

09-050

# Murer Consultants, Inc.

58 North Chicago Street  
7th Floor  
Joliet, IL 60432  
815-727-3355 Telephone  
815-727-3360 Telefax

October 1, 2009

George Roate  
CON Reviewer  
Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, IL 62761

**RECEIVED**

OCT 01 2009

HEALTH FACILITIES &  
SERVICES REVIEW BOARD

**Re: Project 09-050, Ambulatory SurgiCenter of Downers Grove, Ltd.**

*Via: Email*

Dear Mr. Roate:

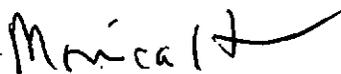
I received your email dated September 22, 2009, indicating that there were four (4) discrepancies found in the Certificate of Need application submitted for the Ambulatory SurgiCenter of Downers Grove (Project 09-050).

Please find enclosed materials intended to address those noted discrepancies, including:

1. A valid copy of the facility's Certificate of Good Standing.
2. A revised page 6 indicating an appropriate project completion date.
3. Criterion 1120.310(d): An explanation of the project's total effect on operating costs.
4. Criterion 1120.310(3): An explanation of the project's total effect on capital costs.

It is my understanding that these materials should complete the application and that it will be considered at the Board's March 2010 meeting. If this understanding is incorrect or additional information is needed to complete the application, please contact the undersigned at 815-727-3355.

Sincerely,



Monica Hon, JD  
Vice President

## SUPPLEMENTAL MATERIALS

File Number

5683-702-7



**To all to whom these Presents Shall Come, Greeting:**

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

AMBULATORY SURGICENTER OF DOWNERS GROVE, LTD., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 15, 1992, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, 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 24TH  
day of SEPTEMBER A.D. 2009*

*Jesse White*

Authentication #: 0926700905  
Verify at [www.cyberdriveillinois.com](http://www.cyberdriveillinois.com)

SECRETARY OF STATE

**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 \$ 0

**Project Status and Completion Schedules**

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): April 1, 2010

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

- Purchase orders, leases or contracts pertaining to the project have been executed.  
 Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON contingencies.  
 Project obligation will occur after permit issuance.

**State Agency Submittals**

Are the following submittals up to date as applicable:

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

**Criterion 1120.310 (d) – Total Effect of the Project on Operating Costs**

Operating costs for the Ambulatory SurgiCenter of Downers Grove totaled \$2,038,886.35 in the year 2008. This amount includes salaries, benefits, supplies, etc.

In the first full fiscal year of operation after project completion (2011), operating expenses are estimated to increase by approximately \$50,000. This would include additional medical supplies required by urology and general surgery cases. This would bring the facility's operating expenses to an estimated \$2,088,886.35.

Current staffing levels at the Ambulatory SurgiCenter of Downers Grove are expected to be sufficient to absorb the additional caseload experienced after the transition to a multi-specialty ASTC license. However, in the event that additional support staff is needed to accommodate the increase in surgical procedures and best meet the needs of patients, the Ambulatory SurgiCenter of Downers Grove will consider hiring an additional registered nurse. If such a hire is necessary, it would likely increase operating expenses by an additional \$80,000, bringing the total to \$2,168,886.35.

**Criterion 1120.310(e) – Total Effect of the Project on Capital Costs**

The Ambulatory SurgiCenter of Downers Grove expects to expend approximately \$50,000 in capital costs as a result of this project. This includes legal and consulting fees and any small pieces of equipment, such as surgical trays, that may be necessary to accommodate additional general surgery and urology patients. These additional costs should have little or no impact on total capital costs in 2011, as one-time consulting fees will have already been paid and necessary equipment will be purchased on an as-needed basis as the facility's surgery load gradually increases. No major pieces of equipment will be required, and no changes to the facility's existing physical space will be necessary.