



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

525 WEST JEFFERSON ST. • SPRINGFIELD, ILLINOIS 62761 • (217) 782-3516 FAX: (217) 785-4111

DOCKET NO: H-01	BOARD MEETING: August 25, 2015	PROJECT NO: 15-023	PROJECT COST: Original: \$0
FACILITY NAME: Four Seasons Living Center		CITY: Morrison	
TYPE OF PROJECT: Substantive			HSA: I

DESCRIPTION: The applicant (Morrison Community Hospital District) is requesting to discontinue its 38-bed Long Term Care (LTC) category of service. There is no cost to this project. **The completion date is August 31, 2015.**

EXECUTIVE SUMMARY

PROJECT DESCRIPTION:

- The applicant (Morrison Community Hospital District) proposes to discontinue a 38-bed Long Term Care (LTC) category of service. There is no cost to this project. **The completion date is August 31, 2015.**

WHY THE PROJECT IS BEFORE THE STATE BOARD:

- The project is before the State Board because the project proposes to discontinue a category of service under the jurisdiction of the State Board.

PURPOSE OF THE PROJECT:

- The purpose of the discontinuation is to address a service that has experienced a significant decline in economical feasibility, which jeopardizes the ongoing viability of the applicant facility.

DISCONTINUATION:

- An applicant proposing to discontinue a category of service must provide:
 - The reason for the discontinuation;
 - The use of the physical plant and equipment after discontinuation occurs; and
 - The impact the proposed discontinuation will have on the facility's market area.
- The major reason to seek the proposed discontinuation stems from the economic infeasibility of its continued service, and the need to better focus the applicant's resources on the core services associated with the critical access hospital. The Hospital expects to discontinue the 38-bed Pediatrics service by August 31, 2015. The applicants propose to use the vacated space for administrative purposes, and its rural health clinic.

COMPLIANCE:

- The applicants have had no adverse actions in the past three years and are in compliance with all of the State Board's reporting requirements.

PUBLIC HEARING/COMMENT

- A public hearing was offered on this project; however, no hearing was requested. State Board Staff have not received letters of support or opposition regarding this project.

FINANCIAL AND ECONOMIC FEASIBILITY:

- The proposed project will incur no costs.

CONCLUSION:

- The applicants have provided the necessary information as required by the State Board. The discontinuation of the 14 bed Long Term Care category of service is warranted.

STATE BOARD STAFF REPORT
Four Seasons Living Center
PROJECT #15-023

APPLICATION SUMMARY/CHRONOLOGY	
Applicants	Morrison Community Hospital District
Facility Name	Four Seasons Living Center
Location	303 North Jackson Street, Morrison
Permit Holder	Morrison Community Hospital District
Operating Entity	Morrison Community Hospital District
Owner of Site	Morrison Community Hospital District
Total Facility GSF	8,819 GSF
Can Applicants Request Another Deferral?	Yes
Project Type	Substantive
Application Received	May 1, 2015
Application Deemed Complete	May 5, 2015
Review Period Ends	September 2, 2015
Obligation Date	N/A
Completion Date	August 31, 2015

I. The Proposed Project

The applicant (Morrison Community Hospital District) is requesting to discontinue their 38-bed Long Term Care category of service. There is no cost to this project. **The completion date is August 31, 2015.**

II. Summary of Findings

A. The State Board Staff finds the proposed project appears to be in conformance with the provisions of Part 1110.

B. Part 1120 is not applicable.

III. General Information

The applicant is Morrison Community Hospital District. Four Seasons Living Center is a 38-bed skilled nursing facility, located on the campus of Morrison Community Hospital, a 25 bed critical access hospital. Morrison Community Hospital is located at 303 North Jackson Street, Morrison, Illinois. The Hospital is located in the HSA I. Board Staff identified 17 other Long Term Care providers in a 45-minute drive, with none being affiliated with a hospital. This is a substantive project subject to Part 1110 requirements. The Part 1120 requirements are not applicable to this project because there is no cost to the project.

IV. Support and Opposition Comments

A public hearing was offered on this project; however, no hearing was requested. The State

Board Staff have not received letters of support or opposition regarding this project.

V. Safety Net Impact Statement/Charity Care

A safety net impact statement was provided with a statement regarding the Charity Care/Medicaid services provided for the years 2012, 2013, and 2014. Its data is presented in Table One below

Four Seasons Living Center's discontinuation of its Long Term Care category of service should not negatively impact the remaining providers of long term care in the region.

TABLE ONE			
Four Seasons Living Center, Morrison			
Safety Net and Charity Care Information per PA 96-0031			
CHARITY CARE			
Charity (cost in dollars)	2012	2013	2014
Inpatient	\$0	\$1,486	\$5,561
Outpatient	\$36,098	\$46,333	\$14,653
Total	\$36,098	\$47,819	\$20,214
Medicaid			
Medicaid (revenue)	2012	2013	2014
Inpatient	\$672,726	\$602,400	\$484,144
Outpatient	\$1,120,067	\$799,404	\$705,037
Total	\$1,792,793	\$1,401,804	\$1,189,181

VI. Review Criterion 1110.130 - Discontinuation

The criterion states:

“a) The applicants must provide the following:

- 1) the reasons for the discontinuation;
- 2) the anticipated or actual date of discontinuation or the date the last person was or will be discharged or treated, as applicable;
- 3) the availability of other services or facilities in the planning area that are available and willing to assume the applicants' workload without conditions, limitations, or discrimination;
- 4) a closure plan indicating the process used to provide alternative services or facilities for the patients prior to or upon discontinuation; and
- 5) the anticipated use of the physical plant and equipment after discontinuation has occurred and the anticipated date of such use.”

b) Each application for discontinuation will be analyzed to determine:

1. The applicant shall document that the discontinuation is justified by providing data that verifies that one or more of the following factors (and other factors, as applicable) exist with respect to each service being discontinued:

- 1) Insufficient volume or demand for the service;**
- 2) Lack of sufficient staff to adequately provide the service;**
- 3) The facility or the service is not economically feasible, and continuation impairs the facility's financial viability;**
- 4) The facility or the service is not in compliance with licensing or certification standards.**

The applicants state the following in regards to this service

The applicant notes the economic infeasibility of its continued operation, made it necessary for the applicants to request its discontinuation. The applicant and Board staff note there is an excess of Long Term Care beds in HSA-01, and the proposed discontinuation will lessen this overage. The applicant sent impact letters to 15 skilled care facilities in a 45 minute drive radius, and received responses from the following:

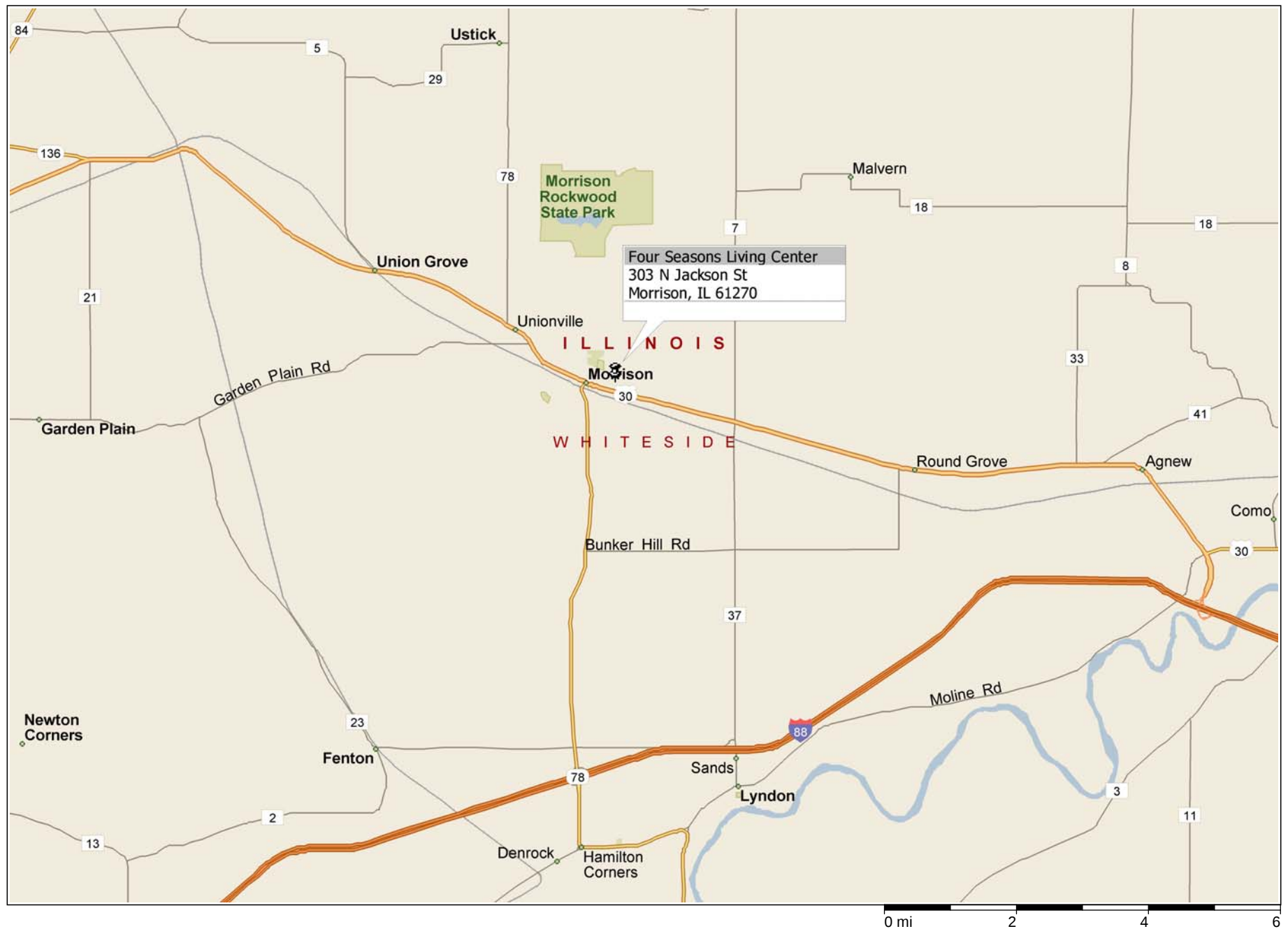
- Whiteside County Health Department (support)
- Pleasant View Rehabilitation Center, Morrison (support)
- Resthave Home, Morrison (support)

Board Staff identified 16 facilities providing long term care service. These facilities are identified in Table Two, along with drive time, number of beds, Medicare Star Rating, and utilization. Table two shows that 2 (12.5%), of the 16 facilities in the service area are operating beneath the prescribed occupancy target (90%). It appears that the discontinuation of this service will not have a negative impact on area facilities.

TABLE TWO Facilities Within a Travel Radius of: Four Seasons Living Center/Morrison Community Hospital						
Facility	City	Minutes	Beds	Medicare Star Rating	Utilization	Standard Met (90%)
Pleasant View Rehabilitation Center	Morrison	1	74	1	72.7%	No
Resthave Home	Morrison	2	70	4	85.5%	No
Harbor Crest Home	Fulton	15	84	4	51.2%	No
Prophet's Riverview Nursing Home	Phrophetstown	15	70	4	84.6%	No
Winning Wheels	Phrophetstown	17	88	3	83.4%	No
Coventry Living Center	Sterling	20	130	5	68.4%	No
Tammerlane, Inc.	Sterling	22	70	5	90.4%	Yes
Sterling Pavilion	Sterling	22	121	1	64.8%	No
New Beginnings Care Center	Rock Falls	23	55	3	52.2%	No
Rock Falls Rehab & Healthcare	Rock Falls	24	57	2	61.2%	No
Carroll County Good Samaritan	Mount Carroll	29	72	5	74.8%	No
Dixon Healthcare & Rehab Center	Dixon	35	97	1	81.4%	No
Big Meadows, Inc.	Savanna	36	83	5	65.8%	No
Heritage Square	Dixon	37	27	5	96.3%	Yes
Aspen Rehab & HealthCare	Silvis	41	63	1	80.6%	No
Illini Restorative Care	Silvis	42	92	3	85.8%	No

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE DISCONTINUATION REVIEW CRITERION (77 IAC 1110.130).

Illinois, United States, North America



FOUR SEASONS LIVING CENTER

303 NORTH JACKSON STREET

MORRISON, IL. 61270

Reference Numbers Facility ID 6006381

Health Service Area 001 Planning Service Area 195

Administrator

PAM PFISTER

Contact Person and Telephone

CAMI MEGLI

815-772-5533

Registered Agent Information**Date Completed**
3/10/2014**ADMISSION RESTRICTIONS**

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

*Note: Reported restrictions denoted by '1'***RESIDENTS BY PRIMARY DIAGNOSIS**

DIAGNOSIS	
Neoplasms	0
Endocrine/Metabolic	1
Blood Disorders	0
*Nervous System Non Alzheimer	4
Alzheimer Disease	1
Mental Illness	5
Developmental Disability	0
Circulatory System	11
Respiratory System	0
Digestive System	0
Genitourinary System Disorders	1
Skin Disorders	0
Musculo-skeletal Disorders	3
Injuries and Poisonings	0
Other Medical Conditions	0
Non-Medical Conditions	0
TOTALS	26

Building **Reported Age**

Building 1	0
Building 2	0
Building 3	0
Building 4	0
Building 5	0

ADMISSIONS AND DISCHARGES - 2013

Residents on 1/1/2013	29
Total Admissions 2013	25
Total Discharges 2013	28
Residents on 12/31/2013	26

Total Residents Diagnosed as Mentally Ill

9

Total Residents Reported as Identified Offenders

0

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

LEVEL OF CARE	LICENSED BEDS	PEAK BEDS SET-UP	PEAK BEDS USED	BEDS SET-UP	BEDS IN USE	AVAILABLE BEDS	MEDICARE CERTIFIED BEDS	MEDICAID CERTIFIED BEDS
Nursing Care	38	35	30	35	26	12	24	38
Skilled Under 22	0	0	0	0	0	0		0
Intermediate DD	0	0	0	0	0	0		0
Sheltered Care	0	0	0	0	0	0		
TOTAL BEDS	38	35	30	35	26	12	24	38

FACILITY UTILIZATION - 2013**PATIENT DAYS AND OCCUPANCY RATES BY LEVEL OF CARE PROVIDED AND PATIENT PAYMENT SOURCE**

LEVEL OF CARE	Medicare		Medicaid		Other Public	Private Insurance	Private Pay	Charity Care	TOTAL	Licensed Beds	Peak Beds
	Pat. days	Occ. Pct.	Pat. days	Occ. Pct.		Pat. days	Pat. days	Pat. days		Pat. days	Occ. Pct.
Nursing Care	0	0.0%	5666	40.9%	0	0	4605	0	10271	74.1%	80.4%
Skilled Under 22			0	0.0%	0	0	0	0	0	0.0%	0.0%
Intermediate DD			0	0.0%	0	0	0	0	0	0.0%	0.0%
Sheltered Care					0	0	0	0	0	0.0%	0.0%
TOTALS	0	0.0%	5666	40.9%	0	0	4605	0	10271	74.1%	80.4%

RESIDENTS BY AGE GROUP, SEX AND LEVEL OF CARE - DECEMBER 31, 2013

AGE GROUPS	NURSING CARE		SKL UNDER 22		INTERMED. DD		SHELTERED		TOTAL		GRAND TOTAL
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Under 18	0	0	0	0	0	0	0	0	0	0	0
18 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 74	1	2	0	0	0	0	0	0	1	2	3
75 to 84	0	6	0	0	0	0	0	0	0	6	6
85+	4	13	0	0	0	0	0	0	4	13	17
TOTALS	5	21	0	0	0	0	0	0	5	21	26

FOUR SEASONS LIVING CENTER303 NORTH JACKSON STREET
MORRISON, IL. 61270**Classification Numbers**

License Number	6006381
Health Service Area	001
Planning Service Area	195 Whiteside

RESIDENTS BY PAYMENT SOURCE AND LEVEL OF CARE

LEVEL OF CARE	Medicare	Medicaid	Other Public	Insurance	Private Pay	Charity Care	TOTALS
Nursing Care	0	15	0	0	11	0	26
Skilled Under 22	0	0	0	0	0	0	0
Intermediate D		0	0	0	0	0	0
Sheltered Care			0	0	0	0	0
TOTALS	0	15	0	0	11	0	26

AVERAGE DAILY PAYMENT RATES

LEVEL OF CARE	SINGLE	DOUBLE
Nursing Care	185	170
Skilled Under 22	0	0
Intermediate DD	0	0
Sheltered Care	0	0

RESIDENTS BY RACIAL/ETHNICITY GROUPING

RACE	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Asian	0	0	0	0	0
American Indian	0	0	0	0	0
Black	0	0	0	0	0
Hawaiian/Pacific Isl.	0	0	0	0	0
White	26	0	0	0	26
Race Unknown	0	0	0	0	0
Total	26	0	0	0	26

ETHNICITY	Nursing Care	Skilled Under 22	Intermediate DD	Sheltered Care	Totals
Hispanic	0	0	0	0	0
Non-Hispanic	26	0	0	0	26
Ethnicity Unknown	0	0	0	0	0
Total	26	0	0	0	26

FACILITY STAFFING

Employment Category	Full-Time Equivalent
Administrators	1.00
Physicians	0.00
Director of Nursing	1.00
Registered Nurses	3.70
LPN's	2.20
Certified Aides	13.20
Other Health Staff	0.00
Non-Health Staff	1.00
Totals	22.10

NET REVENUE BY PAYOR SOURCE (Fiscal Year Data)

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense*	Charity Care Expense as % of Total Net Revenue
0.0%	42.2%	0.0%	0.0%	57.8%	100.0%		
0	590,795	0	0	810,003	1,400,798	0	0.0%

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