

[ORIGINAL]

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

RECEIVED

MAY 01 2015

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

HEALTH FACILITIES &
SERVICES REVIEW BOARD

Facility/Project Identification

Facility Name:	Four Seasons Living Center		
Street Address:	303 N. Jackson		
City and Zip Code:	Morrison IL 61270		
County:	Whiteside	Health Service Area	1
		Health Planning Area:	B-03

Whiteside

Applicant /Co-Applicant Identification

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

Exact Legal Name:	Morrison Community Hospital District
Address:	303 N. Jackson Morrison IL 61270
Name of Registered Agent:	
Name of Chief Executive Officer:	Pam Pfister
CEO Address:	303 N. Jackson Morrison IL 61270
Telephone Number:	815-772-5530

Type of Ownership of Applicant/Co-Applicant

☐ Non-profit Corporation	☐ Partnership	Not for Profit Government Entity ☒ Other
☐ For-profit Corporation	☐ Governmental	
☐ Limited Liability Company	☐ Sole Proprietorship	
- 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]

Name:	Pam Pfister
Title:	CEO
Company Name:	Morrison Community Hospital
Address:	303 N. Jackson Morrison IL 61270
Telephone Number:	815-772-5530
E-mail Address:	ppfister@mchstaff.com
Fax Number:	815-772-5599

Additional Contact

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

Name:	Cami Megall
Title:	CEO
Company Name:	Morrison Community Hospital
Address:	303 N. Jackson Morrison IL 61270
Telephone Number:	815-772-4003
E-mail Address:	cmegall@mchstaff.com
Fax Number:	815-772-5599

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:	Pam Pfister
Title:	CEO
Company Name:	Morrison Community Hospital
Address:	303 N. Jackson Morrison IL 61270
Telephone Number:	815-772-5530
E-mail Address:	ppfister@mchstaff.com
Fax Number:	815-772-5549

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:	Morrison Community Hospital District
Address of Site Owner:	303 N. Jackson Morrison IL 61270
Street Address or Legal Description of Site:	
Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease or a lease.	
APPEND DOCUMENTATION AS ATTACHMENT-2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

Operating Identity/Licensee

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

Exact Legal Name:	Morrison Community Hospital District
Address:	303 N. Jackson Morrison IL 61270
☐ Non-profit Corporation ☐ For-profit Corporation ☐ Limited Liability Company	☐ Partnership ☐ Governmental ☐ Sole Proprietorship
Not for Profit Government Entity ☒ Other	
o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner. o Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	
APPEND DOCUMENTATION AS ATTACHMENT-3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

Organizational Relationships

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

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

Flood Plain Requirements

[Refer to application instructions.]

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

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

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

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

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

DESCRIPTION OF PROJECT**1. Project Classification**

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

Part 1110 Classification:

- ☐ Substantive
☒ Non-substantive

2. Narrative Description

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

This project proposes the discontinuation of the 38-Bed General Long Term Care Category of Service at Morrison Community Hospital.

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

There are no capital costs associated with this project.

Morrison Community Hospital is located in Planning Area B-03 Whiteside, which has an excess of 72 General Long Term Care beds as of April 6, 2015.

Project Costs and Sources of Funds

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

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs	0	0	0
Site Survey and Soil Investigation	0	0	0
Site Preparation	0	0	0
Off Site Work	0	0	0
New Construction Contracts	0	0	0
Modernization Contracts	0	0	0
Contingencies	0	0	0
Architectural/Engineering Fees	0	0	0
Consulting and Other Fees	0	0	0
Movable or Other Equipment (not in construction contracts)	0	0	0
Bond Issuance Expense (project related)		0	00
Net Interest Expense During Construction (project related)	0	0	0
Fair Market Value of Leased Space or Equipment	0	0	0
Other Costs To Be Capitalized	0	0	0
Acquisition of Building or Other Property (excluding land)	0	0	0
TOTAL USES OF FUNDS	0	0	0
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	0	0	0
Pledges	0	0	0
Gifts and Bequests	0	0	0
Bond Issues (project related)	0	0	0
Mortgages	0	0	0
Leases (fair market value)	0	0	0
Governmental Appropriations	0	0	0
Grants	0	0	0
Other Funds and Sources	0	0	0
TOTAL SOURCES OF FUNDS	0	0	0
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 \$ _____.		

Project Status and Completion Schedules

For facilities in which prior permits have been issued please provide the permit numbers.	
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): <i>Upon receipt of CON permit</i>	
Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140): <i>Not Applicable as this project has no costs</i>	
☐ Purchase orders, leases or contracts pertaining to the project have been executed.	
☐ Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON Contingencies	
☐ Project obligation will occur after permit issuance.	
APPEND DOCUMENTATION AS ATTACHMENT-8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

State Agency Submittals

Are the following submittals up to date as applicable:
☒ Cancer Registry
☒ APORS
☒ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
☒ All reports regarding outstanding permits
Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.

Cost Space Requirements

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

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
REVIEWABLE							
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical							
NON REVIEWABLE							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL							
APPEND DOCUMENTATION AS <u>ATTACHMENT-9</u> , 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: Four Seasons Living Center Morrison Community Hospital Morrison, IL.					
REPORTING PERIOD DATES: From: 1-1-2014 to: 12-31-2014					
Category of Service	Authorized Beds	Admissions	Patient Days	Bed Changes	Proposed Beds
Medical/Surgical	25	315*	2561*	0	25
Obstetrics	0	0	0	0	0
Pediatrics	0	0	0	0	0
Intensive Care	0	0	0	0	0
Comprehensive Physical Rehabilitation	0	0	0	0	0
Acute/Chronic Mental Illness	0	0	0	0	0
Neonatal Intensive Care	0	0	0	0	00
General Long Term Care	38	15	7013**	-38	0
Specialized Long Term Care	0	0	0	0	00
Long Term Acute Care	0	0	0	0	0
Other ((identify))					
TOTALS:					

* Medical-Surgical - Includes Acute, OB's, and Swing Bed patients

** Patient Days for LTC Services

CERTIFICATION

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

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

This Application for Permit is filed on the behalf of Four Seasons Living Center
Morrison Community 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.

Pam J Pfister
SIGNATURE
Pam J. Pfister
PRINTED NAME
CEO
PRINTED TITLE

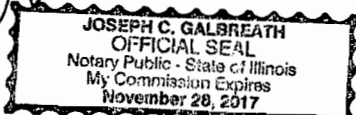
Cami L Megui
SIGNATURE
Cami L Megui
PRINTED NAME
CEO
PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 28th day of April 2015

Joseph C. Galbreath
Signature of Notary

Seal



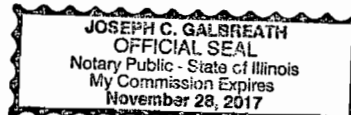
*Insert EXACT legal name of the applicant

Notarization:

Subscribed and sworn to before me
this 28th day of April 2015

Joseph C. Galbreath
Signature of Notary

Seal



SECTION II. DISCONTINUATION

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

Criterion 1110.130 - Discontinuation

READ THE REVIEW CRITERION and provide the following information:

GENERAL INFORMATION REQUIREMENTS

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

REASONS FOR DISCONTINUATION

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

IMPACT ON ACCESS

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

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

D. Projected Operating Costs

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 -39, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

XI. Safety Net Impact Statement

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

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

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

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

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

Safety Net Information per PA 96-0031

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

Morrison Community Hospital is not a Safety Net Facility + does not provide teaching or research services

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE



To all to whom these Presents Shall Come, Greeting:

Whereas, there has been filed in the Office of the Secretary of State, on the 24th day of July, A. D., 1952, under and in accordance with the provisions of "An Act providing for the creation and operation of Hospital Districts"

approved July 15, 1949, in force July 15, 1949, a copy of the Order of Walter J. Stevens, County Judge of Whiteside County, Illinois, finding the results of the election in a certain proceeding for the organization of the Morrison Community Hospital District, and

Whereas, said Order was entered and is dated the 28th day of June, A. D., 1952, and is certified to be a true and correct copy by the County Clerk of Whiteside County, Illinois; and

Whereas, it is found by said Order that those voting in favor of the establishment of the Morrison Community Hospital District were 778, and those voting in the negative and against such proposition were 304, and that the affirmative of said proposition received a majority of 474, and said Order determines the said Morrison Community Hospital District to be established.

Now, Therefore, I, EDWARD J. BARRETT, Secretary of State of the State of Illinois, by virtue of the power and authority vested in me by law, do hereby issue this Certificate of Incorporation, to said Morrison Community Hospital District.



12
In Testimony Whereof, I hereto set my hand and the Great Seal of the State of Illinois. Done at the Capitol in the City of Springfield, this the twenty-fourth day of July, A. D., nineteen hundred and fifty-two, and of the Independence of the United States the one hundred and seventy-seventh.

Edward J. Barrett
SECRETARY OF STATE

Attachment 1, Page 1

ADDENDUM
ZONING VARIANCE REQUEST

Real property of the Morrison Community Hospital District located at the corner of Knox Street and Jackson Street legally described as follows:

1. Parcel No. 322.00 - Mt. Pleasant Twp.

South part of Lot 22 in the Northwest Quarter of Section 17, Township 21 North, Range 5 East of the 4th P.M., Whiteside County, Illinois, containing 1.00 acre.

Real property of the Morrison Community Hospital District located on North Jackson Street legally described as follows:

1. Parcel No. 323.00 - Mt. Pleasant Twp.

Part of Lots 22 and 23 in the Southwest Quarter of the Northwest Quarter of Section 17, Township 21 North, Range 5 East of the 4th P.M., Whiteside County, Illinois, containing 3.810 acres.

2. Parcel No. 326.00 - Mt. Pleasant Twp.

Southeast part of the Northwest Quarter of Section 17, Township 21 North, Range 5 East of the 4th P.M., Whiteside County, Illinois, containing 2.200 acres.

MCHD.Add

Attachment 1, Page 2

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE



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¹⁴
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SECRETARY OF STATE

Attach. 2, Page 1

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Southeast part of the Northwest Quarter of Section 17, Township 21 North, Range 5 East of the 4th P.M., Whiteside County, Illinois, containing 2.200 acres.

MCHD.Add



MORRISON COMMUNITY HOSPITAL
303 North Jackson Street • Morrison, Illinois 61270-3042
Phone: 815-772-4003 • Fax: 815-772-7391

April 6, 2015

Illinois Health Facilities and Services Review Board
525 West Jefferson
2nd Floor
Springfield, IL 62702

To Whom It May Concern:

Morrison Community Hospital District hereby certifies that Morrison Community Hospital District
Is the owner of the site on which the hospital is located.

Sincerely,

Pam Pfister
CEO

28 April 2015

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE



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Edward J. Barrett
SECRETARY OF STATE

Attach 3, Page 1

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ZONING VARIANCE REQUEST

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Southeast part of the Northwest Quarter of Section 17, Township 21 North, Range 5 East of the 4th P.M., Whiteside County, Illinois, containing 2.200 acres.

MCHD.Add

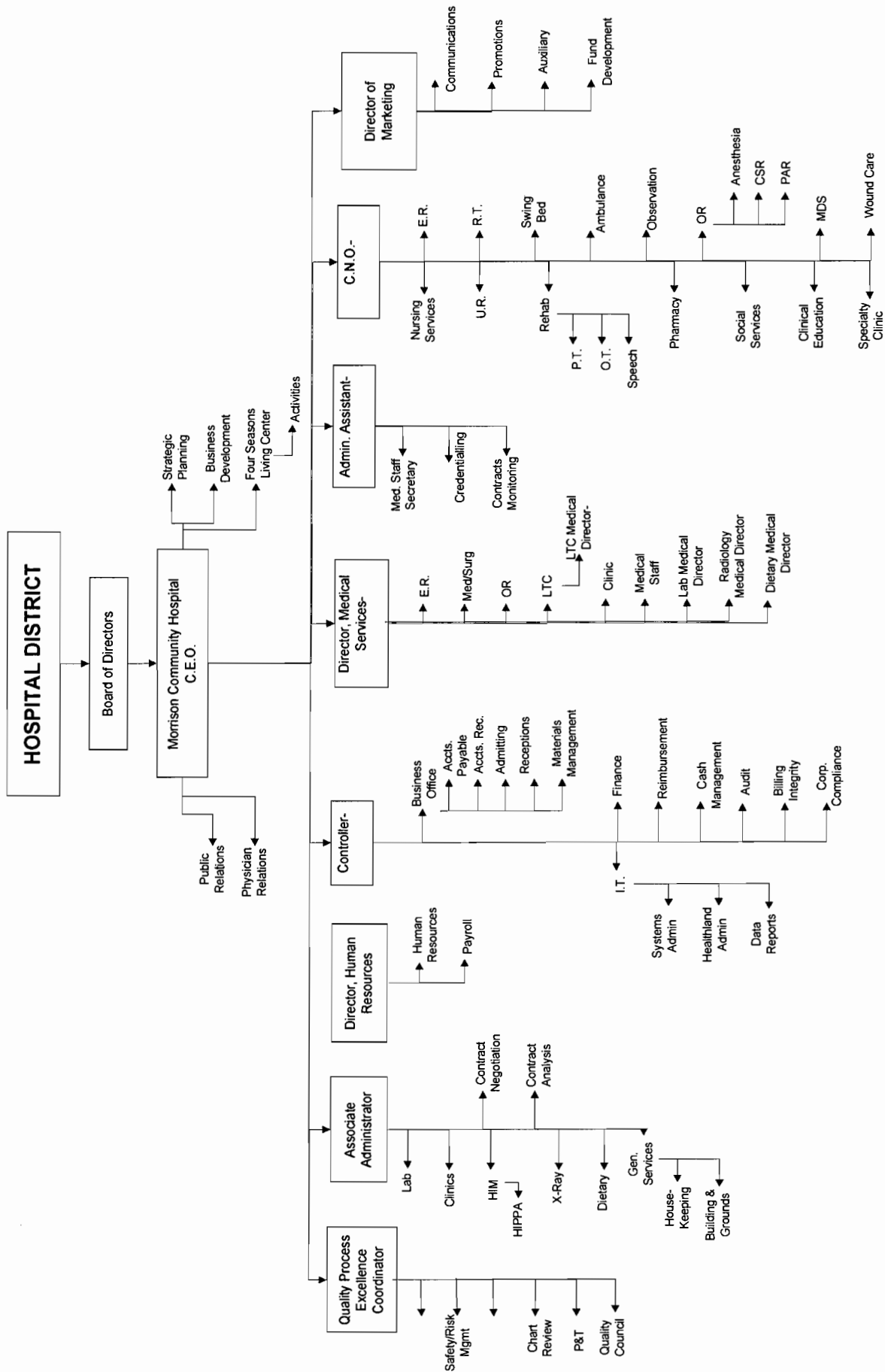
Attach. 3 page 2

Organizational Relationships:

This project has 1 co-applicant, Morrison Community Hospital.

As you can see on the Organizational Chart that appears on the following page, Morrison Community Hospital is the sole owner of Four Seasons Living Center.

There are no capital costs for this project.



C241, C251, C252

Attach 4, Page 2

Attachment 4

Projected Costs

This attachment is not applicable because the discontinuation of Morrison Community Hospital's General Long Term Care Category of Services does not have any projected costs.

Project Status

This attachment is not applicable because the discontinuation of Morrison Community Hospital's General Long Term Care Category of Service does not have any project costs.

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

Attachment 8

Cost Space Requirements

<u>Dept/Area</u>	<u>Cost</u>	<u>Gross Square Ft</u>		<u>Amount of Proposed Total Gross Square Ft.</u>			
		<u>Existing</u>	<u>Proposed</u>	<u>That Is:</u>			
				<u>New Const</u>	<u>Modernized</u>	<u>As Is</u>	<u>Vacated Space</u>
<u>CLINICAL</u>							
Gen Long Term Care	\$0	8,819	0	0	0	0	8,819
<i>Total Clinical</i>	\$0	8,819	0	0	0	0	8,819
<u>NON-CLINICAL</u>							
Total Non- Clinical	\$0	0	0	0	0	0	0
<i>Total</i>	\$0	8,819	0	0	0	0	8,819

Cost Space Requirements

The discontinuation of the General Long Term Care Category of Service at Morrison Community Hospital will result in 8,819 gross square feet of space being vacated.

After the General Long Term Care Category of Service is discontinued. Morrison Community Hospital Intends to convert its current Skilled Nursing Unit into business occupancy. This conversion will be accomplished without any capital costs.

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

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

When this project is completed. Morrison Community Hospital will have a total of 25 authorized beds.

SECTION II

General Information Requirements

1. This project proposes to discontinue Morrison Community Hospital's General Long Term Care Category of Service which has an authorized capacity of 38 beds.
2. The General Long Term Care Category of Service is the only clinical or non-clinical Service that will be discontinued.
3. The General Long Term Care Category of Service will be discontinued upon receipt Of a Certificate of Need permit.
4. It is anticipated that the rooms in the Skilled Nursing Unit will be used for administrative and rural health clinic use.

All beds and other furnishings and equipment in the Long Term Care unit will be removed from the rooms and placed into storage or utilized throughout the organization. This furniture and equipment will be used only if they are needed to replace broken or obsolete furniture or equipment in other areas of the hospital.

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

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

- a. Record retention will be compliant with governmental and accreditation retention requirements.
 - b. In addition, unless the government and accreditation retention requirements are more stringent than those stated in this paragraph, each patient's records will be retained for A minimum of 10 years after the date of the patient's most recent care at the hospital or for longer periods of time when requested by the patient's physician, the patient or person acting legally on the patient's behalf, or appropriate legal counsel.
6. This item is not applicable because this application does not propose to discontinue an entire Facility.

B. Reasons for Discontinuation This application seeks approval for the discontinuation of Morrison Community Hospital's General Long Term Care Category of Service for the reason identified in 77 Ill. Ad. Code 1110.130(b): "The facility or the service is not economically feasible, and continuation impairs the facility's financial viability."

Morrison Community Hospital is a Critical Access Hospital. Since the hospital received a CON permit to establish a "swing bed" service in August 2003, the hospital has found that patients requiring skilled nursing services do not need to be moved to a separate Skilled Nursing Unit within the hospital, a unit that provides the General Long Term Care Category of Service. This is because the "swing bed" program permits Morrison Community Hospital's 25 Medical/Surgical beds to be utilized to provide Skilled Nursing Care Services through the Federal Medicare Program, as a result of which Morrison Community Hospital's patients requiring skilled nursing care do not need to be transferred to the separate Skilled Nursing Unit.

By acquiring the CAH designation, we received increased reimbursements from Medicare. Prior to CAH status, our hospital, like hundreds of small hospitals across the nation, were becoming endangered due to declining reimbursements, rural workforce shortages and demographic changes in the rural health care environment. This new lifeline reimbursement helped hospitals such as ours to maintain our area's health care safety net and prevented the inevitable job losses that would have occurred if these hospitals had closed.

The CAH initiative has been a huge success. It has strengthened all those struggling hospitals including Morrison Community Hospital. As wonderful as CAH has been for us, there are parts of it that are problematic. The CAH status pays for hospital related services, not ambulance services, nor long term care services. In fact, with this cost report structure Morrison Community Hospital has shown a loss on average of \$205,000 a year to the bottom line from this service. Operating margins for rural hospital such as ours is thin and a significant loss such as this can endanger the entire operation.

This loss is unsustainable over time. Morrison Community Hospital is looking to expand the services it provides to our community and surrounding area by adding additional primary care physicians and most recently the addition of some specialists such as Endocrinology, Rheumatology, and Podiatry. Because it is now apparent that Morrison Community Hospital does not need to maintain a General Long Term Care Category of Service in order to care for its own patients requiring Skilled Nursing Care and because the planning area in which Morrison is located has 72 excess General Long Term Care beds, hospital administration has determined that it would be appropriate to discontinue this Category of Service.

C. Impact of Access

The discontinuation of Morrison Community Hospital's Long Term Care Category of Service will not have an adverse effect upon access to care for residents of the hospital's market area for the following reasons:

- a. There are three freestanding nursing homes in Morrison that provide this category of service, and local residents that are not eligible for care in Morrison's swing beds are able to receive General long term care services in these facilities.

In addition to Morrison Community Hospital, there are 17 facilities providing the General Long Term Care Category of Service that are located within 45 minutes of travel time of Morrison, Illinois, some of which are located in other planning areas.

Attachment 10, Page 2

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

Under this program an approved hospital may use its acute care beds as needed to provide wither acute or skilled nursing care for post-acute patients. As a result, patients requiring a stay in a skilled nursing Unit following hospitalization of a three consecutive calendar days do not need to be admitted to a skilled nursing unit to receive this level of care.

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

Since the "swing bed" program was approved by the Illinois Health Facilities Planning Board in August 2003, Morrison Community Hospital, has provided the "swing bed" care identified below identifying the last three years of experience:

Year	No. of Patients	Patient Days
2012	128	2457
2013	113	1992
2014	137	2105

- c. Morrison Community Hospital surveyed all facilities providing the General Long Term Care Category of Service that are located within 45 minutes travel time and received three responses of which two agreed to accept any of Morrison's residents that require this category of care without conditions, limitations, and discrimination. Most, if not all, have selected and been accepted at Resthave Nursing Home in Morrison for their general nursing home care.

Copies of the written requests for impact statements that were sent to the italicized facilities:

<u>FACILITY NAME</u>	<u>TRAVEL TIME</u>
Resthave Nursing Home 408 Maple Avenue Morrison, IL 61270	3 minutes
Pleasant View 500 N. Jackson Street Morrison, IL 61270	2 minutes
Whiteside Health Department Morrison, IL 61270	4 minutes

Attachment 10, Page 3

Coventry Living Center 612 West St. Mary Street Sterling, IL 61081	20 minutes
Avonlea Cottages 2201 East LeFevre Sterling, IL 61081	20 minutes
American Health Enterprises 501 6 th Avenue West Lyndon, IL 61261	15 minutes
Lyndon Progress Center 501 6 th Avenue West Lyndon, IL 61261	15 minutes
Good Samaritan Society Prphts 310 Mosher Drive Prophetstown, IL 61277	18 minutes
Winning Wheels 701 East 3 rd Str. Prophetstown, IL 61277	18 minutes
Harbor Crest Home 817 17 th Str. Fulton, IL 61252	16 minutes
Robert Fulton Community 912 4 th Street Fulton, IL 61252	16 minutes
Casa Willis 910 Woodburn Avenue Sterling, IL 61081	20 minutes
Strive 415 A Street Prophetstown, IL 61277	16 minutes
Good Neighbor Sterling, IL 61081	20 minutes

Attachment 10, Page 4

Liberty Court Dixon, IL 61021	30 minutes
Palmer Hills Bettendorf, IA 52722	45 minutes
Elmore Place Davenport, IL 52807	45 minutes
Bickford of Moline Moline, IL 61265	45 minutes

Sources: (1) Mapquest.com; (2) list.aplaceformom.com/thank-you

2. As noted above, there are 17 additional facilities located within 45 minutes travel time of Morrison Community Hospital that provide the General Long Term Care Category of Service.

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

A copy of each letter is found in this attachment.

3. Impact statements were received from the following facilities:

Resthave Nursing Home
Pleasant View Nursing Home
Whiteside County Health Department

The impact statement received from these facilities are also found in this attachment.

Attachment 10, Page 5



July 15, 2014

Avonlea Cottages
2201 East LeFevre
Sterling, IL 61081

Dear Administrator:

Morrison Community Hospital located in Morrison, IL proposes to discontinue the use of our (38) certified long term care beds upon receipt of approval from the Health Facilities and Services Review Board (HFSRB). We will continue to provide subacute (skilled) services in our swing beds at the hospital.

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

Please send a written impact statement to my attention within 15 days of receipt of this letter if you wish to comment so that we can include your response in the Certificate of Need application to discontinue the (38) beds.

You may contact me at 815-772-5530 or ppfister@mchstaff.com if you have any questions or need additional information.

Sincerely,

Pam J. Pfister
CEO
Morrison Community Hospital
303 N. Jackson
Morrison, IL 61270



July 15, 2014

American Health Enterprises
501 6th Avenue West
Lyndon, IL 61261

Dear Administrator:

Morrison Community Hospital located in Morrison, IL proposes to discontinue the use of our (38) certified long term care beds upon receipt of approval from the Health Facilities and Services Review Board (HFSRB). We will continue to provide subacute (skilled) services in our swing beds at the hospital.

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

Please send a written impact statement to my attention within 15 days of receipt of this letter if you wish to comment so that we can include your response in the Certificate of Need application to discontinue the (38) beds.

You may contact me at 815-772-5530 or ppfister@mchstaff.com if you have any questions or need additional information.

Sincerely,

Pam J. Pfister
CEO
Morrison Community Hospital
303 N. Jackson
Morrison, IL 61270



July 15, 2014

Lyndon Progress Center
501 6th Avenue West
Lyndon, IL 61261

Dear Administrator:

Morrison Community Hospital located in Morrison, IL proposes to discontinue the use of our (38) certified long term care beds upon receipt of approval from the Health Facilities and Services Review Board (HFSRB). We will continue to provide subacute (skilled) services in our swing beds at the hospital.

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

Please send a written impact statement to my attention within 15 days of receipt of this letter if you wish to comment so that we can include your response in the Certificate of Need application to discontinue the (38) beds.

You may contact me at 815-772-5530 or ppfister@mchstaff.com if you have any questions or need additional information.

Sincerely,

Pam J. Pfister
CEO

Morrison Community Hospital
303 N. Jackson
Morrison, IL 61270



July 15, 2014

Coventry Living Center
612 West St. Mary Street
Sterling, IL 61081

Dear Administrator:

Morrison Community Hospital located in Morrison, IL proposes to discontinue the use of our (38) certified long term care beds upon receipt of approval from the Health Facilities and Services Review Board (HFSRB). We will continue to provide subacute (skilled) services in our swing beds at the hospital.

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

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You may contact me at 815-772-5530 or ppfister@mchstaff.com if you have any questions or need additional information.

Sincerely,

Pam J. Pfister
CEO
Morrison Community Hospital
303 N. Jackson
Morrison, IL 61270



July 15, 2014

Good Samaritan Society Propts
310 Mosher Drive
Prophetstown, IL 61277

Dear Administrator:

Morrison Community Hospital located in Morrison, IL proposes to discontinue the use of our (38) certified long term care beds upon receipt of approval from the Health Facilities and Services Review Board (HFSRB). We will continue to provide subacute (skilled) services in our swing beds at the hospital.

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

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You may contact me at 815-772-5530 or ppfister@mchstaff.com if you have any questions or need additional information.

Sincerely,

Pam J. Pfister
CEO
Morrison Community Hospital
303 N. Jackson
Morrison, IL 61270



July 15, 2014

Winning Wheels
701 East 3rd Street
Prophetstown, IL 61277

Dear Administrator:

Morrison Community Hospital located in Morrison, IL proposes to discontinue the use of our (38) certified long term care beds upon receipt of approval from the Health Facilities and Services Review Board (HFSRB). We will continue to provide subacute (skilled) services in our swing beds at the hospital.

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

Please send a written impact statement to my attention within 15 days of receipt of this letter if you wish to comment so that we can include your response in the Certificate of Need application to discontinue the (38) beds.

You may contact me at 815-772-5530 or ppfister@mchstaff.com if you have any questions or need additional information.

Sincerely,

Pam J. Pfister
CEO
Morrison Community Hospital
303 N. Jackson
Morrison, IL 61270



July 15, 2014

Harbor Crest Home
817 17t Street
Fulton, IL 61252

Dear Administrator:

Morrison Community Hospital located in Morrison, IL proposes to discontinue the use of our (38) certified long term care beds upon receipt of approval from the Health Facilities and Services Review Board (HFSRB). We will continue to provide subacute (skilled) services in our swing beds at the hospital.

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

Please send a written impact statement to my attention within 15 days of receipt of this letter if you wish to comment so that we can include your response in the Certificate of Need application to discontinue the (38) beds.

You may contact me at 815-772-5530 or ppfister@mchstaff.com if you have any questions or need additional information.

Sincerely,

Pam J. Pfister
CEO
Morrison Community Hospital
303 N. Jackson
Morrison, IL 61270



July 15, 2014

Robert Fulton Community
912 4th Street
Fulton, IL 61252

Dear Administrator:

Morrison Community Hospital located in Morrison, IL proposes to discontinue the use of our (38) certified long term care beds upon receipt of approval from the Health Facilities and Services Review Board (HFSRB). We will continue to provide subacute (skilled) services in our swing beds at the hospital.

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

Please send a written impact statement to my attention within 15 days of receipt of this letter if you wish to comment so that we can include your response in the Certificate of Need application to discontinue the (38) beds.

You may contact me at 815-772-5530 or ppfister@mchstaff.com if you have any questions or need additional information.

Sincerely,

Pam J. Pfister
CEO
Morrison Community Hospital
303 N. Jackson
Morrison, IL 61270



July 15, 2014

Casa Willis
910 Woodburn Avenue
Sterling, IL 61081

Dear Administrator:

Morrison Community Hospital located in Morrison, IL proposes to discontinue the use of our (38) certified long term care beds upon receipt of approval from the Health Facilities and Services Review Board (HFSRB). We will continue to provide subacute (skilled) services in our swing beds at the hospital.

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

Please send a written impact statement to my attention within 15 days of receipt of this letter if you wish to comment so that we can include your response in the Certificate of Need application to discontinue the (38) beds.

You may contact me at 815-772-5530 or ppfister@mchstaff.com if you have any questions or need additional information.

Sincerely,

Pam J. Pfister
CEO
Morrison Community Hospital
303 N. Jackson
Morrison, IL 61270



July 15, 2014

Strive
415 A Street
Prophetstown, IL 61277

Dear Administrator:

Morrison Community Hospital located in Morrison, IL proposes to discontinue the use of our (38) certified long term care beds upon receipt of approval from the Health Facilities and Services Review Board (HFSRB). We will continue to provide subacute (skilled) services in our swing beds at the hospital.

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

Please send a written impact statement to my attention within 15 days of receipt of this letter if you wish to comment so that we can include your response in the Certificate of Need application to discontinue the (38) beds.

You may contact me at 815-772-5530 or ppfister@mchstaff.com if you have any questions or need additional information.

Sincerely,

A handwritten signature in black ink that reads 'Pam J. Pfister'.

Pam J. Pfister
CEO
Morrison Community Hospital
303 N. Jackson
Morrison, IL 61270



July 15, 2014

Good Neighbor
2705 Avenue E
Sterling, IL 61081

Dear Administrator:

Morrison Community Hospital located in Morrison, IL proposes to discontinue the use of our (38) certified long term care beds upon receipt of approval from the Health Facilities and Services Review Board (HFSRB). We will continue to provide subacute (skilled) services in our swing beds at the hospital.

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

Please send a written impact statement to my attention within 15 days of receipt of this letter if you wish to comment so that we can include your response in the Certificate of Need application to discontinue the (38) beds.

You may contact me at 815-772-5530 or ppfister@mchstaff.com if you have any questions or need additional information.

Sincerely,

Pam J. Pfister
CEO
Morrison Community Hospital
303 N. Jackson



July 15, 2014

Liberty Court
124 Liberty Court
Dixon, IL 61021

Dear Administrator:

Morrison Community Hospital located in Morrison, IL proposes to discontinue the use of our (38) certified long term care beds upon receipt of approval from the Health Facilities and Services Review Board (HFSRB). We will continue to provide subacute (skilled) services in our swing beds at the hospital.

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

Please send a written impact statement to my attention within 15 days of receipt of this letter if you wish to comment so that we can include your response in the Certificate of Need application to discontinue the (38) beds.

You may contact me at 815-772-5530 or ppfister@mchstaff.com if you have any questions or need additional information.

Sincerely,

A handwritten signature in black ink that reads "Pam J. Pfister". The signature is written in a cursive, flowing style.

Pam J. Pfister
CEO
Morrison Community Hospital
303 N. Jackson
Morrison, IL 61270



July 15, 2014

Palmer Hills
2617 Maplecrest Road
Bettendorf, Iowa 52722

Dear Administrator:

Morrison Community Hospital located in Morrison, IL proposes to discontinue the use of our (38) certified long term care beds upon receipt of approval from the Health Facilities and Services Review Board (HFSRB). We will continue to provide subacute (skilled) services in our swing beds at the hospital.

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

Please send a written impact statement to my attention within 15 days of receipt of this letter if you wish to comment so that we can include your response in the Certificate of Need application to discontinue the (38) beds.

You may contact me at 815-772-5530 or ppfister@mchstaff.com if you have any questions or need additional information.

Sincerely,

Pam J. Pfister
CEO
Morrison Community Hospital
303 N. Jackson
Morrison, IL 61270



July 15, 2014

Elmore Place
4500 Elmore Avenue
Davenport, Iowa 52807

Dear Administrator:

Morrison Community Hospital located in Morrison, IL proposes to discontinue the use of our (38) certified long term care beds upon receipt of approval from the Health Facilities and Services Review Board (HFSRB). We will continue to provide subacute (skilled) services in our swing beds at the hospital.

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

Please send a written impact statement to my attention within 15 days of receipt of this letter if you wish to comment so that we can include your response in the Certificate of Need application to discontinue the (38) beds.

You may contact me at 815-772-5530 or ppfister@mchstaff.com if you have any questions or need additional information.

Sincerely,

Pam J. Pfister
CEO
Morrison Community Hospital
303 N. Jackson
Morrison, IL 61270



July 15, 2014

Bickford of Moline
3650 41st Street
Moline, IL 61265

Dear Administrator:

Morrison Community Hospital located in Morrison, IL proposes to discontinue the use of our (38) certified long term care beds upon receipt of approval from the Health Facilities and Services Review Board (HFSRB). We will continue to provide subacute (skilled) services in our swing beds at the hospital.

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

Please send a written impact statement to my attention within 15 days of receipt of this letter if you wish to comment so that we can include your response in the Certificate of Need application to discontinue the (38) beds.

You may contact me at 815-772-5530 or ppfister@mchstaff.com if you have any questions or need additional information.

Sincerely,

Pam J. Pfister
CEO
Morrison Community Hospital
303 N. Jackson
Morrison, IL 61270

WHITESIDE
 COUNTY
HEALTH
DEPARTMENT

MAIN OFFICE: 18929 LINCOLN ROAD
MORRISON, IL 61270-9500
PHONE: 815/ 772- 7411
FAX: 815/ 772- 4723

BRANCH OFFICE: 1300 W. 2ND ST.
ROCK FALLS, IL 61071-1005
PHONE: 815/ 626- 2230
FAX: 815/ 626- 2231

July 18, 2014

Pam Pfister
Morrison Community Hospital
303 N. Jackson
Morrison, IL 61270

Dear Ms. Pfister:

The discontinuation of the Morrison Community Hospital long term care beds will have no impact on our healthcare facilities. Although Whiteside County Health Department has no inpatient facility, Whiteside County Health Department does have a Homecare which has the capacity to accept additional homebound homecare patients in the area. Please feel free to contact me at 815-626-2230 ext. 1206 with any questions.

Sincerely,



Beth Fiorini
PHA/CEO
Whiteside County Health Department
18929 Lincoln Road
Morrison, IL 61270

18929 LINCOLN ROAD
MORRISON, IL 61270

2/10/2014

18929 LINCOLN ROAD

MORRISON, IL 61270

18929 LINCOLN ROAD

MORRISON, IL 61270

18929 LINCOLN ROAD

MORRISON, IL 61270

18929 LINCOLN ROAD

MORRISON, IL 61270



July 24, 2014

Dear Pam,

We will more than happy to assist with your transition if needed. We have the capacity to serve up to 20 new residents at this time. We currently have no restrictions that would prevent us from assisting with placement of your current residents.

If you have any families or residents who like to tour our facility we would more than happy to accommodate and provide any information that may be needed.

Please feel free to contact myself or Bobbi Hockman, our Social Services Director with any questions you may have at 815-772-7288.

Sincerely,

Erika Bloomhuff RN BSN
Administrator

Resthave Home

408 Maple Avenue
Morrison, Illinois 61270-2998

Phone: 815-772-4021
Fax: 815-772-4583

Tami Tegeler, Executive Director
Kristi Christiansen, Nursing Administrator

July 31st, 2014

RE: Morrison Community Hospital CON

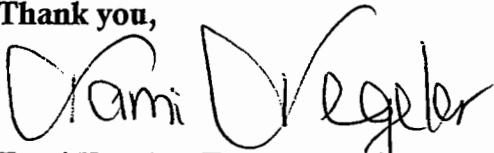
To Whom It May Concern,

Resthave Home of Whiteside County, Illinois is writing this letter in support of Morrison Community Hospital's CON request to discontinue licensure of their current thirty-eight (38) intermediate care beds.

Resthave Home is currently under construction to increase our licensed beds from forty-nine to seventy per the CON that was awarded to them on August 28th, 2012 (Resthave Home Permit #12-022). Resthave Home would therefore be willing to assess and accept any existing residents at Morrison Community Hospital who are interested in moving to our newly expanded facility. Completion of our nursing home addition project is anticipated for December 2014.

Please feel free to contact me at Resthave Home should you have any additional questions.

Thank you,

A handwritten signature in black ink, appearing to read "Tami Tegeler". The signature is fluid and cursive, with the first name "Tami" and last name "Tegeler" clearly distinguishable.

Tami Tegeler, Executive Director

XI: Safety Net Impact Statement

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

This modernization project will discontinue the General Long Term Care Category of Service at Morrison Community Hospital.

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

- Morrison Community Hospital is located in Planning Area B-03 Whiteside, which has excess of 72 General Long Term beds as of April 6, 2015.
- There two freestanding nursing homes in Morrison that provide this category of service as well as an assisted living facility that also provides memory care. Local residents that are not eligible for care in Morrison Community Hospital's "swing beds" are able to receive general long term care service in these facilities.
- In addition to Morrison Community Hospital Four Seasons Living Center, there are 17 facilities providing the General Long Term Care Category of Service that are located within 45 minutes travel time of Morrison Community Hospital Four Seasons Living Center. Some of these facilities are located in other planning areas.
- Morrison Community Hospital provides a "swing bed" program through the Federal Medicare Program, and its patients requiring General Long Term Care are able to receive skilled nursing Care without having to be transferred to a distinct skilled nursing unit.

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

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

- Morrison Community Hospital surveyed many of the other facilities providing General Long Term Care Category of Service that are located within 45 minutes travel time. The hospital received three (3) responses, of which two (2) were from facilities that agreed to accept any of Morrison Community Hospital's patients that require this category of service without conditions. The other response from the Whiteside County Health Department responded that they had homecare service which has the capacity to accept additional homebound patients in the area.

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

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

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

There are no other hospitals in Morrison. Morrison Community Hospital is a Critical Access Hospital.

There are two nursing homes in Morrison that provide the General Long Term Care category of service. Both of these facilities did respond and indicated they would be willing to accept any of our residents receiving general long term care services. All residents have been accepted and transitioned to Resthaven Nursing Home in Morrison.

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

1. For the three fiscal years prior to the application, a certification describing the amount of Charity care provided by the application. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act.

A notarized certification describing the amount of Charity Care provided by Morrison Community Hospital for FY 12, FY 13, and FY 14 is found on Page 4 of this Attachment.

2. For the 3 fiscal years prior to the application, a certification of the amount of care provided To Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information In a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Illinois Health Facilities and Services Review Board under Section 13 of the Illinois Health Facilities Act and published In the Annual Hospital profile.
3. Any other information that applicant believes is directly relevant to safety net services.

As a Critical Access Hospital, Morrison Community Hospital provides needed and important care services to the community it serves.

Morrison Community Hospital provides community outreach services. These include CPR Training for community use, CPR training to the community high school students, monthly blood pressure screenings, semi-annual lipid and glucose panel screenings, safety education to local schools, and ambulance service for Whiteside County Fair and local community school.

The hospital reaches out to senior citizens, providing free screenings and senior meals.

The hospital also purchased a van in 2012 which provides services for our "swing bed" program providing transportation to and from doctor's appointments. The patients and families have found tremendous value in this service as it eliminates any unnecessary hardship on family members. The van is equipped with wheelchair accessibility and security.



MORRISON COMMUNITY HOSPITAL
303 North Jackson Street • Morrison, Illinois 61270-3042
Phone: 815-772-4003 • Fax: 815-772-7391

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

To Whom It May Concern:

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

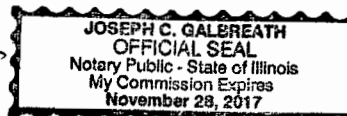
Medicaid Net Revenue	2014	2013	2012
Inpatient	\$ 484,144	\$ 602,400	\$ 672,726
Outpatient	\$ 705,037	\$ 799,404	\$1,120,067
Total	\$1,189,181	\$1,401,804	\$1,792,793

This information is provided in a manner consistent with information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source", as required by the Illinois Health Facilities and Services Review Board under Section 13 of the Illinois Health Facilities Planning Act and published in the Annual Hospital Profile.

Sincerely,

Cami Megli
CFO

Notarized

28 April 2015



MORRISON COMMUNITY HOSPITAL
303 North Jackson Street • Morrison, Illinois 61270-3042
Phone: 815-772-4003 • Fax: 815-772-7391

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

To Whom It May Concern:

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

<u>Charity Care</u>	<u>2014</u>	<u>2013</u>	<u>2012</u>
Inpatient	\$5,561	\$1,486	-0-
Outpatient	\$14,653	\$46,333	\$36,098
Total	\$20,214	\$47,819	\$36,098

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

Sincerely,

Cami Megli
CFO

Notarized

28 April 2015