



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

525 WEST JEFFERSON ST. • SPRINGFIELD, ILLINOIS 62761 • (217) 782-3516

MEMORANDUM

TO: Mike Constantino, Supervisor – Program Review Section
Division of Health Systems Development

FROM: Dale Galassie, Chairman
Illinois Health Facilities and Services Review Board

RE: Alteration Request for Project # 11-063

Facility: Proctor Community Hospital, Peoria

This is to advise you that I have reviewed the above-captioned permit alteration request within the requirements in 77 IAC 1130.750 and have determined the following:

- The request is in compliance with the requirements in 77 IAC 1130.750 and the alteration request is approved.
- This request is to be reviewed by the Health Facilities Planning Board.
- This request is DENIED effective _____ because it does **NOT** comply with the requirements specified in 77 IAC 1130.750.
- Other actions as follows:

Dale Galassie, Chairman
Illinois Health Facilities and
Services Review Board

Date



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DOCKET ITEM NUMBER: NA	BOARD MEETING: NA	PROJECT NUMBER: #11-063
PERMIT HOLDERS(S): Proctor Community Hospital		
FACILITY NAME and LOCATION: Proctor Community Hospital, Peoria		

Project Description:

The applicants are requesting an alteration to Permit #11-063 Proctor Community Hospital in accordance with 77 IAC 1130.750 - Alteration of the Project. **This is the first alteration request for this project.**



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STATE AGENCY REPORT
PERMIT ALTERATION REQUEST

Project #11-063

I. Project Description and Background Information

On October 12, 2011, the State Board approved Permit #11-063. The permit holders were approved for the discontinuation of 15 beds from its existing 30-bed Skilled Nursing Unit (SNU), and the establishment of an 18-bed geriatric Acute Mental Illness (AMI) Unit. The project involved the modernization of 8,060 GSF of space, and the proposed project cost is \$639,993.

II. The Proposed Alteration

A. The following proposed alterations require State Board approval:

The permit holders are requesting that the total number of skilled nursing (SNF) beds decreased be reduced to 5, as opposed to 15 in the original application.

B. Reason(s) for the Proposed Alteration:

The permit holders note a discrepancy in the total number of skilled nursing (SNF) beds, resulting from a readjustment of the facility's number of skilled nursing beds by the Illinois Health Facilities Planning Board (IHFPB) in April 2009. The readjustment resulted in the reduction of skilled nursing beds from 40 to 30. The proposed alteration seeks to restore the 10 skilled nursing beds to the inventory, resulting in the bed inventory seen in Table One.

TABLE ONE				
Bed Inventory Proctor Hospital, Peoria				
Clinical Service	Before April 2009	After April 2009	Per Project #11-063	Requested Alteration
Medical/Surgical	151	151	151	151
Pediatrics	8	8	8	8
Intensive Care	16	16	16	16
Obstetrics/Gynecology	15	15	15	15
Long Term Care	40	30	15	25

TABLE ONE				
Bed Inventory Proctor Hospital, Peoria				
Acute Mental Illness	0	0	18	18
Totals	230	220	223	233

III. Applicable Rules

77 IAC 1130.750 specifies that a permit is valid only for the project as defined in the application and any change to the project subsequent to permit issuance constitutes an Alteration to the project.

Allowable alterations that require HFPB action are:

- 1) a change in the approved number of beds or stations provided that the change would not independently require a permit or exemption from HFPB;
- 2) abandonment of an approved category of service established under the permit;
- 3) any increase in the square footage of the project up to 5% of the approved gross square footage;
- 4) any decrease in square footage greater than 5% of the project;
- 5) any increase in the cost of the project not to exceed 5% of the total project cost. This alteration may exceed the capital expenditure minimum in place when the permit was issued, provided that it does not exceed 5% of the total project cost;
- 6) any increase in the amount of funds to be borrowed for those permit holders that have not documented a bond rating of "A" or better;
- 7) any increase in the project costs components (i.e., line item amounts) if the increase is not in compliance with the 77 Ill. Adm. Code 1120 review criteria; or
- 8) any change that substantially changes the scope or changes the functional operation of the project, as defined in Section 1130.140.

V. **Summary of State Agency Findings**

All findings from the Original State Agency Report remain unchanged.

The State Agency finds the proposed Alteration appears to be in conformance with all applicable review criteria for Part 1110.

The State Agency finds the proposed Alteration appears to be in conformance with all applicable review criteria for Part 1120.

VI. **Projects Costs and Sources of Funds**

The project costs associated with the proposed project remain unchanged.

VII. **Projects Cost Space Requirement**

The permit holders are not proposing any alteration to the original size of the approved project. This criterion does not apply.

VIII. **Other Information**

Included with this report is the alteration request and a copy of the original State Agency Report.