

June 7, 2011

Ms. Courtney R. Avery  
Administrator  
Illinois Health Facilities and Services Review Board  
525 West Jefferson  
Second Floor  
Springfield, Illinois 62761

**RECEIVED**

JUN 08 2011

HEALTH FACILITIES &  
SERVICES REVIEW BOARD

Subject: Project No. 10-090, Centegra Hospital-Huntley

Dear Ms. Avery:

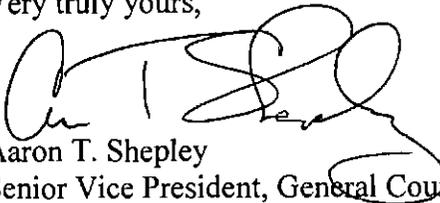
Attached please find the following documents in hard copy as well as on flash drive:

- Letter from Andrea Rozran, President of Diversified Health Resources;
- Detailed summary of deficiencies of certificate of need application to establish Mercy Crystal Lake Hospital and Medical Center, Inc., CON application #10-089; and
- Appendices A-D in support of the above mentioned deficiencies.

These are being submitted to you for substitution under Exhibit B, Attachment 3 in the packet forwarded to you yesterday from Centegra CEO, Michael Eesley.

Thank you for your cooperation.

Very truly yours,



Aaron T. Shepley  
Senior Vice President, General Counsel  
Centegra Health System

ATS:drm  
Enclosures

**DIVERSIFIED**  
 **HEALTH  
RESOURCES** INC.

65 E. Scott Street, Suite 9A, Chicago, IL 60610  
312/266-0466 Fax 312/266-0715

June 6, 2011

Mr. Aaron T. Shepley  
Senior Vice President and General Counsel  
Centegra Health System  
385 Millennium Drive  
Crystal Lake, Illinois 60012

Dear Aaron:

Attached is an analysis of the certificate of need (CON) application Project #10-089, submitted to the Illinois Health Facilities and Services Review Board for the establishment of Mercy Crystal Lake Hospital and Medical Center.

Diversified Health Resources, has been in business for more than 30 years, providing consultation services to hospitals and multi-hospital systems in the areas of planning, regulation (including certificate of need and hospital licensure) to hospitals in Illinois and other states. Both Marshall S. Yablon, Chairman, and I have extensive experience in preparing as well as analyzing CON applications. Our relationship with Centegra Health System and its predecessor corporations began in 1980, when we prepared the CON application for the replacement of McHenry Hospital as the Northern Illinois Medical Center.

It has been our privilege to serve Centegra Health System through the years, using our professional expertise in the areas of health care management, health care planning, and the regulatory process to assist you in the fulfillment of your health system's mission.

Sincerely,



Andrea R. Rozran  
President

**DETAILED SUMMARY OF DEFICIENCIES  
OF CERTIFICATE OF NEED APPLICATION TO ESTABLISH  
MERCY CRYSTAL LAKE HOSPITAL AND MEDICAL CENTER, INC.  
CON APPLICATION #10-089**

**ANALYZED AND PREPARED BY DIVERSIFIED HEALTH RESOURCES, INC.  
JUNE 6, 2011**

A Certificate of Need (CON) application was submitted to the Illinois Health and Services Review Board (HFSRB) to establish a hospital named Mercy Crystal Lake and Medical Center in Crystal Lake, Illinois.

Upon receipt by the HFSRB, the CON application was identified as Project Number 10-089.

Under the Rules of the HFSRB (77 Ill. Adm. Code 1130. The application was deemed to have been received on December 30, 2010 (77 Ill. Adm. Code 1130.620.d.3), at which time it underwent a "completeness review" in accordance with 77 Ill. Adm. Code 1130.620.d.

During the "completeness review," the HFSRB notified the co-applicants, Mercy Crystal Lake Hospital and Medical Center and Mercy Alliance, Inc., of the need to submit additional information. The requested information was submitted on January 7, 2010.

On January 10, 2011, the application was declared "complete" and eligible for review against the applicable review criteria for the project, which are specified in 77 Ill. Adm. Code 1110.

During the review period, the applicants have filed 3 additional submissions with the HFSRB.

- On January 21, 2011, the co-applicants filed a 22-page submission that it identified as "corrected pages of these minor technical errors," submitted after they "noted some minor calculation errors." In the cover letter to this submission, Dan Colby, Vice President of Mercy Health System, stated that these pages were being submitted "for inclusion in our application." The HFSRB stamped this submission as received on January 24, 2011, and titled it as "Replacement Application Pages" when posting it on their website ([www.hfsrb.illinois.gov/CompApps.htm](http://www.hfsrb.illinois.gov/CompApps.htm)).
- On March 1, 2011, the HFSRB received an additional copy of the same cover letter and pages of the CON application that had been sent on January 21, 2011, and received by that agency on January 24, 2011. The HFSRB posted the duplicate submission on its website without indicating that it was a duplicate of materials received on January 24, 2011. The HFSRB identified this submission as having been received on March 1, 2011, and titled it as "Corrected Application Pages" when posting it on their website.

As a result of this duplicate submission, any information referenced as having been part of the March 1, 2011, submission by the co-applicants was actually part of their January 21, 2011, submission, which was received by the HFSRB on January 24, 2011.

- On May 13, 2011, the co-applicants filed a 69-page submission in response to 2 separate requests for additional information made on May 3, 2011, and May 5, 2011, by Michael Constantino, Project Review Supervisor of the HFSRB. This request was hand-delivered and received by the HFSRB on the same day. The HFSRB identified this submission as having been received on May 13, 2011, and titled it as "Requested Information" when posting it on their website.

Thus, the co-applicants have filed a total of 4 supplemental submissions with the HFSRB with corrections, clarifications, or elaborations of material included in their original CON application, and these submissions constituted 3 different sets of information because 1 of the supplemental submissions was a duplicate of a previous submission.

Despite all of the material that has been provided, this CON application continues to be incomplete and fails to meet the CON Rules for the following reasons.

- The CON application lacks information required for this CON application, based upon the project description and identification of services that are included.
- The co-applicants have failed to provide required information, ignored a number of applicable Illinois CON Rules, and failed to meet the requirements specified in a number of the CON Rules.
- The CON application includes conflicting data, and it is not possible to determine which data are accurate.
- The CON application includes inaccurate statements and information.
- The CON application includes data that contradicts the co-applicants' assertions that the project is reasonable.
- The CON application includes assertions and information that are not credible.

The balance of this Summary provides an analysis of the conclusions stated above. The dates referenced in this analysis will be the dates shown on the submission cover letters.

**I. The CON application does not include all of the required information.**

1. Page 8 of CON Application Form: Facility Bed Capacity and Utilization

This page is marked "N/A" and left blank. As a result, there is no identification of proposed beds by Category of Service, and it is not possible to reconcile the conflicting numbers reported for beds, which are discussed later in this analysis.

2. Page 9 of CON Application Form: Certification

Only 1 copy of the Certification is submitted for both Mercy Alliance, Inc., and Mercy Crystal Lake Hospital and Medical Center, Inc. The HFSRB's Instructions state "The application must be signed by the authorized representative(s) of each applicant entity."

Because there is only a single Certification page, there is only 1 set of signatures for the 2 co-applicants: Dan Colby and Richard H. Gruber. It cannot be determined whether these 2 signators are officers of both co-applicant entities or of only one of them.

3. Page 45 of CON Application Form: Criterion 1110.3030 – Clinical Service Areas Other than Categories of Service

This page is not included in the original CON application or subsequent submissions.

This application page is required to be completed by all "applicants proposing to establish, expand and/or modernize Clinical Service Areas Other than Categories of Service," which includes Newborn Nurseries and all ancillary clinical services (e.g. Surgery, Recovery, Stage II Recovery, Emergency, Diagnostic Imaging, Labor/Delivery/Recovery).

Although Attachment 37 was included in the supplementary materials submitted on May 13, 2011, the data required on this application page were not included in those materials.

4. Attachment 3: Operating Identity/Licensee:

Three Certificates of Good Standing are provided in this Attachment, none of which is for the Operating Entity/Licensee identified on Page 2 of application form: "Mercy Crystal Lake Hospital and Medical, Inc."

The 3 Certificates of Good Standing are for Mercy Crystal Lake Hospital and Medical Center, Inc., Mercy Alliance, Inc., and Mercy Health System Corporation.

- a. "Mercy Crystal Lake Hospital and Medical, Inc." is not a corporation registered with the Illinois Secretary of State's office.

It is unknown whether the use of the name of "Mercy Crystal Lake Hospital and Medical, Inc." is a typographical error and that the intended name is "Mercy Crystal Lake Hospital and Medical Center, Inc."

- b. Also, why are the 2 Certificates of Good Standing for different corporations provided for this Attachment when neither is for the Operating Entity/Licensee?

That would be the case whether the Operating Entity/Licensee is stated correctly in the CON application as Mercy Crystal Lake Hospital and Medical, Inc., or

whether it is identified incorrectly and should be shown as Mercy Crystal Lake Hospital and Medical Center, Inc.

5. Attachment 4: Organizational Relationships:

- a. Incomplete data is provided for this Attachment because there is no response to the request for a description "of the interest and amount and type of any type of financial contribution" of any person or entity who is related to the co-applicants, which are Mercy Crystal Lake Hospital and Medical Center, Inc., and Mercy Alliance, Inc.
- b. The Operating Identity/Licensee shown on Page 2 of the CON application is Mercy Crystal Lake and Medical, Inc., which is not identified on the Organization Chart found on Page 66.
- c. The site is owned by Mercy Health System Corporation, Inc., which is a related party to Mercy Alliance, Inc., but is neither a co-applicant for this project nor a parent to the operator of the proposed hospital, which is identified in the CON application as Mercy Crystal Lake Hospital and Medical, Inc.

This Attachment does not describe the relationship between Mercy Health System Corporation, Inc., and Mercy Crystal Lake Hospital and Medical, Inc., regarding this project, and the CON application does not include a ground lease for the site.

6. Attachment 5: Flood Plain Requirements:

Incomplete data is provided for this Attachment because this Attachment does not include the required "statement attesting that the project complies with the requirements of Illinois Executive Order #2005-5."

7. Attachment 6: Historic Resources Preservation Act Requirements:

The letter submitted from Illinois Historic Preservation Agency is dated February 11, 2009, and it states that the "clearance remains in effect for two (2) years from date of issuance."

Although the CON application was submitted less than 2 years from the date of issuance of this letter, this project is being reviewed more than 2 years after the date on the letter, which means that the clearance letter is no longer in effect.

8. Attachment 9: Cost Space Requirements

The costs shown in this Attachment are unresponsive to the instructions for completing this Attachment.

Page 7 of the CON Application states: "The sum of the department costs MUST equal the total estimated project cost."

Contrary to the instructions for this Attachment, the costs shown appear to be construction costs only, since they agree with the construction costs shown in Cost and Gross Square Feet by Department or Service ( Pages 187-188).

9. Attachment 11: Background of Applicant

This Attachment does not include the required "certified listing of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application."

The application includes the required statement on hand-stamped Page 86, but this statement is neither signed nor notarized, and, as such, it does not constitute a "certified listing."

10. Attachment 25: Cardiac Catheterization

Submission of Attachment 25 (Review Criterion 1110.1330) is required for all projects proposing to establish a Cardiac Catheterization Category of Service.

The CON application does not include Attachment 25, Cardiac Catheterization, although there is an allocation of 6,729 DGSF and \$2,846,367 for Cardiac Catheterization Laboratories shown in Attachments 7 (Page 71), 9 ( Page 79), some pages of Attachment 14 (Corrected Page 120, Pages 124 and 126), and Cost and Gross Square Feet by Department or Service ( Page 187). In addition, the listing of "Moveable or Other Equipment" submitted as Exhibit I on May 13, 2011, lists \$3,875,496 for the Cardiac Catheterization Laboratories. It should be noted that at least \$973,000 of this \$3,875,496 is medical equipment for other departments (i.e., Echo/Ultrasound, Vascular Lab, EKG, PFT, EEG/EMG/Holter/Tilt Table), but 2 Cardiac Catheterization Systems totaling \$2,400,000 are shown in this listing (May 13, 2011, Exhibit I, Attachment 7b, Pages 72b-j).

Despite the identification of square footage and construction and equipment costs for the establishment of a Cardiac Catheterization Category of Service with 2 Cath Laboratories, the required documentation is missing for justification of the establishment of this Category of Service, and there is no mention of Cardiac Catheterization on Page 119 of Attachment 14 or in Attachment 15.

Therefore, this application does not include any justification for the establishment of a Cardiac Catheterization Category of Service, and the application includes 6,729 DGSF of shell space as well as more than \$5,700,000 in project costs because a Cardiac Catheterization Suite cannot be established in the identified space without justifying the establishment of this Category of Service.

**II. The application includes conflicting data, and it is not possible to determine which data are accurate.**

1. The CON application, together with all supplementary submissions, modifications, and corrections through May 13, 2011, contains conflicting project costs.

The conflicting data is found on Page 5 of CON Application Form: Project Costs and Sources of Funds, Page 7 of the Application Form (a page on which the co-applicants completed the template form for Attachment 9), Attachment 7 ( Page 71), Attachment 9 (Page 79), and Attachment 42 (Cost and Gross Square Feet by Department or Service, Pages 187-188). These conflicts are not resolved by the co-applicant's May 13, 2011, submission of supplementary information for both Project Costs and Sources of Funds and Attachment 7.

- a. Although the Total Estimated Project Costs on Page 5 of the CON Application Form were modified twice ("corrected," to use the co-applicants' language) with a Total Estimated Project Cost of \$199,344,433 shown on Page 5 of the application form submitted to the HFSRB on January 21, 2011, and supplemented by additional information submitted on May 13, 2011, the Total Estimated Project Cost shown in the modification of Attachment 9 ( Pages 79 and 80) is \$218,545,600.
- b. Exhibit I of the co-applicants' May 13, 2011, submission includes an itemization of project costs by line item, as required in the CON application instructions for Project Costs and Sources of Funds (Application Page 5) which corrects an omission from the application and prior supplementary submissions, but this Exhibit (1) provides conflicting data with the original CON application and the most recent corrected Attachment 7 that was submitted on January 21, 2011, and (2) also contains other errors.
- 1) "Sitework" is not shown in the May 13, 2011, listing of Project Costs and Sources of Funds, but is shown as \$4,000,000 in the January 21, 2011, corrected Page 71 (Attachment 7).
  - 2) "Landscaping and Irrigation" is shown as \$400,000 under Site Preparation and also as \$35,000 under Other Costs to be Capitalized (for a total of \$435,000) in the May 13, 2011, listing of Project Costs and Sources of Funds, but is shown as a \$300,000 allowance in the January 21, 2011, corrected Page 71 (Attachment 7).
  - 3) "Moveable and Other Equipment" is shown as \$36,549,872 in the May 13, 2011, listing of Project Costs and Sources of Funds, along with a listing of the items comprising this total, but "FFE" (Furniture, Furnishings, and Equipment) is shown as \$48,429,251 in the January 21, 2011, corrected Page 72 (Attachment 7).

- 4) Allocations for Telecommunications Equipment are found in the listing of "Moveable and Other Equipment" in the May 13, 2011, listing of Project Costs and Sources of Funds, but an allocation of \$6,053,656 for Telecommunications is found in the January 21, 2011, corrected Page 72 (Attachment 7) in addition to the FFE amount identified in the paragraph above.
  - 5) There is also a discrepancy between costs that are typically identified as "Soft Costs" in the May 13, 2011, listing of Project Costs and Sources of Funds and the \$6,053,656 allocated for "Project Soft Cost" in the January 21, 2011, corrected Page 72 (Attachment 7).
- c) There are significant inconsistencies among the following materials submitted in the original CON application and in submissions through January 21, 2011: project costs listed by line item on Page 5 of the CON Application Form, project costs presented in Attachment 7, and project costs presented in Attachment 9.

These inconsistencies were not resolved by the submission of additional information on May 13, 2011, because that submission did not seek to remove or replace any previously-submitted information, but rather to supplement it. As a result, the data provided in Exhibit 1 submitted on May 13, 2011, did not rescind the information provided in Attachment 7 in the original CON application and in "corrections," additional information, and modifications submitted through January 21, 2011, submission

- 1). Construction costs for the proposed hospital (\$85,489,473) and Physician Clinic (\$20,207,938) total \$105,697,409 on corrected Page 71 (Attachment 7), but Construction Contracts are identified as \$121,832,908 in Project Costs on Page 5 of the CON application form as of the May 13, 2011, submission.
- 2) Hospital construction costs for Clinical Service Areas (identified as "Reviewable Areas") total \$65,641,062 and construction costs for Non-Clinical Service Areas (identified as "Non-Reviewable Areas" total \$19,848,410 on corrected Page 71 (Attachment 7) and construction costs for the Physician Clinic are shown as an additional \$20,207,936 without any differentiation of Clinical versus Non-Clinical Service Areas while construction costs on Page 5 of the CON Application Form (as of May 13, 2011) are shown as \$93,567,673 for Clinical Service Areas and \$28,265,235 as being for Non-Clinical Service Areas.
- 3) Contingencies, named "Design and Estimating Contingency," are shown as \$11,075,719 on corrected Page 71 (Attachment 7), but the amount identified for Contingencies is \$10,298,998 in Project Costs on Page 5 of the CON application (as of May 13, 2011).

- 4) Site Preparation is shown as consisting of \$4,000,000 for Sitework and \$300,000 for Landscaping on corrected Page 71 (Attachment 7).

Site Preparation is listed for a total of \$4,300,000 in Project Costs on Page 5 of the CON application (as of May 13, 2011), but the itemization of this line item that was included in the May 13 submission lists \$400,000 for Landscaping and Irrigation while an additional \$35,000 for Landscaping is listed under Other Costs to be Capitalized.

- 5) A/E Design Services total \$8,048,891 in corrected Page 72 (Attachment 7), but they are identified as \$9,137,468 in Project Costs on Page 5 of the CON application form (as of May 13, 2011).

- 6) FF&E is shown as \$48,429,251 in corrected Page 72 (Attachment 7), which conflicts with the \$36,549,872 identified for Movable or Other Equipment in Project Costs on Page 5 of the CON application (as of May 13, 2011) and in the listing of Moveable and Other Equipment (FF&E) that was submitted as Exhibit I on May 13, 2011.

It should be noted, as discussed in I.9 above, that the FF&E figure includes at least \$2,400,000 for 2 Cardiac Catheterization Laboratories for which the required documentation is not presented in Attachment 25 of the CON application.

- 7) Telecommunications is shown as \$6,053,656 in corrected Page 72, but this item and this amount are not identified anywhere in Project Costs on Page 5 of the CON application (as of May 13, 2011), and there is an allowance for Computers and Telecommunications Equipment included in each department that is in the list of Moveable and Other Equipment submitted as Exhibit I on May 13, 2011.

- 8) Project Soft Cost is shown as \$6,053,656 in corrected Page 72, but it is not possible to trace this amount to Project Costs on Page 5 of the CON application (as of May 13, 2011).

- 9) Escalation is shown as \$9,685,583 in corrected Page 72, but it is not possible to trace this amount to Project Costs on Page 5 of the CON application (as of May 13, 2011).

- 10) In addition, many of the totals shown in corrected Pages 71 and 72 (Attachment 7) reflect rounding errors.

2. The CON application presents conflicting numbers of proposed Intensive Care and Obstetric beds.

- a. Pages 4 and 18 of the CON application state that the proposed hospital will have 8 Intensive Care beds, a statement repeated elsewhere ( Pages 119, 174, corrected 177, 178b, and 182) while Attachment 14 states on Pages 124 and 126 that the proposed hospital will have 4 Intensive Care beds.

It should be noted that the proposed utilization of the Intensive Care Unit (1,752 patient days) would result in an average daily census of 4.8 or 120% of a 4-bed Intensive Care Unit.

- b. Pages 4 and 18 of the CON application state that the proposed hospital will have 20 Obstetric beds, a statement repeated elsewhere ( Pages 119, 174, corrected 177, and 178b) while Attachment 14 states on Pages 124 and 127 that the hospital will have 24 Obstetric beds and states on Page 182 that the proposed hospital will have 30 Obstetric beds.

It should be noted that the proposed utilization of the Obstetric Nursing Unit (5,480 patient days) would result in an average daily census of 15.0 or 63% of a 24-bed Obstetric Unit, which is below the State's minimum occupancy level for an Obstetric Category of Service of this size.

3. Although the CON application states that the proposed hospital will have 100 Medical/Surgical beds, the space program shows that 1 of these beds will be a Psychiatric Holding bed ( Page 125).

4. Projected inpatient days are shown both as 40,207 (Attachment 20, Page 178b) and 37,102 for "the first fiscal year at target utilization" (Attachment 42, Page 189).

5. The Emergency Department is listed as having 11 rooms/stations ( Page 119), but also as having 12 stations ( Pages 174, 178b, and Pages 183b-f submitted as Exhibit III on May 13, 2011) and 14 rooms (10 Exam/Treatment Rooms, Gyne Exam, 2 Trauma Rooms, Cast Room) plus 2 Observation Rooms ( Page 130).

6. There are inconsistencies in the listings for Diagnostic/Interventional Radiology.

- a. 4 units of Fluoroscopy/Tomography/Other X-Ray Procedures are listed on Page 119, while 6 Fluoroscopy/Tomography/Other X-Ray Procedure Rooms (including Echo, Vascular, and Stress) are listed on Page 174, 1 Fluoroscopy room is listed on Page 133, and a total of 8 General Radiology,

"Fluoroscopy/Tomography/Other X-ray procedures (includes Echo, Vascular, and Stress)" are listed on Pages 183b-f, submitted as Exhibit III on May 13, 2011 .

The listing of Moveable or Other Equipment submitted as Attachment 7b in Exhibit I on May 13, 2011 ( Pages 72b-j), indicates that the following imaging equipment will be acquired for Diagnostic Imaging.

- 2 General Radiography
- 1 Radiography/Fluoroscopy
- 2 Portable Radiography
- 2 Ultrasound
- 2 CT
- 1 MRI & Injector
- 1 Nuclear Medicine

In addition, this listing includes the following imaging equipment under Cath Labs, in addition to the Catheterization systems and Non-Invasive Diagnostic Cardiology equipment.

- 2 Echo/Ultrasound

- b. 2 units of Mammography are listed on Pages 119, 133, 174, and on Pages 183b-f submitted as Exhibit III on May 13, 2011, but no Mammography equipment is shown in the listing of Moveable or Other Equipment (Attachment 7b in Exhibit I submitted on May 13, 2011, Pages 72b-j).
- c. 1 unit of Ultrasound is listed on Pages 119, 133, 174, and on Pages 183b-f submitted as Exhibit III on May 13, 2011, but 2 ultrasound machines are shown in the listing of Moveable or Other Equipment (Attachment 7b in Exhibit I submitted on May 13, 2011, Pages 72b-j).
- d. 1 Angiography/Special Procedures Machine is listed on Pages 119 and 174, but this imaging modality is not shown in the department's Space Program on Page 133, and the equipment is not shown in the listing of Moveable or Other Equipment (Attachment 7b in Exhibit I submitted on May 13, 2011, Pages 72b-j) unless it is identified as 1 of the 2 "Cath Labs."
- e. 1 CT Scanner is listed on Pages 119, 133, 174, and on Pages 183b-f submitted as Exhibit III on May 13, 2011, but 2 CT Scanners are shown in the listing of Moveable or Other Equipment (Attachment 7b in Exhibit I submitted on May 13, 2011, Pages 72b-j).
- f. 1 Bone Densitometry Room is shown in the department's Space Program on Page 133, but it is not listed on Pages 119 or 174 or on Pages 183b-f submitted as Exhibit III on May 13, 2011, nor is scanning equipment shown in the listing of Moveable or Other Equipment (Attachment 7b in Exhibit I submitted on May 13, 2011, Pages 72b-j).

- g. 5 Non-Invasive Diagnostic Cardiology Rooms (2 Cardiac/Echo Stress Rooms, 2 Echo Rooms, 1 Holter Room) are shown in the space program for Diagnostic/Interventional Radiology on Page 133, but these rooms are not identified as part of Radiology or identified elsewhere on Pages 119 or 174.

The listing of Moveable or Other Equipment shown in the listing of Moveable or Other Equipment (Attachment 7b in Exhibit I submitted on May 13, 2011, Pages 72b-j) identifies 2 Echo/Ultrasound pieces of equipment and 1 Holter/Tilt piece of equipment, but no treadmills are shown for stress testing.

In addition, there is no listing for Non-Invasive Diagnostic Cardiology in Attachment 9 ( Page 79) or in Cost and Gross Square Feet by Department or Service (Attachment 42, Page 187).

7. Surgery is listed as having a total of 10 rooms (8 operating rooms plus 2 procedure rooms) on Pages 119, 124 and 174, but the space program for the Surgical Suite shows 10 operating rooms plus 2 procedure rooms on Page 138.

The listing of Moveable or Other Equipment in Attachment 7b in Exhibit I submitted on May 13, 2011 ( Pages 72b-j) identifies 8 surgical tables, lights, anesthesia machines, and other surgical equipment and furniture plus 2 endoscopy carts, tables, storage and equipment.

8. Recovery (PACU) is listed as having 20 stations on Page 119, but the space program on Page 139 shows a total of 12 PACU stations.

The listing of Moveable or Other Equipment in Attachment 7b in Exhibit I submitted on May 13, 2011 ( Pages 72b-j) identifies 14 recovery carts and patient monitoring machines in Recovery.

9. As mentioned previously, there is an allocation of 6,729 DGSF for Cardiac Catheterization Laboratories in Attachments 7 and 9, while there is no mention of Cardiac Catheterization in Attachment 14, Page 119, or in Attachment 15, and the CON application does not include Attachment 25 (Review Criterion 1110.1330), which is required for all projects proposing to establish a Cardiac Catheterization Category of Service.

10. Inconsistent departmental gross square footage (DGSF) is provided in the various listings of DGSF that are included in the CON application.

The applicant inserted duplicate DGSF information on the template for Attachment 9 (Cost Space Requirements) that is found on Page 7 of the CON Application Form. The Total Proposed Gross Square Footage of 353,760 shown on Page 7 of the CON Application Form (the second "corrected" version of this page, submitted on January 21, 2011) has an incorrect total of the line items shown, which actually total 264,934 Gross Square Feet.

In addition to the square footage listings found on Page 7 of the CON Application Form, in Attachment 7 ( Page 71), in Attachment 9 ( Page 79), there are multiple listings of DGSF provided in Attachment 14 (on Pages 119, 120, 124, and on the Space Programs found on Pages 125-173) as well as the listing for Cost and Gross Square Footage by Department or Service that is found on Pages 187-188.

A comparison of the DGSF shown by Service Area for Clinical Service Areas and Non-Clinical Service Areas is found in Appendix A to this analysis.

A summary of the differences in these listings appears below.

- a. Although the DGSF by Service Area for Clinical Service Areas in the January 21, 2011 submission for Attachment 7 (Page 71), Attachment 9 (Page 79). Page 120 of Attachment 14, and in Cost and Gross Square Feet by Department or Service (Page 187) are identical, the sum of the listings found on Page 119 of Attachment 14 disagrees with those figures, and the total shown in Page 7 of the application form.

As a result of these differences and omissions, the total DGSF for Clinical Service Areas in the proposed hospital is nearly 50,000 DGSF less on Page 119 of Attachment 14 than it is on Attachment 9, Pages 120 and 124 of Attachment 14, and the chart for Cost and Gross Square Feet by Department and Service ( Pages 187).

- 1) Newborn Nurseries are shown with 2 distinctly different square footages in this CON application. The department is shown as 3,635 DGSF in Attachment 9 (corrected Page 79 submitted on January 21, 2011), on corrected Pages 119 and 120 of Attachment 14 (both submitted on January 21, 2011), and in Cost and in Gross Square Feet by Department or Service (corrected Page 187 submitted on January 21, 2011), while it is shown as 6,047 DGSF on Pages 124 and 128 of Attachment 14.
- 2) There is no Laboratory shown on corrected Page 119 of Attachment 14, submitted on January 21, 2011, although the other listings (i.e., Attachment 9 [corrected Page 79 submitted on January 21, 2011], corrected Page 120 of Attachment 14 submitted on January 21, 2011, Pages 124 and 132 of Attachment 14, and Cost and Gross Square Feet, corrected Page 187 submitted on January 21, 2011) all show a Laboratory with 4,878 DGSF.
- 3) Imaging is shown as 10,782 DGSF on corrected Page 119 of Attachment 14, submitted on January 21, 2011, but as 9,752 DGSF in the other listings (i.e., Attachment 9 [corrected Page 79 submitted on January 21, 2011], corrected Page 120 of Attachment 14 submitted on January 21, 2011, Pages 124, 133-134 of Attachment 14, and Cost and Gross Square Feet [corrected Page 187 submitted on January 21, 2011]).

- 4) MRI is shown as 1,775 DGSF on corrected Page 119 of Attachment 14 , submitted on January 21, 2011, but as 3,405 DGSF in the other listings (i.e., Attachment 9 [corrected Page 79 submitted on January 21, 2011], corrected Page 120 of Attachment 14 submitted on January 21, 2011, Pages 124 and 135 of Attachment 14], and Cost and Gross Square Feet [corrected Page 187 submitted on January 21, 2011].
- 5) Cath Labs are shown as 6,729 DGSF in Attachment 9 (corrected Page 79 submitted on January 21, 2011), corrected Page 120 of Attachment 14 submitted on January 21, 2011, Pages 124, and 136 of Attachment 14 , and Cost and Gross Square Feet by Department or Service (corrected Page 187 submitted on January 21, 2011), but there is no listing of Cath Labs on corrected Page 119 of Attachment 14, submitted on January 21, 2011.

The listing of space for Cath Labs is surprising since the CON application does not include the required Attachment 25 for the Cardiac Catheterization Category of Service.

Therefore, since this CON application does not provide the required justification for the establishment of a Cardiac Catheterization Category of Service, the 6,729 DGSF allocated for Cath Labs should be considered to be unprogrammed shell space, and the \$2,846,367 (\$423 per square foot) allocated to Cath Labs in Attachment 9 appears to be far too expensive for shell space.

- 6) Central Processing is shown as 4,250 DGSF in Attachment 9 (corrected Page 79 submitted on January 21, 2011), corrected Page 120 of Attachment 14 submitted on January 21, 2011, Pages 124, and 137 of Attachment 14, , and Cost and Gross Square Feet by Department or Service (corrected Page 187 submitted on January 21, 2011), but there is no listing of Central Processing on corrected Page 119 of Attachment 14, submitted on January 21, 2011.
- 7) The Surgical Suite is shown as 19,550 DGSF in Attachment 9 (corrected Page 79 submitted on January 21, 2011), corrected Page 120 of Attachment 14 submitted on January 21, 2011, Pages 124, and 138 of Attachment 14, and Cost and Gross Square Feet by Department or Service (corrected Page 187 submitted on January 21, 2011), but it is shown as totaling 4,250 DGSF for Class C and Class B operating rooms on corrected Page 119 of Attachment 1, submitted on January 21, 2011
- 8) Dietary is shown as 8,724 DGSF in Attachment 9 (corrected Page 79 submitted on January 21, 2011), corrected Page 120 of Attachment 14 submitted on January 21, 2011, Pages 124 and 141 of Attachment 14, and Cost and Gross Square Feet by Department or Service (corrected Page 187

submitted on January 21, 2011), but there is no listing of Dietary on corrected Page 119 of Attachment 14, submitted on January 21, 2011.

- 9) Pharmacy is shown as 1,698 DGSF in Attachment 9 (corrected Page 79 submitted on January 21, 2011), corrected Page 120 of Attachment 14 submitted on January 21, 2011, Pages 124 and 142 of Attachment 14 , and Cost and Gross Square Feet by Department or Service (corrected Page 187 submitted on January 21, 2011), but there is no listing of Pharmacy on corrected Page 119 of Attachment 14, submitted on January 21, 2011.
  - 10) Respiratory Therapy is shown as 1,290 DGSF in Attachment 9 (corrected Page 79 submitted on January 21, 2011), corrected Page 120 of Attachment 14 submitted on January 21, 2011, Pages 124, and 143 of Attachment 14 , and Cost and Gross Square Feet by Department or Service (corrected Page 187 submitted on January 21, 2011), but there is no listing of Respiratory Therapy on corrected Page 119 of Attachment 14, submitted on January 21, 2011.
  - 11) Cardiac Rehabilitation is shown as 1,203 DGSF in Attachment 9 (corrected Page 79 submitted on January 21, 2011), corrected Page 120 of Attachment 14 submitted on January 21, 2011, Pages 124 and 144 of Attachment 14, and Cost and Gross Square Feet by Department or Service (corrected Page 187 submitted on January 21, 2011), but there is no listing of Cardiac Rehabilitation on corrected Page 119 of Attachment 14, submitted on January 21, 2011.
  - 12) Physical Therapy is shown as 2,355 DGSF in Attachment 9 (corrected Page 79 submitted on January 21, 2011), corrected Page 120 of Attachment 14 submitted on January 21, 2011, Pages 124 and 145 of Attachment 14, and Cost and Gross Square Feet by Department or Service (corrected Page 187 submitted on January 21, 2011), but there is no listing of Physical Therapy on corrected Page 119 of Attachment 14, submitted on January 21, 2011.
  - 13) Occupational Therapy is shown as 450 DGSF in Attachment 9 (corrected Page 79 submitted on January 21, 2011) , corrected Page 120 of Attachment 14 submitted on January 21, 2011, Pages 124 and 146 of Attachment 14, and Cost and Gross Square Feet by Department or Service (corrected Page 187 submitted on January 21, 2011), but there is no listing of Occupational Therapy on corrected Page 119 of Attachment 14.
- b. Although the listings of DGSF by service area in Attachment 9 and on Page 7 of the CON Application Form show the same total square footage for the Hospital and Physician Clinic and the same square footage for Clinical and Non-Clinical Service Areas, these listings include the following inconsistencies.

- 1) Page 7 of the CON application aggregates the Obstetric Nursing Unit, Newborn Nursery, and all ancillary services except for Imaging and MRI, listing 101,203 as "All Other Clinical," while these ancillary services are properly separated in Attachment 9.
- 2) Page 7 of the CON application shows 6,079 DGSF of Administration, while Attachment 9 shows 6,829 for Administration.
- 3) Page 7 of the CON application shows 750 DGSF for the Gift Shop, while Attachment 9 does not identify a Gift Shop.
- 4) Page 7 of the CON application aggregates all Non-Clinical Service Areas except for Administration and Gift Shop, while Attachment 9 lists all Non-Clinical Service Areas separately except for the Gift Shop (the Gift Shop may be included in Administration, based on the square footage shown).
- 5) Page 7 of the CON application shows only the total square footage of the Physician Clinic and does not identify any of the space or square footage by function.

### **III. The CON application includes inaccurate statements and information.**

1. Page 1b of the CON Application Form incorrectly states that Dan Colby is the Registered Agent for Mercy Alliance, Inc., a co-applicant for this project.

According to the Illinois Secretary of State's records, Herbert Franks has been the Registered Agent for Mercy Alliance, Inc., since July 29, 2003.

2. Attachment 7 ( Pages 71-72): A number of the totals are incorrect because they contain rounding errors.
3. Attachment 12: Purpose of the Project

In response to the requirement that the co-applicants "identify the existing problems or issues that need to be addressed, as applicable and appropriate for the project," this CON application identified 8 "problems or issues" on Page 88.

The following issues identified in this application do not have a basis in fact.

- a. The co-applicants state that McHenry County has "A shortage of primary and specialty trained physicians that results in a limitation of access to services."
  - 1) In fact, neither the State of Illinois nor the Federal Government (U.S. Department of Health and Human Services Health Resources and Services Administration, HHS/HRSA) have identified the primary service area

identified for this project (Crystal Lake, Algonquin, Lake in the Hills and Cary, as stated on Page 88) as having either a Medically-Underserved Population or constituting a Medically Underserved Area. Although there are both a Medically-Underserved Population and a Medically Underserved Area in northwestern McHenry County and in northern Kane County, none are located in census tracts in the towns identified as the primary service area for this project.

It is important to note that one of the co-applicants, Mercy Alliance, Inc., owns Mercy Harvard Memorial Hospital, a Critical Access Hospital located in the northwestern portion of McHenry County.

Mercy Harvard Memorial Hospital had an average daily census of 4.9 patients in its 20 acute care beds (17 Medical/Surgical beds, 3 Intensive Care beds) in CY2009. Although located just north of an area with a designated Medically Underserved Area/Population, Mercy Harvard Memorial Hospital's 2009 inpatient payor mix was only 37.4% Medicare, 5.5% Medicaid, and 0.9% Other Public patients. It served 26 Charity Care inpatients.

- 2) The co-applicants further state "that the shortage of specialty physicians is one of the primary reasons that residents of McHenry County are leaving the county in order to seek medical care." ( Page 89)

The reason for the significant out-migration from McHenry County for medical care has not been recognized by the federal government as due to a physician shortage, either of primary care or specialty physicians, since the federal government (HHS/HRSA) has not identified any areas within McHenry County as Health Professional Shortage Areas (HPSAs), although they have identified areas within Kane County as HPSAs.

- b. The co-applicants state that "The applicant believes that its model of employed physician partners will not only address the McHenry County access problem, but also provide sufficient utilization of the proposed hospital. Specifically, the Mercy Crystal Lake Hospital and Medical Center will be part of a fully integrated health care delivery system. This system is based on the Mayo Clinic model, where hospital and physician offices are part of the same entity under one roof. An integrated system functions differently than other health care models. The fully integrated model improves patient care, as patients have all the benefits of a multi-specialty clinic, as well as access to diagnostic services, emergency services, surgery suites and other hospital-based services..." (Attachment 12, Page 89)

- 1) This assertion does not appear to have any merit since the hospital that Mercy Alliance currently owns in McHenry County is significantly underutilized, as noted above. If this argument were valid, Mercy Harvard

Community Hospital would have higher utilization and would not have had to discontinue Medical/Surgical beds in 2009.

- 2) The co-applicants appear to contradict their own assertions by stating that the proposed hospital will have an open medical staff.

"Moreover, Mercy Crystal Lake will operate an open-staff medical staff model so it is not necessary for a doctor, a dentist, or a podiatrist to be employed at the hospital or clinic in order to obtain privileges at Mercy Crystal Lake Hospital." (Attachment 12, Page 89)

Furthermore, despite the co-applicants' statement that there is a need for additional physicians in the County, no evidence is presented that Mercy will hire additional physicians. The application states merely that Mercy "will develop and implement a physician recruitment plan designed to reduce the identified physician shortage by 85% within three years of the opening of the Mercy Crystal Lake Hospital." ( Page 94)

- c. The application incorrectly states that McHenry County has a "Lack of available emergency services due to bypass conditions at the two existing facilities."

The co-applicants cite outdated reports since the situation described on Page 90 was corrected through a combination of the following, as a result of which Centegra Hospital – McHenry and Centegra Hospital – Woodstock have not gone on by-pass since October, 2009.

First, Centegra Hospital – McHenry has added a total of 35 Medical/Surgical beds since 2007, which reduced the backlog experienced in the hospital's Emergency Department due to a lack of availability of Medical/Surgical beds for emergency admissions.

Second, both Centegra Hospital – McHenry and Centegra Hospital – Woodstock implemented improvements in their Emergency Departments which have resulted in increased patient through-put, while continuing to achieve high scores in patient satisfaction studies.

Third, Centegra Health System opened Immediate Care Centers in Huntley and in Crystal Lake as well as 7 Primary Care facilities in its market areas. The operation of these facilities has provided more convenient access to non-emergent care and has relieved pressure on the hospitals' Emergency Departments.

#### 4. Attachment 13: Alternatives

- a. The CON application includes 4 alternatives, 2 of which appear to be identical, and 1 of which is infeasible because it violates the CON Rules.

- 1) The alternatives of "Do nothing" and "Utilization of Existing Healthcare Services" appear to be identical. Because there is no difference between these alternatives, they appear to constitute a single alternative.
- 2) The alternative of "Proposing a project of lesser scope and cost" proposes to construct a 70-bed hospital. This alternative was the subject of the co-applicants' 2003 CON application.

The establishment of a 70 bed hospital violates the CON Rule that the "minimum bed capacity for a medical-surgical category of service within a Metropolitan Statistical Area (MSA) is 100 beds." (77 Ill. Adm. Code 1110.530.f.1.)

The establishment of a 70 bed hospital that would have an Obstetric Category of Service would also violate the CON Rule that the minimum unit size for a new obstetric unit within an MSA is 20 beds" (Ill. Adm. Code 1110.530.f.2. ) if the proposed number of Obstetric beds would be less than 20.

- b. The fourth alternative is identified as "Pursuing a Joint Venture with another Healthcare Facility," stating the following.

"Mercy Health System formally and informally approached Centegra Health System about a joint venture to provide a hospital and multi-specialty physicians clinic in Crystal Lake. Too [sic] date, Centegra Health System has not responded to any of our requests."

The CON application states that such an alternative would have no cost to the applicant.

Centegra Health System believes it is important to set the record straight concerning these assertions.

After the Illinois Circuit Court ruled in 2005 that the Illinois Health Facilities Planning Board's approval of Project 03-049, the 2003 CON application to establish Mercy Crystal Lake Hospital and Medical Center, was null and void, in 2007, correspondence was exchanged, and there was even a meeting between Mercy and Centegra.

However, there had been no correspondence from Mercy since August, 2007, until Mr. Eesley received a letter from Mercy after this CON application was filed with the HFSRB.

Consequently, it is disingenuous for the co-applicants to state that "Centegra Health System has not responded to any of our requests" when they did not

respond to Mr. Eesley's correspondence for 3 years and did not seek Centegra Health System's opinion about a joint venture for their CON application (10-089). Furthermore, it is inaccurate and misleading to state that, if a joint venture with Centegra Health System were to have taken place for this project, it would have no cost to Mercy.

5. Attachment 37: Clinical Service Areas Other than Categories of Service

Attachment 37 was not submitted as part of the original CON application, but was submitted on May 13, 2011 in response to a request from the HFSRB staff.

Attachment 37 repeats many of the arguments found in Attachments 12 and 20 that are refuted in this document (Item III.3, Appendix 1, V.8-9). The analyses found in those sections will not be repeated here, but apply to the content of Attachment 37.

Although this Attachment has now been submitted, the associated Page 45 of the CON Application Form was not submitted. As a result, the co-applicants have not identified the number of key rooms proposed for all Clinical Service Areas Other than Categories of Service in the specified format. The chart for Utilization that is found in the May 13 submission closely resembles the chart found in Attachment 15 ( Page 174) of the CON application, and these charts include information that conflicts with other information in the CON application, as noted in Item II.4-8 of this analysis.

6. Appendix 1: Physician Referrals (Supplement submitted as Exhibit IV on May 13, 2011, identified as Attachment 20)

Appendix 1 to the Mercy Crystal Lake Hospital CON application consists of 42 physician referral letters in which these physicians promise to refer a total of 3,809 patients annually to Mercy Crystal Lake Hospital and Medical Center, based on their having referred the same number of patients to the following hospitals from July 1, 2009, through June 30, 2010: Centegra Hospital – McHenry; Centegra Hospital – Woodstock; Advocate Good Shepherd Hospital; and Advocate Condell Medical Center.

These referral letters and the materials submitted by the applicants contain a number of defects that cast doubt on their reasonableness while still demonstrating that the establishment of Mercy Crystal Lake Hospital and Medical Center will have a disastrous impact on Centegra Hospital – McHenry and Centegra Hospital – Woodstock.

- a. A summary of these referral letters was submitted as Exhibit IV in the May 13, 2011, submission. However, this summary exaggerated the projected referrals by 2 of the physicians, one by 35 cases and the second by 83 cases.

Appendix C summarizes the information included in the actual referral letters, identifying each physician's reported number of discharges from these hospitals during the identified period, and indicating the number of referrals that each physician stated that he/she would make to Mercy Crystal Lake Hospital and

Medical Center if it were approved and constructed.

b. Twenty-three (23) of these referral letters are either completely invalid or contain inaccurate information that could not be verified using COMPdata, a reliable reference source for health care data reported by Illinois hospitals.

1) Six physicians submitted referral letters that were invalid because they were neither signed nor notarized.

The unsigned and unnotarized referral letters for these 6 physicians that are included in the CON application state that they treated a total of 418 patients at the 4 named hospitals other than Mercy Harvard Community Hospital from July 1, 2009, through June 30, 2010, and that they would refer all of these patients to Mercy Crystal Lake Hospital and Medical Center. A summary of these referral letters is found in Appendices C and D.

Although these referral letters are invalid because they are unsigned and unnotarized, it should be noted that 3 of these physicians exaggerated the number of patients treated at area hospitals during this time period. As will be seen in the chart in Appendix C, these physicians stated that they had a total of 70 more discharges at area hospitals from July 1, 2009, through June 30, 2010, than COMPdata records indicate.

2) An additional 17 physicians submitted referral letters that exaggerated the number of patients treated at area hospitals from July 1, 2009, through June 30, 2010, based upon COMPdata records.

The referral letters for these 17 physicians that are included in the CON application state that they treated a total of 1,887 patients at the 4 named hospitals plus Mercy Harvard Community Hospital from July 1, 2009, through June 30, 2010, and that they would refer 1,728 of these patients to Mercy Crystal Lake Hospital and Medical Center.

However, based upon COMPdata records, these 17 physicians admitted only 1,239 patients to the 4 named hospitals during this time period. Thus, these 17 physicians' referral letters exaggerate the number of potential referrals to Mercy Crystal Lake Hospital and Medical Center by 489 based upon their own historic referrals.

The physicians whose referral letters were exaggerated in the summary document referenced in Item III.6.a. above were among those who exaggerated their actual discharges. As a result, the number of patients reported for these physicians' referrals exceeded the number of patients they actually treated at area hospitals from July 1, 2009, through June 30, 2010, based upon COMPdata records.

Appendix C and D summarize the information included in the referral letters found in Appendix 1 of the CON application, indicate how many patients each physician stated that he/she referred to each of the area hospitals, identify those referral letters that are invalid because they are not signed or notarized, and provide caseloads reported by COMPdata for this period so that exaggerated referrals can be identified.

**IV. The application includes data that contradicts the co-applicants' assertions that the project is reasonable.**

1. Some of the Project Costs shown on Page 5 of the CON Application Form as modified and reflected in the supplementary information submitted on May 13, 2011, exceed the CON Financial and Economic Review Standards (77 Ill. Adm. Code 1120. APPENDIX A).
  - a. Contingencies are 8.45% of construction costs, which exceeds the State Standard of 7% for a project with architectural drawings in the "Preliminary" stage, as stated on Page 6 of the CON Application Form.
  - b. Architectural Fees are 5.42% of Construction and Contingency Costs, which exceeds the State Standard of 3.59%-5.39% for hospitals with new construction projects exceeding \$100,000,000 for Construction and Contingencies.
2. The proposed hospital's operating costs per patient day are shown as \$ 3,500, which is extremely high.

**V. Some of the information provided in the CON application is not credible.**

1. Page 5 of CON Application Form: Project Costs

Some of the project costs appear to be unreasonable and cannot be analyzed without itemization of each line item cost, as required.

- a. Consulting and Other Fees are shown as \$0.
- b. Net Interest Expense during Construction is shown as \$970,000 for revenue bonds totaling \$170,000,000.
- c. Other Costs to be Capitalized are shown as \$4,910,187. A number of the costs included in this line item appear to belong in other line items.

2. Page 6 of CON Application Form: Project Completion Date

The Project Completion Date of November 30, 2013, is unrealistic and unlikely to be achieved. In fact, on Page 174, the CON application states that the hospital will open in 2014.

- a. The project does not have zoning approval from Crystal Lake, which is required before construction can begin.

It would take a minimum of 3 to 6 months for the co-applicants to secure zoning approval, and zoning approval has not been requested at this time.

- b. IDPH Design Standards Unit will need to approve the project before construction can commence.
- c. A minimum of 24 to 30 months will be required to construct the hospital and medical office building.
- d. After construction is completed, time is required before the hospital can become operational due to need for inspection(s) and approval of IDPH's Design Standards Unit.
- e. After the hospital becomes operational, time is required for completion of project pay-outs so the CON costs can be audited before the co-applicants submit the required Written Notice of Project Completion and Report of Final Realized Project Costs in accordance with 77 Ill. Adm. Code 1130.770.

3. This application fails to justify the establishment of the proposed 100 Medical/Surgical beds. There is a current bed need for 83 Medical/Surgical beds, and the project proposes to establish 100 Medical/Surgical beds, as required in the CON Rules for the minimum size of a Medical/Surgical Service (77 Ill. Adm. Code 1110.530.f.1.).

Although the CON application states several times that "McHenry County's population continues to grow at an [sic] significant rate," the application fails to provide the information required to document compliance with the review criterion for "Project Service Demand Based on Rapid Population Growth" (77 Ill. Adm. Code 1110.530.b.3.C.).

Instead, the application repeatedly states that there is a "need for physicians in McHenry County...[and] If this need is addressed, the need for the facility will exist as the physicians will reduce the out-migration of services from McHenry County" ( Page 177). However, the Illinois Circuit Court has already declared null and void a previous application submitted by these applicants in 2003 for a similar project in part because the CON Rules did not consider this to be a justification for the establishment of a hospital.

4. The project includes 20 Obstetric beds and projects 1,003 births per year (Attachment 20, Page 178b), but it includes only 2 Labor-Delivery-Recovery (LDR) rooms plus 1 Delivery Room/LDR. The Obstetric patient rooms are shown as Post-Partum Rooms (Attachment 14, Page 127), not as Labor-Delivery-Recovery-Post-Partum Rooms.
  - a. The proposal does not appear to provide adequate facilities for labor and delivery, since 2 LDRs plus 1 Delivery Room will be inadequate for 1,000 annual deliveries.
  - b. The proposed hospital would have an unrealistically long average length of stay of 5.5 days in 20 Obstetric beds with 1,003 births, since that is the average length of stay that would occur if the 20 Obstetric beds were to operate at 75% occupancy as stated in Attachments 15 ( Page 174) and 20 ( Page 178).
5. Attachment 14 identifies Newborn Nurseries in 2 separate locations.

One is shown at 600 Net Square Feet (NSF) and 20 bassinets on the Obstetrics nursing unit (Attachment 14, Page 127), and the other is shown at 1,440 NSF with 24 bassinets in the Newborn Nursery (Attachment 14, Page 128).

As noted above, 2 distinctly different figures are shown for Newborn Nurseries in this CON application. The department is shown as 3,635 DGSF in Attachment 9, on Pages 119 and 120 of Attachment 14, and in Cost and in Gross Square Feet by Department or Service, while it is shown as 6,047 DGSF on Page 124 of Attachment 14.
6. The proposed hospital will have 100 Medical/Surgical beds, of which 1 is shown as a Psychiatric Holding bed. There are separate Illinois hospital licensing requirements for psychiatric patients, and the Illinois CON program has identified Acute Mental Illness as a separate Category of Service.
7. Capital costs per equivalent patient day are shown as \$54, which would be impossible to achieve in a facility that has \$170,000,000 in debt and either 37,102 or 40,207 inpatient days (40,207 inpatient days are projected in Attachment 20 on Page 178b, and 37,102 inpatient days for "the first fiscal year at target utilization" are projected in Attachment 42 on Page 189).
8. The co-applicants state that McHenry County has "A shortage of primary and specialty trained physicians that results in a limitation of access to services" (Attachment 12, Page 89).
  - a. This statement is a distortion of the source data cited from Thomson Reuters Healthcare Market Planner Plus Market Expert physician ratios and results in the misleading conclusion that the establishment of Mercy Crystal Lake Hospital would result in additional physicians practicing in areas of medical underservice in McHenry County.

- 1) Although the 2010 Thomson Reuters data show that McHenry County needs both primary care and specialty physicians, an analysis of the Thomson Reuters "Physician Need/Excess by Specific Zips" for the zip codes comprising McHenry County indicates that there were an excess of 23.95 physicians in the Crystal Lake zip codes (60012, 60014), which is the location of the proposed hospital. The analysis found that these zip codes had 5.60 excess primary care physicians and 18.35 excess specialty physicians.

Furthermore, Thomson Reuters determined that the physicians in McHenry County were maldistributed in 2010 since there was a need for 13.48 additional physician in the Huntley zip code (60142), the site of the proposed Centegra Hospital – Huntley, with the need being based upon a need for 3.72 additional primary care physicians and 9.77 additional specialty physicians.

The Thomson Reuters data reveal that the only McHenry County zip codes other than 60012 and 60014 that had excess physicians in 2010 were 60050 (McHenry) and 60098 (Woodstock), zip codes in which hospitals are located.

Appendix B contains the Thomson Reuters "Physician Need/Excess by Specific Zip Codes for McHenry County" based upon their physician supply estimates for 2010 and their demand estimates for 2009.

- 2) Appendix 1 to the Mercy Crystal Lake Hospital CON application consists of 42 physician referral letters in which these physicians promise to refer a total of 3,809 patients annually to Mercy Crystal Lake Hospital and Medical Center, based on their having referred a total of 3,977 patients to Centegra Hospital – McHenry, Centegra Hospital – Woodstock, Advocate Good Shepherd Hospital, Advocate Condell Medical Center, and Mercy Harvard Community Hospital from July 1, 2009, through June 30, 2010.

A summary of these referral letters, which contained exaggerated referrals for 2 of the physicians, as discussed in Item III.6.a. above, was submitted to the HFSRB on May 13, 2011, in response to a request from the HFSRB staff (Exhibit IV).

These referrals, to the extent that they are valid (see Item III.6. for the reasons why some of these referrals are invalid) will not in any way diminish the shortage of physicians in McHenry County, but they will negatively impact utilization at these existing hospitals.

These referral letters do not indicate that the physicians will be recruiting additional physicians to their practices nor that physicians not currently practicing in McHenry County will establish practices in McHenry County.

- b. The Illinois CON Rules do not include criteria which address physician shortages, as stated in the McHenry County Circuit Court ruling reversing the CON Permit granted to Mercy Crystal Lake Hospital and Medical Center for Project No. 03-049 (Case No. 04 MR 106), May 6, 2005, Page 16.
9. Physician referral letters presented in Appendix 1 of the CON application refute the applicant's assertion that this "project will not lower the utilization of other area providers below the occupancy standards specified in 77.1.. [sic] Adm. Code 1100...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." (Attachment 20, Page 182)

These referral letters are summarized in Appendices C and D without consideration of their invalidity because of missing signatures or notarizations or exaggerations of referrals due to overestimating their actual discharges from the identified area hospitals during the period of July 1, 2009, through June 30, 2010, in contrast to the discharges reported in COMPdata.

The summary of these referral letters found in Appendix D documents the severe negative impact that the establishment of Mercy Crystal Lake Hospital and Medical Center would have upon Centegra Health System's existing hospitals that provide Medical/Surgical, Intensive Care, and Obstetric Categories of Service.

As noted earlier in this analysis, Appendix 1 to the Mercy Crystal Lake Hospital CON application consists of 42 physician referral letters in which these physicians promise to refer a total of 3,809 patients annually to Mercy Crystal Lake Hospital and Medical Center, based on their having referred 3,977 to Centegra Hospital – McHenry, Centegra Hospital – Woodstock, Advocate Good Shepherd Hospital, Advocate Condell Medical Center, and Mercy Harvard Community Hospital from July 1, 2009, through June 30, 2010.

Without consideration of the invalid referrals or the exaggerated referrals, both of which are discussed in Item III.6. above, this CON application includes referral letters for Mercy Crystal Lake Hospital and Medical Center from 39 physicians who propose to refer 3,486 patients that they claim to have treated at Centegra Hospital – McHenry and Centegra Hospital – Woodstock from July 1, 2009, through June 30, 2010.

A summary of these referrals by physician is found in Appendix D, demonstrating that nearly 88% of all the referrals identified for Mercy Crystal Lake Hospital will be patients that these referring physicians claim to have referred to Centegra Hospital – McHenry and Centegra Hospital – Woodstock during that recent one-year period.

There can be no doubt that the transfer of this inpatient caseload from Centegra Hospital – McHenry and Centegra Hospital – Woodstock to the proposed hospital in Crystal Lake would have a deleterious impact on patient volumes at these hospitals and would result in severe financial distress.

**MERCY CRYSTAL LAKE HOSPITAL AND MEDICAL CENTER  
COMPARISON OF DGSF SHOWN IN CON APPLICATION**

Department	APPLICATION	ATTACHMENT 9	ATTACHMENT 14	ATTACHMENT 14	COST & GSF
	PAGE 7	ATTACHMENT 14 PAGE 120	PAGE 119	PAGE 124	PAGE 187
<b>REVIEWABLE:</b>					
M/S Nursing Unit	61,799	61,799	61,799	61,799	61,799
ICU	3,894	3,894	3,894	3,894	3,894
OB Nursing Unit		15,685	15,685	15,685	15,685
Newborn Nursery		3,635	3,635	6,047	3,635
Labor-Delivery-Recovery Room		2,501	2,501	2,501	2,501
Emergency Department		9,368	9,368	9,368	9,368
Laboratory		4,878		4,878	4,878
Imaging (Diagnostic Radiology) includes NM	9,752	9,752	10,782	9,752	9,752
MRI	3,405	3,405	1,775	3,405	3,405
Cath Labs		6,729		6,729	6,729
Central Processing		4,250		4,250	4,250
Surgical Suite		19,550	4,250	19,550	19,550
Recovery		5,224	5,224	5,224	5,224
Outpatient Surgery		13,663	13,663	13,663	13,663
Dietary		8,724		8,724	8,724
Pharmacy		1,698		1,698	1,698
Respiratory Therapy		1,290		1,290	1,290
Cardiac Rehabilitation		1,203		1,203	1,203
Physical Therapy		2,355		2,355	2,355
Occupational Therapy		450		450	450
All Other Clinical	101,203				
<b>TOTAL CLINICAL/REVIEWABLE</b>	<b>180,053</b>	<b>180,053</b>	<b>132,576</b>	<b>182,465</b>	<b>180,053</b>
<b>NON-REVIEWABLE:</b>					
Building Systems		11,748		11,748	11,748
Administration	6,079	6,829		6,829	6,829
Public Circulation		23,755		23,755	23,755
Materials Management		2,840		2,840	2,840
Building Support		6,251		6,251	6,251
Employee Facilities		5,110		5,110	5,110
Medical Library		1,150		1,150	1,150
Housekeeping		3,531		3,531	3,531
Laundry Holding		1,661		1,661	1,661
Morgue		288		288	288
Medical Records		5,500		5,500	5,500
Dining		5,460		5,460	5,460
Yard Storage		500		500	500
Human Resources		836		836	836
Marketing		2,310		2,310	2,310
Meeting Rooms		2,525		2,525	2,525
Sleep Studies		1,313		1,313	1,313
Ambulance Garage		1,024		1,024	1,024
Canopies		2,250		2,250	2,250
Parking	0				
Gift Shop	750				
All Other Non-Clinical	78,052				
<b>TOTAL NON-CLINICAL/NON-REVIEWABLE</b>	<b>84,881</b>	<b>84,881</b>	<b>0</b>	<b>84,881</b>	<b>84,881</b>
<b>SUBTOTAL HOSPITAL</b>	<b>264,934</b>	<b>264,934</b>	<b>132,576</b>	<b>267,346</b>	<b>264,934</b>
<b>PHYSICIAN CLINIC:</b>					
Waiting		23,408	23,408	23,408	23,408
Physicians' Areas		42,868	42,868	42,868	42,868
Building Systems		5,726	5,726	5,726	5,726
Medical Records		12,264	12,264	12,264	12,264
Public Circulation		4,560	4,560	4,560	4,560
<b>SUBTOTAL PHYSICIAN CLINIC</b>	<b>88,826</b>	<b>88,826</b>	<b>88,826</b>	<b>88,826</b>	<b>88,826</b>
<b>TOTAL</b>	<b>353,760</b>	<b>353,760</b>		<b>356,172</b>	<b>353,760</b>

**APPENDIX B  
PHYSICIAN NEED/EXCESS BY SPECIFIC ZIP CODES IN McHENRY COUNTY**

Physicians	Specialty	Current Excess or (Need)								
		McHenry County	ASI 60142	Huntley 60142	Algonquin 60102	LITH 60156	CL 60012	Woodstock 60098	McHenry 60050	Harvard 60033
PCP (Primary Care Physicians)	General & Family Practice	(28.4)	(7.05)	(3.24)	2.50	(8.31)	(7.73)	5.67	0.13	0.05
	Internal Medicine	23.0	0.67	(0.91)	2.40	(0.62)	9.93	11.02	16.30	(1.30)
	Obstetrics and Gynecology	(0.7)	(2.60)	0.74	(1.29)	(2.06)	2.20	5.89	3.50	(1.46)
	Pediatrics	0.7	1.64	(0.31)	3.88	(1.93)	1.20	4.75	7.21	0.36
<b>PCP Total</b>		<b>(8.8)</b>	<b>(7.14)</b>	<b>(3.72)</b>	<b>7.49</b>	<b>(10.92)</b>	<b>5.60</b>	<b>27.33</b>	<b>27.15</b>	<b>(2.35)</b>
Specialty Physicians	Allergy/ Immunology	(2.4)	(1.15)	(0.30)	(0.45)	(0.40)	1.20	(0.41)	(1.13)	(0.20)
	Cardiology	(4.1)	(2.27)	(0.21)	(1.21)	(0.85)	(1.53)	0.56	0.06	1.34
	Dermatology	(5.9)	(2.72)	(0.82)	(1.04)	(0.66)	1.03	(0.06)	(1.90)	(0.50)
	Gastroenterology	(5.8)	(0.85)	(0.90)	0.91	(0.86)	(1.14)	0.85	(0.18)	(0.53)
	General Surgery	(2.0)	(0.90)	(0.21)	(0.49)	(0.19)	2.10	0.44	0.69	0.28
	Hematology/ Oncology	(0.8)	(1.37)	(0.49)	(0.51)	(0.37)	(0.05)	0.41	2.38	(0.27)
	Medical Subspecialties	(5.3)	(2.04)	(0.80)	(0.78)	(0.66)	(0.48)	(0.80)	(0.21)	(0.37)
	Nephrology	(0.0)	(0.48)	(0.17)	(0.18)	(0.13)	1.64	(0.20)	(0.56)	(0.09)
	Neurology	2.1	(1.20)	(0.36)	(0.46)	(0.38)	2.12	0.53	1.70	0.78
	Ophthalmology	(2.6)	(0.21)	(0.14)	(0.19)	0.12	(0.46)	0.62	1.23	(0.63)
	Orthopedic Surgery	(3.4)	(3.25)	(1.59)	(1.02)	(0.65)	6.14	(0.07)	0.30	(0.97)
	Other	0.1	0.27	(0.21)	(0.28)	0.76	(0.53)	0.71	1.22	(0.14)
	Other Pediatric Subspecialties	(2.0)	(0.55)	(0.12)	(0.22)	(0.21)	(0.36)	(0.17)	(0.47)	(0.09)
	Otolaryngology	(2.4)	(2.38)	(0.67)	(0.92)	(0.79)	1.31	2.11	1.56	(0.43)
	Pediatric Cardiology	(0.3)	(0.07)	(0.02)	(0.03)	(0.03)	(0.05)	(0.02)	(0.06)	(0.01)
	Pediatric Neurology	0.7	0.90	(0.02)	0.96	(0.04)	(0.06)	(0.03)	(0.08)	(0.02)
	Pediatric Psychiatry	(1.5)	(0.70)	(0.16)	(0.27)	(0.26)	0.54	(0.23)	(0.62)	(0.11)
	Physical Medicine and Rehab.	(0.2)	(0.03)	(0.31)	0.61	(0.32)	0.24	(0.41)	0.88	(0.19)
	Plastic Surgery	(1.5)	(0.39)	(0.39)	0.46	(0.46)	(0.99)	1.48	1.56	(0.24)
	Psychiatry	3.4	(1.67)	(0.03)	(1.43)	(0.22)	8.35	0.61	1.16	(0.65)
	Pulmonary	(0.2)	0.24	(0.27)	0.72	(0.21)	(0.58)	(0.32)	1.11	(0.15)
Rheumatology	0.4	(0.63)	(0.21)	(0.24)	(0.18)	0.52	1.74	1.28	(0.12)	
Surgical Subspecialties	(5.1)	(2.95)	(0.91)	(1.13)	(0.91)	0.82	(1.18)	(1.28)	0.45	
Urology	(5.1)	(1.93)	(0.66)	(0.72)	(0.55)	(1.44)	1.20	0.80	(0.38)	
<b>Specialty Total</b>		<b>(44.2)</b>	<b>(26.33)</b>	<b>(9.77)</b>	<b>(7.92)</b>	<b>(8.65)</b>	<b>18.35</b>	<b>7.38</b>	<b>9.46</b>	<b>(3.22)</b>
<b>Grand Total</b>		<b>(53.0)</b>	<b>(33.47)</b>	<b>(13.48)</b>	<b>(0.42)</b>	<b>(19.57)</b>	<b>23.95</b>	<b>34.69</b>	<b>36.61</b>	<b>(5.57)</b>

Source: Thomson Reuters Health Care Market Planner Plus Market Expert Demand Estimates 2009; Thomson Reuters Supply Estimates 2010

**APPENDIX C**

**Physician Referrals in Mercy Crystal Lake Hospital CON Application #10-089**

		FY10 Discharges	FY10 Referrals	Projected		
		Referral Letter	Reported by	Reported In	Annual Referrals	Overstatement of FY10 Discharges
		Signed & Notarized?	COMPdata from Area Hospitals	CON Application #10-089	to Mercy Crystal Lake Hospital	from Area Hospitals in CON Application #10-089
Physician	Specialty					
Albright, Kim	Family Medicine	yes	51	51	51	
Asbury, Jeffrey B	Urology	yes	10	21	16	11 110%
Bistriceanu, Grazielia I	Family Medicine	yes - no seal	55	55	55	
Campau, Steven A	Internal Medicine	yes	63	63	63	
Chatterji, Manju	Pediatrics	yes	67	67	67	
Chitwood, Rick A	Pediatrics	yes	72	72	72	
Cook, Richard D	OB/Gyne.	yes	217	259	259	42 19%
Crawley, Terri L	Pediatrics	yes	141	141	141	
Cundiff, Jason	Otolaryngology	yes	16	69	68	53 331%
DeHaan, Paul H	Orthopedic Surgery	yes	80	110	102	30 38%
Dillon, Paul C	Plastic Surgery	neither	24	57	50	33 138%
Favie, Julie	OB/Gyne.	yes	101	116	116	15 15%
Fojtik, Joseph E	Internal Medicine	yes	188	188	188	
Gavran, Monica E	Internal Medicine	yes	85	85	85	
Goodman, David A	Otolaryngology	yes	7	58	58	51 729%
Gulati, Roshl	Family Medicine	yes	33	33	33	
Gupta, Lata	OB/Gyne.	neither	64	75	75	11 17%
Henning, Douglas A	Pediatrics	yes	17	17	17	
Howey, Susan M	OB/Gyne.	neither	94	120	120	26 28%
Hussain, Yasmin	Gastroenterology	yes	2	38	23	36 1800%
Kekish, Nathan	Internal Medicine/Pediatrics	yes	171	171	171	
Kang, Hiejn	Family Medicine	neither	26	26	26	
Karna, Sandhya R	Pediatrics	yes	56	56	56	
Karney, Michelle Y	OB/Gyne.	yes	99	105	70	6 6%
Krpan, Marko F	Orthopedic Surgery	yes	44	59	54	15 34%
Livingston, Gary L	Otolaryngology	yes	11	67	67	56 509%
Loqman, Mabria	Family Medicine	yes	15	158	158	143 953%
Macdonald, Robert J	Family Medicine	yes	89	89	89	
Marian, Camella E	Internal Medicine	neither	77	77	77	
Mirza, Aisha A	Pediatrics	yes	132	132	132	
Mitra, Deepak	Internal Medicine	yes	134	134	134	
Nath, Ranjana	Pediatrics	neither	70	70	70	
Persino, Richard L	OB/Gyne.	yes	127	148	148	21 17%
Phelan, Patrick E	Pediatrics	yes	156	156	156	
Riggs, Mary	OB/Gyne.	yes	109	163	80	54 50%
Ronquillo III, Bibiano C	Internal Medicine	yes	108	108	108	
Shen, Emily	Family Medicine	yes	32	32	32	
Soorya, Ranjana P	Internal Medicine	yes	15	15	15	
Srinivas, Ratna R	OB/Gyne.	yes	8	10	10	2 25%
Tarandy, Dana T	Orthopedic Surgery	yes	56	95	86	39 70%
Wittman, Randy S	OB/Gyne.	yes	147	172	172	25 17%
Zaino, Ricca Y	OB/Gyne.	yes	190	239	239	49 26%
<b>TOTAL, THESE PHYSICIANS</b>			<b>3,259</b>	<b>3,977</b>	<b>3,809</b>	<b>718 22%</b>

Sources: CON Application to establish Mercy Crystal Lake Hospital and Medical Center (#10-089), Appendix 1, hand-numbered Pages 192-276

Illinois Hospital Association's COMPdata via Intellimed

**APPENDIX D**

**Physician Referrals for Mercy Crystal Lake Hospital  
Based on Hospital Referrals in CON Application #10-089**

Physician Name	Specialty	Referral Letter Signed & Notarized?	Hospitals to Which Patients were Referred from July 1, 2009, through June 30, 2010					Total	Projected	FY10 Discharges
			Centegra	Centegra	Mercy	Advocate	Advocate	7/1/09-6/30/10	Annual Referrals	Reported by
			Woodstock	McHenry	Harvard	Good Shepherd	Condell	Referrals per	to Mercy Crystal	COMPdata from
							Lake Hospital	Area Hospitals		
Abricht, Kim	Family Medicine	yes		51				51	51	51
Asbury, Jeffrey	Urology	yes	16		5			21	16	10
Bistriceanu, Graziela	Family Medicine	yes- no seal	54	1				55	55	55
Campau, Steven	Internal Medicine	yes				63		63	63	63
Chatterji, Manju	Pediatrics	yes	18	51				67	67	67
Chitwood, Rick	Pediatrics	yes	8	64				72	72	72
Cook, Richard	OB/Gyne.	yes	259					259	259	217
Crawley, Terri	Pediatrics	yes	141					141	141	141
Cundiff, Jason	Otolaryngology	yes	13	25	1	30		69	68	16
DeHaan, Paul	Orthopedic Surgery	yes	37	65	8			110	102	80
Dillon, Paul	Plastic Surgery	neither	6	12	7		32	57	50	24
Favia, Julie	OB/Gyne.	yes	116					116	116	101
Fojtik, Joseph	Internal Medicine	yes				188		188	188	188
Gevran, Monica	Internal Medicine	yes	85					85	85	85
Goodman, David	Otolaryngology	yes	11	20		27		58	58	7
Gulati, Roshl	Family Medicine	yes	33					33	33	33
Gupta, Lata	OB/Gyne.	neither	75					75	75	64
Henning, Douglas	Pediatrics	yes	17					17	17	17
Howey, Susan	OB/Gyne.	neither		120				120	120	94
Hussain, Yasmin	Gastroenterology	yes	23		15			38	23	2
Kakish, Nathan	Internal Med./Peds.	yes	171					171	171	171
Kang, Hiejn	Family Medicine	neither		26				26	26	26
Karna, Sandhya	Pediatrics	yes		56				56	56	56
Karney, Michelle	OB/Gyne.	yes	105					105	70	89
Krpan, Marko	Orthopedic Surgery	yes	12	42	5			59	54	44
Livingston, Gary	Otolaryngology	yes	17	28		24		67	67	11
Loqman, Mabria	Family Medicine	yes	63	85				158	158	15
MacDonald, Robert	Family Medicine	yes		89				89	89	89
Marian, Camelia	Internal Medicine	neither				77		77	77	77
Mirza, Aisha	Pediatrics	yes	132					132	132	132
Mitra, Deepak	Internal Medicine	yes	30	104				134	134	134
Nath, Ranjana	Pediatrics	neither	21	49				70	70	70
Persino, Richard	OB/Gyne.	yes		148				148	148	127
Phelan, Patrick	Pediatrics	yes	156					156	156	156
Riggs, Mary	OB/Gyne.	yes		183				163	80	109
Rongullo, Bibiano	Internal Medicine	yes	108					108	108	108
Shen, Emily	Family Medicine	yes		32				32	32	32
Sporys, Ranjana	Internal Medicine	yes		15				15	15	15
Srinivas, Ratna	OB/Gyne.	yes		10				10	10	8
Tarandy, Dana	Orthopedic Surgery	yes	76	10	9			95	88	56
Wittman, Randy	OB/Gyne.	yes		172				172	172	147
Zaino, Ricca	OB/Gyne.	yes	239					239	239	190
<b>Total Referrals Based on Physician Referral Letters</b>			<b>2,040</b>	<b>1,446</b>	<b>60</b>	<b>409</b>	<b>32</b>	<b>3,977</b>	<b>3,809</b>	<b>3,269</b>
<b>Percent of Total Referrals</b>			<b>51.3%</b>	<b>36.4%</b>	<b>1.3%</b>	<b>10.3%</b>	<b>0.8%</b>			
<b>Cumulative % of Referrals from Centegra Hospitals</b>			<b>87.7%</b>							

\*Total Referrals per Referral Letters includes all referrals listed in Appendix 1, which may include referrals to hospitals other than those shown in this chart

Sources: CON Application to establish Mercy Crystal Lake Hospital and Medical Center (#10-089), Appendix 1, hand-numbered Pages 192-276

Illinois Hospital Association's COMPdata via IntelliMed



4001 Dayton Street • McHenry, Illinois 60050 • [www.pioneercenter.org](http://www.pioneercenter.org) • 815.344.1230 • fax: 815.344.3815

June 6, 2011

Dear Illinois Health Facilities and Services Review Board,

On behalf of Pioneer Center for Human Services, the largest social service agency in McHenry County serving over 2,500 individuals each year, I would like to wish Centegra Health System the best of luck on their upcoming presentation to the Board.

Over the course of the years Centegra has played a vital role in our community, working on numerous collaborations to enhance our programs and help us fulfill our mission of "empowering individuals to achieve their full potential." We take great pride in our continued work with them and appreciate their support of Pioneer Center and continue our commitment to work together for a stronger community.

Sincerely,

A handwritten signature in black ink, appearing to read "Lorraine Kopezynski", written in a cursive style.

Lorraine Kopezynski  
President/CEO

June 6, 2011

Ms. Courtney R. Avery  
Administrator  
Illinois Health Facilities & Services Review Board  
525 West Jefferson, Second Floor  
Springfield, IL 62761

**In Support of IHFPB Project #10-090  
Centegra Hospital-Huntley**

Dear Ms. Avery:

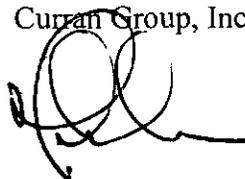
I am writing as a business owner and community resident to express my support of the Centegra Hospital-Huntley project.

The hospitals that became Centegra Health System have been a cornerstone of McHenry County for nearly 100 years. Centegra has demonstrated its investment in the communities it serves by providing quality healthcare to anyone who needs it without concern for ability to pay, jobs for 3,700 employees and key support for a number of vital programs that assist the county's neediest residents. This organization has shown foresight in evolving its services and access to those services, so that when a need is identified, Centegra is ready and able to address that need. A health system that is rooted in the community, supportive of local charities and programs, and that plans ahead to address community needs is the right system to build and operate the proposed new hospital. Centegra is that system.

As a business owner, I applaud Centegra's vision of a hospital in Huntley that will grow, with the community it serves. As a resident of the community and consumer, I am grateful that Centegra is available to provide the high quality healthcare services that are needed, where they are needed. I strongly urge the Illinois Health Facilities & Services Review Board to approve Project #10-090, Centegra Hospital-Huntley.

Sincerely,

Curran Group, Inc.



Michael J. Curran  
President

MJC:sml

June 6, 2011

Ms. Courtney R. Avery  
Administrator  
Illinois Health Facilities & Services Review Board  
525 West Jefferson, Second Floor  
Springfield, IL 62761

**In Support of IHFPB Project #10-090  
Centegra Hospital-Huntley**

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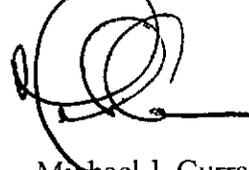
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Sincerely,

Curran Contracting Company



Michael J. Curran  
Executive Vice President

MJC:sml

Letter of Support

Ms. Courtney R. Avery  
Administrator  
Illinois Health Facilities and Services Review Board  
525 West Jefferson  
Second Floor  
Springfield, Illinois 62761  
RE: Project No. 10-090, Centegra Hospital-Huntley

Dear Ms. Avery:

I am writing to express my full support of the proposed hospital in Huntley by Centegra Health System in Project No. 10-090. The fact is, hospital services are needed in the Huntley community and Centegra is the health system best-suited to provide these services.

I know Centegra Health System takes its responsibility to the community very seriously and continues to look for ways to improve the care it provides.

Centegra has long been committed to Huntley and the surrounding communities through outpatient services and other health services that have already been brought to the area.

Centegra purchased the land in Huntley several years ago and has created a strong, long-term plan for responsible development of the site.

I personally appreciate that, along with needed healthcare services, this project will bring new jobs and tax revenue to the Huntley community.

Given the community's need for hospital services and the improved access to healthcare this project will provide for southern McHenry County and surrounding areas, I strongly urge the board to approve the application by Centegra Health System for a new hospital in Huntley.

Sincerely,

Signature *Susan M. Anderson* Date 2-6-11  
Printed Name Susan M. Anderson  
Address 1688 Warrington Lane,  
City, State Zip Crystal Lake, IL 60014

Ms. Courtney R. Avery  
Administrator  
Illinois Health Facilities and Services Review Board  
525 West Jefferson, 2nd Floor  
Springfield, Illinois 62761

**RE: Letter of Support, Project # 10-090, Centegra Hospital-Huntley**

Dear Ms. Avery:

I support Project # 10-090 and Centegra Health System's proposal to bring a new hospital to southern McHenry County. The need for a full-service hospital in this area is clear. Huntley and the surrounding communities make up one of the fastest-growing areas not only in McHenry County, but in the entire state. These communities are currently underserved by healthcare facilities, leaving local residents and workers with significant travel times to existing area hospitals.

I urge the Illinois Health Facilities Services and Review Board to approve Centegra Hospital-Huntley, Project # 10-090.

(Additional thoughts may be shared on the lines below.)

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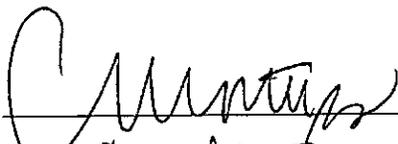
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Sincerely,

Signature:



Printed Name:

Cecile Montezon

Address:

2384 Linden Drive

City, St, Zip:

Woodstock, IL 60098

Date:

2/5/11

Letter of Support

Ms. Courtney R. Avery  
Administrator  
Illinois Health Facilities and Services Review Board  
525 West Jefferson  
Second Floor  
Springfield, Illinois 62761  
RE: Project No. 10-090, Centegra Hospital-Huntley

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I know Centegra Health System takes its responsibility to the community very seriously and continues to look for ways to improve the care it provides.

Centegra has long been committed to Huntley and the surrounding communities through outpatient services and other health services that have already been brought to the area. Centegra purchased the land in Huntley several years ago and has created a strong, long-term plan for responsible development of the site.

I personally appreciate that, along with needed healthcare services, this project will bring new jobs and tax revenue to the Huntley community.

Given the community's need for hospital services and the improved access to healthcare this project will provide for southern McHenry County and surrounding areas, I strongly urge the board to approve the application by Centegra Health System for a new hospital in Huntley.

Sincerely,

Signature *Olga Murphy* Date 2/2/11  
Printed Name OLGA MURPHY  
Address 25671 W. BROOKS FARM RD.  
City, State Zip ROUND LAKE, IL. 60073

Ms. Courtney R. Avery  
Administrator  
Illinois Health Facilities and Services Review Board  
525 West Jefferson, 2nd Floor  
Springfield, Illinois 62761

**RE: Letter of Support, Project # 10-090, Centegra Hospital-Huntley**

Dear Ms. Avery:

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I urge the Illinois Health Facilities Services and Review Board to approve Centegra Hospital-Huntley, Project # 10-090.

(Additional thoughts may be shared on the lines below.)

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Sincerely,

Signature: 

Printed Name: ROBERT VAN HORN

Address: 2264 DONALD AV

City, St, Zip: KANSASVILLE, WI. 53139

Date: 1-22-11

Letter of Support

Ms. Courtney R. Avery  
Administrator  
Illinois Health Facilities and Services Review Board  
525 West Jefferson  
Second Floor  
Springfield, Illinois 62761  
RE: Project No. 10-090, Centegra Hospital-Huntley

From  
Wellness!  
-----  
Celene

Dear Ms. Avery:

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Centegra has long been committed to Huntley and the surrounding communities through outpatient services and other health services that have already been brought to the area.

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I personally appreciate that, along with needed healthcare services, this project will bring new jobs and tax revenue to the Huntley community.

Given the community's need for hospital services and the improved access to healthcare this project will provide for southern McHenry County and surrounding areas, I strongly urge the board to approve the application by Centegra Health System for a new hospital in Huntley.

Sincerely,

Signature Paula Gallas Date 4/29/11  
Printed Name PAULA GALLAS  
Address 5117 EAGLES ROAST  
City, State Zip RICHMOND, IL 60071

Letter of Support

Ms. Courtney R. Avery  
Administrator  
Illinois Health Facilities and Services Review Board  
525 West Jefferson  
Second Floor  
Springfield, Illinois 62761  
RE: Project No. 10-090, Centegra Hospital-Huntley

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Sincerely,

Signature *Emilia Nicholson* Date Apr 26 2011  
Printed Name EMILIA NICHOLSON  
Address 3101 RIVER BIRCH CT  
City, State Zip MC HENRY IL 60051

Letter of Support

Ms. Courtney R. Avery  
Administrator  
Illinois Health Facilities and Services Review Board  
525 West Jefferson  
Second Floor  
Springfield, Illinois 62761  
RE: Project No. 10-090, Centegra Hospital-Huntley

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Sincerely,

Signature Linda O'Donnell Date 4-26-11

Printed Name LINDA O'DONNELL

Address 1134 BULL VALLEY DR.

City, State Zip WOODSTOCK, IL 60098

Letter of Support

Ms. Courtney R. Avery  
Administrator  
Illinois Health Facilities and Services Review Board  
525 West Jefferson  
Second Floor  
Springfield, Illinois 62761  
RE: Project No. 10-090, Centegra Hospital-Huntley

Dear Ms. Avery:

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Sincerely,

Signature Lorraine M. Prignits Date 4/26/2011

Printed Name Lorraine M. Prignits

Address 1608 O'Shea Ct.

City, State Zip McHenry IL - 60051

Letter of Support

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Illinois Health Facilities and Services Review Board  
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Second Floor  
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Sincerely,

Signature Marian Alford Steinlein Date 4-28-11

Printed Name Marian Alford Steinlein

Address 3811 W. Grove Ave

City, State Zip McHenry IL 60050

Letter of Support

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Administrator  
Illinois Health Facilities and Services Review Board  
525 West Jefferson  
Second Floor  
Springfield, Illinois 62761  
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Sincerely,

Signature Debbie Lovatt Date 5/3/11

Printed Name Debbie Lovatt

Address 805 Jessie Rd

City, State Zip Lake in the Hills, IL 60156

Letter of Support

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Administrator  
Illinois Health Facilities and Services Review Board  
525 West Jefferson  
Second Floor  
Springfield, Illinois 62761  
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Sincerely,

Signature Carol J White Date 8/3/2011

Printed Name Carol J White

Address 625 Silver Creek Rd

City, State Zip Woodstock, IL 60098

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Sincerely,

Signature Dorothy Knusei Date 5/06/10  
Printed Name Dorothy Knusei  
Address 1506 Clayton Marsh  
City, State Zip LITHTS IL 60186

Letter of Support

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Second Floor  
Springfield, Illinois 62761  
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Sincerely,

Signature Anna Rico Date 5-6-11  
Printed Name Anna Rico  
Address 727 Jackson Ave.  
City, State Zip Carpentersville, IL 60110

Letter of Support

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Second Floor  
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Sincerely,

Signature Julija A. Kuencien Date 15/6/11

Printed Name \_\_\_\_\_

Address 1751 Crofton Dr.

City, State Zip Algonquin, IL 60102

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Sincerely,

Signature Audrey Gossen Date 5/6/11  
Printed Name Audrey Gossen  
Address 925 Wiltshire Dr  
City, State Zip McHenry IL

Letter of Support

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Sincerely,

Signature Lynda L Vacker Date 5/6/11

Printed Name Lynda L. Vacker

Address 4305 W Shamrock Ln 1A

City, State Zip McHenry, IL 60050

Letter of Support

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Second Floor  
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Sincerely,

Signature Natalie Pusateri Date 1/6/2011

Printed Name Natalie Pusateri

Address 130 South St.

City, State Zip Crystal Lake, IL 60014

Letter of Support

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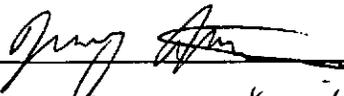
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Sincerely,

Signature  Date 5-6-11

Printed Name Jeremy Mitchell

Address 1809 Euclid Ave.

City, State Zip Berwyn IL 60402

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Springfield, Illinois 62761  
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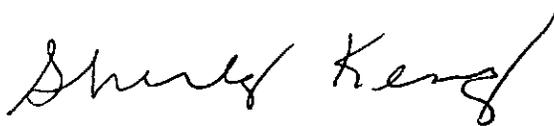
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Sincerely,



Signature Shirley King Date 5/6/11

Printed Name \_\_\_\_\_

Address 162 W. Woodstock

City, State Zip Crystal Lake, IL 60014

Letter of Support

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Illinois Health Facilities and Services Review Board  
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Sincerely,

Signature Denise Keller Date 5.6.11

Printed Name DENISE KELLER

Address 235 EVERGREEN PKWY #3

City, State Zip CRYSTAL LAKE IL 60014

Letter of Support

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Illinois Health Facilities and Services Review Board  
525 West Jefferson  
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Signature Kenneth Harvey Date 5-6-11

Printed Name Kenneth Harvey

Address 235 Evergreen PKWY #3

City, State Zip Crystal Lake IL 60014

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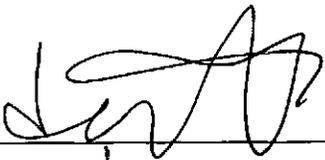
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Sincerely,

Signature  Date 5/6/11  
Printed Name Jessica Hubbard  
Address 5320 Woodland dr.  
City, State Zip McHenry, IL 60050

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Sincerely,

Signature  Date 5/6/11  
Printed Name Julie Cohn  
Address 3940 Wisteria Ct  
City, State Zip LEITH IL 60156

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Sincerely,

Signature Stacey L Gardner Date 5/6/11  
Printed Name Stacey L Gardner  
Address 594 Somerset Lane #4  
City, State Zip Crystal Lake IL 6004

Letter of Support

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Sincerely,

Signature  Date 5/6/11

Printed Name DANA COE

Address 7483 Oneida Rd

City, State Zip Wendota IL 60097

Letter of Support

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Sincerely,

Signature Lawrence W. Wiener Date 5/6/11

Printed Name LAWRENCE W. WIENER

Address 4814 SAGGERS DR.

City, State Zip CRYSTAL LAKE, IL 60014

Letter of Support

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Sincerely,

Signature  Date 5/6/11  
Printed Name \_\_\_\_\_  
Address 2806 E Hickory Drive  
City, State Zip wonderlake, IL 60097

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Sincerely,

Signature Helene A. Metzger Date 5/6  
Printed Name Helene METZGER  
Address 4424 KHASIN RD  
City, State Zip CARY, ILL 60013