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ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2018 Edition

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD DISCONTINUATION APPLICATION FOR EXEMPTION HEALTH FACILITIES & SERVICES REVIEW BOARD

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

	Name: MetroSouth Me Iddress: 12935 South				
		Gredory Street			
	Zip Code: Blue Islan				
County:		Health Service Are	HSA 7	Health Planning A	rea: A-04
300 1000	9.2			riodstri tariting /	10a. A-0-1
Applic	ant(s) [Provide for	each applicant (refe	to Part 113	0.22011	
Exact Le	egal Name: Blue Islan	d Hospital Company, LL	d/h/a MetroSc	outh Medical Conter	
	ddress: 12935 South		o dibia Mellos	outil Medical Celitel	
	Zip Code: Blue Islan			<u></u>	
	f Registered Agent: C			<u> </u>	
		ess: 208 S. LaSalle St.,	Suite 814		
		Code: Chicago 60604	oute o 14		
	f Chief Executive Office				
	reet Address: 12935				-
	ty and Zip Code: Blue				
	lephone Number: 615				
CEUIP		· · · · · · · · · · · · · · · · · ·			
CEO 18	nephone Number, 615	CONTROL DE LA CO	46		1927027
	of Ownership of A	pplicants			
Туре	of Ownership of A		Dadasalis		
Type o	of Ownership of A		Partnership		
Type o	of Ownership of A Non-profit Corporation For-profit Corporation		Governmenta		
Type o	Non-profit Corporation For-profit Corporation Limited Liability Comp		Governmenta Sole Propriet	orship 🗀	Other oo d
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Type of the companies o	Non-profit Corporation For-profit Corporation For-profit Corporation Limited Liability Comp Corporations and limit standing. Partnerships must pro address of each partn D DOCUMENTATION AGE OF THE APPLIC TY Contact [Person John Walsh EO BY Name: MetroSouth C12935 South Gregor	any ed liability companies muvide the name of the state specifying whether early as attachment 1, in the receive ALL correction of the state of the	Governmenta Sole Proprieto st provide an II e in which they th is a general of NUMERIC SE	orship	ood name and

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Facili	ty/Project Identification							
Facility Name: MetroSouth Medical Center								
Street Address: 12935 South Gregory Street								
City and Zip Code: Blue Island 60406								
County		ealth Service Area	HSA 7	Health Planning Area: A	-04			
V)					190			
	cant(s) [Provide for each		to Part 1130.	220)]				
	Exact Legal Name: Quorum Health Corporation							
	Address: 1573 Mailory Lane S							
	d Zip Code: Brentwood, TN 3							
	of Registered Agent: The Cor		pany					
	ered Agent Street Address: 12							
	ered Agent City and Zip Code:		9801	-				
	of Chief Executive Officer: Ro							
	treet Address: 1573 Mallory L							
	ity and Zip Code: Brentwood,							
CEO T	elephone Number: 615-221-1	400						
					- 1			
Туре	of Ownership of Applic	ants						
닏	Non-profit Corporation		Partnership					
	For-profit Corporation		Governmental					
	Limited Liability Company		Sole Proprietors	ship 📙 C	ther			
0	Corporations and limited liab	lity companies mus	t orovide an Illin	nis certificate of good				
	standing.	my companies mae	k provide an iliin	ois certificate of good				
	Partnerships must provide the	e name of the state	in which they ar	e organized and the name	and			
	address of each partner spec	ifving whether each	n is a general or	imited partner.	a, ia			
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			in a second					
APPEND DOCUMENTATION AS <u>ATTACHMENT 1</u> , IN NUMERIC SEQUENTIAL ORDER AFTER THE								
LAST	PAGE OF THE APPLICATION	I FORM.	egy or charge and a con-					
					4 4 733 8			
Primary Contact [Person to receive ALL correspondence or inquiries]								
	Hal McCard							
Title: Senior Vice President, General Counsel, and Secretary								
Company Name: Quorum Health Corporation								
Address: 1573 Mallory Lane								
Telephone Number: 615-221-3507								
E-mail Address: Hal_McCard@QuorumHealth.com								
Fax Number: 615-221-1484								

Additional Contact [Person who is also authorized to discuss the application for
exemption]
Name: Daniel J. Lawler
Title: Partner
Company Name: Barnes & Thornburg, LLP
Address: Suite 4200, One North Wacker
Telephone Number: 312-214-4861
E-mail Address: dlawler@btlaw.com
Fax Number: 312-357-1313
Post Exemption Contact
[Person to receive all correspondence subsequent to exemption issuance-THIS
PERSON MUST BE EMPLOYED BY THE LICENSED HEALTH CARE FACILITY AS
DEFINED AT 20 ILCS 3960]
Name: John Walsh
Title: CEO
Company Name: MetroSouth Medical Center
Address: 12935 South Gregory Street, Blue Island, IL 60406
Telephone Number: 615-221-1400
E-mail Address: John_Walsh@QuorumHealth.com
Fax Number: 615-221-1484
Exact Legal Name of Site Owner: Blue Island Hospital Company, LLC Address of Site Owner: 1573 Mallory Lane, Brentwood, TN 37027 Street Address or Legal Description of the Site: 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. 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: Blue Island Hospital Company, LLC
Address: 1573 Mallory Lane, Brentwood, TN 37027
Table 1 Table
☐ Non-profit Corporation ☐ Partnership
For-profit Corporation Governmental
□ Limited Liability Company □ Sole Proprietorship □ Other
 Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. Partnerships must provide the name of the state in which organized and the name and address of
each partner specifying whether each is a general or limited partner.
 Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.
APPEND DOCUMENTATION AS <u>ATTACHMENT 3</u> , 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 <u>ATTACHMENT 4</u>, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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.

The project is for the discontinuation of an existing health care facility, MetroSouth Medical Center, 12935 South Gregory Street, Blue Island 60406.

A project to discontinue a health care facility is classified as substantive under 77 III. Adm. Code 1110.20(c)(1)(B)(ii).

vill be complete v	mits: Does the facility have any projects for which the State Board issued a permit the Yes $\underline{\hspace{0.1cm}}$ No $\underline{\hspace{0.1cm}}$. If yes, indicate the projects by project number and whether the project have the exemption that is the subject of this application is complete.

inticipated exer nticipated discor	nption completion date (refer to Part 1130.570): Fourth Quarter of 2019 with an tinuation date of November 1, 2019
State Ager	cy Submittals [Section 1130.620(c)]
	submittals up to date as applicable:
All formal submitted	
	regarding outstanding permits up to date with these requirements will result in the Application being deemed

Page 6

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;
- in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
- in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- 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

Blue Island Hospital Company, LLC, dibia MetroSouth Medical Center

My Comm. Expires Aug. 1, 2021

Recorded in Trumbull County

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.

Jhn W. St.	Mart L. L.
John Walsh PRINTED NAME	PRINTED NAME
PRINTED TITLE	PRINTED TITLE
Notarization: Subscribed and sworn to before me this 7 day of Tune 2019 Signature of Notary	Notarization: Subscribed and sworn to before me this The day of June 20/9 Signature of Notary
Seal JACQUELINE R. THOMAS Notary Public, State of Ohio	Seal CHELLE D. O

*Insert the EXACT legal name of the applicant

CERTIFICATION

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

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

This Application is filed on the behalf

Quorum Health Corporation, Inc.

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.

Jehn Sh	Mathy fe. L
SIGNATURE	
PRINTED NAME	PRINTED NAME
C40	EYF + 600
PRINTED TITLE	PRINTED TITLE

Notarization: Subscribed and sworn to before n day

Signature of

Seal

JACQUELINE R. THOMAS Notary Public, State of Ohio My Comm. Expires Aug. 1, 2021 Recorded in Trumbull County

*Insert the Example and name of the applicant

Notarization:

Subscribed and sworn to before me this Me day of

Signature of Notary

Seal

CHELLE D. TENNESSEE NOTARY **PUBLIC** My Comm Exn September 22, 2019 OF WI

SECTION II. DISCONTINUATION

Type of Discontinuation

×	Discontinuation of an Existing Health Care Facility
	Discontinuation of a category of service

Criterion 1130.525 and 1110.290 - Discontinuation

READ THE REVIEW CRITERION and provide the following information:

GENERAL INFORMATION REQUIREMENTS

- 1. Identify the categories of service and the number of beds, if any, that are to be discontinued.
- 2. Identify all of the other clinical services that are to be discontinued.
- 3. Provide the anticipated date of discontinuation for each identified service or for the entire facility.
- 4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
- 5. Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued, and the length of time the records will be maintained.
- 6. For applications involving the discontinuation of an entire facility, provide certification by an authorized representative that all questionnaires and data required by HFSRB or DPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 90 days following the date of discontinuation.
- 7. Provide attestation that the facility provided the required notice of the facility or category of service closure to local media that the health care facility would routinely notify about facility events. The supporting documentation shall include a copy of the notice, the name of the local media outlet, the date the notice was given, and the result of the notice, e.g., number of times broadcasted, written, or published. Only notice that is given to a local television station, local radio station, or local newspaper will be accepted.

APPEND DOCUMENTATION AS <u>ATTACHMENT 5</u>, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

REASONS FOR DISCONTINUATION

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

APPEND DOCUMENTATION AS <u>ATTACHMENT 6</u>, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

IMPACT ON ACCESS

- 1. Document whether or not the discontinuation will have an adverse effect upon access to care for residents of the facility's market area.
- 2. Provide copies of notification letters sent to other resources or health care facilities that provide the same services as those proposed for discontinuation. The notification letter must include at least the anticipated date of discontinuation and the total number of patients that received care or the number of treatments provided during the latest 24 months.

APPEND DOCUMENTATION AS <u>ATTACHMENT 7</u>, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION III. BACKGROUND

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 or exemption, 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 <u>ATTACHMENT 8</u>, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 8.

SECTION IV. SAFETY NET IMPACT STATEMENT

SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for <u>ALL PROJECTS TO DISCONTINUE</u> A HEALTH CARE FACILITY OR CATEGORY OF SERVICE [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 9.

Safety Net I	nformation p	er PA 96-0031	-	
CHARITY CARE				
Charity (# of patients)	Year	Year	Year	
Inpatient				
Outpatient				
Total				
Charity (cost In dollars)				
Inpatient				
Outpatient				
Total				
	MEDICAID			
Medicaid (# of patients)	Year	Year	Year	
Inpatient				
Outpatient				
Total				
Medicaid (revenue)	· -			
Inpatient				
Outpatient				
Total				

PEND DOCUMENTATION A PLICATION FORM.	 i. nomerio seque	WHAL VALER AFIER	THE LAST PAGE	: OF THE
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				17

SECTION V. CHARITY CARE INFORMATION

- 1. All applicants and co-applicants shall indicate the amount of charity care for the latest three <u>audited</u> 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 <u>must</u> be provided at cost.

A table in the following format must be provided for all facilities as part of Attachment 10.

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

APPEND DOCUMENTATION AS <u>ATTACHMENT 10</u>, 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	
ATTACHN	VEN.	т	PAGES
	1	Applicant Identification including Certificate of Good Standing	16-18
	2	Site Ownership	19-31
	3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	32-34
	4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	35-36
	5	Discontinuation General Information Requirements	37-45
	6	Reasons for Discontinuation	46-55
	7	Impact on Access	56-119
	8	Background of the Applicant	120-122
	9	Safety Net Impact Statement	123-130
	10	Charity Care Information	131-134

ATTACHMENT 1 TYPE OF OWNERSHIP OF APPLICANTS

Included with this attachment are:

- 1. The Illinois Certificate of Good Standing for Blue Island Hospital Company, LLC.
- 2. The Delaware Certificate of Good Standing for Quorum Health Corporation.



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

BLUE ISLAND HOSPITAL COMPANY, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON NOVEMBER 28, 2011, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS 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 6TH

day of

JUNE

A.D.

2019

Authentication #: 1915702090 verifiable until 06/06/2020
Authenticate at: http://www.cyberdriveillinois.com

SECRETARY OF STATE

esse White

ATTACHMENT 1

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "QUORUM HEALTH CORPORATION" IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF FEBRUARY, A.D.

2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

5792308 8300

SR# 20181195758

You may verify this certificate online at corp.delaware.gov/authver.shtml

JORITHY NJ. Bullock, Secretary of SIME

Authentication: 202188010

Date: 02-21-18

ATTACHMENT 1

ATTACHMENT 2 SITE OWNERSHIP

Included with this attachment is proof of site ownership consisting of the Special Warranty Deed held by Blue Island Hospital Company, LLC.

3

This document prepared by:
Sarah M. Lombard, Esq.
Hinckley, Allen & Snyder LLP
20 Church Street, 18th Floor
Hartford, Connecticut 06103



Doof: 1206222035 Fee: \$66.00 Eugene "Gene" Moore RHSP Fee: \$10.00 Cook County Recorder of Deeds Date: 03/02/2012 11:27 AM Pg: 1 of 12

After recording send to:

Land Services USA, Inc 10 North Church Street, Suite 307 West Chester, PA 19380 610.429.3145

NIS-SILSIY 27204/11MS
SPECIAL WARRANTY DEED

THIS SPECIAL WARRANTY DEED is made and entered into as of the 29 day of February, 2012, by and between MSMC REALTY, LLC, a Delaware limited liability company ("Grantor"), and BLUE ISLAND HOSPITAL COMPANY, LLC, a Delaware limited liability company ("Grantee"), having a mailing address of 4000 Meridian Boulevard, Franklin, Tennessee 37067, Attention: President.

WITNESSETH:

That for and in consideration of Ten Dollars (\$10.00), cash in hand paid, and other good and valuable consideration, the receipt of all of which is hereby acknowledged, Grantor does hereby remise, release, alien, convey and, only to the extent hereinafter provided, warrant unto Grantee, its successors and assigns, the following real estate, situated and being in the County of Cook, State of Illinois, described on Exhibit A attached hereto and made a part hereof.

TOGETHER with all buildings, improvements and fixtures located thereupon, and all and singular the hereditaments and appurtenances thereunto belonging, or in anywise appertaining, and the reversion or reversions, remainder or remainders, rents, issues and profits thereof, and all the estate, right, title, interest, claim or demand whatsoever, of Grantor, either in law or equity, in and to the above-described premises, with the hereditaments and appurtenances (collectively, with the real estate described on Exhibit A, the "Property").

TO HAVE AND TO HOLD THE aforesaid Property, together with all the appurtenances and hereditaments thereunto belonging or in any wise appertaining, unto Grantee, its successors and assigns, in fee simple forever.

Grantor, for itself and its successors and assigns, does hereby covenant with Grantee, and its successors and assigns, that Grantor is the owner of an indefeasible estate in the Property in fee simple, that Grantor has good, right and lawful authority to sell and convey the Property and that Grantor will warrant and forever defend title to the Property against the lawful encumbrances of all persons claiming by, through or under Grantor, but not further or otherwise, subject, however, to all items listed on Exhibit B attach ed hereto and made a part hereof ("Permitted Exceptions").

SCY SCY INT_M

12

ATTACHMENT 2

Address of Property	Permanent Real Estate Index Numbers
12831 Gregory	25-31-105-022-0000
12831 Gregory	25-31-105-023-0000
12850 Irving Ave.	25-31-105-030-0000
12850 Irving Ave.	25-31-105-046-0000
12850 Irving Ave.	25-31-105-047-0000
12836 Irving Ave.	25-31-105-052-0000
2250 Irving Road	25-31-105-053-0000
12843 Gregory St.	25-31-105-058-0000
12834 Irving Ave.	25-31-105-061-0000
12843 Gregory St.	25-31-105-062-0000
12829 Gregory St.	25-31-105-064-0000
12921 Western Ave.	25-31-113-001-0000
12921 Western Ave.	25-31-113-002-0000
2329 Union	25-31-113-011-0000
12921 Western Ave.	25-31-113-021-0000
2310 York/12930 S. Gregory St. (Pavilion)	25-31-114-004-0000
12955 Western Ave. (Land Western & York)	25-31-114-005-0000
12955 Western Ave. (Land Western & York)	25-31-114-008-0000
12935 Gregory (Hospital)	25-31-115-001-0000
12935 Gregory (Hospital)	25-31-115-002-0000
12935 Gregory (Parking Lot Gregory & York)	25-31-115-003-0000
12935 Gregory (Boiler House)	25-31-115-004-0000
12935 Gregory (Parking Lot Gregory & York)	25-31-115-005-0000
12935 Gregory (Parking Lot Gregory & York)	25-31-115-006-0000
12909 Irving Ave. (Hospice House)	25-31-116-030-0000
13000 Irving Ave.	25-31-120-003-0000
13001 Irving Ave.	25-31-123-001-0000

THIS IS NOT HOMESTEAD PROPERTY.

Mail Tax Statements to:

Blue Island Hospital Company, LLC 4000 Meridian Boulevard Franklin, TN 37067 Attention: President

[SIGNATURE PAGE TO FOLLOW]

SIGNATURE PAGE SPECIAL WARRANTY DEED

WITNESS the signature of Grantor the day and year first above written.

MSMC REALTY, LLC, a Delaware limited liability company

By: Reis Capital Management, LLC, Its Manager

Name: David Reis

Title: Managing Member

COUNTY OF Westchester) ss

On this day of toward, 2012, before me, a Notary Public in and for said state, personally appeared David Reis, being the Managing Member of Reis Capital Management, LLC, the Manager of MSMC Realty, LLC, a Delaware limited liability company, known to me to be the person who executed the within Special Warranty Deed on behalf of said limited liability company, and that said instrument was signed on behalf of said limited liability company by authority of its Manager, and he acknowledged to me that he executed the same for the purposes therein stated.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal in the County and State aforesaid, the day and year/first above written.

Notary Public/Commissioner of the Court
My term expires: May 19, 2012

REAL ESTATE TRANSFER

R 03/02/2012 COOK \$15,013.75

TOTAL:

ILLINOIS:

\$30,027.50 \$45,041.25

25-31-105-022-0000 | 20120201602674 | TZ5AFE

TERESA BERNAKUI
Notary Public, State of New York
No. 018E8187450
Contained in Wastchester County
Contained in Engines May 19, 2015

EXHIBIT A

Legal Description

TRACT I:

PARCEL 1:

LOTS 5 AND 6 IN UHLICH'S SUBDIVISION OF PART OF BLOCK 7 IN SANDER'S SECOND ADDITION TO THE TOWN OF BLUE ISLAND, A SUBDIVISION OF PART OF THE SOUTH 1/2 OF THE NORTHWEST 1/4 OF SECTION 31, TOWNSHIP 37 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS.

PIN: 25-31-114-008

PARCEL 2:

THAT PART OF BLOCKS 10 AND 12 LYING WEST OF THE WEST LINE OF IRVING STREET IN SANDER'S SECOND ADDITION TO THE TOWN OF BLUE ISLAND, A SUBDIVISION OF PART OF THE SOUTH 1/2 OF THE NORTHWEST 1/4 OF SECTION 31, TOWNSHIP 37 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS.

PIN: 25-31-115-002 and 25-31-115-001

PARCEL 3:

THAT PART OF BLOCK 8 LYING WEST OF THE WEST LINE OF IRVING STREET (EXCEPT THE SOUTH 50 FEET OF THE WEST 181.5 FEET) IN SANDER'S SECOND ADDITION TO THE TOWN OF BLUE ISLAND, A SUBDIVISION OF PART OF THE SOUTH 1/2 OF THE NORTHWEST 1/4 OF SECTION 31, TOWNSHIP 37 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS.

PIN: 25-31-115-003, 25-31-115-004 and 25-31-115-005

PARCEL 4:

THAT PART OF BLOCK 8 IN SANDER'S SECOND ADDITION TO THE TOWN OF BLUE ISLAND, A SUBDIVISION OF PART OF THE SOUTH 1/2 OF THE NORTHWEST 1/4 OF SECTION 31, TOWNSHIP 37 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, DESCRIBED AS FOLLOWS:

- A-1 -

COMMENCING AT THE SOUTH WEST CORNER OF SAID BLOCK 8; THENCE RUNNING EAST ON THE SOUTH LINE OF BLOCK 8 181.5 FEET; THENCE NORTH PARALLEL WITH THE WEST LINE OF SAID BLOCK 50 FEET; THENCE WEST PARALLEL WITH THE SOUTH LINE OF SAID BLOCK 8 181.5 FEET TO THE WEST LINE OF SAID BLOCK; THENCE SOUTH ALONG THE WEST LINE OF SAID BLOCK 8 50 FEET TO THE PLACE OF BEGINNING, IN COOK COUNTY, ILLINOIS.

PIN: 25-31-115-006

TRACT II:

THE NORTH 10 FEET OF LOT 39 AND LOT 40 (EXCEPT THE WEST 200 FEET AND EXCEPT THE NORTH 34 FEET OF SAID LOT 40) IN J. P. YOUNG'S SECOND ADDITION TO BLUE ISLAND, IN THE NORTHWEST 1/4 OF SECTION 31, TOWNSHIP 37 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PIN: 25-31-105-061 and 25-31-105-062

TRACT III:

PARCEL 1:

LOTS 1, 2, 3 AND THE SOUTH 6 FEET OF LOT 4 IN THE SUBDIVISION OF LOT 39 (EXCEPT THE NORTH 10 FEET THEREOF) IN J. P. YOUNG'S SECOND ADDITION TO BLUE ISLAND, IN THE NORTHWEST 1/4 OF SECTION 31, TOWNSHIP 37 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

PIN: 25-31-105-046, 25-31-105-047 and 25-31-105-053

PARCEL 2:

THE EAST 105 FEET OF LOT 8 IN BLOCK 3 IN WATTLE'S ADDITION TO BLUE ISLAND, A SUBDIVISION OF THE NORTHWEST 1/4 OF THE NORTHWEST 1/4 OF SECTION 31, TOWNSHIP 37 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

PIN: 25-31-105-030

PARCEL 3:

THE SOUTH 75 FEET OF LOT 7 (EXCEPT THE WEST 160 FEET THEREOF) IN BLOCK 3 IN WATTLE'S ADDITION TO BLUE ISLAND, A SUBDIVISION OF THE NORTHWEST 1/4 OF THE NORTHWEST 1/4 OF SECTION 31, TOWNSHIP 37 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PIN: 25-31-105-064

TRACT IV:

ALL OF LOT 5 AND LOT 4 (EXCEPT THE SOUTH 6 FEET THEREOF) IN THE SUBDIVISION OF LOT 39 (EXCEPT THE NORTH 10 FEET THEREOF) IN J. P. YOUNG'S SECOND ADDITION TO BLUE ISLAND, IN THE NORTHWEST 1/4 OF SECTION 31, TOWNSHIP 37 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PIN: 25-31-105-052

TRACT V:

THE SOUTH 31.50 FEET OF THE SOUTH 60 FEET MEASURED ON THE WEST LINE OF THAT PART OF BLOCK 12 IN SANDER'S SECOND ADDITION TO THE TOWN OF BLUE ISLAND, A SUBDIVISION OF PART OF THE SOUTH 1/2 OF THE NORTHWEST 1/4 OF SECTION 31, TOWNSHIP 37 NORTH, RANGE14, EAST OF THE THIRD PRINCIPAL MERIDIAN, DESCRIBED AS FOLLOWS, TO WIT: COMMENCING AT THE NORTHEAST CORNER OF BLOCK 12; THENCE RUNNING WEST PARALLEL WITH THE SOUTH LINE OF SAID BLOCK 12, 169-1/2 FEET; THENCE RUNNING SOUTH 100 FEET; THENCE RUNNING EAST, PARALLEL WITH THE NORTH LINE OF SAID BLOCK 12, TO ROCK ISLAND DUMMY RAILROAD RIGHT OF WAY; THENCE RUNNING NORTH, ALONG SAID RIGHT OF WAY, TO THE POINT OF BEGINNING, IN SECTION 31, TOWNSHIP 37 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PIN: 25-31-116-030

TRACT VI:

Block 7 in Sander's Second Addition to the Town of Blue Island, a Subdivision of part of the South 1/2 of the Northwest 1/4 of Section 31, Township 37 North, Range 14, East of the Third Principal Meridian, in Blue Island except that part of said Block 7 described and bounded as follows: Commencing at the Southwest corner of said Block 7; thence running East on the South line of said Block 132.4 feet; thence North, parallel with the West line of said block, to a point in

the North line of said Block 132.4 feet East of the Northwest corner of said Block 7; thence West along the North line of said Block 132.4 feet, to the Northwest corner thereof; thence South, along the West line of said Block, to the place of beginning, in Cook County, Illinois.

PIN: 25-31-114-004

TRACT VII:

PARCEL 1:

The North 50 feet of Lot 5, together with the West half of the vacated alley lying East and adjoining said North 50 feet of Lot 5, in Bourke's Subdivision of Block 11 in Sander's Second Addition to Blue Island in the Northwest quarter of Section 31, Township 37 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

PIN: 25-31-113-001

PARCEL 2:

The North 39 feet of the South 79 feet of Lot 5, together with the West half of the vacated alley lying East and adjoining said North 39 feet of the South 79 feet of Lot 5, in Bourke's Subdivision of Block 11 in Sander's Second Addition to Blue Island in the Northwest 1/4 of Section 31, Township 37 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

PIN: 25-31-113-002

TRACT VIII:

Lots 9, 8 and the South 22 feet of Lot 7, together with the West half of the vacated alley lying East and adjoining said Lots 9, 8 and the South 22 feet of Lot 7, in Bourke's Subdivision of Block 11 in Sander's Second Addition to Blue Island in the Northwest 1/4 of Section 31, Township 37 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

PIN: 25-31-113-021

TRACT IX:

PARCEL 1:

That part of Block 7 in Sander's Second Addition to the Town of Blue Island, a Subdivision of part of the South 1/2 of the Northwest 1/4 of Section 31, Township 37 North, Range 14, East of the Third Principal Meridian, described as follows:

- A-4 -

Commencing at the Southwest corner of said Block 7; thence East, along the South line of said Block, 116.4 feet; thence North 60 feet; thence West 116.4 feet to the West line of said Block; thence South 60 feet to the place of beginning, in Cook County, Illinois.

PARCEL 2:

Lot 7 in Uhlich's Subdivision of part of Block 7 in Sander's Second Addition to the Town of Blue Island, a Subdivision of part of the South half of the Northwest quarter of Section 31, Township 37 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

PIN: 25-31-114-005

(PIN applies to PARCELS 1 and 2)

TRACT X:

PARCEL 1:

Lots 1, 2, 9, 10 and 3 (except the West 30 feet of said Lot 3) and Lot 8 (except the West 30 feet of said Lot 8) in Block 5 in Sander's Addition to the Town of Blue Island, a Subdivision of part of the South 1/2 of the Northwest 1/4 of Section 31, Township 37 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

PIN: 25-31-120-003

PARCEL 2:

Block 4 (except part conveyed to railroad) in Sander's Addition to the Town of Blue Island, a Subdivision of part of the South 1/2 of the Northwest 1/4 of Section 31, Township 37 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

PIN: 25-31-123-001

F114: 23-31-123-001

TRACT XI:

PARCEL 1:

The North 75 feet of the South 89 feet (except the East 214 feet) of Lot 41 in J.P. Young's Second Addition to Blue Island, in the Northwest 1/4 of Section 31, Township 37 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

PIN: 25-31-105-022

PARCEL 2:

The West 200 feet of Lot 40 and the West 200 feet of the South 14 feet of Lot 41 in J.P. Young's Second Addition to Blue Island, in the Northwest 1/4 of Section 31, Township 37 North, Range 14, East of the Third Principal Meridian in Cook County, Illinois.

PIN: 25-31-105-023

TRACT XII:

The West 100 feet of the East 208 feet of Lot 40 and the West 100 feet of the East 208 feet of the South 4 feet of Lot 41, all in J.P. Young's Second Addition to Blue Island, in the Northwest 1/4 of Section 31, Township 37 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

PIN: 25-31-105-058

TRACT XIII:

The East 100 feet of Lots 1 and 2 in Bourke's Subdivision of Block 11 in Sander's Second Addition to The Town of Blue Island in the Northwest quarter of Section 31, Township 37 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

PIN: 25-31-113-011

EXHIBIT B

Permitted Exceptions

- a. Grant of Easement recorded October 31, 1966 as document 19982195, as shown in that certain ALTA/ACSM Survey by Zarko Sekerez & Associates, dated December 28, 2011, last revised February 29, 2012 (the "Survey"). (TRACT III, PARCEL 2)
- b. Easement recorded October 31, 1966 as document 19982196 made by Dora Marshall to the Illinois Bell Telephone Company, as shown on the Survey. (TRACT XI)
- c. Grant of Easement recorded October 31, 1966 as document 19982197 in favor of Illinois Bell Telephone Company, as shown on the Survey. (TRACT III, PARCEL 3)
- d. Easement for ingress and egress as created by Declaration of Easement recorded September 4, 1992 as document 92661925, as shown on the Survey. (TRACT XI, PARCEL 2)
- e. Rights of tenants, as tenants only, with no options to purchase the property or rights of first refusal, pursuant to unrecorded leases previously provided to Grantee.
- f. Taxes for the year 2011, final installment, and taxes and assessments for the year 2012 and subsequent years, which are not yet due and payable.
- g. Encroachment of parking spaces located mainly on TRACT X, PARCEL 1, onto public property east and adjoining, as shown on the Survey.
- h. Encroachment of parking spaces onto York Street, North of TRACT X, PARCEL 2, and onto property South and adjoining said TRACT X, PARCEL 2, including over a portion of New Street and Block 3, as shown on the Survey.
- i. Encroachment of parking spaces located on TRACT VII, PARCEL 2 onto property South and encroachment of parking spaces located on TRACT VIII onto property North, as shown on the Survey.
- j. Encroachment of the Irving Avenue roadway improvements over a part of TRACT X, PARCEL 2, as shown on the Survey.
- k. Overhead wires along the west line of TRACT X, as shown on the Survey.
- l. Encroachment of parking, sign, concrete wall and retaining wall on TRACT X over onto Irving Avenue, as shown on the Survey.
- m. Possible encroachment by owners of property lying north of TRACT XI, PARCEL 1, using part of said tract for vehicular ingress and egress to park behind the building located on the parcel to the north.

- n. Rights of the Municipality, the State of Illinois, the Public and adjoining owners in and to those portions of TRACTS VII and VIII lying within the vacated alley.
- o. Rights of the public and quasi-public utilities, if any, in and to those portions of TRACTS VII and VIII lying within the vacated alley for maintenance therein of poles, conduits, sewers and other facilities.
- p. Rights of way for drainage tiles, ditches, feeders and laterals, if any, already existing within the property.

STATE OF ILLINOIS

SS (

COUNTY OF COOK

MSMC Realty, LLC, a Delaware limited liability company, being duly sworn on oath, that the attached deed is not in violation of 765 ILCS 205/1 for one of the following reasons:

1.

Said Act is not applicable as the grantors own no adjoining property to the premises described in said deed;

OR

the conveyance falls in one of the following exemptions as shown by Amended Act which became effective July 17, 1959.

- The division or subdivision of the land into parcels or tracts of five acres or more of size which does not involve any new streets or
 easements of access.
- The division of lots or blocks of less than one acre in any recorded subdivision which does not involve any new streets or easements
 of access.
- 4. The sale or exchange of parcels of land between owners of adjoining and contiguous land,
- 5. The conveyance of parcels of land or interests therein for use as right of way for railroads or other public utility facilities, which does not involve any new streets or easement of access.
- 6. The conveyance of land owned by a railroad or other public utility which does not involve any new streets or easements of access.
- 7. The conveyance of land for highway or other public purposes or grants or conveyances relating to the dedication of land for public use or instruments relating to the vacation of land impressed with public use.
- 8. Conveyances made to correct descriptions in prior conveyances.
- 9. The sale or exchange of parcels or tracts of land existing on the date of the amendatory Act into no more than two parts and not involving any new streets or easements of access.

CIRCLE NUMBER ABOVE WHICH IS APPLICABLE TO ATTACHED DEED.

Affiant further states that it makes this affidavit for the purpose of inducing the Recorder of Deeds of Cook County, Illinois, to accept the attached deed for recording.

MSMC Realty, LLC,

a Delaware limited liability company

By: Reis Capital Management, LLC,

Its Manager

David Reis, Managing Member

SUBSCRIBED AND SWORN to before me

.. With a to be about and

Notary public

TERESA BERNARDI Notary Public, State of New York No. 01BE6187450 Quatified in Westchester County Commission Expires May 19, 2012

ATTACHMENT 2

ATTACHMENT 3 OPERATING ENTITY/LICENSEE

The licensee of MetroSouth Medical Center is Blue Island Hospital Company, LLC. Included with this Attachment are:

- 1. The Illinois Certificate of Good Standing of Blue Island Hospital Company, LLC.
- 2. A copy of the facility's current hospital license.



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

BLUE ISLAND HOSPITAL COMPANY, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON NOVEMBER 28, 2011, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS 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 6TH day of JUNE A.D. 2019 .

Authentication #: 1915702090 verifiable until 06/06/2020 Authenticate at: http://www.cyberdriveillinois.com esse White

SECRETARY OF STATE

ATTACHMENT 3



Illinois Department of PUBLIC HEALTH

HF117370

DISPLAY THIS PART IN A CONSPICUOUS PLACE

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 Itinois Department of Public Health

EXPIRATION DATE

2/28/2020

D NUMBER CATEGORY 0005835

General Hospital

Effective: 03/01/2019

Blue Island Hospital Company, LLC dba MetroSouth Medical Center 12935 South Gregory Street

Blue Island, IL 60406

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #48240 5M 5/16 Exp. Date 2/28/2020

Lic Number

0005835

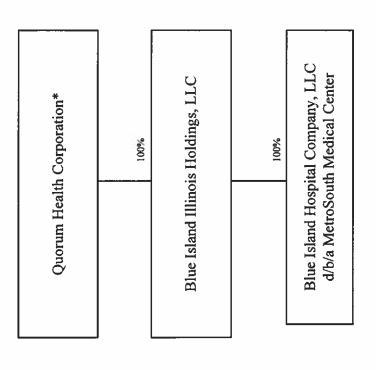
Date Printed 1/14/2019

Blue Island Hospital Company, LLC dba MetroSouth Medical Center 12935 South Gregory Street Blue Island, IL 60406

FEE RECEIPT NO.

ATTACHMENT 4 ORGANIZATIONAL RELATIONSHIPS

The Blue Island Hospital Company, LLC d/b/a MetroSouth Medical Center is wholly owned by a holding company (Blue Island Illinois Holdings, LLC) which is wholly owned by the applicant Quorum Health Corporation, a publicly traded company. The applicants' organizational chart is included with this Attachment.



*Quorum Health Corporation is a publicly traded company

ATTACHMENT 5

GENERAL INFORMATION REQUIREMENTS Criterion 1110.290(a)

1. Identify the categories of service and the number of beds, if any, that are to be discontinued.

Category of Service	Number
Medical/Surgical	242 Beds
Intensive Care	28 Beds
Obstetric	30 Beds
Acute Mental Illness	14 Beds
Cardiac Catheterization	3 Labs
Open Heart Surgery	N/A

2. Identify all of the other clinical services that are to be discontinued.

Clinical Service	Number
Operating Rooms	10
Stage 1 Recovery Stations	12
Stage 2 Recovery Stations	28
Procedure Rooms	5
Emergency Room Stations	27

In addition to the above, the following diagnostic/interventional equipment services will be discontinued: General Radiography/Fluoroscopy; Nuclear Medicine; Mammography; Ultrasound; Angiography; Computerized Axial Tomography (CAT); and Magnetic Resonance Imaging (MRI).

MetroSouth's 2017 Hospital Profile is included with this Attachment.

3. Provide the anticipated date of discontinuation for each identified service or for the entire facility.

The anticipated dated of discontinuation is the fourth quarter of 2019 with a target date of November 1, 2019.

4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.

The applicants are pursuing discussions for possible reuse of the facility for outpatient health care services center and possibly a freestanding emergency department. To the extent necessary, physical assets and equipment will be liquidated.

5. Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued, and the length of time the records will be maintained.

The medical records of MetroSouth Medical Center are maintained in an electronic health records information system that Quorum Health Corporation utilizes for all eight of its Illinois facilities, and that system will continue to be maintained by Quorum following the discontinuation of MetroSouth. The medical records of MetroSouth's patients will be maintained in compliance with all State and Federal laws pertaining to medical record storage, including Section 6.17 of the Illinois Hospital Licensing Act which generally requires every hospital to preserve its medical records for not less than 10 years.

6. For applications involving discontinuation of an entire facility, certification by an authorized representative that all questionnaires and data required by HFSRB or the Illinois Department of Public Health (IDPH) (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation and that the required information will be submitted no later than 60 days following the date of discontinuation.

The applicant's certification that questionnaires and data required by HFSRB and IDPH will be provided by through the date of discontinuation is included with this Attachment.

7. Provide attestation that the facility provided the required notice of the facility or category of service closure to local media that the health care facility would routinely notify about facility events. The supporting documentation shall include a copy of the notice, the name of the local media outlet, the date the notice was given, and the result of the notice, e.g., number of times broadcasted, written, or published. Only notice that is given to a local television station, local radio station, or local newspaper will be accepted.

The applicant's attestation and supporting documentation of the required notice of facility closure to local media are included with this Attachment.



June 7, 2019

Ms. Courtney Avery, Administrator Illinois Health Facilities and Services Review Board 525 West Jefferson Street, 2nd Floor Springfield, Illinois 62761

Dear Ms. Avery:

On behalf of the Applicants, namely, Blue Island Hospital Company, LLC, d/b/a MetroSouth Medical Center ("MetroSouth") and Quorum Health Corporation ("Quorum"), I hereby certify that no adverse action has been taken against MetroSouth or any other Illinois facility owned, operated and/or controlled by the Applicants during the three years prior to the filing of the application to discontinue MetroSouth.

The Applicants hereby permit the Illinois Health Facilities and Services Review Board and Illinois Department of Public Health ("IDPH") to have access to any documents necessary to verify the information submitted in the application to discontinue MetroSouth, including, but not limited to: (i) official records of IDPH or other State of Illinois agencies; (ii) the licensing or certification records of other states, when applicable; and (iii) the records of nationally recognized accreditation organizations.

The Applicants certify that all questionnaires and data required by the Health Facilities and Services Review Board and IDPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 60 days following the date of discontinuation.

The Applicants further attest that MetroSouth is providing the required notice of the facility closure to local media that the facility would notify about facility events. Documentation of the closure notice is attached to this letter.

Respectfully submitted,

Martin D. Smith / EVP and Chief Operating Officer

Quorum Health Corporation

Marter du 1

Notary:

Subscribed and sworn to me this 2 day of

Notary Public

Seal:

PRESS RELEASE

FOR IMMEDIATE RELEASE June 11, 2019

METROSOUTH MEDICAL CENTER PURSUES POSSIBLE NEW OWNER FOR HOSPITAL FACILITIES Hospital notifies State of plans to cease operations as it pursues new owner and reuse

(BLUE ISLAND, III.) – MetroSouth Medical Center has filed an application with the Illinois Health Facilities and Service Review Board to discontinue hospital operations as it continues to search for a new operator to provide health care services on the MetroSouth campus.

The MetroSouth filing details the hospital's efforts over the last two years to identify a potential buyer to operate the hospital as financial, operational and competitive challenges have become increasingly difficult. Representatives for the hospital reached out to almost 40 health care organizations about the future of MetroSouth, including all Chicago area providers and several regional and out-of-state health systems. None of those providers committed to operate MetroSouth as a full-service community hospital, but discussions continue with other organizations for possible reuse of the facility as a freestanding emergency department and outpatient services center.

"Closing the hospital is an immensely difficult and emotional decision, but the data is clear that patient needs have changed – here and across the country. Enormous half-empty hospitals are not what the future of health care looks like," said John Walsh, CEO of MetroSouth Medical Center. "Reuse of this campus as an outpatient center would be a benefit for the community. We are diligently pursuing such an opportunity, but we know the facility will not be able to operate into 2020 as a full-service community hospital."

Years of decreasing patient volumes, increasing market saturation, reduced reimbursement from government and commercial payers, and ongoing operational losses contributed to the hospital's decision. Declining patient volumes since 2014 have resulted in exceptionally low utilization of MetroSouth's inpatient services. The hospital has 314 licensed beds but serves fewer than 100 patients a day, on average; those dynamics mean the hospital is running at only one third of its total capacity. The hospital's pre-tax losses in 2018 totaled \$8.4 million and are projected to exceed \$10 million this year.

If negotiations with a potential new operator fail, the hospital will begin to reduce admissions and wind down operations by the end of the year.

Continued Access to Nearby Care

In the event that health care services on the MetroSouth campus end completely, Blue Island residents will have continued, convenient access to care. Emergency, inpatient and outpatient services are available at nearby hospitals within 3.5 to 10 miles including Ingalls Memorial Hospital in Harvey, Roseland Community Hospital in Chicago, Little Company of Mary Hospital in Evergreen Park, Advocate Christ Medical Center in Oak Lawn, South Shore Hospital in Chicago, Palos Community Hospital in Palos Heights, Advocate South Suburban Hospital in Hazel Crest, or Advocate Trinity Hospital in Chicago.

The hospital will work with referring physicians to ensure patients – particularly expectant mothers – have time to make arrangements for their care. Most physicians on staff at MetroSouth also maintain privileges at other local hospitals.

ATTACHMENT 5

For Patients

If you are or have been a patient at MetroSouth Medical Center, are receiving treatment from one of MetroSouth's network of six health clinics have questions about obtaining your medical records, please call (708) 597-2000.

For Employees

Hospital leadership will meet this week with all MetroSouth employees to discuss possible transition plans. In the event the hospital is forced to close, MetroSouth will continue to compensate employees who complete their employment term, and assistance will be provided to help employees connect with other employers.

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NOTICE OF PROSPECTIVE PUBLICATION

STATE OF ILLINOIS COUNTY OF COOK

The <u>South Suburban News</u> ("SSN"), a secular newspaper with a weekly circulation of approximately 224,000, has been continuously published weekly for more than fifty (50) weeks prior to the first publication of the attached notice, scheduled for Friday, June 14, 2019. SSN is published in the City of Richton Park, County of Cook, State of Illinois; is of general circulation throughout that county and surrounding areas; and is a newspaper as defined by 715 ILCS 5/5.

The attached notice will be published in the SSN a single time, in the classified ad section of SSN, on June 14, 2019. All fees necessary for publication of this notice have been paid. A formal Certificate of Publication will be provided immediately after publication.

The first publication of the attached notice will be made in the SSN newspaper, dated and published on June 14, 2019. The notice will also be placed on a statewide public notice website as required by 715 ILCS 5/2.1.

In witness, South Suburban News has signed this "notice of prospective publication" by its registered agent.

The South Suburban News, by:

Registered Agent

Pending approval of the Illinois Health Facilities and Services Review Board, MetroSouth Medical Center (MetroSouth) located at 12935 South Gregory Street, Blue Island, Illinois will discontinue services in the fourth quarter of 2019 with an anticipated closure date by November 1, 2019. The hospital will work with referring physicians to ensure patients have time to make arrangements for their care. If you are or have been a patient at MetroSouth or have questions about obtaining your medical records, please call (708) 597-2000. MetroSouth's leadership is meeting with employees to discuss possible transition plans.

Hospital Profile - C	2017	MetroSo	uth Medical	Center			Blue	Island	Page 1	
Ownership, Man	agement and	General Inform	nation			Patients by I	Race		Patients by Et	hnicity
ADMINISTRATOR NAM	E: John Bai	rd			Wh	nite	2	5.7% H	ispanic or Latino	9.6%
ADMINSTRATOR PHO	NE 708-597-	2000 Ext. 5201	l		Bla	ick	68	5.7% N	ot Hispanic or La	atino: 86.8%
OWNERSHIP:	Blue Isla	nd Hospital Cor	mpany LLC		Am	nerican Indian	(0.0% U	nknown:	3.6%
OPERATOR:	Blue Isla	nd Hospital Co	mpany LLC		As	ian	().2% —		
MANAGEMENT:	Limited L	iability Compar	ny			waiian/ Pacific		0.2%	IDPH Number	
CERTIFICATION:					Un	known		3.3%	HPA	A-04
FACILITY DESIGNATIO		outh Cooper, St	trant Ol7	Y: Blue Isla		COUNTY	Culturate	on Cook C	HSA	7
ADDRESS	12935 30	outh Gregory St				COUNTY:	Suburba	an Cook C	ounty	
	A Ab a . daa.	d Daab Bada	Facility Utiliza	tion Data D	v Category	ot Service	A.,	A	CON	Staffed Bad
Clinical Service	Authorize CON Beds 12/31/2013	Setup and		Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	242	95	95	5,190	23,354	2,913	5.1	72.0	29.7	75.8
0-14 Years				24	466					
15-44 Years				845	2,952					
45-64 Years				1,880	7,829					
65-74 Years 75 Years +				981 1,460	4,640 7,467					
Pediatric	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Intensive Care	28	12	12	1,052	2,769	13	2.6	7.6	27.2	63.5
Direct Admission				868	2,197	.0	2.0	1.0	27.2	00.0
Transfers				184	572					
Obstetric/Gynecology	30	21	21	1,498	3,047	187	2.2	8.9	29.5	42.2
Materity	30	21	21	1,485	3,047	107	2.2	6.9	29.5	42.2
Clean Gynecology				13	20					
Neonatal	0	13	13	455	1,985	0	4.4	5.4	0.0	41.8
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Total AMI	14			399	3,741	0	9.4	10.2	73.2	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		12	12	399	3,741	0	9.4	10.2		85.4
Rehabilitation	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	0					0				
Facility Utilization	314			8,410	34,896	3,113	4.5	104.1	33.2	
			(includes ICU l	Direct Admis	sions Only)					
						rved by Payor	Source			
	Medicare	Medicaid	Other Public	Private In		Private Pay		Cha	arity Care	Totals
Inpatients	40.5%	39.1%	3.9%		13.4%	2.2%			0.7%	
присопс	3435	3314	334		1139	188			63	8,473
Outpatients	51.2%	19.8%	1.8%		18.8%	5.3%			3.1%	
Catpationis	36398	14045	1274		13365	3758			2220	71,060
Financial Year Reported	1/1/2017	to 12/31/20°	17 <u>Inpatie</u>	nt and Outp	atient Net	Revenue by Pa	ayor Sour	<u>.ce</u>		Total Charity Care Expense
•	Medicare	Medicaid	Other Public	Private In	surance	Private Pay		Totals	Care	565,791
Inpatient Revenue (\$)	26.5%	30.9%	1.1%		26.6%	14.9%	1	00.0%	Expense	Ť
Kevenue (\$)	24,137,768	28,116,250	1,042,118	24,	,235,776	13,589,262	91,1	21,174	246,136	Total Charity Care as % of
Outpatient	14.7%	21.1%	9.5%		36.7%	18.0%	1	00.0%		Net Revenue
Revenue (\$)	7,938,516 1	11,371,194	5,116,005	19,8	820,863	9,741,210	53,98	87,788	319,655	0.4%
Bir	thing Data			New	born Nurse	ery Utilization			Organ Tran	splantation
Number of Total Births:		1,3	384		Level 1	Level II	Lev	el II+	Kidney:	0
Number of Live Births:		1,:	399 Beds		10) 10)	8	Heart:	0
Birthing Rooms:			0 Patient	Days	292	2 18	3	1,571	Lung:	0
Labor Rooms:			5 Total N	ewborn Pati	ent Days			1,881	Heart/Lung:	0
Delivery Rooms:	n. Dacina		0	1	aboratory	Studioe			Pancreas:	0
Labor-Delivery-Recove Labor-Delivery-Recove	-	Poome:	13 0 Inpatie	nt Studies	_uvviatui¥	- LUMIUS		9,178	Liver:	0
C-Section Rooms:	ry-r votpartum	NOUIIIa.		ient Studies				9,176 9,965	Total:	0
CSections Performed:										
Coecilons renomieu.			449 Studies	s Performed	Under Con	tract		2,158		

- nospital Profile	C1 2017		wet	rosou			Center				Blue IS	siano		Page 4
0 - 1 - 10 1-11		<u> </u>			<u>Su</u>	rgery a		ting Room	i Utilliz					
Surgical Specialty			ting Roc					l Cases			rgical Hours			per Case
Cardianaanlaa	Inpatient	Outpa		nbinea	Total 1		Inpatient			•	Outpatient	10tal Hours 217		Outpatient
Cardiovascular	0		0	0	Ċ	•	82 0	64 0		174 0	43 0	0	2.1 0.0	0.7
Dermatology General	0		0	5			407	499		941	712	1653	2.3	0.0 1.4
	0		0	0	Č		407	499		0	0	0	0.0	0.0
Gastroenterology Neurology	0		0	0	(23	7		87	28	115	3.8	4.0
OB/Gynecology	0		0	0	(-	548	312		1222	559	1781	2,2	1.8
Oral/Maxillofacial	0		0	0	(0-40	312		0	0	0	0.0	0.0
Ophthalmology	0		0	2	2		0	503		0	736	736	0.0	1.5
Orthopedic	0		0	1	1		373	481		1282	1122	2404	3,4	2.3
Otolaryngology	0		0	Ö	(-	24	43		40	119	159	1,7	2.8
Plastic Surgery	0		0	0	(-	1	1		5	30	35	5.0	30.0
Podiatry	0		0	0	(62	88		118	149	267	1.9	1.7
-	_		0	0	(53	10		199	97	296		
Thoracic Jrology	0		0	1	1	-	66	66		130	121	290 251	3.8	9.7 1.8
Prology			U	1		_	00	00	150	130	121	251	2.0	1.8
Totals	0		0	10	10)	1639	2074	•	4198	3716	7914	2.6	1.8
SURGICAL RECOV	ERY STAT	IONS		Stag	e 1 Re	covery	Stations		12	Stag	e 2 Recover	y Stations	28	
				Dedic	ated a	nd No	n-Dedicat	ed Proced	ure R	oom Utilzat	ion			
				ure Roc			******	gical Case		-	Surgical Hou			per Case
rocedure Type	In	patient	Outpatio	ent Con	nbined	Total	Inpatie	nt Outpa	itient	inpatient	Outpatient	Total Hours	Inpatient	Outpatient
astrointestinal		0	0		3	3			154	1324	2971	4295	1.4	1.4
aser Eye Procedure:	S	0	0		0	0		0	0	0	0	0	0.0	0.0
ain Management		0	0		1	1		0	33	0	35	35	0.0	1.1
ystoscopy		0	0		0	O		0	0	0	0	0	0.0	0.0
					Mı	ultipur		-Dedicated			_	_		
								0	0	0	0	0	0.0	0.0
		0	0		0	0		0 0	0	0	0	0	0.0 0.0	0.0 0.0
												-		0.0
0 10 17	Emergen	cy/Trai	ıma Car	<u> </u>								theterization		
Certified Trau Level of Trau				Lev	-1.4		No Level 2	T		•		ndedicated la	•	3
Level of Traul	illa Service			Lev	81 1		Level 2					aphy procedur	es	0
Operating Ro	ome Dadica	ted for	Trauma	Cara			0			_		terization Lab	-1	0
Number of Tra			Hauma	Care			0					theterization L	ads	2
Patients Admi							0		Dea	icated EP C	atheterization	on Labs		1
Emergency S						Come	orehensive	,		Card	liac Cathete	rization Utiliz	zation	
Number of En			ations				27		ntal Ca		Procedures:			1,522
Persons Trea	ted by Eme	rgency	Services	1			45,523	•		F 142	eterizations			0
Patients Adm	•						5,954		-		eterizations	. ,		898
Total ED Visit	s (Emergen	icy+Tra	uma):				45,523		_	1770	atheterizatio			0
	Free-Sta	nding	Emerge	ncy Cei	<u>nter</u>						atheterizatio			317
Beds in Free-	Standing Co	enters					0		EP (Catheterizat	ions (15+)			307
Patient Visits in Free-Standing Centers							0		Cardiac Surgery Data					
Hospital Admissions from Free-Standing Center							0	To	otal Ca	ardiac Surge		13		
Outpatient Service Data										iatric (0 - 14	•			ō
Total Outpatie				-			83,381			•	and Older):			13
•	Visits at the	e Hosni	tal/ Cam	DUS:			83,381		Cord			ifts (CABGs)		
	Visits Offsit			_ uo.			05,551		G 270.50F		of total Card		No. (1)	13
Diagnostic/Interven	tional Equi	pment					Examina	tions		Therapeu	ıtic Equipm	ent		Therapies
	<u> </u>			ed Con	tract	Innati		pt Contra	ct		1		Contract	Treatment

Diagnostic/Interventional Equipment			Ex	aminatio	ns	Therapeutic Equipment			Therapies/
	Owned Co	ntract	Inpatient	Outpt	Contract		Owned	Contract	<u>Treatments</u>
General Radiography/Fluoroscopy	6	0	6,389	26,180	0	Lithotripsy	1	0 0	0
Nuclear Medicine	5	0	902	410	0	Linear Accelerator	1	0 0	0
Mammography	3	0	2	5,478	0	Image Guided Rad Thera	ару		0
Ultrasound	5	O	2,676	7,338	0	Intensity Modulated Rad	Thrpy		0
Angiography	1	0				High Dose Brachytherapy	4	0 0	0
Diagnostic Angiography			136	17	0	Proton Beam Therapy		0 0	0
Interventional Angiography			293	120	0	Gamma Knife		0 0	0
Positron Emission Tomography (PET)	0	0	0	0	0	Cyber knife	(0 0	0
Computerized Axial Tomography (CAT)	2	0	2,674	11,710	0				
Magnetic Resonance Imaging	1	0	1,375	980	0				

ATTACHMENT 6 REASONS FOR DISCONTINUATION

Criterion 1110.290(b)

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

1) Insufficient volume or demand for the service.

There is insufficient volume and demand for the services at MetroSouth Medical Center. After years of declining patient volumes, increasing market saturation, reduced reimbursement from government and commercial payors, and on-going operational losses, MetroSouth Medical Center has made the difficult decision to close. As reflected in the tables below, the utilization of the hospital's Medical/Surgical, ICU and OB/GYN departments of all been below 30% for each year beginning in 2016. Though 2018 Hospital Profiles have not yet been posted, MetroSouth's utilization declined further in 2018. The Acute Mental Illness (AMI) service has been historically underutilized as well. Though utilization of AMI has increased, it still has remained well below the State's target utilization of 85%.

Low Utilization at MetroSouth Medical Center 2015-2018

SERVICE	2015	2016	2017
Med/Surg	30.6%	29.9%	29.7%
ICU	30.4%	27.9%	27.2%
OB/GYN	31.4%	28.6%	29.5%
AMI	33.5%	56.3%	73.2%

Source: Hospital Profiles 2015-2017, included with Attachment 7

Underutilization exists in all categories of service throughout the entire A-04 Hospital Planning Area. There are currently excess beds in all services. The underutilization is so significant that excess beds will remain in all categories of service even after the discontinuation of MetroSouth Medical Center. The 2017 Hospital Profiles of the all hospitals within the A-04 Hospital Planning Area are included with Attachment 6.

Excess Beds in All Services in Hospital Planning Area A-04

SERVICE	Current Beds	Calculated Bed Need	Excess Beds	MetroSouth Beds	Bed Excess without MetroSouth
Med/Surg	2,040	1,557	483	242	241
ICU	366	322	44	28	16
OB/GYN	180	128	52	30	22
AMI	195	130	65	14	51

Source: IHFRB Update to Inventory June 5, 2019, included with this Attachment

2) The facility or the service is not economically feasible, and continuation impairs the facility's financial viability.

The above factors, combined with a significant loss of Medicaid supplemental funding following redesign of the state's Hospital Assessment program, make it financially impossible to continue operating the hospital. MetroSouth has been particularly and negatively impacted by the redesign of the state's Hospital Assessment Program. In 2018 the hospital experienced a reduction of more than \$4.6 million in supplemental Medicaid funding. The hospital's pre-tax losses in 2018 totaled \$8.4 million and are projected to exceed \$10 million this year.

The lack of financial viability of the facility is further demonstrated by the fact that over the last two years representatives for the hospital have reached out to almost 40 health care organizations about the future of MetroSouth, including all Chicago area providers and several regional and out-of-state health systems. None of those providers committed to operate MetroSouth as a full-service community hospital. None of these efforts have been successful, and the applicants can no longer operate the hospital at such as significant financial loss.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH REVISED BED NEED DETERMINATIONS 6/5/2019

Hospital	MEDICAL	-SURGICAL/PI	EDIATRIC	BED8	i	NTENSIVE CA	RE BED	3		OBSTETRI	BED8	
Planning		Calculated	Bed			Calculated	Bed			Calculated	Bed	
Area	Beds	Bed Need	Need	Excess	Beds	Bed Need	Need	Excess	Beds	Bed Need	Need	Excess
A-001	2,123	1,118	0	1,005	449	358	0	91	239	121	0	118
A-002	1,580	867	0	713	384	378	0	6	237	89	0	148
A-003	1,791	1,116	0	675	262	220	0	42	154	84	0	70
A-004	2,040	1,557	0	483	366	322	0	44	180	128	0	52
A-005	1,065	891	0	174	244	237	0	7	184	97	0	87
A-006	1,012	655	0	357	209	229	20	0	75	62	0	13
A-007	1,191	854	0	337	192	168	0	24	172	104	0	68
A-008	614	448	0	166	94	94	0	0	70	46	0	24
A-009	770	715	0	55	108	110	2	0	112	68	0	44
A-010	227	233	6	0	33	35	2	0	43	24	0	19
A-011	296	296	0	0	45	53	8	0	28	39	11	0
A-012	409	347	0	62	58	67	9	0	68	35	0	33
A-013	690	759	69	0	113	124	11	0	91	65	0	26
A-014	264	142	0	122	57	49	0	8	42	15	0	27
B-001	599	437	0	162	98	102	4	0	67	38	0	29
B-002	103	71	0	32	8	7	0	1	14	5	0	9
B-003	158	111	0	47	14	15	1	0	17	10	0	7
B-004	97	111	14	0	20	7	0	13	22	14	0	8
C-001	884	527	0	357	146	141	0	5	86	38	0	48
C-002	178	145	0	33	22	18	0	4	19	19	0	0
C-003	193	79	0	114	21	14	0	7	17	9	0	8
C-004	69	60	0	9	12	6	0	6	16	7	0	9
C-005	402	218	0	184	34	28	0	6	39	19	0	20
D-001	454	283	0	171	66	50	0	16	64	28	0	36
D-002	289	181	0	108	31	23	0	8	46	25	0	21
D-003	186	125	0	61	20	10	0	10	17	11	0	6
D-004	397	189	0	208	48	46	0	2	44	21	0	23
D-005	124	93	0	31	9	11	2	0	19	11	0	8
E-001	705	446	0	259	103	127	24	0	62	35	0	27
E-002	93	61	0	32	4	2	0	2	3	6	3	0
E-003	64	29	0	35	4	3	0	1	0	2	2	0
E-004	122	55	0	67	13	5	0	8	11	6	0	5
E-005	193	129	0	64	26	21	0	5	27	13	0	14
F-001	1,001	494	0	507	109	105	0	4	156	50	0	106
F-002	157	81	0	76	12	8	0	4	21	10	0	11
F-003	178	78	0	100	12	5	0	7	14	7	0	7
F-004	263	159	0	104	38	29	0	9	18	14	0	4
F-005	121	52	0	69	0	0	0	0	0	3	3	0
F-006	194	148	0	46	26	22	0	4	12	13	1	0
F-007	278	142	0	136	23	19	0	4	28	13	0	15
Totals	21,574	14,502	89	7,161	3,533	3,268	83	348	2,534	1,404	20	1,150

ILLINOIS DEPARTMENT OF PUBLIC HEALTH STATE SUMMARY REVISED BED NEED DETERMINATIONS 6/5/2019

Ownership, Mar	nagement and	General Inform	ation			Patients by	Race		Patients by Eth	nicity
ADMINISTRATOR NAM	IE: John Ba	ird			Wh	ite	2	5.7% H	ispanic or Latino	9.6
ADMINSTRATOR PHO	NE 708-597	'-2000 Ext. 5201			Bla	ck	6	5.7% N	ot Hispanic or La	tino: 86.8
OWNERSHIP:	Blue Isla	and Hospital Co	npany LLC		Am	erican Indian	(0.0% U	nknown:	3.6
OPERATOR:	Blue Isla	and Hospital Co	npany LLC		Asi	an	(0.2% —		
MANAGEMENT:	Limited	Liability Compar	ıy		Ha	waiian/ Pacific	(0.2%	IDPH Number:	5835
CERTIFICATION:					Uni	known	1	8.3%	HPA	A-04
FACILITY DESIGNATION									HSA	7
ADDRESS	12935 S	outh Gregory St		TY: Blue Isla		COUNTY:	Suburb	an Cook C	ounty	
			Facility Utiliz	ation Data by	Category	of Service	- 70.00			
Clinical Service	Authorize CON Bed 12/31/201	s Setup and		Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	242	95	95	5,190	23,354	2,913	5.1	72.0	29.7	75.8
0-14 Years				24	466					
15-44 Years				845	2,952					
45-64 Years				1,880	7,829					
65-74 Years				981	4,640					
75 Years +				1,460	7,467					
Pediatric	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Intensive Care	28	12	12	1,052	2,769	13	2.6	7.6	27.2	63.5
Direct Admission				868	2,197		•			
Transfers				184	572					
Obstetric/Gynecology	30	21	21	1,498	3,047	187	2.2	8.9	29.5	42.2
Maternity	30	21	21	1,485	3,027	107	2.2	0.5	20.0	74.4
Clean Gynecology				13	20					
Neonatal	0	13	13	455	1,985	· 0	4.4	5.4	0.0	41.8
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Total AMI	14			399	3.741	0	9.4	10.2	73.2	
Adolescent AMI	17	0	0	0	0,741	ō	0.0	0.0		0.0
Adult AMI		12	12	399	3,741	0	9.4	10.2		85.4
Rehabilitation	0	0	0	0	0,741	0	0.0	0.0		0.0
Long-Term Acute Care		0	0	0	0	0	0.0	0.0		0.0
Dedicated Observation	0					0	TORNOUS IN			
Facility Utilization	314			8,410	34,896	3,113	4.5	104.1	33.2	
		10 505	(Includes ICU							
					patients Se	rved by Payor	Source			
	Medicare	Medicaid	Other Public			Private Pay		Ch	arity Care	Totals
Inpatients	40.5%	39.1%	3.9		13.4%	2.2%			0.7%	
	3435	3314	33	4	1139	188			63	8,473
Outpatients	51.2% 36398	1 9.8% 14045	1.8% 1274		18.8% 13365	5.3% 3758			3.1% 2220	71,060
Financial Year Reported		***				Revenue by P	ayor Sou	rçe	1	Total Charity
2 mancius 2 gas Acportes	Medicare	Medicald	Other Public	12		Private Pay		 Totais	Charity Care	Care Expense
Inpatient			1.1%		26.6%	14.9%		100.0%	Expense	565,791
Revenue (\$)	26.5%	30.9%							046 496	Total Charity
	24,137,768	28,116,250	1,042,118	24,	,235,776	13,589,262	91,	121,174	246,136	Care as % of
Outpatient	14.7%	21.1%	9.5%		36.7%	18.0%		100.0%		Net Revenue
Revenue (\$)	7,938,516	11,371,194	5,116,005	19,8	820,863	9,741,210	53,9	87,788	319,655	0.4%
Bi	rthing Data			New	born Nursi	ery Utilization			Organ Tran	splantation
Number of Total Births	: — · — · —	1,	384		Level I	Level li	Le	vel II+	Kidney:	0
		1,	399 Beds		10) 10	3	8	Heart:	0
Number of Live Births:			0 Patie	nt Days	292			1,571	Lung:	0
Number of Live Births: Birthing Rooms:			_	•	ant Dave			1,881	Heart/Lung:	0
Birthing Rooms: Labor Rooms:			1000	Newborn Pati	OIIL Days			.,		
Birthing Rooms: Labor Rooms: Delivery Rooms:			0 10tai		•	Challes		,,,,,,,,	Pancreas:	0
Birthing Rooms: Labor Rooms: Delivery Rooms: Labor-Delivery-Recove		_	0 13	Ī	_aboratory	Studies			Liver:	0
Birthing Rooms: Labor Rooms: Delivery Rooms:		Rooms:	0 10tai 13 0 Inpati		•	Studies		9,178 29,965		_

Blue Island

0 1.10		0	las Danas	<u>20</u>	rgery a		ling Room U l Cases		urgical Hour		Hours -	er Case
Surgical Specialty	29 (322)	_	Ing Rooms						_	•		Outpatien
	0.00	•	ent Combined		_	Inpatient 82	Outpatient 64	Inpatient 174	Outpatient 43	Total Hours 217	inpatient 2.1	Outpatien 0.7
Cardiovascular	0) 1	1	•		0	0	43 0	0	0.0	0.0
Dermatology	0	-	0	C	-	0	_	-	-	-	*	1.4
General	0	•	5	5	•	407	499	941	712	1653	2.3	
Gastroenterology	0	_	0 0	C	•	0	0	0	0	0	0.0	0.0
Neurology	0	-	0 0	C		23	7	87	28	115	3.8	4.0
OB/Gynecology	0	(0	•	•	548	312	1222	559	1781	2.2	1.8
Oral/Maxillofacial	0	(0	(0	0	0	0	0	0.0	0.0
Ophthalmology	0	(0 2	2	2	0	503	0	736	736	0.0	1,5
Orthopedic	0	(D 1	1	1	373	481	1282	1122	2404	3.4	2.3
Otolaryngology	0		0 0	()	24	43	40	119	159	1.7	2.8
Plastic Surgery	0	(0 0	()	1	1	5	30	35	5.0	30.0
Podiatry	0	(0 0	()	62	88	118	149	267	1.9	1.7
Thoracic	0	(0 0	()	53	10	199	97	296	3.8	9.7
Urology	0	(0 1	1	1	66	66	130	121	251	2.0	1.8
Totals	0		0 10	10	0	1639	2074	4198	3716	7914	2.6	1.8
SURGICAL RECO	VERY STA	TIONS	Sta	ge 1 Re	covery	Stations	12	Sta	ige 2 Recove	ry Stations	28	
			Ded	icated a	and No	n-Dedicat	ed Procedur	e Room Utila	ation		7.2	
		ļ	Procedure Re				gical Cases		Surgical Ho		Hours	per Case
rocedure Type	In	patient (Outpatient Co	mbined	Total	Inpatie	nt Outpatie	nt Inpatien	t Outpatien	t Total Hours	Inpatient	Outpatien
Sastrointestinal		0	0	3	3	93	6 215	4 1324	1 2971	4295	1.4	1.4
aser Eye Procedure	s	0	0	0	0	1	0	0 (0	0	0.0	0.0
ain Management		0	0	1	1	1	0 3	3 (35	35	0.0	1.1
ystoscopy		0	0	0	0	ı	0	0 (0	0	0.0	0.0
				M	ultipur	ose Non	-Dedicated R	coms				
							0	0 (0	0	0.0	0.0
							-		0	0	0.0	0.0
		0	0	0	0	ı	0	0 (0	0	0.0	0.0
	Emergen	cy/Traur	ma Care			-			Cardiac Ca	theterization	Labs	
Certified Trau	ıma Center					No	Tota	Cath Labs (Dedicated+N	ondedicated la	bs):	3
Level of Trau	ma Service		Le	Level 1 Level 2			(Cath Labs used for Angiography procedures				
								Dedicated Dia	anostic Cath	eterization Lab		0

Emergency/Trauma	Care		Cardiac Catheterization Labs	
Certified Trauma Center		No	Total Cath Labs (Dedicated+Nondedicated labs):	3
Level of Trauma Service	Level 1	Level 2	Cath Labs used for Angiography procedures	0
			Dedicated Diagnostic Catheterization Lab	0
Operating Rooms Dedicated for Trau	ma Care	0	Dedicated Interventional Catheterization Labs	2
Number of Trauma Visits:		0	Dedicated EP Catheterization Labs	1
Patients Admitted from Trauma		0		
Emergency Service Type:		Comprehensive	Cardiac Catheterization Utilization	
Number of Emergency Room Station	s	27	Total Cardiac Cath Procedures:	1,522
Persons Treated by Emergency Serv	ices:	45,523	Diagnostic Catheterizations (0-14)	0
Patients Admitted from Emergency:		5,954	Diagnostic Catheterizations (15+)	898
Total ED Visits (Emergency+Trauma):	45,523	Interventional Catheterizations (0-14):	0
Free-Standing Eme	rgency Center		Interventional Catheterization (15+)	317
Beds in Free-Standing Centers		0	EP Catheterizations (15+)	307
Patient Visits in Free-Standing Center	ire.	Ö	Cardiac Surgery Data	
Hospital Admissions from Free-Stand		Ō	Total Cardiac Surgery Cases:	13
		-	Pediatric (0 - 14 Years):	Ö
Outpatient Service	<u> pata</u>		Adult (15 Years and Older):	13
Total Outpatient Visits		83,381	Coronary Artery Bypass Grafts (CABGs)	
Outpatient Visits at the Hospital/ C	•	83,381	performed of total Cardiac Cases :	13
Outpatient Visits Offsite/off campu	18	0		10

Diagnostic/Interventional Equipment			Ex	aminatio	ns	Therapeutic Equipment			Therapies/
	Owned Co	ntract	Inpatient	Outpt	Contract		Owned	Contract	<u>Treatments</u>
General Radiography/Fluoroscopy	6	0	6,389	26,180	0	Lithotripsy	(0	0
Nuclear Medicine	5	0	902	410	0	Linear Accelerator	(0	0
Mammography	3	0	2	5,478	0	Image Guided Rad There	ру		0
Ultrasound	5	0	2,676	7,338	0	Intensity Modulated Rad	Thrpy		0
Angiography	1	0		•		High Dose Brachytherapy	(0 0	0
Diagnostic Angiography	•		136	17	0	Proton Beam Therapy	(0 0	0
Interventional Angiography			293	120	Ö	Gamma Knife	(0	0
Positron Emission Tomography (PET)	a	٥	0	0	0	Cyber knife	(0	0
Computerized Axial Tomography (CAT)	2	0	2.674	11,710	0	-			
Magnetic Resonance Imaging	1	0	1,375	980	0				

Hospital Profile - C)	2016	MetroSo	uth Medical (Center			Blue	sland		Page 1
Ownership, Mar		General Infor	mation			Patients by	Race		Patients by Etl	nicity
ADMINISTRATOR NAM	E: John Ba	ird			Wh	ite	25	5.6% Hi	spanic or Latino	9.6%
ADMINSTRATOR PHON	IE: 708-597	-2000 EXT 520	1		Bla	ick	65	5.9% No	ot Hispanic or La	tino: 86.79
OWNERSHIP:	BLUE IS	SLAND HOSPIT	AL COMPANY L	LC	Am	erican Indian	().0% Ur	nknown:	3.79
OPERATOR:	BLUE IS	SLAND HOSPIT	AL COMPANY L	LC	Asi	ian	().2% —		
MANAGEMENT:		Liability Compa			Ha	wailan/ Pacific	{).8%	IDPH Number:	5835
CERTIFICATION:		swered)	,		Un	known	7	7.5%	HPA	A-04
FACILITY DESIGNATIO	•	swered)							HSA	7
ADDRESS		outh Gregory S	treet CIT	Y: Blue Isla	nd	COUNTY	Suburba	an Cook C	ounty	
ABBILLOO	.2000	outil Glogory	Facility Utiliza		::					•
	Authorize	ed Peak Bed		HOU DAGE D	Category	OLGE TIVE	Average	Average	CON	Staffed Bed
Clinical Service	CON Bed 12/31/201	s Setup an	d Peak	Admissions	Inpatient Days	Observation Days	Length of Stay	Daily Census	Occupancy Rate %	Occupancy Rate %
Medical/Surgical	242	82	82	5,497	24,279	2,165	4.8	72.3	29.9	88.1
0-14 Years				307	1.107					
15-44 Years				741	2,461					
45-64 Years				1,744	7,488					
65-74 Years				1,104	5,092					
75 Years +				1,601	8,131					
1 - 1 - 1 - 1	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Pediatric	28	12	12	1,090	2,858	0	2.6	7.8	27.9	65.1
Intensive Care	28	12	12	839	2,000	U	2.0	7.0	21.3	05.1
Direct Admission	de el les Centilles	Adminutono		251	543					
Transfers - Not includ	iea in Facility i									
Obstetric/Gynecology	30	18	18	1,413	2,897	245	2.2	8.6	28.6	47.7
Matemity				39	102					
Clean Gynecology				1,374	2,795					
Neonatal	0	0	0	157	1,182	0	7.5	3.2	0.0	0.0
Long Town Core	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care					0		0.0	0.0	0.0	
Swing Beds			0	0					50.0	
Total AMI	14			278	2,883	0	10.4	7.9	56.3	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		13	22	278	2,883	0	10.4	7.9		60.6
Rehabilitation	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	0					0				
Facility Utilization	314			8,184	34,099	2,410	4.5	99.8	31.8	
			Inpatier	nts and Out	nationts Se	erved by Payo	r Source			
	Medicare	Medicald	Other Public	Private in		Private Pay		Chi	arity Care	Totals
					27.7%			0	0.5%	701210
Inpatients	31.8%	37.9%	0.5%			1.6%				0.404
iii petiotica	2602	3103	40		2265	131			43	8,184
									0.6%	
Outpatients	13.5%	41.7%	1.6%		22.0%	20.7%				
	13.5% 11313	41.7% 35031	1.6%		22.0% 18458	20.7% 17414			472	83,998
Financial Year Reported	11313	35031	1310	nt and Outp	18458		avor Sou	rce	472	Total Charity
Financial Year Reported	11313 1/1/2016	35031 3 to 12/31/20	1310 016 <u>Inpatie</u>		18458 atjent Net	17414 Revenue by F	1-1	_	472 Charity	Total Charity Care Expense
	11313 1/1/2016 Medicare	35031 3 to 12/31/20 Medicaid	1310 016 <u>Inpatie</u> Other Public	nt and Outp	18458 atjent Net surance	17414 Revenue by F Private Pay	re in	Totals	Charity Care	Total Charity
inpatient	11313 1/1/2016 Medicare 29.4%	35031 3 to 12/31/20 Medicaid 36.5%	1310 016 <u>Inpatie</u> Other Public 1.2%	Private In	18458 eatient Net surance 26.0%	17414 Revenue by F Private Pay 6.9%	es lu	Totals	Charity Care Expense	Total Charity Care Expense 364,838
inpatient	11313 1/1/2016 Medicare	35031 3 to 12/31/20 Medicaid	1310 016 <u>Inpatie</u> Other Public	Private In	18458 atjent Net surance	17414 Revenue by F Private Pay	es lu	Totals	Charity Care	Total Charity Care Expense
inpatient Revenue (\$)	11313 1/1/2016 Medicare 29.4% 27,612,800	35031 3 to 12/31/20 Medicald 36.5% 34,323,681	1310 016 <u>Inpatie</u> <i>Other Public</i> 1.2% 1,106,662	Private In	18458 eatient Net surance 26.0% 452,154	17414 Revenue by F Private Pay 6.9% 6,507,951	94,0	Totals	Charity Care Expense	Total Charity Care Expense 364,838 Total Charity
inpatient Revenue (\$) Outpatient	11313 1/1/2016 Medicare 29.4% 27,612,800 21.0%	35031 3 to 12/31/20 Medicaid 36.5% 34,323,681 11.7%	1310 016 Inpatie Other Public 1.2% 1,106,662 6.7%	Private in	18458 eatient Net surance 26.0% 452,154 40.2%	17414 Revenue by F Private Pay 6.9% 6,507,951 20.4%	94,0	Totals 100.0% 003,248	Charity Care Expense 147,424	Total Charity Care Expense 364,838 Total Charity Care as % of
inpatient Revenue (\$)	11313 1/1/2016 Medicare 29.4% 27,612,800	35031 3 to 12/31/20 Medicald 36.5% 34,323,681	1310 016 <u>Inpatie</u> <i>Other Public</i> 1.2% 1,106,662	Private in	18458 eatient Net surance 26.0% 452,154	17414 Revenue by F Private Pay 6.9% 6,507,951	94,0	Totals 100.0% 003,248	472 Charity Care Expense 147,424 217,414	Total Charity Care Expense 364,838 Total Charity Care as % of Net Revenue 0.3%
inpatient Revenue (\$) Outpatient Revenue (\$)	11313 1/1/2016 Medicare 29.4% 27,612,800 21.0%	35031 3 to 12/31/20 Medicaid 36.5% 34,323,681 11.7%	1310 016 Inpatie Other Public 1.2% 1,106,662 6.7%	Private In 24,	18458 atient Net surance 26.0% 452,154 40.2% 875,788	17414 Revenue by F Private Pay 6.9% 6,507,951 20.4%	94,0 36,5	Totals 100.0% 003,248	472 Charity Care Expense 147,424 217,414	Total Charity Care Expense 364,838 Total Charity Care as % of Net Revenue
Inpatient Revenue (\$) Outpatient Revenue (\$)	11313 1/1/2016 Medicare 29.4% 27,612,800 21.0% 7,665,537 thing Data	35031 3 to 12/31/20 Medicaid 36.5% 34,323,681 11.7% 4,279,057	1310 016 Inpatie Other Public 1.2% 1,106,662 6.7% 2,450,001	Private In 24,	18458 satient Net surance 26.0% .452,154 40.2% 875,788 born Nurs	17414 Revenue by F Private Pay 6.9% 6,507,951 20.4% 7,446,437 ery Utilization	94,0 36,5	Totals 100.0% 003,248 100.0% 16,820	472 Charity Care Expense 147,424 217,414	Total Charity Care Expense 364,838 Total Charity Care as % of Net Revenue 0.3%
Inpatient Revenue (\$) Outpatient Revenue (\$) Bir Number of Total Births:	11313 1/1/2016 Medicare 29.4% 27,612,800 21.0% 7,665,537 thing Data	35031 3 to 12/31/20 Medicaid 36.5% 34,323,681 11.7% 4,279,057	1310 016	Private In 24,	18458 satient Net surance 26.0% .452,154 40.2% 675,788 born Nurs Level I	17414 Revenue by F Private Pay 6.9% 6,507,951 20.4% 7,446,437 ery Utilization Level II	94,0 36,5	Totals 100.0% 103,248 100.0% 16,820	Charity Care Expense 147,424 217,414 Organ Tran	Total Charity Care Expense 364,838 Total Charity Care as % of Net Revenue 0.3%
Inpatient Revenue (\$) Outpatient Revenue (\$) Bir Number of Total Births: Number of Live Births:	11313 1/1/2016 Medicare 29.4% 27,612,800 21.0% 7,665,537 thing Data	35031 3 to 12/31/20 Medicaid 36.5% 34,323,681 11.7% 4,279,057	1310 016	Private In 24. 14, New	18458 satient Net surance 26.0% .452,154 40.2% 675,788 born Nurs Level I	17414 Revenue by F Private Pay 6.9% 6,507,951 20.4% 7,446,437 ery Utilization Level It	94,0 36,5 Lev	Totals 100.0% 003,248 100.0% 16,820 /el II+	Charity Care Expense 147,424 217,414 Organ Tran Kidney:	Total Charity Care Expense 364,838 Total Charity Care as % of Net Revenue 0.3%
Inpatient Revenue (\$) Outpatient Revenue (\$) Bir Number of Total Births: Number of Live Births: Birthing Rooms:	11313 1/1/2016 Medicare 29.4% 27,612,800 21.0% 7,665,537 thing Data	35031 3 to 12/31/20 Medicaid 36.5% 34,323,681 11.7% 4,279,057	1310 016	Private In 24. 14, New	18458 satient Net surance 26.0% .452,154 40.2% 675,788 born Nurs Level I 11 30	17414 Revenue by F Private Pay 6.9% 6,507,951 20.4% 7,446,437 ery Utilization Level It	94,0 36,5 Lev	Totals 100.0% 103,248 100.0% 16,820 /el II+ 8 1,631	Charity Care Expense 147,424 217,414 Organ Tran Kidney: Heart:	Total Charity Care Expense 364,838 Total Charity Care as % of Net Revenue 0.3%
inpatient Revenue (\$) Outpatient Revenue (\$) Number of Total Births: Number of Live Births: Birthing Rooms: Labor Rooms:	11313 1/1/2016 Medicare 29.4% 27,612,800 21.0% 7,665,537 thing Data	35031 3 to 12/31/20 Medicaid 36.5% 34,323,681 11.7% 4,279,057	1310 016	Private In 24. 14, New	18458 satient Net surance 26.0% .452,154 40.2% 675,788 born Nurs Level I 11 30	17414 Revenue by F Private Pay 6.9% 6,507,951 20.4% 7,446,437 ery Utilization Level It	94,0 36,5 Lev	Totals 100.0% 003,248 100.0% 16,820 /el II+	Charity Care Expense 147,424 217,414 Organ Tran Kidney: Heart: Lung:	Total Charity Care Expense 364,838 Total Charity Care as % of Net Revenue 0.3%
Inpatient Revenue (\$) Outpatient Revenue (\$) Number of Total Births: Number of Live Births: Birthing Rooms: Labor Rooms: Delivery Rooms:	11313 1/1/2016 Medicare 29.4% 27,612,800 21.0% 7,665,537 thing Data	35031 3 to 12/31/20 Medicaid 36.5% 34,323,681 11.7% 4,279,057	1310 016 Inpatie Other Public 1.2% 1,106,662 6.7% 2,450,001 .312 .302 Beds 0 Patient 5 Total N	Private In 24, 14, New Days lewborn Pati	18458 satient Net surance 26.0% .452,154 40.2% 675,788 born Nurs Level I 11 30	17414 Revenue by F Private Pay 6.9% 6,507,951 20.4% 7,446,437 ery Utilization Level It 0 1 3 18	94,0 36,5 Lev	Totals 100.0% 103,248 100.0% 16,820 /el II+ 8 1,631	Charity Care Expense 147,424 217,414 Organ Tran Kidney: Heart: Lung: Heart/Lung:	Total Charity Care Expense 364,838 Total Charity Care as % of Net Revenue 0.3%
Inpatient Revenue (\$) Outpatient Revenue (\$) Number of Total Births: Number of Live Births: Birthing Rooms: Labor Rooms: Delivery Rooms: Labor-Delivery-Recove	11313 1/1/2016 Medicare 29.4% 27,612,800 21.0% 7,665,537 thing Data	35031 3 to 12/31/20 Medicaid 36.5% 34,323,681 11.7% 4,279,057	1310 016 Inpatie Other Public 1.2% 1,106,662 6.7% 2,450,001 ,312 ,302 Beds 0 Patient 5 Total N 13	Private In 24, 14, New Days	18458 satient Net surance 26.0% 452,154 40.2% 875,788 born Nurs Level I 10 30 ent Days	17414 Revenue by F Private Pay 6.9% 6,507,951 20.4% 7,446,437 ery Utilization Level It 0 1 3 18	94,0 36,5 Lev	Totals 100.0% 103,248 100.0% 16,820 /el II+ 8 1,631	Charity Care Expense 147,424 217,414 Organ Trar Kidney: Heart: Lung: Heart/Lung: Pancreas: Liver:	Total Charity Care Expense 364,838 Total Charity Care as % of Net Revenue 0.3%
Inpatient Revenue (\$) Outpatient Revenue (\$) Number of Total Births: Number of Live Births: Birthing Rooms: Labor Rooms: Delivery Rooms:	11313 1/1/2016 Medicare 29.4% 27,612,800 21.0% 7,665,537 thing Data	35031 3 to 12/31/20 Medicaid 36.5% 34,323,681 11.7% 4,279,057	1310 016 Inpatie Other Public 1.2% 1,106,662 6.7% 2,450,001 .312 ,302 Beds 0 Patient 5 Total N 0 13 0 Inpatie	Private In 24, 14, New Days lewborn Pati	18458 satient Net surance 26.0% 452,154 40.2% 875,788 born Nurs Level I 10 30 ent Days	17414 Revenue by F Private Pay 6.9% 6,507,951 20.4% 7,446,437 ery Utilization Level It 0 1 3 18	94,0 36,5 Lev	Totals 100.0% 103,248 100.0% 16,820 rel II+ 8 1,631 2,123	Charity Care Expense 147,424 217,414 Organ Tran Kidney: Heart: Lung: Heart/Lung: Pancreas:	Total Charity Care Expense 364,838 Total Charity Care as % of Net Revenue 0.3%

				Surg	ery and Opera				- 1		
Surgical Specialty		Operatin	g Rooms		<u>Surgic</u>	al Cases	_	iurgical Hour			er Case
	Inpatient	Outpatien	t Combined	Total	Inpatient	Outpatient	Inpatient		Total Hours	Inpatient	
Cardiovascular	0	0	1	1	100	72	396	179	575	4.0	2.5
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	5	5	438	543	885	805	1690	2.0	1.5
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	0	0	22	12	62	28	90	2.8	2.3
OB/Gynecology	0	0	0	0	495	253	529	451	980	1.1	1.8
Oral/Maxillofacial	0	0	0	0	0	0	0	O	0	0.0	0.0
Ophthalmology	0	0	2	2	0	504	0	725	725	0.0	1.4
Orthopedic	0	0	1	1	332	323	1145	700	1845	3.4	2.2
Otolaryngology	0	0	0	0	3	5	5	8	13	1.7	1.6
Plastic Surgery	0	0	0	0	15	8	25	14	39	1.7	1.8
Podiatry	0	0	0	0	37	71	57	159	216	1.5	2.2
Thoracic	0	0	0	0	0	0	0	0	0	0.0	0.0
Urology	0	0	1	1	79	110	144	203	347	1.8	1.8
Totals	0	0	10	10	1521	1901	3248	3272	6520	2.1	1.7
SURGICAL RECO	/ERY STA	TIONS	Stag	ge 1 Reco	very Stations	12	Sta	age 2 Recove	ry Stations	28	
		_			d Non-Dedica		Room Util:			Harren	рег Сазе
		_	rocedure Ro			rgical Cases		Surgical Ho		Inpatient	Outpatient
rocedure Type	ls.	patient O	utpatient Co				'96."	•	t Total Hours	•	
Sastrointestinal		0	0	3		79 2160			4244	1.4	1.4
aser Eye Procedure	S	0	0	0	0	•	•	0 0	0	0.0	0.0
ain Management		0	0	1	1	0 29		0 8	8	0.0	0.3 0.0
Cystoscopy		0	0	1	1	•	•	0 0	0	0.0	0.0
					<u>tipurpose Nor</u>			_	_		
		0	0	0	0	•	-	0 0	0	0.0	0.0
		0	0	0	0	•	•	0 0	0	0.0	0.0 0.0
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0	0 0	0 0	V .	0	•	<u> </u>	0.0	0.0
Emergency/Trau	ma Care			Care	diac Cathet	erization Labs		
Certified Trauma Center		No	Total Cath	Labs (Dedica	ated+Nonde	dicated labs):		3
Level of Trauma Service	Level 1	Level 2		abs used for				0
	(Not Answered)	Not Answered	Dedica	ted Diagnosti	ic Catheteriz	zation Labs		0
Operating Rooms Dedicated for	Trauma Care	0	Dedica	ted Intervent	onal Cathet	erization Labs		2
Number of Trauma Visits:		0	Dedica	ited EP Cathe	terization L	abs		1
Patients Admitted from Trauma		0						
Emergency Service Type:		Comprehensive		Cardiac	Catheteriza	<u>ition Utilization</u>	<u>!</u>	
Number of Emergency Room Sta	ations	27	Total Card	liac Cath Prod	cedures:			1,745
Persons Treated by Emergency		44,529	Diagno	stic Catheter	izations (0-1	4)		0
Patients Admitted from Emergen	icy:	5,284	Dlagno	stic Catheter	izations (15	+)		1,007
Total ED Visits (Emergency+Tra-	uma):	44,529	interve	intional Cathe	terizations ((0-14):		0
Free-Standing	Emergency Center		Interve	entional Cathe	terization (1	5+)		450
Beds in Free-Standing Centers			EP Ca	theterizations	(15+)			288
Patient Visits In Free-Standing C	enters			Car	diac Surge	rv Data		
Hospital Admissions from Free-S			Total Card	liac Surgery C				25
Outpatient Sen				ric (0 - 14 Yea				0
	rice Data	00.000		15 Years and	•			25
Total Outpatient Visits		83,998		ary Artery By		(CABGs)		
Outpatient Visits at the Hospit		83,998		erformed of to				21
Outpatient Visits Offsite/off ca	impus	U						

Diagnostic/Interventional Equipment	•	-	Ex	aminatio	ns	Therapeutic Equipment			Therapies/
	Owned Co	ntract	Inpatient	Outpt	Contract		Owned	Contract	<u>Treatments</u>
General Radiography/Fluoroscopy	6	0	6,608	22,488	0	Lithotripsy	(0	0
Nuclear Medicine	5	0	987	361	0	Linear Accelerator		0	0
Mammography	3	0	0	5,365	0	Image Guided Rad Thera	ру		0
Ultrasound	5	0	2,701	7,003	0	Intensity Modulated Rad	Thrpy		0
Anglography	1	0	•	•		High Dose Brachytherapy		0 0	0
Diagnostic Angiography	·	-	96	9	0	Proton Beam Therapy	(0	0
Interventional Angiography			235	312	0	Gamma Knife	1	0 0	0
Positron Emission Tomography (PET)	0	0	0	0	0	Cyber knife	1	0	0
Computerized Axial Tomography (CAT)	2	0	2,264	10,348	0				
Magnetic Resonance Imaging	1	0	1,190	1,001	0				

Hospital Profile - C	Y 2015	MetroSo	uth Medical	Center			Blue	Island		Page 1
Ownership, Ma	nagement and	General Inform	nation			Patients by	Race		Patients by Et	hnicity
ADMINISTRATOR NA	717		13.		Wh	ite	28	3.0% H	spanic or Latino	: 10.3%
ADMINSTRATOR PHO		-2000 x5201			Bla	ck	63	3.4% No	ot Hispanic or L	atino: 86.79
OWNERSHIP:		and Hospital Co	mnany I I C			erican Indian			nknown:	3.09
OPERATOR:		and Hospital Co			Asi			0.1% —		
		- ·				wajian/ Pacific		0.3%	IDPH Number	5835
MANAGEMENT:		Liability Compa	пу			wanani Facino known		3.2%	HPA	A-04
CERTIFICATION:	•	swered)			Oil	KIIOWII	•	3.270	HSA	7
FACILITY DESIGNATI		swered) South Gregory S	tract CII	Y: Blue Isla	and	COUNTY	Suburb	an Cook C		,
ADDRESS	12333 3	oduli Gregory S					. Gabaro	all Cook C	outry	
	Authorize	od Peak Bed	Facility Utiliza	tion Data b	<u>y Category</u>	of Service	Average	Average	CON	Staffed Bed
Clinical Service	CON Bed 12/31/201	s Setup and		Admissions	Inpatient Days	Observation Days	Length of Stay	Daily Census	Occupancy Rate %	Occupancy Rate %
Medical/Surgical	242	86	86	5,677	24,663	2,336	4.8	74.0	30.6	86.0
0-14 Years				422	2,131	·				
15-44 Years				726	2,503					
45-64 Years				1,794	7,426					
65-74 Years				1,196	5,294					
75 Years +				1,539	7,309					
Pediatric	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Intensive Care	28	14	14	990	3,105	0	3.1	8.5	30.4	60.8
Direct Admission	20	1-4	17	765	2,310	J	J. 1	0.0	30.4	50,0
				225	795					
Transfers										
Obstetric/Gynecology	30	19	19	1,439	3,237 3,183	199	2.4	9.4	31.4	49.5
Malemity Clean Gynecology				1,415 24	54					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds		A	0	0	0		0.0	0.0		
Acute Mental Illness	14	12	12	165	1,710	0	10.4	4.7	33.5	39.0
Rehabilitation	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long-Term Acute Care	. 0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	0					0	N. 100 M.			
Facility Utilization	314			8,046	32.715	2,535	4.4	96.6	30.8	
r doing ouncedon	• • • • • • • • • • • • • • • • • • • •		(Includes ICU							
						rved by Payo	r Source			
	Medicare	Medicald	Other Public	Private in		Private Pay	COMICO	Chi	arity Care	Totals
						•		OIN	•	10(0)3
Inpatients	34.5%	34.4%	0.8%	•	28.1%	1.8%			0.4%	
	2775	2764	68		2262	142			35	8,046
A	16.0%	38.3%	1.3%		21.7%	22.7%			0.1%	
Outpatients	14220	34047	1118		19317	20155			106	88,963
Financial Year Reporte	<u>d:</u> 1/1/2015	to 12/31/20	15 Inpatie	nt and Outr	patient Net	Revenue by P	ayor Sou	rce	Office with a	Total Charity
	Medicare	Medicald	Other Public	Private In	surance	Private Pay		Totals	Care	Care Expense
inpatient					28.8%	5.0%		100.0%	Expense	5,030,362
Revenue (\$)	30.4%	34.3%	1.5%						,	Total Charity
	27,491,029	31,013,796	1,350,675	26	,070,781	4,540,999	90,4	167,280	3,126,762	Care as % of
Outpatient	24.3%	8.1%	7.3%		45.3%	15.0%	4	100.0%		Net Revenue
Revenue (\$)	11,450,032	3,815,200	3,415,741	21,	326,040	7,060,415	47,0	67,428	1,903,600	3.7%
В	irthing Data			New	horn Nurs	ery Utilization			Organ Trai	splantation
		4	300	13011					Kidney:	0
Number of Total Birth			,299 280 – .		Level I	Level II		/el II+	Heart:	0
Number of Live Births	•	7,	,289 Beds	_	10			0	Heart: Lung:	0
Birthing Rooms:			0 Patient	•	1,726	600		1,404	Heart/Lung:	0
Labor Rooms:			5 Total N	lewborn Pati	lent Days			3,736	Pancreas:	0
Delivery Rooms:	D		-		Laboratory	Studies			Liver:	0
Labor-Delivery-Recov		Dooms:	13 0 Inpatie	nt Studies		- IMMING		8,977		_
Labor-Delivery-Recov	ery-rostpartum	Looms:		int Studies tient Studies				3,271	Total:	0
C-Section Rooms: CSections Performed				s Performed		tract		481		
			Gluule	IVIIIIU						

				Surge	ry and Opera	tina Room U	tilization				
Surgical Specialty		Operating Rooms			Surgica	l Cases	S	Surgical Hou	18	Hours r	er Case
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	. 0	. 0	1	1	66	61	760	247	1007	11.5	4.0
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	5	5	439	651	1217	1568	2785	2.8	2.4
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	0	0	6	4	55	36	91	9.2	9.0
OB/Gynecology	0	0	0	0	108	238	310	422	732	2.9	1.8
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	2	2	0	519	0	733	733	0.0	1.4
Orthopedic	0	0	1	1	355	351	608	462	1070	1.7	1.3
Otolaryngology	0	0	0	0	0	0	0	0	0	0.0	0.0
Plastic Surgery	0	0	0	0	9	6	24	16	40	2.7	2.7
Podiatry	0	0	0	0	42	90	71	176	247	1.7	2.0
Thoracic	0	0	0	0	120	12	16 5	17	182	1.4	1.4
Urology	0	0	1	1	4	8	10	14	24	2.5	1.8
Totals	0	0	10	10	1149	1940	3220	3691	6911	2.8	1.9
SURGICAL RECO	/ERY STA	FIONS	Stag	e 1 Recov	ery Stations	12	St	age 2 Recov	ery Stations	28	

		1	Dedicated a	nd Non	-Dedicated	Procedure R	oom Utilza	tion			
		Procedure				al Cases		Surgical Hou	CS.	<u>Hours</u>	per Case
Procedure Type	Inpatient	Outpatient	Combined	Total	inpatient	Outpatient	Inpatient	Outpatient	Total Hours	inpatient	Outpatient
Gastrointestinal	0	0	3	3	853	2161	1168	2645	3813	1.4	1.2
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	1	1	13	305	13	277	290	1.0	0.9
Cystoscopy	0	0	1	1	80	156	181	261	442	2.3	1.7
			Mu	itipurp	ose Non-De	dicated Rooi	ns				
	0	0	0	_0	0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0

Emergency/Traum	a Care		Cardiac Catheterization Labs	
Certified Trauma Center		No	Total Cath Labs (Dedicated+Nondedicated labs):	3
Level of Trauma Service	Level 1	Level 2	Cath Labs used for Angiography procedures	0
	(Not Answered)	Not Answered	Dedicated Diagnostic Catheterization Lab	0
Operating Rooms Dedicated for Tr	auma Care	0	Dedicated Interventional Catheterization Labs	2
Number of Trauma Visits:		0	Dedicated EP Catheterization Labs	1
Patients Admitted from Trauma		0		
Emergency Service Type:		Comprehensive	Cardiac Catheterization Utilization	
Number of Emergency Room Stati	ons	27	Total Cardiac Cath Procedures:	1,923
Persons Treated by Emergency Se		47,051	Diagnostic Catheterizations (0-14)	0
Patients Admitted from Emergency		5,112	Diagnostic Catheterizations (15+)	1,146
Total ED Visits (Emergency+Traur	na):	47,051	Interventional Catheterizations (0-14):	0
Free-Standing Er	nergency Center		Interventional Catheterization (15+)	472
Beds in Free-Standing Centers		0	EP Catheterizations (15+)	305
Patient Visits in Free-Standing Cer	nters	0	Cardiac Surgery Data	
Hospital Admissions from Free-Sta		0	Total Cardiac Surgery Cases:	14
		•	Pediatric (0 - 14 Years):	0
Outpatient Servis	a Data		Adult (15 Years and Older):	14
Total Outpatient Visits		88,963	Coronary Artery Bypass Grafts (CABGs)	
Outpatient Visits at the Hospital		88,963	performed of total Cardiac Cases :	11
Outpatient Visits Offsite/off cam	npus	U	•	• • • • • • • • • • • • • • • • • • • •

Diagnostic/Interventional Equipment			Ex	aminatio	กร	Therapeutic Equipment			Theraples/
	Owned Co	ontract	Inpatient	Outpt	Contract		Owned	Contract	<u>Treatments</u>
General Radiography/Fluoroscopy	6	0	7,006	21,231	0	Lithotripsy	(0	0
Nuclear Medicine	5	0	1,151	491	0	Linear Accelerator	(0	0
Mammography	3	0	0	5,091	0	Image Guided Rad Thera	ру		0
Ultrasound	5	0	2.854	6,415	0	Intensity Modulated Rad	Thrpy		0
Angiography	1	Ō	_,			High Dose Brachytherapy		0	0
Diagnostic Angiography	·	•	104	7	0	Proton Beam Therapy	(0 0	0
Interventional Angiography			260	245	Ö	Gamma Knife	(0	0
Positron Emission Tomography (PET)	n	0	0	0	0	Cyber knife	(0	0
Computerized Axial Tomography (CAT)	2	ő	2.546	9,408	0	•			
Magnetic Resonance Imaging	1	Ō	1,304	1,035	0				

ATTACHMENT 7

IMPACT ON ACCESS

Criterion 1110.290(c)

c) The applicant shall document whether the discontinuation of each service or of the entire facility will have an adverse impact upon access to care for residents of the facility's market area. The facility's market area, for purposes of this Section, is the established radii outlined in 77 Ill. Adm. Code 1100.510(d). Factors that indicate an adverse impact upon access to service for the population of the facility's market area include, but are not limited to, the following:

- 1) The service will no longer exist within the established radii outlined in 77 Ill. Adm. Code 1100.510(d) of the applicant facility;
- 2) Discontinuation of the service will result in creating or increasing a shortage of beds or services, as calculated in the Inventory of Health Care Facilities, which is described in 77 Ill. Adm. Code 1100.70 and found on HFSRB's website;
- 3) Facilities or a shortage of other categories of service as determined by the provisions of 77 Ill. Adm. Code 1100 or other Sections of this Part

A. All Categories of Service will Continue to Exist in the Market Area

The project will not have an adverse impact on access to care for the residents as all categories of service provided by MetroSouth are provided by multiple other providers in the market area.

MetroSouth is located in Cook County which has a 10-mile market area under Section 1100.510(d)(1). There are eight other hospitals within the area that will continue to provide the services being discontinued at MetroSouth as reflected in the tables below.

Eight Hospitals within 10 miles of MetroSouth Medical Center

Facility	Driving Distance (miles)	Driving Time (minutes)
Ingalls Memorial Hospital	4.5	12
Roseland Community Hospital	4.9	14
Little Company of Mary Hospital	5.1	17
Advocate Christ Medical Center	7.1	20
South Shore Hospital	7.6	17
Palos Community Hospital	8.0	23
Advocate South Suburban Hospital	9.9	18
Advocate Trinity Hospital	10.0	16

Source: Google Maps, included with this Attachment

The above eight hospitals provide Medical/Surgical, Intensive Care Unit, Obstetrics and Acute Mental Illness services. Most of these services are underutilized indicating there is excess capacity in the area that is available to treat the MetroSouth market area.

Medical/Surgical Services in the Area

Facility	Med/Surg Beds	Utilization
Ingalls Memorial Hospital	298	41.8%
Roseland Community Hospital	77	49.9%
Little Company of Mary Hospital	208	64.2%
Advocate Christ Medical Center	394	96.3%
South Shore Hospital	114	57.3%
Palos Community Hospital	306	69.1%
Advocate South Suburban Hospital	197	60.8%
Advocate Trinity Hospital	158	53.4%

Source: 2017 Hospital Profiles, included with this Attachment

ICU Services in the Area

Facility	ICU Beds	Utilization
Ingalls Memorial Hospital	25	43.7%
Roseland Community Hospital	10	56.9%
Little Company of Mary Hospital	29	40.6%
Advocate Christ Medical Center	153	68.3%
South Shore Hospital	8	66.7%
Palos Community Hospital	36	57.8%
Advocate South Suburban Hospital	20	76.7%
Advocate Trinity Hospital	24	33.1%

Source: 2017 Hospital Profiles, included with this Attachment

OB Services in the Area

Facility	OB Beds	Utilization
Ingalls Memorial Hospital	21	46.4%
Roseland Community Hospital	17	8.0%
Little Company of Mary Hospital	= 17	52.5%
Advocate Christ Medical Center	56	70.5%
Palos Community Hospital	28	20.3%
Advocate South Suburban Hospital	16	35.7%
Advocate Trinity Hospital	23	23.5%

Source: 2017 Hospital Profiles, included with this Attachment

AMI Services in the Area

Facility	AMI Beds	Utilization
Ingalls Memorial Hospital	78	57.0%
Roseland Community Hospital	30	16.6%
Little Company of Mary Hospital	24	35.5%
Advocate Christ Medical Center	39	67.6%
Palos Community Hospital	40	40.3%

Source: 2017 Hospital Profiles, included with this Attachment

Also, the planning area for Cardiac Catheterization, HSA 7, currently has 26 providers of that service, and the planning area for Open Heart, also HSA 7, currently has 20 providers of cardiac surgery. See Inventory of Hospital Services for HSA 7 and June 5, 2019 Update to Inventory, included with this Attachment. The smaller 10-mile market area surrounding MetroSouth, which is within HSA 7, itself has six cardiac cath programs in addition to MetroSouth, and three other Open Heart programs in addition to MetroSouth. These two cardiac services are plentiful throughout HSA 7 with a total of nine cardiac programs (cath and open heart combined) located within 10 miles of MetroSouth.

B. There will be No Shortage of Beds in Any Category of Service

The project will not have an adverse impact on access to care for the area residents because there is excess capacity in every category of service as calculated in the Inventory of Health Care Facilities, and based on those calculations there will continue to be excess beds in every category of service after the discontinuation of MetroSouth. There will be no bed need in any category of service.

Excess Beds in All Services in Hospital Planning Area A-04

SERVICE	Current Beds	Calculated Bed Need	Excess Beds	MetroSouth Beds	Bed Excess after MetroSouth Discontinuation
Med/Surg	2,040	1,557	483	242	241
ICU	366	322	44	28	16
OB/GYN	180	128	52	30	22
AMI	195	130	65	14	51

Source: IHFRB Update to Inventory June 5, 2019, included with Attachment 6.

C. There will be No Shortage of Facilities or Services as Determined by Parts 1100 or 1110

The project will not have an adverse impact on access to care for the area residents because the discontinuation of MetroSouth will not create a shortage of facilities as determined by Part 1100 or Part 1110 of the Review Board's regulations. As addressed above, the bed need calculations established under Part 1100 show that there is no bed need and significant bed excesses in all four bed categories of service provided. Bed excesses will remain in all four categories of service following the proposed discontinuation.

Also, there is significant underutilization of beds in the planning area. As reflected in the tables above, all bed categories of service in the planning area A-04 are below full utilization and most of the bed units are significantly below the target utilization rates established in Part 1100.

Hospital Profile - C			Christ Med	lical Cent	er		Oak L	awn	D-414- L- 1741	Page 1
		General Inform	ation		145	Patients by I		- A07 - L11	Patients by Eth	
ADMINISTRATOR NAI					Wh				spanic or Latino:	
ADMINSTRATOR PHO					Bla	ick ierican Indian			ot Hispanic or La oknown:	uno. 61.0 6.9
OWNERSHIP:		te Health Care			Asi).7%	IKIOWII.	
OPERATOR:	,,,,,,,	te Health Care				waiian/ Pacific).1%	IDPH Number:	0315
MANAGEMENT: CERTIFICATION:	Church	-Related				known		.9%	HPA	A-04
FACILITY DESIGNATION	ON- Genera	ıl Hospital			-		•		HSA	7
ADDRESS		est 95th Street	СГ	TY: Oak Law	/n	COUNTY:	Suburba	an Cook C	ounty	
			Facility Utiliza	ition Data by	/ Category	of Service				
	Authoriz		200-14 (200-14)	750,50			Average	Average	CON	Staffed Bed
Clinical Service	CON Bed 12/31/20		Peak Census	Admissions	Days	Observation Days	Length of Stay	Daily Census	Occupancy Rate %	Occupancy Rate %
Medical/Surgical	394	394	394	25,483	136,234	2,316	5.4	379.6	96.3	96.3
0-14 Years				0	0					
15-44 Years				3,907	19,783					
45-64 Years				8,270	44,974					
65-74 Years				5,926 7,380	32,927 38,550					
75 Years + Pediatric	45	45	45	3,467	11,500	1,356	3.7	35.2	78.3	78.3
			153	9,707	38,139	27	3.9	104.6	68.3	68.3
Intensive Care Direct Admission	153	153	133	6,266	24,619	21	J.J	. 57.5		
Direct Admission Transfers				3,441	13,520					
			50	7.0	14,352	61	2.8	39.5	70.5	70.5
Obstetric/Gynecology	56	56	56	5,164 <i>4,677</i>	12,915	01	2.0	35.3	70.5	70.5
Maternity Clean Gynecology				487	1,437					
Neonatal	64	58	58	1,528	17,555	0	11.5	48.1	75.1	82.9
Long Term Care	0		0	0	0	0	0.0	0.0	0.0	0.0
			0	0	0	-	0.0	0.0		
Swing Beds	39			1,459	9,616	0	6.6	26.3	67.6	41144
Total AMI	38	0	0	0	3,010	0	0.0	0.0	57.5	0.0
Adolescent AMI		35	35	1,459	9,616	0	6.6	26.3		75.3
Adult AMI Rehabilitation	37		37	912	11,610	0	12.7	31.8	86.0	86.0
Long-Term Acute Care			0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation				<u></u> _		5282				
Facility Utilization	788			44,279	239,006	9,042	5.6	679.6	86.2	
((Includes ICU	Direct Admis	sions Only)				
			Inpatie	nts and Out	patients Se	erved by Pavo	Source			
	Medicare	Medicald	Other Public	Private in	surance	Private Pay		Ch	arity Care	Totals
la a akka mba	42.0%	23.5%	0.09	6	30.0%	3.4%			1.1%	
Inpatients	18597	10406			13284	1517			475	44,279
Outpatients	27.8%	27.5% 100376	0.0%		41.4% 151112	2.6% 9487			0.7% 2558	365,004
	101471					Revenue by P	BUOT SOLE	me		Total Charity
Financial Year Reporte	- I						#101 <u>900</u>	Totals		Care Expense
	Medicare	Medicaid	Other Public			Private Pay			Ехрепве	8,948,000
Inpatient Revenue (\$)	38.5%	16.1%	0.0%		41.5%	3.9%		100.0%	10000000	Total Charity
Material (4)	303,900,360	127,282,313	0	328	,125,661	30,808,978	790,	117,312	6,039,000	Care as % of
Outpatient	22.1%	9.5%	0.0%		62.7%	5.7%		100.0%		Net Revenue
Revenue (\$)	72,736,952	31,164,152	0	206,	130,438	18,588,183	328,6	19,725	2,909,000 i	0.8%
8	irthing Data			New	born Nurs	ery Utilization			Organ Tran	splantation
Number of Total Birth	ıs:		300		Level I	Level II	Le	vel II+	Kidney:	19
MUNDER OF LOCAL DITTI	3;	4	276 Beds		1	6	0	0	Heart:	23
Number of Live Births				nt Days	7,97	1	0	0	Lung:	10 0
Number of Live Births Birthing Rooms:								7,971	Heart/Lung:	
Number of Live Births Birthing Rooms: Labor Rooms:			0 Total	Newborn Pat	ilent Days			.,	Panciese:	11
Number of Live Births Birthing Rooms: Labor Rooms: Delivery Rooms:			O		•	/ Studies		.,	Pancreas:	0
Number of Live Births Birthing Rooms: Labor Rooms: Delivery Rooms: Labor-Delivery-Reco		n Doome	0 15		Laborator	/ Studies	1.51	,	Liver:	0
Number of Live Births Birthing Rooms: Labor Rooms: Delivery Rooms:		m Rooms:	0 15 0 Inpati		Laboratory	/ Studies		4,554 36,083		

Oak Lawn

iospitai Fionie -	OT ZUII		MUYUGate	Omnot i	HARIORI A	,,,,,,,,					
				Surge		ting Room Ut	lization			•••	^
Surgical Specialty		Operating	Rooms		Surgica	Cases	S	urgical Hour			er Case
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	
Cardiovascular	0	0	6	6	2740	538	12494	1354	13848	4.6	2.5
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	10	6	16	2909	2759	8308	5612	13920	2.9	2.0
Gastroenterology	0	0	0	0	0	1	0	2	2	0.0	2.0
Neurology	0	0	1	1	1382	107	6110	283	6393	4.4	2.6
OB/Gynecology	0	0	2	2	648	1510	2128	3168	5296	3.3	2.1
Oral/Maxillofacial	0	0	0	0	40	110	117	328	445	2.9	3.0
Ophthalmology	0	2	1	3	32	1301	75	2096	2171	2.3	1.6
Orthopedic	0	0	5	5	3348	2683	10341	5618	1595 9	3.1	2.1
Otolaryngology	0	0	1	1	299	1513	808	2580	3388	2.7	1.7
Plastic Surgery	0	0	2	2	359	1213	927	2283	3210	2.6	1.9
Podiatry	0	0	0	0	194	219	443	484	927	2.3	2.2
Thoracic	0	0	2	2	689	235	2415	441	2856	3.5	1.9
Urology	Ō	0	2	2	448	1022	1174	2076	3250	2.6	2.0
Totals	0	12	28	40	13088	13211	45340	26325	71665	3,5	2.0
SURGICAL RECO	VERY STA	TIONS	Stag	e 1 Recov	ery Stations	30	St	age 2 Recov	ery Stations	80	

			edicated a	nd Non	-Dedicated	Procedure Re	oom Utilzat	lon			
		Procedure				el Cases		Surgical Hou	18	Hours	per Case
Procedure Type	Inpatient		Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	2	7	0	10	4073	9493	4686	8002	12688	1.2	8.0
	0	'n	Ô	0	0	0	0	0	0	0.0	0.0
Laser Eye Procedures	0	۸	ň	0	n	ō	ā	0	0	0.0	0.0
Pain Management	0	٥	٥	o	ň	Ď	ō	Ō	0	0.0	0.0
Cystoscopy	Ų	U	٧	_	•		-				
			<u>M</u> (iltipurp	ose Non-De	dicated Room	ns				
					0	0	0	0	0	0.0	0.0
					0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0

Emergency/Trauma C)are		Cardiac Catheterization Labs	
Certified Trauma Center		Yes	Total Cath Labs (Dedicated+Nondedicated labs):	6
Level of Trauma Service	Level 1	Level 2	Cath Labs used for Angiography procedures	0
	Adult & Child		Dedicated Diagnostic Catheterization Lab	0
Operating Rooms Dedicated for Traur	ma Care	1	Dedicated Interventional Catheterization Labs	0
Number of Trauma Visits:		4,211	Dedicated EP Catheterization Labs	2
Patients Admitted from Trauma		2,394		
Emergency Service Type:		Comprehensive	Cardiac Catheterization Utilization	
Number of Emergency Room Stations	3	63	Total Cardiac Cath Procedures:	6,284
Persons Treated by Emergency Servi		104,922	Diagnostic Catheterizations (0-14)	149
Patients Admitted from Emergency:		22,274	Diagnostic Catheterizations (15+)	3,887
Total ED Visits (Emergency+Trauma)	.	109,133	Interventional Catheterizations (0-14):	231
Free-Standing Emer	rgency Center		Interventional Catheterization (15+)	1,090
Beds in Free-Standing Centers	<u> </u>	٥	EP Catheterizations (15+)	927
Patient Visits in Free-Standing Center	rs	Ö	Cardiac Surgery Data	
Hospital Admissions from Free-Stand		0	Total Cardiac Surgery Cases:	1,754
•			Pedlatric (0 - 14 Years):	179
Outpatient Service	Dara	005 004	Adult (15 Years and Older):	1,575
Total Outpatient Visits		365,004	Coronary Artery Bypass Grafts (CABGs)	
Outpatient Visits at the Hospital/ C		336,852	performed of total Cardiac Cases:	471
Outpatient Visits Offsite/off campu	8	28,152		

Diagnostic/Interventional Equipment				aminatio		Therapeutic Equipment	Oumard	Contract	Therapies/ Treatments
	Owned Co	entract	inpatient	Outpt	Contract		UMNOG	Convact	
General Radiography/Fluoroscopy	15	0	 ######	62,813	0	Lithotripsy	(0 1	119
Nuclear Medicine	6	0	2,966	3,445	0	Linear Accelerator	:	2 0	11,922
Mammography	6	0	0	22,103	0	Image Guided Rad Thera	ру		3,825
Ultrasound	15	ō	17,751	25.829	0	Intensity Modulated Rad	Thrpy		4,267
		ō	,	45		High Dose Brachytherapy		1 0	255
Angiography	•	•	7.464	3,864	0	Proton Beam Therapy	+	0 0	0
Diagnostic Angiography			1.642	577	Ŏ	Gamma Knife		0 0	0
Interventional Angiography	4	0	0	1.344		Cyber knife		1 0	108
Positron Emission Tomography (PET)	1		_			-			
Computerized Axial Tomography (CAT)	7	0	35,027	29,702					
Magnetic Resonance Imaging	8	0	7,673	10,068	0				

Ownership, Manag	ement and	General Inform	ation			Patients by	Race		Patients by Eth	nicity
ADMINISTRATOR NAME:	Terika Ri	chardson			Wh	rit e	32	2.2% H	ispanic or Latino:	#Div/
ADMINSTRATOR PHONE	708-213-	3000			Bla	ıck			ot Hispanic or La	
OWNERSHIP:	Advocate	Health and Ho	spitals Corpora	stion	Am	erican Indian	3	3.5% U	nknown:	#Div/
OPERATOR:	Advocate	Health and Ho	spitals Corpora	ation	Asi).5% —		
MANAGEMENT:	Church-F	Related				waiian/ Pacific		0.2%	IDPH Number:	4697
CERTIFICATION:					Un	known	1	1.2%	HPA	A-04
FACILITY DESIGNATION:		•		TY: Hazel Cı	net	COUNTY:	Suburb	en Cook C	HSA County	7
ADDRESS	17800 50	outh Kedzie Ave						an odok c	Journey	
			Facility Utiliz	ation Data by	Category	or Service	Average	Average	CON	Staffed Bed
Clinical Service	Authorize CON Beds 12/31/201	Setup and		Admissions	Inpatient Days	Observation Days	Length of Stay	Daily Census	Occupancy Rate %	Occupancy Rate %
Medical/Surgical	197	156	99	7,599	36,173	7,534	5.8	119.7	60.8	76.8
0-14 Years				0	0					
15-44 Years				905	3,098					
45-64 Years				2,366	10,647					
65-74 Years				1,781	9,022 13,406					
75 Years +		_	_	2,547	200					0.0
Pediatric	0	0	0	0	0	0	0.0	0.0		0.0
Intensive Care	20	20	15	2,033	5,519	82	2.8	15.3	76.7	76.7
Direct Admission				1,382	5,519					
Transfers				651	0					
Obstetric/Gynecology	16	16	6	889	2,036	49	2.3	5.7	35.7	35.7
Matemity				889	2,036					
Clean Gynecology				0	0					
Neonatai	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	37	34	474	5,703	0	12.0	15.6	0.0	42.2
Swing Beds			0	0	0		0.0	0.0		
Total AMI	0			0	0	0	0.0	0.0	0.0	
Adolescent AMI	•	0	0	0	0	0	0.0	0.0		0.0
Adult AMI		ō	Ö	G	0	0	0.0	0.0		0.0
Rehabilitation	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	0				<u>_</u>	0				
Facility Utilization	233			10,344	49,431	7,665	5.5	156.4	67,1	
r doing outside			(Includes ICU	•	sions Only)				
						erved by Payo	r Source			
	fedicare	Medicald	Other Public	Private in	surance	Private Pay		Ch	arity Care	Totals
-	55.0%	21,2%	0.0		22.0%	0.8%			1.0%	
Inpatients	5692	2196		0	2272	85			99	10,344
	34.5%	23.7%	0.0%		36.0%	5.0%			0.9%	
Outpatients	48499	33326	0.07		50653	7009			1209	140,696
Principal Victoria	1/1/2017		17 Innati	ent and Outr	atlent Net	Revenue by P	avor Soul	rce		Total Charity
Financial Year Reported:						Private Pay		Totals	Charity (are Expense
· · · · · · · · · · · · · · · · · · ·	Medicare	Medicald	Other Public			-			Ехрепве	2,016,000
Inpatient	60.7%	8.4%	0.0%		30,8%	0.1%		100.0%	* 5,000 Sec.	Total Charity
Povenije (\$)	,641,856	9,808,226	0	35	,839,971	129,822	116,4	419,875		Care as % of
Revenue (\$) 70			0.0%	•	64.0%	0.1%		100.0%	İ	Net Revenue
Revenue (\$) 70 Outpatient	28.2%	7.7%		69	991,116	63,942	107,7	68,043	1,204,000	0.9%
Outpatient	28.2% 440,451	8,272,534	0	00,						splantation
Outpatient Revenue (\$) 30,	440,451		0		born Nurs	ery Utilization			<u>Organ Iran</u>	
Outpatient Revenue (\$) 30,		8,272,534				ery Utilization Level II		vel II+	Organ Tran Kidney:	0
Outpatient Revenue (\$) 30, Birth Number of Total Births:	440,451	8,272,534	818		Level !	Level II	Le		2.5	0
Outpatient Revenue (\$) 30, Birth Number of Total Births: Number of Live Births:	440,451	8,272,534	818 0 Beds	New	Level !	Level II 8 1	Le [,] 8	vel II+ 0 8	Kidney: Heart: Lung:	0
Outpatient Revenue (\$) 30, Birth Number of Total Births:	440,451	8,272,534	818 0 Beds 0 Patier	<u>New</u> nt Days	Level ! 1 1,44	Level II 8 1	Le [,] 8	0	Kidney: Heart: Lung: Heart/Lung:	0
Outpatient Revenue (\$) 30, Birth Number of Total Births: Number of Live Births: Birthing Rooms: Labor Rooms: Delivery Rooms:	440,451 ing Data	8,272,534	818 0 Beds 0 Patier 0 Total	<u>New</u> nt Days Newborn Pat	Level ! 1 1,44 ient Days	Level II 8 1 0 16	Le [,] 8	0	Kidney: Heart: Lung: Heart/Lung: Pancreas:	0 0 0
Outpatient Revenue (\$) 30, Birth Number of Total Births: Number of Live Births: Birthing Rooms: Labor Rooms: Delivery Rooms: Labor-Delivery-Recovery	440,451 Ing Data Rooms:	8,272,534	818 0 Beds 0 Patier 0 Total 0	<u>New</u> nt Days Newborn Pat	Level ! 1 1,44	Level II 8 1 0 16	Le ¹ 8 9	0 8 1,617	Kidney: Heart: Lung: Heart/Lung: Pancreas: Liver:	0 0 0
Outpatient Revenue (\$) 30, Birth Number of Total Births: Number of Live Births: Birthing Rooms: Labor Rooms: Delivery Rooms:	440,451 Ing Data Rooms:	8,272,534	818 0 Beds 0 Patier 0 Total 0 16 Inpat	<u>New</u> nt Days Newborn Pat	Level t 1 1,44 ient Days Laborator	Level II 8 1 0 16	Le ¹ 8 9	0	Kidney: Heart: Lung: Heart/Lung: Pancreas:	0 0 0

Hazel Crest

Occupied Occupiels		Operating	Doome			ting Room U		urgical Hour	R	Hours p	er Case
Surgical Specialty				Total		_	_	Outpatient	Total Hours	Inpatient	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient			2.9	2.5
Cardiovascular	0	0	0	0	180	167	526	424	950		
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	9	9	903	1429	1763	2831	4594	2.0	2.0
Gastroenterology	0	0	0	0	0	4	0	7	7	0.0	1.8
Neurology	0	0	0	0	0	2	0	6	6	0.0	3.0
OB/Gynecology	0	0			117	521	330	982	1312	2.8	1.9
Oral/Maxillofacial	0	0	0	0	0	1	0	1	1	0.0	1.0
Ophthalmology	0	0	0	0		674	0	243	243	0.0	0.4
Orthopedic	0	0	0	0	713	622	2095	1096	3191	2.9	1.8
Otolaryngology	0	0	0	0	17	85	24	133	157	1.4	1.6
Plastic Surgery	0	0	0	0	18	74	53	152	205	2.9	2.1
Podiatry	0	0	0	0	80	112	123	233	356	1.5	2.1
Thoracic	0	0	0	0	23	4	71	6	77	3.1	1.5
Urology	0	0	0	0	192	450	525	716	1241	2.7	1.6
Totals	0	0		2000		4145	5510	6830	12340	0.0	1.6
SURGICAL RECO	VERY STAT	TIONS	Stag	e 1 Recov	ery Stations	10	St	age 2 Recov	ery Stations	3	

			Dedicated a	nd Non	-Dedicated	Procedure Re	oom Utilzal	<u>ion</u>			
		Procedure	Rooms		Surgic	al Cases	\$	Surgical Hou	13	<u>Hours</u>	per Case
Procedure Type	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	4	4	959	4364	1726	5555	7281	1.8	1.3
Laser Eye Procedures	Ô	Ö	Ó	0	0	0	0	0	0	0.0	0.0
Pain Management	ō	Ō	Ó	0	0	0	0	0	0	0.0	0.0
Cystoscopy	Ō	Ó	0	0	0	0	0	0	0	0.0	0.0
			44.	.141	oen Non-De	dicated Roo	me				
			.117	ուսելու	Dag MUINDE	UICALOU INDO	112		_		
					0	0	0	0	0	0.0	0.0
					0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0

Emergency/Trauma Ca	ire		Cardiac Catheterization Laba	
Certified Trauma Center		No	Total Cath Labs (Dedicated+Nondedicated labs):	2
Level of Trauma Service	Level 1	Level 2	Cath Labs used for Angiography procedures	0
			Dedicated Diagnostic Catheterization Lab	0
Operating Rooms Dedicated for Traum	a Care	0	Dedicated Interventional Catheterization Labs	0
Number of Trauma Visits:		0	Dedicated EP Catheterization Labs	0
Patients Admitted from Trauma		0		
Emergency Service Type:		Comprehensive	Cardiac Catheterization Utilization	
Number of Emergency Room Stations		25	Total Cardiac Cath Procedures:	1,026
Persons Treated by Emergency Service	es:	44,539	Diagnostic Catheterizations (0-14)	0
Patients Admitted from Emergency:		7,795	Diagnostic Catheterizations (15+)	684
Total ED Visits (Emergency+Trauma):		44,539	Interventional Catheterizations (0-14):	0
Free-Standing Emerg	ency Center		Interventional Catheterization (15+)	227
Beds in Free-Standing Centers		0	EP Catheterizations (15+)	115
Patient Visits in Free-Standing Centers		0	Cardiac Surgery Data	
Hospital Admissions from Free-Standin		0	Total Cardiac Surgery Cases:	0
Outpatient Service Da			Pediatric (0 - 14 Years):	0
	ata.	440.000	Adult (15 Years and Older):	0
Total Outpatient Visits		140,696	Coronary Artery Bypass Grafts (CABGs)	
Outpatient Visits at the Hospital/ Ca	mpus:	140,696 0	performed of total Cardiac Cases:	0
Outpatient Visits Offsite/off campus			-	

Diagnostic/Interventional Equipment			Ex	minatio	ns	Therapeutic Equipment			Therapies/
	Owned Co	ntract	Inpatient	Outpt	Contract		Owned	Contract	<u>Treatments</u>
General Radiography/Fluoroscopy	14	0	16,387	34,323	0	Lithotripsy	(0	0
Nuclear Medicine	2	0	1,134	1,851	0	Linear Accelerator	(0	0
Mammography	3	0	4	12,430	0	Image Guided Rad Thera	ру		0
Ultresound	5	0	2,115	12,962	0	Intensity Modulated Rad	Thrpy		0
	Ā	ō	_,			High Dose Brachytherapy		0	0
Angiography Diagnostic Angiography	-	•	362	337	0	Proton Beam Therapy	(0	0
Diagnostic Angiography Interventional Angiography			227	249	_	Gamma Knife	(0	0
Positron Emission Tomography (PET)	٥	n		0	_	Cyber knife	1	0 0	0
	2	ñ	8.164	15,986	-	-,			
Computerized Axial Tomography (CAT) Magnetic Resonance Imaging	2	ŏ	1,538	4,044					

Adventist Church-Re General H	Health System of Health System of Health System of Hospital Fillow Springs R	dba La Grang	Admissions 6,185 98 921 1,447 1,293 2,426	os Asi Hav Uni e Category	ck erican Indian an waiian/ Pacific known	5 0 0 0 7	.7% No .0% Ur .8% —	spanic or Latino: of Hispanic or Latinknown: IDPH Number: HPA HSA cunty CON Occupancy Rate % 78.1	
Adventist Adventist Church-Ri General F 5101 S, W Authorized CON Beds 12/31/2017 141 0	Health System of Health Staffed 141	oad C Facility Utilia Pesk Census 95	Admissions 6,185 98 921 1,447 1,293 2,426	e Category Inpatient Days 39,569 375 3,890 9,143 8,855	erican Indian an wailan/ Pacific known COUNTY: of Service Observation Days	Suburba Average Length of Stay	.0% Ur .8% — .0% .8% an Cook C	DPH Number: HPA HSA ounty CON Occupancy Rate %	5967 A-04 7 Staffed Bed Occupancy Rate %
Adventist Church-Ri General i 5101 S. W Authorized CON Beds 12/31/2017 141	Health System of elated lospital fillow Springs R Peak Beds Setup and Staffed 141	oad C Facility Utilia Pesk Census 95	Admissions 6,185 98 921 1,447 1,293 2,426	Category Inpatient Days 39,569 375 3,890 9,143 8,855	an wailan/ Pacific known COUNTY: of Service Observation Days	Suburba Average Length of Stay	.8%	IDPH Number: HPA HSA cunty CON Occupancy Rate %	5967 A-04 7 Staffed Bed Occupancy Rate %
Church-Ro General H 5101 S. W Authorized CON Beds 12/31/2017 141	elated lospital fillow Springs R Peak Beds Setup and Staffed 141	oad C Facility Utilia Pesk Census 95	Admissions 6,185 98 921 1,447 1,293 2,426	e Category Inpatient Days 39,569 375 3,890 9,143 8,855	walian/ Pacific known COUNTY: of Service Observation Days	Suburba Average Length of Stay	.0% .8% an Cook Co Average Daily Census	HPA HSA ounty CON Occupancy Rate %	A-04 7 Staffed Bed Occupancy Rate %
General F 5101 S, W Authorized CON Beds 12/31/2017 141 0 0 27	lospital fillow Springs R Peak Beds Setup and Staffed 141	Peak Census 95	Admissions 6,185 98 921 1,447 1,293 2,426	Category Inpatient Days 39,569 375 3,890 9,143 8,855	COUNTY: of Service Observation Days	Suburba Average Length of Stay	.8% an Cook Cook Average Daily Census	HPA HSA ounty CON Occupancy Rate %	A-04 7 Staffed Bed Occupancy Rate %
5101 S. W Authorized CON Beds 12/31/2017 141 0	fillow Springs R Peak Beds Setup and Staffed 141	Peak Census 95	Admissions 6,185 98 921 1,447 1,293 2,426	e Category Inpatient Days 39,569 375 3,890 9,143 8,855	COUNTY: of Service Observation Days	Suburba Average Length of Stay	Average Daily Census	CON Occupancy Rate %	7 Staffed Bed Occupancy Rate %
5101 S. W Authorized CON Beds 12/31/2017 141 0	fillow Springs R Peak Beds Setup and Staffed 141	Peak Census 95	Admissions 6,185 98 921 1,447 1,293 2,426	Inpatient Days 39,569 375 3,890 9,143 8,855	of Service Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Authorized CON Beds 12/31/2017 141 0	Peak Beds Setup and Staffed 141	Peak Census 95	Admissions 6,185 98 921 1,447 1,293 2,426	Inpatient Days 39,569 375 3,890 9,143 8,855	of Service Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Occupancy Rate %
CON Beds 12/31/2017 141 0	Peak Beds Setup and Staffed 141	Peak Census 95	Admissions 6,185 98 921 1,447 1,293 2,426	Inpatient Days 39,569 375 3,890 9,143 8,855	Observation Days	Length of Stay	Daily Census	Occupancy Rate %	Occupancy Rate %
CON Beds 12/31/2017 141 0	Setup and Staffed 141	Census 95	6,185 98 921 1,447 1,293 2,426	Days 39,569 375 3,890 9,143 8,855	Days	Length of Stay	Daily Census	Occupancy Rate %	Occupancy Rate %
12/31/2017 141 0	Staffed 141	Census 95	6,185 98 921 1,447 1,293 2,426	Days 39,569 375 3,890 9,143 8,855	Days	of Stay	Census	Rate %	Rate %
0 27	141	95	6,185 98 921 1,447 1,293 2,426	39,569 375 3,890 9,143 8,855	- 5				
0 27	0		98 921 1,447 1,293 2,426	375 3,890 9,143 8,855	0,10	0.0	110.1	70.7	
27		0	921 1,447 1,293 2,426	3,890 9,143 8,855					
27		0	1,447 1,293 2,426	9,143 8,855					
27		0	1,293 2,426	8,855					
27		0	2,426	17 306					
27		0	A1.416	17,000					
27			0	0	0	0.0	0.0	0.0	0.0
	2/	AF		9,095	14	6.8	25.0	92.4	92.4
12		25	1,343	9,095 9,095	14	0.0	25.0	32.4	72. 4
12			1,343						
12			0	0					
	12	10	452	1,000	47	2.3	2.9	23.9	23.9
			28	49					
0	0	0	0	0	0	0.0	0.0	0.0	0.0
n	0	0	0	0	0	0.0	0.0	0.0	0.0
					-				
		<u> </u>			^			0.0	
0					_			0.0	
			=						0.0
	0	0	0	0	0	0.0	0.0		0.0
16	16	16	501	4,990	0	10.0	13.7	85.4	85.4
0	0	0	0	0	0	0.0	0.0	0.0	0.0
24					3815				
196	·		8,481	54,654	4,491	7.0	162.0	82.7	
		(includes ICI) Direct Admiss	sions Only)				
		Inpati	ents and Outp	atients Se	rved by Payo	r Source		<u> </u>	
adicara	Medicald						Chi	arity Care	Totals
			•						8,481
									0,10
									107,062
	171107500					Co.			Total Charity
7/1/2016	o 6/30/201	7 <u>Inpat</u>	ent and Outp	atient Net	Revenue by F	ayor Soul	ce	Charity (care Expense
ledicare	Medicald	Other Publ	ic Private in	surance	Private Pay		Totals	Care	1,676,302
58.1%	7.2%	4.89	%	28.4%	3.5%	•	100.0%	4.7	27 2000
308.693	6.888,007	4,608,54	9 25,	324,222	3,326,046	95,7	55,517		Total Charity Care as % of
		4.20	V.	47.8%	8 5%		100.0%		Net Revenue
								1 129 660	1.1%
35,547	0,323,812	/0/,023	30,2	. 13,331	5,505,205	00,2	10,000		
ng Data			<u>New</u>	orn Nurs	ery Utilization			Organ Tran	splantation
	3	89		Level I	Level II	Le	rel II+	Kidney:	0
	3	88 Beds	,		0	2	0	Heart:	0
		^					106	Lung:	0
		٨	-	ent Davs	_		885	_	0
		0		-	Stratte -				0
Rooms:		5	-	appratory	Studies		0.700		0
Postpartum F	Rooms:						*	Total:	0
				Hadas Oc	aten et				
	0 0 0 16 0 24 196 61.6% 5227 36.5% 39055 7/1/2016 4 8dicare 58.1% 308,693 32.6% 35,547 ng Data	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						

La Grange

				Surge	ry and Opera	ting Room U					
Surgical Specialty		Operating	Rooms		Surgica	I Cases	\$	Surgical Hour	8		er Case
	Inpatient		Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	· 1	0	0	1	27	0	171	0	171	6.3	0.0
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	9	9	499	896	1541	2055	3596	3.1	2.3
Gastroenterology	0	0	0	0	67	7	105	10	115	1.6	1,4
Neurology	0	0	0	0	71	38	310	129	439	4.4	3.4
OB/Gynecology	0	0	0	0	41	462	123	968	1091	3.0	2.1
Oral/Maxillofacial	0	٥	0	0	3	12	6	39	45	2.0	3.3
Ophthalmology	0	0	0	0	0	480	0	804	804	0.0	1.7
Orthopedic	Ô	0	0	0	534	422	1924	1160	3084	3.6	2.7
Otolaryngology	Ö	0	0	0	16	35	31	87	118	1.9	2.5
Plastic Surgery	0	0	0	0	13	124	41	363	404	3.2	2.9
Podiatry	0	0	0	0	60	159	118	186	304	2.0	1.2
Thoracic	0	0	0	0	99	10	420	25	445	4.2	2.5
Urology	0	0	1	1	136	325	207	548	755	1.5	1.7
Totals	1	0	10	11	1566	2970	4997	6374	11371	3.2	2,1
SURGICAL RECO	VERY STA	TIONS	Stag	e 1 Recov	ery Stations	9	St	age 2 Recov	ery Stations	30	

		_0	<u>Dedicated a</u>	nd Non	-Dedicated	Procedure Re	oom Utijzat	<u>tion</u>			
		Procedure	Rooms	•	Surgic	al Cases	\$	<u>Surgical Hou</u>	<u> 18</u>	<u>Hours</u>	per Case
Procedure Type	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	3	3	578	2345	581	2469	3050	1.0	1.1
Laser Eye Procedures	0	1	0	1	0	121	0	127	127	0.0	1.0
Pain Management	0	0	0	0	0	0	0	0	0	0.0	0.0
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
			Mu	ıltipum	ose Non-De	dicated Room	ms				
				•	0	0	0	0	0	0.0	0.0
					0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0

Emergency/Trauma Care		Cardiac Catheterization Labs	
Certified Trauma Center	Yes	Total Cath Labs (Dedicated+Nondedicated labs):	2
Level of Trauma Service Level 1	Level 2	Cath Labs used for Angiography procedures	2
	Adult	Dedicated Diagnostic Catheterization Lab	0
Operating Rooms Dedicated for Trauma Care	0	Dedicated Interventional Catheterization Labs	0
Number of Trauma Visits:	548	Dedicated EP Catheterization Labs	0
Patients Admitted from Trauma	422		
Emergency Service Type:	Comprehensive	Cardiac Catheterization Utilization	
Number of Emergency Room Stations	24	Total Cardiac Cath Procedures:	617
Persons Treated by Emergency Services:	28,888	Diagnostic Catheterizations (0-14)	0
Patients Admitted from Emergency:	5,990	Diagnostic Catheterizations (15+)	418
Total ED Visits (Emergency+Trauma):	29,436	Interventional Catheterizations (0-14):	0
Free-Standing Emergency Center	r ====================================	Interventional Catheterization (15+)	153
Beds in Free-Standing Centers	0	EP Catheterizations (15+)	46
Patient Visits In Free-Standing Centers	0	Cardiac Surgery Data	
Hospital Admissions from Free-Standing Center	0	Total Cardiac Surgery Cases:	28
Outpatient Service Data		Pediatric (0 - 14 Years):	0
	107,062	Adult (15 Years and Older):	28
Total Outpatient Visits	89,215	Coronary Artery Bypass Grafts (CABGs)	
Outpatient Visits at the Hospital/ Campus:	17,847	performed of total Cardiac Cases:	21
Outpatient Visits Offsite/off campus	17,047		

Diagnostic/Interventional Equipment			Ex	aminatio	ns	Therapeutic Equipment			Therapies/
	Owned Co	ontract	Inpatient	Outpt	Contract		Owned	Contract	<u>Treatments</u>
General Radiography/Fluoroscopy	5	0	7,494	29,157	O	Lithotripsy	(0	0
Nuclear Medicine	2	0	873	748	0	Linear Accelerator	(0	0
Mammography	4	٥	6	8,783	0	Image Guided Rad Thera	ру		0
Ultrasound	5	Ô	3,051	8,088	0	Intensity Modulated Rad	Thrpy		0
Angiography	1	0	-,	55		High Dose Brachytherapy	(0	0
Diagnostic Angiography	505 = 539	TESTS .	1.540	1,722	0	Proton Beam Therapy	(0	0
Interventional Angiography			0	0	0	Gamma Knife	(0	0
Positron Emission Tomography (PET)	0	0	0	0	0	Cyber knife	(0	0
Computerized Axial Tomography (CAT)	2	ō	3,172	15,414	0	-			
Magnetic Resonance Imaging	1	0	1,745	3,057	0				

				Surge	ry and Opera	iting Room U					
Surgical Specialty		Operating	Rooms		Surgica	l Cases	2	Surgical Hour	18	Hours r	er Case
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatien
Cardiovascular	1	Ō	0	1	27	0	171	0	171	6.3	0.0
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	9	9	499	896	1541	2055	35 96	3.1	2.3
Sastroenterology	0	0	0	0	67	7	105	10	115	1.6	1.4
Neurology	0	0	0	0	71	38	310	129	439	4.4	3.4
OB/Gynecology	0	0	0	0	41	462	123	968	1091	3.0	2.1
Oral/Maxillofacial	0	0	0	0	3	12	6	39	45	2.0	3.3
Ophthalmology	0	0	0	0	0	480	0	804	804	0.0	1.7
Orthopedic	0	0	0	0	534	422	1924	1160	3084	3.6	2.7
Otolaryngology	0	0	0	0	16	35	31	87	118	1.9	2.5
Plastic Surgery	0	0	0	0	13	124	41	363	404	3.2	2.9
Podiatry	0	0	0	0	60	159	118	186	304	2.0	1.2
Thoracic	0	0	0	0	99	10	420	25	445	4.2	2.5
Urology	Ō	0	1	1	136	325	207	548	755	1.5	1.7
Totals	1	0	10	11	1566	2970	4997	6374	11371	3.2	2.1
SURGICAL RECO	VERY STAT	TIONS	Stag	je 1 Recov	ery Stations	9	St	age 2 Recov	ery Stations	30	
			Dedl	cated and	Non-Dedica	ted Procedure	Room Util	zation			
		Pr	rocedure Ro			rgical Cases		Surgical He	The second secon		per Case
and the Trees	la.	notiont Or	Instinct Co.	mbined To	del Innetic	nt Outnetie	nt Innaties	nt Outpatie	nt Total Hours	Innatient	Outpatient

			edicated a	nd Non-	-Dedicated	Procedure Re	oom Utilzat	<u>tion</u>			
		Procedure	Rooms		Surgic	al Cases	2	<u>Surgicel Hou</u>	<u>18</u>	Hours	<u>per Case</u>
Procedure Type	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	3	3	578	2345	581	2469	3050	1.0	1.1
Laser Eye Procedures	0	1	0	1	٥	121	0	127	127	0.0	1.0
Pain Management	0	0	0	0	0	0	0	0	0	0.0	0.0
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
			Mu	iltipurp	ose Non-De	dicated Roor	ns				
					0	0	0	0	0	0.0	0.0
					0	0	0	0	0	0.0	0.0
	0	0	0	0	0_	0	0	0	0	0.0	0.0

Emergency/Trauma Care		Cardiac Catheterization Labs	
Certified Trauma Center	Yes	Total Cath Labs (Dedicated+Nondedicated labs):	2
Level of Trauma Service Level 1	Level 2	Cath Labs used for Angiography procedures	2
	Adult	Dedicated Diagnostic Catheterization Lab	0
Operating Rooms Dedicated for Trauma Care	0	Dedicated Interventional Catheterization Labs	0
Number of Trauma Visits:	548	Dedicated EP Catheterization Labs	0
Patients Admitted from Trauma	422		
Emergency Service Type:	Comprehensive	Cardiac Catheterization Utilization	
Number of Emergency Room Stations	24	Total Cardiac Cath Procedures:	617
Persons Treated by Emergency Services:	28,888	Diagnostic Catheterizations (0-14)	0
Patients Admitted from Emergency:	5,990	Diagnostic Catheterizations (15+)	418
Total ED Visits (Emergency+Trauma):	29,436	Interventional Catheterizations (0-14):	0
Free-Standing Emergency Center		Interventional Catheterization (15+)	153
Beds in Free-Standing Centers	0	EP Catheterizations (15+)	46
Patient Visits in Free-Standing Centers	Ō	Cardiac Surgery Data	
Hospital Admissions from Free-Standing Center	Û	Total Cardiac Surgery Cases:	28
•		Pediatric (0 - 14 Years):	0
Outpatient Service Data		Adult (15 Years and Older):	28
Total Outpatient Visits	107,062	Coronary Artery Bypass Grafts (CABGs)	
Outpatient Visits at the Hospital/ Campus:	89,215	performed of total Cardiac Cases :	21
Outpatient Visits Offsite/off campus	17,847		

Diagnostic/Interventional Equipment			Ex	aminatio	ns .	Therapeutic Equipment			Therapies/
	Owned Co	ntract	Inpatient	Outpt	Contract		Owned	Contract	<u>Treatments</u>
General Radiography/Fluoroscopy	5	0	7,494	29,157	0	Lithotripsy	(0	0
Nuclear Medicine	2	0	873	748	0	Linear Accelerator	(0	0
Mammography	4	٥	6	8.783	0	image Guided Rad Thera	ру		0
Ultrasound	5	0	3.051	8,088	0	Intensity Modulated Rad	Thrpy		0
*	1	ā	-,	*,		High Dose Brachytherapy		0	0
Angiography	•	_	1.540	1,722	٥	Proton Beam Therapy	(0	0
Diagnostic Angiography Interventional Angiography			0	0	ō	Gamma Knife	(0 0	0
Positron Emission Tomography (PET)	0	n	0	ā	Ō	Cyber knife	(0	0
	2	ñ	3,172	15.414	Ö	-,			
Computerized Axial Tomography (CAT) Magnetic Resonance Imaging	1	ő	1,745	3,057	Ō				

Hospital Profile - CY			n Health - (Jiyilipia I	icius	Patients by		pia Field	Patients by Eth	Page 1
Ownership, Man			<u>ation</u>		100	nite			spanic or Latino:	
ADMINISTRATOR NAM						ack			ot Hispanic or La	
ADMINSTRATOR PHONO OWNERSHIP:		can Alliance, LLC	2		-	nerican Indian			nknown:	0.3
OPERATOR:		can Alliance, LLC				ian).5% —		
MANAGEMENT:		Related				waiian/ Pacific	(0.0%	IDPH Number:	5074
CERTIFICATION:	¥=.				Un	known	(0.1%	HPA	A-04
FACILITY DESIGNATIO	N: Genera	l Hospital					.		HSA	7
ADDRESS	20201 S	South Crawford		ry: Olympia			Suburb	an Cook C	ounty	
			Facility Utiliza	tion Data by	Category	of Service		_	***	
Clinical Service	Authoriz CON Bed 12/31/20	is Setup and		Admissions	inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	157	88	74	6,006	20,686	9,029	4.9	81.4	51.9	92,5
0-14 Years				41	93					
15-44 Years				864	2,055					
45-64 Years				1,869	6,431					
65-74 Years				1,413 1,819	5,281 6,826					
75 Years +	_		•	•	-	•	2.3	0.3	0.0	0.0
Pediatric	0	0	0	41	93	0				
Intensive Care	31	25	21	971	5,030	2	5.2	13.8	44.5	55.1
Direct Admission				206	1,067					
Transfers				765	3,963					
Obstetric/Gynecology	12	0	0	0	0	0	0.0	0.0	0.0	0.0
Maternity				0	0					
Clean Gynecology				0	0	and the same of th				
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds	CANADA TO THE PARTY OF THE PART		0	0	0		0.0	0.0		
Total AMI	0			0	0	0	0.0	0.0	0.0	
Adolescent AMI	-	0	0	0	0	0	0.0	0.0		0.0
Adult AMI		0	0	0	0	0	0.0	0.0		0.0
Rehabilitation	14	0	0	0	0	0	0.0	0.0	0.0	0.0
Long-Term Acute Care	0	0	0	0	C) 0	0.0	0.0	0.0	0.0
Dedicated Observation	0					0				
Facility Utilization	214			6,253	25,809	9,031	5.6	95.5	44.6	
,			(Includes ICU							
			Inpatie	nts and Out	patients S	erved by Payo	r Source			
	Medicare	Medicaid	Other Public	Private in	surance	Private Pay		Ch	arity Care	Totals
	52.1%	3.3%	0.29	6	27.8%	0.6%	•		16.1%	
Inpatients	3255	204	10	3	1737	37	•		1007	6,253
	30.4%	2.8%	0.7%		53.8%	0.1%			12.2%	
Outpatients	28216	2555	630)	49867	108		_	11347	92,723
Financial Year Reported	t: 1/1/201	7 to 12/31/20	17 <u>Inpati</u>	ent and Outs	oatient Ne	t Revenue by I	Payor Sou	rce		Total Charity
I IMPRESION TOUR PROPERTY.	Medicare	Medicaid	Other Public	: Private li	nsurance	Private Pay	,	Totals	Care	Care Expense 3,308,945
inpatient	48.7%	24.9%	1.6%		23.7%	1.2%	1	100.0%	Expense	
Revenue (\$)	39,968,108	20,447,577	1,302,284		,451,742	970,672		140,383	904,630	Total Charity Care as % of
					50.6%	6.2%		100.0%		Net Revenue
Outpatient Revenue (\$)	25.4%	16.2%	1.7% 1,403,387		.825,027	5,237,590		86,215	2,404,315	2.0%
Kevende (4/	21,471,238	13,748,973	1,403,367							
Bi	rthing Data			Nev	vbom Nur	sery Utilization				splantation
Number of Total Births	:		0		Level I	Level II		vel II+	Kidney:	0
Number of Live Births:			0 Beds			0	0	0	Heart: Lung:	0
Birthing Rooms:				nt Days		0	0	0	Heart/Lung:	0
Labor Rooms:			0 Total	Newborn Pal	tient Days			0	Pancreas:	ő
Delivery Rooms:	ani Doomo:		0		Laborator	y Studies			Liver:	0
Labor-Delivery-Recove Labor-Delivery-Recove	ary records. Postoartur	n Rooms:		ent Studies			_ 28	89,920	Total:	0
	ory i ootpartui		•	atient Studies			2	80,477		_
C-Section Rooms:				es Performed				3,744		

				Surge		ting Room U	tilization				
Surgical Specialty		Operating	Rooms		Surgice	I Cases	Ş	Surgical Hour	<u>8</u>	Hours p	er Case
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	2	2	116	23	646	27	673	5.6	1.2
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	5	5	128	198	280	281	561	2.2	1.4
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	0	0	0	0	0	0	0	0.0	0.0
OB/Gynecology	0	0	0	0	1	1	2	2	4	2.0	2.0
Oral/Maxillofacial	0	0	0	0	1	0	2	0	2	2.0	0.0
Ophthalmology	0	0	0	0	0	0	0	0	0	0.0	0.0
Orthopedic	0	0	0	0	3	0	5	0	5	1.7	0.0
Otolaryngology	0	0	0	0	20	0	29	0	29	1.5	0.0
Plastic Surgery	0	0	0	0	1	2	3	8	11	3.0	4.0
Podiatry	0	0	0	0	0	0	0	0	0	0.0	0.0
Thoracic	0	0	0	0	30	1	97	3	100	3.2	3.0
Urology	0	0	0	0	2	1	2	2	4	1.0	2.0
Totals	0	0	7	7	302	226	1066	323	1389	3.5	1.4
SURGICAL RECO	VERY STA	TIONS	Stag	e 1 Recov	ery Stations	12	Sta	age 2 Recov	ery Stations	18	

			edicated a	nd Non	-Dedicated	Procedure Re	oom Utilzai	<u>lon</u>			
		Procedure	Rooms		Surgic	al Cases	\$	Surgical Hou	<u>rs</u>	Hours	per Case
Procedure Type	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	3	3	573	3901	438	2280	2718	0.8	0.6
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	0	0	0	0	0	0	0	0.0	0.0
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
			Mu	ultipurp	ose Non-De	dicated Roor	m <u>s</u>				
					0	0	0	0	0	0.0	0.0
					0	0	0	0	0	0.0	0.0
	0	0	0	0	₂₀₀ 0	0	0	0	0	0.0	0.0

	50		
Emergency/Trauma Care		Cardiac Catheterization Labs	
Certified Trauma Center	No	Total Cath Labs (Dedicated+Nondedicated labs):	3
Level of Trauma Service Level 1	Level 2	Cath Labs used for Angiography procedures	1
		Dedicated Diagnostic Catheterization Lab	0
Operating Rooms Dedicated for Trauma Care	0	Dedicated Interventional Catheterization Labs	0
Number of Trauma Visits:	0	Dedicated EP Catheterization Labs	0
Patients Admitted from Trauma	0		
Emergency Service Type:	Comprehensive	Cardlac Catheterization Utilization	
Number of Emergency Room Stations	22	Total Cardiac Cath Procedures:	1,679
Persons Treated by Emergency Services:	39,559	Diagnostic Catheterizations (0-14)	0
Patients Admitted from Emergency:	9,790	Diagnostic Catheterizations (15+)	1,112
Total ED Visits (Emergency+Trauma):	39,559	Interventional Catheterizations (0-14):	0
Free-Standing Emergency Center		Interventional Catheterization (15+)	321
Beds in Free-Standing Centers	0	EP Catheterizations (15+)	246
Patient Visits in Free-Standing Centers	0	Cardiac Surgery Data	
Hospital Admissions from Free-Standing Center	0	Total Cardiac Surgery Cases:	90
Outpatient Service Data		Pediatric (0 - 14 Years):	0
	92,723	Adult (15 Years and Older):	90
Total Outpatient Visits	92,723	Coronary Artery Bypass Grafts (CABGs)	
Outpatient Visits at the Hospital/ Campus: Outpatient Visits Offsite/off campus	92,723	performed of total Cardiac Cases :	0
Outhatietit Aisits Olisiteton cambas			

Diagnostic/Interventional Equipment			Ex		Therapies/				
	Owned C	ontract	inpatient	Outpt	Contract		Owned	Contract	<u>Treatments</u>
General Radiography/Fluoroscopy	5	0	14,587	20,127	0	Lithotripsy	(0 0	0
Nuclear Medicine	4	0	555	2,507	0	Linear Accelerator		2 0	1,722
Mammography	0	0	0	0	0	Image Guided Rad Thera	ару		0
Ulirasound	5	0	1,815	5,540	0	Intensity Modulated Rad	Thrpy		2,219
Angiography	1	0				High Dose Brachytherapy		1 0	30
Diagnostic Angiography			708	631	0	Proton Beam Therapy		0 0	0
Interventional Angiography			121	199	0	Gamma Knife	(0 0	0
Positron Emission Tomography (PET)	1	0	0	264	0	Cyber knife		0 0	0
Computerized Axial Tomography (CAT)	2	0	5,324	13,733	0	•			
Magnetic Resonance Imaging	3	0	1,260	4,573	0				

Hospital Profile - CY Ownership, Mana			emorial Hos			Patients by	Race		Patients by Et	nicity
ADMINISTRATOR NAME					Wh	iite	30).8% Hi	spanic or Latino	: 4.5
ADMINSTRATOR PHONI	708-915	5-6101			Bla	ck	65	5.6% No	ot Hispanic or La	itino: 92.2
OWNERSHIP:	ingalis l	Memorial Hospita	ıl		An	erican Indian	().1% Ur	nknown:	3.2
OPERATOR:	Ingalis I	Memorial Hospita	a)		Asi	ian	(D.2% —		
MANAGEMENT:	Not for I	Profit Corporation	n			waiian/ Pacific		0.0%	IDPH Number:	
CERTIFICATION:					Un	known	;	3.2%	HPA	A-04
FACILITY DESIGNATION		l Hospital							HSA	7
ADDRESS	One ing	alls Drive		Y: Harvey		COUNTY	Suburb	an Cook C	ounty	
			Facility Utiliza	tion Data by	Category	of Service	_			0.4.4
Ctiniant Camina	Authoriza CON Bed	is Setup and	Peak			Observation	Average Length	Average Daily	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Clinical Service	12/31/20		Census	Admissions	Days	Days	of Stay 6.1	Census 124.6	41.8	63.9
Medical/Surgical	298	195	195	7, 478 0	36,415 0	9,058	0.1	124.0	41.0	03.8
0-14 Years				1,103	4.079					
15-44 Years 45-64 Years				2,626	12,021					
65-74 Years				1,743	9,502					
75 Years +				2,006	10,813					
Pediatric	17	12	12	268	628	550	4.4	3.2	19.0	26.9
		17	17	1,295	3,913	76	3.1	10.9	43.7	64.3
ntensive Care	25	17	17	1,036	3,201	10	3. 1	10.5	73.1	57.5
Direct Admission				259	712					
Transfers						404			40.4	45.4
Obstetric/Gynecology	21	21	19	1,314	3,454	101	2.7	9.7	46.4	46.4
Maternity				984 330	2,473 981					
Clean Gynecology										
Neonatal	0		0	0	0	0	0.0	0.0	0.0	0.0
ong Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Total AMI	78			2,637	16,236	0	6.2	44.5	57.0	
Adolescent AMI		12	12	554	2,916	0	5.3	8.0		66.6
Adult AMI		51	51	2,083	13,320	0	6.4	36.5		71.6
Rehabilitation	46	40	30	580	7,673	0	13.2	21.0	45.7	52.6
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	0					0				
Facility Utilization	485	3		13,313	68,319	9,785	5.9	214.0	44.1	
			(Includes ICU							
		<u> </u>	Inpatie	nts and Out	patients Se	erved by Payo	r Source			
	Medicare	Medicald	Other Public	Private in	surance	Private Pay		Ch	arity Care	Totals
	44.0%	33.2%	0.2%	•	17.2%	1.1%	ı		4.3%	
Inpatients	5860	4415	28	50_	2288	149			573	13,313
	33.8%	21.7%	1.4%		37.1%	3.4%			2.6%	
Outpatients	119586	76848	4850		131146	11950			9023	353,403
Financial Year Reported:	10/1/2016	8 to 6/30/20	17 inpatie	ent and Outo	eatlent Net	Revenue by F	ayor Sou	rce	Charity	Total Charity
THURCHE TOWN ASSOCIATION	Medicare	Medicald	Other Public			Private Pay		Totals	Care	Care Expense
Inpatient	10.00	14.7%	0,2%		23.9%	2.3%		100.0%	Expense	5,324,756
Revenue (\$)	58.9%				524,002	1,853,658		618,479	906,411	Total Charity
4	8,043,423	12,032,729	164,667				-		000,777	Care as % of Not Revenue
Outpatient	28.8%	7.8%	0.3%		62.5%	0.7%		100.0%	4.440.045	2.5%
Revenue (\$) 38	3,078,552	10,264,025	350,620	82,	785,486	910,974	132,3	389,657	4,418,345	2.5%
Birt	hing Data			New	born Nurs	ery Utilization	ì		Organ Trai	nsplantation
Number of Total Births:			954		Level l	Level II	Le	vel II+	Kidney:	0
Number of Live Births:			947 Beds				1	3	Heart:	0
Birthing Rooms:			_	t Days	1,76	1 75	4	993	Lung:	0
Labor Rooms:			0 Total	Newborn Pat				3,508	Heart/Lung: Pancreas:	0
Delivery Rooms:			0		Laborator	, Chudiae			Pancreas: Liver:	0
Labor-Delivery-Recover			0		-anorator	- OLUUIOS	20	91,716		•
	. Deckerhie	n MAAME"	23 Inpati	ent Studies			3	e i ji Te	Total:	0
Labor-Delivery-Recover C-Section Rooms:	y-Postpartur	II I TOOMIG		tient Studies			84	42,129		

0.0

Number Surgical Speciality Operating Rooms Impatient Outpatient Combined Total Impatient Outpatient Outp	1050ilai Pionio -	OI ZUII		IIIyanə iv	MINALI	et i i oa bizer	•				7		
Inpatient Outpatient Combined Total Inpatient Outpatient Inpatient Outpatient Outpa					Sur	gery and Ope	erating Ro	om Utili	zation				
Impatient Outpatient Combined Total Impatient Outpatient Impatient Impatient Impatient Outpatient Total Hours Impatient Impatient Impatient Outpatient Total Hours Impatient Impatient Impatient Outpatient Total Hours Impatient	Surgical Specialty		Operatin	g Roems		Surg	ical Cases		<u>\$</u> 1		<u> </u>		
Cardiovascular		Inpatient	Outpatien	t Combined	Total	inpatie	nt Outpa	tient	Inpatient	Outpatient	Total Hours	Inpatient	
Sameral 0 0 7 7 468 1248 1199 2180 3379 2.6 1.7	Cardiovascular		0	1	1	1	4	11	104	17	121		
Cameral O	Dermatology	0	0	0	0		0	0	0	0	0	0.0	
Neurology	General	0	0	7	7	46	8 1:	246	1199	2180	3379		
Neurology	Gastroenterology	0	0	0	0	2	24	9	46	17			
Constitution Cons	Neurology	0	0	0	0	11	13	26	774	78		6.8	
Oral/Maxillofacial 0	OB/Gynecology	0	0	0	0		i5 ·	400	133	614	747		
Deficient Defi	Oral/Maxillofacial	0	0	0	0	ŀ	0	0	0	0	0	0.0	
Orthopedic 0 0 0 0 0 667 1014 2166 1614 3780 3.2 1.6 Ortolaryngology 0 0 0 0 0 14 182 29 363 392 2.1 2.0 Plastic Surgery 0 0 0 0 0 0 1 0 4 4 0.0 4.0 Podiatry 0 0 0 0 0 67 177 119 315 434 1.8 1.8 Thoracic 0 0 0 0 0 40 35 93 19 112 2.3 0.5 Urology 0 0 1 1 87 422 175 537 712 2.0 1.3 Totals 0 0 9 9 1557 3786 4859 6220 11079 3.1 1.6 SURGICAL RECOVERY STATIONS Stage 1 Recovery Stations 9 Stage 2 Recovery Stations 36 Dedicated and Non-Dedicated Procedure Room Utilization Procedure Rooms Surgical Cases Surgical Hours Hours per Case	Ophthalmology	0	0	0	0	ŀ	8	263	21	462	483	2.6	
Cotolaryngology		0	0	0	0	65	37 1	014	2166	1614	3780	3.2	
Plastic Surgery		0	0	0	0) 1	14	182	29	363	392	2.1	2.0
Podiatry		0	0	0	0	1	0	1	0	4	4	0.0	4.0
Thoracic		0	0	0	0	• 6	37	177	119	315	434	1.8	1,8
Totals 0 0 8 9 1557 3786 4859 6220 11079 3.1 1.6	Thoracic	0	0	0	0) 4	40	35	93	19	112	2.3	0.5
Surgical Recovery Stations Stage 1 Recovery Stations 9 Stage 2 Recovery Stations 36	Urology	0	0	1	1		37	422	175	537	712	2.0	1.3
Dedicated and Non-Dedicated Procedure Room Utilization Procedure Rooms Surgical Cases Surgical Hours Hours per Case	Totals	0	0	9	8	15!	57 3	786	4859	6220	11079	3.1	1.6
Procedure Rooms Surgical Cases Surgical Hours Hours per Cases rocedure Type Inpatient Outpatient Combined Total Inpatient Outpatient Inpatient Outpatient Total Hours Inpatient Outpatient Inpatient Outpatient Total Hours Inpatient Outpatient Inpatient Inpa	SURGICAL RECO	/ERY STA	TIONS	Sta	ge 1 Red	covery Station	ıs	9	Sta	ge 2 Recov	ery Stations	36	
Procedure Rooms Surgical Cases Surgical Hours Hours per Cases rocedure Type Inpatient Outpatient Combined Total Inpatient Outpatient Inpatient Outpatient Outpatient Outpatient Outpatient Outpatient Outpatient Inpatient Outpatient Outpatient Inpatient Inpatient Outpatient Inpatient Outpatient Inpatient Outpatient Inpatient				Ded	lcated a	nd Non-Dedi	cated Pro	cedure F	Room Utilz	ation .			
iastrointestinal 0 0 3 3 414 494 753 836 1589 1.8 1.7 aser Eye Procedures 0 0 0 0 0 0 0 0 0 0 0.0 0.0 ain Management 0 0 1 1 1 16 484 15 443 458 0.9 0.9			e							Surgical Ho		<u>Hours</u>	per Case
astrointestinal 0 0 3 3 414 494 753 836 1589 1.8 1.7 aser Eye Procedures 0 0 0 0 0 0 0 0 0 0.0 0.0 ain Management 0 0 1 1 1 16 484 15 443 458 0.9 0.9	rocedure Type	in	patient O	utpatient Co	mbined	Total inpa	atient O	utpatient	Inpatient	Outpatier	nt Total Hours	Inpatient	Outpatien
aser Eye Procedures 0 0 0 0 0 0 0 0 0 0.0 0.0 0.0 ain Management 0 0 1 1 1 16 484 15 443 458 0.9 0.9			0	0	3	3	414	494	753	836	1589	1.8	
ain Management 0 0 1 1 16 484 15 443 458 0.9 0.5		S	Ö	0	0	0	0	0	0	_	_		
			0	0	1	1	16	484	15	443			
ystoscopy 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Cystoscopy		0	0	0	0	0	0	C) 0	0	0.0	0.0

Multipurpose Non-Dedicated Rooms

				U	U	U	U	U	0.0	0.0
				0	0	0	0	0	0.0	0.0
0	0	0	0	0	0	0	0	0	0.0	0.0
Emergency/[rauma	Care					Car	diac Cather	erization Lab) <u>S</u>	
Certified Trauma Center				No	Total Cath	Labs (Dedic	ated+Nonde	dicated labs):		2
Level of Trauma Service	Le	vel 1	Lev	rel 2				y procedures		0
							tic Catheteri			0
Operating Rooms Dedicated for Tra	uma Care			0	Dedicat	ted Intervent	tional Cathel	erization Labs	š	0
Number of Trauma Visits:				0	Dedical	ted EP Cath	eterization L	abs		0
Patients Admitted from Trauma				0						
Emergency Service Type:			Comprehe	nsive		<u>Cardiac</u>	Catheteriz	<u>ation Utilizati</u>	<u>on</u>	
Number of Emergency Room Statio	ns			30	Total Cardi	ac Cath Pro	cedures:			1,114
Persons Treated by Emergency Ser			48	,968	Diagno	stic Cathete	rizations (0-	14)		0
Patients Admitted from Emergency:			8	,157	Diagno	stic Cathete	rizations (15	+)		761
Total ED Visits (Emergency+Traum	a):		48	,968	Interve	ntional Cath	eterizations	(0-14):		0
Free-Standing Em	ergency Co	nter			Interve	ntional Cath	eterization (*	15+)		206
Beds in Free-Standing Centers				36	EP Cat	heterization	s (15+)			147
Patient Visits in Free-Standing Cent	ers		69	,708		Ca	rdiac Surge	erv Data		
Hospital Admissions from Free-Star		r		4	Total Card	ac Surgery				13
Outpatient Service						ic (0 - 14 Ye				0
•	7 Date		251	402	Adult (1	l5 Years and	d Older):			13
Total Outpatient Visits	0			1 ,403 2,020	Corona	ry Artery By	pass Grafts	(CABGs)		
Outpatient Visits at the Hospital/				1,383	pe	erformed of t	otal Cardiac	Cases:		8
Outpatient Visits Offsite/off camp	JUS -		10	,000						

Diagnostic/Interventional Equipment			<u>Ex</u>	minatio	ns	Therapeutic Equipment	Theraples/		
	Owned Co	ntract	Inpatient	Outpt	Contract		Owned	Contract	<u>Treatments</u>
General Radiography/Fluoroscopy	14	0	29,462	71,849	0	Lithotripsy	() 0	0
Nuclear Medicine	6	ō	977	1,872	0	Linear Accelerator	2	2 0	4,576
Mammography	6	0	0	12,393	0	Image Guided Rad Thera	ру		372
Ultrasound	13	ō	3.985	15,682	0	Intensity Modulated Rad	Thrpy		780
Angiography	2	ā	44			High Dose Brachytherapy	•	١ 0	7
Diagnostic Anglography	_	•	252	832	0	Proton Beam Therapy	(0	0
Interventional Angiography			3,271	3,904	0	Gamma Knife	(0	0
Positron Emission Tomography (PET)	1	0	. 0	438	0	Cyber knife	(0	0
Computerized Axial Tomography (CAT)	5	Ō	10,894	24,216	0	·			
Magnetic Resonance Imaging	5	0	2,038	6,538	0				

Hospital Profile - C' Ownership, Mar			mpany of M		_	Patients by	Race		Patients by Et	hnicity
ADMINISTRATOR NAM					Wh	nite	37	7.2% Hi	spanic or Latino	: 5.5
ADMINSTRATOR PHO					Bla	ıck	60).4% No	ot Hispanic or La	atino: 92.4°
OWNERSHIP:		n Province of th	e i ittle Compa	nv of Marv Si	An	nerican Indian	().0% Ur	nknown:	2.1
		n Province of th				ian	(0.3% —	.	
OPERATOR:	Church-		te Little Ooripai	ly or than y or	Hawaiian/ Pacific				IDPH Number:	1271
MANAGEMENT:	Chara	relateu				known).0% 2.1%	HPA	A-04
CERTIFICATION: FACILITY DESIGNATION	Mi Canaral	Hospital			0		•		HSA	7
ADDRESS	2800 W	•	cr	TY: Evergree	en Park	COUNTY	: Suburba	an Cook C		
AUUKESS	2000 11	3311 01.	Facility Utiliza							·
	Authorize CON Bed		8	BLIOIT DALA DY		Observation	Average Length	Average Daily	CON Occupancy	Staffed Bed Occupancy
Clinical Service	12/31/201		Census	Admissions	Days	Days	of Stay	Census	Rate %	Rate %
Medical/Surgical	208	167	167	8,013	40,767	7,988	6.1	133.6	64.2	80.0
0-14 Years				0	0					
15-44 Years				833	3,560					
45-64 Years				2,501	11,882					
65-74 Years				1,673	8,846					
75 Years +				3,006	16,479					
Pediatric	20	10	8	159	408	272	4.3	1.9	9.3	18.6
			26	1,521	4,299	0	2.8	11.8	40.6	45.3
intensive Care	29	26	26	•		J	2.0	11,0	70.0	40.0
Direct Admission				1,126	3,069					
Transfers				395	1,230					
Obstetric/Gynecology	17	17	17	1,195	2,980	277	2.7	8.9	52.5	52.5
Maternity				1,087	2,712					
Clean Gynecology				108	268					
	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Neonatal				0	0	0	0.0	0.0	0.0	0.0
Long Term Care	. 0	0	0						0.0	
Swing Beds			0	0	0		0.0	0.0		2.03.22
Total AMI	24			602	3,082	26	5,2	8.5	35,5	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		24	22	602	3,082	26	5.2	8.5		35.5
	0		0	0	0	0	0.0	0.0	0.0	0.0
Rehabilitation										0.0
Long-Term Acute Care	PR-19 *	0	0	0	0		0.0	0.0	0.0	0.0
Dedicated Observation	0					0				The state of the s
Facility Utilization	298	1200		11,095	51,536		5.4	164.7	55.3	
	5-0.00	30.52 T-325.45	(Includes ICU							
			Inpatie	ents and Out	patients S	erved by Payo	r Source			
	Medicare	Medicaid	Other Public	Private in	surance	Private Pay		Ch	arity Care	Totals
	54.5%	19.1%	0.0		23.2%	2.5%	.		0.7%	
Inpatients	6045	2119		0	2574	281			76	11,095
					54.6%	1.8%			1.4%	
Outpatients	27.0%	15.2%	0.0%		106913	3520			2688	195,653
	52886	29646								Total Charity
Financial Year Reported	<u>d:</u> 7/1/2016	3 <i>to</i> 6/30/20	017 <u>Inpati</u>	ent and Outr	<u>patient Net</u>	Revenue by	Payor Sou	<u>rce</u>	Charlty	Care Expense
	Medicare	Medicald	Other Public	c Private li	nsurance	Private Pay	•	Totals	Care	5,568,952
Inpatient	51.5%	19.2%	0.0%	<u> </u>	28.4%	0.9%	1	100.0%	Expense	
Revenue (\$)			(,693,722	774,191		026,850	1,870,496	Total Charity
	44,855,487	16,703,450								Care as % of Net Revenue
Outpatient	27.2%	29.0%	0.0%		41.6%	2.1%		100.0%		
Revenue (\$)	28,708,017	30,591,995	0	43,	,838,290	2,212,726	105,3	351,028	3,696,456	2.9%
	table - Date			Nou	vhom Nur	sery Utilization	n		Organ Tra	nsplantation
_	irthing Data		004	1104				und Ita	Kidney:	0
Number of Total Birth			,034		Level I	Level II		vel II+	Heart:	ő
Number of Live Births	:	1	,031 Beds			39	6	10	Lung:	o
Birthing Rooms:			0 Patie	nt Days	1,79	99	35	1,173	Heart/Lung	_
Labor Rooms:			5 Total	Newborn Pat	tient Days			3,057	Pancreas:	. 0
Delivery Rooms:			0		Lahorator	v Studies				o
Labor-Delivery-Recov	ery Rooms:	_			<u>ranotator</u>	A OTOTION	2	OR 478		_
	ery-Postpartun	n Rooms:	•						Total:	0
C-Section Rooms:			•			ntract				
Labor-Delivery-Recov Labor-Delivery-Recov	ery-Postpartun	n Rooms:	2 Outp	ient Studies atient Studies ies Performed			4	96,476 47,274 29,703	Liver: Total:	

nospital Profile - t	JY 2017		Little C			ary mos			Everg	green Park		Page Z
. 177				<u>St</u>	irgery a		Ing Room Uti					
Surgical Specialty		Operating				<u>Surgical</u>		_	urgical Hou	_		er Case
	Inpatient (•					Outpatient	Inpatient	•	Total Hours	•	Outpatlent
Cardiovascular	0	0	0		0	157	395	441	758	1199	2.8	1.9
Dermatology	0	0	0		0	0	0	0	0	0	0.0	0.0
General	0	0	8		8	519	405	989	516	1505	1.9	1.3
Gastroenterology	0	0	0		0	0	0	0	0	0	0.0	0.0
Neurology	0	0	0		0	38	11	89	20	109	2.3	1.8
OB/Gynecology	0	0	0		0	151	352	385	334	719	2.5	0.9
Oral/Maxillofacial	0	0	0		0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	0		0	4	675	5	458	463	1.3	0.7
Orthopedic	0	0	0		0	376	170	903	271	1174	2.4	1.6
Otolaryngology	0	0	0		0	53	211	66	203	269	1.2	1.0
Plastic Surgery	0	ō	0		0	7	51	16	120	136	2.3	2.4
Podiatry	ō	0	a		0	87	70	100	106	206	1.1	1.5
Thoracic	0	Ö	0		0	1	1	1	2	3	1.0	2.0
Urology	0	0	1		1	296	220	611	264	875	2.1	1.2
	0	0	9	-	9	1689	2561	3606	3052	6658	2.1	1,2
Totais	-											1.2
SURGICAL RECOV	ERYSTATI	IONS		age 1 Re			12		ge 2 Recov	ery Stations	6	
		0-	<u>De</u> ocedure F		and Nor		ed Procedure lical Cases	Room Utilz	<u>ation</u> Surgical Ho	NI IPO	House	per Case
Orenedure Turns	la.		itpatient C		LTotal	inpatien		t Inpatient	-	nt Total Hours	Inpatient	Outpatient
Procedure Type	itih		•			•	-	•	•		•	
Gastrointestinal		0	0	5 1	5	1480				2901	0.5	0.5
Laser Eye Procedures		0	0	1	1	31				3 90	0.0 0.4	0.3 0.3
Pain Management Cystoscopy		0	0	ò	Ö	0				90	0.0	0.0
Сувговоору		U	U	=	_		11117	•	•	Ū	0.0	0.0
				M	luitipurp	ose Non-	Dedicated Ro					
BRONCHOSCOPY						50				80	1.0	1.2
						0	-	C		0	0.0	0.0
		0	0	0	0	0	0	C	0	0	0.0	0.0
,	Emergenc	v/Trauma	Care						Cardiac C	atheterization	Labs	
Certified Traun		41 1-1-1-1-1				No	Total	Cath Lahe (I		londedicated la		2
Level of Traum			Ł	evel 1		Level 2		•		raphy procedur	,	2
2515151114411			_							reterization Lab		0
Operating Roo	ms Dedicat	ed for Tra	uma Care	:		0				atheterization L		0
Number of Tra						0			Catheterizat			ő
Patients Admit		auma				Ö		Jaioutoa Li	Outrotonza	don Labs		•
Emergency Se					Compi	rehensive		Ca	rdiac Cathe	terization Utiliz	zation	
Number of Em			ns			30	Total	_	h Procedure			676
Persons Treate						48,017			theterization			0.0
Patients Admit						8,855		_	theterization	•		435
Total ED Visits						48,017			Catheterizat			0
	-		ergency (Center		·			Catheterizat			241
Beds in Free-S						0			ations (15+)			0
Patient Visits in	_		lore			ō						_
Hospital Admis		-		er		Ö	Total	Cardiac Sur		Surgery Data		0
Hospital Admis			-			•		ediatric (0 - 1				0
		nt Service	Data					•	s and Older	١٠		Ö
Total Outpatier		44	•			242,801		•		rafts (CABGs)		ŭ
Outpatient \ Outpatient \						185,447 57,354				rdiac Cases :		0
Diagnostic/Interventi						Examinat	ions	Therape	utic Equip	ment		Therapies/
Diagnosticintor vonc	Olipi Eddi		Owned C	ontract	Inpatie		t Contract				Contract	Treatments
General Radiography	//Fluorosco	py	20	0	15,604	44,10	0 0	Lithotripsy	/	(0	0
Nuclear Medicine	·		3	0	917	7 1,53	9 0	Linear Ac	celerator	2	2 0	3,003
Mammography			4	0	19	11,04	0 0	Image (Guided Rad	Therapy		1,904
Ultrasound			13	0	4,691	15,76	0 0	Intensit	y Modulated	Rad Thrpy		1,074
Angiography			2	0				High Dose	Brachyther	rapy (0	0
Diagnostic Angiog	raphy				313	3 41	6 0	Proton Be	am Therapy	,	0	0
Interventional Ang					1,435	1,90	2 0	Gamma K	(nife	(0	0
Positron Emission To		(PET)	0	1	C)	0 654	Cyber kni	fe	() 0	0
Computerized Axial 1			3	0	7,593							
Magnetic Resonance	Imaging		2	0	1,848	3,86	3 0					

Hospital Profile - C			uth Medic	al Center			Blue			Page 1
<u>Ownership, Ma</u>	nagement and	General Infor	mation			Patients by			Patients by Et	
ADMINISTRATOR NAM						nite			spanic or Latino	
ADMINSTRATOR PHO		'-2000 Ext. 520				ack			ot Hispanic or La	
OWNERSHIP:		and Hospital Co			,	nerican Indian			nknown:	3.6
OPERATOR:		and Hospital Co				ian		0.2%	IBBUILDI	
MANAGEMENT:	Limited	Liability Compa	iny			wallan/ Pacific		0.2%	IDPH Number:	
CERTIFICATION:	211.				ŲI.	known	•	3.3%	HPA HSA	A-04 7
FACILITY DESIGNATION ADDRESS		outh Gregory S	Stroot	CITY: Blue Isla	and	COUNTY:	Suburb	an Cock C		,
ADDRESS	12930 6	outil Oregory		lization Data b			Oubaib.	an 000k 0	ounty	
	Authorize	ed Peak Bed		IIIZZUON Data D	y Category	01 001 1100	Average	Average	CON	Staffed Bed
Clinical Service	CON Bed 12/31/201	s Setup an	d Peak	Admissions	•	Observation Days	Length of Stay	Daily Census	Occupancy Rate %	Occupancy Rate %
Medical/Surgical	242	95	95	5,190	23,354	2,913	5.1	72.0	29.7	75.8
0-14 Years				24	466					
15-44 Years				845	2,952					
45-64 Years				1,880	7,829					
65-74 Years				981	4,640					
75 Years +		0	0	<i>1,460</i> 0	<i>7,467</i> 0	0	0.0	0.0	0.0	0.0
Pediatric	0	0								
Intensive Care	28	12	12	1,052	2,769	13	2.6	7.6	27.2	63.5
Direct Admission				868	2,197					
Transfers				184	572					
Obstetric/Gynecology	30	21	21	1,498	3,047	187	2.2	8.9	29.5	42.2
Maternity				1,485	3,027					
Clean Gynecology				13	20					
Neonatal	0	13	13	455	1,985	0	4.4	5.4	0.0	41.8
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Total AMI	14			399	3,741	0	9.4	10.2	73.2	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		12	12	399	3,741	0	9.4	10.2		85.4
Rehabilitation	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	0					0				
Facility Utilization	314			8,410	34,896	•	4.5	104.1	33.2	
			The second secon	CU Direct Admi:	Name and Address of the Owner, where	and the second s				
				tients and Out			Source			
	Medicare	Medicald		lic Private li				Chi	arity Care	Totals
Inpatients	40.5%	39.1%		.9%	13.4%	2.2%			0.7%	0.470
	3435	3314		334	1139	188			63	8,473
Outpatients	51.2% 36398	19.8% 14045		8% 274	18.8% 13365	5.3% 3758			3.1% 2220	71,060
Financial Year Reporte	d: 1/1/2017	to 12/31/20	017 <u>Inp</u>	atient and Out	<u>patient Net</u>	Revenue by P	ayor Soul	rce		Total Charity Care Expense
	Medicare	Medicald	Other Pul	olic Private i	nsurance	Private Pay		Totals	Care	565,791
Inpatient	26.5%	30.9%	1.	1%	26.6%	14.9%	1	100.0%	Expense	•
Revenue (\$)	24,137,768	28,116,250	1,042,1	18 24	,235,776	13,589,262	91,1	121,174	246,136	Total Charity Care as % of
Outpatient	14.7%	21.1%	9.	5%	36.7%	18.0%		100.0%		Net Revenue
Revenue (\$)	7,938,516	11,371,194	5,116,0	05 19	,820,863	9,741,210	53,9	87,788	319,655	0.4%
R	irthing Data			Nev	yborn Nurs	ery Utilization			Organ Tran	splantation
Number of Total Birth:		1	,384		Level I	Levelli	Lev	/el II+	Kidney:	0
Number of Live Births			,399 _{Ber}	ds	1			В	Heart:	0
Birthing Rooms:			2	tlent Days	29	_		1,571	Lung:	0
Labor Rooms:				tal Newborn Pat		- •·		1,881	Heart/Lung:	0
Delivery Rooms:			0		-			-,	Pancreas:	0
Labor-Delivery-Recov	ery Rooms:		13		Laborator	/ Studies			Liver:	0
Labor-Delivery-Recov		Rooms:		atient Studies				9,178	Total:	0
C-Section Rooms:				tpatient Studies udies Performed				9,965 2,158		
CSections Performed			449 St							

			- C.			N 114	U	- Diac i	- STOTIC		- age z
Surgical Specialty	Onore	ting Room		irgery ar	<u>Suralcal</u>	ing Room Ut		number Merce	_	Llaura e	0
Surplest Specially	Inpatient Outpati					Outpatient	Inpatient	outpetient	≅ Total Hours		Der Case
Cardiovascular	0	0		1 "	1patient 82	64	174	Outpatient 43	217	inpatient 2.1	Outpatient 0.7
Dermatology		ō		o	0	0	0	0	0	0.0	0.0
General	ō	0		5	407	499	941	712	1653	2.3	1.4
Gastroenterology	ō	Ō		0	0	0	0	0	0	0.0	0.0
Neurology	•	0		0	23	7	87	28	115	3.8	4.0
OB/Gynecology	•	0		0	548	312	1222	559	1781	2.2	1.8
Oral/Maxillofacial	=	0	_	0	0	0	0	0	0	0.0	0.0
Ophthalmology	=	0	_	2	0	503	0	736	736	0.0	1.5
Orthopedic	-	0		1	373	481	1282	1122	2404	3.4	2.3
Otolaryngology	=	0	•	0	24	43	40	119	159	1.7	2.3 2.8
Plastic Surgery		0		0	1	1	5	30	35	5.0	30.0
Podiatry	_	Ŏ	-	0	62	88	118	149	267	1.9	1.7
Thoracic	-	0	_	0	53	10	199	97	298	3.8	9.7
Urology	<u>-</u>	0		1	66	66	130	121	250 251	2.0	9.7 1.8
						900 - 000					
Totals			10 10		1639	2074	4198	3716	7914	2.6	1.8
SURGICAL RECOV	ERY STATIONS		Stage 1 Re	covery S	tations	12	Sta	ge 2 Recove	ry Stations	28	
				and Non-		d Procedure	Room Utilz				
		Procedure				ical Cases		Surgical Ho	urs	<u>Hours</u>	рег Сазе
Procedure Type	Inpatient	Outpatient	Combined	Total	Inpatien	t Outpatien	t Inpatient	Outpatien	t Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	3	3	936	2154	1324	2971	4295	1.4	1.4
Laser Eye Procedures	0	0	0	0	0	_	0	·=·	0	0.0	0.0
Pain Management	0	0	1	1	0		0		35	0.0	1.1
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
			<u>M</u> :	ultipurpe	ose Non-	Dedicated Ro	oms				
					0	0	0	0	0	0.0	0.0
					0		0		0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0
	Emergency/Traus	ma Care						Cardiac Ca	theterization	Lahs	
Certified Traum					No	Total A	Coth Labe (f		ondedicated la		•
Level of Traum	a Service		Level 1		Level 2		•		aphy procedui	•	3 0
									eterization Lab		ŏ
Operating Room	ms Dedicated for T	Frauma Ca	re		0			-	atheterization L		2
Number of Trail	uma Visits:				0	De	dicated EP	Catheterizati	on Labs		1
Patients Admitt	led from Trauma				0						
Emergency Sea	rvice Type:			Compre	ehensive		Car	rdiac Cathet	erization Utili:	<u>ration</u>	
	ergency Room Sta				27	Total (Cardiac Cath	Procedures	:		1,522
	d by Emergency S				45,523	Di	agnostic Cat	heterizations	(0-14)		0
	ed from Emergend				5,954			heterizations			898
IOIBI ED VISITS	(Emergency+Trau				45,523			Catheterization			0
	Free-Standing E	mergency	Center					Catheterization	วก (15+)		317
	tanding Centers				0	Er	^o Catheteriza				307
	Free-Standing Ce		-4		0				irgery Data		
mospital Admis	sions from Free-St	-	nter		0		Cardiac Surg				13
	Outpatient Servi	ce Data					diatric (0 - 1	•			0
Total Outpatien					83,381		•	s and Older):	afts (CABGs)		13
	isits at the Hospite islts Offsite/off car		i:		83,381 0			i of total Card			13
		прио			xaminati		Theren	uda Esulan			
Diagnostic/Interventi	onal Equipment	Owend	Contract	Inpatien		Contract	Inerape	utic Equipm		Contract	Therapies/ Treatments
General Radiography	/Fluoroscopy	6	0	6,389	26,180		Lithotripsy	,	0377100		0
Nuclear Medicine		5	ō	902	410		Linear Acc		ō	-	Ō
Mammography		3	Ō	2	5,478	_		Suided Rad T	_	-	Ō
Ultrasound		5	0	2,676	7,338		-	/ Modulated I			0
Angiography		1	ō		,	_		Brachythera		0	Ö
Diagnostic Angiogr	aphy	•	-	136	17	0	100	am Therapy			0
Interventional Angi	, ,			293	120	0	Gamma K		C	Ō	0
Positron Emission To	• • •	0	0	0	C	0	Cyber knif	e	C	0	0
Computerized Axial T	omography (CAT)	2	0	2,674	11,710						
Magnetic Resonance	Imaging	1	0	1,375	980	0					
						· .					

Ownership, Ma	nagement and	General Inform	nation			Patients by	Race		Patients by Et	Page 1
ADMINISTRATOR NA	ME: Terence	Moisan, MD			Wh	nite	80	0.3% H	ispanic or Latino); 2.9
ADMINSTRATOR PHO	NE 708-923	3-5000			Bla	ick	ŧ	5.1% N	ot Hispanic or La	atino: 92,2
OWNERSHIP:		ommunity Hosp			Am	nerican Indian			nknown:	4.8
OPERATOR:		ommunity Hosp			Asi			0.4% —		
MANAGEMENT: CERTIFICATION:	Not for I	Profit Corporation	n			wallan/ Pacific known		0.0% 4.1%	IDPH Number	: 3210 A-04
FACILITY DESIGNATI		l Hospital							HSA	7
ADDRESS	12251 8	South 80th Aven		TY: Palos He	. -	COUNTY:	Suburb	an Cook C	County	
	8 h	ad Daale Bad	<u>Facility Utiliza</u>	ition Data by	Category	of Service			2011	Diette d De d
Clinical Service	Authorize CON Bed 12/31/20	is Setup and		Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	306	268	231	15,764	70,629	6,574	4.9	211.5	69.1	78.9
0-14 Years				0	0					
15-44 Years				1,257	3,805					
45-64 Years 65-74 Years				3,606 3,465	13,981 15,541					
75 Years +				7,436	37,302					
Pediatric	0	8	2	11	12	31	3.9	0.1	0.0	1.5
		24	24			6				
Intensive Care Direct Admission	36	24	24	2,993 2,022	7,586 4,725	0	2.5	20.8	57.8	86.7
Transfers				971	2,861					
Obstetric/Gynecology	28	26	13	730	1,712	367	2.8	5.7	20.3	21.9
Matemity Clean Gynecology				730 0	1,712 0					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0	DE ARRONOLOGICO	0.0	0.0		
Total AMI	40			1,374	5,886	0	4.3	16.1	40.3	
Adolescent AMI		0	0	1	21	0	21.0	0.1		0.0
Adult AMI		34	28	1,373	5,865	0	4.3	16.1		47.3
Rehabilitation	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	24					3421				
Facility Utilization	410	·		19,901	85,825	10,399	4.8	263.6	64.3	5
			(Includes ICU	Direct Admis	sions Only)	l				
			Inpatie	nts and Outp	atients Se	rved by Payor	Source			
	Medicare	Medicald	Other Public	Private in	surance	Private Pay		Ch	arity Care	Totals
Inpatients	62.8%	6.7%	0.0%	•	27.9%	0.7%			2.0%	
inpauents	12491	1327	0		5547	130			406	19,901
Outpatients	42.2%	8.3%	0.0%		46.1%	2.2%			1.1%	
	88266	17363	0		96526	4655			2402	209,212
Financial Year Reporte	<u>d:</u>	to			atlent Net	Revenue by Pa	ayor Sour	<u>ce</u>	Charity	Total Charity Care Expense
h 41 4	Medicare	Medicald	Other Public	Private in		Private Pay		Totals	Care	2,151,441
Inpatient Revenue (\$)	57.4%	4.2%	0.0%		35.6%	2.8%	1	00.0%	Expense	Total Charity
Marenue (4)	13,166,000	8,350,000	0	70,	278,000	5,486,000	197,2	80,000	663,062	Care as % of
Outpatient	31.7%	2.7%	0.0%		58.3%	7.3%	1	100.0%		Net Revenue
Revenue (\$)	54,966,000	4,676,000	0	101,2	274,000	12,660,000	173,57	76,000	1,488,379	0.6%
В	rthing Data			New	born Nurse	ry Utilization			Organ Tran	splantation
Number of Total Births			624		Level I	Level II	Lev	rel II+	Kidney:	0
Number of Live Births			624 Beds		16			0	Heart:	0
Birthing Rooms:			0 Patient	Days	1,260			ŏ	Lung:	0
Labor Rooms:			O Total N	lewborn Patie				1,450	Heart/Lung:	0
Delivery Rooms:	_		0		•	Studies			Pancreas:	0
Labor Balinaan Baasii	ery Rooms:		0	_	aboratory	<u>Studies</u>			Liver:	0
Labor-Delivery-Recov		Doores	20	nt Shudina			00	4 433	- · ·	-
Labor-Delivery-Recov C-Section Rooms:		Rooms:		ent Studies tient Studies				4,433 6,601	Total:	0

Palos Heights

toopitat i toillo	01 2017		1 4100 00		Licobimi			. 4.04			9-
				Surge	ry and Opera	iting Room Ut					
Surgical Specialty		Operating	Rooms		Surgica	d Cases	S	urgical Hour	8	Hours p	oer Case
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatier
Cardiovascular	0	0	2	2	315	0	1343	0	1343	4.3	0.0
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	12	12	1235	1559	3783	3126	6909	3.1	2.0
Gastroenterology	0	0	0	0	7	3	11	5	16	1.6	1.7
Neurology	0	0	0	0	0	0	0	0	0	0.0	0.0
OB/Gynecology	0	0	0	0	105	677	305	1197	1502	2.9	1,8
Oral/Maxillofacial	0	0	0	0	8	42	30	93	123	3.8	2.2
Ophthalmology	0	0	0	0	4	883	5	1150	1155	1.3	1.3
Orthopedic	0	0	0	0	1614	996	4493	2217	6710	2.8	2.2
Otolaryngology	0	0	0	0	33	119	46	231	277	1.4	1.9
Plastic Surgery	0	0	0	0	156	381	249	640	889	1.6	1.7
Podiatry	0	0	0	0	98	106	145	248	393	1.5	2.3
Thoracic	0	0	٥	0	205	76	488	127	615	2.4	1.7
Urology	0	0	0	0	376	672	764	1158	1922	2.0	1.7
Totals	0	0	14	14	4156	5514	11662	10192	21854	2.8	1.8
SURGICAL RECO	VERY STAT	TIONS	Stag	je 1 Recov	ery Stations	15	Sta	ige 2 Recovi	ery Stations	55	
V			Dedi	cated and	Non-Dedica	ted Procedure	Room Utilz	ation			
		<u>Pr</u>	ocedure Ro			mical Cases		Surgical Ho	<u>turs</u>	<u>Hours</u>	per Case
rocedure Type	Inj	patient Ou	tpatient Cor	nbined To	stal Inpatie	int Outpatier	nt Inpatien	t Outpatier	t Total Hours	Inpatient	Outpatien
Sastrointestinal		0	0	4	4 272	23 5102	2261	3996	6257	0.8	0.8

			edicated a	nd Non	-Dedicated	Procedure Re	oom Utilzai	<u>tion</u>			
		Procedure	Rooms		Suraic	al Cases	3	Surgical Hou	<u>rs</u>	Hours	per Case
Procedure Type	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	4	4	2723	5102	2261	3996	6257	0.8	0.8
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	0	0	0	0	0	0	0	0.0	0.0
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
			Mi	ıltleyre	ose Non-De	dicated Room	ns				
Multipurpose Room=1					32	548	41	507	548	1.3	0.9
					0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0

Emergency/Trauma	Care		Cardiac Catheterization Labs	
Certified Trauma Center		No	Total Cath Labs (Dedicated+Nondedicated labs):	3
Level of Trauma Service	Level 1	Level 2	Cath Labs used for Anglography procedures	2
			Dedicated Diagnostic Catheterization Lab	0
Operating Rooms Dedicated for Trau	ma Care	0	Dedicated Interventional Catheterization Labs	0
Number of Trauma Visits:		0	Dedicated EP Catheterization Labs	1
Patients Admitted from Trauma		0		
Emergency Service Type:		Comprehensive	Cardiac Catheterization Utilization	
Number of Emergency Room Stations	\$	34	Total Cardiac Cath Procedures:	2,372
Persons Treated by Emergency Servi	ces:	63,059	Diagnostic Catheterizations (0-14)	. 0
Patients Admitted from Emergency:		16,580	Diagnostic Catheterizations (15+)	1,308
Total ED Visits (Emergency+Trauma)	:	63,059	Interventional Catheterizations (0-14):	0
Free-Standing Eme	rgency Center		Interventional Catheterization (15+)	475
Beds in Free-Standing Centers		0	EP Catheterizations (15+)	589
Patient Visits in Free-Standing Cente	rs	0	Cardiac Surgery Data	
Hospital Admissions from Free-Stand	ling Center	0	Total Cardiac Surgery Cases:	286
Outpatient Service	Data		Pediatric (0 - 14 Years):	0
Total Outpatient Visits		209,212	Adult (15 Years and Older):	286
Outpatient Visits at the Hospital/ C	amnue.	139,052	Coronary Artery Bypass Grafts (CABGs)	
Outpatient Visits Offsite/off campu		70,160	performed of total Cardiac Cases :	208

Diagnostic/Interventional Equipment			Ex	minatio	ns.	Therapeutic Equipment	,		Theraples/
	Owned Co	ontract	inpatient	Outpt	Contract		Owned	Contract	<u>Treatments</u>
General Radiography/Fluoroscopy	11	0	24,872	51,311	0	Lithotripsy	(0 0	0
Nuclear Medicine	4	0	1,725	3,627	0	Linear Accelerator	(0	0
Mammography	3	0	47	11,026	0	Image Guided Rad Thera	ару		0
Ultrasound	10	0	7,356	12,611	0	Intensity Modulated Rad	Thrpy		0
Angiography	1	0				High Dose Brachytherapy		0 0	٥
Diagnostic Angiography			353	311	0	Proton Beam Therapy		0 0	0
Interventional Angiography			487	378	0	Gamma Knife		0	0
Positron Emission Tomography (PET)	0	0	0	0	٥	Cyber knife	(0 0	0
Computerized Axial Tomography (CAT)	4	0	8,129	31,968	0	-			
Magnetic Resonance Imaging	1	0	2,194	3,298	0				

Ownership, Man	agement and	General Infor	mation				Patients by	Race		Page 1 Patients by Ethnicity			
ADMINISTRATOR NAM	E: Tim Ega	an				Wh	ite	;	3.5% H	ispanic or Latino	2.4		
ADMINSTRATOR PHON	NE 773-995	5-3012				Bla	ick	96	5.2% N	ot Hispanic or La	tino: 97.6		
OWNERSHIP:						Am	erican Indian	().0% U	nknown:	0.1		
OPERATOR:		nd Community		Associat	ion	Asi).1% -		·· -· ·· -·		
MANAGEMENT:	Not for I	Profit Corporati	ion				waiian/ Pacific		0.0%	IDPH Number:			
CERTIFICATION: FACILITY DESIGNATIO	Mı Conora	l Hospital				Un	known	(0.2%	HPA HSA	A-03 6		
ADDRESS	45W 11	•		CIT	Y: Chicago		COUNTY:	Suburba	an Cook ((0		
			Facility		tion Data by	Category				3-,			
	Authorize	ed Peak Be	ds					Average	Average	CON	Staffed Bed		
Clinical Service	CON Bed 12/31/201			eak nsus	Admissions	Inpatient Days	Observation Days	Length of Stay	Daily Census	Occupancy Rate %	Occupancy Rate %		
Medical/Surgical	77	0		0	3,145	14.036	0	4.5	38.5	49.9	0.0		
0-14 Years	,,	· ·		•	202	912	Ū	4.0	00,0	70.0	0.0		
15-44 Years					864	3,854							
45-64 Years					1,459	6,495							
65-74 Years					316	1,423							
75 Years +		_			304	1,352							
Pediatric	0	0		0	0	0	0	0.0	0.0	0.0	0.0		
Intensive Care	10	0		0	786	2,076	0	2.6	5.7	56.9	0.0		
Direct Admission					327	2,076							
Transfers					459	0							
Obstetric/Gynecology	17	0		0	214	498	0	2.3	1.4	8.0	0.0		
Maternity					214	498							
Clean Gynecology			- 11		0	0	- 100	0.000					
Neonatal	0	0		0	0	0	0	0.0	0.0	0.0	0.0		
Long Term Care	0	0		0	0	0	0	0.0	0.0	0,0	0.0		
Swing Beds				0	0	0		0.0	0.0				
Total AMI	30				253	1,817	0	7.2	5.0	16.6			
Adolescent AMI		0		0	253	1,817	0	7.2	5.0		0.0		
Adult AMI		0		0	0	0	0	0.0	0.0		0.0		
Rehabilitation	0	0		0	0	0	0	0.0	0.0	0.0	0.0		
Long-Term Acute Care	0	0		0	0	0	0	0.0	0.0	0.0	0.0		
Dedicated Observation	134				3,939	18,427	0	4,7	50.5	37.7			
Facility Utilization	134		(Includ	lae ICII I	ودو,د Direct Admis:	•	_	4,1	0,00	\$1.1			
							rved by Payor	Source					
	Medicare	Medicald		Public	Private in		Private Pay		Ch	arity Care	Totals		
	23.1%	63,1%		0.0%	515 1 3	7.9%	3.7%			2.2%	27.00		
Inpatients	742	2029		0		255	119			70	3,215		
	9.2%	72.9%		0.0%		8.3%	9.2%			0.4%			
Outpatients	2918	23126		0		2631	2934			116	31,725		
Financial Year Reported:	4/1/2017	to 3/31/2	018	Inpatie	nt and Outpa	atient Net	Revenue by Pa	ayor Sour	ce		Total Charity		
	Medicare	Medicald	Other	Public	Private in	surance	Private Pay		Totals	Care	are Expense		
Inpatient	17.9%	78.0%		0.0%		4,1%	0.0%	1	00.0%	Expense	669,300		
Revenue (\$)	6,483,195	28,336,830		0	1,4	483,136	10,459		13,620		Total Charity Care as % of		
Outpatient	20.7%	51.6%		0.0%	<u> </u>	26.0%	1.7%	1	100.0%		Net Revenue		
Revenue (\$)	997,732	2,483,339		0	1,2	54.002	80,848		15,921	100,435	1.6%		
Rin	thing Data	70			Nowl	orn Nurse	ery Utilization			Organ Tran	enlantation		
Number of Total Births:			153		14041	Level I	Level II	Lov	el II+	Kidney:	0		
Number of Live Births:			177	Beds		Levell			1	Heart:	0		
Birthing Rooms:			6	Patient	Davs	380	_		4	Lung:	0		
Labor Rooms:			3		lewborn Patie			•	422	Heart/Lung:	0		
Delivery Rooms:			3	. 500111		•	A. .11		7-6	Pancreas:	0		
Labor-Delivery-Recover	•	_	0		_	aboratory	Studies	_		Liver:	0		
Labor-Delivery-Recove	ry-Postpartum	Rooms:	0 1		nt Studies ient Studies				3,663 2,990	Total:	0		
C-Section Rooms: CSections Performed:			-					0.					
CSections Performed			24	Studies	Performed !	Under Con	tract	- 11	7.064				

				<u>Surge</u>		ting Room U					
Surgical Specialty		Operating			Surgica	I Cases	S	iuraical Hour	8	Hours p	er Case
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	0	0	0	0	0	0	0	0.0	0.0
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	2	2	125	88	153	69	222	1.2	8.0
Gastroenterology	0	0	1	1	129	34	41	13	54	0.3	0.4
Neurology	0	0	0	0	0	0	0	0	0	0.0	0.0
OB/Gynecology	0	0	1	1	38	47	56	22	78	1.5	0.5
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	0	0	0	0	0	0	0	0.0	0.0
Orthopedic	0	0	0	0	0	0	0	0	0	0.0	0.0
Otolaryngology	0	0	0	0	0	0	0	0	0	0.0	0.0
Plastic Surgery	0	0	0	0	0	0	0	0	0	0.0	0.0
Podiatry	0	0	0	0	0	0	0	0	0	0.0	0.0
Thoracic	1	0	0	1	15	0	6	0	6	0.4	0.0
Urology	0	0	1	1	11	2	6	1	7	0.5	0.5
Totals	1	0	5	6	318	171	262	105	367	0.8	0.6
SURGICAL RECOV	ERY STAT	IONS	Stag	e 1 Recov	ery Stations	1	Sta	age 2 Recove	ery Stations	1	- 14

			edicated a	nd Non	-Dedicated	Procedure Re	oom Utilzat	ion			
		Procedure	Rooms		Suraic	al Cases	Š	Surgical Hou	<u>rs</u>	<u>Hours</u>	per Case
Procedure Type	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	1	1	129	34	41	13	54	0.3	0.4
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	1	1	2	95	1	31	32	0.5	0.3
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
			<u>Mı</u>	ultipurp	ose Non-De	dicated Roor	ns				
Interventional Radio					12	1	12	1	13	1.0	1.0
Vascular					50	7	35	5	40	0.7	0.7
	0	0	0	0	0	0	0	0	0	0.0	0.0

Emergency/Trauma	Care		Cardiac Catheterization Labs	
Certified Trauma Center Level of Trauma Service	Level 1	No Level 2	Total Cath Labs (Dedicated+Nondedicated labs): Cath Labs used for Angiography procedures	0 0
Operating Rooms Dedicated for Trau Number of Trauma Visits: Patients Admitted from Trauma	ma Care	0 0 0	Dedicated Diagnostic Catheterization Lab Dedicated Interventional Catheterization Labs Dedicated EP Catheterization Labs	0
Emergency Service Type: Number of Emergency Room Station: Persons Treated by Emergency Serv		Basic 19 20.395	Cardiac Catheterization Utilization Total Cardiac Cath Procedures: Diagnostic Catheterizations (0-14)	0
Patients Admitted from Emergency: Total ED Visits (Emergency+Trauma) Free-Standing Eme		2,529 20,395	Diagnostic Catheterizations (15+) Interventional Catheterizations (0-14): Interventional Catheterization (15+)	0
Beds in Free-Standing Centers Patient Visits in Free-Standing Cente Hospital Admissions from Free-Stand	rs	0 0 0	EP Catheterizations (15+) <u>Cardiac Surgery Data</u> Total Cardiac Surgery Cases:	0
Outpatient Service Total Outpatient Visits Outpatient Visits at the Hospital/ O Outpatient Visits Offsite/off campu	Data campus:	31,609 31,609 0	Pediatric (0 - 14 Years): Adult (15 Years and Older): Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases:	0

Diagnostic/Interventional Equipment			Exa	minatio	ns	Therapeutic Equipment		Therapies/	
2000	Owned Co	ontract	Inpatient	Outpt	Contract		Owned	Contract	<u>Treatments</u>
General Radiography/Fluoroscopy	1	0	1,568	10,277	0	Lithotripsy	(0 0	0
Nuclear Medicine	1	0	121	68	0	Linear Accelerator	(0 0	0
Mammography	1	0	1	972	0	Image Guided Rad Thera	ру		0
Ultrasound	2	0	939	3,391	0	Intensity Modulated Rad	Thrpy		0
Angiography	0	0				High Dose Brachytherapy	(0 0	0
Diagnostic Angiography			0	0	0	Proton Beam Therapy	(0 0	0
Interventional Angiography			0	0	0	Gamma Knife	(0 0	0
Positron Emission Tomography (PET)	0	0	0	0	0	Cyber knife	(0	0
Computerized Axial Tomography (CAT)	1	0	509	5,455	0				
Magnetic Resonance Imaging	0	0	0	0	0			CHME	

		General Infor	rmation				Patients by	Race		Patients by Et	hnicitv
MINISTRATOR NAM		tichardson	madon			Wh			2.1% H	lispanic or Lating	
MINSTRATOR PHO						Bla				lot Hispanic or L	
WNERSHIP:		e Health and I	Hospitals C	Corporati	ion		erican Indian			Inknown:	0.0
PERATOR:		e Health and I				Aşi	an		0.1% -	_	
ANAGEMENT:	Church-	Related				Ha	waiian/ Pacific	(0.0%	IDPH Number	4176
ERTIFICATION:						Un	known	;	3.5%	HPA	A-03
CILITY DESIGNATIO		Hospital								HSA	6
DRESS	2320 Ea	st 93rd Street			Y: Chicago		COUNTY:	Suburb	an Cook (Chicago)	
				Utilizat	ion Data by	Category	of Service	_			
Clinical Service	Authorize CON Bed 12/31/201	s Setup ar	nd Pea		Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
dical/Surgical	158	156	i .	57	6,211	24,482	6,339	5.0	84.4	53.4	54.1
0-14 Years					1	1					
15-44 Years					862	2,752					
45-64 Years					2,123	8,138					
65-74 Years 75 Years +					1,281 1,944	5,245 8,346					
diatric	0	0)	0	0	0	0	0.0	0.0	0.0	0.0
ensive Care	24	24		17	1,050	2,875	26	2.8	7.9	33.1	33.1
Direct Admission					609	2,875					
Transfers					441	0					
stetric/Gynecology	23	21		5	753	1,923	47	2,6	5.4	23.5	25.7
Matemity					753	1,923					
Clean Gynecology					0	0					
onatal	0	0		0	0	0	0	0.0	0.0	0.0	0.0
ng Term Care	0	0		0	0	0	0	0.0	0.0	0.0	0.0
ing Beds				0	0	0		0.0	0.0		
tal AMI	0				0	0	0	0.0	0.0	0.0	
Adolescent AMI		0		0	0	0	0	0.0	0.0		0.0
Adult AMI		0		0	0	0	0	0.0	0.0		0.0
habilitation	0	0		0	0	0	0	0.0	0.0	0.0	0.0
ng-Term Acute Care	0	0	1	0	0	0	0	0.0	0.0	0.0	0.0
dicated Observation	0				7 570	20.200	0	4.7	07.0	47.7	
cility Utilization	205		Unaluda	~ ICU D	7,573	29,280	6,412	4.7	97.8	47,7	
			THE RESIDENCE	CONTRACTOR OF THE PARTY.	irect Admiss	Name and Address of the Owner, where	rved by Payor	Source			
	Medicare	Medicaid	Other P	N. S. ST. T.	Private in	11 year 1995	Private Pay	<u> Jource</u>	Ch	arity Care	Totals
	48.4%	35.3%	Outer F	0.0%	FIIVOW IIN	13.7%	1.0%		O/A	1.6%	i Quais
patients	3668	2674		0.076		1035	73			123	7,573
	29.9%	37.3%		0.0%		25.8%	5.6%	-		1.5%	1,575
utpatients	22487	28097		0.07		19432	4196			1120	75,332
inancial Year Reported.	1/1/2017	to 12/31/2	017 <u>I</u>	npatien	t and Outpa	atient Net I	Revenue by Pa	ayor Sour	ce		Total Charity
	Medicare	Medicald	Other I	Public	Private in:	surance	Private Pay		Totals	Care	2,480,000
patient	53.9%	26.2%		0.0%		17.9%	2.0%	1	00.0%	Expense	
evenue (\$)	1,127,850	19,981,293		0	13,6	695,378	1,511,341	76,3	15,862	1,383,000	Total Charity Care as % of
rtpatient	31.5%	15.3%		0.0%		51.9%	1.3%	1	00.0%		Net Revenue
	7,607,152	8,543,958		0	29,0	32,304	744,392	55,92	27,806	1,097,000	1.9%
Bir	hing Data				Newt	orn Nurse	ry Utilization			Organ Tran	splantation
umber of Total Births:			714					Lev	el II+	Kidney:	0
umber of Live Births:			0	Beds					**	Heart:	0
irthing Rooms:			Δ.		Davs		_			Lung:	0
abor Rooms:			0 .		-					Heart/Lung:	0
elivery Rooms:	_		O	110		-	O4		.,	Pancreas:	0
abor-Delivery-Recover	•	D	0	1	-	aporatory	<u>Studies</u>		4 000	Liver:	0
	y-Postpartum	Rooms:		•						Total:	0
-Section Rooms: Sections Performed:				•		Under Cost	iract	143			
umber of Live Births: irthing Rooms: abor Rooms: elivery Rooms; abor-Delivery-Recoverabor-Delivery-Recover-Section Rooms:	•	Rooms:	0 0 0 0 0 9	Inpatien Outpatie	wborn Patie	aboratory	263 <u>Studies</u>	27	18 405 1,852 1,092 3,596	Heart: Lung: Heart/L Pancre: Liver:	.ung:

				Surger	and Opera	ting Room Ut	<u>lization</u>				·
Surgical Specialty		Operating	Rooms		Surgice	l Cases	5	urgical Hour	8	Hours r	er Case
	Inpatient	Outpatien	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	0	0	24	40	95	99	194	4.0	2.5
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	5	5	495	588	805	660	1465	1.6	1.1
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	0	0	2	10	5	23	28	2.5	2.3
OB/Gynecology	0	0	0	0	111	181	252	237	489	2.3	1.3
Oral/Maxillofacial	0	0	0	0	2	3	4	4	8	2.0	1.3
Ophthalmology	0	0	0	0	0	471	0	209	209	0.0	0.4
Orthopedic	0	0	0	0	231	302	491	430	921	2.1	1.4
Otolaryngology	0	0	0	0	16	154	39	239	278	2.4	1.6
Plastic Surgery	0	0	0	0	0	3	0	9	9	0.0	3.0
Podiatry	0	0	0	0	46	169	37	208	245	8.0	1.2
Thoracic	0	0	0	0	0	0	0	0	0	0.0	0.0
Urology	0	0	1	1	206	167	178	176	354	0.9	1.1
Totals	0	0	6	6	1133	2088	1906	2294	4200	1.7	1.1
SURGICAL RECO	VERY STA	TIONS	Stag	e 1 Recove	ry Stations	7	Sta	age 2 Recove	ery Stations	7	
			Dedi	cated and I	lon-Dedicat	ed Procedure	Room Utilz	ation			
		Pi	ocedure Roc			gical Cases		Surgical Ho	ШВ	Hours	per Case
Procedure Type	In	patient Ou	itpatient Cor	nbined Tot	al Inpatie	nt Outpatien	t Inpatien	t Outpatien	t Total Hours	Inpatient	Outpatient
Sastrointestinal		0	0	4	4 53	4 2920	294	4 2628	2922	0.6	0.9

		_0	edicated a	nd Non	-Dedicated	Procedure R	oom Utilzat	tion			
		Procedure	Rooms		Surgic	al Cases	S	Surgical Hou	3	Hours	per Case
Procedure Type	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	4	4	534	2920	294	2628	2922	0.6	0.9
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	1	1	1	933	1	606	607	1.0	0.6
Cystoscopy	0	0	1	1	172	95	119	86	205	0.7	0.9
			<u>Mu</u>	ıltipurp	ose Non-De	dicated Roor	ns				
					0	0	0	0	0	0.0	0.0
					0	0	0	0	0	0,0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0

Emergency/Trauma	Care		Cardiac Catheterization Labs	
Certified Trauma Center		No	Total Cath Labs (Dedicated+Nondedicated labs):	2
Level of Trauma Service	Level 1	Level 2	Cath Labs used for Angiography procedures	0
			Dedicated Diagnostic Catheterization Lab	0
Operating Rooms Dedicated for Tra	uma Care	0	Dedicated Interventional Catheterization Labs	0
Number of Trauma Visits:		0	Dedicated EP Catheterization Labs	0
Patients Admitted from Trauma		0		
Emergency Service Type:		Basic	Cardiac Catheterization Utilization	
Number of Emergency Room Statio	ns	27	Total Cardiac Cath Procedures:	699
Persons Treated by Emergency Ser	vices:	41,908	Diagnostic Catheterizations (0-14)	0
Patients Admitted from Emergency:		5,988	Diagnostic Catheterizations (15+)	485
Total ED Visits (Emergency+Trauma	a):	41,908	Interventional Catheterizations (0-14):	0
Free-Standing Em	ergency Center		Interventional Catheterization (15+)	147
Beds in Free-Standing Centers		0	EP Catheterizations (15+)	67
Patient Visits in Free-Standing Cent	ers	0	Cardiac Surgery Data	
Hospital Admissions from Free-Star	iding Center	0	Total Cardiac Surgery Cases:	0
Outpatient Service	Data		Pediatric (0 - 14 Years):	0
Total Outpatient Visits		75,332	Adult (15 Years and Older):	0
Outpatient Visits at the Hospital/	Campus:	75,332	Coronary Artery Bypass Grafts (CABGs)	
Outpatient Visits Offsite/off camp	•	0	performed of total Cardiac Cases :	0

Diagnostic/Interventional Equipment	•		Exa	aminatio	ns	Therapeutic Equipment			Therapies/
	Owned Co	ntract	Inpatient	Outpt	Contract		Owned	Contract	Treatment
General Radiography/Fluoroscopy	4	0	10,536	24,887	0	Lithotripsy	(0 0	0
Nuclear Medicine	2	0	835	1,140	0	Linear Accelerator	(0	0
Mammography	3	0	9	13,412	0	Image Guided Rad Thera	ру		0
Ultrasound	6	0	3,844	14,479	0	Intensity Modulated Rad	Thrpy		0
Angiography	2	0				High Dose Brachytherapy	(0	0
Diagnostic Angiography			432	171	0	Proton Beam Therapy	(0	0
Interventional Angiography			332	123	0	Gamma Knife	(0	0
Positron Emission Tomography (PET)	0	0	0	0	0	Cyber knife	(0	0
Computerized Axial Tomography (CAT)	1	0	432	171	0				
Magnetic Resonance Imaging	1	0	432	171	0		A TOTO	A CTIME	NIT T
								TO THE	

ATTACHMENT 7

IMPACT ON ACCESS

Criterion 1110.290(d): Notification Letters

d) The applicant shall provide copies of notification letters sent to other resources or health care facilities that provide the same services as those proposed for discontinuation and that are located within the established radii outlined in 77 Ill. Adm. Code 1100.510(d). The notification letter must include at least the anticipated date of discontinuation of the service and the total number of patients that received care or the number of treatments provided (as applicable) during the latest 24 month period.

Notification letters were sent to the all hospitals within a 10-mile normal travel radius of MetroSouth providing the same services as proposed for discontinuation. Copies of the letters are included with this Attachment. The hospitals are identified in the table below.

Facility	Driving Distance (miles)
Ingalls Memorial Hospital	4.5
Roseland Community Hospital	4.9
Little Company of Mary Hospital	5.1
Advocate Christ Medical Center	7.1
South Shore Hospital	7.6
Palos Community Hospital	8.0
Advocate South Suburban Hospital	9.9
Advocate Trinity Hospital	10.0

Source: Google Maps, included with this Attachment.



9414 7266 9984 2133 9678 57

SENDER'S RECORD

June 10, 2019

VIA CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Matthew Primack, DPT, MBA President Advocate Christ Medical Center 4440 95th Street Oak Lawn, IL 60453

RE: Discontinuation of Services - MetroSouth Medical Center

Dear Dr. Primack:

MetroSouth Medical Center, located at 12935 S. Gregory Street, Blue Island, IL 60406 (the "Hospital"), is filing an exemption application to the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Hospital's planned discontinuation of all hospital services. The discontinuation of the Hospital is anticipated in the fourth quarter of 2019, with a target date of November 1, 2019.

During calendar years 2016 and 2017, the Hospital treated patients in the volumes set forth below:

Year	Inpatient Admissions	Outpatient Visits	Emergency Department Visits
2016	8,184	83,998	44,529
2017	8,410	83,381	45,523

A copy of the Hospital's 2017 Annual Hospital Questionnaire Profile (the "Profile"), which is the most recent version published by HFSRB, is enclosed for your reference. Please note that the Hospital operates medical/surgical, intensive care unit, obstetrics/gynecology, acute mental illness, cardiac catheterization, and open heart surgery categories of service, as detailed in the Profile.

Please respond to me in writing within 15 days if you anticipate an impact of this proposed discontinuation on your facility. Thank you for your attention to this matter.

John P. Walsh, FACHE Chief Executive Officer

Ownership, Mana	gement and	General Inform	ation			Patients by	Race		Patients by Et	nnicity
ADMINISTRATOR NAME	: John Ba	ird			Wh	aite	25	5.7% HI	spanic or Latino	9.6
ADMINSTRATOR PHONE	708-597	-2000 Ext. 5201			Bla	ck	65	5.7% No	ot Hispanic or La	atino: 86.8
OWNERSHIP:	Blue Isla	nd Hospital Cor	npany LLC		Am	erican Indian	(0.0% Ui	nknown:	3.6
OPERATOR:	Blue Isla	nd Hospital Cor	npany LLC		Asi	an	().2% —		
MANAGEMENT:	Limited I	Liability Compan	У		Ha	walian/ Pacific	().2%	IDPH Number:	
CERTIFICATION:					Ųn	known		3.3%	HPA	A-04
FACILITY DESIGNATION									HSA	7
ADDRESS	12935 S	outh Gregory St		TY: Blue Isla	-	COUNTY:	Suburb	an Cook C	ounty	
			Facility Utiliz	ation Data by	Category	of Service				
Clinical Service	Authorize CON Bed: 12/31/201	Setup and	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	242	95	95	5,190	23,354	2,913	5.1	72.0	29.7	75.8
0-14 Years				24	466					
15-44 Years				845	2,952					
45-64 Years				1,880	7,829					
65-74 Years				981	4,640					
75 Years +				1,460	7,467					
Pediatric	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Intensive Care	28	12	12	1,052	2,769	13	2.6	7.6	27.2	63.5
Direct Admission			. =	868	2,197					
Transfers				184	572					
Obstetric/Gynecology	30	21	21	1,498	3,047	187	2.2	8.9	29.5	42.2
Matemity	55			1,485	3,027					
Clean Gynecology				13	20					
Neonatal	0	13	13	455	1,985	0	4.4	5.4	0.0	41.8
	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care		9900	0	0	0		0.0	0.0	0.000	
Swing Beds			<u> </u>						70.0	
Total AMI	14			399	3,741	0	9.4	10.2	73.2	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0,0
Adult AMI	347	12	12	399	3,741	0	9.4	10.2		85.4
Rehabilitation	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	0					0				
Facility Utilization	314			8,410	34,896	3,113	4.5	104.1	33.2	
				Direct Admis						
			Inpatie			rved by Payor	Source			
	Medicare	Medicald	Other Public			Private Pay		Ch	arity Care	Totals
Innationts	40.5%	39.1%	3.9		13.4%	2.2%			0.7%	0.470
Inpatients	3435	3314	33	4	1139	188			63	8,473
Outpatients	51.2%	19.8%	1.8%		18.8%	5.3%			3.1%	74 000
Outpatients	36398	14045	1274		13365	3758			2220	71,080
Financial Year Reported:	1/1/2017	to 12/31/20	17 <u>Inpati</u>	ent and Outp	atient Net	Revenue by P	avor Sou	rce		Total Charity Care Expense
	Medicare	Medicald	Other Public	e Private in	surance	Private Pay		Totals	Care	565,791
Inpatient	26.5%	30.9%	1.1%	5	26.6%	14.9%	•	100.0%	Expense	•
Revenue (\$)	1,137,768	28,116,250	1,042,118	3 24	,235,776	13,589,262	91,1	121,174	246,136	Total Charity Care as % of
	14.7%	21.1%	9.5%		36.7%	18.0%		100.0%		Net Revenue
Outpatient Revenue (\$) 7		11,371,194	5,116,005	-	820,863	9,741,210		87,788	319,655	0.4%
		. 1,01 1,107	-,110,000							- onlonded as
	ning Data			<u>New</u>		ery Utilization	1		-	nsplantation
Number of Total Births:			384		Level I	Level II		vel II+	Kidney: Heart:	0
Number of Live Births:		1,	399 Beds		16	-		8	rieari: Lung:	0
Birthing Rooms:			_	nt Days	29	2 1	8	1,571	Heart/Lung:	ŏ
Labor Rooms:			5 Total	Newborn Pati	ent Days			1,881	Pancreas:	ő
Delivery Rooms: Labor-Delivery-Recovery	, Poome		13	1	aboratory	Studies			Liver:	ō
LADDI-DHIVETV-RECOVER	y recoms.		13	-				0.470		-
	&Postnedum	Roome:	() Innet	ient Studies				9,178	Total:	
Labor-Delivery-Recovery	y-Postpartum	Rooms:	-	ient Studies atient Studies				9,178 19,965	Total:	0

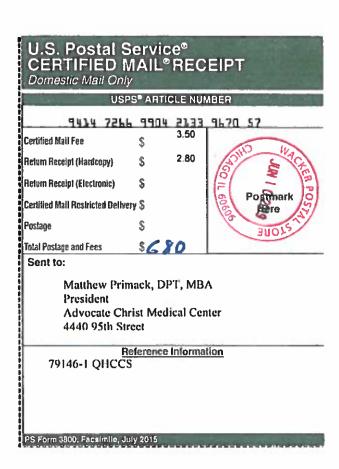
Blue Island

·				Surge		iting Room U					_
Surgical Specially		Operating	Rooms		<u>Surgica</u>	d Cases	\$	Surgical Hou	28	Hours :	er Case
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatlent	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	1	1	82	64	174	43	217	2.1	0.7
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	5	5	407	499	941	712	1653	2.3	1.4
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	0	0	23	7	87	28	115	3.8	4.0
OB/Gynecology	0	0	0	0	548	312	1222	559	1781	2.2	1.8
Oral/Maxiliofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	2	2	0	503	0	736	736	0.0	1.5
Orthopedic	0	0	1	1	373	481	1282	1122	2404	3.4	2.3
Otolaryngology	0	0	0	0	24	43	40	119	159	1.7	2.8
Plastic Surgery	0	0	0	0	1	1	5	30	35	5.0	30.0
Podiatry	0	0	0	0	62	88	118	149	267	1.9	1.7
Thoracic	0	0	0	0	53	10	199	97	296	3.8	9.7
Urology	0	0	1	1	66	66	130	121	251	2.0	1.8
Totals	0	0	10	10	1639	2074	4198	3716	7914	2.6	1.8
SURGICAL RECO	/ERY STAT	TIONS	Stag	e 1 Recov	ery Stations	12	St	age 2 Recov	ery Stations	28	·

		<u></u>	Pedicated a	nd Non	-Dedicated	Procedure R	oom Utilzat	tion .			
		Procedure	Rooms		Surgic	al Cases	\$	Sungical Hou	re .	Hours	per Case
Procedure Type	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	3	3	936	2154	1324	2971	4295	1.4	1.4
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	1	1	0	33	0	35	35	0.0	1.1
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
			Mı	ıltipurp	ose Non-De	dicated Roos	ms				
					0	0	0	0	0	0.0	0.0
					Ō	Ó	0	0	0	0.0	0.0
	0	0	0	0	Ō	O	0	0	0	0.0	0.0

Emergency/Trauma Care		Cardiac Catheterization Labs	
Certified Trauma Center	No	Total Cath Labs (Dedicated+Nondedicated labs):	3
Level of Trauma Service Level 1	Level 2	Cath Labs used for Angiography procedures	0
		Dedicated Diagnostic Catheterization Lab	0
Operating Rooms Dedicated for Trauma Care	0	Dedicated Interventional Catheterization Labs	2
Number of Trauma Visits:	0	Dedicated EP Catheterization Labs	1
Patients Admitted from Trauma	0		
Emergency Service Type:	Comprehensive	Cardiac Catheterization Utilization	
Number of Emergency Room Stations	27	Total Cardiac Cath Procedures:	1,522
Persons Treated by Emergency Services:	45,523	Diagnostic Catheterizations (0-14)	0
Patients Admitted from Emergency:	5,954	Diagnostic Catheterizations (15+)	898
Total ED Visits (Emergency+Trauma):	45,523	Interventional Catheterizations (0-14):	0
Free-Standing Emergency Center	!	Interventional Catheterization (15+)	317
Beds in Free-Standing Centers	O	EP Catheterizations (15+)	307
Patient Visits In Free-Standing Centers	Ö	Cardiac Surgery Data	
Hospital Admissions from Free-Standing Center	Ô	Total Cardiac Surgery Cases:	13
Outpatient Service Data		Pediatric (0 - 14 Years):	0
	09 904	Adult (15 Years and Older):	13
Total Outpatient Visits	83,381	Coronary Artery Bypass Grafts (CABGs)	
Outpatient Visits at the Hospital/ Campus:	83,381 0	performed of total Cardiac Cases:	13
Outpatient Visits Offsite/off campus	<u> </u>		

Diagnostic/Interventional Equipment			Ex	aminatio	ns	Therapeutic Equipment			Therapies/
	Owned Co.	ntract	Inpatient	Outpt	Contract		Owned	Contract	<u>Treatments</u>
General Radiography/Fluoroscopy	6	0	6,389	26,180	0	Lithotripsy	(0	0
Nuclear Medicine	5	0	902	410	0	Linear Accelerator	1	0	0
Mammography	3	0	2	5,478	0	Image Guided Rad There	ру		0
Ultrasound	5	0	2,676	7,338	0	Intensity Modulated Rad	Thrpy		0
Angiography	1	0	•	-		High Dose Brachytherapy		0	0
Diagnostic Anglography			136	17	0	Proton Beam Therapy	(0 0	0
Interventional Angiography			293	120	0	Gamma Knife	1	0 0	0
Positron Emission Tomography (PET)	0	0	0	0	0	Cyber knife	(0 0	0
Computerized Axial Tomography (CAT)	2	Ō	2.674	11,710	0	-			
Magnetic Resonance Imaging	1	0	1,375	980	0				





Certified Article Number 9414 7266 9904 2133 9670 40 SENDER'S RECORD

June 10, 2019

VIA CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Rashard Johnson President Advocate South Suburban Hospital 17800 Kedzie Avenue Hazel Crest, IL 60429

RE: Discontinuation of Services - MetroSouth Medical Center

Dear Mr. Johnson:

MetroSouth Medical Center, located at 12935 S. Gregory Street, Blue Island, IL 60406 (the "Hospital"), is filing an exemption application to the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Hospital's planned discontinuation of all hospital services. The discontinuation of the Hospital is anticipated in the fourth quarter of 2019, with a target date of November 1, 2019.

During calendar years 2016 and 2017, the Hospital treated patients in the volumes set forth below:

Year	Inpatient Admissions	Outpatient Visits	Emergency Department Visits
2016	8,184	83,998	44,529
2017	8,410	83,381	45,523

A copy of the Hospital's 2017 Annual Hospital Questionnaire Profile (the "Profile"), which is the most recent version published by HFSRB, is enclosed for your reference. Please note that the Hospital operates medical/surgical, intensive care unit, obstetrics/gynecology, acute mental illness, cardiac catheterization, and open heart surgery categories of service, as detailed in the Profile.

Please respond to me in writing within 15 days if you anticipate an impact of this proposed discontinuation on your facility. Thank you for your attention to this matter.

Sincerely,

John P. Walsh, FACHE Chief Executive Officer MetroSouth Medical Center

Hospital Profile - CY Ownership, Man		General Infor	nation			Patients by	Race		Patients by Eth	nicity
ADMINISTRATOR NAMI					Wh	nite	25	5.7% H	spanic or Latino:	9.6
ADMINSTRATOR PHON	E 708-597	7-2000 Ext. 520	1		Bla	ick	65	5.7% N	ot Hispanic or La	tino: 86.8
OWNERSHIP:	Blue Isla	and Hospital Co	mpany LLC		Am	erican Indian		D.0% U	nknown:	3.6
OPERATOR:	Blue isla	and Hospital Co	mpany LLC		Asi	an	(0.2%		
MANAGEMENT:	Limited	Liability Compa	ny		Ha	waiian/ Pacific		0.2%	IDPH Number:	5835
CERTIFICATION:					Un	known	- 4	8.3%	HPA	A-04
FACILITY DESIGNATION									HSA	7
ADDRESS	12935 5	South Gregory S		TY: Blue Isla		COUNTY:	Suburo	an Cook C	ounty	
				ation Data by	Category	of Service				
Clinical Service	Authorize CON Bed 12/31/20	is Setup an	d Peak	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	242	95	95	5,190	23,354	2,913	5.1	72.0	29.7	75.8
0-14 Years	272	55	•	24	466	_,,,,,	•			,
15-44 Years				845	2,952					
45-64 Years				1,880	7,829					
65-74 Years				981	4,640					
75 Years +				1,460	7,467					
Pediatric	0	0	0	0	0	0	0.0	0.0	0.0	0.0
ntensive Care	28	12	12	1,052	2,769	13	2.6	7.6	27.2	63.5
Direct Admission	20		1~	868	2,197					
Transfers				184	572					
						407		8.9	29.5	42.2
Obstetric/Gynecology	30	21	21	1,498 <i>1,485</i>	3,047 3,027	187	2.2	6.0	29.0	42.2
Maternity				1,465	3,027					
Clean Gynecology										44.0
Neonatal	0	13	13	455	1,985	0	4.4	5.4	0.0	41.8
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Total AMI	14			399	3,741	0	9.4	10.2	73.2	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		12	12	399	3,741	0	9.4	10.2		85.4
	0		0	0	0	0	0.0	0.0	0.0	0.0
Rehabilitation				0	0		0.0	0.0		0.0
Long-Term Acute Care	0	0	0	- 0		<u>0</u>	0.0		- 0.0	
Dedicated Observation	0	· ·		9.440	34,896		4.5	104.1	33.2	
Facility Utilization	314	•	//	8,410 ' Oireat Admin		•	4.0	10-41	40.2	
<u></u>				Direct Admis		erved by Pavo	Source			
							Godice	Ch	arity Care	Totals
	Medicare	Medicald	Q4101 . 4411	: Private in				UII	0.7%	rotors
Inpatients	40.5%	39.1%	3.9		13.4%	2.2%			63	8,473
	3435	3314	33		1139	188				0/4/0
Outpatients	51.2%	19.8%	1.89		18.8%	5.3%			3.1%	74 000
Corpanents	36398	14045	127		13365	3758	_		2220	71,060
Financial Year Reported	1/1/201	7 to 12/31/2	017 <u>Inpat</u>	ent and Outp	atient Net	Revenue by P	ayor Sou	rce		Total Charity Care Expense
	Medicare	Medicald	Other Publi	c Private in	пвигалсе	Private Pay		Totals	Care	565,791
Inpatient	26.5%	30.9%	1.19	6	28.6%	14.9%		100.0%	Expense	•
Revenue (\$)	24,137,768	28,116,250	1,042,11		,235,776	13.589,262	91,	121,174	246,136	Total Charity Care as % of
					36.7%	18.0%		100.0%		Net Revenue
Outpatient Revenue (\$)	14.7%	21.1%	9.59			9,741,210		87,788	319,655	0.4%
Measure (4)	7,938,516	11,371,194	5,116,005	19,	820,863 	9,741,210	33,0	707,700		
Bir	thing Data			New	born Nurs	ery Utilization			<u>Organ Tran</u>	splantation
Number of Total Births:			1,384		Level I	Level II	Le	vel II+	Kidney:	0
			1,399 Beds			0 1	0	8	Heart:	0
Number of Live Births:			0 Patie	nt Days	29	-	8	1,571	Lung:	0
Number of Live Births: Birthing Rooms:				Newborn Pat				1,881	Heart/Lung: Pancress:	0
Birthing Rooms: Labor Rooms:			_ 10m						PAINTASS'	U
Birthing Rooms: Labor Rooms: Delivery Rooms:	_		0		l aboute-	. Ciudino				^
Birthing Rooms: Labor Rooms: Delivery Rooms: Labor-Delivery-Recove			0 13	ļ	Laboraton	/ Studies		0 179	Liver:	0
Birthing Rooms: Labor Rooms: Delivery Rooms:		n Rooms:	0 13 0 Inpa			/ Studies	•	9,178 29,965		0

				***********					4.4.4		. ~9~
				Surge	ry and Opera	ilina Room U	ilization				
Surgical Specialty		Operating	Rooms		Surgice	l Cases	8	iungical Hour	3	Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatien
Cardiovascular	0	0	1	1	82	64	174	43	217	2.1	0.7
Dermatology	0	0	0	0	0	0	. 0	0	0	0.0	0.0
General	0	0	5	5	407	499	941	712	1653	2.3	1.4
Sastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	0	0	23	7	87	28	115	3.8	4.0
OB/Gynecology	0	0	0	0	548	312	1222	559	1781	2.2	1.8
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	2	2	0	503	0	736	736	0.0	1.5
Orthopedic	0	0	1	1	373	481	1282	1122	2404	3.4	2,3
Otolaryngology	0	0	0	0	24	43	40	119	159	1.7	2.8
Plastic Surgery	0	0	0	0	1	1	5	30	35	5.0	30.0
Podiatry	0	0	0	0	62	88	118	149	267	1.9	1.7
Thoracic	0	0	0	0	53	10	199	97	296	3.8	9.7
Jrology	0	0	1	1	66	66	130	121	251	2.0	1.8
lotais	0	0	10	10	1639	2074	4198	3716	7914	2.6	1.8
SURGICAL RECO	VERY STAT	TIONS	Stac	e 1 Recovi	ery Stations	12	Sta	age 2 Recove	ery Stations	28	70 348

			edicated a	nd Non	-Dedicated	Procedure R	oom Utilzal	ion					
	Procedure Rooms Surgical Cases Surgical Hours										Hours per Case		
Procedure Type	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient		
Gastrointestinal	0	0	3	3	936	2154	1324	2971	4295	1.4	1.4		
Laser Eye Procedures	0	0	0	0	0	0	0	C	0	0.0	0.0		
Pain Management	0	0	1	1	0	33	0	35	35	0.0	1.1		
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0		
			M	ıltipurp	ose Non-De	dicated Roo	ns						
					0	0	0	0	0	0.0	0.0		
					0	0	0	0	0	0.0	0.0		
	0	0	0	0	0	0	0	0	0	0,0	0.0		

Emergency/Trauma	Care		Cardiac Catheterization Labs	
Certified Trauma Center		No	Total Cath Labs (Dedicated+Nondedicated labs):	3
Level of Trauma Service	Level 1	Level 2	Cath Labs used for Anglography procedures	0
			Dedicated Diagnostic Catheterization Lab	0
Operating Rooms Dedicated for Tra	uma Care	0	Dedicated Interventional Catheterization Labs	2
Number of Trauma Visits:		0	Dedicated EP Catheterization Labs	1
Patients Admitted from Trauma		0		
Emergency Service Type:		Comprehensive	Cardiac Catheterization Utilization	
Number of Emergency Room Statio	វា \$	27	Total Cardiac Cath Procedures:	1,522
Persons Treated by Emergency Sec		45,523	Diagnostic Catheterizations (0-14)	Ō
Patients Admitted from Emergency:		5,954	Diagnostic Catheterizations (15+)	898
Total ED Visits (Emergency+Traum	a):	45,523	Interventional Catheterizations (0-14):	0
Free-Standing Em	ergency Center		Interventional Catheterization (15+)	317
Beds in Free-Standing Centers		0	EP Catheterizations (15+)	307
Patient Visits in Free-Standing Cent	ers.	Ö	Cardiac Surgery Data	
Hospital Admissions from Free-Star		ŏ	Total Cardiac Surgery Cases:	13
· · · · ·	-	•	Pediatric (0 - 14 Years):	0
Outpatient Service	e Dara		Adult (15 Years and Older):	13
Total Outpatient Visits	_	83,381	Coronary Artery Bypass Grafts (CABGs)	
Outpatient Visits at the Hospital/		83,381	performed of total Cardiac Cases:	13
Outpatient Visits Offsite/off camp)US	.0		10

Diagnostic/Interventional Equipment			<u>Ex</u>	eminatio	ns	Therapeutic Equipment			Therapies/
	Owned C	ontract	Inpatient	Outpt	Contract		Owned	Contract	<u>Treatments</u>
General Radiography/Fluoroscopy	6	0	6,389	26,180	0	Lithotripsy	(0	0
Nuclear Medicine	5	0	902	410	0	Linear Accelerator	(0	0
Mammography	3	0	2	5,478	0	Image Guided Rad Then	эру		0
Ultrasound	5	0	2,676	7,338	0	Intensity Modulated Rad	Thrpy		0
Angiography	1	0				High Dose Brachytherapy	(0	0
Diagnostic Angiography			136	17	0	Proton Beam Therapy	(0	0
Interventional Angiography			293	120	0	Gamma Knife	(0	0
Positron Emission Tomography (PET)	0	0	0	0	0	Cyber knife	(0	0
Computerized Axial Tomography (CAT)	2	0	2,674	11,710	0				
Magnetic Resonance Imaging	1	0	1,375	980	0				

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9414 7266 9904 2133 9672 62

SENDER'S RECORD

June 10, 2019

VIA CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Rashard Johnson President Advocate Trinity Hospital 2320 E. 93rd Street Chicago, IL 60617

RE: Discontinuation of Services - MetroSouth Medical Center

Dear Mr. Johnson:

MetroSouth Medical Center, located at 12935 S. Gregory Street, Blue Island, IL 60406 (the "Hospital"), is filing an exemption application to the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Hospital's planned discontinuation of all hospital services. The discontinuation of the Hospital is anticipated in the fourth quarter of 2019, with a target date of November 1, 2019.

During calendar years 2016 and 2017, the Hospital treated patients in the volumes set forth below:

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A copy of the Hospital's 2017 Annual Hospital Questionnaire Profile (the "Profile"), which is the most recent version published by HFSRB, is enclosed for your reference. Please note that the Hospital operates medical/surgical, intensive care unit, obstetrics/gynecology, acute mental illness, cardiac catheterization, and open heart surgery categories of service, as detailed in the Profile.

Please respond to me in writing within 15 days if you anticipate an impact of this proposed discontinuation on your facility. Thank you for your attention to this matter.

Sincerely,

John P. Walsh, FACHE Chief Executive Officer MetroSouth Medical Center

Ownership, Man	agement and	General Inform	ation			Patients by	Race		Patients by Et	<u>hnicity</u>
ADMINISTRATOR NAMI	E: John Bai	rd			Wh	iite	25	5.7% Hi	ispanic or Latino	: 9.6
ADMINSTRATOR PHON	IE 708-597-	2000 Ext. 5201			Bla	ck	69	5.7% N	ot Hispanic or Li	atino: 86.8
OWNERSHIP:	Blue Isla	nd Hospital Co	пралу LLC		Am	erican Indian	(0.0% U	nknown:	3.6
OPERATOR:		nd Hospital Co			Asi			0.2% —		
MANAGEMENT:	Limited L	lability Compar	ıy			waiian/ Pacific		0.2%	IDPH Number	
CERTIFICATION:					Ųni	known		8.3%	HPA	A-04
FACILITY DESIGNATION		outh Gregory St		ITY: Blue Isla	and .	COUNTY:	Carlos subs	an Cook C	HSA	7
ADDRESS	12833 30	was Gregory G					Subuib	an cook c	ounty	
	Authorize	d Peak Beds		ation Data by	Category	OI Selvice	Average	Аусгаде	CON	Staffed Bed
Clinical Service	CON Beds 12/31/201	Setup and		Admissions	Inpatient Days	Observation Days	Length of Stay	Daily Census	Occupancy Rate %	Occupancy Rate %
Medical/Surgical	242	95	95	5,190	23,354	2,913	5.1	72.0	29.7	75.8
0-14 Years				24	466					
15-44 Years				845	2,952					
45-64 Years				1,880	7,829					
65-74 Years				981	4,640					
75 Years +				1,460	7,467					
Pediatric	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Intensive Care	28	12	12	1,052	2,769	13	2.6	7.6	27.2	63.5
Direct Admission				868	2,197					
Transfers				184	572					
Obstetric/Gynacology	30	21	21	1,498	3,047	187	2.2	8.9	29.5	42.2
Maternity				1,485	3,027					
Clean Gynecology				13	20					
Neonatal	0	13	13	455	1,985	0	4.4	5.4	0.0	41.8
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds		W. Dispersion	0	0	0		0.0	0.0		
Total AMI	14	12 4/2		399	3,741	0	9.4	10.2	73.2	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		12	12	399	3,741	0	9.4	10.2	- 22	85.4
Rehabilitation	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	0	1000				0				
Facility Utilization	314			8,410	34,896	3,113	4.5	104.1	33.2	
) Direct Admis			_			
				1 1 W 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		rved by Pavor	Source			
	Medicare	Medicaid	Other Public			Private Pay		Cn	arity Care	Totals
Inpatients	40.5%	39.1%	3.9		13.4%	2.2%			0.7%	0.472
Inhaneira	3435	3314	33	14	1139	188			63	8,473
Outpatients	51.2% 36398	19.8% 14045	1.85 127		18.8% 13365	5.3% 3758			3.1% 2220	71,080
Financial Year Reported			17 Inpat	ent and Outp	atient Net	Revenue by P	avor Sou	rce		Total Charity
	Medicare	Medicald	Other Publi			Private Pay		Totals	Care	Care Expense
Inpatient	26.5%	30.9%	1.19		26.6%	14.9%	,	100.0%	Expense	565,791
Revenue (\$)	26.576 24,137,768	28,118,250	1,042,11	-	235,776	13,589,262		121,174	246,136	Total Charity Care as % of
Outpatient	14.7%	21.1%	9.5	-	36.7%	18.0%		100.0%		Net Revenue
Revenue (\$)	7,938,516	11,371,194	5,116,005	19,	820,863	9,741,210	53,8	87,788	319,655	0.4%
Bir	thing Data			New	born Nurs	ery Utilization			Organ Tra	<u>rsplantation</u>
Number of Total Births:			384		Level I	Level II	Le	vel II+	Kloney:	0
Number of Live Births:		1,	399 Beds		16	_		8	Heart:	0
Birthing Rooms:			0 Palie	nt Days	29	2 1	8	1,571	Lung:	0
Labor Rooms:			5 Total	Newborn Pati	ent Days			1,881	Heart/Lung: Pancreas:	0
Delivery Rooms:			0 13		aboratory	Studies			Liver:	0
LABOR DOINGO DOONO	rv Rooms:		1.5		WINDIGHT	~+4441E			LIVOI.	U
Labor-Delivery-Recove		Dear		llant Chudlas	100			0 178		
Labor-Delivery-Recove C-Section Rooms:		Rooms:	0 Inpa	lient Studies atlent Studies				9,178 29,965	Total:	0

 				Su	rgery and Ope	ating Room L	illization				
Surgicel Specialty			g Rooma		<u>Surgi</u>	al Cases	\$	Surgicel Hour	8	Hours J	per Cese
	Inpatient	Outpatien	t Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	1	1	82	64	174	43	217	2.1	0.7
Dermatology	0	0	Ó	0) (0	0	0	0	0.0	0.0
General	0	0	5	5	407	499	941	712	1653	2.3	1,4
Gastroenterology	0	0	0	0) (0	0	0	0	0.0	0.0
Neurology	0	0	0	0	23	7	87	28	115	3.8	4.0
OB/Gynecology	0	0	0	C	548	312	1222	559	1781	2.2	1.8
Oral/Maxillofacial	0	0	0	0) (0	0	0	0	0.0	0.0
Ophthalmology	0	0	2	2	2 0	503	0	736	736	0.0	1.5
Orthopedic	0	0	1	1	373	481	1282	1122	2404	3.4	2.3
Otolaryngology	0	0	0	C) 24	43	40	119	159	1.7	2.8
Plastic Surgery	0	0	0	C) 1	1	5	30	35	5.0	30.0
Podiatry	0	0	0	C	62	88	118	149	267	1.9	1.7
Thoracic	0	0	0	C	53	10	199	97	296	3.8	9.7
Urology	0	0	1	1	66	66	130	121	251	2.0	1.8
Totals	0	0	10	10	1639	2074	4198	3716	7914	2.6	1.8
SURGICAL RECO	VERY STAT	TIONS	Stag	e 1 Re	covery Stations	12	Str	ige 2 Recove	ary Stations	28	
			Dodi	cated a	nd Non-Dedica	ted Procedur	e Room Utila	ation			
		P	rocedure Ro			ımical Cases	<u> </u>	Surgical Ho	urts	Hours	per Case
rocedure Type	In		utpatient Cor		Total Inpati	ent Outpatie	ent Inpatien	t Outpatien	t Total Hours	Inpatient	Outpatient
astrointestinal		0	0	3	3 9	36 215	4 1324	4 2971	4295	1.4	1.4
				_	_	_	. .		_		

		_1	<u> Jedicated a</u>	<u>nd Non</u>	-Dedicated	<u>Procedure R</u>	<u>oom Utilza</u> i	<u>tion</u>			
		Procedure	Rooms		Sumic	al Cases	- 1	Surgical Hou	<u>18</u>	<u>Hours</u>	per Cese
Procedure Type	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	3	3	936	2154	1324	2971	4295	1.4	1.4
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	1	1	0	33	0	35	35	0.0	1.1
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
			Mu	ultipurp	ose Non-De	dicated Room	ms				
				-	0	0	0	0	0	0.0	0.0
					0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0

Emergency/Trauma Care			Cardiac Catheterization Labs	1/2
Certified Trauma Center		No	Total Cath Labs (Dedicated+Nondedicated labs):	3
Level of Trauma Service	Levei 1	Level 2	Cath Labs used for Angiography procedures	0
			Dedicated Diagnostic Catheterization Lab	0
Operating Rooms Dedicated for Trauma Car	' e	0	Dedicated Interventional Catheterization Labs	2
Number of Trauma Visits:		0	Dedicated EP Catheterization Labs	1
Patients Admitted from Trauma		0		
Emergency Service Type:		Comprehensive	Cardiac Catheterization Utilization	
Number of Emergency Room Stations		27	Total Cardiac Cath Procedures:	1,522
Persons Treated by Emergency Services:		45,523	Diagnostic Catheterizations (0-14)	. 0
Patients Admitted from Emergency:		5,954	Diagnostic Catheterizations (15+)	898
Total ED Visits (Emergency+Trauma):		45,523	Interventional Catheterizations (0-14):	0
Free-Standing Emergency	Center		Interventional Catheterization (15+)	317
Beds in Free-Standing Centers		0	EP Catheterizations (15+)	307
Patient Visits in Free-Standing Centers		ő	Cardiac Surgery Data	
Hospital Admissions from Free-Standing Ce	nter	ō	Total Cardiac Surgery Cases:	13
		•	Pediatric (0 - 14 Years):	Ö
Outpatient Service Data			Adult (15 Years and Older):	13
Total Outpatient Visits		83,381	Coronary Artery Bypass Grafts (CABGs)	
Outpatient Visits at the Hospital/ Campus	:	83,381	performed of total Cardiac Cases :	13
Outpatient Visits Offsite/off campus		0	• 311 _ n= 1 - 1 = 1	

Diagnostic/Interventional Equipment			Ex		Therapies/				
	Owned Co	ntract	Inpatient	Outpt	Contract		Owned	Contract	<u>Treatments</u>
General Radiography/Fluoroscopy	6	0	6,389	26,180	0	Lithotripsy	(0	0
Nuclear Medicine	5	0	902	410	0	Linear Accelerator	(0	0
Mammography	3	0	2	5,478	0	Image Guided Rad Them	ф		0
Ultrasound	5	0	2,678	7,338	0	Intensity Modulated Rad	Thrpy		0
Anglography	1	0	•			High Dose Brachytherapy	(0 0	0
Diagnostic Angiography	•	_	136	17	0	Proton Beam Therapy	(0 0	0
Interventional Anglography			293	120	0	Gamma Knife	(0 0	0
Positron Emission Tomography (PET)	0	0	0	0	0	Cyber knife	(0 0	0
Computerized Axial Tomography (CAT)	2	Ó	2.674	11,710	0	•			
Magnetic Resonance Imaging	1	Ō	1,375	980	0				

USP	S ART	TICLE NU	MBER
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Chicago, IL (60617		
В	eferen	ce Inform	ation
79146-1 QHCC	S		



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SENDER'S RECORD

June 10, 2019

VIA CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Brian Sinotte, FACHE President Ingalls Memorial Hospital One Ingalls Drive Harvey, IL 60426

RE: Discontinuation of Services - MetroSouth Medical Center

Dear Mr. Sinotte:

MetroSouth Medical Center, located at 12935 S. Gregory Street, Blue Island, IL 60406 (the "Hospital"), is filing an exemption application with the Illinois Health Facilities and Services Review Board ("HFSRB") for discontinuation of the Hospital and all hospital services. The discontinuation of the Hospital and services is anticipated in the fourth quarter of 2019, with a target date of November 1, 2019.

During calendar years 2016 and 2017, the Hospital treated patients in the volumes set forth below:

Year	Inpatient Admissions	Outpatient Visits	Emergency Department Visits
2016	8,184	83,998	44,529
2017	8,410	83,381	45,523

A copy of the Hospital's 2017 Annual Hospital Questionnaire Profile (the "Profile"), which is the most recent version published by HFSRB, is enclosed for your reference. Please note that the Hospital operates medical/surgical, intensive care unit, obstetrics/gynecology, acute mental illness, cardiac catheterization, and open heart surgery categories of service, as detailed in the Profile.

Please respond to me in writing within 15 days if you anticipate an impact of this proposed discontinuation on your facility. Thank you for your attention to this matter.

John P. Walsh, FACHE

Chief Executive Officer

Ownership, Man			nation			Patients by			Patients by Eth	
ADMINISTRATOR NAME		110	_		W				spanic or Latino:	
ADMINSTRATOR PHON		7-2000 Ext. 520 [.] and Hospital Co			Bla	ick nerican Indian			ot Hispanic or La nknown:	tino: 86.8 3.6
OWNERSHIP: OPERATOR:		and Hospital Co and Hospital Co			Asi			0.0% G	IKIDWII.	
MANAGEMENT:		Liability Compa				walian/ Pacific		0.2%	IDPH Number:	5835
CERTIFICATION:			•••		Un	known	(8.3%	HPA	A-04
FACILITY DESIGNATION									HSA	7
ADDRESS	12935 8	South Gregory S		TY: Blue Isla		COUNTY:	Suburb	en Cook C	ounty	i
			Facility Utiliz	ation Data by	<u> Category</u>	of Service			CON	Staffed Bed
Clinical Service	Authoriz CON Bed 12/31/20	is Setup and		Admissions	Inpetient Days	Observation Days	Average Length of Stay	Average Daily Census	Occupancy Rate %	Occupancy Rate %
Medical/Surgical	242	95	95	5,190	23,354	2,913	5.1	72.0	29.7	75.8
0-14 Years				24	466					
15-44 Years				845	2,952 7,829					
45-64 Years 65-74 Years				1,880 981	4,840					
00-74 Years 75 Years +				1,460	7,467					
Pediatric	0	0	0	0	0	0	0.0	0.0	0.0	0.0
	28	12	12	1,052	2.769	13	2.6	7.6	27.2	63.5
ntensive Care	20	12	12	868	2,100	15	2.0	1.0	p. 1 12.	33.3
Direct Admission Transfers				184	2,197 572					
Obstetric/Gynecology	30	21	21	1,498	3.047	187	2.2	8.9	29.5	42.2
Maternity	30	21	~'	1,485	3,027	101				
Clean Gynecology				13	20					
Neonatal	0	13	13	455	1,985	0	4.4	5.4	0.0	41.8
Long Term Care	0	0	0	0	0	o (o 0	0.0	0.0	0.0	0.0
Swing Beds		75	0	0	0	1-11	0.0	0.0		
Total AMI	14			399	3,741	0	9.4	10.2	73.2	
Adolescent AMI	•••	0	0	0	0	0	0.0	0.0		0.0
Adult AMi		12	12	399	3,741	0	9.4	10.2		85.4
Rehabilitation	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	0					0				
Facility Utilization	314		19	8,410	34,896	One:	4.5	104.1	33.2	
				I Direct Admis	THE RESERVE OF THE PARTY OF THE	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN				
						erved by Pavo	r Source	- P-164		Takata
	Medicare	Medicald	Other Public			Private Pay		Ch	arity Care 0.7%	Totals
Inpatients	40.5%	39.1%	3.9		13.4% 1139	2.2% 188			63	8,473
	3435	3314	33			5.3%			3.1%	
Outpatients	51.2% 36398	19.8% 14045	1.89 127		18.8% 13365	3758			2220	71,060
Financial Year Reported					atient Net	Revenue by P	avor Sou	rce		Total Charity
Pinantial Teal Actionica	Medicare	Medicald	Other Publi			Private Pay		Totals	Care	Care Expense
Inpatient	11.10	30.9%	1.19	-	26.6%	14.9%		100.0%	Expense	565,791
Pevenue / \$)	26.5% 24.137,768	28,118,250	1,042,11	-	,235,776	13,589,262		121,174	246,136	Total Charity Care as % of
	14.7%	21.1%	9,5		36.7%	18.0%		100.0%		Net Revenue
Outpatient Revenue (\$)	7,938,516	11,371,194	5,116,005	· · ·	820,863	9,741,210		87,788	319,655	0.4%
				New	thorn Nurs	ery Utilization			Organ Tran	splantation
Number of Total Births:	thing Data	1	,384	110.71	Level I	Level II		vet II+	Kidney:	0
Number of Live Births:	1		,399 Beds			0 1		8	Heart:	0
Birthing Rooms:				nt Days	29	-	8	1,571	Lung:	0
Labor Rooms:			5 Total	Newborn Pat		- '		1,881	Heart/Lung:	0
B 0 B			0		•	. Discusting		•	Pancreas: Liver:	0
Delivery Rooms:									I NOT	U
Labor-Delivery-Recove		_	13		<u>Laborator</u>	V Studies		0.170		_
•		n Rooms:	0 Inpa	! tlent Studies patient Studies		A 2(naie#		9,178 29,965	Total:	0

Sumical Specialty

Operating Rooms

Surgery and Operating Room Utilization

Surgical Cases

Surgical Hours

Hours per Case

Surgical Specialty		ating Rooms			Surgice!			imical Hours	•		s per Case	
	atient Outpat			•		Outpatient	2.0	Outpatient		•	Outpatient	
Cardiovascular	0	_		1	82	64	174	43	217	2.1	0.7	
Dermatology	0	_	-	0	0	0	0	0	0	0.0	0.0	
General	0			5	407	499	941	712	1653	2.3	1.4	
Gastroenterology	0		-	0	0	0	0	0	0	0.0	0.0	
Neurology	0	_	•	0	23	7	87	28	115	3.8	4.0	
OB/Gynecology	0	_		0	548	312	1222	559	1781	2.2	1.8	
Oral/Maxillofacial	0	=	_	0	0	0	0	0	0	0.0	0.0	
Ophthalmology	0	=	_	2	0	503	0	736	736	0.0	1.5	
Orthopedic	0	_	•	1	373	481	1282	1122	2404	3.4	2.3	
Otolaryngology	0	-	-	0	24	43	40	119	159	1.7	2.8	
Plastic Surgery	0	_	_	0	1	1	5	30	35	5.0	30.0	
Podiatry	0	•	•	0	62	88	118	149	267	1.9	1.7	
Thoracic	0	_		0	53	10	199	97	296	3.8	9.7	
Urology	0	0	1	1	66	66	130	121	251	2.0	1.8	
Totals	0	0 1	0 10	0	1639	2074	4198	3716	7914	2,6	1.8	
SURGICAL RECOVERY	STATIONS	8	Stage 1 Re	covery Sta	ations	12	Stag	e 2 Recover	y Stations	28		
121114-2011112-214		D	edicated a	and Non-E	Dedicated	Procedure	Room Utilza	tion				
		Procedure	Rooms		Surgi	cal Cases		Surgical Hou			per Case	
Procedure Type	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatien	t inpatient	Outpatient	Total Hours	Inpatient	Outpatient	
Gastrointestinal	0	0	3	3	936	2154	1324	2971	4295	1.4	1.4	
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0	
Pain Management	0	0	1	1	0	33		35	35	0.0	1.1	
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0	
			М	ultipurpos	se Non-D	edicated Ro	oms					
			_		0	0	。	0	0	0.0	0.0	
					0	ō	0	Ō	Ō	0.0	0.0	
	0	0	0	0	0	0	0	0	0	0.0	0.0	
Fm	ergency/Trau	ıma Care			-			Cardine Car	theterization	1 ahe		
Certified Trauma C		ille Gale			No	Tatal	0-15 -5- 10				3	
Level of Trauma S	•		Level 1	L	evel 2		•		indedicated la aphy procedui	•	0	
Love, or fragme of	011100			_					terization Lab		Ö	
Operating Rooms I	Dedicated for	Trauma Car	e		0		_		theterization l		2	
Number of Trauma			•		ō		edicated EP (1	
Patients Admitted i					Ŏ	٥.	50,00,00		, 2555		•	
Emergency Service				Compret	hensive		Care	diac Cathete	rization Utili	zation		
Number of Emerge	• •	ations			27	Total	Cardiac Cath				1,522	
Persons Treated b					45,523		agnostic Cath				0	
Patients Admitted t					5,954		agnostic Cath				898	
Total ED Visits (En					45,523		terventional C				0	
	ee-Standing		Center				terventional C				317	
Beds in Free-Stand					0		P Catheteriza				307	
Patient Visits In Fr		Centers			Ď			Cardiac Su	rnen Data			
Hospital Admission			nter		ŏ	Total	Cardiac Surg		a Mar A 15 arm		13	
·					•		ediatric (0 - 14				0	
	<u>itpatient Ser</u>	Aice Data					dult (15 Years	•			13	
Total Outpatient Vi					83,381		oronary Arter		fts (CABGs)			
Outpatient Visits Outpatient Visits			•		83,381 0		performed	of total Caro	ilac Cases :		13	
Diagnostic/Interventions	l Equipment		-	Ex	caminatic	ns	Therape	utic Equipm	ent		Therapies/	
			Contract	Inpatient		Contract			Owned	Contract	Treatments	
General Radiography/Flu	oroscopy	6	0	6,389	26,180		Lithotripsy		(0 0	0	
Nuclear Medicine		5	Ŏ	902	410		Linear Acc			0 0	0	
Mammography		3	ō	2	5,478	_		ulded Rad T	herapy	_	Ō	
Ultrasound		5	ŏ	2,676	7,338		_	Modulated F			Ō	
Anglography		1	ŏ	-14.4	.,	•	-	Brachythera		0 0	Ō	
Diagnostic Anglograph	ıv	•	•	136	17	0	-	m Therapy		0 0	Ŏ	
Interventional Angiograph	•			293	120	=	Gernma Kr			0 0	Ö	
Positron Emission Tomo		0	0	0	0		Cyber knife			0 0	0	
Computerized Axial Tom		_ :	ō	2,674	11,710	_	•			_	_	
Magnetic Resonance Im-		, -	ō	1.375	980							

Source: 2017 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

1

Magnetic Resonance Imaging

0

1,375

980





9414 7266 9904 2133 9672 48

SENDER'S RECORD

June 10, 2019

VIA CERTIFIED MAIL - RETURN RECEIPT REQUESTED

John Hanlon, M.D., MMM President/Chief Executive Officer Little Company of Mary Hospital 2800 W. 95th Street Evergreen Park, IL 60805

RE: Discontinuation of Services - MetroSouth Medical Center

Dear Dr. Hanlon:

MetroSouth Medical Center, located at 12935 S. Gregory Street, Blue Island, IL 60406 (the "Hospital"), is filing an exemption application to the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Hospital's planned discontinuation of all hospital services. The discontinuation of the Hospital is anticipated in the fourth quarter of 2019, with a target date of November 1, 2019.

During calendar years 2016 and 2017, the Hospital treated patients in the volumes set forth below:

Year	Inpatient Admissions	Outpatient Visits	Emergency Department Visits
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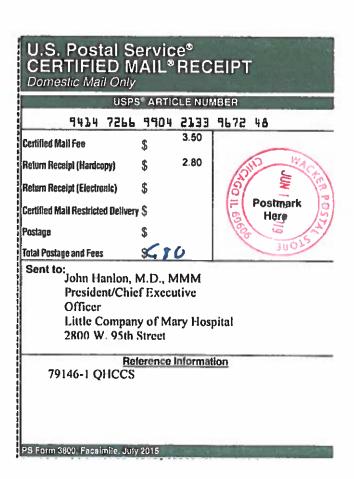
Please respond to me in writing within 15 days if you anticipate an impact of this proposed discontinuation on your facility. Thank you for your attention to this matter.

John P. Walsh, FACHE

Chief Executive Officer

Ownership, Mana	gement and	General Inform	nation	•		Patients by	Race		Patients by Et	hnicity
ADMINISTRATOR NAME	: John Ba	ird			WI	hite	2	5.7% H	lispanic or Latino	: 9.6
ADMINSTRATOR PHONI		-2000 Ext. 5201				ack			lot Hispanic or Li	
OWNERSHIP:		ind Hospital Co				nerican Indian			Inknown:	3.6
OPERATOR: MANAGEMENT:		ind Hospital Co Liability Compar				ian waiian/ Pacific		0.2%	IDPH Number	5835
CERTIFICATION:	Limited	Liability Compai	riy			iwanani Pacinc Iknown		3.2% 8.3%	HPA	. 5635 A-04
FACILITY DESIGNATION	l:				•		`	-1-7-	HSA	7
ADDRESS	12935 S	outh Gregory S	treet C	TY: Blue isla	ind	COUNTY	Suburb	an Cook (County	•
•			Facility Utiliz	ation Data by	Category	of Service				
Clinical Service	Authorize CON Bed 12/31/201	s Setup and		Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	242	95	95	5,190	23,354	2,913	5.1	72.0		75.8
0-14 Years				24	466					
15-44 Years				845	2,952					
45-64 Years			2	1,880	7,829					
65-74 Years				981	4,640					
75 Years +				1,460	7,467					
Pediatric	0	0	0	0	0	0	0.0	0.0		0.0
Intensive Care	28	12	12	1,052	2,769	13	2.6	7.6	27.2	63.5
Direct Admission				868	2,197					
Transfers				184	572					
Obstetric/Gynecology	30	21	21	1,498	3,047	187	2.2	8.9	29.5	42.2
Maternity				1,485	3,027					
Clean Gynecology				13	20					
Neonatal	0	13	13	455	1,985	0	4.4	5.4	0.0	41.8
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0 %	0	1210	0.0	0.0		
Total AMI	14			399	3,741	0	9.4	10.2	73.2	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		12	12	399	3,741	0	9.4	10.2	- upra - 22 22	85.4
Rehabilitation	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	0					0				/11 // ·
Facility Utilization	314		20	8,410	34,896	. ·	4.5	104.1	33,2	
			(includes ICU				- 100 m			
			inpatie	nts and Outr	patients Se	erved by Payo	r Source			
1	Medicare	Medicald	•••••	Private in				Ch	arity Care	Totals
Inpatients	40.5%	39.1%	3.99		13.4%	2.2%			0.7%	0.470
	3435	3314	33		1139	188			63	8,473
Outpatients	51.2% 36398	19.8% 14045	1.8% 1274		18.8% 13365	5.3% 3758			3.1% 2220	71,060
						Revenue by P	Dues Sau			Total Charity
Financial Year Reported:	1/1/2017								Charity	Care Expense
	Medicare	Medicald	Other Public			Private Pay		Totais	Care Expense	565,791
Inpatient Revenue (\$)	26.5%	30.9%	1.1%		26.6%	14.9%		100.0%	,	Total Charity
24	,137,768	28,116,250	1,042,118	24,	,235,776	13,589,262	91,1	21,174	246,136	Care as % of
Outpatient	14.7%	21.1%	9.5%		36.7%	18.0%		100.0%	- 1	Net Revenue
Revenue (\$) 7	,938,516	11,371,194	5,116,005	19,	820,863	9,741,210	53,9	87,788	319,655	0.4%
Birti	ning Data		-	New	born Nurs	ery Utilization	-		Organ Tran	nsplantation
Number of Total Births:			384		Level I	Level (I	Lev	/el II+	Kidney:	0
Number of Live Births:		1,	399 Beds		1	0 1	0	8	Heart:	0
Birthing Rooms:				nt Days	29	2 1	8	1,571	Lung:	0
Labor Rooms:			5 Total	Newborn Pati	ent Days			1,881	Heart/Lung: Pancreas:	0
Delivery Rooms:	· Dagma		0		aboratory	Studies			Fancreas: Liver:	0
Labor-Delivery-Recovery Labor-Delivery-Recovery		Rooms:	13 0 Inpati	<u>د</u> ient Studies				9,178		-
	vowaitu(i)	17001101	•					9,965	Total:	0
C-Section Rooms:			2 Outpi	atient Studies				3,000		

Disgnostic/Interventional Equipment			Ex	minatio	ns.	Therapeutic Equipment			Theraples/
_	Owned Co	ntract	Inpatient	Outpt	Contract		Owned	Contract	<u>Treatments</u>
General Radiography/Fluoroscopy	6	0	6,389	26,180	0	Lithotripsy		0	0
Nuclear Medicine	5	0	902	410	0	Linear Accelerator	(0	0
Mammography	3	0	2	5,478	0	Image Guided Rad Therap	у		0
Ultrasound	5	0	2,676	7,338	0	Intensity Modulated Rad T	hrpy		0
Angiography	1	0				High Dose Brachytherapy	(0	0
Diagnostic Angiography			136	17	0	Proton Beam Therapy	(0	0
Interventional Angiography			293	120	0	Gamma Knife	(0	0
Positron Emission Tomography (PET)	0	0	0	0	0	Cyber knife	(0	0
Computerized Axial Tomography (CAT)	2	0	2,674	11,710	0	•			
Magnetic Resonance Imaging	1	0	1,375	980	0				





9414 7266 9904 2133 9672 31

SENDER'S RECORD

June 10, 2019

VIA CERTIFIED MAIL – RETURN RECEIPT REQUESTED

Terrence Moisan, M.D.
President/Chief Executive Officer
Palos Hospital
12251 S. 80th Avenue
Palos Heights, IL 60463

RE: Discontinuation of Services - MetroSouth Medical Center

Dear Dr. Moisan:

MetroSouth Medical Center, located at 12935 S. Gregory Street, Blue Island, IL 60406 (the "Hospital"), is filing an exemption application to the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Hospital's planned discontinuation of all hospital services. The discontinuation of the Hospital is anticipated in the fourth quarter of 2019, with a target date of November 1, 2019.

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Please respond to me in writing within 15 days if you anticipate an impact of this proposed discontinuation on your facility. Thank you for your attention to this matter.

John P. Waish, FACHE

Sincerely.

Chief Executive Officer

Hospital Profile - C	Y 2017	2017 MetroSouth Medical Center Blue Island								Page 1
Ownership, Ma	nagement and	General Inform	nation		•	Patients by	Race		Patients by Et	hnicity
ADMINISTRATOR NAM	AE: John Ba	ird			Wi	nite	25	5.7% Hi	spanic or Latino	: 9.6%
ADMINSTRATOR PHO	NE 708-597	-2000 Ext. 520	1		Bla	ıck	65	5.7% N	ot Hispanic or La	atino: 86.89
OWNERSHIP:	Blue Isla	and Hospital Co	mpany LLC		Ап	terican Indian).0% Ui	nknown:	3.69
OPERATOR:	Blue Isla	and Hospital Co	mpany LLC			ian	().2% —		
MANAGEMENT:	Limited	Liability Compa	ny		•	waiian/ Pacific		0.2%	IDPH Number:	
CERTIFICATION:					Un	known		3.3%	HPA	A-04
FACILITY DESIGNATION						~		0	HSA	7
ADDRESS	12935 8	outh Gregory S		TY: Blue Isla		COUNTY:	Suburo	an Cook C	ounty	
			Facility Utiliz	ation Data b	<u>y Category</u>			. 1911.01	-	
Clinical Service	Authorize CON Bed 12/31/201	s Setup and	d Peak	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Dally Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
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15-44 Years				845	2,952					
45-64 Years				1,880	7,829					
65-74 Years				981	4,640					
75 Years +				1,460	7,467	•			0.0	
Pediatric	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Intensive Care	28	12	12	1,052	2,769	13	2.6	7.6	27.2	63.5
Direct Admission				868	2,197					
Transfers				184	572					
Obstetric/Gynecology	30	21	21	1,498	3,047	187	2.2	8.9	29.5	42.2
Matemity				1,485	3,027					
Clean Gynecology				13	20	0.000			1911 R.— 12	9516
Neonatal	0	13	13	455	1,985	0	4.4	5.4	0.0	41.8
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Total AMI	14			399	3,741	0	9.4	10.2	73.2	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		12	12	399	3,741	0	9.4	10.2		85.4
Rehabilitation	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	0					0				
Facility Utilization	314			8,410	34,896	3,113	4.5	104.1	33.2	
			(Includes ICL	NAME AND ADDRESS OF TAXABLE PARTY.	NAME AND ADDRESS OF THE OWNER, WHEN			775450		
1731 M 1831			Inpatie	nts and Out	patients Sc	erved by Pavor	Source			
	Medicare	Medicald	Other Public	Private In	surance	Private Pay		Chi	arity Care	Totals
	40.5%	39.1%	3.9	%	13.4%	2.2%			0.7%	
Inpatients	3435	3314	33	4	1139	188			63	8,473
	51.2%	19.8%	1.89		18.8%	5.3%			3.1%	
Outpatients	36398	14045	1274		13365	3758			2220	71,060
Financial Year Reporte	<u>d:</u> 1/1/2017	to 12/31/20)17 <u>inpati</u>	ent and Outr	oatient Net	Revenue by P	avor Sou	<u>rce</u>	Charity	Total Charity Care Expense
	Medicare	Medicald	Other Public	: Private li	nsurance	Private Pay		Totals	Care	565,791
Inpatient	26.5%	30.9%	1.1%	•	26.6%	14.9%	•	100.0%	Expense	
Revenue (\$)	24,137,768	28,116,260	1,042,118	24	,235,776	13,589,262	91,1	121,174	246,136	Total Charity Care as % of
Outpatient	14.7%	21.1%	9.5%	6	36.7%	18.0%		100.0%		Net Revenue
Revenue (\$)	7,938,516	11,371,194	5,116,005	19	,820,863	9,741,210	53,9	87,788	319,655	0.4%
В	irthing Data			New	/born Nurs	ery Utilization			Organ Tra	nsplantation
Number of Total Birth		1	,384		Level I	Level II	Le	vel II+	Kidney:	0
Number of Live Births			,399 Beds		1			8	Heart:	0
Birthing Rooms:				nt Days	29	-		1,571	Lung:	0
Labor Rooms:			5 Total	Newborn Pat		_ •		1,881	Heart/Lung:	
Delivery Rooms:			0					-,	Pancreas:	0
Labor-Delivery-Recov			13		<u>Laborator</u>	Studies		0.430	Liver:	0
Labor-Delivery-Recov	ery-Postpartum	Rooms:	•	ient Studies				9,178 19,965	Total:	0
C-Section Rooms:				atient Studies	•		- 4	.0,500		
CSections Performed			449 Studi	es Performed	I Indee Co.	ntract		2,158		

Constant Constalle				<u>Sur</u>	gery a		ing Room Uti			_		
Surgical Specialty	Inpatient O	Operating F		Total		<u>Surgical</u>	Outpatient	Inpatient	urgical Hours Outpatient			oer Case Outpatlen
Cardiovascular	o O	Otherreur C	4	10123		Inpatient 82	Gutpattent 64	174	Outpatient 43	217	2.1	Outpatien 0.7
Dermatology	0	ő	ò	ò		0	0	0	0	0	0.0	0.0
General	0	0	5	5		407	499	941	712	1653	2.3	
Gastroenterology	0	•	0	_								1.4
Neurology	0	0	0	0		0 23	0 7	0 87	0 28	0 115	0.0 3.8	0.0 4.0
	0	0	0	٥		548	312	1222	559	1781	3.6 2.2	1.8
OB/Gynecology Orai/Maxillofacial	0	_	0	-			0			- -		
	U	0	_	0		0	-	0	0	0	0.0	0.0
Ophthalmology	0	0	2	2		0	503	0	736	736	0.0	1.5
Orthopedic	0	0	1	1		373	481	1282	1122	2404	3.4	2.3
Otolaryngology	0	0	0	0		24	43	40	119	159	1.7	2.8
Plastic Surgery	0	0	0	0		1	1	5	30	35	5.0	30.0
Podiatry	0	0	0	0		62	88	118	149	267	1.9	1.7
Thoracic	0	0	0	0		53	10	199	97	296	3.8	9.7
Urology	0	0	1	1		66	66	130	121	251	2.0	1.8
Totals	0	0	10	10		1639	2074	4198	3716	7914	2.6	1.8
SURGICAL RECOV	ERY STATIC	NS	Stag	e 1 Rec	overy S	Stations	12	Sta	ge 2 Recove	ry Stations	28	
			Dedi	cated ar	ıd Nor	-Dedicate	d Procedure	Room Utilza	ntion			
		Proc	edure Ro				ical Cases		Surgical Ho	rus	Hours	per Case
Procedure Type	Inpa	tient Outpa			Total	Inpatier		t Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Sastrointestinal	•	0 0	1	3	3	936	3 2154	1324	2971	4295	1.4	1.4
aser Eye Procedure		0 0		Ō	Ŏ	() 0	0	0	0	0.0	0.0
ain Management		0 0		1	1	Ċ	33	0	35	35	0.0	1.1
cystoscopy		0 0		0	0	Ċ	0	0	0	0	0.0	0.0
				Mul	ltipurp	ose Non-	Dedicated Ro	oms				
							0	٥	0	0	0.0	0.0
						() 0	0	0	0	0.0	0.0
		0 0)	0	0	() 0	0	0	0	0.0	0.0
	Emergency	/Trauma C	are	1000			0.5	M 5451	Cardiac Ca	theterization	<u>Labs</u>	
Certified Trau	ma Center					No	Total	Cath Labs (C	edicated+No	ondedicated la	bs):	3
Level of Traus	ma Service		Lev	el 1			Cı	Cath Labs used for Angiography procedure				0
							De	edicated Diag	nostic Cathe	terization Lab		0

		The second secon	THE RESIDENCE OF THE PARTY OF T
Emergency/Trauma Care		Cardiac Catheterization Labs	
Certified Trauma Center	No	Total Cath Labs (Dedicated+Nondedicated labs):	3
Level of Trauma Service Le	vel 1 Level 2	Cath Labs used for Angiography procedures	0
		Dedicated Diagnostic Catheterization Lab	0
Operating Rooms Dedicated for Trauma Care	0	Dedicated Interventional Catheterization Labs	2
Number of Trauma Visits:	0	Dedicated EP Catheterization Labs	1
Patients Admitted from Trauma	0		
Emergency Service Type:	Comprehensive	Cardiac Catheterization Utilization	
Number of Emergency Room Stations	27	Total Cardiac Cath Procedures:	1,522
Persons Treated by Emergency Services:	45,523	Diagnostic Catheterizations (0-14)	. 0
Patients Admitted from Emergency:	5,954	Diagnostic Catheterizations (15+)	898
Total ED Visits (Emergency+Trauma):	45,523	Interventional Catheterizations (0-14):	0
Free-Standing Emergency Co	enter	Interventional Catheterization (15+)	317
Beds in Free-Standing Centers		EP Catheterizations (15+)	307
Patient Visits in Free-Standing Centers	ŏ	Cardiac Surgery Data	
Hospital Admissions from Free-Standing Cente	er 0	Total Cardiac Surgery Cases:	13
Outpatient Service Data	-	Pedlatric (0 - 14 Years):	0
		Adult (15 Years and Older):	13
Total Outpatient Visits	83,381	Coronary Artery Bypass Grafts (CABGs)	••
Outpatient Visits at the Hospital/Campus:	83,381	performed of total Cardiac Cases :	13
Outpatient Visits Offsite/off campus	0		- 10

Diagnostic/Interventional Equipment			Ex	aminatio	ns	Therspeutic Equipment			Theraples/
	Owned C	ontract	Inpatient	Outpt	Contract		Owned	Contract	<u>Treatments</u>
General Rediography/Fluoroscopy	6	0	6,389	26,180	0	Lithotripsy	1	0 0	0
Nuclear Medicine	5	0	902	410	0	Linear Accelerator	+	0 0	0
Mammography	3	0	2	5,478	0	image Gulded Rad Thera	ру		0
Ultrasound	5	0	2,676	7,338	0	Intensity Modulated Rad	Thrpy		0
Angiography	1	0				High Dose Brachytherapy		0 0	0
Diagnostic Anglography			136	17	0	Proton Beam Therapy		0 0	0
Interventional Anglography			293	120	0	Gamma Knife	1	0 0	0
Positron Emission Tomography (PET)	0	0	0	0	0	Cyber knife	I	0 0	0
Computerized Axial Tomography (CAT)	2	0	2,674	11,710	0				
Magnetic Resonance Imaging	1	0	1,375	980	0				

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SENDER'S RECORD

June 10, 2019

VIA CERTIFIED MAIL – RETURN RECEIPT REQUESTED

Tim Egan President/Chief Executive Officer Roseland Community Hospital 45 W. 111th Street Chicago, IL 60628

RE: Discontinuation of Services - MetroSouth Medical Center

Dear Mr. Egan:

MetroSouth Medical Center, located at 12935 S. Gregory Street, Blue Island, IL 60406 (the "Hospital"), is filing an exemption application to the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Hospital's planned discontinuation of all hospital services. The discontinuation of the Hospital is anticipated in the fourth quarter of 2019, with a target date of November 1, 2019.

During calendar years 2016 and 2017, the Hospital treated patients in the volumes set forth below:

Year	Inpatient Admissions	Outpatient Visits	Emergency Department Visits
2016	8,184	83,998	44,529
2017	8,410	83,381	45,523

A copy of the Hospital's 2017 Annual Hospital Questionnaire Profile (the "Profile"), which is the most recent version published by HFSRB, is enclosed for your reference. Please note that the Hospital operates medical/surgical, intensive care unit, obstetrics/gynecology, acute mental illness, cardiac catheterization, and open heart surgery categories of service, as detailed in the Profile.

Please respond to me in writing within 15 days if you anticipate an impact of this proposed discontinuation on your facility. Thank you for your attention to this matter.

Sincerely.

John P. Walsh, FACHE Chief Executive Officer MetroSouth Medical Center

Ownership, Man	agement and	General Infor	mation	-	•	Patients by	Race		Patients by Et	Page 1
ADMINISTRATOR NAM	E: John Ba	ird			Wi	ite	25	5.7% Hi	spanic or Latino	: 9.6
ADMINSTRATOR PHON	E 708-597	'-2000 Ext. 520	1		Bla	ck	6	5.7% No	ot Hispanic or Li	atino: 86,8
OWNERSHIP:		and Hospital Co				erican Indian			nknown:	3.6
OPERATOR:		and Hospital Co			Asi).2% —	1001111	
MANAGEMENT: CERTIFICATION:	Limited	Liability Compa	iny			wajian/ Pacific known).2% 3.3%	IDPH Number: HPA	5835 A-04
FACILITY DESIGNATION	M.				Un	KIIOWII	-	3.376	HSA	7
ADDRESS		outh Gregory S	Street C	ITY: Blue Isla	nd	COUNTY:	Suburb	an Cook C		•
		3,		cation Data by	Category					
	Authorize		ls			Observation	Average Length	Average Daily	CON Occupancy	Staffed Bed Occupancy
Clinical Service	12/31/201			Admissions	Days	Days	of Stay	Census	Rate %	Rate %
Medical/Surgical	242	95	95	5,190	23,354	2,913	5.1	72.0	29.7	75.8
0-14 Years				24	466					
15-44 Years				845	2,952					
45-64 Years				1,880	7,829					
65-74 Years				981	4,640					
75 Years +		_	_	1,460	7,467	_				
Pediatric	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Intensive Care	28	12	12	1,052	2,769	13	2.6	7.6	27.2	63.5
Direct Admission				868	2,197					
Transfers				184	572					
Obstetric/Gynecology	30	21	21	1,498	3,047	187	2,2	8.9	29.5	42.2
Maternity				1,485	3,027					
Clean Gynecology				13	20					
Neonatal	0	13	13	455	1,985	0	4.4	5.4	0.0	41.8
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Total AMI	14			399	3,741	0	9.4	10.2	73.2	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		12	12	399	3,741	0	9.4	10.2		85.4
Rehabilitation	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	0					0				
Facility Utilization	314			8,410	34,896	3,113	4.5	104.1	33.2	
				J Direct Admis			_			
						rved by Payo	Source			
	Medicare	Medicaid	Other Public			Private Pay		Ch	arity Care	Totals
Inpatients	40.5%	39.1%	3.9		13.4%	2.2%			0.7%	S0 470
inpadents	3435	3314		34	1139	188			63	8,473
Outpatients	51.2% 36398	19.8% 14045	1.8 ⁴ 127		18.8% 13365	5.3% 3758			3.1% 2220	71,060
Financial Year Reported						Revenue by P	avor Sou	rce	Charity	Total Charity
Plannelly Feur Reported		Medicald	Other Publi			Private Pay		 Totals	Care	Care Expense
Inpatient	Medicare					14.9%		100.0%	Expense	585,791
Pavanua / \$\	26.5%	30.9%	1.19		26.6%				246,136	Total Charity
	24,137,768	28,116,250	1,042,11	8 24	,235,776	13,589,262		121,174	240,130	Care as % of
Outpatient	14.7%	21.1%	9.5		36.7%	18.0%		100.0%	240 855	Net Revenue
Revenue (\$)	7,938,516	11,371,194	5,116,005	5 19,	820,863	9,741,210	53,5	87,788	319,655	ALCOHOL: NAME OF THE OWNER, WHEN
Bir	thing Data	80		New	born Nurs	ery Utilization			Organ Tra	<u>naplantation</u>
Number of Total Births	}		1,384		Level	Level II	Le	vel II+	Kldney:	0
Number of Live Births:		•	1,399 Beds	;	1	0 1	0	8	Heart:	0
Birthing Rooms:			O Patio	ent Days	29	2 1	8	1,571	Lung:	
Labor Rooms:			5 Tota	Newborn Pat	ient Days			1,881	Heart/Lung: Pancreas:	0
Delivery Rooms:	a. Be		-	1	Laborators	Studies			Liver:	0
Labor-Delivery-Recove	-	. Poome:	13 0 Inpa	tient Studies		A144100		9,178		-
	neensmani in	i rooms:	u inida					U, 1 - U	Total:	0
Labor-Delivery-Recove C-Section Rooms:	ily-r oaqeitan			etient Studies			:	29,965	10101.	

-lospital Profile - (3Y 2017	M	etroSou						Blue	sland		Page 2		
Outsided Consolute		# F	3	<u>Sur</u>		Operatii Sundical (ng Room Utl							
Surgical Specialty	Inpatient Out	erating F		Total			<u>∠usus</u> Dutpatient	Inpatient		E Total Hours		er Case Outpatient		
Cardiovascular	0	pauerii C	701110411EU 1	1000		82	64	174	43	217	2.1	0.7		
Dermatology	Ó	ō	ò	ò		Q.	0	0	0	0	0.0	0.0		
General	ŏ	ŏ	5	5		407	499	941	712	1653	2.3	1.4		
Gastroenterology	ŏ	Ö	ō	0		0	0	0	0	0	0.0	0.0		
Neurology	ŏ	Ō	ō	Ō)	23	7	87	28	115	3.8	4.0		
OB/Gynecology	0	0	0	0)	548	312	1222	559	1781	2.2	1.8		
Oral/Maxillofacial	0	0	0	0	l	0	0	0	0	0	0.0	0.0		
Ophthalmology	0	0	2	2	!	0	503	0	736	736	0.0	1.5		
Orthopedic	0	0	1	1		373	481	1282	1122	2404	3.4	2.3		
Otolaryngology	0	0	0	0)	24	43	40	119	159	1.7	2.8		
Plastic Surgery	0	0	0	0)	1	1	5	30	35	5.0	30.0		
Podiatry	0	0	0	0	1	62	88	118	149	267	1.9	1.7		
Thoracic	0	0	0	0	1	53	10	199	97	296	3.8	9.7		
Urology	0	0	1	1		66	66	130	121	251	2.0	1.8		
Totals	0	0	10	10		1639	2074	4198	3716	7914	2,6	1,8		
SURGICAL RECOV	EDV STATION			a 1 Par	covery St	attone	12	Ste	ige 2 Recove	ry Stations	28			
SURGICAL RECOV	ERI SIAIION	-	-		-	-			-					
		_	<u>Dedi</u>	cated a	nd Non-	Dedicated	Procedure	Room Utilz	ation		Haven	per Case		
			edure Ro				Cal Cases	. Innellan	Surgical Ho		Inpatient	Outpatient		
rocedure Type	-	-	atient Cor			Inpatient	Outpatien	•	•	t Total Hours	•	•		
astrointestinal	0		0	3	3	936	2154	1324	-	4295 0	1.4 0.0	1.4 0.0		
aser Eye Procedures	0		0	0	0	0	0 33			35	0.0	1.1		
ain Management Systoscopy	0		0 0	1	1 0	0	0	Č		0	0.0	0.0		
yaloacopy	·	•	•	•	_	_	edicated Ro							
				MIL	nupurpo	<u>ве мол-с</u> 0	O enicaled VD		0	0	0.0	0.0		
						0	0		. 0	ő	0.0	0.0		
	0		0	0	0	ő	Ö		•	Ö	0.0	0.0		
		_							Cordina C	atheterization	l ahe			
	Emergency/T	rauma Ç	are			No		O-45 -6 4		ondedicated la		3		
Certified Traum			l as	rel 1		svel 2				raphy procedu		0		
Level of Traum	IS SELVICE		Lot	761 1		-01012				eterization Lab	03	ŏ		
Operating Roo	me Dedicated	for Team	ma Care			0				atheterization L	abs	2		
Number of Tra		, , , , , , ,				0			Catheterizat			1		
Patients Admit		na				0			8					
Emergency Se	ervice Type:				Compre	hensive		<u>Ca</u>	rdiac Cathe	<u>terization Utili:</u>	zation			
Number of Em	ergency Room	Stations	5			27	Total	Cardiac Cal	h Procedure	s:		1,522		
Persons Treat	ed by Emerger	ncy Servi	ices:			45,523			theterization			0		
Patients Admit		_				5,954			theterization			898		
Total ED Visits						45,523			Catheterizat			0		
	Free-Standi	<u>ng Emel</u>	rgency Ce	nter					Catheterizat	lon (15+)		317 307		
Beds in Free-S	Standing Center	ers				0	E	P Catheteriz	ations (15+)			307		
Patient Visits i	n Free-Standir	ig Cente	rs.			0				Surgery Data				
Hospital Admis	ssions from Fr	ee-Stand	ling Cente	r		0			gery Cases:			13		
	<u>Outpatient</u>	Service i	<u>Data</u>					ediatric (0 -		١.		0 13		
Total Outpatie						83,381			rs and Older): rafts (CABGs)		13		
Outpatient '	Visits at the He	spital/ C	ampus:			83,381	U	performe	ed of total Ca	rdiac Cases:		13		
The Real Property lies and the least lies and the lies and	Visits Offsite/o	-	\$		_	0			-					
<u>Diagnostic/Intervent</u>	ional Equipm	ent			_	xaminati		Therap	eutic Equip			Therapie Treatmer		
		_	wned Co	ntrect	Inpatier	•	Contract				Contract	Heatille		
General Radiograph	y/Fluoroscopy		6	0	6,389	26,180		Lithotrips	•		0 0			
Nuclear Medicine			5	0	902	410	0		celerator		0 0			

Diagnostic/Interventional Equipment			Ex	aminatio	ns	Therapeutic Equipment			Therapies/
	Owned Co	ntrect	Inpatient	Outpt	Contract		Owned	Contract	<u>Treatments</u>
General Radiography/Fluoroscopy	6	0	6,389	26,180	0	Lithotripsy	0	0	0
Nuclear Medicine	5	0	902	410	0	Linear Accelerator	0	0	0
Mammography	3	ō	2	5,478	0	Image Guided Rad Thera	у		0
Ultrasound	5	ō	2.676	7,338	0	Intensity Modulated Rad 1	hrpy	•	0
Angiography	1	ā	2,010	. ,		High Dose Brachytherapy		0	0
Diagnostic Angiography	•	•	136	17	0	Proton Beam Therapy	0	0	0
Interventional Angiography			293	120	0	Gamma Knife	0	0	0
Positron Emission Tomography (PET)	٥	0	0	0	0	Cyber knife	C	0	0
Computerized Axial Tomography (CAT)	2	ŏ	2,674	11,710	Q	•			
Magnetic Resonance Imaging	1	0	1,375	980	0				

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Officer			
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Certified Article Number

9414 7266 9904 2133 9672 17

SENDER'S RECORD

June 10, 2019

VIA CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Timothy Caveney Chief Executive Officer South Shore Hospital 8012 South Crandon Avenue Chicago, IL 60617

RE: Discontinuation of Services - MetroSouth Medical Center

Dear Mr. Caveney:

MetroSouth Medical Center, located at 12935 S. Gregory Street, Blue Island, IL 60406 (the "Hospital"), is filing an exemption application to the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Hospital's planned discontinuation of all hospital services. The discontinuation of the Hospital is anticipated in the fourth quarter of 2019, with a target date of November 1, 2019.

During calendar years 2016 and 2017, the Hospital treated patients in the volumes set forth below:

Year	Inpatient Admissions	Outpatient Visits	Emergency Department Visits
2016	8,184	83,998	44,529
2017	8,410	83,381	45,523

A copy of the Hospital's 2017 Annual Hospital Questionnaire Profile (the "Profile"), which is the most recent version published by HFSRB, is enclosed for your reference. Please note that the Hospital operates medical/surgical, intensive care unit, obstetrics/gynecology, acute mental illness, cardiac catheterization, and open heart surgery categories of service, as detailed in the Profile.

Please respond to me in writing within 15 days if you anticipate an impact of this proposed discontinuation on your facility. Thank you for your attention to this matter.

John P. Walsh, FACHE

Chief Executive Officer

MetroSouth Medical Center

Ownership, Mana	gement and	Seneral Inform	ation			Patients by	Race		Patients by Eti	nicity
ADMINISTRATOR NAME					Wh	nite	25	5.7% Hi	spanic or Latino	9.6
ADMINSTRATOR PHON	E 708-597-	2000 Ext. 5201			Bla	ıck	65	5.7% No	ot Hispanic or La	itino: 86.8
OWNERSHIP:		nd Hospital Co	mpany LLC		Am	erican Indian	(0.0% Ur	nknown:	3.6
OPERATOR:	Blue Islar	nd Hospital Co	mpany LLC		Asi	ian	().2% —		
MANAGEMENT:	Limited L	iability Compar	ny		Ha	walian/ Pacific	(0.2%	IDPH Number:	5835
CERTIFICATION:					Un	known		3.3%	HPA	A-04
FACILITY DESIGNATION				t-t-			0.4	OI-O	HSA	7
ADDRESS	12935 So	uth Gregory S		ry: Blue isla		COUNTY	Suburb	an Cook C	ounty	
			Facility Utiliza	tion Data by	Category	of Service			2011	Otolica Dod
Clinical Service	Authorizad CON Beds 12/31/2017	Setup and		Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	242	95	95	5,190	23,354	2,913	5.1	72.0	29.7	75.8
0-14 Years				24	466					
15-44 Years				845	2,952					
45-64 Years				1,880	7,829					
65-74 Years				981	4,640		38			
75 Years +				1,460	7,467					
Pediatric	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Intensive Care	28	12	12	1,052	2,769	13	2.6	7.6	27.2	63.5
Direct Admission				868	2,197					
Transfers				184	572					
Obstetric/Gynecology	30	21	21	1,498	3,047	187	2.2	8.9	29.5	42.2
Materity	00			1,485	3,027					
Clean Gynecology				13	20					
	0	13	13	455	1,985	0	4.4	5.4	0.0	41.8
Neonatal	0	0	0	0 -	0	0	0.0	0.0	0.0	0.0
Long Term Care				-			0.0	0.0		2 5900
Swing Beds			0	0	0					
Total AMI	14			399	3,741	0	9.4	10.2	73.2	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		12	12	399	3,741	0	9.4	10.2		85.4
Rehabilitation	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	0	0.	- 5E			00				
Facility Utilization	314			8,410	34,896	3,113	4.5	104.1	33.2	
			(Includes ICU	Direct Admis	sions Only)				
	-		Inpatie	nts and Out	patients S	erved by Pavo	r Source			
	Medicare	Medicald	Other Public	Private in	surance	Private Pay		Ch	arity Care	Totals
	40.5%	39.1%	3.99	6	13.4%	2.2%	,		0.7%	
Inpatients	3435	3314	33-		1139	188			63	8,473
	51.2%	19.8%	1.8%		18.8%	5.3%			3.1%	
Outpatients	36398	14045	1274		13365	3758			2220	71,080
- 22.0 14.05.05					atlent Net	Revenue by F	Pavor Sou	rce		Total Charity
Financial Year Reported:	1717 11							Totals	Charity Care	Care Expense
	Medicare	Medicald	Other Public			Private Pay			Expense	565,791
Inpatient Revenue (\$)	26.5%	30.9%	1.1%		26.6%	14.9%		100.0%	·	Total Charity
Kavanua (a)	24,137,768	28,116,250	1,042,118	24	,235,776	13,589,262	91,	121,174	246,136	Care as % of
Outpatient	14.7%	21.1%	9.5%		36.7%	18.0%	•	100.0%		Net Revenue
- 1 4	7,938,516	11,371,194	5,116,005	19,	820,863	9,741,210	53,9	987,788	319,655	0.4%
				Nov	de com Mare	serv Utilization			Organ Tra	nsplantation
	thing Data	_		Wak					Kidney:	0
Number of Total Births:			,384		Level I	Level II		vel II+	Heart:	0
Number of Live Births:		1	.399 Beds 0 Paties	at Barra		•	10	8 1,571	Lung:	Ŏ
BirthIng Rooms: Labor Rooms:			ž (auto	nt Days	29	16	18	-	Heart/Lung:	. 0
Delivery Rooms:			0 Total	Newborn Pat	ient Days			1,881	Pancreas:	0
Labor-Delivery-Recove	ry Rooms:		13		Laborator	v Studies			Liver:	0
Labor-Delivery-Recove		Rooms:	0 Inpat	ent Studies				9,178	Total:	0
				atient Studles				29,965	100	
C-Section Rooms:				es Performed				2,158		

				Sur			ng Room Uti			_		
Surgical Specialty		Operating	Rooms		Sur	gical (Cases	5	urgical Hour			er Case
	Inpatient	Outpatient	Combined	Total	Inpatie	ent (Outpatient	Inpatient	Outpatient		Inpatient	Outpatient
Cardiovascular	0	0	1	1		82	64	174	43	217	2.1	0.7
Dermatology	0	0	0	0		0	0	0	0	0	0.0	0.0
General	0	0	5	5	4	07	499	941	712	1653	2.3	1.4
Gastroenterology	0	0	0	0		0	0	0	0	0	0.0	0.0
Neurology	0	0	0	0		23	7	87	28	115	3.8	4.0
OB/Gynecology	0	0	0	0	. 5	48	312	1222	559	1781	2.2	1.8
Oral/Maxillofacial	0	0	0	0		0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	2	2		0	503	0	736	736	0.0	1.5
Orthopedic	0	0	1	1	3	73	481	1282	1122	2404	3.4	2.3
Otolaryngology	0	0	0	0	1	24	43	40	119	159	1.7	2.8
Plastic Surgery	0	0	0	0	1	1	1	5	30	35	5.0	30.0
Podiatry	0	0	0	0	1	62	88	118	149	267	1.9	1.7
Thoracic	0	0	0	0	1	53	10	199	97	296	3.8	9.7
Urology	0	0	1	1		66	66	130	121	251	2.0	1.8
Totals	0	0	10	10	16	39	2074	4198	3716	7914	2.6	1.8
SURGICAL RECOV	ERY STAT	TIONS	Stag	e 1 Rec	covery Statio	ns	12	Sta	age 2 Recov	ery Stations	28	
			Dedi	cated a	nd Non-Ded	icated	d Procedure	Room Utilz	ation			
		Pr	ocedure Ro				cal Cases		Surgical Ho		Hours	per Case
rocedure Type	In	patient Ou	stpatient Cor	mbined	Total Inp	atient	Outpatien	it Inpatien	t Outpatier	nt Total Hours	Inpatient	Outpatient
Sastrointestinal		0	0	3	3	936	2154	1324	2971	4295	1.4	1.4
aser Eye Procedures	3	0	0	0	0	0	0) (0	0	0.0	0.0
ain Management		0	0	1	1	0	33		35	35	0.0	1.1

		Procedure	Rooms		Surgic	el Cases	\$	Burgical Hou	B	Hours	per Case
Procedure Type	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	3	3	936	2154	1324	2971	4295	1.4	1.4
Laser Eye Procedures	Ō	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	1	1	0	33	0	35	35	0.0	1.1
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
• =			Me	ultipurp	ose Non-De	dicated Roo	ms				
					0	0		0	0	0.0	0.0
					0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0
Eme	rgency/Tra	uma Care	- 0					Cardiac Cat	theterization	Labs	
Certifled Trauma Ce	inter				No	Total C	eth Labs (D	edicated+No	ndedicated la	bs):	3
Level of Trauma Se	rvice		Level 1		Level 2	Cat	h Labs used	l for Angiogra	aphy procedur	188	0

Emergency/Traum	ıa Care		Cardiac Catheterization Labs	
Certifled Trauma Center		No	Total Cath Labs (Dedicated+Nondedicated labs):	3
Level of Trauma Service	Level 1	Level 2	Cath Labs used for Angiography procedures	0
			Dedicated Diagnostic Catheterization Lab	0
Operating Rooms Dedicated for To	rauma Care	0	Dedicated Interventional Catheterization Labs	2
Number of Trauma Visits:		0	Dedicated EP Catheterization Labs	1
Patients Admitted from Trauma		0		
Emergency Service Type:		Comprehensive	Cardiac Catheterization Utilization	
Number of Emergency Room Stat	ions	27	Total Cardiac Cath Procedures:	1,522
Persons Treated by Emergency S		45,523	Diagnostic Catheterizations (0-14)	0
Patients Admitted from Emergency		5,954	Diagnostic Catheterizations (15+)	898
Total ED Visits (Emergency+Traus		45,523	Interventional Catheterizations (0-14):	0
Free-Standing E	mergency Center		Interventional Catheterization (15+)	317
Beds in Free-Standing Centers		0	EP Catheterizations (15+)	307
Patient Visits in Free-Standing Ce	nters	Ō	Cardiac Surgery Data	
Hospital Admissions from Free-St		0	Total Cardiac Surgery Cases:	13
Outpatient Servi			Pediatric (0 - 14 Years):	0
	<u>na nara</u>	02 204	Adult (15 Years and Older):	13
Total Outpatient Visits	II O	83,381	Coronary Artery Bypass Grafts (CABGs)	
Outpatient Visits at the Hospita		83,381	performed of total Cardiac Cases:	13
Outpatient Visits Offsite/off can	npus	· ·	The second control of	

Diagnostic/Interventional Equipment			Ex	aminatio	ns	Therepeutic Equipment			Therapies/
	Owned Co	ontract	Inpatient	Outpt	Contract		Owned	Contract	<u>Treatments</u>
General Radiography/Fluoroscopy	6	0	8,389	26,180	0	Lithotripsy	(0	0
Nuclear Medicine	5	0	902	410	0	Linear Accelerator	(0	0
Mammography	3	0	2	5,478	0	Image Guided Rad Therap	у		0
Ultrasound	5	0	2,676	7,338	0	Intensity Modulated Rad T	hrpy		0
Angiography	1	0		•		High Dose Brachytherapy	(0	0
Diagnostic Angiography	•		136	17	0	Proton Beam Therapy	(0	0
interventional Angiography			293	120	0	Gamma Knife	(0	0
Positron Emission Tomography (PET)	٥	O	0	0	0	Cyber knife	- (0	0
Computerized Axial Tomography (CAT)	2	Ō	2,674	11,710	0				
Magnetic Resonance Imaging	1	0	1,375	980	0				

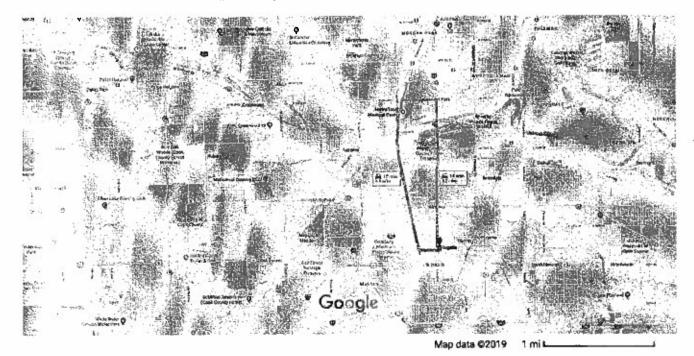
Source: 2017 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

		CLE NU	
9414 7261		6113	76/2 3/
Certified Mail Fee	\$		6
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Return Receipt (Electronic)	\$		1 3 12 12 12 12 12 12 12 12 12 12 12 12 12
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Postage	\$	/3	6 6
Total Postage and Fees	\$6	80	STORE
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South Shore			
8012 South C			!
Chicago, II.	60617		
B	eference	Informa	tion
79146-1 OHCC	c		

Google Maps

MetroSouth Medical Center, Blue Island, IL Driv to Ingalls, Ingalls Drive, Harvey, IL

Drive 4.5 miles, 12 min



via S Western Ave and Dixie Hwy

Fastest route, the usual traffic

4.5 miles

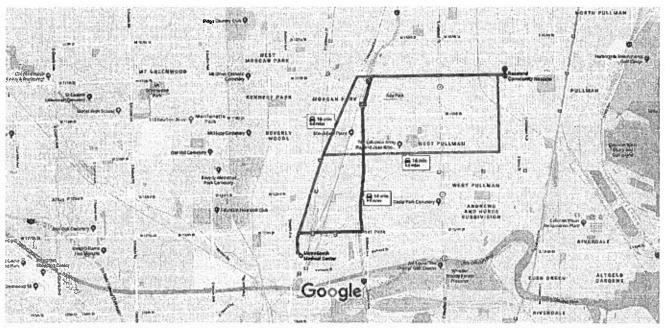
12 min

via S Ashland Ave and S Wood St

14 min

5.2 miles

Google Maps MetroSouth Medical Center, Blue Island, IL Drive 4.9 miles, 14 min to Roseland Community Hospital



Map data ©2019 Google 2000 ft

via I-57 N and W 111th St 14 min
Fastest route, the usual traffic 4.9 miles

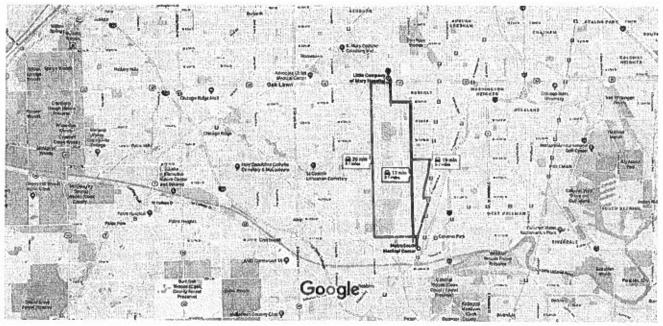
via Vincennes Rd and W 111th St 16 min

4.4 miles

via W 119th St 16 min

4.8 miles

Google Maps MetroSouth Medical Center, Blue Island, IL Drive 5.1 miles, 17 min to Little Company of Mary Hospital

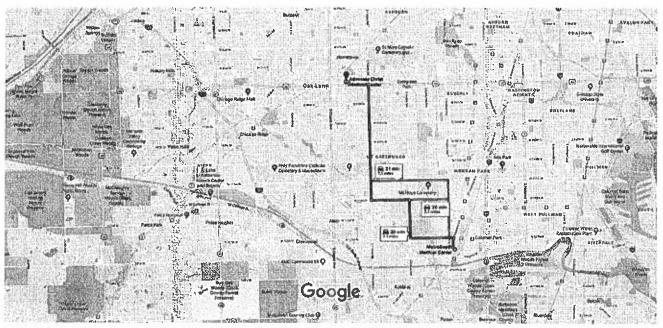


Map data @2019 1 mi L

Aviillability of the second	via S Western Ave Fastest route, lighter traffic than usual	17 min 5.1 miles
	via S Kedzie Ave	20 min 6.1 miles
	via Western Ave	19 min
	VIA WESTELLI AVE	5.7 miles

Google Maps

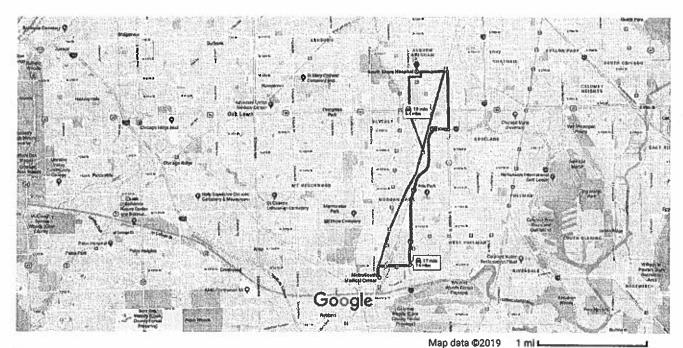
MetroSouth Medical Center, Blue Island, IL Drive 7.1 miles, 20 min to Advocate Christ Medical Center



Map data @2019

via S Pulaski Rd	20 min
Fastest route, lighter traffic than usual	7.1 miles
via W 119th St and S Pulaski Rd	20 min
	7.1 miles
many was a many water and the first	
via W 115th St and S Pulaski Rd	21 min
	7.1 miles

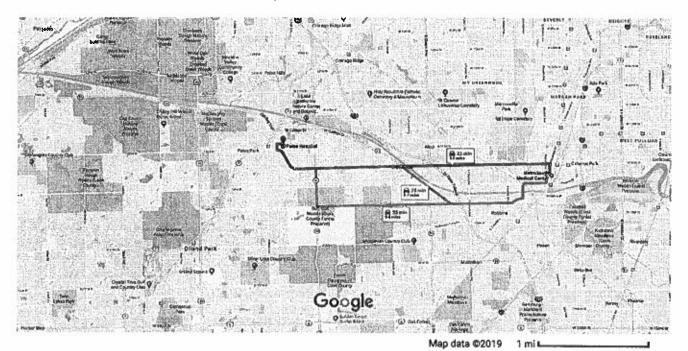
Google Maps MetroSouth Medical Center, Blue Island, IL Drive 7.6 miles, 17 min to South Shore Hospital



via I-57 N	17 min
Fastest route, the usual traffic	7.6 miles
 via Vincennes Rd	19 min
	6.4 miles

via Vincennes Rd and S Beverly Blvd 19 min 6.1 miles

Google Maps MetroSouth Medical Center, Blue Island, IL Drive 8.0 miles, 23 min to Palos Hospital



via W 127th St23 minFastest route, lighter traffic than usual8.0 miles

via W 135th St 25 min

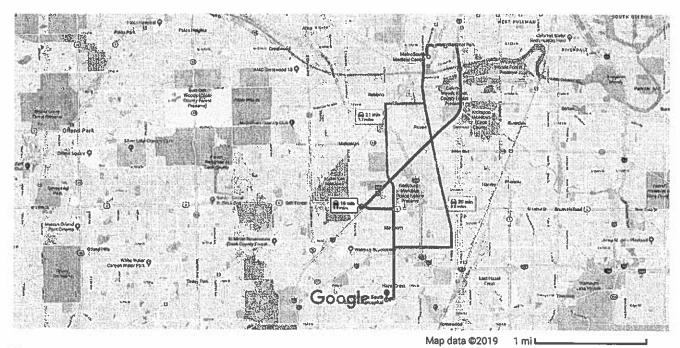
9.4 miles

via W Cal Sag Rd and W 127th St26 minSome traffic, as usual8.7 miles

Google Maps

MetroSouth Medical Center, Blue Island, IL to Advocate South Suburban Hospital

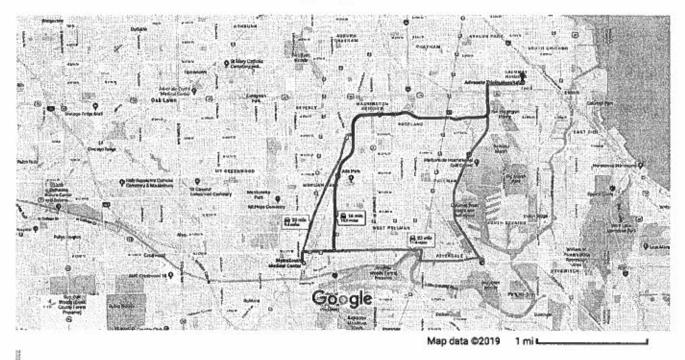
Drive 9.9 miles, 18 min



10.

POTESTICATE AND STORES OF STORES	via I-57 \$ Fastest route, the usual traffic	18 min 9.9 miles
	via S Western Ave and Dixie Hwy	20 min 8.2 miles
	via Kedzie Ave Some traffic, as usual	21 min 7.7 miles

Google Maps MetroSouth Medical Center, Blue Island, IL Drive 10.0 miles, 16 min to Advocate Trinity Hospital



via I-57 N Fastest route, the usual traffic	16 mir 10.0 mile
via W 127th St and I-94 W	23 mir
	11.4 mile
via Vincennes Rd	23 mir
	9.4 miles

ATTACHMENT 8

BACKGROUND OF THE APPLICANT

This Attachment includes the following:

- 1. A listing of health care facilities owned and operated by the applicants.
- 2. The applicants' certification of no adverse action together with the applicants' authorization permitting HFSRB and IDPH access to documents.

ATTACHMENT 8

BACKGROUND OF THE APPLICANT

Listing of Health Care Facilities

Quorum Hospital Corporation's affiliated Illinois hospitals are:

MetroSouth Medical Center 12935 South Gregory Street Blue Island, Illinois General Hospital License #0005835

Crossroads Community Hospital 8 Doctors Park Rd Mt. Vernon, Illinois General Hospital License #0003947

Galesburg Cottage Hospital 695 N Kellogg St Galesburg, Illinois General Hospital License #0005330

Gateway Regional Medical Center Granite City, Illinois General Hospital License #0005223

Heartland Regional Medical Center 3333 W DeYoung St Marion, Illinois General Hospital License #0005298

Red Bud Regional Hospital
325 Spring Street
Red Bud, Illinois
Critical Access Hospital License #0005199

Union County Hospital
517 North Main Street
Anna, Illinois
Critical Access Hospital License #0005421

Vista Medical Center 1324 N Sheridan Rd Waukegan, Illinois General Hospital License #0005397



June 7, 2019

Ms. Courtney Avery, Administrator Illinois Health Facilities and Services Review Board 525 West Jefferson Street, 2nd Floor Springfield, Illinois 62761

Dear Ms. Avery:

On behalf of the Applicants, namely, Blue Island Hospital Company, LLC, d/b/a MetroSouth Medical Center ("MetroSouth") and Quorum Health Corporation ("Quorum"), I hereby certify that no adverse action has been taken against MetroSouth or any other Illinois facility owned, operated and/or controlled by the Applicants during the three years prior to the filing of the application to discontinue MetroSouth.

The Applicants hereby permit the Illinois Health Facilities and Services Review Board and Illinois Department of Public Health ("IDPH") to have access to any documents necessary to verify the information submitted in the application to discontinue MetroSouth, including, but not limited to: (i) official records of IDPH or other State of Illinois agencies; (ii) the licensing or certification records of other states, when applicable; and (iii) the records of nationally recognized accreditation organizations.

The Applicants certify that all questionnaires and data required by the Health Facilities and Services Review Board and IDPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 60 days following the date of discontinuation.

The Applicants further attest that MetroSouth is providing the required notice of the facility closure to local media that the facility would notify about facility events. Documentation of the closure notice is attached to this letter.

Respectfully submitted,

Martin D. Smith / EVP and Chief Operating Officer

Quorum Health Corporation

Mutuda

Notary:

Subscribed and sworn to me this the day of June

Notary Public

Seal:

TENNESSEE NOTARY PUBLIC

ATTACHMENT 9

SAFETY NET IMPACT STATEMENT

20 ILCS 3960/5.4

A. The Project will not have a Material Impact on Safety Net Services

The applicants have no reason to believe that the discontinuation of MetroSouth will have a material impact on safety net services. There are eight full service hospitals within 10 miles of MetroSouth which are generally under-utilized in the services being discontinued. Consequently, the discontinuation of MetroSouth would be expected to result in higher utilization of the surrounding facilities and reducing their costs per unit of service, which would improve those hospitals' ability to cross-subsidize safety net services.

Also, there are 14 Federally Qualified Health Care Centers (FQHCs) within five miles of Blue Island according to the Health Resources & Services Administration's website. See listing of FQHCs included with this Attachment. The Administrations website describes the services provided at its Health Centers as follows:

What is a Health Center?

Health centers are community-based and patient-directed organizations that deliver comprehensive, culturally competent, high-quality primary health care services. Health centers also often integrate access to pharmacy, mental health, substance use disorder, and oral health services in areas where economic, geographic, or cultural barriers limit access to affordable health care services. Health centers deliver care to the Nation's most vulnerable individuals and families, including people experiencing homelessness, agricultural workers, residents of public housing, and the Nation's veterans.

Health Center Program fundamentals:

- •Deliver high quality, culturally competent, comprehensive primary care, as well as supportive services such as health education, translation, and transportation that promote access to health care.
- •Provide services regardless of patients' ability to pay and charge for services on a sliding fee scale.
- •Operate under the direction of patient-majority governing boards of autonomous community-based organizations. These include public and private non-profit organizations and tribal and faith-based organizations.
- •Develop systems of patient-centered and integrated care that respond to the unique needs of diverse medically underserved areas and populations.
- •Meet requirements regarding administrative, clinical, and financial operations.

How Health Centers Work

Health centers overcome geographic, cultural, linguistic, and other barriers to care by delivering coordinated and comprehensive primary and preventive services. This care reduces health disparities by emphasizing care management of patients with multiple health care needs and the use of key quality improvement practices, including health information technology.

Most health centers receive Health Center Program federal grant funding to improve the health of underserved and vulnerable populations. Some health centers receive funding to focus on special populations including individuals and families experiencing homelessness, migratory and seasonal agricultural workers, and residents of public housing. The majority of health center operating funds come from Medicaid, Medicare, private insurance, patient fees, and other resources. Some health centers that meet all Health Center Program requirements do not receive Federal award funding. These are called Health Center Program look-alikes.

Health centers leverage a variety of other related programs. Health centers that receive federal grant funding may gain access to medical malpractice coverage under Federal Tort Claims Act (FTCA), and some receive federal loan guarantees for capital improvements.

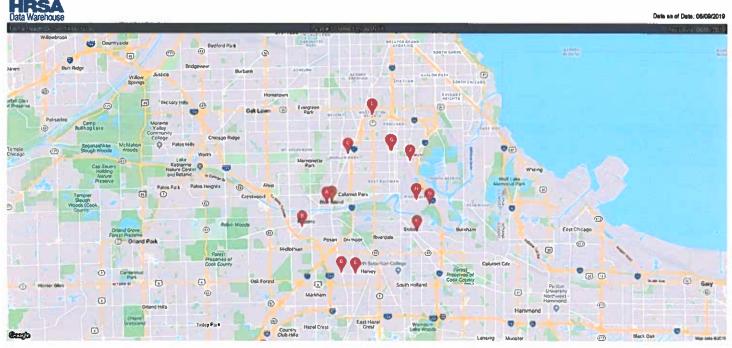
All health centers, including look-alikes, gain access to:

- •Federally Qualified Health Center Prospective Payment System reimbursement for services to Medicare and Medicaid beneficiaries;
- •340B Drug Pricing Program discounts for pharmaceutical products;
- •Free vaccines for uninsured and underinsured children through the Vaccines for Children Program; and,
- *Assistance in the recruitment and retention of primary care providers through the National Health Service Corps.

Source: https://bphc.hrsa.gov/about/what-is-a-health-center/index.html

B. Charity Care and Medicaid Services

MetroSouth's Charity Care and Medicaid services for the last three years are shown in the table immediately following this page.



A.

ACCESS BLUE ISLAND FAMILY HEALTH CENTER Operated by Access Community Health Network

Address: 13000 Maple Ave Blue Island, IL 60406-2318

Phone: 708-385-6100 Distance: 0.25 miles

Website: www.accesscommunityhealth.net

Click to get driving directions.

B.

BELOVED COMMUNITY FAMILY WELLNESS CENTER ROBBINS
Operated by BELOVED COMMUNITY FAMILY WELLNESS CENTER

Address: 3518 W 139th St Fl 2 Robbins, IL 60472-2002

Phone: 773-651-3629 Distance: 1.83 miles

Click to get driving directions.

C.

CLINIC ON MONTEREY

Operated by Christian Community Health Center

Address: 1701 W Monterey Ave Chicago, IL 60643-4257

Phone: 773-233-4100 Distance: 2.4 miles

Website: www.cchc-online.org Click to get driving directions.

D.

SOUTH SUBURBAN HOMELESS OUTREACH CENTER Operated by Aunt Martha's Health And Wellness, Inc. Address: 15420 Dixie Hwy Unit G Harvey, IL 60426-3479

Phone: 877-692-8686 Distance: 3.37 miles

Website: www.auntmarthas.org Click to get driving directions.

E.

FAMILY CHRISTIAN HEALTH CENTER

Operated by Family Christian Health Center Address: 31 W 155th St Harvey, IL 60426-3556

Phone: 708-596-5177 Distance: 3.58 miles

Website: www.familychristianhealthcenter.org

Click to get driving directions.

E.

CHICAGO FAMILY HEALTH CENTER - ROSELAND Operated by Chicago Family Health Center, Inc. Address: 120 W 111th St Chicago, IL 60628-4215

Phone: 773-995-3416 Distance: 3.67 miles

Website: http://www.chicagofamilyhealth.org

Click to get driving directions.

G.

AUNT MARTHA'S ROSELAND COMMUNITY HEALTH CENTER

Operated by Aunt Martha's Health And Wellness, Inc.

Address: 45 W 111th St Chicago, IL 60628

Phone: 877-692-8686 Distance: 3.73 miles

Website: www.auntmarthas.org Click to get driving directions.

H.

TCA HEALTH, INC.

Operated by TCA HEALTH, INC. NFP

Address: 1029 E 130th St Chicago, IL 60628-6908

Phone: 773-995-6300 Distance: 4 miles Website: none

Click to get driving directions.

I.

MOBILE STUDENT HEALTH CLINIC, PARKING LOT B

Operated by TCA HEALTH, INC. NFP

Address: 1029 E 130th St Chicago, IL 60628

Phone: 773-995-6300 Distance: 4 miles

Website: www.tcahealth.org Click to get driving directions.

J.

CHICAGO FAMILY HEALTH CENTER- PULLMAN Operated by Chicago Family Health Center, Inc. Address: 570 E 115th St Chicago, IL 60628-5740

Phone: 773-768-5000 Distance: 4.17 miles

Website: www.chicagofamilyhealth.org

Click to get driving directions.

K.

FAMILY CHRISTIAN HEALTH CENTER
Operated by Family Christian Health Center
Address: 713 E 142nd St Dolton, IL 60419-1062

Phone: 708-596-5177 Distance: 4.26 miles

Click to get driving directions.

 \mathbf{L}_{z}

MOBILE HEALTH VAN

Operated by Christian Community Health Center Address: 9718 S Halsted St Chicago, IL 60628-1007

Phone: 773-233-4100 Distance: 4.55 miles

Website: www.cchc-online.org Click to get driving directions.

M.

CHRISTIAN COMMUNITY HEALTH CENTER
Operated by Christian Community Health Center
Address: 9718 S Halsted St Chicago, IL 60628-1007

Phone: 773-233-4100 Distance: 4.55 miles

Website: www.cchc-online.org Click to get driving directions.

N.

CARVER MILITARY ACADEMY/TCA HLTH,INC

Operated by TCA HEALTH, INC. NFP

Address: 13100 S Doty Ave Chicago, IL 60827-1597

Phone: 773-535-5357 Distance: 4.63 miles Website: none

Click to get driving directions.

MetroSouth's Charity Care and Medicaid Information

S	afety Net Information p	per PA 96-0031		
	CHARITY CA	ARE		
Charity	2015	2016	2017	
(# of patients)				
Inpatient	35	43	63	
Outpatient	106	472	2,220	
Total	141	515	2,283	
Charity				
(cost in dollars)				
Inpatient	3,126,762	147,424	246,136	
Outpatient	1,903,600	217,414	319,655	
Total	5,030,362	364,838	565,791	
	MEDICAL	D		
Medicaid	2015	2016	2017	
(# of patients)				
Inpatient	2,764	3,103	3,314	
Outpatient	34,047	35,031	14,045	
Total	36,811	38,134	17,359	
Medicaid (revenue)				
Inpatient	31,013,796	34,323,681	28,116,250	
Outpatient	3,815,200	4,279,057	11,371,194	
Total	34,828,996	38,602,738	39,487,444	

ATTACHMENT 10 CHARITY CARE INFORMATION

20 ILCS 3960/5.4

The amount of charity care for the last three years provided by MetroSouth and by each of Quorum Health Corporation's affiliated Illinois hospitals is included in the tables below.

METROSOUTH MEDICAL CENTER, Blue Island					
2015 2016 2017					
Net Patient Revenue (\$)	137,534,708	130,520,068	145,108,962		
Amount of Charity Care (charges)	3.7% of net patient revenue	0.3% of net patient revenue	0.4% of net patient revenue		
Cost of Charity Care (\$)	5,030,362	364,838	565,791		

CROSSROADS COMMUNITY HOSPITAL, Mt. Vernon					
2015 2016 2017					
Net Patient Revenue (\$)	44,457,722	43,087,842	42,975,140		
Amount of Charity Care (charges)	1.7% of net patient revenue	1.2% of net patient revenue	0.5% of net patient revenue		
Cost of Charity Care (\$)	749,436	536,244	204,594		

GALESBURG COTTAGE HOSPITAL, Galesburg				
	2015	2016	2017	
Net Patient Revenue (\$)	66,868,915	64,576,277	63,910,368	
Amount of Charity Care (charges)	0.1% of net patient revenue	0.5% of net patient revenue	0.1% of net patient revenue	
Cost of Charity Care (\$)	61,902	309,753	38,924	

GATEWAY REGIONAL MEDICAL CENTER, Granite City					
2015 2016 201					
Net Patient Revenue (\$)	121,817,329	124,186,704	131,930,854		
Amount of Charity Care (charges)	0.2% of net patient revenue	0.6% of net patient revenue	0.2% of net patient revenue		
Cost of Charity Care (\$)	299,741	743,461	318,364		

	2015	2016	2017		
Net Patient Revenue (\$)	114,397,296	106,229,851	107,493,477		
Amount of Charity Care (charges)	1.7% of net patient revenue	1.2% of net patient revenue	1.1% of net patient revenue		
Cost of Charity Care (\$)	1,997,926	1,307,347	1,223,011		
RE	D BUD REGIONA	AL HOSPITAL, Red Bu	ıq		
2015 2016 2017					
	2015	2010	ZU1 /		
Net Patient Revenue	2015	23,915,249	25,232,661		
Net Patient Revenue (\$) Amount of Charity Care (charges)					

UNION COUNTY HOSPITAL, Anna					
2015 2016 2017					
Net Patient Revenue 23,594,645 (\$)		25,484,168	24,855,974		
Amount of Charity Care (charges)	0.2% of net patient revenue	0.6% of net patient revenue	0.3% of net patient revenue		
Cost of Charity Care (\$)	39,132	140,648	77,416		

VISTA MEDICAL CENTER, Waukegan						
2015 2016 2017						
Net Patient Revenue	174,722,125	177,771,693	171,104,147			
(\$)						
Amount of Charity Care	0.8% of net	0.6% of net patient	0.5% of net patient			
(charges)	patient revenue	revenue	revenue			
Cost of Charity Care (\$)	1,462,486	988,548	886,957			

The above charity care information is from the 2015, 2016 and 2017 Hospital Profiles for each hospital. The individual hospital charity care is not separately audited. Quorum Health Corporation's most recent Form 10-K filed with the U.S. Securities and Exchange Commission for the year ended December 31, 2018 contains the following statement on charity care:

Charity Care

In the ordinary course of business, the Company provides services to patients who are financially unable to pay for hospital care. The related charges for those patients who are financially unable to pay that otherwise do not qualify for reimbursement from a governmental program are classified as charity care. The Company determines amounts that qualify for charity care primarily based on the patient's household income relative

to the poverty level guidelines established by the federal government. The Company's policy is to not pursue collections for such amounts; therefore, the related charges are recorded in operating revenues at the standard billing rates and fully offset in contractual allowances. The Company's gross amounts of charity care revenues were \$33.0 million, \$34.0 million and \$34.6 million for the years ended December 31, 2018, 2017 and 2016, respectively.

The Company estimates the cost of providing charity care services utilizing a ratio of cost to gross charges and applying this ratio to the gross charges associated with providing care to charity patients for the period. The estimated costs of providing charity care services was \$5.5 million, \$5.6 million and \$5.7 million for the years ended December 31, 2018, 2017 and 2016, respectively. To the extent the Company receives reimbursement from any of the various governmental assistance programs to subsidize its care of indigent patients, the Company excludes the charges for such patients from the cost of care provided under its charity care program.

Quorum Health Corporation Revenue by Payor Source

The following table provides a summary of Quorum Health Corporation's net operating revenues for the years ended December 31, 2018, 2017 and 2016, by payor source (dollars in thousands):

	Year Ended December 31,						
	2018		2017	2017		10	
	\$ Amount	% of Total	\$ Amount	% of Total	\$ Amount	% of Total	
Medicare	\$ 532,097	28.3%	\$ 613,846	29.6%	\$ 629,303	29.4%	
Medicaid	352,111	18.7%	417,656	20.2%	430,609	20.1%	
Managed care and commercial plans	754,572	40.2%	788,943	38.1%	813,565	38.0%	
Self-pay and self-pay after insurance	157,435	8.4%	154,402	7.4%	159,914	7.6%	
Non-patient	82,374	4.4%	97,323	4.7%	105,076	4.9%	
Total net operating revenues	\$1,878,589	100.0%	\$2,072,170	100.0%	\$2,138,467	100.0%	

Source: Quorum Health Corporation, Form 10-K filing with U.S. Securities and Exchange Commission for Fiscal Year ended December 31, 2018.