

18-013

ORIGINAL

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

RECEIVED

This Section must be completed for all projects.

APR 26 2018

Facility/Project Identification

HEALTH FACILITIES &  
SERVICES REVIEW BOARD

Facility Name: Blessing Hospital		
Street Address: 1005 Broadway		
City and Zip Code: Quincy, Illinois 62301		
County: Adams	Health Service Area: E	Health Planning Area: 5

Applicant(s) [Provide for each applicant (refer to Part 1130.220)]

Exact Legal Name: Blessing Hospital
Street Address: 1005 Broadway
City and Zip Code: Quincy, Illinois 62301
Name of Registered Agent: Betty J. Kasparie
Registered Agent Street Address: 1005 Broadway
Registered Agent City and Zip Code: Quincy, Illinois 62301
Name of Chief Executive Officer: Maureen A. Kahn
CEO Street Address: 1005 Broadway
CEO City and Zip Code: Quincy, Illinois 62301
CEO Telephone Number: 217-223-8400 ext. 6807

Type of Ownership of Applicants

<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 they are 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: Betty J. Kasparie
Title: Vice President Corporate Compliance
Company Name: Blessing Hospital
Address: 1005 Broadway
Telephone Number: 217-223-8400 ext. 6808
E-mail Address: <a href="mailto:betty.kaspaire@blessinghealthsystem.org">betty.kaspaire@blessinghealthsystem.org</a>
Fax Number: 217-223-6891

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

Name: Jayne Huseman
Title: Administrative Director, Facilities, Engineering and Development
Company Name: Blessing Hospital
Address: 1005 Broadway
Telephone Number: 217-223-8400 ext. 6738
E-mail Address: <a href="mailto:jayne.huseman@blessinghealthsystem.org">jayne.huseman@blessinghealthsystem.org</a>
Fax Number: 217-223-6891

**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: Betty J. Kasparie
Title: Vice President Corporate Compliance
Company Name: Blessing Hospital
Address: 1005 Broadway
Telephone Number: 217-223-8400 ext. 6808
E-mail Address: <a href="mailto:betty.kasparie@blessinghealthsystem.org">betty.kasparie@blessinghealthsystem.org</a>
Fax Number: 217-223-6891

**Site Ownership**

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Blessing Hospital
Address of Site Owner: 1005 Broadway Quincy, Illinois 62301
Street Address or Legal Description of the Site: <b>Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, 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.</b>
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: Blessing Hospital
Address: 1005 Broadway Quincy, IL 62301
<input checked="" type="checkbox"/> Non-profit Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> For-profit Corporation <input type="checkbox"/> Governmental <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other
<ul style="list-style-type: none"> <li>o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.</li> <li>o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.</li> <li>o <b>Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.</b></li> </ul>
APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**Organizational Relationships**

Provide (for each 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.
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**Flood Plain Requirements**

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2006-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements, please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at [www.FEMA.gov](http://www.FEMA.gov) or [www.illinoisfloodmaps.org](http://www.illinoisfloodmaps.org). **This map must be in a readable format.** In addition, please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2006-5 (<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 1110.20 and Part 1120.20(b)]

Part 1110 Classification:

- Substantive  
 Non-substantive

## 2. Narrative Description

In the space below, provide 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.

Blessing Hospital is proposing to build out shell space on the 4<sup>th</sup> floor of permit number 11-0818 issued August 2011. In addition, Blessing proposes to add a 5<sup>th</sup> & 6<sup>th</sup> floor new construction with the same footprint to the building.

The project is non-substantive. It is not proposing a new facility, new service, discontinuation or increase in beds.

The project will impact medical/surgical service only and no change in beds is being proposed.

The project will relocate 96 medical/surgical beds from the current 50 year old construction (70 building) to new construction allowing for planned renovation of the 70 tower at a later date with a separate CON once this project is complete.



**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 be equal.

<b>Project Costs and Sources of Funds</b>			
<b>USE OF FUNDS</b>	<b>CLINICAL</b>	<b>NONCLINICAL</b>	<b>TOTAL</b>
Preplanning Costs			
Site Survey and Soil Investigation		\$22,000.00	\$22,000.00
Site Preparation		\$1,887,923.00	\$1,877,923.00
Off Site Work			
New Construction Contracts	\$32,602,935.00	\$3,670,670.00	\$36,273,605.00
Modernization Contracts			
Contingencies	\$1,535,280.33	\$278,399.92	\$1,813,680.25
Architectural/Engineering Fees	\$1,599,874.00	\$290,113.00	\$1,889,987.00
Consulting and Other Fees	\$691,775.00	\$30,819.00	\$722,594.00
Movable or Other Equipment (not in construction contracts)	\$3,892,651.60		\$3,892,651.60
Bond Issuance Expense (project related)	\$520,200.00	\$79,800.00	\$600,000.00
Net Interest Expense During Construction (project related)	\$1,820,700.00	\$279,300.00	\$2,100,000.00
Fair Market Value of Leased Space or Equipment			
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
<b>TOTAL USES OF FUNDS</b>	<b>\$42,663,415.93</b>	<b>\$6,539,024.92</b>	<b>\$49,202,440.85</b>
<b>SOURCE OF FUNDS</b>	<b>CLINICAL</b>	<b>NONCLINICAL</b>	<b>TOTAL</b>
Cash and Securities	\$12,314,930.53	\$1,887,510.32	\$14,202,440.85
Pledges			
Gifts and Bequests			
Bond Issues (project related)	\$30,348,485.40	\$4,651,514.60	\$35,000,000.00
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
<b>TOTAL SOURCES OF FUNDS</b>	<b>\$42,663,415.93</b>	<b>\$6,539,024.92</b>	<b>\$49,202,440.85</b>
<b>NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>			

Attachment 7

**Related Project Costs**

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

Land acquisition is related to project	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Purchase Price: \$ _____		
Fair Market Value: \$ _____		
The project involves the establishment of a new facility or a new category of service		
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If yes, provide the dollar amount of all <b>non-capitalized</b> 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**

<b>For facilities in which prior permits have been issued please provide the permit numbers.</b>	
Indicate the stage of the project's architectural drawings:	
<input type="checkbox"/> None or not applicable	<input type="checkbox"/> Preliminary
<input checked="" type="checkbox"/> Schematics	<input type="checkbox"/> Final Working
Anticipated project completion date (refer to Part 1130.140): 02-28-2021	
Indicate the following with respect to project expenditures or to financial commitments (refer to Part 1130.140):	
<input type="checkbox"/> Purchase orders, leases or contracts pertaining to the project have been executed. <input type="checkbox"/> Financial commitment is contingent upon permit issuance. Provide a copy of the contingent "certification of financial commitment" document, highlighting any language related to CON Contingencies <input checked="" type="checkbox"/> Financial Commitment will occur after permit issuance.	
APPEND DOCUMENTATION AS <u>ATTACHMENT 8</u> , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

**State Agency Submittals** [Section 1130.620(c)]

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

**Cost Space Requirements**

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

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
<b>REVIEWABLE</b>							
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical							
<b>NON REVIEWABLE</b>							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
<b>TOTAL</b>							

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



### Facility Bed Capacity and Utilization

Complete the following chart, as applicable. Complete a separate chart for each facility that is a part of the project and insert the chart after this page. Provide the existing bed capacity and utilization data for the latest **Calendar Year for which data is 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: Blessing Hospital		CITY: Quincy			
REPORTING PERIOD DATES:		From: 01/01/2017	to: 12/31/2017		
Category of Service	Authorized Beds	Admissions	Patient Days	Bed Changes	Proposed Beds
Medical/Surgical	178**	9594	44858	0	178
Obstetrics	25	1124	2477	0	25
Pediatrics	20	309	1228	0	20
Intensive Care	25	1401	5407	0	25
Comprehensive Physical Rehabilitation	18	333	4444	0	18
Acute/Chronic Mental Illness	41	2205	12103	0	41
Neonatal Intensive Care					
General Long Term Care	20	622	6013	0	20
Specialized Long Term Care					
Long Term Acute Care					
Other ((identify))					
TOTALS:	327	15588	76530	0	327

\*\* NOTE: 20 beds 10/10 rule requested on 09/27/17 IDPH letter to Blessing Hospital 02/23/18. The patient days are reflective of 158 beds in service. The 178 beds reflect current bed number.

**CERTIFICATION**

The Application must be signed by the authorized representatives of the applicant entity. Authorized representatives are:

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

This Application is filed on the behalf of Blessing 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 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 fee required for this application is sent herewith or will be paid upon request.

*Maureen A. Kahn*  
 SIGNATURE  
MAUREEN A. KAHN  
 PRINTED NAME  
President/CEO  
 PRINTED TITLE

*Patrick M. Gervela*  
 SIGNATURE  
PATRICK M. Gervela  
 PRINTED NAME  
Executive V.P. / CFO  
 PRINTED TITLE

Notarization:  
 Subscribed and sworn to before me  
 this 20<sup>th</sup> day of April 2018

Notarization:  
 Subscribed and sworn to before me  
 this 19<sup>th</sup> day of April 2018

*Sandra E. McElhoe*  
 Signature of Notary  
 Seal  
 "OFFICIAL SEAL"  
 SANDRA E. MCELHOE  
 Notary Public, State of Illinois  
 My Commission Expires 02/26/21  
 \*Insert the EXACT legal name of the applicant

*Sandra E. McElhoe*  
 Signature of Notary  
 Seal  
 "OFFICIAL SEAL"  
 SANDRA E. MCELHOE  
 Notary Public, State of Illinois  
 My Commission Expires 02/26/21

### 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.

#### 1110.110(a) – Background of the Applicant

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 that the information was 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.**

#### Criterion 1110.110(b) & (d)

##### 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 relevant area, per the applicant's definition.
3. Identify the existing problems or issues that need to be addressed as applicable and appropriate for the project.
4. Cite the sources of the 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 the age and condition of the project site, as well as 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 Board Staff Report.**

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

**ALTERNATIVES**

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

Alternative options **must** include:

- A) Proposing a project of greater or lesser scope and cost;
  - B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;
  - C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and
  - D) Provide the reasons why the chosen alternative was selected.
- 2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality and financial benefits in both the short-term (within one to three years after project completion) and long-term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED, THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**
- 3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

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

**SECTION IV. PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE**

**Criterion 1110.120 - 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 and it shall include the basis used for determining the space and the methodology applied.
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 and certified by the facility's Medical Director.
  - b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that delineates the constraints or impediments.
  - c. The project involves the conversion of existing space that results in excess square footage.
  - d. Additional space is mandated by governmental or certification agency requirements that were not in existence when Appendix B standards were adopted.

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/OGSF	STATE STANOARD	DIFFERENCE	MET STANDARD?

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	MEET STANDARO?
YEAR 1					
YEAR 2					

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

**SECTION VI. SERVICE SPECIFIC REVIEW CRITERIA**

This Section is applicable to all projects proposing the 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 APPLICABLE TO THE CRITERIA THAT MUST BE ADDRESSED:

**A. Criterion 1110.200 - Medical/Surgical, Obstetric, Pediatric and Intensive Care**

1. Applicants proposing to establish, expand and/or modernize the Medical/Surgical, Obstetric, Pediatric and/or Intensive Care categories 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 checked="" type="checkbox"/> Medical/Surgical	178	178
<input type="checkbox"/> Obstetric		
<input type="checkbox"/> Pediatric		
<input type="checkbox"/> Intensive Care		

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

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.200(b)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (formula calculation)	X		
1110.200(b)(2) - Planning Area Need - Service to Planning Area Residents	X	X	
1110.200(b)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	X		
1110.200(b)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service		X	
1110.200(b)(5) - Planning Area Need - Service Accessibility	X		
1110.200(c)(1) - Unnecessary Duplication of Services	X		
1110.200(c)(2) - Maldistribution	X	X	
1110.200(c)(3) - Impact of Project on Other Area Providers	X		
1110.200(d)(1), (2), and (3) - Deteriorated Facilities			X
1110.200(d)(4) - Occupancy			X

<b>APPLICABLE REVIEW CRITERIA</b>	<b>Establish</b>	<b>Expand</b>	<b>Modernize</b>
1110.200(e) - Staffing Availability	X	X	
1110.200(f) - Performance Requirements	X	X	X
1110.200(g) - Assurances	X	X	

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

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

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

**VII. 1120.120 - AVAILABILITY OF FUNDS (N/A)**

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]:

	<p>a) Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:</p> <ol style="list-style-type: none"> <li>1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and</li> <li>2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;</li> </ol>
	<p>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.</p>
	<p>c) Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;</p>
	<p>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:</p> <ol style="list-style-type: none"> <li>1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated;</li> <li>2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate;</li> <li>3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.;</li> <li>4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment;</li> <li>5) For any option to lease, a copy of the option, including all</li> </ol>



	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.
	<b>TOTAL FUNDS AVAILABLE</b>
<p>APPEND DOCUMENTATION AS <u>ATTACHMENT 34</u>, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</p>	

**SECTION VIII. 1120.130 - FINANCIAL VIABILITY (N/A)**

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 35, 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.

	Historical 3 Years			Projected
<b>Enter Historical and/or Projected Years:</b>				
Current Ratio				
Net Margin Percentage				
Percent Debt to Total Capitalization				
Projected Debt Service Coverage				
Days Cash on Hand				
Cushion Ratio				

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

**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 36, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**SECTION IX. 1120.140 - ECONOMIC FEASIBILITY (N/A)**

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)	
Contingency									
TOTALS									

\* Include the percentage (%) of space for circulation

**D. Projected Operating Costs**

The applicant shall provide the projected direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year at target utilization but no more than two years following project completion. Direct cost means the fully allocated costs of salaries, benefits and supplies for the service.

**E. Total Effect of the Project on Capital Costs**

The applicant shall provide the total projected annual capital costs (in current dollars per equivalent patient day) for the first full fiscal year at target utilization but no more than two years following project completion.

APPEND DOCUMENTATION AS ATTACHMENT 37, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**SECTION X. SAFETY NET IMPACT STATEMENT (N/A)**

**SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL SUBSTANTIVE PROJECTS AND PROJECTS TO DISCONTINUE STATE-OWNED HEALTH CARE FACILITIES [20 ILCS 3960/5.4]:**

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 38. (N/A)

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
<b>Total</b>			
Charity (cost in dollars)	Year	Year	Year
Inpatient			
Outpatient			
<b>Total</b>			
MEDICAID			
Medicaid (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
<b>Total</b>			
Medicaid (revenue)	Year	Year	Year
Inpatient			
Outpatient			
<b>Total</b>			

APPEND DOCUMENTATION AS ATTACHMENT 38, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**SECTION XI. CHARITY CARE INFORMATION**

Charity Care information **MUST** be furnished for **ALL** projects [1120.20(c)].

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.

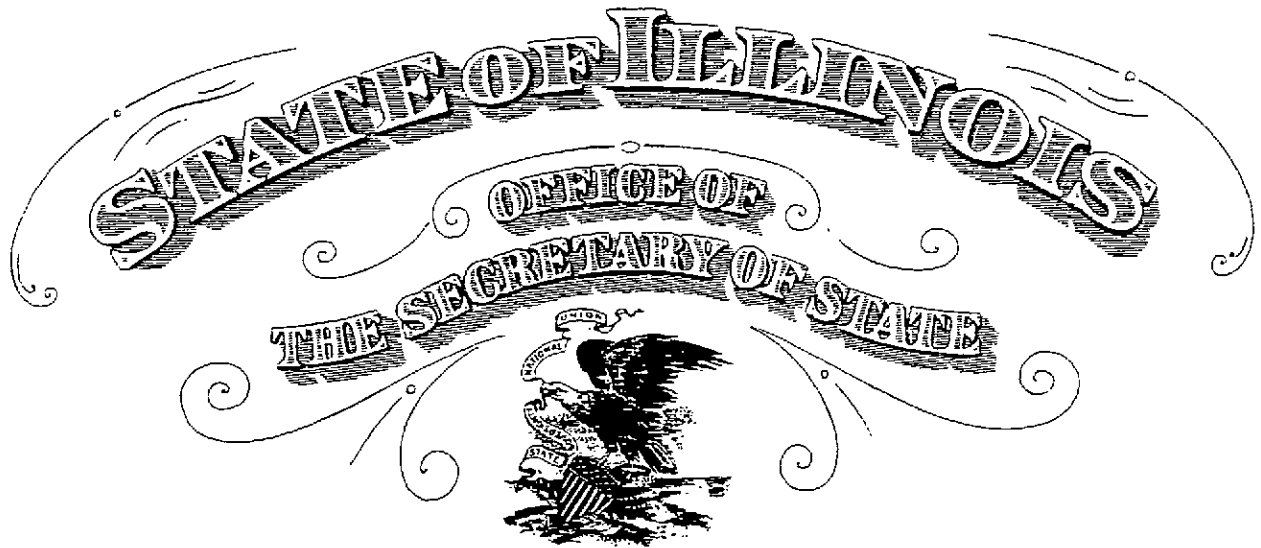
A table in the following format must be provided for all facilities as part of Attachment 39.

CHARITY CARE			
	Year	Year	Year
Net Patient Revenue			
Amount of Charity Care (charges)			
Cost of Charity Care			

APPEND DOCUMENTATION AS **ATTACHMENT 39**, 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 included attachments:

INDEX OF ATTACHMENTS		
ATTACHMENT NO.		PAGES
1	Applicant Identification including Certificate of Good Standing	28
2	Site Ownership	29-35
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	36
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	37-38
5	Flood Plain Requirements	39-43
6	Historic Preservation Act Requirements	45-49
7	Project and Sources of Funds Itemization	50
8	Financial Commitment Document if required	
9	Cost Space Requirements	51-53
10	Discontinuation	
11	Background of the Applicant	54-56
12	Purpose of the Project	57-69
13	Alternatives to the Project	70-71
14	Size of the Project	72-73
15	Project Service Utilization	74
16	Unfinished or Shell Space	
17	Assurances for Unfinished/Shell Space	
18	Master Design Project	
	<b>Service Specific:</b>	
19	Medical Surgical Pediatrics, Obstetrics, ICU	84-85
20	Comprehensive Physical Rehabilitation	
21	Acute Mental Illness	
22	Open Heart Surgery	
23	Cardiac Catheterization	
24	In-Center Hemodialysis	
25	Non-Hospital Based Ambulatory Surgery	
26	Selected Organ Transplantation	
27	Kidney Transplantation	
28	Subacute Care Hospital Model	
29	Community-Based Residential Rehabilitation Center	
30	Long Term Acute Care Hospital	
31	Clinical Service Areas Other than Categories of Service	
32	Freestanding Emergency Center Medical Services	
33	Birth Center	
	<b>Financial and Economic Feasibility:</b>	
34	Availability of Funds	
35	Financial Waiver	
36	Financial Viability	
37	Economic Feasibility	86-88
38	Safety Net Impact Statement	
39	Charity Care Information	89-91

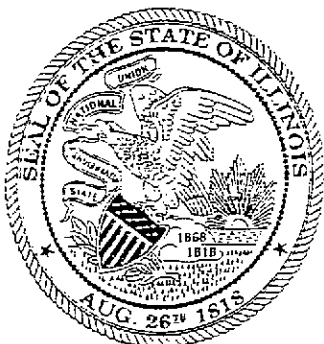


*To all to whom these Presents Shall Come, Greeting:*

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

BLESSING HOSPITAL, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON OCTOBER 29, 1873, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

*In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 23RD day of OCTOBER A.D. 2017 .*



*Jesse White*



OPA

Serial No. 2183171

OWNER TITLE INSURANCE POLICY

Attorneys' Title Guaranty Fund, Inc.

CHAMPAIGN, ILLINOIS

SUBJECT TO THE EXCLUSIONS FROM COVERAGE, THE EXCEPTIONS CONTAINED IN SCHEDULE B AND THE PROVISIONS OF THE CONDITIONS AND STIPULATIONS HEREOF, Attorneys' Title Guaranty Fund, Inc., an Illinois Corporation, herein called The Fund, insures, as of the Effective Date of policy shown in Schedule A, against loss or damage, not exceeding the amount of insurance stated in Schedule A, and costs, attorneys' fees and expenses which The Fund may become obligated to pay hereunder, sustained or incurred by the insured by reason of:

1. Title to the estate or interest described in Schedule A being vested otherwise than as stated therein;
2. Any defect in or lien or encumbrance on such title; or
3. Lack of a right of access to and from the land; or
4. Unmarketability of such title.

In Witness Whereof, Attorneys' Title Guaranty Fund, Inc., has caused this policy to be signed and sealed in its name by its Executive Vice President, by direction of its Board of Directors, to become binding when countersigned by a member of The Fund.



Attorneys' Title Guaranty Fund, Inc.

By

Michael J. Rooney  
Executive Vice President

... however, that failure to notify shall in no case prejudice rights of any such insured under this policy unless The F shall be prejudiced by such failure and then only to the exte such prejudice.

(c) The Fund shall have the right at its own cost to insti and without undue delay prosecute any action or proceeding

FUND FORM 104  
OPA COVER (REV. 11/84)

EXHIBIT A

Parcel A

Lots One (1), Two (2), Three (3), Four (4), Five (5), Six (6), Seven (7) and Eight (8) in Block Two (2) in Willard Keyes Addition to the City of Quincy, and the alleys running North and South and East and West through said Block Two (2), said alleys having been vacated by Ordinances No. 95, 1127 and 1138 of the City of Quincy;

Lots One (1), Two (2), Three (3), and Four (4) in Block Eleven (11) in Willard Keyes Addition to the City of Quincy;

Lots One (1), Two (2), Three (3), Four (4), Five (5), Six (6), Seven (7), Eight (8), Nine (9), and Ten (10) in James W. Singleton's Addition to the City of Quincy;

The alley running East and West between Tenth Street and Eleventh Street and lying South of James W. Singleton's Addition to the City of Quincy and North of Block Eleven (11) in Willard Keyes Addition to the City of Quincy, said alley having been vacated by Ordinance No. 66-52 of the City of Quincy; and

Spring Street running East and West between Tenth Street and Eleventh Street, said Street having been vacated by Ordinance No. 66-52 of the City of Quincy;

all situated in Adams County, Illinois.

Parcel B

Lots One (1), Two (2), Three (3), Four (4), Five (5), Six (6), Seven (7), Eight (8), Nine (9), and Ten (10) in Block Two (2) in William D. Morgan's Addition to the City of Quincy; and

Lots Eleven (11), Twelve (12), Thirteen (13), Fourteen (14), Fifteen (15), Sixteen (16), Seventeen (17), Eighteen (18), Nineteen (19), and Twenty (20) in Block Two (2) in John Whetstone's Addition to the City of Quincy;

all situated in Adams County, Illinois.

FUND OWNER FORM

SCHEDULE A

Policy No.: OPA2183171 Effective Date: August 8, 1989, 4:30 p.m.

Amount of Insurance: \$ 500,000.00

1. Name of insured:

Blessing Hospital, an Illinois not-for-profit corporation.

2. The estate or interest in the land described herein and which is covered by this policy is, at the effective date hereof, vested in the named insured and is a fee simple (if other, specify same: \_\_\_\_\_).

3. The land referred to in this policy is described as follows:

(See Attached Exhibit A)

ISSUED BY  
Schmiedeskamp, Robertson,  
Neu & Mitchell  
217/223-3030

(Attorney or Firm of Attorneys)

2334

MEMBER NO.

*Richard B. Klein*

SIGNATURE OF ATTORNEY

232 No. 6th St., P.O. Box 1069,  
(Mailing Address)

Quincy  
(City)

Illinois 62306  
(Zip)

Parcel C

Lots One (1), Two (2), Three (3), Four (4), Five (5), and Six (6) in Geise's Addition to the City of Quincy; and

Lots Eleven (11), Twelve (12), Thirteen (13), Fourteen (14), and Fifteen (15) in Block Three (3) in William D. Morgan's Addition to the City of Quincy;

all situated in Adams County, Illinois.

Parcel D

Lots One (1), Two (2), Three (3), Four (4), Eight (8), Nine (9), Ten (10), and Eleven (11) in Bernard Meyer's Addition to the City of Quincy, except the North one hundred (100) feet of the West eleven (11) feet of said Lot Eleven (11); and

Lot Seven (7) in Block Ten (10) in Willard Keyes Addition to the City of Quincy, except the North one hundred (100) feet of said Lot Seven (7);

all situated in Adams County, Illinois.

Parcel E

Lots One (1), Two (2), Three (3), Four (4) and the East fifty (50) feet of Lot Five (5) in Block Ten (10) in Willard Keyes Addition to the City of Quincy;

all situated in Adams County, Illinois.

Parcel F

A part of Block One (1) in Willard Keyes Addition to the City of Quincy, bounded and described as follows:

Commencing on the South line of Spring Street at a point one hundred (100) feet East of the intersection of the East line of Eleventh Street and the South line of Spring Street, running thence East along the South line of Spring Street one hundred seventy-five and seventy-two hundredths (175.72) feet to the West line of a twelve (12) foot wide alley, thence South along the West line of said alley one hundred ninety-five and seventy-nine hundredths (195.79) feet to a point on the North line of a twenty (20) foot wide alley, thence West along the North line of said alley two hundred seventy-four and seventy-three hundredths (274.73) feet to a point on the East line of Eleventh Street, thence North along the East line of Eleventh Street one hundred sixty-nine and eighty-two hundredths (169.82) feet to a point that is twenty-five (25) feet South of the intersection of the East line of Eleventh Street and the South line of Spring Street, thence East parallel with the South line of Spring Street one hundred (100) feet, thence North parallel with the East line of Eleventh Street twenty-five (25) feet to the place of beginning;

all situated in Adams County, Illinois.

Parcel G

A part of Block One (1) in Willard Keyes Addition to the City of Quincy, bounded and described as follows:

Commencing at the Northeast corner of said Block, running thence South on the West line of Twelfth Street one hundred ninety-seven and one-half (197-1/2) feet, more or less, to the North line of an alley, thence West on the North line of said alley one hundred fifty (150) feet, more or less, to the East line of an alley, thence North on the East line of said alley to the South line of Spring Street, thence East on the South line of Spring Street to the place of beginning;

all situated in Adams County, Illinois.

Parcel M

Part of Lot One (1) in Block Three (3) in Willard Keyes Addition to the City of Quincy, bounded and described as follows: Commencing on the North line of Broadway at the intersection of the said North line of Broadway with the West line of Tenth Street, running thence West along the North line of Broadway sixty-one and one-half (61-1/2) feet, thence North parallel with the West line of said Tenth Street and midway between the brick building known as Nos. 927 and 929 Broadway, to an alley, thence East along the South line of said alley and parallel with the North line of Broadway, to the West line of Tenth Street, and thence South along the West line of Tenth Street to the place of beginning;

all situated in Adams County, Illinois.

Parcel N

The West twenty-six and two-thirds (26-2/3) feet of Lot Two (2) and all of Lots Three (3), Four (4), Five (5) and Six (6) in Block Eleven (11) in Holmes and Wood's Addition to the City of Quincy; and, the East one hundred twenty (120) feet of Block Three (3) in Plat One of the Subdivision of the Estate of Samuel Alexander, deceased, an Addition to the City of Quincy, lying North of the alley running East and West through said Block;

all situated in Adams County, Illinois.

Parcel O

Lot Seven (7) in Block Eleven (11) in Holmes and Wood's Addition to the City of Quincy;

Part of Block Three (3) of Plat One (1) of the Subdivision of the Estate of Samuel Alexander, deceased, bounded and described as follows: Beginning at a point on the North line of Vermont Street in the City of Quincy, seventy-two (72) feet West of the East line of Lot Seven (7) in Block Eleven (11) of Holmes and Wood's Addition to the City of Quincy, thence Northerly in a straight line one hundred eighty-nine (189) feet to a point on the South line of a twenty (20) foot alley, which point is seventy and three-tenths (70.3) feet West of the East line of said Lot Seven (7), thence East along the South line of said alley to the West line of said Lot Seven (7), thence South along the West line of said Lot Seven (7) to the North line of Vermont Street, and thence West along said North line of Vermont Street to the place of beginning;

all situated in Adams County, Illinois.

Parcel P

A part of the Northeast Quarter of Section Thirty-five (35) in Township One (1) South of the Base Line, in Range Nine (9) West of the Fourth Principal Meridian, more particularly described as follows: Commencing at a point where the South line of Locust Street in the City of Quincy, intersects the East line of North Tenth Street in said City, thence South  $01^{\circ} 00'$  East along the East line of said North Tenth Street in said City, one hundred sixty-one and sixty-two and one-half hundredths (161.625) feet to a point, thence North  $89^{\circ} 00'$  East parallel to the South line of said Locust Street six hundred two and forty-six hundredths (602.46) feet to a point, thence North parallel to the East line of said North Tenth Street to a point in the South line of said Locust Street, thence West six hundred two and forty-six hundredths (602.46) feet to the point of beginning;

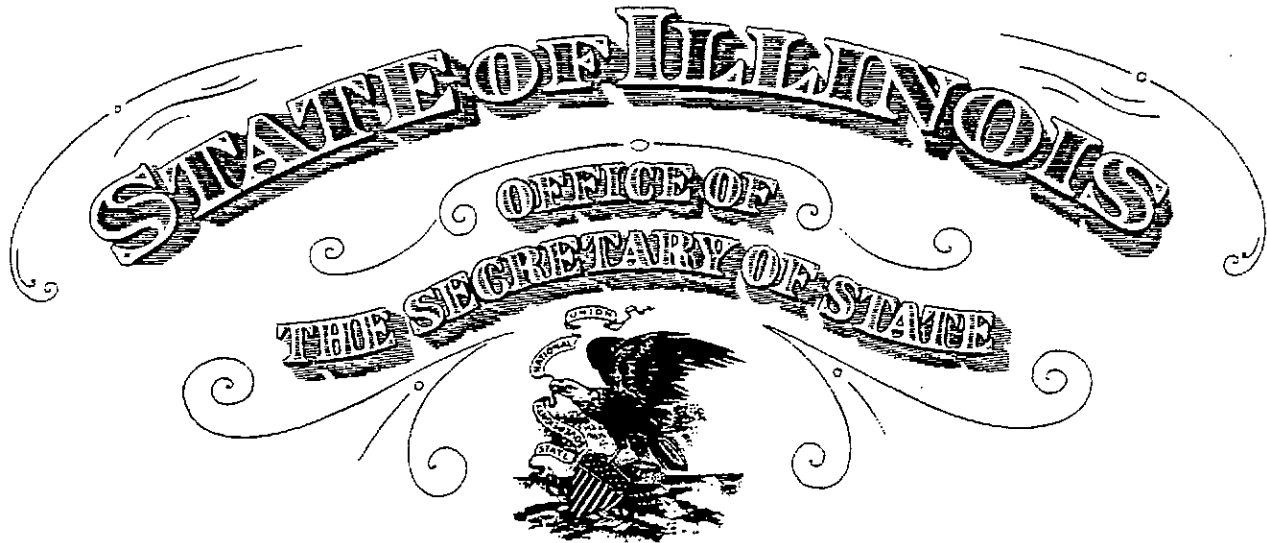
all situated in Adams County, Illinois.

Parcel Q

The East Half of the Northeast Quarter of Section Thirty-one (31) in Township One (1) North, Range Eight (8) West of the Fourth Principal Meridian, except the North one (1) rod thereof; and

The North Half of the Northwest Quarter of Section Thirty-two (32), in Township One (1) North, Range Eight (8) West of the Fourth Principal Meridian, except a parcel off of the West end of the North one (1) rod of the Northwest Quarter of the Northwest Quarter of Section Thirty-two (32), in Township One (1) North, Range Eight (8) West, bounded and described as follows: Beginning at the Northwest corner of said Northwest Quarter of the Northwest Quarter of Section Thirty-two (32), thence East on the North line of said Quarter Twenty-eight (28) feet, thence Southwesterly to a point one (1) rod South and twelve (12) feet East of said Northwest corner of said Quarter Quarter, thence West twelve (12) feet to the West line of said Quarter Quarter, thence North to the place of beginning;

all situated in Adams County, Illinois.



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

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

BLESSING HOSPITAL, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON OCTOBER 29, 1873, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

*In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 23RD day of OCTOBER A.D. 2017 .*



*Jesse White*

Attachment 3

SECRETARY OF STATE



There is no related entity participating in the development or funding of the project.

# Who are We... Our Structure

Attachment

Blessing Corporate Services, Inc. (BCS)

Current Health Solutions

Blessing Convenient Care, LLC –

Lincoln Land HIE –

BFM Keokuk Clinic, LLC – BCS & Ft. Madison Community Hospital

Advance Physical Therapy, BCS & Ft. Madison Community Hospital LLC

MSS – Equity Owner

Denman Services, Inc.

The Blessing Foundation, Inc.

BlessingCare Corporation (Illini Community Hospital)

Blessing Physician Services (a BCS division)

Blessing Hospital

Hannibal Clinic

Illini Health Services, LLC, - Denman & Illini

Illini Health Services, LLC – Denman & Illini

Advance Physical Therapy & BH, LLC

Hannibal Medical Supplies, LLC, - Denman, Hannibal Clinic & Hannibal Regional

Advance Physical Therapy & Illini LLC



April 16, 2018

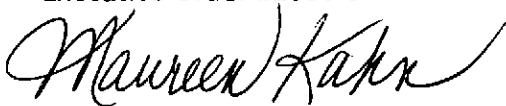
Mr. Michael Constantino  
Project Review Supervisor  
Illinois Health Facilities Planning Board  
525 West Jefferson  
Springfield, IL 62702

RE: Compliance Requirement of Illinois Executive Order #2006-5 Regarding Construction in  
Special Flood Hazard Area

Dear Mr. Constantino,

The undersigned is an authorized agent of Blessing Hospital, the owner of the site for the  
proposed CON.

I hereby attest that this site is not located in a floodplain as identified by the most recent FEMA  
map and that this location complies with Floodplain Rule and the requirements under Illinois  
Executive Order #2006-5 "Construction Activities in Special Flood Hazard Areas".



Maureen Kahn  
President/CEO  
Blessing Hospital

Attachment 5



2006-05

**CONSTRUCTION ACTIVITIES  
IN SPECIAL FLOOD HAZARD AREAS**

**WHEREAS**, the State of Illinois has programs for the construction of buildings, facilities, roads, and other development projects and annually acquires and disposes of lands in floodplains; and

**WHEREAS**, federal financial assistance for the acquisition or construction of insurable structures in all Special Flood Hazard Areas requires State participation in the National Flood Insurance Program; and

**WHEREAS**, the Federal Emergency Management Agency has promulgated and adopted regulations governing eligibility of State governments to participate in the National Flood Insurance Program (44 C.F.R. 59-79), as presently enacted or hereafter amended, which requires that State development activities comply with specified minimum floodplain regulation criteria; and

**WHEREAS**, the Presidential Interagency Floodplain Management Review Committee has published recommendations to strengthen Executive Orders and State floodplain management activities;

**NOW THEREFORE**, by virtue of the authority vested in me as Governor of the State of Illinois, it is hereby ordered as follows:

I. For purpose of this Order:

- A. "Critical Facility" means any facility which is critical to the health and welfare of the population and, if flooded, would create an added dimension to the disaster. Damage to these critical facilities can impact the delivery of vital services, can cause greater damage to other sectors of the community, or can put special populations at risk. The determination of Critical Facility will be made by each agency.

Examples of critical facilities where flood protection should be required include:

Emergency Services Facilities (such as fire and police stations)  
Schools  
Hospitals  
Retirement homes and senior care facilities  
Major roads and bridges  
Critical utility sites (telephone switching stations or electrical transformers)  
Hazardous material storage facilities (chemicals, petrochemicals, hazardous or toxic substances)

Examples of critical facilities where flood protection is recommended include:

Sewage treatment plants  
Water treatment plants  
Pumping stations

- B. "Development" or "Developed" means the placement or erection of structures (including manufactured homes) or earthworks; land filling, excavation or other alteration of the ground surface; installation of public utilities; channel modification; storage of materials or any other activity undertaken to modify the existing physical features of a floodplain.
- C. "Flood Protection Elevation" means one foot above the applicable base flood or 100-year frequency flood elevation.
- D. "Office of Water Resources" means the Illinois Department of Natural Resources, Office of Water Resources.
- E. "Special Flood Hazard Area" or "Floodplain" means an area subject to inundation by the base or 100-year frequency flood and shown as such on the most current Flood Insurance Rate Map published by the Federal Emergency Management Agency.
- F. "State Agencies" means any department, commission, board or agency under the jurisdiction of the Governor; any board, commission, agency or authority which has a majority of its members appointed by the Governor; and the Governor's Office.

**KEY TO MAP**

1. All areas shown on this map are subject to the provisions of the Flood Insurance Act of 1968, as amended, and the Flood Insurance Rate Act of 1974, as amended.

2. The map is based on the Flood Insurance Study for the City of Quincy, Illinois, conducted by the Federal Emergency Management Agency (FEMA) in 1974.

3. The map shows the Special Flood Hazard Areas (SFHAs) for the City of Quincy, Illinois, as determined by FEMA.

4. The SFHAs are divided into three zones: Zone A, Zone B, and Zone C.

5. Zone A is the area of shallow flooding, with a base flood depth of 1 to 3 feet.

6. Zone B is the area of moderate flooding, with a base flood depth of 3 to 6 feet.

7. Zone C is the area of deep flooding, with a base flood depth of 6 feet or more.

8. The map also shows the locations of levees, dikes, and other flood control structures.

9. The map is intended to provide information for the purpose of determining flood insurance rates.

10. The map is not intended to be used for any other purpose.

11. The map is the property of FEMA and is loaned to the City of Quincy, Illinois.

12. The map is to be used in accordance with the provisions of the Flood Insurance Act of 1968, as amended, and the Flood Insurance Rate Act of 1974, as amended.

13. The map is to be used in accordance with the provisions of the Flood Insurance Study for the City of Quincy, Illinois, conducted by FEMA in 1974.

14. The map is to be used in accordance with the provisions of the Special Flood Hazard Areas for the City of Quincy, Illinois, as determined by FEMA.

15. The map is to be used in accordance with the provisions of the Flood Insurance Rate Act of 1974, as amended.

**FIRM**  
**FLOOD INSURANCE RATE MAP**

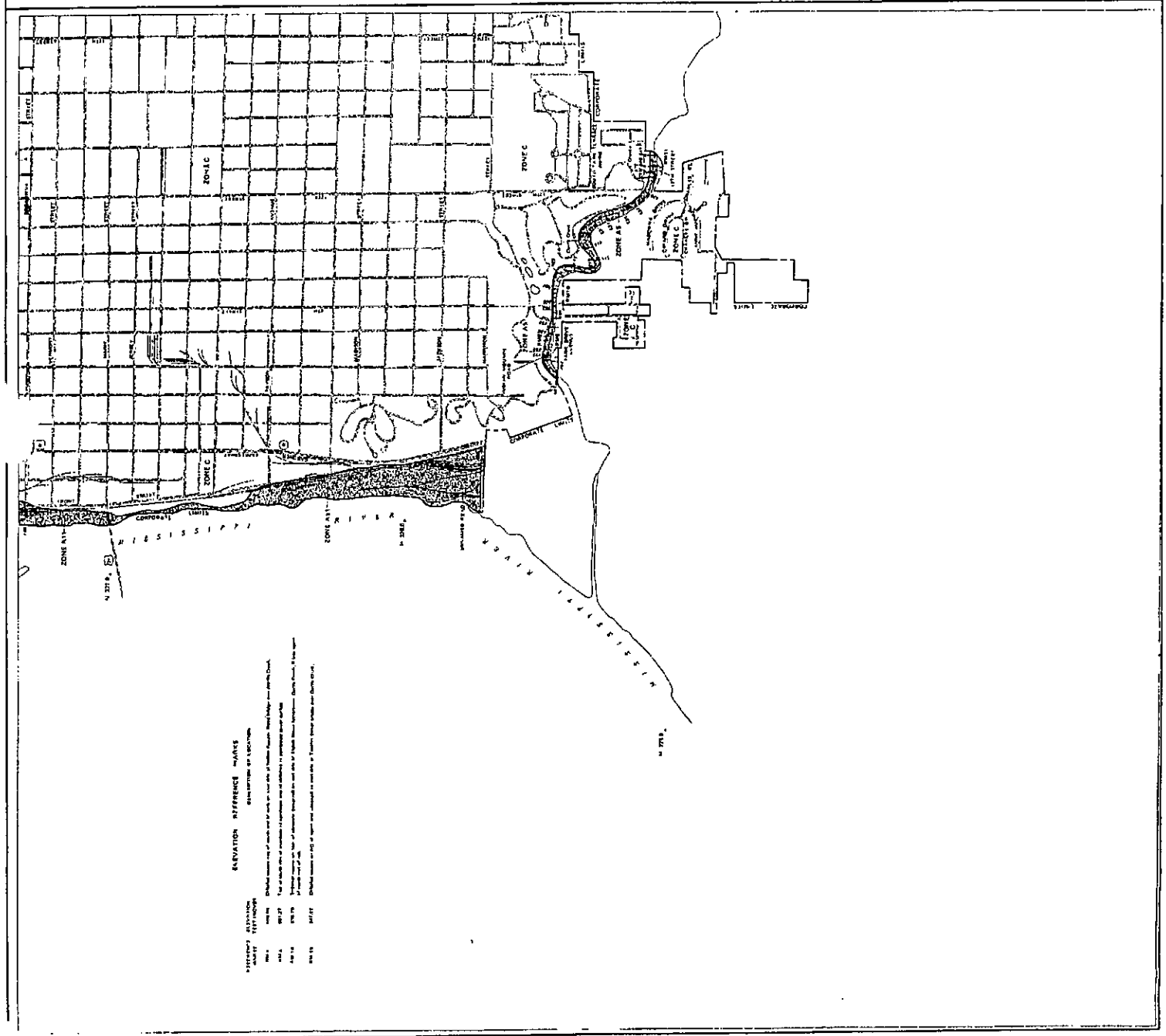
CITY OF  
**QUINCY,**  
**ILLINOIS**  
 ADMIRAL COUNTY

PANEL 15 OF 20

COMMUNITY PANEL NUMBER  
 12005 PA15 B

EFFECTIVE DATE  
 OCTOBER 15, 1981

PREPARED BY  
 FEDERAL EMERGENCY MANAGEMENT AGENCY  
 WASHINGTON, D.C. 20535



**KEY TO MAP**

1. FIRM FLOOD INSURANCE PREMIUM RATES

2. FIRM FLOOD INSURANCE PREMIUM RATES

3. FIRM FLOOD INSURANCE PREMIUM RATES

4. FIRM FLOOD INSURANCE PREMIUM RATES

5. FIRM FLOOD INSURANCE PREMIUM RATES

6. FIRM FLOOD INSURANCE PREMIUM RATES

7. FIRM FLOOD INSURANCE PREMIUM RATES

8. FIRM FLOOD INSURANCE PREMIUM RATES

9. FIRM FLOOD INSURANCE PREMIUM RATES

10. FIRM FLOOD INSURANCE PREMIUM RATES

**EXPLANATION OF ZONE DESIGNATIONS**

1. Zone A: Areas of low flood hazard, generally in the highest elevations of the community.

2. Zone B: Areas of moderate flood hazard, generally in the middle elevations of the community.

3. Zone C: Areas of high flood hazard, generally in the lowest elevations of the community.

4. Zone D: Areas of very high flood hazard, generally in the lowest elevations of the community.

5. Zone E: Areas of extreme flood hazard, generally in the lowest elevations of the community.

**GENERAL NOTES**

1. This map is based on the Flood Insurance Rate Map of the City of Quincy, Illinois, dated October 15, 1981.

2. The map shows the flood insurance premium rates for the community.

3. The map is subject to change without notice.

**LEGEND**

1. Flood Insurance Premium Rate

2. Flood Insurance Premium Rate

3. Flood Insurance Premium Rate

4. Flood Insurance Premium Rate

5. Flood Insurance Premium Rate

6. Flood Insurance Premium Rate

7. Flood Insurance Premium Rate

8. Flood Insurance Premium Rate

9. Flood Insurance Premium Rate

10. Flood Insurance Premium Rate

**FIRM FLOOD INSURANCE PREMIUM RATES**

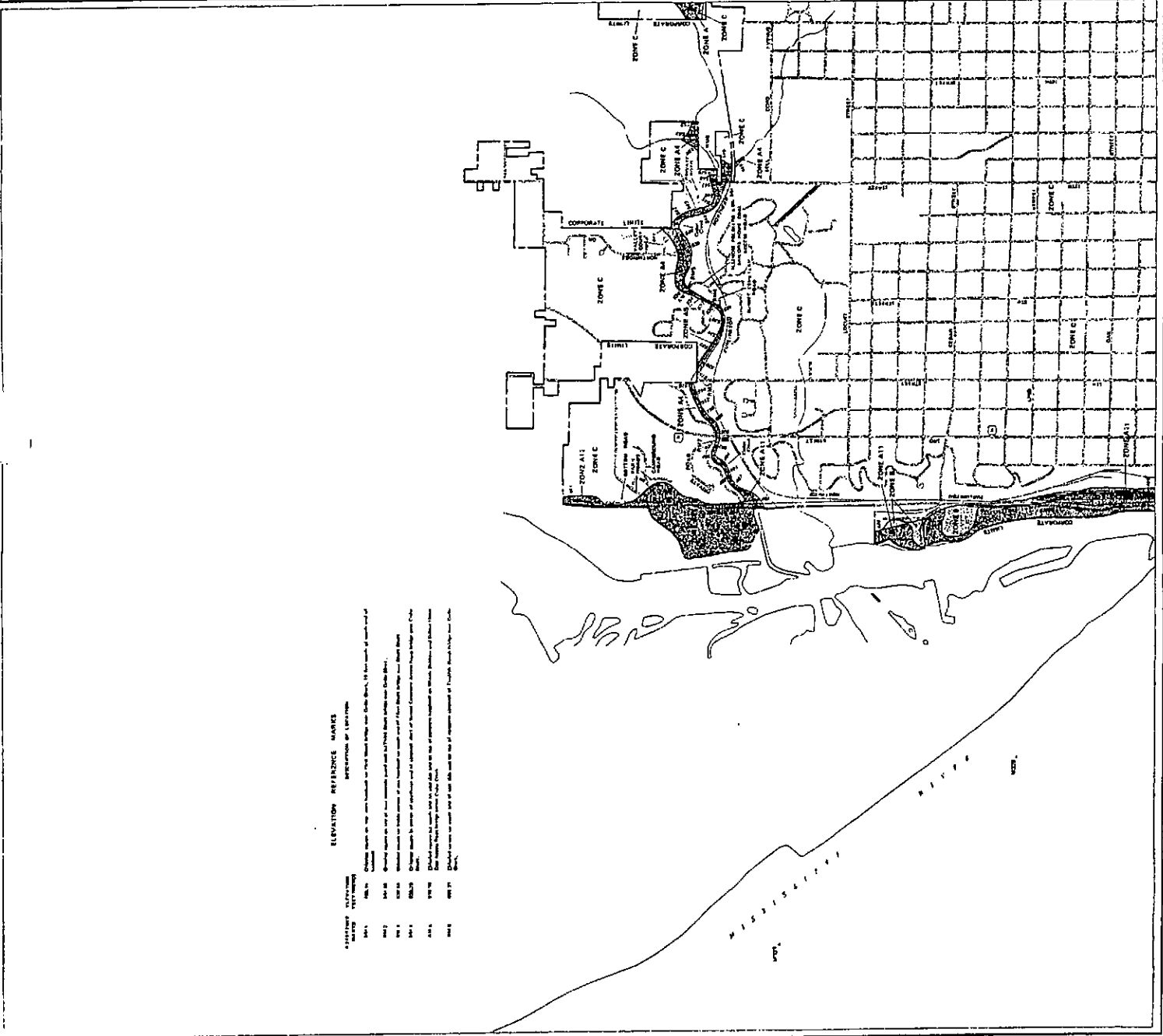
**FIRM FLOOD INSURANCE RATE MAP**

**CITY OF QUINCY, ILLINOIS (HAMILTON COUNTY)**

**PANEL 5 OF 78**

**COMMUNITY PANEL NUMBER: 10025 0001 8**

**EFFECTIVE DATE: OCTOBER 15, 1981**



**ELEVATION REFERENCE MARKS**

- 1. Elevation marks are shown in feet above mean sea level.
- 2. Elevation marks are shown in feet above mean sea level.
- 3. Elevation marks are shown in feet above mean sea level.
- 4. Elevation marks are shown in feet above mean sea level.
- 5. Elevation marks are shown in feet above mean sea level.
- 6. Elevation marks are shown in feet above mean sea level.
- 7. Elevation marks are shown in feet above mean sea level.
- 8. Elevation marks are shown in feet above mean sea level.
- 9. Elevation marks are shown in feet above mean sea level.
- 10. Elevation marks are shown in feet above mean sea level.

April 4, 2018

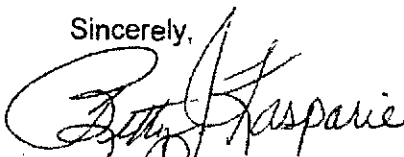
Anne E. Haaker  
Deputy State Historic Preservation Officer  
Illinois Historic Preservation Agency  
1 Old State Capitol Plaza  
Springfield, IL 62701-1512

Dear Ms. Haaker,

Blessing is submitting a letter to you for review of the preservation requirements for a Certificate of Need to add two floors on top of the bed tower approved by CON 11-018 previously approved. On September 3, 2010 you provided a letter indicating records showed no historic, architectural sites existed under the project area. The project area is the same for the new project.

Please send a letter confirming no other action is necessary. I am attaching a copy of the original letter received from your office dated September 2, 2018 relating to CON 11-018.

Sincerely,



Betty J. Kasparie  
Vice President of Corporate Compliance

BJK/elc





Illinois Historic  
Preservation Agency

JAN 24 2011

FAX (217) 782-8161

1 Old State Capitol Plaza • Springfield, Illinois 62701-1512 • [www.illinois-history.gov](http://www.illinois-history.gov)

Adams County  
Quincy

New Construction of Patient Tower Addition, Blessing Hospital  
1005 Broadway St.  
HAI-09411  
IHPA Log #017072210

September 3, 2010

Dennis Pruitt  
Heideman Associates Inc.  
13545 Barret Parkway Dr., Suite 200  
St. Louis, MO 63021

Dear Mr. Pruitt:

This letter is to inform you that we have reviewed the additional 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

RECEIVED  
JAN 12 2011

**B BLESSING**  
Corporate Services, Inc.

**Preservation Services**

**B. Bradford Billings**  
President / Chief Executive Officer

**IHPA REVIEW**

H/A \_\_\_\_\_  
AC \_\_\_\_\_  
AR \_\_\_\_\_  
File \_\_\_\_\_

**Subsidiaries**

- Blessing Hospital
- Blessing Affiliates, Inc.
- BlessingCare Corporation
- The Blessing Foundation
- Denman Services, Inc.

January 7, 2011

Illinois Historic Preservation Agency  
Preservation Services Division  
#1 Old State Capitol Plaza  
Springfield, IL 67201

To Whom It May Concern:

Blessing Hospital is submitting this letter to you for review of the preservation requirements for a Certificate of Need to build a new patient/bed tower on the current campus. Please provide a determination letter for submission with our Certificate of Need application.

1. General Project Description and Address:

Blessing Hospital, 1005 Broadway, Quincy, Illinois, proposes to develop a new patient tower located on the north side attached to the 1970 bed tower. See number three in the purple on the attached map. In addition, the hospital has received approval from the City of Quincy for the four block segment of North 10<sup>th</sup> Street between Broadway and Elm Street and the one block length of Oak Street from 10<sup>th</sup> to 11<sup>th</sup> Streets be vacated in order to provide for internal and vehicular circulation and accommodate future expansion of facilities at the 11<sup>th</sup> Street Campus. Blessing currently owns all the properties adjoining the street segments proposed for vacation: between Broadway and College Avenue, these properties are developed with the main hospital and nursing school complex, the twin buildings of the Blessing Health Center, the physical plant building, the Child Care Center, and surface parking. Properties on either side of 10<sup>th</sup> between College and Elm have cleared but not developed. No structures are proposed to be demolished.

In addition, Blessing will request the Hospital at the 14<sup>th</sup> Street Campus be decommissioned as a Hospital when the psychiatric units are relocated to the 11<sup>th</sup> Street Campus with this project.

2. Topical map shows general location of project. See the master site plan attached. The proposed project is in purple, #3.

January 7, 2010

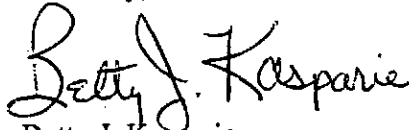
Page 2

3. Photographs of any standing buildings/structures within the project area.

No buildings are proposed to be demolished. All other standing buildings in the project area belong to the hospital campus.

4. Address for buildings/structures of present.  
1005 Broadway, Quincy, Illinois, 62305

Sincerely,



Betty J. Kasparie  
Vice President, Corporate Compliance

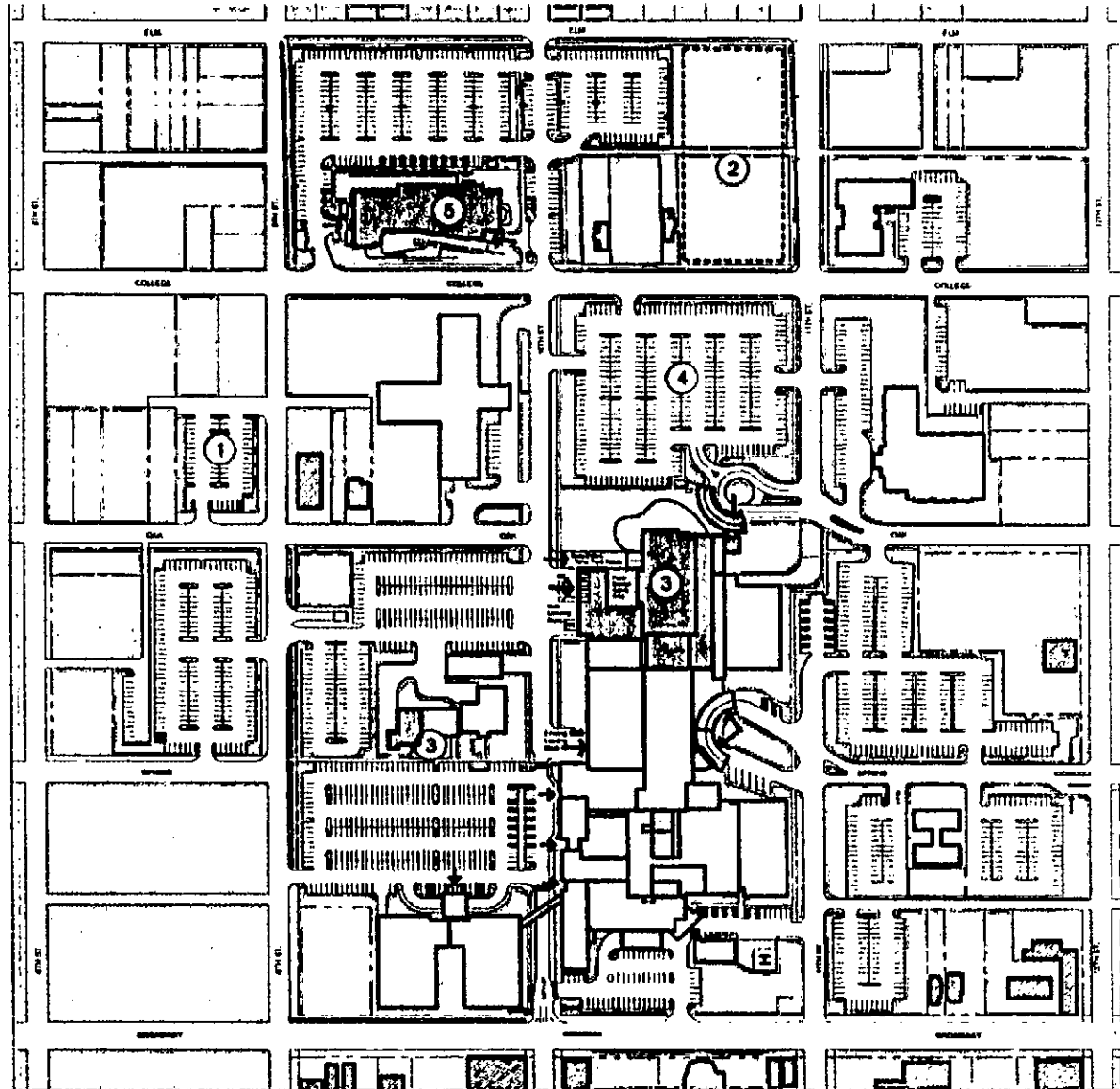
BJK/lmh

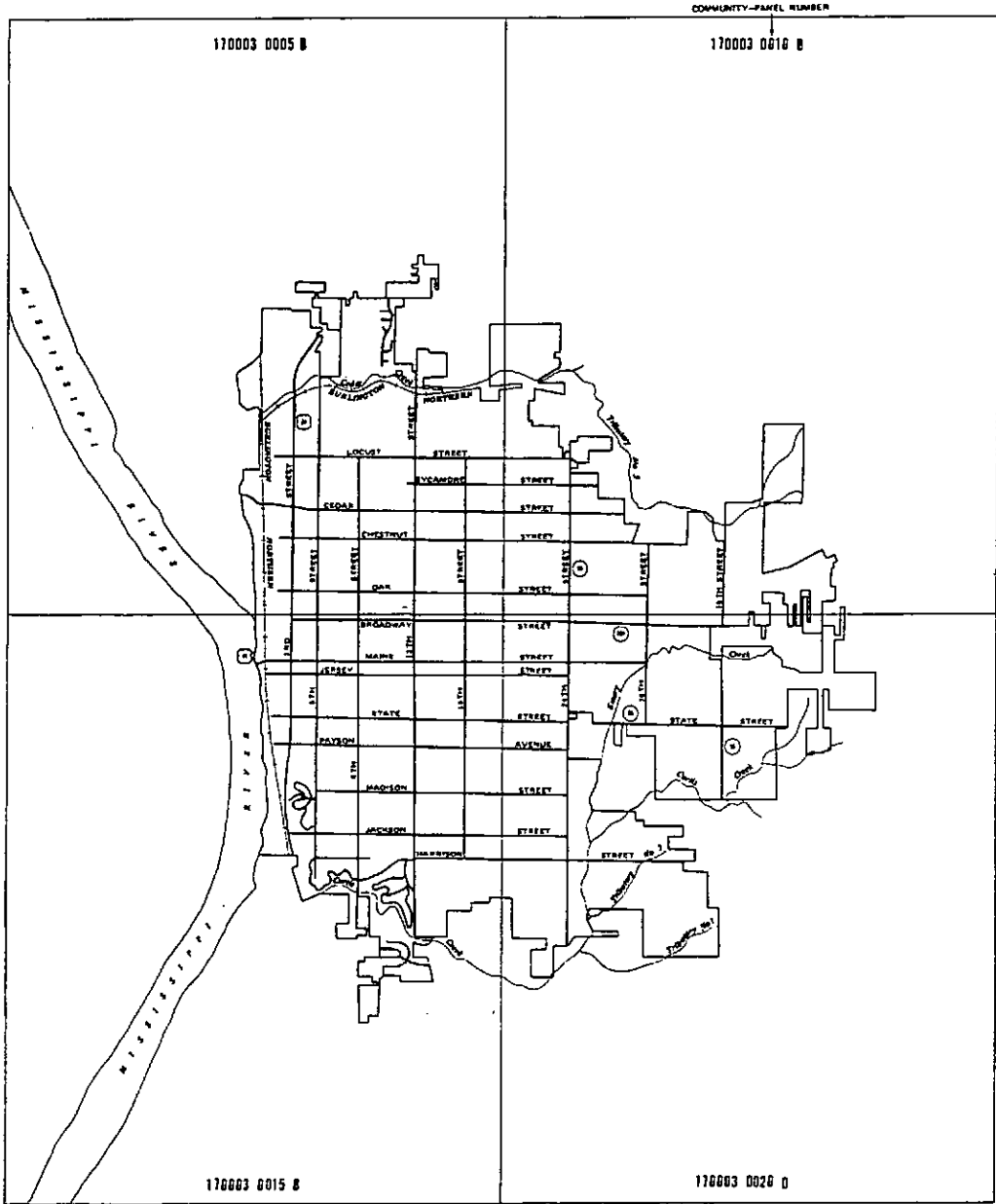
## LEGEND

-  FUTURE BUILDINGS
-  BLESSING BUILDINGS
-  PEDESTRIAN ENTRY
-  VEHICLE ENTRY

## NOTES

- ① Parking Lot (47 Spaces)
- ② Parking Lot
- ③ New Patient Tower (5 Floors) & Central Plant Addition
- ④ Parking Lot
- ⑤ College of Nursing/IS Building (3 Floors)





NATIONAL FLOOD INSURANCE PROGRAM


**FIRM**  
FLOOD INSURANCE RATE MAP

CITY OF  
QUINCY,  
ILLINOIS  
ADAMS COUNTY

**MAP INDEX**  
PANELS PRINTED: 5, 10, 15, 20

COMMUNITY-PANEL NUMBERS  
170003 0001 - 0070

EFFECTIVE DATE:  
OCTOBER 15, 1981

 federal emergency management agency  
federal insurance administration

49

Attachment 6

**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 be equal.

<b>Project Costs and Sources of Funds</b>			
<b>USE OF FUNDS</b>	<b>CLINICAL</b>	<b>NONCLINICAL</b>	<b>TOTAL</b>
Preplanning Costs			
Site Survey and Soil Investigation		\$22,000.00	\$22,000.00
Site Preparation		\$1,887,923.00	\$1,877,923.00
Off Site Work			
New Construction Contracts	\$32,602,935.00	\$3,670,670.00	\$36,273,605.00
Modernization Contracts			
Contingencies	\$1,535,280.33	\$278,399.92	\$1,813,680.25
Architectural/Engineering Fees	\$1,599,874.00	\$290,113.00	\$1,889,987.00
Consulting and Other Fees	\$691,775.00	\$30,819.00	\$722,594.00
Movable or Other Equipment (not in construction contracts)	\$3,892,651.60		\$3,892,651.60
Bond Issuance Expense (project related)	\$520,200.00	\$79,800.00	\$600,000.00
Net Interest Expense During Construction (project related)	\$1,820,700.00	\$279,300.00	\$2,100,000.00
Fair Market Value of Leased Space or Equipment			
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
<b>TOTAL USES OF FUNDS</b>	<b>\$42,663,415.93</b>	<b>\$6,539,024.92</b>	<b>\$49,202,440.85</b>
<b>SOURCE OF FUNDS</b>	<b>CLINICAL</b>	<b>NONCLINICAL</b>	<b>TOTAL</b>
Cash and Securities	\$12,314,930.53	\$1,887,510.32	\$14,202,440.85
Pledges			
Gifts and Bequests			
Bond Issues (project related)	\$30,348,485.40	\$4,651,514.60	\$35,000,000.00
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
<b>TOTAL SOURCES OF FUNDS</b>	<b>\$42,663,415.93</b>	<b>\$6,539,024.92</b>	<b>\$49,202,440.85</b>
<b>NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>			

Attachment 7

## Cost Space Requirements

DEPT. / AREA	COST	DEPARTMENTAL GROSS SQUARE FEET		AMOUNT OF PROPOSED TOTAL GROSS SQUARE FEET THAT IS:			
		EXISTING	PROPOSED	NEW CONST.	MODERNIZED	AS IS	VACATED SPACE
<b>REVIEWABLE</b>							
Medical Surgical	\$42,663,415.93	49,859	55,617	55,617	0	0	49,859
Total Clinical	\$42,663,415.93	49,859	55,617	55,617	0	0	49,859
<b>NON REVIEWABLE</b>							
Site Work Non Clinical	\$ 6,539,024.92	0	0	0	0	0	0
Total Non Clinical	\$6,539,024.92	0.00	0.00	0.00	0.00	0.00	0.00
<b>TOTAL</b>	<b>\$49,202,440.85</b>	<b>49,859.00</b>	<b>55,617.00</b>	<b>55,617.00</b>	<b>0.00</b>	<b>0.00</b>	<b>49,859.00</b>

## Use of Vacated Space

Blessing Hospital has identified the need for a full renovation of our 1970's Patient Tower. With infrastructure which dates back a little less than 50 years, our facility is in need to bring our largest inpatient area up to today's standards and codes. Blessing is also moving to improve our communities demand for transitioning our semi-private occupancy rooms to private occupancy rooms.

This proposed CON is one of a two step process to address the age of 1970 tower. This CON addresses replace 96 medical surgical beds to new space in order to achieve the flexibility needed to continue operations and modernize the 1970 tower after the proposed CON has been completed. This project includes only one category of service, Medical Surgical beds. Following project completion, Blessing's authorized medical/surgical bed capacity will not change from the 178 beds, but the hospital will be able to move from 26% private medical/surgical rooms to 85%.

The medical surgical units are functionally obsolete and need to be modernized due to mechanical infrastructure and not ideal for the number of beds they currently accommodate, the existing medical surgical nursing units have structural limitations, patient rooms need to be designed to accommodate negative air-flow for infection control, and the semi-private rooms are too small for today's equipment and family involvement. There is inadequate storage space for all the equipment needed on floors today, staff facilities are limited including meeting areas and lounges, support areas for physicians and other staff is limited in design. In additional as previously listed, Blessing is the clinical site for many education programs which take space in patient rooms to support the training. The facility was designed over 50 years ago and patient needs and care delivery has significantly changed.

The second CON renovation (at a later date) would include the modernization of all current infrastructures within the structural walls of the 1970's building. Recently performed infrared thermal studies have also identified moisture infiltration along the structures exterior windows which will require to be addressed. With high census over the past 2 years, for Blessing to support our community, Blessing needs to construct the Moorman Pavilion 4<sup>th</sup>, 5<sup>th</sup>, and 6<sup>th</sup> floor addition on top of our most recent patient tower to support our future modernization plans of our 1970 Patient Tower. The 4<sup>th</sup> floor is shelled space permitted by a previous CON. The Moorman Pavilion Addition (current CON request) project will accommodate 96 current Medical Surgical beds.

During the construction of the Moorman Pavilion 4<sup>th</sup>, 5<sup>th</sup> & 6<sup>th</sup> floor addition, all departments will remain in their current locations. The project entails fitting out of the current 4<sup>th</sup> floor shell space along with the construction of an additional 5<sup>th</sup> and 6<sup>th</sup> floor. Once completed, 96 Medical Surgical beds will move to their new permanent department locations within the addition allowing two floors in the 1970 tower to be vacated.

The next project to be completed in preparation of starting the renovation of the 1970 Tower is the Exterior Skin Project. The project is divided into 4 phases, taking a quarter of the building at a time to complete the work. With the appropriate layout of the patient floors in the 1970 Tower, construction of the Exterior Skin for each quarter of the building will be completed. During construction, approximately 80 bed locations will be required to be vacated.



These beds will be shifted around on each floor throughout all four phases of the project. Once completed, the moisture infiltration issue will be mitigated and our 1970 Tower will be ready to start its interior modernization.

The 1970 Tower renovation plan will require two floors to be vacated for each phase of the project. Blessing will return to the Board with a CON to obtain approval prior to the renovation of 1970 bed tower. Construction sequence is to replace the infrastructure from the top down starting with the 5<sup>th</sup> and 6<sup>th</sup> floors. This project will consist of 5 phases, renovating floors 2 through 6. Once completed, Blessing will have changed our standard of care, primarily focusing on in-patient facility based private occupancy rooms.

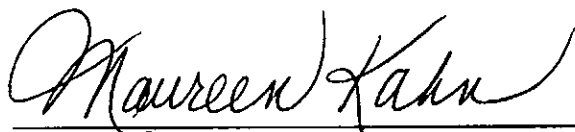
In addition to the aforementioned components, additional bedded services located in older buildings will be relocated to the renovated 1970 tower as part of the next CON project. This will allow the organization to upgrade almost all of the 50 plus year old structures being used to care for bedded patients.

BACKGROUND 1110.230

Attached is a copy of the license of Blessing Hospital. Blessing Hospital does not own any other hospitals. Also attached is a list of schools and programs, Academic Accreditations and Patient Care Accreditations.

No adverse action, as defined by Illinois Health Facilities and Services Review Board rules, has been taken against Blessing over the past 3 years.

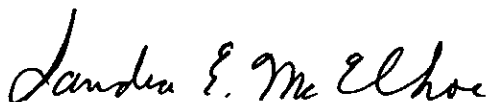
HFSRB and IDPH are authorized to access documents necessary to verify information submitted, including official licensing or certification records of Illinois or other states or records of certification agencies. The latest audit was submitted with project 18-010.



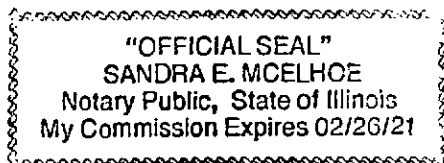
Maureen Kahn  
President/CEO  
Blessing Hospital

Subscribed and sworn to before me this

17<sup>th</sup> Day of April, 2018.



Notary Public



Attachment 11



**Illinois Department of  
PUBLIC HEALTH**

HF114541

**LICENSE, PERMIT, CERTIFICATION, REGISTRATION**

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

Nirav D. Shah, M.D., J.D.  
Director

Issued under the authority of  
the Illinois Department of  
Public Health

EXPIRATION DATE	CATEGORY	L.D. NUMBER
12/31/2018		0000141
<b>General Hospital</b>		
Effective: 01/01/2018		

Blessing Hospital at 11th Street  
Broadway at 11th Street  
Quincy, IL 62301

The face of this license has a colored background. Printed by Authority of the State of Illinois • PO: #48240 5M 5/16

← DISPLAY THIS PART IN A  
CONSPICUOUS PLACE

Exp. Date 12/31/2018

Lic Number 0000141

Date Printed 11/21/2017

Blessing Hospital at 11th Street

Broadway at 11th Street  
Quincy, IL 62301

FEE RECEIPT NO.

55

# Quality Value Service

## Schools & Programs

- Quincy Family Practice Residency Program
- Blessing-Rieman College of Nursing and Health Sciences
  - ❖ Bachelor of Science in Nursing
  - ❖ Master of Science in Nursing
  - ❖ Associate of Science in Respiratory Care
- School of Medical Laboratory Technicians
- School of Radiologic Technology
- Emergency Medical Services Program
- Surgical Technologist Program
- Pharmacy Practice Residency Program
- Continuing Education for Healthcare Professionals

## Academic Accreditations

- Commission of Collegiate Nursing Education
- Joint Review Committee on Education in Radiologic Technology
- National Accrediting Agency of Clinical Laboratory Sciences
- National League for Nursing
- State of Illinois Board of Nursing
- Commission on Accreditation of Allied Health Education Programs
- Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions

## Patient Care Accreditations

- American College of Surgeons Commission on Cancer
- Society of Chest Pain Centers
- American College of Radiology
- College of Surgeons Commission on Cancer
- American College of Radiology Oncology
- Level II Trauma Center
- Commission on Accreditation of Rehabilitation Facilities
- American Academy of Sleep Medicine
- College of American Pathologists
- Certified Pediatric Emergency Center
- Accreditation Commission for Health Care (DNV-UL Affiliate) Primary Stroke Center
- Joint Commission Certified for Sepsis Care
- DNV-GL Healthcare

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Attachment 11

Criterion 1110.230

Purpose of Project – Attachment 12

1. This project creates the foundation step toward meeting the next generation of modernized beds for the Tri-State area population served by Blessing Hospital. Blessing is the largest hospital and trauma center for 100 miles in all directions, Illinois, Missouri and Iowa. The majority of the current bed space is located in a 50 year old building. The proposed project will improve the health care and well-being of the market area population by replacing 96 existing medical surgical beds located in the 1970 building with new modern, appropriately sized and configured private medical surgical beds. No change in bed capacity is proposed. Following project completion, the hospital will have the ability to place 85 % of medical surgical patients in private beds versus 26% currently. Research has shown with private rooms there is less need for transfers, allows for higher bed occupancy levels, shortens the length of stay of patients, reduces the chance of medication errors, allows for the ability to address infection issues more efficiently, accommodates family wanting to participate in the patient's care as well as offers more privacy for conversations and consultations with providers. The proposed project will allow Blessing to provide new, modern, appropriately sized and configured beds meeting today and tomorrow's patient needs. No other services are impacted by this project. By building out the 4<sup>th</sup> floor and adding two additional floors of medical surgical bed space, Blessing will then be in a position to renovate the 1970 bed tower, with a separate CON at a later date, while being able to continue operating at a high medical surgical capacity.
2. Blessing Hospital's primary market area for this project consists of seven counties – four in west central Illinois (Adams, Brown, Hancock, and Pike) and three in northeast Missouri (Marion, Lewis and Clark). These counties include zip codes in which 90.5% or more of the medical surgical care patient's reside, as shown in the patient origin charts in this attachment. The largest percentage of Blessing's patients are from Adams County (60.4%) where the hospital is located. A majority of medical surgical patients reside in the state designated planning area in which Blessing is located, planning area E-05 (68.3%). The project includes only the medical surgical category.
3. The problem being addressed is the need for private modern appropriately sized and configured medical surgical rooms. The goal is to create the ability to significantly increase the number of medical surgical beds in private rooms. The secondary need being addressed is completing the first phase of preparation for a later CON to address the modernization of the remaining 1970 bed tower while maintaining the ability to operate and serve the patient's needs while modernizing the space.

Blessing was operating at 85% occupancy on the 158 licensed beds, so in September of 2017, the Blessing requested from the state the ability to add 20 beds to the inventory under the 10/10 bed rule. Blessing received notice on 2/23/2018 the hospital needed to show location of beds etc. Blessing is working with the state to bring these beds online. As shown by the attached graph Blessing exceeded the 85% occupancy last year on 118 days and so far in 2018, 37 patients were not able to be accepted as transfers. When these beds are brought online, the number of private room ability will decrease until the new construction is completed.

4. The source of information:

Illinois Licensing Requirements

Standards for Accessible Design: ADA Accessibility

Guidelines for Building and Facilities; 28 Code of Federal Regulations, 35.406 ADAAG

National Fire Protection Association, NFPA 101: Life Safety Code (2000 Edition)

The Facilities Guidelines Institute and The American Institute of Architects Academy of

Architecture for Health with assistance from the US Department of Health and Human

Services, 2006 Guidelines for Design and Construction of Health Care Facilities;

Reports by the hospital's architects and engineers;

Health Resources and Services Administration (HRSA) of the United States Department

of Health and Human Services (HHS), Medically Underserved Areas and Populations by

State and County, <http://muafind.hrsa.gov/index.aspx> for Adams, Brown, Pike, Hancock

in Illinois and Lewis and Marion in Missouri. Health Resources and Services

Administration (HRSA) of the United States Department of Health and Human Services

(HHS), Health Professional Shortage Areas by State and County,

<http://muafind.hrsa.gov/HPSASearch.aspx> for Adams, Brown, Pike Hancock in Illinois

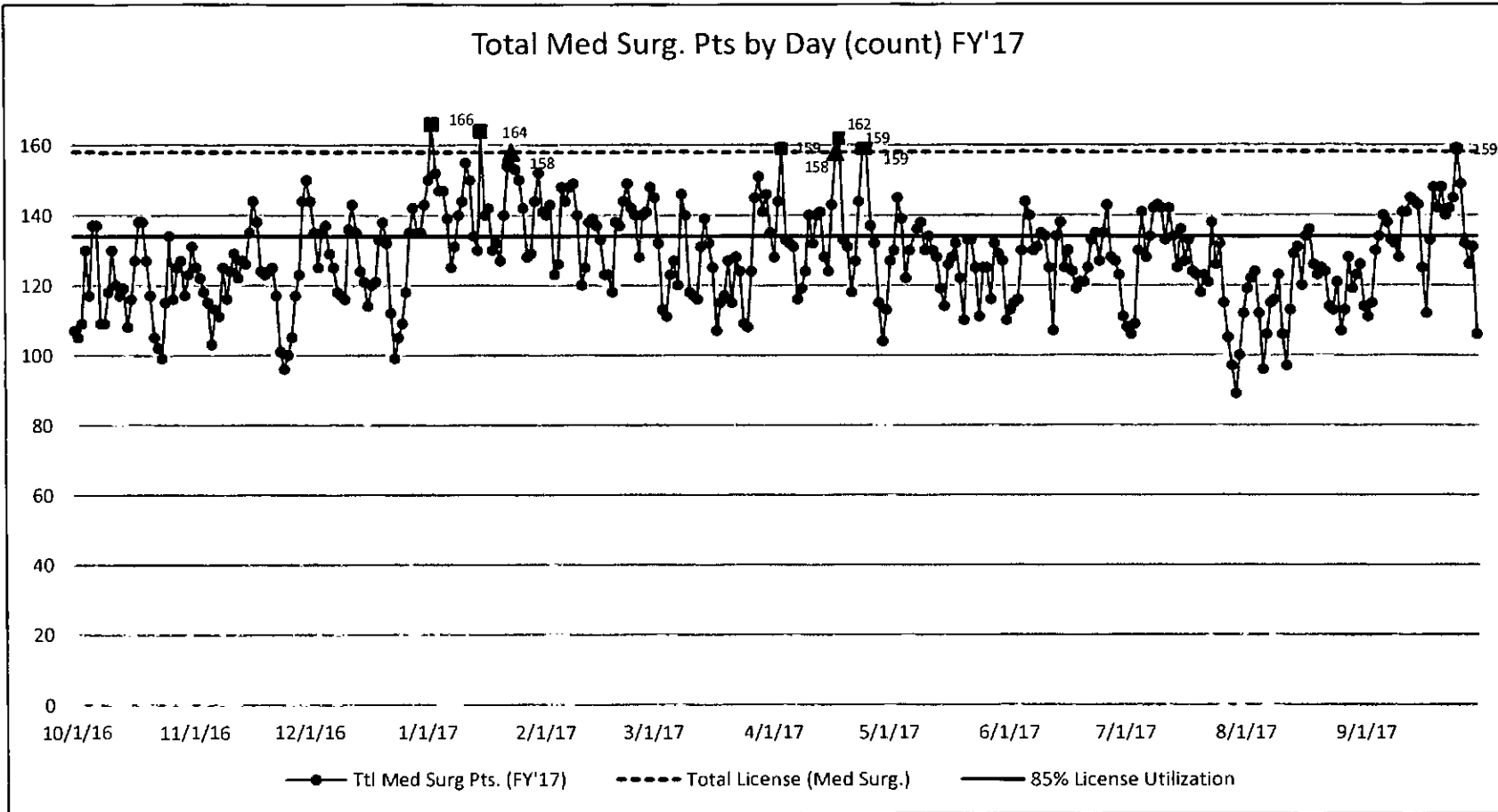
and Lewis and Marion in Missouri.

5. The project will address and improve the health care and well-being of residents of the area as well as enhance the clinical training of all the schools and programs identified in Attachment 11. Blessing Hospital serves as a clinical site for SIU Family Practice Residency Program as well as School of Nursing for Blessing Hospital's school of Nursing Program, which has 264 nursing students. As part of their training, it will enable Blessing to meet current standards with adequate space for medical education and health professional education. Blessing also offers an Associate in Respiratory Care, School of Medical Laboratory Technicians, School of Radiology, Pharmacy Practice Residency Program, and Emergency Medical Services Program.

These programs are critical to help support the staffing needs of today and the future. Blessing has made a significant commitment to improving the health care and well-being of it area residents by offering these education programs. As stated previously in this attachment there is a need for the ability to increase private rooms as well as address the need to begin a phasing project in preparation for a separate CON at a later date to modernize the 1970 bed building.

6. Blessing's mission is to improve the health of our communities. To achieve this goal on an ongoing basis, Blessing needs to reinvest in the future. The completion of the project at the beginning of 2021 will allow for a newly renovated facility to meet the needs of patients. It positions the organization to renovate the 1970 building in a later CON project. Blessing will achieve this goal by completing this project by 2021 allowing for new, contemporary, appropriately sized and configured mostly private medical surgical patient rooms. The goal of increasing private rooms will be achieved.

60



### FY' 2017 Statistics

- 118 days where the ADC was above 134 (85% of available med surg licenses).
- That equates to approx. 32% of the time (ADC was at or above 85% occupancy).



**Blessing Hospital**  
**Medical Surgical Patient Drigin by County**  
**1/1/2017 - 12/31/2017**

	Discharges	% of Total Discharges	Cumulative %
Adams, IL	9,831	60.4%	60.4%
Pike, IL	1,134	7.0%	67.3%
Lewis, MO	1,115	6.8%	74.2%
Marion, MO	1,025	6.3%	80.5%
Hancock, IL	952	5.8%	86.3%
Clark, MO	353	2.2%	88.5%
Brown, IL	323	2.0%	90.5%
Lee, IA	240	1.5%	92.0%
Mcdonough, IL	151	0.9%	92.9%
Ralls, MO	139	0.9%	93.7%
Scotland, MO	111	0.7%	94.4%
Knox, MO	103	0.6%	95.1%
Schuyler, IL	82	0.5%	95.6%
Pike, MO	80	0.5%	96.1%
Monroe, MO	78	0.5%	96.5%
Shelby, MO	71	0.4%	97.0%
Scott, IL	22	0.1%	97.1%
Fulton, IL	17	0.1%	97.2%
Sangamon, IL	17	0.1%	97.3%
Morgan, IL	15	0.1%	97.4%
Cass, IL	15	0.1%	97.5%
Adair, MO	12	0.1%	97.6%
Schuyler, MO	12	0.1%	97.6%
Van Buren, IA	12	0.1%	97.7%
Audrain, MO	11	0.1%	97.8%
Greene, MO	10	0.1%	97.8%
Saint Louis, MO	9	0.1%	97.9%
Henderson, IL	9	0.1%	98.0%
Greene, IL	9	0.1%	98.0%
Cook, IL	8	0.0%	98.1%
Fayette, WV	7	0.0%	98.1%
Macon, IL	7	0.0%	98.1%
Peoria, IL	7	0.0%	98.2%
Mclean, IL	6	0.0%	98.2%
Scott, IA	6	0.0%	98.3%
Saint Charles, MO	6	0.0%	98.3%
Macoupin, IL	5	0.0%	98.3%
Macon, MO	5	0.0%	98.4%
Frederick, MD	5	0.0%	98.4%
<b>Total These Counties</b>	<b>16,020</b>	<b>98.4%</b>	
<b>Total Med Surg Patients</b>	<b>16,282</b>		

**Blessing Hospital**  
**Medical Surgical Patient Origin by Zip Code**  
**1/1/2017 - 12/31/2017**

City	County	State	Planning		Discharges	% of Total	
			Area	Zip Code		Cases	Cumulative %
QUINCY	Adams	IL	E-05	62301	5,609	34.4%	34.4%
QUINCY	Adams	IL	E-05	62305	2,399	14.7%	49.2%
HANNIBAL	Marion	MO		63401	562	3.5%	52.6%
CANTON	Lewis	MO		63435	413	2.5%	55.2%
PITTSFIELD	Pike	IL	E-04	62363	365	2.2%	57.4%
CAMP POINT	Adams	IL	E-05	62320	325	2.0%	59.4%
PALMYRA	Marion	MO		63461	295	1.8%	61.2%
MENDON	Adams	IL	E-05	62351	263	1.6%	62.8%
MOUNT STERLING	Brown	IL	E-05	62353	259	1.6%	64.4%
KAHOKA	Clark	MO		63445	214	1.3%	65.7%
BARRY	Pike	IL	E-04	62312	204	1.3%	67.0%
LIBERTY	Adams	IL	E-05	62347	202	1.2%	68.2%
CARTHAGE	Hancock	IL	E-05	62321	199	1.2%	69.5%
KEOKUK	Lee	IA		52632	187	1.1%	70.6%
PAYSON	Adams	IL	E-05	62360	182	1.1%	71.7%
LA GRANGE	Lewis	MO		63448	181	1.1%	72.8%
HAMILTON	Hancock	IL	E-05	62341	172	1.1%	73.9%
CLAYTON	Adams	IL	E-05	62324	161	1.0%	74.9%
FOWLER	Adams	IL	E-05	62338	160	1.0%	75.9%
SA	Adams	IL	E-05	62376	159	1.0%	76.8%
LEWISTOWN	Lewis	MO		63452	156	1.0%	77.8%
LA BELLE	Lewis	MO		63447	148	0.9%	78.7%
WARSAW	Hancock	IL	E-05	62379	148	0.9%	79.6%
GOLDEN	Adams	IL	E-05	62339	125	0.8%	80.4%
EWING	Lewis	MO		63440	121	0.7%	81.1%
PLEASANT HILL	Pike	IL	E-04	62366	111	0.7%	81.8%
NEW LONDON	Ralls	MO		63459	109	0.7%	82.5%
GRIGGSVILLE	Pike	IL	E-04	62340	108	0.7%	83.1%
PLYMOUTH	Hancock	IL	E-05	62367	100	0.6%	83.8%
MEMPHIS	Scotland	MO		63555	79	0.5%	84.2%
AUGUSTA	Hancock	IL	E-05	62311	74	0.5%	84.7%
MACOMB	Mcdonough	IL	C-04	61455	72	0.4%	85.1%
MONROE CITY	Monroe	MO		63456	71	0.4%	85.6%
LORAIN	Adams	IL	E-05	62349	69	0.4%	86.0%
RUSHVILLE	Schuyler	IL	E-01	62681	68	0.4%	86.4%
BAYLIS	Pike	IL	E-04	62314	67	0.4%	86.8%
MAYWOOD	Marion	MO		63454	63	0.4%	87.2%
TAYLOR	Marion	MO		63471	62	0.4%	87.6%
BOWEN	Hancock	IL	E-05	62316	61	0.4%	88.0%
COATSBURG	Adams	IL	E-05	62325	56	0.3%	88.3%
EDINA	Knox	MO		63537	47	0.3%	88.6%
DURHAM	Lewis	MO		63438	47	0.3%	88.9%
BO	Pike	IL	E-04	62355	46	0.3%	89.2%
HULL	Pike	IL	E-04	62343	46	0.3%	89.5%
<b>Total Zips with &gt; 45 Discharges</b>					<b>14,565</b>	<b>89.5%</b>	
<b>Total Medical Surgical Patients</b>					<b>16,282</b>		

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**Blessing Hospital**  
**Medical Surgical Patient Origin by Zip Code**  
**10/01/2016 - 09/30/2017**

City	County	State	Planning		Discharges	% of Total	
			Area	Zip Code		Cases	Cumulative %
QUINCY	Adams, IL	IL	E-05	62301	5,609	34.4%	34.4% Adams, IL, IL
QUINCY	Adams, IL	IL	E-05	62305	2,399	14.7%	49.2% Adams, IL, IL
HANNIBAL	Marion, MO	MO		63401	562	3.5%	52.6% Marion, MO, MO
CANTON	Lewis, MO	MO		63435	413	2.5%	55.2% Lewis, MO, MO
PITTSFIELD	Pike, IL	IL	E-04	62363	365	2.2%	57.4% Pike, IL, IL
CAMP POINT	Adams, IL	IL	E-05	62320	325	2.0%	59.4% Adams, IL, IL
PALMYRA	Marion, MO	MO		63461	295	1.8%	61.2% Marion, MO, MO
MENDON	Adams, IL	IL	E-05	62351	263	1.6%	62.8% Adams, IL, IL
MOUNT STERLING	Brown, IL	IL	E-05	62353	259	1.6%	64.4% Brown, IL, IL
KAHOKA	Clark, MO	MO		63445	214	1.3%	65.7% Clark, MO, MO
BARRY	Pike, IL	IL	E-04	62312	204	1.3%	67.0% Pike, IL, IL
LIBERTY	Adams, IL	IL	E-05	62347	202	1.2%	68.2% Adams, IL, IL
CARTHAGE	Hancock, IL	IL	E-05	62321	199	1.2%	69.5% Hancock, IL, IL
KEOKUK	Lee, IA	IA		52632	187	1.1%	70.6% Lee, IA, IA
PAYSON	Adams, IL	IL	E-05	62360	182	1.1%	71.7% Adams, IL, IL
LA GRANGE	Lewis, MO	MO		63448	181	1.1%	72.8% Lewis, MO, MO
HAMILTON	Hancock, IL	IL	E-05	62341	172	1.1%	73.9% Hancock, IL, IL
CLAYTON	Adams, IL	IL	E-05	62324	161	1.0%	74.9% Adams, IL, IL
FOWLER	Adams, IL	IL	E-05	62338	160	1.0%	75.9% Adams, IL, IL
URSA	Adams, IL	IL	E-05	62376	159	1.0%	76.8% Adams, IL, IL
LEWISTOWN	Lewis, MO	MO		63452	156	1.0%	77.8% Lewis, MO, MO
LA BELLE	Lewis, MO	MO		63447	148	0.9%	78.7% Lewis, MO, MO
WARSAW	Hancock, IL	IL	E-05	62379	148	0.9%	79.6% Hancock, IL, IL
GOLDEN	Adams, IL	IL	E-05	62339	125	0.8%	80.4% Adams, IL, IL
EWING	Lewis, MO	MO		63440	121	0.7%	81.1% Lewis, MO, MO
PLEASANT HILL	Pike, IL	IL	E-04	62366	111	0.7%	81.8% Pike, IL, IL
NEW LONDON	Ralls, MO	MO		63459	109	0.7%	82.5% Ralls, MO, MO
GRIGGSVILLE	Pike, IL	IL	E-04	62340	108	0.7%	83.1% Pike, IL, IL
PLYMOUTH	Hancock, IL	IL	E-05	62367	100	0.6%	83.8% Hancock, IL, IL
MEMPHIS	Scotland, MO	MO		63555	79	0.5%	84.2% Scotland, MO, MO
AUGUSTA	Hancock, IL	IL	E-05	62311	74	0.5%	84.7% Hancock, IL, IL
MACOMB	Mcdonough, IL	IL	C-04	61455	72	0.4%	85.1% Mcdonough, IL, IL
MONROE CITY	Monroe, MO	MO		63456	71	0.4%	85.6% Monroe, MO, MO
LORRAINE	Adams, IL	IL	E-05	62349	69	0.4%	86.0% Adams, IL, IL
RUSHVILLE	Schuyler, IL	IL	E-01	62681	68	0.4%	86.4% Schuyler, IL, IL
BAYLIS	Pike, IL	IL	E-04	62314	67	0.4%	86.8% Pike, IL, IL
MAYWOOD	Marion, MO	MO		63454	63	0.4%	87.2% Marion, MO, MO
TAYLDR	Marion, MO	MO		63471	62	0.4%	87.6% Marion, MO, MO
BOWEN	Hancock, IL	IL	E-05	62316	61	0.4%	88.0% Hancock, IL, IL
COATSBURG	Adams, IL	IL	E-05	62325	56	0.3%	88.3% Adams, IL, IL
EOINA	Knox, MO	MO		63537	47	0.3%	88.6% Knox, MO, MO
DURHAM	Lewis, MO	MO		63438	47	0.3%	88.9% Lewis, MO, MO
NEBO	Pike, IL	IL	E-04	62355	46	0.3%	89.2% Pike, IL, IL
HULL	Pike, IL	IL	E-04	62343	46	0.3%	89.5% Pike, IL, IL
PLAINVILLE	Adams, IL	IL	E-05	62365	45	0.3%	89.7% Adams, IL, IL
COLCHESTER	Mcdonough, IL	IL	C-04	62326	44	0.3%	90.0% Mcdonough, IL, IL
WEST POINT	Hancock, IL	IL	E-05	62380	43	0.3%	90.3% Hancock, IL, IL
PHILADELPHIA	Marion, MO	MO		63463	43	0.3%	90.5% Marion, MO, MO
WYACONDA	Clark, MO	MO		63474	38	0.2%	90.8% Clark, MO, MO
WAYLANO	Clark, MO	MO		63472	38	0.2%	91.0% Clark, MO, MO
NEW CANTON	Pike, IL	IL	E-04	62356	35	0.2%	91.2% Pike, IL, IL
VERSAILLES	Brown, IL	IL	E-05	62378	34	0.2%	91.4% Brown, IL, IL
PERRY	Pike, IL	IL	E-04	62362	34	0.2%	91.6% Pike, IL, IL
BOWLING GREEN	Pike, MO	MO		63334	33	0.2%	91.8% Pike, MO, MO
DALLAS CITY	Hancock, IL	IL	E-05	62330	32	0.2%	92.0% Hancock, IL, IL
TIMEWELL	Brown, IL	IL	E-05	62375	30	0.2%	92.2% Brown, IL, IL
KINDERHOOK	Pike, IL	IL	E-04	62345	30	0.2%	92.4% Pike, IL, IL
NAUVOO	Hancock, IL	IL	E-05	62354	30	0.2%	92.6% Hancock, IL, IL
MONTICELLO	Lewis, MO	MO		63457	29	0.2%	92.8% Lewis, MO, MO

QUINCY	Adams, IL	IL	E-05	62306	29	0.2%	92.9% Adams, IL, IL
LOUISIANA	Pike, MO	MO		63353	29	0.2%	93.1% Pike, MO, MO
ROCKPORT	Pike, IL	IL	E-04	62370	28	0.2%	93.3% Pike, IL, IL
FORT MADISON	Lee, IA	IA		52627	28	0.2%	93.5% Lee, IA, IA
LA HARPE	Hancock, IL	IL	E-05	61450	26	0.2%	93.6% Hancock, IL, IL
ALEXANDRIA	Clark, MO	MO		63430	25	0.2%	93.8% Clark, MO, MO
LA PRAIRIE	Adams, IL	IL	E-05	62346	25	0.2%	93.9% Adams, IL, IL
KNOX CITY	Knox, MO	MO		63446	23	0.1%	94.1% Knox, MO, MO
WILLIAMSTOWN	Lewis, MO	MO		63473	20	0.1%	94.2% Lewis, MO, MO
BASCO	Hancock, IL	IL	E-05	62313	20	0.1%	94.3% Hancock, IL, IL
SHELBYVILLE	Shelby, MO	MO		63469	20	0.1%	94.4% Shelby, MO, MO
REVERE	Clark, MO	MO		63465	19	0.1%	94.6% Clark, MO, MO
MILTON	Pike, IL	IL	E-04	62352	19	0.1%	94.7% Pike, IL, IL
NIOTA	Hancock, IL	IL	E-05	62358	19	0.1%	94.8% Hancock, IL, IL
CHAMBERSBURG	Pike, IL	IL	E-04	62323	19	0.1%	94.9% Pike, IL, IL
SHELBINA	Shelby, MO	MO		63468	19	0.1%	95.0% Shelby, MO, MO
LURAY	Clark, MO	MO		63453	18	0.1%	95.1% Clark, MO, MO
PALOMA	Adams, IL	IL	E-05	62359	17	0.1%	95.2% Adams, IL, IL
BETHEL	Shelby, MO	MO		63434	17	0.1%	95.3% Shelby, MO, MO
ELVASTON	Hancock, IL	IL	E-05	62334	16	0.1%	95.4% Hancock, IL, IL
MONTROSE	Lee, IA	IA		52639	16	0.1%	95.5% Lee, IA, IA
PERRY	Ralls, MO	MO		63462	15	0.1%	95.6% Ralls, MO, MO
BUSHNELL	Mcdonough, IL	IL	C-04	61422	14	0.1%	95.7% Mcdonough, IL, IL
CENTER	Ralls, MO	MO		63436	14	0.1%	95.8% Ralls, MO, MO
NEWARK	Knox, MO	MO		63458	13	0.1%	95.9% Knox, MO, MO
PEARL	Pike, IL	IL	E-04	62361	13	0.1%	96.0% Pike, IL, IL
WINCHESTER	Scott, IL	IL	E-04	62694	12	0.1%	96.0% Scott, IL, IL
SUTTER	Hancock, IL	IL	E-05	62373	12	0.1%	96.1% Hancock, IL, IL
BARING	Knox, MO	MO		63531	11	0.1%	96.2% Knox, MO, MO
BEARDSTOWN	Cass, IL	IL	E-01	62618	11	0.1%	96.2% Cass, IL, IL
RUTLEDGE	Scotland, MO	MO		63563	11	0.1%	96.3% Scotland, MO, MO
ARBELA	Scotland, MO	MO		63432	11	0.1%	96.4% Scotland, MO, MO
FARMINGTON	Van Buren, IA	IA		52626	11	0.1%	96.4% Van Buren, IA, IA
MEREDOSIA	Morgan, IL	IL	E-04	62665	10	0.1%	96.5% Morgan, IL, IL
GORIN	Scotland, MO	MO		63543	10	0.1%	96.6% Scotland, MO, MO
NEW SALEM	Pike, IL	IL	E-04	62357	9	0.1%	96.6% Pike, IL, IL
EMDEN	Shelby, MO	MO		63439	9	0.1%	96.7% Shelby, MO, MO
KIRKSVILLE	Adair, MO	MO		63501	8	0.0%	96.7% Adair, MO, MO
SPRINGFIELD	Greene, MO	MO		65802	8	0.0%	96.8% Greene, MO, MO
FRANKFORD	Pike, MO	MO		63441	8	0.0%	96.8% Pike, MO, MO
NOVELTY	Knox, MO	MO		63460	7	0.0%	96.9% Knox, MO, MO
BLUFFS	Scott, IL	IL	E-04	62621	7	0.0%	96.9% Scott, IL, IL
DONNELLSON	Lee, IA	IA		52625	7	0.0%	97.0% Lee, IA, IA
Fayetteville	Fayette, WV	WV		25840	7	0.0%	97.0% Fayette, WV, WV
TENNESSEE	Mcdonough, IL	IL	C-04	62374	6	0.0%	97.0% Mcdonough, IL, IL
STOUTSVILLE	Monroe, MO	MO		65283	6	0.0%	97.1% Monroe, MO, MO
CLARKSVILLE	Pike, MO	MO		63336	6	0.0%	97.1% Pike, MO, MO
ASTORIA	Fulton, IL	IL	C-04	61501	5	0.0%	97.1% Fulton, IL, IL
BLANDINSVILLE	Mcdonough, IL	IL	C-04	61420	5	0.0%	97.2% Mcdonough, IL, IL
SPRINGFIELD	Sangamon, IL	IL	E-01	62703	5	0.0%	97.2% Sangamon, IL, IL
DECATUR	Macon, IL	IL	D-04	62522	5	0.0%	97.2% Macon, IL, IL
HUNTSVILLE	Schuyler, IL	IL	E-05	62344	5	0.0%	97.3% Schuyler, IL, IL
LIMA	Adams, IL	IL	E-05	62348	5	0.0%	97.3% Adams, IL, IL
VANDALIA	Audrain, MO	MO		63382	5	0.0%	97.3% Audrain, MO, MO
LANCASTER	Schuyler, MO	MO		63548	5	0.0%	97.4% Schuyler, MO, MO
Thurmont	Frederick, MD	MD		21788	5	0.0%	97.4% Frederick, MD, MD
CANTON	Fulton, IL	IL	C-04	61520	4	0.0%	97.4% Fulton, IL, IL
INDUSTRY	Mcdonough, IL	IL	C-04	61440	4	0.0%	97.4% Mcdonough, IL, IL
GIRARD	Macoupin, IL	IL	E-02	62640	4	0.0%	97.5% Macoupin, IL, IL
LITTLETON	Schuyler, IL	IL	E-05	61452	4	0.0%	97.5% Schuyler, IL, IL
MONMOUTH	Warren, IL	IL	C-03	61462	4	0.0%	97.5% Warren, IL, IL
PRAIRIE CITY	Mcdonough, IL	IL	C-04	61470	4	0.0%	97.5% Mcdonough, IL, IL
SPRINGFIELD	Sangamon, IL	IL	E-01	62702	4	0.0%	97.6% Sangamon, IL, IL
MACON	Macon, MO	MO		63552	4	0.0%	97.6% Macon, MO, MO
ANAMOSA	Jones, IA	IA		52205	4	0.0%	97.6% Jones, IA, IA
DAVENPORT	Scott, IA	IA		52807	4	0.0%	97.6% Scott, IA, IA

MOUNT PLEASANT	Henry, IA	IA		52641	4	0.0%	97.7% Henry, IA, IA
CARROLLTON	Greene, IL	IL	E-03	62016	3	0.0%	97.7% Greene, IL, IL
WHITE HALL	Greene, IL	IL	E-03	62092	3	0.0%	97.7% Greene, IL, IL
FREDERICK	Schuyler, IL	IL	E-01	62639	3	0.0%	97.7% Schuyler, IL, IL
GLADSTONE	Henderson, IL	IL	C-03	61437	3	0.0%	97.7% Henderson, IL, IL
VIRGINIA	Cass, IL	IL	E-01	62691	3	0.0%	97.7% Cass, IL, IL
STRONGHURST	Henderson, IL	IL	C-03	61480	3	0.0%	97.8% Henderson, IL, IL
TABLE GROVE	Fulton, IL	IL	C-04	61482	3	0.0%	97.8% Fulton, IL, IL
SPRINGFIELD	Sangamon, IL	IL	E-01	62704	3	0.0%	97.8% Sangamon, IL, IL
LADDONIA	Audrain, MO	MO		63352	3	0.0%	97.8% Audrain, MO, MO
TROY	Lincoln, MO	MO		63379	3	0.0%	97.8% Lincoln, MO, MO
QUEEN CITY	Schuyler, MO	MO		63561	3	0.0%	97.9% Schuyler, MO, MO
DOWNING	Schuyler, MO	MO		63536	3	0.0%	97.9% Schuyler, MO, MO
CLARENCE	Shelby, MO	MO		63437	3	0.0%	97.9% Shelby, MO, MO
HUNNEWELL	Shelby, MO	MO		63443	3	0.0%	97.9% Shelby, MO, MO
BURLINGTON	Des Moines, IA	IA		52601	3	0.0%	97.9% Des Moines, IA, IA
Clarkson	Grayson, KY	KY		42726	3	0.0%	97.9% Grayson, KY, KY
HURDLAND	Knox, MO	MO		63547	2	0.0%	98.0% Knox, MO, MO
JERSEYVILLE	Jersey, IL	IL	E-03	62052	2	0.0%	98.0% Jersey, IL, IL
VERMONT	Fulton, IL	IL	C-04	61484	2	0.0%	98.0% Fulton, IL, IL
PEORIA	Peoria, IL	IL		61605	2	0.0%	98.0% Peoria, IL, IL
LOMAX	Henderson, IL	IL	C-D3	61454	2	0.0%	98.0% Henderson, IL, IL
WAUKEGAN	Lake, IL	IL	A-09	60085	2	0.0%	98.0% Lake, IL, IL
BROWNING	Schuyler, IL	IL	E-01	62624	2	0.0%	98.0% Schuyler, IL, IL
GODFREY	Madison, IL	IL		62035	2	0.0%	98.0% Madison, IL, IL
PEORIA HEIGHTS	Peoria, IL	IL		61616	2	0.0%	98.1% Peoria, IL, IL
CHICAGO	Cook, IL	IL		60614	2	0.0%	98.1% Cook, IL, IL
JACKSONVILLE	Morgan, IL	IL	E-04	62650	2	0.0%	98.1% Morgan, IL, IL
MANCHESTER	Scott, IL	IL	E-04	62663	2	0.0%	98.1% Scott, IL, IL
MASON CITY	Mason, IL	IL	E-01	62664	2	D.0%	98.1% Mason, IL, IL
Bloomington	McLean, IL	IL		61705	2	0.0%	98.1% McLean, IL, IL
HAMBURG	Calhoun, IL	IL	E-03	62045	2	0.0%	98.1% Calhoun, IL, IL
RODDHOUSE	Greene, IL	IL	E-03	62082	2	0.0%	98.1% Greene, IL, IL
LA GRANGE	Cook, IL	IL		60525	2	0.0%	98.2% Cook, IL, IL
EAST SAINT LOUIS	Saint Clair, IL	IL		62206	2	0.0%	98.2% Saint Clair, IL, IL
NORMAL	McLean, IL	IL		61761	2	0.0%	98.2% McLean, IL, IL
SPRINGFIELD	Sangamon, IL	IL	E-01	62708	2	0.0%	98.2% Sangamon, IL, IL
GREENTOP	Adair, MO	MO		63546	2	D.0%	98.2% Adair, MO, MO
NOVINGER	Adair, MO	MO		63559	2	D.0%	98.2% Adair, MO, MO
THOMPSON	Audrain, MO	MO		65285	2	D.0%	98.2% Audrain, MO, MO
COLUMBIA	Boone, MO	MO		65201	2	0.0%	98.2% Boone, MO, MO
OZARK	Christian, MO	MO		65721	2	D.0%	98.3% Christian, MO, MO
CAMERON	Clinton, MO	MO		64429	2	0.0%	98.3% Clinton, MO, MO
CAMPBELL	Dunklin, MO	MO		63933	2	0.0%	98.3% Dunklin, MO, MO
UNION	Franklin, MO	MO		63084	2	D.0%	98.3% Franklin, MO, MO
SPRINGFIELD	Greene, MO	MO		65803	2	0.0%	98.3% Greene, MO, MO
ARNOLD	Jefferson, MO	MO		63010	2	0.0%	98.3% Jefferson, MO, MO
WINFIELD	Lincoln, MO	MO		63389	2	0.0%	98.3% Lincoln, MO, MO
PORTAGEVILLE	New Madrid, MO	MO		63873	2	0.0%	98.3% New Madrid, MO, MO
CURRYVILLE	Pike, MO	MO		63339	2	0.0%	98.4% Pike, MO, MO
UNIONVILLE	Putnam, MO	MO		63565	2	0.0%	98.4% Putnam, MO, MO
DONIPHAN	Ripley, MO	MO		63935	2	0.0%	98.4% Ripley, MO, MO
SAINT CHARLES	Saint Charles, MO	MO		63304	2	0.0%	98.4% Saint Charles, MO, MO
SAINT LOUIS	Saint Louis, MO	MO		63146	2	0.0%	98.4% Saint Louis, MO, MO
SAINT LOUIS	Saint Louis City, MO	MO		63101	2	0.0%	98.4% Saint Louis City, MO, MO
CEDAR RAPIDS	Linn, IA	IA		52404	2	0.0%	98.4% Linn, IA, IA
RUNNELLS	Polk, IA	IA		50237	2	0.0%	98.4% Polk, IA, IA
BLOOMFIELD	Davis, IA	IA		52537	2	0.0%	98.5% Davis, IA, IA
NEWTON	Jasper, IA	IA		50208	2	0.0%	98.5% Jasper, IA, IA
DALLAS CENTER	Dallas, IA	IA		50063	2	0.0%	98.5% Dallas, IA, IA
PEORIA	Maricopa, AZ	AZ		85382	2	0.0%	98.5% Maricopa, AZ, AZ
Sacramento	Sacramento, CA	CA		95826	2	0.0%	98.5% Sacramento, CA, CA
Loveland	Larimer, CO	CO		80537	2	0.0%	98.5% Larimer, CO, CO
PALM BAY	Brevard, FL	FL		32909	2	0.0%	98.5% Brevard, FL, FL
BRADENTON BEACH	Manatee, FL	FL		34217	2	0.0%	98.5% Manatee, FL, FL
Tipton	Tipton, IN	IN		46072	2	0.0%	98.6% Tipton, IN, IN

Indianapolis	Marion, IN	IN		46227	2	0.0%	98.6%	Marion, IN, IN
Bossier City	Bossier, LA	LA		71111	2	0.0%	98.6%	Bossier, LA, LA
Pepperell	Middlesex, MA	MA		1463	2	0.0%	98.6%	Middlesex, MA, MA
Byron Center	Kent, MI	MI		49315	2	0.0%	98.6%	Kent, MI, MI
Kenton	Gibson, TN	TN		38233	2	0.0%	98.6%	Gibson, TN, TN
Amarillo	Potter, TX	TX		79108	2	0.0%	98.6%	Potter, TX, TX
SAINT PATRICK	Clark, MO	MO		63466	1	0.0%	98.6%	Clark, MO, MO
PATTERSON	Greene, IL	IL	E-03	62078	1	0.0%	98.6%	Greene, IL, IL
BRACEVILLE	Grundy, IL	IL	A-13	60407	1	0.0%	98.6%	Grundy, IL, IL
CHEBANSE	Iroquois, IL	IL		6D922	1	0.0%	98.6%	Iroquois, IL, IL
GILSON	Knox, IL	IL	C-03	61436	1	0.0%	98.7%	Knox, IL, IL
AURORA	Kane, IL	IL		60506	1	0.0%	98.7%	Kane, IL, IL
WATERLOO	Monroe, IL	IL		62298	1	0.0%	98.7%	Monroe, IL, IL
MANTENO	Kankakee, IL	IL	A-14	60950	1	0.0%	98.7%	Kankakee, IL, IL
CUBA	Fulton, IL	IL	C-04	61427	1	0.0%	98.7%	Fulton, IL, IL
NORTH AURORA	Kane, IL	IL		60542	1	0.0%	98.7%	Kane, IL, IL
KAMPSVILLE	Calhoun, IL	IL	E-03	62053	1	0.0%	98.7%	Calhoun, IL, IL
ROCKFORD	Winnebago, IL	IL		61101	1	0.0%	98.7%	Winnebago, IL, IL
LITCHFIELD	Montgomery, IL	IL	E-02	62056	1	0.0%	98.7%	Montgomery, IL, IL
ZION	Lake, IL	IL	A-09	60099	1	0.0%	98.7%	Lake, IL, IL
LOVES PARK	Winnebago, IL	IL		61111	1	0.0%	98.7%	Winnebago, IL, IL
BERWYN	Cook, IL	IL		60402	1	0.0%	98.7%	Cook, IL, IL
MARISSA	Saint Clair, IL	IL		62257	1	0.0%	98.7%	Saint Clair, IL, IL
EFFINGHAM	Effingham, IL	IL		62401	1	0.0%	98.7%	Effingham, IL, IL
VANDALIA	Fayette, IL	IL		62471	1	0.0%	98.7%	Fayette, IL, IL
DECATUR	Macon, IL	IL	D-D4	62521	1	0.0%	98.7%	Macon, IL, IL
DECATUR	Macon, IL	IL	D-04	62526	1	0.0%	98.8%	Macon, IL, IL
MIDLOTHIAN	Cook, IL	IL		60445	1	0.0%	98.8%	Cook, IL, IL
ALSEY	Scott, IL	IL	E-04	62610	1	0.0%	98.8%	Scott, IL, IL
ARENZVILLE	Cass, IL	IL	E-01	62611	1	0.0%	98.8%	Cass, IL, IL
RARITAN	Henderson, IL	IL	C-03	61471	1	0.0%	98.8%	Henderson, IL, IL
ROSEVILLE	Warren, IL	IL	C-03	61473	1	0.0%	98.8%	Warren, IL, IL
SCIOTA	Mcdonough, IL	IL	C-04	61475	1	0.0%	98.8%	Mcdonough, IL, IL
ROCK ISLAND	Rock Island, IL	IL	C-05	61201	1	0.0%	98.8%	Rock Island, IL, IL
JACKSONVILLE	Morgan, IL	IL	E-04	62651	1	0.0%	98.8%	Morgan, IL, IL
LINCOLN	Logan, IL	IL	E-01	62656	1	0.0%	98.8%	Logan, IL, IL
BENLO	Macoupin, IL	IL	E-02	62009	1	0.0%	98.8%	Macoupin, IL, IL
LA SALLE	La Salle, IL	IL		61301	1	0.0%	98.8%	La Salle, IL, IL
GALESBURG	Knox, IL	IL	C-03	61401	1	0.0%	98.8%	Knox, IL, IL
MURRAYVILLE	Morgan, IL	IL	E-04	62668	1	0.0%	98.8%	Morgan, IL, IL
SHERMAN	Sangamon, IL	IL	E-01	62684	1	0.0%	98.8%	Sangamon, IL, IL
GALESBURG	Knox, IL	IL	C-03	61402	1	0.0%	98.8%	Knox, IL, IL
WAVERLY	Morgan, IL	IL	E-04	62692	1	0.0%	98.9%	Morgan, IL, IL
WILLIAMSVILLE	Sangamon, IL	IL	E-01	62693	1	0.0%	98.9%	Sangamon, IL, IL
OUNLAP	Peoria, IL	IL		61525	1	0.0%	98.9%	Peoria, IL, IL
PEKIN	Tazewell Cnty, IL	IL		61554	1	0.0%	98.9%	Tazewell Cnty, IL, IL
PEKIN	Tazewell Cnty, IL	IL		61555	1	0.0%	98.9%	Tazewell Cnty, IL, IL
PEORIA	Peoria, IL	IL		61602	1	0.0%	98.9%	Peoria, IL, IL
MOZIER	Calhoun, IL	IL	E-03	62070	1	0.0%	98.9%	Calhoun, IL, IL
SAINT CHARLES	Kane, IL	IL		60175	1	0.0%	98.9%	Kane, IL, IL
XENIA	Clay, IL	IL		62899	1	0.0%	98.9%	Clay, IL, IL
CAROL STREAM	Dupage, IL	IL	A-05	60188	1	0.0%	98.9%	Dupage, IL, IL
PEORIA	Peoria, IL	IL		61604	1	0.0%	98.9%	Peoria, IL, IL
IPAVAL	Fulton, IL	IL	C-04	61441	1	0.0%	98.9%	Fulton, IL, IL
WOOD RIVER	Madison, IL	IL		62095	1	0.0%	98.9%	Madison, IL, IL
KEWANEE	Henry, IL	IL	C-05	61443	1	0.0%	98.9%	Henry, IL, IL
ADAIR	Mcdonough, IL	IL	C-04	61411	1	0.0%	98.9%	Mcdonough, IL, IL
DOULTON	Cook, IL	IL		60419	1	0.0%	98.9%	Cook, IL, IL
ALPHA	Henry, IL	IL	C-05	61413	1	0.0%	98.9%	Henry, IL, IL
BLOOMINGTON	Mclean, IL	IL		61704	1	0.0%	99.0%	Mclean, IL, IL
AVON	Fulton, IL	IL	C-04	61415	1	0.0%	99.0%	Fulton, IL, IL
JOLIET	Will, IL	IL	A-13	60431	1	0.0%	99.0%	Will, IL, IL
ARMINGTON	Tazewell Cnty, IL	IL		61721	1	0.0%	99.0%	Tazewell Cnty, IL, IL
LE ROY	Mclean, IL	IL		61752	1	0.0%	99.0%	Mclean, IL, IL
LISLE	Dupage, IL	IL	A-05	60532	1	0.0%	99.0%	Dupage, IL, IL
PONTIAC	Livingston, IL	IL		61764	1	0.0%	99.0%	Livingston, IL, IL

RANTOUL	Champaign, IL	IL		61866	1	0.0%	99.0% Champaign, IL, IL
SEYMOUR	Champaign, IL	IL		61875	1	0.0%	99.0% Champaign, IL, IL
WESTVILLE	Vermilion, IL	IL		61883	1	0.0%	99.0% Vermilion, IL, IL
SPRINGFIELD	Sangamon, IL	IL	E-01	62791	1	0.0%	99.0% Sangamon, IL, IL
CENTRALIA	Marion, IL	IL		62801	1	0.0%	99.0% Marion, IL, IL
WORTH	Cook, IL	IL		60482	1	0.0%	99.0% Cook, IL, IL
SALEM	Marion, IL	IL		62881	1	0.0%	99.0% Marion, IL, IL
FARBER	Audrain, MO	MO		63345	1	0.0%	99.0% Audrain, MO, MO
COLUMBIA	Boone, MO	MO		65203	1	0.0%	99.0% Boone, MO, MO
POPLAR BLUFF	Butler, MO	MO		63901	1	0.0%	99.1% Butler, MO, MO
LAKE OZARK	Camden, MO	MO		65049	1	0.0%	99.1% Camden, MO, MO
CAPE GIRARDEAU	Cape Girardeau, MC MO	MO		63703	1	0.0%	99.1% Cape Girardeau, MO, MO
KEYTESVILLE	Chariton, MO	MO		65261	1	0.0%	99.1% Chariton, MO, MO
KANSAS CITY	Clay, MO	MO		64155	1	0.0%	99.1% Clay, MO, MO
BOONVILLE	Cooper, MO	MO		65233	1	0.0%	99.1% Cooper, MO, MO
LEASBURG	Crawford, MO	MO		65535	1	0.0%	99.1% Crawford, MO, MO
MOUNT STERLING	Gasconade, MO	MO		65062	1	0.0%	99.1% Gasconade, MO, MO
BATES CITY	Lafayette, MO	MO		64011	1	0.0%	99.1% Lafayette, MO, MO
AURORA	Lawrence, MO	MO		65605	1	0.0%	99.1% Lawrence, MO, MO
BUCKLIN	Linn, MO	MO		64631	1	0.0%	99.1% Linn, MO, MO
CALLAO	Macon, MO	MO		63534	1	0.0%	99.1% Macon, MO, MO
MOBERLY	Monroe, MO	MO		65270	1	0.0%	99.1% Monroe, MO, MD
MIDDLETOWN	Montgomery, MO	MO		63359	1	0.0%	99.1% Montgomery, MO, MO
LINN	Osage, MO	MO		65051	1	0.0%	99.1% Osage, MO, MO
EOLIA	Pike, MD	MO		63344	1	0.0%	99.1% Pike, MO, MO
ASHBURN	Pike, MO	MO		63433	1	0.0%	99.2% Pike, MO, MO
SAVERTON	Ralls, MO	MO		63467	1	0.0%	99.2% Ralls, MO, MO
SAINT CHARLES	Saint Charles, MO	MO		63301	1	0.0%	99.2% Saint Charles, MO, MO
O FALLON	Saint Charles, MO	MO		63366	1	0.0%	99.2% Saint Charles, MO, MO
LAKE SAINT LOUIS	Saint Charles, MO	MO		63367	1	0.0%	99.2% Saint Charles, MD, MO
SAINT PETERS	Saint Charles, MO	MD		63376	1	0.0%	99.2% Saint Charles, MO, MO
FARMINGTON	Saint Francois, MO	MO		63640	1	0.0%	99.2% Saint Francois, MO, MO
PARK HILLS	Saint Francois, MO	MD		63601	1	0.0%	99.2% Saint Francois, MO, MO
BALLWIN	Saint Louis, MO	MO		63021	1	0.0%	99.2% Saint Louis, MO, MO
FENTON	Saint Louis, MO	MO		63026	1	0.0%	99.2% Saint Louis, MO, MO
SAINT LOUIS	Saint Louis, MO	MO		63128	1	0.0%	99.2% Saint Louis, MO, MO
SAINT LOUIS	Saint Louis, MO	MO		63129	1	0.0%	99.2% Saint Louis, MO, MO
SAINT LOUIS	Saint Louis, MO	MO		63136	1	0.0%	99.2% Saint Louis, MO, MO
SAINT LOUIS	Saint Louis, MO	MO		63137	1	0.0%	99.2% Saint Louis, MO, MO
SAINT LOUIS	Saint Louis, MO	MO		63144	1	0.0%	99.2% Saint Louis, MD, MO
SAINT LOUIS	Saint Louis City, MO	MO		63118	1	0.0%	99.2% Saint Louis City, MO, MO
GLENWOOD	Schuyler, MO	MO		63541	1	0.0%	99.3% Schuyler, MO, MO
DEXTER	Stoddard, MO	MO		63841	1	0.0%	99.3% Stoddard, MD, MO
MARTHASVILLE	Warren, MO	MD		63357	1	0.0%	99.3% Warren, MO, MO
WARRENTON	Warren, MO	MO		63383	1	0.0%	99.3% Warren, MO, MO
DAVENPORT	Scott, IA	IA		52804	1	0.0%	99.3% Scott, IA, IA
DENMARK	Lee, IA	IA		52624	1	0.0%	99.3% Lee, IA, IA
OTTUMWA	Wapello, IA	IA		52501	1	0.0%	99.3% Wapello, IA, IA
DOUDS	Van Buren, IA	IA		52551	1	0.0%	99.3% Van Buren, IA, IA
FAIRFIELD	Jefferson, IA	IA		52556	1	0.0%	99.3% Jefferson, IA, IA
ARGYLE	Lee, IA	IA		52619	1	0.0%	99.3% Lee, IA, IA
MUSCATINE	Muscatine, IA	IA		52761	1	0.0%	99.3% Muscatine, IA, IA
DAVENPORT	Scott, IA	IA		52806	1	0.0%	99.3% Scott, IA, IA
AMES	Story, IA	IA		50010	1	0.0%	99.3% Story, IA, IA
OSCEOLA	Clarke, IA	IA		50213	1	0.0%	99.3% Clarke, IA, IA
DES MDINES	Polk, IA	IA		50327	1	0.0%	99.3% Polk, IA, IA
WATERLOO	Black Hawk, IA	IA		50701	1	0.0%	99.3% Black Hawk, IA, IA
CORALVILLE	Johnson, IA	IA		52241	1	0.0%	99.3% Johnson, IA, IA
SOLOM	Johnson, IA	IA		52333	1	0.0%	99.4% Johnson, IA, IA
WASHINGTON	Washington, IA	IA		52353	1	0.0%	99.4% Washington, IA, IA
CEDAR RAPIDS	Linn, IA	IA		52402	1	0.0%	99.4% Linn, IA, IA
Invalid	Invalid,			63201	1	0.0%	99.4% Invalid, ,
INVALID ZIP	Invalid Zip,			99999	1	0.0%	99.4% Invalid Zip, ,
Jamison	Chilton, AL	AL		35085	1	0.0%	99.4% Chilton, AL, AL
Horton	Marshall, AL	AL		35980	1	0.0%	99.4% Marshall, AL, AL
Arkadelphia	Clark, AR	AR		71923	1	0.0%	99.4% Clark, AR, AR

Mountain Home	Baxter, AR	AR	72653	1	0.0%	99.4% Baxter, AR, AR
Merrilton	Conway, AR	AR	72110	1	0.0%	99.4% Conway, AR, AR
CABOT	Lonoke, AR	AR	72023	1	0.0%	99.4% Lonoke, AR, AR
Flippin	Marion, AR	AR	72634	1	0.0%	99.4% Marion, AR, AR
CHANDLER	Maricopa, AZ	AZ	85249	1	0.0%	99.4% Maricopa, AZ, AZ
Tucson	Pima, AZ	AZ	85718	1	0.0%	99.4% Pima, AZ, AZ
Laguna Niguel	Orange, CA	CA	92677	1	0.0%	99.4% Orange, CA, CA
Aptos	Santa Cruz, CA	CA	95003	1	0.0%	99.4% Santa Cruz, CA, CA
La Jolla	San Diego, CA	CA	92038	1	0.0%	99.5% San Diego, CA, CA
Weldon	Kern, CA	CA	93283	1	0.0%	99.5% Kern, CA, CA
Castle Rock	Douglas, CO	CO	80104	1	0.0%	99.5% Douglas, CO, CO
Colorado Springs	El Paso, CO	CO	80923	1	0.0%	99.5% El Paso, CO, CO
Colorado Springs	El Paso, CO	CO	80927	1	0.0%	99.5% El Paso, CO, CO
TAMPA	Hillsborough, FL	FL	33624	1	0.0%	99.5% Hillsborough, FL, FL
SAINT PETERSBURG	Pinellas, FL	FL	33701	1	0.0%	99.5% Pinellas, FL, FL
LAKELAND	Polk, FL	FL	33805	1	0.0%	99.5% Polk, FL, FL
LAKE WALES	Polk, FL	FL	33898	1	0.0%	99.5% Polk, FL, FL
FORT MYERS	Lee, FL	FL	33912	1	0.0%	99.5% Lee, FL, FL
Punta Gorda	Charlotte, FL	FL	33950	1	0.0%	99.5% Charlotte, FL, FL
NAPLES	Collier, FL	FL	34104	1	0.0%	99.5% Collier, FL, FL
MARCO ISLAND	Collier, FL	FL	34145	1	0.0%	99.5% Collier, FL, FL
SARASOTA	Sarasota, FL	FL	34232	1	0.0%	99.5% Sarasota, FL, FL
PALM HARBOR	Pinellas, FL	FL	34684	1	0.0%	99.5% Pinellas, FL, FL
HOMESTEAD	Miami-Dade, FL	FL	33033	1	0.0%	99.5% Miami-Dade, FL, FL
Tallahassee	Leon, FL	FL	32311	1	0.0%	99.6% Leon, FL, FL
NICEVILLE	Okaloosa, FL	FL	32578	1	0.0%	99.6% Okaloosa, FL, FL
DECATUR	Dekalb, GA	GA	30032	1	0.0%	99.6% Dekalb, GA, GA
Waynesville	Brantley, GA	GA	31566	1	0.0%	99.6% Brantley, GA, GA
Zionsville	Boone, IN	IN	46077	1	0.0%	99.6% Boone, IN, IN
Knightsstown	Henry, IN	IN	46148	1	0.0%	99.6% Henry, IN, IN
Indianapolis	Marion, IN	IN	46202	1	0.0%	99.6% Marion, IN, IN
Munster	Lake, IN	IN	46321	1	0.0%	99.6% Lake, IN, IN
Valparaiso	Porter, IN	IN	46385	1	0.0%	99.6% Porter, IN, IN
Mishawaka	St Joseph, IN	IN	46545	1	0.0%	99.6% St Joseph, IN, IN
Bluffton	Wells, IN	IN	46714	1	0.0%	99.6% Wells, IN, IN
Fort Wayne	Allen, IN	IN	46835	1	0.0%	99.6% Allen, IN, IN
INVALID ZIP	Invalid Zip, INVALID	INVALID	0	1	0.0%	99.6% Invalid Zip, INVALID ZIP, INVALID ZIP
Edgerton	Johnson, KS	KS	66021	1	0.0%	99.6% Johnson, KS, KS
Andover	Butler, KS	KS	67002	1	0.0%	99.6% Butler, KS, KS
Shawnee	Johnson, KS	KS	66203	1	0.0%	99.6% Johnson, KS, KS
Leavenworth	Leavenworth, KS	KS	66048	1	0.0%	99.6% Leavenworth, KS, KS
Overland Park	Johnson, KS	KS	66213	1	0.0%	99.7% Johnson, KS, KS
Wichita	Sedgwick, KS	KS	67219	1	0.0%	99.7% Sedgwick, KS, KS
Lexington	Fayette, KY	KY	40509	1	0.0%	99.7% Fayette, KY, KY
Corbin	Whitley, KY	KY	40701	1	0.0%	99.7% Whitley, KY, KY
Fort Campbell	Christian, KY	KY	42223	1	0.0%	99.7% Christian, KY, KY
Owensboro	Daviess, KY	KY	42303	1	0.0%	99.7% Daviess, KY, KY
Saint Amant	Ascension, LA	LA	70774	1	0.0%	99.7% Ascension, LA, LA
Eastpointe	Macomb, MI	MI	48021	1	0.0%	99.7% Macomb, MI, MI
Livonia	Wayne, MI	MI	48152	1	0.0%	99.7% Wayne, MI, MI
Free Soil	Mason, MI	MI	49411	1	0.0%	99.7% Mason, MI, MI
Randolph	Dakota, MN	MN	55065	1	0.0%	99.7% Dakota, MN, MN
Foreston	Mille Lacs, MN	MN	56330	1	0.0%	99.7% Mille Lacs, MN, MN
Minneapolis	Anoka, MN	MN	55433	1	0.0%	99.7% Anoka, MN, MN
Red Wing	Goodhue, MN	MN	55066	1	0.0%	99.7% Goodhue, MN, MN
Two Harbors	Lake, MN	MN	55616	1	0.0%	99.7% Lake, MN, MN
COURTLAND	Panola, MS	MS	38620	1	0.0%	99.7% Panola, MS, MS
Lambert	Quitman, MS	MS	38643	1	0.0%	99.8% Quitman, MS, MS
Hattiesburg	Forrest, MS	MS	39401	1	0.0%	99.8% Forrest, MS, MS
Gulfport	Harrison, MS	MS	39501	1	0.0%	99.8% Harrison, MS, MS
Salisbury	Rowan, NC	NC	28144	1	0.0%	99.8% Rowan, NC, NC
FAYETTEVILLE	Cumberland, NC	NC	28314	1	0.0%	99.8% Cumberland, NC, NC
WENDELL	Wake, NC	NC	27591	1	0.0%	99.8% Wake, NC, NC
Gold Hill	Rowan, NC	NC	28071	1	0.0%	99.8% Rowan, NC, NC
FAYETTEVILLE	Cumberland, NC	NC	28311	1	0.0%	99.8% Cumberland, NC, NC
Somerdale	Camden, NJ	NJ	8083	1	0.0%	99.8% Camden, NJ, NJ



Las Vegas	Clark, NV	NV	89122	1	0.0%	99.8% Clark, NV, NV
Henderson	Clark, NV	NV	89011	1	0.0%	99.8% Clark, NV, NV
Pahrump	Nye, NV	NV	89048	1	0.0%	99.8% Nye, NV, NV
Cicero	Onondaga, NY	NY	13039	1	0.0%	99.8% Onondaga, NY, NY
NEW YORK	New York, NY	NY	10021	1	0.0%	99.8% New York, NY, NY
Vermilion	Erie, OH	OH	44089	1	0.0%	99.8% Erie, OH, OH
Jackson	Jackson, OH	OH	45640	1	0.0%	99.8% Jackson, OH, OH
Kingston	Luzerne, PA	PA	18704	1	0.0%	99.9% Luzerne, PA, PA
Prosperity	Washington, PA	PA	15329	1	0.0%	99.9% Washington, PA, PA
WEST CHESTER	Chester, PA	PA	19380	1	0.0%	99.9% Chester, PA, PA
Sumter	Sumter, SC	SC	29154	1	0.0%	99.9% Sumter, SC, SC
Greer	Greenville, SC	SC	29651	1	0.0%	99.9% Greenville, SC, SC
Fayetteville	Lincoln, TN	TN	37334	1	0.0%	99.9% Lincoln, TN, TN
Memphis	Shelby, TN	TN	38109	1	0.0%	99.9% Shelby, TN, TN
Memphis	Shelby, TN	TN	38119	1	0.0%	99.9% Shelby, TN, TN
Houston	Harris, TX	TX	77059	1	0.0%	99.9% Harris, TX, TX
Palestine	Anderson, TX	TX	75801	1	0.0%	99.9% Anderson, TX, TX
Santa Rosa	Cameron, TX	TX	78593	1	0.0%	99.9% Cameron, TX, TX
Longview	Gregg, TX	TX	75602	1	0.0%	99.9% Gregg, TX, TX
Fairfield	Freestone, TX	TX	75840	1	0.0%	99.9% Freestone, TX, TX
Livingston	Polk, TX	TX	77351	1	0.0%	99.9% Polk, TX, TX
OREM	Utah, UT	UT	84097	1	0.0%	99.9% Utah, UT, UT
Washington	Washington, UT	UT	84780	1	0.0%	99.9% Washington, UT, UT
SPRINGVILLE	Utah, UT	UT	84663	1	0.0%	100.0% Utah, UT, UT
Dunn Loring	Fairfax, VA	VA	22027	1	0.0%	100.0% Fairfax, VA, VA
Yakima	Yakima, WA	WA	98908	1	0.0%	100.0% Yakima, WA, WA
Viroqua	Vernon, WI	WI	54665	1	0.0%	100.0% Vernon, WI, WI
Beloit	Rock, WI	WI	53511	1	0.0%	100.0% Rock, WI, WI
Neenah	Winnebago, WI	WI	54956	1	0.0%	100.0% Winnebago, WI, WI
Lewisburg	Greenbrier, WV	WV	24901	1	0.0%	100.0% Greenbrier, WV, WV
Elkview	Kanawha, WV	WV	25071	1	0.0%	100.0% Kanawha, WV, WV
			(blank)	1	0.0%	100.0% , ,
<b>Total Zips with &gt; 45 Discharges</b>				<b>14,565</b>	<b>89.5%</b>	
<b>Total Medical Surgical Patients</b>				<b>16,282</b>		

## Alternatives to the proposed project

The purpose of the proposed project is to accommodate enough currently licensed medical surgical beds in a final current design, in preparation for the next CON which will be to modernize the 1970 main bed building. The project proposes to complete the shelled space in the Moorman building on the 4<sup>th</sup> floor and add floors 5 and 6.

## Alternatives to the proposed project

1. Do nothing
2. 4<sup>th</sup> Floor shell space of Moorman building and 1970 Tower Renovation:
3. Add additional floors to current Moorman building

### **1. Do Nothing**

This option does nothing to improve the patient experience. This option will not allow for the future renovation of the 1970 building, nor would it provide for an increase in the number of private rooms, which have become the standard for privacy, infection control, flexibility and patient satisfaction. It is important for the organization to meet the needs of today's patients and the current facility design is unable to achieve this goal. This patient building has served most of the Tri-State region's inpatient health care needs for the last 50 years, but due to changes in patient care delivery and design standards, it will no longer take us into the future in its current state. The American Institute of Architects and the Facilities Guideline Institute have recommended single occupancy rooms in the 2006 Edition of Guidelines for Design and Construction of Health Care Facilities. The age of the current construction is 50+ years old and to do nothing will not address future needs. It is imperative the number of private rooms be increased. No cost would be involved in this option, but doing nothing would have a negative impact on our ability to serve our patients, provide a current working environment for our staff and the students who train here.

### **2. 4<sup>th</sup> Floor shell space of Moorman building and 1970 Tower Renovation**

Blessing Hospital has analyzed the methodology of renovating the 1970's inpatient Tower utilizing the 4<sup>th</sup> Floor shell space in the current Moorman Pavilion inpatient Tower to relocate some of the medical surgical beds and has determined this as an unfeasible option. The current demand for health care in our community would not be able to be supported during the renovation of the 1970 building using this option. This alternative not only doesn't support our current health care demand, but contains several constructability challenges from a Mechanical, Electrical, Plumbing, and Fire Protection perspective. We also have to consider our patients first. With having major construction occurring on the same floor, the noise disruptions along with temporary infrastructure outages would be a challenge throughout the entire project. The end goal of the project would not meet changing the standard of care for our community in transitioning our focus on inpatient facility based

In fiscal year 2017, there were 118 days where the medical surgical average daily census was above 85%, for a total of 32% of the time. This does not allow capacity to take any area out of service to allow for renovation. There are no other hospital spaces to be able to temporarily or permanently create enough space to operate and modernize concurrently. It would not be reasonable to close a unit and defer patients for a construction period, nor would it be a financially sound alternative. The narrow floor plate, close/irregular column spacing of the outdated 1970 patient tower are not suitable for modern medical surgical units. To modernize an entire floor would need to be gutted to increase the space requirements for a modern private room. The most cost effective and least patient disruptive is to take out of service two floors at a time. Not only has the medical surgical census been increasing annually for the last few years, there were 37 times, Blessing has had to divert patients in the current 2018 year. The cost projection would be approximately \$86 million and take seven years to complete.

### **3. Add Additional Floors to the Current Buildings and return with second CON**

The current Moorman building has ground level and 1<sup>st</sup> floor for mental health beds, 2<sup>nd</sup> and 3<sup>rd</sup> floor are medical/surgical rooms and the 4<sup>th</sup> floor is shelled space. This was completed with a 2011 CON. Blessing proposes to complete the shelled space and add two additional floors of 96 medical surgical beds to the structure. The building was designed with this future plan. For the most part, support space is in place. The proposed project is composed of a high density of clinical space and little non-clinical space making the project cost higher than a normal ground up construction. The current elevator tower was designed to accommodate the additional floors.

**Blessing proposes to complete the shelled space and add two floors mirroring the same floor plan.** This option is the best choice for continued patient care. The plan calls for 20 private rooms and six semi-private rooms on each floor. This allows the hospital to meet the current demand and growth for medical surgical services in appropriate sized and designed rooms. Blessing does not propose to add medical surgical beds. The hospital is licensed for 158 medical surgical beds. A request was made last fall for 20 additional beds under the 10/bed rule due to high census. Thus when this project is complete 160 beds will be in newer construction and 18 medical surgical beds remain in the 1970 construction. It is the hospital's plan to complete this project and return to the CON Board with a separate project to modernize the 1970 building and all the clinical services located in the building. In space that will be vacated by medical surgical beds, the hospital plans to relocate other bedded services that are in older construction. This alternative allow for two vacated floors to be fully gutted and modernized at the time reducing patient safety issues of renovating and operating concurrently. The proposed CON cost is \$49,202,000. The phasing of these projects makes it more financially feasible and manageable, but more important it meets the needs of the patients we serve. The Blessing Board of Trustees selected the third option and as such has approved submitting a CON to propose the project to the State.

Criterion 1110.120 Project Space, Utilization Attachment 14

Blessing proposes 55,617 square feet of added space, which falls within the State Standard.

State Standard for Medical/Surgical Service	500-660 DGSF/Bed
Medical/Surgical Beds	96 Beds
DGSF justified for 96 beds per State	63,360 DGSF/Bed
Proposed DGSF for project	55,617
Met Standard	Yes
Difference	-7743

The proposed square footage for the medical/surgical category of service is within the State Standard.

The 2006 Guidelines for Design and Construction of Health Care Facilities, American Institute of Architects, the Illinois Hospital Licensing Act, and ADA Accessibility Guidelines were the references for the design.

# Size of Project

DEPARTMENT / SERVICE	PROPOSED DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
Medical Surgical	55,617	48,000 - 63,360	0	Yes

\*Square feet/unit or Key  
 Room for Medical  
 Surgical is 500-660  
 dgsf/Bed

YEAR	DEPT	BEDS	HISTORIC PATIENT DAYS	PROJECTED PATIENT DAYS	STATE STANDARD	MEET STANDARD
2016	Medical/Surgical	158	42,430			
2017		158	45,055			
2018		158	49,692			
2019		178		54,983	85%	YES
2020		178		55,800	85%	YES
2021		178		55,800	85%	YES
2022		178		55,800	85%	YES

Blessing Hospital has seen an increase in days of 8% and 6% for 2016 and 2017. 2018 is running 8% ahead of the 49,692 projection.

The 2018 year to date has seen a 13.9% in Medical/Surgical days over the same period in 2017. Thus with the addition of new physicians and services to the market, helping to keep patients close to home, Blessing believes they will continue to see an increase through 2020 when the volume is conservatively projected to flatten.

160 of the 178 Medical/Surgical beds will be in newer construction at the end of the project; 18 Medical/Surgical beds will remain in the 1970 bed tower. If the projected targets are not met, then when Blessing returns with the CON to renovate the 1970 tower, the continued need for the 18 beds can be readdressed prior to renovation. Blessing believes based on market share the 2022 projection of days is attainable. If you annualized 2018 based on year to date, Blessing would end the calendar year with approximately 60,000 patient days. The 20 beds added by the 10% rule were needed due to the organization's patient days in 2017 exceeding the 85% availability. Blessing Health System continues to recruit physician specialists to our community.

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1120.120 Availability of Funds

1120.130 Financial Viability

1120.140 Economic Feasibility

Blessing holds an A- or better from Standards and Poor.

# RatingsDirect®

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## Quincy, Illinois Blessing Hospital; Hospital

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# Quincy, Illinois Blessing Hospital; Hospital

## Credit Profile

Quincy, Illinois  
Blessing Hosp, Illinois

ser 2007

Long Term Rating

A/Stable

Affirmed

## Rationale

S&P Global Ratings affirmed its 'A' long-term rating on Quincy, Ill.'s series 2007 revenue refunding bonds, issued for Blessing Hospital (Blessing). The outlook is stable.

The 'A' rating reflects our view of Blessing's leading business position in the region, healthy unrestricted reserves, and solid operating performance supported in recent years by growing inpatient utilization trends as well as robust coverage. More specifically, we assessed Blessing's enterprise profile as strong, characterized by a solid market position in a limited service area, good medical staff, and favorable payer mix, with Blessing management reporting a stable relationship with QMG following the UnityPoint investment in 2012. We see the competitor investment as less of a risk after Blessing signed an affiliation with Hannibal Clinic, another regional provider in early 2017. We also assessed its financial profile as strong, reflected by healthy operations and good financial flexibility offset by a modest debt and high contingent liabilities. Although no specific debt issuance is expected, Blessing has room at the rating for nominal additional debt. We will continue to monitor affiliation relationships, but expect ongoing stable performance and maintenance of balance sheet metrics. Combined, these credit factors lead to an indicative rating of 'a' and a final rating of 'A'.

The 'A' rating further reflects our view of Blessing's:

- Good operating margin of 6.4% in fiscal 2016 as a result of improving volumes and a focus on expenses, contributing to solid maximum annual debt service (MADS) coverage of 4.7x, with similar results through the first unaudited 11 months of fiscal 2017;
- Good unrestricted reserves equaling 229 days' cash on hand at Aug. 31, 2017; and
- Leading and stable business position of 60% in the region.

Partly offsetting the above strengths, in our view, are Blessing's:

- Location in a more limited rural service area but with a broader population of 166,000 and a fairly stable economy; and
- Moderately aggressive debt structure, with approximately 70% of debt categorized as contingent liabilities, although overall debt levels are in line with rating medians.

Our analysis incorporates the entire Blessing Corporate Services (BCS) organization, which consists of Blessing, a

not-for-profit, 302-staffed-bed acute care hospital; an employed physician group with about 80 employed physicians; The Blessing Foundation Inc., which engages primarily in fundraising to benefit the not-for-profit subsidiaries of BCS; Denman Services Inc., which sells and rents medical equipment and operates a commercial laundry service for hospitals; and Blessing Care Corp. (doing business as Illini Community Hospital), a rural 25-bed critical access hospital.

The figures cited in this report refer to the system as a whole. The rating is based on our view of BCS' group credit profile (GCP) and the obligated group's (Blessing) core status. Accordingly, the long-term rating is at the level of the GCP and this analysis is based on the consolidated system. Gross revenue of Blessing Hospital secures the bonds. Of the system, Blessing represented about 82% of total assets and 84% of total revenue.

## Outlook

The stable outlook reflects our expectation of Blessing's continued solid operations, leading business position, and MADS coverage of close to 5x for the past few years. Management continues to invest in its facility, physicians, and secondary market as well as health care reform initiatives.

### Downside scenario

We could consider a negative rating action in the event that unrestricted reserves decline such that cash-to-debt and cash-on-hand metrics are no longer appropriate for the rating. We could also consider a negative outlook or rating action if operations decline such that coverage falls to consistently less than 4x. Finally, although we are unlikely to do so, we would consider a negative rating action if Blessing's market position declines or if market share decreases significantly.

### Upside scenario

We believe that the 'A' rating is suitable for the hospital and thus that a higher rating is unlikely within the two-year outlook period. However, we could consider raising the rating over time if Blessing is able to significantly improve its business position and increase its market share.

## Enterprise Profile

### Industry risk

Industry risk addresses our view of the health care sector's overall cyclicality, competitive risk, and growth through application of various stress scenarios and evaluating barriers to entry; the level and trend of industry profit margins; risk from secular change and substitution of products, services, and technologies; and risk in growth trends. We believe the health care services industry represents an intermediate credit risk compared with other industries and sectors.

### Economic fundamentals

Blessing Hospital is in Quincy, the main retail and industrial city in Adams County and for the wider area. The service area is on the western edge of Illinois, south of the Iowa border and just north of the St. Louis area. Overall population in the primary service area (PSA) is stable with 166,000 people and some employment growth is projected, although less than for the U.S. as a whole. In addition, per capita income is just above the national average. The region has many employers and does not depend on any particular one. The area's economy is based largely on manufacturing

and services, with major employers including the hospital (2,000 employees); Knapheide Manufacturing, a distributor of motor truck bodies and hoists (1,000); and the corporate headquarters for Titan International, a maker of steel wheel assemblies and tires for heavy equipment (900). As the seat of Adams County and the largest community in the area, Quincy is the retail and service hub for a 60-mile radius, with an unemployment rate that is less than that of the state. The population is slightly older and the overall payer mix includes a slightly high governmental payer exposure, with about 33% of net revenue from Medicare and 14% from Medicaid.

### Market

Blessing (together with Illini Community Hospital) holds the leading business position in its PSA, with a 59.8% market share, and Hannibal Regional Hospital in Missouri is next with 15.4%. Quincy and Adams County's regional population of 67,000 compared with the PSA population of 166,000 reflects Blessing's broad regional draw as a regional provider in a largely rural area. Tertiary and quaternary patients that Blessing cannot accommodate usually go either to St. Louis or to Columbia. To better serve its community, Blessing continues to expand services, with much recent focus on behavioral health and local retail operations. By working with a children's treatment program and another not-for-profit mental health care agency, Blessing has expanded outpatient behavioral health services.

Blessing employs about 80 physicians, and the largest independent physician group in the service area is QMG with over 100 physician members (70 active medical staff), accounting for around 50% of Blessing's revenue. (Overall revenue percentages for QMG have declined as BHS-employed physicians have increased.) Although UnityPoint Health (formerly Iowa Health System) purchased a minority interest in QMG, management reports no significant changes to how QMG directs and manages its patients in the service area. Management reports that the relationship with QMG is stable and sound. As mentioned above, Blessing signed a non-ownership affiliation with Hannibal Clinic in February 2017. While the group is the primary physician base for Hannibal Regional Hospital, Blessing and Hannibal plan to work together to fill service gaps in some specialties and provide on-call coverage.

The greater service area and industry have experienced a declining inpatient admission trend during the past few years, but Blessing has seen some growth over the past few years as a result of physician recruitment and replacement as well as a focus on key service lines and partnerships with providers in the region. Acute care admissions increased almost 8%, to 12,374 in 2016. Through the first 11 months of fiscal 2017, inpatient admissions are 11,963 and are on pace to increase over the 2016 result. Management is projecting fairly flat inpatient admissions hereafter with modest growth in outpatient volumes given the industry trends.

### Management and governance

Blessing's management team has been stable and is implementing strategies to maintain its organizational strength. Management continues to review and analyze the large competitive landscape as well as how health care reform and reimbursement trends might affect the organization. To that end, it has focused on expense controls and on investing in its physician base, and has historically focused on care coordination strategies that continue to evolve. Blessing joined the BJC Collaborative to help the organization prepare for some of the changes related to health care reform. Blessing is working with the BJC Collaborative to establish Collaborative Care Management Resources, which will help members explore risk-based contracting and value-based reimbursement models. In furthering community relationships and managing cost of care, Blessing formed Current Health Solutions, which helps manage health plan costs for employers by managing total cost of care of covered lives. The organization has four clients, and will add five

more at the beginning of 2018. Management has also effectively strengthened its balance sheet during the past few years to maintain some flexibility for challenges that may arise from reimbursement and from the shifts in the broader industry.

Table 1

<b>Blessing Corporate Services Inc. and Affiliates Utilization</b>				
	--11-month interim ended Aug. 31--		--Fiscal year ended Sept. 30--	
	2017	2016	2015	2014
PSA population	N.A.	166,000	166,000	166,000
PSA market share %	N.A.	59.8	58.1	57.4
Inpatient admissions*	11,963	12,374	11,481	11,203
Equivalent inpatient admissions	31,072	31,521	29,860	30,262
Emergency visits	39,459	45,731	41,339	41,339
Inpatient surgeries	2,558	2,657	2,518	2,520
Outpatient surgeries	13,797	13,825	13,291	12,353
Medicare case mix index	1.6100	1.5400	1.5400	1.4800
FTE employees	2,064	1,860	1,878	2,019
Active physicians	182	193	212	214
<b>Top 10 physicians admissions %</b>				
Medicare %¶	32.0	33.3	33.2	34.8
Medicaid %¶	15.1	13.6	9.7	6.7
Commercial/blues %¶	49.9	51.2	54.6	54.5

\*Excludes newborns, psychiatric, and rehabilitation admissions. ¶Based on net revenue. FTE—Full-time equivalent. N.A.—Not available.  
PSA—Primary service area.

## Financial Profile

### Financial policies

Our neutral assessment reflects our opinion that financial reporting and disclosure, investment allocation and liquidity, debt profile, contingent liabilities, and legal structure are appropriate for an organization of its type and size and are not likely to impair the organization's ability to pay debt service.

### Financial performance

Operating performance remained strong in fiscal 2016, primarily because of ongoing successful expense management and increased volumes, as described above. Net patient revenue grew to \$379 million in 2016, from \$364 million in 2015. Excluding investment income, joint venture income, and unrestricted contributions, Blessing generated a healthy \$26.3 million in operating income (6.4% margin) in 2016 compared with \$17.5 million (4.4% margin) in 2015. Through the first unaudited 11 months of fiscal 2017 ended Aug. 31, operating income was a strong \$33.3 million (8.2% margin) and tracking slightly ahead of budget as a result of growth in revenue and volumes.

With the continued solid operations but somewhat weaker investment returns, Blessing's excess income totaled \$29.5 million (7.1% margin) in 2016 compared with \$23.4 million (5.8% margin) in 2015. In conjunction with a modest debt burden of 2.5%, MADS coverage was a robust 4.7 in 2016 and 6.3x through interim 2017. We anticipate that MADS

coverage will improve as debt service decreases during the next several years.

**Liquidity and financial flexibility**

Liquidity and financial flexibility remain sound for the organization, following some spending of unrestricted reserves in the second half of fiscal 2015 for the completion of the patient tower. Unrestricted reserves have grown through the first 11 months of fiscal 2017 to \$242.6 million, surpassing the previous record of \$222.2 million in 2014. Cash on hand was 228.7 days' as of Aug. 31, 2017, improved from the 214.8 days (\$216.9 million) at fiscal year-end 2016.

Blessing Foundation Inc., a sole purpose foundation dedicated to supporting the not-for-profit subsidiaries of BCS, holds about \$22 million of the total unrestricted reserves, which is included in the above unrestricted cash calculations. Unrestricted reserves to long-term debt was very good at 214.8% at Sept. 30, 2016, and has improved to 228.7% in fiscal 2017 to date with some rebound in unrestricted reserves.

Following the completion of Blessing's master facility plan identified in 2011, Blessing budgets about \$35 million in capital spending over the next five years. Capital plans include some smaller provider facilities, main building renovations, and routine improvements.

**Debt and contingent liability profile**

Overall leverage and debt-related metrics are modest and well within rating medians. Leverage (debt to capitalization) was strong at 22% at Aug. 31, 2017, showing slight improvement from 25% in 2016. Total debt outstanding was about \$98.5 million, of which approximately a third was fixed rate and two-thirds variable rate. However, over 70% of Blessing's total debt outstanding is considered contingent and although unrestricted reserves are enough to cover the contingent liabilities, we view the contingent liabilities as moderate given the balance sheet characteristics. Blessing has no puttable debt. As of January 2017, Blessing froze its pension plan to new benefit accruals. The plan was previously frozen to new entrants in 2010, but the benefit freeze will save Blessing approximately \$11.8 million in net periodic pension costs. Management expects to contribute \$858,000 in 2018, with an overall goal of contributing \$4.5 million to reach a funded status of 85%.

The series 2012A and 2012B bonds are Blessing's largest contingent debt. The two series amortize over 22 and 18 years, respectively, but the current terms are for seven years, with JPMorgan Chase Bank representing some medium-term renewal or refunding risk. And although risk is somewhat heightened for immediate acceleration around certain covenants (both financial and nonfinancial), most of the financial covenants are measured on particular dates, which would allow Blessing some time to plan for a way to fund the payment of debt if a covenant violation becomes likely.

Table 2

<b>Blessing Corporate Services, Inc. and Affiliates Financial Summary</b>				
	--11-month interim ended Aug. 31--		--Fiscal year ended Sept. 30--	
	2017	2016	2015	2014
<b>Financial performance</b>				
Net patient revenue (\$000s)	380,139	378,530	364,333	328,077
Total operating revenue (\$000s)	408,491	411,020	396,579	357,154
Total operating expenses (\$000s)	375,216	384,663	379,075	341,777

Table 2

<b>Blessing Corporate Services Inc. and Affiliates Financial Summary (cont)</b>				
	--11-month interim ended Aug. 31--		--Fiscal year ended Sept. 30--	
	2017	2016	2015	2014
Operating income (\$000s)	33,275	26,357	17,504	15,377
Operating margin (%)	8.15	6.41	4.41	4.31
Net nonoperating income (\$000s)	4,161	3,095	5,924	11,454
Excess income (\$000s)	37,436	29,452	23,428	26,831
Excess margin (%)	9.07	7.11	5.82	7.28
Operating EBIDA margin (%)	13.76	11.07	10.27	10.04
EBIDA margin (%)	14.63	11.73	11.59	12.83
Net available for debt service (\$000s)	60,365	48,587	46,653	47,298
Maximum annual debt service (MADS; \$000s)	10,352	10,352	10,352	10,352
MADS coverage (x)	6.36	4.69	4.51	4.57
Operating-lease-adjusted coverage (x)	4.91	3.38	3.42	3.47
<b>Liquidity and financial flexibility</b>				
Unrestricted reserves (\$000s)	242,614	216,852	205,245	222,193
Unrestricted days' cash on hand	228.7	214.8	209.0	250.2
Unrestricted reserves/total long-term debt (%)	246.4	213.2	195.9	206.1
Unrestricted reserves/contingent liabilities (%)	351.4	333.6	285.6	324.4
Average age of plant (years)	10.4	13.1	12.7	13.8
Capital expenditures/depreciation and amortization (%)	112.5	194.3	253.2	266.4
<b>Debt and liabilities</b>				
Total long-term debt (\$000s)	98,475	101,711	104,764	107,797
Long-term debt/capitalization (%)	21.9	25.3	29.2	29.3
Contingent liabilities (\$000s)	69,043	70,644	71,870	68,503
Contingent liabilities/total long-term debt (%)	70.1	69.5	68.6	63.5
Debt burden (%)	2.30	2.50	2.57	2.81
Defined benefit plan funded status (%)	N.A.	64.82	58.09	72.80

N.A.--No; available.

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## Category of Service Modernization:

### Deteriorated Facilities

Blessing Hospital has identified the need for a full renovation of our 1970's Patient Tower. With infrastructure which dates back a little less than 50 years, our facility is in need to bring our largest inpatient area up to today's standards and codes. Blessing is also moving to improve our communities demand for transitioning our semi-private occupancy rooms to private occupancy rooms.

This proposed CON is one of a two step process to address the age of 1970 tower. This CON addresses replace 96 medical surgical beds to new space in order to achieve the flexibility needed to continue operations and modernize the 1970 tower after the proposed CON has been completed. This project includes only one category of service, Medical Surgical beds. Following project completion, Blessing's authorized medical/surgical bed capacity will not change from the 178 beds, but the hospital will be able to move from 26% private medical/surgical rooms to 85%.

The medical surgical units are functionally obsolete and need to be modernized due to mechanical infrastructure and not ideal for the number of beds they currently accommodate, the existing medical surgical nursing units have structural limitations, patient rooms need to be designed to accommodate negative air-flow for infection control, and the semi-private rooms are too small for today's equipment and family involvement. There is inadequate storage space for all the equipment needed on floors today, staff facilities are limited including meeting areas and lounges, support areas for physicians and other staff is limited in design. In additional as previously listed, Blessing is the clinical site for many education programs which take space in patient rooms to support the training. The facility was designed over 50 years ago and patient needs and care delivery has significantly changed.

The second CON renovation (at a later date) would include the modernization of all current infrastructures within the structural walls of the 1970's building. Recently performed infrared thermal studies have also identified moisture infiltration along the structures exterior windows which will require to be addressed. With high census over the past 2 years, for Blessing to support our community, Blessing needs to construct the Moorman Pavilion 4<sup>th</sup>, 5<sup>th</sup>, and 6<sup>th</sup> floor addition on top of our most recent patient tower to support our future modernization plans of our 1970 Patient Tower. The 4<sup>th</sup> floor is shelled space permitted by a previous CON. The Moorman Pavilion Addition (current CON request) project will accommodate 96 current Medical Surgical beds.

During the construction of the Moorman Pavilion 4<sup>th</sup>, 5<sup>th</sup> & 6<sup>th</sup> floor addition, all departments will remain in their current locations. The project entails fitting out of the current 4<sup>th</sup> floor shell space along with the construction of an additional 5<sup>th</sup> and 6<sup>th</sup> floor. Once completed, 96 Medical Surgical beds will move to their new permanent department locations within the addition allowing two floors in the 1970 tower to be vacated.

The next project to be completed in preparation of starting the renovation of the 1970 Tower is the Exterior Skin Project. The project is divided into 4 phases, taking a quarter of the building at a time to complete the work. With the appropriate layout of the patient floors in the 1970 Tower, construction of the Exterior Skin for each quarter of the building will be completed. During construction, approximately 80 bed locations will be required to be vacated.



These beds will be shifted around on each floor throughout all four phases of the project. Once completed, the moisture infiltration issue will be mitigated and our 1970 Tower will be ready to start its interior modernization.

The 1970 Tower renovation plan will require two floors to be vacated for each phase of the project. Blessing will return to the Board with a CON to obtain approval prior to the renovation of 1970 bed tower. Construction sequence is to replace the infrastructure from the top down starting with the 5<sup>th</sup> and 6<sup>th</sup> floors. This project will consist of 5 phases, renovating floors 2 through 6. Once completed, Blessing will have changed our standard of care, primarily focusing on in-patient facility based private occupancy rooms.

Blessing currently has 158 of the 178 beds operational and is running at an 85% occupancy which meets the state standard for units under 200 beds. Once the State signs off on the 20 beds added under the 10/10 rule, Blessing will begin using these beds. Projections reflect the hospital will be at 85% by the end of two years of operation after the completion of the project. Blessing's continued growth in providing services that allow area residents to stay closer to home is being reflected in the increasing volume at the hospital for the last three years.

Blessing currently has 158 of the 178 beds operational and is running at an 85% occupancy which meets the state standard for units under 200 beds. Once the State signs off on the 20 beds added under the 10 bed rule, Blessing will begin using these beds. Projections reflect the hospital will be at 85% by the end of two years of operation after completion of the project. Blessing's continued growth in providing services that allow area residents to stay closer to home is being reflected in the increasing volume at the hospital or the last three years.

	2016	2017	2018 YTD	2018 projected	2022
Med/Surg Days	42,430	45,055	15,326**	48,905	55,800
Authorized Beds	158	158	158	158	178
% Occupancy	74%	78%		85%	

\*By the last quarter of fiscal 2018 the 20 beds added by the 10 rule will be operational.

\*\* January 2018-April 10<sup>th</sup>. So far this year, there have been 37 diverted admissions due to lack of bed availability. Based on YTD the 2018 projection will be exceeded.

## Cost and Gross Square Feet by Department or Service

Department (list below)	A Cost/Square Foot		C Gross Sq. Ft.		E Gross Sq. Ft.			G	H
	New	Mod.	New	Circ.*	Mod.	Circ.*	Const. \$ (A x C)	Mod. \$ (B x E)	Total Cost (G + H)
Medical Surgical	\$652.20	0	55,617	20%	0	0%	\$ 36,273,605.00	0	\$ 36,273,605.00

\*Includes the percentage (%) of space for circulation

The direct annual operating costs for the full fiscal year at target utilization but no more than two years after project completion is \$412.59 per equivalent patient day.

The total annual capital costs for the first full year at target utilization is \$28.47 per equivalent patient day.

April 24, 2018

Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2<sup>nd</sup> floor  
Springfield, IL 62761

Re: Blessing Hospital Project Application,

Per Section 1120.140 (B) "Conditions of Debt financing", of the Blessing Hospital Project Application, I attest that the selected form of debt financing for the project will be at the lowest new cost available.

Sincerely,

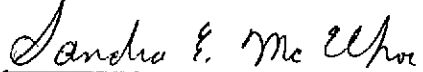


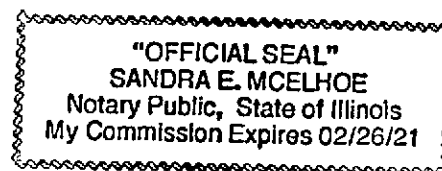
Maureen A. Kahn  
President / CEO  
Blessing Health System

State of Illinois

County of Adams

Signed before me on April 24, 2018 by Maureen A. Kahn,

  
Sandra E. McElhoe  
Notary Public



88  
Attachment 37

2016 Community Benefit 10/01/15 - 09/30/16

**\$73,411,189**

**CHARITY CARE \$6,899,766**  
 Uncompensated healthcare to patients who stated *before receiving care* that they had no ability to pay.

**BAD DEBT \$2,020,518**  
 Uncompensated healthcare to patients who stated *after receiving care* that they had no ability to pay.

**MEDICARE/MEDICAID FUNDING SHORTFALLS \$51,425,258**

The difference between what Medicare and Medicaid paid for patients covered by the programs and what it cost Blessing Hospital to provide their care.

Medicare Shortfalls \$40,684,952  
 Medicaid Shortfalls \$10,740,306

**HEALTH PROFESSIONALS EDUCATION: \$7,880,096**

SIU Residency Program	\$4,285,925
Blessing-Rieman College of Nursing	\$2,195,363
Preceptors	\$1,027,933
Radiology School	\$305,763
Lab School	\$65,112

**SUBSIDIZED HEALTH SERVICES: \$4,534,229**

Blessing Home Care	\$2,192,973
Care Coordination	\$1,580,780
Blessing Hospice & Palliative Care	\$468,963
Blessing FastCare	\$293,513

**COMMUNITY HEALTH IMPROVEMENT SERVICES: \$353,809**

SIU Patient Centered Medical Home	\$139,140
Charity Pharmacy Prescriptions	\$51,920
Patient Transportation & lodging	\$38,363
Adams County Health Department Dental Program	\$35,000
Medical supplies/Services for patients	\$31,678
Educational Programs	\$26,603
Support Groups	\$19,267
Health Screenings/Tests	\$7,868
Medical Interpreting Services	\$3,970

**COMMUNITY BENEFIT OPERATIONS: Community Health Needs Assessment \$47,667**

**IN-KIND CONTRIBUTIONS/DONATIONS: \$247,846**

Donations/Sponsorships	\$151,360
Adams County Ambulance Services	\$70,725
Meeting Space	\$25,761



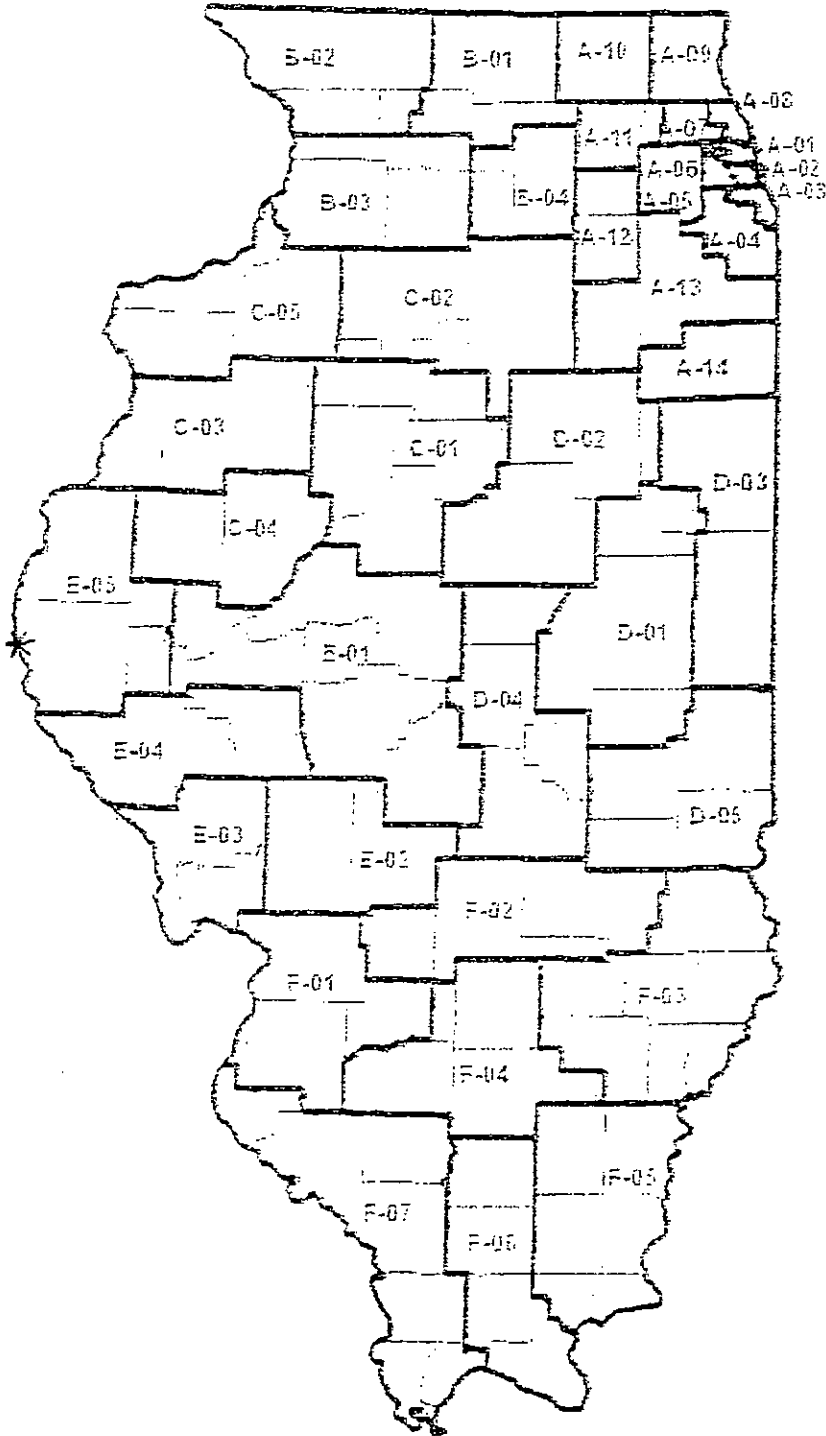
**Blessing Hospital Charity Care Information**

<b>Fiscal Year</b>	<b>2017</b>	<b>2016</b>	<b>2015</b>
<b>Net Patient Revenue (before bad debts)</b>	376,193,843	335,903,204	327,091,198
<b>Amount of Charity Care (charges)</b>	26,810,029	25,583,113	25,536,630
<b>Cost of Charity Care</b>	6,158,264	6,454,619	6,389,265

Inventory of Health Care Facilities and Services  
and Need Determinations

Illinois Health Facilities and Services Review Board  
Illinois Department of Public Health

9/1/2017  
Page A-2



# **B** BLESSING Health System

P.O. Box 7005 Quincy, IL  
217-223-8400  
[www.blessinghealthsystem.org](http://www.blessinghealthsystem.org)

April 24, 2018

18-013

Ms. Courtney Avery, Administrator  
Illinois Health Facilities and  
Services Review Board  
525 West Jefferson Street, 2<sup>nd</sup> floor  
Springfield, IL 62761

Dear Mrs. Avery,

Enclosed please find the Blessing Hospital application for the Certificate of Need. The original application with signatures and one copy is enclosed. A check for the initial application fee of \$2500, check #508791, dated April 4, 2018 is attached to the letter.

In addition, at staff request, a copy of the most recent audited financials were provided in the last six months with application 18-010.

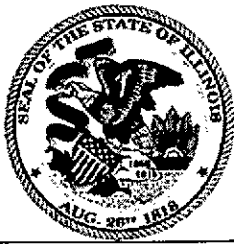
Blessing would like to be able to be before the July 24 Board Meeting. The organization will work cooperatively to provide any missing materials.

Sincerely,



Betty Kasparie  
Vice President  
Audit, Risk & Compliance





## ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

## CERTIFICATE OF NEED PERMIT APPLICATION

MARCH 2018 EDITION

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ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
 525 WEST JEFFERSON STREET, 2nd FLOOR  
 SPRINGFIELD, ILLINOIS 62761  
 (217) 782-3516

## INSTRUCTIONS

## GENERAL

- The application for permit (Application) must be completed for all proposed projects that are subject to the permit requirements of the Illinois Health Facilities Planning Act (Planning Act), including those involving the establishment, expansion, modernization and certain discontinuations of a service or facility.
- The persons preparing the application for permit are advised to refer to the Planning Act, as well as the rules promulgated there under (77 Ill. Adm. Codes 1100, 1110, 1120 and 1130) for more information.
- **The Application does not supersede any of the above-cited rules and requirements.**
- The Application is organized into several sections, involving information requirements that coincide with the Review Criteria in 77 Ill. Adm. Code 1110 (Processing, Classification Policies and Review Criteria) and 1120 (Financial and Economic Feasibility).
- Questions concerning completion of this form may be directed to Health Facilities and Services Review Board staff at (217) 782-3516.
- Copies of the Application form are available on the Health Facilities and Services Review Board Website [www.hfsrb.illinois.gov](http://www.hfsrb.illinois.gov).

## SPECIFIC

- Use the Application as written and formatted.
- Complete and submit **ONLY** those Sections along with the required attachments that are applicable to the type of project proposed.
- **ALL APPLICABLE CRITERIA** for each applicable section must be addressed. If a criterion is **NOT APPLICABLE**, label it as such and state the reason why.
- For all applications for which time and distance documentation is required, submit copies of all MapQuest printouts that indicate the distance and time to or from the proposed facility.
- **ALL PAGES ARE TO BE NUMBERED CONSECUTIVELY BEGINNING WITH PAGE 1 OF THE APPLICATION. DO NOT INCLUDE INSTRUCTIONS AS PART OF THE APPLICATION OR IN NUMBERING THE PAGES IN THE APPLICATION.**
- Unless otherwise stated, attachments for each Section should be appended after the last page of the Application.
- Begin each attachment on a separate 8 1/2" x 11" sheet of paper and print or type the attachment identification in the lower right-hand corner of each attached page.
- Include documents such as MapQuest printouts, physician referral letters, impact letters, and documentation of receipt as appendices after the last attachment. Label as Appendices 1, 2, etc.
- For all applications that require physician referrals, the following must be provided: a summary of the total number of patients by zip code and a summary (number of patients by zip code) for each facility the physician referred patients to in the past 12 or 24 months, whichever is applicable.
- Information to be considered must be included with the applicable Section attachments. References to appended material not included within the appropriate Section will **NOT** be considered.
- The Application must be signed by the authorized representative(s) of each applicant entity.
- Provide an original Application and one copy, both **unbound**. Label the copy that contains the original signatures original (put the label on the Application).

Failure to follow these requirements **WILL** result in the Application being declared incomplete. In addition, failure to provide certain required information (e.g., not providing a site for the proposed project or having an invalid entity listed as the applicant) may result in the Application being declared null and void. Applicants

are advised to read Part 1130 with respect to completeness (1130.620(c)).

### **ADDITIONAL REQUIREMENTS**

#### **FLOOD PLAIN REQUIREMENTS**

Before an application for permit involving construction will be deemed **COMPLETE**, the applicant must **attest** that the project is or is not in a flood plain and that the location of the proposed project complies with the Flood Plain Rule under **Illinois Executive Order #2006-5**.

#### **HISTORIC PRESERVATION REQUIREMENTS**

In accordance with the requirements of the Illinois State Agency Historic Resources Preservation Act (Preservation Act), the Health Facilities Services and Review Board is required to advise the Historic Preservation Agency (HPA) of any projects that could affect historic resources. Specifically, the Preservation Act provides for a review by the Historic Preservation Agency to determine if certain projects may impact historic resources. These types of projects include:

1. Projects involving demolition of any structures;
2. Construction of new buildings; or
3. Modernization of existing buildings.

The applicant must submit the following information to the HPA so that known or potential cultural resources within the project area can be identified and the project's effects on significant properties can be evaluated:

1. General project description and address;
2. Topographic or metropolitan map showing the general location of the project;
3. Photographs of any standing buildings/structure within the project area; and
4. Addresses for buildings/structures, if present.

The HPA will provide a determination letter concerning the applicability of the Preservation Act. Include the determination letter or comments from HPA with the application for permit.

Information concerning the Preservation Act may be obtained by calling (217) 785-7930 or writing the Illinois Historic Preservation Agency, Preservation Services Division, 1 Old State Capitol Plaza, Springfield, Illinois 67201-1507.

#### **SAFETY NET IMPACT STATEMENT**

A SAFETY NET IMPACT STATEMENT must be submitted for **ALL SUBSTANTIVE AND DISCONTINUATION PROJECTS**. **SEE SECTION X** OF THE APPLICATION FOR PERMIT.

#### **CHARITY CARE INFORMATION**

CHARITY CARE INFORMATION must be provided for **ALL** projects. **SEE SECTION XI** OF THE APPLICATION FOR PERMIT.

**FEE**

An application-processing fee (refer to Part 1130.230 to determine the fee) must be submitted with most applications. If a fee is applicable, an initial fee of \$2,500 **MUST** be submitted with the application. HFSRB staff will inform applicants of the amount of the fee balance, if any, that must be submitted. **The application will not be deemed complete and review will not be initiated until the entire processing fee is submitted. Payment may be made by check or money order and must be made payable to the Illinois Department of Public Health.**

**APPLICATION SUBMISSION**

**Submit an original and one copy of all Sections** of the application, including all necessary attachments. **The original must contain original signatures in the certification portions of this form.** Submit all copies to:

**Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761**