

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

### SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

**This Section must be completed for all projects.**

#### Facility/Project Identification

Facility Name: NorthPointe Birth Center		
Street Address: 5605 E Rockton Road		
City and Zip Code: Roscoe 61073		
County: Winnebago	Health Service Area: 1	Health Planning Area B-01

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

Exact Legal Name: Beloit Health System, Inc		
Street Address: 1969 W Hart Road		
City and Zip Code: Beloit, WI 53511		
Name of Registered Agent: Timothy M McKeve		
Registered Agent Street Address: 1969 W Hart Road		
Registered Agent City and Zip Code: Beloit, WI 53511		
Name of Chief Executive Officer: Timothy M McKeve		
CEO Street Address: 1969 W Hart Road		
CEO City and Zip Code: Beloit, WI 53511		
CEO Telephone Number: 608-364-5685		

#### Type of Ownership of Applicants

<input checked="" type="checkbox"/> Non-profit Corporation <input type="checkbox"/> For-profit Corporation <input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Partnership <input type="checkbox"/> Governmental <input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other
<p>Corporations and limited liability companies must provide an <b>Illinois certificate of good standing</b>.</p> <p>Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner.</p>		
<p><b>APPEND DOCUMENTATION AS ATTACHMENT 1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b></p>		

#### Primary Contact [Person to receive ALL correspondence or inquiries]

Name: Timothy M McKeve
Title: President and CEO
Company Name: Beloit Health System, Inc
Address: 1969 W Hart Road, Beloit, WI 53511
Telephone Number: 608-364-5685
E-mail Address: tmckeve@beloithealthsystem.org
Fax Number: 608-364-5356

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

Name: Laura Wiegand
Title: Owner/COO
Company Name: Birth Partners, INC
Address: 2107 Crimson Lane, Bloomington, IL 61704
Telephone Number: 309-361-9199
E-mail Address: laura@birthpartnersil.com
Fax Number: N/A

**Post Permit Contact**

[Person to receive all correspondence subsequent to permit issuance-**THIS PERSON MUST BE EMPLOYED BY THE LICENSED HEALTH CARE FACILITY AS DEFINED AT 20 ILCS 3960**]

Name: Timothy M McKeve

Title: President and CEO

Company Name: Beloit Health System, Inc

Address: 1969 W Hart Road, Beloit, WI 53511

Telephone Number: 608-364-5685

E-mail Address: tmckeve@beloithealthsystem.org

Fax Number: 608-364-5356

**Site Ownership**

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Beloit Health System, Inc

Address of Site Owner: 1969 W Hart Road, Beloit, WI 53511

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:

Address:

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

- Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.
- Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.
- **Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.**

**APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**Organizational Relationships**

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

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

**Flood Plain Requirements**

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2006-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements, please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at [www.FEMA.gov](http://www.FEMA.gov) or [www.illinoisfloodmaps.org](http://www.illinoisfloodmaps.org). **This map must be in a readable format.** In addition, please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2006-5 (<http://www.hfsrb.illinois.gov>). A SPECIAL FLOOD HAZARD AREA AND 500-YEAR FLOODPLAIN DETERMINATION FORM has been added at the conclusion of this Application for Permit that must be completed to deem a project complete.

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

**Historic Resources Preservation Act Requirements**

[Refer to application instructions.]

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

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

**DESCRIPTION OF PROJECT****1. Project Classification**

[Check those applicable - refer to Part 1110.20 and Part 1120.20(b)]

Part 1110 Classification :

- ☒ Substantive  
☐ Non-substantive

**2. Narrative Description**

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

This project is for the establishment of a freestanding Birth Center in Roscoe, IL. In accordance with 210 ILCS 3/35 Alternative Health Care Delivery Act (the Act), the proposed birth center will meet the definition set forth in the Act, as follows: an alternative health care delivery model that is exclusively dedicated to serving the childbirth-related needs of women and their newborns and has no more than 10 beds. A birth center is a designated site that is away from the usual place of residence and in which births are planned to occur following a normal, uncomplicated, and low-risk pregnancy.

NorthPointe Birth Center will offer an out-of-hospital birthing service to those who are low risk and who want to choose a safe alternative in a comfortable environment that minimizes the use of technology and is cost effective. NorthPointe Birth Center will employ Certified Nurse Midwives and will offer an array of educational classes.

The new building will be approximately 8,700 square feet of space, at the existing NorthPointe Health and Wellness Campus at 5605 East Rockton Road, Roscoe, Illinois. The space will be built in accordance with the IDPH licensing requirements, including three birth rooms, designated space for prenatal visits and antepartum testing, a nurses' station, separate clean and soiled linen rooms, conference/educational space for community education services, private office spaces, and a waiting/living room/kitchen area that is personal and home-like for family to gather during the labor experience and prenatal care.

The NorthPointe Birth Center is highly supported by the community. The proposed NorthPointe Birth Center is a substantive project, offering a new service not otherwise offered in Illinois Health Planning Area B-01, within Winnebago County.



**Project Costs and Sources of Funds**

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

**Project Costs and Sources of Funds**

Pre Planning Costs	\$ -	\$ -	\$ -
Site Survey and Soil Investigation	\$ -		\$ -
Site Preparation	\$ 10,060	\$ 9,940	\$ 20,000
Off Site Work	\$ -		\$ -
New Construction Contracts	\$ 2,195,092	\$ 2,168,908	\$ 4,364,000
Modernization Contracts	\$ -	\$ -	\$ -
Contingencies	\$ 254,950	\$ 254,950	\$ 509,900
Architectural/Engineering Fees	\$ 206,745	\$ 206,255	\$ 415,000
Consulting and Other Fees	\$ 37,725	\$ 37,275	\$ 75,000
Movable or Other Equipment (excl construction)	\$ 113,175	\$ 111,825	\$ 225,000
Bond Issuance Expense (project related)	\$ -	\$ -	\$ -
Net Interest Exp During Construction (project related)	\$ -	\$ -	\$ -
Fair Market Value of Leased Space or Equipment	\$ -	\$ -	\$ -
Other Costs To Be Capitalized	\$ -	\$ -	\$ -
Acquisition of Building or Other Property (excl land)	\$ -	\$ -	\$ -
<b>TOTAL PROJECT COSTS</b>	<b>\$ 2,821,277</b>	<b>\$ 2,787,623</b>	<b>\$ 5,608,900</b>
Cash and Securities	\$ 2,821,277	\$ 2,787,623	\$ 5,608,900
Pledges	\$ -	\$ -	\$ -
Gifts and Bequests	\$ -	\$ -	\$ -
Bond Issues (project related)	\$ -	\$ -	\$ -
Mortgages/Construction Loan - LOC as needed	\$ -	\$ -	\$ -
Leases (fair market value)	\$ -	\$ -	\$ -
Governmental Appropriations	\$ -	\$ -	\$ -
Grants	\$ -	\$ -	\$ -
Other Funds and Sources - TIA	\$ -	\$ -	\$ -

NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**Related Project Costs**

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

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

The project involves the establishment of a new facility or a new category of service  
☒ Yes ☐ No

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

Estimated start-up costs and operating deficit cost is \$5,608,900

**Project Status and Completion Schedules**

**For facilities in which prior permits have been issued please provide the permit numbers.**

Indicate the stage of the project's architectural drawings:

☐ None or not applicable ☒ Preliminary  
☐ Schematics ☐ Final Working

Anticipated project completion date (refer to Part 1130.140): December, 2023

Indicate the following with respect to project expenditures or to financial commitments (refer to Part 1130.140):

- ☐ Purchase orders, leases or contracts pertaining to the project have been executed.  
☐ Financial commitment is contingent upon permit issuance. Provide a copy of the contingent "certification of financial commitment" document, highlighting any language related to CON Contingencies  
☒ Financial Commitment will occur after permit issuance.

**APPEND DOCUMENTATION AS ATTACHMENT 8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

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

Are the following submittals up to date as applicable?

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

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

**No response from applicant due to this section not being applicable to Birth Centers**

## Cost Space Requirements

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

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

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

*No response from applicant due to this section not being applicable to Birth Centers*

**Facility Bed Capacity and Utilization**

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

<b>FACILITY NAME:</b>		<b>CITY:</b>			
<b>REPORTING PERIOD DATES:</b>		<b>From:</b>		<b>to:</b>	
<b>Category of Service</b>	<b>Authorized Beds</b>	<b>Admissions</b>	<b>Patient Days</b>	<b>Bed Changes</b>	<b>Proposed Beds</b>
Medical/Surgical					
Obstetrics					
Pediatrics					
Intensive Care					
Comprehensive Physical Rehabilitation					
Acute/Chronic Mental Illness					
Neonatal Intensive Care					
General Long-Term Care					
Specialized Long-Term Care					
Long Term Acute Care					
Other ((identify))					
<b>TOTALS:</b>					


***No response from applicant due to this section not being applicable to Birth Centers***


**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.

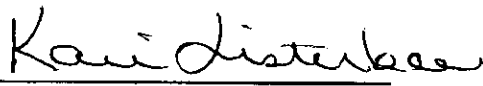
This Application is filed on the behalf of **NorthPointe Birth Center** in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this Application on behalf of the applicant entity. 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.


  
SIGNATURE  
Timothy M. McKEVETT  
PRINTED NAME  
President & CEO  
PRINTED TITLE

  
SIGNATURE  
Sharon K Cox  
PRINTED NAME  
Vice President  
PRINTED TITLE

Notarization:  
Subscribed and sworn to before me  
this 14 day of July

Notarization:  
Subscribed and sworn to before me  
this 14 day of July

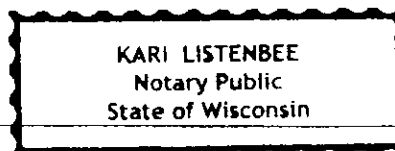
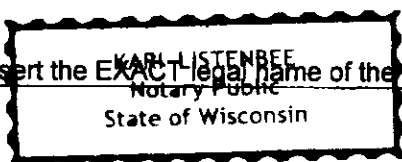
  
Signature of Notary

  
Signature of Notary

Seal

Seal

\*Insert the EXACT legal name of the applicant



**SECTION II. DISCONTINUATION- N/A New Project**

This Section is applicable to the discontinuation of a health care facility or the discontinuation of more than one category of service in a 6-month period. If the project is solely for a discontinuation of a health care facility the be addressed.

<https://www.ilga.gov/legislation/ilcs/documents/002039600K8.7.htm>

**Criterion 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 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. Provide copies of the notices that were provided to the local media that would routinely be notified about facility events.
8. For applications involving the discontinuation of an entire facility, certification by an authorized representative that all questionnaires and data required by HFSRB or DPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 90 days following the date of discontinuation.

**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 1110.290(b) for examples.

**IMPACT ON ACCESS**

1. Document whether the discontinuation of each service or of the entire facility will have an adverse effect upon access to care for residents of the facility's market area.
2. Document that a written request for an impact statement was received by all existing or approved health care facilities (that provide the same services as those being discontinued) located within the **geographic service area**.

**Or**

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

***No response from applicant due to this section not being applicable***

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

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

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

READ THE REVIEW CRITERION and provide the following required information:

##### BACKGROUND OF APPLICANT

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.
2. A listing of all health care facilities currently owned and/or operated in Illinois, by any corporate officers or directors, LLC members, partners, or owners of at least 5% of the proposed health care facility.
3. For the following questions, please provide information for each applicant, including corporate officers or directors, LLC members, partners and owners of at least 5% of the proposed facility. A health care facility is considered owned or operated by every person or entity that owns, directly or indirectly, an ownership interest.
  - a. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant, directly or indirectly, during the three years prior to the filing of the application.
  - b. A certified listing of each applicant, identifying those individuals that have been cited, arrested, taken into custody, charged with, indicted, convicted or tried for, or pled guilty to the commission of any felony or misdemeanor or violation of the law, except for minor parking violations; or the subject of any juvenile delinquency or youthful offender proceeding. Unless expunged, provide details about the conviction and submit any police or court records regarding any matters disclosed.
  - c. A certified and detailed listing of each applicant or person charged with fraudulent conduct or any act involving moral turpitude.
  - d. A certified listing of each applicant with one or more unsatisfied judgements against him or her.
  - e. A certified and detailed listing of each applicant who is in default in the performance or discharge of any duty or obligation imposed by a judgment, decree, order or directive of any court or governmental agency.
4. 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.**
5. If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest that the information was previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant can submit amendments to previously submitted information, as needed, to update and/or clarify data.

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

**Criterion 1110.110(b) & (d)****PURPOSE OF PROJECT**

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

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

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

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

**ALTERNATIVES**

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

Alternative options **must** include:

- A) Proposing a project of greater or lesser scope and cost;
- B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;
- C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and
- D) Provide the reasons why the chosen alternative was selected.

- 2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality and financial benefits in both the short-term (within one to three years after project completion) and long-term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED, THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**
- 3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

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



**SECTION IV. PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE****Criterion 1110.120 - Project Scope, Utilization, and Unfinished/Shell Space**

READ THE REVIEW CRITERION and provide the following information:

**SIZE OF PROJECT:**

1. Document that the amount of physical space proposed for the proposed project is necessary and not excessive. **This must be a narrative and it shall include the basis used for determining the space and the methodology applied.**
2. If the gross square footage exceeds the BGSF/DGSF standards in Appendix B, justify the discrepancy by documenting one of the following:
  - a. Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies and certified by the facility's Medical Director.
  - b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that delineates the constraints or impediments.
  - c. The project involves the conversion of existing space that results in excess square footage.
  - d. Additional space is mandated by governmental or certification agency requirements that were not in existence when Appendix B standards were adopted.

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

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
Birth Room	416 sf Per birth room	MAX 2750 sf per birth room	Under by 2334 sf	YES

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

**PROJECT SERVICES UTILIZATION:**

This criterion is applicable only to projects or portions of projects that involve services, functions or equipment for which HFSRB has established utilization standards or occupancy targets in 77 Ill. Adm. Code 1100. Document that in the second year of operation, the annual utilization of the service or equipment shall meet or exceed the utilization standards specified in 1110. Appendix B. **A narrative of the rationale that supports the projections must be provided.**

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

UTILIZATION					
	DEPT./ SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD	MEET STANDARD?
YEAR 1					
YEAR 2					

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

***No response from applicant due to this section not being applicable to Birth Centers***

**UNFINISHED OR SHELL SPACE:**

Provide the following information:

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

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

**ASSURANCES:**

Submit the following:

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

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

***No response from applicant due to this section not being applicable to Birth Centers***

**SECTION V. SERVICE SPECIFIC REVIEW CRITERIA**

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

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

1. Applicants proposing to establish, expand and/or modernize the Medical/Surgical, Obstetric, Pediatric and/or Intensive Care categories of service must submit the following information:
2. Indicate bed capacity changes by Service:                      Indicate # of beds changed by action(s):

Category of Service	# Existing Beds	# Proposed Beds
<input type="checkbox"/> Medical/Surgical		
<input type="checkbox"/> Obstetric		
<input type="checkbox"/> Pediatric		
<input type="checkbox"/> Intensive Care		

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

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

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.200(e) - Staffing Availability	X	X	
1110.200(f) - Performance Requirements	X	X	X
1110.200(g) - Assurances	X	X	
APPEND DOCUMENTATION AS <u>ATTACHMENT 18</u> , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

***No response from applicant due to this section not being applicable to Birth Centers***

**B. Criterion 1110.205 - Comprehensive Physical Rehabilitation**

- Applicants proposing to establish, expand and/or modernize the Comprehensive Physical Rehabilitation category of service must submit the following information:
- Indicate bed capacity changes by Service:      Indicate # of beds changed by action(s):

Category of Service	# Existing Beds	# Proposed Beds
<input type="checkbox"/> <b>Comprehensive Physical Rehabilitation</b>		

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

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.205(b)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (formula calculation)	X		
1110.205(b)(2) - Planning Area Need - Service to Planning Area Residents	X	X	
1110.205(b)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	X		
1110.205(b)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service		X	
1110.205(b)(5) - Planning Area Need - Service Accessibility	X		
1110.205(c)(1) - Unnecessary Duplication of Services	X		
1110.205(c)(2) - Maldistribution	X		
1110.205(c)(3) - Impact of Project on Other Area Providers	X		
1110.205(d)(1), (2), and (3) - Deteriorated Facilities			X
1110.205(d)(4) - Occupancy			X
1110.205(e)(1) - Staffing Availability	X	X	
1110.205(f) - Performance Requirements	X	X	X
1110.205(g) - Assurances	X	X	
<b>APPEND DOCUMENTATION AS ATTACHMENT <u>19</u>, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>			

***No response from applicant due to this section not being applicable to Birth Centers***

**C. Criterion 1110.210 - Acute Mental Illness and Chronic Mental Illness**

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

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

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

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.210(b)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (formula calculation)	X		
1110.210(b)(2) - Planning Area Need - Service to Planning Area Residents	X	X	
1110.210(b)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	X		
1110.210(b)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service		X	
1110.210(b)(5) - Planning Area Need - Service Accessibility	X		
1110.210(c)(1) - Unnecessary Duplication of Services	X		
1110.210(c)(2) - Maldistribution	X		
1110.210(c)(3) - Impact of Project on Other Area Providers	X		
1110.210(d)(1), (2), and (3) - Deteriorated Facilities			X
1110.210(d)(4) - Occupancy			X
1110.210(e)(1) - Staffing Availability	X	X	
1110.210(f) - Performance Requirements	X	X	X
1110.210(g) - Assurances	X	X	
<b>APPEND DOCUMENTATION AS ATTACHMENT <u>20</u>, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>			

**No response from applicant due to this section not being applicable to Birth Centers**

**D. Criterion 1110.220 - Open Heart Surgery**

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

Category of Service	# Existing Beds	# Proposed Beds
<input type="checkbox"/> Open Heart Surgery		

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

**1. Criterion 1110.220(b)(1), Peer Review**

Read the criterion and submit a detailed explanation of your peer review program.

**2. Criterion 1110.220(b)(2), Establishment of Open-Heart Surgery**

Read the criterion and provide the following information:

- a. The number of cardiac catheterizations (patients) performed in the latest 12-month period for which data is available.
- b. The number of patients referred for open heart surgery following cardiac catheterization at your facility, for each of the last two years.

**3. Criterion 1110.220(b)(3), Unnecessary Duplication of Services**

Read the criterion and address the following:

- a. Contact all existing facilities within 90 minutes travel time of your facility which currently provide or are approved to provide open heart surgery to determine what the impact of the proposed project will be on their facility.
- b. Provide a sample copy of the letter written to each of the facilities and include a list of the facilities that were sent letters.
- c. Provide a copy of all the responses received.

**4. Criterion 1110.220(b)(4), Support Services**

Read the criterion and indicate on a service by service basis which of the services listed in this criterion are available on a 24-hour inpatient basis and explain how any services not available on a 24-hour inpatient basis can be immediately mobilized for emergencies at all times.

**5. Criterion 1110.220(b)(5), Staffing**

Read the criterion and for those positions described under this criterion provide the following information:

- a. The name and qualifications of the person currently filling the job.
- b. Application filed for a position.
- c. Signed contracts with the required staff.
- d. A detailed explanation of how you will fill the positions.

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

**No response from applicant due to this section not being applicable to Birth Centers**

**E. Criterion 1110.225 - Cardiac Catheterization**

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

Category of Service	# Existing Beds	# Proposed Beds
<input type="checkbox"/> Cardiac Catheterization		

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

**1. Criterion 1110.225(a), Peer Review**

Read the criterion and submit a detailed explanation of your peer review program.

**2. Criterion 1110.225(b), Establishment or Expansion of Cardiac Catheterization Service**

Read the criterion and, if applicable, submit the following information:

- a. A map (on 8 1/2" x 11" paper) showing the location of the other hospitals providing cardiac catheterization services within the planning area.
- b. The number of cardiac catheterizations performed for the last 12 months at each of the hospitals shown on the map.
- c. Provide the number of patients transferred directly from the applicant's hospital to another facility for cardiac catheterization services in each of the last three years.

**3. Criterion 1110.225(c), Unnecessary Duplication of Services**

Read the criterion and, if applicable, submit the following information.

- a. Copies of the letter sent to all facilities within the planning area that currently provide cardiac catheterization. This letter must contain a description of the proposed project and a request that the other facility quantify the impact of the proposal on its program.
- b. Copies of the responses received from the facilities to which the letter was sent.

**4. Criterion 1110.225(d), Modernization of Existing Cardiac Catheterization Laboratories**

Read the criterion and, if applicable, submit the number of cardiac catheterization procedures performed for the latest 12 months.

**5. Criterion 1110.225(e), Support Services**

Read the criterion and indicate on a service-by-service basis which of the listed services are available on a 24-hour basis and explain how any services not available on a 24-hour basis will be available when needed.

**6. Criterion 1110.225(f), Laboratory Location**



Read the criterion and, if applicable, submit line drawings showing the location of the proposed laboratories. If the laboratories are not in proximity, explain why.

**7. Criterion 1110.225(g), Staffing**

Read the criterion and submit a list of names and qualifications of those who will fill the positions detailed in this criterion. Also, provide staffing schedules to show the coverage required by this criterion.

**8. Criterion 1110.225(h), Continuity of Care**

Read the criterion and submit a copy of the fully executed written referral agreement(s).

**9. Criterion 1110.225(i), Multi-institutional Variance**

Read the criterion and, if applicable, submit the following information:

- a. A copy of a fully executed affiliation agreement between the two facilities involved.
- b. Names and positions of the shared staff at the two facilities.
- c. The volume of open-heart surgeries performed for the latest 12-month period at the existing operating program.
- d. A cost comparison between the proposed project and expansion at the existing operating program.
- e. The number of cardiac catheterization procedures performed in the last 12 months at the operating program.
- f. The number of catheterization laboratories at the operating program.
- g. The projected cardiac catheterization volume at the proposed facility annually for the next 2 years.
- h. The basis for the above projection.

APPEND DOCUMENTATION AS ATTACHMENT 22 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

***No response from applicant due to this section not being applicable to Birth Centers***

**F. Criterion 1110.230 - In-Center Hemodialysis**

- Applicants proposing to establish, expand and/or modernize the In-Center Hemodialysis category of service must submit the following information:
- Indicate station capacity changes by Service: Indicate # of stations changed by action(s):

Category of Service	# Existing Stations	# Proposed Stations
<input type="checkbox"/> In-Center Hemodialysis		

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

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.230(b)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (formula calculation)	X		
1110.230(b)(2) - Planning Area Need - Service to Planning Area Residents	X	X	
1110.230(b)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	X		
1110.230(b)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service		X	
1110.230(b)(5) - Planning Area Need - Service Accessibility	X		
1110.230(c)(1) - Unnecessary Duplication of Services	X		
1110.230(c)(2) - Maldistribution	X		
1110.230(c)(3) - Impact of Project on Other Area Providers	X		
1110.230(d)(1), (2), and (3) - Deteriorated Facilities and Documentation			X
1110.230(e) - Staffing	X	X	
1110.230(f) - Support Services	X	X	X
1110.230(g) - Minimum Number of Stations	X		
1110.230(h) - Continuity of Care	X		
1110.230(i) - Relocation (if applicable)	X		
1110.230(j) - Assurances	X	X	
<b>APPEND DOCUMENTATION AS ATTACHMENT 23, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>			

- Projects for relocation** of a facility from one location in a planning area to another in the same planning area must address the requirements listed in subsection (a)(1) for the "Establishment of Services or Facilities", as well as the requirements in Section 1130.525 – "Requirements for Exemptions Involving the Discontinuation of a Health Care Facility or Category of Service" and subsection 1110.230(i) - Relocation of an in-center hemodialysis facility.

**No response from applicant due to this section not being applicable to Birth Centers**

**G. Non-Hospital Based Ambulatory Surgery**

Applicants proposing to establish, expand and/or modernize the Non-Hospital Based Ambulatory Surgery category of service must submit the following information.

ASTC Service
<input type="checkbox"/> Cardiovascular
<input type="checkbox"/> Colon and Rectal Surgery
<input type="checkbox"/> Dermatology
<input type="checkbox"/> General Dentistry
<input type="checkbox"/> General Surgery
<input type="checkbox"/> Gastroenterology
<input type="checkbox"/> Neurological Surgery
<input type="checkbox"/> Nuclear Medicine
<input type="checkbox"/> Obstetrics/Gynecology
<input type="checkbox"/> Ophthalmology
<input type="checkbox"/> Oral/Maxillofacial Surgery
<input type="checkbox"/> Orthopedic Surgery
<input type="checkbox"/> Otolaryngology
<input type="checkbox"/> Pain Management
<input type="checkbox"/> Physical Medicine and Rehabilitation
<input type="checkbox"/> Plastic Surgery
<input type="checkbox"/> Podiatric Surgery
<input type="checkbox"/> Radiology
<input type="checkbox"/> Thoracic Surgery
<input type="checkbox"/> Urology
<input type="checkbox"/> Other _____

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

APPLICABLE REVIEW CRITERIA	Establish New ASTC or Service	Expand Existing Service
1110.235(c)(2)(B) – Service to GSA Residents	X	X
1110.235(c)(3) – Service Demand – Establishment of an ASTC or Additional ASTC Service	X	
1110.235(c)(4) – Service Demand – Expansion of Existing ASTC Service		X
1110.235(c)(5) – Treatment Room Need Assessment	X	X
1110.235(c)(6) – Service Accessibility	X	
1110.235(c)(7)(A) – Unnecessary Duplication/Maldistribution	X	
1110.235(c)(7)(B) – Maldistribution	X	
1110.235(c)(7)(C) – Impact to Area Providers	X	
1110.235(c)(8) – Staffing	X	X

1110.235(c)(9) – Charge Commitment	X	X
1110.235(c)(10) – Assurances	X	X

APPEND DOCUMENTATION AS ATTACHMENT 24, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

*No response from applicant due to this section not being applicable to Birth Centers*

**H. Criterion 1110.240 - Selected Organ Transplantation**

**This section is applicable to projects involving the establishment or modernization of the Selected Organ Transplantation service.**

1. Applicants proposing to establish or modernize the Selected Organ Transplantation category of service must submit the following information:
2. Indicate changes by Service: Indicate # of rooms changed by action(s):

Transplantation Type	# Existing Beds	# Proposed Beds
<input type="checkbox"/>		
<input type="checkbox"/>		

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

APPLICABLE REVIEW CRITERIA	Establish	Modernize
1110.240(b)(1) – Planning Area Need - 7 Ill. Adm. Code 1100 (formula calculation)	X	
1110.240(b)(2) – Planning Area Need - Service to Planning Area Residents	X	
1110.240(b)(3) – Planning Area Need - Service Demand - Establishment of Category of Service	X	
1110.240(b)(4) – Planning Area Need - Service Accessibility	X	
1110.240(c)(1) – Unnecessary Duplication of Services	X	
1110.240(c)(2) – Maldistribution	X	
1110.240(c)(3) – Impact of Project on Other Area Providers	X	
1110.240(d)(1), (2), and (3) – Deteriorated Facilities		X
1110.240(d)(4) – Utilization		X
1110.240(e) – Staffing Availability	X	
1110.240(f) – Surgical Staff	X	
1110.240(g) – Collaborative Support	X	
1110.240(h) – Support Services	X	
1110.240(i) – Performance Requirements	X	X
1110.240(j) – Assurances	X	X

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

**No response from applicant due to this section not being applicable to Birth Centers**

**I. Criterion 1110.245 - Kidney Transplantation**

**This section is applicable to all projects involving the establishment of the Kidney Transplantation service.**

1. Applicants proposing to establish or modernize the Kidney Transplantation category of service must submit the following information:
2. Indicate changes: Indicate # of key rooms by action:

Category of Service	# Existing Beds	# Proposed Beds
<input type="checkbox"/> <b>Kidney Transplantation</b>		

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

<b>APPLICABLE REVIEW CRITERIA</b>	<b>Establish</b>	<b>Modernize</b>
1110.245(b)(1) – Planning Area Need - 7 Ill. Adm. Code 1100 (formula calculation)	X	
1110.245(b)(2) – Planning Area Need - Service to Planning Area Residents	X	
1110.245(b)(3) – Planning Area Need - Service Demand - Establishment of Category of Service	X	
1110.245(b)(4) – Planning Area Need - Service Accessibility	X	
1110.245(c)(1) – Unnecessary Duplication of Services	X	
1110.245(c)(2) – Maldistribution	X	
1110.245(c)(3) – Impact of Project on Other Area Providers	X	
1110.245(d)(1), (2), and (3) – Deteriorated Facilities		X
1110.245(d)(4) – Occupancy		X
1110.245(e) – Staffing Availability	X	
1110.245(f) – Surgical Staff	X	
1110.245(g) – Support Services	X	
1110.245(h) – Performance Requirements	X	X
1110.245(i) – Assurances	X	
<b>APPEND DOCUMENTATION for "Surgical Staff" and "Support Services", AS ATTACHMENT 26 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>		

**No response from applicant due to this section not being applicable to Birth Centers**

**J. Criterion 1110.250 - Subacute Care Hospital Model**

Category of Service	# Proposed Beds
<input type="checkbox"/> Subacute Care Hospital	

This section is applicable to all projects proposing to establish a subacute care hospital model.

**1. Criterion 1110.250(b)(1), Distinct Unit**

- a. Provide a copy of the physical layout (an architectural schematic) of the subacute unit (include the room numbers) and describe the travel patterns to support services and patient and visitor access.
- b. Provide a summary of shared services and staff and how costs for such will be allocated between the unit and the hospital or long-term care facility.
- c. Provide a staffing plan with staff qualifications and explain how non-dedicated staffing services will be provided.

**2. Criterion 1110.250(b)(2), Contractual Relationship**

- a. If the applicant is a licensed long-term care facility or a previously licensed general hospital, the applicant must provide a copy of a contractual agreement (transfer agreement) with a general acute care hospital. Provide the travel time to the facility that signed the contract. Explain how the procedures for providing emergency care under this contract will work.
- b. If the applicant is a licensed general hospital, the applicant must document that its emergency capabilities continue to exist in accordance with the requirements of hospital licensure.

**3. Rule 1110.250(c)(1), State Board Prioritization of Hospital Applications**

Read this rule, which applies only to hospital applications, and provide the requested information as applicable.

**a. Financial Support**

Will the subacute care model provide the necessary financial support for the facility to provide continued acute care services? Yes \_\_\_ No \_\_\_

If yes, submit the following information:

- (1) Two years of projected financial statements that exclude the financial impact of the subacute care hospital model as well as two years of projected financial statements which include the financial impact of the subacute care hospital model;
- (2) the assumptions used in developing both sets of financial statements;
- (3) a narrative description of the factors within the facility or the area which will prevent the facility from complying with the financial ratios within the next two years without the proposed project;
- (4) a narrative explanation as to how the proposed project will allow you to meet the financial ratios;
- (5) if the projected financial statements (which include the subacute impact) at the applicant facility fail to meet the Part 1120 financial ratios, provide a copy of a binding agreement with another institution which guarantees the financial viability

**Subacute Care Hospital Model (continued)**

of the subacute hospital model for a period of five years; and

(6) historical financial statements for each of the last three calendar years.

- b. Medically Underserved Area (as designated by the Department of Health and Human Services)

Is the facility located in a medically underserved area? Yes      No

If yes, provide a map showing the location of the medically underserved area and of the applicant facility.

- c. Multi-Institutional System

Provide copies of all contractual agreements between your facility and any hospitals or long-term care facilities in your planning area which are within 60 minutes travel time of your facility which provide for exclusive best effort arrangements concerning transfer of patients between your two facilities. **Note: Best effort arrangement means the acute care facility will encourage and recommend to its medical staff that patients requiring subacute care will only be transferred to the applicant facility.**

- d. Medicare/Medicaid

Provide the Medicare patient days and admissions, the Medicaid patient days and admissions, and the total patient days and admissions for the latest calendar or fiscal year (specify the dates).

- e. Case mix and Utilization

Provide the following information:

- (1) the number of admissions and patient days for each of the last five years for each of the following:

- Ventilator cases
- Head trauma cases
- Rehabilitation cases including spinal cord injuries
- Amputees
- Other orthopedic cases requiring subacute care (Specify diagnosis)
- Other complex diagnosis which included physiological monitoring on a continuous basis

- (2) for multi-institutional systems provide the above information from each of the signatory facilities. If more than one signatory is involved, provide separate sheets for each one.

- f. HMO/PPO Utilization

Provide the number of patient days at the applicant facility for the last 12 months being reimbursed through contractual relationships with preferred provider organizations or HMOs.

- g. Notice of License Revocation/Decertification

Did IDPH issue the applicant facility a notice of license revocation Yes      No

Was the applicant facility decertified from a Federal Title XVIII or XIX program within the past 5 years Yes      No



**Subacute Care Hospital Model (continued)**

## h. Joint Commission on Accreditation of Healthcare Organizations

Is the applicant facility accredited by the Joint Commission? Yes ☐ No ☐  
 If yes, provide a copy of the latest Joint Commission letter of accreditation.

## i. Staffing

Provide documentation that the following staff will be available for the subacute care hospital model. Documentation must consist of letters of interest from individuals for each of the positions. Indicate if any of the individuals who will fill these positions are presently employed at the applicant facility.

- Full-time medical director exclusively for the model
- Two or more full-time (FTEs) physical therapist
- One or more occupational therapists
- One or more speech therapists

## j. Audited Financial Reports

Submit audited financial reports of the applicant facility for the latest three fiscal years.

**4. Rule 1110.250(c)(2), State Board Prioritization-Long-Term Care Facilities**

This rule applies only to LTC facility applications. Read the criterion and submit the required information, as applicable.

## a. Exceptional Care

Has the applicant facility had an Exceptional Care Contract with the Illinois Department of Public Aid for at least two years in the past four years? Yes ☐ No ☐

If yes, provide copies of the Exceptional Care Contract with the Illinois Department of Public Aid for each these four years.

## b. Medically Underserved Area (as designated by the Department of Health and Human Services)

Is the facility located in a medically underserved area? Yes ☐ No ☐

If yes, provide a map showing the location of the medically underserved area and of the applicant facility.

## c. Medicare/Medicaid

Provide the Medicare patient days and admissions, the Medicaid patient days and admissions, and the total patient days and admissions for the latest calendar or fiscal year (specify the dates).

## d. Case Mix and Utilization

Provide the following information:

(1) the number of admissions and patient days for each of the last five years for each of the following:

- Ventilator cases
- Head trauma cases
- Rehabilitation cases including spinal cord injuries
- Amputees
- Other orthopedic cases requiring subacute care (Specify diagnosis)

**Subacute Care Hospital Model (continued)**

- Other complex diagnoses which included physiological monitoring on a continuous basis

(2) for multi-institutional systems, provide the same information from each of the signatory facilities. If more than one signatory is involved, provide a separate sheet for each one.

e. HMO/PPO Utilization

Provide the number of patient days at the applicant facility for the last 12 months being reimbursed through contractual relationships with preferred provider organizations or HMO's.

f. Notice of License Revocation/Decertification

Did IDPH issue the applicant facility a notice of license revocation Yes ☐ No ☐

Was the applicant facility decertified from a Federal Title XVIII or XIX program within the past 5 years Yes ☐ No ☐

g. Staffing

Provide documentation that the following staff will be available for the subacute care hospital model. Documentation shall consist of letters of interest from individuals for each of the positions. Indicate if any of the individuals who will fill the positions are currently employed by the applicant facility.

- Full-time medical director exclusively for the model
- Two or more full time (FTEs) physical therapists
- One or more occupational therapists
- One or more speech therapists

h. Financial Reports

Submit copies of the applicant facility's financial reports for the last three fiscal years.

i. Joint Commission on Accreditation of Healthcare Organizations

Is the applicant facility accredited by the Joint Commission? Yes ☐ No ☐  
If yes, provide a copy of the latest Joint Commission letter of accreditation.

j. Multi-Institutional Arrangements

Provide copies of all contractual agreements between your facility and any hospitals or long-term care facilities in your planning area which are within 60 minutes travel time of your facility which provide for exclusive best effort arrangements concerning transfer of patients between your two facilities. **Note: Best effort arrangement means the referring facility will encourage and recommend to its medical staff that patients requiring subacute care will only be transferred to the applicant facility.**

**5. Section 1110.250(c)(3), State Board Prioritization of Previously Licensed Hospitals - Chicago**

This section must be completed only by applicants whose site was previously licensed as a hospital in Chicago. Provide the following information:

- a. letters from health facilities establishing a referral agreement for subacute hospital patients;
- b. letters from physicians indicating that they will refer subacute patients to your proposed facility;

- c. the number of admissions and patient days for each of the last five years for each of the following types of patients (this information must be provided from each referring facility):
- Ventilator cases
  - Head trauma cases
  - Rehabilitation cases including spinal cord injuries
  - Amputees
  - Other orthopedic cases requiring subacute care (Specify diagnosis)
  - Other complex diagnoses, which included physiological monitoring on a continuous basis.

APPEND DOCUMENTATION AS ATTACHMENT 27, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

***No response from applicant due to this section not being applicable to Birth Centers***

**K. Community-Based Residential Rehabilitation Center**

**This section is applicable to all projects proposing to establish a Community-based Residential Rehabilitation Center Alternative Health Care Model.**

**A. Criterion 1110.260(b)(1), Staffing**

Read the criterion and provide the following information:

1. A detailed staffing plan that identifies the number and type of staff positions dedicated to the model and the qualifications for each position;
2. How special staffing circumstances will be handled;
3. The staffing patterns for the proposed center; and
4. The manner in which non-dedicated staff services will be provided.

**B. Criterion 1110.260(b)(2), Mandated Services**

Read the criterion and provide a narrative description documenting how the applicant will provide the minimum range of services required by the Alternative Health Care Delivery Act and specified in 1110.2820(b).

**C. Criterion 1110.260(b)(3), Unit Size**

Read the criterion and provide a narrative description that identifies the number and location of all beds in the model. Include the total number of beds for each residence and the total number of beds for the model.

**D. Criterion 1110.260(b)(4), Utilization**

Read the criterion and provide documentation that the target utilization for the model will be achieved by the second year of the model's operation. Include supporting information such as historical utilization trends, population growth, expansion of professional staff or programs, and the provision of new procedures that may increase utilization.

**E. Criterion 1110.260(b)(5), Background of Applicant**

Read the criterion and provide documentation that demonstrates the applicant's experience in providing the services required by the model. Provide evidence that the programs offered in the model have been accredited by the Commission on Accreditation of Rehabilitation Facilities as a Brain Injury Community-Integrative Program for at least three of the last five years.

**APPEND DOCUMENTATION AS ATTACHMENT 28, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

***No response from applicant due to this section not being applicable to Birth Centers***

**L. 1110.265 - Long Term Acute Care Hospital**

1. Applicants proposing to establish, expand and/or modernize Long Term Acute Care Hospital Bed projects must submit the following information:
2. Indicate the bed service(s) and capacity changes by Service:  
Indicate the # of beds by action(s):

Category of Service	# Existing Beds	# Proposed Beds
<input type="checkbox"/> LTACH		
<input type="checkbox"/> Intensive Care		
<input type="checkbox"/>		

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

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.265(b)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (formula calculation)	X		
1110.265(b)(2) - Planning Area Need - Service to Planning Area Residents	X	X	
1110.265(b)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	X		
1110.265(b)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service		X	
1110.265(b)(5) - Planning Area Need - Service Accessibility	X		
1110.265(c)(1) - Unnecessary Duplication of Services	X		
1110.265(c)(2) - Maldistribution	X		
1110.265(c)(3) - Impact of Project on Other Area Providers	X		
1110.265(d)(1), (2), and (3) - Deteriorated Facilities			X
1110.265(d)(4) - Occupancy			X
1110.265(e) - Staffing Availability	X	X	
1110.265(f) - Performance Requirements	X	X	X
1110.265(g) - Assurances	X	X	
<b>APPEND DOCUMENTATION AS ATTACHMENT 29, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>			

**No response from applicant due to this section not being applicable to Birth Centers**

**M. Criterion 1110.270 - Clinical Service Areas Other than Categories of Service**

1. Applicants proposing to establish, expand and/or modernize Clinical Service Areas Other than categories of service must submit the following information:
2. Indicate changes by Service: Indicate # of key room changes by action(s):

Service	# Existing Key Rooms	# Proposed Key Rooms
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

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

Project Type	Required Review Criteria
New Services or Facility or Equipment	(b) – Need Determination – Establishment
Service Modernization	(c)(1) – Deteriorated Facilities
	AND/OR
	(c)(2) – Necessary Expansion
	PLUS
	(c)(3)(A) – Utilization – Major Medical Equipment
	OR
	(c)(3)(B) – Utilization – Service or Facility
APPEND DOCUMENTATION AS <u>ATTACHMENT 30</u> , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

***No response from applicant due to this section not being applicable to Birth Centers***

**N. Freestanding Emergency Center Medical Services**

These criteria are applicable only to those projects or components of projects involving the freestanding emergency center medical services (FECMS) category of service.

**A. Criterion 1110.280 – Establishment of Freestanding Emergency Center Medical Services**

Read the criterion and provide the following information:

1. Projected Utilization – Provide the projected number of patient visits per day for each treatment station in the FEC based upon 24-hour availability, including an explanation of how the projection was determined. [1110.280(c)(3)(B)]
2. The identification of the municipality of the FEC and FECMS and the municipality's population as reported by the most recently available U.S. Census Bureau data. [1110.280(b)(5)(A)]
3. The identification of the hospital that owns or controls the FEC and the distance of the proposed FEC from that hospital, including an explanation of how that distance was calculated. [1110.280(b)(5)(B)]
4. The identification of the Resource Hospital affiliated with the FEC, the distance of the proposed FEC from that Resource Hospital, (including an explanation of how that distance was calculated), and identification of that Resource Hospital's EMS system, including certification of the hospital's Resource Hospital status. [1110.280(b)(5)(C)]
5. Certification signed by two authorized representative(s) of the applicant entity(s) that they have reviewed, understand and plan to comply with both of the following requirements [1110.280(b)(6)]:
  - A) The requirements of becoming a Medicare provider of freestanding emergency services; and
  - B) The requirements of becoming licensed under the Emergency Medical Services Systems Act [210 ILCS 50/32.5].
6. Area Need; Service to Area Residents - Document the proposed service area and projected patient volume for the proposed FEC [1110.280(c)]:
  - A) Provide a map of the proposed service area, indicating the boundaries of the service area, and the total minutes travel time from the proposed site, indicating how the travel time was calculated.
  - B) Provide a list of the projected patient volume for the proposed FEC, categorized by zip code. Indicate what percentage of this volume represents residents from the proposed FEC's service area.
  - C) Provide either of the following:
    - a) Provide letters from authorized representatives of hospitals, or other FEC facilities, that are part of the Emergency Medical Services System (EMSS) for the defined service area, that contain patient origin information by zip code, (each letter shall contain a certification by the authorized representative that the representations contained in the letter are true and correct. A complete set of the letters with original notarized signatures shall accompany the application for permit), or
    - b) Patient origin information by zip code from independent data sources (e.g., Illinois Health and Hospital Association COMP data or IDPH hospital discharge data), based upon the patient's legal residence, for patients receiving services in the existing service area's facilities' emergency departments (EDs), verifying that at

least 50% of the ED patients served during the last 12-month  
**Freestanding Emergency Center Medical Services**  
 (continued)

period were residents of the service area.

7. **Area Need; Service Demand – Historical Utilization [1110.280(c)(3)(A)]**
  - A) Provide the annual number of ED patients that have received care at facilities that are in the FEC's service area for the latest two-year period prior to submission of the application
  - B) Provide the estimated number of patients anticipated to receive services at the proposed FEC, including an explanation of how the projection was determined.
8. **Area Need; Service Accessibility - Document one of the following (using supporting documentation as specified in accordance with the requirements of 77 Ill. Adm. Code 1110.280(c)(4)(B) Supporting Documentation) [1110.3230(c)(4)(A)]:**
  - i) The absence of the proposed ED service within the service area;
  - ii) The area population and existing care system exhibit indicators of medical care problems,
  - iii) All existing emergency services within the 30-minute normal travel time meet or exceed the utilization standard specified in 77 Ill Adm. Code 1100.
9. **Unnecessary Duplication - Document that the project will not result in an unnecessary duplication by providing the following information [1110.280(d)(1)]:**
  - A) A list of all zip code areas (in total or in part) that are located within 30 minutes normal travel time of the project's site;
  - B) The total population of the identified zip code areas (based upon the most recent population numbers available for the State of Illinois population); and
  - C) The names and locations of all existing or approved health care facilities located within 30 minutes normal travel time from the project site that provide emergency medical services.
10. **Unnecessary Maldistribution - Document that the project will not result in maldistribution of services by documenting the following [1110.280(d)(2)]:**
  - A) Historical utilization (for the latest 12-month period prior to submission of the application) for existing ED departments within 30 minutes travel time of the applicant's site; or
  - B) That there is not an insufficient population to provide the volume or caseload necessary to utilize the ED services proposed by the project at or above utilization standards.
11. **Impact on Area Providers [1110.280(d)(3)] – Document that, within 24 months after project completion, the proposed project will not lower the utilization of other service area providers below, or further below, the utilization standards specified in 77 Ill. Adm. Code 1100 (using supporting documentation in accordance with the requirements of 77 Ill. Adm. Code 1110.3230(c)(4)).**
12. **Staffing Availability - Document that a sufficient supply of personnel will be available to staff the service (in accordance with the requirements of 1110.280(f)).**



**Freestanding Emergency Center Medical Services  
(continued)**

**B. Criterion 1110.280 – Expansion of Existing Freestanding Emergency Center Medical Services**

Read the criterion and provide the following information:

1. The identification of the municipality of the FEC and FECMS and the municipality's population as reported by the most recently available U.S. Census Bureau data. [1110.280(b)(5)(A)]
2. The identification of the hospital that owns or controls the FEC and the distance of the proposed FEC from that hospital, including an explanation of how that distance was calculated. [1110.280(b)(5)(B)]
3. The identification of the Resource Hospital affiliated with the FEC, the distance of the proposed FEC from that Resource Hospital (including an explanation of how that distance was calculated), and identification of that Resource Hospital's EMS system, including certification of the hospital's Resource Hospital status. [1110.280(b)(5)(C)]
4. Provide copies of Medicare and EMS licensure, in addition to certification signed by two authorized representative(s) of the applicant entity(s), indicating that the existing FEC complies with both of the following requirements [1110.280(a)(b)(A) and (B)]:
  - A) The requirements of being a Medicare provider of freestanding emergency services; and
  - B) The requirements of being licensed under the Emergency Medical Services Systems Act [210 ILCS 50/32.5].
5. Area Need; Service to Area Residents - Document the proposed service area and projected patient volume for the expanded FEC [1110.280(c)(2)]:
  - A) Provide a map of the proposed service area, indicating the boundaries of the service area, and the total minutes travel time from the expanded FEC, indicating how the travel time was calculated.
  - B) Provide a list of the historical (latest 12-month period) patient volume for the existing FEC, categorized by zip code, based on the patient's legal residence. Indicate what percentage of this volume represents residents from the existing FEC's service area, based on patient's legal residence.
6. Staffing Availability - Document that a sufficient supply of personnel will be available to staff the service (in accordance with the requirements of 1110.280(f)).

**C. Criterion 1110.280 – Modernization of Existing Freestanding Emergency Center Medical Services**

Read the criterion and provide the following information:

1. The historical number of visits (based on the latest 12-month period) for the existing FEC.
2. The identification of the municipality of the FEC and FECMS and the municipality's population as reported by the most recently available U.S. Census Bureau data. [1110.280(b)(5)(A)]
3. The identification of the hospital that owns or controls the FEC and the distance of the proposed FEC from that hospital, including an explanation of how that distance was calculated. [1110.280(b)(5)(B)]

**Freestanding Emergency Center Medical Services  
(continued)**

4. The identification of the Resource Hospital affiliated with the FEC, the distance of the proposed FEC from that Resource Hospital, (including an explanation of how that distance was calculated), and identification of that Resource Hospital's EMS system, including certification of the hospital's Resource Hospital status. [1110.280.(b)(5)(C)]
5. Provide copies of Medicare and EMS licensure, in addition to certification signed by two authorized representative(s) of the applicant entity(s), indicating that the existing FEC complies with both of the following requirements [1110.280(b)(6)(A) and (B)]:
  - A) The requirements of being a Medicare provider of freestanding emergency services; and
  - B) The requirements of being licensed under the Emergency Medical Services Systems Act [210 ILCS 50/32.5].
6. Category of Service Modernization - Document that the existing treatment areas to be modernized are deteriorated or functionally obsolete and need to be replaced or modernized due to such factors as, but not limited to high cost of maintenance, non-compliance with licensing or life safety codes, changes in standards of care, or additional space for diagnostic or therapeutic purposes. Documentation shall include the most recent IDPH Centers for Medicare and Medicaid Services (CMMS) Inspection reports, and Joint Commission on Accreditation of Healthcare Organizations reports. Other documentation shall include the following, as applicable to the factors cited in the application, copies of maintenance reports, copies of citations for life safety code violations, and other pertinent reports and data.

APPEND DOCUMENTATION AS **ATTACHMENT 31**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

***No response from applicant due to this section not being applicable to Birth Centers***

**O. BIRTH CENTER – REVIEW CRITERIA**

These criteria are applicable only to those projects or components of projects involving a birth center.

**Criterion 77 IAC 1110.275(b)(1) – “Location” ATTACHMENT-32**

1. Document that the proposed birth center will be in one of the geographic areas, as provided in the Alternative Healthcare Delivery Act.
2. Document that the proposed birth center is owned or operated by a hospital; or owned or operated by a federally qualified health center; or owned and operated by a private person or entity.

**Criterion 77 IAC 1110.275(b)(2) – “Service Provision to a Health Professional Shortage Area” ATTACHMENT-32**

Document whether the proposed site is in or will predominantly serve the residents of a health professional shortage area. If it will not, demonstrate that it will be in a health planning area with a demonstrated need for obstetrical service beds or that there will be a reduction in the existing number of obstetrical service beds in the planning area so that the birth center will not result in an increase in the total number of obstetrical service beds in the health planning area.

**Criterion 77 IAC 1110.275(b)(3) – “Admission Policies” ATTACHMENT-32**

Provide admission policies that will be in effect at the facility and a signed statement that no restrictions on admissions due to payor source will occur.

**Criterion 77 IAC 1110.275(b)(4) – “Bed Capacity” ATTACHMENT-32**

Document that the proposed birth center will have no more than 10 beds.

**Criterion 77 IAC 1110.275(b)(5) – “Staffing Availability” ATTACHMENT-32**

Document that necessary staffing is available by providing letters of interest from prospective staff members, completed applications for employment, or a narrative explanation of how the proposed staffing will be achieved.

**Criterion 77 IAC 1110.275(b)(6) – “Emergency Surgical Backup” ATTACHMENT-32**

Document that either:

1. The birth center will operate under a hospital license and will be located within 30 minutes ground travel time from the hospital; **OR**
2. A contractual agreement has been signed with a licensed hospital within 30 minutes ground travel time from the licensed hospital for the referral and transfer of patients in need of an emergency caesarian delivery.

**Criterion 77 IAC 1110.275(b)(7) – “Education” ATTACHMENT-32**

A written narrative on the prenatal care and community education services offered by the birth center and how these services are being coordinated with other health services in the community.

**Criterion 77 IAC 1110.275(b)(8) – “Inclusion in Perinatal System” ATTACHMENT-32**

1. Letter of agreement with a hospital designated under the Perinatal System and a copy of the hospital's maternity service; **OR**
2. An applicant that is not a hospital shall identify the regional perinatal center that will provide neonatal intensive care services, as needed to the applicant birth center patients; and a letter of intent, signed by both the administrator of the proposed birth center and the administrator of the regional perinatal center, shall be provided.

**Criterion 77 IAC 1110.275(b)(9) – “Medicare/Medicaid Certification” ATTACHMENT-32**

The applicant shall document that the proposed birth center will be certified to participate in the Medicare and Medicaid programs under titles XVIII and XIX, respectively, of the federal Social Security Act.

**Criterion 77 IAC 1110.275(b)(10)- “Charity Care” ATTACHMENT-32**

The applicant shall provide to HFSRB a copy of the charity care policy that will be adopted by the proposed birth center.

**Criterion 77 IAC 1110.275(b)(11) – “Quality Assurance” ATTACHMENT-32**

The applicant shall provide to HFSRB a copy of the quality assurance program to be adopted by the birth center.

**APPEND DOCUMENTATION AS ATTACHMENT-32, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

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

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

## VI. 1120.120 - AVAILABILITY OF FUNDS

The applicant shall document that financial resources shall be available and be equal to or exceed the estimated total project cost plus any related project costs by providing evidence of sufficient financial resources from the following sources, as applicable [Indicate the dollar amount to be provided from the following sources]:

<p>____\$5,608,900____</p>	a)	<p>Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:</p> <ol style="list-style-type: none"> <li>1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and</li> <li>2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;</li> </ol>
<p>\$0</p>	b)	<p>Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated timetable of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.</p>
<p>\$0</p>	c)	<p>Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated timetable of receipts;</p>
<p>\$0</p>	d)	<p>Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including:</p> <ol style="list-style-type: none"> <li>1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated;</li> <li>2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate;</li> <li>3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.;</li> <li>4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment;</li> </ol>

	5) For any option to lease, a copy of the option, including all terms and conditions.
\$0 _____	e) Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
\$0 _____	f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
\$0 _____	g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
<b>\$5,608,900</b>	<b>TOTAL FUNDS AVAILABLE</b>
<p>APPEND DOCUMENTATION AS <u>ATTACHMENT 33</u>, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</p>	

**SECTION VII. 1120.130 - FINANCIAL VIABILITY**

All the applicants and co-applicants shall be identified, specifying their roles in the project funding or guaranteeing the funding (sole responsibility or shared) and percentage of participation in that funding.

**Financial Viability Waiver**

The applicant is not required to submit financial viability ratios if:

1. "A" Bond rating or better
2. All the project's capital expenditures are completely funded through internal sources
3. The applicant's current debt financing or projected debt financing is insured or anticipated to be insured by MBIA (Municipal Bond Insurance Association Inc.) or equivalent
4. The applicant provides a third-party surety bond or performance bond letter of credit from an A rated guarantor.

See Section 1120.130 Financial Waiver for information to be provided

**APPEND DOCUMENTATION AS ATTACHMENT 34, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

The applicant or co-applicant that is responsible for funding or guaranteeing funding of the project shall provide viability ratios for the latest three years for which **audited financial statements are available and for the first full fiscal year at target utilization, but no more than two years following project completion.** When the applicant's facility does not have facility specific financial statements and the facility is a member of a health care system that has combined or consolidated financial statements, the system's viability ratios shall be provided. If the health care system includes one or more hospitals, the system's viability ratios shall be evaluated for conformance with the applicable hospital standards.

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

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

**Variance**

Applicants not in compliance with any of the viability ratios shall document that another organization, public or private, shall assume the legal responsibility to meet the debt obligations should the applicant default.

**APPEND DOCUMENTATION AS ATTACHMENT 35, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

***No response from applicant due to this section not being applicable to Birth Centers***

**SECTION VIII.1120.140 - ECONOMIC FEASIBILITY**

This section is applicable to all projects subject to Part 1120.

**A. Reasonableness of Financing Arrangements**

The applicant shall document the reasonableness of financing arrangements by submitting a notarized statement signed by an authorized representative that attests to one of the following:

- 1) That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or
- 2) That the total estimated project costs and related costs will be funded in total or in part by borrowing because:
  - A) A portion or all the cash and equivalents must be retained in the balance sheet asset accounts in order to maintain a current ratio of at least 2.0 times for hospitals and 1.5 times for all other facilities; or
  - B) Borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

**B. Conditions of Debt Financing**

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

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

**C. Reasonableness of Project and Related Costs**

Read the criterion and provide the following:

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



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

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

**D. Projected Operating Costs**

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

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

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

**APPEND DOCUMENTATION AS ATTACHMENT 36, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**SECTION IX. SAFETY NET IMPACT STATEMENT**

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

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

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

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

**A table in the following format must be provided as part of Attachment 37.**

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

	Outpatient				
	<b>Total</b>				

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

**SECTION X. CHARITY CARE INFORMATION**

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

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

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

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

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

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

In accordance with Executive Order 2006-5 (EO 5), the Health Facilities & Services Review Board (HFSRB) must determine if the site of the CRITICAL FACILITY, as defined in EO 5, is located in a mapped floodplain (Special Flood Hazard Area) or a 500-year floodplain. All state agencies are required to ensure that before a permit, grant or a development is planned or promoted, the proposed project meets the requirements of the Executive Order, including compliance with the National Flood Insurance Program (NFIP) and state floodplain regulation.

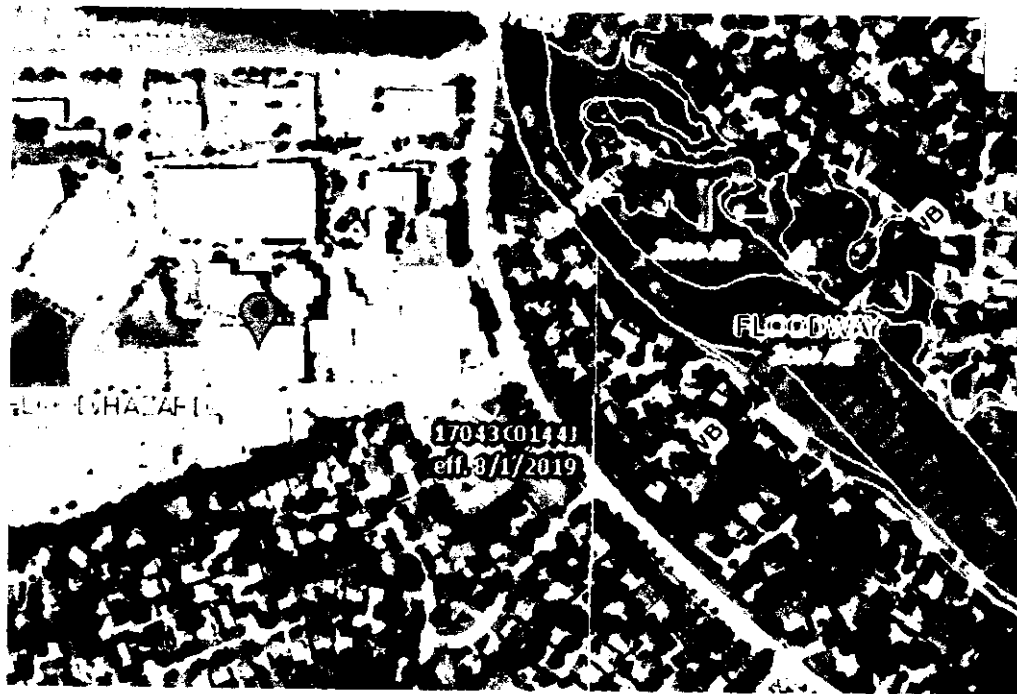
- If there is no digital floodplain map available select the **View/Print FIRM** icon above the aerial photo. You will then need to use the Zoom tools provided to locate the property on the map and use the **Make a FIRMette** tool to create a pdf of the floodplain map.

**NOTE:** This finding only means that the property in question is or is not in a Special Flood Hazard Area or a 500-year floodplain as designated on the map noted above. It does not constitute a guarantee that the property will or will not be flooded or be subject to local drainage problems.

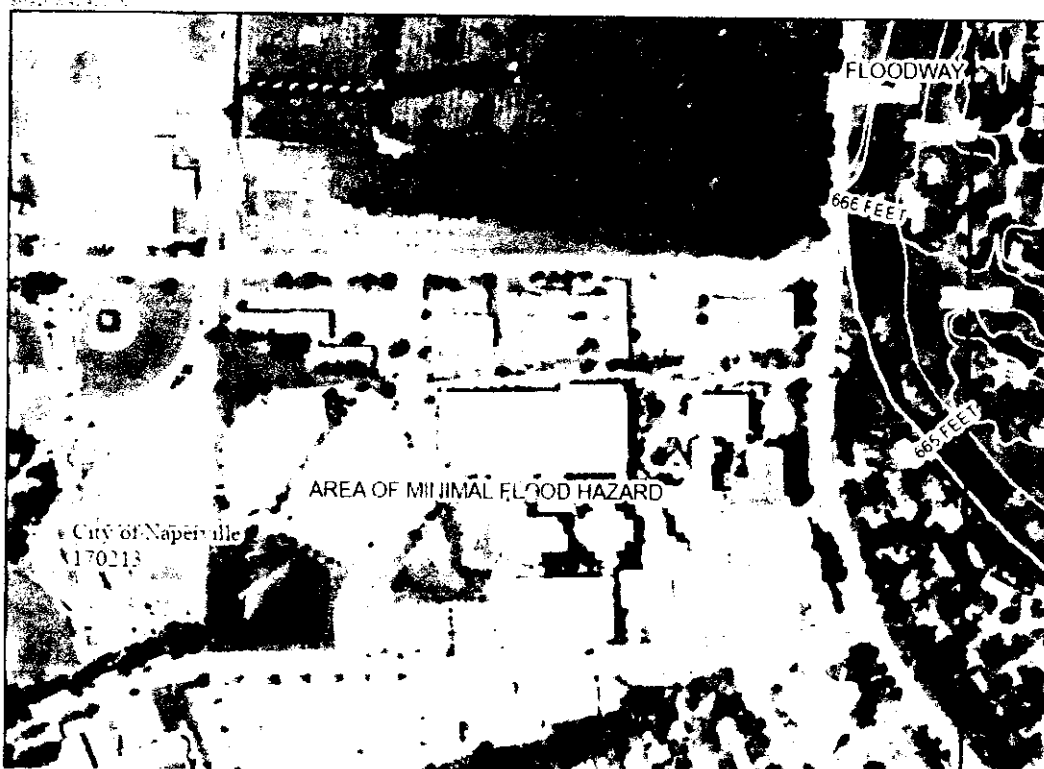
Page 49 of 259

### Floodplain Map Example

The image below is an example of the floodplain mapping required as part of the IDPH swimming facility construction permit showing that the swimming pool, to undergo a major alteration, is outside the mapped floodplain.



### National Flood Hazard Layer FIRMette



Legend	
SEE FIRM REPORT FOR DETAILED LEGEND AND INDEX MAP FOR FIRM PANEL LOCATION	
SPECIAL FLOOD HAZARD AREAS	Without Base Flood Elevation (BFE)
	With BFE or Depth
	Regulatory Floodway
OTHER AREAS OF FLOOD HAZARD	0.2% Annual Chance Flood Hazard Areas of 2% Annual Chance Flood with average depth less than one foot or with drainage areas of less than one square mile
	Future Conditions 1% Annual Chance Flood Hazard
	Area with Reduced Flood Risk due to Levee (See Notes)
	Area with Flood Risk due to Levee
OTHER AREAS	NO SCREEN: Area of Minimal Flood Hazard Effective LOMRs
	Area of Undetermined Flood Hazard
GENERAL STRUCTURES	Channel, Culvert, or Storm Sewer Levee, Dike, or Floodwall
	20.2 17.5 Cross Sections with 2% Annual Chance Water Surface Elevation Coastal Traversal Base Flood Elevation Line (BFE) Limit of Study Jurisdiction Boundary Coastal Traversal Baseline Profile Baseline Hydrographic Feature
OTHER FEATURES	Digital Data Available
	No Digital Data Available
MAP PANELS	Unmapped

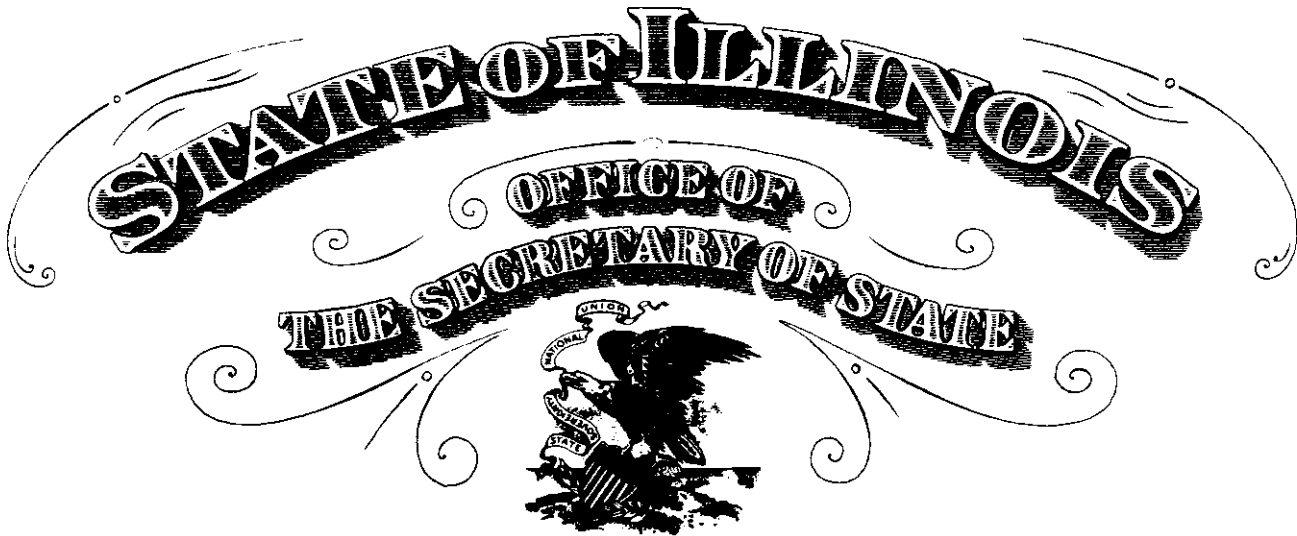
The information on this map is an approximate point selected by the user and does not represent an authoritative property location.

After paginating the entire completed application indicate, in the chart below, the page numbers for the included attachments:

INDEX OF ATTACHMENTS		
ATTACHMENT NO.		PAGES
1	Applicant Identification including Certificate of Good Standing	51
2	Site Ownership	52
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	54
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	55
5	Flood Plain Requirements	58
6	Historic Preservation Act Requirements	60
7	Project and Sources of Funds Itemization	62
8	Financial Commitment Document if required	64
9	Cost Space Requirements	65
10	Discontinuation	66
11	Background of the Applicant	67
12	Purpose of the Project	75
13	Alternatives to the Project	85
14	Size of the Project	88
15	Project Service Utilization	90
16	Unfinished or Shell Space	91
17	Assurances for Unfinished/Shell Space	92
	<b>Service Specific:</b>	
18	Medical Surgical Pediatrics, Obstetrics, ICU	93
19	Comprehensive Physical Rehabilitation	N/A
20	Acute Mental Illness	N/A
21	Open Heart Surgery	N/A
22	Cardiac Catheterization	N/A
23	In-Center Hemodialysis	N/A
24	Non-Hospital Based Ambulatory Surgery	N/A
25	Selected Organ Transplantation	N/A
26	Kidney Transplantation	N/A
27	Subacute Care Hospital Model	N/A
28	Community-Based Residential Rehabilitation Center	N/A
29	Long Term Acute Care Hospital	N/A
30	Clinical Service Areas Other than Categories of Service	N/A
31	Freestanding Emergency Center Medical Services	N/A
32	Birth Center	94
	<b>Financial and Economic Feasibility:</b>	
33	Availability of Funds	98
34	Financial Waiver	99
35	Financial Viability	100
36	Economic Feasibility	101
37	Safety Net Impact Statement	102
38	Charity Care Information	103
39	Flood Plain Information	104

File Number

5658-741-1



***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***

BELOIT HEALTH SYSTEM, INC., INCORPORATED IN WISCONSIN AND LICENSED TO CONDUCT AFFAIRS IN THIS STATE ON OCTOBER 30, 1991, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE. IS A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO CONDUCT AFFAIRS 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 24TH  
day of JUNE A.D. 2021 .***

*Jesse White*

SECRETARY OF STATE

Authentication #: 2117502562 verifiable until 06/24/2022

Authenticate at: <http://www.cyberdriveillinois.com>





# Winnebago County

County Treasurer

[Home Page](#)  
[Treasurer Home Page](#)  
[County of Assessment](#)  
[Search Again](#)

## Parcel Tax Details for Parcel Number 04-21-200-005

[View Property via WinGIS](#)

Please choose the tax year you would like to view details for:

2020 ▼

### Tax Payment Information 2020 taxes payable in 2021

#### Owner Address

BELOIT MEMORIAL HOSPITAL INC  
1969 W HART  
BELOIT, WI 53511

#### Taxbill Address

BELOIT MEMORIAL HOSPITAL INC  
1969 W HART  
BELOIT, WI 53511

#### ----- First Installment-----

Due Date: 6/4/2021  
 Amount: 263416.36  
 Penalty: 0.00  
 Cost: 0.00  
 Total Due: 263416.36  
 Paid: 263416.36 Date: 5/24/2021  
 By: BELOIT MEMORIAL HOSPITAL INC

#### ----- Second Installment-----

Due Date: 9/3/2021  
 Amount: 263416.36  
 Penalty: 0.00  
 Cost: 0.00  
 Total Due: 263416.36  
 Paid: Date:  
 By:

For Parcel Address: 5605 E ROCKTON RD

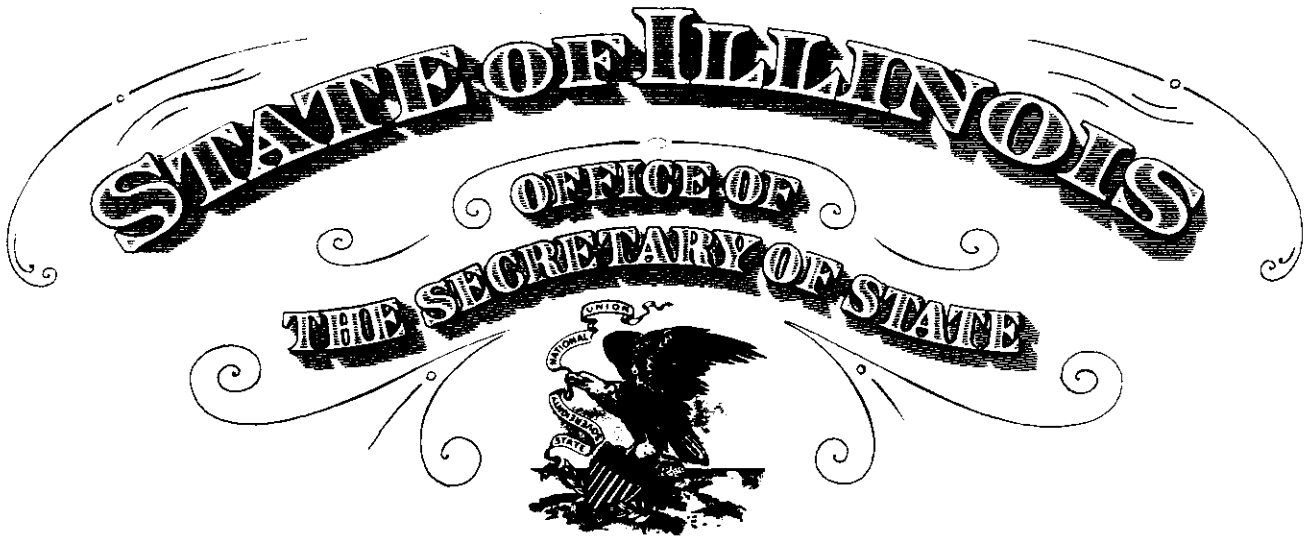
#### Tax Calculation

Description		Amount
Board of Review Assessed Value		5962737
Township Equalization Factor	x	1.0000
Board of Review Equalized Value	=	5153759
Home Improvement Exemption	-	

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INTENTIONALLY  
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File Number

5658-741-1



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***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***

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***In Testimony Whereof, I hereto set  
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day of JUNE A.D. 2021 .***

*Jesse White*

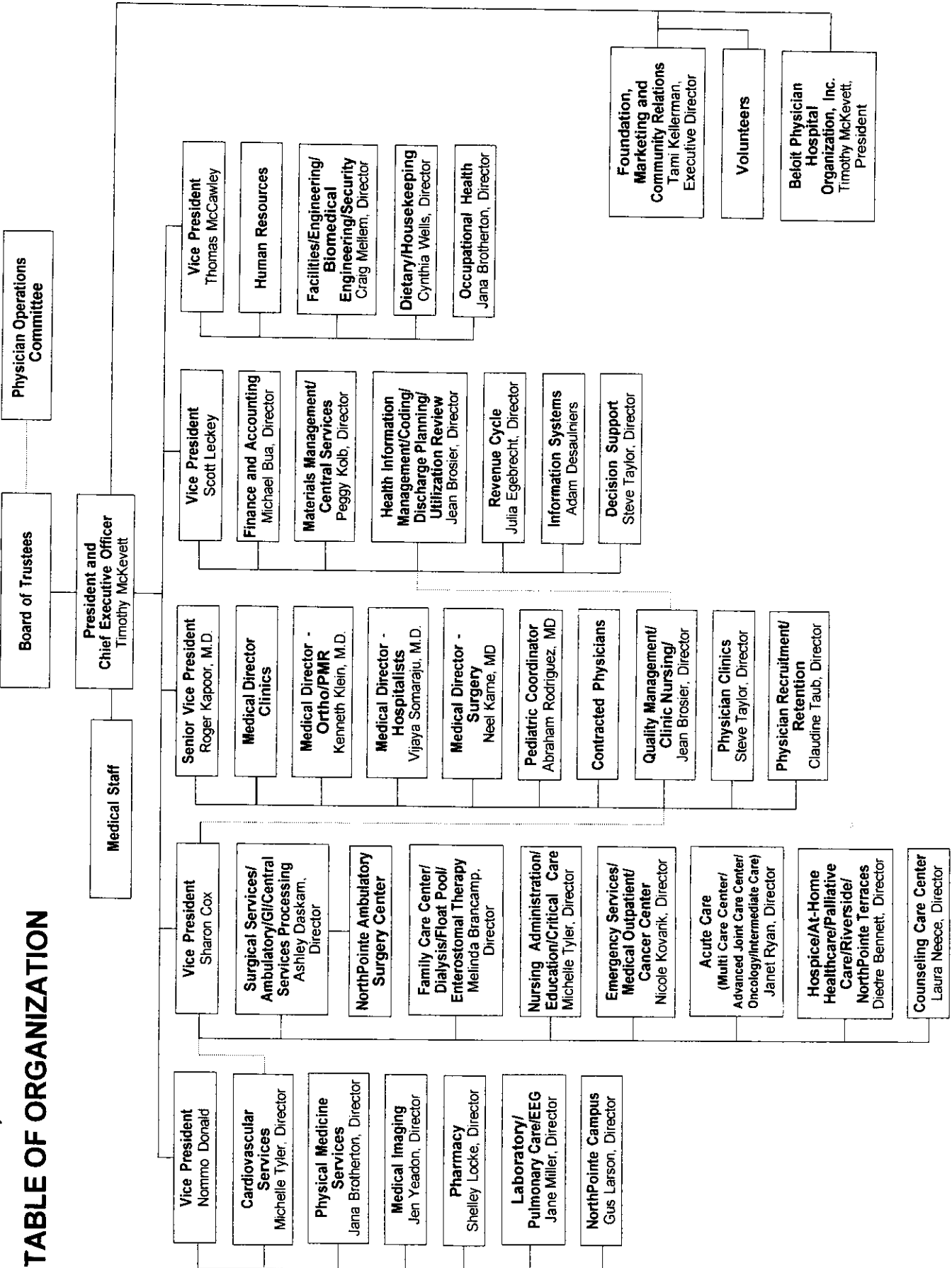
SECRETARY OF STATE

Authentication #: 2117502562 verifiable until 06/24/2022

Authenticate at: <http://www.cyberdriveillinois.com>

# TABLE OF ORGANIZATION

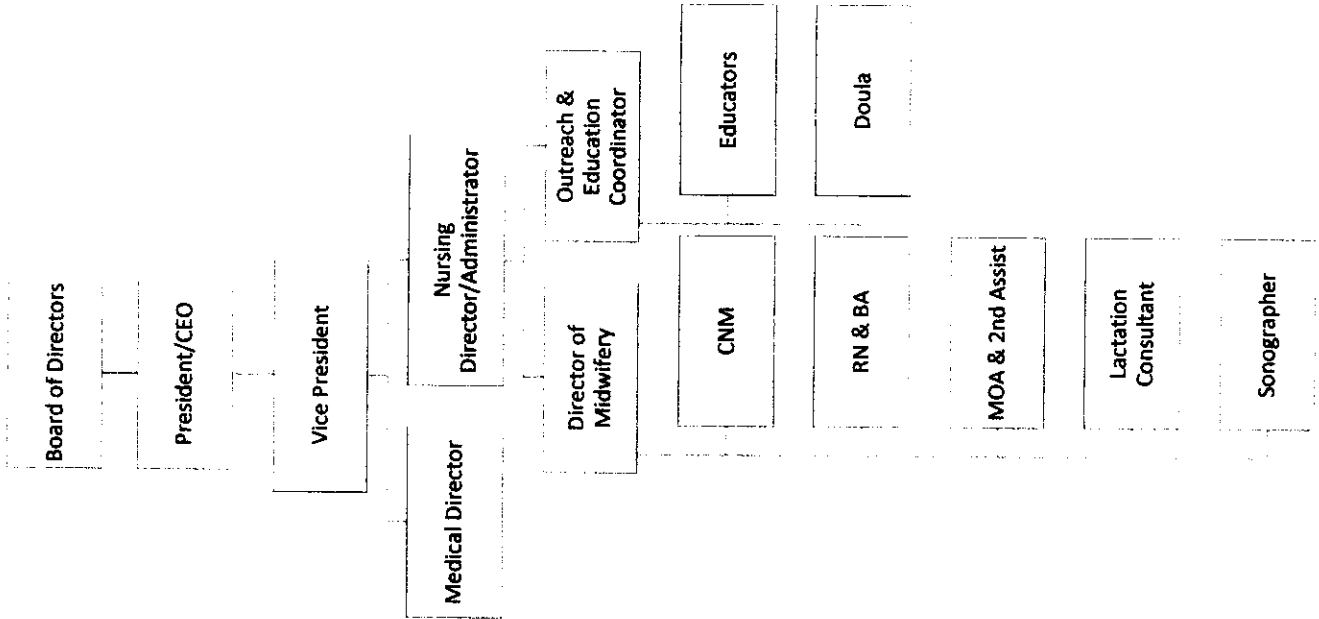
#21-021



NorthPointe Birth Center Organizational Chart

*North Pointe*

#21-021



**NorthPointe / Roscoe Birth Center - 5605 E Rockton Rd, Roscoe, IL 61073**

Area of Minimal Flood Hazard – area 17201C0134D – Zone X

## FEMA Flood Map Service Center: Search By Address

Enter an address, place, or coordinates:

## Search

[illegible]

**Abstract**

**THE UNIVERSITY OF CHICAGO**

Section Fee to—Folio for ROSCOE, VILLAGE OF

17201C0134D 44000 09/06/2006

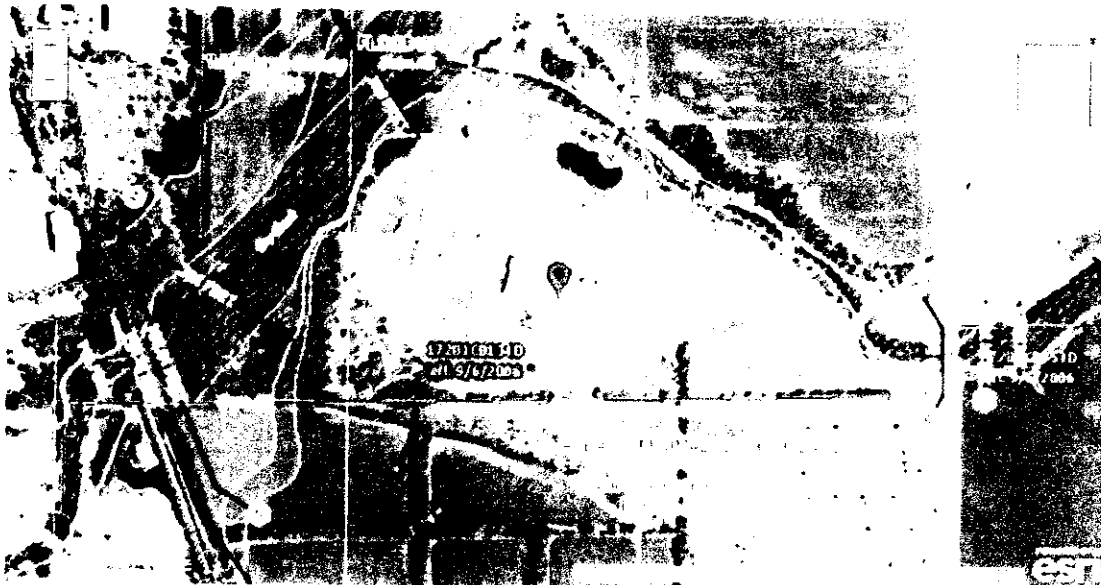



Changes in the 1990's

— — — — —

[illegible]

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. 101. 102. 103. 104. 105. 106. 107. 108. 109. 110. 111. 112. 113. 114. 115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132. 133. 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180. 181. 182. 183. 184. 185. 186. 187. 188. 189. 190. 191. 192. 193. 194. 195. 196. 197. 198. 199. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211. 212. 213. 214. 215. 216. 217. 218. 219. 220. 221. 222. 223. 224. 225. 226. 227. 228. 229. 230. 231. 232. 233. 234. 235. 236. 237. 238. 239. 240. 241. 242. 243. 244. 245. 246. 247. 248. 249. 250. 251. 252. 253. 254. 255. 256. 257. 258. 259. 260. 261. 262. 263. 264. 265. 266. 267. 268. 269. 270. 271. 272. 273. 274. 275. 276. 277. 278. 279. 280. 281. 282. 283. 284. 285. 286. 287. 288. 289. 290. 291. 292. 293. 294. 295. 296. 297. 298. 299. 300. 301. 302. 303. 304. 305. 306. 307. 308. 309. 310. 311. 312. 313. 314. 315. 316. 317. 318. 319. 320. 321. 322. 323. 324. 325. 326. 327. 328. 329. 330. 331. 332. 333. 334. 335. 336. 337. 338. 339. 340. 341. 342. 343. 344. 345. 346. 347. 348. 349. 350. 351. 352. 353. 354. 355. 356. 357. 358. 359. 360. 361. 362. 363. 364. 365. 366. 367. 368. 369. 370. 371. 372. 373. 374. 375. 376. 377. 378. 379. 380. 381. 382. 383. 384. 385. 386. 387. 388. 389. 390. 391. 392. 393. 394. 395. 396. 397. 398. 399. 400. 401. 402. 403. 404. 405. 406. 407. 408. 409. 410. 411. 412. 413. 414. 415. 416. 417. 418. 419. 420. 421. 422. 423. 424. 425. 426. 427. 428. 429. 430. 431. 432. 433. 434. 435. 436. 437. 438. 439. 440. 441. 442. 443. 444. 445. 446. 447. 448. 449. 450. 451. 452. 453. 454. 455. 456. 457. 458. 459. 460. 461. 462. 463. 464. 465. 466. 467. 468. 469. 470. 471. 472. 473. 474. 475. 476. 477. 478. 479. 480. 481. 482. 483. 484. 485. 486. 487. 488. 489. 490. 491. 492. 493. 494. 495. 496. 497. 498. 499. 500. 501. 502. 503. 504. 505. 506. 507. 508. 509. 510. 511. 512. 513. 514. 515. 516. 517. 518. 519. 520. 521. 522. 523. 524. 525. 526. 527. 528. 529. 530. 531. 532. 533. 534. 535. 536. 537. 538. 539. 540. 541. 542. 543. 544. 545. 546. 547. 548. 549. 550. 551. 552. 553. 554. 555. 556. 557. 558. 559. 560. 561. 562. 563. 564. 565. 566. 567. 568. 569. 570. 571. 572. 573. 574. 575. 576. 577. 578. 579. 580. 581. 582. 583. 584. 585. 586. 587. 588. 589. 590. 591. 592. 593. 594. 595. 596. 597. 598. 599. 600. 601. 602. 603. 604. 605. 606. 607. 608. 609. 610. 611. 612. 613. 614. 615. 616. 617. 618. 619. 620. 621. 622. 623. 624. 625. 626. 627. 628. 629. 630. 631. 632. 633. 634. 635. 636. 637. 638. 639. 640. 641. 642. 643. 644. 645. 646. 647. 648. 649. 650. 651. 652. 653. 654. 655. 656. 657. 658. 659. 660. 661. 662. 663. 664. 665. 666. 667. 668. 669. 670. 671. 672. 673. 674. 675. 676. 677. 678. 679. 680. 681. 682. 683. 684. 685. 686. 687. 688. 689. 690. 691. 692. 693. 694. 695. 696. 697. 698. 699. 700. 701. 702. 703. 704. 705. 706. 707. 708. 709. 710. 711. 712. 713. 714. 715. 716. 717. 718. 719. 720. 721. 722. 723. 724. 725. 726. 727. 728. 729. 730. 731. 732. 733. 734. 735. 736. 737. 738. 739. 740. 741. 742. 743. 744. 745. 746. 747. 748. 749. 750. 751. 752. 753. 754. 755. 756. 757. 758. 759. 760. 761. 762. 763. 764. 765. 766. 767. 768. 769. 770. 771. 772. 773. 774. 775. 776. 777. 778. 779. 780. 781. 782. 783. 784. 785. 786. 787. 788. 789. 790. 791. 792. 793. 794. 795. 796. 797. 798. 799. 800. 801. 802. 803. 804. 805. 806. 807. 808. 809. 810. 811. 812. 813. 814. 815. 816. 817. 818. 819. 820. 821. 822. 823. 824. 825. 826. 827. 828. 829. 830. 831. 832. 833. 834. 835. 836. 837. 838. 839. 840.

[illegible]


 1. 1990年10月，美国通用汽车公司（GM）与日本本田汽车公司（Honda）宣布合作，共同开发一款名为“Civic”的小型轿车。

**SPECIAL FLOOD  
Hazard Areas**

1. The first part of the document is a list of names and addresses, which appears to be a directory or a list of contacts. The names are written in a cursive script, and the addresses are listed below them.

Figure 1. The effect of the concentration of the *Agrobacterium* suspension on the transformation efficiency of *Agrobacterium* strains. The concentration of the *Agrobacterium* suspension was 10<sup>6</sup> cells/ml (A), 10<sup>7</sup> cells/ml (B), 10<sup>8</sup> cells/ml (C), and 10<sup>9</sup> cells/ml (D). The concentration of the *Agrobacterium* suspension was 10<sup>6</sup> cells/ml (A), 10<sup>7</sup> cells/ml (B), 10<sup>8</sup> cells/ml (C), and 10<sup>9</sup> cells/ml (D). The concentration of the *Agrobacterium* suspension was 10<sup>6</sup> cells/ml (A), 10<sup>7</sup> cells/ml (B), 10<sup>8</sup> cells/ml (C), and 10<sup>9</sup> cells/ml (D).

[illegible]



North Pointe Birth Center – 5605 E Rockton Road, Roscoe, IL 61073

In compliance with the requirements of Historic Resources Preservation Act Documentation, a lookup of the Historic Resources Preservation Agency revealed no historic register status of proposed sit for the Birth Center. See documentation below obtained from <http://www.hrp.state.il.us>

**Findings:** the proposed site for North Pointe Birth Center – 5605 E Rockton Road, Roscoe, IL 61073, does **NOT appear in the historic record database**, proving no historic significance of record for this site location. In addition, there are no Historic Registered Sites near the location



 = location of proposed Roscoe Birth Center – 5605 E Rockton Road, Roscoe, IL 61073





**Illinois Historic  
Preservation Agency**

1 Old State Capitol Plaza • Springfield, Illinois 62701-1512 • [www.illinois-history.gov](http://www.illinois-history.gov)  
FAX (217) 782-8161

Winnebago County  
Roscoe

CON - New Addition, NorthPointe Health and Wellness Campus  
5605 E. Rockton Road  
INHPA Log #013092713

October 10, 2013

Edwin Parkhurst, Jr.  
Prism Consulting Services Inc.  
Healthcare Consulting Division  
Building E, Suite 110  
800 Roosevelt Road  
Glen Ellyn, IL 60137

Dear Mr. Parkhurst:

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

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

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

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

Sincerely,

*Anne E. Haaker*

Anne E. Haaker  
Deputy State Historic  
Preservation Officer

ATTACHMENT 6

# Project Costs and Sources of Funds

| Pre Planning Costs                                     | \$ -         | \$ -         | \$ -         |
|--|--------------|--------------|--------------|
| Site Survey and Soil Investigation                     | \$ -         |              | \$ -         |
| Site Preparation                                       | \$ 10,060    | \$ 9,940     | \$ 20,000    |
| Off Site Work  | \$ -         |              | \$ -         |
| New Construction Contracts                             | \$ 2,195,092 | \$ 2,168,908 | \$ 4,364,000 |
| Modernization Contracts                                | \$ -         | \$ -         | \$ -         |
| Contingencies  | \$ 254,950   | \$ 254,950   | \$ 509,900   |
| Architectural/Engineering Fees                         | \$ 208,745   | \$ 206,255   | \$ 415,000   |
| Consulting and Other Fees                              | \$ 37,725    | \$ 37,275    | \$ 75,000    |
| Movable or Other Equipment (excl construction)         | \$ 113,175   | \$ 111,825   | \$ 225,000   |
| Bond Issuance Expense (project related)                | \$ -         | \$ -         | \$ -         |
| Net Interest Exp During Construction (project related) | \$ -         | \$ -         | \$ -         |
| Fair Market Value of Leased Space or Equipment         | \$ -         | \$ -         | \$ -         |
| Other Costs To Be Capitalized                          | \$ -         | \$ -         | \$ -         |
| Acquisition of Building or Other Property (excl land)  | \$ -         | \$ -         | \$ -         |
|  |              |              |              |
|  |              |              |              |
| Cash and Securities                                    | \$ 2,821,277 | \$ 2,787,623 | \$ 5,608,900 |
| Pledges  | \$ -         | \$ -         | \$ -         |
| Gifts and Bequests                                     | \$ -         | \$ -         | \$ -         |
| Bond Issues (project related)                          | \$ -         | \$ -         | \$ -         |
| Mortgages/Construction Loan - LOC as needed            | \$ -         | \$ -         | \$ -         |
| Leases (fair market value)                             | \$ -         | \$ -         | \$ -         |
| Governmental Appropriations                            | \$ -         | \$ -         | \$ -         |
| Grants   | \$ -         | \$ -         | \$ -         |
| Other Funds and Sources - TIA                          | \$ -         | \$ -         | \$ -         |
|  |              |              |              |

ATTACHMENT 7

| <b>CONSULTING AND OTHER FEES</b>      | <b>TOTAL</b>     |
|---------------------------------------|------------------|
| Professional Consultation             | \$ 35,000        |
| Professional Legal                    | \$ 22,000        |
| Professional Accounting / Bookkeeping | \$ -             |
| Insurance - General                   | \$ -             |
| Membership / Dues / Subscriptions     | \$ -             |
| Regulatory - CON, Licenses            | \$ 13,000        |
| Other                                 | \$ 5,000         |
| <b>GRAND TOTAL</b>                    | <b>\$ 75,000</b> |

| <b>MOVABLE or OTHER EQUIPMENT</b>    | <b>TOTAL</b>      |
|--------------------------------------|-------------------|
| Furniture                            | \$ 76,550         |
| IT (Computer/Communication/Security) | \$ 75,000         |
| Minor Equipment                      | \$ 59,150         |
| Appliances                           | \$ 14,300         |
| <b>GRAND TOTAL</b>                   | <b>\$ 225,000</b> |

**Attachment 8: Project Status and Completion**

Financial Commitment will occur after permit issuance

**Attachment 9: Cost and Space Requirements**

*Provide the Departmental Gross Square Feet (DGSF) or the Building Gross Square Feet (BGSF) and cost.*

No response from applicant; this section not applicable to birth centers (per technical assistance from HFSRB).

**Attachment 10: Impact on Access**

*Document impact of service discontinuation.*

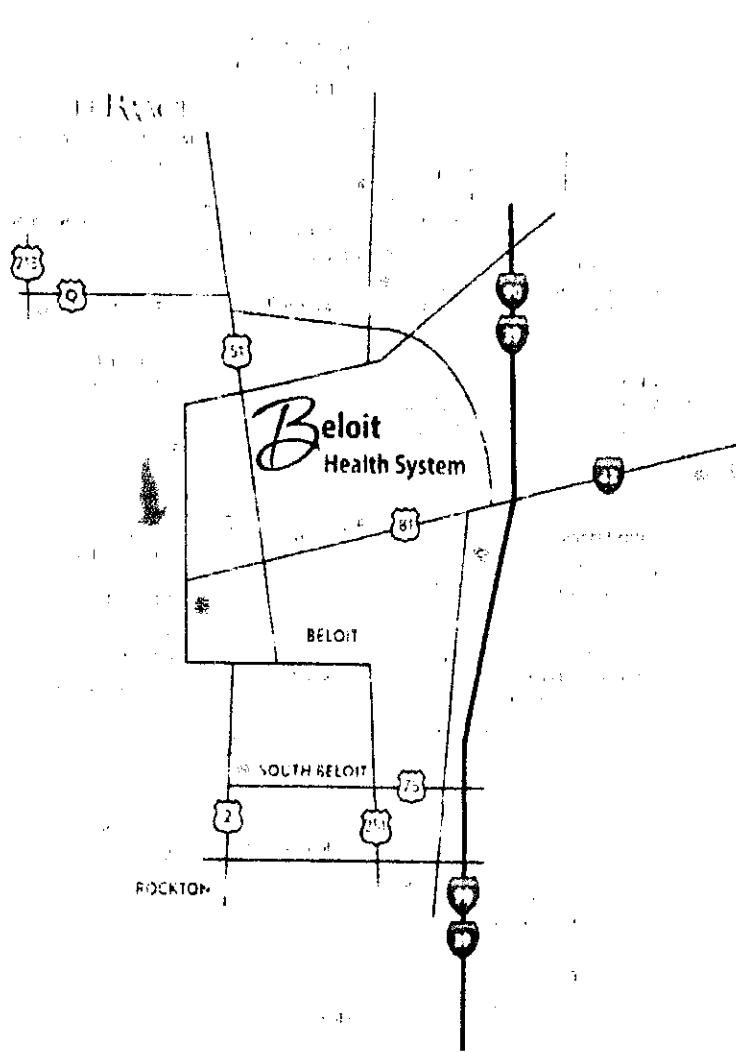
No response from applicant due to this section not being applicable this project of a new birth center.

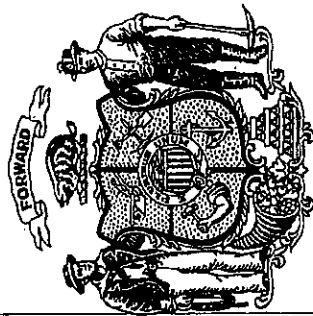
**Attachment 11: Background of Applicant**

*Description of applicant ownership in terms of qualifications, background and character to adequately provide a proper standard of health care service for the community.*

- At Home Healthcare
- Beloit Health System Facilities
- Beloit Cancer Center
- Beloit Hospital
- Beloit Clinic
- Darien Clinic
- Janesville Clinic
- Occupational Health, Sports and Family Medicine
- West Side Clinic
- Clinton Clinic
- NorthPointe Health & Wellness
- NorthPointe Terrace - Assisted Living
- Riverside Terrace - Assisted Living
- South Beloit Clinic

## CONCLUSIONS





# The State of Wisconsin

## Department of Health Services Division of Quality Assurance

### CERTIFICATE OF APPROVAL

This is to certify that BELOIT HEALTH SYSTEM, INC.  
doing business as BELOIT MEMORIAL HOSPITAL  
at the location 1969 W HART RD  
BELOIT, WI 53511

License Number: 67  
Effective Date: 11/01/2010  
Initial Date: 01/02/1966

is licensed to operate a GENERAL ACUTE HOSPITAL in ROCK COUNTY, WISCONSIN

License Type: REGULAR

This license is granted for a maximum capacity of 256 total beds.

|                   |     |               |   |
|-------------------|-----|---------------|---|
| General beds:     | 256 | Alcohol beds: | 0 |
| Psychiatric beds: | 0   | Rehab beds:   | 0 |

The Facility Profile/Biennial Report is available at this facility for inspection upon request.  
This license will remain in effect unless expired, suspended, revoked or voluntarily surrendered. Any and all exceptions, stipulations, or conditions to this license shall be posted next to the license certificate.

*Karen E Timberlake*  
Karen E. Timberlake, Secretary DHS

This license is not transferrable or assignable

Post in a conspicuous place on premises





**WISCONSIN DEPARTMENT  
of HEALTH SERVICES**

## Hospital - Original

### Contact Email

[DHSWebmailDQA@wisconsin.gov](mailto:DHSWebmailDQA@wisconsin.gov)

### Phone

608-266-8481

Division of Quality Assurance

Bureau of Health Services

P.O. Box 2969

Madison, WI 53701-2969

A continuing license to operate a hospital.

### Type

Continuation

### Description

A licensed entity that provides 24-hour in-patient nursing/medical care to diagnose and treat short-term illnesses and/or injuries.

### Duration

Does not expire.

### Fees

\$18 per bed fee annually and for change of ownership.

ATTACHMENT 11

## Prerequisites

Already licensed as a hospital.

## Application Process

The licensing agency sends the annual report information to the hospital. For duplicate documents, contact the Division of Quality Assurance at (608) 266-7297 or via [e-mail](#).

## WI Statutes

[Chapter 50, Subchapter II, Hospitals](#)

## WI Administrative Code

[DHS 124 Hospitals and](#)

[DHS 12, Caregiver Background Checks.](#)

## Federal Regulations

[42 CFR 482](#), Code of Federal Regulations, Conditions of Participation.

## Additional Information

Read more about the [licensing and regulation of hospitals](#).

Read more about the WI [Trauma Care System](#).

Last Revised: November 30, 2016

ATTACHMENT 11

**Mike Bua**

---

**From:** Rylander, Thomas E - DHS <Thomas.Rylander@dhs.wisconsin.gov>  
**ent:** Thursday, September 20, 2018 9:18 AM  
**To:** Mike Bua  
**Subject:** Wisconsin Hospitals, home health agencies and hospices, as well as other DQA-regulated provider types have no expiration dates

Michael,

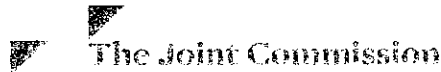
Wisconsin Hospitals, home health agencies (HHAs) and hospices, as well as other DQA-regulated provider types have no expiration dates. Their licenses are good until revoked. Wisconsin hospital #67, Wisconsin hospice #1525, and Wisconsin home health agency #98 all have active licenses.

Please provide representatives from The Joint Commission with a copy of this email so they can have it onhand for this visit, and for future visits at other Wisconsin facilities.

Thank you.

Thomas Rylander, Licensing & Certification Specialist for Hospitals, HHAs and ASCs  
[thomas.rylander@wi.gov](mailto:thomas.rylander@wi.gov) P: 608.266.7297 F: 608.264.9847  
PO Box 2969, Madison, WI 53701-2969

NOTICE: This email and any attachments may contain confidential information. Use and further disclosure of the information by the recipient must be consistent with applicable laws, regulations and agreements. If you received this email in error, please notify the sender; delete the email; and do not use, disclose or store the information it contains.



January 17, 2019

Re: # 7620

CCN: #520100

Program: Hospital

Accreditation Expiration Date: September 22, 2021

Timothy McKeve  
CEO & President  
Beloit Health System  
1969 West Hart Road  
Beloit, Wisconsin 53511

Dear Mr. McKeve:

This letter confirms that your September 18, 2018 - September 21, 2018 unannounced full resurvey was conducted for the purposes of assessing compliance with the Medicare conditions for hospitals through The Joint Commission's deemed status survey process.

Based upon the submission of your evidence of standards compliance on November 30, 2018 and January 08, 2019 and the successful on-site unannounced Medicare Deficiency Follow-up event conducted on November 02, 2018, the areas of deficiency listed below have been removed. The Joint Commission is granting your organization an accreditation decision of Accredited with an effective date of September 22, 2018. We congratulate you on your effective resolution of these deficiencies.

§482.23 Nursing Services  
§482.42 Infection Control  
§482.51 Surgical Services

The Joint Commission is also recommending your organization for continued Medicare certification effective September 22, 2018. Please note that the Centers for Medicare and Medicaid Services (CMS) Regional Office (RO) makes the final determination regarding your Medicare participation and the effective date of participation in accordance with the regulations at 42 CFR 489.13. Your organization is encouraged to share a copy of this Medicare recommendation letter with your State Survey Agency.

This recommendation applies to the following locations:

Beloit Clinic  
1905 Huebbs Parkway, Beloit, WI, 53511

Beloit Health System  
1969 West Hart Road, Beloit, WI, 53511

Beloit Health System Cancer Center  
1670 Lee Lane, Beloit, WI, 53511

**Headquarters**  
One Renaissance Boulevard  
Oakbrook Terrace, IL 60181  
(630) 584-5000 Voice

**ATTACHMENT 11**

**PAGE: 72**



Clinton Office  
307 Ogden Ave, Clinton, WI, 53525

Darien Medical Center  
300 North Walworth, Darien, WI, 53114

Janesville Occupational Health & Medical Center  
1321 Creston Park Drive, Janesville, WI, 53545

NorthPointe Health and Wellness Campus  
5605 East Rockton Road, Roscoe, IL, 61073

Occupational Health & Sports Medicine Center  
1650 Lee Lane, Beloit, WI, 53511

West Side Medical Center  
1735 Madison Road, Beloit, WI, 53511

Please be assured that The Joint Commission will keep the report confidential, except as required by law or court order. To ensure that The Joint Commission's information about your organization is always accurate and current, our policy requires that you inform us of any changes in the name or ownership of your organization or the health care services you provide.

Sincerely,

A handwritten signature in cursive script that reads 'Mark G. Pelletier'.

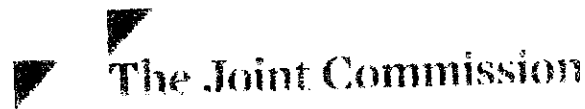
Mark G. Pelletier, RN, MS  
Chief Operating Officer and Chief Nurse Executive  
Division of Accreditation and Certification Operations

cc: CMS/Central Office/Survey & Certification Group/Division of Acute Care Services  
CMS/Regional Office 5 /Survey and Certification Staff

**Headquarters**  
One Renaissance Boulevard  
Oakbrook Terrace, IL 60181  
630.584.5000 Voice

**ATTACHMENT 11**

**PAGE: 73**



January 17, 2019

Timothy McKeve  
CEO & President  
Beloit Health System  
1969 West Hart Road  
Beloit, WI 53511

Joint Commission ID #: 7620  
Program: Hospital Accreditation  
Accreditation Activity: 60-day Evidence of Standards  
Compliance  
Accreditation Activity Completed : 1/17/2019

Dear Mr. McKeve:

The Joint Commission is pleased to grant your organization an accreditation decision of Accredited for all services surveyed under the applicable manual(s) noted below:

- **Comprehensive Accreditation Manual for Hospital**

This accreditation cycle is effective beginning September 22, 2018 and is customarily valid for up to 36 months. Please note, The Joint Commission reserves the right to shorten or lengthen the duration of the cycle.

Should you wish to promote your accreditation decision, please view the information listed under the 'Publicity Kit' link located on your secure extranet site, The Joint Commission Connect.

The Joint Commission will update your accreditation decision on Quality Check®.

Congratulations on your achievement.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Mark G. Pelletier'.

Mark G. Pelletier, RN, MS  
Chief Operating Officer and Chief Nurse Executive  
Division of Accreditation and Certification Operations

ATTACHMENT 11

PAGE: 74

**Attachment 12: Purpose of Project**

*1. How will the project provide health services that improve the health care or well-being of the market area population to be served?*

The proposed Birth Center will offer a new service not otherwise offered in Illinois Health Planning Area B-01 at this time. The proposed site meets the Illinois Healthcare Facilities Plan requirement for geographic location, that no more than ten birth centers exist in the state. Based on a review of the birth centers listed by the American Association of Birth Centers, there are currently a total of four freestanding birth centers in operation in Illinois. Furthermore, NorthPointe Birth Center meets the Illinois Health Facilities Plan requirement for health planning areas that there shall be no more than two birth centers authorized to operate in any single health planning area for obstetric services.

The NorthPointe Birth Center will offer an out of hospital birthing service to those who are low risk and who want to choose a safe alternative in a comfortable environment that minimizes the use of technology and is cost effective. It will address the need to control the upward spiraling trend of healthcare costs without compromising quality of care.

The cost of maternity and newborn care historically has been one of the biggest contributors to state-funded healthcare bills, according to research by the state as part of the legislative work leading up to the enactment of the Alternative Health Care Delivery Act. The Illinois General Assembly, facing an ever-growing liability of unpaid hospital bills of its own, enacted the "Alternative Health Care Delivery Act". The Act sanctioned a number of innovative healthcare delivery models, including freestanding birth centers designed to deliver high-quality care in a "high touch/low cost" method of care. According to a study done in 2013, commissioned by Childbirth Connection, Catalyst for Payment Reform, and the Center for Health Care Quality and Payment Reform, the cost to Medicaid for a vaginal delivery is approximately \$9,000. Another study, authored by Howell in the *Medicare & Medicaid Research Review* in 2014, calculated the average costs of care for childbirth at a freestanding birth center to be \$2,780 less than that of a hospital, or a savings of nearly 30% per birth. And yet, the most redeeming quality of the birthing center is that it is a safe alternative that delivers quality of care comparable to that of the hospital. According to the National Birth Center Study I, fetal and neonatal outcomes were similar as hospital births: Fetal mortality rate was 0.47/1000; Neonatal mortality rate was 0.40/1000. Furthermore, The National Birth Center Study I, which is a study conducted on 12,000 women who were admitted to 84 birthing centers from 1985 to 1987, retrospectively concluded, "Few innovations in health service promise lower cost, greater availability and a high degree of satisfaction with comparable degree of safety". Another study, "San Diego Birth Center Study – A Prospective Study" done in 1998, backed up the National Birth Center Study I, as it concluded, "Current results suggest similar morbidity and mortality between the birth center model and traditional care model, with less resource utilization translating to lower costs in the collaborative practice model. Results suggest that collaborative practice using a freestanding birth center as an adjunct to an integrated perinatal health care system may provide a quality, lower cost alternative for the provision of perinatal services."

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

The proposed birth center will be located in Roscoe, IL. The Village of Roscoe, IL has a population of 10,757 and is located in Winnebago County. (Appendix W) Roscoe is in a suburban area of the Rockford, Illinois Metropolitan Statistical Area. As of the 2010 census, the village population was 10,785, up from 6,244 at the 2000 census. The area has been undergoing a period of rapid growth. Recent growth has included the Promontory Ridge and Hidden Creek custom home subdivisions east of the Illinois Tollway, I-39/I-90. Major Highways:

Interstate 39, Interstate 90, U.S. Highway 20, U.S. Highway 51, Illinois Route 2, Illinois Route 70, Illinois Route 75, Illinois Route 173 and Illinois Route 251. Please see Parking & Transportation options **Appendix E**

Birth centers traditionally having a larger marketing radius than hospitals, according to studies shared by the American Association of Birthing Centers (AABC). Based on this, the expected market area for the Birth Center, shown below. **Appendix W**

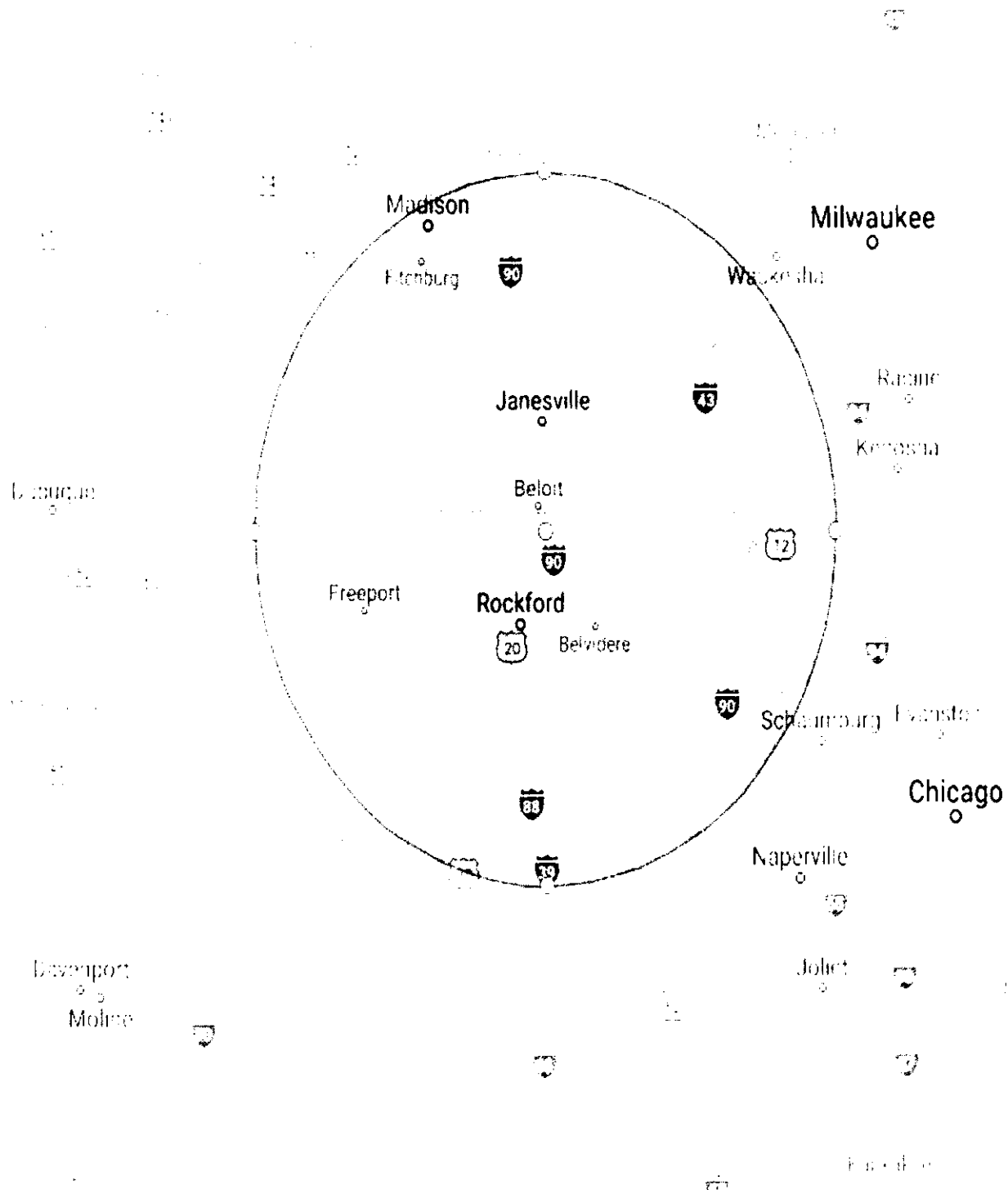
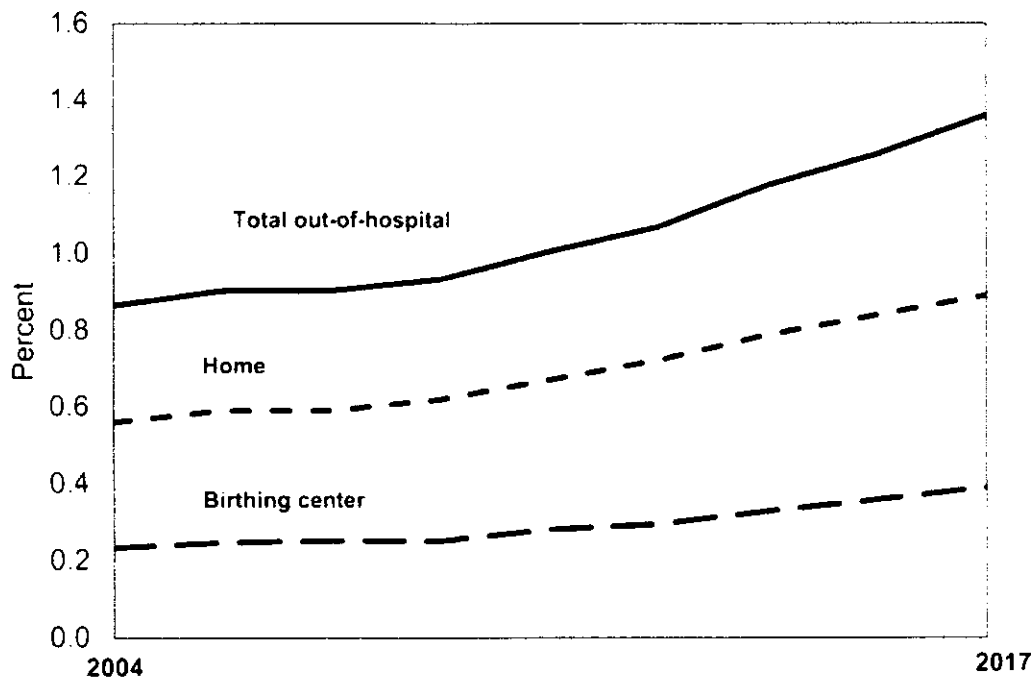


Figure 1: NorthPointe Birth Center Proposed Location and Market Area



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

The freestanding birth center model of care, such as that being proposed for the Birth Center, addresses the problem of an increasing home births that seems driven by consumers' choice to avoid the increasing frequency of Cesarean section (C-section) births and resulting higher costs of-hospital births.



Percentage of births occurring out of hospital: United States, 2004–2017

SOURCE: Birth certificate data from the National Vital Statistics System

Figure 2: 2004-2017 Trend of Out of Hospital Birth, United States

Figure 2 illustrates the trend of home births in past 15 years. Its source is an article authored by MacDorman and Declercq, published in the National Center for Biotechnology Information (NCBI) database, which is part of the United States National Library of Medicine (NLM), a branch of the National Institutes of Health (NIH). Their study, which examined the trends in out-of-hospital births, revealed insurance access to be a determining factor, and more recently a strong motivation of personal choice by women to choose an out-of-hospital birth option, regardless of insurance.

The MacDorman/Declercq study confirmed previous studies that showed that the greatest increase has been seen among non-Hispanic white women, who are two to four times more likely to give birth out-of-hospital compared to other racial and ethnic groups. While home births are clearly not a recommended option; properly accredited birth centers staffed by certified nurse midwives do have the support of American College of Obstetrics and Gynecology (ACOG) and American Academy of Pediatrics (AAP).

In a 2012 report, published the *Journal of Midwifery & Women's Health*, researchers analyzed two decades of CDC data that showed a greater proportion of women are choosing to rely on midwives. Experts think this trend is a

direct reaction to rising rates of C-section births. "Midwives approach birth differently than many physicians: they shy away from inducing labor in most situations, which can lead to a greater likelihood of Cesarean delivery. Starting early in the prenatal period, they may take a more holistic approach, emphasizing diet. In labor, they spend much more time in the delivery room, encouraging a woman to try different positions or to walk around to get labor moving." (Rochman, 2012)

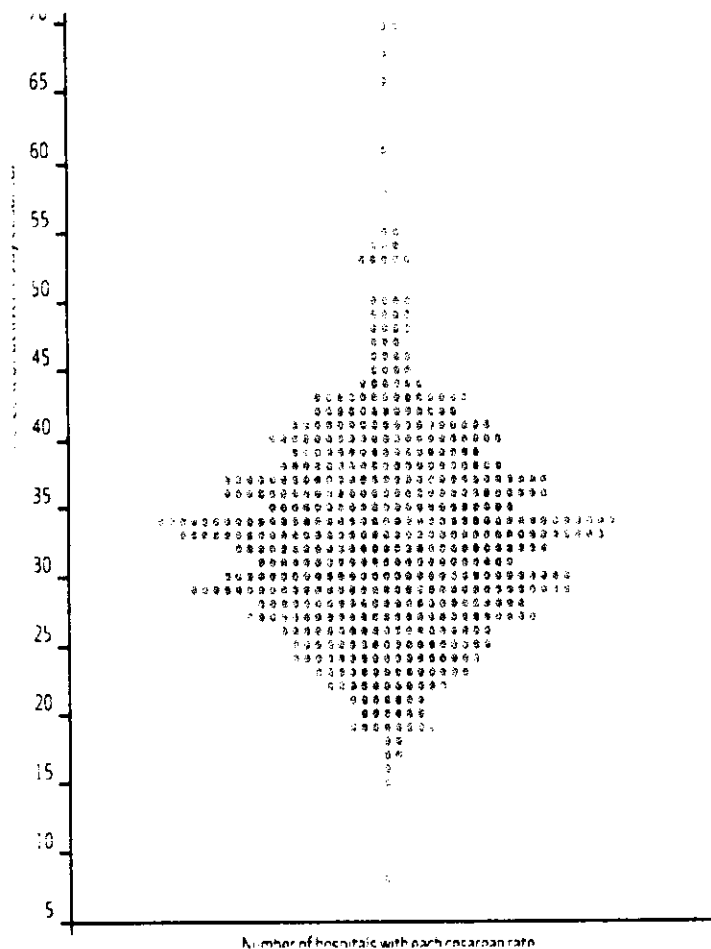
According to an article published in *Health Affairs* in 2013, by Kozhimannil, Law, Virnig, hospital Cesarean rates vary substantially across the U.S. Hospital Cesarean rates varied 10-fold across the U.S., from 7% to 70%, and can vary as much as 15-fold for low-risk hospital Cesarean delivery rates in facilities with at least 100 deliveries. Such large variations around Cesarean rates indicate that differences in practice patterns may be driving costly potential overuse of Cesarean in many U.S. hospitals, and ultimately give the consumer concern over an "over-medicalized" birth. Birth centers give women who meet the low-risk criteria for an out-of-hospital birth the option to have a natural physiological birth. The *National Birth Center Study II* shows that less than 1 in 16 had a Cesarean birth (a 6% CS rate) compared to the nearly 30% nationally.

The Illinois Hospital Report Card, published by the Illinois Department of Public Health, shows the 2017 C-section rate of DuPage County hospitals ranges from 25% to 33%, which places them in comparable to the national median of C-section rates, as shown in Figure

3.

Given that the cost for a C-section can be 50% higher than a vaginal delivery, as reported in the 2013 study commissioned by Childbirth Connection, birth centers help to curtail the costs associated with giving birth.

Figure 3: 2009 Distribution of US Hospital Cesarean Rates



Having a birth center would serve as an agent of positive change as follows:

- a. To provide a safe alternative for a more affordable price;
- b. To bring some real change to the practice patterns surrounding prevalence of C-sections, and
- c. To better align costs with the actual needs of the low-risk maternity patients, who are generally healthy, as well as motivated and engaged to seek the best possible care for themselves and their baby for this episode of care.

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

- American Association of Birthing Centers
- Bonnie Rochman, "Midwife Mania? More U.S. Babies than Ever Are Delivered by Midwives", TIME, June 25, 2012
- Childbirth Connection, Catalyst for Payment Reform, and the Center for Health Care Quality and Payment Reform, (transform.childbirthconnection)
- Health Facilities Planning Board, 77 Illinois Administrative Code
- <https://www.census.gov/quickfacts/fact/table/US/PST045218>
- <http://datawarehouse.hrsa.gov/GeoAdvisor/ShortageDesignationAdvisor.aspx> Howell, Embry, et al. "Potential Medicaid Cost Savings From Maternity Care Based At A Freestanding Birth Center." Medicare & Medicaid Research Review 4.3 (2014): E1-E13. Health Business FullTEXT. Web. 6 Nov. 2014.
- <http://www.healthcarereportcard.illinois.gov/searches/county/DuPage>
- Kozhimannil KB, Law MR, Virnig BA. Cesarean delivery rates vary 10-fold among US hospitals; reducing variation may address quality and cost issues. *Health Affairs*. 2013;32(3):527-535
- National Birth Center Study II, 2013

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

The following community impact can be expected from the NorthPointe Birth Center, offering a unique out-of-hospital birthing service to women in the community:

- Those who are low risk and looking to minimize cost and overuse of technology will have an easily accessible, high quality, safe alternative in a comfortable home-like environment, that is currently not offered anywhere else in the region.
- Having a birth center will act as an agent of positive change for curtailing both the growing trend of at-home births, and alarmingly high C-section rates and associated costs.
- Introducing a birth center to the health care resources for women's care will better align costs with the actual needs of the low-risk maternity patients, who are generally healthy, as well as motivated and engaged to seek the best possible care for themselves and their baby for this episode of care.
- Finally, the Center's team of professionals will guide their clients through a very personal and quality birth experience, from prenatal care, natural childbirth, and full postpartum care. The Center will offer an array of educational classes including childbirth education, diet/exercise, as well as pregnancy massage/yoga and support group options. All new clients will receive a consultation to ensure that the birth center is the safest choice for mom and baby's needs.

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

Based on birth statistics from the 2017 Illinois Health Care Report Card ([www.healthcarereportcard.illinois.gov/](http://www.healthcarereportcard.illinois.gov/)), of the full and partial counties in the 20 to 25-mile radius around the Birth Center, there are approximately 14,605 births annually. Assuming industry-standard 83% for low risk births, and assuming industry-standard 6% of the eligible low risk patients choose a birth center experience, the following calculations were completed as the basis for NorthPointe Birth Center pro forma projections:

**14,605** Potential Births

83%

**12,122** Low Risk Pregnancy

6%

**727** Women that would consider Birth Center (AABC)

Adjusting for a partial year in Year 1, the initial market estimate is 727 potential patients for the Center. Table 1 below carries forward calculations to account for the attrition that is expected to occur, due to risk or personal choice to opt-out of the birth center model of care (based on industry trends and confirmed by historic data from the applicant's other birth centers). Starting with the base figure, the birth center volume is estimated by applying national birth center utilization statistics from AABC. The term "riskied out" is used to reflect the attrition that occurs among patients who may start out at the birth center, but due to a variety of clinical factors, the patients no longer meet the birth center risk criteria. The term "transfer" is used to reflect the patients who require a transfer to higher level care either when they present or during labor. Accounting for the various attrition causes, Year 1 projection is for 96 births, and then projecting a very conservative 5% growth, based on growth assumptions recommended by the American Association of Birthing Centers (AABC), "How to Open a Birth Center", the Center expects a caseload of 432 births per year by Year 5.

**Table 1: Birth Center Utilization (10% Annual Growth, AABC Risk Out Statistics)**

| 5% Projection of Growth                    |              | Year 1    | Year 2     | Year 3     | Year 4     | Year 5     |
|--|--------------|-----------|------------|------------|------------|------------|
| Utilization                                |              |           |            |            |            |            |
| Orientation                                | 1/2 1st year | 364       | 727        | 763        | 802        | 842        |
| Registration                               | -10%         | 327       | 654        | 687        | 721        | 757        |
| Attrition                                  | 19%          | 265       | 530        | 556        | 584        | 614        |
| Due this Year                              | -50%         | 133       | 265        | 278        | 292        | 307        |
| Carried over from last year                |              |           | 133        | 265        | 278        | 292        |
| Total Caseload this year                   |              | 133       | 398        | 543        | 570        | 599        |
| Transfers: AP and PreAdmit                 | -18%         | -24       | -72        | -98        | -103       | -108       |
| admitted to BC                             |              | 109       | 326        | 445        | 468        | 491        |
| Transfers: IP after Admission              | -12%         | 13        | 39         | 53         | 56         | 59         |
| <b>Births at North Pointe Birth Center</b> |              | <b>96</b> | <b>287</b> | <b>392</b> | <b>412</b> | <b>432</b> |

For full details of revenue and expense pro forma projections, reference **Appendix F**.

# Explore Demographics

Winnipeg, Manitoba, Canada, 2016  
 Winnipeg, Manitoba, Canada, 2016  
 Winnipeg, Manitoba, Canada, 2016

2016 2017 2018 2019 2020 2021 2022

Winnipeg County,  
 Illinois

## Awards Summary

|              |              |                    |
|--------------|--------------|--------------------|
| <b>1</b>     | <b>2</b>     | <b>\$7,272,083</b> |
| Total Awards | Total Awards | Total Awards       |

## Demographics

|                  |                  |                  |
|------------------|------------------|------------------|
| <b>287,512</b>   | <b>\$51,110</b>  | <b>21,491</b>    |
| Total Population | Total Population | Total Population |

## Health Professional Shortage Areas

|              |               |               |
|--------------|---------------|---------------|
| <b>2</b>     | <b>2</b>      | <b>1</b>      |
| Primary Care | Dental Health | Mental Health |

## Loan Repayment and Scholarship Programs

|                |                  |
|----------------|------------------|
| <b>14</b>      | <b>\$382,933</b> |
| Total Programs | Total Programs   |

## Key Program Areas by Funding

|               |             |
|---------------|-------------|
| Primary Care  | \$1,110,000 |
| Dental Health | \$1,110,000 |
| Mental Health | \$1,110,000 |
| Other         | \$1,110,000 |
| Total         | \$4,440,000 |

# Explore Demographics

[View by State](#)
[View by Specialty](#)
[View by Program](#)

Compare by State

[View by State](#)
[View by Specialty](#)
[View by Program](#)

12/1/2020 10:00 AM

12/1/2020 10:00 AM

Illinois

Washington

## Awards Summary

58  
 Total Awards  
 177  
 Total Awards  
 \$102,979,004  
 Total Funding

## Demographics

12,554,529  
 Population  
 501,229  
 Health Workforce  
 745,720  
 Health Workforce

## Health Professional Shortage Areas

249  
 Health Professional Shortage Areas  
 214  
 Health Professional Shortage Areas  
 171  
 Health Professional Shortage Areas

## Loan Repayment and Scholarship Programs

527  
 Loan Repayment and Scholarship Programs  
 \$21,276,754  
 Total Funding

## Key Program Areas Funding

\$1,000,000  
 \$2,000,000  
 \$3,000,000  
 \$4,000,000  
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## Awards Summary

39  
 Total Awards  
 69  
 Total Awards  
 \$103,907,410  
 Total Funding

## Demographics

6,703,217  
 Population  
 550,759  
 Health Workforce  
 320,530  
 Health Workforce

## Health Professional Shortage Areas

135  
 Health Professional Shortage Areas  
 144  
 Health Professional Shortage Areas  
 148  
 Health Professional Shortage Areas

## Loan Repayment and Scholarship Programs

193  
 Loan Repayment and Scholarship Programs  
 \$5,126,524  
 Total Funding

## Key Program Areas Funding

\$1,000,000  
 \$2,000,000  
 \$3,000,000  
 \$4,000,000  
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| Discipline | HPSC ID  | HPSC Name                   | Designation Type            | Primary State Rank | County Rank | HPSC FTE Short | HPSC Score | Status | Rural Status | Designation Rate | Update Rate |
|------------|----------|-----------------------------|-----------------------------|--------------------|-------------|----------------|------------|--------|--------------|------------------|-------------|
| Fire Capt  | 20240211 | Fire Capt - Fire Station 1  | Fire Capt - Fire Station 1  | 1                  | 1           | 1              | 1          | 1      | 1            | 1                | 1           |
| Fire Capt  | 20240212 | Fire Capt - Fire Station 2  | Fire Capt - Fire Station 2  | 2                  | 2           | 2              | 2          | 2      | 2            | 2                | 2           |
| Fire Capt  | 20240213 | Fire Capt - Fire Station 3  | Fire Capt - Fire Station 3  | 3                  | 3           | 3              | 3          | 3      | 3            | 3                | 3           |
| Fire Capt  | 20240214 | Fire Capt - Fire Station 4  | Fire Capt - Fire Station 4  | 4                  | 4           | 4              | 4          | 4      | 4            | 4                | 4           |
| Fire Capt  | 20240215 | Fire Capt - Fire Station 5  | Fire Capt - Fire Station 5  | 5                  | 5           | 5              | 5          | 5      | 5            | 5                | 5           |
| Fire Capt  | 20240216 | Fire Capt - Fire Station 6  | Fire Capt - Fire Station 6  | 6                  | 6           | 6              | 6          | 6      | 6            | 6                | 6           |
| Fire Capt  | 20240217 | Fire Capt - Fire Station 7  | Fire Capt - Fire Station 7  | 7                  | 7           | 7              | 7          | 7      | 7            | 7                | 7           |
| Fire Capt  | 20240218 | Fire Capt - Fire Station 8  | Fire Capt - Fire Station 8  | 8                  | 8           | 8              | 8          | 8      | 8            | 8                | 8           |
| Fire Capt  | 20240219 | Fire Capt - Fire Station 9  | Fire Capt - Fire Station 9  | 9                  | 9           | 9              | 9          | 9      | 9            | 9                | 9           |
| Fire Capt  | 20240220 | Fire Capt - Fire Station 10 | Fire Capt - Fire Station 10 | 10                 | 10          | 10             | 10         | 10     | 10           | 10               | 10          |
| Fire Capt  | 20240221 | Fire Capt - Fire Station 11 | Fire Capt - Fire Station 11 | 11                 | 11          | 11             | 11         | 11     | 11           | 11               | 11          |
| Fire Capt  | 20240222 | Fire Capt - Fire Station 12 | Fire Capt - Fire Station 12 | 12                 | 12          | 12             | 12         | 12     | 12           | 12               | 12          |
| Fire Capt  | 20240223 | Fire Capt - Fire Station 13 | Fire Capt - Fire Station 13 | 13                 | 13          | 13             | 13         | 13     | 13           | 13               | 13          |
| Fire Capt  | 20240224 | Fire Capt - Fire Station 14 | Fire Capt - Fire Station 14 | 14                 | 14          | 14             | 14         | 14     | 14           | 14               | 14          |
| Fire Capt  | 20240225 | Fire Capt - Fire Station 15 | Fire Capt - Fire Station 15 | 15                 | 15          | 15             | 15         | 15     | 15           | 15               | 15          |
| Fire Capt  | 20240226 | Fire Capt - Fire Station 16 | Fire Capt - Fire Station 16 | 16                 | 16          | 16             | 16         | 16     | 16           | 16               | 16          |
| Fire Capt  | 20240227 | Fire Capt - Fire Station 17 | Fire Capt - Fire Station 17 | 17                 | 17          | 17             | 17         | 17     | 17           | 17               | 17          |
| Fire Capt  | 20240228 | Fire Capt - Fire Station 18 | Fire Capt - Fire Station 18 | 18                 | 18          | 18             | 18         | 18     | 18           | 18               | 18          |
| Fire Capt  | 20240229 | Fire Capt - Fire Station 19 | Fire Capt - Fire Station 19 | 19                 | 19          | 19             | 19         | 19     | 19           | 19               | 19          |
| Fire Capt  | 20240230 | Fire Capt - Fire Station 20 | Fire Capt - Fire Station 20 | 20                 | 20          | 20             | 20         | 20     | 20           | 20               | 20          |

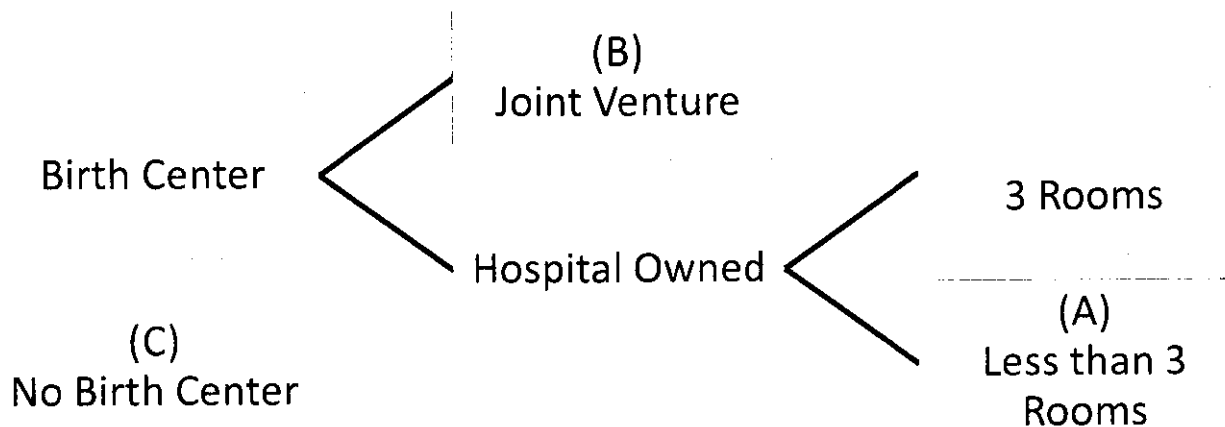
|   | Discipline<br>⊕ | MUA/PT<br>ID ⊕ | Service Area<br>Name ⊕  | Designation<br>Type ⊕             | Primary State<br>Name ⊕ | County ⊕              | Index of Medical Underservice<br>Score ⊕ | Status ⊕   | Rural<br>Status ⊕ | Designation<br>Date ⊕ | Update<br>Date ⊕ |
|---|-----------------|----------------|-------------------------|-----------------------------------|-------------------------|-----------------------|--|------------|-------------------|-----------------------|------------------|
| 1 | Primary<br>Care | 07000          | Chicago<br>Service - 60 | Service -<br>Underservice<br>+100 | Ill                     | Chicago<br>County, IL | 600                                      | Designated | onFile            | 05-01-1999            | 05-01-1999       |



**Attachment 13: Alternatives**

Consideration was given to a number of alternatives before commencing plans for a three-bed/room, free-standing birth center, as follows:

- A) Build a birth center of a smaller scope.
- B) Enter in a joint venture with other nearby hospital/health system and investors.
- C) Rely on existing health care resources; i.e. "do nothing", and continue with current in-hospital services and home birth services.
- D) Build an independently-owned, three-bed free-standing birth center.



Consideration of Option C: The first decision, as illustrated in the above decision tree, was whether or not to pursue a birth center of any type. The birth center choice resulted in the preferred choice based on three factors, lower C-section rate, lower cost of care, and comparable quality outcomes to the non-birth center settings, see Figure 1.

**Figure 1: Birth Center vs. No Birth Center**

| Factor                              | Birth Center  | No Birth Center   |
|-------------------------------------|---|---|
| <b>C-Section Rate</b>               | 1 out of 16 (6%)<br>nat'l avg for birth center <sup>1</sup> | 25%-33% (2017 Illinois Hospital Report Card)              |
| <b>Cost of Care</b>                 | 70% of hospital <sup>2</sup>                                | \$9,000 <sup>3</sup>                                      |
| <b>Quality Outcomes<sup>4</sup></b> | Fetal mortality .47/1000<br>Neonatal mortality: .40/1000    | Fetal mortality: .47/1000<br>Neonatal mortality: .40/1000 |

<sup>1</sup> National Birth Center Study II, 2013

<sup>2</sup> Vaginal delivery, Medicare and Medicaid Research Study, 2014

<sup>3</sup> Center for Health Care Quality and Payment Reform ([www.transform.childbirthconnection.org](http://www.transform.childbirthconnection.org))

<sup>4</sup> National Birth Center Study I, 1989

The "San Diego Birth Center Study – A Prospective Study" done in 1998, backed up the National Birth Center Study I, as it concluded, "Current results suggest similar morbidity and mortality between the birth center model and

traditional care model, with less resource utilization translating to lower costs in the collaborative practice model. Results suggest that collaborative practice using a freestanding birth center as an adjunct to an integrated perinatal health care system may provide a quality, lower cost alternative for the provision of perinatal services.”

Besides the empirical data supporting birth centers, intuitively speaking, the birth centers’ model of care fosters a more wholistic approach to maternity care, including exercise, education and nutrition – all of which help to encourage a healthier start to families in the community. Such a care model is particularly valuable to low income patients who might not otherwise have access to this breadth of maternity care in traditional care settings. Birth centers offer a high quality and safe alternative comparable to the hospital setting, while keeping consistent with trends to move low risk patients out of the hospital. Therefore, based on these arguments, Option C (no birth center) was rejected from further consideration.

#### Consideration of Option B:

Alternative Health Care Delivery Act. (210 ILCS 3/)

a-25) There shall be no more than 10 birth center alternative health care models in the demonstration program, located as follows:

- (1) Four in the area comprising Cook, DuPage, Kane, Lake, McHenry, and Will counties, one of which shall be owned or operated by a hospital and one of which shall be owned or operated by a federally qualified health center.
- (2) Three in municipalities with a population of 50,000 or more not located in the area described in paragraph (1) of this subsection, one of which shall be owned or operated by a hospital and one of which shall be owned or operated by a federally qualified health center.
- (3) Three in rural areas, one of which shall be owned or operated by a hospital and one of which shall be owned or operated by a federally qualified health center.

## Alternative Health Care Model Requirements

TITLE 17 PUBLIC HEALTH - CHAPTER 10 HEALTH FACILITIES AND SERVICES REVIEW BOARD - ILLINOIS HEALTH CARE FACILITIES PLAN - PART 1100 PROCESSING, CLASSIFICATION POLICIES AND REVIEW CRITERIA - SECTION 1101.01'S BIRTH CENTER - ALTERNATIVE HEALTH CARE MODEL

#### Location Requirements:

There shall be no more than 10 birth centers

**NorthPointe Birth Center will be location number five (5) out of the ten (10) allowed in Illinois**

A total of 3 located in rural areas:

**Roscoe, IL population: 10,526**

In each of the geographic groups identified, one birth center shall be owned or operated by a hospital and one birth center shall be owned and operated by a federally qualified health center.

**Majority owned by a hospital: Beloit Health System**

There shall be no more than 2 birth centers authorized to operate in any single health planning area for obstetric services as determined under the Illinois Health Facilities Planning Act [20 ILCS 3960].

**North Point Birth Center will be the first Birth Center located in region B, planning area B-01**

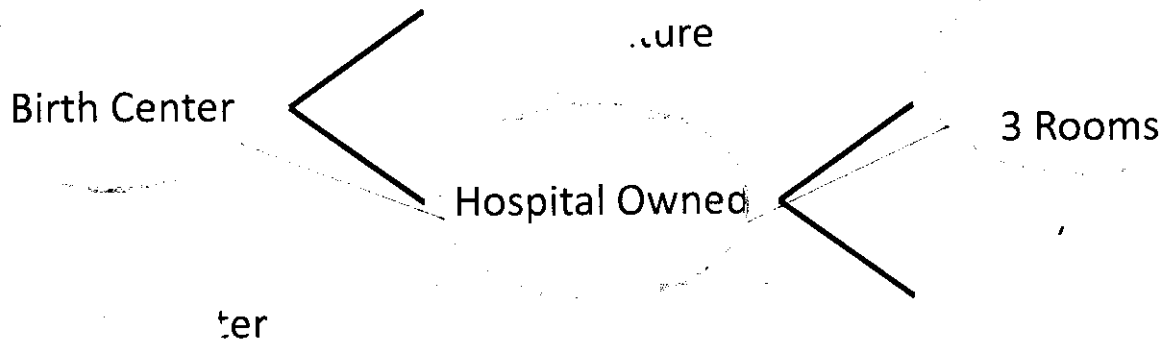
Service Provision: to a Health Professional Shortage Area

**North Point Birth Center will be located in a Health Professional Shortage Area**

**North Point Birth Center will be located in a Medically Underserved Area**

Consideration of Option A: Finally, the decision regarding scope/size of a free-standing birth center stems largely from the experience and market research of the ownership team, research and advice received from industry experts. Consultants/representatives have attended the "How to Start a Birthing Center" Workshop offered by the American Association of Birthing Centers. They have also sought the advice of Dr. Steve Calvin, MD, perinatologist from the Minneapolis area and leading expert in birth center start-ups. In addition, have toured and interviewed over 25 Birth Centers nationwide. These experts recommend that a 2- or 3-bed model is a very manageable size for opening a birth center. Market analysis prepared as part of the business plan bears out what the experts and others were advising: 2-3 beds supports approximately 250 births/year per room for three to five-year return on investment. Based on market research discussed in Attachment 12, projections based on industry and market data indicate the birth center in the proposed region will draw a caseload of over 400 births by Year 5.

Summary of Decision:





**Attachment 14: Size of Project**

The decision regarding scope/size of the birthing center stems from research and advice received from industry experts, as well as local market analysis, as discussed in Attachment 12/Question 6 and Attachment 13, and Attachment 32, and summarized here:

- Consultants of applicant have attended the "How to Start a Birthing Center" Workshop offered by the American Association of Birthing Centers. They have sought the advice of Dr. Steve Calvin, MD, Perinatologist from the Minneapolis area and leading expert in birth center start-ups. In addition, to visiting and interviewing several birth centers across the country. These experts recommended that a 2- or 3-bed model is a very manageable size for opening a birthing center. (Reference Attachment 13)
- Market studies of the Birth Center market show what the experts and others were advising. The market research for this area projects approximately 96 births in Year 1, and conservative growth estimates for and 432 by Year 5. (Attachment 12)
- Determination for caseload per room is based on the following calculations. (Attachment 32)

# Calculations

## Turnover & Number of Birth Suites

### Volume Calculations

- Single room capacity:  
365 days per year / 1.17 days per birth 312 births/year per suite.
- 2 room capacity: 312 yearly births per room x 2 rooms =  
624 births per year:  
432 births Year FIVE / 624 = 69% of maximum capacity.
- 3 room capacity: 312 births/year per room x 3 rooms =  
936 births per year:  
432 births Year FIVE / 936 = 46% of maximum capacity.
- 4 room capacity: 312 births/year per room x 4 rooms =  
1,248 births per year:  
432 births Year FIVE / 1248 = 35% of maximum capacity.

The Birth Center could have additional capacity with combination antepartum / postpartum room if desired:

- 4 hours for postpartum care
- 4 hours for room cleaning/restocking)
- 8 total hours / 24 hours per day = .33
- 365 days per year/.33 days per birth = 1106 postpartum care per year

Turnover determination for caseload per room is based on the following assumptions (Bed Capacity):

- 24 hours for labor, delivery, recovery and postpartum
- 4 hours for room cleaning/restocking)
- 28 total hours / 24 hours per day = 1.17
- 96 births in Year ONE with growth to 432 by Year FIVE.

**Attachment 15: Project Services Utilization**

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

No response from applicant; this section not applicable due to no utilization standards for this project.

**Attachment 16: Unfinished Shell Space**

*Provide information about square footage and use of unfinished shell space.*

No response from applicant; this section not applicable due to no shell space for this project.

**Attachment 17: Assurances**

*Provide assurances about completion of unfinished shell space.*

No response from applicant; this section not applicable due to no shell space for this project.



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(18 – 31)  
INTENTIONALLY  
LEFT BLANK**

**Attachment 32: Birth Center Review Criteria****► Criterion 77 IAC 1110.275(b)(1) – “Location”**

1. *Document that the proposed birth center will be located in one of the geographic areas, as provided in the Alternative Healthcare Delivery Act.*

The Alternative Healthcare Delivery Act sets forth (specified in Section 1110.275 of the Administrative Rules that pertain to the Alternative Healthcare Delivery Act) that there shall be no more than 10 birth center alternative health care models in the demonstration program including: i) a total of 4 located in the combined Cook, DuPage, Kane, Lake, McHenry and Will counties; ii) a total of 3 located in municipalities with a population of 50,000 or more not located in an area described in subsection (b)(1)(A)(i); and iii) a total of 3 located in rural areas. Further, it specifies that for each of the geographic areas, that one birth center shall be owned or operated by a hospital and one birth center shall be owned and operated by a federally qualified health center.

NorthPointe Birth Center meets the aforementioned location requirements as follows: The proposed site is 5605 E. Rockton Road, Roscoe, IL 61073, in Winnebago County, as verified by **Appendix G**, the Real Estate/Property information. It will be the fifth (of ten allowed) birth center in the state. Currently, according to the Association of Birth Centers, there are currently a total of four freestanding birth centers in operation in Illinois: one in Cook County in Berwyn, IL, one in McLean County in Bloomington, IL, one in DuPage County in Burr Ridge, IL, and one Cook County in Chicago, IL.

2. *Document that the proposed birth center is owned or operated by a hospital; or owned or operated by a federally qualified health center; or owned and operated by a private person or entity.*

Proof of NorthPointe Birth Center location is documented in Attachment 2, with property owner of proposed site and owner of NorthPointe Birth Center by Beloit Hospital. The ownership of this Center is documented in Attachment 1, the Secretary of State Certification of Good Standing.

**► Criterion 77 IAC 1110.275(b)(2) – “Service Provision to a Health Professional Shortage Area”**

*Document whether the proposed site is located in or will predominantly serve the residents of a health professional shortage area. If it will not, demonstrate that it will be located in a health planning area with a demonstrated need for obstetrical service beds or that there will be a reduction in the existing number of obstetrical service beds in the planning area so that the birth center will not result in an increase in the total number of obstetrical service beds in the health planning area.*

The Center will be the first (of two allowed) birth centers in the B-01 Planning Area for obstetric services. The B-01 Planning Area encompasses Winnebago County, according to the Inventory of Health Care Services and Facilities, published by Health Facilities and Services Review Board and Illinois Department of Public Health (2017). An image of the B-01 Planning Areas is included in **Appendix H**. Further, the Center will be situated in a shortage area, where there are communities identified as being medically underserved and/or having healthcare professional shortages, according to Health Resources & Services Administration (HRSA), <https://data.hrsa.gov/tools/shortage-area/mua-find>; and <https://data.hrsa.gov/tools/shortage-area/hpsa-find>.

## Attachment 32: Birth Center Review Criteria

► **Criterion 77 IAC 1110.275(b)(3) – “Admission Policies”**

*Provide admission policies that will be in effect at the facility and a signed statement that no restrictions on admissions due to payor source will occur.*

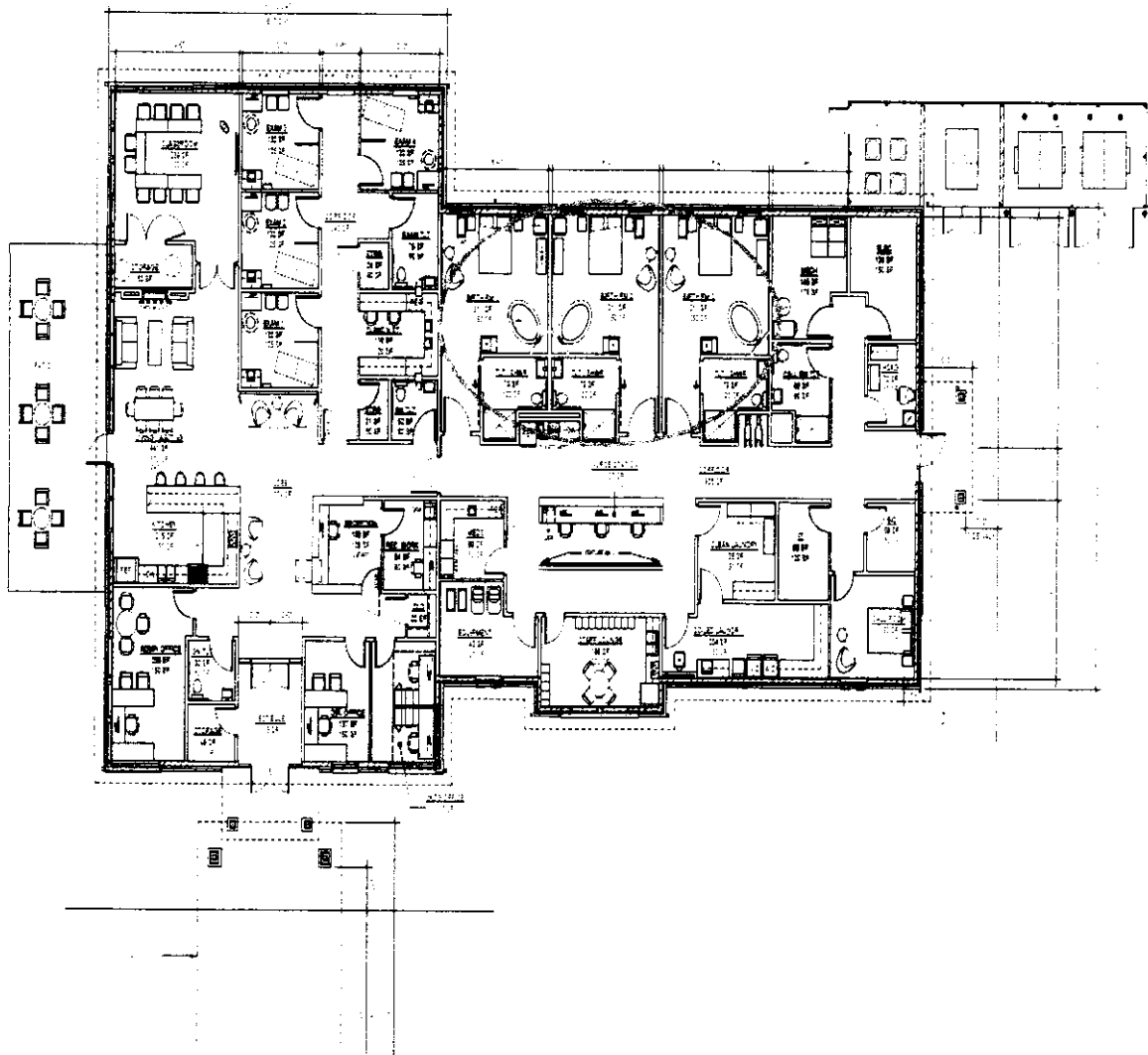
The admission policy to be in effect at the Center, and a signed statement from the Center’s ownership affirming no restrictions on admissions due to payor source are included in **Appendix I**.

► **Criterion 77 IAC 1110.275(b)(4) – “Bed Capacity”**

*Provide documentation that the proposed birth center will have no more than 10 beds.*

As shown in the preliminary architectural drawing (Figure 1), NorthPointe Birth Center will have three birth rooms / beds to support nearly 96 births in year one, with growth capacity to 400-450 annually, from Year3-5. A set of Architectural drawings will be ready for IDPH approval is included as **Appendix J**. Capacity calculations and market demand assumptions that drove the three-room design follow below:

Figure 1: Birth Center’s floorplan



## Attachment 32: Birth Center Review Criteria

Capacity and market demand documentation for the three-room design:

Assumptions:

## Calculations

### Turnover & Number of Birth Suites

#### Volume Calculations

- Single room capacity:  
365 days per year / 1.17 days per birth 312 births/year per suite.
- 2 room capacity: 312 yearly births per room x 2 rooms =  
624 births per year:  
432 births Year FIVE / 624 = 69% of maximum capacity.
- 3 room capacity: 312 births/year per room x 3 rooms =  
936 births per year:  
432 births Year FIVE / 936 = 46% of maximum capacity.
- 4 room capacity: 312 births/year per room x 4 rooms =  
1,248 births per year:  
432 births Year FIVE / 1248 = 35% of maximum capacity.

The Birth Center could have additional capacity with combination antepartum / postpartum room if desired:

- 4 hours for postpartum care
- 4 hours for room cleaning/restocking)
- 8 total hours / 24 hours per day = .33
- 365 days per year / .33 days per birth = 1106 postpartum care per year

Turnover determination for caseload per room is based on the following assumptions (Bed Capacity):

- 24 hours for labor, delivery, recovery and postpartum
- 4 hours for room cleaning/restocking)
- 28 total hours / 24 hours per day = 1.17
- 96 births in Year ONE with growth to 432 by Year FIVE.

#### ► Criterion 77 IAC 1110.275(b)(5) – “Staffing Availability”

*Provide a narrative explanation of how the proposed staffing will be achieved.*

The pool of candidates for the Birth Center is expected to come primarily from healthcare professionals, in order to keep commute time at a minimum particularly for on-call duties. Candidates from area hospitals and medical offices will be the primary source for applicants. Bringing an alternative healthcare delivery model such as a birth center to the community will give a dedicated place for certified nurse midwives and clinical staff to practice their profession. Currently Beloit Health System has integrated HR department and competitive salary and benefit packages. Beloit has a very low employee turnover rate. In addition, we have received several support letters from the community and health care professionals that are excited for the birth center that would assist with networking for candidates. Refer to **Appendix K** for Letters of Support.

#### ► Criterion 77 IAC 1110.275(b)(6) – “Emergency Surgical Backup”

*Provide documentation of a contractual agreement that has been signed with a licensed hospital within 30 minutes ground travel time from the licensed hospital for the referral and transfer of patients in need of an emergency caesarian delivery.*

NorthPointe Birth Center has a signed contractual agreement with Beloit Health System for the referral and transfer of patients in need of an emergency caesarian delivery, as shown in **Appendix L**. In addition, in **Appendix M** is the agreement for EMS transfers. **Appendix N** shows several maps illustrating distances and routes between the Center and area EMS/Ambulance Services.

**Attachment 32: Birth Center Review Criteria****► Criterion 77 IAC 1110.275(b)(7) – “Education”**

*A written narrative on the prenatal care and community education services offered by the birth center and how these services are being coordinated with other health services in the community.*

The Birth Center will use a group care model for its education. This model will encompass education and support of pregnant women who plan to birth at the birth center. This model promotes greater client engagement, personal empowerment and community-building. Other services that will be provided to the community would be childbirth preparation, childbirth refresher courses, doula services, newborn care classes and breastfeeding classes. The leadership and practitioners of the center support working with local agencies such as the Health Department's staff to connect patients with the necessary resources for physical, emotional and financial well-being.

**► Criterion 77 IAC 1110.275(b)(8) – “Inclusion in Perinatal System”**

*An applicant that is not a hospital shall identify the regional perinatal center that will provide neonatal intensive care services, as needed to the applicant birth center patients; and a letter of intent, signed by both the administrator of the proposed birth center and the administrator of the regional perinatal center, shall be provided*

NorthPointe Birth Center has a transfer agreement (see **Appendix L**, referenced in previous criterion) with Beloit Health System, which offers Level II Perinatal services.

**► Criterion 77 IAC 1110.275(b)(9) – “Medicare/Medicaid Certification”**

*Document that the proposed birth center will be certified to participate in the Medicare and Medicaid programs under titles XVIII and XIX, respectively, of the federal Social Security Act.*

A signed statement from the Center's ownership affirming that that the Center will be certified to participate in Medicare and Medicaid per the criteria outlined in Criteria 77 IAC 1110.275(b)(9) is included in **Appendix O**.

**► Criterion 77 IAC 1110.275(b)(10)- “Charity Care”**

*Provision of a copy of the charity care policy that will be adopted by the proposed birth center.*

A copy of the charity care policy that will be adopted by the Center is included in **Appendix P**.

**► Criterion 77 IAC 1110.275(b)(11) – “Quality Assurance”**

*Provision of a copy of the quality assurance policy that will be adopted by the proposed birth center.*

A copy of the quality assurance policy that will be adopted by the Center is included in **Appendix Q**.

**Attachment 15: Project Services Utilization**

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

No response from applicant; this section not applicable due to no utilization standards for this project.

**Attachment 16: Unfinished Shell Space**

*Provide information about square footage and use of unfinished shell space.*

No response from applicant; this section not applicable due to no shell space for this project.

**Attachment 17: Assurances**

*Provide assurances about completion of unfinished shell space.*

No response from applicant; this section not applicable due to no shell space for this project.

**Attachment 33: Availability of Funds**

*Document that financial resources shall be available and be equal to or exceed the estimated total project cost plus any related project costs by providing evidence of sufficient financial resources from the following sources, as applicable.*

All funding has been raised from Beloit Health Systems Cash and Securities. **Appendix R**, and **Appendix S**.

# FITCH RATINGS UPGRADES BELOIT HEALTH SYSTEM TO 'A' AND ASSIGNS 'A' TO SER 2020 BONDS' OUTLOOK TO STABLE

Monday, November 11, 2019

BELOIT, WI. (November 11, 2019) Beloit Health System has once again been upgraded for the second time in 18 months as Fitch Ratings credit rating agency has assigned an 'A' rating to Beloit Health System's revenue issued by Wisconsin Health & Educational Facilities Authority.

Evaluated annually by Fitch, the health system was also recognized as having a positive fiscal outlook for the future.

The upgrade to 'A' reflects Beloit Health System's strong and consistent operating performance supported by its leading local market position in a stable service area. Operating performance is supported by key service line growth, a large and growing outpatient footprint, and a highly aligned medical staff.

"Our financial strength and stability, along with our growth and positive patient outcomes, earned our improved rating in the financial markets. This financial stability ensures that our patients can remain in their community, cared for by friends, family, and neighbors at Beloit Health System. This positive outcome is a direct result of the hard work and commitment of our employees and medical staff," commented Tim McKeveatt, President and CEO.

Beloit Health System opened its current location in 1970. Since then, the hospital has expanded by partnering with Beloit Clinic, partnered with the University of Wisconsin to provide comprehensive cancer care, improved access to holistic care by opening NorthPointe Wellness and enhanced its cardiology services by opening the Hendricks Family Heart Hospital. The Family Care Center is open and undergoing state of the art renovations.

## About Beloit Health System

Beloit Health System is an independent community health system serving northern Illinois and southern Wisconsin. We offer world-class facilities and services to improve the overall health of the communities we serve with cornerstones for quality, engagement, integrity and patient satisfaction.

###



**Attachment 35: Financial Viability Ratios**

Per Section 1120.130, the applicant is NOT required to submit ratios if all project capital expenditures are completely funded through internal resources. As documented in Attachment 33, this is the case for this project. Documentation of internal resources availability is included in Appendices R and S, noted above.

**Attachment 36: Economic Feasibility**

*A Reasonableness of Financing Arrangements - Document the reasonableness of financing arrangements by submitting a notarized statement signed by an authorized representative that attests that the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation.*

Refer to

*B Conditions of Debt Financing -- Not applicable to this project since no debt financing is involved.*

*C Reasonableness of Project and Related Costs -- See page 44 of application*

*D Project Operating Costs -- See below and also **Appendix F** for larger font version.*

*E Effect of the Project on Capital Costs -- No additional capital costs are expected in the first full year at target utilization.*

**Attachment 37: Safety Impact Statement**

*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.*

The Birth Center will also offer educational and counseling services to its patients that will help those in need to know how to navigate and obtain necessary social services. The applicant has a history with its other birth centers of cooperating with area health department's family case management to help connect pregnant women to health and wellness services.

The proposed site of the Birth Center will serve residents of medically underserved and healthcare professional shortage areas, within its market area. Details are discussed in Attachment 12 and Attachment 32.

The applicant has affirmed that that the Center will be certified to participate in Medicare and Medicaid, and has affirmed that is will have a Charity Care Policy, per Attachment 32; and has estimated in Attachment 38 that it may incur charity care expense.

| Safety Net Information per PA 96-0031 |          |           |           |
|---------------------------------------|----------|-----------|-----------|
| CHARITY CARE                          |          |           |           |
| Charity (# of patients)               | Year     | Year      | Year      |
| Inpatient                             | 0        | 0         | 0         |
| Outpatient                            | 5        | 86        | 118       |
| <b>Total</b>                          | 5        | 14        | 20        |
| Charity (cost in dollars)             |          |           |           |
| Inpatient                             | 0        | 0         | 0         |
| Outpatient                            | \$73,480 | \$213,092 | \$286,572 |
| <b>Total</b>                          | \$73,480 | \$213,092 | \$286,572 |
| MEDICAID                              |          |           |           |
| Medicaid (# of patients)              | Year 1   | Year 2    | Year 3    |
| Inpatient                             | 0        | 0         | 0         |
| Outpatient                            | 29       | 86        | 118       |
| <b>Total</b>                          | 29       | 86        | 118       |
| Medicaid (revenue)                    |          |           |           |
| Inpatient                             | 0        | 0         | 0         |
| Outpatient                            | \$99,702 | \$295,668 | \$405,684 |
| <b>Total</b>                          | \$99,702 | \$295,668 | \$405,684 |

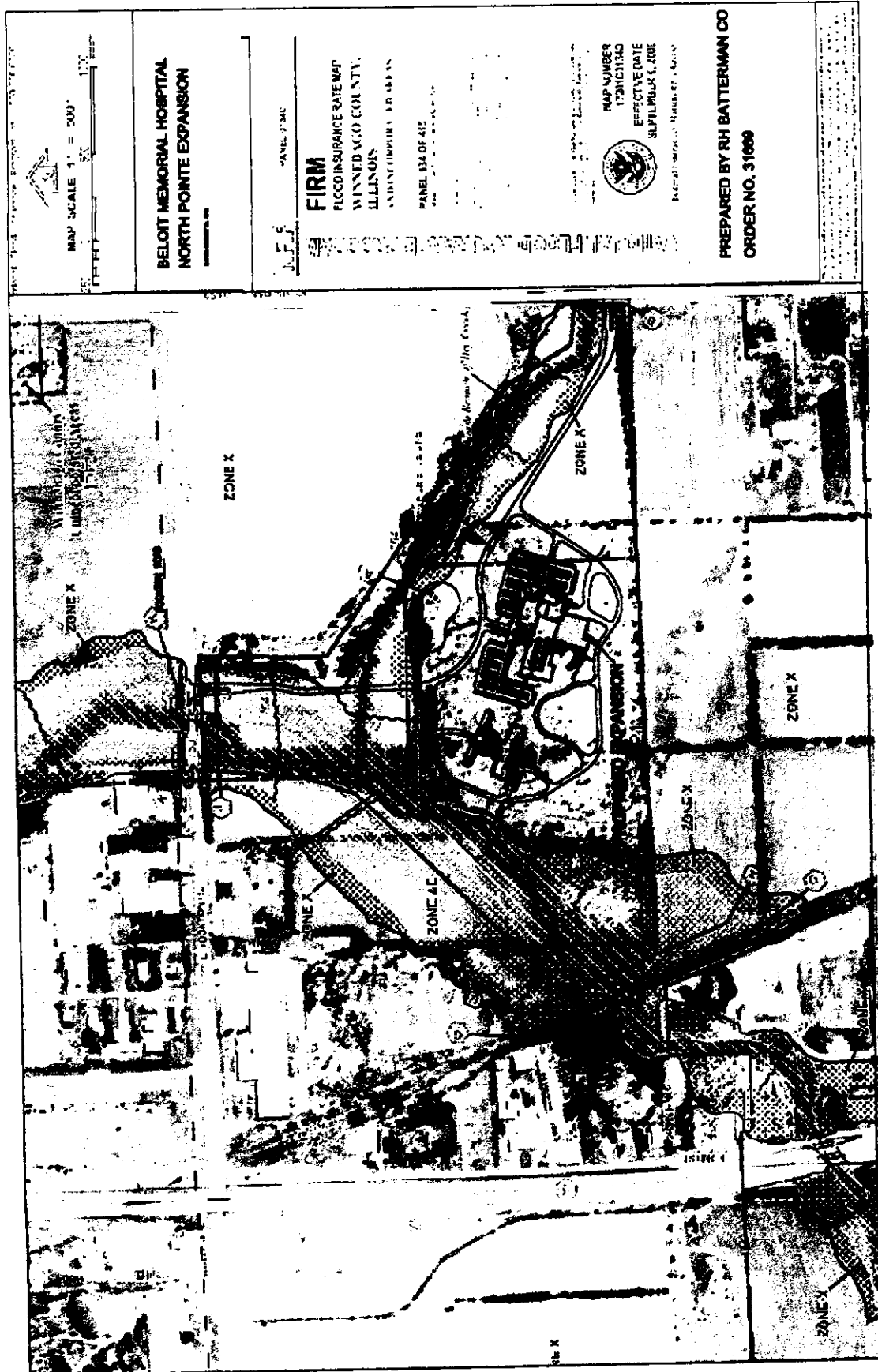
**Attachment 38: Charity Care**

The mission of Birth Center is to provide a high-quality, cost effective out-of-hospital birth experience for low-risk pregnant mothers and babies, for prenatal care, natural childbirth, and full postpartum care. Inherent in the Birth Center's mission are values of respect and compassion for all human beings. With its mission and values as its guiding philosophy, the Birth Center is committed to always putting the needs of the patient first, and thus enacting a charitable policy designed to meet the needs of patients with difficult financial circumstances. See Appendix K for the Center's full Charity Care policy.

Given the strict health and safety criteria for treating birth center patients, prospective patients qualifying for charity care typically risk out due to the state's criteria with other related items. In these instances, the Birth Center's staff would make sure these patients/ clients would be referred to the appropriate care providers and facilities.

| CHARITY CARE                     |           |             |             |
|----------------------------------|-----------|-------------|-------------|
|                                  | Year 1    | Year 2      | Year 3      |
| <b>Net Patient Revenue</b>       | \$558,100 | \$1,562,658 | \$2,122,914 |
| Amount of Charity Care (charges) | \$73,480  | \$213,092   | \$286,572   |
|                                  |           |             |             |





| <b>INDEX OF APPENDICES</b> |   | <b>PAGE</b> |
|----------------------------|---|-------------|
| A.                         | Architect Contact   | 106         |
| B.                         | Project Description                                       | 107         |
| C.                         | Construction Project Bid                                  | 140         |
| D.                         | Blank   | 157         |
| E.                         | Parking and Transportation                                | 158         |
| F.                         | Projections   | 159         |
| G.                         | Real Estate/ Property                                     | 160         |
| H.                         | Health Planning Area                                      | 162         |
| I.                         | Admissions Criteria & Admissions Payor Source             | 165         |
| J.                         | Architect Design Pricing Set                              | 170         |
| K.                         | Letters of Support  | 200         |
| L.                         | Hospital Transfer Agreement                               | 207         |
| M.                         | EMS Transfer Agreement                                    | 209         |
| N.                         | Transfer Routes   | 207         |
| O.                         | Medicare/Medicaid Participation Statement                 | 212         |
| P.                         | Charity Care Policy                                       | 213         |
| Q.                         | Quality Assurance Policy                                  | 223         |
| R.                         | Hospital Safety Grade & Fiscal Year Financial Information | 228         |
| S.                         | Good Standing   | 229         |
| T.                         | Artist Rendering of Birth Center                          | 231         |
| U.                         | Zoning & Special Use                                      | 233         |
| V.                         | Annual Report   | 234         |
| W.                         | Demographics: Winnebago County, IL                        | 249         |
| X.                         | Marketing Area  | 282         |



Eppstein Uhen Architects, Inc.

Hours

414-271-5350

Since 1987, Eppstein Uhen Architects, Inc. has been providing architectural, interior design, and construction services for a wide range of clients, including government, commercial, and residential. The firm's expertise is in the design and construction of transit stations, including the design and construction of the new, proposed transit station at the intersection of the new, proposed transit station and the existing transit station. The firm's expertise is in the design and construction of transit stations, including the design and construction of the new, proposed transit station at the intersection of the new, proposed transit station and the existing transit station.

## Architect

Eppstein Uhen Architects  
333 East Chicago Street  
Milwaukee, WI 53202

Contact: Jeff Holzhauser, Project Manager

Phone: 414-291-8168

Email: [jeffreyh@eua.com](mailto:jeffreyh@eua.com)



**Preliminary Project Description (PPD)****RTM Engineering Consultants**

|                                   |  |                         |                   |
|-----------------------------------|--|-------------------------|-------------------|
| PROJECT                           | <b>BELOIT HEALTH SYSTEM<br/>NORTHPOINTE BIRTH CENTER</b> | POSTED                  | <b>05/28/2021</b> |
| RTM PROJECT NO. <b>21.EUA.031</b> | PROJECT MGR  | <b>Kathleen Knutson</b> |                   |

**Project Summary**

*This preliminary Project Description is intended as a draft of documentation for basic design decisions for all building construction and equipment systems. This draft will serve as the basis for the definition of scope and level of quality for the Schematic Design cost estimate. It will also serve as a tool for further developing the final specifications during Construction Documents. Substitutions for pricing purposes shall be made without prior written approval from the Architect.*

**Project Scope:**

New single story wood construction birth center, B occupancy, with a medical tenant occupying all areas. Services lines shall include (3) birth rooms, (4) exam rooms, (2) nurse stations, and support spaces. Birth rooms shall provide basic care services only. The facility is projected to be approximately 8,500 gross square feet. Site grading shall be modified to accommodate the new building. New parking lot and lighting shall be provided.

**Smart Energy Design Assistance Center Requirements Summary:**

The design team should assume that architectural and MEP related products and design options shall be explored with a goal of maximizing the building credits available.



**Project Design Team:**

**Architect:**

Eppstein Uhen Architects  
333 E. Chicago Avenue  
Milwaukee, WI 53203  
Contact: Jeff Holzhauer, Senior Project Manager  
414-291-8104  
[jeffreyh@eua.com](mailto:jeffreyh@eua.com)

**Mechanical Electrical and Plumbing Engineering:**

RTM Engineering Consultants, LLC  
316 N. Milwaukee Street, Suite 560  
Milwaukee, WI 53202  
Contact: Kathleen Knutson  
414-930-1709  
[kathleen.knutson@rtmassociates.com](mailto:kathleen.knutson@rtmassociates.com)

**D20 PLUMBING****D2005 GENERAL**

- A. Basis of Design: Applicable codes, guidelines and standards
1. Illinois Administrative Code – Parts 250, 265, 820, 890
  2. FGI Guidelines - 2018
  3. NFPA 99 – 2012
  4. 2015 International Fuel Gas Code
  5. 2015 International Fire Code

**D2010 PLUMBING MATERIALS****A. FIXTURES**

1. Plumbing fixtures will be commercial-grade and ADA compliant.
  - i. Acceptable manufacturers include: American Standard, Kohler, Elkay, Just, Fiat, Chicago Faucet, T&S, Zurn, and Sloan.
- B. Fixtures will generally be vitreous china in white, deep-drawn 18-gauge stainless steel or basins integral with solid-surface countertops. Plumbing fixtures in the birthing suites shall have a residential style appearance. Plumbing fixtures will be per code requirements for the various spaces and per the occupant load outlined in the architectural package.
  1. Bathtub
    - Edel Immersys FP3 Birth Pool with drain.
    - Wall mount tub filler equal to Kohler K-T23491.
  2. Sink:
    - Counter mounted stainless steel for Nourishment, Clean Supply, Soiled Utility and Medication rooms.
    - Vitreous-china wall mount sinks for all Patient, Men's and Women's Toilet rooms.
    - Counter mounted ADA compliant sink with side drain board for birthing suites.
    - Under counter mount residential style sink for the kitchen with a residential style kitchen faucet with pull down spray head.
    - Hard wired automatic infrared sensed faucets on all handwashing sinks in birthing rooms.
    - Manual wristblade faucets with a rigid gooseneck spout for all sinks with laminar flow in staff support areas.
    - Residential style faucets in the birthing suites.
    - Faucets will be cast or tubular brass with chrome-polished finish.
    - Tailpieces and traps will generally be cast or 17-gauge tubular brass with chrome-polished finish and have offset tailpieces as necessary to comply with ADA requirements.
    - ASSE 1070 approved tempering valve.
    - All supplies/stops and drains shall be provided for the fixture.
    - Protective shielding pipe covers for fixture hot and cold supplies and stops, trap and drain piping.
  3. Shower:



- ADA compliant one-piece shower pan with stainless steel center shower drain.
  - Shower head with metal shower hose, vacuum breaker, 36" slide bar and pressure balance valve and trim.
  - Grab bars per architectural plans and details.
4. Water Closet:
    - Floor mounted, elongated bowl with bottom outlet and ADA height. Color: White.
    - Pressure assist tank type with 1.6 gallons per flush
    - Slow close, heavy duty toilet seat.
  5. Flushing Rim Sink: Soiled Utility
    - Floor mount vitreous china.
    - Rim guard.
    - Manual lever-handle diaphragm flush valve. Finish: chrome.
    - Manual wristblade faucets with a rigid gooseneck spout.
    - All supplies/stops and drains shall be provided for the fixture.
  6. Emergency Eyewash: Meds Room
    - Stainless steel wall mounted swing down.
    - ANSI compliant identification sign.
    - Mixing valve set to 90°F.
    - All supplies/stops and drains shall be provided for the fixture.
  7. Emergency Eyewash: Mechanical Room
    - Stainless steel wall mounted bowl with two spray heads.
    - ANSI compliant identification sign.
    - Mixing valve set to 90°F.
    - All supplies/stops and drains shall be provided for the fixture.
  8. Mop Basin:
    - 24x24 one-piece molded stone, Color: White.
    - Hose thread outlet with vacuum breaker and pail hook with wall support faucet.
    - Faucets will be cast or tubular brass with chrome-polished finish.
    - Bumper and wall guards.
    - Stainless steel hose bracket.
  9. Utility Sink:
    - 22x25 one-piece molded plastic, Color: White.
    - Combo kit with faucet and heavy gauge steel legs.
    - Faucets will be cast or tubular brass with chrome-polished finish.
  10. Ice Machine and Drink Dispenser
    - ASSE 1022 backflow preventer.
    - Water connection stubbed out at counter.
    - All supplies/stops and drains shall be provided for the fixture.



11. Supplies & stops:
  - i. Stops will be chrome-plated-brass, one-quarter-turn, ball-type or compression valve with inlet connection matching supply piping and
  - ii. Chrome-plated-brass pipe or chrome-plated copper tube matching water-supply piping size. Include chrome-plated-brass or stainless-steel wall flange.
  - iii. Loose key operation.
  - iv. Chrome-plated NPS 3/8 supply risers.

#### C. VALVES

1. Copper-alloy ball valves will comply with MSS SP-110.
2. Ball valves, full port, stainless-steel ball, lead-free, zinc-free bronze 600 psi WOG, will be provided in the water distribution and at equipment connections.
3. Valves in the water supply distribution will be provided on fixture branches off mains.
4. Copper-alloy, balancing valves with readout ports and memory-setting indicator will be provided at each hot water recirculation branch line.

#### D. GENERAL MATERIALS

1. Insulation will be provided on hot, hot return and cold water pipes. Insulation will include fiberglass material and a vapor-proof jacket.
2. General purpose floor drains will be furnished with cast iron body, nickel bronze strainer, adjustable round top, flashing collar.
3. Color-coded vinyl adhesive pipe labels, brass valve tags, metal escutcheons, nickel bronze cleanouts, trap primers, water hammer arresters, drain valves, hose bibs, trap and supply wraps to ADA lavatories, and listed fire safing will be provided.
4. Spare parts for faucets, flush valves and med gas outlets will be furnished.

#### D2020

#### DOMESTIC WATER

- A. A 6-inch combined water service will be provided for fire protection with a 2-inch metered branch for domestic.
- B. Water softener equal to Hellenbrand H200M-150 will be provided.
- C. A hot water supply to include redundancy with (2) two commercial high efficiency 60-gal tank-type gas water heaters equal to AO Smith BTH-120(A), will be provided. A domestic water heating system will be complete with expansion tank and circulation pump.
- D. Combustion air and flue piping will extend upward through the roof.
- E. Digital master mixing valve equal to Leonard NV-150-LF will be provided to circulate 140°F hot water throughout the system for bacteria control.
- F. Domestic water distribution will serve each plumbing fixture and to equipment as required.
- G. Hot water circulation will extend to within 2 feet of fixture angle-stop for all new handwashing sinks.
- H. Distribution Sizing: generally 4 psi/100 feet.
- I. Circulation Sizing: maximum head loss from pipe friction 2.7 feet /100 feet and maximum 16 degree temperature drop.
- J. Materials: Piping
  - i. ASTM B 88, Type "L" copper with 95-5 soldered joints or press fitting joints.
  - ii. No-lead, zinc-free bronze ball valves, 600 psi WOG.
  - iii. Insulation will include 1-inch thick fiberglass material with a vapor-proof jacket.



- iv. Identity: Color-coded vinyl adhesive pipe labels, brass valve tags, chart.

K. Materials: Insulation

- i. Mineral-Fiber, Preformed Pipe Insulation: Type I, 850 Deg F Materials: Mineral or glass fibers bonded with a thermosetting resin. Comply with ASTM C 547, Type I, Grade A, with factory-applied ASJ-SSL.
- ii. Domestic Cold Water: Operating temperature 35 to 60 deg F.
  - 1-inch thick.
- iii. Domestic Hot Water: Operating temperature 60 to 140 deg F.
  - NPS 2 and Smaller: 1-inch thick.

**D2030**

**SANITARY WASTE AND VENT**

- A. A 4-inch gravity sanitary drainage system will be provided with a connection to the street.
- B. It appears there's a 6 burner range in the kitchen area. If cooking will be done at the facility a grease interceptor will be required.
- C. Sanitary drainage will serve each plumbing fixture and floor drain.
- D. Floor drains will be provided in mechanical rooms and near equipment where required.
- E. An area stainless steel floor drain will be located near the birthing tub.
- F. Hub drains on the floor or in casework will receive discharges from equipment such as beverage, ice, medical, HVAC or similar.
- G. All plumbing vents will be located on the backside of the roof to hide from street view.
- H. Schedule 40 PVC, ASTM 2665.
- I. Horizontal sanitary within 2 feet of a ceiling surface will be insulated, 1-inch.
- J. Materials:
  - i. Piping and Fittings: ASTM D 2665, Solid-Wall PVC schedule 40.
  - ii. Adhesive Primer: ASTM F 656
  - iii. Solvent Cement: ASTM D 2564

**D2040**

**STORM**

- A. Downspouts will be connected to underground storm piping and discharged to the existing retention pond onsite.
- B. Materials:
  - i. Piping and Fittings: ASTM D 2665, Solid-Wall PVC schedule 40.
  - ii. Adhesive Primer: ASTM F 656
  - iii. Solvent Cement: ASTM D 2564

**D2060**

**MEDICAL GASES**

- A. It's anticipated medical gas infrastructure will not be required for the project and portable equipment will be provided in lieu of a piped system.

**D2090**

**NATURAL GAS**

- A. Natural gas will connect from a new service meter and extend to domestic water heaters and HVAC equipment such as boilers and roof-top units.
- B. Natural gas will be provided for the fireplace and range/oven in the kitchen.



- C. 2-psi gas pressure will be supplied for the building. Step down regulators will be installed at each equipment.
- D. Gas piping near the meter will be painted to match building exterior.
- E. Materials:
  - i. Piping and Fittings: ASTM A 53/A 53M, black steel, schedule 40.
  - ii. Manual Valves: Two piece, full port with bronze trim, MSS SP-110.
  - iii. Line pressure regulator: Cast aluminum, ANZI Z21.80.

**D30 HVAC****D3005 GENERAL REQUIREMENTS****A. Applicable Codes, Guidelines, and Standards.**

1. ASHRAE Standard 55 - 2010 Thermal environmental Conditions for Human Occupancy
2. ASHRAE Standard 62.1 - 2010 Ventilation for Acceptable Indoor Air Quality
3. American Industrial Hygiene Association (AIHA) guidelines and standards
4. NFPA 90A - Standard Installation Of Air Conditioning & Ventilation Systems
5. Sheet Metal and Air Conditioning Contractors National Association (SMACNA)
6. IBC International Building Code – 2015
7. IFC International Fire Code – 2015
8. FGI Guidelines for Design and Construction of Healthcare Facilities
9. State of Illinois Administrative Code
10. Illinois Department of Public Health (IDPH) Requirements
11. State of Illinois Mechanical Code
12. State of Illinois Energy Code
13. State and Local Municipal Codes, Ordinances, and Amendments (Roscoe, IL, Winnebago County)
14. IECC International Energy Conservation Code – 2018
15. NFPA 99 – Standards for Health Care Facilities - 2012
16. NFPA 101 - Life Safety Code - 2012
17. Joint Commission Requirements
18. IESNA Guidelines Tenth Edition
19. AIA Guidelines
20. OSHA Regulations

**B. Outdoor Design Conditions****1. Summer:**

- |                          |   |         |
|--------------------------|---|---------|
| i) Dry-Bulb Temperature  | = | 91.1 °F |
| ii) Wet-Bulb Temperature | = | 74.6 °F |

**2. Winter:**

- |                         |   |        |
|-------------------------|---|--------|
| i) Dry-Bulb Temperature | = | -10 °F |
|-------------------------|---|--------|

**3. Ambient:**

- |                          |   |       |
|--------------------------|---|-------|
| i) Dry-Bulb Temperature  | = | 95 °F |
| ii) Wet-Bulb Temperature | = | 78 °F |

**C. Indoor Design Conditions**

1. The design conditions for occupied spaces which do not have specific space condition requirements will be as follows:

**i) Dry-Bulb Temperature**

- |            |   |            |
|------------|---|------------|
| (1) Summer | = | 75°F ± 2°F |
| (2) Winter | = | 72°F ± 2°F |

**ii) Relative Humidity**

- |            |   |                  |
|------------|---|------------------|
| (1) Summer | = | 50% maximum ± 5% |
| (2) Winter | = | 30% minimum ± 5% |





2. Telecommunication Rooms
  - i) Dry-Bulb Temperature = 72°F ± 2°F (year round)
  - ii) Relative Humidity = Not Controlled
3. Mechanical Rooms
  - i) Dry-Bulb Temperature
    - (1) Summer = 90°F or 10°F over summer OA design temperature
    - (2) Winter = 60°F Minimum
  - ii) Relative Humidity = Not Controlled
4. Electrical Rooms
  - i) Dry-Bulb Temperature
    - (1) Summer = 80°F Maximum
    - (2) Winter = 65°F Minimum
  - ii) Relative Humidity = Not Controlled
5. Administration/Office/Conference
  - i) Dry-Bulb Temperature
    - (1) Summer = 74°F ± 2°F
    - (2) Winter = 72°F ± 2°F
  - ii) Relative Humidity
    - (1) Summer = 50% maximum ± 5%
    - (2) Winter = 20% minimum ± 5%
6. Laboratory
  - i) Dry-Bulb Temperature
    - (1) Summer = 73°F ± 2°F
    - (2) Winter = 72°F ± 2°F
  - ii) Relative Humidity
    - (1) Summer = 50% maximum ± 5%
    - (2) Winter = 30% minimum ± 5%
7. Exam/Treatment Rooms
  - i) Dry-Bulb Temperature = 72°F ± 2°F (year round)
  - ii) Relative Humidity
    - (1) Summer = 50% maximum ± 5%
    - (2) Winter = 20% minimum ± 5%
8. General Patient Areas
  - i) Dry-Bulb Temperature
    - (1) Summer = 72°F ± 2°F
    - (2) Winter = 72°F ± 2°F
  - ii) Relative Humidity
    - (1) Summer = 50% maximum ± 5%
    - (2) Winter = 20% minimum ± 5%
9. Kitchen Prep Areas
  - i) Dry-Bulb Temperature = 78°F ± 2°F (year round)



- ii) Relative Humidity
  - (1) Summer = 50% maximum  $\pm$  5%
  - (2) Winter = Not Controlled
- 10. Common Areas (Waiting, etc.)
  - i) Dry-Bulb Temperature
    - (1) Summer = 74F  $\pm$  2°F
    - (2) Winter = 72°F  $\pm$  2°F
  - ii) Relative Humidity
    - (1) Summer = 50% maximum  $\pm$  5%
    - (2) Winter = 20% minimum  $\pm$  5%
- 11. Unoccupied Spaces (including shelled areas)
  - i) Dry-Bulb Temperature = 65 - 95°F
  - ii) Relative Humidity = Not Controlled
- D. Heating and Cooling Loads
  - 1. Electrical
    - i) General Office Areas
      - (1) Lighting = Per Division 26
      - (2) Equipment = 1.0 watts per sq ft
    - ii) Common Areas (Waiting, Dining, etc.)
      - (1) Lighting = Per Division 26
      - (2) Equipment = 0.5 watts per sq ft
    - iii) Laboratory
      - (1) Lighting = Per Division 26
      - (2) Equipment = To be determined by actual equipment load, but not less than 5.0 watts per sq ft
    - iv) Corridor
      - (1) Lighting = Per Division 26 sq ft
      - (2) Equipment = 0.0 watts per sq ft
    - v) Examination, Treatment Rooms
      - (1) Lighting = Per Division 26
      - (2) Equipment = 1.0 watts per sq ft
    - vi) Patient Rooms
      - (1) Lighting = Per Division 26
      - (2) Equipment = 1.0 watts per sq ft
    - vii) Storage Rooms
      - (1) Lighting = Per Division 26
      - (2) Equipment = 0 watts per sq ft
    - viii) Rooms with large equipment shall be calculated for actual equipment load and actual lighting load, per space program and equipment data.
    - ix) Where specific lighting load information is not available, an average of 1.5 watts per square foot will be used until actual lighting load information is confirmed.
    - x) Diversity = 80%



#### E. Occupants

1. The typical occupancy heat rejection will be as follows:
  - i) Sensible = 250 Btuh/person
  - ii) Latent = 250 Btuh/person
2. Occupant heat rejection will be adjusted as appropriate for physical activity, such as at rehabilitation/workout spaces.
3. The number of occupants in each space will be based on the actual occupant density listed in the facility program.
4. Diversity = 80%
5. Facility will operate 24/7/365.

#### F. Acoustical Criteria

1. Outdoors (at property line) = 55 NC
2. Indoors
  - i) Private Offices = 30 NC
  - ii) Conference Rooms = 25-30 NC
  - iii) Open Offices = 30-35 NC
  - iv) Exam/Treatment Rooms = 30 NC
  - v) Patient Rooms = 30 NC
  - vi) Corridors and Public Areas = 40 NC
  - vii) Laboratories = 40 NC
  - viii) Service/Support Areas = 40 NC
3. Exterior mechanical equipment will be evaluated for anticipated sound levels and attenuation provided as appropriate to comply with all applicable local noise requirements.
4. Diffusers and grilles will be selected at performance criteria of 5 NC lower than the levels indicated above.

#### G. Infiltration

1. The building heat loss calculations will include an infiltration load based on 0.15 cfm of infiltration air per square foot of exterior wall area.
2. Infiltration rates of 200 cfm per door or up to 10 air changes per hour will be used for main entrance. Infiltration rates of 100 cfm will be used for secondary entrances and exits.

#### H. Building Envelope

1. Performance criteria for building envelope construction materials shall be provided by Architect.
2. Construction material coefficients will comply with the International Energy Conservation Code requirements as a minimum.

#### I. Vibration Elimination Criteria

1. All HVAC equipment shall be isolated per Table 47, Chapter 48 of the 2011 ASHRAE - HVAC Applications handbook.

#### J. Ventilation Rates

1. Outdoor Air:
  - i) As required by ASHRAE 62-2010 or 2010 Guidelines for Design and Construction of Healthcare Facilities.
2. Minimum Air Changes:



(3) Grooved end steel piping and fittings may be used at the contractor's option at exposed and accessible locations, where approved by Owner:

(4) Insulation: Rigid Fiberglass.

ii) Sizing

(1) Maximum pressure drop of 4 ft of water/100 ft of piping for piping 1" and larger.

(2) 2 fps minimum velocity to 10 fps maximum velocity.

**B. DUCTWORK SYSTEMS**

1. Ductwork

i) Supply Ductwork: Galvanized Sheetmetal 4" pressure class upstream of VAV terminal units, 2" pressure class downstream.

ii) Return Ductwork: Galvanized Sheetmetal 2" pressure class

iii) Transfer Ductwork: Galvanized Sheetmetal 2" pressure class

iv) General Exhaust: Galvanized Sheetmetal 2" pressure class

2. Supply air ductwork will not be lined. Sound attenuating flexible duct up to 5 ft in total length, will be provided at the supply diffusers to control noise.

3. Ductwork will be constructed in accordance with SMACNA Standards for appropriate pressure class.

4. Ductwork will be sealed to meet SMACNA Seal Class A as a minimum and to limit ductwork leakage not exceeding 1% of the design flow rate for high pressure ductwork and 2% for low pressure ductwork.

5. All Supply, Return and Exhaust ductwork will be leak tested per SMACNA Standards.

6. Insulation

i) Supply Ductwork

(1) Exposed above 12 feet: Flexible Fiberglass Wrap

(2) Exposed below 12 feet: Rigid Fiberglass Board with Canvas covering

(3) Concealed: Flexible Fiberglass Wrap.

(4) Return ductwork: Not required.

ii) General Exhaust from damper to roof or wall:

(1) Exposed above 12 feet: Flexible Fiberglass Wrap

(2) Exposed below 12 feet: Rigid Fiberglass Board with Canvas covering

(3) Concealed: Flexible Fiberglass Wrap.

7. Duct System Distribution Criteria

i) Supply Ductwork Sizing

(1) From Air Handling Unit to Air terminal Units (ATU) Device:

(a) 0.10"/100 ft when < 10,000 cfm



- (h) Glycol cooling coil. 40% Propylene Glycol.
- (i) Supply Air Fan Array (minimum 2) with VFD.
- (j) 90% efficient final filters.
- (k) Sound attenuation (may be installed in the ductwork).
- (l) Gas fired steam humidifier (may be installed in the ductwork).

## **D3060 CONTROLS AND INSTRUMENTATION**

### **A. BUILDING AUTOMATION SYSTEM**

1. Provide a fully Integrated Building Automation System (BAS) to control HVAC systems and components, including control of all terminal heating and cooling units and other equipment not supplied with factory-supplied controls.
2. The Building Automation System (BAS) manufacturer shall furnish and install a fully integrated campus wide building automation system, incorporating direct digital control (DDC) for energy management, equipment monitoring and control, and subsystems with open communications capabilities. The system must be capable to interface and integrate with other technology systems on campus, including but not limited to fire alarm, video surveillance, access control and lighting control system.
3. The system shall utilize an open architecture that shall support equipment and systems from multiple vendors. The physical network for the systems, the cable plant, the logical network for the systems and the networking protocols shall be open architectures, supporting multiple applications and equipment manufacturers.
4. Manufacturers: Subject to compliance with requirements, provide control system by one of the following:
  - i) Automated Logic and Control.
  - ii) Johnson Controls, Inc.
5. Installers: The control system shall be installed by a branch or franchise office of an acceptable manufacturer.
6. All products used in this project installation shall be new and currently under manufacture and shall have been applied in similar installations for a minimum of two years. Do not use this installation as a product test side unless explicitly approved in writing by an Owner's representative. Spare parts shall be available for at least five years after completion of this contract.

## **D3070 SYSTEM TESTING AND BALANCING**

### **A. TESTING AND BALANCE**

1. All air and water systems shall be tested and balanced as required.

### **B. COMMISSIONING**

1. All major systems (air handling units, hot water, chilled water, etc.) as well as life safety systems will be commissioned.
2. The appropriate contractor will be expected to verify the equipment installed meets all performance requirements, as well as to address and remedy any issues discovered during the commissioning process.



3. Commissioning work shall be performed by the Mechanical Contractor and include, but not be limited to:
  - i) Start-up and testing of equipment.
  - ii) Performing commissioning tests, including seasonal tests.
  - iii) Providing appropriate commissioning documentation.
  - iv) Commissioning meetings.

**D3090****OTHER HVAC EQUIPMENT AND SYSTEMS****A. LIFE SAFETY**

1. Smoke detectors (and dampers where required by code) will be provided at air handling unit supply and return ductwork for unit shutdown/isolation upon signal from fire alarm system. Smoke detectors will be provided by the Electrical Contractor.
2. Fire and smoke dampers will be provided at rated construction to meet applicable code requirements.

**B. GAS FIRED HUMIDIFIER**

1. A gas fired steam humidifier with duct mounted dispersion panel will be installed for the air handling unit. Humidifiers shall be similar to a Condair GS with Condair SAM-e dispersion panel. Estimated load for humidifier is 100 pounds per hour.

**C. EXHAUST SYSTEMS****1. General Exhaust Systems**

- i) A general exhaust system shall be provided for each major area of the building.
- ii) The system shall provide exhaust for the following rooms:
  - (1) Toilet Rooms
  - (2) Janitor's Closets
  - (3) Soiled Utility Rooms
  - (4) Any other rooms requiring general exhaust by code
- iii) Reserve Capacity: None.
- iv) Exhaust Fans: Backward inclined, belt drive, aluminum, power roof ventilators.

**2. Kitchen Hood Exhaust**

- i) A dedicated exhaust fan will be provided for the hood over the range. Hood over range to be similar to Greenheck Model GRRS.

**3. Miscellaneous Exhaust Systems**

- i) Separate exhaust systems will be provided for a number of specific applications in the facility which may include the following:
  - (1) Mechanical equipment room ventilation
  - (2) Mechanical equipment room exhaust
  - (3) Electrical equipment room cooling
  - (4) Other systems to be identified as design progresses
- ii) Other special exhaust systems will be provided, as necessary, due to hazard level, moisture content, or heat generation.

**4. Exhaust Fans**

- i) Exhaust Fan (EF) -1



- (1) Serves: General Exhaust.
- (2) Location: Roof.
- (3) CFM/SP: 1,200 cfm @ 1" TSP.

ii) Exhaust Fan (EF) -2

- (1) Serves: Range Hood.
- (2) Location: Roof.
- (3) CFM/SP: 500 cfm @ 1" TSP.

5. Miscellaneous Cooling Systems

i) Miscellaneous Cooling Systems

- (1) Telecomm/Data Rooms
- (2) Electrical Rooms
- (3) Where needed based upon final equipment.

ii) Design Criteria

- (1) All Telecomm and Data rooms will be cooled utilizing air cooled mini-split air conditioning units.
  - (a) First floor estimated size 2 tons.

- iii) Mini-split air conditioning units shall be high wall units with grade mounted air cooled condensing units with low ambient kit for operation to -20°F, and field mounted condensate pump.

D. FIREPLACE VENTING

- 1. Venting for gas fireplace shall be provided and installed.

**D40 FIRE PROTECTION****D4005 GENERAL REQUIREMENTS**

- A. Applicable codes, guidelines and standards.
  - 1. Illinois Administrative Code – 41 Ill. Adm. Code 100
  - 2. IBC International Building Code
  - 3. NFPA 13

**D4010 SPRINKLERS**

- A. An automatic wet fire sprinkler system will be provided throughout the building as a single zone. A lateral from the street will supply the sprinklers and domestic. A vertical double check valve will be provided on the fire riser.
- B. Dry system shall be provided at the canopies that are attached to the building and in the attic spaces.
- C. Fire sprinklers will generally serve light hazard occupancy and select areas, such as mechanical spaces, will serve ordinary hazard Group 1 occupancy.
- D. Automatic water supply for sprinklers will be verified to show it does not exceed demand by 5 psi.

**D4090 MATERIALS**

- A. Steel groove-joint thin-wall (for 2-1/2" nominal size pipe and larger) and threaded Schedule 40 (2" and smaller).
- B. Sprinkler heads in finished areas will be concealed quick-response with white or select color factory finish.
- C. Sprinkler heads in unfinished areas will be brass upright.
- D. All materials will be compatible with all other parts and will be listed for fire protection.
- E. Color-coded vinyl adhesive pipe labels, brass valve tags, metal escutcheons, and listed fire safing will be provided.
- F. Spare sprinklers will be furnished near the riser.





- A. A short circuit overcurrent coordination and arc flash hazard study shall be required by an independent NETA certified testing agency.

**D5021****BRANCH WIRING AND DEVICES****GENERAL PURPOSE OUTLETS**

- A. Provide hospital grade duplex receptacles rated 20 Amps, 120 Volts at Birth Room headwalls only (NEMA 5-20R). Provide specification grade 20 Amp, 120 Volt in all other area (NEMA 5-20R).
- B. Provide USB combination devices in Living, Waiting, Classroom, and Birth Rooms.
- C. All receptacles shall be mounted at 18" above finished floor to center of device unless otherwise required by casework, equipment, or owner. Receptacles mounted above counters shall be mounted 6" above counter top/backsplash.
- D. Provide at least (1) receptacle in every room, except stairwells.
- E. Receptacles within 6 feet of any sink shall be GFCI as required by national electric code (NEC).
- F. Provide GFCI receptacle where such protection is required by code. Feed-thru type devices shall not be acceptable.
- G. Provide GFCI convenience receptacles with polycarbonate in-use cover (weather resistant) with gasketed snapping lid at each exterior door location.
- H. Provide double duplex receptacle at each desk or workstation.
- I. In offices, staff work, and conference room receptacles shall be spaced to eliminate the possible use of extension cords. Provide convenience receptacles on each wall of conference and break rooms, maximum of every 6 feet along counters.
- J. Provide minimum (1) above counter receptacle near each sinks.
- K. General use receptacles shall be installed approximately 20 feet apart in all corridors and within 10 feet of corridor ends.
- L. Patient care areas shall be provided at a minimum with quantities outlined in FGI guidelines.
- M. Exam rooms shall be provided with (7) receptacles.
- N. Birth room receptacles shall be provided per FGI guidelines, IDPH 265, and NEC requirements for basic care. Minimum number of receptacles at patient headwall shall be (4) duplex. Minimum number of receptacles in birth rooms shall be (10) duplex.
- O. Final device layout shall be coordinated with owner/architect.

**SPECIAL OUTLETS**

- A. Furnish and install outlets, wiring, and receptacles accordingly at locations required by equipment served or otherwise directed. Coordinate required NEMA configuration necessary to serve special equipment or provide method of termination as required by verifying termination requirements with shop drawings for specific equipment. Extend wiring to outlets on equipment and make final connections.
- B. Direct connections with a code required disconnecting means shall be provided for all hard wired equipment.



- C. Provide connection to all equipment indicated on the architectural, fire protection, plumbing, electrical, and mechanical documents. Equipment provided by owner shall include, but not be limited to the following:
1. Printers
  2. Monitor/TVs
  3. Refrigerator
  4. Microwave
  5. Coffee Maker
  6. Ice Machine
  7. Drug Dispensing Units (ADU)
  8. Birthing Tubs
  9. Ultrasound Machines
  10. Kitchen Equipment (range, oven, dishwasher, etc)

#### MOTORS

- A. Provide connection and wiring to motors as required.
- B. Furnish all necessary disconnect switches for disconnect of equipment for safety during servicing as required by code. Disconnect switches shall be rated as heavy duty. Provide provisions for fusing in disconnect switches where required.
- C. Motor starters shall be furnished by the contractor supplying the motor requiring the starter.
- D. Motors shall be set in place by others and the associated motor starters and controllers shall be turned over to the Contractor for installation.
- E. Motors  $\frac{1}{2}$  horsepower and smaller shall be fed by 120V 1-phase.
- F. Motors larger than  $\frac{1}{2}$  horsepower shall be fed by 208V 3-phase.
- G. Provide all line voltage control wiring not provided under the temperature control contract.
- H. Wire smoke detection and magnetic release for fire doors.

#### GROUNDING

- A. Grounding shall be provided as required by the NEC article 250 and state/local supplements to the NEC.
- B. All raceways shall contain a grounding wire. Where the raceway is not rated as a grounding conductor a second grounding wire shall be provided.
- C. Ground all other electrical equipment as required by code or equipment vendor/manufacture.

#### WIRING METHODS

- A. Low voltage feeders: conductors shall be stranded copper conductors with THHN/THWN 600 volt rated insulation in Electric Metallic Tubing "EMT" with insulated throat steel set screw fittings. Color code per industry standards.
- B. Low voltage feeders shall be contained to insulated portions of building. Each shall be contained in a conduit constituting a single feeder circuit. Where feeder conductors are run in parallel, conductors shall be the same length, same material, circular-mil area, insulation type, and terminated in the same manner.



- C. Low voltage feeders shall be sized to allow no more than 2% voltage drop.
- D. Low voltage branch circuits: provide separate neutrals for all branch circuits, conductors shall be stranded copper #12 awg minimum with THHN/THWN 600 volt rated insulation in Electric Metallic Tubing (EMT) with insulated throat steel set screw fittings. Color code per industry standards. The use of metal clad (MC) cable with ground conductor shall be allowed, cable shall be approved for use in health care facilities, type HFC MC – AP, where used in patient care areas.
- E. Low voltage branch wiring shall be sized to allow no more than 3% voltage drop.
- F. Low voltage cabling shall be routed separately from other cabling per NEC article 800.
- G. Flexible metallic conduit shall be used at conduit connection to motorized and/or other equipment subject to vibration. Flexible conduit length shall be between 24 and 36 inches. Liquid tight flexible metallic conduit shall be used for these types of connections where subject to moisture.
- H. Flexible metallic conduit shall be used for connection of individual light fixtures from an outlet box mounted within 4'-0" of the light fixture location.
- I. Minimum size raceway shall be 1/2" I.D.
- J. Minimum circuit sizing shall be as follows, unless otherwise required by manufacturer:
  - 1. 208 volt, 3-phase equipment - 20 amperes
  - 2. General lighting and receptacles – 20 amperes
- K. All conduits shall be routed concealed in finished spaces. Conduits shall be routed parallel and perpendicular to lines of construction, including conduits routed above accessible ceiling cavities.
- L. All home runs shall be in EMT.
- M. Provide separate raceway systems for each wiring system, solid colored conduit as follows:
  - 1. Normal Branch – no color
  - 2. Inverter – no color
  - 3. Fire Alarm System – Red
  - 4. Telecom/Security – no color
  - 5. Building Automation System – no color
- N. All electrical wiring shall be placed in metal conduit and steel metallic boxes, sized as required. Outlet boxes shall be 4" square and 2" deep minimum. Provide with appropriate raised device ring for the device to be mounted. Single gang and sectional boxes shall not be used. All boxes exposed to moisture shall be constructed of case steel with threaded hubs.
- O. The use of non-metallic boxes or non-metallic sheathed cabling (ie. Romex) shall not be allowed per county of Winnebago, IL.
- P. All distribution equipment shall be provided with 25% spare capacity for future use.
- Q. Balanced load on panelboard bus shall be the determining factor in arrangement of circuits. Panelboards average load shall not differ from phase to phase by (+/-) 7-1/2%.
- R. Identify each circuit in the electrical panelboard. Panel directories shall be typed and affixed to the inside face of the panel's door. All labeling shall use actual room numbers for identification, not the room numbers indicated on the drawing. Coordinate with owner.



- S. The connected load on any 120V branch circuit shall be 1400W preferred, 1600W maximum per 20 ampere circuit.
- T. 120V circuit home runs greater than 75 feet in length shall have #10 awg minimum size wiring between panelboard and first device or fixture.
- U. Dedicated circuits shall be provided to the following equipment:
  - 1. Water cooler
  - 2. Refrigerator
  - 3. Coffee Maker
  - 4. Microwave
  - 5. Copy Machines/Printer
  - 6. Vending Machine
  - 7. Birthing Tubs
  - 8. Ultrasound Machines
  - 9. Drug Dispensing Units
  - 10. Each equipment connection utilizing 1kW (or more)
  - 11. Exit signs
- V. (6) duplex receptacles maximum to a 120V circuit, except for corridors, toilet, rooms, and vestibules in which (10) receptacles maximum may be wired to an individual circuit. Maximum of (3) workstation on an individual circuit.
- W. Patient headwalls circuiting shall meet requirements of NEC 517 for basic care.

#### VENDOR SITE SPECIFIC DRAWINGS

- A. Refer to vendor site specific equipment plans and provide all electrical items noted to be provided by electrical contractor and owner.
- B. Vendor equipment plans shall include, but not be limited to:
  - 1. Exam Lights
  - 2. Birthing Tubs

#### IDENTIFICATION

- A. All wiring devices, panels, disconnects, starters, junction boxes, fire alarm devices, and cabling shall be labeled with panel and circuit number and/or hub/port number on outside of plate with permanent marker. Verify labeling nomenclature with owner.
- B. Labels noting, circuit number and source, shall be provided on the inside of coverplates of receptacles, special outlets, light switches, occupancy sensors, vacancy sensors, and daylight sensors. The labels shall be clear adhesive tape with black letters.
- C. On all light fixtures at entrance point, provide a permanent label identifying the panel and circuit number feeding the fixture. Adhesive tape will be permitted for this use.
- D. 1/8" minimum thickness 5-ply lamecoid plastic labels shall be provided for each panelboard and transformer, on the exterior of the unit, 1/2" high lettering minimum, to include:
  - 1. Panel designation
  - 2. Ampere rating
  - 3. Voltage



4. Power source
5. Power source location
- E. Identify each conductor at each connector or splice point with permanently attached wrap-around adhesive markers as manufactured by Brady Co. This identification shall include branch circuit number, control circuit, or any other appropriate number or lettering that will expedite future identification and trouble shooting. Where wires of different systems junction in a common box each cable shall be grouped with its own systems and identified using tags or identification strips.
- F. All 3-phase systems shall be identified at all terminals using code markers.
- G. Junction and pull boxes smaller than 12" x 12" shall be identified by using a permanent marker on the coverplate indicating originating panelboard and circuit(s) or system served. Junction and pull boxes with dimensions 12" x 12" and larger shall be stenciled or provided with permanent labels as follows:
  1. Lighting and power feeders and branch circuits: 120, 208.
  2. Emergency - EM
  3. Voice/data communications - V/D COM
  4. Fire Alarm - FA
  5. Signal Voltage Lighting Controls - LVLC
  6. Card Access System - CA

**D5021****LIGHTING EQUIPMENT****LIGHTING**

- A. Exterior lighting shall be fed at 208V.
- B. Interior lighting shall be fed at 120V.
- C. Lay in luminaires in suspended ceiling shall be supported independent of ceiling grid, (2) opposite corners minimum.
- D. Lighting levels shall be at a minimum as recommended by the Illuminating Engineering Society of North America, AIA guidelines, and as required to meet the needs of the staff/owner.
- E. Select fixtures shall be circuited to unswitched leg of lighting circuit(s) for security lighting. Final fixture locations shall be approved by owner.
- F. Residential grade fixtures shall be considered where allowed by code.
- G. Lighting power density and lighting controls shall be as required by the State of Illinois, local municipality, and IECC.
- H. Provide all light fixtures with a minimum of 5 year warranty.
- I. Lighting shall be LED fixtures at a color temperature of 3500K, 80 CRI, or as otherwise required by owner.
- J. Light fixtures shall be DLC listed.
- K. Generally site pole mounted area lighting shall be Sun Valley Lighting LCN1-LED series with integral daylighting controls with square aluminum or approved equal.
- L. Provide \$1500 allowance for each site bollard, locations as required by owner.
- M. Generally 1 x 4, 2 x 2, and 2 x 4 LED light fixtures shall be the Focal Point VEER FVRL series or approved equal.



- N. Generally building mounted exterior wall packs shall be Shaper Lighting 682-WP series or approved equal.
- O. Generally linear lay-in LED light fixtures shall be the Lumenwerx Via series or approved equal.
- P. Generally 4" and 6" downlight fixtures shall be Gotham EVO series or approved equal.
- Q. Generally LED undercabinet lighting shall be Halo HU10 series or approved equal.
- R. Generally LED linear strip fixtures shall be Cooper SNLED series or approved equal.
- S. Generally edge lit LED exit signs shall be Cooper Sure-Lite EUR series or approved equal, with red lettering.
- T. Generally emergency battery units shall be Cooper Sure-Lite PathLinx Series of approved equal.
- U. Public spaces (ex. lobby, living room, etc) shall be downlights.
- V. Corridors shall be 2 x 2 fixtures, spaced 10-12 feet on center. Corridors outside birth room area shall be provided with dimming controls per FGI Guidelines.
- W. Alcoves shall be provided with downlights.
- X. All decorative lighting shall be coordinated with owner and architect.
- Y. Toilet Rooms shall be LED downlights and LED vanity.
- Z. Staff work areas and offices shall be 2 x 4 or 2 x 2 LED recessed troffers and dimming controls.
- AA. Exam rooms shall be 2 x 4 recessed troffers and dimming controls.
- BB. Birth rooms shall be provided with ceiling recessed downlights, reading light, night lights, dimming controls. Birthing areas shall be provided with minimum of 70 foot candles per FGI Guidelines.
- CC. Canopies shall be provided with downlights.
- DD. Egress and exit lighting shall be circuited to the generator distribution panels to comply with NFPA 101.
- EE. Generally, all wall and ceiling mounted lighting control devices shall be specification grade, line voltage, and rated for use where installed. Wall mounted devices shall be installed at 42" AFF.
- FF. Automatic shut-off shall be required per IECC. Provide Cooper Greengate lighting control panel or equivalent with 16 relays and BAS interface.
- GG. Occupancy sensors shall be dual technology (PIR and ultrasonic or microphonic detection methods), white. Particular technology or combination of technologies that controls on-off functions shall be selectable in the field by operating control units. Devices shall be mounted to provide full coverage of room/area. Sensor shall be provided throughout the facility as required by code. Sensors shall not be provided in birthing rooms or where automatic shutoff may endanger occupants.
- HH. Daylight sensors shall be single zone, white, ceiling mounted. Provided in public areas and large staff spaces exposed to exterior windows.

#### **D5031 PUBLIC ADDRESS AND MUSIC SYSTEMS**

##### **PAGING SYSTEM**

- A. Overhead paging speaker system shall not be required.



## MUSIC SYSTEM

- A. Music system shall be provided in each Birth Room. Music systems shall consist of bluetooth receiver, recessed ceiling mounted speakers, and required cabling.

### **D5033 TELEPHONE SYSTEMS**

#### TELECOMMUNICATIONS

- A. Telecommunication room (TR) is recommended to be a minimum of 14'x12'.
- B. One TR shall serve entire facility.
- C. The TR shall serve as the service entrance facility for incoming service providers.
- D. (4) 4" conduits shall be provided for incoming service providers. Conduits shall be routed in sets of 2, one set to the north and one set to the south near property line to provide diverse paths for providers.
- E. Telecommunication room shall also host all low voltage head end equipment.
- F. Cabling, terminations, racks and rack mounted equipment shall be provided by owner or by owner approved vendor.
- G. J-Hooks shall be used for cable management between TR and telecommunication outlets.
- H. (4) Speed sleeves shall be provided into telecommunication room for owner cabling.
- I. Provide 2-gang backbox, trim ring, and 3/4" conduit with pull string from each technology outlet location to above accessible ceiling.
- J. Wireless access point layout shall be provided by Beloit Health System IT. WAP density shall be approximately based on 25' radius coverage area.
- K. A phone shall be provided in each Birth Room.
- L. Technology outlet layout shall be as required by owner.

### **D5034 CALL SYSTEMS**

#### NURSE CALL SYSTEM

- A. Nurse call system shall not be required.

### **D5035 TELEVISION SYSTEMS**

#### TELEVISION SYSTEM

- A. Cable television system shall be provide by owner or owner approved vendor.
- B. Layout shall be as required by owner.
- C. Television locations shall be provided with 2-gang backbox, trim ring, and 3/4" conduit with pull string from each technology outlet location to above accessible ceiling.
- D. Conference room television shall be provided with 1-1/2" conduit from floor box (under conference room table) to behind television for audio/visual system (ex. HDMI) cabling.

### **D5037 FIRE ALARM SYSTEMS**

#### FIRE ALARM SYSTEMS



- A. Provide new intelligent addressable fire alarm system with horn strobe notification. Power supplies shall be located in telecom room (TR).
- B. The work covered under this section of the narrative includes the furnishing of all labor, equipment, materials, and performing all operations in connection with the installation of the fire alarm devices as required by code.
- C. Wall mounted fire alarm devices shall be red with white lettering. Ceiling mounted devices shall be white with red lettering where allowed by code.
- D. All Initiation devices shall be addressable.
- E. Separate NAC panels shall be provided as required.
- F. Circuit integrity (CI) cable shall not be required.
- G. Reentrant type horns shall be installed in mechanical rooms.
- H. Doors separating smoke partitions shall be provided with smoke detectors and magnetic/centronic door holders to close the door upon smoke detection and alarm.
- I. Fire alarm devices shall be located within all spaces as required by all local, state, and national building and fire codes.
  - 1. Fire alarm devices shall be provided as required by code. Fire alarm initiation devices will consist of duct smoke detectors, smoke/heat detectors as needed and manual pull stations.
  - 2. Fire alarm notification devices shall be provided as required by code. Fire alarm notification device will consist of horn/strobe units or strobe only units.
  - 3. If acceptable by owner and AHJ, Birth Rooms shall be private mode notification.
- J. Audible, visible, and combined devices shall meet the following requirements.
  - 1. All audible signal tones shall be synchronized
  - 2. All visual flashing shall be synchronized.
  - 3. Audible and visible functions shall be independently controllable, such that when a signal silence is actuated, production of the audible signal tone shall cease which the strobes continue to flash until reset.
  - 4. The Audible Signal Tone produced shall consist of a 3-pulse temporal pattern, compliant with ANSI S3.41, as described in NFPA-72 A.11.3.4 (2002). Followed by a pre-recorded voice message, followed again by the Temporal Code 3.
  - 5. Audible Notification Appliances, and the Audible portion of combination Audible / Visible Notification Appliances shall all produce a minimum audible output of 87 dBA at 10-feet (tapped at 1-watt), as rated by UL 1480.
  - 6. Speakers shall be capable of tap settings between ¼ to 4 watts. Speakers shall have a frequency range of 400 – 4000 Hz.
  - 7. Unless specified otherwise, all audible notification appliances provided shall be designed for either flush or semi-flush mounting.
  - 8. All visible notification appliances, and the visible portion of audible / visual combination units, shall consist of xenon strobe units. All notification appliances shall be listed by UL for fire alarm usage.
  - 9. Each strobe shall be provided with the minimum UL 1971 listed intensity, as required by code. Units used in corridors and small spaces (minimum of 15 candela) shall comply





with the 75 candela minimum output requirements of ADAAG / UL-1638. (these units are generally referred to as "15/75" candela strobe-lens patterns – 15 cd per UL-1971 / 75 cd per UL-1638.)

10. Unless specified otherwise, all strobes shall be designed for synchronized flash operation at one flash per second (1 hz) minimum over the device's listed input voltage range. Strobes shall be synchronized such that all strobes units within the building shall flash simultaneously (as a minimum, all devices on each floor shall flash simultaneously, with flash timing within the limits established by current UL standards.).
11. Combination audible / visible notification appliances shall comply with both the audible and visible notification requirements, as specified above. Mounting heights of these devices shall be determined, based upon the location of the visible (strobe) portion of the device.
12. Horn Load Speakers shall be capable of providing a minimum of 102dB at 10 feet when set at 15watts. Speaker shall be capable of functioning at 25V or 70V with tap settings of .9, 1.8, 3.8, 7.5, and 15 watts (tap settings at 70V). Frequency response shall be from 400 to 5000Hz (at 8ohms).
- K. All communications wiring shall be twisted and shielded cables.
- L. All wiring for the fire alarm system shall be installed in a conduit separate from other building wiring or plenum rated cabling in a j-hook system separate from other building wiring. All junction boxes and conduit shall be sprayed red and the junction boxes shall be labeled "fire alarm". Wiring color code shall be maintained throughout the scope of the work.
- M. Provide duct mounted smoke detectors as required. Remote indication station shall be keyed, locations shall be coordinated with owner.
- N. Provide 120V 1-phase power for all notification appliance circuit (NAC) panels as required. Provide breaker handle clips in "on" position for all circuit breakers services fire alarm equipment.
- O. Provide all necessary submittals for State of Illinois and/or the local AHJ for review of the complete fire alarm system. Contractor shall include all fees for such submittal in contractor's bid.
- P. Contractor shall note that fire alarm system shall be submitted and approved prior to the installation of the system.
- Q. The completed fire alarm system shall be fully tested by the contractor in the presence of the owner's representative and the manufacturer's technical representative. Upon completion of a successful test, the contractor shall so certify in writing to the owner, architect and general contractor using a form similar to the standard NFPA Fire Alarm System Record of Completion form found in NFPA 72 Chap. 1. Any form submitted must provide the same information as required in the NFPA record of completion form.

**D5038**

## **SECURITY AND DETECTION SYSTEMS**

### **ELECTRICAL ACCESS CONTROL SYSTEM**

- A. Security system shall be rough-in only, layout to be coordinated with owner.
- B. Typical access control door shall be provided with card reader, door contact, electric strike / lock, and request to exit.



- C. Cabling shall be provide by owner or owner's approved vendor.
- D. Infant security system shall be provided if required by owner.

#### CCTV

- A. Cameras shall be rough-in only.
- B. Locations for coverage of the exterior and interior shall be provided as required by owner.

### **D5091 GROUNDING SYSTEMS**

#### TELECOMMUNICATIONS GROUNDING SYSTEM

- A. A primary bus bar shall be provided in the telecommunication room (TR) that shall be bonded directly to the main electrical system ground.
- B. Racks shall be provided with their own grounding bus bar to allow individual equipment grounding.
- C. Grounding system shall be designed per BICSI grounding standards.

### **D5095 GENERAL CONSTRUCTION ITEMS (ELECT.)**

#### GENERAL ELECTRICAL REQUIREMENTS

- A. The intent of this schematic design narrative is to establish design criteria for the Electrical portion of the project. The design and construction shall meet the requirements of the Owner, Architect, NFPA, State and Local Authorities having Jurisdiction (AHJ).
- B. This narrative is intended to cover a complete installation of equipment and systems. The attendant drawings represent schematic design and do not depict all the necessary details for a complete installation of electrical systems or equipment.
- C. The contractor shall perform all acceptance testing of electrical equipment and wiring to assure the electrical system is operating correctly and correct any defects prior to turning building over to owner. At the time of final clean up all fixtures and equipment shall be thoroughly cleaned and left in proper condition for their intended use.
- D. The contractor shall check the narratives pertaining to heating, ventilation, air conditioning and plumbing equipment and shall include all work indicated to be performed by the electrical contractor. Specific requirements for wiring, control connections, and disconnection means shall be verified with manufacturer.
- E. The contractor shall coordinate required work for all special equipment associated with and furnished under the general contract. Furthermore the contractor shall include all electrical work associated with the installation of this equipment.
- F. The following codes and standards shall apply to the electrical design and installation:
  1. IBC International Building Code – 2015
  2. IFC International Fire Code – 2015
  3. FGI Guidelines for Design and Construction of Healthcare Facilities - 2018
  4. State of Illinois Administrative Code
  5. Illinois Department of Public Health (IDPH) Requirements
  6. State of Illinois Electrical Code
  7. State of Illinois Energy Code



8. State and Local Municipal Codes, Ordinances, and Amendments (Roscoe, IL, Winnebago County)
  9. IECC International Energy Conservation Code – 2018
  10. NFPA 70 - National Electrical Code - 2014
  11. NFPA 72 – National Fire Alarm Code - 2010
  12. NFPA 99 – Standards for Health Care Facilities - 2012
  13. NFPA 101 - Life Safety Code - 2012
  14. Joint Commission Requirements
  15. IESNA Guidelines Tenth Edition
  16. AIA Guidelines
  17. OSHA Regulations
- G. Contractor shall provide temporary lighting and power in all areas as required.
- H. All material and equipment shall be new. Each major component of equipment shall have the manufacturer's name, catalog number, and capacity of rating on a nameplate, securely affixed on the equipment in a conspicuous place.
- I. All materials shall have U.L. label where a U.L. standard and/or test exists.
- J. All wiring devices and device plates shall be white nylon plastic.

#### TESTING

- A. Provide pass/fail testing and documentation on devices including:
1. Exit signs
  2. Battery powered lights
  3. Path of egress life safety lighting
  4. Inverter
  5. Fire alarm (all devices)
  6. Thermal scans of electrical distribution equipment

#### COMMISSIONING

- A. Commissioning shall be as required by owner and performed by a third party consultant.
- B. Commissioning shall include:
1. Functional testing of lighting control system including occupancy sensors, time-switch controls, and daylight controls.
  2. Functional testing of the emergency power system including generator and transfer switches.
  3. Certification documentation to owner within 90 days of certificate of occupancy.

#### AS-BUILT DRAWINGS

- A. The contractor shall keep a detailed up to date record of the manner and location in which all installation are actually made, indexing each feeder, pull box, and protective device. Upon completion of the project, the contractor shall modify the project electronic drawings in



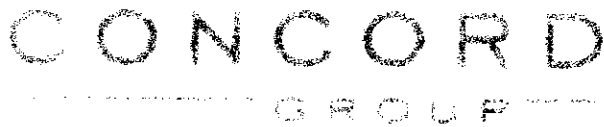
AutoCAD or Revit MEP to incorporate this information. Modified documents shall be turned over to the owner in both electronic and hard paper copy formats. Record drawings shall include:

1. Locations of all buried conduit or similar items. Include buried depth.
2. Field changes of dimension or detail.
3. Changes made by field order or change order.
4. Details not on original contract drawings.
5. Circuit numbers.
6. Junction box locations and conduit runs, with trade sizes indicated, for all lighting, power, and
7. Electrical systems installed.
8. As-built drawings.

#### MAINTENANCE MANUALS

- A. The electrical contractor shall assemble and submit to the architect for subsequent submission to the owner, three complete sets of a manual of operation and maintenance for each of the electrical and communications systems.
- B. Each manual shall consist of a loose leaf bound volume instructing the owner's personnel in the use, operation and maintenance of the system in question. The manual shall cover all phases of operation of the equipment and shall be illustrated with photographs, drawings, wiring diagrams, etc. Manuals shall accurately describe the operation, construction and adjustable features of the complete system and its component parts. The manual shall be complete with an equipment parts listing to facilitate the ordering of spare and replacement parts.
- C. Consideration will be given to maintenance manuals being provided on computer compact discs or removable storage devices with maintenance manual files stored in a pdf format. If this is desired, the contractor shall provide a written request prior to submitting the manuals indicating which equipment manuals they propose to provide in this format.
- D. Each manual shall contain two sets of final shop drawings and equipment brochures depicting equipment as installed. The installed equipment shall be conspicuously highlighted or noted by the electrical contractor.

#### END OF SECTION



55 East Monroe Street  
Suite 2850  
Chicago, IL 60603  
312.424.0250 T  
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# Beloit Health System

## NorthPointe Birthing Center

### New Construction

5605 E. Rockton Rd.  
Roscoe, IL 61073

#### **SD Estimate**

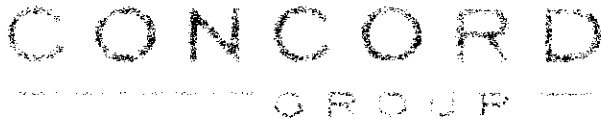
June 11, 2021

**DRAFT**

Project: 2021A065

#### **Prepared For:**

Eppstein Uhen Architects  
333 East Chicago St.  
Milwaukee, WI 53202



## **NOTES REGARDING PREPARATION OF ESTIMATE**

This estimate was prepared based on the following documents provided by Eppstein Uhen Architects:

1. Concept Design Pricing Set provided by Eppstein Uhen Architects dated May 28, 2021.
2. Concept Design Pricing Narrative provided by Eppstein Uhen Architects dated May 28, 2021.
3. Information regarding the project was also obtained via meetings, phone conversations, and email messages that clarified the project scope.

## **BIDDING PROCESS - MARKET CONDITIONS**

This document is based on the measurement and pricing of quantities wherever information is provided and/or reasonable assumptions for other work not covered in the drawings or specifications, as stated within this document. Unit rates have been generated from current material/labor rates, historical production data, and discussions with relevant subcontractors and material suppliers. The unit rates reflect current bid costs in the area. All unit rates relevant to subcontractor work include the subcontractors overhead and profit unless otherwise stated.

Pricing reflects probable construction costs obtainable in the Roscoe, Illinois area on the bid date. This estimate is a determination of fair market value for the construction of this project. It is not a prediction of low bid. Pricing assumes competitive bidding for every portion of the construction work for all subcontractors with a minimum of 3 bidders for all items of subcontracted work and a with a minimum of 3 bidders for a general contractor. Experience indicates that a fewer number of bidders may result in higher bids, conversely an increased number of bidders may result in more competitive bids.

Since The Concord Group has no control over the cost of labor, material, equipment, or over the contractor's method of determining prices, or over the competitive bidding or market conditions at the time of bid, this statement of probable construction cost is based on industry practice, professional experience and qualifications, and represents The Concord Group's best judgment as professional construction cost consultants familiar with the construction industry. However, The Concord Group cannot and does not guarantee that the proposals, bids, or the construction cost will not vary from opinions of probable cost prepared by them.

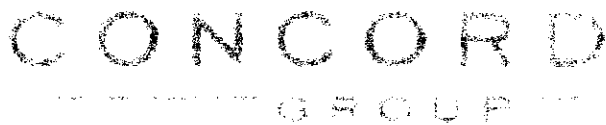
## **CURRENT MARKET CONDITIONS**

It should be noted that there is ongoing volatility in the construction materials market due to the effects of the pandemic on both the production and supply of materials. Due to the lack of in stock materials suppliers are struggling to fulfill orders in a timely manner, which in turn leads to much longer than normal lead times. The impact of ongoing global raw material shortages and fuel price increases adds to the overall spike in material pricing coupled with the increased demand for construction that the construction industry is now seeing. These factors should be considered when determining the bidding strategy and schedule for projects.

## **ASSUMED CONSTRUCTION PARAMETERS**

The pricing is based on the following project parameters:

- 1.
2. A construction notice to proceed date of Q2, 2022.
3. A construction duration of 10-12 months.
4. The contract will be competitively bid to multiple contractors.
5. All contractors will be required to pay prevailing wages.
6. There are no phasing requirements.
7. The contractors will have full access to the site during normal working hours
8. Estimate includes pricing as of June 2021.

**EXCLUSIONS**

The following are excluded from the cost of this estimate:

1. Professional Design Fees
2. Testing Fees
3. Owner Contingencies/Scope Changes
4. Construction Contingency
5. Premium Time / Restrictions on Contractor Working Hours
6. Cost Escalation Beyond a Start Date of Spring 2022
7. Finance and Legal Charges
8. Environmental Abatement Costs
9. Contaminated Soil Removal
10. Structurally Unsuitable Soil Removal
11. Lead and Radio Frequency Shielding
12. Temporary Owner Facilities
13. Loose Furniture
14. Equipment (Owner Furnished/Installed)
15. Artwork
16. Third Party Commissioning
17. Non-fixed Audio/Visual Equipment
18. Telephone / Data Equipment
19. Moisture Mitigation
20. Cost Impacts Based on Supply Chain Impacts
21. Birthing Tubs (By Owner)
22. Kitchen Equipment (By Owner)

# CONCORD

## GROUP

### Beloit Health System NorthPointe Birthing Center New Construction

SD Estimate

06/11/2021

DRAFT

| BID SUMMARY                        |   | 8,700 CS | 17.5     | BUILDING TOTAL |
|------------------------------------|---|----------|----------|----------------|
| 01000                              | GENERAL REQUIREMENTS                    |          | \$0.00   | \$0            |
| 02000                              | EXISTING CONDITIONS                     |          | \$0.00   | \$0            |
| 03000                              | CONCRETE                                |          | \$23.23  | \$202,316      |
| 04000                              | MASONRY                                 |          | \$8.33   | \$72,580       |
| 05000                              | METALS                                  |          | \$14.46  | \$125,892      |
| 06000                              | WOODS, PLASTICS & COMPOSITES            |          | \$43.61  | \$379,755      |
| 07000                              | THERMAL & MOISTURE PROTECTION SYSTEM    |          | \$40.51  | \$352,749      |
| 08000                              | OPENINGS                                |          | \$22.58  | \$196,608      |
| 09000                              | FINISHES                                |          | \$37.41  | \$325,785      |
| 10000                              | SPECIALTIES                             |          | \$4.42   | \$38,462       |
| 11000                              | EQUIPMENT                               |          | \$0.00   | \$0            |
| 12000                              | FURNISHINGS                             |          | \$0.65   | \$5,686        |
| 13000                              | SPECIAL CONSTRUCTION                    |          | \$0.00   | \$0            |
| 14000                              | CONVEYING EQUIPMENT                     |          | \$0.00   | \$0            |
| 21000                              | FIRE SUPPRESSION                        |          | \$8.76   | \$76,310       |
| 22000                              | PLUMBING                                |          | \$33.67  | \$293,155      |
| 23000                              | HEATING, VENTILATING & AIR CONDITIONING |          | \$89.86  | \$782,509      |
| 26000                              | ELECTRICAL                              |          | \$45.79  | \$398,725      |
| 27000                              | COMMUNICATIONS                          |          | \$11.30  | \$98,433       |
| 28000                              | ELECTRONIC SAFETY AND SECURITY          |          | \$5.38   | \$46,879       |
| 31000                              | EARTHWORK                               |          | \$11.53  | \$100,396      |
| 32000                              | EXTERIOR IMPROVEMENTS                   |          | \$37.86  | \$329,682      |
| 33000                              | UTILITIES                               |          | \$8.50   | \$74,010       |
| SUBTOTAL                           |   |          | \$447.85 | \$3,899,931    |
|                                    | DESIGN CONTINGENCY                      | 10.0%    | \$44.79  | \$389,993      |
|                                    | GENERAL CONDITIONS/BOND/INSURANCE       | 9.0%     | \$44.34  | \$386,093      |
|                                    | CONTRACTOR'S FEES                       | 4.0%     | \$21.48  | \$187,041      |
|                                    | ESCALATION TO MID-POINT OF CONSTRUCTION | 5.20%    | \$29.04  | \$252,879      |
| TOTAL ESTIMATED CONSTRUCTION COSTS |   |          | \$507.36 | \$4,115,937    |



**Beloit Health System**  
**NorthPointe Birthing Center**  
**New Construction**

Conceptual Estimate

06/11/2021

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# CONCORD

## GROUP

| DESCRIPTION  | QTY   | UM   | UNIT COST | TOTAL COST       |
|--|-------|------|-----------|------------------|
| <b>03000 CONCRETE</b>                                    |       |      |           |                  |
| <b>03100 Concrete Formwork</b>                           |       |      |           |                  |
| Formwork for strip footings                              | 1,490 | SQFT | 8.51      | 12,673           |
| Formwork for isolated column footings                    | 144   | SQFT | 9.67      | 1,392            |
| Formwork for piers                                       | 168   | SQFT | 11.24     | 1,888            |
| Formwork for foundation walls                            | 5,937 | SQFT | 9.22      | 54,745           |
| <b>SUBTOTAL Concrete Formwork</b>                        |       |      |           | <b>\$70,699</b>  |
| <b>03200 Concrete Reinforcement</b>                      |       |      |           |                  |
| Reinforcement in strip footings, avg 65 lbs/cy           | 4     | TONS | 3,083.62  | 12,334           |
| Reinforcement in isolated column footings, avg 80 lbs/cy | 1     | TONS | 3,083.62  | 3,084            |
| Reinforcement in piers, avg 200 lbs/cy                   | 600   | LBS  | 1.98      | 1,189            |
| Reinforcement in foundation walls, avg 115 lbs/cy        | 11    | TONS | 3,281.98  | 36,102           |
| <b>SUBTOTAL Concrete Reinforcement</b>                   |       |      |           | <b>\$52,709</b>  |
| <b>03300 Cast in Place Concrete</b>                      |       |      |           |                  |
| Concrete in strip footings                               | 55    | CUYD | 175.42    | 9,648            |
| Concrete in isolated column footings                     | 6     | CUYD | 185.51    | 1,113            |
| Concrete in piers  | 3     | CUYD | 257.17    | 771              |
| Concrete in foundation walls, 4,000 psi                  | 92    | CUYD | 182.63    | 16,802           |
| Concrete slab on grade, 4" thk, with W6x6-2.9x2.9        | 8,257 | SQFT | 4.27      | 35,273           |
| Concrete slab on grade, 6" thk, with W6x6-2.9x2.9        | 48    | SQFT | 5.30      | 255              |
| CA-6 base, 6" thk, at 4" thk concrete slab on grade      | 154   | CUYD | 30.64     | 4,719            |
| CA-6 base, 6" thk, at 6" thk concrete slab on grade      | 1     | CUYD | 30.64     | 31               |
| Vapor barrier at slab                                    | 8,297 | SQFT | 1.24      | 10,297           |
| <b>SUBTOTAL Cast in Place Concrete</b>                   |       |      |           | <b>\$78,908</b>  |
| <b>TOTAL: CONCRETE</b>                                   |       |      |           | <b>\$202,316</b> |
| <b>04000 MASONRY</b>                                     |       |      |           |                  |
| <b>04100 Exterior Masonry</b>                            |       |      |           |                  |
| Precast concrete trim, 4" wide                           | 349   | LNFT | 41.04     | 14,323           |
| Precast concrete cap at column enclosure, 1'-8"x1'-8"    | 2     | EACH | 494.63    | 989              |
| Precast concrete cap at column enclosure, 2'-2"x2'-2"    | 4     | EACH | 669.63    | 2,679            |
| Adhered stone veneer, random sizes, 3/4"-1" deep         | 1,956 | SQFT | 27.91     | 54,588           |
| <b>SUBTOTAL Exterior Masonry</b>                         |       |      |           | <b>\$72,580</b>  |
| <b>TOTAL: MASONRY</b>                                    |       |      |           | <b>\$72,580</b>  |
| <b>05000 METALS</b>                                      |       |      |           |                  |
| <b>05100 Structural Steel</b>                            |       |      |           |                  |
| Structural steel columns, HSS Tubes                      | 5     | TONS | 4,321.20  | 21,606           |
| Structural steel beams, W-Shapes, AESS                   | 17    | TONS | 4,906.44  | 83,410           |
| Lintels, steel beams, galvanized                         | 1,458 | LBS  | 3.91      | 5,699            |
| Metal roof deck, galvanized, 1-1/2" thk, 18 ga           | 1,451 | SQFT | 3.70      | 5,373            |

**Beloit Health System**  
**NorthPointe Birthing Center**  
**New Construction**

Conceptual Estimate

06/11/2021

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# CONCORD

## GROUP

| DESCRIPTION                                   | QTY   | UM   | UNIT COST | TOTAL COST       |
|---|-------|------|-----------|------------------|
| <b>SUBTOTAL: Miscellaneous Metals</b>         |       |      |           | <b>\$116,087</b> |
| Miscellaneous angles, channels, lintels, etc. | 8,708 | SQFT | 1.13      | 9,804            |
| <b>SUBTOTAL: Miscellaneous Metals</b>         |       |      |           | <b>\$9,804</b>   |
| <b>TOTAL: METALS</b>                          |       |      |           | <b>\$125,892</b> |

### 06000 WOODS, PLASTICS & COMPOSITES

|   |        |      |        |                  |
|---|--------|------|--------|------------------|
| <b>06100 Structural Wood</b>                                |        |      |        |                  |
| Open web wood roof trusses, sloped                          | 11,697 | SQFT | 12.23  | 143,023          |
| OSB roof sheathing, 5/8" thk                                | 11,697 | SQFT | 3.63   | 42,475           |
| <b>SUBTOTAL: Structural Wood</b>                            |        |      |        | <b>\$185,498</b> |
| <b>06200 Rough Carpentry</b>                                |        |      |        |                  |
| Miscellaneous wood blocking & rough carpentry               | 8,708  | SQFT | 1.43   | 12,470           |
| Exterior sheathing, 1/2" thk                                | 5,109  | SQFT | 2.81   | 14,373           |
| Interior partition, 2x4 wood studs at 16" OC                | 9,434  | SQFT | 5.35   | 50,458           |
| Interior partition, 2x6 wood studs at 16" OC                | 1,000  | SQFT | 6.26   | 6,257            |
| Exterior wall backup, 2x6 wood studs at 16" OC              | 5,109  | SQFT | 6.26   | 31,968           |
| <b>SUBTOTAL: Rough Carpentry</b>                            |        |      |        | <b>\$115,525</b> |
| <b>06300 Millwork</b>                                       |        |      |        |                  |
| P-lam base cabinets and solid surface countertops           | 48     | LNFT | 380.48 | 18,263           |
| P-lam wall hung cabinets                                    | 48     | LNFT | 249.86 | 11,993           |
| Quartz waterfall countertop, 3' W                           | 10     | LNFT | 225.73 | 2,257            |
| Open shelving at kitchen wall                               | 16     | LNFT | 82.99  | 1,328            |
| Open shelving at quartz water countertop                    | 10     | LNFT | 104.11 | 1,041            |
| Reception desk gate   | 1      | EACH | 630.51 | 631              |
| Reception desk, quartz countertops with plywood veneer base | 41     | LNFT | 684.81 | 28,077           |
| <b>SUBTOTAL: Millwork</b>                                   |        |      |        | <b>\$63,590</b>  |
| <b>06400 Window &amp; Plastic Finishes</b>                  |        |      |        |                  |
| Window sills, solid surface                                 | 160    | LNFT | 33.21  | 5,313            |
| Door trim, 2 1/4"   | 1,228  | LNFT | 8.00   | 9,829            |
| <b>SUBTOTAL: Window &amp; Plastic Finishes</b>              |        |      |        | <b>\$15,142</b>  |
| <b>TOTAL: WOODS, PLASTICS &amp; COMPOSITES</b>              |        |      |        | <b>\$379,755</b> |

### 07000 THERMAL & MOISTURE PROTECTION

|  |        |      |      |                  |
|--|--------|------|------|------------------|
| <b>07200 Thermal Insulation</b>                              |        |      |      |                  |
| Closed cell spray foam insulation to 3" min at exterior wall | 5,109  | SQFT | 9.68 | 49,454           |
| Rigid insulation, 1" thk                                     | 5,109  | SQFT | 1.28 | 6,564            |
| Blow-in insulation, attic                                    | 8,708  | SQFT | 1.81 | 15,721           |
| Rigid insulation, 1-1/2" thk, roof                           | 10,423 | SQFT | 2.80 | 29,147           |
| <b>SUBTOTAL: Thermal Insulation</b>                          |        |      |      | <b>\$100,886</b> |
| <b>07300 Non-Metallic Panels Systems</b>                     |        |      |      |                  |

# CONCORD

## GROUP

### Beloit Health System NorthPointe Birthing Center New Construction

Conceptual Estimate

06/11/2021

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| DESCRIPTION  | QTY    | UM   | UNIT COST | TOTAL COST       |
|--|--------|------|-----------|------------------|
| Tongue & groove cedar wood soffit on suspended wood substructure | 1,443  | SQFT | 28.15     | 40,613           |
| Fiber cement siding  | 3,153  | SQFT | 21.46     | 67,662           |
| Fiber cement trim, fascia  | 654    | LNFT | 18.72     | 12,245           |
| Fiber cement trim  | 574    | LNFT | 16.06     | 9,218            |
| Fiber cement trim, fascia & soffit, canopy                       | 2,217  | SQFT | 12.34     | 27,348           |
| SUBTOTAL Non-Metallic Panels Systems                             |        |      |           | <b>\$157,086</b> |
| <b>07400 Roofing</b>   |        |      |           |                  |
| Asphalt roof shingles on underlayment incl flashings             | 11,697 | SQFT | 5.80      | 67,825           |
| Vented metal exterior soffit                                     | 1,010  | LNFT | 7.41      | 7,480            |
| SUBTOTAL Roofing   |        |      |           | <b>\$75,305</b>  |
| <b>07500 Roofing specialties</b>                                 |        |      |           |                  |
| Gutter   | 423    | LNFT | 12.29     | 5,197            |
| Downspout  | 207    | LNFT | 14.62     | 3,025            |
| SUBTOTAL Roofing Specialties                                     |        |      |           | <b>\$8,222</b>   |
| <b>07700 Fireproofing &amp; Firestopping</b>                     |        |      |           |                  |
| Fireproof metal deck   | 1,274  | SQFT | 3.94      | 5,016            |
| Firestopping allowance   | 8,708  | SQFT | 0.29      | 2,482            |
| SUBTOTAL Fireproofing & Firestopping                             |        |      |           | <b>\$7,498</b>   |
| <b>07800 Caulking &amp; Sealants</b>                             |        |      |           |                  |
| Miscellaneous caulking & sealants                                | 8,708  | SQFT | 0.43      | 3,751            |
| SUBTOTAL Caulking & Sealants                                     |        |      |           | <b>\$3,751</b>   |
| <b>TOTAL: THERMAL &amp; MOISTURE PROTECTION</b>                  |        |      |           | <b>\$352,749</b> |

## 08000 OPENINGS

|   |     |      |           |                 |
|---|-----|------|-----------|-----------------|
| <b>08100 Windows</b>                                    |     |      |           |                 |
| Aluminum-clad wood framed windows                       | 905 | SQFT | 72.80     | 65,884          |
| SUBTOTAL Windows  |     |      |           | <b>\$65,884</b> |
| <b>08200 Curtain wall &amp; storefront</b>              |     |      |           |                 |
| Aluminum window/storefront system                       | 143 | SQFT | 68.57     | 9,805           |
| SUBTOTAL Curtain wall & Storefront                      |     |      |           | <b>\$9,805</b>  |
| <b>08300 Exterior Doors &amp; Frames &amp; Hardware</b> |     |      |           |                 |
| HM frame, 7'-0" X 7'-0"                                 | 1   | EACH | 450.99    | 451             |
| HM door, 3'-6" X 7'-0", type F                          | 2   | EACH | 400.62    | 801             |
| Aluminum glass door auto open, 3'-2" X 7'-0"            | 1   | EACH | 7,705.93  | 7,706           |
| Aluminum glass door auto open, 3'-10" X 7'-0"           | 1   | EACH | 8,205.93  | 8,206           |
| Aluminum glass door auto open, (2) 3'-0" X 7'-10 1/2"   | 2   | EACH | 10,803.96 | 21,608          |
| Hardware set, double                                    | 1   | EACH | 1,210.71  | 1,211           |
| SUBTOTAL Exterior Doors, Frames & Hardware              |     |      |           | <b>\$39,983</b> |
| <b>08400 Interior Doors, Frames &amp; Hardware</b>      |     |      |           |                 |
| HM frame, 3'-6" X 7'-0"                                 | 15  | EACH | 415.99    | 6,240           |
| HM frame, 6'-0" X 7'-0"                                 | 2   | EACH | 521.24    | 1,042           |

# CONCORD

## GROUP

### Beloit Health System NorthPointe Birthing Center New Construction

Conceptual Estimate

06/11/2021

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| DESCRIPTION   | QTY   | UM   | UNIT COST | TOTAL COST       |
|---|-------|------|-----------|------------------|
| HM frame, 3'-6" X 7'-0"   | 12    | EACH | 415.99    | 4,992            |
| HM frame, 4'-0" X 7'-0"   | 7     | EACH | 441.06    | 3,087            |
| HM frame, 3'-0" X 7'-0", with 1'-6" X 6'-8" sidelite frame  | 1     | EACH | 1,251.98  | 1,252            |
| SC wood door, 3'-0" X 7'-0", type: SR3C.  | 15    | EACH | 575.62    | 8,634            |
| SC wood door, 3'-6" X 7'-0", type: SR3C.  | 11    | EACH | 600.62    | 6,607            |
| SC wood door, 3'-6" X 7'-0", type: SRG3CA.  | 1     | EACH | 825.62    | 826              |
| SC wood door, 4'-0" X 7'-0", type: SR3C.  | 3     | EACH | 633.99    | 1,902            |
| SC wood door, 4'-0" X 7'-0", type: SRG3CA.  | 4     | EACH | 883.99    | 3,536            |
| SC wood door, 3'-0" X 7'-0", type: SRG3CA.  | 3     | EACH | 775.62    | 2,327            |
| SC wood door, 3'-6" X 7'-0"   | 3     | EACH | 475.62    | 1,427            |
| WD door, 7'-9" X 6'-4", slat.   | 2     | EACH | 1,802.97  | 3,606            |
| Hardware set, single  | 36    | EACH | 702.90    | 25,304           |
| Hardware set, double  | 2     | EACH | 1,255.80  | 2,512            |
| SUBTOTAL Interior Doors, Frames, & Hardware   |       |      |           | <b>\$73,294</b>  |
| 08590 Interior Glazing  |       |      |           |                  |
| Clear tempered glazing with stainless steel top and BTM shoe at birthing delivery room  | 42    | SQFT | 63.20     | 2,655            |
| SUBTOTAL Interior Glazing   |       |      |           | <b>\$2,655</b>   |
| 08890 Louvers & Vents   |       |      |           |                  |
| Aluminum louvers  | 67    | SQFT | 74.44     | 4,988            |
| SUBTOTAL Louvers & Vents  |       |      |           | <b>\$4,988</b>   |
| <b>TOTAL: OPENINGS</b>  |       |      |           | <b>\$196,608</b> |
| <b>09000 FINISHES</b>   |       |      |           |                  |
| 09100 Plaster & Gypsum Board  |       |      |           |                  |
| Gypsum board ceiling, 1 hour rated  | 8,708 | SQFT | 4.81      | 41,906           |
| Gypsum board soffit, 1 hour rated   | 125   | SQFT | 17.49     | 2,186            |
| Type: W6A R12: 2x6 wood studs (measured elsewhere), 1/2" resilient channels, 1 layer of 5/8" type X gyp bd one side, (2) layers of 5/8" type X gyp bd another side, 5" mineral fiber blanket insulation, full height. | 1,000 | SQFT | 11.59     | 11,593           |
| Type: W4A S11: 2X4 wood studs (measured elsewhere), one layer of 5/8" type X gyp bd both side, 3" mineral fiber insulation  | 9,434 | SQFT | 6.57      | 61,952           |
| Gyp board backup, 5/8" thk  | 5,109 | SQFT | 3.96      | 20,238           |
| SUBTOTAL Plaster & Gypsum Board   |       |      |           | <b>\$137,875</b> |
| 09200 Floor Finishes  |       |      |           |                  |
| Wood base board   | 563   | LNFT | 9.25      | 5,209            |
| Porcelain tile floor, (\$10/SY Material)  | 485   | SQFT | 15.26     | 7,402            |
| Ceramic tile base, 4-1/2" high  | 250   | LNFT | 15.91     | 3,978            |
| Luxury vinyl tile, (\$5/SF Material)  | 3,191 | SQFT | 6.81      | 21,745           |
| Resilient sheet flooring, (\$8/SF Material)   | 1,715 | SQFT | 10.26     | 17,598           |
| Rubber base, 4" high  | 1,574 | LNFT | 2.11      | 3,318            |
| Concrete sealer   | 805   | SQFT | 1.60      | 1,291            |
| Walk off Carpet, (\$38/SY Material)   | 162   | SQFT | 6.07      | 983              |

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Conceptual Estimate

06/11/2021

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# CONCORD

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| DESCRIPTION   | QTY    | UM   | UNIT COST | TOTAL COST       |
|---|--------|------|-----------|------------------|
| Carpet tile, (\$30/SY Material)                                   | 1,254  | SQFT | 4.68      | 5,864            |
|   |        |      |           | <b>\$67,389</b>  |
| 140000 Wall Finishes  |        |      |           |                  |
| Porcelain wall tile, (\$10/SF Material)                           | 1,920  | SQFT | 17.87     | 34,315           |
| Ceramic wall tile, feature wall at birth room, (\$23/SF Material) | 91     | SQFT | 30.87     | 2,809            |
| Vinyl wall covering, (\$50/LY Material)                           | 1,240  | SQFT | 18.58     | 23,038           |
| FRP wall protection.  | 768    | SQFT | 6.55      | 5,033            |
|   |        |      |           | <b>\$65,196</b>  |
| 150000 Ceiling Finishes   |        |      |           |                  |
| ACT system, 2'-0" x 2'-0"   | 5,862  | SQFT | 5.85      | 34,307           |
|   |        |      |           | <b>\$34,307</b>  |
| 000000 Paints & Coatings  |        |      |           |                  |
| Prime & paint drywall walls                                       | 20,256 | SQFT | 0.69      | 13,954           |
| Prime & paint drywall ceilings                                    | 8,708  | SQFT | 0.81      | 7,064            |
|   |        |      |           | <b>\$21,018</b>  |
| <b>TOTAL: FINISHES</b>  |        |      |           | <b>\$325,785</b> |

### 10000 SPECIALTIES

#### 10400 Toilet Accessories

|  |    |      |        |                 |
|--|----|------|--------|-----------------|
| Toilet paper dispenser, double roll (OFCI)     | 7  | EACH | 33.82  | 237             |
| Paper towel dispenser, surface mounted (OFCI)  | 12 | EACH | 50.73  | 609             |
| Soap dispenser (OFCI)                          | 14 | EACH | 50.73  | 710             |
| Coat hook                                      | 7  | EACH | 19.25  | 135             |
| Shower seat                                    | 3  | EACH | 99.99  | 300             |
| Grab bar set, three piece                      | 7  | EACH | 267.18 | 1,870           |
| Grab bar set, shower                           | 3  | EACH | 251.45 | 754             |
| Electric towel warmer                          | 3  | EACH | 752.18 | 2,257           |
| Specimen pass-through cabinet, stainless steel | 4  | EACH | 805.80 | 3,223           |
| Mirror above sink.                             | 7  | EACH | 562.90 | 3,940           |
|  |    |      |        | <b>\$14,035</b> |

#### 10500 Fire Protection Specialties

|  |    |      |        |                |
|--|----|------|--------|----------------|
| Corner guards, stainless steel, 48" high | 18 | EACH | 196.45 | 3,536          |
| Fire extinguisher & cabinet, recessed    | 2  | EACH | 445.53 | 891            |
|  |    |      |        | <b>\$4,427</b> |

#### 110000 Miscellaneous Specialties

|                              |   |      |           |                 |
|------------------------------|---|------|-----------|-----------------|
| Fireplace including surround | 1 | EACH | 20,000.00 | 20,000          |
|                              |   |      |           | <b>\$20,000</b> |

### TOTAL: SPECIALTIES

**\$38,462**

### 12000 FURNISHINGS

#### 12100 Window Treatment

| DESCRIPTION               | QTY | UM   | UNIT COST | TOTAL COST     |
|---------------------------|-----|------|-----------|----------------|
| Window treatment          | 865 | SQFT | 6.57      | 5,686          |
| SUBTOTAL Window Treatment |     |      |           | <b>\$5,686</b> |
| <b>TOTAL: FURNISHINGS</b> |     |      |           | <b>\$5,686</b> |

### 21000 FIRE SUPPRESSION

#### 21000 Fire Sprinkler Equipment & Installation

|  |   |      |          |                 |
|--|---|------|----------|-----------------|
| Double check detector valve, 6"                  | 1 | EACH | 7,266.80 | 7,267           |
| Dry pipe valve assembly, 4", w/trim & compressor | 1 | EACH | 6,230.70 | 6,231           |
| SUBTOTAL Fire Sprinkler Equipment & Installation |   |      |          | <b>\$13,498</b> |

#### 21500 Sprinkler Heads & Piping

|   |       |      |      |                 |
|---|-------|------|------|-----------------|
| Wet sprinkler system                        | 8,708 | SQFT | 3.71 | 32,277          |
| Dry pipe sprinkler system, attic and canopy | 8,708 | SQFT | 3.51 | 30,535          |
| SUBTOTAL Sprinkler Heads & Piping           |       |      |      | <b>\$62,813</b> |

|                                |  |  |  |                 |
|--------------------------------|--|--|--|-----------------|
| <b>TOTAL: FIRE SUPPRESSION</b> |  |  |  | <b>\$76,310</b> |
|--------------------------------|--|--|--|-----------------|

### 22000 PLUMBING

#### 22000 Plumbing Fixtures

|  |   |      |          |        |
|--|---|------|----------|--------|
| Water closet, floor outlet, tank type fixture w/siphon jet pressure assist                           | 7 | EACH | 1,210.42 | 8,473  |
| Birthing tub drain and rough-in (Fixture Furnished & Installed by Owner)                             | 3 | EACH | 553.67   | 1,661  |
| Clinical service sink, flushing rim, floor-mount, manual faucet, flush valve                         | 1 | EACH | 3,369.59 | 3,370  |
| Lavatory, wall hung, manual faucet   | 7 | EACH | 1,894.62 | 13,262 |
| Sink, stainless steel, single basin self-rimming, manual faucet                                      | 8 | EACH | 1,879.04 | 15,032 |
| Sink, kitchen, stainless steel, double basin self-rimming, manual faucet                             | 2 | EACH | 2,224.59 | 4,449  |
| Sink, stainless steel, single basin self-rimming, automatic faucet                                   | 3 | EACH | 2,879.38 | 8,638  |
| Shower, ADA head w/metal hose, pressure balancing valve, shower pan & drain, in tile enclosure by GC | 4 | EACH | 1,911.74 | 7,647  |
| Mop basin, floor fixture   | 1 | EACH | 2,152.90 | 2,153  |
| Utility sink   | 1 | EACH | 2,316.90 | 2,317  |
| Emergency eye/facewash, EEW  | 2 | EACH | 1,473.54 | 2,947  |
| Thermostatic mixing valve - lab emergency fixture  | 1 | EACH | 3,217.64 | 3,218  |
| Alarm/strobe, emergency fixtures   | 1 | EACH | 3,417.64 | 3,418  |
| Laundry wallbox, "Guy Gray"  | 2 | EACH | 176.25   | 353    |
| Laundry sink, self-supporting  | 1 | EACH | 1,366.90 | 1,367  |
| Dishwasher water & waste connections   | 1 | EACH | 685.28   | 685    |
| Gas connections, kitchen   | 1 | EACH | 79.41    | 79     |
| Refrigerator/icemaker water connection w/BFP   | 3 | EACH | 617.64   | 1,853  |

SUBTOTAL Plumbing Fixtures **\$80,922**

#### 22500 Plumbing Equipment & Accessories

|  |    |      |          |        |
|--|----|------|----------|--------|
| Domestic water heater, gas-fired, 120 mbh, 60 gallon | 2  | EACH | 6,905.84 | 13,812 |
| DHW recirculating pump                               | 1  | EACH | 1,373.22 | 1,373  |
| Expansion tank                                       | 1  | EACH | 402.40   | 402    |
| Thermostatic mixing valve - central                  | 1  | EACH | 4,035.28 | 4,035  |
| Thermostatic mixing valve - 1/2", point of use       | 13 | EACH | 279.41   | 3,632  |

# CONCORD

## GROUP

### Beloit Health System NorthPointe Birthing Center New Construction

Conceptual Estimate

06/11/2021

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| DESCRIPTION   | QTY   | UM   | UNIT COST | TOTAL COST       |
|---|-------|------|-----------|------------------|
| Circuit setter balancing valve, 3/4" - allowance  | 5     | EACH | 143.53    | 718              |
| Floor drains  | 8     | EACH | 495.06    | 3,960            |
| Cleanouts - allowance   | 15    | EACH | 313.02    | 4,695            |
| Grease interceptor  | 1     | EACH | 1,144.10  | 1,144            |
| Vent thru roof - allowance  | 5     | EACH | 288.23    | 1,441            |
| Water softening system  | 1     | EACH | 7,305.84  | 7,306            |
| SUBTOTAL Plumbing Equipment & Supplies  |       |      |           | <b>\$42,519</b>  |
| 22000 Domestic Water, Waste & Vent & Storm Drainage Piping                              |       |      |           |                  |
| Domestic water pipe, fittings, and supports, type L copper                              | 1,700 | LNFT | 42.54     | 72,316           |
| Pipe insulation, domestic water piping  | 1,700 | LNFT | 9.40      | 15,981           |
| Vent pipe, fittings, and supports, PVC, AG, 2"  | 750   | LNFT | 51.76     | 38,821           |
| Natural gas piping, std. weight blk. steel, w/fittings and supports, threaded           | 250   | LNFT | 28.72     | 7,181            |
| Sanitary/waste pipe and fittings, PVC, UG, 4"   | 500   | LNFT | 46.88     | 23,439           |
| Incoming service, 6", w/meter & backflow preventers                                     | 1     | EACH | 5,605.84  | 5,606            |
| Pipe and valve tagging  | 1,700 | LNFT | 1.19      | 2,020            |
| System pressure testing, water pipe chlorination, and pipe flushing - domestic plumbing | 1     | LSUM | 4,352.80  | 4,353            |
| SUBTOTAL Domestic Water, Waste & Vent & Storm Drainage Piping                           |       |      |           | <b>\$169,714</b> |
| <b>TOTAL: PLUMBING</b>  |       |      |           | <b>\$293,155</b> |

## 23000 HEATING VENTILATION & AIR CONDITIONING

### 23200 Ventilation & Exhaust

|   |        |      |           |                  |
|---|--------|------|-----------|------------------|
| Air handling unit, 9,000 cfm packaged, CHW, HW coils, humidifier section, fans, filters | 1      | EACH | 30,088.00 | 30,088           |
| CHW coil connections, AHU - valves, fittings, specialties, and pipe insulation - 3"     | 1      | EACH | 6,787.24  | 6,787            |
| HW coil connections, AHU - valves, fittings, specialties, and pipe insulation - 2-1/2"  | 1      | EACH | 5,825.78  | 5,826            |
| Return air fan, 9,000 cfm inline  | 1      | EACH | 14,044.00 | 14,044           |
| Variable frequency drive, RA fan  | 1      | EACH | 2,031.29  | 2,031            |
| Sound attenuation   | 18,000 | CFM  | 0.33      | 5,940            |
| AC split system, 2 tons   | 1      | EACH | 4,996.00  | 4,996            |
| Refrigerant piping, AC split system   | 60     | LNFT | 23.47     | 1,408            |
| Pipe insulation, refrigeration piping   | 60     | LNFT | 9.06      | 544              |
| Exhaust fan, rooftop, w/curb, backdraft damper, general/toilet                          | 1      | EACH | 1,698.00  | 1,698            |
| Exhaust fan, rooftop, w/curb, backdraft damper, kitchen                                 | 1      | EACH | 1,186.00  | 1,186            |
| Exhaust fan, mechanical, electrical rooms   | 3      | EACH | 2,048.00  | 6,144            |
| Variable air volume terminals w/HW reheat coil  | 16     | EACH | 1,124.00  | 17,984           |
| Reheat coil connections, VAV - valves, fittings, and insulation                         | 16     | EACH | 994.10    | 15,906           |
| Galvanized steel duct & insulation  | 8,708  | SQFT | 9.92      | 86,395           |
| Registers, grilles and diffusers  | 100    | EACH | 102.40    | 10,240           |
| Louvers, OA, EA   | 120    | SQFT | 76.80     | 9,216            |
| Fire/smoke/combination damper allowance   | 1      | LSUM | 10,000.00 | 10,000           |
| SUBTOTAL Ventilation & Exhaust  |        |      |           | <b>\$230,433</b> |

### 23300 Central Hydraulic & Steam Equipment & Specialties

# CONCORD

GROUP

| DESCRIPTION  | QTY   | UM   | UNIT COST | TOTAL COST       |
|--|-------|------|-----------|------------------|
| HW boilers, condensing, 800 mbh, integral primary pumps                                | 2     | EACH | 37,611.68 | 75,223           |
| Steam humidifier, gas-fired  | 1     | EACH | 18,611.68 | 18,612           |
| CA duct, HW boilers  | 60    | LNFT | 34.76     | 2,086            |
| CA duct, humidifier  | 30    | LNFT | 18.83     | 565              |
| CA duct, domestic water heaters  | 60    | LNFT | 13.79     | 827              |
| Boiler flue/breeching, HW boilers  | 60    | LNFT | 167.98    | 10,079           |
| Boiler flue/breeching, steam humidifier  | 30    | LNFT | 125.02    | 3,751            |
| Fireplace venting  | 30    | LNFT | 44.51     | 1,335            |
| Water heater flue/venting  | 60    | LNFT | 44.51     | 2,671            |
| Chiller, air-cooled, 30 tons, variable speed, w/dual-pump package incl. VFD's          | 1     | EACH | 58,705.60 | 58,706           |
| HW secondary system pumps, inline  | 2     | EACH | 4,226.46  | 8,453            |
| AHU HW coil pumps, inline (parallel redundant)   | 2     | EACH | 1,608.82  | 3,218            |
| Variable frequency drive, pumps, HW secondary  | 2     | EACH | 2,542.29  | 5,085            |
| Vibration isolation, pumps, HW   | 2     | EACH | 1,717.64  | 3,435            |
| Isolation valves, pumps, butterfly   | 2     | EACH | 1,097.10  | 2,194            |
| Flexible pump connections  | 4     | EACH | 377.64    | 1,511            |
| Suction diffusers  | 2     | EACH | 2,044.10  | 4,088            |
| Triple duty valves   | 2     | EACH | 3,544.10  | 7,088            |
| Pump strainer, Y-type  | 2     | EACH | 1,121.10  | 2,242            |
| Expansion tank, HW, CHW  | 2     | EACH | 8,805.84  | 17,612           |
| Buffer tank, 100 gal.  | 1     | EACH | 8,305.84  | 8,306            |
| Air separator  | 2     | EACH | 3,952.92  | 7,906            |
| Water filters  | 2     | EACH | 3,870.56  | 7,741            |
| Chemical pot feeder  | 2     | EACH | 1,635.28  | 3,271            |
| Pressure fill/makeup water system  | 2     | EACH | 9,235.28  | 18,471           |
| Glycol fill  | 110   | GAL  | 15.00     | 1,650            |
| SUBTOTAL - Central Hydronic & Steam Equipment & Specialties                            |       |      |           | <b>\$276,123</b> |
| 11400 Heating & Ventilating, Radiant   |       |      |           |                  |
| Cabinet unit heaters, HW hydronic  | 1     | EACH | 1,885.28  | 1,885            |
| Fintube radiators, HW  | 84    | LNFT | 67.21     | 5,645            |
| Radiant ceiling panels, HW   | 24    | LNFT | 72.65     | 1,744            |
| Convectors, HW - allowance   | 3     | EACH | 935.28    | 2,806            |
| HW connections - valves, fittings, and specialties                                     | 4     | EACH | 417.64    | 1,671            |
| SUBTOTAL - Heating & Ventilating Radiant   |       |      |           | <b>\$13,750</b>  |
| 11500 HVAC Piping  |       |      |           |                  |
| CHWS/R piping, std. wgt. blk. steel pipe, fittings, and supports, welded/flanged       | 150   | LNFT | 71.07     | 10,660           |
| HHWS/R piping mains, std. wgt. blk. steel pipe, fittings, and supports, welded/flanged | 350   | LNFT | 101.48    | 35,518           |
| HHWS/R piping runouts, type L copper pipe, fittings, and supports                      | 900   | LNFT | 36.85     | 33,161           |
| Safety relief valves - allowance   | 1     | LSUM | 5,305.84  | 5,306            |
| Pipe insulation, CHWS/R  | 150   | LNFT | 12.31     | 1,846            |
| Pipe insulation, HHWS/R mains  | 350   | LNFT | 15.52     | 5,430            |
| Pipe insulation, HHWS/R runouts  | 900   | LNFT | 9.06      | 8,158            |
| Pipe and valve tagging - interior bldg HVAC piping                                     | 1,400 | LNFT | 1.19      | 1,663            |



**Beloit Health System**  
**NorthPointe Birthing Center**  
**New Construction**

Conceptual Estimate

06/11/2021

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GROUP

| DESCRIPTION  | QTY | UM   | UNIT COST | TOTAL COST       |
|--|-----|------|-----------|------------------|
| SUBTOTAL: Heating & Air Conditioning                     |     |      |           | <b>\$101,743</b> |
| DDC controls - air handling units                        | 1   | EACH | 20,000.00 | 20,000           |
| DDC controls - return air fans                           | 1   | EACH | 6,500.00  | 6,500            |
| DDC controls - AC split system - MDF room                | 1   | EACH | 2,000.00  | 2,000            |
| DDC controls - exhaust fans, general/toilet              | 2   | EACH | 2,500.00  | 5,000            |
| DDC controls - VAV terminals w/reheat coil               | 16  | EACH | 1,500.00  | 24,000           |
| DDC controls - HW boilers, w/primary pumps               | 2   | EACH | 5,000.00  | 10,000           |
| DDC controls - steam humidifier                          | 1   | EACH | 3,000.00  | 3,000            |
| DDC controls - chiller, air-cooled                       | 1   | EACH | 5,000.00  | 5,000            |
| DDC controls - hydronic pumps, AHU HW coil               | 2   | EACH | 2,000.00  | 4,000            |
| DDC controls - hydronic pumps, variable speed            | 2   | EACH | 5,000.00  | 10,000           |
| Thermostats/temperature sensors                          | 16  | EACH | 420.00    | 6,720            |
| Humidistats  | 1   | EACH | 420.00    | 420              |
| CO sensors   | 1   | EACH | 420.00    | 420              |
| Emergency boiler shutoff switch                          | 2   | EACH | 950.00    | 1,900            |
| Miscellaneous points & devices                           | 1   | LSUM | 15,000.00 | 15,000           |
| Utility meter interfaces                                 | 1   | LSUM | 8,000.00  | 8,000            |
| Engineer's station                                       | 1   | LSUM | 15,000.00 | 15,000           |
| Programming, testing, and training                       | 1   | LSUM | 5,000.00  | 5,000            |
| SUBTOTAL: Temperature Controls                           |     |      |           | <b>\$141,960</b> |
| 21000 Testing, Balancing, & Commissioning                |     |      |           |                  |
| Air testing and balancing                                | 1   | LSUM | 10,000.00 | 10,000           |
| Pipe system testing and balancing                        | 1   | LSUM | 5,000.00  | 5,000            |
| HVAC system commissioning                                | 1   | LSUM | 3,500.00  | 3,500            |
| SUBTOTAL: Testing, Balancing, & Commissioning            |     |      |           | <b>\$18,500</b>  |
| <b>TOTAL: HEATING VENTILATION &amp; AIR CONDITIONING</b> |     |      |           | <b>\$782,509</b> |

## 26000 ELECTRICAL

### 26200 Main Power Distribution

|   |     |      |           |        |
|---|-----|------|-----------|--------|
| 800A transocket, exterior mounted   | 1   | EACH | 4,080.32  | 4,080  |
| Distribution Panel, 208Y/120V 3-phase 4-wire - 800A MDP                             | 1   | EACH | 12,560.64 | 12,561 |
| Transient suppressor/voltage regulator, including connection to switchboard         | 1   | EACH | 902.58    | 903    |
| Distribution Panel, 208Y/120V 3-phase 4-wire 400A - MECH                            | 1   | EACH | 5,616.25  | 5,616  |
| Panelboards, 84 circuit 225A MLO 208Y/120V 225A - double tub                        | 2   | EACH | 4,262.90  | 8,526  |
| Short circuit overcurrent coordination and arc flash hazard study                   | 1   | LSUM | 5,217.37  | 5,217  |
| Electric metallic tubing, 2" diameter, to 15' high, including fittings and supports | 80  | LNFT | 25.75     | 2,060  |
| Electric metallic tubing, 4" diameter, to 15' high, including fittings and supports | 20  | LNFT | 48.90     | 978    |
| Wire, copper, stranded, 600 volt, #6, type THWN-THHN, in raceway                    | 100 | LNFT | 2.18      | 218    |
| Wire, copper, stranded, 600 volt, #3, type THWN-THHN, in raceway                    | 60  | LNFT | 4.40      | 264    |
| Wire, copper, stranded, 600 volt, 4/0, type THWN-THHN, in raceway                   | 400 | LNFT | 7.73      | 3,094  |
| Wire, copper, stranded, 600 volt, 500 kcmil, type THWN-THHN, in raceway             | 500 | LNFT | 18.76     | 9,379  |

SUBTOTAL: Main Power Distribution

**\$52,896**

| DESCRIPTION  | QTY   | UM   | UNIT COST | TOTAL COST       |
|--|-------|------|-----------|------------------|
| 20000 Underground Feeder Installation<br>2.0kVA 1-phase inverter with 1-1/2 hours of runtime                       | 1     | LSUM | 17,369.11 | 17,369           |
|  |       |      |           | <b>\$17,369</b>  |
| 18400 Grounding & Lightning Protection System<br>Grounding System per code   | 1     | LSUM | 7,824.07  | 7,824            |
|  |       |      |           | <b>\$7,824</b>   |
| 25300 Lighting   |       |      |           |                  |
| Light fixture, interior, including lamps, mounting hardware and connections -<br>Type - LED linear 6'              | 3     | EACH | 470.36    | 1,411            |
| Light fixture, interior, including lamps, mounting hardware and connections -<br>Type - LED downlight (birth room) | 18    | EACH | 457.36    | 8,233            |
| Light fixture, interior, including lamps, mounting hardware and connections -<br>Type - miscellaneous LED          | 130   | EACH | 341.29    | 44,368           |
| Light fixture, interior, including lamps, mounting hardware and connections -<br>Type - LED pendant (birth room)   | 6     | EACH | 795.36    | 4,772            |
| Light fixture, interior, including lamps, mounting hardware and connections -<br>Type - building exterior          | 8     | EACH | 790.73    | 6,326            |
| Exit lighting, L.E.D. standard, single face, ceiling or wall mount   | 15    | EACH | 320.36    | 4,805            |
| Lighting control devices, cabling and connections  | 8,708 | SQFT | 1.46      | 12,729           |
| Branch wiring installation 600 V, including 3/4" EMT conduit and THWN wire, 20A                                    | 8,708 | SQFT | 3.29      | 28,626           |
| Floodlights, exterior,   | 4     | EACH | 673.87    | 2,695            |
| Pole mounted light fixtures  | 10    | EACH | 4,710.64  | 47,106           |
| Bollard light, exterior, LED   | 6     | EACH | 1,819.80  | 10,919           |
| Underground Feeder installation 600 V 4W , including PVC conduit and wire, 60A                                     | 650   | LNFT | 43.26     | 28,118           |
|  |       |      |           | <b>\$200,108</b> |
| 20500 Branch Power Distribution & Devices  |       |      |           |                  |
| Miscellaneous receptacles  | 180   | EACH | 128.59    | 23,146           |
| Junction Box and hardwired connection  | 30    | EACH | 102.97    | 3,089            |
| Power provisions at birth rooms  | 3     | EACH | 3,934.95  | 11,805           |
| Branch wiring installation 600 V, including 3/4" EMT conduit and THWN wire, 20A                                    | 8,708 | SQFT | 5.75      | 50,097           |
|  |       |      |           | <b>\$88,137</b>  |
| 20000 Mechanical Equipment Connections & Feeders   |       |      |           |                  |
| Motors connection, disconnect switches and associated feeders - AC split system,<br>2 tons                         | 1     | EACH | 3,271.80  | 3,272            |
| Motors connection, disconnect switches and associated feeders - Return air fan,<br>9,000 cfm                       | 1     | EACH | 2,726.50  | 2,726            |
| Motors connection, disconnect switches and associated feeders - Air handling<br>unit, 9,000 cfm                    | 1     | EACH | 3,489.92  | 3,490            |
| Motors connection, disconnect switches and associated feeders - AHU HW coil<br>pumps                               | 2     | EACH | 490.77    | 982              |
| Motors connection, disconnect switches and associated feeders - HW boilers,<br>condensing, 800 mbh                 | 2     | EACH | 1,308.72  | 2,617            |
| Motors connection, disconnect switches and associated feeders - Exhaust fan,<br>rooftop                            | 5     | EACH | 1,744.96  | 8,725            |

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## GROUP

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DRAFT

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|---|---------|------|-----------|------------------|
| Motors connection, disconnect switches and associated feeders - Pressure fill/makeup water system | 2       | EACH | 408.97    | 818              |
| Motors connection, disconnect switches and associated feeders - HW secondary system pumps         | 2       | EACH | 2,181.20  | 4,362            |
| Motors connection, disconnect switches and associated feeders - DHW recirculating pump            | 1       | EACH | 490.77    | 491              |
| Motors connection, disconnect switches and associated feeders - Chiller, air-cooled, 30 tons      | 1       | EACH | 4,907.70  | 4,908            |
| SUBTOTAL: Mechanical Equipment for Laboratory & Clinics   |         |      |           | <b>\$32,391</b>  |
| <b>TOTAL: ELECTRICAL</b>  |         |      |           | <b>\$398,725</b> |
| <b>27000 COMMUNICATIONS</b>   |         |      |           |                  |
| 27200 Data/Data Systems   |         |      |           |                  |
| Provision for IT room, plywood, cable tray, grounding, sleeves                                    | 1       | EACH | 3,838.10  | 3,838            |
| Telecommunication/Data & Television System, distribution complete                                 | 8,708   | SQFT | 10.17     | 88,595           |
| SUBTOTAL: Telecommunication Systems   |         |      |           | <b>\$92,433</b>  |
| 27500 Audio/Visual & Television System  |         |      |           |                  |
| Music system for Birth Rooms  | 3       | EACH | 2,000.00  | 6,000            |
| SUBTOTAL: Audio/Visual & Television System  |         |      |           | <b>\$6,000</b>   |
| <b>TOTAL: COMMUNICATIONS</b>  |         |      |           | <b>\$98,433</b>  |
| <b>28000 ELECTRONIC SAFETY &amp; SECURITY</b>   |         |      |           |                  |
| 28200 Fire Alarm Systems  |         |      |           |                  |
| Fire alarm System, complete   | 8,708   | SQFT | 4.55      | 39,619           |
| SUBTOTAL: Fire Alarm Systems  |         |      |           | <b>\$39,619</b>  |
| 28300 Intrusion Detection & Access Control Systems  |         |      |           |                  |
| Intrusion Detection System, rough-in only   | 8,708   | SQFT | 0.83      | 7,260            |
| SUBTOTAL: Intrusion Detection & Access Control Systems  |         |      |           | <b>\$7,260</b>   |
| <b>TOTAL: ELECTRONIC SAFETY &amp; SECURITY</b>  |         |      |           | <b>\$46,879</b>  |
| <b>31000 EARTHWORK</b>  |         |      |           |                  |
| 31200 Site Grading  |         |      |           |                  |
| Cut and fill direct on site   | 500     | CUYD | 3.71      | 1,857            |
| Site grading  | 120,000 | SQFT | 0.15      | 18,360           |
| SUBTOTAL: Site Grading  |         |      |           | <b>\$20,217</b>  |
| 31300 Foundation Excavation & Fill  |         |      |           |                  |
| Excavate for foundations  | 1,057   | CUYD | 12.00     | 12,679           |
| Excavate for pavement   | 394     | CUYD | 12.00     | 4,726            |
| Backfill with excavated material  | 810     | CUYD | 8.68      | 7,027            |
| Haul off excavated material as CCDD   | 641     | CUYD | 35.18     | 22,549           |
| SUBTOTAL: Foundation Excavation & Fill  |         |      |           | <b>\$46,981</b>  |
| 31700 Pavement Bases  |         |      |           |                  |

# CONCORD

## GROUP

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| DESCRIPTION                              | QTY | UM   | UNIT COST | TOTAL COST       |
|--|-----|------|-----------|------------------|
| CA-6 base, 4" thk at concrete walk       | 34  | CUYD | 50.53     | 1,718            |
| CA-6 base, 8" thk at asphalt paving      | 517 | CUYD | 43.71     | 22,598           |
| Parking line striping                    | 285 | LNFT | 1.62      | 462              |
| Stripe parking space, ADA                | 3   | EACH | 246.79    | 740              |
| Stripe ADA parking symbol                | 3   | EACH | 212.08    | 636              |
| <b>SUBTOTAL: Pavement Surface</b>        |     |      |           | <b>\$26,154</b>  |
| 31000 Miscellaneous Earthwork            |     |      |           |                  |
| Dewatering - Casual                      | 1   | LSUM | 7,043.53  | 7,044            |
| <b>SUBTOTAL: Miscellaneous Earthwork</b> |     |      |           | <b>\$7,044</b>   |
| <b>TOTAL: EARTHWORK</b>                  |     |      |           | <b>\$100,396</b> |

### 32000 EXTERIOR IMPROVEMENTS

|   |        |      |          |                  |
|---|--------|------|----------|------------------|
| 32100 Pavement  |        |      |          |                  |
| Asphalt pavement, 1.5" surface course on 1.5" binder course | 20,917 | SQFT | 1.98     | 41,336           |
| Concrete walk, 5" PC concrete w/6"x6" W4xW4 WWF             | 2,722  | SQFT | 5.98     | 16,268           |
| <b>SUBTOTAL: Pavement</b>                                   |        |      |          | <b>\$57,604</b>  |
| 32400 Landscaping   |        |      |          |                  |
| Trees   | 37     | EACH | 1,520.28 | 56,250           |
| Planting beds including soil                                | 4,574  | SQFT | 18.94    | 86,610           |
| Native seeding  | 37,712 | SQFT | 1.74     | 65,792           |
| Sod, fescue   | 3,689  | SQFT | 1.57     | 5,799            |
| Mulch, stone  | 25     | CUYD | 144.78   | 3,620            |
| Landscape edging  | 468    | LNFT | 16.67    | 7,801            |
| Irrigation system   | 8,263  | SQFT | 3.49     | 28,830           |
| <b>SUBTOTAL: Landscaping</b>                                |        |      |          | <b>\$254,703</b> |
| 32500 Miscellaneous Exterior Improvements                   |        |      |          |                  |
| Concrete wheel stop   | 18     | EACH | 84.00    | 1,512            |
| Benches   | 2      | EACH | 1,607.25 | 3,215            |
| Concrete seatwall with foundation                           | 53     | LNFT | 171.28   | 9,078            |
| ADA parking signage   | 3      | EACH | 623.08   | 1,869            |
| Trash receptacle  | 2      | EACH | 850.56   | 1,701            |
| <b>SUBTOTAL: Miscellaneous Exterior Improvements</b>        |        |      |          | <b>\$17,375</b>  |
| <b>TOTAL: EXTERIOR IMPROVEMENTS</b>                         |        |      |          | <b>\$329,682</b> |

### 33000 UTILITIES

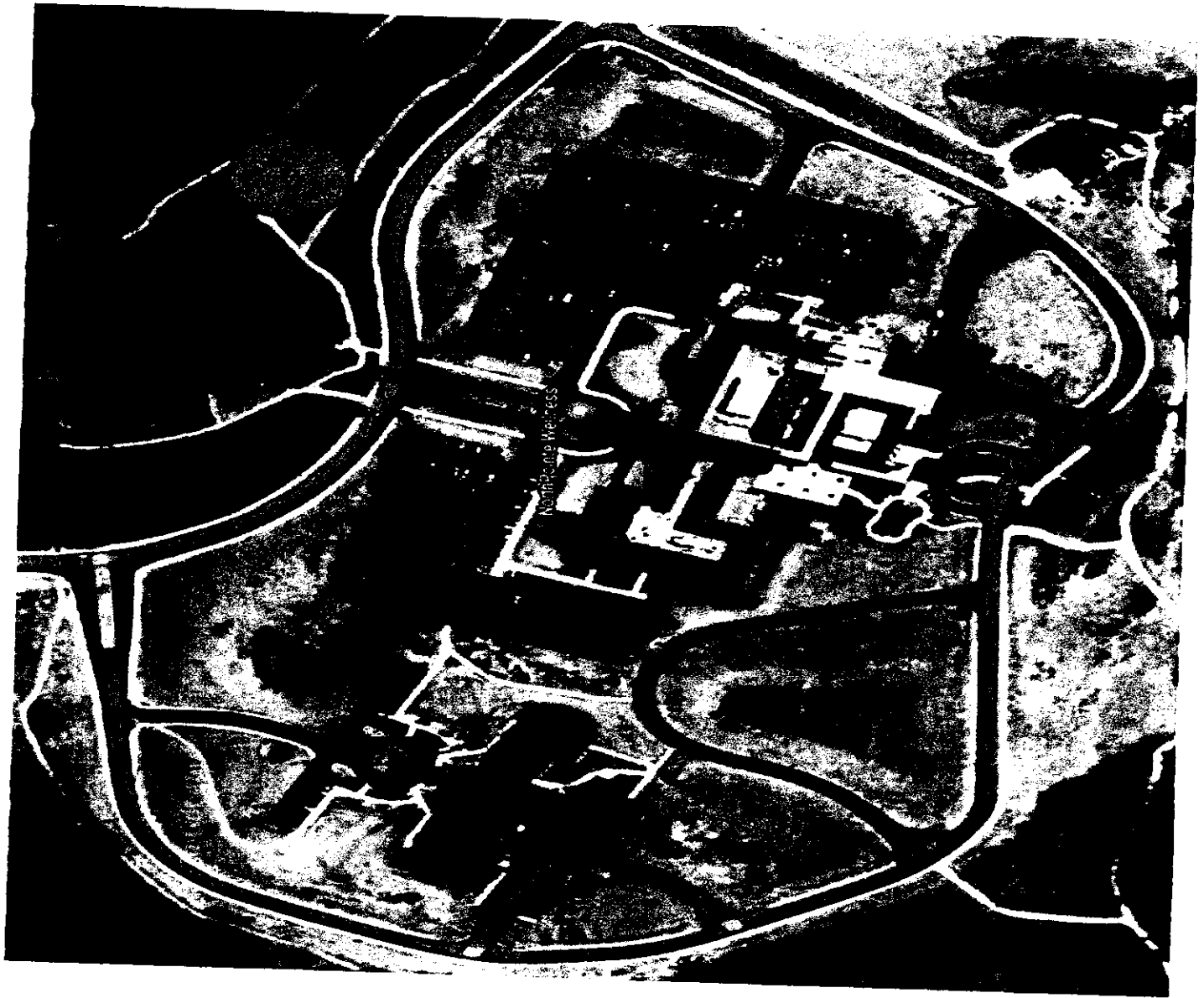
|  |   |      |           |                 |
|--|---|------|-----------|-----------------|
| 33200 Site Water Service                         |   |      |           |                 |
| Domestic water service                           | 1 | LSUM | 9,996.20  | 9,996           |
| <b>SUBTOTAL: Site Water Service</b>              |   |      |           | <b>\$9,996</b>  |
| 33300 Site Sanitary & Storm Sewer                |   |      |           |                 |
| Storm and sanitary sewer provisions              | 1 | LSUM | 19,992.40 | 19,992          |
| <b>SUBTOTAL: Site Sanitary &amp; Storm Sewer</b> |   |      |           | <b>\$19,992</b> |

# CONCORD

GROUP

| DESCRIPTION   | QTY | UM   | UNIT COST | TOTAL COST      |
|---|-----|------|-----------|-----------------|
| 11400 Natural Gas Service   |     |      |           |                 |
| Coordinate gas service provision with local utility   | 1   | LSUM | 1,480.80  | 1,481           |
|   |     |      |           | <b>\$1,481</b>  |
| 03500 Site Electricals  |     |      |           |                 |
| Utility company provisions and coordination - Transformer service   | 1   | LSUM | 6,941.35  | 6,941           |
| Concrete encased ductbank - (4) 4" PVC sch40 including trenching and backfilling - (telecomm) - assumed length    | 100 | LNFT | 163.05    | 16,305          |
| Concrete encased ductbank - (2) 4" PVC sch40 including trenching and backfilling (power) - assumed length         | 40  | LNFT | 120.24    | 4,809           |
| Concrete encased ductbank - (2) 5" PVC sch40 including trenching and backfilling (primary power) - assumed length | 150 | LNFT | 96.56     | 14,485          |
|   |     |      |           | <b>\$42,540</b> |
| <b>TOTAL: UTILITIES</b>   |     |      |           | <b>\$74,010</b> |

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## Parking & Transportation Options

Ample parking options are currently available, furthermore any additional parking will be accommodated during construction.

Transportation options are:

Private Automobile

Taxi

Rideshare

Public Transit

Biking

Walking

## Volume Calculations

**14,605** Potential Births

83%

**12,122** Low Risk Pregnancy

6%

**727** Women that would consider Birth Center (AABC)

## Volume Calculations

5% Projection of Growth

|  | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 |
|--|--------|--------|--------|--------|--------|
| Population                                   | 100    | 105    | 110    | 115    | 120    |
| Birth rate                                   | 12     | 12     | 12     | 12     | 12     |
| Births                                       | 1200   | 1260   | 1320   | 1380   | 1440   |
| Births at North Pointe Birth Center          | 30     | 31.5   | 33     | 34.5   | 36     |
| Potential Births at Belton Memorial Hospital | 37     | 111    | 151    | 159    | 167    |

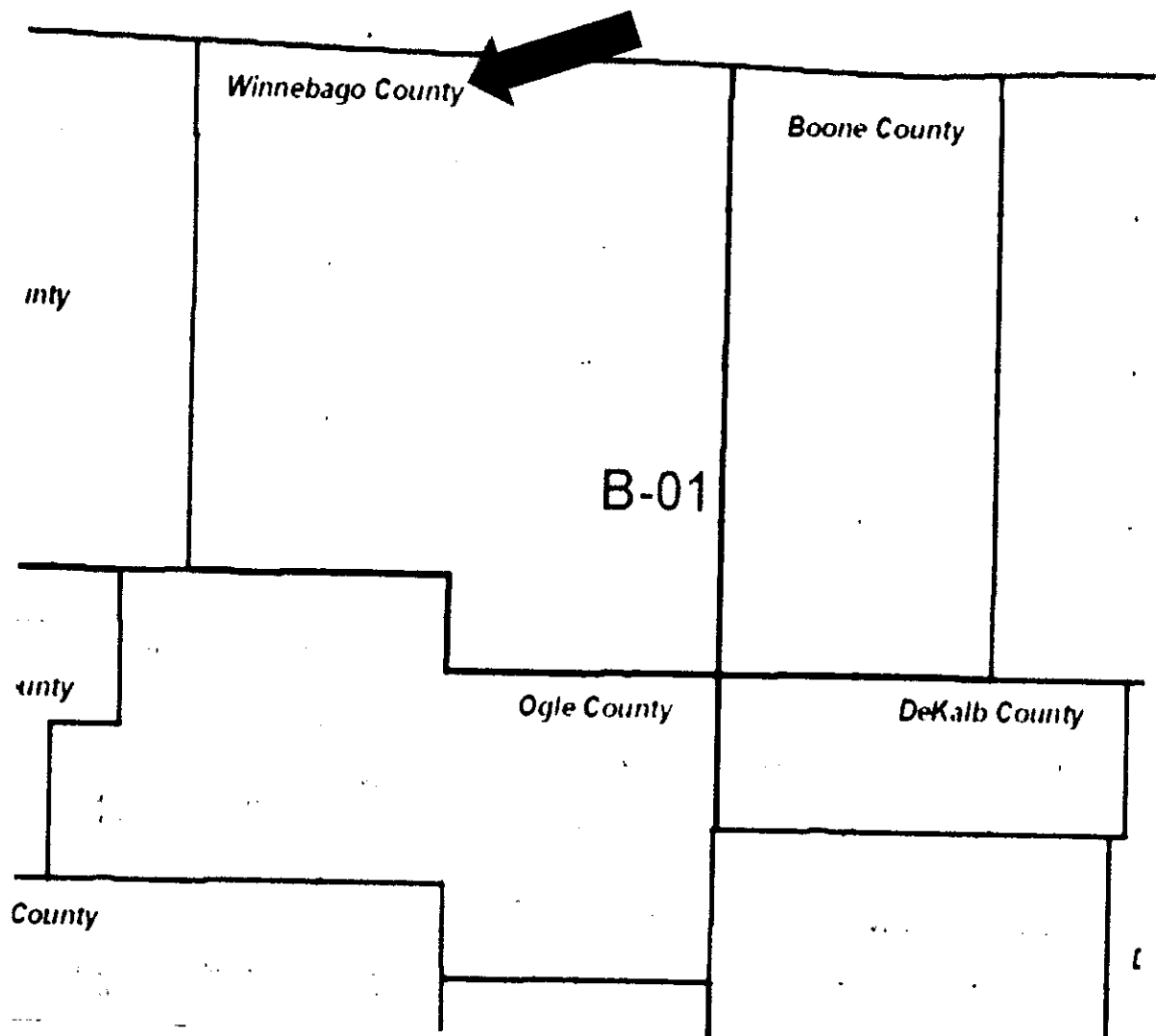


## Health Planning Area

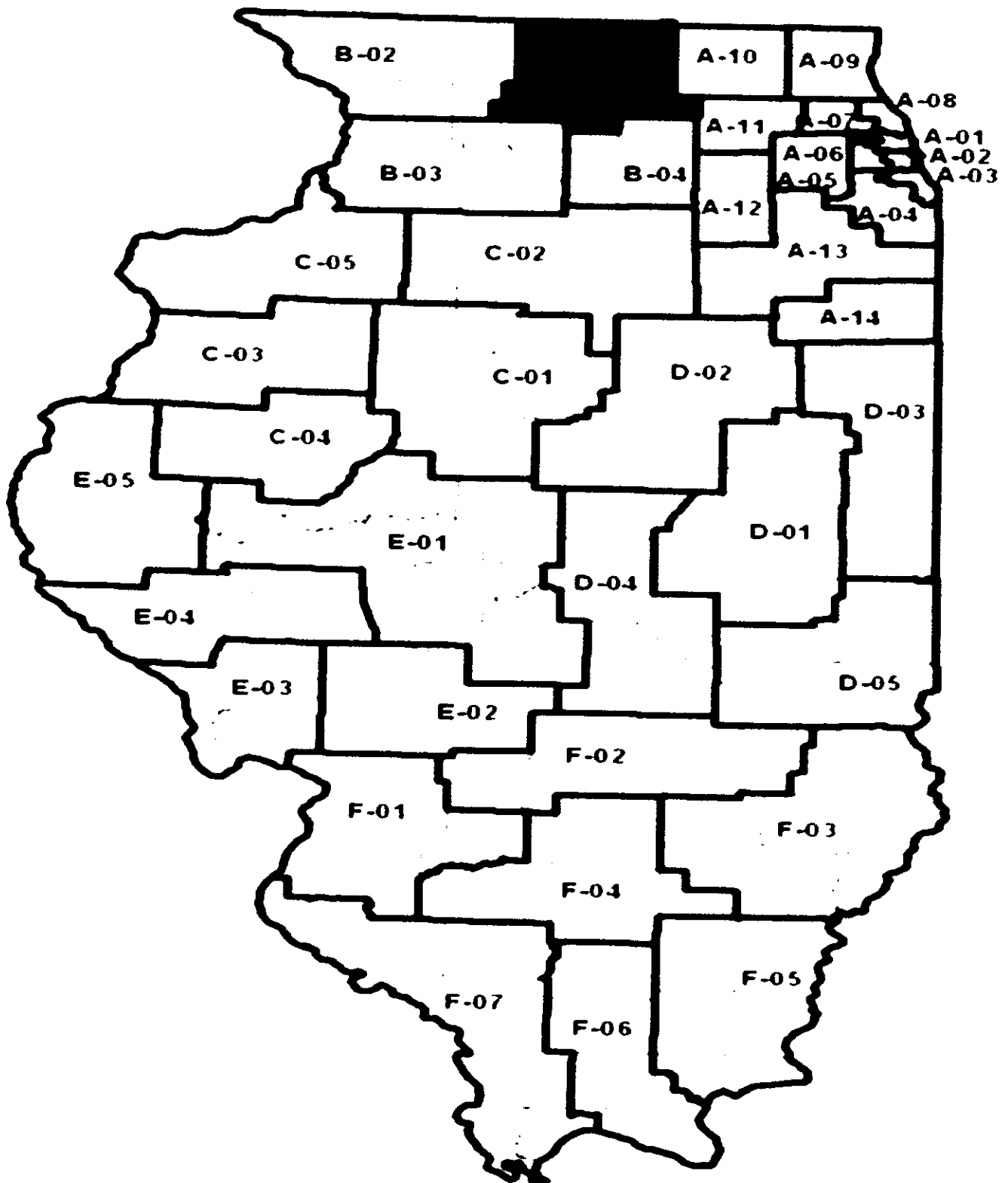
Illinois Health Facilities and Services Review Board  
Illinois Department of Public Health

2) **Region B** (comprised of Health Service Area 1)

- A) **Planning Area B-1:** Boone and Winnebago Counties; DeKalb County Townships of Franklin, Kingston, and Genoa; Ogle County Townships of Monroe, White Rock, Lynnville, Scott, Marion, Byron, Rockvale, Leaf River and Mount Morris.



Health Planning Area



## Health Planning Area

### Illinois Birth Center Locations

██████████ – 5605 E Rockton Road, Roscoe, IL 61073, Winnebago County – ██████████

Birth Center of Chicago, LLC – 3832 North Lincoln Avenue, Chicago, IL 60613, Cook County – A-01-5

~~Birth Center of Chicago, LLC~~ – 7000 South County Line Road, Burr Ridge, IL 60527, DuPage County – ~~A-05~~

Bloomington-Normal Birth Center, LLC- 6 Westport Ct, Bloomington, IL 61704, McClean County – D-02

~~Birth Center at PCC~~- 6201 Roosevelt Rd, Oak Park, IL 60304, Cook County - ~~A-06~~





Operated by Beloit Memorial Hospital

1969 West Hart Road • Beloit, Wisconsin 53511-2230 • (608) 364-5011  
[www.BeloitHealthSystem.org](http://www.BeloitHealthSystem.org)

Re: NorthPointe Birth Center  
 Admissions

To Whom It May Concern:

With our signatures below, this confirms that Beloit Health System NorthPointe Birth Center will place no restrictions on admission to the Birth Center due to the payor source.

Binn Jatta, MD  
 Medical Director  
 NorthPointe Birth Center

Mindy Brancamp, MSN  
 Nursing Director  
 Northpointe Birth Center

**At-Home Healthcare**  
 1904 E. Huebbe Parkway  
 Beloit, WI • (608) 363-5885

**Beloit Clinic**  
 1905 E. Huebbe Parkway  
 Beloit, WI • (608) 364-2200

**Clinton Clinic**  
 307 Ogden Avenue  
 Clinton, WI • (608) 676-2206

**Darien Clinic**  
 300 N. Walworth Street  
 Darien, WI • (262) 882-1151

**Janesville Clinic**  
 1321 Creston Park  
 Janesville, WI • (608) 757-1217

**NorthPointe Health & Wellness Campus**  
 5605 E. Rockton Road  
 Roscoe, IL • (815) 525-4000

**NorthPointe Terrace**  
 5601 E. Rockton Road  
 Roscoe, IL • (815) 525-4800

**Occupational Health Sports & Family Medicine Center**  
 1650 Lee Lane  
 Beloit, WI • (608) 363-5011

**Riverside Terrace**  
 3055 S. Riverside Dr.  
 Beloit, WI • (608) 365-7222

**West Side Clinic**  
 1735 Madison Road  
 Beloit, WI • (608) 363-7510

Current Status: Active

PolicyStat ID: 10032623



Origination: 06/2021  
 Effective: 06/2021  
 Last Approved: 06/2021  
 Last Revised: 06/2021  
 Next Review: 06/2024  
 Policy Area: NorthPointe Birth Center  
 References:  
 Applicability: Beloit Health System Sites

*NorthPointe*

## Screening Risk Criteria for Admission and Retention of Birth Center Clients

### POLICY:

Eligibility for giving birth under NorthPointe Birth Center care will be determined by continuous and on-going risk screening that begins with the initial request for care and continues until the client and infant are discharged from the birth center in a stable condition. Only clients considered "low-risk" pregnant persons shall be admitted to the Birth Center. The risk criteria shall be based on current national standards of care, such as, but not limited to, indicates established by the CABC.

### PROCEDURE:

The following factors identified as **absolute** contraindications to Birth Center care.

- Previous uterine surgery, including but not limited to cesarean section
- Pre-existing disease requiring medical management including but not limited to diabetes, hypertension, heart disease, renal pulmonary, hemolytic disease, uncontrolled hyperthyroidism, neuro-psychiatric disorders, and seizure disorders
- Current, active illegal drug or alcohol addition/abuse
- Multiple gestation
- Previously undetermined physical or emotional illness that requires medical management beyond the CNM scope of practice
- Abnormal lab results including, but not limited to: HIV positive, confirmed RPR positive, hemoglobinopathies, Rh Sensitization

The following factors identified are **relative** contraindications to Birth Center care and require Director of Midwifery and Medical Director review prior to acceptance of care.

- BMI <18 or >40
- Age at delivery <16
- Primigravida >40
- Multigravida >45
- Grand-Multiparity >10 pregnancies
- History of premature delivery <37.0 weeks, pregnancy, or delivery complications
- Family history or prior child with hereditary disease or congenital anomalies
- Pregnancy >24 weeks with no prenatal care this pregnancy

- Fetal loss (>2nd trimester) or neonatal loss with the last pregnancy
- Request to transfer to birth center care after 32.0 weeks gestational age

## ANTEPARTUM TRANSFER CRITERIA

These additional factors which appear or develop in the course of **antepartum** care may require consult or referral to appropriate level of medical management.

- Ectopic pregnancy
- Gestational diabetes requiring management with oral medication or insulin
- Anemia unresponsive to treatment: hemoglobin levels below 9 despite iron therapy during 3rd trimester
- Syphilis (primary)
- HIV positive
- Chronic hypertension
- Preeclampsia with or without severe features remote from delivery
- Gestational hypertension
- Heavy, frank vaginal bleeding
- Multiple gestation
- Post term pregnancy: pregnancy beyond 42 0/7 weeks
- Intrauterine growth restriction (IUGR)
- Fetal anomalies that require immediate intervention
- Polyhydramnios or oligohydramnios
- Intrauterine fetal demise (IUD)
- Incompetent cervix
- Preterm labor with cervical change
- Placental complications including but not limited to placenta previa or placental abruption
- Preterm Premature Rupture of Membranes (PPROM) prior to onset of labor
- Client noncompliance with healthcare responsibilities or required birth center care and or inability to form or maintain respectful relationships with the staff
- Acute onset or exacerbation of a medical condition requiring care beyond the midwifery scope

## INTRAPARTUM TRANSFER CRITERIA

The following conditions which appear or develop during the **intrapartum** course which may necessitate transfer or admission to the hospital and medical management. The CNM will determine the appropriate ongoing role for the client should any of these conditions occur.

- Onset of labor at <37 weeks or >42.0 weeks
- Fetal malpresentation/breech
- Active HSV lesion
- Rupture of membranes >36 hours without labor
- Chorioamnionitis
- Fever greater than 100.4 for more than 1 hour
- Cord prolapse
- Intrapartum hemorrhage
- Elevated blood pressure >150/90 two separate readings, 4 hours apart (not taken during contraction)
- Severe blood pressure >160/110 two separate readings, 15 minutes apart (not taken during contraction)
- Any indicators of preeclampsia
- Non-reassuring fetal status or FHT unresponsive to treatment

- Thick meconium stained amniotic fluid
- Dysfunctional labor
- Maternal exhaustion unresolved by rest/hydration
- Maternal desire
- Failure to progress to labor stage 2 and pushing

## POSTPARTUM TRANSFER CRITERIA

The following **postpartum** conditions would require that the client be transferred to the hospital for medical management.

- Retained placenta
- Hemorrhage (EBL >1000mL) or hemodynamically unstable
- Laceration that requires extensive repair not in the scope or expertise of the midwife. (MD will have discretion over whether the client needs transfer. MD may decide to repair an extensive laceration including a third or fourth degree laceration at the birth center if able to perform adequately and with appropriate pain management.)
- Any medical condition of the client requiring >12 hours observation postpartum
- Postpartum preeclampsia
- Significant or enlarging hematoma
- Parents demonstrate or express inability to monitor newborn well-being in the home setting

## NEWBORN TRANSFER CRITERIA

The following conditions of the **newborn** require transfer of the infant to pediatric care and/or the hospital.

- Apgar score <7 at 5 minutes of age
- Weight <2500 grams and/or indications of prematurity
- Major anomaly
- Respiratory distress
- Inability to thermoregulate
- Persistent hypoglycemia
- Any medical conditions of the newborn requiring more than 12 hours of observation after birth

## APPROVALS:

Signature: \_\_\_\_\_



Email: [bjatta@beloithealthsystem.org](mailto:bjatta@beloithealthsystem.org)

\_\_\_\_\_  
Binn Jatta, MD  
Medical Director

**Signature:** Sarah Stetina

**Email:** sarahs@burrridgebirthcenter.com

---

Sarah Stetina, CNM  
Director of Midwifery

## Attachments

Signed policy

## Approval Signatures

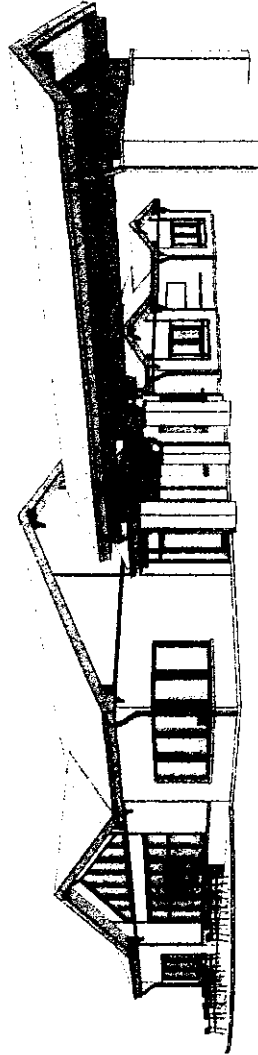
| Approver   | Date    |
|--|---------|
| Sharon Cox: Vice President, CNO                  | 06/2021 |
| Mindy Brancamp: Director Family Care Center & ET | 06/2021 |

## Applicability

Beloit Health System, Beloit Health System Beloit Regional Hospice, Beloit Health System Cancer Care Center, Beloit Health System NorthPointe



**Beloit Health System -  
NorthPointe Birth Center**  
5605 E Rockton Rd, Roscoe, IL 61073



#21-021

**CERTIFICATE OF NEED**

PRICING SET

5/28/2021

PROJECT NUMBER: 421004-0





KEYNOTES PER SHEET

|     |  |
|-----|--|
| 1   | ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE BUILDING CODES AND SPECIFICATIONS. |
| 2   | ALL MATERIALS AND WORKMANSHIP SHALL BE SUBJECT TO INSPECTION AND APPROVAL BY THE ARCHITECT.        |
| 3   | ALL DIMENSIONS SHALL BE GIVEN IN FEET AND INCHES, UNLESS OTHERWISE SPECIFIED.                      |
| 4   | ALL FINISHES SHALL BE AS NOTED OR AS SHOWN ON THE FINISH SCHEDULE.                                 |
| 5   | ALL ELECTRICAL WORK SHALL BE IN ACCORDANCE WITH THE NATIONAL ELECTRICAL CODE.                      |
| 6   | ALL PLUMBING WORK SHALL BE IN ACCORDANCE WITH THE PLUMBING CODE.                                   |
| 7   | ALL MECHANICAL WORK SHALL BE IN ACCORDANCE WITH THE MECHANICAL CODE.                               |
| 8   | ALL STRUCTURAL WORK SHALL BE IN ACCORDANCE WITH THE STRUCTURAL CODE.                               |
| 9   | ALL ROOFING WORK SHALL BE IN ACCORDANCE WITH THE ROOFING CODE.                                     |
| 10  | ALL PAINTING WORK SHALL BE IN ACCORDANCE WITH THE PAINTING CODE.                                   |
| 11  | ALL GLASS WORK SHALL BE IN ACCORDANCE WITH THE GLASS CODE.   |
| 12  | ALL METAL WORK SHALL BE IN ACCORDANCE WITH THE METAL CODE.   |
| 13  | ALL WOOD WORK SHALL BE IN ACCORDANCE WITH THE WOOD CODE.   |
| 14  | ALL CONCRETE WORK SHALL BE IN ACCORDANCE WITH THE CONCRETE CODE.                                   |
| 15  | ALL MASONRY WORK SHALL BE IN ACCORDANCE WITH THE MASONRY CODE.                                     |
| 16  | ALL TILING WORK SHALL BE IN ACCORDANCE WITH THE TILING CODE.                                       |
| 17  | ALL FLOORING WORK SHALL BE IN ACCORDANCE WITH THE FLOORING CODE.                                   |
| 18  | ALL CEILING WORK SHALL BE IN ACCORDANCE WITH THE CEILING CODE.                                     |
| 19  | ALL WALL WORK SHALL BE IN ACCORDANCE WITH THE WALL CODE.   |
| 20  | ALL DOOR AND WINDOW WORK SHALL BE IN ACCORDANCE WITH THE DOOR AND WINDOW CODE.                     |
| 21  | ALL STAIRCASE WORK SHALL BE IN ACCORDANCE WITH THE STAIRCASE CODE.                                 |
| 22  | ALL ELEVATOR WORK SHALL BE IN ACCORDANCE WITH THE ELEVATOR CODE.                                   |
| 23  | ALL RAMP WORK SHALL BE IN ACCORDANCE WITH THE RAMP CODE.   |
| 24  | ALL BALCONY WORK SHALL BE IN ACCORDANCE WITH THE BALCONY CODE.                                     |
| 25  | ALL TERRACE WORK SHALL BE IN ACCORDANCE WITH THE TERRACE CODE.                                     |
| 26  | ALL DRIVEWAY WORK SHALL BE IN ACCORDANCE WITH THE DRIVEWAY CODE.                                   |
| 27  | ALL PAVEMENT WORK SHALL BE IN ACCORDANCE WITH THE PAVEMENT CODE.                                   |
| 28  | ALL LANDSCAPING WORK SHALL BE IN ACCORDANCE WITH THE LANDSCAPING CODE.                             |
| 29  | ALL SITEWORK SHALL BE IN ACCORDANCE WITH THE SITEWORK CODE.  |
| 30  | ALL UTILITY WORK SHALL BE IN ACCORDANCE WITH THE UTILITY CODE.                                     |
| 31  | ALL SIGNAGE WORK SHALL BE IN ACCORDANCE WITH THE SIGNAGE CODE.                                     |
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| 36  | ALL TOWER WORK SHALL BE IN ACCORDANCE WITH THE TOWER CODE.   |
| 37  | ALL LANTERN WORK SHALL BE IN ACCORDANCE WITH THE LANTERN CODE.                                     |
| 38  | ALL MONUMENT WORK SHALL BE IN ACCORDANCE WITH THE MONUMENT CODE.                                   |
| 39  | ALL OBELISK WORK SHALL BE IN ACCORDANCE WITH THE OBELISK CODE.                                     |
| 40  | ALL STELE WORK SHALL BE IN ACCORDANCE WITH THE STELE CODE.   |
| 41  | ALL COLUMN WORK SHALL BE IN ACCORDANCE WITH THE COLUMN CODE.                                       |
| 42  | ALL PILLAR WORK SHALL BE IN ACCORDANCE WITH THE PILLAR CODE.                                       |
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| 44  | ALL DOME WORK SHALL BE IN ACCORDANCE WITH THE DOME CODE.   |
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PROJECT INFORMATION  
Beloit Health System -  
NorthPointe Birth  
Center

D 5605 E Rockton Rd.  
Roscoe, IL 61073

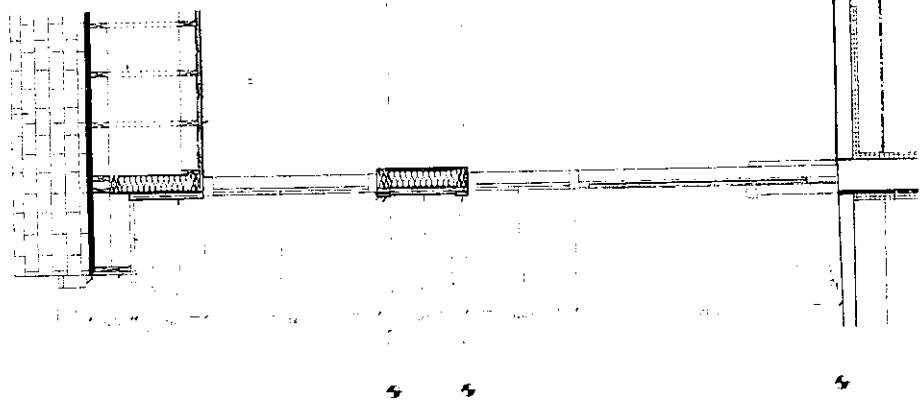
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3.000' (91.44M)  
4.000' (121.92M)  
5.000' (152.40M)  
6.000' (182.88M)  
7.000' (213.36M)  
8.000' (243.84M)  
9.000' (274.32M)  
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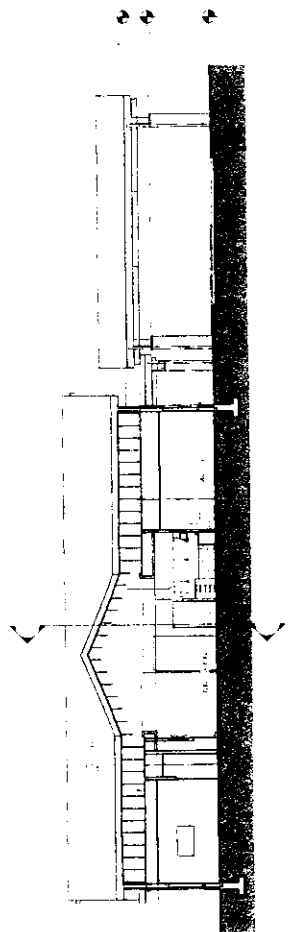
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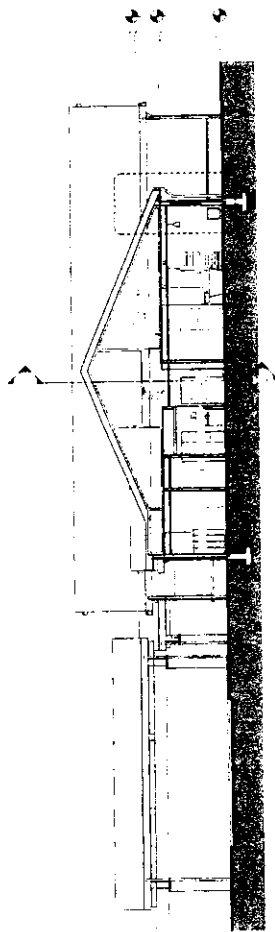
#21-021

WALL SECTIONS  
A310

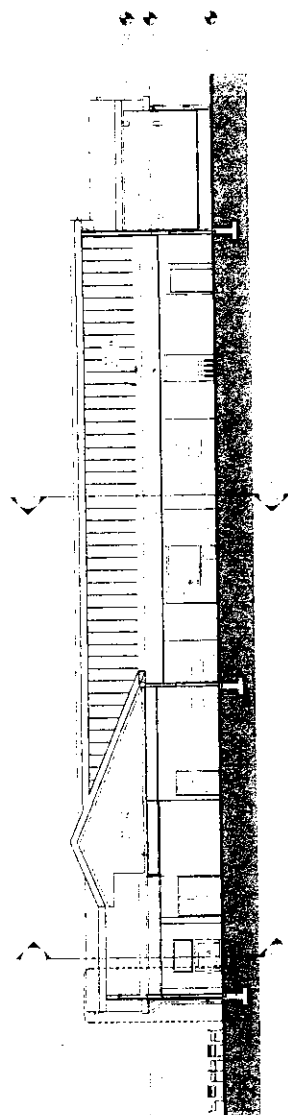




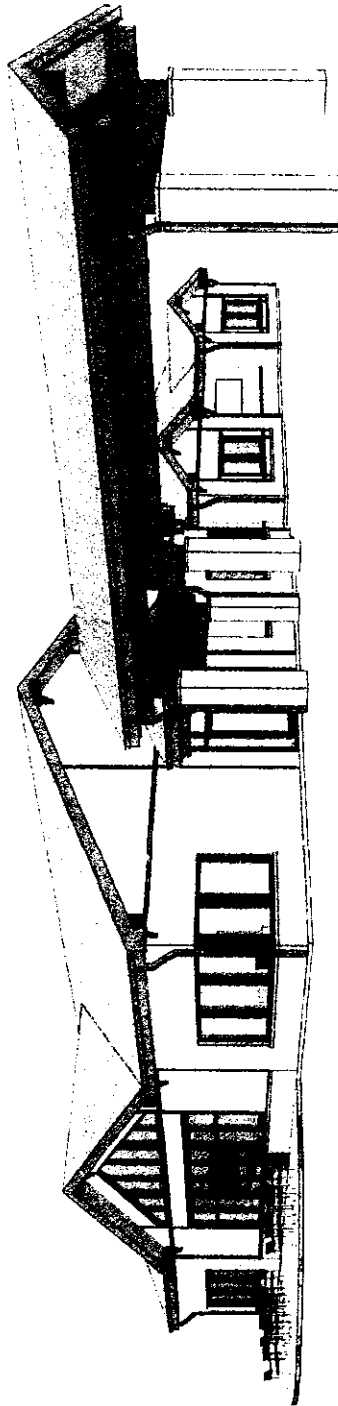
ELDG'S - VISITOR WAITING



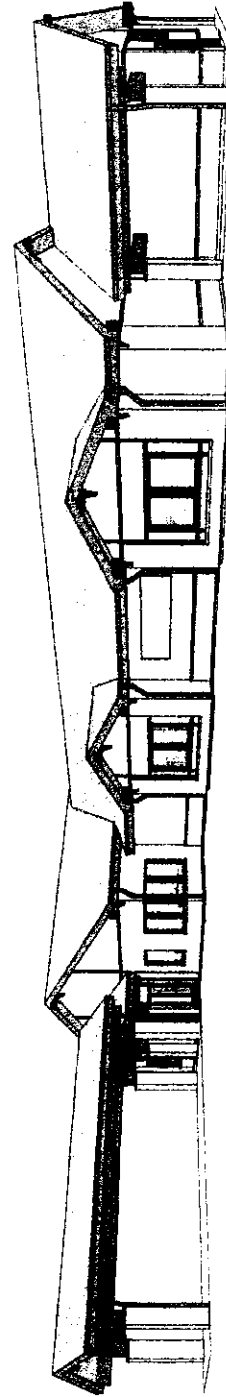
BLDG 5 - N/C 40 BIRTH ROOM



**A3** - ELDGS - ENW



PERSPECTIVE - SW



PERSPECTIVE - SE

#21-021

PROJECT NAME  
Beckitt Health System -  
NorthPointe Birth  
Center  
PROJECT NUMBER  
A210  
EXTERIOR  
PERSPECTIVE  
VIEWS

A210



SHEET NOTES -  
EXTERIOR ELEVATIONS

KEYNOTES PER SHEET

PROJECT: B&B SYSTEM  
B&B Health System -  
NorthPointe Birth  
Center

D 5605 E Rockton Rd.  
Roscoe, IL 61073

DESIGNED BY: B&B SYSTEM

DATE: 11/11/11

11/11/11

11/11/11

11/11/11

EXTERIOR  
ELEVATIONS

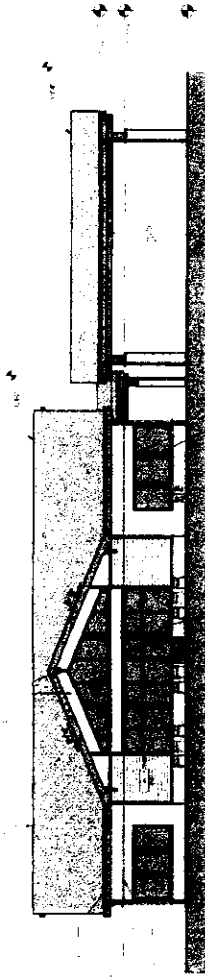
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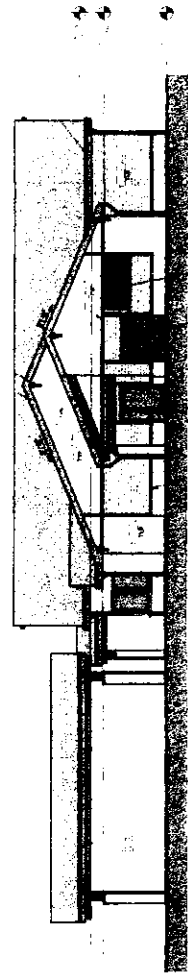
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(C1) NORTH



(B1) WEST



(A1) EAST



PROJECT INFORMATION  
Beloit Health System -  
NorthPointe Birth  
Center

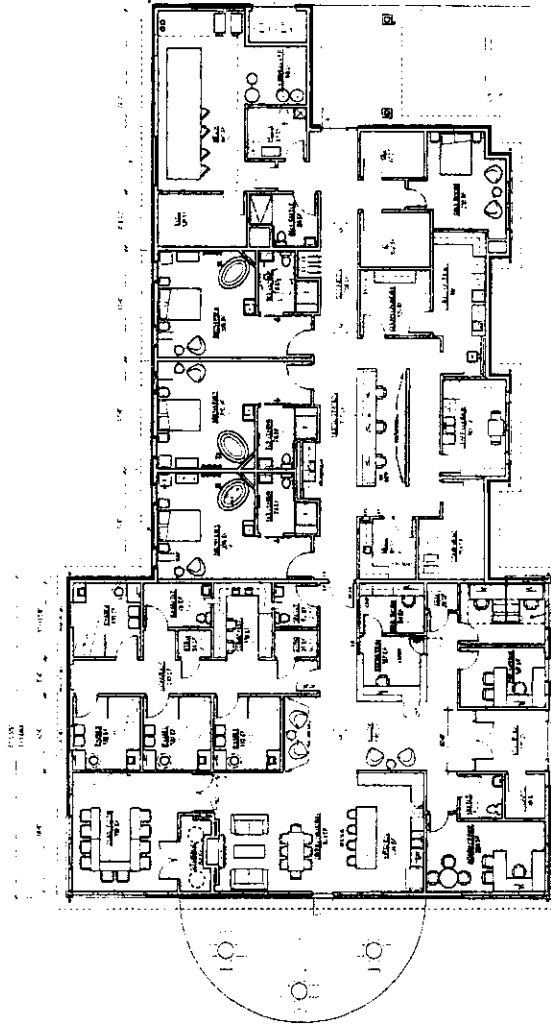
5605 E. Rockton Rd,  
Roscoe, IL 61073

DATE: 11/11/17  
BY: [Signature]

SHEET NOTES - EQUIPMENT

FURNITURE GENERAL NOTES  
AND REMARKS

KEYNOTES PER SHEET



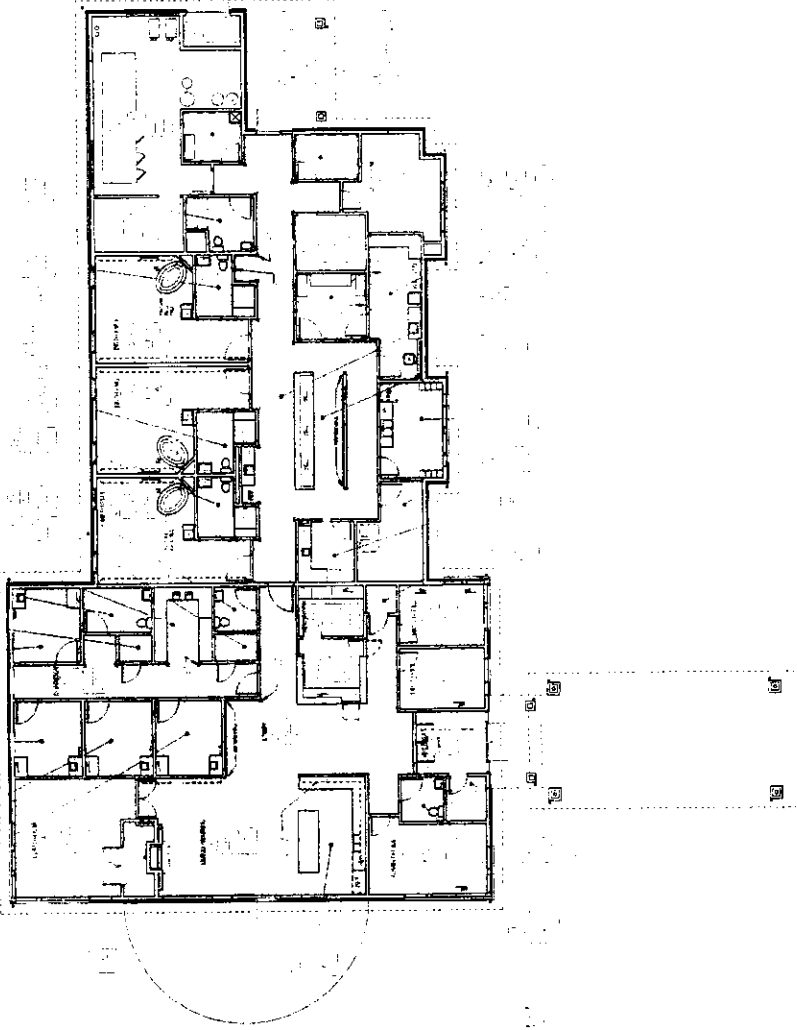
B1 1ST FLOOR - PRESENTATION

SHEET INFORMATION

PROJECT NUMBER: 21-021  
DATE: 11/11/17

1ST FLOOR FURNITURE  
& EQUIPMENT

A131



**B1** 1ST FLR FINISH PLAN





SHEET NOTES - CEILING PLAN

KEYNOTES PER SHEET

PROJECT INFORMATION  
Beloit Health System -  
NorthPointe Birth  
Center

D 5605 E Rockton Rd.  
Rockton, IL 61073

DESIGNED BY  
DATE  
CHECKED BY  
DATE

11/1/79

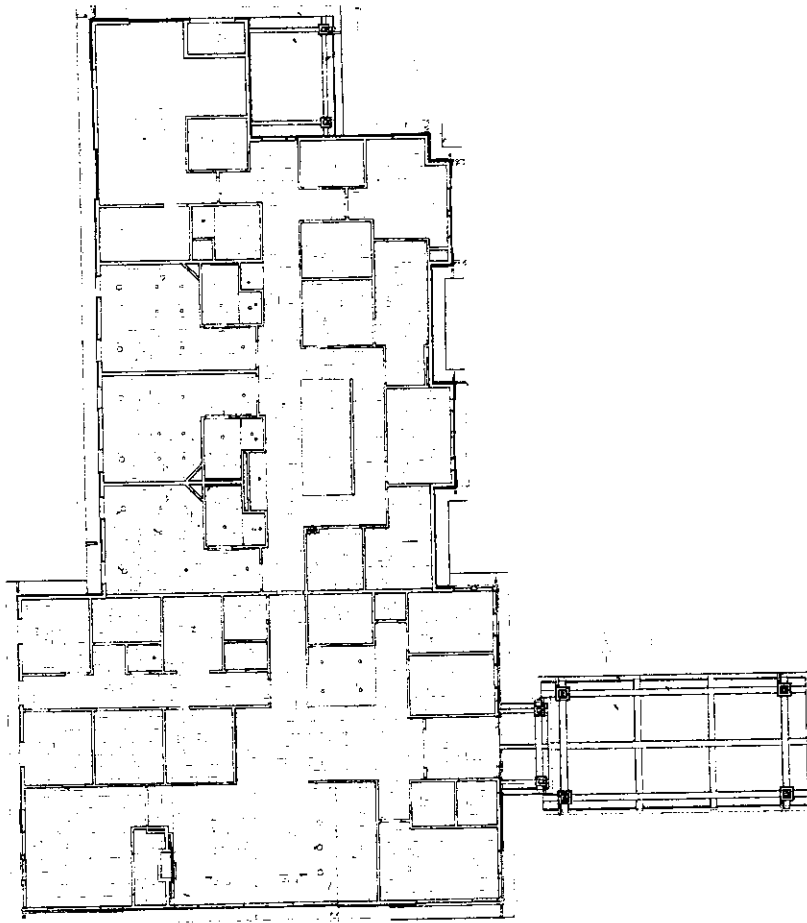
DESIGNED BY

#21-021

PROJECT NUMBER  
DATE

1ST FLOOR CEILING  
PLAN

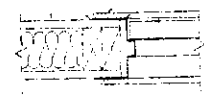
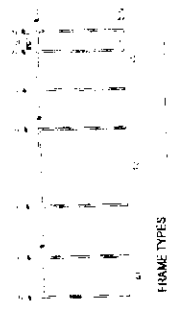
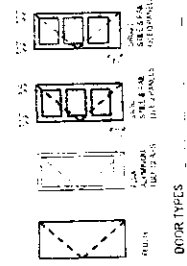
A111



(B1) 1ST FLOOR CEILING PLAN

DOOR AND FRAME SCHEDULE

| QTY | NO. | DESCRIPTION | UNIT | QTY | NO. | DESCRIPTION | UNIT | QTY | NO. | DESCRIPTION | UNIT |
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CASED HM DOOR HEAD-GYPED

**KEYNOTES PER SHEET**

| KEYNOTE | DESCRIPTION                   |
|---------|-------------------------------|
| 1       | SEE KEYNOTE 1 ON SHEET A310   |
| 2       | SEE KEYNOTE 2 ON SHEET A310   |
| 3       | SEE KEYNOTE 3 ON SHEET A310   |
| 4       | SEE KEYNOTE 4 ON SHEET A310   |
| 5       | SEE KEYNOTE 5 ON SHEET A310   |
| 6       | SEE KEYNOTE 6 ON SHEET A310   |
| 7       | SEE KEYNOTE 7 ON SHEET A310   |
| 8       | SEE KEYNOTE 8 ON SHEET A310   |
| 9       | SEE KEYNOTE 9 ON SHEET A310   |
| 10      | SEE KEYNOTE 10 ON SHEET A310  |
| 11      | SEE KEYNOTE 11 ON SHEET A310  |
| 12      | SEE KEYNOTE 12 ON SHEET A310  |
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| 14      | SEE KEYNOTE 14 ON SHEET A310  |
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 Detail Health System -  
 NorthPointe Birth  
 Center

5605 E Rockton Rd.  
 Roscoe, IL 61073

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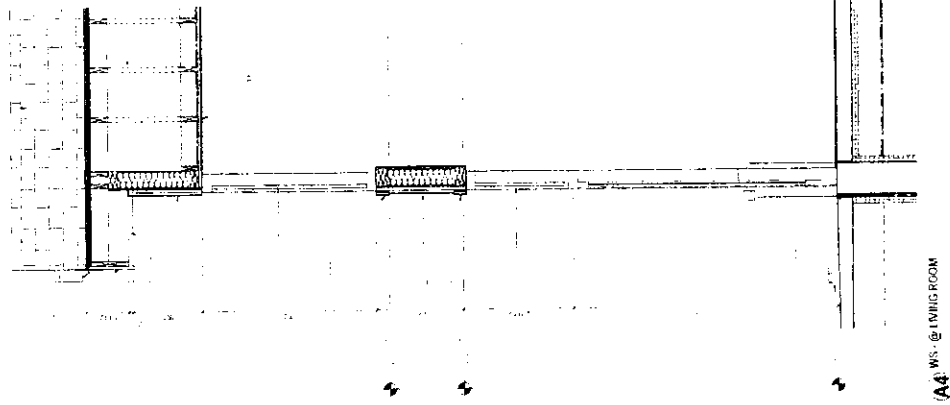
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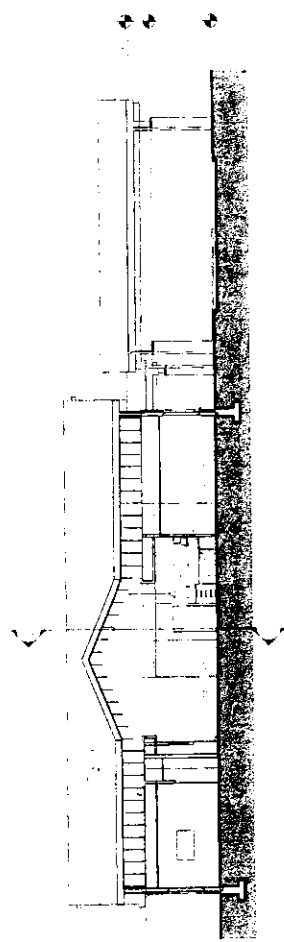
WALL SECTIONS  
 A310

#21-021

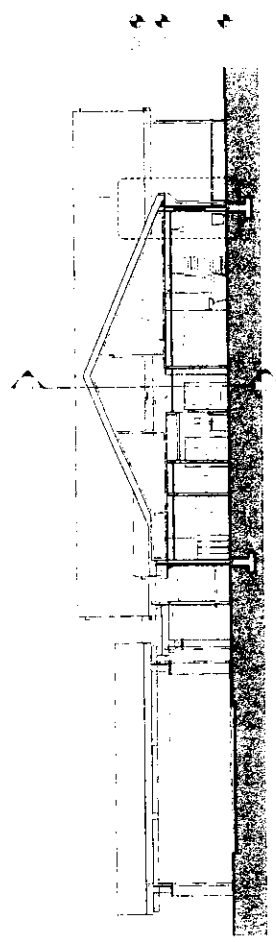


Belton Health System -  
North-Pointe Birth  
Center

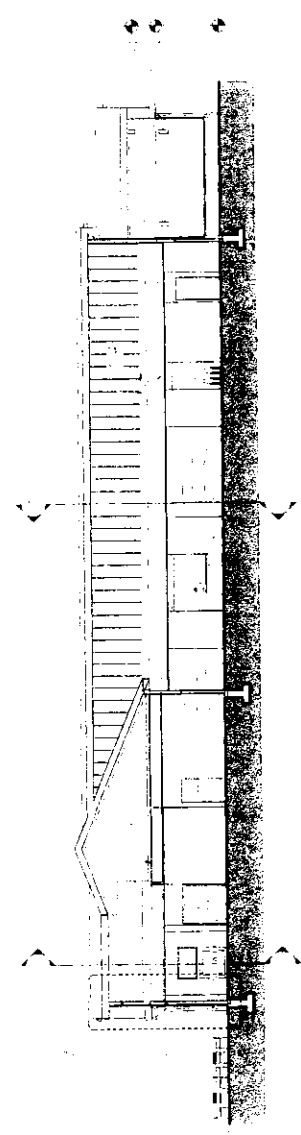
5605 E Rockton Rd.  
Roscoe, IL 61073



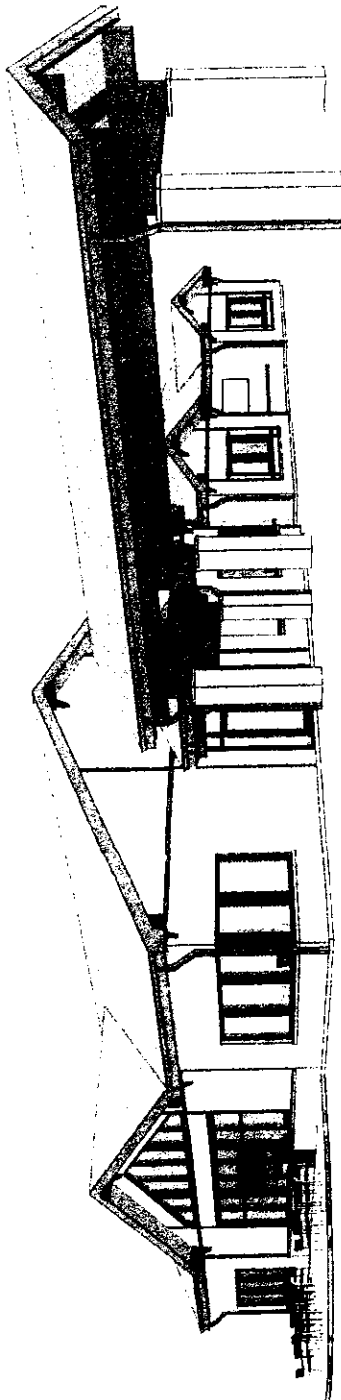
C1: BLDG S - VISITOR WAITING



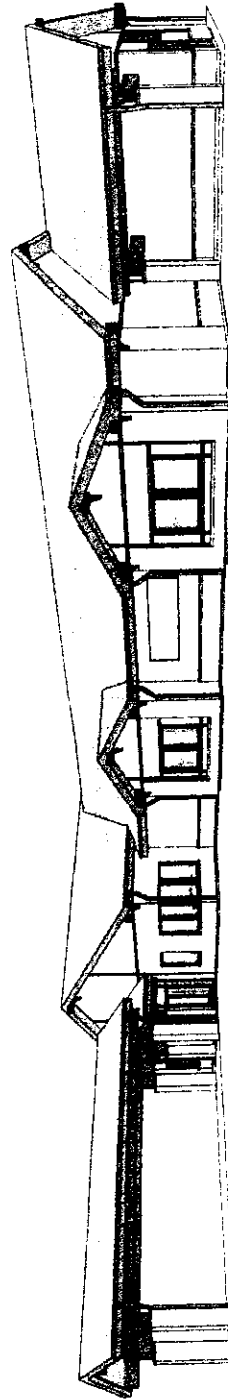
B3: BLDG S - INS @ BIRTH ROOM



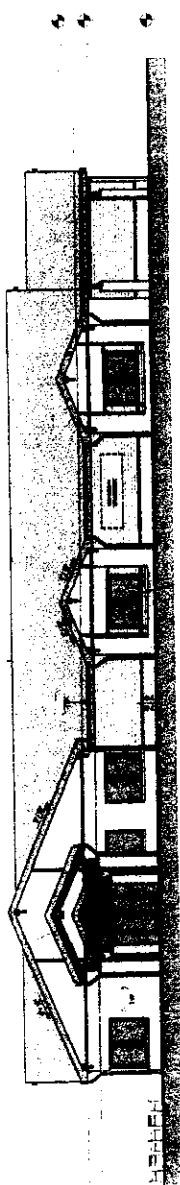
A3: BLDG S - E/W



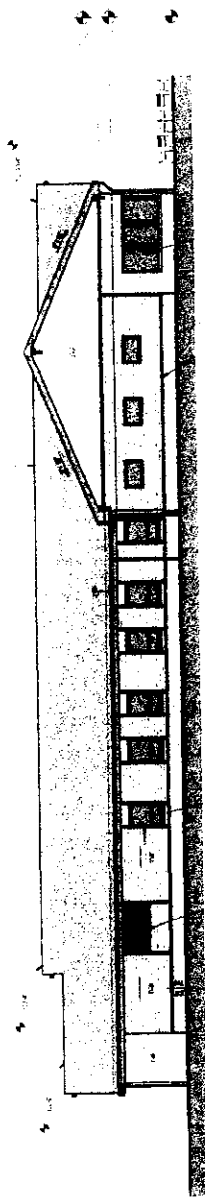
PERSPECTIVE - SW



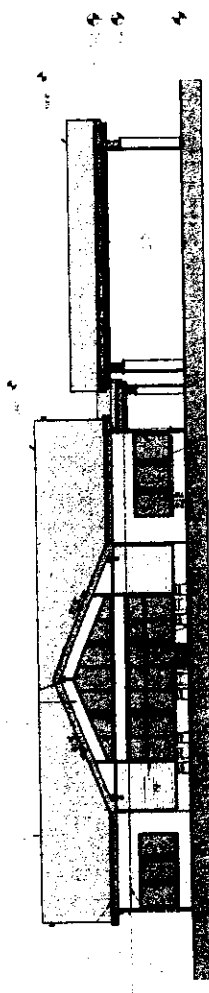
PERSPECTIVE - SE



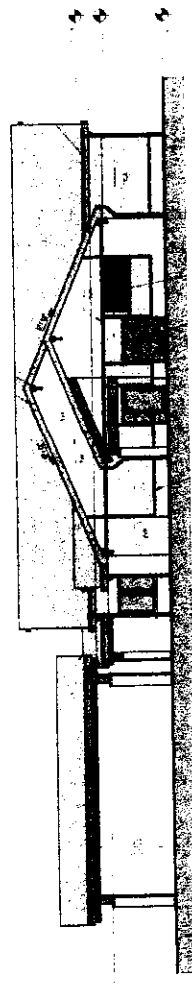
**(E1)** SOUTH



(C1) NORTH



(b)(1) WEST



(A1) EAST



THE UNIVERSITY OF ALABAMA  
Belmont Health System -  
NorthPointe Bldg  
Center

D 5805 E Rockton Rd,  
Roscoe, IL 61073

Architect: [illegible]  
[illegible]  
[illegible]

DATE: [illegible]

#21-021

PROJECT: [illegible]  
DATE: [illegible]

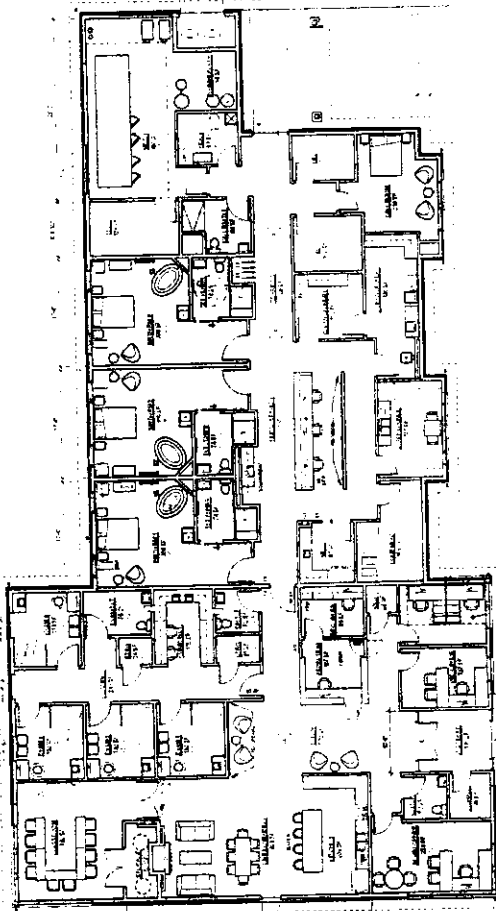
1ST FLR FURNITURE  
& EQUIPMENT

A131

SHEET NOTES - EQUIPMENT

FURNITURE GENERAL NOTES  
AND REMARKS

KEYNOTES PER SHEET



(B1) 1ST FLR PLAN - PRESENTATION

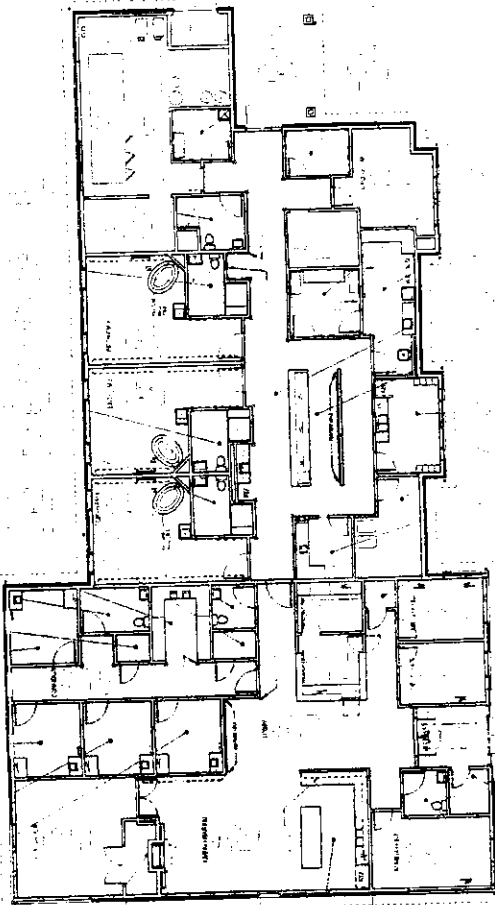


SHEET NOTES - FINISHES

ROOM GENERAL NOTES  
AND REMARKS

FINISH PLAN SYMBOLS

KEYNOTES PER SHEET



(B1) 1ST FLOOR FINISH PLAN

Beloit Health System -  
NorthPointe Birth  
Center

5605 E Rockton Rd,  
Rockton, IL 61073

5605 E Rockton Rd,  
Rockton, IL 61073

#21021

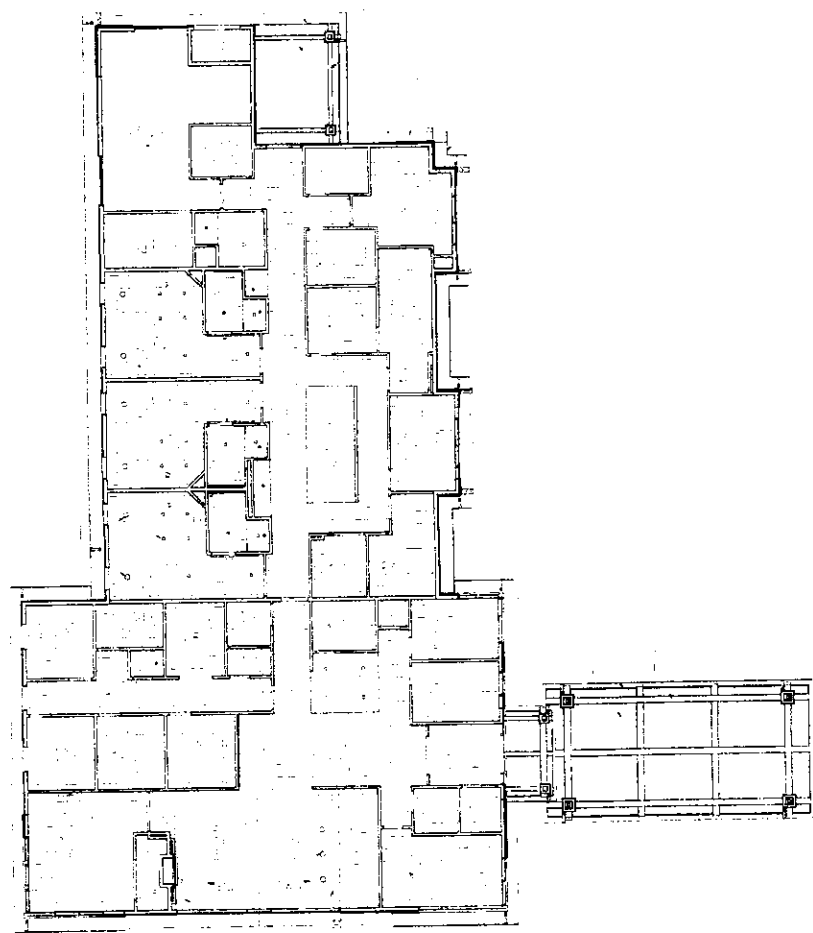
1ST FLOOR FINISH  
PLAN

A121





SHEET NOTES - CEILING PLAN



KEYNOTES PER SHEET  
1. ALL ROOMS SHALL BE FINISHED TO MATCH THE ADJACENT ROOMS.  
2. ALL ROOMS SHALL BE FINISHED TO MATCH THE ADJACENT ROOMS.  
3. ALL ROOMS SHALL BE FINISHED TO MATCH THE ADJACENT ROOMS.  
4. ALL ROOMS SHALL BE FINISHED TO MATCH THE ADJACENT ROOMS.  
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6. ALL ROOMS SHALL BE FINISHED TO MATCH THE ADJACENT ROOMS.  
7. ALL ROOMS SHALL BE FINISHED TO MATCH THE ADJACENT ROOMS.  
8. ALL ROOMS SHALL BE FINISHED TO MATCH THE ADJACENT ROOMS.  
9. ALL ROOMS SHALL BE FINISHED TO MATCH THE ADJACENT ROOMS.  
10. ALL ROOMS SHALL BE FINISHED TO MATCH THE ADJACENT ROOMS.

PAUL J. JORDAN  
Beloit Health System -  
NorthPointe Birth  
Center

D 5605 E Rockton Rd.  
Rockton, IL 61073

PAUL J. JORDAN  
2011 11 15 11:11 AM  
11/15/2011 11:11 AM

11/15/2011 11:11 AM

11/15/2011 11:11 AM

#21-021

11/15/2011 11:11 AM

1ST FLOOR CEILING  
PLAN

A111



SHEET NOTES - ROOF PLAN

ROOF PLAN LEGEND

KEYNOTES PER SHEET

Beloit Health System -  
NorthPointe Birth  
Center

5605 E Reckton Rd,  
Roscoe, IL 61073

DATE: 01/11/2021

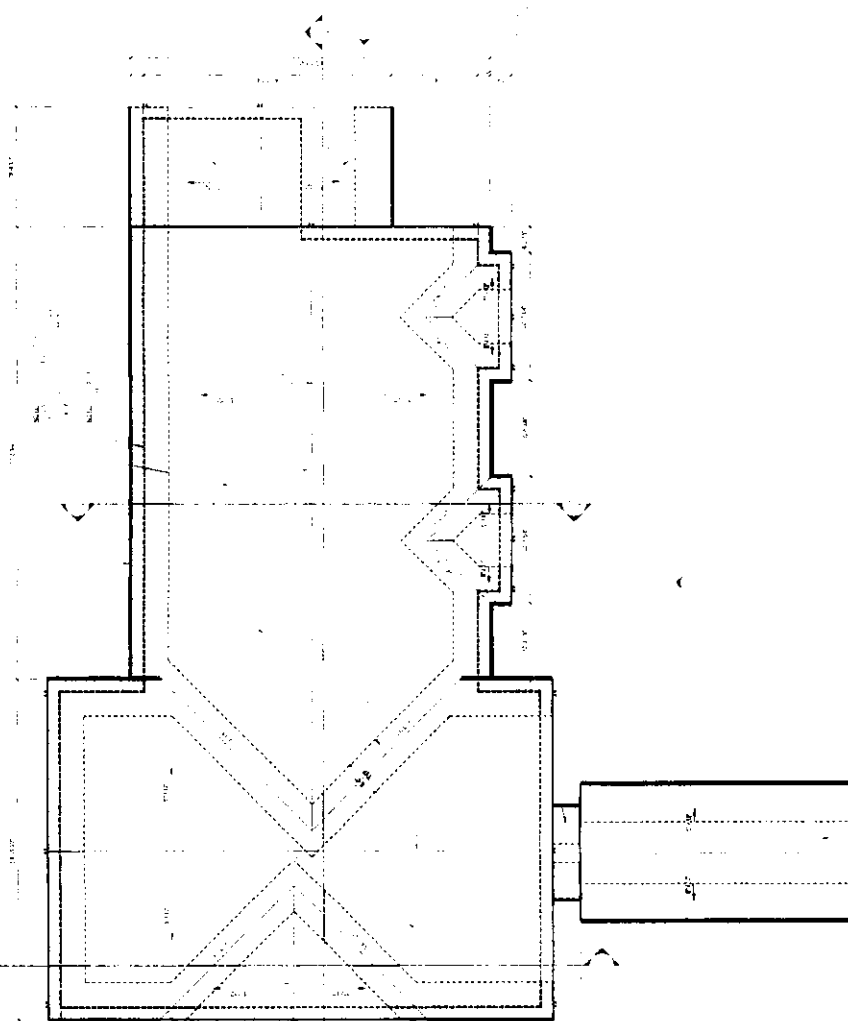
PROJECT

PROJECT NUMBER

PROJECT NAME

PROJECT LOCATION

ROOF PLAN  
A102

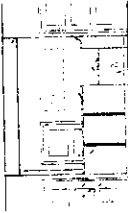


B1 ROOF PLAN

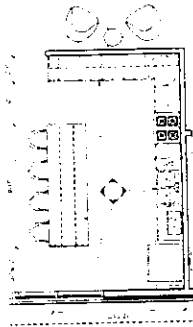
E



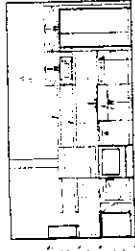
(E5) FIREPLACE ELEVATION



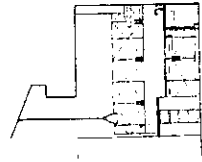
(E4) RECEPTION DESK



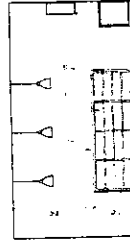
(D4) ENLARGED PLAN - KITCHEN



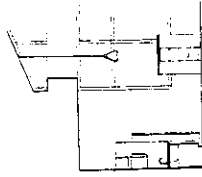
(D5) KITCHEN - SOUTH



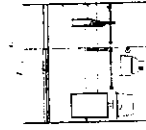
(C5) KITCHEN - EAST



(C4) KITCHEN - NORTH



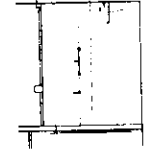
(C7) KITCHEN - WEST



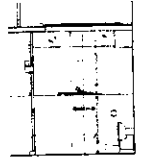
(B5) BATHROOM - EAST



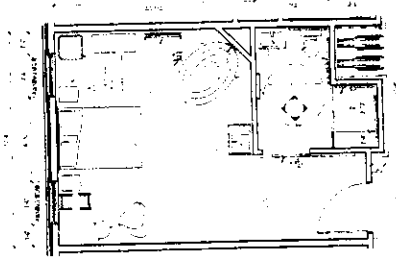
(A5) BATHROOM - WEST



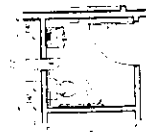
(B7) BATHROOM - NORTH



(A7) BATHROOM - SOUTH



(A4) ENLARGED PLAN - TYP. BATHROOM



(A3) ENLARGED PLAN - TYP. BATHROOM

**KEYNOTES PER SHEET**

| NO. | DESCRIPTION   |
|-----|---|
| 1   | ALL MATERIALS AND FINISHES TO BE AS SHOWN ON THE DRAWINGS.  |
| 2   | ALL WORKMANSHIP TO BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE BUILDING CODES AND STANDARDS. |
| 3   | ALL DIMENSIONS TO BE AS SHOWN ON THE DRAWINGS.  |
| 4   | ALL WORK TO BE COMPLETED WITHIN THE SPECIFIED TIME FRAME.   |
| 5   | ALL MATERIALS TO BE SUBMITTED FOR APPROVAL PRIOR TO INSTALLATION.                                 |
| 6   | ALL WORK TO BE DONE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE BUILDING CODES AND STANDARDS.   |
| 7   | ALL DIMENSIONS TO BE AS SHOWN ON THE DRAWINGS.  |
| 8   | ALL WORK TO BE COMPLETED WITHIN THE SPECIFIED TIME FRAME.   |
| 9   | ALL MATERIALS TO BE SUBMITTED FOR APPROVAL PRIOR TO INSTALLATION.                                 |
| 10  | ALL WORK TO BE DONE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE BUILDING CODES AND STANDARDS.   |

DATE: 10/10/2019

Beloit Health System -  
NorthPaine Bldg  
Center

5605 E Rockton Rd,  
Roscoe, IL 61073

1. 10/10/2019, 10/10/2019, 10/10/2019

1. 10/10/2019, 10/10/2019, 10/10/2019

10/10/2019

10/10/2019

10/10/2019

10/10/2019

ENLARGED PLANS -  
INT ELEVATIONS

A101.1

#21-021



SHEET NOTES - FLOOR PLAN

KEYNOTES PER SHEET

1. ALL DIMENSIONS ARE IN FEET AND INCHES.  
2. ALL DIMENSIONS ARE TO FACE UNLESS NOTED OTHERWISE.  
3. ALL DIMENSIONS ARE TO CENTERLINE UNLESS NOTED OTHERWISE.

FOR ALL INFORMATION  
Belmont Health System -  
NorthPointe Birth  
Center

D 5605 E Rockton Rd.  
Roscoe, IL 61073

FOR ALL INFORMATION  
Belmont Health System -  
NorthPointe Birth  
Center

FOR ALL INFORMATION  
Belmont Health System -  
NorthPointe Birth  
Center

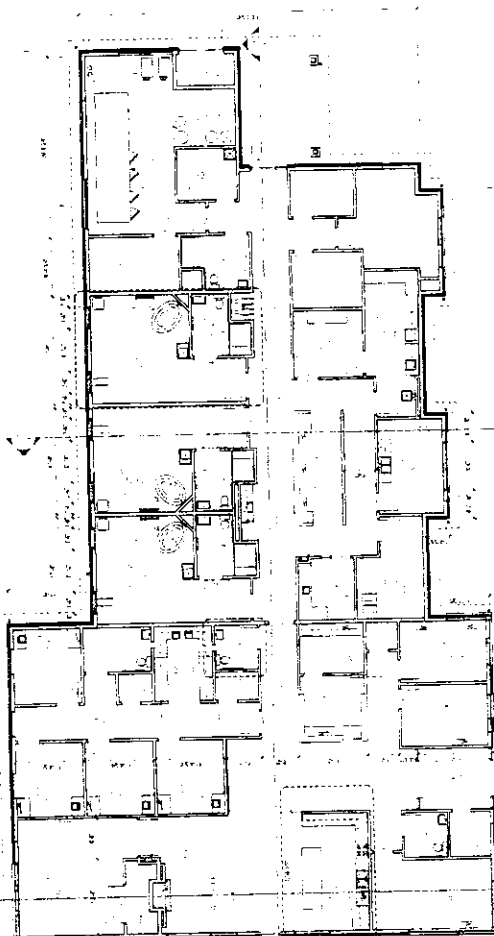
FOR ALL INFORMATION  
Belmont Health System -  
NorthPointe Birth  
Center

#21-021

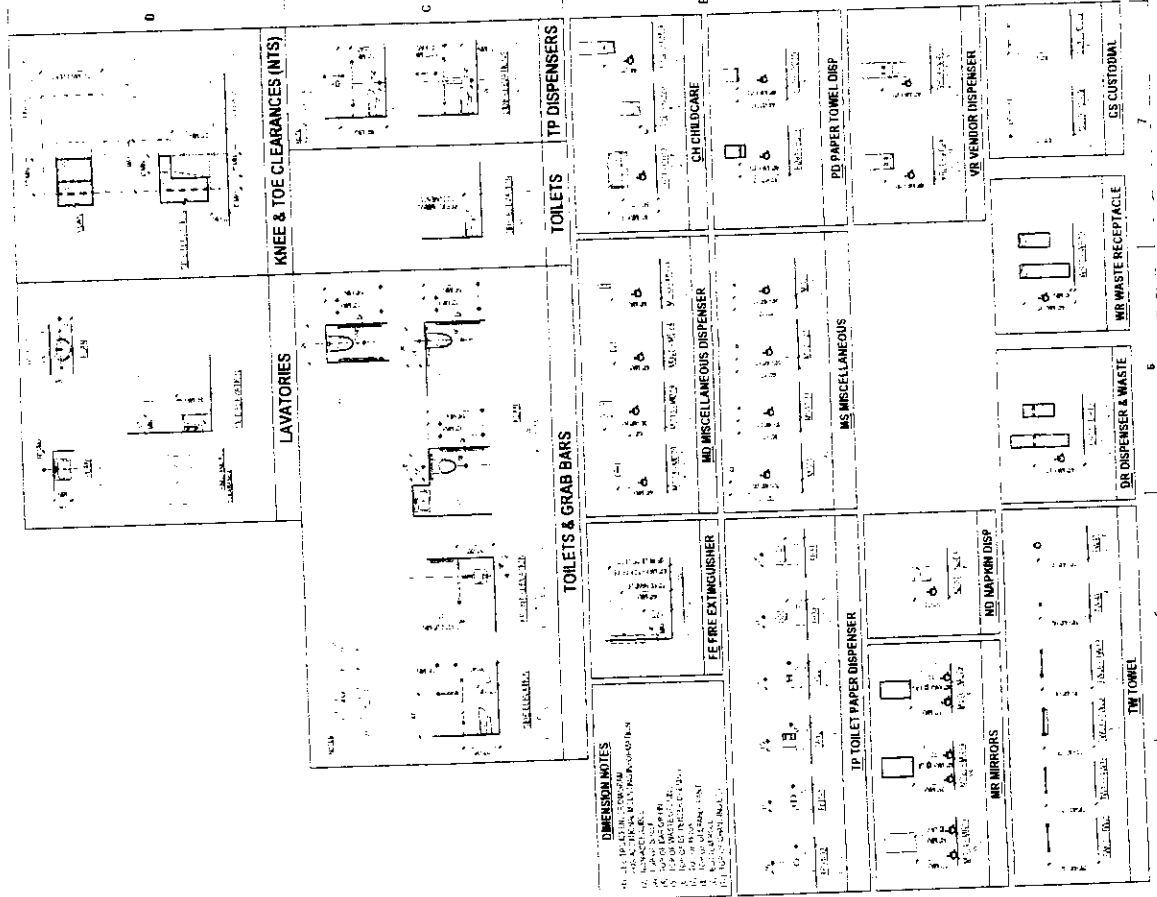
FOR ALL INFORMATION  
Belmont Health System -  
NorthPointe Birth  
Center

1ST FLOOR PLAN

A101



B1 1ST FLOOR PLAN - SD







PROJECT INFORMATION  
Beloit Health System -  
NorthPointe Birth  
Center

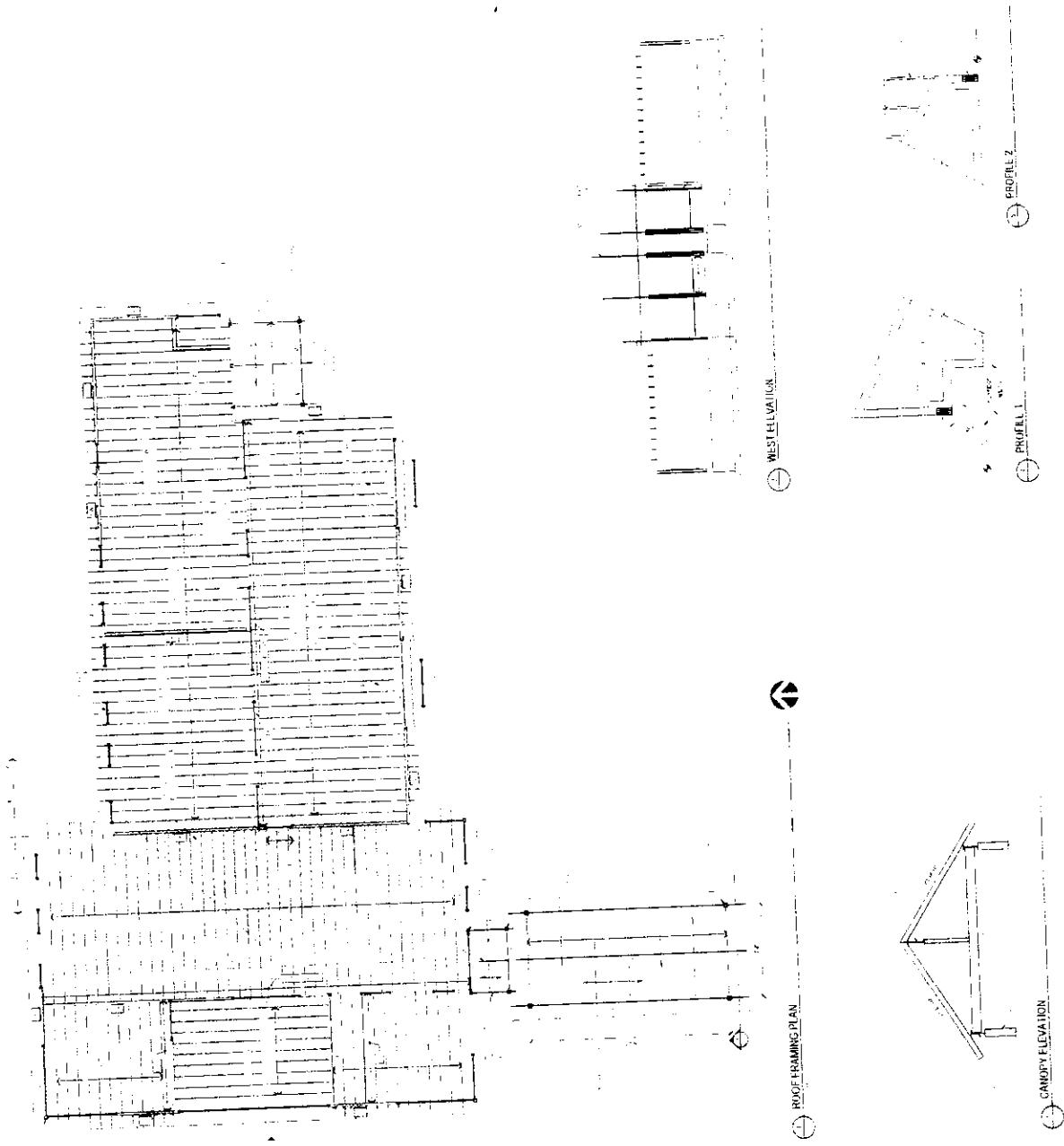
D 5805 E Rockton Rd,  
Roscoe, IL 61073

1-2020-2021-2022  
DATE: 12/18/2021  
BY: J. J. J. J.

VERSION:  
roSmith

1-2020-2021-2022

#2102  
ROOF FRAMING  
PLAN  
S200





PROJECT: Bldg. 11  
Beloit Health System -  
NorthPointe Birth  
Center

D 5505 E Rockton Rd.  
Roscoe, IL 61073

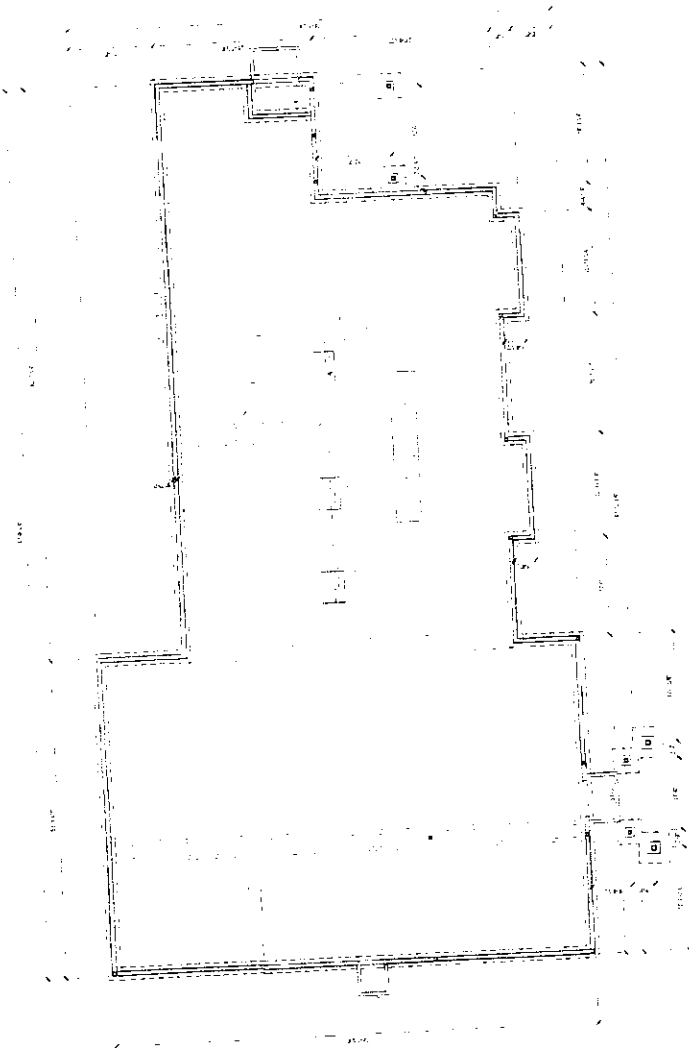
PROJECT: Bldg. 11  
Beloit Health System -  
NorthPointe Birth  
Center

1/11/11

roSmith

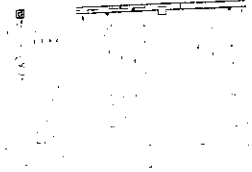
#21-021

FOUNDATION PLAN  
S100



FOUNDATION PLAN

FOUNDATION LEGEND







#21-021

PROGRESS DOCUMENTS  
NOT FOR CONSTRUCTION

OVERALL  
LANDSCAPE PLAN

L100

LEGEND

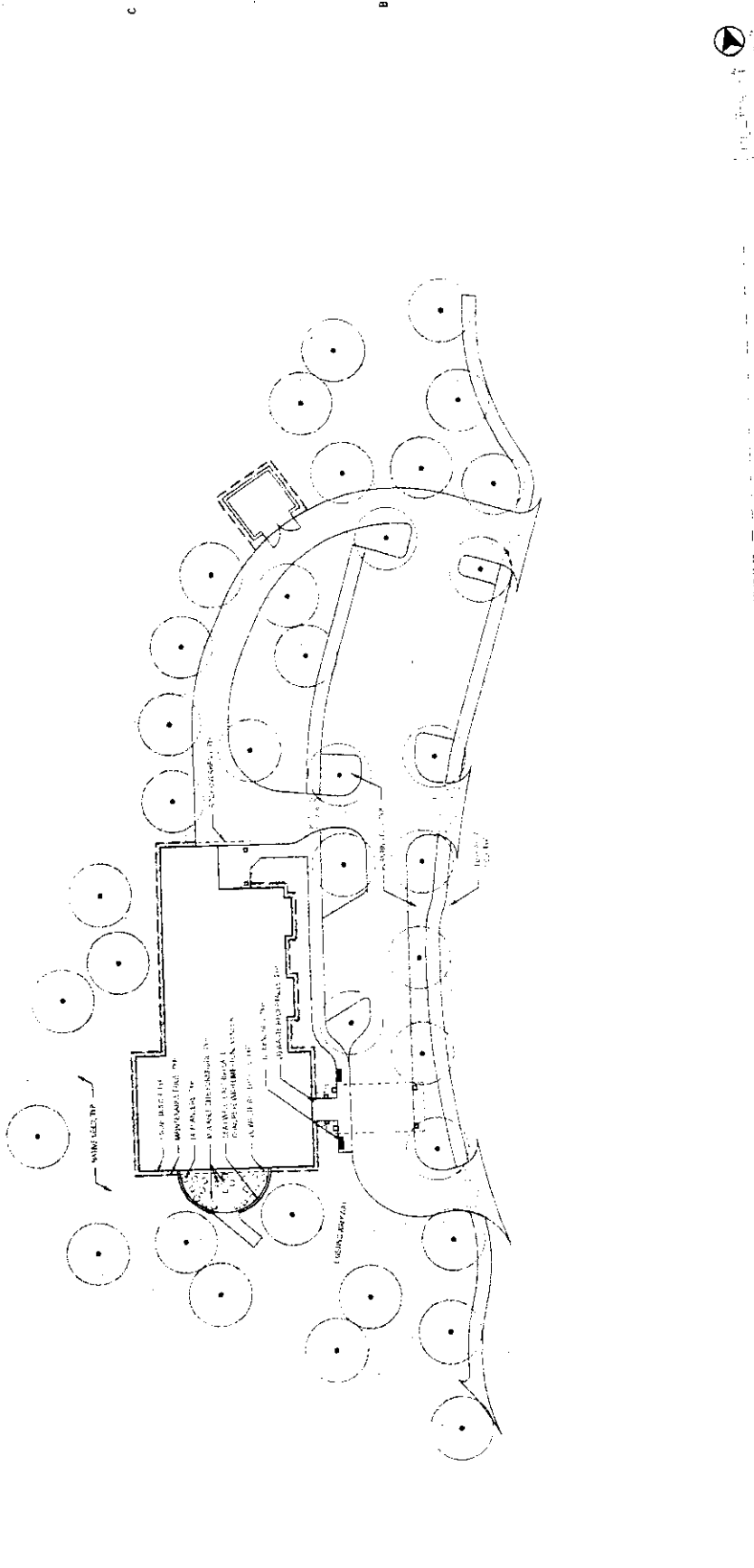
- EXISTING PLANT
- NEW PLANT
- WATER FEATURE
- WALKWAY
- BIKEWAY

NOTES

- 1. ALL PLANTING SHALL BE DONE IN ACCORDANCE WITH THE ILLINOIS PLANTING STANDARDS.
- 2. ALL PLANTING SHALL BE DONE IN ACCORDANCE WITH THE ILLINOIS PLANTING STANDARDS.
- 3. ALL PLANTING SHALL BE DONE IN ACCORDANCE WITH THE ILLINOIS PLANTING STANDARDS.
- 4. ALL PLANTING SHALL BE DONE IN ACCORDANCE WITH THE ILLINOIS PLANTING STANDARDS.
- 5. ALL PLANTING SHALL BE DONE IN ACCORDANCE WITH THE ILLINOIS PLANTING STANDARDS.
- 6. ALL PLANTING SHALL BE DONE IN ACCORDANCE WITH THE ILLINOIS PLANTING STANDARDS.
- 7. ALL PLANTING SHALL BE DONE IN ACCORDANCE WITH THE ILLINOIS PLANTING STANDARDS.
- 8. ALL PLANTING SHALL BE DONE IN ACCORDANCE WITH THE ILLINOIS PLANTING STANDARDS.
- 9. ALL PLANTING SHALL BE DONE IN ACCORDANCE WITH THE ILLINOIS PLANTING STANDARDS.
- 10. ALL PLANTING SHALL BE DONE IN ACCORDANCE WITH THE ILLINOIS PLANTING STANDARDS.

Bekit Health System -  
NorthPointe Birth  
Center  
5805 E Rockton Rd,  
Roscoe, IL 61073

DESIGNED BY: [Firm Name]



OVERALL LANDSCAPE PLAN

DATE: 10/1/2021



ASST. ENGINEER  
Babot Health System -  
NorthPointe Birth  
Center

5605 E Rockton Rd.  
Roscoe, IL 61073

1" = 10' 0"

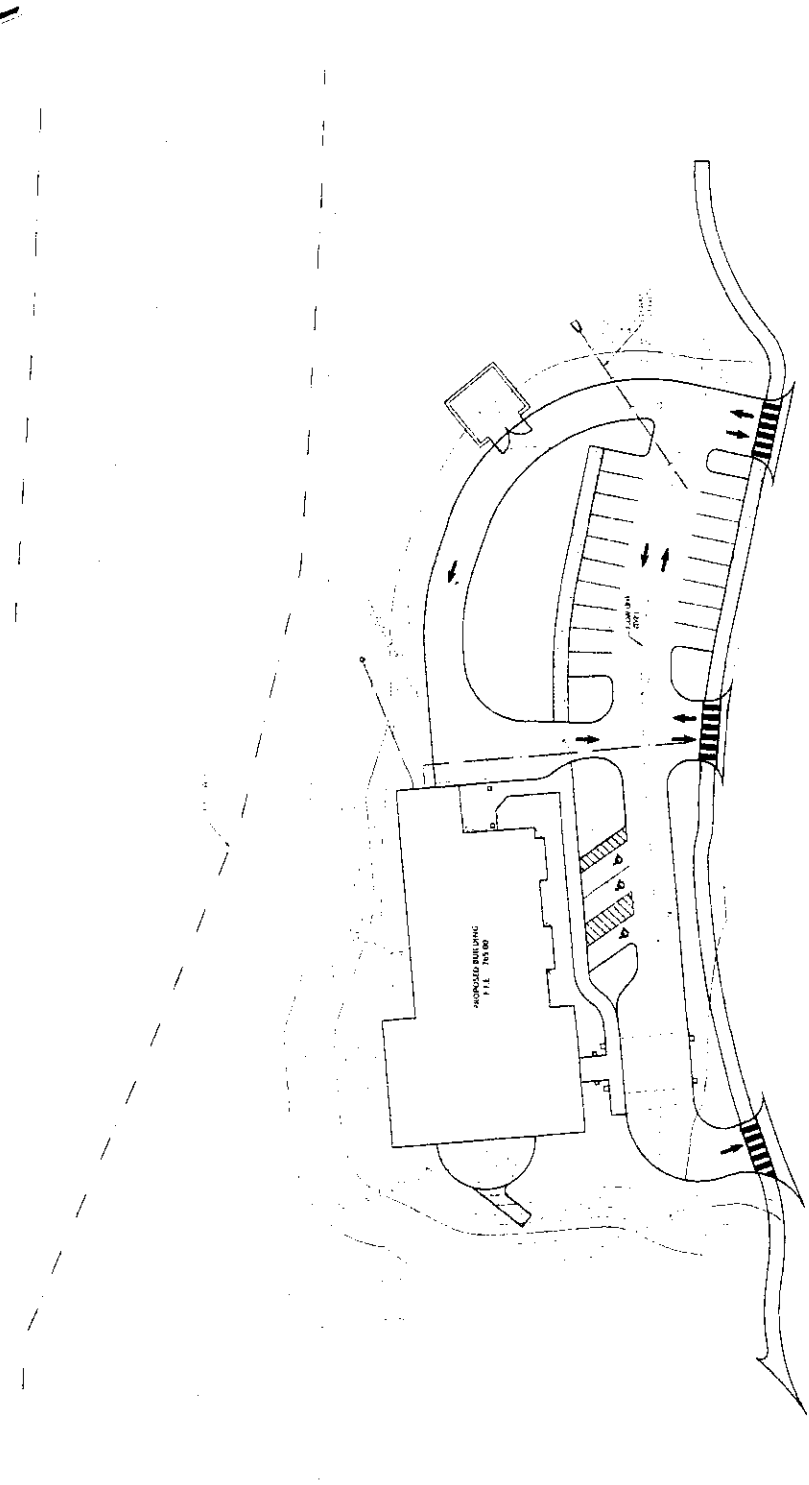
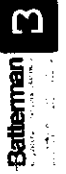
1" = 10' 0"

#21-021

PROGRESS DOCUMENT  
NOT FOR CONSTRUCTION

Overall Grading Plan

C103



June 23, 2021

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

Re: Support for NorthPointe Birth Center

To Whom It May Concern:

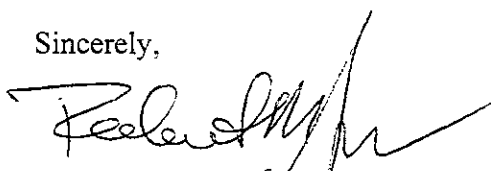
I am writing in support of the application from NorthPointe Birth Center to bring a birth center to Rockton, Illinois. This center will offer a new service not otherwise offered in the Stateline community.

The birth center is an asset to our community and benefits many women and families. It is a great alternative for women wanting a natural birth in a safe and controlled environment. The statistics for birthing centers nation-wide show lower rates of inductions, pre-term deliveries, C-sections and readmissions. The birth center will be licensed by the state and accredited by the Commission for the Accreditation of Birth Centers (CABC).

NorthPointe Birth Center will be a key community partner in providing quality health care services to our community, and it will add a much-needed alternative for low risk maternity care in the Stateline region.

Thank you for taking the time to read my letter of support. I urge the Illinois Health Facilities and Services Review Board to approve the application for NorthPointe Birth Center.

Sincerely,



Robert M. Sage, F.A.S.P.S., F.A.C.F.A.S., D.P.M.  
Medical Staff President  
Beloit Health System

**At-Home Healthcare**  
1904 E. Huebbe Parkway  
Beloit, WI • (608) 363-5885

**Beloit Clinic**  
1905 E. Huebbe Parkway  
Beloit, WI • (608) 364-2200

**Clinton Clinic**  
307 Ogden Avenue  
Clinton, WI • (608) 676-2206

**Darien Clinic**  
300 N. Walworth Street  
Darien, WI • (262) 882-1151

**Janesville Clinic**  
1321 Creston Park  
Janesville, WI • (608) 757-1217

**NorthPointe Health & Wellness Campus**  
5605 E. Rockton Road  
Roscoe, IL • (815) 525-4000

**NorthPointe Terrace**  
5601 E. Rockton Road  
Roscoe, IL • (815) 525-4800

**Occupational Health Sports & Family Medicine Center**

**Riverside Terrace**  
3055 S. Riverside Dr.  
Beloit, WI • (608) 365-7222

**West Side Clinic**  
1735 Madison Road

June 23, 2021

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

Re: Support for NorthPointe Birth Center

To Whom It May Concern:

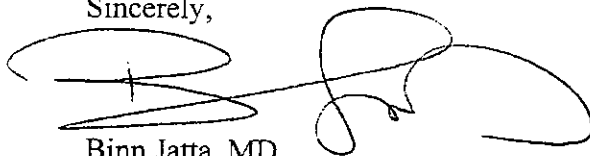
I am writing in support of the application from Beloit Health System and NorthPointe Birth Center to bring a birth center to Rockton, Illinois.

As an obstetrician, I believe the introduction of a birthing center option for low-risk maternity patients will benefit this community. The National Birth Center Study II shows that less than 1 in 16 birth center patients required a Cesarean birth (a 6% c-section rate) compared to the nearly 29% of births locally who have a c-section. As a result, the NorthPointe Birth Center will help reduce the healthcare costs associated with giving birth, as well as improve the chances for a mother to deliver her baby in a safe way that balances both physiology with appropriate medical intervention.

The birth center model allows for appropriate screening, excellent labor support, and close postpartum follow up for patients. These factors keep patient satisfaction high while maintaining a low Cesarean section rate and a high breastfeeding rate.

Thank you for taking the time to read my letter of support. I urge the Illinois Health Facilities and Services Review Board to approve the application for NorthPointe Birth Center.

Sincerely,



Binn Jatta, MD  
Medical Director  
NorthPointe Birth Center

**At-Home Healthcare**  
1904 E. Huebbe Parkway  
Beloit, WI • (608) 363-5885

**Beloit Clinic**  
1905 E. Huebbe Parkway  
Beloit, WI • (608) 364-2200

**Clinton Clinic**  
307 Ogden Avenue  
Clinton, WI • (608) 676-2206

**Darien Clinic**  
300 N. Walworth Street  
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**Janesville Clinic**  
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Janesville, WI • (608) 757-1217

**NorthPointe Health & Wellness Campus**  
5605 E. Rockton Road  
Roscoe, IL • (815) 525-4000

**NorthPointe Terrace**  
5601 E. Rockton Road  
Roscoe, IL • (815) 525-4800

**Occupational Health Sports & Family Medicine Center**

**Riverside Terrace**  
3055 S. Riverside Dr.  
Beloit, WI • (608) 365-7222

**West Side Clinic**  
1735 Madison Road



# HARLEM-ROSCOE FIRE PROTECTION DISTRICT

P.O. BOX 450 \* ROSCOE, ILLINOIS 61073-0450  
Administration # (312) 623-786 Fax # (312) 623-8931

Donald Shoeylin  
Fire Chief

June 10, 2021

Dr. Binn Jatta  
NorthPointe  
5605 E. Rockton Road  
Roscoe, Illinois 61073

Dear Dr. Jatta:

I am submitting this letter to inform you that The Harlem-Roscoe Fire Protection District is a full-service fire department which includes emergency transportation services for residential, business, and medical facilities within our district boundaries. The Harlem-Roscoe Fire Protection District operates in the Swedish American EMS system. We are a state recognized Advanced Life Support (ALS) ambulance services with four (4) licensed ALS ambulances.

If an event should occur, any response to your facility at 5605 E. Rockton Road, Roscoe, Illinois must be initiated via the 911 system. Harlem-Roscoe Fire Protection District would assure a response from an ALS ambulance that is staffed with a minimum of one (1) paramedic and one (1) EMT. In the event Harlem-Roscoe does not have an ambulance available due to multiple calls, a mutual aid ALS ambulance is dispatched to assist a Harlem-Roscoe non-transport vehicle.

Harlem-Roscoe Fire Protection District utilizes AMR for all medical billing. To that extent we only bill nonresidents of our fire district. Your facility will not be responsible for payment unless specified by your staff or required by law.

We will transport to the patient choice of hospital unless it is determined by the paramedic or professional medical personnel that transport to the closest facility is in the best interest of the patient. The hospitals we transport to are Beloit Memorial, Swedish American, OSF Saint Anthony, and Mercy Javon Beau.

Please do not hesitate to contact me if you have any questions or concerns.

Respectfully,

Donald Shoeylin

*"A Progressive Fire Department providing a Professional Level of service"*



## Transfer Routes nearest Fire Department

Harlem Roscoe Fire Department  
Station 3  
Roscoe, IL

2 minutes / 1.2 miles  
with NO lights & NO sirens

Harlem Roscoe Fire  
Department Station 3

2 min

NorthPointe Wellness

3 min



Operated by Beloit Memorial Hospital

1969 West Hart Road • Beloit, Wisconsin 53511-2230 • (608) 364-5011  
[www.BeloitHealthSystem.org](http://www.BeloitHealthSystem.org)

Re: NorthPointe Birth Center  
 Medicare/Medicaid Certification

To Whom It May Concern:

With our signatures below, this confirms that Beloit Health System NorthPointe Birth Center intends to seek certification of the birth center, and any and all practitioners of the Birth Center, for participation in the Medicare and Medicaid programs under titles XVII and XIX, respectively, of the federal Social Security Act (42 USC 1395 and 1396).

Binn Jatta, MD  
 Medical Director  
 NorthPointe Birth Center

Mindy Brancamp, MSN  
 Nursing Director  
 Northpointe Birth Center

**At-Home Healthcare**  
 1904 E. Huebbe Parkway  
 Beloit, WI • (608) 363-5885

**Beloit Clinic**  
 1905 E. Huebbe Parkway  
 Beloit, WI • (608) 364-2200

**Clinton Clinic**  
 307 Ogden Avenue  
 Clinton, WI • (608) 676-2206

**Darien Clinic**  
 300 N. Walworth Street  
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**Janesville Clinic**  
 1321 Creston Park  
 Janesville, WI • (608) 757-1217

**NorthPointe Health & Wellness Campus**  
 5605 E. Rockton Road  
 Roscoe, IL • (815) 525-4000

**NorthPointe Terrace**  
 5601 E. Rockton Road  
 Roscoe, IL • (815) 525-4800

**Occupational Health Sports & Family Medicine Center**  
 1650 Lee Lane  
 Beloit, WI • (608) 362-0211

**Riverside Terrace**  
 3055 S. Riverside Dr.  
 Beloit, WI • (608) 365-7222

**West Side Clinic**  
 1735 Madison Road  
 Beloit, WI • (608) 363-7510

Current Status: *Active*

PolicyStat ID: 4876115



|                |                      |
|----------------|----------------------|
| Origination:   | 05/2018              |
| Effective:     | 05/2018              |
| Last Approved: | 05/2018              |
| Last Revised:  | 05/2018              |
| Next Review:   | 04/2021              |
| Policy Area:   | System Wide          |
| References:    |                      |
| Applicability: | Beloit Health System |

## Financial Assistance Policy

### Purpose:

The mission of Beloit Health System is to be the leader in regional health and wellness services that delivers high quality value and satisfaction to our patients and the communities we serve. Beloit Health System is committed to providing services to those who qualify but are unable to pay for health care and those whose limited means make it extremely difficult to meet the expenses incurred in receiving healthcare. Financial Assistance will be granted to all eligible persons regardless of age, race, color, religion, sex, sexual orientation, or national origin.

### Policy Availability and Publication:

Beloit Health System is required to provide notice of its Financial Assistance Policy and will make a good faith effort to provide every patient with information regarding its availability. This Policy, Application and Plain Language Summary are available online at our website, at [www.beloithealthsystem.org/financial-assistance-policy](http://www.beloithealthsystem.org/financial-assistance-policy). Information is also posted in the registration and admitting areas and in the emergency department. Financial assistance information is also printed on monthly billing statements and in other communications to ensure information is widely publicized in the community.

If you need assistance with the application process, please call (608)363-7356 or (608)364-1606, or for long distance: 1-800-846-1150, and ask for assistance from a Patient Financial Counselor or Patient Customer Service. Copies of this Policy, Plain Language Summary and Application are all available free without charge.

### Emergency Medical Services:

Beloit Health System will not engage in any actions that discourage any individual from seeking emergency medical care, such as by demanding that emergency room patients pay before receiving treatment or by permitting debt collection activities in the emergency department or other areas where such activities could interfere with the provision of emergency care on a non-discriminatory basis.

### Definitions:

#### Amounts Generally Billed (AGB):

AGB means the amounts generally billed by the hospital for emergency or other medically necessary care to preserve life or limb to individuals who have insurance covering such care. All patients who are eligible for financial assistance at Beloit Health System will not be charged more than the amounts that are generally



billed to insured patients for emergency or other medically necessary care to preserve life or limb.

Currently, Beloit Health System determines AGB using the Look-Back Method. AGB is based on amounts allowed for Medicare fee-for-service and all private health insurers paying claims to Beloit Health System, over a 12-month period, divided by the gross charges for those claims. Beloit Health System calculates the AGB at least annually. The updated AGB will be applied by the 120th day after the end of the 12-month measurement period. Patients may obtain the current AGB percentage and accompanying description of the calculation in writing and free of charge by calling (608)363-7356 or (608)364-1606, or for long distance, 1-800-846-1150.

### **Emergency Medical Condition:**

A medical condition manifesting to itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in: (i) placing the health of the individual in serious jeopardy, (ii) serious impairment to bodily functions, or (iii) serious dysfunction of any bodily organ or part.

### **Extraordinary Collection Action:**

Actions taken against an individual to obtain payment of a bill for care that requires judicial or legal process, involves selling an individual's debt to another party, or involves reporting adverse information about an individual to a consumer credit reporting agency or credit bureau.

### **Family:**

Using the U.S. Census Bureau definition, a group of two or more people who reside together and who are related by birth, marriage or adoption. According to Internal Revenue Service rules, if the patient claims someone as a dependent on his or her income tax return, that person may be considered a dependent for purposes of the provision of financial assistance. If IRS tax documentation is not available, family size will be determined by the number of dependents documented on the financial assistance application and verified by the hospital.

### **Family Income:**

This is determined consistent with the U.S. Census Bureau definition, which uses the following information when computing the federal poverty guidelines:

- Income includes earnings, unemployment compensation, worker's compensation, social security, supplemental security income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources, on a before-tax basis;
- Income excludes noncash benefits (such as food stamps and housing subsidies)
- Income excludes capital gains or losses; and
- Income includes the income of all family members if the person lives with a family, but excludes non-relatives, such as housemates.

### **Federal Poverty Guidelines (FPG):**

The guidelines updated annually in the Federal Register by the United States Department of Health and Human Services under authority of subsection (2) of Section 9902 of Title 42 of the United States Code. The current guidelines can be found at <https://aspe.hhs.gov/poverty-guidelines>.

**Financial Assistance:**

The assistance provided to patients for whom it would be a financial hardship to fully pay for expected out-of-pocket expenses for emergency or other medically necessary care to preserve life or limb that is provided at the hospital and who meet the eligibility criteria for such assistance.

**Medically Necessary Care:**

A medical service that is:

1. Required to prevent, identify or treat life or limb threatening conditions; and
2. Meets the following standards:
  - a. Is consistent with the recipient's symptoms or with prevention, diagnosis or treatment of the recipient's illness, injury or disability;
  - b. Is provided consistent with standards of acceptable quality of care applicable to the type of service, the type of provider and the setting in which the service is provided;
  - c. Is appropriate with regard to generally accepted standards of medical practice;
  - d. Is not medically contraindicated with regard to the recipient's diagnoses, the recipient's symptoms or other medically necessary services being provided to the recipient;
  - e. Is of proven medical value or usefulness and is not experimental in nature;
  - f. Is not duplicative with respect to other services being provided to the recipient;
  - g. Is not solely for the convenience of the recipient, the recipient's family or a provider;
  - h. Is cost-effective compared to an alternative medically necessary service which is reasonably accessible to the recipient; and
  - i. Is the most appropriate supply or level of service that can safely and effectively be provided to the recipient.

**Presumptive Financial Assistance:**

The determination of eligibility for financial assistance that may be based on information provided by a third-party and/or other publicly available information.

**Uninsured:**

An individual having no third-party coverage by a commercial third-party insurer, an ERISA plan, a Federal Health Care Program (including, without limitation, Medicare, Medicaid, SCHIP and CHAMPUS), Worker's Compensation, or other third-party assistance that provides assistance with meeting the individual's payment obligations for health care.

**Underinsured:**

An individual with private or public insurance coverage, for whom it would be a financial hardship to fully pay the expected out-of-pocket expenses for emergency or other medically necessary care to preserve life or limb under this Policy.

**Service Area Residency:**

Financial assistance is available to individuals for services required for an Emergency Medical Condition regardless of whether the patient resides within Beloit Health System's service area. For non-emergent

medically necessary services to preserve life or limb, financial assistance is based on the nature of the care required and the patient's proximity to the nearest health care provider. However, consideration will be given to patients with a long-standing relationship with a Beloit Health System physician, or the absence of providers at the nearest health care provider or those in the patient's insurance network. The patient's primary health care provider may be asked to verify the availability of health care services and financial assistance.

## **Applicant Eligibility:**

Financial assistance is generally secondary to all other financial resources available to the patient, including insurance, government programs, public assistance, litigation or third-party liability. The determination for financial assistance is based on an application, written and oral communications, and other documentation used to conduct an assessment of an individual's eligibility, based on one or more of the below criteria:

- Your family income, in relation to Federal Poverty Guidelines will be considered.
- Insurance or financial capacity to purchase insurance
- Your assets (e.g. home, bank account, stocks, etc.) must be disclosed to us.
- Third-party resources available through public or other charitable means.
- Any additional financial hardship should be disclosed to us.
- You must be receiving non-elective, medically necessary care to preserve life or limb.
- You must consult with one of Beloit Health System's Financial Counselors.
- Applications may be made in person, orally or in writing.
- Please see the "Timeline For Establishing Financial Eligibility" section regarding the 240 day application period.

## **Presumptive Eligibility:**

Beloit Health System may determine eligibility for financial assistance by using information obtained from other sources even though a financial assistance application or supporting documentation is not provided by the patient. Presumptive eligibility discounts are granted only for free care (100% discount). Presumptive eligibility may be determined on the basis of individual life circumstances that may include being a recipient of state-funded prescription programs; medically necessary services not covered or payable under a government program such as Medicaid or Medicare; homeless or one who received care from a homeless clinic; qualification and effective date for Medicaid subsequent to service dates; food stamp eligibility; subsidized school lunch program eligibility; eligibility for other state or local assistance programs; low income/subsidized housing is provided as a valid address; or patient is deceased with no known estate and no surviving spouse.

## **Covered Services:**

Services eligible for financial assistance under this Policy are emergency services to treat an Emergency Medical Condition and other Medically Necessary Services to preserve life or limb.

## **Excluded Services:**

The following are excluded from consideration for financial assistance under this Policy: Cosmetic procedures, hearing aids, podiatric products, sterilization procedures, reversals of sterilization procedures, fertility treatment, bariatric procedures, Restor, Toric, and Crystalens lens procedures, and most elective procedures. Other exclusions include services found to be unnecessary or disallowed by government or third-party payers, accounts pending settlement from a liability claim, DME, routine or non-emergent office visits, and Home Health. Some elective cases may be considered upon attestation by the procedure physician that the

condition being addressed is medical necessary care to preserve life or limb, which will be subject to review and approval through Utilization Review in consultation with the Department Chair and Vice President of Medical Affairs.

## **Beloit Health System Providers:**

Only services provided at Beloit Health System facilities by providers employed by Beloit Health System are eligible for financial assistance under this Policy. Non-employed providers who provide contracted services to Beloit Health System are not covered under this Policy. Contracted providers who are not eligible for financial assistance through Beloit Health System are Beloit Radiology, Southern Wisconsin Emergency Associates, Stateline Anesthesia, and Hart Road Pathology.

## **Financial Assistance Discounts:**

Beloit Health System will not charge patients who are eligible for financial assistance under this Policy more than the amounts generally billed to patients with insurance for emergency or other medically necessary care to preserve life or limb. Patients may receive the following assistance based on the procedures outlined in this Policy.

- **Free Care/100% Discount:** Uninsured patients whose family income is at or below 200% of the current Federal Poverty Guidelines will receive a 100% discount for emergency and other medically necessary care to preserve life or limb, as shown on Attachment 1.
- **Discounted Care:** Uninsured patients whose family income is greater than 200% but less than 400% of the current Federal Poverty Guidelines will receive a discount for emergency and other medically necessary care to preserve life or limb, as shown on Attachment 1. Uninsured patients will receive discounts applied against their gross charges for care. Underinsured patients qualify only when the balance exceeds \$2500, in which case the discounts are applied to the patient's balance that is remaining after insurance.

## **How to Apply for Financial Assistance:**

You or your representative must complete the Financial Assistance Application in its entirety. An adjustment shall be considered only after a review of the patient's accounts and a determination has been made that no third-party reimbursement is available. A Financial Assistance Application may be completed in person with the assistance of a Financial Counselor, or it may be sent by mail or dropped off at the hospital directed to the Financial Counselor's attention.

In addition to the completed application, you must also include within 15 business days:

- ☐ Copy of Federal Income Tax Return for the most recent tax year, including all schedules filed with the original return.
- ☐ Copy of most recent income information for each person in the household, including: last year's W-2 forms, two most recent paycheck stubs or a statement from the employer, Social Security, unemployment, retirement, pensions, support payments, etc
- ☐ If self-employed, copy of most recent Federal Income Tax Return and all supporting documents.
- ☐ Proof of residency.
- ☐ Copies of two most recent financial statements (savings, checking, money market, IRA, 401k, brokerage, etc.).

- ☐ Copy of food stamp or Heat Assistance benefit(s).
- ☐ If the household is receiving assistance from family or friends, a statement from the assisting party.
- ☐ If you qualify for Social Security Disability, you must provide documentation that the application is being processed.
- ☐ Verification that you have applied for all medical-related resources:
- **Medical Assistance/Family Planning**
  - Rock County (888) 794-5780
  - Winnebago County (815) 987-7620
- **Wisconsin Well Woman Program:** Provides preventive health screening services to women with little or no health insurance coverage. 608-266-8311
- ☐ Denial and appeal documentation from any liability insurance, if involved in an accident or assault.
- ☐ If you are a college student, you must supply documentation of current student status.

Please contact our Financial Counselors to discuss whether any of the above may be submitted in another form.

The application shall be completed in full, including the patient's name, address, telephone number, occupation, employer, and names of spouse and legal dependents. (Legal dependents shall be identified as such based on whether or not they are claimed as dependents on the most recent income tax return.) Also included shall be the household income for the last three months as well as the last twelve months. The income reported must include all wage earners in the household excluding minors. (Patients who are claimed as dependents on another individual's tax return must report income of the other individual(s) as well as their own.) Verification of earnings must be proved by submitting any or all of the following: income tax returns, pay stubs, W-2 forms, unemployment compensation forms, or letters from employers. If the patient indicates that no income has been earned, a copy of a letter from the Social Services Department denying unemployment compensation may be requested. Also requested may be a copy of a letter verifying that Public Aid benefits have been denied. If the patient has not yet applied for Public Aid, he or she is encouraged to do so. If the patient returns the application without sufficient proof of income, or if other information is missing or incomplete, he or she shall be contacted by the Credit Department to obtain the information. Approval may be denied for failure to complete an application. In addition, any discrepancies between name and Social Security number documentation will result in an automatic denial of the application.

Patients seeking financial assistance must comply with the Financial Assistance Application process, including submitting a copy of the most recent Federal Income Tax return, most recent income information (such as paystubs or W-2s), bank statements, as well as completing the application process for all available sources of assistance, including Medicaid or Medical Assistance.

Patients who are employed (or patients who are the spouse or dependent of an employed individual) must show proof that group health insurance benefits were not available from the employer. Patients who have chosen not to enroll in an available group health plan may be denied Charity Care benefits.

## Timeline for Establishing Financial Eligibility:

Every effort should be made to determine a patient's eligibility prior to or at the time of admission or service. If a patient expresses an inability to pay or has a need for financial assistance, the patient will be interviewed by a Financial Counselor and the patient will be provided with assistance on available third-party resources. The

patient also will be offered a Financial Assistance Application with instructions and a list of all documentation that may be required. Financial Assistance applications will be accepted anytime during the application period. The application period begins the day that care is provided and ends no later than 240 days after the first post-discharge billing statement to the patient. If an account older than 240 days from the first post-charge billing statement has proceeded to legal or judicial process, a financial assistance application will be accepted up until the date of final judgment.

Completed applications should be mailed or hand-delivered to the following:

Beloit Health System  
1969 West Hart Road, Beloit WI 53511  
(hospital lobby level) Attention: Financial Counselors  
or  
1905 East Hebbel Parkway, Beloit WI 53511  
(main clinic lobby level) Attention: Financial Counselors

## **Confidentiality of Information Received and Record Retention:**

Beloit Health System will uphold the confidentiality and dignity of each patient, and any information submitted for consideration of financial assistance will be treated as protected health information under the Health Insurance Portability and Accountability Act (HIPAA).

Copies of documents that support the application will be kept with the financial assistance application form and retained for seven years.

## **Contact for Information and Assistance:**

Additional information about the Financial Assistance Policy and assistance with the application process can be obtained from Patient Financial Counselors:

- Online at [www.beloithealthsystem.org/financial-assistance-policy](http://www.beloithealthsystem.org/financial-assistance-policy) or
- Patient Financial Counselors at 1-800-846-1150 or 1-608-363-7356 or
- You may also call Patient Customer Service at 1-608-364-1606 or
- You may visit a Business Services location at or mail a completed application with supporting documents to:
  - 1969 West Hart Road, Beloit WI 53511 (hospital lobby level) Attention: Financial Counselors
  - 1905 East Huebbe Parkway, Beloit WI 53511 (main clinic lobby level) Attention: Financial Counselors

## **Health Insurance Benefits:**

Patients who are employed (or patients who are the spouse or dependent of an employed individual) must show proof that group health insurance benefits were not available from the employer. Patients who have chosen not to enroll in an available group health plan shall be denied Charity Care benefits. Exceptions may be considered for instances where the individuals' payroll premium contribution is close to or exceeds the actual wages. Patients eligible for ACA Marketplace benefits are expected to enroll for coverage in an available plan.

## **Excessive Financial Burden:**

Beloit Health System recognizes that there may be instances in which a patient's income exceeds the previously mentioned guidelines, but the patient's expenses also exceed his or her income, thereby rendering them incapable of accepting any additional financial burdens. Additional Charity Care adjustments may be appropriate for these individuals if the excessive expenses are for medical services or necessary living expenses (such as medication, food, housing, and utilities).

## **Initial Financial Assistance Determination:**

Beloit Health System will not initiate Extraordinary Collection Actions until an initial determination of Financial Assistance eligibility status is made. Where Beloit Health System initially determines that a patient may be eligible for Financial Assistance, all Extraordinary Collection Actions (including civil actions, garnishments, and report to collections or credit agencies) shall cease pending a final determination of Financial Assistance eligibility, and further action will not be taken on existing Extraordinary Collection Actions.

## **Patient Responsibility:**

The patient or their representative is responsible to complete the application and procedures as indicated in this policy. Upon receipt of an incomplete application, a written notice will be provided to the patient outlining the additional information that is required for the application to be complete. A reasonable time for completion of the application shall be provided. Should there be a failure to do so, collection efforts will begin against the patient. Should the patient or their representative reengage in the application process, collection efforts will cease as stated herein.

## **Final Financial Assistance Determination:**

Beloit Health System will make a final determination within a reasonable time, typically 14 business days of the receipt of the complete Financial Assistance Application and all supporting documentation.

Upon review of the Financial Assistance application, the Financial Counselor shall determine eligibility and notify the patient of the outcome in writing. If the application receives partial approval, the amount owed by the patient shall be indicated in the appropriate location on the determination notice letter. Also indicated on the letter shall be 100% approvals or denials. In cases of partial approvals or denials, notification will be provided in writing and will include the reasons for the partial approval or denial. Thereafter, routine collection procedures shall be followed. If the patient is not able to make payment in full within 45 days, payment arrangements may be made in accordance with the Beloit Health System Payment Plan Policy/Procedure.

Approvals shall be in effect for additional services rendered within 90 days of the date of approval. After 90 days, updated financial information may be requested.

## **Refund:**

If a responsible party pays a portion or all of the charges for services eligible for Financial Assistance, such payments will be refunded to the responsible party unless the amount is less than \$5.

## **Payment Plans:**

All patients qualify for a short-term interest free payment plan with defined payment time frames based on the outstanding account balance.

## Billing and Collection Process:

While a patient's application is being reviewed for a determination of financial assistance, a standard monthly statement of account activity will be provided. A financial assistance approval shall continue for 6 months from the date of approval for financial assistance. Future eligible services received during the 6 month time period shall receive financial assistance on the same basis as the initial approval. Patients must notify a Financial Counselor in the event their financial circumstances change, in which case the patient may be requested to provide updated information. In the event a patient who qualifies for financial assistance fails to timely pay any remaining balance due, such as payments under an agreed payment plan, Beloit Health System may take any of the actions described below to collect the balance due.

## Collection Procedures:

Before pursuing collection against a patient, Beloit Health System will:

1. Provide on each patient billing statement sent prominent notification that patients who meet certain income requirements may be eligible for financial assistance. The notification includes the telephone number of the Financial Counselors and Customer Service personnel who can assist as well as the web site address where copies of this Policy, Plain Language Summary, and Application can be found. The notification shall also describe the Extraordinary Collection Actions that Beloit Health System intends to take in order to collect payment for care. The notification will provide a minimum of 30 days' notice for the patient to avoid the action described therein.
2. Refrain from initiating Extraordinary Collection Actions until 120 days after providing patients the first post-discharge billing statement for the episode of care.
  - a. Extraordinary Collection Actions include the following actions taken by Beloit Health System or a collection agency on our behalf:
    - i. Deferring or denying or requiring a payment before providing non-emergency care because of a patient's nonpayment of one or more bills for previously provided care which qualifies under this policy.
    - ii. Reporting outstanding debts to the Credit Bureau(s).
    - iii. Pursuing legal action to collect a judgement (i.e. garnishment of wages, debtor's exam).
    - iv. Placing liens on property of individuals.
3. Offer the opportunity for an approved payment plan.
4. Process the application on an expedited basis to ensure that medically necessary care to preserve life or limb is not unnecessarily delayed.

The following collection activities may be pursued by Beloit Health System or by a collection agency on our behalf:

1. Communicate with patients and their representatives in compliance with the Fair Debt Collections Act and HIPAA.
2. Solicit payment of estimated patient payment obligations at the time of service in compliance with EMTALA regulations and federal/state laws.
3. Report outstanding debts to Credit Bureau(s) only after all aspects of this Policy's reasonable collection efforts have been applied.



4. Pursue legal action for individuals who have the means to pay, but do not pay, or who are unwilling to pay. Legal action may also be pursued for the portion of the unpaid amount after application of the Charity Adjustments.
5. Place liens on the property of individuals who have the means to pay, but do not pay, or who are unwilling to pay. Liens may also be placed for the portion of the unpaid amount after application of the Charity Adjustments.
6. Agreements with Collection Agencies to pursue debt on our behalf will be in compliance with all pertinent laws and regulations, including those required to be followed by Beloit Health System.

## Collection Agency/Judgment:

Accounts assigned to a collection agency which have a judgment granted through the court system are no longer eligible for charity consideration. A patient may apply for charity at any time prior to the account receiving a court judgment.

**A written copy of this policy is available upon request and on our website at:**  
[www.beloithealthsystem.org/financial-assistance-policy](http://www.beloithealthsystem.org/financial-assistance-policy)

## Attachments

Attachment I: 2018 Federal Poverty Guidelines

## Approval Signatures

| Approver                                    | Date    |
|---|---------|
| Timothy McKeveitt: President & CEO [MC]     | 05/2018 |
| Scott Leckey: VP Finance                    | 04/2018 |
| Maureen Gumowski: Director of Revenue Cycle | 04/2018 |

## Applicability

Beloit Health System

Current Status: Active

PolicyStat ID: 10032579



*North Pointe*

Origination: 07/2021  
 Effective: 07/2021  
 Last Approved: 07/2021  
 Last Revised: 07/2021  
 Next Review: 07/2024  
 Policy Area: *Perinatal Services*  
 References:  
 Applicability: *Beloit Health System Sites*

## Quality of Services/Continuous Quality Improvement Policy

### QUALITY OF SERVICES:

1. The birth center strives to provide high quality, gynecological and well woman care, as well as family centered, maternal and newborn care to healthy women anticipating uncomplicated pregnancies, labor and birth.
2. The staff at the birth center maintains the all professional standards for each respective discipline.
3. The birth center staff will maintain continued personal and professional continuing education in order to keep up to date in advances or changes in evidence based care.
4. The staff cares for the woman and her family; however, the woman defines her family.
5. Each client receives an information packet to inform them of the quality of services provided. At the initial appointment written information is given describing level of care, confidentiality and patient rights and responsibilities.

### PROCEDURE FOR EVALUATION:

1. Each patient will be provided with an Evaluation after birth. Forms will be reviewed by the Birth Center Director, CNM and at board and staff meetings.
2. Cumulative statistics on all phases of care will be gathered and reviewed quarterly by the Director. Any trend of concern will be brought to the staff and consultants meetings for discussion and plans for improvement.
3. The Board of Directors will review the cumulative statistics yearly. The education program will be reviewed at least yearly by the CNMs and revised as needed.
4. The Administrator will survey clients' periodically on client satisfaction and other issues as directed by the Board of Directors or requested by the CNM Director or staff. This information will be presented at staff and board meetings
5. The professional staff and consultants will periodically review cases of transports as well as cases with outcome problems. Recommendations for changes will then be proposed and approved.
6. Chart Reviews will be done quarterly. Gynecological chart will be reviewed by the CNM director.

### REVIEW OF POLICIES & PROCEDURES AND

## CLINICAL PRACTICE GUIDELINES

1. Every policy, protocol and procedure will be reviewed annually by the CNM Director and administrator.
2. Clinical Practice Guidelines, Risk Criteria and the Approved Drug List will be reviewed annually by the CNM Director and submitted to the collaborative physicians for re-approval.
3. Record of policy and procedure review will be documented on the policy and procedure review form and filed in the administrative files.
4. Any interim revisions or additions to the care guides because of changing or evolving best practice will be presented at monthly meetings to have approval by the professional staff and collaborative physicians or medical director.
5. Medical record forms, Education materials and client hand-out/forms are reviewed on an ongoing basis and revised as needed.
6. Retired forms/policies and procedures/clinical practice guidelines are filed in historical file binders by date.
7. Outside consultation expertise is used to review problems and identify quality improvements as needed.

## FACILITY SAFETY:

1. Facility rounds will be conducted monthly by the Director or a staff member whom she assigns.
2. The facility safety checklist will be used, and each item on the list checked.
3. Any item found deficient will be corrected as soon as possible or reported to the CNM Director or administrator.
4. The deficiency and evidence of correction will be documented on the facility safety checklist.
5. A summary of the facility rounds will be reported at staff meeting.
6. The completed checklist will be kept on file in the quality assurance manual.

## EQUIPMENT MAINTENANCE:

1. All equipment will be checked on a regular basis according to criteria specified in the equipment instructions for use document to assure that it is clean and in good working condition.
2. Regular maintenance checks will be documented on the quality assurance checklist and filed in the quality assurance manual.
3. Defective equipment is labeled as such and stored until repaired.
4. Temperatures of refrigerators/freezers will be monitored when in office. If min/max temp recording falls out of safe range, health department will be contacted for further instruction.

## INVENTORY AND SHELF LIFE:

1. All supplies will be checked on a monthly basis to assure that inventories are adequate and expiration dates are current.
2. Check all medications monthly for expiration dates.
3. Discard or return any expired drugs or supplies and replace to meet stock requirement.

4. Re-sterilize any re-useable sterile packs or instruments which have expired.
5. Any sterile packs without expiration dates may be used unless package had become damaged at which point would need discarded per manufacturer's guidelines.
6. Make note of medications and supplies that will expire within the next month and place them so they will be used first, prior to expiration.
7. Check stock of all drugs, IVs, and sterile and non-sterile supplies to assure that amounts are adequate each practice day for exam rooms and for delivery suites after each delivery and or monthly.
8. Order any needed supplies.
  - a. Record inventory on "Master Inventory List"
  - b. Shelf life for medication and expirations are documented quarterly and this check list kept on the outside of the locked door of the medication cabinet.

## EMERGENCY SUPPLIES:

1. Readily accessible emergency boxes are maintained for both maternal and neonatal emergencies.
2. All emergency boxes and supplies will be checked monthly and after each birth if emergency box is opened to ensure that:
  - a. The box is closed and secure and not opened unless there is an emergency for the mother or the baby.
  - b. Equipment and supplies for emergency tray are neatly arranged checked and a log of the checks is maintained.
  - c. All drugs and supplies are in the proper location.
  - d. Amounts are adequate.
  - e. Expiration dates are current.
  - f. Emergency supplies will be maintained according to emergency supplies list.
  - g. Place surgical tape or sticker over the opening of the box with initials and date it was last inventoried and secured.

## EMERGENCY DRILLS:

Although emergencies at the birth center are rare, they do require swift decisive action when they occur. Emergency drills are a way to ascertain the ability of staff to respond to an emergency swiftly, efficiently and effectively.

1. Emergency Drills are conducted on the following basis
  - a. Fire/Disaster: Quarterly
  - b. Medical Emergency: Quarterly
  - c. Other drills: Quarterly.
2. An emergency drill report will be completed and filed in the Facility Binder filed under SAFETY & DRILLS
3. Responsibility for conducting each drill will be the CNM Director or Administrator and will include staff member.

4. The staff member conducting the drill is also responsible for completing the emergency drill report and returning filing it in the SAFETY & DRILLS binder.
5. If deficiencies are identified as a result of any drill, they will be corrected by staff in-service, change in procedures, or other appropriate action.
6. Medical Emergency Drills will include but are not limited to:
  - a. *Post partum Hemorrhage*
  - b. Prolapsed Cord
  - c. Neonatal Resuscitation
  - d. Shoulder dystocia

## **CQI REPORT AND PEER REVIEW (MORBIDITY & MORTALITY REVIEW):**

1. Objective: To provide guidelines for morbidity and mortality criteria and standards for review at Birth Center.
2. Purpose of this review is to discuss cases from the previous month that meet the criteria determined by mutually agreed upon guidelines. This meeting is also a form of peer review.
3. The review will take place during the monthly provider staff meeting so that discussions can involve all of the providers. This day may vary based upon holiday schedules and CNM on call.
4. All professional staff will attend the M&M reviews as well as those providers involved with the individual case presented. Providers or ancillary staff involved with the care of the client involved in the review will provide written account of the event or series of events contributing to unusual occurrence.
5. All notes taken during the meeting will meet the HIPAA standards and will only have the patients initials and pertinent information related to the case.
6. The following clinical situations meet the criteria for review:
  - a. Unexplained 3<sup>rd</sup> trimester IUFD
  - b. Perinatal morbidity
  - c. APGARS < 5 at 5 minutes
  - d. Birth trauma
  - e. Severe shoulder dystocia
  - f. Neonatal seizure
  - g. Maternal seizure
  - h. Baby transferred out following delivery
  - i. Any postpartum hospital admission
  - j. Maternal EBL >1000 PPH
  - k. Maternal morbidity
  - l. Any potential event or encounter which may result in legal action
7. The provider(s) involved will review the case or issue immediately following as an After Action Review or

debriefing if applicable.

8. The CNM (s) involved will be prepared to give a case review with a description of the case, the complication and actions taken.
9. The staff has the opportunity to discuss the complication and make any recommendations if applicable.

## UNUSUAL EVENT REPORT:

1. Whenever an unusual event occurs involving staff, clients, families, students and/or visitors, an unusual event report will be completed by the staff member involved and filed in the administrative file.
2. All unusual event reports will be reviewed by the CNM Director and the medical Director and appropriate action taken.
3. An usual event is defined as any occurrence that is out-of-ordinary, particularly if the event has quality of care or risk management implications.
4. Examples of types of incidents requiring completion of the form are:
  - a. falls or other injuries
  - b. needle sticks
  - c. client/family with serious complaint regarding birth center services, staff or care
  - d. *poor clinical outcomes*
5. Clients or family complaints regarding a specific staff member or care rendered will be reviewed and handled by the CNM Director or administrator. The CNM Director will discuss the evaluation with that individual. A copy of the comments, and any discussion, may be placed in the employee's personnel file at the discretion of the CNM Director or administrator.

## Attachments

No Attachments

## Approval Signatures

| Approver                           | Date    |
|------------------------------------|---------|
| Sharon Cox: Vice President, CNO    | 07/2021 |
| Melissa Corum: Executive Secretary | 07/2021 |

## Applicability

Beloit Health System, Beloit Health System Beloit Regional Hospice, Beloit Health System Cancer Care Center, Beloit Health System NorthPointe

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Safety Grade

This Hospital's Grade

**Beloit Memorial Hospital**

 100% Leapfrog  
 Safety Grade

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 Safety Grade

SPRING 2021

**2019**
**Total Revenue \$261,988,930**
**Total Functional Expenses \$251,289,175**  
**Net income \$10,699,755**
**Notable sources of revenue**
**Percent of total revenue**

|                        |               |       |
|------------------------|---------------|-------|
| Contributions          | \$0           |       |
| Program services       | \$248,800,475 | 94.9% |
| Investment income      | \$10,848,301  | 4.0%  |
| Bond proceeds          | \$0           |       |
| Royalties              | \$0           |       |
| Rental property income | \$492,932     | 0.2%  |
| Net fundraising        | \$0           |       |
| Sales of assets        | \$20,299      |       |
| Net inventory sales    | \$0           |       |
| Other revenue          | \$4,689,490   | 1.8%  |

**Notable expenses**
**Percent of total expenses**

|                               |              |       |
|-------------------------------|--------------|-------|
| Executive compensation        | \$4,669,885  | 1.9%  |
| Professional fundraising fees | \$0          |       |
| Other salaries and wages      | \$97,395,092 | 38.8% |

**Other**

|                   |               |
|-------------------|---------------|
| Total Assets      | \$261,984,599 |
| Total Liabilities | \$0           |
| Net Assets        | \$261,984,599 |

# **FITCH RATINGS UPGRADES BELOIT HEALTH SYSTEM TO 'A' AND ASSIGNS 'A' TO SER 2020 BONDS' OUTLOOK TO STABLE**

Monday, November 11, 2019

BELOIT, WI. (November 11, 2019) Beloit Health System has once again been upgraded for the second time in 18 months as Fitch Ratings credit rating agency has assigned an 'A' rating to Beloit Health System's revenue issued by Wisconsin Health & Educational Facilities Authority.

Evaluated annually by Fitch, the health system was also recognized as having a positive fiscal outlook for the future.

The upgrade to 'A' reflects Beloit Health System's strong and consistent operating performance supported by its leading local market position in a stable service area. Operating performance is supported by key service line growth, a large and growing outpatient footprint, and a highly aligned medical staff.

"Our financial strength and stability, along with our growth and positive patient outcomes, earned our improved rating in the financial markets. This financial stability ensures that our patients can remain in their community, cared for by friends, family, and neighbors at Beloit Health System. This positive outcome is a direct result of the hard work and commitment of our employees and medical staff," commented Tim McKeveatt, President and CEO.

Beloit Health System opened its current location in 1970. Since then, the hospital has expanded by partnering with Beloit Clinic, partnered with the University of Wisconsin to provide comprehensive cancer care, improved access to holistic care by opening NorthPointe Wellness and enhanced its cardiology services by opening the Hendricks Family Heart Hospital. The Family Care Center is open and undergoing state of the art renovations.

## **About Beloit Health System**

Beloit Health System is an independent community health system serving northern Illinois and southern Wisconsin. We offer world-class facilities and services to improve the overall health of the communities we serve with cornerstones for quality, engagement, integrity and patient satisfaction.

###

If you would like more information about this release, please contact Maryann Carroll, Director of Marketing and Community Relations at Beloit Health System.



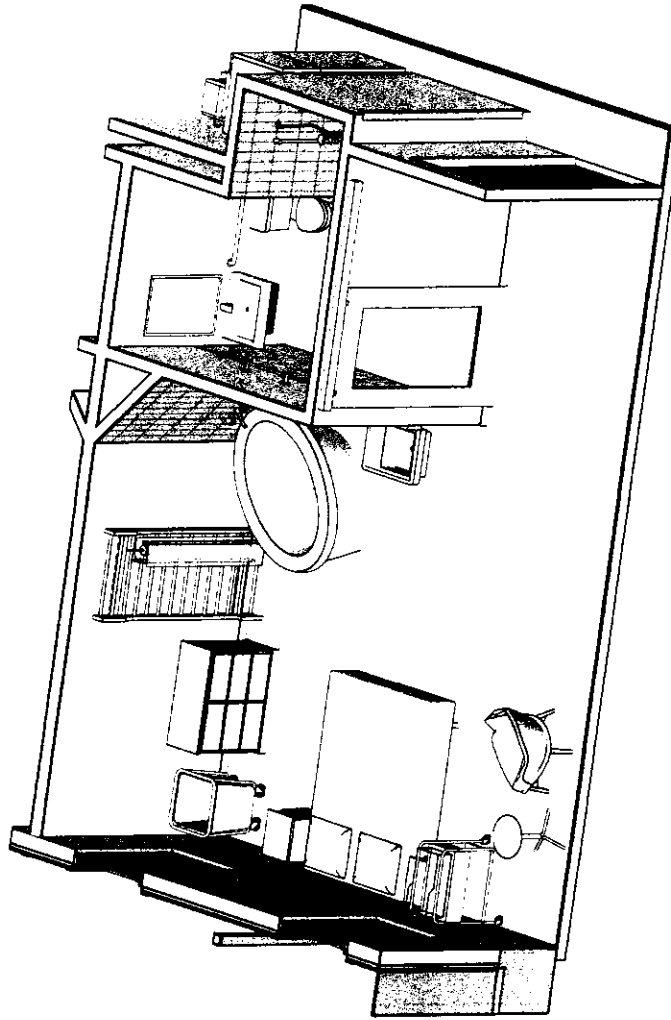
## RITCH RATES BELoit HEALTH SYSTEM BONDS

Beloit, WI, May 21, 2016 – Beloit Health System, a leading healthcare family serving the Southern Wisconsin and Northwestern Illinois region, announced that Ritch Ratings has announced an A+ rating for Beloit Health System bonds issued on behalf of the organization. Additionally, Ritch assigned the A+ rating for \$14.17 million in series A+ 2016 revenue bonds issued in May. Ritch Ratings stated their valuation of the Beloit Health System is strong, reflecting solid financial performance, operating profitability and moderate debt burden.

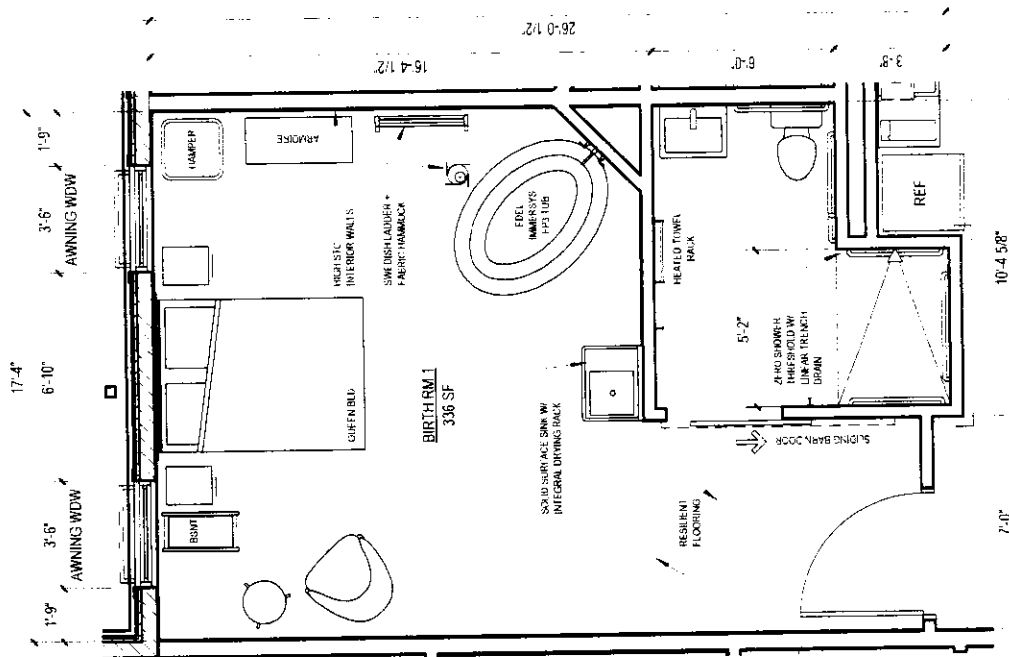
"We are very pleased with this rating. Proceeds from the 2016 series bond sales will help fund two very important capital projects: the Hendricks Family Heart Hospital at Beloit Hospital and the construction of the new ambulatory surgery center at NorthPointe," said Tim McCreath, President and CEO of Beloit Health System. "Our history of success and strategy for growth place us in a strong market position, and we are grateful to be able to continue to grow our community new services."

Beloit Health System operates a 234-bed general acute care hospital with a multispecialty ambulatory group at Beloit, WI, located only 45 miles south west of Madison, WI, and 100 north west of Chicago.

The system's strong financial position and highly aligned medical staff are primary credit strengths bolstering the system's credit stability. Beloit Health System holds a strong leading A+ market share in the primary service area. Beloit Hospital holds greater than a 20% market share. The acquisition of the Beloit Clinic in 2013 bolstered the system's competitive position. In addition, recent service line affiliations with other health systems, including University of Wisconsin Health and Aurora HealthCare have augmented the health system's market position.



TYP BIRTH ROOM AXON



TYP. BIRTH ROOM

 $1/4'' = 1'-0''$

Mark W. Szula  
President  
Stephanie Johnston  
Clerk  
Mark D. Olson  
Treasurer



TRUSTEES  
Michael Dunn  
Carol Gustafson  
Anthony Keene  
Stacy Mallicoat  
Susan Petty  
Justin Plock

June 30, 2021

Timothy McKeve  
President and CEO  
Beloit Health System  
1969 West Hart Road  
Beloit, WI 53511

Re: Zoning Conformance  
Beloit Health System  
NorthPointe Birth Center

Mr. McKeve,

Please let this letter serve as both a statement of unqualified support for the free-standing birthing center proposed for the Northpointe Campus in Roscoe Illinois, but also as confirmation that the facility is allowed as a **permitted use** within the established HC (Healthcare) Zoning District.

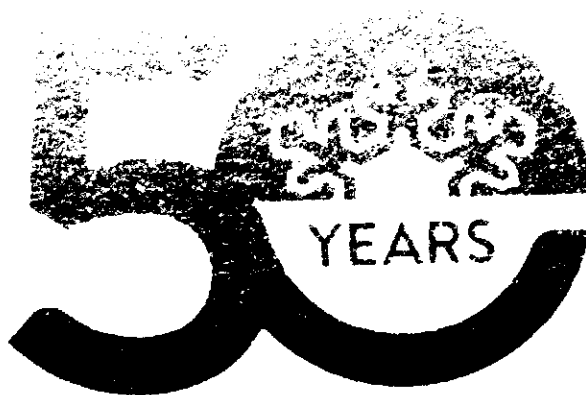
We value our relationship with Beloit Health System and have found the organization and its leadership to be an active and responsible community partner. We are proud to lend our support to projects that will further benefit patients and their families within our community

Sincerely,

A handwritten signature in black ink, appearing to read "Scott L. Sanders", with a stylized, flowing script.

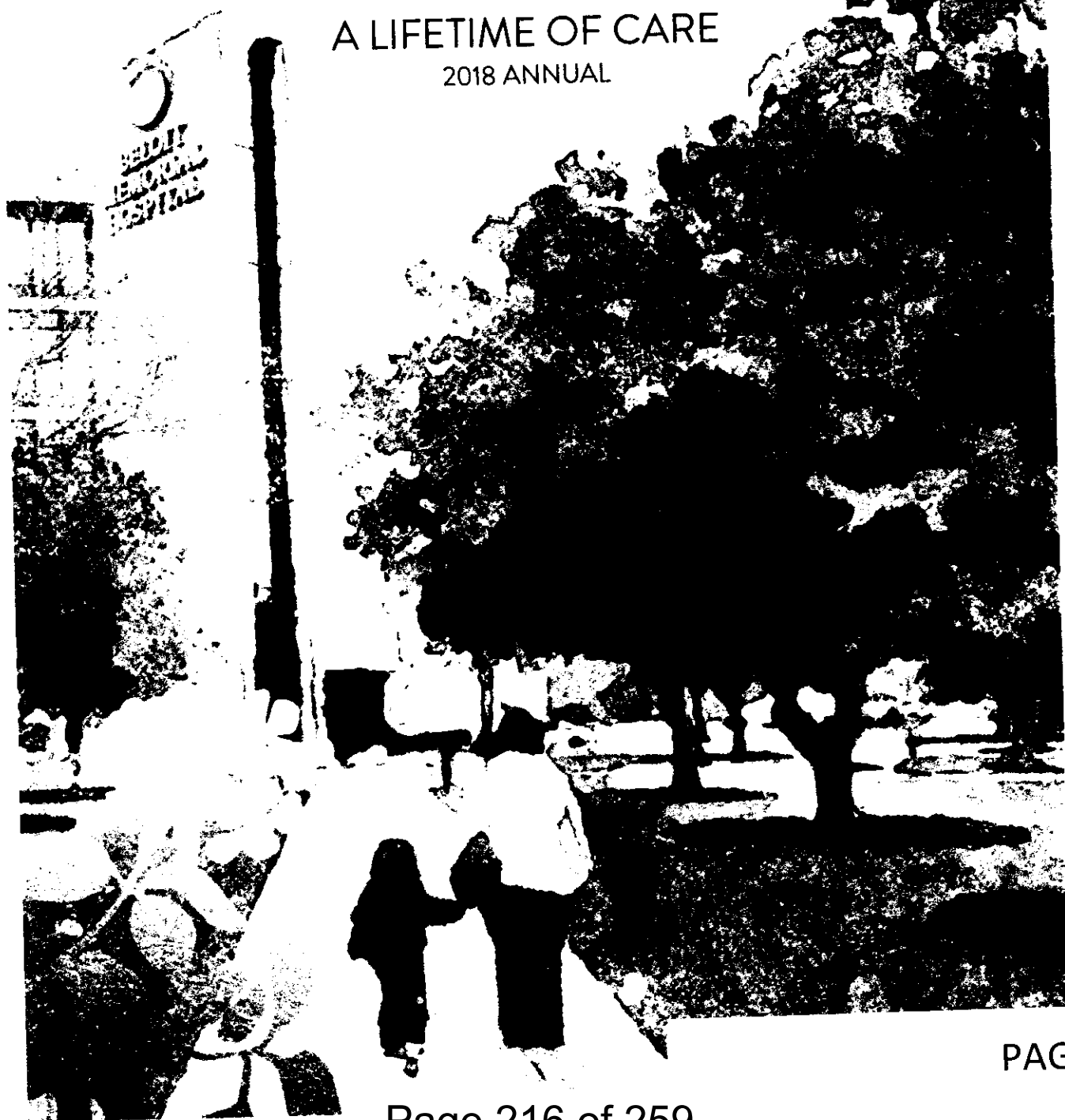
Scott L. Sanders  
Administrator  
Village of Roscoe

Health System



# A LIFETIME OF CARE

2018 ANNUAL



# CELEBRATING 50 YEARS CARING FOR OUR COMMUNITY

Beloit Health System is proud of our connections to the families we serve - from welcoming new additions to mending broken bones, and from maintaining active lifestyles to treating cancer. We're honored to be part of a shared community experience. We are committed to deliver on the vision of the Health System's founders, set in motion 50 years ago, to provide the best care for the community. You deserve it.

Our growth is fueled by the belief that our patients deserve access to the best, most talented and community-minded medical team and advanced treatments. In 2018, 20 new physicians were added to our team, each of whom is not only a leader in his/her areas of specialty, but also dedicated to individualized patient care. The addition of these talented medical professionals allows us to offer new services and offer the latest advances in medical care to the community.

Our financial strength and stability, along with our growth and positive patient outcomes, helped improve our rating in the financial markets from a "stable outlook" to a "positive outlook."

We continue to focus on patient and family satisfaction. We have been recognized for excellence in outcomes that include patient safety, quality, community involvement and financial strength. Beloit Health System is dedicated to serving our community, both in and outside of clinical settings. We were recognized for our involvement and generosity with the most prestigious "Live United" Award from the Statewide United Way. The Health System also was presented with the Large Business of the Year by the Greater Beloit Chamber of Commerce. These accomplishments are the direct result of the dedication of our amazing and talented staff.

Our financial stability ensures that our patients are able to stay in their community, cared for by friends, family, and neighbors at Beloit Health System, for the next 50 years and beyond. Beloit Health System is committed to its focus on caring for patients and families in southern Wisconsin and northern Illinois.

As we celebrate our 50th anniversary, we extend our gratitude for your support and trust. We look forward to being a part of your family's story Today, Tomorrow, for Life.

*Timothy M. McKeown*

Timothy M. McKeown  
President and CEO  
Beloit Health System

*Bonnie Wetter*

Bonnie Wetter  
Chair, Board of Trustees  
Beloit Health System

Beloit Health System is home for Deb Schindler. She, along with the Health System, will celebrate her 50th birthday next year. Deb was born here, after all, it's where she gave birth to both of her children and where her parents received specialized heart and cancer care when they needed it the most.

Deb is family – she proudly wears a BHS badge in her role as a nurse, and soon, her daughter will join our talented nursing team, too.

She, like many residents of our community, can't imagine being anywhere else. Her story represents so many family experiences in the Beloit region, connecting our patients to our Health System, our Health System to the community, and our community members to each other.





Deb was born on Dec. 30, 1970, a few minutes shy of being a New Year's Eve baby. She was supposed to be born on Christmas, but Eileen delivered a few days later than predicted.

Their family already had strong ties to the community. Eileen was born and raised in Beloit. Deb's father, Roy Burlingame, came to Beloit by way of Minnesota and Wisconsin to work in manufacturing.

Deb was the first of her siblings to be born at the new hospital – a blessed event made more special by the newness of the space.



## A PLACE WHERE FAMILIES BEGIN

Each year, more than 500 infants are welcomed into the world at our Family Care Center. Over 40,000 babies have been born here since we opened our doors 50 years ago. We are committed to delivering the best birthing experience for moms and babies and creating a foundation for a lifetime of care at Beloit Health System.

This year, the Family Care Center will begin a \$6.9 million renovation. Labor and Delivery, post-partum and pediatric rooms will be upgraded with comfortable spaces for family and visitors to snuggle with their newest additions. An education room will host birthing, breastfeeding and sibling classes, as well as certification programs for our staff. The addition of a quiet room offers families a private space for those first precious moments.

The Family Care Center renovation helps Beloit Health System remain the top choice for our expectant moms and families.





It was the natural location where Deb and her husband, Matt, had their own kids: son, Colin, in 1994 and daughter, Allie, in 1996.

"We grew up always using BHS," Allie recalled. "I remember going to see (Radiation Oncologist) Dr. Jane Fossum. We saw her for everything, whenever we got sick. My grandparents were patients - it's the place our family relied on."



## OUR BELOIT HEALTH SYSTEM CLINICS DELIVER THE COMPREHENSIVE HEALTH CARE SERVICES OUR FAMILIES NEED TO KEEP THEM WELL TODAY, TOMORROW AND FOR LIFE.

Just as Deb and her family members have utilized the hospital and clinics through the years, so have many community members. BHS physicians work together on a daily basis, combining their specialized expertise to treat the whole patient.

"Working here is taking care of one's neighbors, taking care of one's friends," Dr. Kenneth Gold said. "It's getting in the car and getting to the hospital in 10 minutes. It's spending time with people and not having to travel back and forth."

Dr. Meredith Maxey, who joined our family medicine team in 2018, appreciates the wisdom of longtime providers such as Dr. Gold and wanted to work at a strong, independent community hospital after completing her residency at a larger institution.

"Having an independent health system here really allows for the care to be customized and prioritized for the community," she said. "Here, you're more likely to see the entire family. I've already had family members referred - aunts, cousins, sons and daughters."

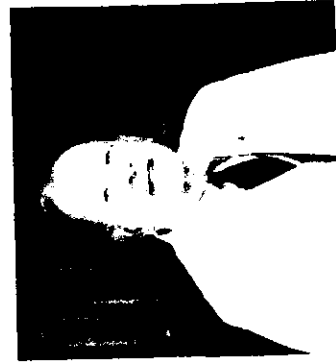
Beloit Municipal Hospital opens, replacing three small, private medical facilities.

Beloit native Dr. William Fitzgerald teams with Dr. Kenneth Carter and Dr. Richard Sanderson to establish what became Beloit Clinic.

Ground is broken on Beloit Memorial Hospital.

Beloit Hospital opens in its current location.

Beloit Hospital and Beloit Clinic partner to provide an integrated health care experience as Beloit Health System.



Dr. Kenneth Gold  
2019 Wisconsin Physician Citizen of the Year



Dr. Meredith Maxey

#21-021





Roy's health started to deteriorate earlier in the year because of a bleeding ulcer and abdominal aortic aneurysm. It would have been an emotional time for anyone, but Deb was also planning a wedding.

"I was worried Dad wouldn't be able to walk me down the aisle," she said.

Roy pulled through but faced continued challenges. Because of other health issues, he wasn't a good candidate for a heart transplant. However, Dr. Leo's caring bedside manner alleviated some of the stress the family faced.

"He has a great way of connecting with patients and is truly invested in what he does," Deb said. "My Mom thought the sun rose and set with him."

Roy passed away at age 68 in 1998. Deb credits Dr. Leo for improving his quality of life in his final years.

"I remember Mom saying and thinking that Dr. Leo saved Dad's life. Dad was still able to attend family gatherings and spend time with his grandchildren. He couldn't have done those things without the care he received."



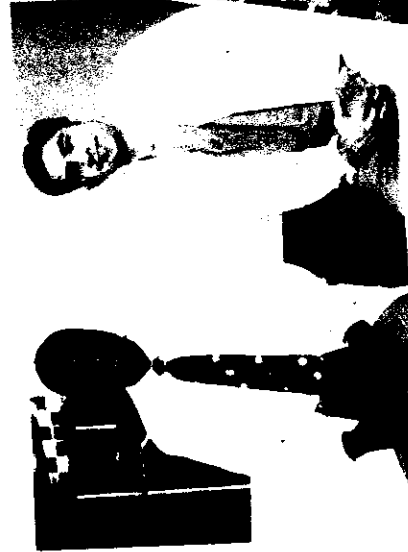
THE HENDRICKS FAMILY HEART HOSPITAL, WHICH OPENED IN JUNE 2017, SAVES AND CHANGES LIVES EVERY DAY. ENSURING THE BEST AND SAFEST CARE, OUR HEART HOSPITAL PROVIDERS ARE FOCUSED ON CARING FOR PATIENTS WITH HEART AND VASCULAR CONDITIONS. EMERGENCY CARE IS AVAILABLE ANY TIME, DAY OR NIGHT.

We continue to improve the quality of life in our region by utilizing advanced technology that delivers the highest level of care, close to home. Our hybrid operating room has improved patient safety and reduced wait times. All procedures are being performed in one location, eliminating the need to transport patients to other areas of the hospital. The hybrid OR also allows for better imaging and features technology that enhances workflow.

Our heart care team combines expertise and compassion in a specialty where "time is life," according to Dr. Haroon Chughtai. "The sooner somebody can get the care, the better it is."

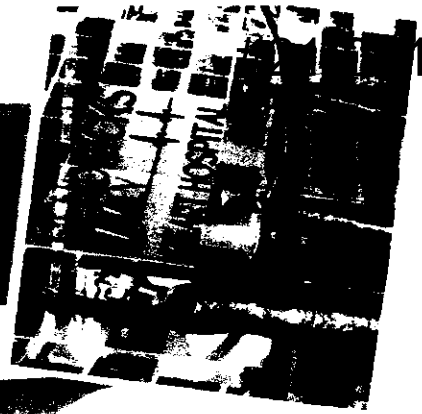
We expanded our top-level cardiology team by welcoming Dr. Mohamed Chebacho, who specializes in interventional cardiology, in February 2019. Adding new physicians means more care options for patients.

We're grateful to the community for the support of this Health System," said Dr. Leo Egbujobi. "This Health System is unique in that the community takes it as its own by emotionally and financially supporting it. We are humbled by this and my word is that our team – the doctors, the nursing staff, the hospital staff – will always be there for them."



Dr. Leo Egbujobi & Dr. Haroon Chughtai

"Time is life."

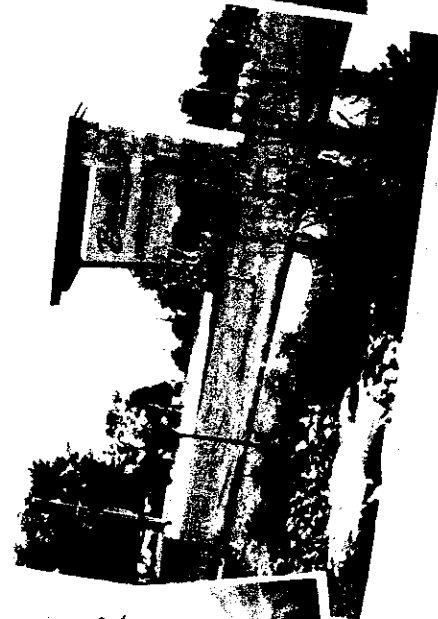




Eileen received the same high level of care at our Cancer Center, affiliated with the University of Wisconsin, in her home town, versus having to travel to Madison. While navigating the cancer diagnosis, Eileen continued to deal with atrial fibrillation – an irregular heartbeat – which put her back in the care of the beloved Dr. Leo.

“When my mom first got diagnosed with her cancer, I wanted to make sure that I was the advocate for her. It didn’t take long for me to realize that I could step back and just be the daughter because the care she was receiving was really good. It was that special touch. The extra special touch knowing that my extended work family was caring for my mom.”

Deb said the family knew the aggressive chemo wouldn’t cure the cancer, but it “for sure bought her time” before she passed away in 2015 at age 72. To pay it forward, the family directed memorials to the Beloit Health System UW Cancer Center in Eileen’s obituary.



Though the Cancer Center at Beloit Health System opened just six years ago, its roots are deep in our community. Our partnership and affiliation with UW allows us to provide the highest-quality cancer care with innovative technologies, the latest treatments and therapies, and access to education and research to offer the best care in cancer care.

In 2018, we welcomed Dr. Eric Xanthopoulos to our radiation oncology team. We also introduced stereotactic body radiation therapy (SBRT), which allows patients to receive higher doses of radiation in fewer treatments for lung, liver, prostate, pancreatic, breast and bone cancer. In 2019, we plan to enhance our therapy offerings with stereotactic radiosurgery (SRS), a non-surgical radiation therapy used to treat small brain tumors.

We continue to introduce more effective and less-invasive screenings, treatments and therapies for prostate, bone, breast and lung cancer, among others.

Along with prioritizing efforts to advance our technology and therapies, our focus remains on treating patients with compassionate care, helping them manage the difficult process of a cancer diagnosis and knowing that, like family, we are with them every step of the way.

“We get to know people, their families and their kids. I have treated people’s grandparents, and now we treat them.” – Dr. Walter C. Vogel



Dr. Eric Xanthopoulos



Dr. Walter C. Vogel



#21-021



BELOIT HEALTH SYSTEM'S NORTHPOINTE HEALTH AND WELLNESS CENTER, THE ONLY MEDICALLY INTEGRATED HEALTH AND FITNESS FACILITY IN NORTHERN ILLINOIS, HELPS OUR RESIDENTS GET - AND STAY - HEALTHY WITH A VARIETY OF WELLNESS SERVICES AND ACTIVITIES.

We offer immediate care services, advanced medical imaging/diagnostics, more than 30 doctor's offices - specialists and primary care - physical therapy and rehabilitation, and a fitness facility, swimming pool and spa. The campus also includes an assisted living facility, Northpointe Terrace. Our state-of-the-art Northpointe Surgery Center is now open for same-day outpatient surgical procedures.

When NorthPointe opened in 2007, we improved access to holistic health services in a beautiful, comforting setting for our community members.

NorthPointe offers the best in medical services including physician clinics, ambulatory surgery, diagnostic services and immediate care. The campus also offers assisted living and a state-of-the-art wellness center.

Deb has a family membership at NorthPointe, where she and her husband exercise on the treadmill and elliptical machines. Her daughter works out here, too, and appreciates the clean facility, friendly staff, and good variety of equipment and classes.



"It's just more of a family atmosphere. They do a lot more in the community on a personal level. They have more of a responsibility to the community."

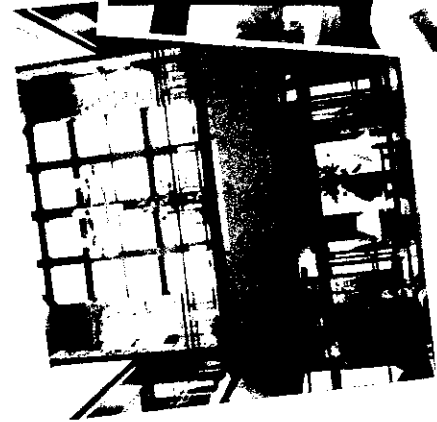
- Dr. Jason C. Friedrichs

From nutrition counseling to kickboxing, spa services to warm-water therapy pools, NorthPointe Wellness has it all. With onsite childcare, making a doctor's appointment or scheduling a workout has never been more convenient.

NorthPointe Wellness saw 220,448 member visits in 2018, with an average of 606 people visiting us every day. Amenities include modern fitness equipment, warm-water therapy pools and specialty programs. Our tranquil spa services feature massage therapy and a full menu specifically designed to create invigorating and relaxing experiences.

NorthPointe is a place for community connections, so we continue to support wellness events at our facility. Our 10th Annual Turkey Trot on Thanksgiving morning is a popular family tradition, which included over 900 participants in 2018.

More patients are taking advantage of the convenience offered by NorthPointe Surgery Center for orthopedic, eye, pain management, gastroenterology, and other same-day procedures and outpatient surgeries. To support continued growth, Northpointe will open a new Eye Center in June 2019 and Dr. Jason Friedrichs will join Drs. Alice Townshend and Mario Rojas to offer care.



SEEKING FOR COMMUNITY



Deb started working at the Hospital in 1996 (after Allie was born) as an emergency room registration clerk. She's held many roles through the years, including working alongside current President/CEO Tim McKeveitt in the administrative office.

She eventually pursued her lifelong dream of becoming a nurse, taking part-time classes at Blackhawk Technical College. Allie remembered doing homework together with her brother and her Mom while they were all in school.

Today, Deb works as an emergency room nurse but also in utilization review, helping manage the day-to-day patient caseloads. Allie was inspired by her Mom's journey to become a nurse and learned in early 2019 that she'd be joining the BHS team after graduating from Saint Anthony School of Nursing in May.

"I know she's a great nurse," Allie said of her Mom. "I'm interested in learning more from her and hope to follow in her footsteps because if I can be half the nurse she is - that would be awesome."

Allie's interested in pursuing hospice nursing after working at Riverside Terrace, which is part of BHS.

"As much as bringing life into this world is important, it's just as important that someone's last moments and their wishes are maintained so they can die peacefully," she said. "Death is part of living, and it's a great thing to be able to support families through that entire process."



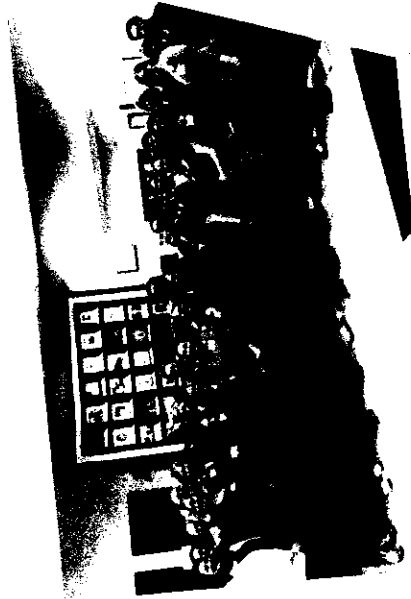
Dr. Luan Elezi  
Hospice Medical Director

The Beloit Regional Hospice team is built on delivering compassion, dignity and peace to patients through the end of their lives. Team members feel a true calling to provide individualized care during a transitional period for families. In 2018, Beloit Regional Hospice and Palliative Care supported 306 patients improving their quality of life by making each remaining moment as full and comfortable as possible. Beloit Health System's Palliative Care Program receives funding support from United Way.

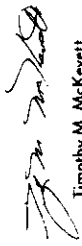
Beloit Regional Hospice's full integration to the Beloit Health System has meant improved coordination of care and a more comprehensive approach to guiding our patients and families through this poignant phase. When cure is no longer the goal, emphasis is placed on the alleviation of pain and other symptoms that include the physical, emotional, and spiritual needs of the dying person, as well as the social and spiritual needs of the family and friends caring for the patient. This invaluable service for our community benefits from a truly committed team, dedicated to the needs of our patients.



#241  
Beloit Regional  
HOSPICE



Beloit Health System Management is responsible for the integrity and objectivity of all financial information included in this Annual Report. The Health System's statements have been prepared in accordance with generally accepted accounting principles, and include amounts that are based on the best estimates and judgments of management. Wipfl has audited the Health System's financial statements and has expressed its unmodified opinion.

  
**Timothy M. McKeve**  
 President and CEO

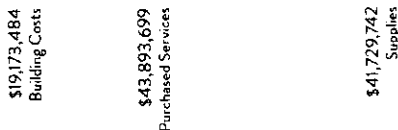
  
**Scott Leckey**  
 Vice President, Finance



|                        | 2018   | 2018                   |
|------------------------|--------|------------------------|
| Inpatient Admissions   | 4,504  | Insurance 30%          |
| Patient Days           | 16,787 | Medicare 51%           |
| Average Length of Stay | 3.7    | Medical Assistance 16% |
|                        |        | Other 3%               |
|                        |        | 100%                   |

|                                       | 2018    | 2018                                     |
|---------------------------------------|---------|--|
| Beloit Hospital                       | 793,371 | Salaries & Fringe Benefits \$135,009,436 |
| NorthPointe                           | 95,440  | Supplies \$41,729,742                    |
| Emergency Room Visits                 | 38,347  | Purchased Services \$43,893,699          |
| Laboratory Tests                      | 677,711 | Building Costs \$19,173,484              |
| Surgical Cases                        | 3,562   | Insurance \$950,901                      |
| NorthPointe ASTC Cases                | 1,508   | Income from Operations \$5,678,040       |
| Clinic Encounters                     | 237,145 |  |
| Outpatient Health and Wellness Visits | 49,784  |  |
| Volunteer Hours                       | 24,503  |  |

|                           | INCOME FROM 2017 | 2018           | 2018  |
|---------------------------|------------------|----------------|---|
| Net Patient Gross Revenue | 7%               | \$8,49,705,862 | Medicare Losses \$346,676,517               |
| Net Patient Revenue       | 2%               | \$7,979,065    | Free Community Services \$224,100           |
| Amounts Not Reimbursed    |                  | \$611,249,625  | Other Contractual Adjustments \$112,609,550 |
|                           |                  |                | Charity Care/Bad Debt \$14,898,979          |
|                           |                  |                | Medicaid Losses \$137,064,579               |



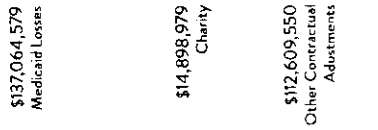
\$19,173,484  
Building Costs

\$43,893,699  
Purchased Services

\$41,729,742  
Supplies

\$950,901  
Insurance

\$135,009,436  
Salaries & Fringe Benefits



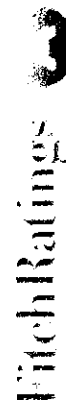
\$137,064,579  
Medicaid Losses

\$14,898,979  
Charity

\$112,609,550  
Other Contractual Adjustments

\$346,676,517  
Medicare Losses

\$224,100  
Free Community Services



Beloit Health System was assigned an A- bond rating with an upgraded positive financial outlook. According to Fitch, Beloit Health System's rating is driven by the Health System's "Strong Market Position" and "Consistent Operating Profitability."

Our financial outlook has received a significant upgrade, from "stable" to "positive."



# THANK YOU

## FOR 50 YEARS OF BELIEVING

AS WE CELEBRATE BELOIT HEALTH SYSTEM'S 50TH ANNIVERSARY CELEBRATION, WE WANT TO THANK ALL OF OUR DONORS, VOLUNTEERS AND BOARD MEMBERS WHO CONTINUE TO MAKE IT ALL POSSIBLE.

Fifty years later, Beloit Health System is still providing the best care for the community we love. We thank you for your steadfast belief that our community deserves a strong, independent health system. Your support allows our physicians and teams to practice medicine the way it should be, providing individualized care for each patient in world-class facilities.

With your help, the Foundation raised just over \$720,000 in cash and pledges and distributed \$1,173,000 to the Health System in 2018. So many people came together to make it possible. Here are some of the highlights of the year's events:

- In May, the Foundation received a \$450,000 grant from the Wisconsin Department of Workforce Development to introduce health care-related careers to middle and high school students. A Certified Nursing Assistant (CNA) Open House/Ribbon Cutting took place to celebrate the partnership with Blackhawk Technical College and Beloit Health System.
- In July, the Pro-Am golf tournament raised over \$125,000 in support of the renovations for the Family Care Center.
- In August, Skip's Friendly Village Breakfast raised \$32,001 -- the highest total ever! In the 10 years they've hosted this event, they have raised over \$200,000 to benefit Beloit Regional Hospice. Doves and diamonds celebrated Hospice with over 350 guests attending.
- Last December, we hosted our annual Olympian Society donor appreciation event. More than 80 guests joined the Cancer Center and learned about the latest technology and treatments physicians have brought to the Health System and our community.

WE HOPE YOU WILL JOIN US IN CELEBRATING 50 YEARS OF FRIENDS CARING FOR FRIENDS AND NEIGHBORS CARING FOR NEIGHBORS.

*Don Herman*  
Executive Director, Foundation

*Diane Gustafson*  
Chair, Foundation Board

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| CARDIOTHORACIC            |  | RADIOLOGY                            |  | PULMONOLOGY                       |                         |
| SURGERY                   |  | George Cherian, MD                   |  |                                   |                         |
| Hilton Hudson II, MD      |  | Eric J. Goth, MD                     |  |                                   |                         |
| DERMATOLOGY               |  | RADIOLOGY                            |  | PULMONOLOGY                       |                         |
| Roger Kapoor, MD          |  | Thomas J. Lisk, MD                   |  |                                   |                         |
| Paul M. Segal, MD         |  | Alan S. Wagner, MD                   |  |                                   |                         |
| ELECTROPHYSIOLOGY         |  | RADIOLOGY                            |  | PULMONOLOGY                       |                         |
| Indrajit Choudhuri, MD    |  | Philip Budhardjo, DO                 |  |                                   |                         |
| Anwer Dhalla, MD          |  | George Cherian, MD                   |  |                                   |                         |
| Jasbir Sra, MD            |  | Eric J. Goth, MD                     |  |                                   |                         |
| Jodi Zilinski, MD         |  | Thomas J. Lisk, MD                   |  |                                   |                         |
| EMERGENCY                 |  | RADIOLOGY                            |  | PULMONOLOGY                       |                         |
| EMERGENCY                 |  | Philip Budhardjo, DO                 |  |                                   |                         |
| MEICINE                   |  | George Cherian, MD                   |  |                                   |                         |
| hael K. Abernethy, MD     |  | Eric J. Goth, MD                     |  |                                   |                         |
| hael Bellino, MD          |  | Thomas J. Lisk, MD                   |  |                                   |                         |
| is Bjornsen, MD           |  | Alan S. Wagner, MD                   |  |                                   |                         |
| hur Chiu, MD              |  | Philip Budhardjo, DO                 |  |                                   |                         |
| stan Choksi, DO           |  | George Cherian, MD                   |  |                                   |                         |
| hael V. Coogan, MD        |  | Eric J. Goth, MD                     |  |                                   |                         |
| gail R. Dahlberg, MD      |  | Thomas J. Lisk, MD                   |  |                                   |                         |
| irew F. Dean, MD          |  | Alan S. Wagner, MD                   |  |                                   |                         |
| ven E. Diebold, MD        |  | Philip Budhardjo, DO                 |  |                                   |                         |
| in Emmerich, MD           |  | George Cherian, MD                   |  |                                   |                         |
| nes K. Frey, MD           |  | Eric J. Goth, MD                     |  |                                   |                         |
| elia Hakes, MD            |  | Thomas J. Lisk, MD                   |  |                                   |                         |
| ielle Hallatt, MD         |  | Alan S. Wagner, MD                   |  |                                   |                         |
| othy Heilenbach, MD       |  | Philip Budhardjo, DO                 |  |                                   |                         |
| jammin Ho, MD             |  | George Cherian, MD                   |  |                                   |                         |
| aph Hopkins, MD           |  | Eric J. Goth, MD                     |  |                                   |                         |
| an Imoehl, MD             |  | Thomas J. Lisk, MD                   |  |                                   |                         |
| in Lai, MD                |  | Alan S. Wagner, MD                   |  |                                   |                         |
| n Laskaris, MD            |  | Philip Budhardjo, DO                 |  |                                   |                         |
| in Moon, DO               |  | George Cherian, MD                   |  |                                   |                         |

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COMMUNICATIONS SYSTEM



All Cities (/) / Illinois (/city/Illinois.html), Illinois smaller cities (/city/Illinois2.html), Illinois smallest towns (/city/Illinois3.html)  
/ Winnebago County, IL

## Winnebago County, Illinois (IL)

County population in 2019: 282,572 (92% urban, 8% rural); it was 278,418 in 2000

County owner-occupied with a mortgage or a loan houses and condos in 2010: 57,564

County owner-occupied free and clear houses and condos in 2010: 21,781

County owner-occupied houses and condos in 2000: 75,667

Renter-occupied apartments: 36,156 (it was 32,313 in 2000)

% of renters here: 30%

State: 33%

Land area: 514 sq. mi.

Water area: 5.5 sq. mi.

Population density: 550 people per square mile (high).

March 2019 cost of living index in Winnebago County: 84.3 (less than average, U.S. average is 100)

Industries providing employment: Manufacturing (22.8%), Educational, health and social services (22.7%),

Retail trade (10.6%).

### Type of workers:

- Private wage or salary: 85%
- Government: 10%
- Self-employed, not incorporated: 4%
- Unpaid family work: 0%

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[OSM Map](#) [General Map](#) [Google Map](#) [MSN Map](#)

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White (67.6%)  
 Hispanic (13.5%)  
 Black (13.4%)  
 Asian (2.7%)  
 2+ races (2.4%)  
 Other (0.3%)  
 American Indian and Alaska Native (0.1%)

|   |       |         |
|---|-------|---------|
| White Non-Hispanic Alone                | 67.6% | 191,000 |
| Hispanic or Latino                      | 13.5% | 38,180  |
| Black Non-Hispanic Alone                | 13.4% | 37,960  |
| Asian alone                             | 2.7%  | 7,659   |
| Two or more races                       | 2.4%  | 6,677   |
| Some other race alone                   | 0.3%  | 786     |
| American Indian and Alaska Native alone | 0.1%  | 310     |

Median resident age: 39.8 years  
 Illinois median age: 38.6 years

Males: 138,060 (48.9%)  
 Females: 144,512 (51.1%)

Recent posts about Winnebago County, Illinois on our local forum (/forum/illinois/) with over 2,200,000 registered users. Winnebago County is mentioned 41 times on our forum:

**Suburbs w/ highest and lowest property taxes** (<http://www.city-data.com/forum/chicago-suburbs/2603780-suburbs-w-highest-lowest-property-taxes-4.html#post44581464>) (160 replies)

**Do You Think Rockford Is A Suburb Or A City?** (<http://www.city-data.com/forum/illinois/697898-do-you-think-rockford-suburb-city-3.html#post9743925>) (73 replies)

**Used to live in Rockford - How's it like now?** (<http://www.city-data.com/forum/illinois/1302903-used-live-rockford-how-s-like-now.html#post19563293>) (10 replies)

**Fishing in northern illinois?** (<http://www.city-data.com/forum/illinois/1241707-fishing-northern-illinois.html#post18970589>) (12 replies)

**Which burb has cheapest property taxes? Naperville, Aurora, Bolingbrook, Lisle, etc?** (<http://www.city-data.com/forum/chicago-suburbs/1019734-burb-has-cheapest-property-taxes-naperville-aurora-bolingbrook-lisle-etc.html#post15602013>) (12 replies)

**Rockford is horrible** (<http://www.city-data.com/forum/illinois/159275-rockford-horrible-3.html#post1620673>) (81 replies)

Average household size:

Winnebago County: 2.0 people  
 Illinois: 3 people

Estimated median household income in 2019: \$59,455 (\$43,886 in 1999)

This county: \$59,455  
 Illinois: \$69,187

Median contract rent in 2019 for apartments: \$680 (lower quartile is \$536, upper quartile is \$851)

This county: \$680

State: \$889

Estimated median house or condo value in 2019: \$126,500 (it was \$90,900 in 2000)

Winnebago: \$126,500

Illinois: \$209,100

Lower value quartile - upper value quartile: \$81,700 - \$172,100

## Mean price in 2019:

Detached houses: \$150,527

Here: \$150,527

State: \$266,086

Townhouses or other attached units: \$258,506

Here: \$258,506

State: \$247,630

In 2-unit structures: \$98,183

Here: \$98,183

State: \$268,780

In 3-to-4-unit structures: \$78,616

Here: \$78,616

State: \$306,067

In 5-or-more-unit structures: \$100,281

Here: \$100,281

State: \$303,902

Mobile homes: \$38,453

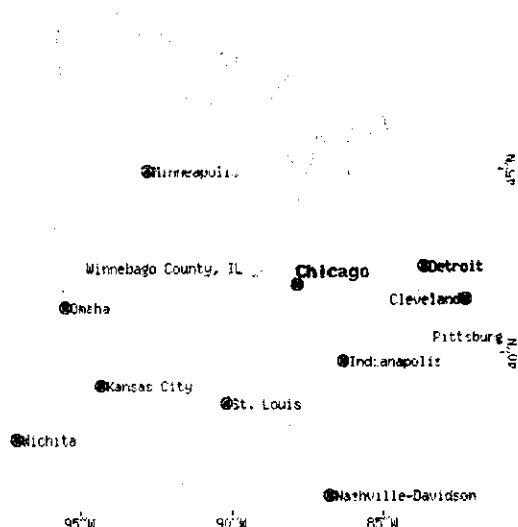
Here: \$38,453

State: \$59,325

Median monthly housing costs for homes and condos with a mortgage: \$1,168

Median monthly housing costs for units without a mortgage: \$521

Institutionalized population: 3,336

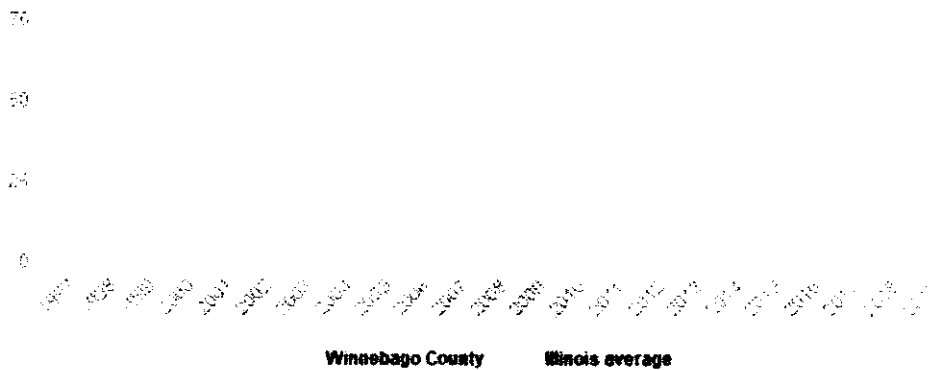


Single-family new house construction building permits:

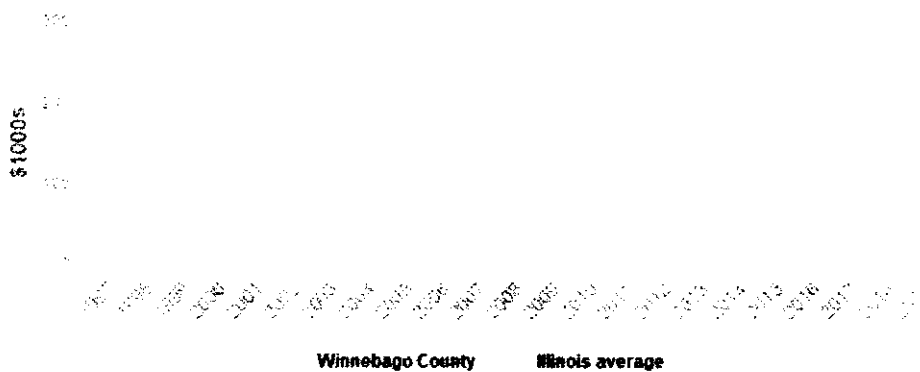


- 1997: 988 buildings, average cost: \$70,000
- 1998: 1032 buildings, average cost: \$71,900
- 1999: 973 buildings, average cost: \$74,900
- 2000: 1013 buildings, average cost: \$79,700
- 2001: 912 buildings, average cost: \$77,300
- 2002: 1177 buildings, average cost: \$75,300
- 2003: 1487 buildings, average cost: \$79,400
- 2004: 1679 buildings, average cost: \$89,700
- 2005: 1570 buildings, average cost: \$83,000
- 2006: 1522 buildings, average cost: \$108,200
- 2007: 877 buildings, average cost: \$114,700
- 2008: 274 buildings, average cost: \$117,400
- 2009: 167 buildings, average cost: \$168,700
- 2010: 251 buildings, average cost: \$108,300
- 2011: 85 buildings, average cost: \$125,000
- 2012: 62 buildings, average cost: \$110,900
- 2013: 53 buildings, average cost: \$120,000
- 2014: 123 buildings, average cost: \$119,100
- 2015: 78 buildings, average cost: \$164,600
- 2016: 178 buildings, average cost: \$130,800
- 2017: 188 buildings, average cost: \$134,800
- 2018: 164 buildings, average cost: \$112,700
- 2019: 179 buildings, average cost: \$132,600

### Number of permits per 10,000 Winnebago, IL residents

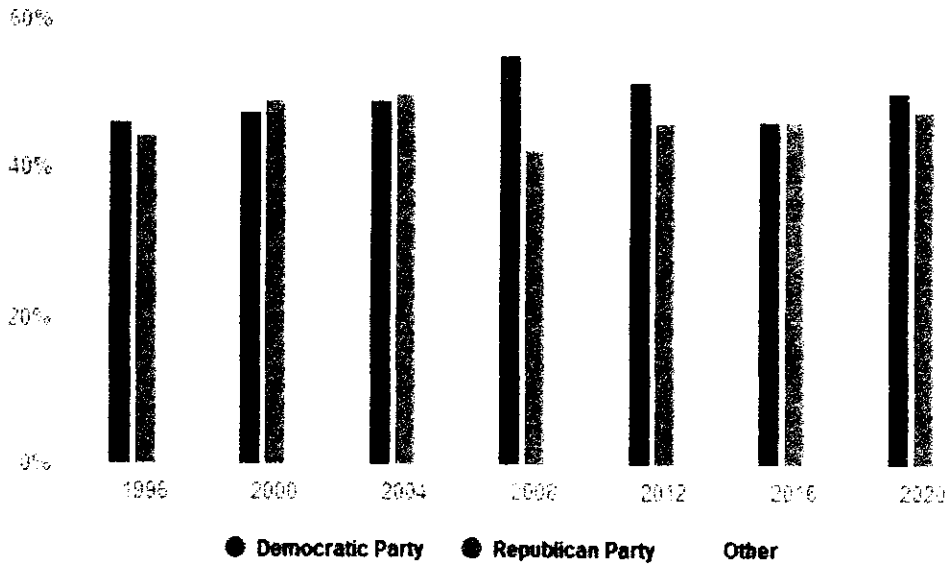


### Average permit cost in Winnebago, IL



# Presidential Elections Results

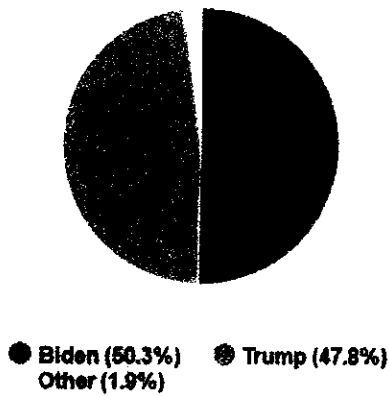
Winnebago County, IL



1996 2000 2004 2008 2012  
2016

## 2020 Presidential Elections Results

Winnebago County, IL

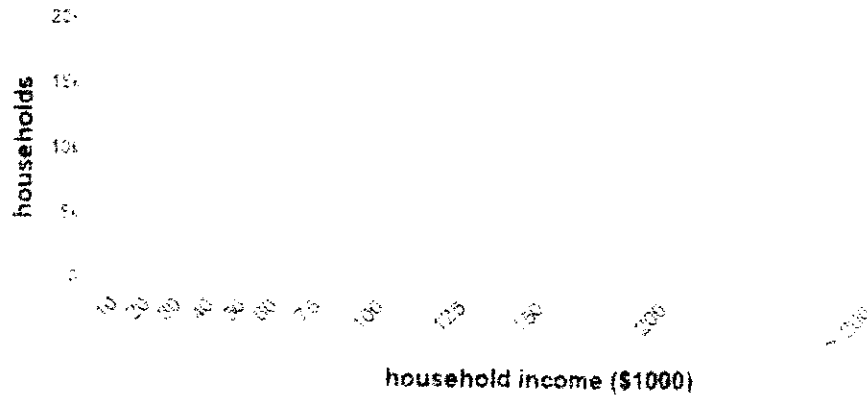


Graphs represent county-level data. Detailed 2008 Election Results (/elec08/WINNEBAGO-ILLINOIS.html)

NEW NEW NEW -50% -30% -30% -20%

Median real estate property taxes paid for housing units with mortgages in 2019: \$3,702 (2.8%)  
Median real estate property taxes paid for housing units with no mortgage in 2019: \$2,977 (2.6%)

### Distribution of median household income in Winnebago, IL in 2019



### Distribution of house value in Winnebago, IL in 2019



### Distribution of rent paid by renters in Winnebago, IL in 2019



percentage of residents living in poverty in 2019: 17.0%

Winnebago County: 17.0%

Illinois: 11.5%

(9.9% for White Non-Hispanic residents, 41.9% for Black residents, 29.3% for Hispanic or Latino residents, 32.6% for American Indian residents, 47.1% for Native Hawaiian and other Pacific Islander residents, 15.8% for other race residents, 22.5% for two or more races residents)

[https://www.city-data.com/county/Winnebago\\_County-IL.html](https://www.city-data.com/county/Winnebago_County-IL.html)



Median age of residents in 2019: 39.8 years old

(Males: 38.6 years old, Females: 40.9 years old)

(Median age for: White residents: 47.0 years old, Black residents: 30.1 years old, American Indian residents: 33.4 years old, Asian residents: 38.4 years old, Hispanic or Latino residents: 25.1 years old, Other race residents: 26.5 years old)

Area name: Rockford, IL MSA

Fair market rent in 2006 for a 1-bedroom apartment in Winnebago County is \$486 a month.

Fair market rent for a 2-bedroom apartment is \$616 a month.

Fair market rent for a 3-bedroom apartment is \$806 a month.

Cities in this county include: Rockford (</city/Rockford-Illinois.html>), Machesney Park (</city/Machesney-Park-Illinois.html>), Loves Park (</city/Loves-Park-Illinois.html>), Roscoe (</city/Roscoe-Illinois.html>), South Beloit (</city/South-Beloit-Illinois.html>), Rockton (</city/Rockton-Illinois.html>), Winnebago (</city/Winnebago-Illinois.html>), Cherry Valley (</city/Cherry-Valley-Illinois.html>), Lake Summerset (</city/Lake-Summerset-Illinois.html>), Pecatonica (</city/Pecatonica-Illinois.html>).

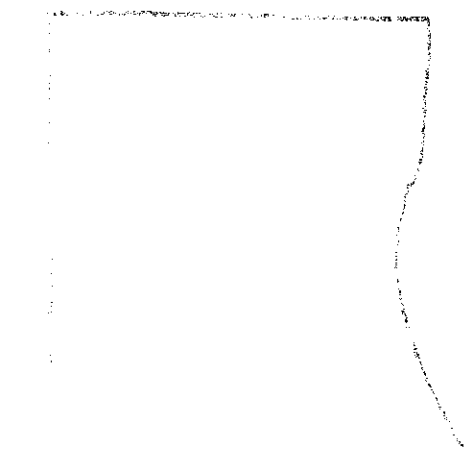
Winnebago County has a predicted average indoor radon screening level greater than 4 pCi/L (pico curies per liter) - **Highest Potential**

## 2018 air pollution in Winnebago County:

Ozone (1-hour): 0.028 ppm (standard limit: 0.12 ppm). Near U.S. average.

Particulate Matter (PM<sub>2.5</sub>) Annual: 5.6 µg/m<sup>3</sup> (standard limit: 15.0 µg/m<sup>3</sup>). Near U.S. average.

Local government website: [www.co.winnebago.il.us](http://www.co.winnebago.il.us) (<http://www.co.winnebago.il.us>)



Leaflet (<https://leafletjs.com/>) | Data, imagery and map information provided by [CartoDB](https://carto.com/) (<https://carto.com/>), [OpenStreetMap](https://www.openstreetmap.org/) (<https://www.openstreetmap.org/>) and contributors CC-BY-SA (<https://creativecommons.org/licenses/by-sa/2.0/>)

Click to draw/clear Winnebago County borders

## Notable locations in this county outside city limits:

Notable locations in Winnebago County: Honeysuckle Hollow Camping Area (A), Hickory Grove Picnic Area (B), Deer Path Picnic Area (C), Catfish Cove Picnic Area (D), Prairie View Camping Area (E), Oak Point Day Use Area (F), Oak Grove Picnic Area (G), Mudlake West Youth Group Camping Area (H), Turner Lake South Camping Area (I), Beach (J), Camp Hickory (K), Camp Henry Homer (L), Golden Oaks Farm (M), Antioch Country Club (N), Camp Duncan (O), Countryside Golf Club (P), Russell Road Scout Camping Area (Q), Lake County Sheriffs Department Shooting Range (R), Saint Francis Boys Camp (S), Pike Marsh Picnic Area (T). Display/hide their locations on the map

Churches in Winnebago County include: Linden Villa Church (A), New Life Fellowship Church (B), Saint Marys Church (C), Ivanhoe Congregational Church (D), Millburn Congregational Church (E), Mount Carmel Baptist Church (F), Lakeland Baptist Church (G). Display/hide their locations on the map

Cemeteries: Home Oaks Cemetery (1), Oakdale Cemetery (2), Hickory Union Cemetery (3), Saint Marys Catholic Cemetery (4), Grass Lake Cemetery (5), Grant Cemetery (6), East Fox Lake Cemetery (7). Display/hide their locations on the map

Lakes, reservoirs, and swamps: Redwing Slough Lake (A), Antioch Lake (B), Hendrick Lake (C), Lake Marie (D), Benet Lake (E), Turner Lake (F), Grass Lake (G), Silver Lake (H). Display/hide their locations on the map

Creeks: Hastings Creek (A), Squaw Creek (B), Flint Creek (C). Display/hide their locations on the map

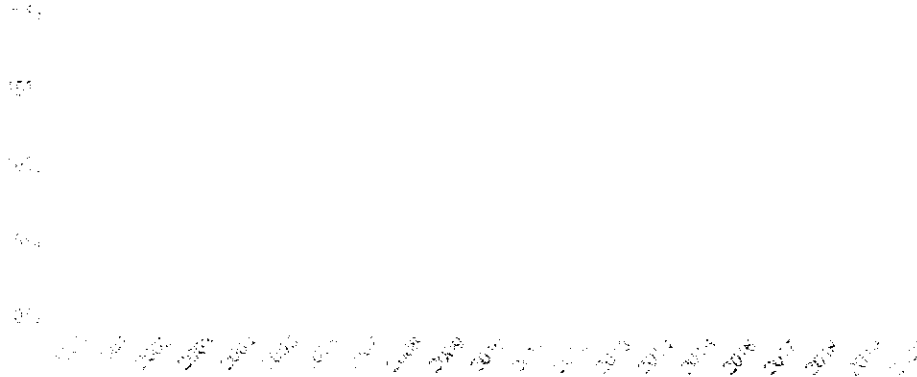
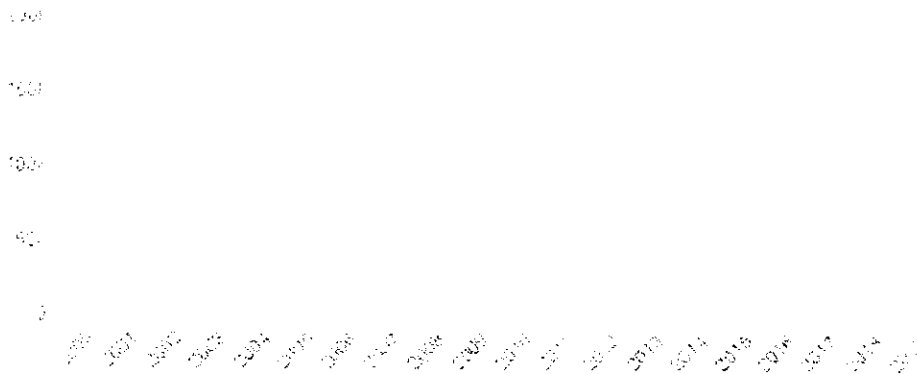
Parks in Winnebago County include: Independence Grove County Forest Preserve (1), Lakewood County Forest Preserve (2), Almond Marsh Nature Preserve (3), Illinois Beach Nature Preserve (4), Liberty Prairie Nature Preserve (5), North Dunes Nature Preserve (6), Wadsworth Prairie Nature Preserve (7), Almond Marsh Forest Preserve (8), Cedar Lake Bog Nature Preserve (9). Display/hide their locations on the map

Neighboring counties: Dubuque County, Iowa ([/county/Dubuque\\_County-IA.html](/county/Dubuque_County-IA.html)) ←, Kane County ([/county/Kane\\_County-IL.html](/county/Kane_County-IL.html)) →, Lake County ([/county/Lake\\_County-IL.html](/county/Lake_County-IL.html)) ↗.

Unemployment in November 2020:

Here: 7.2%

Illinois: 6.5%

**Unemployment by year in Winnebago, IL****County total employment by year in Winnebago, IL****County average yearly wages by year in Winnebago, IL**

Current college students: 12,464

People 25 years of age or older with a high school degree or higher: 88.8%

People 25 years of age or older with a bachelor's degree or higher: 24.8%

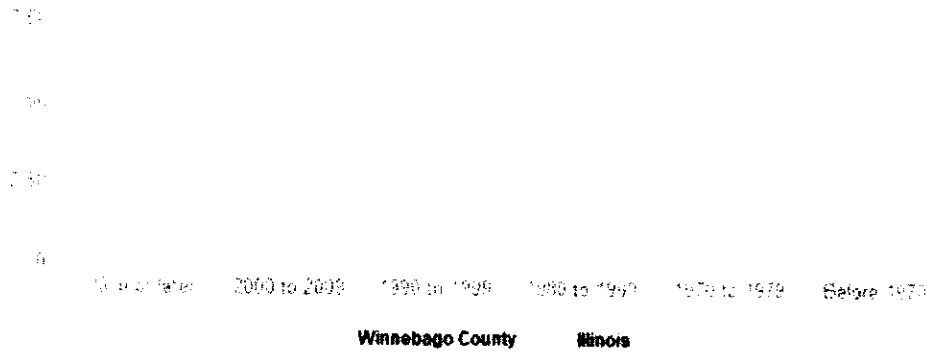
Number of foreign born residents: 22,376 (50.1% naturalized citizens)

Winnebago County: 7.9%

Whole state: 13.9%

## Year of entry for the foreign-born population

Note: State values scaled to Winnebago County population



### Year of entry for the foreign-born population

|               |       |
|---------------|-------|
| 2010 or later | 4,427 |
| 2000 to 2009  | 6,062 |
| 1990 to 1999  | 6,328 |
| 1980 to 1989  | 3,361 |
| 1970 to 1979  | 2,450 |
| Before 1970   | 2,926 |

Mean travel time to work (commute): 20.8 minutes

Percentage of county residents living and working in this county: 86.9%

## Housing units in structures:

- One, detached: 86,634
- One, attached: 5,347
- Two: 7,162
- 3 or 4: 8,752
- 5 to 9: 6,619
- 10 to 19: 2,599
- 20 to 49: 2,018
- 50 or more: 4,719
- Mobile homes: 1,864

Housing units in Winnebago County with a mortgage: 46,651 (704 second mortgage, 3,814 home equity loan, 104 both second mortgage and home equity loan)

Houses without a mortgage: 27,976

Rate: 63.0% with mortgage

Rate: 62.4% with mortgage

## Religion statistics for Winnebago County

| Religion               | Adherents | Congregations |
|------------------------|-----------|---------------|
| Catholic               | 59,373    | 16            |
| Evangelical Protestant | 55,069    | 149           |
| Mainline Protestant    | 28,602    | 70            |
| Black Protestant       | 5,544     | 18            |
| Other                  | 4,624     | 24            |
| Orthodox               | 1,248     | 3             |

## Religion

## Adherents

## Congregations

None

140,806

-

## Winnebago County Religion Details (/county/religion/Winnebago-County-IL.html)

Source: Clifford Grammlich, Kirk Hadaway, Richard Houseal, Dale E. Jones, Alexei Knudatch, Richie Stanley and Richard H. Taylor, 2012, 2010 U.S. Religion Census: Religious Congregations & Membership Study, Association of Statisticians of American Religious Bodies, Jones, Dale E., et al, 2002, Congregations and Membership in the United States 2000, Nashville, TN: Glenmary Research Center.

## Food Environment Statistics:

Number of grocery stores: 53

Winnebago County: 1.78 / 10,000 pop.

State: 2.24 / 10,000 pop.

Number of supercenters and club stores: 3

Here: 0.10 / 10,000 pop.

Illinois: 0.08 / 10,000 pop.

Number of convenience stores (no gas): 16

This county: 0.54 / 10,000 pop.

Illinois: 0.75 / 10,000 pop.

Number of convenience stores (with gas): 104

Winnebago County: 3.49 / 10,000 pop.

Illinois: 2.61 / 10,000 pop.

Number of full-service restaurants: 221

This county: 7.42 / 10,000 pop.

State: 6.86 / 10,000 pop.

Adult diabetes rate:

Winnebago County: 8.6%

Illinois: 8.3%

Adult obesity rate:

Winnebago County: 26.1%

State: 25.2%

Low-income preschool obesity rate:

Here: 15.9%

State: 14.5%

## Agriculture in Winnebago County:

Average size of farms: 275 acres

Average value of agricultural products sold per farm: \$89,467

Average value of crops sold per acre for harvested cropland: \$276.36

The value of nursery, greenhouse, floriculture, and sod as a percentage of the total market value of agricultural products sold: 15.33%

The value of livestock, poultry, and their products as a percentage of the total market value of agricultural products sold: 26.97%

Average total farm production expenses per farm: \$82,448

Harvested cropland as a percentage of land in farms: 85.83%

Irrigated harvested cropland as a percentage of land in farms: 0.59%

Average market value of all machinery and equipment per farm: \$94,293

The percentage of farms operated by a family or individual: 87.91%

Average age of principal farm operators: 56 years

Average number of cattle and calves per 100 acres of all land in farms: 8.91

Milk cows as a percentage of all cattle and calves: 15.17%

Corn for grain: 85434 harvested acres

All wheat for grain: 3321 harvested acres

Soybeans for beans: 61542 harvested acres

Vegetables: 323 harvested acres

Fruit and in orchards: 86 acres

## Tornado activity:

Winnebago County historical area-adjusted tornado activity is significantly below Illinois state average. It is 1389927.8 times below average.

Tornadoes in this county have caused 8 fatalities and 213 injuries recorded between 1950 and 2020.

[https://www.city-data.com/county/Winnebago\\_County-IL.html](https://www.city-data.com/county/Winnebago_County-IL.html)

On 4/11/1965, a category 4 (max. wind speeds 207-260 mph) tornado killed 6 people and injured 75 people

## Earthquake activity:

Winnebago County-area historical earthquake activity is significantly above Illinois state average. It is 55% greater than the overall U.S. average.

On 4/18/2008 at 09:36:59, a magnitude 5.4 (5.1 MB, 4.8 MS, 5.4 MW, 5.2 MW, Class: Moderate, Intensity: VI - VII) earthquake occurred 274.2 miles away from Winnebago County center

On 6/28/2004 at 06:10:52, a magnitude 4.2 (4.2 MW, Depth: 6.2 mi, Class: Light, Intensity: IV - V) earthquake occurred 59.6 miles away from the county center

On 6/10/1987 at 23:48:54, a magnitude 5.1 (4.9 MB, 4.4 MS, 4.6 MS, 5.1 LG) earthquake occurred 249.4 miles away from the county center

On 4/18/2008 at 09:36:59, a magnitude 5.2 (5.2 MW, Depth: 8.9 mi) earthquake occurred 274.3 miles away from the county center

On 2/10/2010 at 09:59:35, a magnitude 3.8 (3.8 MW, Depth: 6.2 mi, Class: Light, Intensity: II - III) earthquake occurred 38.2 miles away from Winnebago County center

On 6/18/2002 at 17:37:15, a magnitude 5.0 (4.3 MB, 4.6 MW, 5.0 LG) earthquake occurred 306.9 miles away from the county center

Magnitude types: regional Lg-wave magnitude (LG), body-wave magnitude (MB), surface-wave magnitude (MS), moment magnitude (MW)

## Most recent natural disasters:

- Illinois Covid-19 Pandemic, Incident Period: January 20, 2020, FEMA Id: 4489, Natural disaster type: Other
- Illinois Severe Storms, Straight-Line Winds and Flooding, Incident Period: April 16, 2013 to May 05, 2013, Major Disaster (Presidential) Declared DR-4116: May 10, 2013, FEMA Id: 4116, Natural disaster type: Storm, Flood, Wind
- Illinois Severe Winter Storm and Snowstorm, Incident Period: January 31, 2011 to February 03, 2011, Major Disaster (Presidential) Declared DR-1960: March 17, 2011, FEMA Id: 1960, Natural disaster type: Snowstorm, Winter Storm
- Illinois Severe Storms and Flooding, Incident Period: July 19, 2010 to August 07, 2010, Major Disaster (Presidential) Declared DR-1935: August 19, 2010, FEMA Id: 1935, Natural disaster type: Storm, Flood
- Illinois Severe Storms and Flooding, Incident Period: June 01, 2008 to July 22, 2008, Major Disaster (Presidential) Declared DR-1771: June 24, 2008, FEMA Id: 1771, Natural disaster type: Storm, Flood
- Illinois Snow, Incident Period: February 05, 2008 to February 06, 2008, Emergency Declared EM-3283: March 13, 2008, FEMA Id: 3283, Natural disaster type: Snow
- Illinois Severe Storms and Flooding, Incident Period: August 07, 2007 to August 08, 2007, Major Disaster (Presidential) Declared DR-1722: August 30, 2007, FEMA Id: 1722, Natural disaster type: Storm, Flood
- Illinois Snow, Incident Period: November 30, 2006 to December 01, 2006, Emergency Declared EM-3269: December 29, 2006, FEMA Id: 3269, Natural disaster type: Snow
- Illinois Hurricane Katrina Evacuation, Incident Period: August 29, 2005 to October 01, 2005, Emergency Declared EM-3230: September 07, 2005, FEMA Id: 3230, Natural disaster type: Hurricane
- Illinois Severe Winter Storm, Incident Period: December 11, 2000 to December 31, 2000, Emergency Declared EM-3161: January 17, 2001, FEMA Id: 3161, Natural disaster type: Winter Storm
- 6 other natural disasters have been reported since 1953.

The number of natural disasters in Winnebago County (16) is near the US average (15).

Major Disasters (Presidential) Declared: 10

Emergencies Declared: 5

Causes of natural disasters: Floods: 8, Storms: 7, Snows: 2, Snowstorms: 2, Winter Storms: 2, Blizzard: 1, Hurricane: 1, Tornado: 1, Wind: 1, Other: 1 (Note: some incidents may be assigned to more than one category).



### Means of transportation to work:

- Drove a car alone: 116,408 (84.8%)
- Carpooled: 12,127 (8.8%)
- Bus: 940 (0.7%)
- Taxicab, motorcycle, or other means: 979 (0.7%)
- Bicycle: 246 (0.2%)
- Walked: 2,548 (1.9%)
- Worked at home: 3,990 (2.9%)



Most common industries in 2019 (%)


Females

- Health care and social assistance (27%)
- Manufacturing (12%)
- Educational services (11%)
- Retail trade (10%)
- Accommodation and food services (5%)
- Professional, scientific, and technical services (4%)
- Other services, except public administration (4%)





Most common occupations in 2019 (%)

 Females

- Production occupations (20%)
- Management occupations (11%)
- Construction and extraction occupations (9%)
- Sales and related occupations (9%)
- Material moving occupations (6%)
- Transportation occupations (6%)
- Installation, maintenance, and repair occupations (5%)



- Mexico (40%)
- Philippines (5%)
- India (4%)
- Africa, n.e.c. (2%)
- Germany (2%)
- Bosnia and Herzegovina (2%)
- Poland (2%)



- German (12%)
- American (7%)
- Italian (4%)
- Swedish (4%)
- Irish (4%)
- English (3%)
- European (3%)



## People in group quarters in Winnebago County, Illinois in 2000:

- 2,355 people in nursing homes
- 655 people in local jails and other confinement facilities (including police lockups)
- 480 people in homes for the mentally retarded
- 407 people in other noninstitutional group quarters
- 341 people in college dormitories (includes college quarters off campus)
- 175 people in homes for abused, dependent, and neglected children
- 98 people in other nonhousehold living situations
- 93 people in halfway houses
- 90 people in hospitals or wards for drug/alcohol abuse
- 88 people in mental (psychiatric) hospitals or wards
- 75 people in homes for the mentally ill
- 60 people in residential treatment centers for emotionally disturbed children
- 60 people in short-term care, detention or diagnostic centers for delinquent children
- 38 people in religious group quarters
- 24 people in schools, hospitals, or wards for the intellectually disabled
- 24 people in other group homes
- 11 people in homes or halfway houses for drug/alcohol abuse

## People in group quarters in Winnebago County, Illinois in 2010:

- 2,079 people in nursing facilities/skilled-nursing facilities
- 963 people in local jails and other municipal confinement facilities
- 383 people in other noninstitutional facilities
- 300 people in group homes intended for adults
- 246 people in college/university student housing
- 229 people in emergency and transitional shelters (with sleeping facilities) for people experiencing homelessness
- 189 people in residential treatment centers for adults
- 109 people in residential treatment centers for juveniles (non-correctional)
- 74 people in mental (psychiatric) hospitals and psychiatric units in other hospitals
- 57 people in correctional facilities intended for juveniles
- 54 people in group homes for juveniles (non-correctional)
- 2 people in workers' group living quarters and job corps centers

Average gross adjusted income of non-migrant taxpayers in this county in 2010 was \$59,398.

4.26% of this county's 2011 resident taxpayers lived in other counties in 2010 (\$43,809 average adjusted gross income)

Here: 4.26%  
 Illinois average: 4.69%



0.29% of residents moved from foreign countries (\$3,259 average AGI)

Winnebago County: 0.29%

Illinois average: 0.03%

2.25% relocated from other counties in Illinois (\$22,890 average AGI)

1.73% relocated from other states (\$17,659 average AGI)

Winnebago County: 1.73%

Illinois average: 1.87%

Top counties from which taxpayers relocated into this county between 2010 and 2011:

from Boone County, IL (/county/Boone\_County-IL.html) 0.57% (\$45,866 average AGI)

from Cook County, IL (/county/Cook\_County-IL.html) 0.48% (\$42,015)

from Rock County, WI (/county/Rock\_County-WI.html) 0.26% (\$41,640)

from Ogle County, IL (/county/Ogle\_County-IL.html) 0.23% (\$46,825)

from Stephenson County, IL (/county/Stephenson\_County-IL.html) 0.14% (\$43,616)

from Kane County, IL (/county/Kane\_County-IL.html) 0.14% (\$45,821)

from DeKalb County, IL (/county/DeKalb\_County-IL.html) 0.13% (\$38,099)

4.66% of this county's 2010 resident taxpayers moved to other counties in 2011 (\$49,183 average adjusted gross income)

Here: 4.66%

Illinois average: 5.50%

0.02% of residents moved to foreign countries (\$203 average AGI)

Winnebago County: 0.02%

Illinois average: 0.06%

1.91% relocated to other counties in Illinois (\$19,850 average AGI)

2.73% relocated to other states (\$29,130 average AGI)

Winnebago County: 2.73%

Illinois average: 2.67%



## Top counties to which taxpayers relocated from this county between 2010 and 2011:

|  |                              |
|--|------------------------------|
| to Boone County, IL (/county/Boone_County-IL.html)           | 0.42% (\$53,779 average AGI) |
| to Cook County, IL (/county/Cook_County-IL.html)             | 0.39% (\$48,151)             |
| to Rock County, WI (/county/Rock_County-WI.html)             | 0.31% (\$40,424)             |
| to Ogle County, IL (/county/Ogle_County-IL.html)             | 0.22% (\$41,771)             |
| to Stephenson County, IL (/county/Stephenson_County-IL.html) | 0.14% (\$34,863)             |
| to Maricopa County, AZ (/county/Maricopa_County-AZ.html)     | 0.12% (\$49,556)             |
| to McHenry County, IL (/county/McHenry_County-IL.html)       | 0.12% (\$54,489)             |

Births per 1000 population from 1990 to 1999: 14.9

Births per 1000 population from 2000 to 2006: 14.0

Births per 1000 population from 2007 to 2019: 12.8

Deaths per 1000 population from 1990 to 1999: 8.6

Deaths per 1000 population from 2000 to 2006: 8.8

Deaths per 1000 population from 2007 to 2019: 9.7



Infant deaths per 1000 live births from 1990 to 1999: 8.5

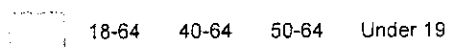
Infant deaths per 1000 live births from 2000 to 2006: 8.3

Infant deaths per 1000 live births from 2007 to 2018: 7.0

Population without health insurance coverage in 2018: 8.0%

Persons under 19 years old without health insurance coverage in 2018: 3.5%

**Percentage of population without health insurance coverage in Winnebago County**



Persons enrolled in hospital insurance and/or supplemental medical insurance (Medicare) in July 1, 2007: 45,390 (37,169 aged, 8,221 under 65)  
Children under 18 without health insurance coverage in 2007: 7,258 (9%)

## Most common underlying causes of death in Winnebago County, Illinois in 1999 - 2019:

- Bronchus or lung, unspecified - Malignant neoplasms (3,785)
- Atherosclerotic heart disease (3,154)
- Chronic obstructive pulmonary disease, unspecified (2,476)
- Acute myocardial infarction, unspecified (2,456)
- Congestive heart failure (2,207)
- Unspecified dementia (2,146)
- Alzheimer disease, unspecified (1,875)
- Stroke, not specified as haemorrhage or infarction (1,772)
- Atherosclerotic cardiovascular disease, so described (1,034)
- Breast, unspecified - Malignant neoplasms (934)

Population without health insurance coverage in 2000: 12%

Children under 18 without health insurance coverage in 2000: 8%

Short term general hospitals per 100,000 population in 2004: 1.05

Short term general hospital admissions per 100,000 population in 2004: 14,765

Short term general hospital beds per 100,000 population in 2004: 286

Emergency room visits per 100,000 population in 2004: 45,118

General practice office based MDs per 100,000 population in 2005: 1,389

Medical specialist MDs per 100,000 population in 2005: 882

[https://www.city-data.com/county/Winnebago\\_County-IL.html](https://www.city-data.com/county/Winnebago_County-IL.html)





7/12/2021

Winnebago County, Illinois detailed profile - houses, real estate, cost of living, wages, work, agriculture, ancestries, and more

Federal procurement contracts: \$139,966,000 (\$123,549,000 Department of Defense)

Federal salaries and wages: \$68,896,000 (\$4,028,000 Department of Defense)

Federal Government direct loans: \$1,855,000

Federal guaranteed/insured loans: \$242,006,000

Federal Government insurance: \$157,918,000

**Population change from April 1, 2000 to July 1, 2005:**

Births: 20,828

Here: 72 per 1000 residents

State: 75 per 1000 residents

Deaths: 12,968

Here: 45 per 1000 residents

State: 43 per 1000 residents

Net international migration: +4,460

Here: +15 per 1000 residents

State: +26 per 1000 residents

Net internal migration: -1,755

Here: -6 per 1000 residents

State: -31 per 1000 residents

Total withdrawal of fresh water for public supply: 32.80 millions of gallons per day (all from ground)

Median number of rooms in houses and condos:

Here: 6.4

State: 6.4

Median number of rooms in apartments:

Here: 4.5

State: 4.2



## Year house built in Winnebago County, Illinois

|                 |        |
|-----------------|--------|
| 2014 or later   | 587    |
| 2010 to 2013    | 1,438  |
| 2000 to 2009    | 12,755 |
| 1990 to 1999    | 15,166 |
| 1980 to 1989    | 14,047 |
| 1970 to 1979    | 20,551 |
| 1960 to 1969    | 17,719 |
| 1950 to 1959    | 17,194 |
| 1940 to 1949    | 8,522  |
| 1939 or earlier | 17,735 |



Rooms in houses/apartments in Winnebago County, Illinois



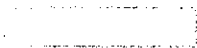
Renter-occupied

Rooms in owner-occupied houses in Winnebago County, Illinois

|          |        |
|----------|--------|
| 1 room   | 54     |
| 2 rooms  | 157    |
| 3 rooms  | 1,104  |
| 4 rooms  | 5,104  |
| 5 rooms  | 14,990 |
| 6 rooms  | 17,259 |
| 7 rooms  | 12,574 |
| 8 rooms  | 8,702  |
| 9+ rooms | 14,683 |



## Cars and other vehicles available in Winnebago County, Illinois in houses/condos/apartments



Renter-occupied

## Cars and other vehicles available in Winnebago County in owner-occupied houses/condos

|             |        |
|-------------|--------|
| no vehicle  | 1,432  |
| 1 vehicle   | 18,970 |
| 2 vehicles  | 32,320 |
| 3 vehicles  | 15,369 |
| 4 vehicles  | 5,208  |
| 5+ vehicles | 1,328  |

86.6% of Winnebago County residents lived in the same house 1 years ago.

Out of people who lived in different houses, 41% lived in this county.

Out of people who lived in different counties, 65% lived in Illinois.

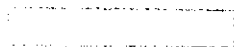
Winnebago County: 86.6%

State average: 87.3%

## Place of birth for U.S.-born residents:

- This state: 195,662
- Other state: 62,210
- Northeast: 4,425
- Midwest: 33,709
- South: 16,113
- West: 7,963

**Most commonly used house heating fuel in  
Winnebago County**

 Apartments

|                          |       |
|--------------------------|-------|
| Utility gas              | 91.7% |
| Electricity              | 5.0%  |
| Bottled, tank, or LP gas | 2.5%  |
| Wood                     | 0.5%  |
| Other fuel               | 0.1%  |
| No fuel used             | 0.1%  |
| Fuel oil, kerosene, etc. | 0.1%  |

## Private vs. public school enrollment:

Students in private schools in grades 1 to 8 (elementary and middle school): 3,540

Here: 11.5%  
Illinois: 11.2%

Students in private schools in grades 9 to 12 (high school): 2,169

Here: 13.5%  
Illinois: 9.3%

## Marketing Area

## Marketing Area

NorthPointe Birth Center  
5605 Rockton Road, Roscoe, IL  
50 mile radius  
(AABC data/research)

Marketing  
Area - CountyIllinois & Wisconsin

| County Regions | State     |
|----------------|-----------|
| Northwest      | Illinois  |
| Northeast      | Illinois  |
| South Central  | Wisconsin |
| Southeast      | Wisconsin |

