMEMC senior management, places patient health or safety in imminent and serious danger, and Hospital fails to promptly replace such individual with another qualified professional.



For immediate termination to under this Section to continue in effect: within forty-five (45) days from the date of SMEMC senior management's written notification to Hospital of immediate termination of this Agreement under this Section. SMEMC's Board of Directors must ratify the immediate termination of this Agreement.

(e.) **Termination Due to Amendment or Change in Law.** SMEMC shall have the unilateral right to terminate or amend this Agreement, without liability, to the extent necessary to comply with any legal order issued to SMEMC by a federal or state department, agency or commission, or HFAP, or if it is reasonably determined that continued participation in this Agreement would be inconsistent with SMEMC's status as a Medicare or Medicaid participant or an organization described in Article 501(c)(3) of the Internal Revenue Code of 1986, as amended, or would expose SMEMC to undue risk of being deemed to have violated any law applicable to health care providers. Prior to termination of this Agreement pursuant to this Section, SMEMC shall first reasonably attempt to amend this Agreement in a manner that will achieve the business purposes hereof. If SMEMC proposes an amendment to this Agreement in order to comply with applicable law or accreditation standards, and such amendment is unacceptable to Hospital, Hospital may choose to terminate this Agreement immediately upon notice at any time thereafter.

(f) **Termination within the First Year.** If termination occurs during the first year of the Agreement, the parties acknowledge and agree that they may be prevented from entering into a new contract with each other with respect to the same or similar subject matter hereof within one (1) year of terminating this Agreement.

(g) **Termination Due to Failure to Agree on Fees.** SMEMC shall have the right to immediately terminate this Agreement if the parties fail to mutually agree that the fees schedule for Services furnished by Hospital and Physicians pursuant to Section 5.1(d) are consistent with the prevailing rates in the community.

### 6.3 **Effects of Termination.**

Upon termination of this Agreement, as herein above provided, neither party shall have any further obligation hereunder except for (i) obligations accruing prior to the date of termination and (ii) obligations, promises or covenants contained herein which are expressly made to extend beyond the Term of this Agreement.

## VII. **Miscellaneous**

### 7.1 **Medical Records/Cooperation with Litigation.**

The Hospital shall cause all Physicians providing Services at SMON to comply with medical records policies and procedures of SMEMC including completion of such medical records in a timely and legible fashion. It is understood that all medical records are the property of SMEMC. SMEMC agrees that it shall preserve and maintain all such records, reports and documents in accordance with the requirements of law and SMEMC policies and practices, but at least for the period encompassed by the applicable Statute of Limitations. In the event the County, System,

Hospital or any Hospital Physician is named a party defendant in any lawsuit, SMEMC shall to the extent permitted by and in accordance with any requirements of applicable privacy and confidentiality laws, provide such party with a full copy of the patient's medical records. Consistent with the requirements of applicable law pertaining to patient confidentiality SMEMC shall provide the Hospital with reasonable access to the medical records pertaining to patients who receive Services hereunder for purposes of peer review, utilization review, quality assurance and risk management and shall provide the Hospital with copies of such records related to its performance under this Agreement as may be reasonably requested.

**7.2 Medicare Access.**

Both parties shall retain and make available upon request, for a period of four (4) years after furnishing Services pursuant to this Agreement, the contract, books, documents and records which are necessary to certify the nature and extent of the costs of such services if requested by the Secretary of Health and Human Services or the Comptroller General of the United States or any of their duly authorized representatives. If either party carries out any of its duties under the Agreement through a subcontract with a related organization involving a value of cost of \$10,000.00 or more over a 12 month period, that party will cause such subcontract to contain a clause to the effect that, until the expiration of four years after the furnishing of any service pursuant to said subcontract, the related organization will make available upon request of the Secretary of Health and Human Services or the Comptroller General of the United States or any of their duly authorized representatives, copies of said subcontract and any books, documents, records and other data of said related organization that are necessary to certify the nature and extent of such costs. This paragraph relating to the retention and production of documents is included because of possible application of Section 1861(v)(1)(I) of the Social Security Act to this Agreement. All terms not otherwise defined above shall have the meanings provided in said regulations.

**7.3 No Referrals Requirement.**

The parties agree that nothing contained in this Agreement shall require any party to refer or admit patients to, or order any goods or services from the other party. Hospital's Physicians shall be free to join the medical staffs of other hospitals, and shall be entitled to refer patients to such hospitals.

**7.4 Conformance with SMEMC Compliance Plan.**

Hospital has received the Resurrection Health Care Corporation Compliance Program, attached hereto as Exhibit E, and agrees to abide by same. Hospital and its Physicians acknowledge SMEMC's commitment to compliance with all federal and state laws and regulations, and agree to comply with all applicable federal and state laws, regulations and regulatory Agency Rules.

**7.5 Federal Program Provider Status.**

Hospital certifies that neither it nor any Physicians have been excluded from participation in Medicare/Medicaid or any other federal or state funded health care program. In addition,

Hospital agrees to promptly notify SMEMC in the event of an investigation of Hospital or any Physician's participation in a federal or state health care program by federal, state or local officials. Should Hospital become suspended, debarred or excluded from participation in Medicare, Medicaid or any other federal or state funded health care program, this Agreement shall immediately terminate as of the date of such suspension, debarment or exclusion in accordance with Section 6.2(c). Additionally, should any Physician become suspended, debarred or excluded from participation in Medicare, Medicaid or any other federal or state health care program, Hospital shall remove such Physician from the performance of Services hereunder, in accordance with Section 1.2(b).

#### **7.6 Proprietary Information Confidentiality.**

In providing Services under this Agreement, Hospital and SMEMC acknowledge that certain information that each shall acquire is of a confidential and proprietary nature ("**Confidential Information**"). SMEMC and Hospital shall (and Hospital shall ensure that Physicians shall) exercise care and protection with respect to the other Party's Confidential Information and not directly or indirectly disclose, copy, distribute, republish or allow any third party to have access to any Confidential Information. The Parties may disclose Confidential Information if so required by law (including court order or subpoena), provided that the non-disclosing Party may require the disclosing Party to request the appropriate court or governmental body to seal the record that contains such Confidential Information. Each Party shall notify the other Party of any requirement that it disclose the other Party's Confidential Information by operation of law, regulation or other legal process, and shall cooperate fully to protect the Confidential Information. The Parties acknowledge and agree that any breach of the terms of this Section will result in irreparable harm to the other Party, such that the non-disclosing Party cannot be reasonably or adequately compensated in damages for such breach and shall therefore be entitled, in addition to any other remedies that may be available to it, to seek any and all equitable remedies including, without limitation, injunctive relief to prevent such breach and to secure the enforcement thereof.

#### **7.7 Relationship of the Parties.**

(a.) It is expressly acknowledged by the parties hereto that the County, its System and Hospital and SMEMC are independent contractors and that nothing in this Agreement is intended nor shall be construed to create an employer/employee relationship, principal/agent relationship or a joint venture relationship between SMEMC and the County, System and Hospital and any of SMEMC's employees and contractors or between SMEMC and County, System and Hospital employees and contractors, including Physicians. The Physicians are at all time acting and performing independently practicing their professions and SMEMC shall neither have nor exercise any control or direction over the methods or techniques by which Physicians treat or care for a particular patient, provided always that the Services are performed in a manner consistent with SMEMC policies, the legal and accreditation standards governing such Services and the provision of this Agreement.

(b.) The County and not SMEMC shall be solely responsible for the payment of compensation to Physicians providing Services pursuant to this Agreement. Physicians shall not be entitled to any of the employment benefits offered by SMEMC to its own employees.

(c.) The County shall be responsible for withholding of all required taxes and Social Security obligations with respect to those Hospital Physicians who are providing Services in accordance with this Agreement and shall indemnify SMEMC against liability (including reasonable legal fees and costs) incurred as a result of County's failure to withhold income tax and Social Security payments or County's failure to pay required income tax and Social Security obligations related to such personnel. SMEMC shall be responsible for withholding of all required taxes and Social Security obligations with regard to SMEMC employees and agrees to indemnify the County for any liability (including reasonable legal fees and costs) incurred as a result of SMEMC's failure to withhold income tax and Social Security payment or Center's failure to pay required income tax and Social Security obligations related to such personnel.

**7.8 Non-Waiver.**

The failure of either party to exercise any right, power or option given it hereunder, or to insist upon strict compliance with the terms hereof by the other party, shall not constitute a waiver of the terms and conditions of the Agreement with respect to any other or subsequent breach hereof, nor a waiver by such party of its rights at any time thereafter to require exact and strict compliance with all of the terms of the Agreement.

**7.9 Entire Agreement.**

This instrument, together with all attachments and exhibits hereto, contains the entire agreement between the parties, and no representations, inducements, promise or agreements, oral or otherwise, not set forth herein, shall be of any force and effect.

**7.10 Successors.**

This agreement shall be binding upon and inure to the benefits of the parties and their respective legal representatives, successors and assigns.

**7.11 Assignment; Amendment.**

The Agreement may not be assigned without the prior written consent of the other party. This Agreement may be amended only upon signed written agreement of the parties hereto; provided, however, that the Hospital (without County and/or System written agreement) may by itself agree in writing to amendments relative to implementation of this Agreement, provided that such amendments do not reduce the amount payable to the County.

**7.12 Notices.**

Any notices, demand or communication required, permitted or desired to be given hereunder, shall be deemed effectively given when personally delivered or mailed by prepaid certified mail return receipt requested:

Notice to the County:  
Purchasing Agent of Cook County  
118 N. Clark Street  
Chicago, Illinois 60602

With a copy to:  
Chair  
Department of Pediatrics  
John H. Stroger, Jr. Hospital of Cook County  
1901 W Harrison St  
Chicago, IL 60612-3714

Notice to the Center:  
Chief Executive Officer  
Saints Mary and Elizabeth Medical Center  
2233 West Division Street  
Chicago, IL 60622

**7.13 Governing Law.**

The Agreement shall be subject to and governed by the laws of the State of Illinois. The parties agree that jurisdiction and venue shall lie with the Circuit Court of Cook County, Illinois.

**7.14 Severability.**

If any portion of this agreement shall be, for any reason, deemed to be invalid or unenforceable by any court having jurisdiction, then, in such event, it is the intention of the parties hereto that the remaining portion of this Agreement shall nevertheless be valid, enforceable and carried into effect unless to do so would clearly violate the present legal and valid intentions of the parties hereto.

**7.15 Headings.**

The headings of the Agreement are inserted for convenience only and are not to be considered in construction of the provisions hereof.

**SIGNATURE PAGE FOLLOWS**

For Hospital:

Warren L. Batts  
Warren L. Batts  
Chair, Board of Directors  
Cook County Health and Hospitals System

Date: 8/13/09

Attest:

N/A  
Matthew B. DeLeon  
System Board Secretary

Acknowledged:

John C. Brown 5/12/09  
Johnny C. Brown  
Chief Operating Officer  
John H. Stroger, Jr. Hospital of Cook County

David Soglin  
David Soglin, M.D.  
Chair, Department of Pediatrics  
John H. Stroger, Jr. Hospital of Cook County

For SMEMC:

Margaret McDermott  
Margaret McDermott  
Executive Vice President and  
Chief Executive Officer  
Saints Mary and Elizabeth Medical Center

Date: 4/24/09

Attest:

Virginia Ann Dynda  
[Name]  
[Title] Notary



## Exhibit A SERVICES

Hospital shall provide the Services set forth in this Exhibit A.

### I. Neonatology and Pediatric Services for Newborn Patients.

- A team of Physicians will be assigned to provide neonatology services at SMON under the administrative supervision of a Hospital Neonatologist whom the Hospital has designated as the Hospital Physician in charge to administer this Agreement.
- Physicians shall provide twenty-four hour daily on-site coverage.
- Physicians will make rounds and be available for administrative, teaching and quality assurance activities.
- Physicians will attend all cesarean deliveries and will also attend high risk cesarean and vaginal deliveries approved by Cook County perinatal consultants consistent with the provisions of the Letter of Agreement for Perinatal Care in effect between the parties and consistent with the Regionalized Perinatal Health Code.
- Center offers Level II perinatal care. Physicians shall provide services consistent with this level of care.
- Physicians shall provide consultation to Medical Staff members in neonatology services.
- Physicians who possess training and experience in neonatal resuscitation shall be on site on a twenty-four hour a day basis.
- Physicians shall be designated to attend meetings of the Department of Pediatrics at SMON and shall be designated to attend quarterly perinatal meetings and shall coordinate SMON's neonatal activities with those of the Hospital's Perinatal Center.
- Physicians shall cooperate with SMEMC to the extent reasonably possible in maintaining Level II status as defined by State and local governmental agencies including, but not limited to, assisting with the development and revision of relevant patient care standards, protocols, policies and procedures subject to approval of SMEMC Administration and the Department of Pediatrics and consistent with the provisions of the Letter of Agreement for Perinatal Care and the Regionalized Perinatal Health Code.
- Physicians shall care for all high risk infants as defined in the SMON's Maternity and Perinatal Service Plan provided such care cannot be safely rendered SMON. Physicians shall provide care for high risk infants until medical risk is reduced or eliminated or until transfer of the patient to a higher level facility.
- Physicians shall be consulted with respect to purchases of equipment and supplies for the special care nursery and the Physicians on site at the time of the request may provide consultations to members of SMEMC's Medical Staff as time permits.
- Physicians shall provide general supervision of the special care nursery in accordance with the SMEMC's policies.

### 2. Maternal-Fetal Medicine Clinic

- Physicians shall provide maternal-fetal medicine services at a clinic operated by SMON one day per week for a maximum of four (4) hours.
- SMON patients shall be referred to clinic by other SMEMC Medical Staff members.

- SMON shall handle all patient registration, scheduling, and medical record keeping.

### **3. Administrative Services.**

- Hospital shall designate an individual physician to assume the role of liaison to provide direction for neonatology services
- Hospital will cooperate with the SMEMC's efforts to establish an effective communication system among the neonatology, pediatric, and obstetric services and nursery nursing staff regarding anticipated and ongoing neonatal and maternal problems
- A monthly roster of Physician coverage will be made available to all the perinatal units, the SMEMC administration and nursing in a timely manner.
- Physicians will cooperate on other medical-administrative functions as may be reasonably requested.



## EXHIBIT B

### PHYSICIAN AGREEMENT AND ACKNOWLEDGEMENT

WHEREAS, the John H. Stroger, Jr. Hospital of Cook County ("Hospital"), has entered into an agreement with Saints Mary and Elizabeth Medical Center ("SMEMC") for the provision of professional services to newborn patients of SMEMC's Saint Mary of Nazareth Hospital ("SMON") ("Agreement") and;

WHEREAS, the Hospital engages the services of Physicians for the purposes of providing physician services to certain obstetric and newborn patients of SMON; and

WHEREAS, the Physician agrees to provide services to appropriate patients of SMON and to honor the Hospital's commitments to SMEMC as a condition of his or her assignment to SMON;

NOW THEREFORE, in consideration of the foregoing and the mutual covenants herein set forth and other good and valuable consideration, Physician acknowledges that Physician and Hospital agrees as follows:

1. Physician shall render services to patients of SMON as assigned by Hospital, subject to SMEMC approval of Physician, and shall maintain the following in connection with such assignment:
  - a. Physician shall maintain licensure to practice medicine in all of its branches in the State of Illinois.
  - b. Physician shall maintain membership in good standing on the Center's Medical Staff.
  - c. hold a currently valid and unlimited license to practice medicine in the State of Illinois and a DEA registration permit.
  - d. for neonatology services be board certified in pediatrics or neonatology and qualified by training or experience to provide neonatal resuscitation services and for maternal-fetal medicine be board certified in obstetrics and gynecology.
  - e. participate in Medicare, Medicaid and any other federal or state funded health care programs.
  - f. satisfy all qualifications for insurability under the insurance requirements of the Agreement.

g. meet all continuing medical education and training requirements as may be required to maintain skills that, at a minimum, conform to the standards of care in the Chicago metropolitan community for the delivery of Services; and

h. possess excellent communication skills and the ability to deal effectively and courteously with SMEMC Medical Staff members, personnel, other physicians and patients and their families in all situations, including medical emergencies and other stressful conditions.

2. Physician agrees and understands the following:

a. In performing Services pursuant to the Agreement, Physician shall at all times abide by the *Ethical and Religious Directives for Catholic Health Care Services*, as promulgated from time to time by the Archbishop of Chicago.

b. perform all duties required under the Agreement in accordance with professional standards of care as may be required by standards of the Joint Commission, HFAP (Healthcare Facilities Accreditation Program), U.S. Department of Health and Human Services or other federal, state or local authority with respect to, or affecting, SMEMC. Physicians shall conform with, all applicable federal and state statutes and regulations. Physicians shall protect the confidentiality of all patient information (including medical records, electronic data, radiology films, laboratory blocks, slides and billing information), and comply with all of SMEMC's written or oral policies on the release of patient information and all applicable state and federal laws and regulations protecting the confidentiality of patients' records, including the Health Insurance Portability and Accountability Act of 1996, the corresponding Standards for Privacy of Individually Identifiable Health Information regulations, each as amended from time to time ("HIPAA") and the Business Associate Agreement executed by Hospital and SMEMC.

c. not use SMEMC staff, space, supplies, equipment or other property for purposes other than the performance of Services hereunder.

d. Notwithstanding any provisions of the bylaws, rules and regulations and policies of SMEMC and SMEMC's Medical Staff to the contrary, the Medical Staff membership and clinical privileges of Physician shall terminate, at the option of SMEMC, concurrently with (i) the termination of the Agreement between the Hospital and SMEMC; (ii) the termination of the Physician's contract/employment with Hospital; (iii) the termination of a contract between Hospital and a contractor with whom Physician has a employment/contractual relationship or (iv) failure of Physician to continue to meet the conditions set forth in subparagraph 1(a) through 1(h) and Section 2 (a) through (c) of this Acknowledgement.

b. It is expressly agreed and understood by Physician that any provisions of the bylaws, rules and regulation and policies of SMEMC and SMEMC's Medical Staff relating to notices, hearings and appellate review shall not apply in the event Physician's SMEMC Medical Staff membership and/or clinical privileges terminate as provided herein. Physician hereby waives any and all rights to notice, hearing, appellate review and other due process in the event of such termination. Physician understand and agrees that such termination of Medical Staff

membership and/or clinical privileges under this Acknowledgement shall not constitute a reportable action to the National Practitioner Data Bank.

c. To the extent that the provisions of the bylaws, rules and regulations and policies of SMEMC and the SMEMC's Medical Staff may be construed to be in conflict with this Acknowledgement and the Agreement, it is acknowledged and understood by Physician that the provisions of this Acknowledgement and of the Agreement shall control.

#### PHYSICIAN ACKNOWLEDGEMENT

\_\_\_\_\_  
[Physician's name]

DATE: \_\_\_\_\_

**EXHIBIT C**  
**HIPAA BUSINESS ASSOCIATE PROVISIONS**

This Exhibit C amends and is hereby incorporated into the Professional Services Agreement ("Agreement"), entered into by and between Cook County through its Cook County Health and Hospitals System on behalf of the John h. Stroger Hospital of cook County (hereinafter "Business Associate") and Saints Mary and Elizabeth Medical Center (hereinafter "Covered Entity") on April 1, 2009.

Covered Entity and Business Associate mutually agree to incorporate the terms of this Exhibit C to comply with the requirements of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and HIPAA's implementing regulations, the Standards for Privacy of Individually Identifiable Health Information (the "Privacy Rule") and the Security Standards for the Protection of Electronic Protected Health Information (the "Security Rule") found at Title 45, Parts 160 and 164 of the Code of Federal Regulations, dealing with the security, confidentiality, integrity and availability of protected health or health-related information. If any conflict exists between the terms of the Agreement and this Exhibit C, the terms of this Exhibit C shall govern.

1. Definitions.

- a. Protected Health Information (PHI) means any information, whether oral or recorded in any form or medium, that: (i) relates to the past, present or future physical or mental condition of any Individual; the provision of health care to an Individual; or the past, present or future payment of the provision of health care to an Individual; and (ii) identifies the Individual, or with respect to which there is a reasonable basis to believe the information can be used to identify the Individual. PHI includes demographic information unless such information is de-identified according to the Privacy Rule. "Protected Health Information" includes without limitation "Electronic Protected Health Information" as defined below.
  - b. Electronic Protected Health Information (ePHI) means Protected Health Information, which is transmitted by Electronic Media (as defined in the HIPAA Privacy and Security Rule) or maintained in Electronic Media.
  - c. Individual means the person who is the subject of PHI, and shall include a person who qualifies under the Privacy Rule as a personal representative of the Individual.
  - c. Capitalized terms used in this Exhibit C, but not otherwise defined, shall have the same meaning as those terms in the Privacy Rule or the Security Rule.
2. Prohibition on Unauthorized Use or Disclosure of PHI. Business Associate shall not use or disclose any PHI received from or on behalf of Covered Entity except as permitted or required by the Agreement or this Exhibit C, as required by law, or as otherwise authorized in writing by Covered Entity.

3. Use and Disclosure of Protected Health Information. Except as described in Section 4, Business Associate may use or disclose PHI only for the following purpose(s):
  - a. May make any and all uses of PHI necessary to perform its obligations to Covered Entity, including any obligations required pursuant to the underlying Agreement or this Exhibit C. All other uses not authorized by the underlying Agreement or this Exhibit C are prohibited unless specifically authorized by Covered Entity to Business Associate.
4. Use of PHI for Certain of Business Associate's Operations. Business Associate may use and/or disclose PHI it creates for, or receives from, Covered Entity to the extent necessary for Business Associate's proper management and administration, or to carry out Business Associate's legal responsibilities, only if:
  - a. The disclosure is required by law; or
  - b. Business Associate obtains reasonable assurances, evidenced by written contract, from any person or organization to which Business Associate shall disclose such PHI that such person or organization shall:
    - (i) hold such PHI in confidence and use or further disclose it only for the purpose for which Business Associate disclosed it to the person or organization, or as required by law; and
    - (ii) notify Business Associate, who shall in turn promptly notify Covered Entity, of any instance which the person or organization becomes aware of in which the confidentiality of such PHI was breached.
  - c. Business Associate's proper management and administration does not include the use or disclosure of PHI by Business Associate for Marketing purposes, or to support Marketing, unless the underlying Agreement specifically concerns marketing activities.
5. Safeguarding of PHI. Business Associate shall develop, implement, maintain, and use reasonable and appropriate administrative, technical, and physical safeguards to protect the security, confidentiality, integrity and availability of all PHI, in any form or media, created, received, maintained or transmitted on behalf of the Covered Entity. Business Associate shall document and keep these security measures current. Business Associate shall cooperate in good faith in response to any reasonable requests from Covered Entity to discuss, review, inspect, and/or audit Business Associate's safeguards.
6. Subcontractors and Agents. If Business Associate provides any PHI which was received from, or created for, Covered Entity to a subcontractor or agent, then Business Associate shall require such subcontractor or agent to agree to the same restrictions and conditions as are imposed on Business Associate by this Exhibit C.
7. Compliance with Electronic Transactions and Code Set Standards. If Business Associate conducts any Standard Transaction for, or on behalf, of Covered Entity, Business Associate shall comply, and shall require any subcontractor or agent conducting such Standard Transaction to comply, with each applicable requirement of Title 45, Part 162 of the Code of Federal Regulation.

8. Access to PHI. At the direction of Covered Entity, Business Associate agrees to provide access to any PHI held by Business Associate, which Covered Entity has determined to be part of Covered Entity's Designated Record Set, within ten (10) calendar days of a request. This access will be provided to Covered Entity or, as directed by Covered Entity, to an Individual, in order to meet the requirements under the Privacy Rule.
9. Amendment or Correction to PHI. At the direction of Covered Entity, Business Associate agrees to amend or correct PHI held by Business Associate and which Covered Entity has determined to be part of Covered Entity's Designated Record Set, within ten (10) calendar days of such a request by Covered Entity.
10. Reporting of Misuse or Unauthorized Disclosures of PHI. Business Associate shall report to Covered Entity any privacy incident, such as misuse or inappropriate use or disclosure of PHI, which is not in compliance with the terms of this Exhibit C, within ten (10) calendar days of its awareness of the privacy incident. Business Associate also shall report to Covered Entity any Security Incidents of which it becomes aware, including those incidents reported to Business Associate by its subcontractors or agents. Business Associate shall make the incident reports to Covered Entity not less than ten (10) calendar days after Business Associate learns of such use or disclosure. For either Privacy or Security Incidents, Business Associate's report to Covered Entity shall identify: (i) the nature of the unauthorized use or disclosure, (ii) the PHI used or disclosed, (iii) who made the unauthorized use or received the unauthorized disclosure, (iv) what Business Associate has done or shall do to mitigate any deleterious effect of the unauthorized use or disclosure, and (v) what corrective action Business Associate has taken or shall take to prevent future similar unauthorized use or disclosure. Business Associate shall provide such other information, including a written report, as reasonably requested by Covered Entity's Privacy or Security Official.
11. Mitigating Effect of Misuse or Unauthorized Disclosures of PHI. Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a misuse or unauthorized disclosure of PHI by Business Associate in violation of the requirements of this Exhibit C. In addition, as further provided in sections 16.b and 16.c of this Exhibit C, Business Associate will cooperate with any internal investigation of Covered Entity and, as appropriate, indemnify Covered Entity for costs associated with the misuse or unauthorized disclosure by Business Associate.
12. Tracking and Accounting of Disclosures. So that Covered Entity may meet its accounting obligations under the Privacy Rule Business Associate agrees as follows:
  - a. Disclosure Tracking. Starting April 14, 2003, for each disclosure not excepted under subsection (b) below, Business Associate will record for each disclosure of PHI it makes to Covered Entity or a third party of PHI that Business Associate creates or receives for or from Covered Entity (i) the disclosure date, (ii) the name and (if known) address of the person or entity to whom Business Associate made the disclosure, (iii) a brief description of the PHI disclosed, and (iv) a brief statement of the purpose of the disclosure. For repetitive disclosures which Business Associate makes to the same person or entity, including the Covered Entity, for a single purpose, Business Associate may provide (i) the disclosure information for the first of these repetitive disclosures, (ii) the frequency.

membership and/or clinical privileges under this Acknowledgement shall not constitute a reportable action to the National Practitioner Data Bank.

c. To the extent that the provisions of the bylaws, rules and regulations and policies of SMEMC and the SMEMC's Medical Staff may be construed to be in conflict with this Acknowledgement and the Agreement, it is acknowledged and understood by Physician that the provisions of this Acknowledgement and of the Agreement shall control.

#### PHYSICIAN ACKNOWLEDGEMENT

\_\_\_\_\_  
[Physician's name]

DATE: \_\_\_\_\_

Audited Financial Statements as evidence of the availability of funds are provided in the Certificate of Need application addressing the change of ownership of Resurrection Medical Center



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:

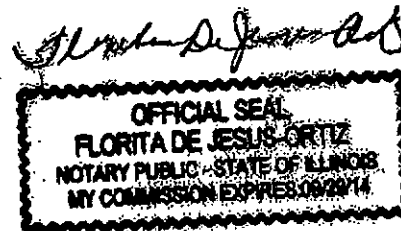
I hereby attest that all of the real costs associated with the changes of ownership of the facilities directly or indirectly owned and/or controlled by Resurrection Health Care Corporation will be funded in total with cash or equivalents.

Sincerely,

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

Sandra Bruce, FACHE  
President & Chief Executive Officer

Notarized:





March 22, 2011

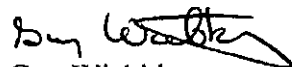
Illinois Health Facilities  
and Services Review Board  
Springfield, Illinois

RE: FUNDING OF PROJECT

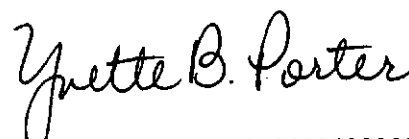
To Whom It May Concern:

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**

**Saint Mary of Nazareth Medical Center & St. Elizabeth's Hospital  
2012 Projection**

**ADJUSTED PATIENT DAYS:**

\$	<u>91,471,079</u>	
\$	1,757	52,049

**OPERATING COSTS**

salaries & benefits	\$ 125,265,770
supplies	\$ <u>30,627,154</u>
TOTAL	\$ 155,892,924

Operating cost/adjusted patient day:	\$ 2,995.15
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**CAPITAL COSTS**

depreciation	\$ 10,028,750
interest	\$ <u>3,473,983</u>
TOTAL	\$ 13,502,733

Capital cost/adjusted patient day:	\$ 259.43
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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.

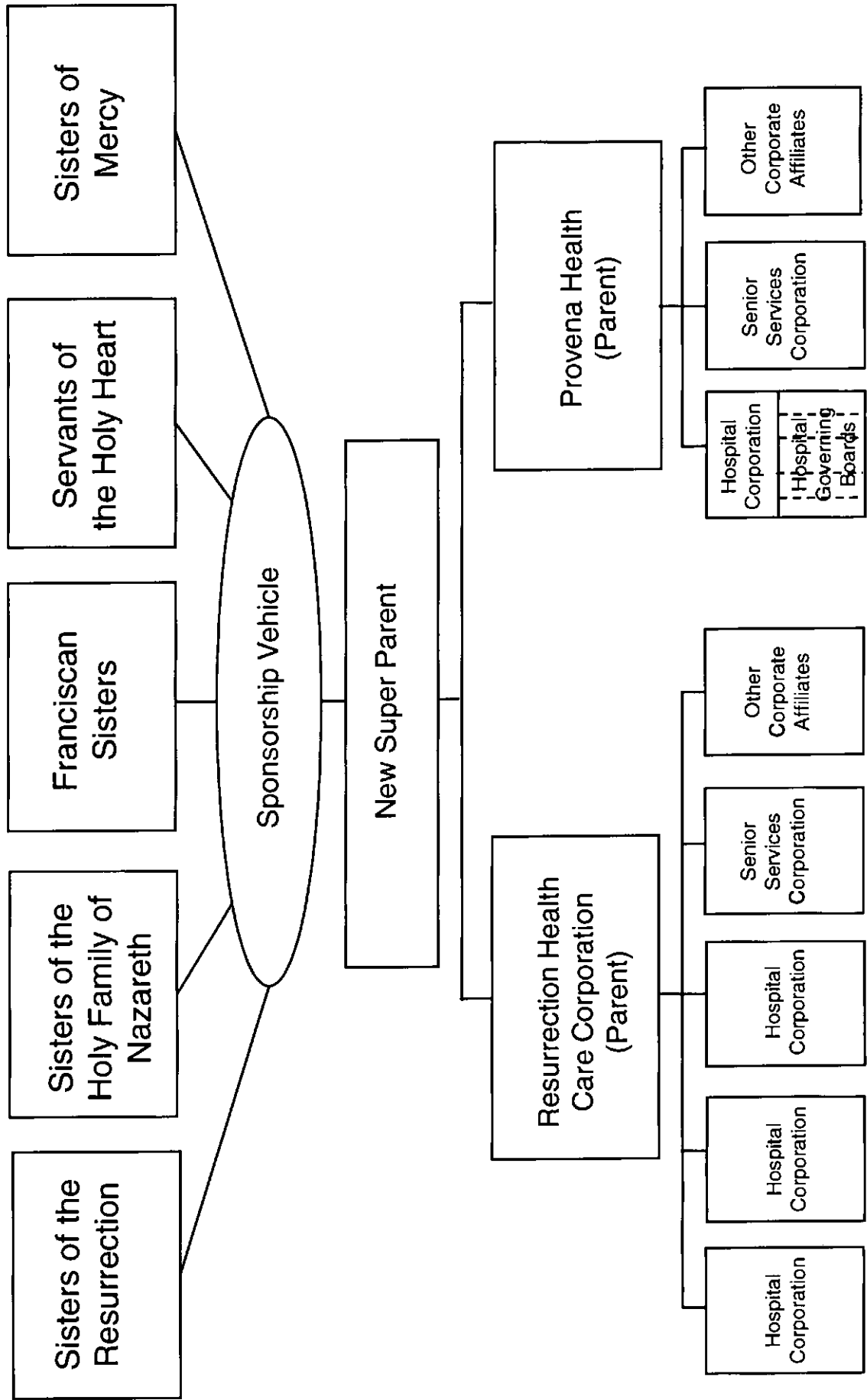
A co-applicant in each Certificate of Need application is Cana Lakes Health Care, which is an existing Illinois not-for-profit corporation. The Cana Lakes corporation will be reconstituted to serve as the super parent entity, through amendment of its corporate documents to reflect unified governance 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, 2<sup>nd</sup> 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.

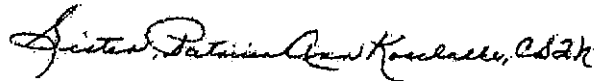
With a dedicated and talented combined team of nearly 5,000 physicians, supported by over 22,000 employees, the new system will play an important role in the economic vitality of the communities in which we serve. Above all, our partnership will remain true to the hallmarks of our Catholic identity: 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