

11-063

ORIGINAL

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

RECEIVED

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

JUL 26 2011

This Section must be completed for all projects.

HEALTH FACILITIES &
SERVICES REVIEW BOARD

Facility/Project Identification

Facility Name: Proctor Community Hospital		
Street Address: 5409 N. Knoxville Ave.		
City and Zip Code: Peoria, IL 61614		
County: Peoria	Health Service Area: 2	Health Planning Area: C-1

Applicant /Co-Applicant Identification

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

Exact Legal Name: Proctor Community Hospital		
Address: 5409 N. Knoxville Ave.		
Name of Registered Agent: Paul Macek		
Name of Chief Executive Officer: Paul Macek		
CEO Address: 5409 N. Knoxville Ave., Peoria, IL 61614		
Telephone Number: 309-691-1058		

Type of Ownership of Applicant/Co-Applicant

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

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

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

Primary Contact

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

Name: Eric Zehr
Title: Vice President for Ancillary Services
Company Name: Proctor Community Hospital
Address: 5409 N. Knoxville Ave., Peoria, IL 61614
Telephone Number: 309-691-1055
E-mail Address: Eric.Zehr@Proctor.org
Fax Number: 309-683-6293

Additional Contact

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

Name: Mark T. Hicks, LCSW
Title: Consultant
Company Name: Proctor Community Hospital
Address: 5409 N. Knoxville Ave., Peoria, IL 61614
Telephone Number: 309-691-1004
E-mail Address: Mark.Hicks@Proctor.org
Fax Number: 309-689-8604

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: Eric Zehr
Title: Vice President for Ancillary Services
Company Name: Proctor Community Hospital
Address: 5409 N. Knoxville Avenue, Peoria IL 61614
Telephone Number: 309-691-1055
E-mail Address: Eric.Zehr@Proctor.org
Fax Number: 309-683-6293

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Proctor Health Systems, Inc.
Address of Site Owner: 5406 N. Knoxville Ave., Peoria, IL 61614
Street Address or Legal Description of Site: 5406 N. Knoxville Ave., Peoria, IL 61614
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: Proctor Healthcare Systems, Inc.
Address: 5409 N. Knoxville Ave., Peoria, IL 61614
<input checked="" type="checkbox"/> Non-profit Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> For-profit Corporation <input type="checkbox"/> Governmental <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other
<ul style="list-style-type: none"> o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner. o Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.
APPEND DOCUMENTATION AS ATTACHMENT-3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Organizational Relationships

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

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

Flood Plain Requirements

[Refer to application instructions.]

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

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

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

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

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

DESCRIPTION OF PROJECT

1. Project Classification

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

<p>Part 1110 Classification:</p> <p><input checked="" type="checkbox"/> Substantive</p> <p><input type="checkbox"/> Non-substantive</p>	<p>Part 1120 Applicability or Classification: [Check one only.]</p> <p><input type="checkbox"/> Part 1120 Not Applicable</p> <p><input type="checkbox"/> Category A Project</p> <p><input checked="" type="checkbox"/> Category B Project</p> <p><input type="checkbox"/> DHS or DVA Project</p>
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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.

Proctor Community Hospital of Peoria, IL, proposes to add a new service component. That service would be an AMI level of care for adult, geriatric patients. The service would utilize a current, available floor/unit and its bed spaces for this new service. For purposes of providing AMI services, the current, actual hospital beds in that unit would be replaced with platform beds specifically designed for AMI services. The total number of beds asked for in the CON request would be 18 beds.

To that end, Proctor Community Hospital of Peoria, IL, proposes to convert an available, 22 bed, Medical/Surgical, 3rd floor/wing into an 18 bed, AMI unit (locked unit/restricted access) to serve a geriatric inpatient population. The plan is to do so by making the unit a Joint Commission approved, physically safe unit for psychiatric inpatients. This will not require any major architectural changes, but will require deconstruction of its current room accoutrements and reconstruction of those rooms to meet IDPH and Joint Commission psychiatric inpatient safety standards and installing a set of locked doors to restrict entrance and egress to the unit. All means of exit will be locked and or controlled by authorized staff only. (Room change requirements include such things as the elimination of hanging points, installing safety glass windows, covering plumbing drains and pipes, covering all electrical outlets with cover plates, utilizing safety screws, etc.)

For operational purposes, the hospital would, if approved, request certification for this AMI unit as a CMS "exempt," "distinct part" psychiatric unit in order to accommodate patients with higher occurrences of co-morbidities.

Project Costs and Sources of Funds

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

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs	\$3,000.00		\$3,000.00
Site Survey and Soil Investigation	N/A	N/A	N/A
Site Preparation	N/A	N/A	N/A
Off Site Work	N/A	N/A	N/A
New Construction Contracts	N/A	N/A	N/A
Modernization Contracts	N/A	N/A	N/A
Contingencies	\$50,741.00	N/A	\$50,741.00
Architectural/Engineering Fees	\$45,000.00	N/A	\$45,000.00
Consulting and Other Fees	\$25,000.0	N/A	\$25,000.00
Movable or Other Equipment (not in construction contracts)	\$68,993.00	N/A	\$68,993.00
Bond Issuance Expense (project related)	N/A	N/A	N/A
Net Interest Expense During Construction (project related)	N/A	N/A	N/A
Fair Market Value of Leased Space or Equipment	N/A	N/A	N/A
Other Costs To Be Capitalized	\$447,259.00		\$447,259.00
Acquisition of Building or Other Property (excluding land)	N/A	N/A	N/A
TOTAL USES OF FUNDS	\$639,993.00	N/A	\$639,993.00
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	\$639,993.00	N/A	\$639,993.00
Pledges	N/A	N/A	N/A
Gifts and Bequests	N/A	N/A	N/A
Bond Issues (project related)	N/A	N/A	N/A
Mortgages	N/A	N/A	N/A
Leases (fair market value)	N/A	N/A	N/A
Governmental Appropriations	N/A	N/A	N/A
Grants	N/A	N/A	N/A
Other Funds and Sources	N/A	N/A	N/A
TOTAL SOURCES OF FUNDS	\$639,993.00	N/A	\$639,993.00
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Related Project Costs

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

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

The project involves the establishment of a new facility or a **new category of service**.

Yes No

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

Estimated start-up costs and operating deficit cost is \$ \$409,327.89.

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): End of third quarter (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-B, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

State Agency Submittals

Are the following submittals up to date as applicable:

- Cancer Registry
 APORS
 All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
 All reports regarding outstanding permits

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

Cost Space Requirements

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

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
REVIEWABLE							
Medical Surgical							8060 DGSF
AMI	\$639,993.00		8060 DGSF		X		
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical							
NON REVIEWABLE							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL							

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

Facility Bed Capacity and Utilization

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

FACILITY NAME: Proctor Community Hospital		CITY: Peoria, Illinois			
REPORTING PERIOD DATES:		From: January 1, 2010		to: December 31, 2010	
Category of Service	Authorized Beds	Admissions	Patient Days	Bed Changes	Proposed Beds
Medical/Surgical	151	4,476	21,100	-18	133
Obstetrics	15	785	1794	0	15
Pediatrics	8	0	0	0	8
Intensive Care	16	576	2,560	0	16
Comprehensive Physical Rehabilitation	0	0	0	0	0
Acute/Chronic Mental Illness	0	0	0	0	+18
Neonatal Intensive Care	0	0	0	0	0
General Long Term Care	30	551	4,570	0	30
Specialized Long Term Care	0	0	0	0	0
Long Term Acute Care	0	0	0	0	0
Other ((identify))	0	0	0	0	0
TOTALS:	220	6,388	30,024	18	220

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

Paul Malek

 SIGNATURE
PAUL MALEK

 PRINTED NAME
PRESIDENT & CEO

 PRINTED TITLE

Roger Armstrong

 SIGNATURE
Roger Armstrong

 PRINTED NAME
CFO

 PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 21st day of July

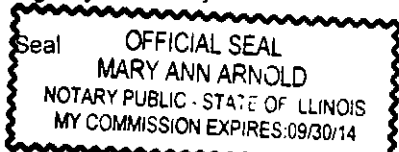
Notarization:
Subscribed and sworn to before me
this 21st day of July

Mary Ann Arnold

 Signature of Notary

Mary Ann Arnold

 Signature of Notary



SECTION II. DISCONTINUATION

This Section is applicable to any project that involves discontinuation of a health care facility or a category of service. **NOTE:** If the project is solely for discontinuation and if there is no project cost, the remaining Sections of the application are not applicable.

Criterion 1110.130 - Discontinuation

READ THE REVIEW CRITERION and provide the following information:

GENERAL INFORMATION REQUIREMENTS

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

REASONS FOR DISCONTINUATION

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

IMPACT ON ACCESS

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

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

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

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

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

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

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

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

PURPOSE OF PROJECT

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

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

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

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

ALTERNATIVES

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

Alternative options **must** include:

- A) Proposing a project of greater or lesser scope and cost; (See: attachment 13-A.)
 - 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; (See: attachment 13-B)
 - 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 (See: attachment 13-C.)
 - D) Provide the reasons why the chosen alternative was selected. (See: attachment 13-D.)
- 2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality and financial benefits in both the short term (within one to three years after project completion) and long term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**
- 3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

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

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

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

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

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

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

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
AMI Unit	8,060	7,920-10,080	140-2,020	Yes

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

PROJECT SERVICES UTILIZATION:

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

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

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

UTILIZATION					
	DEPT./ SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD	MET STANDARD?
YEAR 1	AMI	None/New Service	11 pts. or 60%	15 pts. or 85%	N/A
YEAR 2	AMI	No History available	15 pts. or 85%	15 pts. 85%	N/A

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

UNFINISHED OR SHELL SPACE:

Provide the following information:

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

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

ASSURANCES:

Submit the following:

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

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

SECTION V. - MASTER DESIGN AND RELATED PROJECTS

This Section is applicable only to proposed master design and related projects.

Criterion 1110.235(a) - System Impact of Master Design

Read the criterion and provide documentation that addresses the following:

1. The availability of alternative health care facilities within the planning area and the impact that the proposed project and subsequent related projects will have on the utilization of such facilities;
2. How the services proposed in future projects will improve access to planning area residents;
3. What the potential impact upon planning area residents would be if the proposed services were not replaced or developed; and
4. The anticipated role of the facility in the delivery system including anticipated patterns of patient referral, any contractual or referral agreements between the applicant and other providers that will result in the transfer of patients to the applicant's facility.

Criterion 1110.235(b) - Master Plan or Related Future Projects

Read the criterion and provide documentation regarding the need for all beds and services to be developed, and also, document the improvement in access for each service proposed. Provide the following:

1. The anticipated completion date(s) for the future construction or modernization projects; and
2. Evidence that the proposed number of beds and services is consistent with the need assessment provisions of Part 1100; or documentation that the need for the proposed number of beds and services is justified due to such factors, but not limited to:
 - a. limitation on government funded or charity patients that are expected to continue;
 - b. restrictive admission policies of existing planning area health care facilities that are expected to continue;
 - c. the planning area population is projected to exhibit indicators of medical care problems such as average family income below poverty levels or projected high infant mortality.
3. Evidence that the proposed beds and services will meet or exceed the utilization targets established in Part 1100 within two years after completion of the future construction of modernization project(s), based upon:
 - a. historical service/beds utilization levels;
 - b. projected trends in utilization (include the rationale and projection assumptions used in such
 - c. projections);
 - d. anticipated market factors such as referral patterns or changes in population characteristics (age, density, wellness) that would support utilization projections; and anticipated changes in delivery of the service due to changes in technology, care delivery techniques or physician availability that would support the projected utilization levels.

Criterion 1110.235(c) - Relationship to Previously Approved Master Design Projects

READ THE CRITERION which requires that projects submitted pursuant to a master design permit are consistent with the approved master design project. Provide the following documentation:

1. Schematic architectural plans for all construction or modification approved in the master design permit;
2. The estimated project cost for the proposed projects and also for the total onstruction/modification projects approved in the master design permit;
3. An item by item comparison of the construction elements (i.e. site, number of buildings, number of floors, etc.) in the proposed project to the approved master design project; and
4. A comparison of proposed beds and services to those approved under the master design permit.

APPEND DOCUMENTATION AS ATTACHMENT-18, 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.

SECTION VII - SERVICE SPECIFIC REVIEW CRITERIA

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

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

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

Category of Service	# Existing Beds	# Proposed Beds
<input type="checkbox"/> Acute Mental Illness	22	18
<input type="checkbox"/> Chronic Mental Illness		

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

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.730(b)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (formula calculation)	X		
1110.730(b)(2) - Planning Area Need - Service to Planning Area Residents	X	X	
1110.730(b)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	X		
1110.730(b)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service		X	
1110.730(b)(5) - Planning Area Need - Service Accessibility	X		
1110.730(c)(1) - Unnecessary Duplication of Services	X		

1110.730(c)(2) - Maldistribution	X		
1110.730(c)(3) - Impact of Project on Other Area Providers	X		
1110.730(d)(1) - Deteriorated Facilities			X
1110.730(d)(2) - Documentation			X
1110.730(d)(3) - Documentation Related to Cited Problems			X
1110.730(d)(4) - Occupancy			X
1110.730(e(1)) - Staffing Availability	X	X	
1110.730(f) - Performance Requirements	X	X	X
1110.730(g) - Assurances	X	X	X

APPEND DOCUMENTATION AS ATTACHMENT-20, 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

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:

100%		a) Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to: <ol style="list-style-type: none"> 1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and 2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
_____		b) Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
_____		c) Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
_____		d) Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including: <ol style="list-style-type: none"> 1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated; 2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate; 3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.; 4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment; 5) For any option to lease, a copy of the option, including all terms and conditions.
_____		e) Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
_____		f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
_____		g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
100% or \$1,049,320.89		TOTAL FUNDS AVAILABLE (Unit and Program development plus startup costs.)

APPEND DOCUMENTATION AS ATTACHMENT-21 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

IX. 1120.130 - Financial Viability

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. "A" Bond rating or better
2. All of the projects capital expenditures are completely funded through internal sources
3. 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
4. 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-22, 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)
	2010	2009	2008	2012
Enter Historical and/or Projected Years:				
Current Ratio	1.5	1.4	1.3	1.5
Net Margin Percentage	3.13	1.0	.9	3
Percent Debt to Total Capitalization	189.4	194.6	276.6	190
Projected Debt Service Coverage	2.33	1.59	2.35	2.23
Days Cash on Hand	72.7	63.1	71.8	75
Cushion Ratio	5.44	4.57	4.89	6.00

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 23, 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

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

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

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

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

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

* Include the percentage (%) of space for circulation (See: Attachment 24-C.)

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 -24, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

XI. Safety Net Impact Statement

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

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

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

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

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

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	2007	2008	2009
Inpatient	140	160	205
Outpatient	756	1,094	1,651
Total	896	1,254	1,856
Charity (cost in dollars)			
Inpatient	\$362,651	\$430,074	\$366,548
Outpatient	\$300,413	\$321,940	\$327,236
Total	\$663,064	\$752,014	\$693,784
MEDICAID			
Medicaid (# of patients)	2007	2008	2009
Inpatient	401	358	286
Outpatient	6,438	6,207	6,494

Total	6,839	6,565	6,780
Medicaid (revenue)	2007	2008	2009
Inpatient	\$1,6113,171	\$1,448,055	\$1,352,861
Outpatient	\$1,063,365	\$605,835	\$818,552
Total	\$2,676,536	\$2,053,890	\$2,171,413

APPEND DOCUMENTATION AS ATTACHMENT-25, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

XII. Charity Care Information

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

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

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

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

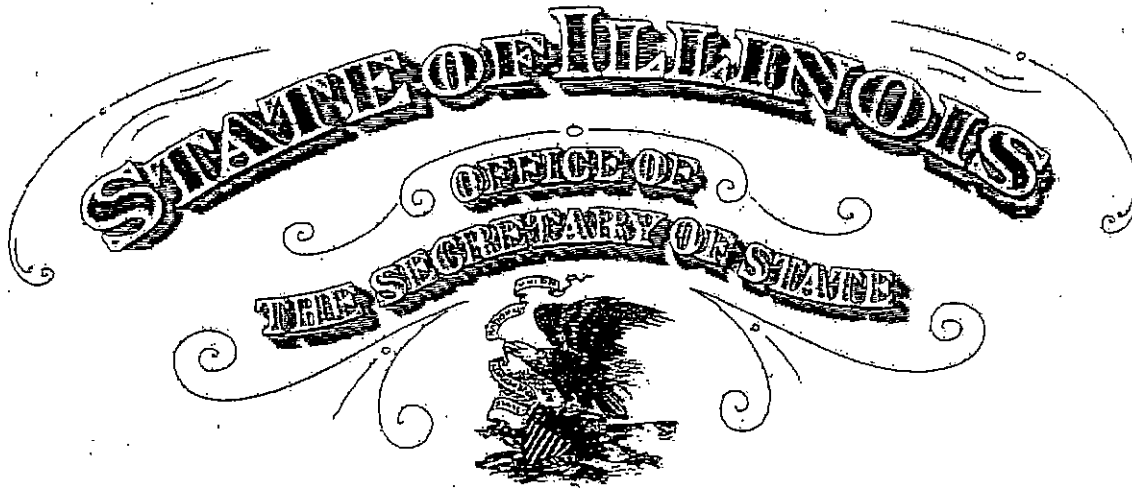
CHARITY CARE			
	Year 2008	Year 2009	Year 2010
Net Patient Revenue	\$95,137,901	\$94,596,858	\$106,888,673
Amount of Charity Care (charges)	\$2,962,235	\$2,609,520	\$3,787,459
Cost of Charity Care	\$773,143	\$681,084	\$988,562

APPEND DOCUMENTATION AS ATTACHMENT-26, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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

INDEX OF ATTACHMENTS		
ATTACHMENT NO.		PAGES
1	Applicant/Coapplicant Identification including Certificate of Good Standing	Page 1
2	Site Ownership	Pages 2-A through 2-M
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	Page 3
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	Page 4
5	Flood Plain Requirements	Pages 5-A through 5-B
6	Historic Preservation Act Requirements	Pages 6-A through 6-D
7	Project and Sources of Funds Itemization	Pages 7-A.1 through 7-B.5
8	Obligation Document if required	Pages 8-A through 8-B.2
9	Cost Space Requirements	Page 9
10	Discontinuation	Page 10
11	Background of the Applicant	Pages 11-A.1 through 11-D
12	Purpose of the Project	Pages 12-A.1 through 12-C
13	Alternatives to the Project	Pages 13-A through 13-D
14	Size of the Project	Page 14
15	Project Service Utilization	Page 15
16	Unfinished or Shell Space	Page 16
17	Assurances for Unfinished/Shell Space	Page 17
18	Master Design Project	Page 18
19	Mergers, Consolidations and Acquisitions	Page 19
	Service Specific:	
20	Acute Mental Illness	Pages 20-A through 20-C
	Financial and Economic Feasibility:	
21	Availability of Funds	Page 21
22	Financial Waiver	Page 22
23	Financial Viability	Page 23
24	Economic Feasibility	Pages 24-A through 24-E
25	Safety Net Impact Statement	Page 25
26	Charity Care Information	Page 26

File Number 3779-346-9



To all to whom these Presents Shall Come, Greeting:

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

PROCTOR HOSPITAL, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE MAY 19, 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 A DOMESTIC CORPORATION IN GOOD STANDING 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 _____ 7TH day of _____ FEBRUARY A.D. 2003



Jesse White

SECRETARY OF STATE

Attachment 1

COMMITMENT FOR TITLE INSURANCE



Chicago Title Insurance Company

CHICAGO TITLE INSURANCE COMPANY ("Company"), for valuable consideration, commits to issue its policy or policies of title insurance, as identified in Schedule A, in favor of the Proposed Insured named in Schedule A, as owner or mortgagee of the estate or interest in the Land described or referred to in Schedule A, upon payment of the premiums and charges and compliance with the requirements; all subject to the provisions of Schedule A and B and to the Conditions of this Commitment.

This Commitment shall be effective only when the identity of the Proposed Insured and the amount of the policy or policies committed for have been inserted in Schedule A by the Company.

All liability and obligation under this Commitment shall cease and terminate 6 months after the Effective Date or when the policy or policies committed for shall issue, whichever first occurs, provided that the failure to issue the policy or policies is not the fault of the Company.

The Company will provide a sample of the policy form upon request.

IN WITNESS WHEREOF, Chicago Title Insurance Company has caused its corporate name and seal to be affixed by its duly authorized officers on the date shown in Schedule A.

Issued By:

CHICAGO TITLE INSURANCE COMPANY
416 MAIN STREET, STE. 811
PEORIA, IL 61602

Refer Inquiries To:
(309) 673-0536

Fax Number:
(309) 673-9878

CHICAGO TITLE INSURANCE COMPANY

By

Authorized Signatory

Commitment No.:

1245 45D169976 PED

11/19/10

CDMCEP18 11/16 DGG

TLK

CHICAGO TITLE INSURANCE COMPANY
COMMITMENT FOR TITLE INSURANCE
SCHEDULE A

ORDER NO.: 1245 450169976 PED

YOUR REFERENCE:

EFFECTIVE DATE: NOVEMBER 17, 2010

1. POLICY OR POLICIES TO BE ISSUED:

LOAN POLICY: ALTA LOAN 2005
AMOUNT: TO COME
PROPOSED INSURED: Regions Bank, its successors and/or assigns

2. THE ESTATE OR INTEREST IN THE LAND DESCRIBED OR REFERRED TO IN THIS COMMITMENT IS FEE SIMPLE, UNLESS OTHERWISE NOTED.

3. TITLE TO THE ESTATE OR INTEREST IN THE LAND IS AT THE EFFECTIVE DATE VESTED IN:
Proctor Hospital, an Illinois not-for-profit corporation

4. MORTGAGE OR TRUST DEED TO BE INSURED:
To Come.

CHICAGO TITLE INSURANCE COMPANY
COMMITMENT FOR TITLE INSURANCE
SCHEDULE A (CONTINUED)

ORDER NO.: 1245 450169976 PED

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

A part of the Northwest Quarter of Section 21; Lot 5 in Endres Heights, being a subdivision of the South Half of the Northwest Quarter of Section 21; Lots 15 and 16 and a part of Lots 13 and 14; all in Hillis' Subdivision, being a part of Section 16 and part of Section 21; all in Township 9 North, Range 8 East of the Fourth Principal Meridian, being more particularly described as follows:

Commencing at the Northwest corner of Lot 4 of Belcrest Court Subdivision, being a subdivision of Lot 10 and a part of Lots 11 and 14 of said Hillis' Subdivision, as the Point of Beginning of the tract to be described; thence South 0 degrees 10 minutes 05 seconds East along the West line of said Belcrest Court Subdivision, a distance of 538.68 feet to the Northwest corner of Lot 13 of Belcrest Court Extended, a subdivision of part of the Northeast Quarter of the Northwest Quarter of said Section 21; thence South 0 degrees 04 minutes 05 seconds East along the West line of Lot 13 of said Belcrest Court Extended, a distance of 125 feet to the Southwest corner of Lot 13 of said Belcrest Court Extended; thence South 88 degrees 54 minutes 05 seconds East along the South line of Lot 13 of said Belcrest Court Extended, a distance of 50 feet to a point on the West line of said Belcrest Court Extended; thence South 0 degrees 04 minutes 05 seconds East along the West line of said Belcrest Court Extended, a distance of 330 feet to the Southwest corner of said Belcrest Court Extended; thence South 89 degrees 11 minutes 05 seconds East along the South line of said Belcrest Court Extended, a distance of 599.9 feet to a point on the West R.O.W. line of Knoxville Avenue (Federal Aid Route 646-State Route No. 88); thence South 0 degrees 18 minutes 37 seconds East along the West R.O.W. line of Knoxville Avenue (Federal Aid Route 646-State Route No. 88), a distance of 169.45 feet; thence South 21 degrees 29 minutes 27 seconds West along the West R.O.W. line of Knoxville Avenue (Federal Aid Route 646-State Route No. 88), a distance of 53.85 feet; thence South 0 degrees 18 minutes 37 seconds East along the West R.O.W. line of Knoxville Avenue (Federal Aid Route 646-State Route No. 88), a distance of 60 feet; thence North 89 degrees 41 minutes 23 seconds East, a distance of 20 feet; thence South 0 degrees 18 minutes 37 seconds East along the West R.O.W. line of Knoxville Avenue (Federal Aid Route 646-State Route No. 88), a distance of 50 feet to the Northeast corner of said Lot 5 in Endres Heights Subdivision; thence continuing South 0 degrees 18 minutes 37 seconds East along the West R.O.W. line of Knoxville Avenue (Federal Aid Route 646-State Route No. 88), a distance of 165.00 feet to the Southeast corner of said Lot 5; thence North 89 degrees 07 minutes 34 seconds West along the South line of said Lot 5, a distance of 469.60 feet to the Southwest corner of said Lot 5; thence North 0 degrees 02 minutes 59 seconds West along the West line of said Lot 5, a distance of 165.00 feet to a point on the South line of Lot 13 of said Hillis' Subdivision; said point being also the Northwest corner of said Lot 5; thence North 89 degrees 07 minutes 34 seconds West along the South line of Lots 13, 14, 15 and 16 of said Hillis' Subdivision, a distance of 1170.11 feet to the Southwest corner of Lot 16 of said Hillis' Subdivision; thence North 0 degrees 00 minutes 57 seconds East along the West line of Lot 16 of said Hillis' Subdivision, a distance of 666.22 feet to the Northeast corner of Lot 19 of Richwoods Park Section 2, being a subdivision of part of the Northwest Quarter of said Section 21; thence North 88 degrees 54

CONTINUED ON NEXT PAGE

CHICAGO TITLE INSURANCE COMPANY
COMMITMENT FOR TITLE INSURANCE
SCHEDULE A (CONTINUED)

ORDER NO.: 1245 450169976 PEO

5. THE LAND REFERRED TO IN THIS COMMITMENT IS DESCRIBED AS FOLLOWS (CONTINUED):

minutes 44 seconds West along the North line of said Richwoods Park Section 2 and Richwoods Park, being a part of the Northwest Quarter of said Section 21, a distance of 825.80 feet to a point lying 123.67 feet Easterly of the East R.O.W. line of Sheridan Road; thence North 0 degrees 08 minutes 07 seconds West, a distance of 210 feet; thence North 88 degrees 54 minutes 52 seconds West, a distance of 123.67 feet to a point on the East R.O.W. line of Sheridan Road; thence North 0 degrees 08 minutes 07 seconds West along the East R.O.W. line of Sheridan Road, a distance of 375 feet; thence South 88 degrees 54 minutes 52 seconds East, a distance of 103.67 feet; thence South 38 degrees 21 minutes 55 seconds East, a distance of 32.40 feet; thence South 0 degrees 12 minutes 52 seconds East, a distance of 95 feet; thence South 39 degrees 57 minutes 26 seconds East, a distance of 87.59 feet; thence South 73 degrees 00 minutes 04 seconds East, a distance of 125 feet; thence South 67 degrees 05 minutes East, a distance of 168.90 feet; thence North 73 degrees 05 minutes 08 seconds East, a distance of 190 feet; thence North 47 degrees 05 minutes 08 seconds East, a distance of 130 feet; thence North 1 degree 05 minutes 08 seconds East, a distance of 225 feet to a point on the North line of the Northwest Quarter of said Section 21; thence South 88 degrees 54 minutes 52 seconds East along the North line of the Northwest Quarter of said Section 21, a distance of 1195.59 feet to the Point of Beginning, situate, lying and being in the County of Peoria and State of Illinois;

EXCEPTING THEREFROM a part of Lots 15 and 16 of Hillis' Subdivision, being a part of Section 16 and a part of Section 21, all in Township 9 North, Range 8 East of the Fourth Principal Meridian, being more particularly described as follows:

Commencing at the Southwest corner of Lot 13 of said Belcrest Court Extended; thence South 83 degrees 53 minutes 34 seconds West, a distance of 444.29 feet to the Point of Beginning of the tract to be described; thence South 68 degrees 21 minutes West, a distance of 39.02 feet; thence South 21 degrees 39 minutes East, a distance of 119.06 feet; thence South 0 degrees 04 minutes 53 seconds West, a distance of 15.39 feet; thence South 68 degrees 21 minutes West, a distance of 118.90 feet; thence North 21 degrees 39 minutes West, a distance of 100 feet; thence South 68 degrees 21 minutes West, a distance of 153.95 feet; thence North 21 degrees 39 minutes West, a distance of 125 feet; thence North 68 degrees 21 minutes East, a distance of 217.37 feet; thence North 21 degrees 39 minutes West, a distance of 75.28 feet; thence North 68 degrees 21 minutes East; a distance of 14.75 feet; thence North 21 degrees 39 minutes West, a distance of 144.44 feet; thence South 68 degrees 21 minutes West, a distance of 27 feet; thence North 21 degrees 39 minutes West, a distance of 33.53 feet; thence North 68 degrees 09 minutes 40 seconds East, a distance of 128.25 feet; thence South 21 degrees 39 minutes East, a distance of 30.94 feet; thence North 68 degrees 21 minutes East a distance of 70.08 feet; thence South 21 degrees 39 minutes East, a distance of 133.42 feet; thence South 2 degrees 37 minutes 41 seconds West, a distance of 9.92 feet; thence South 68 degrees 21 minutes West, a distance of 81.81 feet; thence South 21 degrees 39 minutes East, a distance of 171.92 feet to the Point of Beginning; situate, lying and being in the County of Peoria and State of Illinois.

EXCEPTING THEREFROM a part of Lot 5 in ENORES HEIGHTS, being a subdivision of the

CHICAGO TITLE INSURANCE COMPANY
COMMITMENT FOR TITLE INSURANCE
SCHEDULE A (CONTINUED)

ORDER NO.: 1245 450169976 PEO

5. THE LAND REFERRED TO IN THIS COMMITMENT IS DESCRIBED AS FOLLOWS (CONTINUED):

South Half of the Northwest Quarter of Section 21, and part of Lot 13 in HILLIS' SUBDIVISION, being a part of Section 16 and part of Section 21, all in Township 9 North, Range 8 East of the Fourth Principal Meridian, being more particularly described as follows:

Commencing at the Southwest corner of Lot 13 of Belcrest Court Extended, a Subdivision of part of the Northeast Quarter of the Northwest Quarter of said Section 21; thence South 88 degrees 54 minutes 05 seconds East, along the South line of Lot 13 of said Belcrest Court Extended; thence South 0 degrees 04 minutes 05 seconds East along the West line of said Belcrest Court Extended, a distance of 330.00 feet to the Southwest corner of said Belcrest Court Extended, said point being the Point of Beginning of the tract to be described; thence South 89 degrees 11 minutes 05 seconds East along the South line of said Belcrest Court Extended, a distance of 599.9 feet to a point on the West R.O.W. line of Knoxville Avenue (Illinois Route No. 40); thence South 0 degrees 18 minutes 37 seconds East along the West R.O.W. line of Knoxville Avenue (Illinois Route No. 40), a distance of 169.45 feet; thence South 21 degrees 29 minutes 27 seconds West along the West R.O.W. line of Knoxville Avenue (Illinois Route No. 40), a distance of 53.85 feet; thence South 0 degrees 18 minutes 37 seconds East along the West R.O.W. line of Knoxville Avenue (Illinois Route No. 40), a distance of 60.00 feet; thence North 89 degrees 41 minutes 23 seconds East, a distance of 20.00 feet; thence South 0 degrees 18 minutes 37 seconds East along the West R.O.W. line of Knoxville Avenue (Illinois Route No. 40), a distance of 50.00 feet to the Northeast corner of said Lot 5 in Endres Heights Subdivision; thence continuing South 0 degrees 18 minutes 37 seconds East along the West R.O.W. line of Knoxville Avenue (Illinois Route No. 40), a distance of 165.00 feet to the Southeast corner of said Lot 5; thence North 89 degrees 07 minutes 43 seconds West along the South line of said Lot 5, a distance of 489.60 feet to the Southwest corner of said Lot 5; thence North 0 degrees 02 minutes 59 seconds West, along the West line of said Lot 5, a distance of 165.00 feet to a point on the South line of said Lot 13 of said Hillis' Subdivision, said point being also the Northwest corner of said Lot 5; thence North 89 degrees 07 minutes 34 seconds West along the South line of Lot 13 of said Hillis' Subdivision, a distance of 132.45 feet to the Southwest corner of Lot 13 of said Hillis' Subdivision, thence North 0 degrees 04 minutes 05 seconds West along the West line of Lot 13 of said Hillis' Subdivision, a distance of 328.82 feet to the Point of Beginning, situate, lying and being in the County of Peoria and State of Illinois.

EXCEPTING THEREFROM Commencing at the Northwest Corner of Lot 20 of Richwoods Park Section Two, then East along the Northern boundary line of said Lot 20 and Lot 19 of Richwoods Park, Section Two, to the Northeast corner of Lot 19, then North 50 feet, then West to a point that is 50 feet due North of the Point of Beginning, then South 50 feet to the Point of Beginning, situated in the Northwest Quarter of Section 21, Township 9 North, Range 8 East of the Fourth Principal Meridian, located in Peoria County, Illinois.

EXCEPTING THEREFROM Commencing at the Northwest Corner of Lot 23 of Richwoods Park, Section Two, then East to the Northeast Corner of Lot 23, then North 50 feet, then West to a point that is 50 feet due North of the Northwest corner of

CHICAGO TITLE INSURANCE COMPANY
COMMITMENT FOR TITLE INSURANCE
SCHEDULE A (CONTINUED)

ORDER NO.: 1245 450169976 PEO

5. THE LAND REFERRED TO IN THIS COMMITMENT IS DESCRIBED AS FOLLOWS (CONTINUED):
Lot 23, then South 50 feet to the Northwest Corner of Lot 23, (the Point of Beginning), situated in the Northwest Quarter of Section 21, Township 9 North, Range B East of the Fourth Principal Meridian, located in Peoria County, Illinois.

CHICAGO TITLE INSURANCE COMPANY
COMMITMENT FOR TITLE INSURANCE
SCHEDULE B

ORDER NO.: 1245 450169976 PED

SCHEDULE B OF THE POLICY OR POLICIES TO BE ISSUED WILL CONTAIN EXCEPTIONS TO THE FOLLOWING MATTERS UNLESS THE SAME ARE DISPOSED OF TO THE SATISFACTION OF THE COMPANY.

GENERAL EXCEPTIONS

1. RIGHTS OR CLAIMS OF PARTIES IN POSSESSION NOT SHOWN BY PUBLIC RECORDS.
2. ANY ENCROACHMENT, ENCUMBRANCE, VIOLATION, VARIATION, OR ADVERSE CIRCUMSTANCE AFFECTING THE TITLE THAT WOULD BE DISCLOSED BY AN ACCURATE AND COMPLETE LAND SURVEY OF THE LAND.
3. EASEMENTS, OR CLAIMS OF EASEMENTS, NOT SHOWN BY PUBLIC RECORDS.
4. ANY LIEN, OR RIGHT TO A LIEN, FOR SERVICES, LABOR OR MATERIAL HERETOFORE OR HEREAFTER FURNISHED, IMPOSED BY LAW AND NOT SHOWN BY THE PUBLIC RECORDS.
5. TAXES OR SPECIAL ASSESSMENTS WHICH ARE NOT SHOWN AS EXISTING LIENS BY THE PUBLIC RECORDS.

SCHEDULE B OF THE POLICY OR POLICIES TO BE ISSUED WILL CONTAIN EXCEPTIONS TO THE FOLLOWING MATTERS UNLESS THE SAME ARE DISPOSED OF TO THE SATISFACTION OF THE COMPANY.

NOTE FOR INFORMATION: THE COVERAGE AFFORDED BY THIS COMMITMENT AND ANY POLICY ISSUED PURSUANT HERETO SHALL NOT COMMENCE PRIOR TO THE DATE ON WHICH ALL CHARGES PROPERLY BILLED BY THE COMPANY HAVE BEEN FULLY PAID.

1. DEFECTS, LIENS, ENCUMBRANCES, ADVERSE CLAIMS OR OTHER MATTERS, IF ANY, CREATED, FIRST APPEARING IN THE PUBLIC RECORDS OR ATTACHING SUBSEQUENT TO THE EFFECTIVE DATE HEREOF BUT PRIOR TO THE DATE THE PROPOSED INSURED ACQUIRES FOR VALUE OF RECORD THE ESTATE OR INTEREST OR MORTGAGE THEREON COVERED BY THIS COMMITMENT.
2. AN ALTA LOAN POLICY WILL BE SUBJECT TO THE FOLLOWING EXCEPTIONS (A) AND (B), IN THE ABSENCE OF THE PRODUCTION OF THE DATA AND OTHER ESSENTIAL MATTERS DESCRIBED IN OUR STATEMENT REQUIRED FOR THE ISSUANCE OF ALTA OWNERS AND LOAN POLICIES (ALTA STATEMENT): (A) ANY LIEN, OR RIGHT TO A LIEN, FOR SERVICES, LABOR, OR MATERIAL HERETOFORE OR HEREAFTER FURNISHED, IMPOSED BY LAW AND NOT SHOWN BY THE PUBLIC RECORDS; (B) CONSEQUENCES OF THE FAILURE OF THE LENDER TO PAY DUT PROPERLY THE WHOLE OR ANY PART OF THE LOAN SECURED BY THE MORTGAGE DESCRIBED IN SCHEDULE A, AS AFFECTING: (I) THE VALIDITY OF THE LIEN OF SAID MORTGAGE; AND (II) THE PRIORITY OF THE LIEN OVER ANY OTHER RIGHT, CLAIM, LIEN OR ENCUMBRANCE WHICH HAS OR MAY BE COME SUPERIOR TO THE LIEN OF SAID MORTGAGE BEFORE THE DISBURSEMENT OF THE ENTIRE PROCEEDS OF THE LOAN.

- A 3. Taxes for the year(s) 2010.

Taxes for the year 2010 are a lien not yet due or payable.

Taxes for the year 2009 for 14-21-101-023 are EXEMPT.

Taxes for the year 2009 for 14-21-103-014 are EXEMPT.

Taxes for the year 2009 for 14-21-101-004 amounting to \$674.12 are paid of record.

Taxes for the year 2009 for 14-21-101-003 amounting to \$618.10 are paid of record.

Taxes for the year 2009 for 14-21-101-002 are EXEMPT.

Taxes for the year 2009 for 14-21-101-019 are EXEMPT.

- AC 4. Mortgage, Assignment of Leases and Rents, Fixture Filing and Security Agreement dated as of May 1, 2006 and recorded May 11, 2006 as document 06-14691 made by Proctor Hospital, an Illinois not for profit corporation to J.P. Morgan Trust Company, National Association, a national banking association to secure a note for \$1,000,000.00.

- B 5. Easement in favor of Central Illinois Light Company & the Illinois Bell Telephone

CHICAGO TITLE INSURANCE COMPANY
COMMITMENT FOR TITLE INSURANCE
SCHEDULE B (CONTINUED)

ORDER NO.: 1245 450169976 PEO

Company, and its/their respective successors and assigns, to install, operate and maintain all equipment necessary for the purpose of serving the land and other property, together with the right of access to said equipment, and the provisions relating thereto contained in the grant recorded/filed in Book 1276, page 489.

Note: Subordination of Surface Rights recorded November 2, 1978 as document no. 78-26596.

Note: Subordination of Surface Rights recorded November 2, 1978 as document no. 78-26597.

- C 6. Easement in favor of the Greater Peoria Sanitary and Sewage Disposal District, and its/their respective successors and assigns, to install, operate and maintain all equipment necessary for the purpose of serving the land and other property, together with the right of access to said equipment, and the provisions relating thereto contained in the grant recorded/filed as document no. 70-03023.

Note: Subordination of Surface Rights recorded November 2, 1978 as document no. 78-26598.

- D 7. Easement in favor of the Greater Peoria Sanitary and Sewage Disposal District, and its/their respective successors and assigns, to install, operate and maintain all equipment necessary for the purpose of serving the land and other property, together with the right of access to said equipment, and the provisions relating thereto contained in the grant recorded/filed as document no. 74-09724.

- E 8. Easement in favor of Central Illinois Light Company, and its/their respective successors and assigns, to install, operate and maintain all equipment necessary for the purpose of serving the land and other property, together with the right of access to said equipment, and the provisions relating thereto contained in the grant recorded/filed as document no. 78-05771.

- F 9. Easement in favor of Central Illinois Light Company & the Illinois Bell Telephone Company, and its/their respective successors and assigns, to install, operate and maintain all equipment necessary for the purpose of serving the land and other property, together with the right of access to said equipment, and the provisions relating thereto contained in the grant recorded/filed in Book 1079, page 682.

- G 10. Terms, provisions and conditions contained in the Setback Encroachment Agreement recorded April 29, 1980 as document no. 8D-06450.

- H 11. Easement in favor of Central Illinois Light Company, and its/their respective successors and assigns, to install, operate and maintain all equipment necessary for the purpose of serving the land and other property, together with the right of access to said equipment, and the provisions relating thereto contained in the grant recorded/filed as document no. 84-02794.

- I 12. Easements for ingress and egress and for public utility purposes for the

CHICAGO TITLE INSURANCE COMPANY
COMMITMENT FOR TITLE INSURANCE
SCHEDULE B (CONTINUED)

ORDER NO.: 1245 450169976 PEO

benefit of the land first excepted out of Parcel 1 of the legal description in Schedule A.

- J 13. Rights of the public, the State of Illinois and the municipality in and to that part of the land:
- A: Grant recorded June 18, 1946 in Book 673, page 315;
 - B: Grant recorded June 18, 1946 in Book 673, page 321;
 - C: Dedication recorded February 14, 1948 in Book 737, page 271;
 - D: if any, taken or used for road purposes.
- K 14. Easement in favor of Central Illinois Light Company & the Illinois Bell Telephone Company, and its/their respective successors and assigns, to install, operate and maintain all equipment necessary for the purpose of serving the land and other property, together with the right of access to said equipment, and the provisions relating thereto contained in the grant recorded/filed in Book 1269, page 214.
- L 15. Easement in favor of Central Illinois Light Company, and its/their respective successors and assigns, to install, operate and maintain all equipment necessary for the purpose of serving the land and other property, together with the right of access to said equipment, and the provisions relating thereto contained in the grant recorded/filed as document no. 90-01058.
- M 16. Easement in favor of Central Illinois Light Company, and its/their respective successors and assigns, to install, operate and maintain all equipment necessary for the purpose of serving the land and other property, together with the right of access to said equipment, and the provisions relating thereto contained in the grant recorded/filed as document no. 90-18630.
- N 17. Easement in favor of the Illinois Bell Telephone Company, and its/their respective successors and assigns, to install, operate and maintain all equipment necessary for the purpose of serving the land and other property, together with the right of access to said equipment, and the provisions relating thereto contained in the grant recorded/filed as document no. 90-21197.
- O 18. Easement in favor of Illinois American Water Company, and its/their respective successors and assigns, to install, operate and maintain all equipment necessary for the purpose of serving the land and other property, together with the right of access to said equipment, and the provisions relating thereto contained in the grant recorded/filed as document no. 90-29228.
- P 19. Terms, provisions and conditions contained in the Exclusive Easement in favor of Lots 19 and 20 in Richwoods Park Section 2 to preserve and maintain the existing vegetation and to improve the existing vegetation on part of premises described in schedule A as created by instrument recorded December 28, 1990 as document no. 90-30382.

CHICAGO TITLE INSURANCE COMPANY
COMMITMENT FOR TITLE INSURANCE
SCHEDULE B (CONTINUED)

ORDER NO.: 1245 450169976 PEO

- Q 20. Terms, provisions and conditions contained in the Exclusive Easement for the benefit of Lot 23 in Richwoods Park Section 2 for the purpose of preserving and maintaining the existing vegetation and improving the existing vegetation on part of premises described in schedule A as created by instrument recorded December 28, 1990 as document no. 90-30384.
- R 21. Easement in favor of Central Illinois Light Company & the Illinois Bell Telephone Company, and its/their respective successors and assigns, to install, operate and maintain all equipment necessary for the purpose of serving the land and other property, together with the right of access to said equipment, and the provisions relating thereto contained in the grant recorded/filed in Book 1276, page 489.
- S 22. Terms, provisions and conditions contained in the Setback Encroachment Agreement recorded December 9, 1991 as document no. 91-29358.
- T 23. Rights of way for drainage tiles, ditches, feeders, laterals and underground pipes, if any.
- U 24. Terms, provisions and conditions contained in the Notice of Federal Interest recorded December 8, 2003 as document no. 03-59914, which does not contain a reversionary or forfeiture clause.
- V 25. Easement in favor of SBC Ameritech Illinois, and its/their respective successors and assigns, to install, operate and maintain all equipment necessary for the purpose of serving the land and other property, together with the right of access to said equipment, and the provisions relating thereto contained in the grant recorded/filed as document no. 03-26777.
- W 26. Easement in favor of Central Illinois Light Company, and its/their respective successors and assigns, to install, operate and maintain all equipment necessary for the purpose of serving the land and other property, together with the right of access to said equipment, and the provisions relating thereto contained in the grant recorded/filed as document no. 98-21615.
- X 27. Easement in favor of Central Illinois Light Company, and its/their respective successors and assigns, to install, operate and maintain all equipment necessary for the purpose of serving the land and other property, together with the right of access to said equipment, and the provisions relating thereto contained in the grant recorded/filed as document no. 04-21017.
- Y 28. Easement in favor of the Greater Peoria Sanitary and Sewage Disposal District, and its/their respective successors and assigns, to install, operate and maintain all equipment necessary for the purpose of serving the land and other property, together with the right of access to said equipment, and the provisions relating thereto contained in the grant recorded/filed as document no. 04-31951.
- Z 29. Terms, provisions and conditions contained in Agreement recorded January 30, 1991 as document no. 91-02770.
- AA 30. Terms, provisions and conditions contained in Access Easement recorded April

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PAGE B 4

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CHICAGO TITLE INSURANCE COMPANY
COMMITMENT FOR TITLE INSURANCE
SCHEDULE B (CONTINUED)

ORDER NO.: 1245 450169976 PED

6, 2004 as document no. 04-12451.

Amendment thereto recorded May 24, 2004 as document no. 04-19562.

AB 31. Existing unrecorded leases and all rights thereunder of the lessees and of any person or party claiming by, through or under the lessees.

AD 32. Security Interest of J.P. Morgan Trust Company, National Association, secured party, in certain described chattels on the land, as disclosed by financing statement naming Proctor Hospital, as debtor, and recorded May 11, 2006 as Document No. UC 15775.

AE 33. Easement in favor of Comcast of Illinois/Indiana/Ohio, LLC, and its/their respective successors and assigns, to install, operate and maintain all equipment necessary for the purpose of serving the land and other property, together with the right of access to said equipment, and the provisions relating thereto contained in the grant recorded/filed as document no. 2009027399.

AF 34. We should be furnished a certified copy of the directors' resolutions authorizing the conveyance or mortgage to be insured. Said resolutions should evidence the authority of the persons executing the conveyance or mortgage. If they do not, a certified copy of the corporate by-laws also should be furnished.

If said conveyance or mortgage comprises all or substantially all the corporation's assets, we also should be furnished a certified copy of the shareholder/member resolutions which authorize said conveyance or mortgage. This commitment is subject to such further exceptions, if any, as may be deemed necessary after our review of these materials.

AG 35. The "Good Funds" section of the Title Insurance Act (215 ILCS 155/26) is effective January 1, 2010. This Act places limitations upon our ability to accept certain types of deposits into escrow. Please contact your local Chicago Title office regarding the application of this new law to your transaction.

AH 36. NOTE: The land lies within a county which is subject to the Predatory Lending Database Act (765 ILCS 77/70 ET Seq. as amended). A Certificate of Compliance with the Act or a Certificate of Exception therefrom must be obtained at time of closing in order for the Company to record any insured mortgage. If the closing is not conducted by the Company, a Certificate of Compliance or Certificate of Exemption must be attached to any mortgage to be recorded.

AI 37. Please refer inquiries regarding this order to Thomas Hayes at (309)673-0536. email thomas.hayes@ctt.com

AJ 38. Copies of the commitment have been sent to:
Bill Covey

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PAGE B 5

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CHICAGO TITLE INSURANCE COMPANY
COMMITMENT FOR TITLE INSURANCE

ORDER NO.: 1245 450169976 PEO

CONDITIONS

1. The term mortgage, when used herein, shall include deed of trust, trust deed, or other security instrument.
2. If the proposed Insured has or acquired actual knowledge of any defect, lien, encumbrance, adverse claim or other matter affecting the estate or interest or mortgage thereon covered by this Commitment other than those shown in Schedule B hereof, and shall fail to disclose such knowledge to the Company in writing, the Company shall be relieved from liability for any loss or damage resulting from any act of reliance hereon to the extent the Company is prejudiced by failure to so disclose such knowledge. If the proposed Insured shall disclose such knowledge to the Company, or if the company otherwise acquires actual knowledge of any such defect, lien, encumbrance, adverse claim or other matter, the Company at its option may amend Schedule B of this Commitment accordingly, but such amendment shall not relieve the Company from liability previously incurred pursuant to paragraph 3 or these Conditions.
3. Liability of the Company under this Commitment shall be only to the named proposed Insured and such parties included under the definition of Insured in the form of policy or policies committed for and only for actual loss incurred in reliance hereon in undertaking in good faith (a) to comply with the requirements hereof, or (b) to eliminate exceptions shown in Schedule B, or (c) to acquire or create the estate or interest or mortgage thereon covered by this Commitment. In no event shall such liability exceed the amount stated in Schedule A for the policy or policies committed for and such liability is subject to the insuring provisions and Conditions and the Exclusions from Coverage of the form of policy or policies committed for in favor of the proposed Insured which are hereby incorporated by reference and are made a part of this Commitment except as expressly modified herein.
4. This Commitment is a contract to issue one or more title insurance policies and is not an abstract of title or a report of the condition of title. Any action or actions or rights of action that the proposed Insured may have or may bring against the Company arising out of the status of the title to the estate or interest or the status of the mortgage thereon covered by this Commitment must be based on and are subject to the provisions of this Commitment.
5. The policy to be issued contains an arbitration clause. All arbitrable matters when the Amount of Insurance is \$2,000,000 or less shall be arbitrated at the option of either the Company or the Insured as the exclusive remedy of the parties. You may review a copy of the arbitration rules at <<http://www.altz.org/>>.

Effective Date: May 1, 2008

Fidelity National Financial, Inc.
Privacy Statement

Fidelity National Financial, Inc. and its subsidiaries ("FNF") respect the privacy and security of your non-public personal information ("Personal Information") and protecting your Personal Information is one of our top priorities. This Privacy Statement explains FNF's privacy practices, including how we use the Personal Information we receive from you and from other specified sources, and to whom it may be disclosed. FNF follows the privacy practices described in the Privacy Statement and, depending on the business performed, FNF companies may share information as described herein.

Personal Information Collected

We may collect Personal Information about you from the following sources:

- Information we receive from you on applications or other forms, such as your name, address, social security number, tax identification number, asset information and income information;
- Information we receive from you through our Internet websites, such as your name, address, Internet Protocol address, the website links you used to get to our websites, and your activity while using or reviewing our websites;
- Information about your transactions with or services performed by us, our affiliates, or others, such as information concerning your policy, premiums, payment history, information about your home or other real property, information from lenders and other third parties involved in such transactions, account balances, and credit card information; and
- Information we receive from consumer or other reporting agencies and publicly recorded.

Disclosure of Personal Information

We may provide your Personal Information (excluding information we receive from our consumer or other credit reporting agencies) to various individuals and companies, as permitted by law, without obtaining your prior authorization. Such laws do not allow consumers to restrict these disclosures. Disclosures may include, without limitation, the following:

- To insurance agents, brokers, representatives, support organizations, or others to provide you with services you have requested, and to enable us to detect or prevent criminal activity, fraud, material misrepresentation, or nondisclosure in connections with an insurance transactions.
- To third-party contractors or service providers for the purpose of determining your eligibility for an insurance benefit or payment and/or providing you with services you have requested.
- To an insurance regulatory, or law enforcement or other governmental authority, in a civil action, in connection with a subpoena or a governmental investigation.
- To companies that perform marketing services on our behalf or to other financial institutions with which we have had joint marketing agreements and/or
- To lenders, lien holders, judgement creditors, or other parties claiming an encumbrance or an interest in title whose claim or interest must be determined, settled, paid or released prior to a title or escrow closing.

We may also disclose your Personal Information to others when we believe, in good faith, that such disclosure is reasonably necessary to comply with the law or to protect the safety of our customers, employees, or property and/or to comply with a judicial proceeding, court order or legal process.

Disclosure to Affiliated Companies - We are permitted by law to share your name, address and facts about your transaction with other FNF companies, such as insurance companies, agents, and other real estate service providers to provide you with services you have requested, for marketing or product development research, or to market products or services to you. We do not, however, disclose information we collect from consumer or credit reporting agencies with our affiliates or others without your consent, in conformity with applicable law, unless such disclosure is otherwise permitted by law.

Disclosure to Nonaffiliated Third Parties - We do not disclose Personal Information about our customers or former customers to nonaffiliated third parties, except as outlined herein or as otherwise permitted by law.

Confidentiality and Security of Personal Information

We restrict access to Personal Information about you to those employees who need to know that information to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulation to guard Personal Information.

Access to Personal Information/

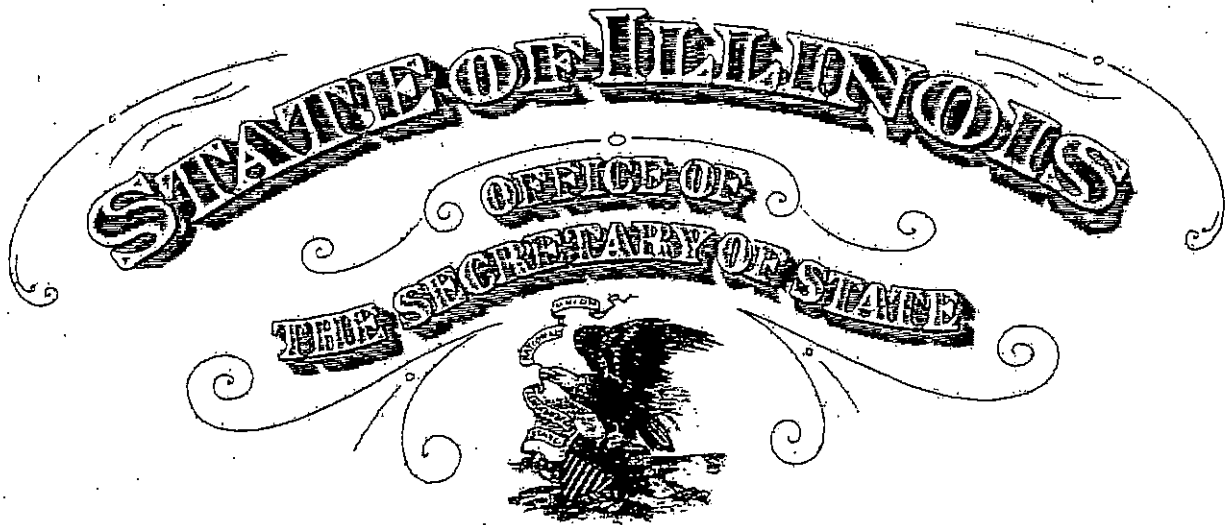
Requests for Correction, Amendment, or Deletion of Personal Information
As required by applicable law, we will afford you the right to access your Personal Information under certain circumstances to find out to whom your Personal Information has been disclosed, and request correction or deletion of your Personal Information. However, FNF's current policy is to maintain customers' Personal Information for no less than your state's required record retention requirements for the purpose of handling future coverage claims.

For your protection, all requests made under this section must be in writing and must include your notarized signature to establish your identity.
Where permitted by law we may charge a reasonable fee to cover the costs incurred in responding to such requests. Please send requests to:

Chief Privacy Officer
Fidelity National Financial, Inc.
601 Riverside Avenue
Jacksonville, FL 32204

Changes to this Privacy Statement

This Privacy Statement may be amended from time to time consistent with applicable privacy laws. When we amend this Privacy Statement, we will post a notice of such changes on our website. The effective date of this Privacy Statement, as stated above, indicates the last time this Privacy Statement was revised or materially changed.



To all to whom these Presents Shall Come, Greeting:

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

PROCTOR HOSPITAL, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE MAY 19, 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 A DOMESTIC CORPORATION IN GOOD STANDING. IN THE STATE OF ILLINOIS*****

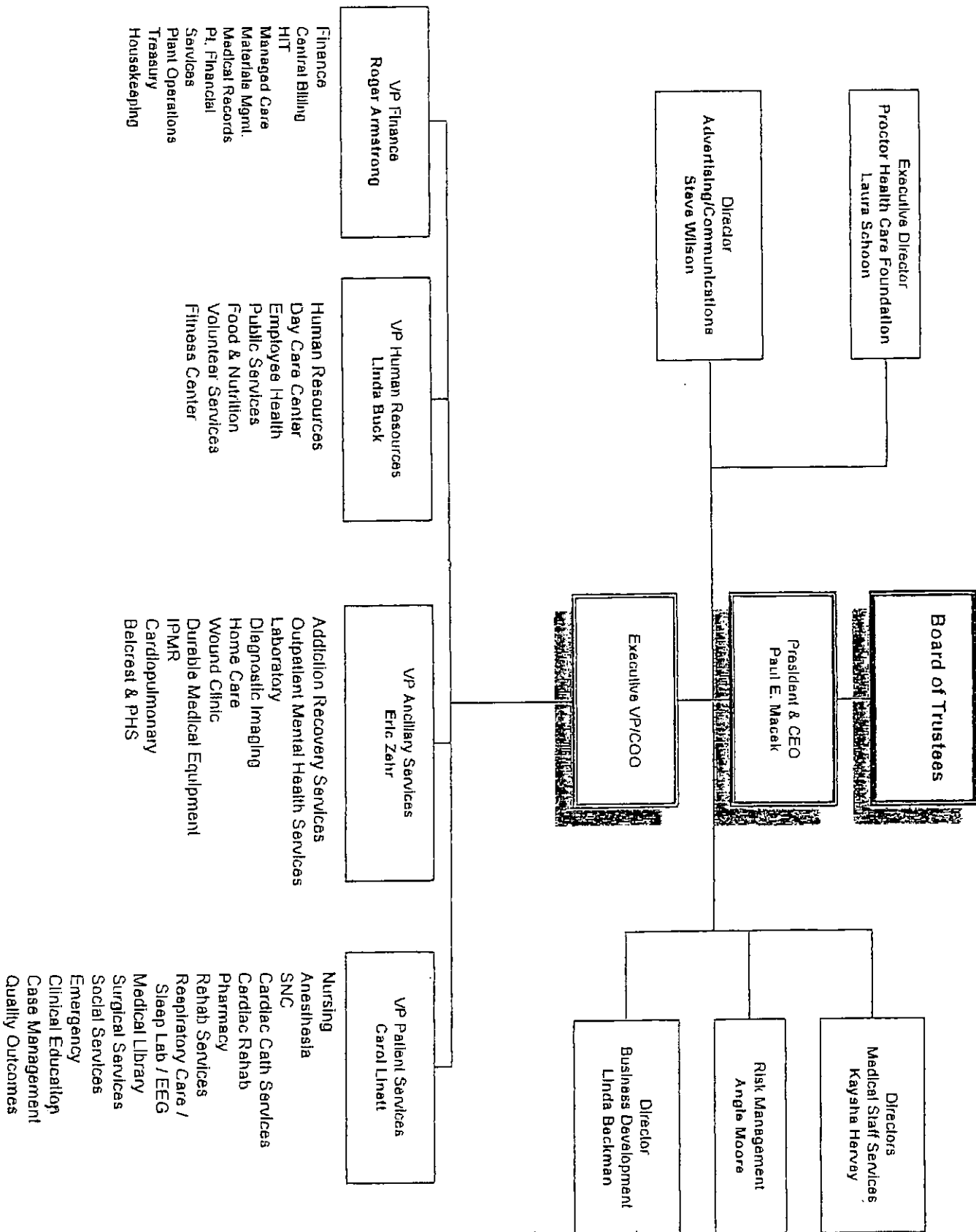


In Testimony Whereof, I, hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 7TH day of FEBRUARY A.D. 2003

Jesse White

SECRETARY OF STATE

PROCTOR HOSPITAL MANAGEMENT ORGANIZATION CHART



March 7, 2011

Mr. Mike Childs,
Proctor Hospital
Director of Facilities
5409 N. Knoxville Ave.
Peoria, Il 61614

Re: Letter on Flood Plain.
Project No: 50042708

Dear Mike:

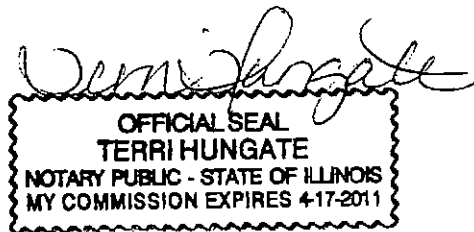
As requested we have review whether Proctor Hospital is in a flood plain. We reviewed the U.S. Department of Housing and Urban Development flood plain maps and confirmed that the hospital is NOT in a flood plain.

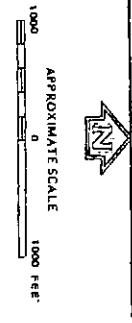
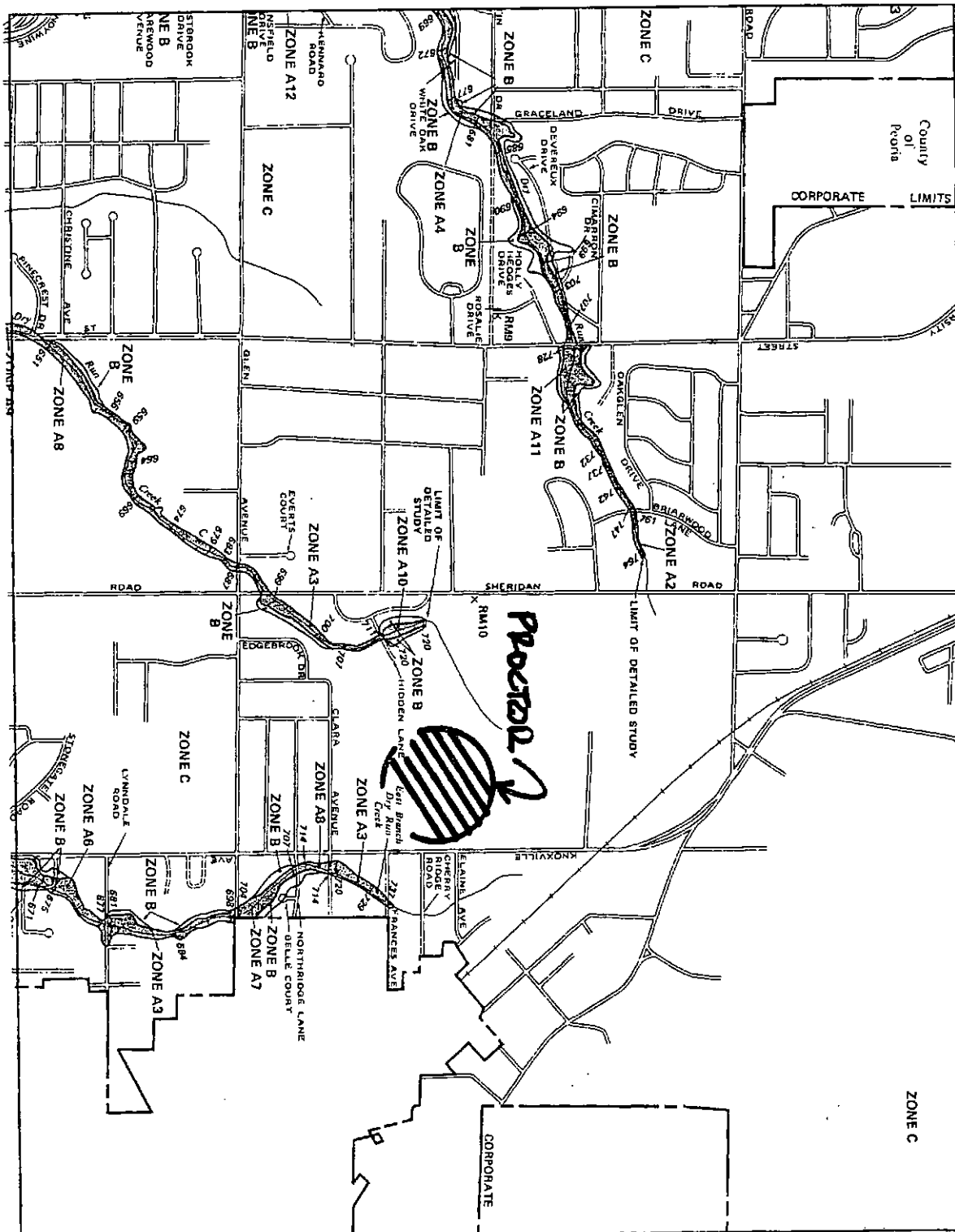
The attached map is on "Zone C" the hospital property is located on Knoxville Avenue immediately to the left of the street name Knoxville".

Sincerely:



PSA-Dewberry
Paul G. Reardon
Associate Principal





<p>NATIONAL FLOOD INSURANCE PROGRAM</p>	
<p>FIRM FLOOD INSURANCE RATE MAP</p>	
<p>CITY OF PEORIA, ILLINOIS PEORIA COUNTY</p>	
<p>PANEL 15 OF 20</p>	
<p>COMMUNITY-PANEL NUMBER 170536 0015 B</p>	
<p>EFFECTIVE DATE: FEBRUARY 1, 1980</p>	
<p>U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT FEDERAL INSURANCE ADMINISTRATION</p>	

This is an official copy of a portion of the above referenced flood map, as prepared by the Federal Insurance Administration, U.S. Department of Housing and Urban Development, in accordance with the National Flood Insurance Act of 1968. For the latest product information, please contact the Federal Insurance Administration, U.S. Department of Housing and Urban Development, Washington, D.C. 20548.

March 7, 2011

Mr. Mike Childs,
Proctor Hospital
Director of Facilities
5409 N. Knoxville Ave.
Peoria, IL 61614

Re: Letter on Historic Preservation District.
Project No: 50042708

Dear Mike:

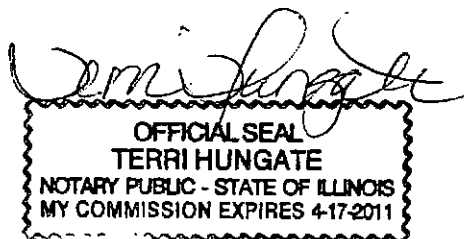
As requested we have reviewed the city of Peoria's zoning map and confirmed with Mr. Gene Lear with the city or Peoria's planning department that the hospital's property is NOT in an historic district. The city's districts are primarily located in the downtown areas, a minimum of five miles from Proctor Hospital.

The attached map, available on the city's website shows the locations of the districts.

Sincerely:



PSA-Dewberry
Paul G. Reardon
Associate Principal





NATIONAL REGISTER LISTINGS IN THE CITY OF PEORIA

Location	Name (for reference only)	Size	Date Added
Roughly bounded by N Prospect Rd., the Illinois River Bluffs, Adams St., and the Grand View Dr. W. right-of-way.	Grand View Drive	1815 acres	1996
Roughly bounded by Perry, Caroline, Madison and Fayette Streets	North Side Historic District	1442 acres	1983
Address restricted	Peoria Cardage Company	32 acres	1982
701 W. 7th Ave.	Peoria Mineral Springs	<1 acre	1982
3014 N. Prospect Rd.	Springdale Cemetery		2004
Randolph, High and Moss Sts., E of Western St.	West Bluff Historic District	3650 acres	1976
102 SW Adams St.	Central National Park Building		1978
405 N. Monson St	Cumberland Presbyterian Church/ Peoria Musicians Club		1983
942 NE Glen Oak Ave.	Flanagan, Judge, Residence		1975
403 NE Jefferson St.	Gale, Judge Jacob, House		1982
416 Hamilton Blvd.	Grand Army of the Republic Memorial Hall		1976
257 Grant St.	Illinois Waterway Project Office		2004
1301-1309 SW Washington St.	International Harvester Building		2005
502 Main St.	Madison Theatre		1980
Jefferson and Hamilton Sts.	Peace and Harvest		1984
419 Fulton St.	City Hall		1973
Lorentz Ave.	Peoria Waterworks		1980
501 Main St.	Pere Marquette Hotel		1982
1212 W. Moss Ave.	Pettingill-Morrison House		1976
300 S. Allen St.	Proctor, John C., Recreation Center		1979
32 Liberty St.	Rock Island Depot		1978

For additional information, go to www.nationalregisterofhistoricplaces.com



CITY OF PEORIA LOCAL HISTORIC DESIGNATIONS

Address	Name (for reference only)	Date of City Council Approval
Moss-High	Moss-High Historic District	06/17/75
Randolph-Roanoke	Randolph-Roanoke Historic District	01/25/77
403-403 1/4 NE Jefferson	Judge Jacob Gale House	11/2/89
419 Fulton St	Peoria City Hall	02/05/91
701 W Dr Martin Luther King Jr Dr	Peoria Mineral Springs and Residence	07/16/91
Glen Oak	Glen Oak Historic District	08/08/91
400, 500, 600 Blocks of Armstrong Ave	Brick Street and Boulevard only	08/04/92
1125 Main St	Endsley Funeral Home	01/05/93
802 NE Perry		06/06/94
416 Hamilton Blvd	GAR Hall	04/08/93
1415 NE Perry Ave		08/03/93
516 NE Madison		03/01/94
514 NE Madison	Musician's Hall	03/26/96
405 N Kumpf Blvd	Randolph-Roanoke Historic District	10/01/96
Randolph-Roanoke	Springdale Cemetery Gatehouse	05/05/98
3014 N Prospect Rd	Randolph-Roanoke Historic District	01/19/99
Randolph-Roanoke	Springdale Cemetery	06/29/99
3014 N Prospect Rd	Roanoke Apartments	08/15/00
1319 N Hamilton Blvd	Flora-Ellis Historic District	01/23/01
Flora-Ellis	Rock Island Depot	02/06/01; amended
32 Liberty St		06/19/01
Perry Ave	Perry Ave Historic District	07/16/02
4500, 4530, 4600, 4700, 4716, 4810, 4820 N Knoxville Ave	Knoxville Ave Historic District	01/07/03
519 NE Glendale Ave	Irving Primary School	08/11/08
401 NE Monroe Street	Portions of Hamilton Boulevard	10/14/08
All of the built median component of the right-of-way of the 600 and 700 blocks (Monroe Street to Glendale Avenue), and the 1200, 1300 and 1400 blocks (Randolph Avenue to North Street) of Hamilton Boulevard.		11/10/08

*Dates may be approximate.



Illinois Historic
Preservation Agency

FAX (217) 782-8161

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

Peoria County

Peoria

CON - Rehabilitation for Inpatient Geriatric Psychiatric Unit
5409 N. Knoxville Ave.
IHPA Log #011041311

April 28, 2011

Eric Zehr
Proctor Community Hospital
5409 N. Knoxville Ave.
Peoria, IL 61614

Dear Mr. Zehr:

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

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

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

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

Sincerely,

Anne E. Haaker

Anne E. Haaker
Deputy State Historic
Preservation Officer

Cost breakdown for Geriatric Psychiatric Unit

General Work 15 Rooms:

Removals in (15) patient rooms and toilets	
New toilet accessories, door hardware, curtain tracks	
Toilet wall cutting/patching for security toilet, shower head and valve	
Third floor ceiling work for plumbing access	
Ceiling cutting and patching for electric work	
Remove outer entry doors, cabinets, and counter tops in 442/444	
Rooms with built-in wardrobes, secure sliding doors	
Replace patient room (15) ceilings	
Patch ceramic tile (15)	
Painting (15) rooms	\$185,000

General Work Public Area:

Patching/repair Floor covering, ceramic tile, vinyl base	
Millwork counter tops	
Taping and painting	
Doors, frames, hardware (magnetic locks, controls)	
General carpentry, demo, materials	\$67,750

Window Work:

Replace window glass with ½" polycarbonate	
Replace window glass with ½" polycarbonate glass (2 viewing rooms)	\$20,809

Plumbing Work 15 Rooms:

Demo existing water closets, showers and lavatory faucets	
Replace lavatory, water closets with floor mounted and conceal flush valve	
Replace shower valve with stainless steel flush mount valve and head	
Remove medical gases to be concealed in walls	\$45,960

Plumbing Work Public Area:

Plumbing for washer	
Replace lavatory and water closets	\$9,595

HVAC Work 15 Rooms:

Security modification to ventilator units	
Security modification to exhaust vents	\$15,000

Electrical Work Complete Floor:

Remove 23 wall sconces and install blank covers	
Remove outlets and switches in head walls and reinstall 15 switches	
Remove 15 wall mounted lights and install 15 ceiling light in bathrooms	
Connect 4 keypads and door key switches tied to fire alarm at stairs and hallway	
Connect 3 door devices	
Provide 6 runs of cat#6 cable and jacks to nurse desk	
Make all security modification to electrical system	\$60,000

Security Allowance:	
Install security cameras	\$8,000
Corridor and Nurse Station:	
Remove VWC and skim coat walls for paint	\$9,850
Remove suspended ceiling and replace with hard ceiling	\$15,187
Remove wood handrails and replace with plastic handrails	\$10,108
Total of Base Bid:	\$447,259
Contingencies	\$50,741
Total Construction:	\$498,000
Furniture:	
Bed and mattress (16 and 2 restraint)	\$36,000
Open closets (18)	\$9,000
Washer and Dryer	\$2,000
Architect and Engineer Fees	
Develop construction documents for all disciplines	
Submission to IDPH and respond to IDPH comments	\$45,000
Grand Total	\$590,000

From: Michelle Allar/PROCTOR
 To: Edna Ng/PROCTOR@PROCTOR
 cc: Jenny Clyatt/PROCTOR@PROCTOR

Date: Thursday, March 03, 2011 11:07AM
 Subject: Re: IT Estimates for Cert of Need

I am not sure of the capabilities of Paragon when it comes to psychiatric care. I will defer those questions to Jenny.

Below are the costs for equipment if they were to be ordered today. Please note that costs could go up as time goes on.

PC Below.... \$793.59 x 7 = \$5555.13

DELL

QUOTATION

QUOTE #: 576336180
 Customer #: 6036756
 Contract #: 70137
 Customer Agreement #: Dell Std Terms
 Quote Date: 3/1/11
 Customer Name: PROCTOR HOSPITAL

Date: 3/1/11 3:52:34 PM

TOTAL QUOTE AMOUNT:	\$857.59		
Product Subtotal:	\$793.59		
Tax:	\$0.00		
Shipping & Handling:	\$64.00		
Shipping Method:	Ground	Total Number of System Groups:	1

GR OUP	QUAN TITY:	SYSTEM PRICE: \$793.59	GROUP TOTAL: \$793.59
: 1	1		
Base Unit:		OptiPlex 380 Desktop Base, Standard PSU (224-7707)	
Processor:		Pentium Dual Core E5800/3.2GHz, 2M, 800FSB, OptiPlex 380 (317-6633)	
Memory:		4GB, Non-ECC, 1333MHz DDR3, 2X2GB, Dell OptiPlex 580 (317-3555)	
Keyboard:		Dell USB Entry Keyboard, No Hot Keys, No Palmrest, English, OptiPlex (330-1987)	
Monitor:		Dell Professional 17 Inch Monitor P170S, HAS, USB, OptiPlex, Precision, Latitude, Enterprise (320-1095)	
Video Card:		Integrated Video, GMA 4500, Dell OptiPlex 760, 960 and 980 (320-7407)	
Hard Drive:		250GB SATA 3.0Gb/s and 8MB Data Burst Cache, Dell OptiPlex 780/580 (341-9793)	
Operating System:		Windows 7 Professional, Media, 32-bit, English, Dell OptiPlex 380 (421-3173)	
Operating System:		Windows 7 Label, OptiPlex, Fixed Precision, Vostro Desktop (330-6228)	

Mouse:	Dell MS111 USB Optical Mouse,OptiPlex and Fixed Precision (330-9458)		
CD-ROM or DVD-ROM Drive:	16X DVD+/-RW SATA,Data Only,Dell OptiPlex Desktop or Minitower (313-8645)		
CD-ROM or DVD-ROM Drive:	Cyberlink Power DVD 8.3,with Media,Dell OptiPlex 380 (421-2980)		
CD-ROM or DVD-ROM Drive:	Roxio Creator Starter,Media, Dell OptiPlex, Latitude and Precision Workstation (421-4540)		
Sound Card:	Opti 380 Heat Sink, Desktop (330-2060)		
Speakers:	No Internal Speaker,OptiPlex (313-3994)		
Cable:	OptiPlex 380 Desktop Standard Power Supply (330-6937)		
Cable:	Dell Data Protection Access,OptiPlex (421-5078)		
Documentation Diskette:	Documentation,English,Dell OptiPlex (330-1710)		
Documentation Diskette:	Power Cord,125V,2M,C13,Dell OptiPlex (330-1711)		
Factory Installed Software:	No Dell Energy Smart Power Management Settings,OptiPlex (467-3564)		
Feature	No Resource DVD for Dell OptiPlex, Latitude, Precision (313-3673)		
Service:	Dell Hardware Limited Warranty Plus Onsite Service Extended Year(s) (907-3888)		
Service:	Dell Hardware Limited Warranty Plus Onsite Service Initial Year (907-4027)		
Service:	Thank you choosing Dell ProSupport. For tech support, visit http://support.dell.com/ProSupport or call 1-866-5 (989-3449)		
Service:	ProSupport : Next Business Day Parts and Labor Onsite Response 2 Year Extended (907-2072)		
Service:	ProSupport : Next Business Day Parts and Labor Onsite Response Initial Year (908-2790)		
Service:	ProSupport : 7x24 Technical Support , 2 Year Extended (984-0002)		
Service:	ProSupport : 7x24 Technical Support , Initial (984-6640)		
Misc:	Tech Sheet, Eng,Dell OptiPlex 380,Factory install (330-6663)		
Misc:	Shipping Material for System Neo Desktop,Dell OptiPlex Desktop (330-1187)		
SALES REP:	Ramon Siqueiros	PHONE:	512-513-9206

Other Equipment....\$8,806.47

3/3/2011 10:41:22 AM

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Dear Michelle Allar:

Thank you for your online quote request. Prior to converting this quote to an order, please contact your account manager for configuration, pricing, and contract verification. Should you choose to convert this quote to an order without verification, you may be contacted by your account manager to confirm the details of your order.
Quote Number: 1B4F9N3

Quote Reference: Geri Psych
Customer Number: 3473089

Purchaser: Michelle Allar
 Deliver To: Michelle Allar

Qty	Product	CDWG Part#	Unit Price	Ext.
9	APC Essential SurgeArrest 7 Outlet 120V	525981		\$11.60
				\$104.40
2	HP Compaq Thin Client t5630w - Eden 1 GHz	1813307		\$458.60
				\$917.20
2	ViewSonic VA705B 17" LCD	1945107		\$120.94
				\$241.88
12	Tripp Lite 3' Green Cat6 Gigabit Snagless..	754976		\$4.78
				\$57.36
12	CDW 10' CAT6 or CAT 6 Gigabit Snagless RJ..	1180217		\$7.65
				\$91.80
9	Microsoft Office Standard 2010 - license	2067853		\$339.49
				\$3,055.41
1	HP LaserJet M4345x MFP	1063650		\$3,547.08
				\$3,547.08
1	HP LaserJet Enterprise P3015dn	1824107		\$414.95
				\$414.95
1	LG L2000CP-BF 20" LCD (Trade Compliant)	1455640		\$376.39
				\$376.39

	Sub-Total
\$8,806.47	Shipping
\$195.71	Sales Tax
\$0.00	Grand Total
\$9,002.18	

SQL Server Software....\$1,564.55

3/3/2011 10:53:26 AM

 This document is best viewed in a fixed font like Courier

Dear Michelle Allar:

Thank you for your online quote request. Prior to converting this quote to an order, please contact your account manager for configuration, pricing, and contract verification. Should you choose to convert this quote to an order without verification, you may be contacted by your account manager to confirm the details of your order.
 Quote Number: 1B4F9XQ

Quote Reference: psych software
 Customer Number: 3473089
 Purchaser: Michelle Allar

Deliver To: Michelle Allar

Qty	Product	CDWG Part#	Unit Price	Ext.
1	Microsoft Windows Server 2008 R2 Standard..	1826242	\$699.54	
			\$699.54	
1	Microsoft SQL Server 2008 R2 Standard - 1..	2076064	\$865.01	
			\$865.01	

	Sub-Total
\$1,564.55	Shipping
\$0.00	Sales Tax
\$0.00	Grand Total
\$1,564.55	
Server Hardware....	\$5871.65

DELL

QUOTATION

QUOTE #: 546413844
 Customer #: 6036756
 Contract #: 70137
 Customer Agreement #: Dell Std Terms
 Quote Date: 6/24/10
 Customer Name: PROCTOR HOSPITAL

Date: 6/24/10 10:36:46 AM

TOTAL QUOTE AMOUNT:	\$5,935.65		
Product Subtotal:	\$5,871.65		
Tax:	\$0.00		
Shipping & Handling:	\$64.00		
Shipping Method:	Ground	Total Number of System Groups:	1

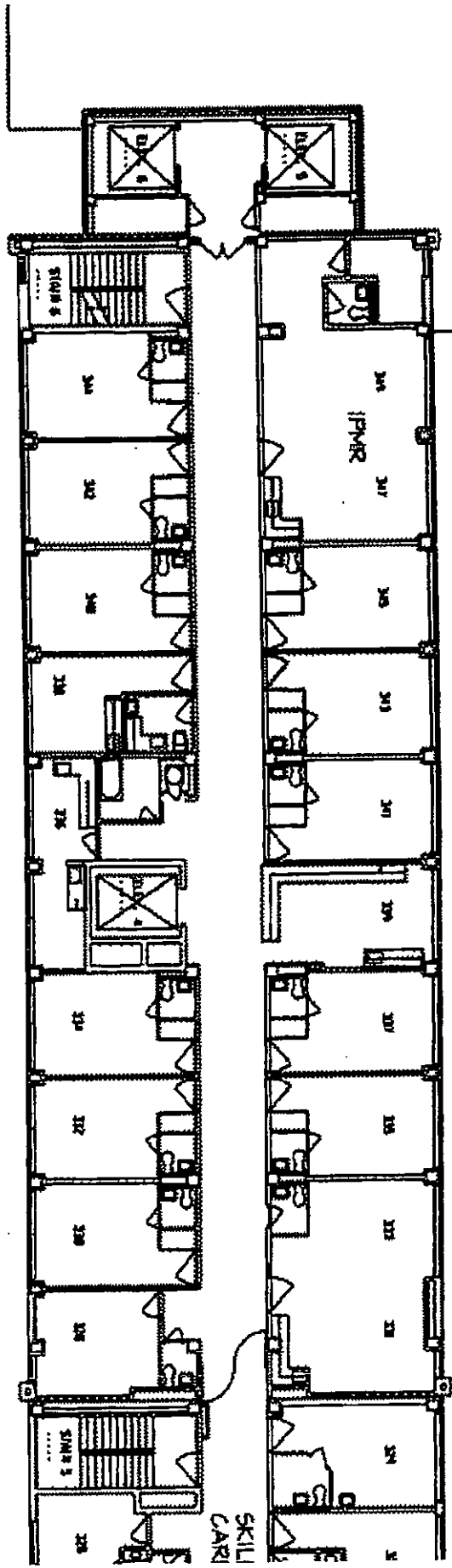
GR OUP	QUAN TITY:	SYSTEM PRICE: \$5,871.65	GROUP TOTAL: \$5,871.65
1	1		
Base Unit:	PE R710 with Chassis for Up to 8, 2.5-Inch Hard Drives and Intel 66XX Processors (224-8461)		
Processor:	PowerEdge R710 Shipping (330-4124)		
Memory:	12GB Memory (6x2GB), 1333Mhz Dual Ranked RDIMMs for 2 Processors (317-1288)		

Monitor:	Embedded Broadcom, GB Ethernet NICS with TOE and iSCSI Offload Enabled (430-2970)
Monitor:	Embedded Broadcom, GB Ethernet NICS with TOE (430-1764)
Video Card:	E5506 Xeon Processor, 2.13GHz 4M Cache, 800MHz Max Mem (317-1207)
Video Memory:	E5506 Xeon Processor, 2.13GHz 4M Cache, 800MHz Max Mem (317-1219)
Video Memory:	PowerEdge R710 Heat Sinks for 2 Processors (317-1213)
Hard Drive:	HD Multi-Select (341-4158)
Hard Drive Controller:	PERC 6/i SAS RAID Controller 2x4 Connectors, Internal, PCIe256MB Cache, x8 Chassis (341-8712)
Floppy Disk Drive:	Power Saving BIOS Setting (330-3491)
Operating System:	No Operating System (420-6320)
NIC:	Broadcom 5709 Dual Port 1GbE NIC w/TOE iSCSI, PCIe-4 (430-3260)
Modem:	iDRAC6 Express (467-8649)
CD-ROM or DVD-ROM Drive:	DVD ROM, SATA, INTERNAL (313-9092)
Sound Card:	Bezel (313-7517)
Speakers:	Riser with 2 PCIe x8 + 2 PCIe x4 Slot (320-7885)
Documentation Diskette:	Dell Management Console (330-5280)
Documentation Diskette:	Electronic System Documentation and OpenManage DVD Kit (330-3485)
Feature	RAID 5 for H700 or PERC 6/i Controllers (341-8700)
Feature	Sliding Ready Rails With CableManagement Arm (330-3477)
Service:	Thank you choosing Dell ProSupport. For tech support, visit http://support.dell.com/ProSupport or call 1-800-9 (989-3439)
Service:	Mission Critical Package: 4-Hour 7x24 On-Site Service with Emergency Dispatch, 2 Year Extended (992-8162)
Service:	ProSupport for IT: 7x24 HW / SW Tech Support and Assistance for Certified IT Staff, 3 Year (992-8352)
Service:	Mission Critical Package: 4-Hour 7x24 On-Site Service with Emergency Dispatch, Initial Year (993-2200)
Service:	Dell Hardware Limited Warranty Plus On Site Service Initial Year (993-8447)
Service:	Dell Hardware Limited Warranty Extended Year (993-8458)
Service:	MISSION CRITICAL PACKAGE: Enhanced Services, 3 Year (993-8518)
Extended Service:	Dell Proactive Systems Management - visit www.dell.com/Proactive to configure your service (909-0269)
Installation:	On-Site Installation Declined (900-9997)
Misc:	High Output Power Supply-Redundant, 870W (330-3475)
Misc:	No Power Cord (310-9057)
	Power Cord, NEMA 5-15P to C13, 15 amp, wall plug, 10 feet / 3 meter (310-8509)
	Power Cord, NEMA 5-15P to C13, 15 amp, wall plug, 10 feet / 3 meter (310-8509)
	Power Cord, NEMA 5-15P to C13, 15 amp, wall plug, 10 feet / 3 meter (310-8509)
	146GB 15K RPM Serial-Attach SCSI 6Gbps 2.5in Hotplug Hard Drive (342-0427)
	146GB 15K RPM Serial-Attach SCSI 6Gbps 2.5in Hotplug Hard Drive (342-0427)
	146GB 15K RPM Serial-Attach SCSI 6Gbps 2.5in Hotplug Hard Drive (342-0427)
	146GB 15K RPM Serial-Attach SCSI 6Gbps 2.5in Hotplug Hard Drive (342-0427)
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	146GB 15K RPM Serial-Attach SCSI 6Gbps 2.5in Hotplug Hard Drive (342-0427)

Proctor Hospital Geropsych Unit Start Up Costs

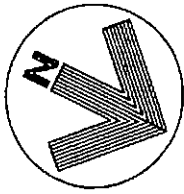
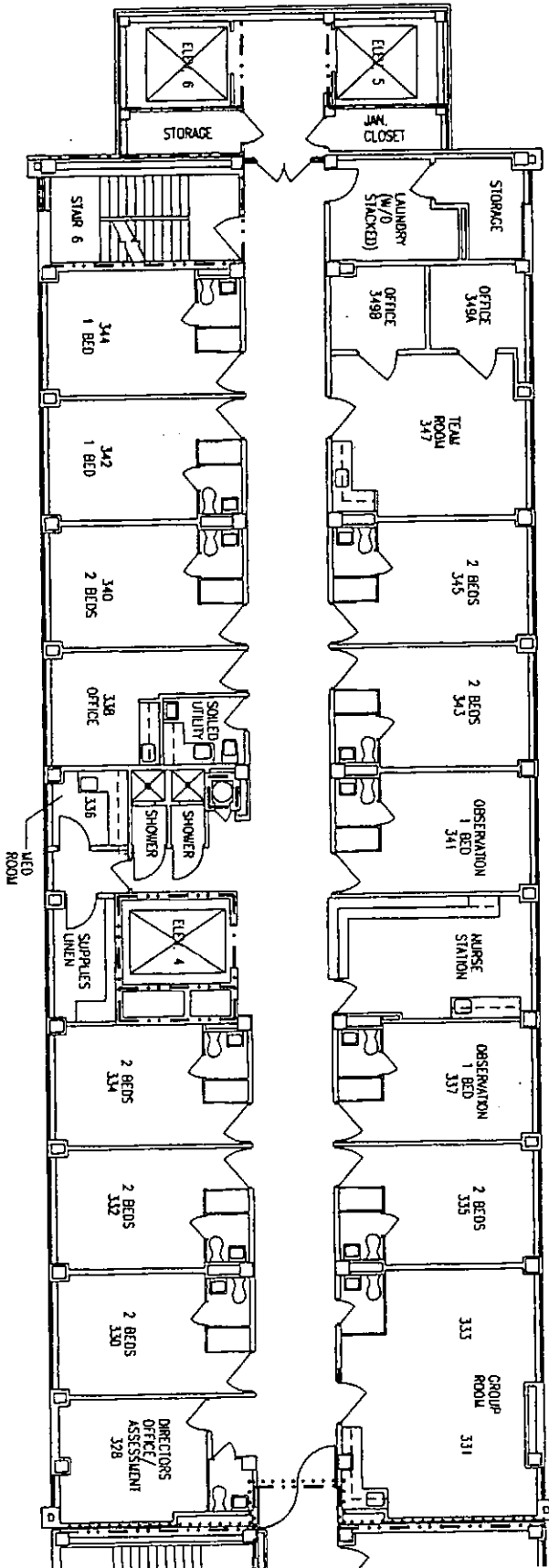
Program Materials (Policy handbook, videos, books, trainings, workbooks, etc.)	\$12,427.38
Professional Fees (consultation fees)	\$37,500.00
Technology Costs (Computer hardware and software, equipment, servers, etc.)	\$2,160.00
Administrative Costs (office supplies, licenses and permits, utilities, phone, etc.)	\$7,716.36
Marketing Costs (stationary, advertising, memberships, etc.)	\$40,205.00
Wages and Benefits (salaries, benefits, etc.)	\$309,319.15
TOTAL COSTS	\$409,327.89

ORIGINAL PLAN-3RD FLOOR



3rd Floor West

PROPOSED PLAN-3RD FLOOR



PROCTOR HOSPITAL
THIRD FLOOR PLAN - WEST
GERIATRIC PSYCHIATRY UNIT



Cost Space Requirements:

The proposed space was previously used for Skilled Nursing Facility beds. The total square feet remains the same. The space will be reconfigured for use for a total of 18 psychiatric beds and inpatient psychiatric programming. The space will be modernized and reconstructed to meet IDPH and Joint Commission standards.

DISCONTINUATION OF SERVICE

This item is not applicable. A "Discontinuation of Service" is not occurring.

**Proctor Community Hospital
5409 N. Knoxville Avenue
Peoria, IL 61614**

Attachment 11-A.1

**Illinois Institute for Addiction Recovery
at Proctor Community Hospital
5409 N. Knoxville Avenue
Peoria, IL 61614
309-691-1055
800-522-3784**

**30 beds
Adult and Adolescent Treatment Services
Inpatient & Outpatient Treatment**

Treatment and counseling programs are currently available for the following addictions:

- Chemical
- Gambling
- Food
- Sex
- Internet
- Video Game
- Shopping/Spending
- Chronic Pain with Addiction

Levels of Care:

- Detox
- Inpatient
- Intensive Addiction Day Treatment
- Addiction Day Treatment
- Intensive Outpatient Rehabilitation
- Continuing Care
- Extended Care
- Early Intervention

The Illinois Institute for Addiction Recovery provides quality, hospital-based addiction treatment services in central Illinois since 1979. Inpatient/Residential and outpatient counseling and treatment services are available for adults and adolescents with chemical and/or behavioral addictions, as well as those individuals struggling with related at-risk behaviors.

The goal of our medical and counseling services is to help individuals and families with addictions lead comfortable and productive lives without the use of mood-altering chemicals or activities.

Illinois Institute for Addiction Recovery
At Advocate BroMenn Medical Center
Virginia at Franklin
Normal, IL 61761
309-888-0993

16 Beds
Adult Treatment Services
Inpatient & Outpatient Treatment

Treatment and counseling programs are currently available for the following addictions:

- Chemical
- Gambling
- Food
- Sex
- Internet
- Video Game
- Shopping/Spending
- Chronic Pain with Addiction

Levels of Care:

- Detox
- Inpatient
- Intensive Addiction Day Treatment
- Addiction Day Treatment
- Intensive Outpatient Rehabilitation
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Illinois Institute for Addiction Recovery At Ingalls Health Systems
One Ingalls Drive
Harvey, IL 60426
708-915-4090

16 Beds
Adult Treatment Services
Inpatient & Outpatient Treatment

Treatment and counseling programs are currently available for the following addictions:

- Chemical
- Gambling
- Food
- Sex
- Internet
- Video Game
- Shopping/Spending
- Chronic Pain with Addiction

Levels of Care:

- Detox
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Illinois Institute for Addiction Recovery At The Abbey
1401 Central Avenue
Bettendorf, IA 52722
563-355-4707

16 Beds
Adult Treatment Services
Inpatient & Outpatient Treatment

Treatment and counseling programs are currently available for the following addictions:

- Chemical
- Gambling
- Food
- Sex
- Internet
- Video Game
- Shopping/Spending
- Chronic Pain with Addiction

Levels of Care:

- Inpatient
- Intensive Addiction Day Treatment
- Addiction Day Treatment
- Intensive Outpatient Rehabilitation
- Continuing Care
- Extended Care
- Early Intervention

The Illinois Institute for Addiction Recovery provides quality, hospital-based addiction treatment services in central Illinois since 1979. Inpatient/Residential and outpatient counseling and treatment services are available for adults with chemical and/or behavioral addictions, as well as those individuals struggling with related at-risk behaviors.

The goal of our medical and counseling services is to help individuals and families with addictions lead comfortable and productive lives without the use of mood-altering chemicals or activities.

Illinois Institute for Addiction Recovery at Springfield
3050 Montvale Drive, Suite E
Springfield, IL 62704
217-726-6611

Adult Treatment Services
Outpatient Treatment

Treatment and counseling programs are currently available for the following addictions:

- Chemical
- Gambling
- Food
- Sex
- Internet
- Video Game
- Shopping/Spending
- Chronic Pain with Addiction

Levels of Care:

- Addiction Day Treatment
- Intensive Outpatient Rehabilitation
- Continuing Care
- Extended Care
- Early Intervention

The Illinois Institute for Addiction Recovery provides quality, hospital-based addiction treatment services in central Illinois since 1979. Outpatient counseling and treatment services are available for adults with chemical and/or behavioral addictions, as well as those individuals struggling with related at-risk behaviors.

The goal of our medical and counseling services is to help individuals and families with addictions lead comfortable and productive lives without the use of mood-altering chemicals or activities.

**Proctor First Care
1120 E War Memorial Drive
Peoria, IL 61616**

Available Services to Address:

- Drug and Alcohol Testing
- Ear Aches
- Flu Shots
- Fractures
- Hazmat Physicals
- Hearing Test/Audio Services
- Hypertension Management
- Ingrown Toenail Treatment/Removal
- Insect Bites and Stings
- Obesity Management
- Poison Ivy Treatment
- Pre-Employment Physicals
- Pre-Operative Physicals
- Prolotherapy
- Pulmonary Function Testing
- Routine Gyn/Pap Smears
- Routine Lab Work
- Routine Medical Care
- School Physicals
- Sinusitis Treatment
- Skin Tag/Mole/Wart Treatment
- Smoking Cessation
- Sore Throats
- Sports Physicals
- Sprains and Strains
- Sutures
- TB Skin Testing
- Work Related Injuries
- X-Ray Services

Proctor First Care offers the skill and efficiency of emergency services with the personal attention and friendliness of your family doctor; providing these services in a timely and economical manner. Priority is always given to the treatment of emergencies.

Services Available For:

- Primary Care
- Episodic Care
- Urgent Care
- Occupational Health Care

**Proctor First Care
2535 E. Washington Street
East Peoria, IL 61611**

Available Services to Address:

- Drug and Alcohol Testing
- Ear Aches
- Flu Shots
- Fractures
- Hazmat Physicals
- Hearing Test/Audio Services
- Hypertension Management
- Ingrown Toenail Treatment/Removal
- Insect Bites and Stings
- Obesity Management
- Poison Ivy Treatment
- Pre-Employment Physicals
- Pre-Operative Physicals
- Prolotherapy
- Pulmonary Function Testing
- Routine Gyn/Pap Smears
- Routine Lab Work
- Routine Medical Care
- School Physicals
- Sinusitis Treatment
- Skin Tag/Mole/Wart Treatment
- Smoking Cessation
- Sore Throats
- Sports Physicals
- Sprains and Strains
- Sutures
- TB Skin Testing
- Work Related Injuries
- X-Ray Services

Proctor First Care offers the skill and efficiency of emergency services with the personal attention and friendliness of your family doctor; providing these services in a timely and economical manner. Priority is always given to the treatment of emergencies.

Services Available For:

- Primary Care
- Episodic Care
- Urgent Care
- Occupational Health Care

**Proctor First Care
9118 N. Lindbergh Drive
Peoria, IL 61615**

Available Services to Address:

- Drug and Alcohol Testing
- Ear Aches
- Flu Shots
- Fractures
- Hazmat Physicals
- Hearing Test/Audio Services
- Hypertension Management
- Ingrown Toenail Treatment/Removal
- Insect Bites and Stings
- Obesity Management
- Poison Ivy Treatment
- Pre-Employment Physicals
- Pre-Operative Physicals
- Prolotherapy
- Pulmonary Function Testing
- Routine Gyn/Pap Smears
- Routine Lab Work
- Routine Medical Care
- School Physicals
- Sinusitis Treatment
- Skin Tag/Mole/Wart Treatment
- Smoking Cessation
- Sore Throats
- Sports Physicals
- Sprains and Strains
- Sutures
- TB Skin Testing
- Work Related Injuries
- X-Ray Services

Proctor First Care offers the skill and efficiency of emergency services with the personal attention and friendliness of your family doctor; providing these services in a timely and economical manner. Priority is always given to the treatment of emergencies.

Services Available For:

- Primary Care
- Episodic Care
- Urgent Care
- Occupational Health Care

**Proctor First Care
3915 Barring Trace
Peoria, IL 61615**

Available Services to Address:

- Drug and Alcohol Testing
- Ear Aches
- Flu Shots
- Fractures
- Hazmat Physicals
- Hearing Test/Audio Services
- Hypertension Management
- Ingrown Toenail Treatment/Removal
- Insect Bites and Stings
- Obesity Management
- Poison Ivy Treatment
- Pre-Employment Physicals
- Pre-Operative Physicals
- Prolotherapy
- Pulmonary Function Testing
- Routine Gyn/Pap Smears
- Routine Lab Work
- Routine Medical Care
- School Physicals
- Sinusitis Treatment
- Skin Tag/Mole/Wart Treatment
- Smoking Cessation
- Sore Throats
- Sports Physicals
- Sprains and Strains
- Sutures
- TB Skin Testing
- Work Related Injuries
- X-Ray Services

Proctor First Care offers the skill and efficiency of emergency services with the personal attention and friendliness of your family doctor; providing these services in a timely and economical manner. Priority is always given to the treatment of emergencies.

Services Available For:

- Primary Care
- Episodic Care
- Urgent Care
- Occupational Health Care

The following is a list of letters of attorney representation, settlements and lawsuits in the last three years:

Alkire, Baby Boy	Bolden, Christina	Boone, Gianina
Briggs, Pamela	Bussone, Joseph	Curry, Joseph
DeVries, Angela	Hill, Harry	Holman, Randall
Howard, Joselyn	Hurt, Charles	Jones, Baby Girl
Martin, Sara	Nathan, Howard	Otero, Sarah
Sherman, Baby Boy	Smith, Angel	Stenger, Lawrence
Wolf, Carla	Fuqua, Rodney	

The following are current, open lawsuits:

Compton, Brandon
Cutler, Mary Beth
Helfers-Beitz, Teresa
Kieser, Richard
Martin, William
Wolfe, Mark

CONFIDENTIAL

I certify the above list is accurate and complete to the best of my knowledge.

Angela K. Moore 3-10-11

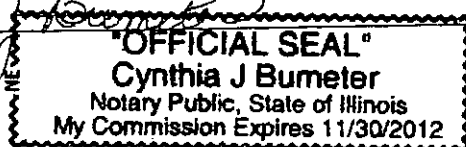
Angela K. Moore

Date

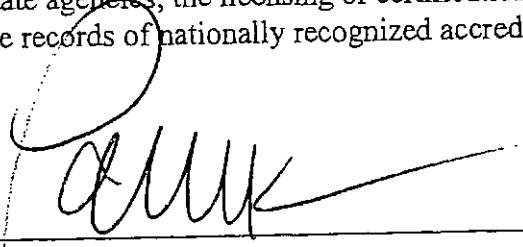
Director of Risk Management and Patient Safety, Proctor Hospital

Cynthia J. Bumeter

Notary



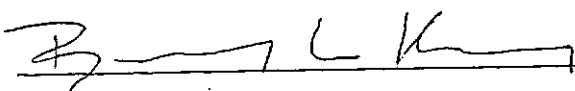
I hereby authorize and permit the Illinois Health Facilities and Services Review Board and Department of Public Health access to any documents necessary to verify the information submitted, including, but not limited to: official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations.



6-23-11

Paul Macek, President and CEO, Proctor Hospital,
Peoria, IL

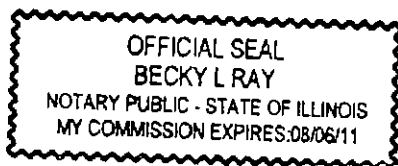
Date



6/23/2011

Notary

Date



Criterion 1110.230 – Background of Applicant

Item 11-D is not applicable. Proctor has not submitted any other CON request this year.

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.

The proposed development of an 18 bed, inpatient, Gero-psychiatric unit will undoubtedly improve the healthcare and well-being of the market area population because there is currently a shortage of inpatient behavioral health units and beds specifically for geriatric patients in Peoria and the Central Illinois area. Throughout the years, Proctor Community Hospital has established a reputation for our commitment to providing quality programs and services to our older adult consumers.

Older adults have specific, age-related needs that are best addressed in programs and services geared toward their specific stage of life. Accordingly, Proctor Community Hospital wants to take the lead role in addressing the behavioral health needs of our older adult consumers by expanding our services to include a "distinct part," inpatient, Gero-psychiatric unit. We are already offering specialized outpatient services (Individual and group therapy, Intensive Outpatient and Partial Hospital programs) to this patient population.

The U.S. Census Bureau indicates that the United States is projected to experience rapid growth in its older population between 2010 and 2050. For instance, in 2010, the number of Americans age 65 and older was projected to be 40.2 million and is projected to be 88.5 million in 2050. Baby Boomers are presently crossing into this category and are largely responsible for this increase in the aging population. The projected growth of the older population in the United States will present challenges to programs and affect all health care providers.

Findings from the Substance Abuse and Mental Health Services Administration (SAMHSA) 2005 and 2006 National Surveys on Drug Use and Health indicate that approximately 7.0 percent of persons aged 50 or older experienced serious psychological distress (SPD) in the past year, with 8.8 percent of those aged 50 to 64 and 4.5 percent of those aged 65 or older experienced past year SPD.

Many older adults do not get the mental health treatment they need. Among persons aged 50 or older with past year SPD, only 53.7 percent received mental health treatment in the past year, while 6.2 percent did not receive treatment although they felt they needed it, and 40.1 percent did not receive treatment and did not perceive a need for it. The SAMHSA survey also found that older consumers were more open to receiving mental health treatment within a primary care setting. The Inpatient Gero-psychiatric unit will enable Proctor Community Hospital to provide older adult consumers, who have more frequent co-morbidities, integrated and collaborative medical and behavioral healthcare in one centralized location.

Attachment 12-A.1

Consequently, by the Applicant developing this project, at this specific location, access to healthcare services and wellbeing of the population served will be effective and greatly improved.

2. Define the planning area or market area, or other, per the applicant's definition.

The Applicant has determined that area, which it will call its "Primary Market Area (PMA)," extends to an approximate 50 mile radius from Proctor Community Hospital. The PMA extensively spreads across 8 counties and three Health Services Areas; it encompasses all of Peoria and Tazewell Counties, most of Woodford and Marshall Counties, almost half of Stark and Mason Counties, and portions of McLean and Fulton Counties. (See: ATTACHMENT 12-B for a map outlining the PMA). Due to Proctor Community Hospital's nearness to a corner of its own Health Services Area, it also serves numbers of patients in its top ten patient zip codes who live in two other HSA's.

3. Identify the existing problems or issues that need to be addressed, as applicable and appropriate for the project.

According to the American Association for Geriatric Psychiatry, almost 20 percent of those who are age 55 and older experience mental disorders that are not part of normal aging. It is estimated that only half of older adults who admit mental health problems receive treatment from any health care provider, and only a small percentage of those receive specialty mental health services.

It is anticipated that the demand for mental and behavioral health services will expand as the older population continues to grow. Central Illinois is currently not equipped to handle this demand, as there is a shortage of Inpatient Psychiatric Beds for the older adult population. The Applicant is strategically positioned to increase the accessibility of psychiatric services for older adults in the Central Illinois area.

Within our PMA, there is only one other hospital that provides inpatient psychiatric services; Methodist Hospital in Peoria has 40 adult beds of 68 total. Only 2 to 3 of those beds are designated for Gero-psychiatric patients and more often than not, are used as "swing beds."

Meanwhile, outside of our PMA, there are two other hospitals that provide inpatient psychiatric services; Advocate Bromenn in Bloomington has 17 adult beds (not in our HAS). Cottage Hospital in Galesburg (in the northern edge of our HAS) has 11 Gero-psychiatric beds. The beds at Cottage Hospital are used only for patients age 65 and older. Community Hospital of Ottawa has 22 adult beds. The Applicant's proposal of an 18 bed Gero-psychiatric unit will meet the needs of patients age 55 and older, thus including a larger age group and augmenting the availability of Gero-psychiatric beds in the PMA (See: ATTACHMENT 12-C for Psych Competitors).

4. Cite the sources of the information provided as documentation.

The Applicant's sources of information to address the aforementioned issues include: Substance Abuse Mental Health Services Administration News: Treatment of Older Adults: What Works Best (Part I); Substance Abuse Mental Health Services Administration News: Treatment for Older Adults (Part 2); The National Survey of Drug Use and Health Report: Serious Psychological Distress among Adults Aged 50 or Older: 2005 and 2006; Mental Health: A Report of the Surgeon General; American Psychological Association: Addressing Mental Health Needs of Older Adults; United States Census Reports for 2010.

5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.

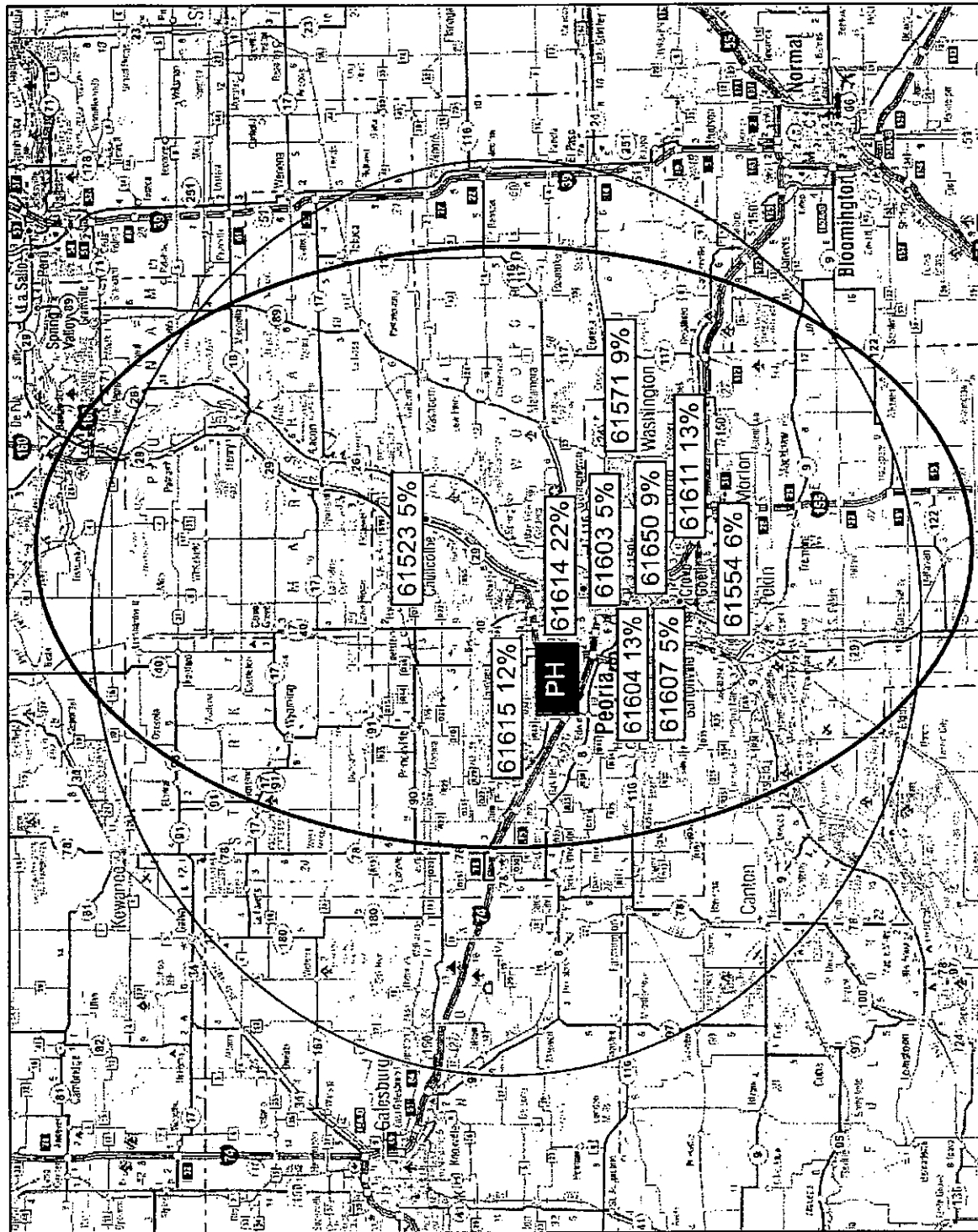
The Applicant's proposed project of an 18 bed, Inpatient, Gero-psychiatric unit will directly address and improve the older adult population's health status and well-being. Older adults tend to have complex, co-morbid, mental and physical health problems. Some physical illnesses can cause cognitive, emotional, and behavioral symptoms. For example, older adults with heart disease have higher rates of depression than those who are medically well. Untreated depression in an older person with heart disease adversely affects the outcome of the disease. Conversely, some mental disorders can lead to or exacerbate physical conditions and daily functioning. For instance, mild depression can lower an older person's immunity and may compromise their ability to fight infections and cancers.

Because of the complex interplay of physical and mental health problems in older adults, interdisciplinary care is needed to provide optimal care. The Applicant's Mission is to "provide unmatched healthcare experiences...every day" to this "special needs" population. The proposed project will enable the Applicant to carry out this mission. By addressing co-morbid mental and physical health problems concomitantly by integrating and coordinating medical and mental health care services results in decreased emotional suffering, improved physical health, lessened disability, and a better quality of life for older adults and their families. These services will also reduce health care expenditures by lowering the frequency of primary care visits, medical procedures, and medication use.

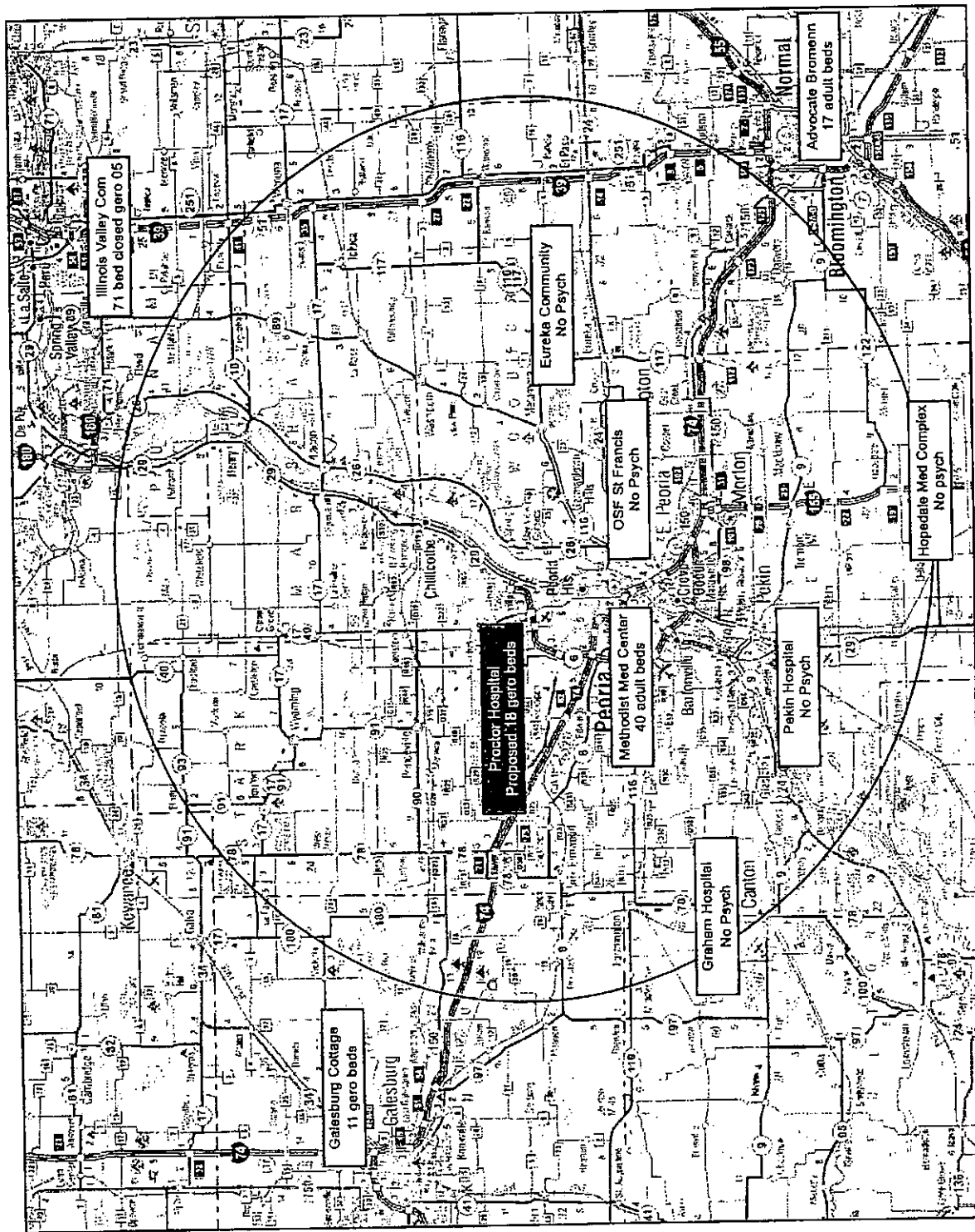
6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals as appropriate.

The goals of the Applicant are evident. The first objective is to obtain all necessary approvals, specifically the CON, to construct, open and operate its 18 bed inpatient Gero-psychiatric unit by January 1, 2012. The second objective is to increase the availability and accessibility of mental health services to the older adult population in and around the aforementioned Primary Market Area. In turn, this will enable the Applicant to offer integrated medical and mental health care services thereby achieving its third objective, which is to "provide unmatched health care experiences...every day."

Peoria, IL Proctor Hospital top ten zip codes



Peoria, IL Psych Competitors



Proposing a project of greater or lesser scope and cost:

One alternative is that there is another wing (4 East) at Proctor Hospital that could be converted to inpatient, psychiatric use. However, the maximum number of beds that could be utilized for inpatient psychiatric purposes would only be 7 to 9 beds. There are currently 14 beds in this unit. However, for the kind of programming required for psychiatric inpatients, 3 rooms (5 to 6 beds) would be lost to program use; milieu/group room(s), therapist's office space, etc. (Note: This would be true in any case of current unit conversion for inpatient, psychiatric purposes.)

Because the halls in this alternative unit are more narrow and natural sunlight is not as accessible, the 4 East unit is not as "open and airy" as the one proposed. Inpatient psychiatric patients need to have a unit that will not lead to feelings of claustrophobia, sadness or depression.

Finally, the cost of rehabbing the 4 East unit would be almost two-thirds (estimated \$425,000.00) as much as for the proposed 18 bed unit (\$639,993.00). Based on fiscal pro forma, patient care and staffing patterns, our proposed 18 bed unit is more optimal for this use. **In this case, the alternative would raise a number of cost, scope of service, level of care and quality of care issues.**

Based on staffing patterns and requirements, **another alternative** would be to convert the 22 bed unit (3 West) to a 9 bed unit. A group/milieu room and office spaces would still be required and would take up to 4 to 6 bed spaces. Again, the cost would still be approximately two thirds of what it would cost to open this same 22 bed space as an 18 bed unit. In addition, because the proposed unit is currently configured to accommodate 18 psychiatric/22 med-surge beds, to use it for a 9 bed unit would be an inefficient use of the space. It would leave the rest of the unit too small (4 to 6 beds) for any other useful patient care program or purposes. Therefore, a converted 18/22 bed unit would be a more cost efficient and purpose effective use of the unit. **The alternative would raise cost efficiency, purpose effective, patient care and access issues.**

Finally, our consulting architects tell us that building a totally new unit would cost around \$2.5 million per bed or a total of \$45 million compared to the \$639,993.00 required for the unit modernization in our request.

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:

Ottawa Regional Hospital and Healthcare Center is in the HS-2 area but is located 71 miles away from Peoria. It has had 28 Psychiatric beds, six of them adolescent. They have reportedly closed their adolescent unit and currently have 22 adult beds available. They do admit geriatric patients, but the patients we propose to serve live well beyond a forty-five minute drive to access Ottawa Regional services. (See: Attachments 13-C and 13-D.) It does not appear feasible for us to pursue a joint, inpatient, psychiatric unit or other psychiatric services with them.

The closest provider that has geriatric-specific, psychiatric services available is Cottage Hospital in Galesburg, 49.9 miles away. They limit their services only to patients who are 65 years of age and older. We propose to include those age 63 years of age and older. At this time, there are no other entities that have demonstrated or stated an interest in providing this kind of "exempt, distinct part" service or to meet these specific, comorbid, patient needs. (See: Attachment 13-D for all hospitals in the service area, including the three currently with psychiatric services.)

Though in Peoria, Methodist Hospital expresses no interest in pursuing a joint venture for the care of geriatric, psychiatric patients. Neither do they express an interest to open an "exempt, distinct part" unit for geriatric, psychiatric inpatients. Note: If you operate an "exempt, distinct part unit" you do not have the flexibility for utilizing bed space for any others than the patients who meet the descriptors for that service or level of care. Briefly stated, you cannot put just any patient in that type of unit. In our proposal, it would be exclusively for patients age 63 and older. We would refer any other patients needing service to Methodist Hospital. And, if so needed, they could refer patients age 63 and older to Proctor Hospital.

Finally, to build another unit of this size as a new or stand-alone unit, at current construction rates of approximately \$2.5 million per bed, would cost roughly \$45 million. Our renovated unit will only cost \$639,663.00. All these alternatives would raise program, access and cost issues.

Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project:

Since the requested new service involves psychiatric beds, as we have stated, the only other psychiatric beds within our service area are at Methodist Hospital in Peoria and Cottage Hospital in Galesburg, 49.9 miles away.

Methodist Hospital has two adult units of 22 and 18 beds each. These beds are general psychiatry beds. Methodist Hospital designates several beds as geriatric beds, but those beds are also used as swing beds. If they have general adult patients to fill those beds, they are not "saved" for geriatric use. In the case of Methodist Hospital, there is no "exempt, distinct part" unit in that facility used for the specific care of geriatric, co-morbid, psychiatric patients.

In a discussion several months ago with the Methodist Hospital Psychiatric Department Director, he indicated that Methodist Hospital currently has no plans to pursue the development of an "exempt, distinct part, geriatric" unit. This was again confirmed in more recent discussions with the CMO and VP Patient Services at Methodist Hospital.

At Cottage Hospital in Galesburg, there are 11 beds set aside for geriatric use. However, that facility is 49.9 miles away from Peoria. (See: Attachments 13-B and 13-D.) Travel costs on a continuing basis for use of Cottage Hospital would be prohibitive.

There are currently 131,428 persons age 55 and older in the top ten patient service zip codes for Proctor Hospital. With our proposal, there would still only be 32 geriatric, psychiatric beds, total, for this population; three at Methodist Hospital, eleven at Cottage Hospital and eighteen (proposed) at Proctor Hospital. **In this case, the alternatives would raise community need, cost, access and appropriate program related issues.**

Reasons why the chosen alternative was selected.

This option was chosen based on:

- **Geography:** Cottage Hospital which cares for geriatric patients is 49.9 miles away. (See; Attachment 13-B and 13-D)
- **Current hospital space availability:** Cottage Hospital has only 11 beds for patients age 65 and over and Methodist has only 3 "set aside" beds for gero-psych patients. The information we have is that the Methodist beds are also used as swing beds.
- **Cost:** it is the most "cost efficient" and "program effective" alternative of all available. (See: Attachment 13-A.)
- **Community need:** with a current total of only 14 beds (3 at Methodist Hospital in Peoria and 11 at Cottage Hospital in Galesburg) available in Proctor's zip code/service area there are currently not enough inpatient, gero-psych beds available for the number of geriatric patients who currently need this level of care, with greater projected need ahead.
- **Accessibility** considerations: were raised in the previously discussed, alternative approaches.

Document that the amount of physical space proposed is necessary and not excessive.

The amount of space we are proposing is necessary according to Illinois 77, 1110.234. Our proposed square footage is 8,060 BGSF. This is well within in the state standard of between 7,920 and 10,080 square feet. Opening a 17 bed unit would put us over the state standard on square footage and would be excessive.

By the same standard, our proposed space is not excessive. In fact, the state standard is that we should open with 20 beds and not 18. In an earlier attachment (13-A), we have discussed the rationale for 18 beds versus 20 beds based on the very conditions under discussion here. Our space is certainly not excessive. It is optimal for an 18 bed AMI unit. A 19 bed unit would put us under the state standard of required square footage for the unit.

Project Services Utilization

The rationale for projecting 85% utilization within the second year of the operation of the unit is based on several factors:

1. **Age-related Demographics:** Current statistical and actuarial probabilities point to utilization that would be assured to meet the required state levels.
2. **The report from current hospital psychiatric providers** in Peoria is that they have had to refer elderly patients out to other communities as not being "appropriate for admission" due to their co-morbidities, their condition at admission assessment or the fact that they have no "older adult beds" readily available. These referral points are in sites like Bloomington-Normal or Springfield.
3. **Reports from local psychiatrists** who have had to refer their patients out to other communities to receive the inpatient, gero-psych services they needed.

Unfinished or Shell Space:

We will not be using unfinished or shell space for this project.

ASSURANCES:

Since no "unfinished or shell space" is being used, this item does not apply to our request.

This proposal is not materially or substantively related to a master plan design project.

MERGERS, CONSOLIDATIONS AND ACQUISITIONS/CHANGES OF OWNERSHIP.

This project request does not involve any "Mergers, Consolidations and Acquisitions/Changes of Ownership."

SERVICE SPECIFIC REVIEW CRITERIA:

1110.730(b)(1)-Planning area need. We are fully aware of the fact that our request puts us 18 beds more than "excess beds" in this HSA. Based on the fact that our top ten zip codes reach well beyond our HSA, we are certain that the specialized need we propose to address in this CON needs to be met. (See: Attachment 12-A.2, Item Number 2.)

1110.730(b)(2)-Service to Planning Area Residents. This is addressed in Attachments 12-A.1-12-A.3, 12-B, 12-C and 14.

1110.730(b)(3)-Service Demand-Establishment of Category of Service. Addressed in Attachments 12-A.1-12-A.3, 12-B, 12-C and 14.

1110.730(b)(5)-Service Accessibility. Addressed in Attachment 12-A.2

1110.730(c)(1)-Unnecessary Duplication of Services. See Attachments: 12-A.2, Items 2, 3 and 6.

1110.730(c)(2)-Maldistribution of Services. We are, in fact, attempting to answer a maldistribution of services issue. There are currently only three geriatric beds being set aside in Peoria. The rest of the geriatric beds set aside in this HAS are 49 miles away in Galesburg.

1110.730(c)(3)-Impact of Project on Other Area Providers. Addressed in Attachments 12-A.1, 12-A.2, 12-B and 12-C.

1110.730(e)(1)-Staffing Availability. See Attachment 20-B.

1110.730(f)Performance Requirements. See Page 13 of the Application, "Project Services Utilization."

1110.730(g)-Assurances. See Attachment 20-C.

APPLICABLE REVIEW CRITERIA:

With the exception of Review Criterion 1110.730 (e) (1) related to "Staffing Availability," we believe that all applicable review criteria have been met in Appendices 12-A.1 through 13-E.

With regard to "Staffing Availability," we have assurances from one admitting psychiatrist that he will be willing to serve as Medical Director for the geriatric AMI unit. In addition, we have assurances from two other psychiatrists that they will refer and provide services to the geriatric AMI patients at Proctor. Together, these three psychiatrists would assure that there is emergency/crisis/admitting coverage for Proctor's geriatric, AMI patients at all times.

It is our thought that with the University of Illinois Psychiatric Residency Program located in Peoria, the opportunity for psychiatric residents to do rotations in this program as a regular part of their training would be logical, timely and useful. It would be an opportunity to prepare physicians for the future growth and needs of the geriatric population in Central Illinois with regard to their psychiatric needs.

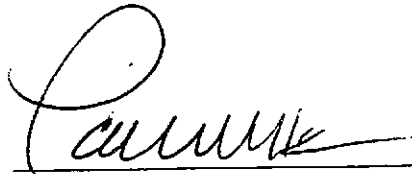
We already have adequate, current staff that can provide psychotherapeutic programming for an inpatient unit. This includes case managers, masters level psychotherapists and activity therapists. We also have registered nursing staff within Proctor Hospital that have already expressed a strong desire to work in such a geriatric, AMI unit.

Current supervising staff and a consultant are already prepared to train all required staff to provide specialized, geriatric, AMI services to the predicted Proctor population.

May 27, 2011

To Whom It May Concern:

We understand and attest that by the second year of operation of the proposed project, Proctor Hospital will achieve and maintain the occupancy standards specified in 77 Ill. Adm. Code 1100 for an AMI category of service. In other words, we will be at 85% occupancy within two years of the start of this proposed new service.

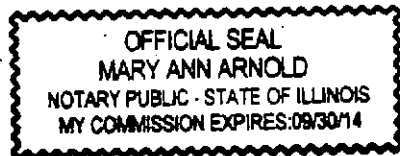


Paul Macek, President, CEO

7-21-11

Date

Notary: 



AVAILIBILITY OF FUNDS:

This project will be funded completely by Cash and Securities in the amount of \$1,049,320.89 - statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:

- 1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and
- 2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion.

FINANCIAL WAIVER

Per Title 77 of the Illinois Administrative Code, Part 1120, Section 130 - - - Financial Viability-Review Criteria, Section a) Subsection 1) regarding submission of financial viability ratios, due to the fact that we are funding this project through internal cash resources, we are not required to submit this information.

Stephen Cirone Director

Stephen Cirone, Director of Finance, Proctor Hospital

3/22/2011

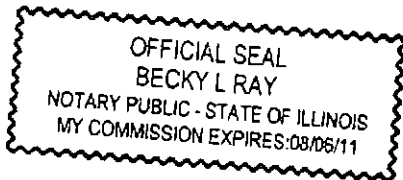
Date

Becky L Ray

Notary

3/22/2011

Date



FINANCIAL VIABILITY:

We use Moody's methodology for calculating all ratios.

Per Title 77 of the Illinois Administrative Code, Part 1120, Section 140 - - - Economic Feasibility criteria, I attest that, for the requested project, 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.

Stephen Cirone

Stephen Cirone, Director of Finance, Proctor Hospital

7/01/2011

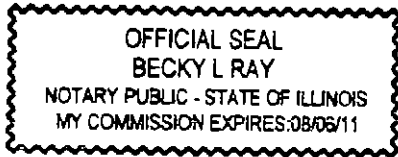
Date

Becky L Ray

Notary

07/01/2011

Date



CONDITIONS OF DEBT FINANCING

Since we are not using financing, this item does not apply.

REASONABLENESS OF PROJECT AND RELATED COSTS

No other department is significantly or materially affected by this project. The material costs that will be incurred are documented in Attachment pages 7-A.1 through 8-B.2. The start up costs for this project are specifically documented in Attachment page 8-A.

PROJECTED OPERATING COSTS

	Geropsych Program - 18 Beds Income Statement		
	Level 1	Level 2	Level 3
Average Daily Census	10	12	14
ALOS	12	12	12
Discharges	304	365	426
Medicare-%	100%	100%	100%
Gross Revenue	\$6,802,724	\$8,163,269	\$9,523,814
Less Contractuals	\$3,904,724	\$4,685,669	\$5,466,614
Net Revenue	\$2,898,000	\$3,477,600	\$4,057,200
Expenses			
Salaries	\$872,414	\$872,414	\$872,414
Benefits	\$244,276	\$244,276	\$244,276
Supplies	\$18,250	\$21,900	\$25,550
Medical Director	\$108,000	\$108,000	\$108,000
Other	\$24,000	\$24,000	\$24,000
Total Direct Costs	\$1,266,940	\$1,270,590	\$1,274,240
Incremental Indirects	\$254,325	\$305,190	\$356,055
Contribution Margin	\$1,376,735	\$1,901,820	\$2,426,905

Note: Revenue is calculated using Medicare's RY2011 IPF PPS reimbursement.

PROJECTED OPERATING COSTS

Geropsych Program - 18 Beds
Staffing Plan - FTE Analysis

Average Daily Census	Hourly Rate	Level 1			Level 2			Level 3		
		FTEs	Annual	FTEs	Annual	FTEs	Annual	FTEs	Annual	
				10		12		14		
<u>First Shift</u>										
Site Manager	\$35.73	1	\$74,318	1	\$74,318	1	\$74,318	1	\$74,318	
Unit Secretary	\$17.00	1.5	\$53,040	1.5	\$53,040	1.5	\$53,040	1.5	\$53,040	
RN	\$29.50	1.4	\$85,904	1.4	\$85,904	1.4	\$85,904	1.4	\$85,904	
Tech	\$19.00	1.4	\$55,328	1.4	\$55,328	1.4	\$55,328	1.4	\$55,328	
C.N.A.	\$14.00	1.4	\$40,768	1.4	\$40,768	1.4	\$40,768	1.4	\$40,768	
Social Worker	\$25.00	1.4	\$72,800	1.4	\$72,800	1.4	\$72,800	1.4	\$72,800	
Activity Therapist	\$25.00	1.4	\$52,000	1.4	\$52,000	1.4	\$52,000	1.4	\$52,000	
Marketer	\$21.00	1	\$43,680	1	\$43,680	1	\$43,680	1	\$43,680	
<u>Second Shift</u>										
RN	\$31.00	1.4	\$90,272	1.4	\$90,272	1.4	\$90,272	1.4	\$90,272	
Tech	\$20.50	1.4	\$59,696	1.4	\$59,696	1.4	\$59,696	1.4	\$59,696	
C.N.A.	\$15.50	1.4	\$45,136	1.4	\$45,136	1.4	\$45,136	1.4	\$45,136	
<u>Third Shift</u>										
RN	\$31.50	1.4	\$91,728	1.4	\$91,728	1.4	\$91,728	1.4	\$91,728	
Tech	\$21.00	1.4	\$61,152	1.4	\$61,152	1.4	\$61,152	1.4	\$61,152	
C.N.A.	\$16.00	1.4	\$46,592	1.4	\$46,592	1.4	\$46,592	1.4	\$46,592	
Productive Total		17.9	\$872,414		\$872,414		\$872,414		\$872,414	
Non-Productive Total			\$100,000		\$100,000		\$100,000		\$100,000	
Benefits	28%		\$244,276		\$244,276		\$244,276		\$244,276	
Total Annual Salaries & Benefits			\$1,216,690		\$1,216,690		\$1,216,690		\$1,216,690	

PROJECTED OPERATING COSTS

Geropsych Program - 18 Beds Pro Forma Assumptions

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Average Daily Census	10	12	14
ALOS	12	12	12
Discharges	304	365	426
Medicare	100%	100%	100%
Benefits %	28%		
Gross Revenue/Pt Day - Routine	\$1,500		
Gross Revenue/Pt Day - ancillary	\$363.76		
Gross Revenue/Pt Day - Total	\$1,863.76		
Supplies Cost/Pt Day	\$5		
Other Costs/Month Fixed	\$2,000		
Unit Manager Salary	\$74,318		
Unit Marketer Salary	\$43,680		
Medical Director Fee	\$108,000		
Hourly Rates - Average			
RNs	\$29.50		
evenings differential	\$1.50		
nights differential	\$2.00		
C.N.A.	\$14.00		
evenings differential	\$1.50		
nights differential	\$2.00		
Psych Techs	\$19.00		
evenings differential	\$1.50		
nights differential	\$2.00		

TOTAL EFFECT OF THE PROJECT ON CAPITAL COSTS

This information is found in Attachments 7-A.1 through 7-B.5

1. **PROJECT'S IMPACT ON ESSENTIAL SAFETY NET SERVICES IN THE COMMUNITY:** We believe that the project's impact will be positive by bringing necessary, essential, specialized, mental health services to the community that have been heretofore unavailable.
2. **PROJECT'S IMPACT ON THE ABILITY OF ANOTHER PROVIDER TO CROSS-SUBSIDIZE SAFETY NET SERVICES:** We believe that the addition of this service to its HSA will enable it and the other, local, mental health provider in our major zip codes area to has a greater cross-referral potential and an expansion of community access.
3. **(THERE IS NO DISCONTINUATION OF SERVICE INVOLVED IN THIS REQUEST.)**
4. **OTHER RELEVANT INFORMATION:** Based on statements by the Chairman, Department of Psychiatry, University of Illinois College of Medicine at Peoria, this new service would greatly enhance the education and training of new psychiatrists as a part of their clinical rotation. This would allow these residents to directly encounter patients in the growing, specialized area of geriatric psychiatry.

CHARITY CARE FORMULATION

We only have one facility for Charity Care, we used the Medicare Cost to Charge ratio prescribed in the annual IDPH survey to determine cost. It is not reflected in Net patient Revenue because it was written off as Charity Care.

ADDENDA

- Item 1 Aaron Schock, U.S. Congressman, June 3, 2011 Letter
- Items 2a and 2b Darin M. LaHood, Illinois State Senator, May 31, 2011 Letter
- Item 3 Keith P. Sommer, Illinois State Representative, June 6, 2011 Letter
- Item 4 Michael Unes, Illinois State Representative, June 8, 2011 Letter
- Item 5 Jehan A. Gordon, Illinois State Representative, July 24, 2011, Letter
- Item 6 Joanne Thomas, Central Illinois Agency on Aging, Inc., May 31, 2011 Letter
- Item 7 John R. Day, PhD, John R. Day and Associates, Ltd., June 16, 2011 Letter
- Item 8 Norma St. Clair, RN, Spoon River Home Health Services, May 31, 2011 Letter
- Item 9 Dave Reams, Comfort Keepers Home Care, May 31, 2011 Letter
- Item 10 Dave Molleck, Lime Light Communications, Inc., Healthy Cells Magazine, June 21, 2011 Letter
- Item 11 Robin Winfrey, RN, Director of Elderly Services, South Side Mission, June 21, 2011, Letter
- Item 12a and 12b Bradford Colen, M.D., Psychiatrist, July 18, 2011, Letter

AARON SCHOCK
18TH DISTRICT, ILLINOIS

DEPUTY REPUBLICAN WHIP

COMMITTEE ON
WAYS & MEANS

COMMITTEE ON
HOUSE ADMINISTRATION

Congress of the United States

House of Representatives

Washington, DC 20515-1602

June 3, 2011

- 328 CANNON HOB
WASHINGTON D.C. 20515
(202) 225-6201
- 100 N.E. MONROE, ROOM 100
PEORIA, IL 61602
(309) 671-7027.
- 209 WEST STATE STREET
JACKSONVILLE, IL 62650
(217) 245-1431
- 235 SOUTH 6TH STREET
SPRINGFIELD, IL 62701
(217) 670-1653

WWW.SCHOCK.HOUSE.GOV

Dale Galassie, Chairman
Illinois Health Facilities and Services Review Board
525 W Jefferson Street, 2nd Floor
Springfield, Illinois 62791

Dear Chairman Galassie:

I am writing to express my support for Proctor Community Hospital's Certificate of Need (CON) application to establish an inpatient geropsychiatry unit.

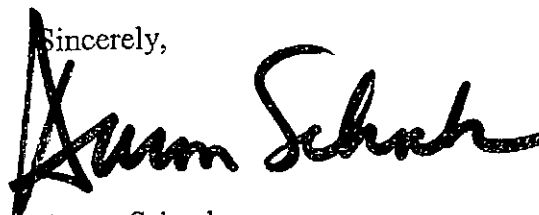
The new unit proposed by Proctor Community Hospital meets an important need in central Illinois. The area has experienced the closing of a state-operated psychiatric hospital, recent community mental health agency funding cuts, and a shortage of psychiatrists. All of these developments have limited access to psychiatric care.

The problem is even more acute for our older population. According to data from the U.S. Census Bureau is expected to rise sharply from the years 2010 through 2050. As the baby boom generation reaches their elder years, the demand for geropsychiatry services is expected to increase.

Proctor Community Hospital's proposed geropsychiatry program will increase access to the comorbid mental health and medical needs of the growing aged population in the central Illinois area. Proctor's initiative can decrease emotional suffering, improve physical health, lessen disability, and enhance the quality of life for older adults and their families. These services will also reduce health care expenditures by lowering the frequency of primary care visits, medical procedures, and medication use.

I am pleased that Proctor Community Hospital is applying for a CON permit and add my support to their request. I believe that approving Proctor Community Hospital's CON permit will help meet the medical and mental health needs of all older adults in central Illinois.

Sincerely,



Aaron Schock
Member of Congress

Addenda Item 1

MINORITY SPOKESPERSON
GAMING



COMMITTEES:
ENERGY
ENVIRONMENT
GAMING
HUMAN SERVICES
TRANSPORTATION

ILLINOIS STATE SENATE
Darin M. LaHood
STATE SENATOR • 37TH DISTRICT
email: SenatorLaHood@att.net

May 31, 2011

Illinois Health Facilities and
Services Review Board
2nd Floor
525 West Jefferson Street
Springfield, Illinois

Dear Illinois Health Facilities and Services Review Board:

This letter is in support of Proctor Community Hospital's Certificate of Need (CON) permit application for an 18 bed Inpatient Geropsych unit. Mentally ill persons in Central Illinois currently have limited options and resources for psychiatric care. This area has experienced the closing of a state operated psychiatric hospital, recent community mental health agency funding cuts, and a shortage of psychiatrists.

The U.S. Census Bureau indicates the United States is projected to experience rapid growth in its older population between 2010 and 2050. The baby boomers are presently crossing into this category and are largely responsible for this increase in the older population. The projected growth of the older population in the United States will present challenges to programs and affect health care providers. Moreover, the U.S. Surgeon General, the Institute of Medicine and the President's New Freedom Commission on Mental Health support the integration of primary medical and specialty psychiatric care.

Accordingly, Proctor Community Hospital's proposed Geropsych program will increase access and resources as well as meet the comorbid mental health and medical needs of the growing older adult population in the Central Illinois area. Proctor's initiative can decrease emotional suffering, improve physical health, lessen disability, and enhance the quality of life for older adults and their families. These services will also reduce health care expenditures by lowering the frequency of primary care visits, medical procedures, and medication use.

ROOM M103F STATE CAPITOL
SPRINGFIELD, IL 62706
217/782-1942
FAX: 217/782-9586

64 S. PRAIRIE, SUITE 4
GALESBURG, IL 61401
309/343-8176
FAX: 309/343-2683

400 N. MAIN STREET
PRINCETON, IL 61356
815/872-1964
FAX: 815/872-1965

5415 NORTH UNIVERSITY
SUITE 105
PEORIA, IL 61614
309/693-4921
FAX: 309/693-4923

Addenda Item 2a

I am pleased Proctor Community Hospital is applying for a CON permit and add my support to their request. I believe that approving Proctor Community Hospital's CON permit will help meet the medical and mental health needs of all older adults in Central Illinois.

Sincerely,

A handwritten signature in black ink, appearing to read "D. LaHood". The signature is written in a cursive style with a large initial "D" and a long, sweeping underline.

State Senator Darin LaHood
37th District
309-693-4921

DISTRICT OFFICE:
121 W. JEFFERSON STREET
MORTON, ILLINOIS 61550
309/263-9242
FAX: 309/263-8187



SPRINGFIELD OFFICE:
STRATTON BUILDING
SPRINGFIELD, ILLINOIS 62706
217/782-0221
FAX: 217/557-1098

KEITH P. SOMMER
STATE REPRESENTATIVE

Illinois Health Facilities and
Services Review Board
2nd Floor
525 West Jefferson Street
Springfield, Illinois

June 6, 2011

Dear Illinois Health Facilities and Services Review Board:

This letter is in support of Proctor Community Hospital's Certificate of Need (CON) permit application for an 18 bed Inpatient Geropsych unit. Mentally ill persons in Central Illinois currently have limited options and resources for psychiatric care. This area has experienced the closing of a state operated psychiatric hospital, recent community mental health agency funding cuts, and a shortage of psychiatrists.

The U.S. Census Bureau indicates the United States is projected to experience rapid growth in its older population between 2010 and 2050. The baby boomers are presently crossing into this category and are largely responsible for this increase in the older population. The projected growth of the older population in the United States will present challenges to programs and affect health care providers. Moreover, the U.S. Surgeon General, the Institute of Medicine and the President's New Freedom Commission on Mental Health support the integration of primary medical and specialty psychiatric care.

Accordingly, Proctor Community Hospital's proposed Geropsych program will increase access and resources as well as meet the comorbid mental health and medical needs of the growing older adult population in the Central Illinois area. Proctor's initiative can decrease emotional suffering, improve physical health, lessen disability, and enhance the quality of life for older adults and their families. These services will also reduce health care expenditures by lowering the frequency of primary care visits, medical procedures, and medication use.

I am pleased Proctor Community Hospital is applying for a CON permit and add my support to their request. I believe that approving Proctor Community Hospital's CON permit will help meet the medical and mental health needs of all older adults in Central Illinois.

Sincerely,

A handwritten signature in black ink, appearing to read "Keith P. Sommer", written over a horizontal line.

Keith P. Sommer

E-Mail: sommer@mtco.com

RECYCLED PAPER • SOYBEAN INKS

Addenda Item 3

DISTRICT OFFICE:
19 S. CAPITOL ST.
PEKIN, ILLINOIS 61554
309-620-8631
FAX: 309-349-3046
repunes@gmail.com



STATE OF ILLINOIS
MICHAEL UNES
STATE REPRESENTATIVE • 91st DISTRICT

SPRINGFIELD OFFICE:
240A-W STRATTON BUILDING
SPRINGFIELD, ILLINOIS 62706
217-782-8152
FAX: 217-782-1275

COMMITTEES:
CITIES & VILLAGES
TRANSPORTATION: VEHICLES
& SAFETY
INSURANCE
SMALL BUSINESS EMPOWERMENT
& WORKFORCE DEVELOPMENT
INTERNATIONAL TRADE
& COMMERCE
TOURISM & CONVENTIONS
AGING

June 8, 2011

Illinois Health Facilities & Services Review Board
2nd Floor
525 W. Jefferson St.
Springfield, IL 62761

Please consider this my letter of support for Proctor Community Hospital's Certificate of Need (CON) permit application for an 18 bed Inpatient Geropsych Unit.

The US Census Bureau indicates the United States is projected to experience rapid growth in its older population between 2010 and 2050. The baby boomers are presently crossing into this category and are largely responsible for this increase in the older population. The projected growth of the older population in the United States will present challenges to programs and affect health care providers. Moreover, the US Surgeon General, the Institute of Medicine and the President's New Freedom Commission on Mental Health support the integration of primary medical and specialty psychiatric care.

Accordingly, Proctor Community Hospital's proposed Geropsych program will increase access and resources as well as meet the mental health and medical needs of the growing older adult population in the Central Illinois area. Proctor's initiative can decrease emotional suffering, improve physical health, lessen disability, and enhance the quality of life for older adults and their families. These services will also reduce health care expenditures by lowering the frequency of primary care visits, medical procedures, and medication use.

I am pleased Proctor Community Hospital is applying for a CON permit and am pleased to add my support to their request. I believe that approving Proctor Community Hospital's CON permit will help meet the medical and mental health needs of older adults in Central Illinois.

Sincerely,

A handwritten signature in black ink, appearing to read "Mike Unes".

Mike Unes
State Representative, 91st District

Addenda Item 4

ILLINOIS GENERAL ASSEMBLY

SPRINGFIELD OFFICE:
282-S Stratton Building
Springfield, Illinois 62706
Office: (217) 782-3186
Fax: (217) 558-4552

DISTRICT OFFICE:
300 E. War Memorial Drive, Suite 303
Peoria, Illinois 61614
Office: (309) 681-1992
Fax: (309) 681-8572



JEHAN A. GORDON
State Representative • 92nd District

COMMITTEES:
Access to Federal Funding
Appropriations
Elementary and Secondary Education
Appropriations - Human Services
Health and Healthcare Disparities
Infrastructure
Veterans' Affairs
Board Member
Illinois Manufacturing Caucus

July 14, 2011

Illinois Health Facilities and
Services Review Board
2nd Floor
525 West Jefferson Street
Springfield, Illinois

Dear Illinois Health Facilities and Services Review Board:

This letter is in support of Proctor Community Hospital's Certificate of Need (CON) permit application for an 18 bed Inpatient Geropsych unit. Mentally ill persons in Central Illinois currently have limited options and resources for psychiatric care. This area has experienced the closing of a state operated psychiatric hospital, recent community mental health agency funding cuts, and a shortage of psychiatrists.

The U.S. Census Bureau indicates the United States is projected to experience rapid growth in its older population between 2010 and 2050. The baby boomers are presently crossing into this category and are largely responsible for this increase in the older population. The projected growth of the older population in the United States will present challenges to programs and affect health care providers. Moreover, the U.S. Surgeon General, the Institute of Medicine and the President's New Freedom Commission on Mental Health support the integration of primary medical and specialty psychiatric care.

Accordingly, Proctor Community Hospital's proposed Geropsych program will increase access and resources as well as meet the comorbid mental health and medical needs of the growing older adult population in the Central Illinois area. Proctor's initiative can decrease emotional suffering, improve physical health, lessen disability, and enhance the quality of life for older adults and their families. These services will also reduce health care expenditures by lowering the frequency of primary care visits, medical procedures, and medication use.

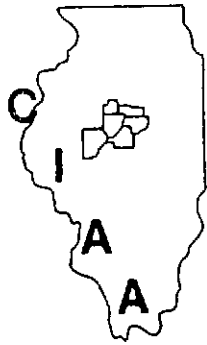
I am pleased Proctor Community Hospital is applying for a CON permit and add my support to their request. I believe that approving Proctor Community Hospital's CON permit will help meet the medical and mental health needs of all older adults in Central Illinois.

Sincerely,

A handwritten signature in black ink that reads "Jehan A. Gordon".

Representative Jehan Gordon

Addenda Item 5



Central Illinois Agency on Aging, Inc.

700 Hamilton Blvd., Peoria, IL 61603 • 309/674-2071 • FAX 309/674-3639 • TDD 309/674-1831

An independent, not-for-profit organization serving older adults and informal caregivers in Fulton, Marshall, Peoria, Stark, Tazewell and Woodford Counties

Website: <http://www.ciaoa.com>

May 31, 2011

Illinois Health Facilities and
Services Review Board
2nd Floor
525 West Jefferson Street
Springfield, Illinois

Dear Illinois Health Facilities and Services Review Board:

This is a letter of support for the Certificate of Need (CON) permit sought by Proctor Community Hospital. Their proposed 18 bed Inpatient Geropsych unit will undoubtedly improve the healthcare and well-being of the older adult population in the Central Illinois area. Older adults tend to have complex, comorbid mental and physical health problems that require a holistic approach and interdisciplinary care. Addressing comorbid mental and physical health problems concurrently by integrating and coordinating medical and mental health care services within a single therapeutic environment will result in decreased emotional suffering, improved physical health, lessened disability, and a better quality of life for older adults and their families.

Central Illinois Agency on Aging, Inc. supports Proctor Community Hospital's CON permit application for multiple reasons. It is estimated that only half of older adults who admit having mental health problems actually receive treatment from any health care provider, and only a small percentage of those receive specialty mental health services. It is anticipated the demand for mental and behavioral health services will expand as the older population continues to grow. Central Illinois is currently not equipped to handle this demand, as there is a shortage of Inpatient Psychiatric Beds, especially for the older adult population. Proctor Community Hospital's proposed Inpatient Geropsych unit will increase the accessibility of psychiatric services for older adults in the Central Illinois area. Hence, I am pleased Proctor Community Hospital is applying for a CON permit and add my support to their request.

Sincerely,

Joanne Thomas
President and CEO

Addenda Item 6

John R. Day and Associates, Ltd.

Christian Psychological Associates

A Group Practice in Psychology

3716 W. Brighton
Peoria, Illinois 61615
(309) 692-7755
800-807-8359
Fax (309) 692-2262

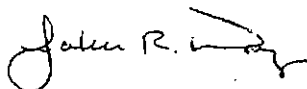
June 16, 2011
Illinois Health Facilities and
Services Review Board
2nd Floor
525 W. Jefferson Street
Springfield, IL 62761

Dear Illinois Health Facilities and Services Review Board:

This is a letter of support for the Certificate of Need (CON) permit sought by Proctor Community Hospital. Their proposed 18 bed Inpatient Geropsych unit will undoubtedly improve the healthcare and well-being of the older adult population in the Central Illinois area. Older adults tend to have complex, comorbid mental and physical health problems that require a holistic approach and interdisciplinary care. Addressing comorbid mental and physical health problems concurrently by integrating and coordinating medical and mental health care services within a single therapeutic environment will result in decreased emotional suffering, improved physical health, lessened disability, and a better quality of life for older adults and their families.

I support Proctor Community Hospital's CON permit application for multiple reasons. It is estimated that only half of older adults who admit having mental health problems actually receive specialty mental health services. It is anticipated the demand for mental and behavioral health services will expand as the older population continues to grow. Central Illinois is currently not equipped to handle this demand, as there is a shortage of Inpatient Psychiatric beds, especially for the older adult population. Proctor Community Hospital's proposed Inpatient Geropsych unit will increase the accessibility of psychiatric services for older adults in the Central Illinois area. Hence, I am pleased Proctor Community Hospital is applying for a CON permit and add my support to their request.

Sincerely,

 Ph.D.

John R. Day, PhD
Senior Partner
Licensed Clinical Psychologist

Addenda Item 7

May 31, 2011
Illinois Health Facilities and
Services Review Board
2nd Floor
525 West Jefferson Street
Springfield, Illinois

Dear Illinois Health Facilities and Services Review Board:

This is a letter of support for the Certificate of Need (CON) permit sought by Proctor Community Hospital. Their proposed 18 bed Inpatient Geropsych unit will undoubtedly improve the healthcare and well-being of the older adult population in the Central Illinois area. Older adults tend to have complex, comorbid mental and physical health problems that require a holistic approach and interdisciplinary care. Addressing comorbid mental and physical health problems concurrently by integrating and coordinating medical and mental health care services within a single therapeutic environment will result in decreased emotional suffering, improved physical health, lessened disability, and a better quality of life for older adults and their families.

I support Proctor Community Hospital's CON permit application for multiple reasons. It is estimated that only half of older adults who admit having mental health problems actually receive treatment from any health care provider, and only a small percentage of those receive specialty mental health services. It is anticipated the demand for mental and behavioral health services will expand as the older population continues to grow. Central Illinois is currently not equipped to handle this demand, as there is a shortage of Inpatient Psychiatric Beds, especially for the older adult population. Proctor Community Hospital's proposed Inpatient Geropsych unit will increase the accessibility of psychiatric services for older adults in the Central Illinois area. Hence, I am pleased Proctor Community Hospital is applying for a CON permit and add my support to their request.

Sincerely,



Norma St. Clair, RN
Spoon River Home Health Services



**Comfort
Keepers.**

Comforting Solutions For In-Home Care®

3829 N. Sheridan Rd

Peoria, IL 61614

Tel: 309-685-7777

Toll Free: 877-282-8745

Fax: 309-282-0594

peoria@comfortkeepers.com

www.comfortkeepers.com

May 31, 2011

Illinois Health Facilities and
Services Review Board
2nd Floor
525 West Jefferson Street
Springfield, Illinois

Dear Illinois Health Facilities and Services Review Board:

This is a letter of support for the Certificate of Need (CON) permit sought by Proctor Community Hospital. Their proposed 18 bed Inpatient Geropsych unit will undoubtedly improve the healthcare and well-being of the older adult population in the Central Illinois area. Older adults tend to have complex, comorbid mental and physical health problems that require a holistic approach and interdisciplinary care. Addressing comorbid mental and physical health problems concurrently by integrating and coordinating medical and mental health care services within a single therapeutic environment will result in decreased emotional suffering, improved physical health, lessened disability, and a better quality of life for older adults and their families.

I support Proctor Community Hospital's CON permit application for multiple reasons. It is estimated that only half of older adults who admit having mental health problems actually receive treatment from any health care provider, and only a small percentage of those receive specialty mental health services. It is anticipated the demand for mental and behavioral health services will expand as the older population continues to grow. Central Illinois is currently not equipped to handle this demand, as there is a shortage of Inpatient Psychiatric Beds, especially for the older adult population. Proctor Community Hospital's proposed Inpatient Geropsych unit will increase the accessibility of psychiatric services for older adults in the Central Illinois area. Hence, I am pleased Proctor Community Hospital is applying for a CON permit and add my support to their request.

Sincerely,

Dave Reams



June 21, 2011
Illinois Health Facilities and
Services Review Board
2nd Floor
525 West Jefferson Street
Springfield, Illinois

Dear Illinois Health Facilities and Services Review Board:

This is a letter of support for the Certificate of Need (CON) permit sought by Proctor Community Hospital. Their proposed 18 bed Inpatient Geropsych unit will undoubtedly improve the healthcare and well-being of the older adult population in the Central Illinois area. Older adults tend to have complex, comorbid mental and physical health problems that require a holistic approach and interdisciplinary care. Addressing comorbid mental and physical health problems concurrently by integrating and coordinating medical and mental health care services within a single therapeutic environment will result in decreased emotional suffering, improved physical health, lessened disability, and a better quality of life for older adults and their families.

I support Proctor Community Hospital's CON permit application for multiple reasons. It is estimated that only half of older adults who admit having mental health problems actually receive treatment from any health care provider, and only a small percentage of those receive specialty mental health services. It is anticipated the demand for mental and behavioral health services will expand as the older population continues to grow. Central Illinois is currently not equipped to handle this demand, as there is a shortage of Inpatient Psychiatric Beds, especially for the older adult population. Proctor Community Hospital's proposed Inpatient Geropsych unit will increase the accessibility of psychiatric services for older adults in the Central Illinois area. Hence, I am pleased Proctor Community Hospital is applying for a CON permit and add my support to their request.

Sincerely,

Dave Molleck
Founder and Director of National Development
Healthy Cells Magazine

SOUTH SIDE MISSION

The Lighthouse on Laramie



June 21, 2011
Illinois Health Facilities and
Services Review Board
2nd Floor
525 West Jefferson Street
Springfield, Illinois

Dear Illinois Health Facilities and Services Review Board:

This is a letter of support for the Certificate of Need (CON) permit sought by Proctor Community Hospital. Their proposed creation of a unit to address co-morbid mental and physical health problems that require a holistic approach and interdisciplinary care; will undoubtedly improve the healthcare and well-being of the older adult population in the Central Illinois area. I am so encouraged to learn of their plan to open an 18 bed Inpatient Geropsych unit here in Peoria. A unit like this in our city will positively impact all of Central Illinois's senior population in need of this specialized care. I work with many seniors with several complicated health/emotional issues and it would be wonderful for them to be served in a "one stop shop" approach to their health needs. Seniors wear themselves out running from one specialist to another and it is dangerous if all these health care providers are not communicating with one another.

I support Proctor Community Hospital's CON permit application 100%. I am eager to see seniors I work with, have health care providers who are sensitive to the increasing emotional and mental implications of geriatric populations' medical conditions. I recently took a senior to his doctor's appointment because he was using his Coumadin as pain pills. He was very depressed and confused. I was concerned that the gentleman was becoming so forgetful and asked if he could be referred to a Gerontologist for evaluation. The primary care physician didn't know what I was talking about and didn't know such a specialist existed in Peoria. Proctor Community Hospital's proposed Inpatient Geropsych unit will increase the accessibility of psychiatric services for older adults in the Central Illinois area. For these reasons, I am thrilled Proctor Community Hospital is applying for a CON permit and I add my support to their application.

*"Our mission
is to preach
the Good News
of Jesus Christ
to the poor
and in his name
to love, feed,
house,
clothe, and teach
all those people
He sends to us."*

Sincerely,

Robin Winfrey RN

Director of Elderly Services
South Side Mission
1127 S. Laramie St.
Peoria, IL 61605

114



Mailing Address: P.O. Box 5579, Peoria, IL 61601
Street Address: 1127 S. Laramie Street, Peoria, IL 61605
Phone: (309) 676-4604 • Fax: (309) 676-6834 **Addenda Item 11**
Email: info@southsidemission.org • Web Site: www.southsidemission.org

Associates in Mental Health

Bradford E. Coley, M.D.
 Karen M. Kyle, M.D.
 Thana S. Poteat, M.D.

Audrey A. LeMasters, L.C.S.W., Ph.D.
 Catherine J. Kilbourn, M.S.W., L.C.S.W.
 Christopher P. Stolly, M.S.W., L.C.S.W.

July 18, 2011

Illinois Health Facilities and
 Services Review Board
 2nd Floor
 525 West Jefferson Street
 Springfield, IL

Dear Illinois Health Facilities and Services Review Board:

This letter is in support of Proctor Community Hospital's CON permit application for an 18 bed Inpatient Geropsych unit. Older adults have specific needs that are best addressed in programming focused on their specific stage of life. Physical illnesses, medications and the psychological and social stresses of aging can complicate diagnosis and treatment. Older adults tend to have complex, comorbid mental and physical health problems. Some physical illnesses can cause cognitive, emotional, and behavioral symptoms. For example, older adults with heart disease have higher rates of depression than those who are medically well. Untreated depression in an older person with heart disease adversely affects the outcome of the disease. Conversely, some mental disorders can lead to or exacerbate physical conditions and daily functioning. For instance, mild depression can lower an older person's immunity and may compromise their ability to fight infections and cancers.

Because of the complex interplay of physical and mental health problems in older adults, interdisciplinary care is needed to provide optimal care. Addressing comorbid mental and medical health problems concurrently results in decreased emotional suffering, improved physical health, lessened disability, and a better quality of life for older adults and their families. These services will also reduce health care expenditures by lowering the frequency of primary care visits, medical procedures, and medication use. I believe approving Proctor Community Hospital's CON permit will positively impact the health and well-being of all older adults in the Central Illinois area.

I started a Geropsych unit at the University of Cincinnati some years ago and I am aware of what's involved in starting and running a Geropsych unit, training residents, medical students and RN's. Also for the past 37 years I've practiced in patient and out patient psychiatric care. I am aware of the unique problems of treating psychiatric patients with

900 Main Street, Suite 580 • Peoria, IL 61602

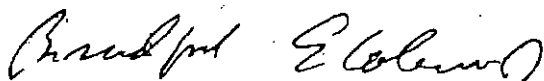
Addenda Item 12a

Received Time Jul. 21, 2011 2:04PM No. 627
 Ph. (309) 632-1011 • Fax (309) 632-0771 www.atmh.com

Illinois Health Facilities and
Services Review Board

severe comorbid medical problems. This unit would defiantly fill a void. I look forward to being the medical director.

Sincerely,



Bradford E. Colen, M.D.
President, Associates In Mental Health
Clinical Associate Professor of Psychiatry of UICOMP
Past President of Medical Staff of Methodist Medical Center of Illinois
Distinguished Life Fellow American Psychiatric Association