

10-002



St. Margaret's Health

St. Margaret's Hospital

SMP Health System

600 East First Street
Spring Valley, IL 61362
(815) 664-5311
www.aboutsmh.org

Fax Cover Page

To: George Roate From: St. Margaret's Hospital
 Date: 01/26/10 Name: Mary Mattes, Vice President of Nursing
 Fax Number: 217-785-4111 Phone Number: 815-664-1561
 Number of Pages: 2 Fax Number: 815-664-1195
 Including Cover Page

Subject: Completion of Page 6 of SMH CON Application **RECEIVED**
 JAN 26 2010

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HEALTH FACILITIES & SERVICES REVIEW BOARD

Comments: _____

Dear George: _____

Please find the completion of Page 6 as directed by you during our
 conversation. As stated, completion of this will make us eligible for
 presentation at the April 20th Board Meeting. Please feel free to call
 me with any additional questions at 815-664-1561.

Mary Mattes, RN, MSN, NE-BC
 Vice President of Nursing
 St. Margaret's Hospital

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:

<p>Land acquisition is related to project <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Purchase Price: \$ _____</p> <p>Fair Market Value: \$ _____</p>
<p>The project involves the establishment of a new facility or a new category of service <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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.</p> <p>Estimated start-up costs and operating deficit cost is \$ _____.</p>

Project Status and Completion Schedules

<p>Indicate the stage of the project's architectural drawings:</p> <p><input type="checkbox"/> None or not applicable <input type="checkbox"/> Preliminary</p> <p><input type="checkbox"/> Schematics <input type="checkbox"/> Final Working</p>
<p>Anticipated project completion date (refer to Part 1130.140): <u>October 29, 2010</u></p>
<p>Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140):</p> <p><input type="checkbox"/> Purchase orders, leases or contracts pertaining to the project have been executed.</p> <p><input type="checkbox"/> Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON contingencies.</p> <p><input checked="" type="checkbox"/> Project obligation will occur after permit issuance.</p>

State Agency Submittals

<p>Are the following submittals up to date as applicable:</p> <p><input type="checkbox"/> Cancer Registry</p> <p><input type="checkbox"/> APORS</p> <p><input type="checkbox"/> All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted</p> <p><input type="checkbox"/> All reports regarding outstanding permits</p>
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