

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

26-021

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

RECEIVED

This Section must be completed for all projects.

APR 21 2026

Facility/Project Identification

NON-TH FACILITIES A

Facility Name: Deaconess Illinois Medical Center		
Street Address: 3333 West DeYoung St.		
City and Zip Code: Marion, Illinois 62959		
County: Williamson	Health Service Area: 5	Health Planning Area: F-06

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

Exact Legal Name: Deaconess Regional Healthcare Services Illinois, Inc., dba Deaconess Illinois Medical Center	
Street Address: 3333 West DeYoung St.	
City and Zip Code: Marion, Illinois 62959	
Name of Registered Agent: CT Corporation System	
Registered Agent Street Address: 208 S. LaSalle St., Suite 814	
Registered Agent City and Zip Code: Chicago, IL 60604-1101	
Name of Chief Executive Officer: Will Davis, Region President, Deaconess Regional Healthcare Services Illinois, Inc.	
CEO Street Address: 3333 West DeYoung St.	
CEO City and Zip Code: Marion, IL 62959	
CEO Telephone Number: 618-998-7021	

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: Amanda Throgmorton
Title: Regional Chief Operating Officer
Company Name: Deaconess Regional Healthcare Services Illinois, Inc
Address: 3333 West DeYoung St., Marion, IL 62959
Telephone Number: 618-889-3300
E-mail Address: Amanda.Throgmorton@deaconess.com
Fax Number: N/A

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

Name: Daniel J. Lawler
Title: Attorney
Company Name: Lawler Law Office
Address: 1251 N. Eddy St., Suite 200, South Bend, IN 46617
Telephone Number: (708) 668-3832
E-mail Address: dan@lawler.law
Fax Number: N/A

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: Amanda Throgmorton
Title: Regional Chief Operating Officer:
Company Name: Deaconess Regional Healthcare Services Illinois, Inc.
Address: 3333 West DeYoung St., Marion, Illinois 62959
Telephone Number: 618-889-3300
E-mail Address: Amanda.Throgmorton@deaconess.com
Fax Number: N/A

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Deaconess Regional Healthcare Services Illinois, Inc., dba Deaconess Illinois Medical Center (lessee)
Address of Site Owner: 3333 West DeYoung St., Marion, Illinois 62959
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: Deaconess Regional Healthcare Services Illinois, Inc., dba Deaconess Illinois Medical Center	
Address: 3333 West DeYoung St., Marion, Illinois 62959	
☒ Non-profit Corporation ☐ For-profit Corporation ☐ Limited Liability Company ☐ Other	☐ Partnership ☐ Governmental ☐ Sole Proprietorship ☐
- Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. - Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner. - Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	
APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

Organizational Relationships

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

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

Flood Plain Requirements

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2006-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements, please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at www.FEMA.gov 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

[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.

The applicant Deaconess Regional Healthcare Services Illinois, Inc., dba Deaconess Illinois Medical Center located at 3333 West DeYoung St., Marion, Illinois 62959 seeks to re-establish the Obstetric Care category of service at the hospital. The service had been discontinued in 2019 by the prior owner of the facility leaving the Planning Area (F-06) with no Obstetric service and a calculated bed deficit (need) in the area that exists to this day. The applicant acquired the facility in 2023 (#E-065-22) and is committed to restoring this needed service to the region which includes the southern-most counties of Illinois such as Masaac, Pope and Johnson Counties. See, attached Planning Area maps on the following pages.

The proposed Obstetric Care unit includes:

- 10 licensed Obstetric beds
- Seven Labor-Delivery-Recovery (LDR) rooms
- One C-Section Suite
- Two Phase I Post-Anesthesia Recovery (PACU) stations
- 14 Level I Nursery stations.

The scope of services also includes triage/observation, labor and delivery, immediate postpartum care, routine postpartum inpatient stays, newborn screening and observation, lactation support, patient education, and stabilization for maternal/neonatal emergencies pending transfer.

The total project cost is \$9,495,901 and involves the modernization of 17,037 gsf of existing space within the hospital's main building.

The project is classified as substantive because it involves the establishment of a new category of service.

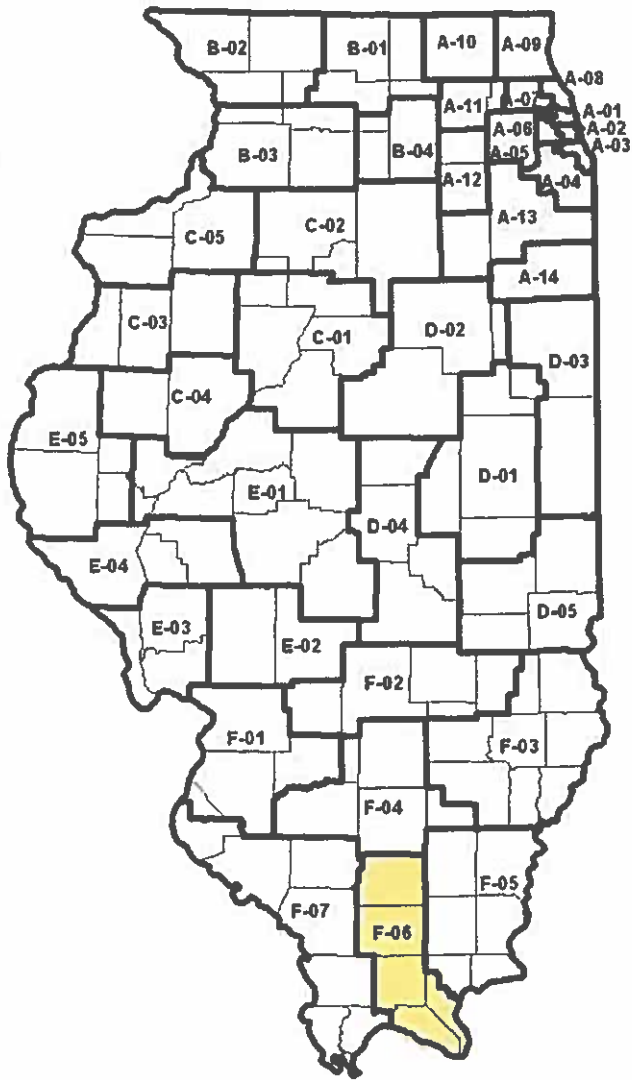
Inventory of Health Care Facilities and Services
and Need Determinations

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Illinois Department of Public Health

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For the Obstetric category of service:

1. 40 Obstetric care planning areas have been designated by the Health Facilities and Services Review Board as illustrated by this map (detailed descriptions can be found in the Board Administrative Rules).



Inventory of Health Care Facilities and Services
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- F) **Planning Area F-6:** Franklin, Williamson, Johnson, and Massac Counties; Pope County Townships of Jefferson #4, Webster #5, Golconda #1 and Golconda #3.



Project Costs and Sources of Funds

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

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts	\$3,720,241	\$478,743	\$4,198,984
Contingencies	\$558,036	\$71,811	\$629,848
Architectural/Engineering Fees	\$225,000	\$50,000	\$275,000
Consulting and Other Fees	\$15,000	\$3,000	\$18,000
Movable or Other Equipment (not in construction contracts)	\$4,297,760	\$76,309	\$4,374,069
Bond Issuance Expense (project related)			\$0
Net Interest Expense During Construction (project related)			\$0
Fair Market Value of Leased Space or Equipment			\$0
Other Costs to Be Capitalized			\$0
Acquisition of Building or Other Property (excluding land)	\$0	\$0	\$0
TOTAL USES OF FUNDS	\$8,816,037	\$679,863	\$9,495,901
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	\$8,816,037	\$679,863	\$9,495,901
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	\$8,816,037	\$679,863	\$9,495,901
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Related Project Costs

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

Land acquisition is related to project	☐ Yes	☒ No
Purchase Price: \$	_____	
Fair Market Value: \$	_____	
The project involves the establishment of a new facility or a new category of service ☒ Yes ☐ No		
If yes, provide the dollar amount of all non-capitalized operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100. Estimated start-up costs and operating deficit cost is \$1,874,437.		

Project Status and Completion Schedules

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

Indicate the stage of the project's architectural drawings:

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

Anticipated project completion date (refer to Part 1130.140): December 31, 2027

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

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

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

State Agency Submittals [Section 1130.620(c)]

Are the following submittals up to date as applicable?

- ☒ Cancer Registry
- ☒ APORS
- ☒ All formal document requests such as IDPH Questionnaires and Annual Bed Reports submitted
- ☒ All reports regarding outstanding permits Not Applicable: No open permits
- Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.**

Cost Space Requirements

Provide in the following format, the **Departmental Gross Square Feet (DGSF)** or the **Building Gross Square Feet (BGSF)** and cost. The type of gross square footage either DGSF or BGSF must be identified. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the 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: Deaconess Illinois Medical Center			CITY: Marion		
REPORTING PERIOD DATES: From: January 1, 2024 to: December 31, 2024					
Category of Service	Authorized Beds	Admissions	Patient Days	Bed Changes	Proposed Beds
Medical/Surgical	88	2,408	7,908	0	88
Obstetrics	0	0	0	+10	+10
Pediatrics					
Intensive Care	18	150	1,207	0	18
Comprehensive Physical Rehabilitation					
Acute/Chronic Mental Illness					
Neonatal Intensive Care					
General Long-Term Care					
Specialized Long-Term Care					
Long Term Acute Care					
Other ((identify)					
TOTALS:	106	2,558	9,115	+10	116

Source: 2024 Hospital Profile

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:

Deaconess Regional Healthcare Services Illinois, Inc., dba Deaconess Illinois Medical Center *

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

William Edward Davis
SIGNATURE
William Edward Davis
PRINTED NAME
Region President - Deaconess
PRINTED TITLE
Illinois

Amanda B. Thiermorton
SIGNATURE
Amanda B. Thiermorton
PRINTED NAME
Region Chief Operating Officer
PRINTED TITLE
Deaconess Illinois

Notarization:

Subscribed and sworn to before me
this 9th day of April, 2026

Rebecca J. Arnold
Signature of Notary

Seal
OFFICIAL SEAL
REBECCA J. ARNOLD
NOTARY PUBLIC STATE OF ILLINOIS
My Commission Expires 08-14-2026
ID # 563335

*Insert the EXACT legal name of the Applicant

Notarization:

Subscribed and sworn to before me
this 9th day of April, 2026

Rebecca J. Arnold
Signature of Notary

Seal
OFFICIAL SEAL
REBECCA J. ARNOLD
NOTARY PUBLIC STATE OF ILLINOIS
My Commission Expires 08-14-2026
ID # 563335

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

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

1110.110(a) – Background of the Applicant

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.
2. A listing of all health care facilities currently owned and/or operated in Illinois, by any corporate officers or directors, LLC members, partners, or owners of at least 5% of the proposed health care facility.
3. For the following questions, please provide information for each applicant, including corporate officers or directors, LLC members, partners, and owners of at least 5% of the proposed facility. A health care facility is considered owned or operated by every person or entity that owns, directly or indirectly, an ownership interest.
 - a. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant, directly or indirectly, during the three years prior to the filing of the application.
 - b. A certified listing of each applicant, identifying those individuals that have been cited, arrested, taken into custody, charged with, indicted, convicted, or tried for, or pled guilty to the commission of any felony or misdemeanor or violation of the law, except for minor parking violations; or the subject of any juvenile delinquency or youthful offender proceeding. Unless expunged, provide details about the conviction, and submit any police or court records regarding any matters disclosed.
 - c. A certified and detailed listing of each applicant or person charged with fraudulent conduct or any act involving moral turpitude.
 - d. A certified listing of each applicant with one or more unsatisfied judgements against him or her.
 - e. A certified and detailed listing of each applicant who is in default in the performance or discharge of any duty or obligation imposed by a judgment, decree, order or directive of any court or governmental agency.
4. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**
5. If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest that the information was previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant can submit amendments to previously submitted information, as needed, to update and/or clarify data.

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

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

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

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

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

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

ALTERNATIVES

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

Alternative options **must** include:

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

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

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

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

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

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

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?

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

PROJECT SERVICES UTILIZATION:

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

Document that in the second year of operation, the annual utilization of the service or equipment shall meet or exceed the utilization standards specified in 1110.Appendix B. **A narrative of the rationale that supports the projections must be provided.**

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

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

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

SECTION VI. SERVICE SPECIFIC REVIEW CRITERIA

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

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

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

Category of Service	# Existing Beds	# Proposed Beds
☐ Medical/Surgical		
☒ Obstetric	0	10
☐ Pediatric		
☐ Intensive Care		

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

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

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.200(d)(1), (2), and (3) - Deteriorated Facilities			X
1110.200(d)(4) - Occupancy			X
1110.200(e) - Staffing Availability	X	X	
1110.200(f) - Performance Requirements	X	X	X
1110.200(g) - Assurances	X	X	
APPEND DOCUMENTATION AS <u>ATTACHMENT 19</u>, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

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

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

Service	# Existing Key Rooms	# Proposed Key Rooms
☒ Labor-Delivery-Recovery (LDR)	0	7
☒ C-Section Room	0	1
☒ Phase I PACU	0	2
☒ Level 1 Nursery	0	14

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

Project Type	Required Review Criteria
New Services or Facility or Equipment	(b) – Need Determination – Establishment
Service Modernization	(c)(1) – Deteriorated Facilities
	AND/OR
	(c)(2) – Necessary Expansion
	PLUS
	(c)(3)(A) – Utilization – Major Medical Equipment
	OR
	(c)(3)(B) – Utilization – Service or Facility
1APPEND DOCUMENTATION AS ATTACHMENT 31, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

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

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

VII. 1120.120 - AVAILABILITY OF FUNDS

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

\$9,495,901	a)	Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to: 1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and 2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion.
_____	b)	Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated timetable of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
_____	c)	Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated timetable of receipts.
_____	d)	Debt – a statement of the estimated terms and conditions (including the debt time, variable or permanent interest rates over the debt time, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including: 1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated. 2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate. 3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc. 4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment.

	5) For any option to lease, a copy of the option, including all terms and conditions.
	e) Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent.
	f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt.
	g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
\$9,495,901	TOTAL FUNDS AVAILABLE
APPEND DOCUMENTATION AS ATTACHMENT 34, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

SECTION VIII. 1120.130 - FINANCIAL VIABILITY

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

Financial Viability Waiver

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

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

See Section 1120.130 Financial Waiver for information to be provided

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

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

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

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

Variance

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

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

SECTION IX. 1120.140 - ECONOMIC FEASIBILITY

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

A. Reasonableness of Financing Arrangements

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

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

B. Conditions of Debt Financing

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

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

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

1. Identify each department or area impacted by the proposed project and provide a cost and square footage allocation for new construction and/or modernization using the following format (insert after this page).
- 2.

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

* Include the percentage (%) of space for circulation

D. Projected Operating Costs

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

E. Total Effect of the Project on Capital Costs

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

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

SECTION X. SAFETY NET IMPACT STATEMENT

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)			
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.

SECTION XI -SPECIAL FLOOD HAZARD AREA AND 500-YEAR FLOODPLAIN DETERMINATION FORM

In accordance with Executive Order 2006-5 (EO 5), the Health Facilities & Services Review Board (HFSRB) must determine if the site of the CRITICAL FACILITY, as defined in EO 5, is 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? Yes___ No___?

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

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ATTACHMENT 1

Applicant Identification and Certificates of Good Standing

Included with this attachment is the Certificate of Good Standing for the applicant Deaconess Regional Healthcare Services Illinois, Inc.

File Number

7031-027-9



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

DEACONESS REGIONAL HEALTHCARE SERVICES ILLINOIS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 16, 2015, ADOPTED THE ASSUMED NAME DEACONESS ILLINOIS MEDICAL CENTER ON JULY 10, 2024, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 12TH day of MARCH A.D. 2026 .

Authentication #: 2807104278 verifiable until 03/12/2027
Authenticate at: <https://www.ileos.gov>

Alexi Giannoulis
SECRETARY OF STATE

ATTACHMENT 2

Site Control

The applicant Deaconess Regional Healthcare Services Illinois, Inc. controls the hospital site through a lease. A notarized statement of the applicant attesting to control of the site is included on the following page.

ATTACHMENT 2

Attestation of Site Control

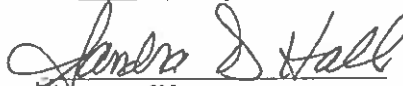
The undersigned is an authorized representative of the applicant Deaconess Regional Healthcare Services Illinois, Inc. and hereby attests that the applicant controls the site of Deaconess Illinois Medical Center, 3333 West DeYoung St., Marion Illinois 62959 as tenant of the premises under a lease agreement effective January 14, 2023 with the owner, Deaconess Health System.



William Davis, MA, PT, MHA, FACHE
Region President
Deaconess Regional Healthcare Services Illinois, Inc.



Subscribed and sworn to before me
this 10th day of April 2026



Signature of Notary
Seal

ATTACHMENT 3

Operating Entity/Licensee

The licensee of the facility is Deaconess Regional Healthcare Services Illinois, Inc. Its Certificate of Good Standing is included with this attachment.

File Number

7031-027-9



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

DEACONESS REGIONAL HEALTHCARE SERVICES ILLINOIS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 16, 2015, ADOPTED THE ASSUMED NAME DEACONESS ILLINOIS MEDICAL CENTER ON JULY 10, 2024, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

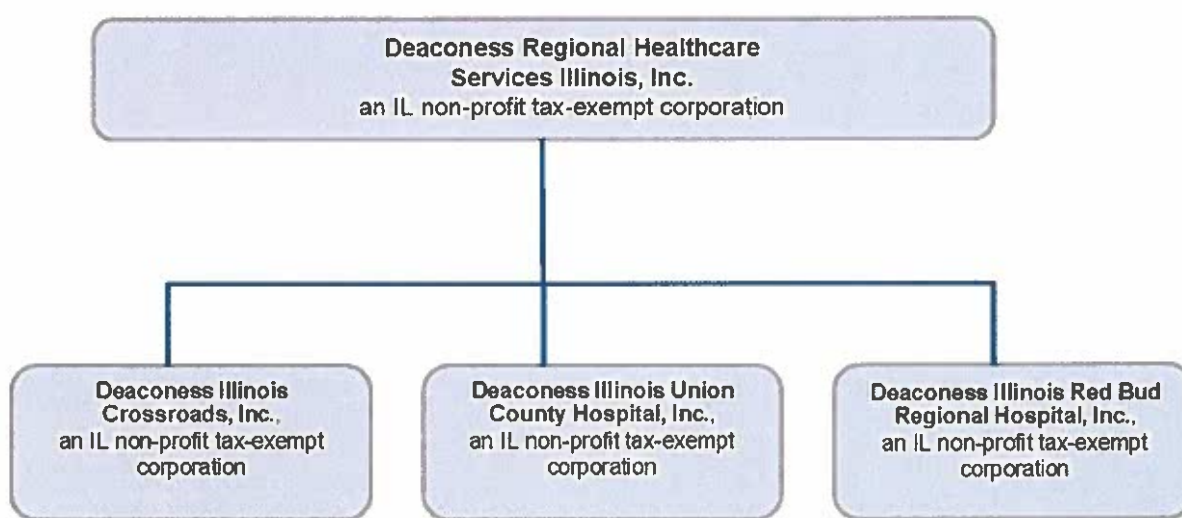


In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 12TH day of MARCH A.D. 2026 .

Authentication #: 2807104278 verifiable until 03/12/2027
Authenticate at: <https://www.ilscs.gov>

Alexi Giannoulis
SECRETARY OF STATE

ATTACHMENT 4
Organizational Chart



Note: Deaconess Regional Healthcare Services Illinois, Inc. is the licensee of Deaconess Illinois Medical Center. It is also the sole corporate member of the three subsidiaries identified above which are all separately licensed.

ATTACHMENT 5

Flood Plain Requirements

Attached is documentation that the project complies with the requirements of Illinois Executive Order #2006-05 pertaining to construction activities in special flood hazard areas, including a map of the proposed project location showing any identified floodplain areas.

ATTACHMENT 5
Flood Plain Requirements

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

APPLICATION FOR PERMIT- 02/2024 - Edition

SECTION XI -SPECIAL FLOOD HAZARD AREA AND 500-YEAR FLOODPLAIN DETERMINATION FORM

In accordance with Executive Order 2006-5 (EO 5), the Health Facilities & Services Review Board (HFSRB) must determine if the site of the CRITICAL FACILITY, as defined in EO 5, is 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: Deaconess Illinois Medical Center 3333 West DeYoung Street
(Name) (Address)
Marion IL 62959 618-998-7021
(City) (State) (ZIP Code) (Telephone Number)

2. Project Location: 3333 West DeYoung Street Marion, IL
(Address) (City) (State)
Williamson West Marion
(County) (Township)

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 X ?

IS THE PROJECT SITE LOCATED IN THE 500-YEAR FLOOD PLAIN? Yes___ No X ?

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: _____

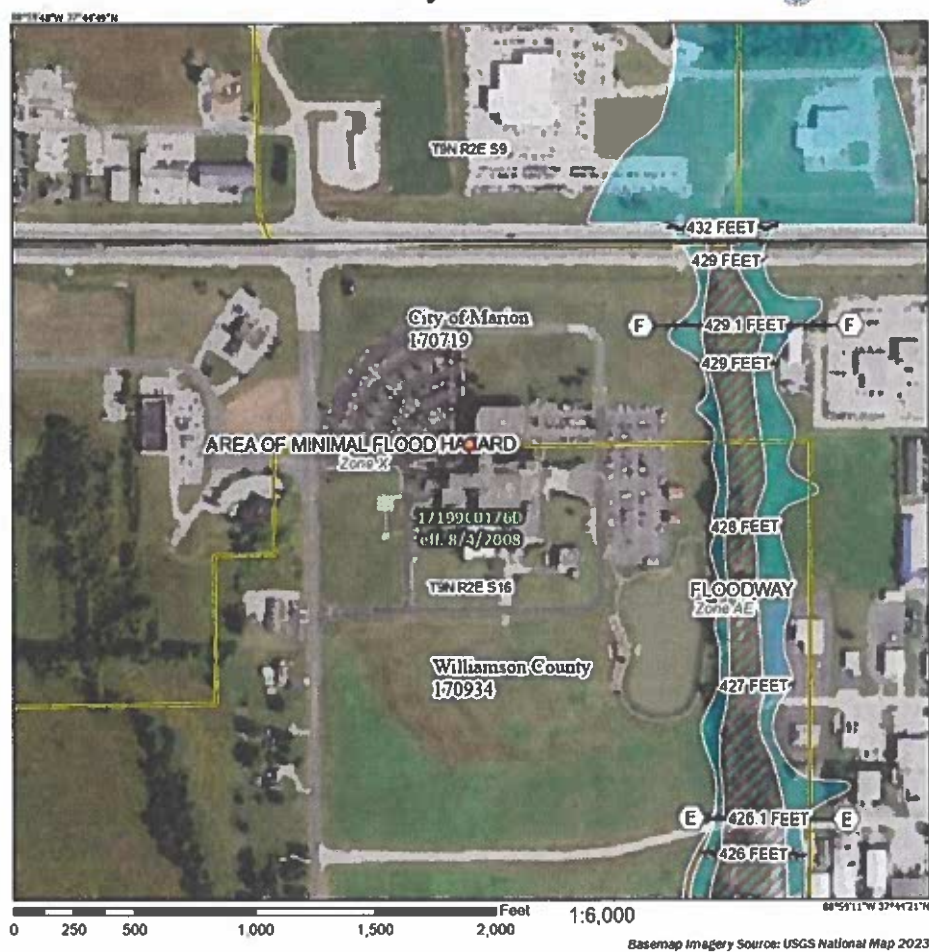
(City) (State) (ZIP Code) (Telephone Number)

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

National Flood Hazard Layer FIRMette



GET THE BOOKS FOR DETAIL LEAD AND MORTGAGE MAP FOR FREE BANK LENDING

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Journal compilation © 2007 Blackwell Publishing Ltd

SPECIAL FLOOD HAZARD AREAS

0.2% Annual Chance Flood Hazard, Area of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile.

Future Conditions 1% Annual
Chance Flood Hazard Zone

OTHER AREAS OF FLOOD HAZARD

-  Area with Reduced Flood Risk due to Levee. See Notes. *Zone 1*
-  Area with Flood Risk due to Levee. *Zone 2*

no screen Area of Minimal Flood Hazard Zone
Effective 3/31/20

OTHER AREAS Area of Undetermined Flood Hazard

STRUCTURES 111111 Levees, Dike, or Floodwall

17.8 Water Surface Elevation
 - - - Coastal Tract
 - - - Base Flood Elevation Line (BFE)
 - - - Limit of Study

OTHER

FEATURES | Hydrographic Features

| Digital Data Available

N

MAP PANELS

	No Digital Data Available	
	Unmapped	

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

This map complies with FEMA's standards for the use of digital flood maps if it is not void as described below.
The basemap shown complies with FEMA's basemap

The flood hazard information is derived directly from the authoritative NFHL web services provided by FEMA. This map was exported on 3/30/2026 at 7:50 PM and does not reflect changes or amendments subsequent to this date and time. The NCEM and effective information on all channels or

This map image is void if the one or more of the following map elements do not appear: Inseamman imagery, flood zone labels.

unmapped and unmapped areas cannot be used for regulatory purposes.

ATTACHMENT 6

Historic Preservation Act Requirements

The Historic Preservation Act clearance letter from the Illinois Department of Natural Resources dated March 31, 2026, is included with this Attachment.

ATTACHMENT 6
Historic Preservation Act Requirements



**Illinois
Department of
Natural
Resources**

JB Pritzker, Governor • Natalie Phelps Finnie, Director
One Natural Resources Way • Springfield, Illinois 62702-1271
www.dnr.illinois.gov

Williamson County
Marion
CON - Deaconess Illinois Medical Center
3333 W. DeYoung St.

IHFSRB, SHPO Log #013033026

March 31, 2026

Daniel Lawler
Lawler Law Office
1251 N. Eddy St.
Suite 200
South Bend, IN 46617

This letter is to inform you that we have reviewed the information provided concerning the referenced project. Our review of the records indicates that no historic, architectural or archaeological sites exist within the project area.

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

If you have any further questions, please contact Steve Dasovich, Cultural Resources Manager, at 217/782-7441 or at Steve.Dasovich@illinois.gov.

Sincerely,

Carey L. Mayer

Carey L. Mayer, AIA
Deputy State Historic Preservation Officer

ATTACHMENT 7
Project Costs Itemization

Project Costs			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Modernization Contracts	\$3,720,241	\$478,743	\$4,198,984
Contingencies	\$558,036	\$71,811	\$629,848
Architectural/Engineering Fees	\$225,000	\$50,000	\$275,000
Consulting and Other Fees	\$15,000	\$3,000	\$18,000
Movable or Other Equipment (not in construction contracts)	\$4,297,760	\$76,309	\$4,374,069
TOTAL USES OF FUNDS	\$8,816,037	\$679,863	\$9,495,901

The line-item project costs include the following:

Modernization Contracts - this includes:

- Modernization costs for reestablishing the Obstetric Care Category of Service in existing space on the second floor of the main hospital building, including:
 - General renovation of the area
 - Modernizing former nurses call station
 - Upgrading clinical service area rooms from previously discontinued OB unit

Contingencies - this includes:

- Allowance for unknown conditions required to complete the proposed renovation and build-out.

Architectural / Engineering Fees - this includes:

- Architectural services
- Interior design
- Engineering
 - Structural
 - Mechanical
 - Electrical
 - Plumbing
 - Civil

Consulting and Other Fees - this includes:

- CON filing fee

Movable Equipment – this includes:

- Equipment
- Furniture
- Signage

- Artwork
- IT

Detailed itemization of the movable equipment is included in Appendix to this application.

ATTACHMENT 9
Cost Space Requirements

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							
Obstetric	\$3,092,778	0	4,964	0	4,964	0	0
Labor-Delivery-Recovery	\$3,817,998	0	6,128	0	6,128	0	0
C-Section Suite	\$803,724	0	1290	0	1290	0	0
Phase I PACU	\$170,090	0	273	0	273	0	0
Level I Nursery	\$931,447	0	1495	0	1495	0	0
Total Clinical	\$8,816,037	0	14150	0	14,150	0	0
Total Non-clinical*	\$679,863	17,037	2,887	0	2,887	0	0
TOTAL	\$9,495,901	17,037	2,887	0	17,037	0	0

*Non-clinical space includes shared corridors, hallways, lockers, offices and restrooms.

ATTACHMENT 11

Background of the Applicants

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.

Deaconess Regional Healthcare Services Illinois, Inc. owns and operates the following hospitals:

Facility	Location	Illinois License Number	Expiration Date	Joint Commission Accreditation Number
Deaconess Illinois Medical Center	Marion	0006361	1/13/2027	ID #7378
Deaconess Illinois Crossroads	Mt. Vernon	0006353	1/13/2027	ID #309785
Red Bud Regional Hospital (Critical Access Hospital)	Red Bud	0006387	1/13/2027	ID #4752
Deaconess Illinois Union County Hospital (Critical Access Hospital)	Anna	0006379	1/13/2027	ID #4287

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.

Other than the facilities listed above in paragraph 1, the applicant does not own or operate, directly or indirectly, any other health care facilities.

3. 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.

By the signatures on the Certification page of this application, the applicant attests that no adverse action has been taken against the applicant facility during the three years prior to the filing of this application. For purposes of this certification, the term "adverse action" has the meaning given to in 77 Illinois Administrative Code 1130.140.

- 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.**

By the signatures on the Certification page of this application, the applicant authorizes HFSRB and IDPH to access to any 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, when applicable; and the records of nationally recognized accreditation organizations.

ATTACHMENT 12

Purpose of the Project

1110.110(b)(1) – Purpose of the Project – Information Requirements

The applicant shall address the purpose of the project, i.e., identify the issues or problems that the project is proposing to address or solve. Information to be provided shall include, but is not limited to, identification of existing problems or issues that need to be addressed, as applicable and appropriate for the project.

Improvement to Healthcare and Well-Being of the Market Area Population

The establishment of a Labor and Delivery unit at Deaconess Illinois Medical Center in Marion represents a critical and timely investment in the health, safety, and future of families across Southern Illinois. Access to maternal care in the region has reached a breaking point, with 60% of counties lacking maternity services and 75% of rural hospitals in Illinois no longer offering obstetric care. These trends have created significant gaps in access, placing expectant mothers and infants at increased risk.

To make matters worse, there are *no* Obstetric Care services in Planning Area F-06 which consists of the four counties of Williamson, Franklin, Johnson and Masaac as well as part of Pope County. In addition, there are also no Obstetric Care services in Planning Area F-05, immediately to the east of F-06 and consisting of the counties of Hamilton, White, Saline, Gallatin and Hardin in addition parts of Pope County. The combined population of these two planning areas is 270,760 based on the 2023 Inventory of Health Facilities and Services. Planning Area F-06 has a calculated bed need of 8 Obstetric beds and F-05 has need of 2 Obstetric beds. This need is based entirely on patient out-migration from these two planning areas.

The closest Obstetric services are in Carbondale (Planning Area F-07, west of F-06) and Mt. Vernon (Planning Area F-04, north of F-06). Both of these facilities are operating under sustained capacity pressures. As a result, many women must travel long distances—often one to two hours each way to cities such as St. Louis, Missouri, or Newburgh, Indiana — to receive prenatal care, deliver their babies, and access postpartum support. For families already navigating the physical, emotional, and financial demands of pregnancy, this additional burden is substantial.

Even in low-risk pregnancies, women typically require 12 to 15 prenatal visits, with high-risk pregnancies necessitating significantly more frequent monitoring. For many in Southern Illinois, each of these visits involves hours of travel, time away from work, childcare challenges, and transportation barriers. These obstacles contribute directly to delayed care, missed appointments, and ultimately poorer maternal and neonatal outcomes.

Research from the March of Dimes shows that women living in maternity care deserts travel more than five times farther for care and face a 13% higher risk of preterm birth. These are not abstract statistics—they reflect the lived reality of families across our communities.

Restoring Labor and Delivery services in Marion will directly address these challenges by bringing high-quality, comprehensive maternal care closer to home. By reestablishing these services, Deaconess Illinois will provide a skilled, coordinated care team capable of supporting

women throughout the full continuum of pregnancy—from prenatal care to delivery and postpartum recovery—within their own community.

Marion previously had Labor and Delivery services provided by Heartland Regional Medical Center (the former name of the applicant's facility) while under the ownership of Quorum Health Corporation. Quorum discontinued its 12-bed Obstetric unit in 2019 citing low utilization. (Project #E-025-19.) Its Average Daily Census (ADC) over the five-year period up to the discontinuation was over 5.2. This ADC justified *nine* OB beds at the time of discontinuation, and the closure created a 10-bed *deficit* in the Planning Area based on the 2019 Inventory of Health Care Facilities and Services.

Deaconess Illinois acquired Heartland in early 2023 (#E-065-22). The current calculated OB bed-need, based on the most recent update to the Inventory, is eight beds. A copy of the 2019 and 2023 Inventories for Planning Area F-06, the most recent monthly update to Inventory showing the calculated OB bed deficits in Planning Area F-06 are included at the end of this section.

The Planning Area has been in an OB bed deficit for almost seven years now. Deaconess Illinois is uniquely positioned to restore and sustain these services long-term. Deaconess Regional Healthcare Services Illinois, as a health system with a proven track record of supporting rural hospitals, is committed not only to launching this OB program but ensuring its stability and success for years to come. Deaconess Illinois' approach prioritizes both clinical excellence and financial sustainability, recognizing that long-term access depends on both.

At its core, this effort is about keeping care local. The goal is not to shift patients to distant facilities, but to ensure that women in Marion and the surrounding communities have access to the high-quality obstetric care they need, close to family, support systems, and home.

The Project's Planning and Service Area

The applicant's Planning Area, F-06, which is also its Primary Service Area consists of:

- Williamson County
- Franklin County
- Johnson County
- Massac Counties
- Pope County Townships of Jefferson #4, Webster #5, Golconda #1 and Golconda #3.

The applicant's Secondary Service Area consists of areas outside of P.A. F-06 that are within 60-minutes travel time of the hospital.

A map of the applicant's Primary and Secondary Service Areas is included after this section.

Scope of the Proposed Project

- *Purpose:* To establish a 10-licensed bed inpatient OB unit to provide local, 24/7 labor, delivery, postpartum, and routine newborn observation services for low to moderate risk pregnancies and to reduce maternal/neonatal transfers and travel burden for residents of F-06 and surrounding areas. The project also includes seven Labor-Delivery-Recovery rooms, one C-

Section room, two Phase I Post-Anesthetic Recovery stations, a 14-station Level I nursery, and a lactation room.

- *Additional scope of services:* Triage/observation, labor and delivery, immediate postpartum care, routine postpartum inpatient stays, newborn screening and observation, lactation support, patient education, and stabilization for maternal/neonatal emergencies pending transfer.
- *Location:* Renovation of existing space on the 2nd floor of Deaconess Illinois Medical Center.
- *Hours:* Continuous 24/7 inpatient obstetric coverage.
- *Coverage model:* Unit will have 24/7 call coverage by OB/GYN physicians with in-house coverage or immediately (<30 minutes) available. Midwife/midlevel provider support will also be available
- *Anesthesia coverage:* Provided 24/7 and will be immediately available (<30 minute response time).
- *Neonatology/pediatrician/pediatric:* Advanced Practice Provider support available 24/7 for newborn care and support of the nursery and special care nursery.
- *Staffing:* Unit will be staffed with RNs for Labor & Delivery, postpartum, nursery and special care. Staffing ratios will be within state and national guidelines of the Association of Women's Health Obstetric and Neo-Natal Nurses (AWHONN) including 1:1 patients in active labor, 1:3-4 postpartum mothers and babies and 1:2-4 special care nursery babies. Will have clerical and patient care tech support when census supports.
- *Certified surgical technician:* Unit will be staffed on Labor & Delivery 24/7 for surgical support for cesareans and instrument/supply management.
- *Respiratory therapy:* Coverage will be available 24/7 to provide attendance at deliveries and support as needed in special care nursery.
- *Perinatal ultrasound:* A mobile unit will be available 24/7.
- *Required credentials/competencies:* Neonatal Resuscitation Provider for newborn care, Pediatric Advanced Life Support as applicable, validated competencies in fetal monitoring, labor management, postpartum hemorrhage protocols, neonatal resuscitation, and emergency response. Orientation program, annual competency validation, and regular multidisciplinary simulations will be implemented
- *Clinical policies:* The OB unit will follow standards established by the American Academy of Pediatrics, American College of Obstetricians and Gynecologists, Association of Women's Health Obstetric and Neo-Natal Nurses, IDPH and CMS. Emergency protocols for hemorrhage, shoulder dystocia, hypertensive emergencies, sepsis, and neonatal resuscitation will be in place.
- *Quality metrics:* To be tracked: maternal morbidity and mortality, C section rate, breastfeeding initiation, newborn transfer rate, time-to-transfer/time-to-OR for emergent cesarean, and patient satisfaction. Routine morbidity & mortality review and quarterly reporting.

- *Formal written transfer agreements:* Will be established through the Regional Administrative Perinatal Center - SSM Health Cardinal Glennon Children's Hospital, St. Louis - for maternal high-risk care and neonatal intensive care, including defined clinical criteria, stabilization responsibilities, and transport logistics (ground/air).
- *Equipment:* Fetal monitoring systems, delivery beds, neonatal warmers and resuscitation carts, postpartum hemorrhage kits, emergency medication carts, point of care testing, and access to blood bank, laboratory, and imaging services per standards. (See full equipment list in Attachment A.)
- *Access and Health Equity:* Commitment to serving Medicaid and uninsured patients per hospital financial assistance policies. Language access and culturally competent care services provided. Outreach to local prenatal providers, Women Infants & Children, and community organizations to coordinate care and referrals.

2023 Inventory: Planning Area F-06

INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS									
Illinois Health Facilities and Services Review Board					OBSTETRIC Category of Service			12/18/2023	
Illinois Department of Public Health					Hospital Planning Area: F-06			Page B- 44	
Hospital	City					Beds	2021 Utilization		
						Admissions	Patient Days		
No Hospitals with Obstetrics Units						0	0	0	
Planning Area Totals						0	0	0	
HPA Fertility Rate 2021	Projected 2026 Females Age 15-44	Projected Births 2026	Projected Hospital Births 2026	Length of Stay Factor	Projected Patient Days 2026	Days in Year 2026	Projected Average Daily Census	Target Occupancy Rate*	Maternity Bed Need
0	21480	0	0	2.6	0	365	0.0	0.60	0
Gynecology Patient Days 2021	Estimated 2021 Females Age 15+	Gynecology Use Rate	Projected 2026 Females Age 15+	Projected Patient Days 2026	Days in Year 2026	Average Daily Census	Target Occupancy Rate	Gynecology Bed Need	
0	54490	0.00000	54410	0	365	0.0	0.9	0	
Obstetrics Patient Migration				Average Length of Stay	Obstetrics Patient Days Migration	Days in Year	Average Daily Migration	Adjustment Factor	Migration Adjustment
Out-Migration	In-Migration	Net Migration		2.6	3,312	365	9.1	0.85	8
1,274	0	1,274							
Maternity Bed Need	Gynecology Bed Need	Migration Bed Adjustment	Adjusted Bed Need for Obstetrics/Gynecology			Existing Obstetrics/Gynecology Beds		Additional Beds Needed	
0	0	8	8			0		8	
*Obstetrics Occupancy Target Rate is 60% (0.60) for Areas with projected Average Daily Census under 10									

*Obstetrics Occupancy Target Rate is 60% (0.60) for Areas with projected Average Daily Census under 10

2019 Inventory: Planning Area F-06

INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS									
Illinois Health Facilities and Services Review Board					OBSTETRIC Category of Service			9/1/2019	
Illinois Department of Public Health					Hospital Planning Area: F-06			Page B-44	
Hospital		City		Beds		2017 Utilization			
						Admissions	Patient Days		
Heartland Regional Medical Center					Marion	0	681	1,655	
8/6/2019 E-025-19 Facility received exemption to discontinue 12 bed Obstetrics category of service.									
Planning Area Totals						0	681	1,655	
HPA Fertility Rate 2017	Projected 2022 Females Age 15-44	Projected Births 2022	Projected Hospital Births 2022	Length of Stay Factor	Projected Patient Days 2022	Days in Year 2022	Projected Average Daily Census	Target Occupancy Rate*	Maternity Bed Need
0.02773	23160	642	636	2.5	1,590	365	4.4	0.60	7
Gynecology Patient Days 2017	Estimated 2017 Females Age 15+	Gynecology Use Rate	Projected 2022 Females Age 15+	Projected Patient Days 2022	Days in Year 2022	Average Daily Census	Target Occupancy Rate	Gynecology Bed Need	
0	56060	0.00000	56080	0	365	0.0	0.9	0	
Obstetrics Patient Migration									
Out-Migration 657	In-Migration 226	Net Migration 431	Average Length of Stay 2.5	Obstetrics Patient Days Migration 1,078	Days in Year 365	Average Daily Migration 3.0	Adjustment Factor 0.85	Migration Adjustment 3	
Maternity Bed Need 7	Gynecology Bed Need 0	Migration Bed Adjustment 3	Adjusted Bed Need for Obstetrics/Gynecology 10		Existing Obstetrics/Gynecology Beds 0			Additional Beds Needed 10	

*Obstetrics Occupancy Target Rate is 60% (0.60) for Areas with projected Average Daily Census under 10

Monthly Update to Inventory

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
REVISED BED NEED DETERMINATIONS
3/31/2026

Hospital Planning Area	MEDICAL-SURGICAL/PEDIATRIC BEDS				INTENSIVE CARE BEDS				OBSTETRIC BEDS			
	Beds	Calculated Bed Need	Bed Need	Excess	Beds	Calculated Bed Need	Bed Need	Excess	Beds	Calculated Bed Need	Bed Need	Excess
A-001	2,139	1,125	0	1,014	521	449	0	72	201	111	0	90
A-002	1,517	874	0	643	378	485	107	0	232	73	0	159
A-003	1,727	1,189	0	538	258	260	2	0	89	59	0	30
A-004	1,799	1,664	0	135	350	360	10	0	122	97	0	25
A-005	1,081	847	0	234	234	265	31	0	168	103	0	65
A-006	1,012	613	0	399	212	245	33	0	75	32	0	43
A-007	1,268	801	0	467	217	236	19	0	123	76	0	47
A-008	613	521	0	92	108	81	0	27	52	39	0	13
A-009	841	734	0	107	135	118	0	17	112	63	0	49
A-010	227	300	73	0	42	40	0	2	20	24	4	0
A-011	296	348	52	0	45	37	0	8	28	33	5	0
A-012	409	294	0	115	58	81	23	0	68	38	0	30
A-013	709	710	1	0	125	116	0	9	93	63	0	30
A-014	284	120	0	144	57	56	0	1	42	14	0	28
B-001	529	435	0	94	94	107	13	0	67	37	0	30
B-002	103	82	0	21	8	2	0	6	14	4	0	10
B-003	148	107	0	41	14	16	2	0	17	10	0	7
B-004	107	107	0	0	20	14	0	6	11	12	1	0
C-001	871	578	0	293	134	142	8	0	74	36	0	38
C-002	135	124	0	11	15	14	0	6	11	13	2	0
C-003	88	75	0	13	9	9	0	0	9	8	0	1
C-004	56	64	8	0	13	10	0	3	13	5	0	8
C-005	388	189	0	199	33	36	3	0	39	18	0	21
D-001	520	307	0	213	76	59	0	17	40	28	0	12
D-002	294	229	0	65	46	28	0	18	42	20	0	22
D-003	186	132	0	54	20	8	0	12	17	9	0	8
D-004	300	202	0	98	38	55	17	0	26	18	0	8
D-005	139	108	0	31	14	11	0	3	19	8	0	11
E-001	731	481	0	250	128	144	16	0	59	28	0	31
E-002	93	71	0	22	4	2	0	2	3	5	2	0
E-003	64	30	0	34	4	2	0	2	0	2	2	0
E-004	122	59	0	63	13	6	0	7	11	5	0	6
E-005	260	151	0	109	28	26	0	2	28	13	0	15
F-001	978	482	0	496	93	86	0	7	89	44	0	45
F-002	159	88	0	71	10	9	0	1	17	9	0	8
F-003	132	74	0	58	12	5	0	7	8	4	0	4
F-004	261	143	0	118	38	25	0	13	13	13	0	0
F-005	121	42	0	79	0	0	0	0	0	2	2	0
F-006	206	150	0	56	26	16	0	10	0	8	8	0
F-007	281	120	0	161	23	24	1	0	28	12	0	16
Totals	21,174	14,770	134	6,538	3,653	3,685	285	258	2,080	1,196	26	910

2023 Inventory: Planning Area F-05

INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS

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

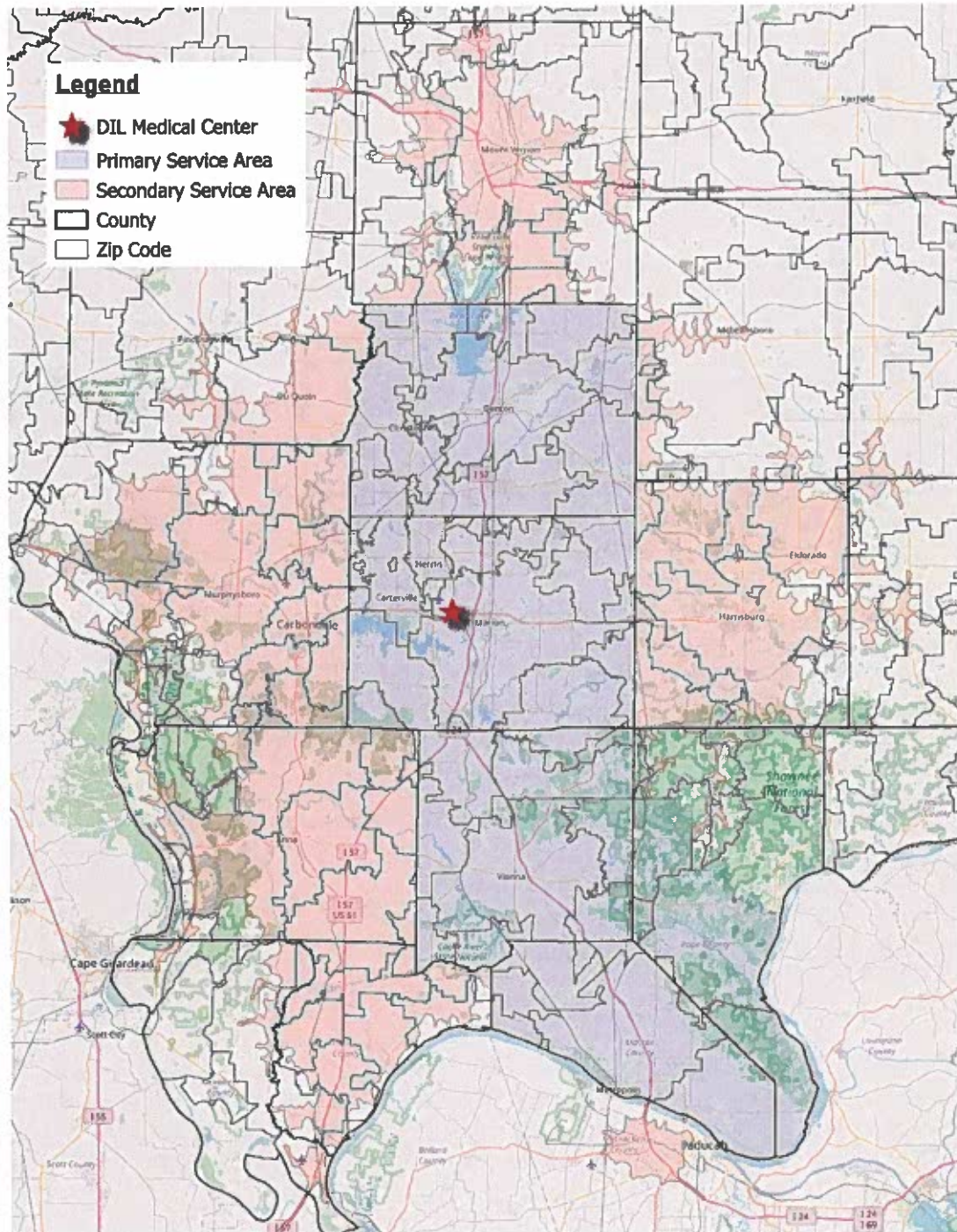
OBSTETRIC Category of Service
Hospital Planning Area: F-05

12/18/2023
Page B- 43

Hospital Planning Area: P-05								2021 Utilization	
Hospital	City				Beds	Admissions	Patient Days		
No Hospitals with Obstetrics Units					0	0	0		
Planning Area Totals					0	0	0		
HPA Fertility Rate 2021	Projected 2026 Females Age 15-44	Projected Births 2026	Projected Hospital Births 2026	Length of Stay Factor	Projected Patient Days 2026	Days in Year 2026	Projected Average Daily Census	Target Occupancy Rate*	Maternity Bed Need
0	8660	0	0	2.6	0	365	0.0	0.60	0
Gynecology Patient Days 2021	Estimated 2021 Females Age 15+	Gynecology Use Rate	Projected 2026 Females Age 15+	Projected Patient Days 2026	Days in Year 2026	Average Daily Census	Target Occupancy Rate	Gynecology Bed Need	
0	22870	0.00000	22160	0	365	0.0	0.9	0	
Obstetrics Patient Migration			Average Length of Stay	Obstetrics Patient Days Migration	Days In Year	Average Daily Migration	Adjustment Factor	Migration Adjustment	
Out-Migration 411	In-Migration 0	Net Migration 411	2.6	1,069	365	2.9	0.85	2	
Maternity Bed Need	Gynecology Bed Need	Migration Bed Adjustment	Adjusted Bed Need for Obstetrics/Gynecology		Existing Obstetrics/Gynecology Beds			Additional Beds Needed	
0	0	2	2		0			2	

*Obstetrics Occupancy Target Rate is 60% (0.60) for Areas with projected Average Daily Census under 10

Map of Deaconess Illinois Medical Center's Primary and Secondary Service Areas



1110.110(b)(2) – Purpose of the Project – Information Requirements

The applicant shall cite the source of the information (e.g., local health department Illinois Project for Local Assessment of Need (IPLAN) documents, Public Health Futures, local mental health plans, or other health assessment studies from governmental or academic and/or other independent sources).

List of Referenced Sources

- i. Inventory of Health Care Facilities and Services and Need Determinations 2023, HFRSB
- ii. Monthly Hospital Inventory Update, March 31, 2026, HFSRB
- iii. Guidelines for Perinatal Care, American Academy of Pediatrics & American College of Obstetricians and Gynecologists
- iv. Guidelines of Association of Women's Health Obstetric and Neo-Natal Nurses
- v. Obstetric Unit licensing regulation, IDPH
- vi. CMS guidelines
- vii. Deaconess Illinois Medical Center internal patient care statistics and business planning

1110.110(b)(3) – Purpose of the Project – Information Requirements

The applicant shall detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being. Further, the applicant shall provide goals with quantified and measurable objectives with specific time frames that relate to achieving the stated goals.

Existing Challenges to Be Addressed

Limited Access to Local Obstetric Services: Southern Illinois has become a maternal care desert, leaving many families without a nearby option for delivery services. The absence of local access requires expectant mothers to travel significant distances, often during critical moments of care.

Financial and Coverage Barriers: Approximately 38% of women of childbearing age in the region are uninsured or rely on Medicaid. These individuals face compounded challenges, as transportation costs, time away from work, and limited resources make accessing distant care even more difficult.

Rising Transfer Volumes and System Strain: Maternal and neonatal transfers from Southern Illinois communities continue to increase, reflecting gaps in local capacity. Reliance on emergency transfers is not only costly but also introduces delays that can negatively impact outcomes.

Emergency Departments Under Pressure: Without dedicated Labor and Delivery services, emergency departments are increasingly required to manage obstetric cases they are not designed to handle, creating additional risk for mothers and newborns.

Workforce Challenges: Recruiting and retaining obstetric providers in rural areas remains a challenge. Addressing this will require intentional investment, strong clinical leadership, and supportive policy environments.

Community and Economic Impact: The lack of maternal care services affects more than healthcare—it influences where families choose to live and work. Communities without reliable access to obstetric care often struggle to attract and retain young families, impacting long-term economic vitality.

How the Proposed Program Will Make a Difference

The proposed Labor and Delivery program represents a comprehensive and sustainable solution to these challenges. With a total overall initial investment of \$17.5 million (which includes the capital costs of this project), Deaconess will establish the infrastructure, recruit skilled providers, and implement support services necessary to deliver high-quality care locally.

Beyond improving access, this investment is expected to significantly reduce costly emergency care and transfers, alleviating strain on regional healthcare systems while improving patient outcomes. For uninsured and Medicaid populations, the program will expand access to essential prenatal, delivery, and postpartum services—helping to close critical gaps in care. Deaconess Illinois contracts with all Medicaid Managed Care Organizations (MCOs) available in the area including Aetna Better Health of Illinois, Blue Cross Community Health Plan, Meridian Health Plan and Molina Healthcare.

Equally important, the program includes a long-term workforce strategy focused on recruiting and retaining obstetric providers, supported by advocacy for policies that strengthen rural healthcare delivery.

In conclusion, this proposal is more than the addition of a service line - it is a commitment to restoring access, improving outcomes, and strengthening communities across Southern Illinois. By bringing Labor and Delivery services back to Marion, Deaconess Illinois is investing in healthier mothers, stronger families, and a more sustainable future for the region.

1110.110(b)(4) – Purpose of the Project – Information Requirements

For projects involving modernization, the applicant shall describe the conditions being upgraded.

The proposed Obstetric Care unit is will be located in existing space that was previously used as an Obstetric unit by the facility's prior owner before that owner discontinued the service in 2019. Since that time, the space has been unused and needs to be modernized to, among other things, meet current IDPH licensing standards. All of the reestablished OB clinical service areas (postpartum, LDR, C-Section, PACU and Nursery) are located in rooms and areas that were used for the same purposes by the prior owner when it operated an OB unit.

A floor plan of the proposed OB unit is included on the following page.

Floor Plan for Proposed Obstetric Care Unit

0 1/2" = 1'-0" 1/4" = 1'-0" 1/8" = 1'-0" 1/16" = 1'-0" 1/32" = 1'-0" 1/64" = 1'-0" 1/128" = 1'-0" 1/256" = 1'-0" 1/512" = 1'-0" 1/1024" = 1'-0" 1/2048" = 1'-0" 1/4096" = 1'-0" 1/8192" = 1'-0" 1/16384" = 1'-0" 1/32768" = 1'-0" 1/65536" = 1'-0" 1/131072" = 1'-0" 1/262144" = 1'-0" 1/524288" = 1'-0" 1/1048576" = 1'-0" 1/2097152" = 1'-0" 1/4194304" = 1'-0" 1/8388608" = 1'-0" 1/16777216" = 1'-0" 1/33554432" = 1'-0" 1/67108864" = 1'-0" 1/134217728" = 1'-0" 1/268435456" = 1'-0" 1/536870912" = 1'-0" 1/1073741824" = 1'-0" 1/2147483648" = 1'-0" 1/4294967296" = 1'-0" 1/8589934592" = 1'-0" 1/17179869184" = 1'-0" 1/34359738368" = 1'-0" 1/68719476736" = 1'-0" 1/137438953472" = 1'-0" 1/274877906944" = 1'-0" 1/549755813888" = 1'-0" 1/1099511627776" = 1'-0" 1/2199023255552" = 1'-0" 1/4398046511104" = 1'-0" 1/8796093022208" = 1'-0" 1/17592186044416" = 1'-0" 1/35184372088832" = 1'-0" 1/70368744177664" = 1'-0" 1/140737488355328" = 1'-0" 1/281474976710656" = 1'-0" 1/562949953421312" = 1'-0" 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ATTACHMENT 13

Alternatives to the Project

1. Maintain Status Quo/Do Nothing

The alternative of doing nothing was rejected because it would fail to address the documented need of the Planning Area residents for Obstetric Care services. The 2023 Inventory of Hospital Services and Need Determination shows that Planning Area F-06 has 54,490 females age 15+ and that 1,274 of these had to leave the Planning Area for inpatient OB services. In addition, a large portion of Planning Area F-05 is within the applicant's secondary service area, and residents within F-05 must also seek OB services elsewhere as there are no facilities with OB units within the area. The Inventory shows that Planning Area F-05 has 22,870 females age 15+ and that 411 had to find OB services outside the planning area with many likely leaving Illinois as the area is bordered on the east by Indiana and on the south by Kentucky.

There is no capital cost for this alternative.

2. Utilize existing providers

There are no providers in the Planning Area offering inpatient Obstetric Care services. Moreover, the *only* provider of OB services within a 21-mile radius of Marion, Illinois is to the west in Carbondale and is outside the planning area. Moreover, that facility is over 50 miles away from the eastern regions of Planning Area F-06 and is not a feasible provider to those residents of F-06. The alternative of using providers outside of the Planning Area F-06 was rejected because that alternative does not address the existing need for the Obstetric services within F-06.

There is no capital cost for this alternative.

3. Establish a project of greater scope

The alternative of a project of greater scope was rejected because (1) there is no need for a larger project, (2) the hospital does not have available contiguous space for a larger OB unit and, (3) a project of larger scope would be more costly.

The applicant did not estimate capital costs associated with a larger project, however the costs would certainly be greater than the proposed project cost of \$9,495,901.

4. Establish a project of lesser scope

A project of lesser scope would not address the combined current and future needs of Planning Area F-06 and the portions of Planning Area F-06 served by Deaconess Illinois Medical Center. Planning Area F-06 has a current calculated need of eight beds and F-05 has a calculated need for two beds. Furthermore, at the time the only Obstetric service in F-06 was discontinued, that discontinuation created a ten-bed OB *deficit* according to the 2019 Inventory of Health Care Facilities and Services. Consequently, the re-establishment of the OB service in the area can be reasonably expected to support a 10-bed OB unit.

The capital cost of this alternative would not be substantially different than that of the proposed project cost of \$9,495,901 given that the proposed project is modernizing space left

vacant by the prior closure of the OB unit and all of the space would still be in need of modernization.

ATTACHMENT 14

Size of the Project

1. Document that the amount of physical space proposed for the proposed project is necessary and not excessive.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
Obstetric:		660 dgsf/bed		
10 Postpartum beds	4,964 total dgsf	6,600 total dgsf	-1,636 dgsf	Yes
Labor-Delivery-Recovery:		1,600 dgsf/room		
7 rooms	6,128 total dgsf	11,200 total dgsf	-5,072 dgsf	Yes
Level I Nursery:		160 dgsf/OB bed		
14 stations	1,495 total dgsf	1,600 total dgsf	-105 dgsf	Yes
C-Section Suite:				
1 suite	1,290 dgsf/OR	2,075 dgsf/ORt	-785 dgsf	Yes
PACU Phase 1:	136 dgsf/station	180 dgsf/station		
2 stations	273 total/dgsf	360 total dgsf	-87 dgsf	Yes

All of the project's reviewable services are within the state standard maximums established for the service.

The proposed Obstetric Care unit is to be located in existing space that was previously used as an Obstetric unit by the facility's prior owner before that owner discontinued the service in 2019. The space needs to be modernized, among other things, to meet current IDPH licensing standards and to update areas that have been unused for seven years. All of the service areas listed above will be located in rooms and areas that were used for similar purposes by the prior owner. Consequently, the dgsf for each area is based on the current configuration of the space.

The location of the new OB unit in currently configured space is the reason that the square footages for the OB beds, LDR rooms and C-Section suite are significantly below the maximum allowable state standard.

2. If the gross square footage exceeds the BGSF/DGSF standards in Appendix B, justify the discrepancy by documenting one of the following:

- a. Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies and certified by the facility's Medical Director.**
- b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that delineates the constraints or impediments.**
- c. The project involves the conversion of existing space that results in excess square footage.**
- d. Additional space is mandated by governmental or certification agency requirements that were not in existence when Appendix B standards were adopted.**

This criterion is not applicable as the gross square footage of all service areas is below the maximum state standard.

As noted above, the project involves the conversion of existing space. However, that conversion does not result in any excess square footage above the maximum standards.

ATTACHMENT 15

Project Service Utilization

Document that in the second year of operation, the annual utilization of the service or equipment shall meet or exceed the utilization standards specified in 1110.Appendix B. A narrative of the rationale that supports the projections must be provided.

Obstetric Category of Service

OBSTETRIC UTILIZATION					
	DEPT./ SERVICE	PROJECTED PATIENT DAYS.	PROJECTED UTILIZATION	STATE STANDARD	MEET STANDARD?
Year 2	Obstetric	2,190	60%	60%	Yes

The proposed project includes 10 licensed Obstetric beds consisting of postpartum rooms. For a unit size of 1 to 10 beds, the utilization standard is 60%. (77 Ill. Adm. Code 1100.530(c)(2). As set forth in the Rationale for Projected Utilization on the following pages, the Obstetric unit is projected to meet target utilization in the first and second years of operation based on: (1) physician referrals, (2) referrals from Shawnee Health (a Federally Qualified Health Center (FQHC) located less than two miles from the hospital, (3) Deaconess Illinois Medical Center's own historical referrals from its emergency department, and (4) the extremely conservative assumption that Deaconess Illinois Medical Center will receive just 26% of the patients currently out-migrating from the planning area due to its lack of Obstetric Care services. As to the last point, this 26% estimate is extremely conservative as the Review Board's bed-need calculations assume that 85% of patient out-migration would stay in the planning area if the service were available. A fuller narrative of the rationale for these projections follows the section on other clinical services below.

Other Clinical Services

OTHER SERVICES UTILIZATION						
	DEPT./ SERVICE	PROJECTED PROCEDURES (total)	PROJECTED PROCEDURES (per room)	STATE STANDARD (procedures/births)	Rooms Justified	MEET STANDARD?
Year 2	C-Section	219*	219	800/suite	1.0	Yes
Year 2	LDR	1,331**	219	400/room	4.0	No

*Based on 26% retention of out-migration patients; Room justifications are rounded up to nearest integer.

**Based on 85% retention of out-migration patients.

The other clinical services for which utilization standards are established are the C-Section suite and the Labor-Delivery-Recovery (LDR) rooms. There are no utilization standards for the Phase I Post-Anesthesia Recovery (PACU) station or the Level I Nursery stations.

As the applicant is requesting only one C-Section suite, the projected procedures in Year 2 of 219 justify one suite. The number of C-Sections will be 25% of the total 876 deliveries. This is a conservative projection as the Illinois Department of Public Health's 2026 Perinatal Report shows C-Section rates ranging from 27% to 29% between the years 2020 to 2023. Relevant

excerpts from the 2026 Perinatal Report including this data are included at the end of this attachment.

The LDR utilization standard is 400 deliveries per room. While Deaconess utilized projected retention of only 26% of out-migration for purposes of justifying Obstetric bed utilization and C-Section suite utilization, the Review Board's bed-need calculations assume that 85% of out-migration patients would remain in the planning area if the service were available. Applying this 85% adjustment factor to the out-migration would add 660 deliveries to the 671 deliveries from referral sources. The total of 1,331 deliveries justifies four LDRs ($1,331 / 400 = 3.2$)

The reason Deaconess Illinois is requesting seven LDRs is because the new Obstetric Care service is going into space that was previously used as an OB Unit before the service was discontinued by the prior owner of the facility. There are seven existing rooms that were used for labor, delivery and recovery and Deaconess Illinois seeks to modernize all of these rooms.

Rationale for Utilization Projections

Service demand for the proposed Obstetric unit is supported by physician referrals together with (a) expected referrals from Shawnee Health, a Federally Qualified Health Center (FQHC) located within two miles of Deaconess Illinois Medical Center, (b) retention of referrals from Deaconess Illinois' own emergency department to facilities outside the area and, (c) retention of a portion of the 100% out-migration of planning area residents.

Physician Referrals

The service demand for the proposed Obstetric unit is supported in part by the referrals of Dr. Francis Tsung, M.D. Dr. Tsung has committed to refer 425 patients to Deaconess Illinois Medical Center within 24 months of the OB service's opening. Dr. Tsung's physician referral letter, documenting 425 historical referrals and list of patients by zip code, is attached as **Appendix B**. Notably, 56.2% of Dr. Tsung's referrals are from patients residing in Planning Area F-06, where the project is proposed to be located. When combined with Planning Area F-05, nearly 60% of the referrals are from planning areas without the Obstetric Care category of service. **Table 1**, below, shows Dr. Tsung's referrals by County and Planning Area.

Table 1: Physician Referrals by County and Planning Area

County	Deliveries	Planning Area	% of Deliveries by Planning Area	OB Service in Planning Area
Williamson	176	F-06	56.2%	NO
Franklin	39	F-06		NO
Johnson	23	F-06		NO
Pope	1	F-06		NO
Saline	12	F-05	3.5%	NO
Hardin	3	F-05		NO
Jackson	90	F-07	38.8%	YES
Perry	42	F-07		YES
Union	22	F-07		YES
Randolph	9	F-07		YES
Pulaski	2	F-07		YES
Richland	1	F-03	0.5%	YES
Wayne	1	F-03		YES
Jefferson	2	F-04	0.5%	YES
Pike	1	E-04	0.2%	YES
Posey (IN)	1	n/a	n/a	n/a

Of further note, 90 of Dr. Tsung's referrals (21%) are from Jackson County which is immediately east of Planning Area F-06 and that county's eastern border is only 9 miles from Deaconess Illinois Medical Center. The hospital's Secondary Service Area includes the eastern portions of Jackson County. The combined referrals from F-06 and F-05 (which have no OB services) and Jackson County account for 80% of Dr. Tsung's referrals. The project is therefore well-located to serve these patients.

Dr. Tsung's 425 referrals account for 1,063 patient-days of utilization based on the 2.5 average length of stay of OB patients employed by the Review Board's bed need calculations.

FQHC Patients

Deaconess Illinois Medical Center has a close working relationship with Shawnee Health, an FQHC with a clinic located within two miles of the hospital at 1506 Sioux Drive, Marion, Illinois. Shawnee Health provides OB/GYN services at this clinic. The clinic's CEO, Christina Carney, has provided Deaconess Illinois Medical Center with a letter of support for this project and a list of deliveries for patients who were seen by Shawnee Health for Obstetric services in 2025. Ms. Carney's support letter states:

"I am writing to express my strong support for the Certificate of Need application submitted by Deaconess Illinois Medical Center to establish obstetric services at its hospital in Marion. The Southern Illinois region is widely recognized as an obstetric care desert, and this expansion represents a critical step toward addressing a significant gap in essential healthcare services.

Currently, many patients are forced to travel long distances – often across state lines – to access prenatal and delivery care. This creates unnecessary barriers, delays in care, and increased risk for both mothers and infants. Establishing OB services locally will greatly improve access, promote healthier outcomes, and provide much-needed support for families in our region.

This project will have a meaningful and lasting positive impact on the community, and I respectfully encourage the Board to approve this application."

Ms. Carney's support letter and the list of deliveries are included in **Appendix C**.

Of the 589 total deliveries identified in Shawnee Health's list, 262 are from the four counties entirely within Planning Area F-06 as shown in **Table 2**, below.

Table 2: Shawnee Health Patients within Planning Area F-06

County	Deliveries	Planning Area
Williamson	108	F-06
Franklin	121	F-06
Johnson	25	F-06
Masaac	8	F-06
TOTAL	262	F-06

All of Shawnee Health's patients residing in F-06 must out-migrate to other planning areas for Obstetric services. The most recent Inventory of Hospital Facilities and Services shows that 1,274 residents of Planning Area F-06 out-migrated for Obstetric services. Based on Shawnee Health's deliveries, the FQHC clinic accounts for over 20% of the out-migrating residents.

In determining bed need based on out-migration, the Review Board's regulation setting out the methodology and calculations assumes that 85% of out-migrating residents would seek service within the planning area if the service were available. This is reflected in the 85%

Adjustment Factor applied to net out-migration when calculating the planning area's bed need. Applying this methodology to Shawnee Health's patients indicates that 223 of its patients would utilize the Obstetric Unit at Deaconess Illinois Medical Center if it were re-established. This is all the more likely given that the clinic is less than two miles from the hospital.

Shawnee Health's 223 patients account for 558 patient-days of utilization based on the 2.5 day average length of stay.

Deaconess Illinois Medical Center Referrals

Last year, 25 patients presented in Deaconess Illinois Medical Center's emergency department who were transferred to OB providers outside of the planning area. (See, Attachment 19, *infra*.) Two patients went to out-of-state tertiary care centers. The remaining 23 patients could have been admitted to Deaconess Illinois if it had an Obstetric Unit. It is reasonable to assume that Deaconess Illinois would have at least these many patients appearing in the emergency room once the service was re-established and the region's residents were aware of the service.

The 23 patients referred from Deaconess Illinois account for 58 patient-days.

Retained Out-migration

As noted above, the most recent Inventory of Health Care Facilities and Services shows that 1,274 residents of Planning Area F-06 left the planning area for Obstetric services. Assuming, from the referral Tables above, that 241 of these patients are attributable to Dr. Tsung, 262 are attributable to Shawnee Health, and 23 patients attributable to Deaconess Illinois, then a total of 497 out-migrating patients from Planning Area F-06 are attributable to these referral sources. Consequently, 777 patients out-migrating from Planning Area F-06, are not accounted for in these referral sources. See, Table 3, below.

Table 3: Total Out-migration from P.A. F-06 less Referrals to Deaconess Illinois

Demand Source	P.A. F-06 Patients	Patient Days
Dr. Tsung	241	603
Shawnee Health	233	583
Deaconess Illinois Medical Center	23	58
Total Referred Patients	497	1,243
Total F-06 Out-migration	1274	3,185
Total F-06 Out-migration less Total Referred Patients	777	1,943

Applying the Review Board's 85% Adjustment Factor to the 777 out-migrating patients results in 660 patients and 1,605 patient-days ($660 \times 2.5 = 1,605$).

Summary of Service Demand

The total service demand for the proposed Obstetric Unit from the four sources mentioned above is 1,331 patients and 3,328 patient-days. *See, Table 4, below.*

Table 4: Total Service Demand from All Sources

Demand Source	Total Patients	Patient Days
Dr. Tsung	425	1,063
Shawnee Health	223	558
Deaconess Illinois Medical Center	23	58
F-06 Net Out-migration	660	1,650
TOTAL	1,331	3,328

Total patient-days of 3,328 represent over 91% utilization of a 10-bed OB Unit ($3,328 / 3650 = 0.912$). The state's target utilization for a 10-bed OB unit is 60%, which translates to 2,190 patient-days. Given that the documented patients from Dr. Tsung, Shawnee Health and Deaconess Illinois total 1,679, only an additional 511 patient-days would have to be retained of the 1,943 patient-days from out-migration. That represents only 26% of the F-06 Net Out-migration days shown in **Table 4**, above. This is an extremely conservative estimate given that the Review Board's bed-need calculations assume 85% of out-migrating patients would remain in the planning area if the service were available.

In conclusion, the proposed 10-bed Obstetric Care service is necessary to accommodate the projected service demand.



2026

Perinatal Report

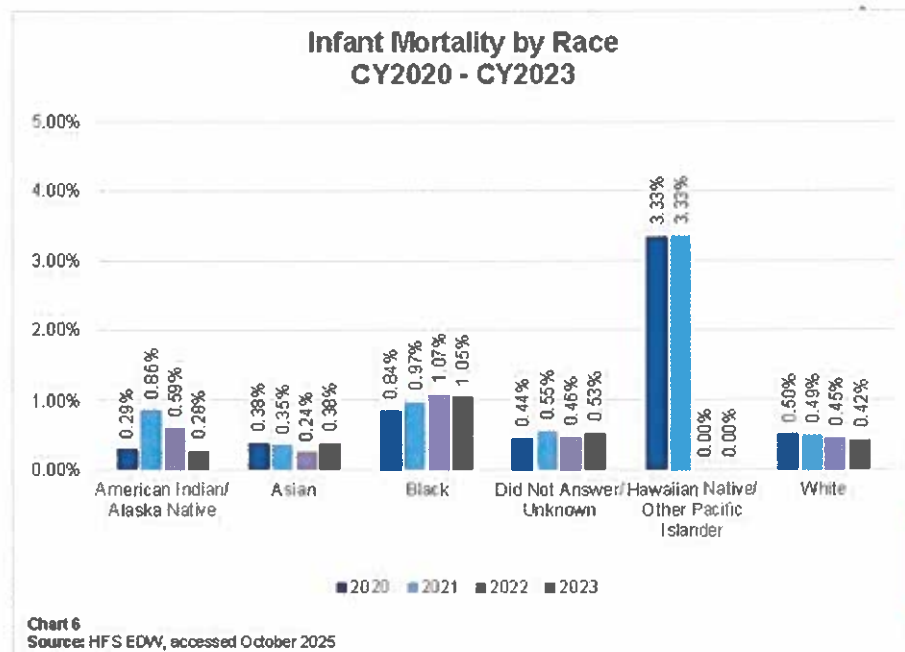
JB Pritzker, Governor
Elizabeth M Whitehorn, HFS Director



HFS
Illinois Department of
Healthcare and Family Services

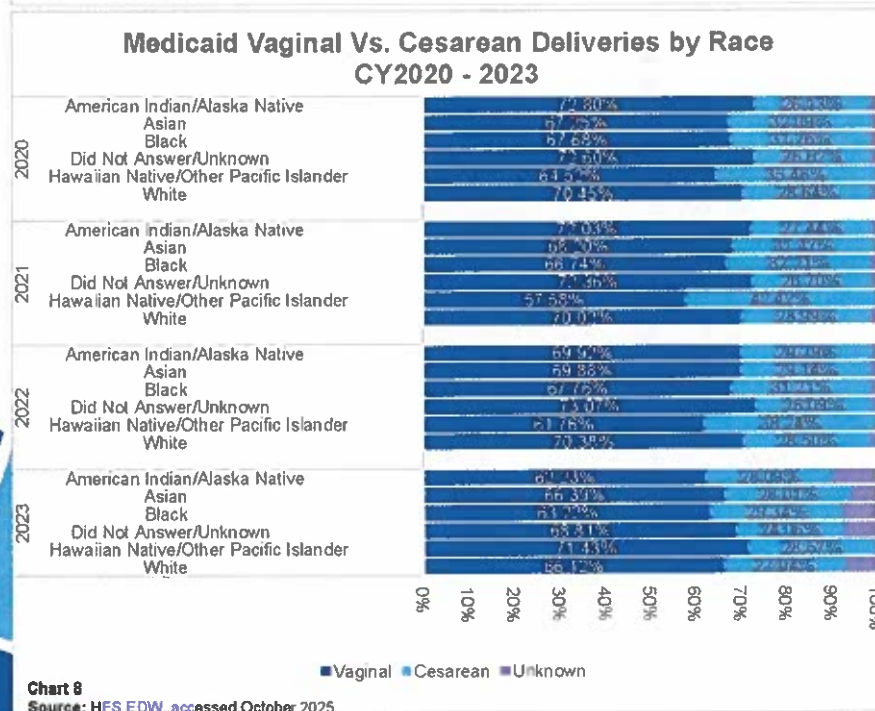
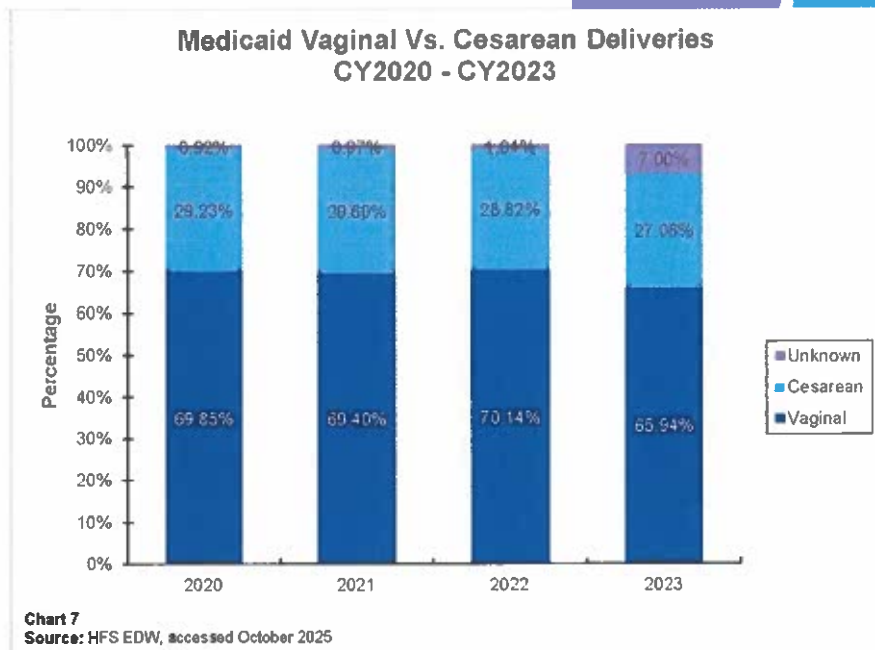
Infant Mortality

Between 2020-2023, Infant Mortality Rates (IMR) worsened slightly at the state level, however, the Medicaid population data currently reveals severe and persistent inequities. Black IMR increased from 0.84% in 2020 to 1.05% in 2023 while White IMR decreased from 0.5% to 0.42%. The state average of the overall IMR slightly increased from 5% to 5.5% which remains close to the national average of 5.4%. While outcomes for IL births remain stubbornly inequitable, HFS continues to work diligently to address this long-recognized public health crisis with new strategies being implemented at the state, health systems and community levels



Delivery Methods

Although the overall number of cesarean section births statewide have stayed relatively unchanged ranging from 27-29% over the last 4 years, the vaginal delivery rate has declined. There was a brief rebound from 69.4% in 2021 to 70.14% in 2022, however, it dropped from 70.14% in 2022 to 65.94% in 2023. The unknown delivery method spiked from 0.8 -1% in 2020-2022 to 7% in 2023 largely likely due to data collection or reporting issues. However, Black birthing persons continue to show a steady decline in vaginal deliveries than some of the other groups dropping from 67.68% in 2020 to 63.22% in 2023. White birthing persons also show a decline in vaginal deliveries from 70.45% to 66.12%.



ATTACHMENT 19
Obstetric Beds Review Criteria

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

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

Category of Service	# Existing Beds	# Proposed Beds
☐ Medical/Surgical		
☒ Obstetric	0	10
☐ Pediatric		
☐ Intensive Care		

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

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.200(b)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (Formula calculation)	X		
1110.200(b)(2) - Planning Area Need - Service to Planning Area Residents	X	X	
1110.200(b)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	X		
1110.200(b)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service		X	
1110.200(b)(5) - Planning Area Need - Service Accessibility	X		
1110.200(c)(1) - Unnecessary Duplication of Services	X		
1110.200(c)(2) - Maldistribution	X	X	
1110.200(c)(3) - Impact of Project on Other Area Providers	X		
1110.200(d)(1), (2), and (3) - Deteriorated Facilities			X
1110.200(d)(4) - Occupancy			X
1110.200(e) - Staffing Availability	X	X	
1110.200(f) - Performance Requirements	X	X	X
1110.200(g) - Assurances	X	X	
APPEND DOCUMENTATION AS ATTACHMENT 19, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

This project involves a new service and is therefore subject to the "Establish" Criteria above.

1110.200(b)(1) - Planning Area Need – Formula Calculation

A) The number of beds to be established for each category of service is in conformance with the projected bed deficit specified in 77 Ill. Adm. Code 1100, as reflected in the latest updates to the Inventory.

B) The number of beds proposed shall not exceed the number of the projected deficit, to meet the health care needs of the population served, in compliance with the occupancy standard specified in 77 Ill. Adm. Code 1100.

Planning Area F-06 has a current bed need of eight Obstetric beds, with no existing beds, creating a bed deficit of eight beds based on the most recent Monthly Update to Hospital Services. The adjacent Planning Area, F-05, has a calculated need of two beds and also has no existing beds, creating an additional two-bed deficit. Much of Planning Area F-05 is within the applicant's secondary service area, and Marion would provide better access to Obstetric services to the residents of Planning Area F-05 than is currently available.

Much of the eastern portion and all of the southern portion of Planning Area F-05 are bounded by the Ohio River with the states of Indiana to the east and Kentucky to the south. There are two Illinois planning areas north of F-05 with a total of three OB providers.¹ However, these providers are much further away from Planning Area F-05 than Deaconess Illinois Medical Center.

The largest population center in Planning Area F-05 is Harrisburg Township with a population of about 10,000. The township is centrally located within the planning area and accounts for almost 19% of the planning area's 2026 estimated population of 53,450. See, **Appendix D: 2023 Inventory of Health Care Facilities and Need Determinations for Planning Area F-05** and population estimate for Harrisburg Township from:

<https://censusreporter.org/profiles/06000US1716533149-harrisburg-township-saline-county-il/>

Using the city of Harrisburg as the population center for Planning Area F-05, Deaconess Illinois Medical would be the closest OB provider to that area by a large margin in both miles and travel time as shown in table below.

Table 5: Nearest OB Provider to Planning Area F-05²

Nearest OB Provider to P.A. F-05	City	Planning Area	OB Beds	Miles	Travel Time
Deaconess Illinois Medical Center	Marion	F-06	10*	22	26 min.
SSM Health Good Samaritan Hospital	Mt. Vernon	F-04	13	55	1 hr. 5 min.
Carle Richland Memorial Hospital	Olney	F-03	10	84	1 hr. 40 min.
Crawford Memorial Hospital	Robinson	F-03	4	113	2 hr. 18 min.

Source: Google Maps, <https://www.google.com/maps>

* proposed beds

As shown in the 2023 Inventory, *all* of the residents of F-05 in need of OB services were required to seek those services outside of their own planning area. Given the close proximity of Deaconess Illinois Medical Center to F-05, a new OB service at the hospital would provide

¹ Planning Area F-04 had a second OB unit at SSM Health St. Mary's Hospital, Centralia, but that unit was discontinued in 2021 (E#-019-21).

² See, **Appendix E, Driving Distance Maps**

greater access to those residents. The combined need of eight OB needs in F-06 and two beds in F-05 would justify the 10 beds requested in this application.

Most Recent Update to Bed Inventory

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
REVISED BED NEED DETERMINATIONS
3/31/2026

Hospital Planning Area	MEDICAL-SURGICAL/PEDIATRIC BEDS				INTENSIVE CARE BEDS				OBSTETRIC BEDS			
	Calculated		Bed Need	Excess	Calculated		Bed Need	Excess	Calculated		Bed Need	Excess
	Beds	Bed Need			Beds	Bed Need			Beds	Bed Need		
A-001	2,139	1,125	0	1,014	521	449	0	72	201	111	0	90
A-002	1,517	874	0	643	378	485	107	0	232	73	0	159
A-003	1,727	1,189	0	538	258	260	2	0	89	59	0	30
A-004	1,799	1,664	0	135	350	360	10	0	122	97	0	25
A-005	1,081	847	0	234	234	265	31	0	168	103	0	65
A-006	1,012	813	0	399	212	245	33	0	75	32	0	43
A-007	1,268	801	0	467	217	236	19	0	123	76	0	47
A-008	613	521	0	92	108	81	0	27	52	39	0	13
A-009	841	734	0	107	135	118	0	17	112	63	0	49
A-010	227	300	73	0	42	40	0	2	20	24	4	0
A-011	296	348	52	0	45	37	0	8	28	33	5	0
A-012	409	294	0	115	58	81	23	0	68	38	0	30
A-013	709	710	1	0	125	116	0	9	93	63	0	30
A-014	264	120	0	144	57	56	0	1	42	14	0	28
B-001	529	435	0	94	94	107	13	0	67	37	0	30
B-002	103	82	0	21	8	2	0	6	14	4	0	10
B-003	148	107	0	41	14	16	2	0	17	10	0	7
B-004	107	107	0	0	20	14	0	6	11	12	1	0
C-001	871	578	0	293	134	142	8	0	74	36	0	38
C-002	135	124	0	11	15	14	0	6	11	13	2	0
C-003	88	75	0	13	9	9	0	0	9	8	0	1
C-004	56	64	8	0	13	10	0	3	13	5	0	8
C-005	388	189	0	199	33	36	3	0	39	18	0	21
D-001	520	307	0	213	76	59	0	17	40	28	0	12
D-002	294	229	0	65	46	28	0	18	42	20	0	22
D-003	186	132	0	54	20	8	0	12	17	9	0	8
D-004	300	202	0	98	38	55	17	0	26	18	0	8
D-005	139	108	0	31	14	11	0	3	19	8	0	11
E-001	731	481	0	250	128	144	16	0	59	28	0	31
E-002	93	71	0	22	4	2	0	2	3	5	2	0
E-003	64	30	0	34	4	2	0	2	0	2	2	0
E-004	122	59	0	63	13	6	0	7	11	5	0	6
E-005	260	151	0	109	28	26	0	2	28	13	0	15
F-001	978	482	0	496	93	86	0	7	89	44	0	45
F-002	159	86	0	71	10	9	0	1	17	9	0	8
F-003	132	74	0	58	12	5	0	7	8	4	0	4
F-004	261	143	0	118	38	25	0	13	13	13	0	0
F-005	121	42	0	79	0	0	0	0	0	2	2	0
F-006	206	150	0	56	26	16	0	10	0	8	8	0
F-007	281	120	0	161	23	24	1	0	28	12	0	16
Totals	21,174	14,770	134	6,538	3,653	3,685	285	258	2,080	1,196	26	910

1110.200(b)(2) - Planning Area Need - Service to Planning Area Residents

A) Applicants proposing to establish or add beds shall document that the primary purpose of the project will be to provide necessary health care to the residents of the area in which the proposed project will be physically located (i.e., the planning or geographical service area, as applicable), for each category of service included in the project.

The primary purpose of the project is to provide new inpatient Obstetric Care services to address the unmet need in planning area and geographic region of far south and southeast Illinois. The proposed OB unit will be located in Planning Area F-06 which coincides with the applicant's primary service area. In 2025, Deaconess Illinois Medical Center had 1,995 discharges of patients who resided within F-06 compared to total patient discharges of 3,147. Thus, residents of Planning Area F-06 accounted for over 63% of the hospital's total patients. The applicant anticipates that well over 50% of the patients utilizing the proposed OB unit will be from Planning Area F-06. *See, Map of Geographic Service Area, Table 6: Patient Discharges from Planning Area F-06 and Table 7: Total Patient Discharges* following this page.

In addition, anticipated referrals to the proposed Obstetric Care service will come primarily from Planning Area F-06. The planning area has no existing OB service and the 2023 Inventory of Health Facilities and Services has calculated an eight-bed deficit based entirely on out-migration, which currently accounts for 3,312 patient-days. The bed-need calculations assume that 85% of out-migrating residents (2,815 patient-days) would remain in the planning area if the service were available. That volume alone, consisting entirely of planning area residents, results in over 77% utilization of the proposed 10-bed OB unit. That utilization level exceeds the state's target utilization of 60% for a 10-bed unit.

Further, the projected referrals to the proposed OB unit, addressed in Attachment 15 above, show that over 86% of referrals are residents of Planning Area F-06. *See, Table 8, below.*

Table 8: Projected Referrals to Proposed Obstetric Unit

Demand Source	Patients Residing in P.A. F-06	Total Patients	% Patients from P.A. F-06
Dr. Tsung	241	425	56.7%
Shawnee Health	233	233	100%
Deaconess Illinois Medical Center	23	23	100%
F-06 Net Out-migration	660	660	100%
TOTAL	1,157	1,341	86.3%

All of the above metrics establish that the primary purpose of the project is to provide Obstetric care to the residents of Planning Area F-06.

Map of Geographic Service Area

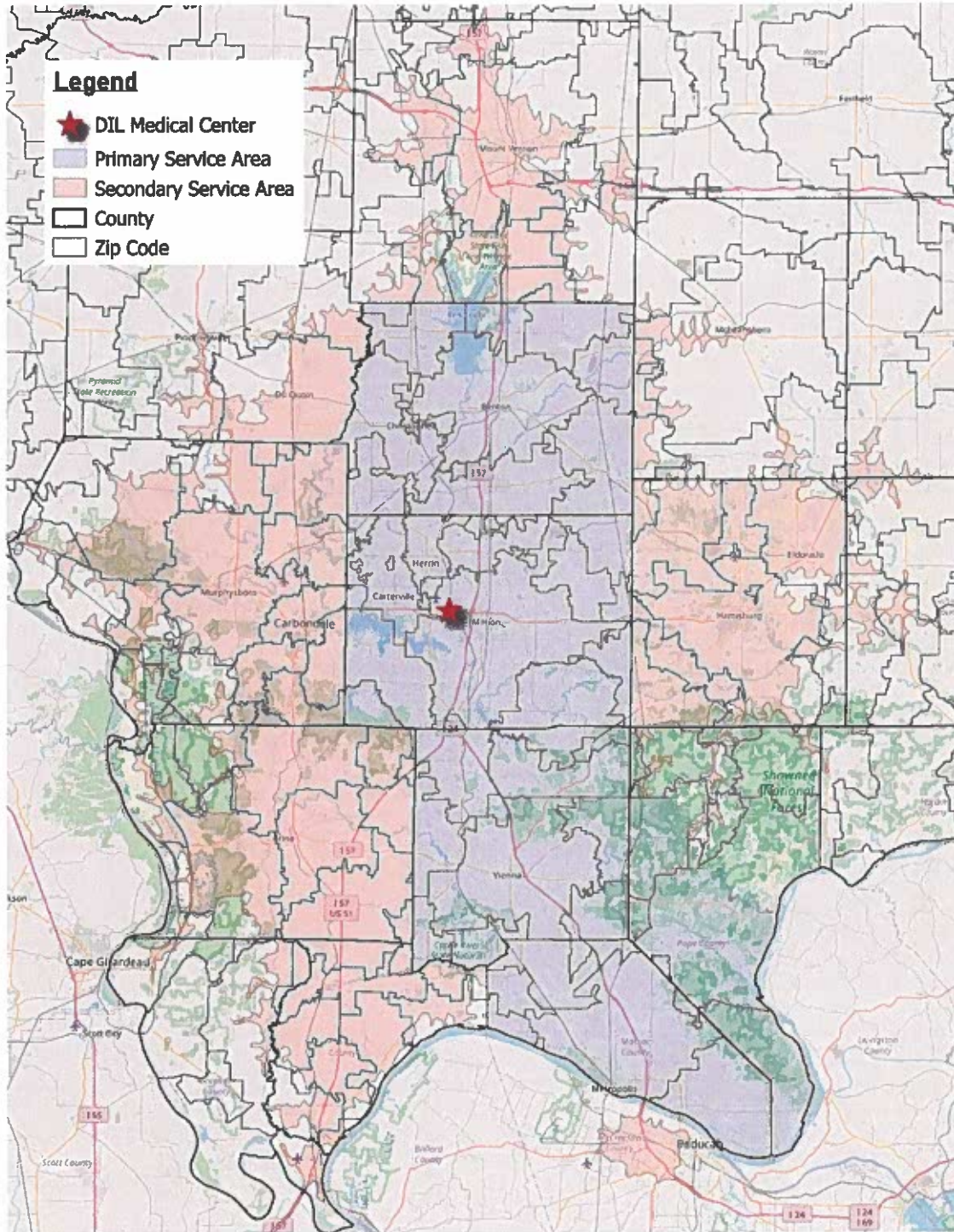


Table 6: Patient Discharges from Planning Area F-06

Deaconess Illinois Medical Center 2025 Discharges of F-06 Residents	
Patient Zip Code	Discharges
62959	992
62896	138
62812	110
62995	101
62948	95
62951	88
62918	78
62922	73
62939	71
62974	36
62890	29
62822	26
62933	18
62938	17
62960	17
62972	17
62912	15
62884	13
62983	13
62865	12
62999	9
62985	6
62943	5
62910	4
62923	3
62947	3
62897	2
62967	2
62836	1
62908	1
TOTAL	1,995

Table 8: Total Patient Discharges

Deaconess Illinois Medical Center 2025 Total Discharges	
Patient Zip Code	Discharges
62959	992
62896	138
62906	114
62812	110
62946	102
62995	101
62930	95
62948	95
62951	88
62918	78
62922	73
62939	71
62864	51
62821	45
62901	37
62974	36
62837	34
62832	31
62966	31
62890	29
62917	29
62822	26
62920	24
62952	24
62859	22
62869	21
62987	21
62933	18
62935	17
62938	17
62960	17
62972	17
62982	17
62881	16
62274	15
62912	15
62839	13
62884	13
62983	13
62801	12
62865	12
62984	12
62926	11
62902	10

Table 8: Total Patient Discharges (cont'd)

62931	10
62934	10
62977	9
62999	9
62825	8
62915	8
62949	8
62979	8
62823	7
62891	7
62233	6
62898	6
62919	6
62985	6
62817	5
62835	5
62871	5
62895	5
62943	5
62954	5
62964	5
62450	4
62476	4
62816	4
62824	4
62841	4
62842	4
62863	4
62867	4
62874	4
62888	4
62907	4
62910	4
62965	4
56222	3
60417	3
62814	3
62828	3
62830	3
62854	3
62856	3
62860	3
62903	3
62905	3
62923	3
62927	3
62947	3
62958	3
62994	3
62998	3

Table 8: Total Patient Discharges (cont'd)

33870	2
42003	2
47715	2
62238	2
62241	2
62275	2
62286	2
62451	2
62807	2
62809	2
62833	2
62858	2
62875	2
62887	2
62889	2
62893	2
62897	2
62899	2
62921	2
62924	2
62967	2
62970	2
62988	2
62992	2
15120	1
21502	1
29710	1
30013	1
30286	1
32257	1
32764	1
33837	1
34481	1
36066	1
37774	1
37922	1
38004	1
38232	1
39577	1
40291	1
41018	1
42001	1
42066	1
42088	1
42410	1
42420	1
42437	1
44685	1
45458	1
46797	1

Table 8: Total Patient Discharges (cont'd)

47501	1
47713	1
47714	1
47720	1
47725	1
54460	1
54636	1
55331	1
60020	1
60527	1
60548	1
60617	1
61776	1
62040	1
62220	1
62243	1
62269	1
62272	1
62278	1
62288	1
62297	1
62414	1
62417	1
62454	1
62471	1
62518	1
62563	1
62613	1
62704	1
62806	1
62808	1
62810	1
62820	1
62836	1
62843	1
62844	1
62846	1
62849	1
62850	1
62861	1
62872	1
62877	1
62882	1
62883	1
62886	1
62894	1
62908	1
62932	1
62941	1
62942	1

Table 8: Total Patient Discharges (cont'd)

62955	1
62956	1
62997	1
63080	1
63146	1
63703	1
None of the above	11
TOTAL	3,147

1110.200(b)(2) - Planning Area Need - Service to Planning Area Residents

B) Applicants proposing to add beds to an existing category of service shall provide patient origin information for all admissions for the last 12-month period, verifying that at least 50% of admissions were residents of the area. For all other projects, applicants shall document that at least 50% of the projected patient volume will be from residents of the area.

C) Applicants proposing to expand an existing category of service shall submit patient origin information by zip code, based upon the patient's legal residence (other than a health care facility).

These two criteria are not applicable as this project does not propose adding beds to an existing category of service. The project is for the establishment of a new service.

1110.200(b)(3)(A) - Service Demand – Historical Referrals

The number of beds proposed to establish a new category of service is necessary to accommodate the service demand experienced annually by the existing applicant facility over the latest 2-year period, as evidenced by historical and projected referrals, or, if the applicant proposes to establish a new hospital, the applicant shall submit projected referrals. The applicant shall document subsection (b)(3)(A) and either subsection (b)(3)(B) or (C):

A) Historical Referrals

If the applicant is an existing facility, the applicant shall document the number of referrals to other facilities, for each proposed category of service, for each of the latest 2 years. Documentation of the referrals shall include: patient origin by zip code; name and specialty of referring physician; name and location of the recipient hospital.

There is no current OB service at Deaconess Illinois Medical Center. Nevertheless, OB patients present in the hospital's emergency department and are then transferred to other facilities. In 2025, there were 25 patients transferred from the hospital's emergency department to other facilities. The applicant does not have complete data for 2024 due to a change in record keeping systems, but in the five-month period for which data is available, there were nine transfers which, when annualized, amounts to 22 patients. **Table 9** and **Table 10**, below, contain the 2025 and 2024 referrals, respectively, with the referring physicians, their specialties, the referred hospital and the patients zip code.

Of the total patients transferred, 68% resided in Planning Area F-06 where Deaconess Illinois Medical Center is located. **Table 11**, below, shows the patient zip codes located within F-06.

In 2025, two of the 25 transferred patients went to tertiary care providers and 23 went to providers with similar levels of care which Deaconess Illinois Medical Center proposes to offer. All but one of the 23 patients were residents of Planning Area F-06. *See, Table 9.* It is expected that a similar number of patients in need of inpatient obstetric care would continue presenting in the hospital's emergency department and utilize its OB unit. These patients would account for 55 patient-days based on a 2.5 average length of stay.

Table 9: 2025 OB Patient Transfers to Other Facilities

Arrived	Attending ED Provider	Provider Specialty	Hosp Disch Dest	Zip Code
Feb 2025	DODSON, CHARLES T	Emergency Medicine	SSM St. Mary's, St. Louis, MO	62822
Feb 2025	BORGES-YOUNG, SIMONE W	Emergency Medicine	Women's Hospital, Evansville, IN	62959
Feb 2025	DODSON, CHARLES T	Emergency Medicine	SIH Carbondale	62930
Mar 2025	ARENDELL, JEFFREY D	Emergency Medicine	Memorial Hospital of Carbondale	62994
Mar 2025	DODSON, CHARLES T	Emergency Medicine	Memorial Hospital of Carbondale	62896
Mar 2025	ERICKSON, BRIAN A	Emergency Medicine	Memorial Hospital of Carbondale	62896
Apr 2025	BORGES-YOUNG, SIMONE W	Emergency Medicine	Memorial Hospital of Carbondale	62951
Apr 2025	BORGES-YOUNG, SIMONE W	Emergency Medicine	Good Samaritan Hospital, Mt. Vernon	62960
May 2025	FEATHER, LISA K	Emergency Medicine	Memorial Hospital of Carbondale	62959
May 2025	FEATHER, LISA K	Emergency Medicine	Memorial Hospital of Carbondale	62959
May 2025	FEATHER, LISA K	Emergency Medicine	Memorial Hospital of Carbondale	62901
Jun 2025	FEATHER, LISA K	Emergency Medicine	Memorial Hospital of Carbondale	62970
Jul 2025	ERICKSON, BRIAN A	Emergency Medicine	Memorial Hospital of Carbondale	62846
Aug 2025	BORGES-YOUNG, SIMONE W	Emergency Medicine	SSM St. Mary's St. Louis via heli	62918
Aug 2025	MCVICKER, RACHEAL L	Emergency Medicine	Memorial Hospital of Carbondale	62922
Aug 2025	DODSON, CHARLES T	Emergency Medicine	Good Samaritan Hospital, Mt. Vernon	62946
Aug 2025	SHELTON JR, DONNIE E	Emergency Medicine	Memorial Hospital of Carbondale	62959
Oct 2025	SHELTON JR, DONNIE E	Emergency Medicine	Good Samaritan Hospital, Mt. Vernon	62917
Oct 2025	BARNES, KENDALL	Emergency Medicine	Memorial Hospital of Carbondale	62939
Oct 2025	ERICKSON, BRIAN A	Emergency Medicine	Memorial Hospital of Carbondale	62939
Oct 2025	BORGES-YOUNG, SIMONE W	Emergency Medicine	Memorial Hospital of Carbondale	62948
Dec 2025	N/A	Emergency Medicine	Memorial Hospital of Carbondale	62948
Dec 2025	ERICKSON, BRIAN A	Emergency Medicine	Memorial Hospital of Carbondale	62959
Dec 2025	MCVICKER, RACHEAL L	Emergency Medicine	Memorial Hospital of Carbondale	62959
Dec 2025	SWAYZE, ROBERT M	Emergency Medicine	Memorial Hospital of Carbondale	62896

Source: Deaconess Illinois Medical Center medical records

Table 10: 2024 OB Patient Transfers to Other Facilities (Aug – Dec)

Arrived	Attending ED Provider	Provider Specialty	Hosp Disch Dest	Zip Code
Aug 2024	SCHIERBAUM, KATHY L	Emergency Medicine	The Women's Hospital	62901
Sep 2024	SCHIERBAUM, KATHY L	Emergency Medicine	Carbondale Memorial Hospital	62959
Sep 2024	BARNES, KENDALL	Emergency Medicine	Carbondale Memorial Hospital	62832
Oct 2024	SCHIERBAUM, KATHY L	Emergency Medicine	The Women's Hospital	62286
Nov 2024	EDWARDS, BRANDON C	Emergency Medicine	Memorial Hospital of Carbondale	62966
Nov 2024	DODSON, CHARLES T	Emergency Medicine	Memorial Hospital of Carbondale	62951
Nov 2024	BARNES, KENDALL	Emergency Medicine	Memorial Hospital of Carbondale	62946
Dec 2024	BARNES, KENDALL	Emergency Medicine	Memorial Hospital of Carbondale	62956
Dec 2024	ERICKSON, BRIAN A	Emergency Medicine	Memorial Hospital of Carbondale	62959

Source: Deaconess Illinois Medical Center medical records

**Table 11: OB Referrals of Planning Area Residents
from Deaconess Illinois Medical Center**

ZIP Code	County	Planning Area	Referrals
62832	Franklin County	F-06	1
62917	Johnson County	F-06	1
62918	Johnson County	F-06	1
62939	Williamson County	F-06	2
62946	Franklin County	F-06	2
62948	Williamson County	F-06	2
62951	Williamson County	F-06	2
62956	Johnson County	F-06	1
62959	Williamson County	F-06	8
62966	Johnson County	F-06	1
62994	Williamson County	F-06	1
Total Referrals:			22

Source: Deaconess Illinois Medical Center medical records

1110.200(b)(3)(B) - Service Demand – Projected Referrals

The number of beds proposed to establish a new category of service is necessary to accommodate the service demand experienced annually by the existing applicant facility over the latest 2-year period, as evidenced by historical and projected referrals

B) Projected Referrals

An applicant proposing to establish a category of service or establish a new hospital shall submit the following:

- i) Physician referral letters that attest to the physician's total number of patients (by zip code of residence) who have received care at existing facilities located in the area during the 12-month period prior to submission of the application;*
- ii) An estimated number of patients the physician will refer annually to the applicant's facility within a 24-month period after project completion. The anticipated number of referrals cannot exceed the physician's documented historical caseload;*
- iii) The physician's notarized signature, the typed or printed name of the physician, the physician's office address, and the physician's specialty; and*
- iv) Verification by the physician that the patient referrals have not been used to support another pending or approved CON application for the subject services.*

The justification for the 10-bed Obstetric Unit was provided in Attachment 15 and is reproduced below for ease of reference.

Service demand for the proposed Obstetric unit is supported by physician referrals together with (a) expected referrals from Shawnee Health, a Federally Qualified Health Center (FQHC) located within two miles of Deaconess Illinois Medical Center, (b) retention of referrals from Deaconess Illinois' own emergency department to facilities outside the area and, (c) retention of a portion of the 100% out-migration of planning area residents.

Physician Referrals

The service demand for the proposed Obstetric unit is supported in part by the referrals of Dr. Francis Tsung, M.D. Dr. Tsung has committed to refer 425 patients to Deaconess Illinois Medical Center within 24 months of the OB service's opening. Dr. Tsung's physician referral letter, documenting 425 historical referrals and list of patients by zip code, is attached as **Appendix B**. Notably, 56.2% of Dr. Tsung's referrals are from patients residing in Planning Area F-06, where the project is proposed to be located. When combined with Planning Area F-05, nearly 60% of the referrals are from planning areas without the Obstetric Care category of service. **Table 1**, below, shows Dr. Tsung's referrals by County and Planning Area.

Table 1: Physician Referrals by County and Planning Area

County	Deliveries	Planning Area	% of Deliveries by Planning Area	OB Service in Planning Area
Williamson	176	F-06	56.2%	NO
Franklin	39	F-06		NO
Johnson	23	F-06		NO
Pope	1	F-06		NO
Saline	12	F-05	3.5%	NO
Hardin	3	F-05		NO
Jackson	90	F-07	38.8%	YES
Perry	42	F-07		YES
Union	22	F-07		YES
Randolph	9	F-07		YES
Pulaski	2	F-07		YES
Richland	1	F-03	0.5%	YES
Wayne	1	F-03		YES
Jefferson	2	F-04	0.5%	YES
Pike	1	E-04	0.2%	YES
Posey (IN)	1	n/a	n/a	n/a

Of further note, 90 of Dr. Tsung's referrals (21%) are from Jackson County which is immediately east of Planning Area F-06 and that county's eastern border is only 9 miles from Deaconess Illinois Medical Center. The hospital's Secondary Service Area includes the eastern portions of Jackson County. The combined referrals from F-06 and F-05 (which have no OB services) and Jackson County account for 80% of Dr. Tsung's referrals. The project is therefore well-located to serve these patients.

Dr. Tsung's 425 referrals account for 1,063 patient-days of utilization based on the 2.5 average length of stay of OB patients employed by the Review Board's bed need calculations.

FQHC Referrals

Deaconess Illinois Medical Center has a close working relationship with Shawnee Health, an FQHC with a clinic located within two miles of the hospital at 1506 Sioux Drive, Marion, Illinois. Shawnee Health provides OB/GYN services at this clinic. The clinic's CEO, Christina Carney, has provided Deaconess Illinois Medical Center with a letter of support for this project and a list of deliveries for patients who were seen by Shawnee Health for Obstetric services in 2025. Ms. Carney's support letter states:

"I am writing to express my strong support for the Certificate of Need application submitted by Deaconess Illinois Medical Center to establish obstetric services at its hospital in Marion. The Southern Illinois region is widely recognized as an obstetric care desert, and this expansion represents a critical step toward addressing a significant gap in essential healthcare services.

Currently, many patients are forced to travel long distances – often across state lines – to access prenatal and delivery care. This creates unnecessary barriers, delays in care, and increased risk for both mothers and infants. Establishing OB services locally will greatly improve access, promote healthier outcomes, and provide much-needed support for families in our region.

This project will have a meaningful and lasting positive impact on the community, and I respectfully encourage the Board to approve this application.”

Ms. Carney’s support letter and the list of deliveries are included in **Appendix C**.

Of the 589 total deliveries identified in Shawnee Health’s list, 262 were from the four counties entirely within Planning Area F-06 as shown in **Table 2**, below.

Table 2: Shawnee Health Patients within Planning Area F-06

County	Deliveries	Planning Area
Williamson	108	F-06
Franklin	121	F-06
Johnson	25	F-06
Masaac	8	F-06
TOTAL	262	F-06

All of Shawnee Health’s patients residing in F-06 must out-migrate to other planning areas for Obstetric services. The most recent Inventory of Hospital Facilities and Services shows that 1,274 residents of Planning Area F-06 out-migrated for Obstetric services. Based on Shawnee Health’s deliveries, the FQHC clinic accounts for over 20% of the out-migrating residents.

In determining bed need based on out-migration, the Review Board’s regulation setting out the methodology and calculations assumes that 85% of out-migrating residents would seek service within the planning area if the service were available. This is reflected in the 85% Adjustment Factor applied to net out-migration when calculating the planning area’s bed need. Applying this methodology to Shawnee Health’s patients indicates that 223 of its patients would utilize the Obstetric Unit at Deaconess Illinois Medical Center if it were reestablished. This is all the more likely given that the clinic is less than two miles from the hospital.

Shawnee Health’s 223 patients account for 558 patient-days of utilization based on the 2.5 day average length of stay.

Deaconess Illinois Medical Center Referrals

As discussed above under Historical Referrals, last year 25 patients presented in Deaconess Illinois Medical Center’s emergency department who were transferred to OB providers outside of the planning area. Two patients went to out-of-state tertiary care centers. The remaining 23 patients could have been admitted to Deaconess Illinois if it had an Obstetric Unit. It is reasonable to assume that Deaconess Illinois would have at least these many patients appearing in the emergency room once the service was reestablished and the region’s residents were aware of the service.

The 23 patients referred from Deaconess Illinois account for 58 patient-days.

Retained Out-migration

As noted above, the most recent Inventory of Health Care Facilities and Services shows that 1,274 residents of Planning Area F-06 left the planning area for Obstetric services. Assuming, the referral Tables above, that 241 of these patients are attributable to Dr. Tsung, 262 are attributable to Shawnee Health, and 23 patients attributable to Deaconess Illinois, then a total of 497 out-migrating patients from Planning Area F-06 are attributable to these referral sources. See, **Table 3**, below.

Table 3: Total Out-migration from P.A. F-06 less Referrals to Deaconess Illinois

Demand Source	P.A. F-06 Patients	Patient Days
Dr. Tsung	241	603
Shawnee Health	233	583
Deaconess Illinois Medical Center	23	58
Total Referred Patients	497	1,243
Total F-06 Out-migration	1274	3,185
Total F-06 Out-migration less Total Referred Patients	777	1,943

Applying the Review Board's 85% Adjustment Factor to the 777 out-migrating patients results in 660 patients and 1,605 patient-days ($660 \times 2.5 = 1,605$).

Summary of Service Demand

The total service demand for the proposed Obstetric Unit from the four sources mentioned above is 1,512 patients and 3,780 patient-days. See, **Table 4**, below.

Table 4: Total Service Demand from All Sources

Demand Source	Total Patients	Patient Days
Dr. Tsung	425	1,063
Shawnee Health	223	558
Deaconess Illinois Medical Center	23	58
F-06 Net Out-migration	660	1,650
TOTAL	1,331	3,328

Total patient-days of 3,328 represent over 91% utilization of a 10-bed OB Unit ($3,328 / 3650 = 0.912$). The state's target utilization for a 10-bed OB unit is 60%, which translates to 2,190 patient-days. Given that the documented patients-days from Dr. Tsung, Shawnee Health and Deaconess Illinois total 1,679, only an additional 511 patient-days would have to be retained of the 1,943 patient-days from out-migration. That represents only 26% of the F-06 Net Out-migration days shown in **Table 4**, above. This is an extremely conservative estimate given that the Review Board's bed-need calculations assume 85% of out-migrating patients would remain in the planning area if the service were available.

In conclusion, the proposed 10-bed Obstetric Care service is necessary to accommodate the projected service demand.

1110.200(b)(5)(A) – Planning Area Need – Service Accessibility: Service Restrictions

The number of beds being established or added for each category of service is necessary to improve access for planning area residents. The applicant shall document the following:

A) Service Restrictions

The applicant shall document that at least one of the following factors exists in the planning area:

- i) The absence of the proposed service within the planning area;*
- ii) Access limitations due to payor status of patients, including, but not limited to, individuals with health care coverage through Medicare, Medicaid, managed care or charity care;*
- iii) Restrictive admission policies of existing providers;*
- iv) The area population and existing care system exhibit indicators of medical care problems, such as an average family income level below the State average poverty level, high infant mortality, or designation by the Secretary of Health and Human Services as a Health Professional Shortage Area, a Medically Underserved Area, or a Medically Underserved Population;*

The beds being established are necessary to improve access for planning area residents based on the factors above, specifically, (1) the absence of the proposed service within the planning area and (2) the area population exhibits indicators of medical care problems.

1. Absence of Proposed Service within the Planning Area

Planning Area F-06, where the project will be located, does not currently have the Obstetric Care Category of Service. The OB service has not existed in the Planning Area since 2019 when an existing 12-bed OB unit was discontinued. *See*, March 31, 2026, Monthly Update to Hospital Services and 2019 Inventory of Healthcare Facilities and Need Determinations, relevant excerpts of which are included immediately following Section 2, below.

2. Indicators of Medical Care Problems

The specific indicators of medical care problems identified above in the Review Criteria are (a) high infant mortality, (b) average income levels below the State average poverty level, and (c) the Secretary of Health and Human Services has designated portions of Planning Area as Medically Underserved Areas.

a. High Infant Mortality Rates

Planning Area F-06, where the project is to be located, has at least two counties with infant mortality rates higher than the state average. Planning Area F-05, immediately to the east of F-06 and which also has no inpatient OB services, has at least one county with average infant mortality rates higher than the state average. Average Infant Mortality Rates over the period 2006 to 2019 are shown in **Table 12**, below.

Table 12: Average Infant Mortality Rates: 2006-2019

State/County	AVG
Illinois	6.7
Williamson	7.8
Franklin	8.5
Saline	9.0

Source: KIDS COUNT Data Center from the Annie E. Casey Foundation
<https://datacenter.aecf.org/>

b. Average Income Levels below Poverty Level

U.S. Census data show that all five counties within Planning Area F-06 have Median Household Incomes below the state average and Poverty Levels above the state average. *See, Table 13, below.*

Table 13: Median Household Income in Planning Area F-06

Region	Median Household Income	Poverty Level
State of Illinois	\$83,211	11.50%
Williamson County	\$65,604	12.30%
Massac County	\$65,116	15.20%
Johnson County	\$62,528	14.60%
Pope County	\$60,050	16.50%
Franklin County	\$56,740	16.40%

Source: U.S. Census

c. Medically Underserved Areas

Data from Health Resources and Services Administration (HRSA), an agency of the U.S. Department of Health and Human Services (HHS), show that all five counties within Planning Area F-06 include areas that have been designated by the Secretary of HHS as a Medically Underserved Area (MUA). A table from the HRSA website showing MUA designations for Williamson, Franklin, Johnson, Masaac and Pope counties is included with this attachment.

Monthly Update to Inventory

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
REVISED BED NEED DETERMINATIONS
3/31/2026

Hospital Planning Area	MEDICAL-SURGICAL/PEDIATRIC BEDS				INTENSIVE CARE BEDS				OBSTETRIC BEDS			
	Calculated Beds	Bed Need	Need	Excess	Calculated Beds	Bed Need	Need	Excess	Calculated Beds	Bed Need	Need	Excess
A-001	2,139	1,125	0	1,014	521	449	0	72	201	111	0	90
A-002	1,517	874	0	643	378	485	107	0	232	73	0	159
A-003	1,727	1,189	0	538	258	260	2	0	89	59	0	30
A-004	1,799	1,664	0	135	350	360	10	0	122	97	0	25
A-005	1,081	847	0	234	234	265	31	0	168	103	0	65
A-006	1,012	613	0	399	212	245	33	0	75	32	0	43
A-007	1,288	801	0	487	217	236	19	0	123	76	0	47
A-008	613	521	0	92	108	81	0	27	52	39	0	13
A-009	841	734	0	107	135	118	0	17	112	63	0	49
A-010	227	300	73	0	42	40	0	2	20	24	4	0
A-011	296	348	52	0	45	37	0	8	28	33	5	0
A-012	409	294	0	115	58	81	23	0	68	38	0	30
A-013	709	710	1	0	125	116	0	9	93	63	0	30
A-014	264	120	0	144	57	56	0	1	42	14	0	28
B-001	529	435	0	94	94	107	13	0	67	37	0	30
B-002	103	82	0	21	8	2	0	6	14	4	0	10
B-003	148	107	0	41	14	16	2	0	17	10	0	7
B-004	107	107	0	0	20	14	0	6	11	12	1	0
C-001	871	578	0	293	134	142	8	0	74	36	0	38
C-002	135	124	0	11	15	14	0	6	11	13	2	0
C-003	88	75	0	13	9	9	0	0	9	8	0	1
C-004	56	64	8	0	13	10	0	3	13	5	0	8
C-005	388	189	0	199	33	36	3	0	39	18	0	21
D-001	520	307	0	213	76	59	0	17	40	28	0	12
D-002	294	229	0	65	46	28	0	18	42	20	0	22
D-003	186	132	0	54	20	8	0	12	17	9	0	8
D-004	300	202	0	98	38	55	17	0	26	18	0	8
D-005	139	108	0	31	14	11	0	3	19	8	0	11
E-001	731	481	0	250	128	144	16	0	59	28	0	31
E-002	93	71	0	22	4	2	0	2	3	5	2	0
E-003	64	30	0	34	4	2	0	2	0	2	2	0
E-004	122	59	0	63	13	6	0	7	11	5	0	6
E-005	260	151	0	109	28	26	0	2	28	13	0	15
F-001	978	482	0	496	93	86	0	7	89	44	0	45
F-002	159	88	0	71	10	9	0	1	17	9	0	8
F-003	132	74	0	58	12	5	0	7	8	4	0	4
F-004	261	143	0	118	38	25	0	13	13	13	0	0
F-005	121	42	0	79	0	0	0	0	0	2	2	0
F-006	206	150	0	56	26	16	0	10	0	8	8	0
F-007	281	120	0	161	23	24	1	0	28	12	0	16
Totals	21,174	14,770	134	6,538	3,653	3,685	285	258	2,080	1,196	26	910

2019 Inventory of Health Care Facilities and Services Planning Area F-06

INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS

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

OBSTETRIC Category of Service
Hospital Planning Area: F-06

9/1/2019
Page B- 44

Hospital Planning Area: F-06								2017 Utilization		
Hospital		City				Beds	Admissions	Patient Days		
Heartland Regional Medical Center						0	681	1,655		
8/6/2019	F-025-19	Facility received exemption to discontinue 12 bed Obstetrics category of service.								
Planning Area Totals								0	681	1,655
HPA Fertility Rate 2017	Projected 2022 Females Age 15-44	Projected Births 2022	Projected Hospital Births 2022	Length of Stay Factor	Projected Patient Days 2022	Days in Year 2022	Projected Average Daily Census	Target Occupancy Rate*	Maternity Bed Need	
0.02773	23160	642	636	2.5	1,590	365	4.4	0.60	7	
Gynecology Patient Days 2017	Estimated 2017 Females Age 15+	Gynecology Use Rate	Projected 2022 Females Age 15+	Projected Patient Days 2022	Days in Year 2022	Average Daily Census	Target Occupancy Rate	Gynecology Bed Need		
0	56060	0.00000	56080	0	365	0.0	0.9	0		
Obstetrics Patient Migration			Average Length of Stay	Obstetrics Patient Days Migration	Days in Year	Average Daily Migration	Adjustment Factor	Migration Adjustment		
Out-Migration 657	In-Migration 226	Net Migration 431	2.5	1,078	365	3.0	0.85	3		
Maternity Bed Need	Gynecology Bed Need	Migration Bed Adjustment	Adjusted Bed Need for Obstetrics/Gynecology			Existing Obstetrics/Gynecology Beds		Additional Beds Needed		
7	0	3	10			0		10		

*Obstetrics Occupancy Target Rate is 60% (0.60) for Areas with projected Average Daily Census under 10

Infant Mortality Rates: State and Counties within P.A. F-06

Infant mortality rates | KIDS COUNT Data Center

<https://datacenter.necf.org/data/tables/10433-infant-mortality-rates#detailed:5/2217,2228,2272>



**KIDS COUNT
DATA CENTER**

INFANT MORTALITY RATES IN ILLINOIS

DATA SELECTED

2015-2019 ✕

2009-2013 ✕

2008-2012 ✕

2007-2011 ✕

2006-2010 ✕

DETAILED	SORT / RANK
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Location	Data Type	2006 - 2010	2007 - 2011	2008 - 2012	2009 - 2013	2015 - 2019
Illinois	Rate	7.0	6.8	6.8	6.6	6.1
Franklin	Rate	8.1	9.8	9.4	9.3	6.0
Jackson	Rate	7.5	8.3	10.0	9.8	7.4
Saline	Rate	9.9	8.4	10.3	8.4	7.8
Williamson	Rate	9.5	9.1	7.6	7.0	5.8

DOWNLOAD RAW DATA

1 of 2

4/14/2026, 11:19 PM

Infant Mortality Rates: State and Counties within P.A. F-06 (cont'd)

Infant mortality rates | KIDS COUNT Data Center

<https://datacenter.aecf.org/data/tables/10433-infant-mortality-rates#detailed/5/2217,2228,2272>

Definition and Source

PROVIDER

YWCA Metropolitan Chicago

DEFINITION

Five-year moving averages of deaths occurring to infants under 1 year of age per 1,000 live births. Data are rate per 1,000.

DATA SOURCE

Illinois Department of Public Health, More Detailed Infant Mortality Statistics available [here](#). See Infant Mortality by County – 5-Year Moving Averages.

NOTES

S: Data Suppressed. This indicates that data did not meet standards of reliability.

The data source has not published new data for this indicator since 2019, but the indicator will be updated on the KIDS COUNT Data Center if or when new data are released. Until then, these data may provide useful historical information for those working in this field.

LAST UPDATED

December 2022

Median Household Income: State and Counties within P.A. F-06

U.S. Census Bureau QuickFacts: Illinois; Williamson County, Illinois; Massac County, Illinois...

<https://www.census.gov/quickfacts/fact/table/IL.williamsoncountyillinois,massaccounty>

An official website of the United States government [Here's how you know](#)



QuickFacts

Illinois; Williamson County, Illinois; Massac County, Illinois; Johnson County, Illinois; Pope County, Illinois; Franklin County, Illinois

QuickFacts provides statistics for all states and counties. Also for cities and towns with a population of 5,000 or more.

Enter state, county, city, town, or zip code

Select a fact



Table

Income & Poverty						
	Illinois	Williamson County, Illinois	Massac County, Illinois	Johnson County, Illinois	Pope County, Illinois	Franklin County, Illinois
Median household income (in 2024 dollars), 2020-2024	\$43,398	\$45,604	\$45,116	\$42,518	\$48,850	\$56,740
PEOPLE						
Income & Poverty						
Median household income (in 2024 dollars), 2020-2024	\$43,398	\$45,604	\$45,116	\$42,518	\$48,850	\$56,740
Per capita income in past 12 months (in 2024 dollars), 2020-2024	\$46,406	\$47,264	\$47,040	\$42,765	\$49,967	\$57,602
Persons in poverty, percent	11.8%	12.9%	15.2%	14.6%	16.5%	16.4%

About datasets used in this table

Value Notes

Methodology differences may exist between data sources, and so estimates from different sources are not comparable.

Some estimates presented here come from sample data, and thus have sampling errors that may render some apparent differences between geographies statistically indistinguishable. Click the Quick Info icon to the left of each row in TABLE view to learn about sampling error.

The vintage year (e.g., V2025) refers to the final year of the series (2020 thru 2025). Different vintage years of estimates are not comparable.

Users should exercise caution when comparing 2020-2024 ACS 5-year estimates to other ACS estimates. For more information, please visit the [2024 5-year ACS Comparison Guidance](#) page.

Follow the [U.S. Census Bureau citation guidelines](#) to help credit your data sources correctly.

Fact Notes

- (a) Includes persons reporting only one race
- (b) Hispanics may be of any race, so also are included in applicable race categories
- (c) Economic Census - Puerto Rico data are not comparable to U.S. Economic Census data

Value Flags

- B Suppressed to avoid disclosure of confidential information
- F Fewer than 25 firms
- PN Footnote on this item in place of data
- NA Not available
- S Suppressed; does not meet publication standards

Is this page helpful? X



Yes



No

**Department of Health and Human Services Designation of
Medically Underserved Areas within Planning Area F-06 Counties**

Discipline	MUA/FID	Served Area Name	Designation Type	Primary State Name	County
Primary Care	02805	Franklin County	Medically Underserved Area	Indiana	Franklin County, IL
	Component State Name	Component County Name	Component Name	Component Type	Component GEO ID
	Illinois	Franklin	Franklin	Single County	70355
Primary Care	02810	Johnson County	Medically Underserved Area	Indiana	Johnson County, IL
	Component State Name	Component County Name	Component Name	Component Type	Component GEO ID
	Illinois	Johnson	Johnson	Single County	70387
Primary Care	02812	Madison County	Medically Underserved Area	Indiana	Madison County, IL
	Component State Name	Component County Name	Component Name	Component Type	Component GEO ID
	Illinois	Madison	Madison	Single County	71377
Primary Care	02815	Pope County	Medically Underserved Area	Indiana	Pope County, IL
	Component State Name	Component County Name	Component Name	Component Type	Component GEO ID
	Illinois	Pope	Pope	Single County	71551
Primary Care	02828/2829	Williamson County Multi	Medically Underserved Area	Indiana	Williamson County, IL
	Component State Name	Component County Name	Component Name	Component Type	Component GEO ID
	Illinois	Williamson	Williamson	Single County	71999

Source: <https://data.hrsa.gov/topics/health-workforce/shortage-areas/mua-fid>

1110.200(b)(5)(B) – Planning Area Need – Service Accessibility: Supporting Documentation

The supporting documentation for the service accessibility factors of absence of service in the planning area, average income below the state average poverty level, and county designations as Medically Underserved Areas is listed below:

- Monthly Update to Hospital Services, March 31, 2026, HFSRB
- 2019 Inventory of Health Care Facilities and Services
- State and County Median Household Income and Poverty Levels, U.S. Census Quick Facts:
<https://www.census.gov/quickfacts/fact/table/IL,williamsoncountyillinois,massacountyillinois,johnsoncountyillinois,popecountyillinois,franklincountyillinois/INC110224>
- [KIDS COUNT Data Center from the Annie E. Casey Foundation](#)
- Medically Underserved Area designations, Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services, HSRA Data Warehouse:
<https://data.hrsa.gov/topics/health-workforce/shortage-areas/mua-find>

1110.200(c)(1) - Unnecessary Duplication of Services

The applicant shall document that the project will not result in an unnecessary duplication. The applicant shall provide the following information:

A) A list of all zip code areas that are located, in total or in part, within the established radii outlined in 77 Ill. Adm. Code 1100.510(d) of the project's site;

B) The total population of the identified zip code areas (based upon the most recent population numbers available for the State of Illinois)

Table 14, below, provides a list of zip codes located within 21-miles of the applicant's facility and the total population within those zip code areas. There are a total of 21 zip codes with a total population of 105,850.

C) The names and locations of all existing or approved health care facilities located within the established radii outlined in 77 Ill. Adm. Code 1100.510(d) of the project site that provide the categories of bed service that are proposed by the project.

Pursuant to Section 1100.510(d)(3), the normal travel radius for Williamson County is 21 miles. There is only one provider of Obstetric Care services within 21-miles of the applicant and that is SIH Memorial Hospital of Carbondale located at 405 W. Jackson St. Carbondale, IL 62901. The applicant notes that SIH Memorial Hospital is not located in Planning Area F-06. It is in F-07.

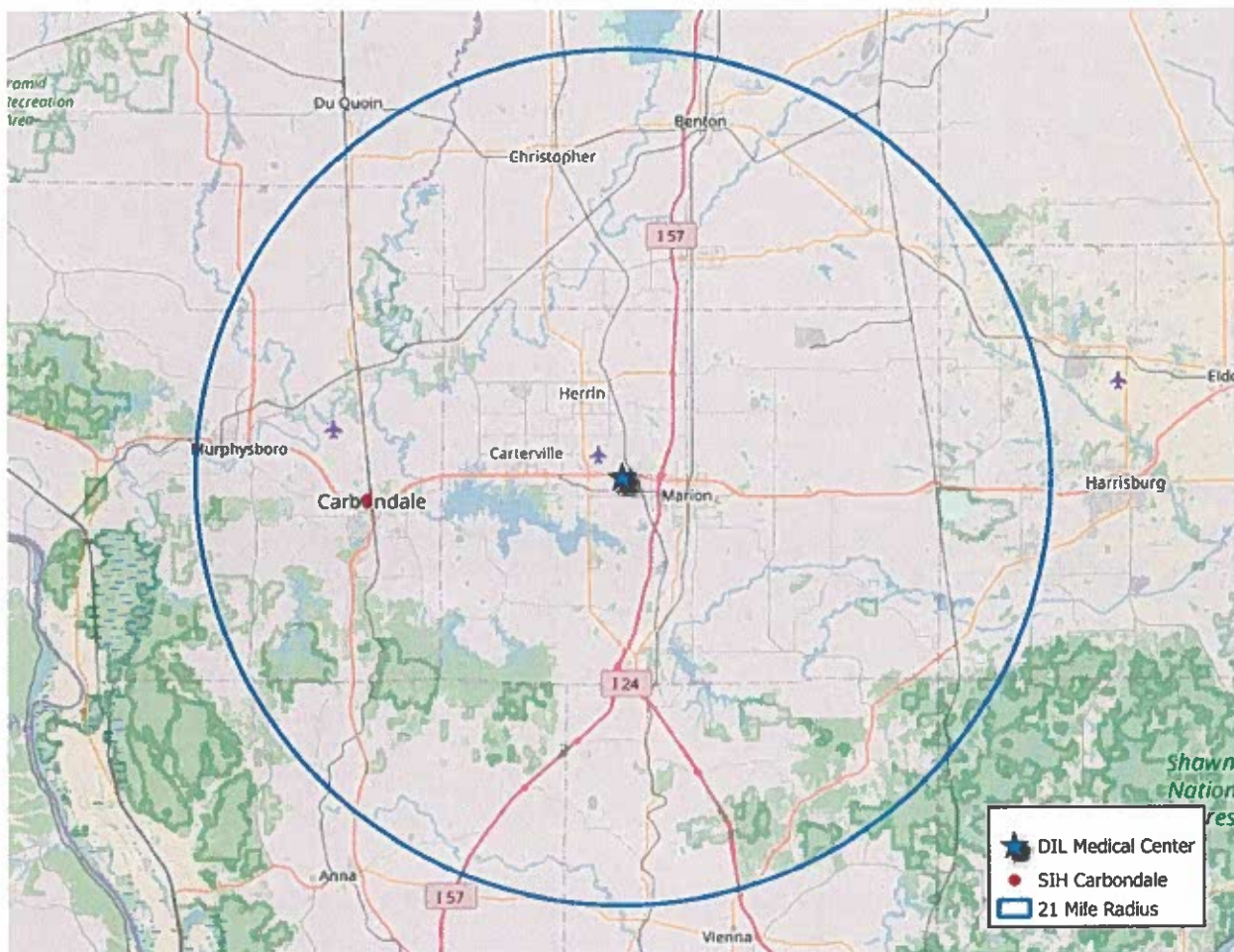
A map showing of the 21-mile radius circle around Deaconess Illinois Medical Center and the location of the only provider within that circle (SIH Memorial Hospital) is included below.

**Table 14: ZIP Codes and Population within 21-Miles of
Deaconess Illinois Medical Center, Marion**

ZIP Code	City / Area	County	Approx. Population
62959	Marion	Williamson	17,200
62933	Herrin	Williamson	12,500
62927	Energy	Williamson	1,000
62918	Cartersville	Williamson	5,900
62935	Johnston City	Williamson	3,400
62948	Hurst	Williamson	800
62922	Colp	Williamson	200
62923	Creal Springs	Williamson	2,400
62969	Pittsburg	Williamson	600
62984	Thompsonville	Franklin	1,200
62987	West Frankfort	Franklin	7,700
62974	Royalton	Franklin	1,100
62949	Ina	Jefferson	2,300
62983	Stonefort	Saline	950
62951	Makanda	Jackson	1,100
62901	Carbondale	Jackson	24,200
62902	Carbondale (South/Rural)	Jackson	5,400
62924	De Soto	Jackson	1,600
62958	Murphysboro (East)	Jackson	11,500
62992	Vienna	Johnson	3,000
62998	Zeigler	Franklin	1,800
Total Population			105,850

Source: U.S. Census Bureau and ZIP-Codes.com estimates (updated March 2026)

**Map of Only OB Provider within 21-miles of
Deaconess Illinois Medical Center**



1110.200(c)(2) - Maldistribution of Services

The applicant shall document that the project will not result in maldistribution of services. Maldistribution exists when the identified area (within the planning area) has an excess supply of facilities, beds and services characterized by such factors as, but not limited to:

A) A ratio of beds to population that exceeds one and one-half times the State average;

This factor does not indicate maldistribution as the ratio of beds to population in Planning Area F-06 is zero, given that there are no Obstetric beds in the Planning Area. The State average of OB beds to population is approximately 0.16 beds per 1,000 population (2,080 OB beds / 12.8 million population = 0.00016 beds/person).

B) Historical utilization (for the latest 12-month period prior to submission of the application) for existing facilities and services that is below the occupancy standard established pursuant to 77 Ill. Adm. Code 1100; or

This factor does not indicate maldistribution because there are no existing facilities in Planning Area F-06 and, therefore, there are no facilities in the area operating below the occupancy standard.

C) Insufficient population to provide the volume or caseload necessary to utilize the services proposed by the project at or above occupancy standards.

The 2023 Inventory of Hospital Facilities and Services shows that the population supports the need for eight beds in Planning Area F-06 and a need for two beds in Planning Area F-05.

1110.200(c)(3) - Maldistribution of Services

The applicant shall document that, within 24 months after project completion, the proposed project:

A) Will not lower the utilization of other area providers below the occupancy standards specified in 77 Ill. Adm. Code 1100; and

B) Will not lower, to a further extent, the utilization of other area hospitals that are currently (during the latest 12-month period) operating below the occupancy standards.

The proposed project will not result in unnecessary duplication or maldistribution of inpatient Obstetric services. The Planning Area in which the project is located (F-06) currently has no Obstetric services and there is a calculated bed need for these services.

While some of the physician referrals to the proposed Obstetric Unit at Deaconess Illinois are from the adjacent Planning Area F-07, which has one Obstetric service provider, those referrals would not reduce that provider below target if its OB unit were properly sized and based on that planning area's bed need. The 2023 Inventory and recent Monthly Update to Inventory show that Planning Area F-07 has a need for only 12 OB beds, but the existing provider (Memorial Hospital in Carbondale) maintains 28 beds, creating an excess of 16 beds in the planning area.

The 2024 Hospital Profile shows Memorial has a total of 5,377 OB inpatient and observation days. If the Memorial OB unit were sized to 12-beds, which is the planning area need, its OB unit would be operating at 123% of capacity. $(5,377 \text{ pt-days} / (12 \text{ beds} \times 365 \text{ days}) = 1.23)$.

A large number of Memorial's patient-days are attributable to the out-migration of residents from Planning Area F-06, who have no Obstetric service in the area. Planning Area F-07 has *in*-migration of 1,422 patients, which is largely drawn from neighboring Planning Area F-06's *out*-migration of 1,274.

According to the 2023 Inventory, *seven* of the 12 needed beds in the Planning Area F-07 are due to the large *in*-migration from other planning areas. Given that F-07 is bounded by only two other planning areas, F-01 and F-04, both of which have only minimal outmigration of 56 patients and 180 patients, respectively, the large *in*-migration into F-07 most certainly is coming from F-06.

The applicant's referring physician would be referring 165 patients who reside in F-07, accounting for 413 patient-days. Subtracting 413 patient-days from Memorial's 5,377 leaves 4,964 patient-days which would support 14 beds at 100% utilization. Consequently, the proposed project would not reduce Memorial below target utilization if it were properly sized and did not carry so many excess OB beds.

1110.200(e) - Staffing Availability

The applicant shall document that relevant clinical and professional staffing needs for the proposed project were considered and that licensure and The Joint Commission staffing requirements can be met. In addition, the applicant shall document that necessary staffing is available by providing a narrative explanation of how the proposed staffing will be achieved.

Deaconess Illinois Medical Center Staffing and Recruitment Plan for Obstetric Care Service

Deaconess Illinois Medical Center is committed to establishing a comprehensive and sustainable staffing plan to ensure the delivery of safe, high-quality obstetric (OB) services. Its implemented *Nursing Workforce Strategy* focuses on Retention, Pipeline, and Sustainability, emphasizing the creation of a stable and scalable workforce to support long-term growth while minimizing premium labor costs.

Workforce Strategy Framework

This approach is structured in four progressive phases designed to strengthen both current and future nursing capacity:

1. Stabilize Today (0–12 Months)

Immediate efforts to build staffing stability include implementing referral bonuses, enhancing the preceptor program, and hosting an Epic Simulation Day for both new and current nurses to strengthen confidence and technical proficiency.

2. Strengthen the Pipeline (0–2 Years)

To ensure continuity and depth in the nursing pipeline, Deaconess will expand its New Nurse Residency Program (two cohorts per year), Graduate Nurse Programs, and establish a Student Nurse Academy and PCT (Patient Care Technician) Program for future nurses.

3. Expand Recruitment & Partnerships (1–3 Years)

Deaconess will foster college relationships and advisory boards, develop high school partnerships, and explore international recruitment pipelines to maintain a robust and diverse applicant pool for nursing and clinical support roles.

4. Sustain the Future (3–5 Years)

Long-term sustainability will be maintained through scholarships with service commitments, tuition assistance with service agreements, and a leadership development pipeline for ongoing growth and internal advancement of nursing professionals.

OB Unit Staffing Plan

The OB Unit will be staffed in accordance with state and national standards, including those set by the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN). The staffing model is designed to ensure patient safety and optimal care outcomes through the following structure:

- Registered Nurses (RNs):

- Dedicated RNs will staff Labor & Delivery (L&D), Postpartum, and Nursery areas.
 - Staffing ratios will comply with AWHONN standards:
 - 1:1 RN-to-patient ratio for patients in active labor
 - 1:3–4 RN-to-patient ratio for postpartum mothers and newborns
- Support Staff:
 - Certified Surgical Technician on-site 24/7 for cesarean deliveries and surgical instrumentation management.
 - Clerical and Patient Care Technicians (PCTs) will provide continuous unit support.
- Clinical and Physician Coverage:
 - OB/GYN physicians available 24/7, either in-house or within 30 minutes.
 - Midwives and advanced practice providers (APPs) available for ongoing patient care and delivery support.
 - Anesthesia services available 24/7 with a <30-minute response time.
 - Respiratory therapy support provided 24/7 for attendance at deliveries and nursery support.
 - Neonatology, Pediatrician, or Pediatric APP available 24/7 for newborn and special care nursery needs.
 - Perinatal ultrasound available 24 hours a day, 7 days a week.

Recruitment and Onboarding

Recruitment efforts for all clinical roles will begin 6–8 weeks prior to the opening of OB services. This timeline ensures adequate opportunity for:

- Education and specialty training
- Orientation to department workflows and equipment
- Validation of competencies and adherence to policies and procedures

Through this structured workforce and staffing strategy, Deaconess Illinois will build a high-performing, sustainable team that delivers exceptional, family-centered obstetric care while maintaining workforce stability and supporting long-term organizational growth.

1110.200(f) - Performance Requirements – Bed Capacity Minimum

Obstetrics:

A) The minimum unit size for a new obstetric unit within an MSA is 20 beds.

B) The minimum unit size for a new obstetric unit outside an MSA is 4 beds.

The Illinois Department of Employment Security (IDES) has reported that, following the 2020 Census, Marion was redesignated from a Metropolitan Statistical Area (MSA) to a Micropolitan Statistical Area. According to IDES, the reason for the redesignation was that Marion's urban area dropped below 50,000, as per the 2020 Census. *See, Updates to Illinois Metropolitan and Micropolitan Statistical Area Delineations Following the 2020 Census, IDES, page 2.* A copy of the IDES update follows this page.

The minimum size for a new obstetric unit outside an MSA is four beds. The proposed project consists of ten OB beds and, therefore, satisfies the performance requirement criterion.



UPDATES TO ILLINOIS METROPOLITAN AND MICROPOLITAN STATISTICAL AREA DELINEATIONS FOLLOWING THE 2020 CENSUS

by Rich Reinhold

Background

Metropolitan Statistical Areas have provided nationally consistent geographic delineations for reporting statistics, including economic data, since 1949. Historically, the basic concept of a Metropolitan Statistical Area has been that of a core urban area, such as a city, with high population density, together with adjacent communities that have a high degree of economic and social integration with that core. Each decade, new Metropolitan and Micropolitan Area delineations are announced by the U.S. Office of Management and Budget (OMB) which reflect the latest decennial census population totals and worker commuting data from the U.S. Census Bureau, as well as any updates to federal standards. The current Metropolitan and Micropolitan areas

were announced by U.S. OMB in [July 2023](#) and based on the application of updated federal standards announced in [July 2021](#) as well as data from the 2020 Census and the Census Bureau's American Community Survey.

Metropolitan Statistical Areas

Under the 2020 federal standards announced by the U.S. OMB in July 2021, a Metropolitan Statistical Area is defined as a [Core Based Statistical Area](#) associated with at least one core [Urban Area](#) that has a population of at least 50,000 plus adjacent counties having a high degree of social and economic integration with the core as measured through commuting patterns among the counties.



Economic Information and Analysis Division | February 2025



Multiple counties are included in an MSA if at least 25 percent of employed residents in the central county commute to work in one or more adjacent counties. The largest city in the MSA is listed first in the title and additional cities may be included in the name if they meet certain population and employment criteria.

Metropolitan Statistical Areas with a population of 2.5 million or more are further subdivided into Metropolitan Divisions. For example, the Chicago-Naperville-Elgin, IL-IN MSA is sub-divided into four separate Metropolitan Divisions: Chicago-Naperville-Schaumburg, IL, Elgin, IL, Lake County, IL and Lake County-Porter County-Jasper County, IN.

Nationwide, there are a total of 387 Metropolitan Statistical Areas. There are twelve MSAs (one of which, Chicago-Naperville-Elgin, has three Metropolitan Divisions) that fall entirely or partially within Illinois, including the Illinois parts of the Davenport-Moline-Rock Island IA-IL MSA, the St. Louis, MO-IL MSA, the Cape Girardeau MO-IL, MSA and the Paducah KY-IL MSA. Table 1 on page 5 shows the names and geographic delineations for Illinois Metropolitan Areas that were announced in July 2023. A map of the 2020-based Metropolitan Areas can be found on page 4.

Micropolitan Statistical Areas

A Micropolitan Statistical Area is a Core Based Statistical Area associated with at least one Urban Area that has a population of at least 10,000, but less than 50,000. The Micropolitan Statistical area comprises the central county or counties or equivalent entities containing the core, plus adjacent outlying coun-

ties having a high degree of social and economic integration with the central county or counties as measured through commuting. Multiple counties are included in a Micropolitan Statistical Area if at least 25 percent of employed residents in the central county commute to work in one or more adjacent counties. The naming convention for Micropolitan Areas is the same as for Metropolitan Areas, with the largest community presented first. As of July 2023, there are of total of 538 Micropolitan Statistical Areas in the U.S. In Illinois, there are 21 Micropolitan Statistical Areas, including four shared with border states. Table 1 shows the names and geographic delineations for Illinois Micropolitan Statistical Areas that were announced in July 2023. A map of the 2020-based Micropolitan areas can be found on page 4.

Differences between 2020-based and 2010-based Illinois Metropolitan and Micropolitan Area Delineations

Table 2 on page 6 compares 2020-based and 2010-based Illinois Metropolitan and Micropolitan Area delineations including new areas, areas dropped, counties added or removed from existing areas and name changes. The primary changes to Metropolitan Areas, effective with the 2020-based delineations were:

- DeWitt County was removed from Bloomington MSA because it no longer had strong commuting ties;
- Carbondale-Marion and Danville MSAs were discontinued and designated as Micropolitan Statistical Areas after the total population for their Urban Areas dropped below 50,000, as per the 2020 Census;

Illinois has 12 MSAs including the Illinois parts of the St. Louis MSA and Cape Girardeau MSA.

- Kendall County moved from the Chicago Metropolitan Division to the Elgin Metropolitan Division;
- Lake County, IL-Kenosha County, WI Metropolitan Division was discontinued. Lake County became its own Metropolitan Division and Kenosha County became its own MSA;
- Massac County is now part of the Paducah KY-IL, MSA;

The changes to Micropolitan Areas, effective with 2020-based delineations were:

- Jackson County is now part of the Carbondale, IL Micropolitan Statistical Area;
- Vermillion County is now part of the Danville, IL Micropolitan Statistical Area;
- Williamson County is now part of the Marion-Herrin, IL Micropolitan Statistical Area;
- Hancock County is no longer part of the discontinued the Fort Madison-Keokuk, IA-IL-MO; Micropolitan Statistical Area;
- Massac County is now part of the Paducah KY-IL, MSA

Labor Force and Nonfarm Payroll Jobs Data for Metropolitan and Micropolitan Statistical Areas

The Local Area Unemployment Statistics (LAUS) program will publish monthly labor force estimates for 2020-based MSAs and Micropolitan Statistical Areas, beginning in March 2025, with the release of January 2025 data. Historical monthly and annual Metropolitan and Micropolitan Area labor force estimates will be developed under the 2020-based geographic delineations back to 1990.

The Current Employment Statistics (CES) will begin publishing monthly nonfarm payroll jobs estimates for 2020-based MSAs in March 2025, with the release of January 2025 data. Historical monthly and annual Metropolitan Area nonfarm industry employment estimates will be developed under the 2020-based geographic delineations back to 1990.

Additional information on Metropolitan and Micropolitan Statistical Area standards and definitions can be found at: <https://www.census.gov/programs-surveys/metro-micro.html> and <http://www.bls.gov/lau/lausmsa.htm>



Map of 2020-based Illinois Metropolitan and Micropolitan Area Delineations

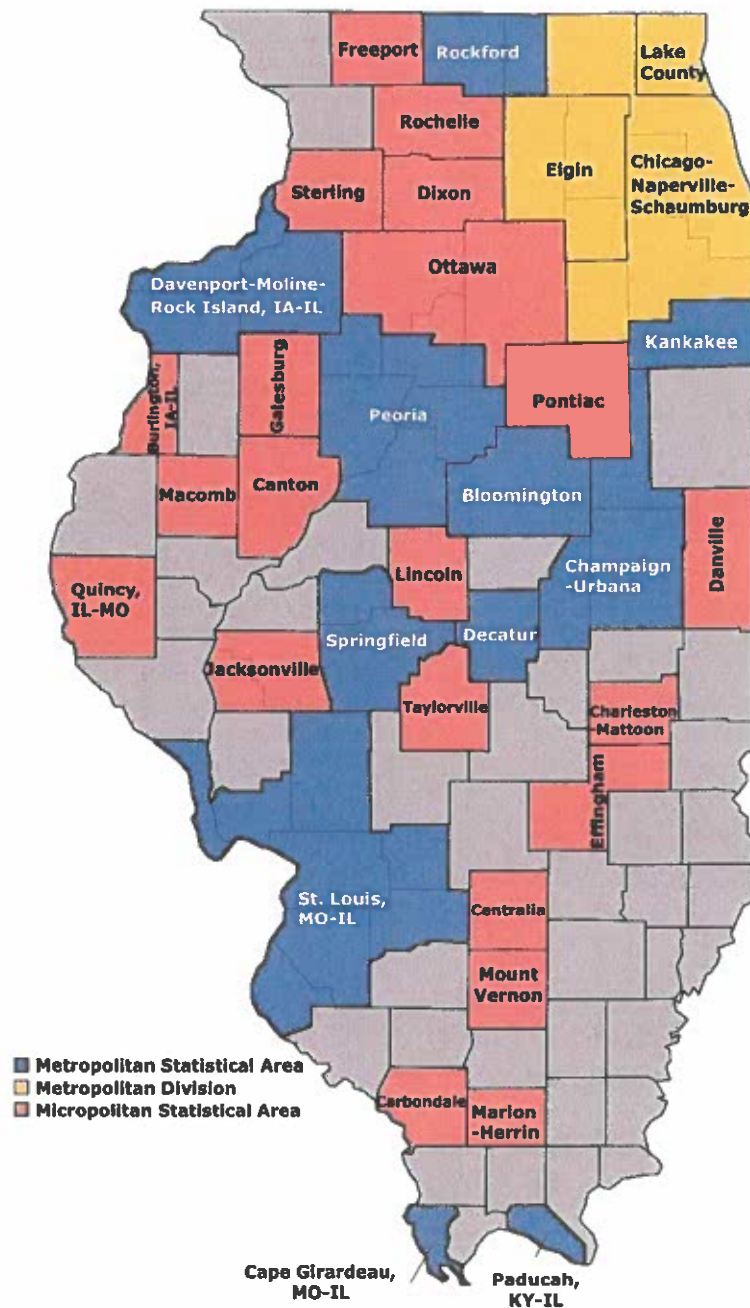


TABLE 1: COMPARISON OF 2020-BASED AND 2010-BASED METROPOLITAN STATISTICAL AREA DELINEATIONS

2020-based Metropolitan Statistical Areas		2010-based Illinois Metropolitan Statistical Areas	
Name	Counties	Name	Counties
Bloomington, IL MSA	McLean	Bloomington, IL MSA	DeWitt McLean
Cape Girardeau, MO-IL MSA (Illinois part)	Alexander	Cape Girardeau, MO-IL MSA (Illinois part)	Alexander
Carbondale-Marion, IL MSA was split into Carbondale and Marion-Herrin Micropolitan Areas		Carbondale-Marion, IL MSA	Jackson Williamson
Champaign-Urbana, IL MSA	Champaign Ford Piatt	Champaign-Urbana, IL MSA	Champaign Ford Piatt
Chicago-Naperville-Elgin, IL-IN MSA Chicago-Naperville-Schaumburg, IL Metropolitan Division	Cook DuPage Grundy McHenry Will	Chicago-Naperville-Elgin, IL-IN-WI MSA Chicago-Naperville-Arlington Heights, IL Metropolitan Division	Cook DuPage Grundy Kendall McHenry Will
Elgin, IL Metropolitan Division	DeKalb Kane Kendall	Elgin, IL Metropolitan Division	DeKalb Kane
Lake County, IL Metropolitan Division - NEW	Lake, IL	Lake County-Kenosha County, IL-WI Metropolitan Division	Lake, IL Kenosha, WI
Lake County-Porter County-Jasper County, IN Metropolitan Division	Jasper, IN Lake, IN Newton, IN Porter, IN	Gary, IN Metropolitan Division	Jasper, IN Lake, IN Newton, IN Porter, IN
Danville, IL MSA is now a Micropolitan Area		Danville, IL MSA	Vermilion
Davenport-Moline-Rock Island, IA-IL MSA (Illinois part)	Henry, IL Mercer, IL Rock Island, IL	Davenport-Moline-Rock Island, IA-IL MSA	Henry, IL Mercer, IL Rock Island, IL Scott, IA
Decatur, IL MSA	Macon	Decatur, IL MSA	Macon
Kankakee, IL MSA	Kankakee	Kankakee, IL MSA	Kankakee
Paducah KY-IL MSA (Illinois part) - NEW	Messac	Paducah KY-IL MSA was the Paducah KY-IL Micropolitan Area	
Peoria, IL MSA	Marshall Peoria Stark Tazewell Woodford	Peoria, IL MSA	Marshall Peoria Stark Tazewell Woodford
Rockford, IL MSA	Boone Winnebago	Rockford, IL MSA	Boone Winnebago
Springfield, IL MSA	Menard Sangamon	Springfield, IL MSA	Menard Sangamon
St. Louis, MO-IL MSA (Illinois part)	Bond Calhoun Clinton Jersey Macoupin Madison Monroe St. Clair	St. Louis, MO-IL MSA (Illinois part)	Bond Calhoun Clinton Jersey Macoupin Madison Monroe St. Clair

TABLE 2: COMPARISON OF 2020-BASED AND 2010-BASED MICROPOLITAN AREA DELINEATIONS

2020-based Micropolitan Statistical Areas		2010-based Illinois Micropolitan Areas	
Name	Counties	Name	Counties
Burlington IA-IL Micropolitan Area (Illinois part)	Henderson	Burlington IA-IL Micropolitan Area (Illinois part)	Henderson
Canton, IL Micropolitan Area	Fulton	Canton, IL Micropolitan Area	Fulton
Carbondale, IL Micropolitan Area - NEW	Jackson	Was part of Carbondale-Marion, IL MSA	
Centralia, IL Micropolitan Area	Marion	Centralia, IL Micropolitan Area	Marion
Charleston-Mattoon Micropolitan Area	Coles	Charleston-Mattoon Micropolitan Area	Coles Cumberland
Danville Micropolitan Area - NEW	Vermilion	Area was Danville, IL MSA	
Dixon, IL Micropolitan Area	Lee	Dixon, IL Micropolitan Area	Lee
Effingham, IL Micropolitan Area	Cumberland Effingham	Effingham, IL Micropolitan Area	Effingham
Fort Madison-Keokuk IA-IL-MO Micropolitan Area was discontinued		Fort Madison-Keokuk IA-IL-MO Micropolitan Area (Illinois part)	Hancock
Freeport, IL Micropolitan Area	Stephenson	Freeport, IL Micropolitan Area	Stephenson
Galesburg, IL Micropolitan Area	Knox	Galesburg, IL Micropolitan Area	Knox
Jacksonville, IL Micropolitan Area	Morgan Scott	Jacksonville, IL Micropolitan Area	Morgan Scott
Lincoln, IL Micropolitan Area	Logan	Lincoln, IL Micropolitan Area	Logan
Macomb, IL Micropolitan Area	McDonough	Macomb, IL Micropolitan Area	McDonough
Marion-Herrin Micropolitan Area - NEW	Williamson	Was part of Carbondale-Marion, IL MSA	
Mount Vernon, IL Micropolitan Area	Jefferson	Mount Vernon, IL Micropolitan Area	Jefferson
Ottawa, IL Micropolitan Area	Bureau LaSalle Putnam	Ottawa-Peru, IL Micropolitan Area	Bureau LaSalle Putnam
Paducah, KY-IL Micropolitan Area is now an MSA		Paducah, KY-IL Micropolitan Area (Illinois part)	Massac
Pontiac, IL Micropolitan Area	Livingston	Pontiac, IL Micropolitan Area	Livingston
Quincy, IL-MO Micropolitan Area	Adams, IL Lewis, MO	Quincy, IL-MO Micropolitan Area	Adams, IL Lewis, MO
Rochelle, IL Micropolitan Area	Ogle	Rochelle, IL Micropolitan Area	Ogle
Sterling, IL Micropolitan Area	Whiteside	Sterling, IL Micropolitan Area	Whiteside
Taylorville, IL Micropolitan Area	Christian	Taylorville, IL Micropolitan Area	Christian

1110.200(g) - Assurances

The applicant representative who signs the CON application shall submit a signed and dated statement attesting to the applicant's understanding that, by the second year of operation after project completion, the applicant will achieve and maintain the occupancy standards specified in 77 Ill. Adm. Code 1100 for each category of service involved in the proposal.

The required attestation is included on the following page.

Attestation of Utilization

The undersigned is an authorized representative of the applicant Deaconess Regional Healthcare Services Illinois, Inc. and hereby attests on knowledge and belief of the applicant's understanding that, by the second year of operation after project completion, the applicant facility will achieve and maintain the occupancy standards specified in 77 Ill. Adm. Code 1100 for each category of service involved in this proposed project.



William Davis, MA, PT, MHA, FACHE
Region President
Deaconess Regional Healthcare Services Illinois, Inc.

4.09.2026

Dated

ATTACHMENT 31

Clinical Service Areas Other than Categories of Service

Service	# Existing Key Rooms	# Proposed Key Rooms
☒ Labor-Delivery-Recovery (LDR)	0	7
☒ C-Section Room	0	1
☒ Phase I PACU	0	2
☒ Level 1 Nursery	0	14

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

Project Type	Required Review Criteria
New Services or Facility or Equipment	(b) – Need Determination – Establishment
Service Modernization	(c)(1) – Deteriorated Facilities
	AND/OR
	(c)(2) – Necessary Expansion PLUS
	(c)(3)(A) – Utilization – Major Medical Equipment
	OR
	(c)(3)(B) – Utilization – Service or Facility
1APPEND DOCUMENTATION AS <u>ATTACHMENT 31</u> , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

This project involves a new service and is therefore subject to the Need Determination – Establishment Criteria.

1110.270(b)(1): Need Determination - Establishment: *The applicant shall describe how the need for the proposed establishment was determined by documenting the following:*

1) Service to the Planning Area Residents

A) Either:

i) The primary purpose of the proposed project is to provide care to the residents of the planning area in which the proposed service will be physically located; or

ii) If the applicant service area includes a primary and secondary service area that expands beyond the planning area boundaries, the applicant shall document that the primary purpose of the project is to provide care to residents of the service area; and

B) Documentation shall consist of strategic plans or market studies conducted, indicating the historical and projected incidence of disease or health conditions, or use rates of the population. The number of years projected shall not exceed the number of historical years documented. Any projections and/or trend analyses shall not exceed 10 years.

The other clinical services proposed are Labor-Delivery-Recovery (LDR), C-Section suite, Post-Anesthesia Care Unit (PACU) and Level I Nursery are all ancillary to and necessary for the Obstetric Care category of service. Consequently, the need justifications for the Obstetric Care service in Attachments 15 and 19 apply equally to these other clinical services. Where appropriate, the responses from these attachments will be reproduced below for ease of reference.

The primary purpose of the project is to provide new inpatient Obstetric Care services to address the unmet need in planning area and geographic region of far south and southeast Illinois. The proposed OB unit will be located in Planning Area F-06 which coincides with the applicant's primary service area. In 2025, Deaconess Illinois Medical Center had 1,995 discharges of patients who resided within F-06 compared to total patient discharges of 3,147. Thus, residents of Planning Area F-06 accounted for over 63% of the hospital's total patients. The applicant anticipates that well over 50% of the patients utilizing the proposed OB unit will be from Planning Area F-06. **See, Map of Geographic Service Area, Table 6: Patient Discharges from Planning Area F-06 and Table 7: Total Patient Discharges** in Attachment 19 on page 77, *infra*.

In addition, anticipated referrals to the proposed Obstetric Care service will come primarily from Planning Area F-06. The planning area has no existing OB service and the 2023 Inventory of Health Facilities and Services has calculated an eight-bed deficit based entirely on out-migration, which currently accounts for 3,312 patient-days. The bed-need calculations assume that 85% of out-migrating residents (2,815 patient-days) would remain in the planning area if the service were available. That volume alone, consisting entirely of planning area residents, results in over 77% utilization of the proposed 10-bed OB unit. That utilization level exceeds the state's target utilization of 60% for a 10-bed unit.

Further, the projected referrals to the proposed OB unit, addressed in Attachment 15 above, show that over 86% of referrals are residents of Planning Area F-06. See, **Table 8**, below.

Table 8: Projected Referrals to Proposed Obstetric Unit

Demand Source	Patients Residing in P.A. F-06	Total Patients	% Patients from P.A. F-06
Dr. Tsung	241	425	56.7%
Shawnee Health	233	233	100%
Deaconess Illinois Medical Center	22	23	96%
F-06 Net Out-migration	660	660	100%
TOTAL	1,156	1,341	86.2%

All of the above metrics establish that the primary purpose of the project is to provide Obstetric related care to the residents of Planning Area F-06.

1110.270(b)(2)(A) and (B): Need Determination – Service Demand: *To demonstrate need for the proposed CSA services, the applicant shall document one or more of the indicators presented in subsections (b)(2)(A) through (D). For any projections, the number of years projected shall not exceed the number of historical years documented. Any projections and/or trend analyses shall not exceed 10 years.*

A) Referrals from Inpatient Base

For CSAs that will serve as a support or adjunct service to existing inpatient services, the applicant shall document a minimum 2-year historical and 2-year projected number of inpatients requiring the subject CSA.

This criterion is not applicable as the proposed LDR rooms, C-Section Suite, PACUs and Level I Nursery are not adjunct to an existing inpatient service. Rather they will support and be adjunct to the proposed new Obstetric Care service.

B) Physician Referrals

For CSAs that require physician referrals to create and maintain a patient base volume, the applicant shall document patient origin information for the referrals. The applicant shall submit original signed and notarized referral letters, containing certification by the physicians that the representations contained in the letters are true and correct.

All of the other clinical service areas are adjunct to the proposed Obstetric Care service. Therefore, the referral documentation in support of the OB service from Attachments 15 and 19 reproduced below for ease of reference.

Service demand for the proposed Obstetric unit is supported by physician referrals together with (a) expected referrals from Shawnee Health, a Federally Qualified Health Center (FQHC) located within two miles of Deaconess Illinois Medical Center, (b) retention of referrals from Deaconess Illinois' own emergency department to facilities outside the area and, (c) retention of a portion of the 100% out-migration of planning area residents.

Physician Referrals

The service demand for the proposed Obstetric unit is supported in part by the referrals of Dr. Francis Tsung, M.D. Dr. Tsung has committed to refer 425 patients to Deaconess Illinois Medical Center within 24 months of the OB service's opening. Dr. Tsung's physician referral letter, documenting 425 historical referrals and list of patients by zip code, is attached as **Appendix B**. Notably, 56.2% of Dr. Tsung's referrals are from patients residing in Planning Area F-06, where the project is proposed to be located. When combined with Planning Area F-05, nearly 60% of the referrals are from planning areas without the Obstetric Care category of service. **Table 1**, below, shows Dr. Tsung's referrals by County and Planning Area.

Table 1: Physician Referrals by County and Planning Area

County	Deliveries	Planning Area	% of Deliveries by Planning Area	OB Service in Planning Area
Williamson	176	F-06	56.2%	NO
Franklin	39	F-06		NO
Johnson	23	F-06		NO
Pope	1	F-06		NO
Saline	12	F-05	3.5%	NO
Hardin	3	F-05		NO
Jackson	90	F-07	38.8%	YES
Perry	42	F-07		YES
Union	22	F-07		YES
Randolph	9	F-07		YES
Pulaski	2	F-07		YES
Richland	1	F-03	0.5%	YES
Wayne	1	F-03		YES
Jefferson	2	F-04	0.5%	YES
Pike	1	E-04	0.2%	YES
Posey (IN)	1	n/a	n/a	n/a

Of further note, 90 of Dr. Tsung's referrals (21%) are from Jackson County which is immediately east of Planning Area F-06 and that county's eastern border is only 9 miles from Deaconess Illinois Medical Center. The hospital's Secondary Service Area includes the eastern portions of Jackson County. The combined referrals from F-06 and F-05 (which have no OB services) and Jackson County account for 80% of Dr. Tsung's referrals. The project is therefore well-located to serve these patients.

Dr. Tsung's 425 referrals account for 1,063 patient-days of utilization based on the 2.5 average length of stay of OB patients employed by the Review Board's bed need calculations.

FQHC Referrals

Deaconess Illinois Medical Center has a close working relationship with Shawnee Health, an FQHC with a clinic located within two miles of the hospital at 1506 Sioux Drive, Marion, Illinois. Shawnee Health provides OB/GYN services at this clinic. The clinic's CEO, Christina Carney, has provided Deaconess Illinois Medical Center with a letter of support for this project and a list of deliveries for patients who were seen by Shawnee Health for Obstetric services in 2025. Ms. Carney's support letter states:

"I am writing to express my strong support for the Certificate of Need application submitted by Deaconess Illinois Medical Center to establish obstetric services at its hospital in Marion. The Southern Illinois region is widely recognized as an obstetric care desert, and this expansion represents a critical step toward addressing a significant gap in essential healthcare services.

Currently, many patients are forced to travel long distances – often across state lines – to access prenatal and delivery care. This creates unnecessary barriers,

delays in care, and increased risk for both mothers and infants. Establishing OB services locally will greatly improve access, promote healthier outcomes, and provide much-needed support for families in our region.

This project will have a meaningful and lasting positive impact on the community, and I respectfully encourage the Board to approve this application.”

Ms. Carney’s support letter and the list of deliveries are included in **Appendix C**.

Of the 589 total deliveries identified in Shawnee Health’s list, 262 were from the four counties entirely within Planning Area F-06 as shown in **Table 2**, below.

Table 2: Shawnee Health Patients within Planning Area F-06

County	Deliveries	Planning Area
Williamson	108	F-06
Franklin	121	F-06
Johnson	25	F-06
Masaac	8	F-06
TOTAL	262	F-06

All of Shawnee Health’s patients residing in F-06 must out-migrate to other planning areas for Obstetric services. The most recent Inventory of Hospital Facilities and Services shows that 1,274 residents of Planning Area F-06 out-migrated for Obstetric services. Based on Shawnee Health’s deliveries, the FQHC clinic accounts for over 20% of the out-migrating residents.

In determining bed need based on out-migration, the Review Board’s regulation setting out the methodology and calculations assumes that 85% of out-migrating residents would seek service within the planning area if the service were available. This is reflected in the 85% Adjustment Factor applied to net out-migration when calculating the planning area’s bed need. Applying this methodology to Shawnee Health’s patients indicates that 223 of its patients would utilize the Obstetric Unit at Deaconess Illinois Medical Center if it were reestablished. This is all the more likely given that the clinic is less than two miles from the hospital.

Shawnee Health’s 223 patients account for 558 patient-days of utilization based on the 2.5 day average length of stay.

Deaconess Illinois Medical Center Referrals

As discussed above under Historical Referrals, last year 25 patients presented in Deaconess Illinois Medical Center’s emergency department who were transferred to OB providers outside of the planning area. Two went to out-of-state tertiary care centers. The remaining 23 patients could have been admitted to Deaconess Illinois if it had an Obstetric Unit. It is reasonable to assume that Deaconess Illinois would have at least these many patients appearing in the emergency room once the service was reestablished and the region’s residents were aware of the service.

The 23 patients referred from Deaconess Illinois account for 58 patient-days.

Retained Out-migration

As noted above, the most recent Inventory of Health Care Facilities and Services shows that 1,274 residents of Planning Area F-06 left the planning area for Obstetric services. Assuming, the referral Tables above, that 241 of these patients are attributable to Dr. Tsung, 262 are attributable to Shawnee Health, and 23 patients attributable to Deaconess Illinois, then a total of 497 out-migrating patients from Planning Area F-06 are attributable to these referral sources. See, Table 3, below.

Table 3: Total Out-migration from P.A. F-06 less Referrals to Deaconess Illinois

Demand Source	P.A. F-06 Patients	Patient Days
Dr. Tsung	241	603
Shawnee Health	233	583
Deaconess Illinois Medical Center	23	58
Total Referred Patients	497	1,243
Total F-06 Out-migration	1274	3,185
Total F-06 Out-migration less Total Referred Patients	777	1,943

Applying the Review Board's 85% Adjustment Factor to the 777 out-migrating patients results in 660 patients and 1,605 patient-days ($660 \times 2.5 = 1,605$).

Summary of Service Demand

The total service demand for the proposed Obstetric Unit from the four sources mentioned above is 1,512 patients and 3,780 patient-days. See, **Table 4**, below.

Table 4: Total Service Demand from All Sources

Demand Source	Total Patients	Patient Days
Dr. Tsung	425	1,063
Shawnee Health	223	558
Deaconess Illinois Medical Center	23	58
F-06 Net Out-migration	660	1,650
TOTAL	1,331	3,328

Total patient-days of 3,328 represent over 91% utilization of a 10-bed OB Unit ($3,328 / 3650 = 0.912$). The state's target utilization for a 10-bed OB unit is 60%, which translates to 2,190 patient-days. Given that the documented patients-days from Dr. Tsung, Shawnee Health and Deaconess Illinois total 1,679, only an additional 511 patient-days would have to be retained of the 1,934 patient-days from out-migration. That represents only 26% of the F-06 Net Out-migration days shown in **Table 4**, above. This is an extremely conservative estimate given that the Review Board's bed-need calculations assume 85% of out-migrating patients would remain in the planning area if the service were available.

In conclusion, the proposed 10-bed Obstetric Care service and adjunct clinical services (LDR, C-Section, PACU, Nursery) are necessary to accommodate the projected service demand.

1110.270(b)(2)(C): Need Determination – Service Demand: *To demonstrate need for the proposed CSA services, the applicant shall document one or more of the indicators presented in subsections (b)(2)(A) through (D).*

C) Historical Referrals to Other Providers

If, during the latest 12-month period, patients have been sent to other area providers for the proposed CSA services, due to the absence of those services at the applicant facility, the applicant shall submit verification of those referrals, specifying: the service needed; patient origin by zip code; recipient facility; date of referral; and physician certification that the representations contained in the verifications are true and correct.

Deaconess Illinois Medical Center does not send patients to other providers for these other clinical services apart from the referrals from its emergency department for the Obstetric Care category of service. Those referrals are addressed in Attachments 15 and 19, with relevant parts reproduced for ease of reference.

There is no current OB service at Deaconess Illinois Medical Center. Nevertheless, OB patients present in the hospital's emergency department and are then transferred to other facilities. In 2025, twenty-five patients were transferred from the hospital's emergency department to other facilities. The applicant does not have complete data for 2024 due to a change in record keeping systems, but in the four-month period for which data is available, there were nine transfers which, when annualized, amounts to 22 patients. **Table 9** and **Table 10** below contain the 2025 and 2024 referrals, respectively, with the referring physicians, their specialties, the referred hospital and the patients zip code.

Of the total patients transferred, 68% resided in Planning Area F-06 where Deaconess Illinois Medical Center is located. **Table 9**, below, shows the patient zip codes located within F-06.

In 2025, two of the 25 transferred patients went to tertiary care providers and 23 went to providers with similar levels of care which Deaconess Illinois Medical Center proposes to offer. All but one of the 23 patients were residents of Planning Area F-06. *See, Table 11.* It is expected that a similar number of patients in need of inpatient obstetric care would continue presenting in the hospital's emergency department and utilize its OB unit. These 22 patients would account for 55 patient-days based on a 2.5 average length of stay.

Table 9: 2025 OB Patient Transfers to Other Facilities

Arrived	Attending ED Provider	Provider Specialty	Hosp Disch Dest	Zip Code
Feb 2025	DODSON, CHARLES T	Emergency Medicine	SSM St. Mary's, St. Louis, MO	62822
Feb 2025	BORGES-YOUNG, SIMONE W	Emergency Medicine	Women's Hospital, Evansville, IN	62959
Feb 2025	DODSON, CHARLES T	Emergency Medicine	SIH Carbondale	62930
Mar 2025	ARENDELL, JEFFREY D	Emergency Medicine	Memorial Hospital of Carbondale	62994
Mar 2025	DODSON, CHARLES T	Emergency Medicine	Memorial Hospital of Carbondale	62896
Mar 2025	ERICKSON, BRIAN A	Emergency Medicine	Memorial Hospital of Carbondale	62896
Apr 2025	BORGES-YOUNG, SIMONE W	Emergency Medicine	Memorial Hospital of Carbondale	62951
Apr 2025	BORGES-YOUNG, SIMONE W	Emergency Medicine	Good Samaritan Hospital, Mt. Vernon	62960
May 2025	FEATHER, LISA K	Emergency Medicine	Memorial Hospital of Carbondale	62959
May 2025	FEATHER, LISA K	Emergency Medicine	Memorial Hospital of Carbondale	62959
May 2025	FEATHER, LISA K	Emergency Medicine	Memorial Hospital of Carbondale	62901
Jun 2025	FEATHER, LISA K	Emergency Medicine	Memorial Hospital of Carbondale	62970
Jul 2025	ERICKSON, BRIAN A	Emergency Medicine	Memorial Hospital of Carbondale	62846
Aug 2025	BORGES-YOUNG, SIMONE W	Emergency Medicine	SSM St. Mary's St. Louis via hell	62918
Aug 2025	MCVICKER, RACHEAL L	Emergency Medicine	Memorial Hospital of Carbondale	62922
Aug 2025	DODSON, CHARLES T	Emergency Medicine	Good Samaritan Hospital, Mt. Vernon	62946
Aug 2025	SHELTON JR, DONNIE E	Emergency Medicine	Memorial Hospital of Carbondale	62959
Oct 2025	SHELTON JR, DONNIE E	Emergency Medicine	Good Samaritan Hospital, Mt. Vernon	62917
Oct 2025	BARNES, KENDALL	Emergency Medicine	Memorial Hospital of Carbondale	62939
Oct 2025	ERICKSON, BRIAN A	Emergency Medicine	Memorial Hospital of Carbondale	62939
Oct 2025	BORGES-YOUNG, SIMONE W	Emergency Medicine	Memorial Hospital of Carbondale	62948
Dec 2025	N/A	Emergency Medicine	Memorial Hospital of Carbondale	62948
Dec 2025	ERICKSON, BRIAN A	Emergency Medicine	Memorial Hospital of Carbondale	62959
Dec 2025	MCVICKER, RACHEAL L	Emergency Medicine	Memorial Hospital of Carbondale	62959
Dec 2025	SWAYZE, ROBERT M	Emergency Medicine	Memorial Hospital of Carbondale	62896

Source: Deaconess Illinois Medical Center medical records

Table 10: 2024 OB Patient Transfers to Other Facilities (Aug – Dec)

Arrived	Attending ED Provider	Provider Specialty	Hosp Disch Dest	Zip Code
Aug 2024	SCHIERBAUM, KATHY L	Emergency Medicine	The Women's Hospital	62901
Sep 2024	SCHIERBAUM, KATHY L	Emergency Medicine	Carbondale Memorial Hospital	62959
Sep 2024	BARNES, KENDALL	Emergency Medicine	Carbondale Memorial Hospital	62832
Oct 2024	SCHIERBAUM, KATHY L	Emergency Medicine	The Women's Hospital	62286
Nov 2024	EDWARDS, BRANDON C	Emergency Medicine	Memorial Hospital of Carbondale	62966
Nov 2024	DODSON, CHARLES T	Emergency Medicine	Memorial Hospital of Carbondale	62951
Nov 2024	BARNES, KENDALL	Emergency Medicine	Memorial Hospital of Carbondale	62946
Dec 2024	BARNES, KENDALL	Emergency Medicine	Memorial Hospital of Carbondale	62956
Dec 2024	ERICKSON, BRIAN A	Emergency Medicine	Memorial Hospital of Carbondale	62959

Source: Deaconess Illinois Medical Center medical records

**Table 11: OB Referrals of Planning Area Residents
from Deaconess Illinois Medical Center**

Demand Source	Patients Residing in P.A. F-06	Total Patients	% Patients from P.A. F-06
Dr. Tsung	241	425	56.7%
Shawnee Health	233	233	100%
Deaconess Illinois Medical Center	22	23	96%
F-06 Net Out-migration	660	660	100%
TOTAL	1,156	1,341	86.2%

Source: Deaconess Illinois Medical Center medical records

1110.270(b)(D): Need Determination – Service Demand: *To demonstrate need for the proposed CSA services, the applicant shall document one or more of the indicators presented in subsections (b)(2)(A) through (D). For any projections, the number of years projected shall not exceed the number of historical years documented. Any projections and/or trend analyses shall not exceed 10 years.*

D) Population Incidence

The applicant shall submit documentation of incidence of service based upon IDPH statistics or category of service statistics.

The 2023 Inventory of Health Care Facilities and Services shows that Planning Area F-06 has Projected 2026 Females Age 15-44 at 21,480 and that 1,274 patients out-migrated from the planning area for Obstetric services. Assuming one birth per patient results in an estimated fertility rate of 0.059, which is the average fertility rate within the region's other planning areas that provide the Obstetric Care category of service. See, **Table 15**, below.

Table 15: Planning Area Fertility Rates

Planning Area	Planning Area Fertility Rate
F-01	0.04867
F-02	0.05616
F-03	0.01424
F-04	0.08431
F-07	0.09197
Avg. Fertility Rate	0.05907

Source: 2023 Inventory of Health Care Facilities and Services

The 2023 Inventory projects a bed need of eight OB beds in Planning Area F-06 based entirely on out-migration due to lack of the OB service. A two-bed need for the adjacent Planning Area-F-05, which also has no OB service, is also base solely on out-migration.

1110.270(b)(3): Need Determination – Impact of Proposed Project on Other Area Providers: *The applicant shall document that, within 24 months after project completion, the proposed project will not:*

A) Lower the utilization of other area providers below the utilization standards specified in Appendix B.

B) Lower, to a further extent, the utilization of other area providers that are currently (during the latest 12-month period) operating below the utilization standards.

Both of these criteria are satisfied as there are no other providers in Planning Area F-06 offering Obstetric Care and ancillary services and, therefore, the project will not result in any area provider experiencing lower utilization of such services.

While some of the physician referrals to the proposed Obstetric Unit at Deaconess Illinois are from the adjacent Planning Area F-07, which has one Obstetric service provider, those referrals would not reduce that provider below target if its OB unit were properly sized and based on that planning area's bed need. The 2023 Inventory and recent Monthly Update to Inventory show that Planning Area F-07 has a need for only 12 OB beds, but the existing provider (Memorial Hospital in Carbondale) maintains 28 beds, creating an excess of 16 beds in the planning area.

The 2024 Hospital Profile shows Memorial has a total of 5,377 OB inpatient and observation days. If the Memorial OB unit were sized to 12-beds, which is the planning area need, its OB unit would be operating at 123% of capacity. $(5,377 \text{ pt-days} / (12 \text{ beds} \times 365 \text{ days}) = 1.23)$.

A large number of Memorial's patient-days are attributable to the out-migration of residents from Planning Area F-06, who have no Obstetric service in the area. Planning Area F-07 has *in*-migration of 1,422 patients, which is largely drawn from neighboring Planning Area F-06's *out*-migration of 1,274.

According to the 2023 Inventory, *seven* of the 12 needed beds in the Planning Area F-07 are due to the large *in*-migration from other planning areas. Given that F-07 is bounded by only two other planning areas, F-01 and F-04, both of which have only minimal outmigration of 56 patients and 180 patients, respectively, the large *in*-migration into F-07 most certainly is coming from F-06.

The applicant's referring physician would be referring 165 patients who reside in F-07, accounting for 413 patient-days. Subtracting 413 patient-days from Memorial's 5,377 leaves 4,964 patient-days which would support 14 beds at 100% utilization. Consequently, the proposed project would not reduce Memorial below target utilization if it were properly sized and did not carry so many excess OB beds.

1110.270(b)(4): Need Determination – Utilization: *Projects involving the establishment of CSAs shall meet or exceed the utilization standards for the services, as specified in Appendix B. If no utilization standards exist in Appendix B, the applicant shall document its anticipated utilization in terms of incidence of disease or conditions, or historical population use rates.*

The utilization of the C-Section Suite and LDR rooms was addressed in Attachment 15 and reproduced below for ease of reference.

Other Clinical Services

OTHER SERVICES UTILIZATION						
	DEPT./ SERVICE	PROJECTED PROCEDURES (total)	PROJECTED PROCEDURES (per room)	STATE STANDARD (procedures/births)	Rooms Justified	MEET STANDARD?
Year 2	C-Section	219	219	800/suite	1.0	Yes
Year 2	LDR	1,370	196	400/room	4.0	No

*Based on 26% retention of out-migration patients; Room justifications are rounded up to nearest integer.

**Based on 85% retention of out-migration patients.

The other clinical services for which utilization standards are established are the C-Section Suite and the Labor-Delivery-Recovery (LDR) rooms. There are no utilization standards for the Phase I Post-Anesthesia Recovery (PACU) station or the Level I Nursery stations.

As the applicant is requesting only one C-Section suite, the projected procedures in Year 2 of 219 justifies one suite. The number of C-Sections will be 25% of the total 876 deliveries. This is a conservative projection as the Illinois Department of Public Health's 2026 Perinatal Report shows C-Section rates ranging from 27% to 29% between the years 2020 to 2023. Relevant excerpts from the 2026 Perinatal Report including this data are in Attachment 15.

The LDR utilization standard is 400 deliveries per room. While Deaconess utilized projected retention of only 26% of out-migration for purposes of justifying Obstetric bed utilization and C-Section suite utilization, the Review Board's bed-need calculations assume that 85% of out-migration patients would remain in the planning area if the service were available. Applying this 85% adjustment factor to the out-migration would add 660 deliveries to the 710 deliveries projected from referral sources. The total of 1,370 deliveries justifies four LDRs ($1,370 / 400 = 3.4$)

The reason Deaconess Illinois is requesting seven LDRs is because the new Obstetric Care service is going into space that was previously used as an OB Unit before the service was discontinued by the prior owner of the facility. There are seven existing rooms that were used for labor, delivery and recovery and Deaconess Illinois seeks to modernize all of these rooms.

ATTACHMENT 34

Section 1120.120 – Availability of Funds

Applicants shall document that financial resources will be available and be equal to or exceed the estimated total project cost plus any related project costs by providing evidence of sufficient financial resources from the following applicable sources:

- a) Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to the amount of cash and securities available for the project, including the identification of any security, its value and availability of those funds. :*

The project is funded by cash and securities. Excerpts from the 2024 audited financial statement of the applicant Deaconess Regional Healthcare Services Illinois, Inc. is included in this attachment on the following pages. The cash and cash assets line item on page 4 of the financials shows the applicant has over \$27 million on hand which is substantially greater than the proposed total project costs.



Consolidated Financial Statements
September 30, 2024

Deaconess Regional Healthcare Services
Illinois, Inc.

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Deaconess Regional Healthcare Services Illinois, Inc.

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September 30, 2024

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Independent Auditor's Report

The Board of Directors
Audit Committee and Management
Deaconess Regional Healthcare Services Illinois, Inc.
Marion, Illinois

Report on the Audit of the Consolidated Financial Statements

Opinion

We have audited the consolidated financial statements of Deaconess Regional Healthcare Services Illinois, Inc. (Organization), which comprise the consolidated balance sheet as of September 30, 2024, and the related consolidated statement of operations and changes in net assets and cash flows for the year then ended, and the related notes to the consolidated financial statements.

In our opinion, the accompanying consolidated financial statements referred to above present fairly, in all material respects, the financial position of the Organization as of September 30, 2024, and the results of its operations, changes in net assets, and cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Consolidated Financial Statements section of our report. We are required to be independent of the Organization and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Restatement of Prior Year Consolidated Financial Statements

As discussed in Note 12 to the consolidated financial statements, the balance of net assets as of September 30, 2023 was restated to correct errors in the balance of the note payable and inherent contribution. Our opinion is not modified with respect to this matter.

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Responsibilities of Management for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the consolidated financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Organization's ability to continue as a going concern for one year after the date that the consolidated financial statements are available to be issued.

Auditor's Responsibilities for the Audit of the Consolidated Financial Statements

Our objectives are to obtain reasonable assurance about whether the consolidated financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the consolidated financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the consolidated financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the consolidated financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Organization's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The consolidating schedules are presented for the purposes of additional analysis and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with GAAS. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

Edie Bailey LLP

Dubuque, Iowa

Deaconess Regional Healthcare Services Illinois, Inc.

Consolidated Balance Sheet

September 30, 2024

	2024
Assets	
Current Assets	
Cash and cash equivalents	\$ 27,363,264
Receivables	
Patient	60,162,699
Estimated third-party payor settlements	13,890,469
Other	1,104,730
Inventories	6,173,635
Prepays and other	1,689,787
Total current assets	110,384,584
Property and Equipment, Net	196,460,987
Other Assets	
Operating lease right of use assets	6,062,034
Other assets	64,691
Total assets	\$ 312,972,296
Liabilities and Net Assets	
Current Liabilities	
Current portion of operating lease liabilities	\$ 1,810,104
Current portion of finance lease liabilities	7,417,945
Accounts payable	
Trade	12,900,497
Estimated third-party payor settlements	12,778,913
Related parties	54,562,569
Accrued expenses	
Salaries and benefits	4,511,443
Vacation	2,321,151
Estimated health claims liability	920,000
Property taxes and other	3,301,098
Total current liabilities	100,523,720
Long-term Liabilities	
Operating lease liabilities, less current portion	4,175,341
Finance lease liabilities, less current portion	145,719,889
Total liabilities	250,418,950
Net Assets	
Without donor restrictions	62,052,925
With donor restrictions	500,421
Total net assets	62,553,346
Total liabilities and net assets	\$ 312,972,296

See Notes to Consolidated Financial Statements

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ATTACHMENT 35

Section 1120.130(a) – Financial Viability Waiver

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

- 1) all project capital expenditures, including capital expended through a lease, are completely funded through internal resources (cash, securities or received pledges).*

HFSRB NOTE: Documentation of internal resources availability shall be available as of the date the application is deemed complete.

The financial viability waiver applies to this project as all project capital expenditures will be completely funded through internal resources. Documentation of the availability of over \$27 million in cash and cash assets is included in the attached excerpts of the applicant's audited financial statement included in Attachment 34. A complete copy of which audited financial statement is available on request.

ATTACHMENT 37
Economic Feasibility

Section 1120.140(a) – Reasonableness of Financing Arrangements

This Criterion is not applicable. The project is not proposed to be financed with debt proceeds.

Section 1120.140(b) – Conditions of Debt Financing

This Criterion is not applicable. The project is not proposed to be financed with debt proceeds.

Section 1120.140(c) – Reasonableness of Project Costs and Related Costs

Identify each department or area impacted by the proposed project and provide a cost and square footage allocation for new construction and/or modernization.

The table of Cost and Gross Square Feet by Department or Service is included at the end of this attachment.

Section 1120.140(d) – Projected Operating Costs

The total projected operating costs per unit of service is \$536/equivalent patient day.

Section 1120.140(e) – Total Effect of the Project on Capital Costs

The total projected annual capital costs, defined as the proposed capital costs divided by total procedures, for the first full fiscal year at target utilization is:

$\$9,495,901 \text{ Total Capital Cost} / 2,190 \text{ Equivalent Patient Days} = \$4,336 \text{ Capital Cost per Equivalent Patient Day}$

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (List below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot		Gross Sq. Ft.		Gross Sq. Ft.		Const. \$	Mod. \$	
	New	Mod	New	Circ*	Mod	Circ*	(A x C)	(B x E)	
REVIEWABLE									
Obstetric		\$262.91	0	0	4,964	21%		\$1,305,108	\$1,305,108
Labor-Delivery-Recovery		\$262.91	0	0	6,128	28%		\$1,611,140	\$1,611,140
C-Section Suite		\$262.91	0	0	1,290	20%		\$339,160	\$339,160
Phase I PACU		\$262.91	0	0	273	0%		\$71,776	\$71,776
Level I Nursery		\$262.91	0	0	1,495	0%		\$393,057	\$393,057
Total Clinical		\$262.91	0	0	14,150			\$3,720,241	\$3,720,241
Total Non-Reviewable**		\$165.82	0	0	2,887	25%		\$478,743	\$478,743
Contingency		\$36.96			17,037	0		\$629,848	\$629,848
TOTALS (with contingency)		\$283.42			17,037			\$4,828,832	\$4,828,832
* Include the percentage (%) of space for circulation									
** Non-reviewable space includes shared corridors, hallways, lockers, offices and restrooms.									

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 applicant anticipates that the project will positively impact safety net services by providing needed outpatient Obstetric services in a multi-county Planning Area that currently lacks the service. Further, the applicant contracts with all Medicaid Managed Care Organizations available in the area and all patients regardless of insurance type (commercial, Medicaid, Medicare, etc) will have access to the new Obstetric service.

To the applicant's knowledge, this project will not have any adverse impact on the essential safety net services in the community including not impacting racial and health care disparities.

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.

To the applicant's knowledge, this project will not impact any other area provider or health care system to cross-subsidize safety net services. There are no other providers of inpatient Obstetric Care service in the Planning Area.

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.

Not applicable. This project does not involve the discontinuation of a facility or service.

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.

Charity Care			
Charity (# of patients)	2023	2024	2025
Inpatient	5	10	148
Outpatient	120	228	1,987
Total	125	238	2,135
Charity (cost in dollars)			
Inpatient	\$139,713	\$265,474	\$966,823
Outpatient	\$872,643	\$1,658,142	\$1,921,910
Total	\$1,012,356	\$1,923,616	\$2,888,733

Medicaid			
Medicaid (# of patients)	2023	2024	2025
Inpatient	384	358	421
Outpatient	13,137	13,939	12,401
Total	13,521	14,297	12,822
Medicaid (revenue)			
Inpatient	\$4,833,101	\$7,506,000	\$1,842,895
Outpatient	\$7,536,293	\$13,887,076	\$4,542,184
Total	\$12,369,394	\$21,393,076	\$6,385,079

Source: 2023 and 2024 Hospital Profiles; 2025 Annual Hospital Questionnaire

ATTACHMENT 39

Charity Care Information

The amount of charity care provided by Deaconess Illinois Medical Center and the combined four-hospital health system of Deaconess Regional Healthcare Services Illinois, Inc., is provided the tables below. Note that Deaconess Regional Healthcare Services Illinois, Inc., obtained approval by the Health Facilities and Services Review Board to acquire the four Illinois hospital facilities in December 2022, and the transactions closed in early 2023.

Deaconess Illinois Medical Center, Marion			
	2023	2024	2025
Net Patient Revenue	\$86,006,622	\$133,772,572	\$123,215,304
Amount of Charity Care (charges)	\$4,001,923	\$14,393,782	\$18,148,376
Cost of Charity Care	\$1,012,356	\$1,923,616	\$2,888,733
% of Charity Care (costs) to Net Patient Revenue	1.2%	1.4%	2.3%

Deaconess Regional Healthcare Services Illinois, Inc.			
	2023	2024	2025
Net Patient Revenue	\$173,685,217	\$260,856,046	\$248,897,938
Amount of Charity Care (charges)	\$6,675,552	\$21,903,643	\$28,001,302
Cost of Charity Care	\$1,148,385	\$3,208,913	\$5,296,290
% Charity Care Cost to Net Revenue	0.66%	1.23%	2.13%

Source: 2023 and 2024 Hospital Profiles; 2025 Annual Hospital Questionnaire

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APPENDIX A

Moveable Equipment List

Moveable Equipment List: Patient Care Areas

LOCATION & DEPARTMENT: Deaconess Illinois Medical Center Marion OB - 2nd Floor	
Patient Care Areas	
ITEM	QUANTITY
SUB STERILE X1 (263)	
18x48 Wire Cart	1
SCRUB X1 (264)	
Soap Dispenser	2
Soap Insert	2
Drip Tray	2
Full Size C-Fold Paper Towel Dispenser	2
Half Moon Trash Can	2
Scrub Sink Dispenser	4
Stainless Steel Shelf	1
POST PARTUM PATIENT ROOM W/RESTROOM X11 (211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221)	
Artwork	10
Centrella Bed	10
Midmark 6213 Computer Cart, VS	10
65" TV	10
TV Mount	10
Coax Cable	10
Right Angle Adapter	20
Overbed Table	10
Wall Mounted Thermometer	10
Wall Mounted BP Gauge	10
BP Cuffs	10
Wall Mounted Otoscope/Ophthalmoscope	10
IV Pole	10
IV Pump	10
Syringe Pump	10
Bassinett	10
Digital Wep Diaper Scale	10
Full Size Wall Mount Sharps	10
Sharps Insert	10
Triple Glove Box Dispenser	10
Gel Dispenser	22
Gel Insert	22
Drip Tray	33
Soap Dispenser	10
Soap Insert	10
Toilet Paper Dispenser	10
Full Size C-Fold Paper Towel Dispenser	10
Half Moon Trash Can	10
Linen Hamper w/ Lid	10
Dinamap	4
Biohazard Step Can, Red 8 gal	10
Infant Stethoscope	10
Adult Stethoscope	10

Moveable Equipment List: Patient Care Areas (cont'd)

Oxygen Regulator	10
Vacuum Regulator	10
Suction Canister	10
Stacking Footstool	10
Sofa - Sleeper	0
Recliner - Kangaroo Sleeper	10
Chair - Stacker	18
Table - 36" Round	7
Lounge Chair	6
Room ID Signage	10
Patient Communication Board	10
SOILED HOLDING X1 (251)	
Soap Dispenser	1
Soap Insert	1
Full Size C-Fold Paper Towel Dispenser	1
Gel Dispenser	1
Gel Insert	1
Drip Tray	1
Half Moon Trash Can	1
44gal Trash Can	1
Trash Can Dolly	1
Triple Glove Box Dispenser	1
Signage	1
ANTE X2 (225, 240)	
Soap Dispenser	2
Soap Insert	2
Gel Dispenser	2
Gel Insert	2
Drip Tray	2
Full Size C-Fold Paper Towel Dispenser	2
Half Moon Trash Can	2
Isolation Cart	2
Signage	2
CLEAN STORAGE X2 (245, 250)	
24x72 Wire Cart	5
O2 Tank Holder, Red	1
O2 Tank Holder, Green	1
24x60 Wire Cart	3
Signage	2
Neopuff	5
ANESTHESIA WORKROOM X1 (248)	
Soap Dispenser	1
Soap Insert	1
Gel Dispenser	1
Gel Insert	1
Drip Tray	1
Full Size C-Fold Paper Towel Dispenser	1
Half Moon Trash Can	1
18x60 Wire Cart	1
Desk - Straight 24x72 w/ 2 peds	2

Moveable Equipment List: Patient Care Areas (cont'd)

Chair - Task hard floor	2
Signage	1
TRIAGE X1 (202)	
Artwork	2
Hill-Rom OBGYN Stretcher	3
IV Pole	3
IV Pump	3
Syringe Pump	3
Digital Wep Diaper Scale	1
Full Size Wall Mount Sharps	3
Sharps Insert	3
Triple Glove Box Dispenser	3
Gel Dispenser	3
Gel Insert	3
Drip Tray	3
Soap Dispenser	1
Soap Insert	1
Full Size C-Fold Paper Towel Dispenser	1
Half Moon Trash Can	3
Oxygen Regulator	3
Vacuum Regulator	3
Suction Canister	3
Chair - Armless	1
Signage	1
Patient Monitor	3
PATIENT RESTROOM X1 (201)	
Soap Dispenser	1
Soap Insert	1
Drip Tray	1
Toilet Paper Dispenser	1
Full Size C-Fold Paper Towel Dispenser	1
Half Moon Trash Can	1
Signage	1
LACTATION X1 (236)	
Artwork	1
Recliner - Kangaroo	1
Chair - Armless	1
Table - Side	1
Soap Dispenser	1
Soap Insert	1
Full Size C-Fold Paper Towel Dispenser	1
Gel Dispenser	1
Gel Insert	1
Drip Tray	1
UTC Refrigerator	1
Half Moon Trash Can	1
Table - Side	1
Recliner - Kangaroo	1
Chair - with arms	1
Signage	1

Moveable Equipment List: Patient Care Areas (cont'd)

DICTATION X1 (274)	
Desk - Dictation x3	1
Task - Chair hard floor	3
Sofa - Standard	1
Office Style Trash Can	3
Shred Bin	3
Storage - Mobile Pedestal	3
STAFF LOUNGE X1 (243)	
Table - Rectangular 30x72	2
Table - Legs 4pk	2
Chair - Break Room	8
Refrigerator, Top Freezer	1
Microwave	1
44gal Trash Can	1
Trash Can Dolly	1
Soap Dispenser	1
Soap Insert	1
Full Size C-Fold Paper Towel Dispenser	1
Gel Dispenser	1
Gel Insert	1
Drip Tray	1
Signage	2
Whiteboard	1
Tackboard	1
ROOM WITH NEW CASEWORK X1 (282)	
Chair - Task hard floor	4
Storage - Mobile Pedestal	4
Office Style Trash Can	4
Shred Bin	4
Gel Dispenser	1
Gel Insert	1
Drip Tray	1
EXAM ROOM X1 (241)	
Task - Stool hard floor	3
Soap Dispenser	1
Soap Insert	1
Full Size C-Fold Paper Towel Dispenser	1
Gel Dispenser	1
Gel Insert	1
Drip Tray	1
Half Moon Trash Can	1
Full Size Wall Mount Sharps	1
Sharps Insert	1
Triple Glove Box Dispenser	1
Signage	1
Obstetric Simulator	1
MEDS X1 (230)	
Omniceil	1
UTC Refrigerator	1
Rx Destroyer	1

Moveable Equipment List: Patient Care Areas (cont'd)

Padlock	1
Soap Dispenser	1
Soap Insert	1
Full Size C-Fold Paper Towel Dispenser	1
Gel Dispenser	1
Gel Insert	1
Drip Tray	1
Half Moon Trash Can	1
Full Size Wall Mount Sharps	1
Sharps Insert	1
Triple Glove Box Dispenser	1
SOILED UTILITY X2 (231, 272)	
Soap Dispenser	2
Soap Insert	2
Full Size C-Fold Paper Towel Dispenser	2
Gel Dispenser	2
Gel Insert	2
Drip Tray	2
Half Moon Trash Can	2
44gal Trash Can	2
Trash Can Dolly	2
Triple Glove Box Dispenser	2
Signage	4
CLEAN UTILITY X2 (232, 244)	
IV Pole	2
18x72 Wire Cart	2
Soap Dispenser	2
Soap Insert	2
Full Size C-Fold Paper Towel Dispenser	2
Gel Dispenser	2
Gel Insert	2
Drip Tray	2
Half Moon Trash Can	2
Ice/Water Dispenser w/ Stand	1
Refrigerator, Top Freezer	1
Microwave	1
Chair - Stool 2	2
Signage	3
C-SECTION X1 (222)	
Artwork	1
24x48 Back Table	2
20x16 Back Table	3
20x25 Mayo Stand	1
Single Ring Stand	1
IV Pole	2
Anesthesia Machine w/ Monitor	1
Infant Warmer	1
Surgical Table	1
Stacking Footstool	2
Triple Glove Box Dispenser	3

Full Size Wall Mount Sharps	1
Sharps Insert	1
44gal Trash Can	2
Trash Can Dolly	2
Linen Hamper w/ Lid	1
Biohazard Step Can, Red 8 gal	1
Midmark 272 Stool, Mist	2
Anesthesia Chair	1
Bair Hugger	1
BIS Monitor	1
Anesthesia Cart	1
Desk - Small	1
Chair - Task hard floor	1
Room ID Sign	1
Pre-Procedural Board	1
Roller Board	1
Roller Board Rack	1
11mm Circumcision Clamp	3
13mm Circumcision Clamp	3
14.5mm Circumcision Clamp	3
Morgen Circumcision Clamp	3
5" Straight Mosquito	9
5" Operating Scissor	3
5-1/2" Probe	3
4-3/4" Adson Dressing Forceps	3
Stainless Cabinets	2
Cardiac Monitor	1
LDR W/RESTROOM X6 (205, 206, 207, 208, 209, 210)	
Artwork	7
Affinity 4 Birthing Bed	7
Bedside Cabinet	7
Infant Warmer	7
Overbed Table	7
Fetal Monitor	7
Fetal Monitor Cart	7
65" TV	7
TV Mount	7
Case Cart	7
Bassinett	7
Procedure Light	7
Midmark 272 Stool, Mist	7
Wall Mounted Thermometer	7
Wall Mounted BP Gauge	7
BP Cuffs	7
Wall Mounted Otoscope/Ophthalmoscope	7
IV Pole	7
IV Pump	7
Syringe Pump	7
Bassinett	7
Digital Wep Diaper Scale	7

Full Size Wall Mount Sharps	7
Sharps Insert	7
Triple Glove Box Dispenser	7
Gel Dispenser	7
Gel Insert	7
Drip Tray	7
Soap Dispenser	7
Soap Insert	7
Toilet Paper Dispenser	7
Full Size C-Fold Paper Towel Dispenser	7
Half Moon Trash Can	7
Linen Hamper w/ Lid	7
Biohazard Step Can, Red 8 gal	7
Infant Stethoscope	7
Adult Stethoscope	7
Oxygen Regulator	7
Vacuum Regulator	7
Suction Canister	7
Stacking Footstool	7
Sofa - Sleeper	7
Recliner - Kangaroo Sleeper	7
Table 36" Round	7
Chair - Stacking	14
Room ID Sign	7
Patient Communication Board	7
Straight Dissecting Scissors	7
Straight Mayo Noble Scissors	7
Mayo Hegar Needle Holder	14
Straight Ochsner Forceps	14
Hemostat Forceps	7
Crile Hemostat Forceps	14
Allis Tissue Forceps	14
Foerster Sponge Forceps	14
Dressing Forceps	7
Jackson Vaginal Retractor	7
Lukihart-Simpsons Forceps	4
WELL BABY X1 (204)	
Chair - Rocker	6
Bassinett	8
Oxygen Regulator	6
Vacuum Regulator	6
Med Air Regulator	6
Suction Canister	6
Triple Glove Box Dispenser	6
Full Size Wall Mount Sharps	6
Sharps Insert	6
Gel Dispenser	6
Gel Insert	6
Drip Tray	6
Soap Dispenser	6

Soap Insert	6
Full Size C-Fold Paper Towel Dispenser	6
Half Moon Trash Can	6
Linen Hamper w/ Lid	6
Biohazard Step Can, Red 8 gal	6
Infant Stethoscope	6
Digital Wep Diaper Scale	1
Waterless Milk Warmer	6
Signage	1
Cardiac Monitors	10
Otoscope Ophthalmoscope Desk Set	2
IV Pole	6
RECOVERY X1 (223)	
Artwork	1
Chair - Armless	2
Hill-Rom OBGYN Stretcher	2
IV Pole	2
IV Pump	2
Syringe Pump	2
Digital Wep Diaper Scale	2
Full Size Wall Mount Sharps	2
Sharps Insert	2
Triple Glove Box Dispenser	2
Gel Dispenser	2
Gel Insert	2
Drip Tray	2
Soap Dispenser	2
Soap Insert	2
Full Size C-Fold Paper Towel Dispenser	2
Half Moon Trash Can	2
Oxygen Regulator	2
Vacuum Regulator	2
Suction Canister	2
Digital Wep Diaper Scale	1
Signage	1
Patient Monitor	2
NURSERY ISO X1 (239)	
Chair - Rocker	1
Infant Warmer	1
Oxygen Regulator	1
Vacuum Regulator	1
Med Air Regulator	1
Suction Canister	1
Triple Glove Box Dispenser	1
Full Size Wall Mount Sharps	1
Sharps Insert	1
Gel Dispenser	1
Gel Insert	1
Drip Tray	1
Full Size C-Fold Paper Towel Dispenser	1

Half Moon Trash Can	1
Linen Hamper w/ Lid	1
Biohazard Step Can, Red 8 gal	1
Infant Stethoscope	1
Signage (put this by ante sign)	1
NURSE STATION X2 (276, 281)	
Chair - Task hard floor	9
Storage - Mobile Pedestal	9
Office Style Trash Can	9
Shred Bin	9
Blanket Warmer	2
Adult Crash Cart	2
Peds Crash Cart	1
Lifepak 15	2
Epidural Cart	2
Hemorrhage Cart	3
Epidural Pump	8
Breast Pump	5
Feeding Pump	3
Infant Vien Finder	1
Rapid Infuser	1
Bariatric Handrail Scale	1
Fetal Doppler	3
Vscan	1
Neonate Vent	1
Respiratory Equipment	1
Bladder Scanner	1
Hearing Screener	2
Glucometer	3
Temporal Thermometer	2
NURSERY WORKROOM X1 (242)	
Chair - Stool	3
Blanket Warmer	1
Office Style Trash Can	3
Shred Bin	3
Triple Glove Box Dispenser	2
Full Size Wall Mount Sharps	1
Sharps Insert	1
Soap Dispenser	2
Soap Insert	2
Gel Dispenser	3
Gel Insert	3
Drip Tray	4
Full Size C-Fold Paper Towel Dispenser	2
Half Moon Trash Can	2
Infant Otoscope/Ophthalmoscope	2
Bili Blanket	2
Bili Monitor	2
NURSERY X1 (203)	
Chair - Rocker	8

Dual Incubator	1
Infant Warmer	6
Bassinet	1
Nicview	8
Neoblu	1
Oxygen Regulator	24
Vacuum Regulator	24
Med Air Regulator	24
Suction Canister	24
Triple Glove Box Dispenser	8
Full Size Wall Mount Sharps	8
Sharps Insert	8
Gel Dispenser	8
Gel Insert	8
Drip Tray	8
Soap Dispenser	8
Soap Insert	8
Full Size C-Fold Paper Towel Dispenser	1
Half Moon Trash Can	1
Linen Hamper w/ Lid	1
Biohazard Step Can, Red 8 gal	1
Infant Stethoscope	8
Digital Wep Diaper Scale	1
Waterless Milk Warmer	8
Signage	1
IV Pole	8
MISCELLANEOUS	
Staff Only/Sterile Area Signage	4
Furniture Installation (Non-Steelcase)	1
Furniture Freight	1
Furniture Mileage	1
Architectural Room Numbers	1
Nurse Assignment Board	1
Ultrasound Machine	1
Ultrasound Table	1
Ultrasound Chair	1
IT	
Hardware, network, and telecom	
Centrak Infant Security system	
Epic, OBIX software and IT system builds	
Security Cameras	

Moveable Equipment List: Non-Patient Care Areas

LOCATION & DEPARTMENT: Deaconess Illinois Medical Center Marion OB - 2nd Floor Equipment and Furniture List Non-Patient Care Areas	
ITEM	QUANTITY
STORAGE X4 (200, 226, 233, 267)	
Signage	2
18x60 Linen Cart w/ Cover	6
18X60 Wire Cart	1
18x72 Wire Cart	1
EVS X2 (238, 266)	
Signage	2
OFFICE X1 (235)	
Desk - Straight 24x72 w/ 2 peds	2
Chair - Task carpet	2
Office Style Trash Can	2
Shred Bin	2
ELECTRICAL X1 (234)	
Signage	1
STAFF RESTROOM X1 (237)	
Signage	1
Drip Tray	1
Soap Dispenser	1
Soap Insert	1
Full Size C-Fold Paper Towel Dispenser	1
Half Moon Trash Can	1
MEN'S LOCKERS X1 (252)	
Bench	1
Signage	1
Half Moon Trash Can	1
Linen Hamper w/ Lid	1
Gel Dispenser	1
Gel Insert	1
Drip Tray	1
MEN'S LOCKER RESTROOM X1 (254)	
Signage	1
Drip Tray	1
Soap Dispenser	1
Soap Insert	1
Toilet Paper Dispenser	1
Full Size C-Fold Paper Towel Dispenser	1
Half Moon Trash Can	1
WOMEN'S LOCKERS X1 (253)	
Bench	1
Signage	1
Half Moon Trash Can	1
Linen Hamper w/ Lid	1
Gel Dispenser	1
Gel Insert	1
Drip Tray	1

Moveable Equipment List: Non-Patient Care Areas (cont'd)

WOMEN'S LOCKERS RESTROOM X1 (255)	
Signage	1
Drip Tray	1
Soap Dispenser	1
Soap Insert	1
Toilet Paper Dispenser	1
Full Size C-Fold Paper Towel Dispenser	1
Half Moon Trash Can	1
ANES CALL ROOM (SLEEP ROOM) X1 (247)	
Bed - Frame	1
Bed - Mattress	1
Table - Side	1
Desk - Small	1
Chair - Task hard floor	1
Signage - ID and Slider Sign	1
Gel Dispenser	1
Gel Insert	1
Drip Tray	1
Office Style Trash Can	1
Shred Bin	1
PHYSICIAN SLEEP ROOM X1 (246)	
Bed - Frame	1
Bed - Mattress	1
Table - Side	1
Desk - Small	1
Chair - Task carpet	1
Signage - ID and Slider Sign	1
Gel Dispenser	1
Gel Insert	1
Drip Tray	1
Office Style Trash Can	1
Shred Bin	1
FAMILY WAITING ROOM X1 (262)	
Artwork	3
Artwork	2
Chair - Lobby	9
Chair - Lobby Bariatric	5
Chair - Lounge 2 Seat	3
Table - Side	4
Table - Coffee	2
Chair - Lounge Rocker	4
Table - Square 30"	2
Table - Base 26"	2
Chair - Breakroom	8
Signage	1
Full Size C-Fold Paper Towel Dispenser	1
Half Moon Trash Can	1
Soap Dispenser	1
Soap Insert	1
65" TV	1

Moveable Equipment List: Non-Patient Care Areas (cont'd)

Tilt TV Mount	1
Office Style Trash Can	2
MISCELLANEOUS EXPENSES	
Furniture Install (Non-Steelcase)	1
Furniture Freight	1
Furniture Mileage	1
Architectural Room Numbers	1
Wayfinding within Unit	1
Stairwell ID and Regulatory	1
Wayfinding in Hospital/Unit Identifier	1

APPENDIX B

Physician Referral Letter

Francis H. Tsung, M.D., F.A.C.O.G.
 Catherine C. Schneider, M.D., F.A.C.O.G.
 Danielle K. Tomevl, M.D., F.A.C.O.G.
 Barenys Mukerji, M.D., F.A.C.O.G.
 Peter Roethling, M.D., F.A.C.O.G.
 Nasrah Achsampong, M.D., F.A.C.O.G.
 Dana A. Oberg, A.P.N., C.N.P.
 Kellie Lustenberger, A.P.N., C.N.P.



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April 1, 2026

John Kniery, Administrator
 Illinois Health Facilities and Services Review Board
 525 West Jefferson Street
 2nd Floor
 Springfield, IL 62761

Re: Deaconess Illinois Medical Center: Establishment of Inpatient Obstetric Services

Dear Mr. Kniery:

My name is Dr. Francis Tsung and I specialize in Obstetrics and Gynecology. My office address is located at the above addresses in both Carbondale and Herrin. In the 12-month period of Calendar Year 2025, I referred 425 patients from areas surrounding Marion, Illinois for inpatient obstetric and gynecological services. The numbers of patients, by ZIP code of residence, are included in the attached table. The patients were referred to the following facilities:

Facility	Number of Patients
Memorial Hospital of Carbondale	425

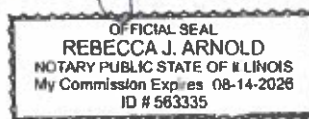
Deaconess Illinois Medical Center in Marion, Illinois would be a more convenient location for these area residents. If the Illinois Health Facilities and Services Review Board were to approve the obstetric inpatient service at Deaconess Illinois Medical Center, I estimate referring 425 patients annually to that facility within 24-months of the service's opening.

I verify by my notarized signature below that the above patient referrals have not been used to support another pending or approved Certificate of Need application.

Respectfully submitted,

Francis Tsung, M.D.

Subscribed and sworn to before me
 this 1st day of April, 2026
Rebecca J. Arnold
 Signature of Notary



Total Deliveries: 425

Table 1: All Deliveries by Zip Code with Corresponding County Labeled

Zip code	# of Deliveries	% of Total Deliveries	County
47620	1	0.235%	Posey County, IN
62233	3	0.706%	Randolph County, IL
62237	1	0.235%	Randolph County, IL
62272	3	0.706%	Randolph County, IL
62274	15	3.529%	Perry County, IL
62288	2	0.471%	Randolph County, IL
62340	1	0.235%	Pike County, IL
62450	1	0.235%	Richland County, IL
62812	11	2.588%	Franklin County, IL
62822	3	0.706%	Franklin County, IL
62832	25	5.882%	Perry County, IL
62864	1	0.235%	Jefferson County, IL
62865	6	1.412%	Franklin County, IL
62874	1	0.235%	Franklin County, IL
62884	1	0.235%	Franklin County, IL
62888	2	0.471%	Perry County, IL
62890	2	0.471%	Franklin County, IL
62891	2	0.471%	Franklin County, IL
62894	1	0.235%	Jefferson County, IL
62895	1	0.235%	Wayne County, IL
62896	10	2.353%	Franklin County, IL
62897	1	0.235%	Franklin County, IL
62901	34	8.000%	Jackson County, IL
62902	9	2.118%	Jackson County, IL
62903	3	0.706%	Jackson County, IL
62906	9	2.118%	Union County, IL
62907	5	1.176%	Jackson County, IL
62912	2	0.471%	Johnson County, IL
62915	1	0.235%	Williamson County, IL
62916	1	0.235%	Jackson County, IL
62917	6	1.412%	Saline County, IL
62918	50	11.765%	Williamson County, IL
62919	1	0.235%	Hardin County, IL
62920	6	1.412%	Union County, IL

62922	10	2.353%	Williamson County, IL
62924	4	0.941%	Jackson County, IL
62926	4	0.941%	Union County, IL
62930	1	0.235%	Saline County, IL
62931	1	0.235%	Hardin County, IL
62932	1	0.235%	Jackson County, IL
62933	3	0.706%	Williamson County, IL
62935	1	0.235%	Saline County, IL
62938	1	0.235%	Pope County, IL
62939	11	2.588%	Johnson County, IL
62941	1	0.235%	Pulaski County, IL
62942	1	0.235%	Jackson County, IL
62946	2	0.471%	Saline County, IL
62948	37	8.706%	Williamson County, Illinois
62950	1	0.235%	Jackson County, IL
62951	9	2.118%	Williamson County, IL
62952	3	0.706%	Union County, IL
62958	3	0.706%	Jackson County, IL
62959	62	14.588%	Williamson County, IL
62966	24	5.647%	Jackson County, IL
62967	1	0.235%	Johnson County, IL
62972	2	0.471%	Johnson County, IL
62974	4	0.941%	Williamson County, IL
62982	1	0.235%	Hardin County, IL
62983	2	0.471%	Franklin County, IL
62985	3	0.706%	Johnson County, IL
62987	2	0.471%	Saline County, IL
62992	1	0.235%	Pulaski County, IL
62994	4	0.941%	Jackson County, IL
62995	4	0.941%	Johnson County, IL
Total Deliveries	425		

Table 2: Deliveries By County in Alphabetical Order

County	# of Deliveries	% of Total Deliveries
Franklin County, IL	39	9.176%
Hardin County, IL	3	0.706%
Jackson County, IL	90	21.176%
Jefferson County, IL	2	0.471%
Johnson County, IL	23	5.412%
Pike County, IL	1	0.235%
Perry County, IL	42	9.882%
Pope County, IL	1	0.235%
Pulaski County, IL	2	0.471%
Randolph County, IL	9	2.118%
Richland County, IL	1	0.235%
Saline County, IL	12	2.824%
Union County, IL	22	5.176%
Wayne County, IL	1	0.235%
Williamson County, IL	176	41.412%
Posey County, IN	1	0.235%

Table 3: Deliveries by County Ranked by Percent of Total Deliveries

County	# of Deliveries	% of Total Deliveries
Williamson County, IL	176	41.412%
Jackson County, IL	90	21.176%
Perry County, IL	42	9.882%
Franklin County, IL	39	9.176%
Johnson County, IL	23	5.412%
Union County, IL	22	5.176%
Saline County, IL	12	2.824%
Randolph County, IL	9	2.118%
Hardin County, IL	3	0.706%
Jefferson County, IL	2	0.471%
Pulaski County, IL	2	0.471%
Pike County, IL	1	0.235%
Pope County, IL	1	0.235%
Richland County, IL	1	0.235%
Wayne County, IL	1	0.235%
Posey County, IN	1	0.235%

APPENDIX C

Shawnee Health (FQHC) Support Letter and Deliveries List



April 13, 2026

Debra Savage, Chair
Illinois Health Facilities & Services Review Board
525 W. Jefferson St., 2nd Floor
Springfield, IL 62761

Re: Support for Certificate of Need Application for
OB Services at Deaconess Illinois Medical Center

Dear Chairwoman Savage,

I am writing to express my support for the Certificate of Need application submitted by Deaconess Illinois Medical Center to establish obstetric services at its hospital in Marion. The southern Illinois region is widely recognized as an obstetric care desert, primarily due to the lack of options for hospital labor and delivery services. This expansion represents a critical step toward addressing a significant gap in essential healthcare services.

Currently, patients have limited options for delivery care which may result in long travel distances to access care. This creates unnecessary barriers, potential delays in care, and increased risk for both mothers and infants. Establishing OB services locally will greatly improve access, promote healthier outcomes, and provide much-needed support for families in our region.

This project will have a meaningful and lasting positive impact on the community. I, on behalf of Shawnee Health, support the application for OB Services at Deaconess Illinois Medical Center.

Thank you,

A handwritten signature in black ink that reads "Christina G. Carney".

Christina G. Carney, MBA, FACHE
CEO

Shawnee Health is a not-for-profit organization serving southern Illinois since 1972 • An equal opportunity employer and provider

109 California Street, P.O. Box 577, Carterville, IL 62918-0577 • p: (618) 519.9200 • f: (618) 985.6860

Shawnee Health
2025 OB Deliveries by Pt. Zip Code

ZIP Code	# Of Deliveries	County
62901	89	Jackson
62959	62	Williamson
62966	51	Jackson
62948	34	Franklin
62918	26	Williamson
62896	25	Franklin
62946	18	Saline
62951	16	Franklin
62903	14	Jackson
62832	13	Franklin
62930	11	Hardin
62906	11	Union
62233	11	Randolph
62272	10	Perry
62952	10	Johnson
62812	9	Franklin
62926	8	Union
62960	8	Massac
62890	7	Jefferson
62924	7	Franklin
62999	6	Williamson
62902	6	Jackson
62274	6	Perry
62958	5	Jackson
62933	5	Jackson
62949	5	Franklin
62974	5	Franklin
62920	4	Jackson
62970	4	Pulaski
62914	4	Alexander
62983	4	Pope
62884	3	Franklin
62286	3	Randolph
62995	3	Pulaski
62288	3	Randolph
62963	3	Pulaski
62939	3	Johnson
62917	3	Williamson
62988	3	Johnson

62907	2	Union
62280	2	Randolph
62928	2	Williamson
62938	2	Johnson
62932	2	Union
62869	2	Jefferson
62905	2	Union
62921	2	Williamson
62912	2	Alexander
62859	2	Jefferson
62931	2	Johnson
62997	2	Union
62915	2	Williamson
62972	2	Union
62822	2	Franklin
62864	2	Jefferson
62967	2	Johnson
62922	2	Williamson
62801	2	Marion
62976	1	Pulaski
62817	1	Jefferson
62994	1	Pulaski
62982	1	Jefferson
62977	1	Williamson
62263	1	Washington
62985	1	Johnson
62919	1	Pope
62835	1	Franklin
62865	1	Jefferson
62957	1	Union
62984	1	Johnson
62882	1	Washington
62992	1	Pulaski
62292	1	Randolph
62975	1	Williamson
62910	1	Alexander
62956	1	Union
62891	1	Washington
62942	1	Johnson
62255	1	Monroe
62264	1	Monroe
62819	1	Franklin
62888	1	Washington

62964	1	Pulaski
62987	1	Pope
62271	1	Clinton
62450	1	Richland
62841	1	Williamson
62935	1	Saline
62979	1	Gallatin
63775	1	Perry County, MO
37042	1	Montgomery County, TN
Grand Total	589	

County	Total Deliveries
Alexander, IL	7
Clinton, IL	1
Franklin, IL	121
Gallatin, IL	1
Hardin, IL	11
Jackson, IL	174
Jefferson, IL	16
Johnson, IL	25
Marion, IL	2
Massac, IL	8
Monroe, IL	2
Perry, IL	16
Pope, IL	6
Pulaski, IL	14
Randolph, IL	20
Richland, IL	1
Saline, IL	19
Union, IL	31
Washington, IL	4
Williamson, IL	108
Perry County, MO	1
Montgomery County, TN	1
Grand Total	589

APPENDIX D

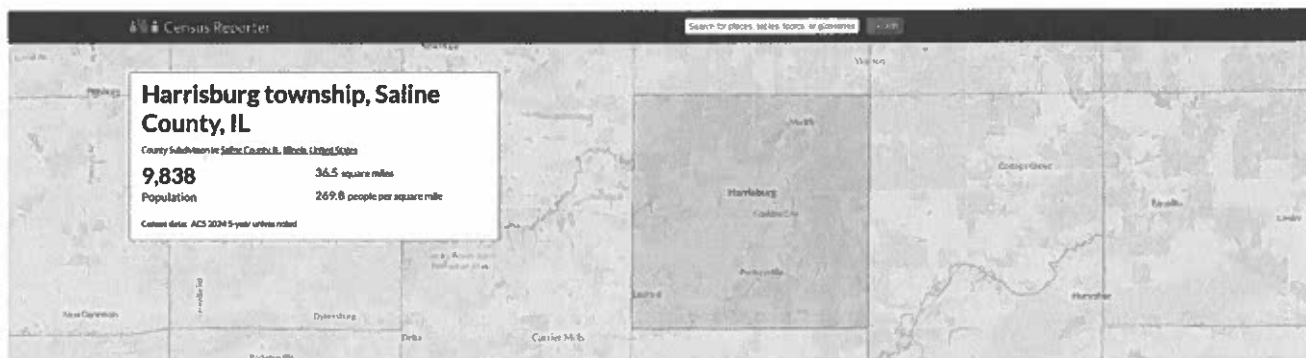
Population Data for P.A. F-05 and Harrisburg Township

2023 Inventory of Health Care Facilities and Services Planning Area F-05 Population

Illinois Health Facilities and Services Review Board Illinois Department of Public Health INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS MEDICAL-SURGICAL and PEDIATRIC Categories of Service Hospital Planning Area: F-05 12/18/2023 Page A- 44									
Hospital	City	CATEGORY OF SERVICE: Medical-Surgical				Beds	2021 Admissions	2021 Patient Days	
Ferrell Hospital	Eldorado					25	631	2,794	
Hamilton Memorial Hospital	McLeansboro					25	363	1,285	
Hardin County General Hospital	Rosiclare					25	539	1,906	
Harrishburg Medical Center	Harrishburg					46	701	3,507	
Medical-Surgical TOTAL						121	2,234	9,492	
Medical-Surgical/Pediatrics Planning Area Totals									
Patient Days by Age	2019	2020	2021	TOTAL	3 Year Average	2021 Population	Use Rates	2026 Population	Projected Days
0-14 Years Old	22	9	31	62	21	9,920	0.0021	9,370	20
15-44 Years Old	874	554	660	2,088	696	17,880	0.0389	17,220	670
45-64 Years Old	2,464	1,722	2,482	6,668	2,223	14,380	0.1546	13,060	2,019
65-74 Years Old	2,317	2,008	2,268	6,593	2,198	7,010	0.3135	7,090	2,223
75-up Years Old	5,467	3,815	4,051	13,333	4,444	5,900	0.7533	6,710	5,054
Out-Migration	In-Migration	Net Migration	Average Length of Stay	Migration Days	Adjustment Factor	Adjustment	Total Projected Days	Adjusted Days	
1,411	629	782	5,870	4,590	0.50	2,295	9,986	12,281	
Adjusted Days	Days In Year 2026	Adjusted Average Daily Census	Occupancy Target*	Adjusted Beds Needed	Existing Beds	Excess Beds			
12,281	365	34	0.80	42	121	79			

* If ADC less than 100 in Planning Area, Occupancy Target is 80%. If the Planning Area has ADC of 100-199, the Occupancy Target is 85%. If ADC is 200 or more, 90%.

Harrisburg Township Population



Source: <https://censusreporter.org/profiles/06000US1716533149-harrisburg-township-saline-county-il/>

APPENDIX E

Driving Distance Printouts

