

25-044

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

HEALTH FACILITIES &
SERVICES REVIEW BOARD

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: Javon Bea Hospital – Rockton Avenue Campus (Discontinuation)		
Street Address: 2400 N. Rockton Avenue		
City and Zip Code: Rockford 61103		
County: Winnebago	Health Service Area: I	Health Planning Area: B-01

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

Exact Legal Name: Javon Bea Hospital
Street Address: 2400 N. Rockton Avenue
City and Zip Code: Rockford 61103
Name of Registered Agent: Meaghan Moriarty
Registered Agent Street Address: 8201 E. Riverside Boulevard
Registered Agent City and Zip Code: Rockford 61114
Name of Chief Executive Officer: Javon R. Bea
CEO Street Address: 8201 E. Riverside Boulevard
CEO City and Zip Code: Rockford 61114
CEO Telephone Number: (608) 314-2468

Type of Ownership of Applicants

- | | |
|--|--|
| ☒ Non-profit Corporation | ☐ Partnership |
| ☐ For-profit Corporation | ☐ Governmental |
| ☐ Limited Liability Company | ☐ Sole Proprietorship |
| ☐ Other | |
- Corporations and limited liability companies must provide an **Illinois certificate of good standing**.
 - Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner.

APPEND DOCUMENTATION AS ATTACHMENT 1, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Primary Contact [Person to receive ALL correspondence or inquiries]

Name: Juan Morado, Jr.
Title: Partner
Company Name: Benesch, Friedlander, Coplan & Aronoff
Address: 71 S. Wacker Drive, Suite 1600 Chicago, IL 60606
Telephone Number: (312) 212-4967
E-mail Address: JMorado@beneschlaw.com
Fax Number: (877) 357-4913

**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: Javon Bea Hospital – Rockton Avenue Campus (Discontinuation)		
Street Address: 2400 North Rockton Avenue		
City and Zip Code: Rockford 61103		
County: Winnebago	Health Service Area: I	Health Planning Area: B-01

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

Exact Legal Name: Mercy Health Corporation
Street Address: 8201 E Riverside Blvd
City and Zip Code: Rockford 61114
Name of Registered Agent: Meaghan Moriarty
Registered Agent Street Address: 8201 E Riverside Blvd
Registered Agent City and Zip Code: Rockford 61114
Name of Chief Executive Officer: Javon R. Bea
CEO Street Address: 8201 E Riverside Blvd
CEO City and Zip Code: Rockford 61114
CEO Telephone Number: 608-314-2468

Type of Ownership of Applicants

☒ Non-profit Corporation	☐ Partnership
☐ For-profit Corporation	☐ Governmental
☐ Limited Liability Company	☐ Sole Proprietorship
☐ Other	

- Corporations and limited liability companies must provide an **Illinois certificate of good standing**.
- Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner.

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Primary Contact [Person to receive ALL correspondence or inquiries]

Name: Juan Morado, Jr
Title: Partner
Company Name: Benesch, Friedlander, Coplan and Aronoff LLP
Address: 71 S. Wacker Driver, Suite 1600 Chicago, IL 60606
Telephone Number: (312) 212-4967
E-mail Address: jmorado@beneschlaw.com
Fax Number: (877) 357-4913

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

Name: Meaghan Moriarty
Title: Senior Director, Head of Legal Services
Company Name: Javon Bea Hospital
Address: 8201 E Riverside Blvd, Rockford, IL 61114
Telephone Number: 608-314-2468
E-mail Address: mmoriarty@mhemail.org
Fax Number:

Site Ownership [Provide this information for each applicable site]

Exact Legal Name of Site Owner: Javon Bea Hospital
Address of Site Owner: 8201 E Riverside Blvd, Rockford, IL 61114
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: Javon Bea Hospital	
Address: 8201 E Riverside Blvd, Rockford, IL 61114	
☒ Non-profit Corporation	☐ Partnership
☐ For-profit Corporation	☐ Governmental
☐ Limited Liability Company	☐ Sole Proprietorship ☐
Other	
- Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. - Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner. - Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	
APPEND DOCUMENTATION AS 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 - NOT APPLICABLE

[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 or www.illinoisfloodmaps.org. This map must be in a readable format. In addition, please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2006-5 (<http://www.hfsrb.illinois.gov>). **NOTE: 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 – NOT APPLICABLE

[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.

Javon Bea Hospital ("JBH") is a single licensed hospital pursuant to the Illinois Hospital Licensing Act (210 ILCS 85/4.5) operating across two campuses: Rockton Avenue and Riverside Boulevard. JBH seeks to discontinue the provision of emergency department and acute inpatient hospital services *only* at its Rockton Avenue campus, located at 2400 N. Rockton Ave., Rockford, IL 61103 ("Rockton Campus"). The JBH Riverside campus, located at 8201 E Riverside Blvd, Rockford IL, will remain fully operational and continue to provide its full range of inpatient, outpatient, primary, secondary, and tertiary services for the Rockford region.

The decision to discontinue services at the Rockton Campus was not an easy one. However, the Rockton Campus has faced chronic flooding issues that have decimated operations in the past - including \$30 million in damage to the lower level, which necessitated the relocation of critical services such as the cancer center and JBH's data processing infrastructure (see photos in Attachment 10). Such flooding poses unacceptable risk to patient care from microbes and other bacteria entering into the HVAC system. This continued environmental risk at the site makes it unsafe and unsustainable to provide inpatient care or to maintain patients in bed-confined settings at this location and JBH submitted notice of temporary suspension of hospital services at the location effective July 1, 2025.

In recent years, the Rockton Campus has only been able to operate a standby emergency department, which is staffed with an on-site nurse and off-site on-call physician per state statute, and utilized its long-term care unit during the COVID-19 pandemic to support surging patient volumes. However, utilization at the hospital building has steadily declined in recent years. Ambulances are no longer bringing patients to the facility, and the beds are no longer being utilized. In contrast, the JBH Riverside campus remains fully operational and continues to provide a robust range of inpatient, outpatient, primary, secondary, and tertiary services for the Rockford region.

This project is classified as substantive, in that it involves a discontinuation of a health care facility per 77 Ill. Admin. Code. 1110.20(b).

Project Costs and Sources of Funds – NOT APPLICABLE

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			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts			
Contingencies			
Architectural/Engineering Fees			
Consulting and Other Fees			
Movable or Other Equipment (not in construction contracts)			
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment			
Other Costs to Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	\$0	\$0	\$0
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities			
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	\$0	\$0	\$0
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Related Project Costs

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

Land acquisition is related to project ☐ Yes ☒ No
Purchase Price: **NOT APPLICABLE**
Fair Market Value: **NOT APPLICABLE**

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 **NOT APPLICABLE**

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): Upon approval of the HFSRB or by March 1, 2026

Indicate the following with respect to project expenditures or to financial commitments (refer to Part 1130.140): **NOT APPLICABLE**

- ☐ 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.

Cost Space Requirements- NOT APPLICABLE

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 departments or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

Not Reviewable Space [i.e., non-clinical]: means an area for the benefit of the patients, visitors, staff, or employees of a health care facility and not directly related to the diagnosis, treatment, or rehabilitation of persons receiving services from the health care facility. "Non-clinical service areas" include, but are not limited to, chapels; gift shops; newsstands; computer systems; tunnels, walkways, and elevators; telephone systems; projects to comply with life safety codes; educational facilities; student housing; patient, employee, staff, and visitor dining areas; administration and volunteer offices; modernization of structural components (such as roof replacement and masonry work); boiler repair or replacement; vehicle maintenance and storage facilities; parking facilities; mechanical systems for heating, ventilation, and air conditioning; loading docks; and repair or replacement of carpeting, tile, wall coverings, window coverings or treatments, or furniture. Solely for the purpose of this definition, "non-clinical service area" does not include health and fitness centers. [20 ILCS 3960/3]

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

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

Facility Bed Capacity and Utilization

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

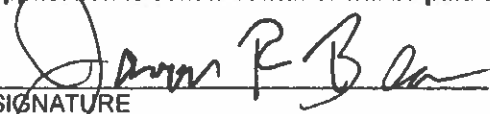
FACILITY NAME: Javon Bea Hospital – Rockton Avenue Campus		CITY: Rockford			
REPORTING PERIOD DATES:		From: January 2023		To: December 2023	
Category of Service	Authorized Beds	Admissions	Patient Days	Bed Changes	Proposed Beds
Medical/Surgical	-	-	-	-	-
Obstetrics	-	-	-	-	-
Pediatrics	-	-	-	-	-
Intensive Care	4	-	-	-	0
Comprehensive Physical Rehabilitation	-	-	-	-	-
Acute/Chronic Mental Illness	-	-	-	-	-
Neonatal Intensive Care	-	-	-	-	-
General Long-Term Care	17	-	-	-	0
Specialized Long-Term Care	-	-	-	-	-
Long Term Acute Care	-	-	-	-	-
Other (Gastro-Intestinal)	-	-	-	-	-
TOTALS:	21	-	-	-	0

CERTIFICATION

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

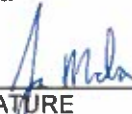
- o in the case of a corporation, any two of its officers or members of its Board of Directors;
- o in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
- o in the case of a partnership, two of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

This Application is filed on the behalf of Mercy Health Corporation and Javon Bea Hospital in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this Application on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the fee required for this application is sent herewith or will be paid upon request.


SIGNATURE

Javon R. Bea
PRINTED NAME

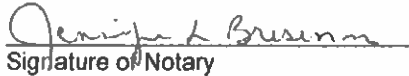
Chief Executive Officer
PRINTED TITLE


SIGNATURE

Joseph Malas
PRINTED NAME

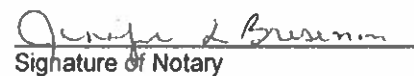
Chief Financial Officer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 24 day of September


Signature of Notary

Seal
*Insert the EXACT COPY of this Seal in the space provided.


Notarization:
Subscribed and sworn to before me
this 24 day of September


Signature of Notary

Seal


SECTION II. DISCONTINUATION

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 **Background of the Applicant(s) and Purpose of Project MUST** be addressed. **A copy of the Notices listed in Item 7 below MUST be submitted with this Application for Discontinuation** <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.
7. **For applications involving the discontinuation of an entire facility, provide copies of the notices that were sent to the municipality in which the facility is located, the State Representative and State Senator of the district in which the health care facility is located, the Director of Public Health, and the Director of Healthcare and Family Services. These notices shall have been made at least 30 days prior to filing of the application.**
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.

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

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 X. 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, **including the impact on racial and health care disparities 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 each community, if reasonably known by the applicant.

Safety Net Impact Statements shall also include all 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			
Total			
Charity (cost in dollars)	Year	Year	Year
Inpatient			
Outpatient			
Total			
MEDICAID			
Medicaid (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			
Medicaid (revenue)	Year	Year	Year
Inpatient			
Outpatient			
Total			

APPEND DOCUMENTATION AS ATTACHMENT 38, 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 39, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

1. SECTION XI -SPECIAL FLOOD HAZARD AREA AND 500-YEAR FLOODPLAIN DETERMINATION FORM- NOT APPLICABLE

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 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.

1. Applicant: _____
(Name) (Address)
(City) (State) (ZIP Code) (Telephone Number)

2. Project Location: _____
(Address) (City) (State)
(County) (Township) (Section)

3. You can create a small map of your site showing the FEMA floodplain mapping using the FEMA Map Service Center website (<https://msc.fema.gov/portal/home>) by entering the address for the property in the Search bar. If a map, like that shown on page 2 is shown, select the **Go to NFHL Viewer** tab above the map. You can print a

copy of the floodplain map by selecting the  icon in the top corner of the page. Select the pin tool icon  and place a pin on your site. Print a FIRMETTE size image.

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.

IS THE PROJECT SITE LOCATED IN A SPECIAL FLOOD HAZARD AREA: Yes___ No ___?

IS THE PROJECT SITE LOCATED IN THE 500-YEAR FLOOD PLAIN?

If you are unable to determine if the site is in the mapped floodplain or 500-year floodplain, contact the county or the local community building or planning department for assistance.

If the determination is being made by a local official, please complete the following:

FIRM Panel Number: _____ Effective Date: _____

Name of Official: _____ Title: _____

Business/Agency: _____ Address: _____

(City) (State) (ZIP Code) (Telephone Number)

Signature: _____ Date: _____

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.

If you need additional help, contact the Illinois Statewide Floodplain Program at 217/782-4428

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	18-20
2	Site Ownership	21-22
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership	23-24
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	25
5	Flood Plain Requirements	N/A
6	Historic Preservation Act Requirements	N/A
7	Project and Sources of Funds Itemization	N/A
8	Financial Commitment Document if required	N/A
9	Cost Space Requirements	N/A
10	Discontinuation	26-52
11	Background of the Applicant	53-55
12	Purpose of the Project	56-57
13	Alternatives to the Project	N/A
14	Size of the Project	N/A
15	Project Service Utilization	N/A
16	Unfinished or Shell Space	N/A
17	Assurances for Unfinished/Shell Space	N/A
	Service Specific:	
18	Medical Surgical Pediatrics, Obstetrics, ICU	N/A
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	N/A
	Financial and Economic Feasibility:	
33	Availability of Funds	N/A
34	Financial Waiver	N/A
35	Financial Viability	N/A
36	Economic Feasibility	N/A
38	Safety Net Impact Statement	58
39	Charity Care Information	59
40	Flood Plain Information	N/A

ATTACHMENT 1
Type of Ownership of Applicant

Included with this attachment are:

1. The Certificate of Good Standing for Javon Bea Hospital.
2. The Certificate of Good Standing for Mercy Health Corporation.

ATTACHMENT 1
Certificate of Good Standing
Javon Bea Hospital

File Number 0215-546-0



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulis, 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

JAVON BEA HOSPITAL, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 15, 1883, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 2514700396 verifiable until 05/27/2028
Authenticate at: <https://www.ilsos.gov>

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 27TH day of MAY A.D. 2025 .


SECRETARY OF STATE

ATTACHMENT 1
Certificate of Good Standing
Mercy Health Corporation

File Number 6975-235-7



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulis, 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
MERCY HEALTH CORPORATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON OCTOBER 24, 2014, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 2514700374 verifiable until 05/27/2026
Authenticate at: <https://www.isos.gov>

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 27TH day of MAY A.D. 2025 .


SECRETARY OF STATE

ATTACHMENT 2

Site Ownership

Included with this attachment is proof of site ownership consisting of a letter signed by Chief Financial Officer Joseph Malas attesting to site control of Javon Bea Hospital.

ATTACHMENT 2 Attestation of Site Ownership



Corporate Office
3401 N. Perryville Rd., Ste. 303
Rockford, IL 61114
mercyhealthsystem.org

October 28, 2025

John P. Kniery
Board Administrator
Illinois Health Facilities and Services Review Board
525 W Jefferson Street, Floor 2
Springfield, IL 62761

Re: Attestation of Ownership

Dear Mr. Kniery:

As Chief Financial Officer of Javon Bea Hospital, I, Joseph Malas, hereby attest that Mercy Health Corporation, Javon Bea Hospital owns or controls Javon Bea Hospital – Rockton campus location located at 2400 Rockton Ave, Rockton IL.

I hereby certify 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.

I hereby certify this is true and based on my personal knowledge under penalty of perjury and in accordance with 735 ILCS 5/1-109.

Sincerely,

Joseph D. Malas
Chief Financial Officer
Mercy Health Corporation

Notarization

Subscribed and sworn before me this 28th day of October.

Seal:



ATTACHMENT 3
Operating Entity/Licensee

Javon Bea Hospital is licensed by the Illinois Department of Public Health and is certified with the Centers for Medicare and Medicaid Services. Attached as evidence of the owner entity's good standing is a Certificate of Good Standing issued by Illinois Secretary of State.

ATTACHMENT 3
Operating Entity/Licensee

File Number 0215-546-0



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulas, 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

JAVON BEA HOSPITAL, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 15, 1883, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication # 2514700396 verifiable until 05/27/2026
Authenticate at <https://www.ilsos.gov>

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 27TH day of MAY A.D. 2025 .


SECRETARY OF STATE

ATTACHMENT 4
Organizational Relationship

**Mercy Health
Corporation**

Javon Bea Hospital

Rockton Campus - 2400 N. Rockton Ave; Rockford IL 61103
Riverside Campus - 8201 E Riverside Blvd; Rockford IL 61114

ATTACHMENT 10
Discontinuation General Information Requirements

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

All of the categories of services recognized by the HFSRB will be discontinued at the Rockton Avenue Campus.

Category of Service	Number
Intensive Care	4
Long Term Care	17

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

There will be no inpatient clinical services remaining at the Rockton Campus within the hospital. All of the inpatient beds and services at the Rockton Campus will be discontinued. Additionally, the standby Emergency Department will also cease operating.

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

The applicant filed a notice of temporary suspension of services effective July 1, 2025 pursuant to which the Rockton Campus ceased providing intensive care, stand-by emergency department, and long-term care of services. JBH anticipates maintaining the cessation of these services at the Rockton Campus indefinitely and permanently upon approval of the HFSRB.

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

The acute hospital building will be transferred to Kingdom Authority International Ministries via a donative sale subject to approval of a pending Certificate of Exemption application, E-017-25. The new owner intends to utilize the space to offer community services. Usable medical equipment would be transferred to other facilities within the Mercyhealth system or otherwise donated to the community.

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.

JBH remains fully operational under its hospital license at its Riverside campus, located at 8201 E Riverside Blvd in Rockford, IL, and will maintain its medical records, which are maintained in an electronic health records information system. All records will be maintained in compliance with all applicable State and Federal laws pertaining to medical record storage, including the Illinois Hospital Licensing Act (210 ILCS 85/6.17).

6. Provide copies of the notices that were provided to the local media that would routinely be notified about facility events.

Included in Attachment 10 is a copy of the Notice provided to the local media that would routinely be notified about the facility's events.

ATTACHMENT 10

Discontinuation General Information Requirements

7. For applications involving the discontinuation of an entire facility, provide copies of the notices that were sent to the municipality in which the facility is located, the State Representative and State Senator of the district in which the health care facility is located, the Director of Public Health, and the Director of Healthcare and Family Services. These notices shall have been made at least 30 days prior to filing of the application.

The applicant provided notice of their intent to file a Certificate of Need to discontinue the inpatient hospital and emergency services at the Rockton Campus to the municipality in which the facility is located, the State Representative and State Senator of the district the health care facility is located, the Director of Public Health, and the Director of Healthcare and Family Services on October 24, 2025. A copy of these notices are included in this Attachment.

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.

Included in Attachment 10 is a certification from the Applicant that all required data will be submitted no later than 90 days following the date of discontinuation.

ATTACHMENT 10 Discontinuation

Reasons For Discontinuation

The decision to discontinue hospital operations at the Rockton Campus results from a multifactorial assessment of safety, utilization, and sustainability. Notably, the facility has declining patient census, averaging approximately one patient per day, which does not justify the continued operation of a second intensive care unit (ICU) and stand-by Emergency Department and makes it difficult for the site to maintain compliance with state service requirements since the low census makes it appear that services are not being provided. In addition, the hospital's location within a municipal sewer system prone to overflow during rainfall has led to recurrent flooding events. These events have created ongoing challenges in maintaining a safe and sanitary environment for patient care and have constrained the ability to secure adequate insurance coverage for flood-related damages. Without such coverage, the facility is unable to reliably address necessary repairs or ensure operational continuity.

Notwithstanding the discontinuation of services at the Rockton Campus, JBH will continue to offer outpatient cardiac rehabilitation, pulmonary rehabilitation, ophthalmology/optometry, allergy, and rheumatology services in the medical office building, which is located on higher ground adjacent to the Rockton Campus inpatient facility building, as well as maintain administrative services at the site. JBH will also continue to offer its range of inpatient, outpatient, primary, secondary, and tertiary services at the Riverside campus.

Low Patient Census at Rockton Campus. One reason for discontinuation of services at the Rockton Campus is the persistently low patient census. As a result, the continued operation of the ICU and the stand-by Emergency Department services at the Rockton Campus is no longer feasible. This is evidenced by the historical utilization data of the unit from 2021 through 2024, which show a consistent decline in patient volumes across all service areas. ICU utilization at the Rockton Campus has fallen to negligible levels while volumes at the Riverside Campus have remained stable. Similarly, emergency department visits at the Rockton Campus have continued to decrease during this time. As evidenced, the patient census remains insufficient to justify the continued operation of a second ICU and stand-by Emergency Department footprint at this location.

Javon Bea Hospital Utilization by Year of Inpatient ICU/Long Term Care Category of Services

	FY 2021	FY 2022	FY 2023	FY 2024
ICU Admissions	Rockton: 10 (Riverside: 752)	Rockton: 0 (Riverside: 634)	Rockton: 0 (Riverside: 646)	Rockton: 0 (Riverside: 803)
Long Term Care Admissions	12	77	76	74
Riverside ED Department	12,694	5,188	771	345

ATTACHMENT 10 Discontinuation

Patient Care Concerns Due to Flooding. Mercyhealth and JBH have historically heavily invested in the Rockton campus with initiatives that included replacements of radiation oncology CT simulator, interventional radiology biplane replacement, lab chemistry and hematology analyzer replacement and helipad replacement due to the flooding on the Rockton campus. Additionally, JBH spent more than \$5 million on physician recruitment costs to enhance offerings at the Rockton Campus and bring in new specialties in orthopedic specialists, radiologist, pathologists, emergency medicine physicians and more. With the \$30 million in insurance reconstruction, Mercyhealth has spent approximately \$70 million in recent years remodeling and updating the Rockton Campus.

There have been 4 rain threat events that have caused concern for the facility, technology and patient care. In August 2007 the facility experience a weather event causing 5.15 inches of rain, then in July 2017 the facility dealt with 5.92 inches of rain over 3 days, in June 2018 the facility saw 5.00 inches in 4 hours and finally in August 2018 the facility had to manage with .5 inch of rain in 1 hour. Some of the damages caused by unforeseen weather events include the depth of water infiltration. During these events there was 4 to 6 inches within the building and lab itself. Endoscopy, pediatric therapy, radiation oncology, clinical education, medical affairs, transcription and medical records were severely impacted. Recovery and resumption of services in most areas took 6-12 months. Construction costs to add a pumping system was implemented to help manage storm waters within the campus and was completed in 2014. On July 21, 2017, a weather event consisting of short bursts of rain with high winds caused the storm drain to begin backing up, additional storms caused trees to collapse and power outages, and the hospital had to switch to emergency power for 20-30 minutes. Water infiltrated the pharmacy and caused a short circuit in a power panel serving radiology which impacted operations of x ray and CT equipment for a short time. See attached pictures below of flood damage.

June 18, 2018 – 6:20pm



Figure 1: Image of Rockton Campus Parking lot with arrows indicating locations where the storm water backup happened from the 48" main entrance.

ATTACHMENT 10
Discontinuation

June 18, 2018 – 6:30pm



Figure 2: Image shows Rockton Campus Parking lot 20 minutes later. Water level rose up to the top of the vehicle's wheels.

ATTACHMENT 10
Discontinuation

June 18, 2018 – 6:45pm



Figure 3: Image shows inside Javon Bea Hospital – Rockton 15 minutes later as water starts filling the basement of the hospital.

ATTACHMENT 10
Discontinuation

June 18, 2018 – 6:50pm



Figure 4: Image shows inside Javon Bea Hospital – Rockton 5 minutes later with water rushing through the basement after the external courtyard was fully engulfed in water which led to windows breaking and massive amounts of water entering the building.

ATTACHMENT 10
Discontinuation

June 18, 2018 – 7:10pm



Figure 5: Image shows inside Javon Bea Hospital – Rockton 20 minutes later with water levels risen to nearly two feet in the hallway of the basement.

The impact of the July, 18, 2018 flood was devastating to the facility, equipment, staff, and services provided at the Rockton Campus. Radiation oncology services were disrupted until equipment could be assessed, ordered, replaced and installed and major items damaged and or replaced include linear accelerator, CT simulator, pharmacy robot, sterile processing cart washer, data center power equipment and all furniture and build in casework in affected areas, ambulances were diverted, and all elective surgeries were cancelled.

The current drainage system dates to 1963/1964 and initially there was ample green space near the campus to help absorb rainwater and deter flooding issues. As time has passed, the campus and surrounding 250-acre neighborhood lost green space necessary to assist the old drainage system. The city of Rockford has not increased its water drainage sewer system capacity over the last 50+ years as infrastructure increased, and natural weather intensified.

Mercyhealth also invested another \$8 million to solve the problems for water that falls at the Rockford Campus including regrading and constructing a large retention pond using the south parking lot, but this will ultimately not solve the problem that could create a safety risk to patients within this facility.

ATTACHMENT 10

Discontinuation

Despite Mercyhealth's substantial investments to protect the Rockton Campus and ensure high-quality patient care, the persistent and escalating flood risks pose an unsustainable threat to the facility, technology, and operations. The combination of outdated city drainage infrastructure, increased neighborhood development, and intensifying weather events continues to compromise patient safety and disrupt critical services. Without a long-term, community-supported solution, Mercyhealth faces mounting financial and operational risks which include the potential loss of insurability that jeopardize JBH's ability to serve the region.

Riverside Campus Capability. Intensive care and emergency department services at the JBH Riverside campus will remain unchanged. The Riverside campus is well equipped with 26 licensed ICU beds, a Level I trauma and emergency center with 24/7 trauma surgeons, and 16 emergency room stations. With 194 authorized beds and a current utilization rate of only 63.9%, the campus has ample capacity to meet the critical care needs of both children and adults.

Partnerships with long-term care facilities. While Mercyhealth has made the difficult decision to close 17 long-term care beds, it remains committed to ensuring safe and appropriate transitions of care. Out of 389 patients who were discharged to skilled nursing facilities (SNFs), the majority were placed within Rockford facilities, reflecting our strong community partnerships. East Bank, Wesley Willows, and Presence St. Anne Center each received close to 10% of patients, while PA Peterson, Amberwood, and Nelson Debes accounted for another significant portion. Additional Rockford partners such as Alden Park Strathmoor, Alpine Fireside Health Center, and Fair Oaks Nursing Home together served approximately 12% of patients. These established relationships ensure that even with the reduction of our own long-term care capacity, patients continue to have access to high-quality post-acute and long-term care close to home. JBH's coordinated discharge planning further ensures that patients are connected to the right level of care without delay, maintaining continuity of care and supporting the best possible outcomes.

ATTACHMENT 10 Discontinuation

Impact on Access

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.

The discontinuation of services at the Rockton Campus is not expected to adversely impact access to care, given the persistently low patient census at the location, availability of services at the nearby JBH Riverside campus, and established relationships with local long-term care facilities to keep residents' care close to home.

This change will occur in Health Service Area I (Boone, Carroll, DeKalb, Jo Daviess, Lee, Ogle, Stephenson, Whiteside, and Winnebago Counties) and Hospital Planning Area B-01, which includes Boone and Winnebago Counties, parts of DeKalb, and townships in Ogle County. Within this planning area, four other acute hospitals—Mercyhealth Riverside, SwedishAmerican, Saint Anthony Medical Center, and SwedishAmerican Belvidere—provide comprehensive services, with the area's population projected to decrease by 1.13% by 2026.

TABLE THREE			
Estimated Population Growth in B-01 Hospital Planning Area 2021-2026			
Age Cohort	2021	2026	% Difference
0-14	71,150	65,180	-8.39%
15-44	135,730	133,080	-1.95%
45-64	97,840	93,480	-4.46%
65-74	38,930	42,790	9.92%
75up	27,710	32,630	17.76%
Total	371,360	367,160	-1.13%

Figure 6: State Board population projection in the B-01 Hospital Planning Area by 2026.

ICU capacity, staffed inpatient beds, and emergency department coverage remain well distributed across four other acute hospitals in the planning area. With staffed bed utilization and occupancy rates averaging around 60% and projected population decline of 1.13% by 2026, there is sufficient capacity to absorb the Rockton Campus's low patient census. Emergency department volumes are already concentrated at JBH-Riverside, SwedishAmerican, and Saint Anthony, ensuring continued access to comprehensive acute and emergency services for area residents.

ATTACHMENT 10 Discontinuation

The Table below highlights HFSRB's Hospital Profiles CY-2023 in the B-01 Planning Area and occupancy rates showing adequate market coverage with our discontinuation of our Rockton Campus beds and standby emergency bays.

Hospital	ICU	LTC Beds	ED Bays	CON Occupancy Rate (ICU)	Staffed Bed Occupancy Rate %	Total ED Visits (Trauma + Emergency)
Mercyhealth Hospital – Rockton	4	17	6	0%	0%	771
Mercyhealth Hospital – Riverside	26	0	16	45.6%	45.6%	23,331
SwedishAmerican Hospital	30	0	51	59.9%	59.9%	66,680
Saint Anthony Medical Center	38	0	31	81.7%	62.1%	41,923
SwedishAmerican Medical Center - Belvidere	0	0	2	0%	0%	13,136

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

Included in Attachment 10 are copies of the notification letters and requests for an impact statement sent to area facilities within the geographic service area and maps indicating the distance and drive times to the facilities.

ATTACHMENT 10

Discontinuation- Media Notice

The Applicants will publish the notice below in the Rockford Register Star, a local newspaper that routinely notifies the public about facility events. The notice below is scheduled to be published a single time in the classified ad section of the newspaper on October 29, 2025. The Rockford Register Star has a print circulation of 18,356, and an online presence. The Rockford Register Star is a newspaper of general circulation throughout Winnebago County and surrounding areas, and is a newspaper as defined by 715 ILCS 5/5.

Javon Bea Hospital – Rockton Avenue Campus has filed a Certificate of Need application with the Illinois Health Facilities and Services Review Board (“HFSRB”) to permanently discontinue the standby emergency services, four licensed ICU beds, and the long-term care beds located at 2400 N. Rockton Ave., Rockford, IL 61103. After submission of the application to discontinue the facility to the HFSRB, the application for the proposed discontinuation may be found on the HFSRB website at <https://www2.illinois.gov/sites/hfsrb/Pages/default.aspx>. If you are or have been a patient at Javon Bea Hospital – Rockton and have questions about accessing your medical records, please call 815-971-5000.
Publication Dates
LILS0396440

ATTACHMENT 10

Discontinuation-Notice to Elected Officials and Agency Heads



Corporate Office
3401 N. Perryville Rd. Ste. 303
Rockford, IL 61114

Office of the President

October 24, 2025

John P. Kniery
Board Administrator
Health Facilities and Services Review Board
Illinois Department of Public Health
525 West Jefferson Street, Second Floor
Springfield, Illinois

Re: Letter of Intent to File a Certificate of Need Regarding Javon Bea Hospital – Rockton

Dear Mr. Kniery,

The purpose of this letter is to provide notice, pursuant to 20 ILCS 3960/8.7, that Javon Bea Hospital ("JBH") intends to file a Certificate of Need application with the Illinois Health Facilities and Services Review Board to discontinue its Rockton Avenue hospital building (2400 Rockton Avenue, Rockford, Illinois). This includes the closure of the four licensed ICU beds and the long-term care beds currently located on that campus. Our commitment to the West Side remains strong with approximately 600 employees and physicians providing outpatient clinic services in our Mercyhealth Clinic building and EMS Services building, which sit on high ground and are not at risk of flooding.

As you know, JBH is a single licensed hospital operating across two campuses: Rockton Avenue and Riverside Boulevard. The proposed filing applies only to the Rockton Avenue location. The campus has faced chronic flooding issues that have decimated operations in the past - including \$30 million in damage to the lower level, which necessitated the relocation of critical services such as the cancer center and our system's data processing infrastructure. Such flooding poses unacceptable risk to patient care from microbes and other bacteria entering into the HVAC system. This continued environmental risk at the site make it unsafe and unsustainable to provide inpatient care or to maintain patients in bed-confined settings at this location.

In recent years, the Rockton Avenue hospital building has only been able to operate a standby emergency department, which is staffed with an on-site nurse and off-site on-call physician per state statute, and utilized its long-term care unit during the COVID-19 pandemic to support surging patient volumes. However, utilization at the hospital building has steadily declined in recent years. Ambulances are no longer bringing patients to the facility, and the beds are no longer being utilized. In contrast, the JBH Riverside campus remains fully operational and continues to provide a robust range of inpatient, outpatient, primary, secondary, and tertiary services for the Rockford region.

We are actively working with local and State leaders, including the Mayor's office, to repurpose the Rockton Avenue hospital building for community benefit. JBH intends to donate the current hospital building for nonprofit usage. Surplus medical equipment is also being donated to local educational and training institutions—including Rockford University and Hoo Haven—to support workforce development. Additional equipment will be redeployed throughout the Mercyhealth system to enhance patient care in our regional ambulatory and inpatient facilities.

Mercyhealth remains deeply committed to the Rockford community and the surrounding area. We look forward to continuing to provide high-quality, accessible healthcare services to those we serve.

Sincerely,

Javon R. Bea
President & CEO

ATTACHMENT 10

Discontinuation-Notice to Elected Officials and Agency Heads



Corporate Office
3401 N. Perryville Rd., Ste. 303
Rockford, IL 61114

Office of the President

October 24, 2025

Karen Senger
Chief, Division of Health Care Facilities and Programs
Illinois Department of Public Health
Springfield, IL 62761

Re: Letter of Intent to File a Certificate of Need Regarding Javon Bea Hospital – Rockton

Dear Ms. Senger,

The purpose of this letter is to provide notice, pursuant to 20 ILCS 3960/8.7, that Javon Bea Hospital ("JBH") intends to file a Certificate of Need application with the Illinois Health Facilities and Services Review Board to discontinue its Rockton Avenue hospital building (2400 Rockton Avenue, Rockford, Illinois). This includes the closure of the four licensed ICU beds and the long-term care beds currently located on that campus. Our commitment to the West Side remains strong with approximately 600 employees and physicians providing outpatient clinic services in our Mercyhealth Clinic building and EMS Services building, which sit on high ground and are not at risk of flooding.

As you know, JBH is a single licensed hospital operating across two campuses: Rockton Avenue and Riverside Boulevard. The proposed filing applies only to the Rockton Avenue location. The campus has faced chronic flooding issues that have decimated operations in the past - including \$30 million in damage to the lower level, which necessitated the relocation of critical services such as the cancer center and our system's data processing infrastructure. Such flooding poses unacceptable risk to patient care from microbes and other bacteria entering into the HVAC system. This continued environmental risk at the site make it unsafe and unsustainable to provide inpatient care or to maintain patients in bed-confined settings at this location.

In recent years, the Rockton Avenue hospital building has only been able to operate a standby emergency department, which is staffed with an on-site nurse and off-site on-call physician per state statute, and utilized its long-term care unit during the COVID-19 pandemic to support surging patient volumes. However, utilization at the hospital building has steadily declined in recent years. Ambulances are no longer bringing patients to the facility, and the beds are no longer being utilized. In contrast, the JBH Riverside campus remains fully operational and continues to provide a robust range of inpatient, outpatient, primary, secondary, and tertiary services for the Rockford region.

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Mercyhealth remains deeply committed to the Rockford community and the surrounding area. We look forward to continuing to provide high-quality, accessible healthcare services to those we serve.

Sincerely,


Javon R. Bea
President & CEO

ATTACHMENT 10

Discontinuation-Notice to Elected Officials and Agency Heads



Corporate Office
3401 N. Perryville Rd., Ste. 303
Rockford, IL 61114

Office of the President

October 24, 2025

Elizabeth M. Whitehorn
Director
Illinois Department of Healthcare and Family Services
201 S. Grand Avenue East
Springfield, IL 62704

Re: Letter of Intent to File a Certificate of Need Regarding Javon Bea Hospital – Rockton

Dear Ms. Whitehorn,

The purpose of this letter is to provide notice, pursuant to 20 ILCS 3960/8.7, that Javon Bea Hospital ("JBH") intends to file a Certificate of Need application with the Illinois Health Facilities and Services Review Board to discontinue its Rockton Avenue hospital building (2400 Rockton Avenue, Rockford, Illinois). This includes the closure of the four licensed ICU beds and the long-term care beds currently located on that campus. Our commitment to the West Side remains strong with approximately 600 employees and physicians providing outpatient clinic services in our Mercyhealth Clinic building and EMS Services building, which sit on high ground and are not at risk of flooding.

As you know, JBH is a single licensed hospital operating across two campuses: Rockton Avenue and Riverside Boulevard. The proposed filing applies only to the Rockton Avenue location. The campus has faced chronic flooding issues that have decimated operations in the past - including \$30 million in damage to the lower level, which necessitated the relocation of critical services such as the cancer center and our system's data processing infrastructure. Such flooding poses unacceptable risk to patient care from microbes and other bacteria entering into the HVAC system. This continued environmental risk at the site make it unsafe and unsustainable to provide inpatient care or to maintain patients in bed-confined settings at this location.

In recent years, the Rockton Avenue hospital building has only been able to operate a standby emergency department, which is staffed with an on-site nurse and off-site on-call physician per state statute, and utilized its long-term care unit during the COVID-19 pandemic to support surging patient volumes. However, utilization at the hospital building has steadily declined in recent years. Ambulances are no longer bringing patients to the facility, and the beds are no longer being utilized. In contrast, the JBH Riverside campus remains fully operational and continues to provide a robust range of inpatient, outpatient, primary, secondary, and tertiary services for the Rockford region.

We are actively working with local and State leaders, including the Mayor's office, to repurpose the Rockton Avenue hospital building for community benefit. JBH intends to donate the current hospital building for nonprofit usage. Surplus medical equipment is also being donated to local educational and training institutions—including Rockford University and Hoo Haven—to support workforce development. Additional equipment will be redeployed throughout the Mercyhealth system to enhance patient care in our regional ambulatory and inpatient facilities.

Mercyhealth remains deeply committed to the Rockford community and the surrounding area. We look forward to continuing to provide high-quality, accessible healthcare services to those we serve.

Sincerely,

Javon R. Bea
President & CEO

ATTACHMENT 10

Discontinuation-Notice to Elected Officials and Agency Heads



Corporate Office
3401 N. Parryville Rd. Ste. 403
Rockford, IL 61114

Office of the President

October 24, 2025

The Honorable Thomas P. McNamara
Mayor, City of Rockford
425 E State Street
Rockford, IL 61104

Re: Letter of Intent to File a Certificate of Need Regarding Javon Bea Hospital – Rockton

Dear Mayor McNamara,

The purpose of this letter is to provide notice, pursuant to 20 ILCS 3960/8.7, that Javon Bea Hospital (“JBH”) intends to file a Certificate of Need application with the Illinois Health Facilities and Services Review Board to discontinue its Rockton Avenue hospital building (2400 Rockton Avenue, Rockford, Illinois). This includes the closure of the four licensed ICU beds and the long-term care beds currently located on that campus. Our commitment to the West Side remains strong with approximately 600 employees and physicians providing outpatient clinic services in our Mercyhealth Clinic building and EMS Services building, which sit on high ground and are not at risk of flooding.

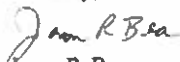
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In recent years, the Rockton Avenue hospital building has only been able to operate a standby emergency department, which is staffed with an on-site nurse and off-site on-call physician per state statute, and utilized its long-term care unit during the COVID-19 pandemic to support surging patient volumes. However, utilization at the hospital building has steadily declined in recent years. Ambulances are no longer bringing patients to the facility, and the beds are no longer being utilized. In contrast, the JBH Riverside campus remains fully operational and continues to provide a robust range of inpatient, outpatient, primary, secondary, and tertiary services for the Rockford region.

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Sincerely,


Javon R. Bea
President & CEO

ATTACHMENT 10

Discontinuation-Notice to Elected Officials and Agency Heads



Corporate Office
3401 N. Perryville Rd. Ste 303
Rockford, IL 61114

Office of the President

October 24, 2025

The Honorable Steve Stadelman
Illinois State Senator, 34th District
200 S. Wyman, Suite 301
Rockford, IL 61101

Re: Letter of Intent to File a Certificate of Need Regarding Javon Bea Hospital – Rockton

Dear Senator Stadelman,

The purpose of this letter is to provide notice, pursuant to 20 ILCS 3960/8.7, that Javon Bea Hospital (“JBH”) intends to file a Certificate of Need application with the Illinois Health Facilities and Services Review Board to discontinue its Rockton Avenue hospital building (2400 Rockton Avenue, Rockford, Illinois). This includes the closure of the four licensed ICU beds and the long-term care beds currently located on that campus. Our commitment to the West Side remains strong with approximately 600 employees and physicians providing outpatient clinic services in our Mercyhealth Clinic building and EMS Services building, which sit on high ground and are not at risk of flooding.

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Sincerely,

Javon R. Bea
President & CEO

ATTACHMENT 10
Discontinuation-Notice to Elected Officials and Agency Heads



Corporate Office
3401 N. Perryville Rd., Ste. 303
Rockford, IL 61114

Office of the President

October 24, 2025

The Honorable Maurice West
Illinois State Representative, 67th District
303 N. Main Street, Suite 110
Rockford, IL 61101

Re: Letter of Intent to File a Certificate of Need Regarding Javon Bea Hospital – Rockton

Dear Representative West,

The purpose of this letter is to provide notice, pursuant to 20 ILCS 3960/8.7, that Javon Bea Hospital ("JBH") intends to file a Certificate of Need application with the Illinois Health Facilities and Services Review Board to discontinue its Rockton Avenue hospital building (2400 Rockton Avenue, Rockford, Illinois). This includes the closure of the four licensed ICU beds and the long-term care beds currently located on that campus. Our commitment to the West Side remains strong with approximately 600 employees and physicians providing outpatient clinic services in our Mercyhealth Clinic building and EMS Services building, which sit on high ground and are not at risk of flooding.

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Sincerely,

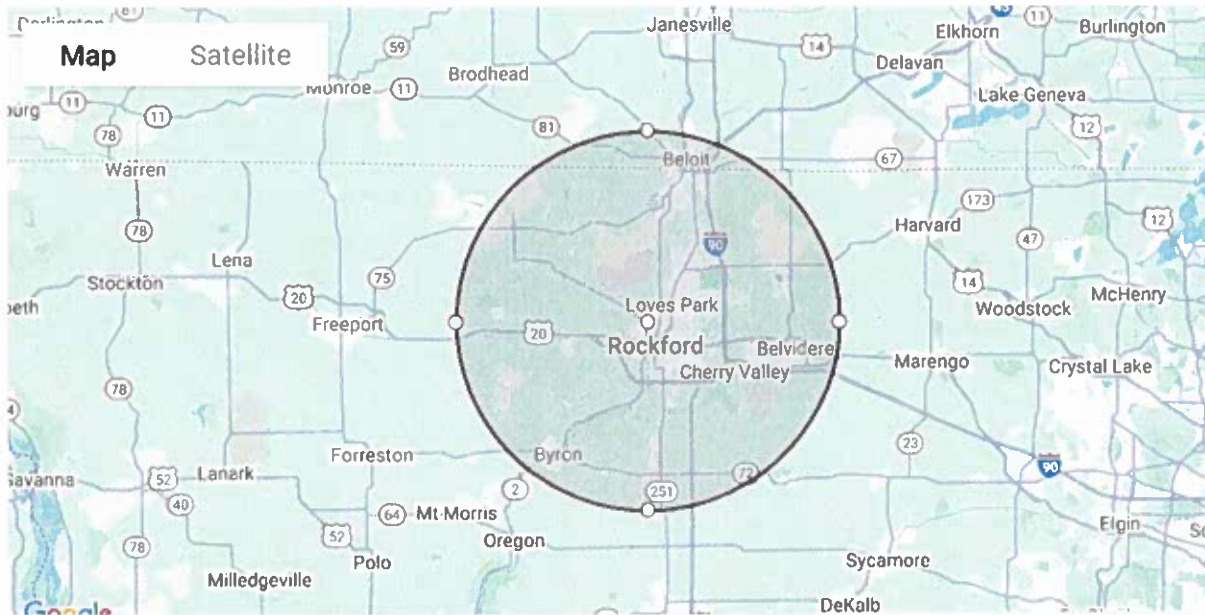
Javon R. Bea
President & CEO

ATTACHMENT 10

Discontinuation-Notice to Area Facilities

The following notification letters were sent to area facilities within the geographic service area as determined by the distance and drive times to the facilities. Also listed on the following pages in accordance with 77 Illinois Admin Code Section 1100.510(d)(2) is the GSA consisting of all zip code areas that are located within a 17-mile radius of the hospital. The zip codes and areas within a 17-mile radius of the proposed facility are listed below. We have included a map of the multi-directional travel radii of the Rockton Campus.

17 Mile Radius from 2400 N. Rockton Ave., Rockford, IL 61103



Facility Name	Facility Address
OSF Saint Anthony Medical Center	5666 East State St., Rockford, IL 61107
UW Health SwedishAmerican Hospital	1401 East State St., Rockford, IL 61104
Van Matre Encompass Health Rehabilitation Institute	950 S. Mulford Rd., Rockford, IL 61108
UW Health Belvidere Hospital	1625 South State St, Belvidere, IL 61008

ATTACHMENT 10
Discontinuation-Notice to Area Facilities



Corporate Office
3401 N. Perryville Rd., Ste. 303
Rockford, IL 61114

Office of the President

October 24, 2025

OSF Saint Anthony Medical Center
5666 East State St.
Rockford, IL 61107

Re: Notice of Discontinuation of Hospital – Javon Bea Hospital Rockton Avenue Campus

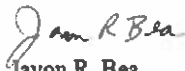
To Whom It May Concern:

This letter is to notify you that Javon Bea Hospital – Rockton Avenue Campus, located at 2400 N. Rockton Ave., Rockford, IL 61103, is filing an application with the Illinois Health Facilities and Services Review Board (“HFSRB”) relating to the Facility’s planned discontinuation of all services, including licensed beds for intensive care and long term care. The discontinuation is anticipated to occur upon approval of the Application to HFSRB.

We are not aware of any adverse impact upon patient access and do not anticipate any such impact from the permanent discontinuation of the hospital due to comparable services available at nearby facilities.

Pursuant to the Health Facilities Planning Act, we are providing this notice. Please respond in writing if you anticipate an adverse impact of this proposed discontinuation on your facility.

Sincerely,


Javon R. Bea
President and CEO

ATTACHMENT 10 Discontinuation-Notice to Area Facilities



ATTACHMENT 10
Discontinuation-Notice to Area Facilities



Corporate Office
3401 N. Perryville Rd. Ste. 303
Rockford, IL 61114

Office of the President

October 24, 2025

UW Health SwedishAmerican Hospital
1401 East State St.
Rockford, IL 61104

Re: Notice of Discontinuation of Hospital – Javon Bea Hospital Rockton Avenue Campus

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Sincerely,

Javon R. Bea
President and CEO

The map displays a route from the Rockford IceHogs arena (marked with a red pin) to Javon Bea Hospital. The route is highlighted in blue. Key landmarks and locations along the route include the Rock River, Discovery Center Museum, Walgreens Pharmacy, and various parks. The map also shows major roads like N Central Ave, Ridge Ave, and S Central Ave. A transit icon indicates a 32-minute travel time, and a car icon indicates a 12-minute travel time for a 3.9-mile segment.

ATTACHMENT 10
Discontinuation-Notice to Area Facilities



Corporate Office
3401 N. Perryville Rd., Ste. 303
Rockford, IL 61114

Office of the President

October 24, 2025

Van Matre Encompass Health Rehabilitation Institute
950 S. Mulford Rd.
Rockford, IL 61108

Re: Notice of Discontinuation of Hospital – Javon Bea Hospital Rockton Avenue Campus

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This letter is to notify you that Javon Bea Hospital – Rockton Avenue Campus, located at 2400 N. Rockton Ave., Rockford, IL 61103, is filing an application with the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Facility's planned discontinuation of all services, including licensed beds for intensive care and long term care. The discontinuation is anticipated to occur upon approval of the Application to HFSRB.

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Sincerely,

Javon R. Bea
President and CEO

ATTACHMENT 10 Discontinuation-Notice to Area Facilities



ATTACHMENT 10
Discontinuation-Notice to Area Facilities



Corporate Office
3401 N. Perryville Rd., Ste. 303
Rockford, IL 61114

October 27th, 2025

UW Health Belvidere Hospital
1625 South State St.
Belvidere, IL 61008

Re: Notice of Discontinuation of Hospital – Javon Bea Hospital Rockton Avenue Campus

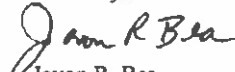
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Pursuant to the Health Facilities Planning Act, we are providing this notice. Please respond in writing if you anticipate an adverse impact of this proposed discontinuation on your facility.

Sincerely,


Javon R. Bea
CEO

ATTACHMENT 10 Discontinuation-Notice to Area Facilities



ATTACHMENT 11 Background of the Applicant



Corporate Office
3401 N. Perryville Rd., Ste. 303
Rockford, IL 61114
mercyhealthsystem.org

October 29, 2025

John P. Kniery
Board Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson Street, Floor 2
Springfield, IL 62761

Re: Attestation of Prior Submission, Certification, and Authorization

Dear Mr. Kniery,

As a representative of Mercy Health Corporation, I, Meaghan Moriarty, hereby acknowledge that the information required for the Background of the Applicant in Section II of the Change of Ownership Application for Exemption was previously provided this calendar year as a part of that application submitted September 26, 2025, regarding the change of ownership of the physical plant located at 2400 Rockton Ave. Rockford IL, Project # E-017-25 and certify that no changes have occurred regarding the information previously submitted based on my personal knowledge.

I further give authorization to the Health Facilities and Services Review Board and the Illinois Department of Public Health ("IDPH") to access documents necessary to verify the information submitted including, but not limited to: official records of IDPH or other state agencies, the licensing or certification records of other states, and the records of nationally recognized accreditation organizations.

I further verify that the healthcare facilities owned by Mercy Health Corporation have had no adverse actions to report for the past three (3) years.

I hereby certify this is true and based on my personal knowledge under penalty of perjury and in accordance with 735 ILCS 5/1-109.

Sincerely,

Meaghan Moriarty
Sr. Director, Head of Legal
Mercy Health Corporation

ATTACHMENT 11 Background of the Applicant

Mercy Health Corporation Hospital List

Facility Name	IDPH Facility Number
Javon Bea Hospital	0002048
Mercy Harvard Hospital	0004911
Mercyhealth Hospital and Physician Clinic- Crystal Lake	0006403
Van Matre Encompass Health Rehabilitation Institute	0005215

ILLINOIS DEPARTMENT OF PUBLIC HEALTH HF133791

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

Sameer Vohra, MD JD, MA
Director

Expires: 07/18/2026 License Number: 0006403

General Hospital

Effective: 07/19/2025

Mercy Crystal Lake Hospital and Medical Center, Inc
dba Mercyhealth Hosp & Physician Clinic - Crystal Lake
875 S Route 31
Crystal Lake, IL 60014

← DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp Date: 07/18/2026
Lic Number: 0006403

Date Printed: 05/20/2025

Mercy Crystal Lake Hospital and Medical Center, Inc
dba Mercyhealth Hosp & Physician Clinic
875 S Route 31
Crystal Lake, IL 60014

FEE RECEIPT #0

ILLINOIS DEPARTMENT OF PUBLIC HEALTH HF131835

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

Sameer Vohra, MD JD, MA
Director

Expires: 12/31/2025 License Number: 0004911

Critical Access Hospital

Effective: 01/01/2025

Mercy Harvard Hospital, Inc
901 S Grant Street
PO Box 850
Harvard, IL 60033

← DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp Date: 12/31/2025
Lic Number: 0004911

Date Printed: 5/30/2025

Mercy Harvard Hospital, Inc
901 S Grant Street
PO Box 850
Harvard, IL 60033

FEE RECEIPT #0

ATTACHMENT 11 Background of the Applicant

ILLINOIS DEPARTMENT OF PUBLIC HEALTH **HF132549**

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

Sameer Vohra, MD,JD,MA
Director

Issued under the authority of the Illinois Department of Public Health

EXPIRATION DATE	CATEGORY	LIC NUMBER
12/31/2025		0002048

General Hospital

Effective: 01/01/2025

Javon Bea Hospital
dba Javon Bea Hospital
8201 E. Riverside Blvd and 2400 N Rockton Ave
Rockford, IL 61114

The face of this license has a colored background • Printed by Authority of the State of Illinois • P.O. #4024001 2M 4/24

← DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp Date 12/31/2025

Lic Number 0002048

Date Printed 12/31/2024

Javon Bea Hospital
dba Javon Bea Hospital
8201 E. Riverside Blvd and 2400 N Rockton Ave
Rockford, IL 61114

FEE RECEIPT NO

ILLINOIS DEPARTMENT OF PUBLIC HEALTH **HF132023**

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

Sameer Vohra, MD,JD,MA
Director

Issued under the authority of the Illinois Department of Public Health

EXPIRATION DATE	CATEGORY	LIC NUMBER
10/26/2025		0005215

Rehabilitation Hospital

Effective: 10/27/2024

Van Matre Encompass Health Rehabilitation Hospital LLC
dba Van Matre Encompass Health Rehabilitation Institut
950 S Mulford Road
Rockford, IL 61108

The face of this license has a colored background • Printed by Authority of the State of Illinois • P.O. #4024001 2M 4/24

ATTACHMENT 12

Purpose of the Project - Criterion 1110.110(b) & (d)

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.**

The Applicant proposes to discontinue 4 intensive care beds and 17 long-term care beds located at the JBH Rockton Campus. Outpatient clinical services will remain available in the medical office building on the Rockton Campus as well as access to ICU and Emergency Department services at the JBH Riverside campus. No other clinic services will be impacted by this CON, and the JBH Riverside campus will be able to absorb any volume this discontinuation will cause with little to no disruption to care.

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

This discontinuation of services will take place in Health Service Area I which includes Illinois Counties of Boone, Carroll, DeKalb, Jo Daviess, Lee, Ogle, Stephenson, Whiteside, and Winnebago. Hospital Planning Area B-01 includes Boone and Winnebago Counties; DeKalb County Townships of Franklin, Kingston and Genoa; and Ogle County Township of Monroe, White Rock, Lynnvile, Scott, Marion, Byron, Rockvale, Leaf River, and Mount Morri. There are 4 other Acute Hospitals besides Mercyhealth Hospital – Rockton such as Mercyhealth Hospital – Riverside, SwedishAmerican Hospital, Saint Anthony Medical Center, and SwedishAmerican Medical Center - Belvidere in the planning area with a decreased estimated population by 1.13% by 2026.

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

The decision to discontinue hospital operations at the Rockton Campus results from a multifactorial assessment of safety, utilization, and sustainability. Most notably, the facility has maintained a persistently low patient census, averaging approximately one patient per day, which does not justify the continued operation of a second intensive care unit (ICU) and stand-by Emergency Department. In addition, the hospital's location within a municipal sewer system prone to overflow during rainfall has led to recurrent flooding events. These events have created ongoing challenges in maintaining a safe and sanitary environment for patient care and have constrained the ability to secure adequate insurance coverage for flood-related damage. Without such coverage, the facility is unable to reliably address necessary repairs or ensure operational continuity.

4. **Cite the sources of the documentation.**

- a. Illinois Health Facilities & Services Review Board, 2023 Individual Hospital Profiles, State of Illinois, available at 2023 Hospital Profiles, accessed October 1, 2025.

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 discontinuation of the inpatient services offered at the Rockton Campus directly addresses and improves the previously referenced issues of low utilization, patient safety risks, and environmental vulnerabilities. Low patient census has resulted in an inability to sustain high-quality clinical care, as staffing and infrastructure cannot be justified with such limited demand. Discontinuation eliminates the inefficiencies associated with maintaining a duplicative, underutilized ICU and Emergency Department, allowing resources to be consolidated at the Riverside Campus, where full critical care and trauma services are available and actively utilized. In addition, the Rockton facility's location within a flood-prone municipal sewer system has created recurring patient safety risks and operational challenges. By discontinuing services at this site, the risk of care disruption due to flooding events is reduced, ensuring that patients are not placed in unsafe or unstable treatment environments. From a community health perspective, this project maintains and improves the population's health status and well-being by directing patients to facilities with

ATTACHMENT 12
Purpose of the Project - Criterion 1110.110(b) & (d)

adequate volume, experienced clinical teams, and comprehensive service capabilities. The Riverside Campus provides a Level I Trauma Center with 24/7 access to trauma surgeons, 26 licensed ICU beds, and full subspecialty support, ensuring that all patients continue to receive timely, high-quality, and safe care. This reallocation of services supports better clinical outcomes, greater reliability in emergencies, and sustainable use of health system resources, ultimately strengthening overall access to care for the region.

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

The primary goal of this project is to ensure patients continue to have seamless access to care while services at Rockton are discontinued. Care transitions will be carefully coordinated with nearby facilities, and residents will be supported in maintaining care close to home. Acute, emergency, and specialty services will remain available at surrounding hospitals, with capacity in place to meet community needs. Staff will be reassigned within the health system to preserve continuity of expertise, and overall resources will be optimized to strengthen patient care throughout the planning area.

ATTACHMENT 38

Safety Net Impact Statement

- 1) **The project's material impact, if any, on essential safety net services in the community, including the impact on racial and health care disparities in the community, to the extent that it is feasible for an applicant to have such knowledge.**

The proposed discontinuation reflects the evolving healthcare delivery preferences of the Rockford, Illinois community. As evidenced by recent hospital utilization data, volumes at the Javon Bea Hospital – Rockton Campus have steadily declined since 2021, driven by the availability of other high-quality providers in the market and the concentration of services at the more modern Javon Bea Hospital - Riverside Campus. Mercyhealth remains committed to serving the same patient demographic previously cared for at the Rockton Campus, including those facing the healthcare disparities identified in our 2023 Community Health Needs Assessment. Comparable services are available at nearby facilities within the B-01 Hospital Planning Area, ensuring continued access to essential care without adverse impact on safety net services. The discontinuation of the Rockton Campus will not adversely impact other providers, as patient volumes have been consistently low and most services are already provided at nearby facilities, including the Riverside Campus. Comparable services remain readily available in the planning area, ensuring no loss of safety net capacity or increased strain on surrounding hospitals. As a result, there will be no material impact on essential safety net services in the community.

- 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.**

The discontinuation of the Rockton Campus will not adversely affect the ability of other providers to cross-subsidize safety net services. By consolidating services at the Riverside Campus, Mercyhealth will achieve more effective and efficient utilization of existing facilities, consistent with HFSRB priorities. This consolidation helps mitigate challenges that other providers face, such as staffing shortages and low inpatient census, thereby strengthening the overall delivery system in the region. Importantly, outpatient services (specifically, cardiac rehabilitation, pulmonary rehabilitation, ophthalmology/optometry, allergy, and rheumatology) will remain available in the medical office building adjacent to the Rockton Campus, while comprehensive inpatient and emergency services will continue without interruption at the JBH-Riverside campus. This discontinuation also reduces unnecessary duplication of services and supports the long-term financial sustainability of safety net care across the planning area and is not reasonably expected to impact the ability of other providers or health care systems to cross-subsidize safety net services.

- 3) **How the discontinuation of a facility or service might impact the remaining safety net providers in each community, if reasonably known by the applicant.**

As noted above, the discontinuation of services at the Rockton Campus is not anticipated to create an adverse impact on remaining safety net providers in the community. Given the persistently low census and 0% utilization of ICU and long-term care services at this location in recent years, there is limited evidence that other providers will experience a significant increase in demand attributable to this project. Instead, this change will allow for a more natural distribution of patients and staff among area providers. Importantly, the Javon Bea Hospital – Riverside campus will continue to serve as a regional safety net with comprehensive inpatient, emergency, and trauma services for the same community residents. The consolidation of services enables more robust and reliable care delivery, ensuring that patients have access to the full spectrum of resources in one location. Outpatient and clinical services will also continue to be provided at the Rockton Avenue Campus, preserving community access points for services.

ATTACHMENT 39
Charity Care Information

CHARITY CARE			
Javon Bea Hospital	2022	2023	2024
Net Patient Revenue	\$962,351	\$202,127,785.98	\$214,351,996.48
Amount of Charity Care (patients)	3,940	5,546	4,315
Cost of Charity Care	\$221,879,139.45	\$1,576,105.03	\$1,681,064.30

INDEX OF ATTACHMENTS

ATTACHMENT NO.		PAGES
1	Applicant Identification including Certificate of Good Standing	18-20
2	Site Ownership	21-22
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership	23-24
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	25
5	Flood Plain Requirements	N/A
6	Historic Preservation Act Requirements	N/A
7	Project and Sources of Funds Itemization	N/A
8	Financial Commitment Document if required	N/A
9	Cost Space Requirements	N/A
10	Discontinuation	26-52
11	Background of the Applicant	53-55
12	Purpose of the Project	56-57
13	Alternatives to the Project	N/A
14	Size of the Project	N/A
15	Project Service Utilization	N/A
16	Unfinished or Shell Space	N/A
17	Assurances for Unfinished/Shell Space	N/A
	Service Specific:	
18	Medical Surgical Pediatrics, Obstetrics, ICU	N/A
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	N/A
	Financial and Economic Feasibility:	
33	Availability of Funds	N/A
34	Financial Waiver	N/A
35	Financial Viability	N/A
36	Economic Feasibility	N/A
38	Safety Net Impact Statement	58
39	Charity Care Information	59
40	Flood Plain Information	N/A