Rochelle
Community Hospital
900 N. Second Street • Rochelle, IL 61068
Ph. (815) 562-2181 • Fax (815) 562-5474

June 29, 2026

Illinois Health Facilities and Services Review Board ("HFSRB")
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

RE: Project No. 26-025 – Rochelle Community Hospital
Letters of Support

Dear Members of the HFSRB,

As Chief Executive Officer of Rochelle Community Hospital ("RCH"), I am writing in strong support of this project.

As a Critical Access Hospital, our emergency department ("ED") serves as a vital frontline resource for the community and is often the first place people turn for urgent, life-saving care. Since 2017, RCH has been designated an Acute Stroke Ready Hospital, which reflects the level of acuity we are equipped to handle and the importance of having reliable ED capacity to respond quickly when minutes matter.

In recent years, we have seen steady growth in our ED volume, including more patients presenting in acute behavioral health crisis and other high-acuity conditions that require extended monitoring. At the same time, it has become more difficult to transfer patients to facilities that can provide a higher level of specialized care due to capacity limitations at those facilities. As a result, our patients—especially those in behavioral health crisis—often remain in the ED for extended periods while waiting for placement. These stays can last many hours and, in some cases, several days.

This creates ongoing pressure on our department. Patients often remain in treatment rooms that are not optimally designed for the specialized needs of behavioral health patients, and those same rooms are then unavailable for other patients presenting with emergent conditions. This dynamic reduces operational efficiency and delays timely access to emergency care.

The proposed project will directly address these challenges. Expanding the ED—especially with rooms designed for behavioral health patients—will help us better manage patient flow, support a more appropriate care environment, and improve patient and staff experience. Without this investment, these capacity pressures will become harder to manage as demand increases.

The impact of timely emergency care is something we see every day. One example is Brian Johnson, retired Chief of the Rochelle Fire Department, whose story is shared in the enclosed RCH Community Newsletter. Mr. Johnson received rapid, life-saving care from our ED stroke team

before being transferred for additional treatment. Stroke care depends on quick action, and his experience highlights how critical it is for our ED to be ready and able to respond without delay.

The planned relocation of Convenient Care will help by directing lower-acuity patients to the right setting, improving triage at the front end. But even with that change, it will not address the need for additional ED rooms—particularly for behavioral health patients who require longer stays and closer observation.

From an organizational and community perspective, this project is essential. It will help us improve access to care, manage growing demand, and ensure we continue to deliver high-quality emergency care to Rochelle and the surrounding communities.

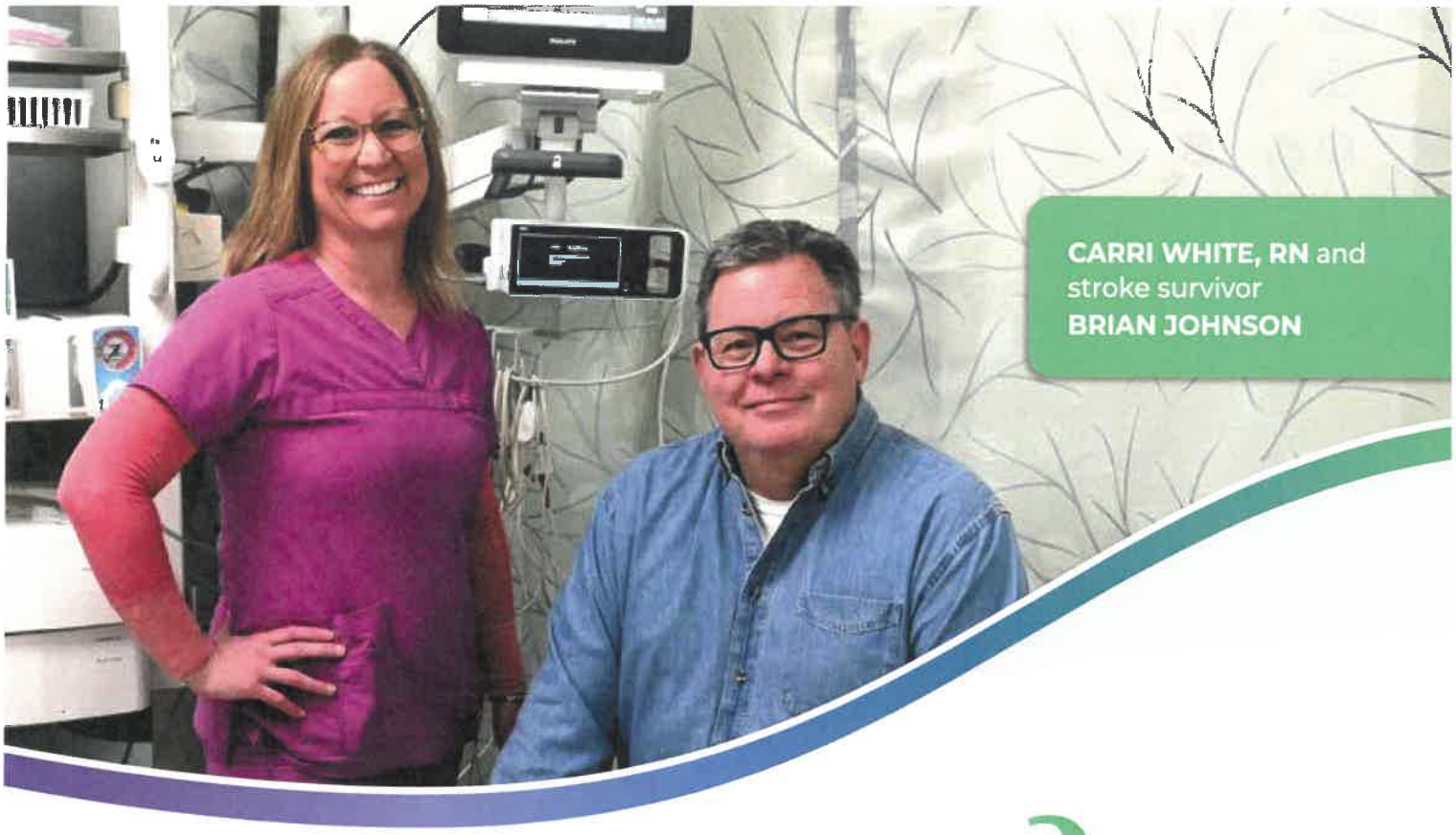
For these reasons, I ask for your approval of this project.

Sincerely,

Karen Tracy

Karen Tracy, RN,
Chief Executive Officer

Enclosures – 2022 RCH Community Newsletter, pages 4-5.



CARRI WHITE, RN and stroke survivor BRIAN JOHNSON

Fast Response *Saves* First Responder

STROKE CARE TEAM PROVIDES SPEEDY, COMPASSIONATE CARE WHEN IT MATTERS MOST

When it comes to stroke care, time is of the essence. Healthcare providers must be quick-thinking and attentive in recognizing and diagnosing stroke symptoms — and providing much-needed care — but must also do so in a manner that's calming and comforting to patients.

Serving more than three decades as a first responder, lifelong Rochelle resident Brian Johnson understood the importance of both efficiency and compassion when it came to emergency care. But on a cold, winter night in 2013, he experienced firsthand just how important these qualities are.

Brian, a 34-year veteran and retired chief of the Rochelle Fire Department, doesn't remember much about the events of January 31, 2013. In those early morning hours, his wife, Dawn, was awakened to the sound of Brian falling out of their bed. Unable to speak and with no motor function in his right side, Dawn immediately recognized he had suffered a stroke and called 911, after which he was transported by ambulance to the Rochelle Community Hospital Emergency Department.

"When I got there, the attitude was really good. They were taking care of me right away," Brian said. "Carri White, RN took care of me and she was next to my side most of the time during all the procedures. Dr. Christopher Berg was in the room right away, and of course, he knew what the stroke was. So, as soon

as Carri was done doing the vitals and all that, they took me to the CT scan right away to see what was going on in my brain."

Imaging revealed Brian had suffered a stroke on the left side of his brain — by the time he arrived at Rochelle Community Hospital, the clot was gone.

Acting quickly, the stroke team transferred him to a hospital in Winfield after less than an hour, Brian said.

"I was probably there for like 40 minutes. They didn't waste time getting me to the right place," Brian said. "So, they're pretty fast. Working as an EMT for 34 years, I took a lot of patients to the ER, so I knew the people — I was at ease. They were efficient. They didn't waste time. They took care of me."

Additionally, Brian said he was extremely grateful for the kind, empathetic care he received from Rochelle Community Hospital.

Brian said knowing he received compassionate care from people he knew helped put him at ease. "They knew me — that was one of the best things about it," he said. "I wasn't in a hospital where I didn't know anybody, so I had the same feeling other people have when you're at a smaller hospital like RCH. I just felt comfortable."

After completing rehabilitation in Rockford, Brian returned to work at the fire department until his retirement in 2015. Though his speech and motor functions aren't quite at the level they were before the stroke, Brian said he's now doing very well.

BRIAN JOHNSON (right) and his son **BEN** — 2012

Brian credits Rochelle Community Hospital and the efficient, compassionate emergency care with not only his personal wellness, but also the health, safety, and well-being of the community.

"During my shifts before as chief, when I came in there, the providers were taking care of critical patients right away," Brian said. "I'd have people come in there with severe injuries and their staff is on the scene right away. They know what's going on and they do the best they can. They know right away whether to keep the patient in Rochelle or transfer that person."

As a father of two — including a second-generation firefighter — and grandfather of five, Brian calls Rochelle Community Hospital a vital community service that he entrusts to care for his entire family.

"We would never bypass that hospital for any reason," Brian said. "They know what they're doing. They're vital to the community — no doubt about that."

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

Ogle County
Rochelle
CON - Partial Demolition, Rehabilitation for Relocation and Expansion of Emergency Department, Urgent Care, and Radiology
Rochelle Community Hospital - 900 N. 2nd St.

IHFSRB, SHPO Log #016042026

May 7, 2026

Rebecca Lindstrom
Ice Miller LLP
200 W. Madison, Suite 3500
Chicago, IL 60606-3417

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 properties exist within the project area. Our office did not conduct an archaeological review because no ground disturbing activity in included in the application.

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

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. If narrative description is longer than the space available, it must be put as a labeled attachment (Attachment Narrative Description).

Rochelle Community Hospital Association ("Rochelle Community Hospital" or "RCH" or "Applicant") is a 17-bed critical access hospital that provides inpatient, outpatient, and emergency care services. RCH is located in Rochelle, Illinois, a community of approximately 9,500 residents located 108 miles west of Chicago in Ogle County, which is designated as a rural area by the Federal Office of Rural Health Policy.

The proposed project is a much-needed, carefully planned modernization initiative designed to address functional limitations and infrastructure issues associated with a dated hospital campus and better align existing services with current standards of care and community needs. The project includes the relocation and expansion of the existing 6-station Emergency Department ("ED") into a 10-station ED that is appropriately sized to better accommodate current utilization, future demand, and behavioral health needs in the community. To support emergency services and maintain stroke readiness, the Radiology Department will be relocated adjacent to the ED, allowing for improved care coordination and replacement of an outdated nuclear medicine machine that could not otherwise be accommodated within the size constraints of the current department. The existing Convenient Care will also be relocated adjacent to the ED, enabling shared staffing for triage functions and improving access to walk-in care for non-emergent conditions. In addition, the Laboratory Department will be relocated and expanded to provide adequately sized clinical and support spaces that enhance workflow efficiency and support modern diagnostic capabilities. The project includes removal of an existing aging building (more than 80 years old) on the hospital campus to allow for construction of a new structure on the same site, which will house the relocated ED, Radiology Department, Convenient Care, and Laboratory Department. The project further reconfigures campus access to improve wayfinding and operational efficiency by establishing a clearly defined primary public entrance for hospital services and a separate access point dedicated to materials management and deliveries. The majority of the hospital's infrastructure systems are beyond their useful life and in need of major upgrades or replacement. The project will proactively address these conditions while ensuring compliance with current code requirements, accessibility standards, and applicable environmental regulations. Collectively, these improvements will modernize critical hospital infrastructure, enhance patient access and safety, and ensure the facility is positioned to meet current and future community needs.

The total project cost is $48,579,513.

The project is classified as "non-substantive" under the regulations of the Illinois Health Facilities and Services Review Board ("HFSRB").

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: Rochelle Community Hospital	**CITY: Rochelle**				
REPORTING PERIOD DATES:	**From: 1/1/2025**		**to: 12/31/2025**		
Category of Service	**Authorized Beds**	**Admissions**	**Patient Days**	**Bed Changes**	**Proposed Beds**
Medical/Surgical	**13**	**263**	**751**	N/A	N/A
Obstetrics	N/A	N/A	N/A	N/A	N/A
Pediatrics	N/A	N/A	N/A	N/A	N/A
Intensive Care	**4**	**0**	**0**	N/A	N/A
Comprehensive Physical Rehabilitation	N/A	N/A	N/A	N/A	N/A
Acute/Chronic Mental Illness	N/A	N/A	N/A	N/A	N/A
Neonatal Intensive Care	N/A	N/A	N/A	N/A	N/A
General Long-Term Care	N/A	N/A	N/A	N/A	N/A
Specialized Long-Term Care	N/A	N/A	N/A	N/A	N/A
Long Term Acute Care	N/A	N/A	N/A	N/A	N/A
Other (identify)	N/A	N/A	N/A	N/A	N/A
TOTALS:	**17**	**263**	**751**	N/A	N/A

Attachment 12 - Purpose of Project

Background, Planning Area/Service Area, & Identified Community Health Needs

Rochelle Community Hospital ("RCH") is a 17-bed Critical Access Hospital ("CAH") located in Rochelle, Illinois, a community of approximately 9,500 residents in Ogle County, 108 miles west of Chicago. The service area is federally designated as both a Primary Care and Mental Health Health Professional Shortage Area ("HPSA") and is recognized as rural by the Federal Office of Rural Health Policy.[1] These designations underscore the limited availability of healthcare resources and the essential role RCH plays in ensuring access to care.

While physically located in Rochelle, RCH serves a broader regional population, including Ogle and Lee Counties and portions of DeKalb County. As documented in RCH's 2025 Community Health Needs Assessment ("CHNA"),[2] approximately 70% of patient volume originates from Rochelle and more than 90% from Ogle and Lee Counties. The service area reflects a diverse demographic profile with significant variation in healthcare needs. Notably, while older adults represent 20% of the population, the cohort aged 75 and older is the fastest growing segment, with projected growth of 16% over five years, indicating increasing demand for complex and acute care services.

Consistent findings from the RCH CHNA, supporting qualitative and quantitative analyses,[3] and county-level assessments in Ogle and Lee Counties[4] identify three primary and interrelated community health priorities:

- Behavioral health, including mental health and substance use disorders
- Access to healthcare services
- Chronic disease and obesity

These needs are particularly pronounced in this rural and underserved region, where provider shortages, limited specialty services, and transportation barriers constrain timely access to care and place increased reliance on RCH as a primary point of service.

RCH Campus History, Existing Conditions, and Operational Constraints

RCH was established in 1913, with the current campus at 900 North Second Street developed in 1944 and subsequently expanded over several decades. Key additions include a 1968 expansion housing the existing Laboratory and Radiology Departments, a 1990s addition for Convenient Care, a 2003 addition for the existing Emergency Department, and a medical office building constructed in 2016. While these expansions have enabled RCH to grow with its community, they have also resulted in a facility composed of multiple construction vintages integrated over more than 80 years (see image below).

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[1] HRSA HPSA Designation and FORHP Rural Designation, **Attachment 12-A.**
[2] RCH 2025 CHNA, **Attachment 12-B.**
[3] April 2022 report detailing focus group findings, key stakeholder interviews, and secondary data analysis, included as **Attachment 12-C.**
[4] Ogle County 2025 CHNA and IPLAN 2020, **Attachment 12-D,** and Lee County Health Department IPLAN 2021 and CHNA and 2025 CHNA, **Attachment 12-E.**