RECEIVED

MAY 10 2013

HEALTH FACILITIES & SERVICES REVIEW BOARD

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name:	OSF St. Mary Medical Center				
Street Address:	3333 N. Seminary Street				
City and Zip Code:	Galesburg, Illinois 61401				
County:	Knox	Health Service Area	2	Health Planning Area:	C-03

Applicant /Co-Applicant Identification

[Provide for each co-applicant [refer to Part 1130.220].

Exact Legal Name:	OSF Healthcare System
Address:	800 NE Glen Oak Ave, Peoria, Illinois 61603
Name of Registered Agent:	Sister Theresa Ann Brazeau OSF
Name of Chief Executive Officer:	Kevin D Schoeplein
CEO Address:	800 NE Glen Oak Ave, Peoria, Illinois 61603
Telephone Number:	309-655-2850

Type of Ownership of Applicant/Co-Applicant

- ☒ Non-profit Corporation
- ☐ For-profit Corporation
- ☐ Limited Liability Company
- ☐ Partnership
- ☐ Governmental
- ☐ Sole Proprietorship
- ☐ Other

- Corporations and limited liability companies must provide an **Illinois certificate of good standing.**
- Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.

APPEND DOCUMENTATION AS ATTACHMENT-1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Primary Contact

[Person to receive all correspondence or inquiries during the review period]

Name:	Mark E Hohulin
Title:	Senior Vice President, Decision Support
Company Name:	OSF Healthcare System
Address:	800 NE Glen Oak Ave, Peoria, Illinois 61603
Telephone Number:	309-624-2360
E-mail Address:	Mark.E.Hohulin@OSFHealthcare.org
Fax Number:	309-655-4794

Additional Contact

[Person who is also authorized to discuss the application for permit]

Name:	H. Curt Lipe CPA
Title:	Vice President, Chief Financial Officer
Company Name:	OSF St. Mary Medical Center
Address:	3333 N. Seminary Street, Galesburg, Illinois 61401
Telephone Number:	309-344-3161 ext. 1137
E-mail Address:	Curt.Lipe@OSFHealthcare.org
Fax Number:	309-344-9498

Additional Contact

[Person who is also authorized to discuss the application for permit]

Name:	Edwin W. Parkhurst, Jr.
Title:	Managing Principal
Company Name:	PRISM Healthcare Consulting
Address:	800 Roosevelt Road, Building E, Suite 110, Glen Ellyn, Illinois 60137
Telephone Number:	630-790-5089
E-mail Address:	eparkhurst@consultprism.com
Fax Number:	630-790-2696

Post Permit Contact

[Person to receive all correspondence subsequent to permit issuance-**THIS PERSON MUST BE EMPLOYED BY THE LICENSED HEALTH CARE FACILITY AS DEFINED AT 20 ILCS 3960**

Name:	H. Curt Lipe, CPA
Title:	Vice President, Chief Financial Officer
Company Name:	OSF St. Mary Medical Center
Address:	3333 N. Seminary Street, Galesburg, Illinois 61401
Telephone Number:	309-344-3161 ext. 1137
E-mail Address:	Curt.Lipe@OSFHealthcare.org
Fax Number:	309-344-9498

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:	OSF Healthcare System
Address of Site Owner:	800 NE Glen Oak Avenue, Peoria, Illinois 61603
Street Address or Legal Description of Site:	3333 N. Seminary St. Galesburg, Illinois 61401

Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease or a lease.

APPEND DOCUMENTATION AS ATTACHMENT-2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee

[Provide this information for each applicable facility, and insert after this page.]

Exact Legal Name:	St. Mary Medical Center
Address:	3333 N. Seminary Street, Galesburg, Illinois 61401

☒ Non-profit Corporation ☐ Partnership
☐ For-profit Corporation ☐ Governmental
☐ Limited Liability Company ☐ Sole Proprietorship ☐ Other

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- Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.
- **Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.**

APPEND DOCUMENTATION AS ATTACHMENT-3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Organizational Relationships

Provide (for each co-applicant) an organizational chart containing the name and relationship of any person or entity who is related (as defined in Part 1130.140). If the related person or entity is participating in the development or funding of the project, describe the interest and the amount and type of any financial contribution.

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

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Name of Registered Agent:	Sister Theresa Ann Brazeau OSF
Name of Chief Executive Officer:	Richard S. Kowalski, FACHE
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Additional Contact

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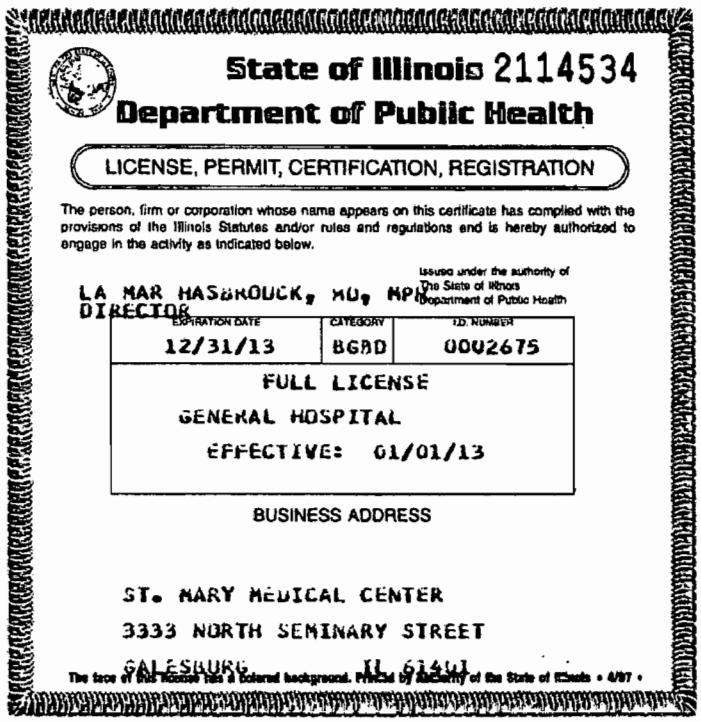

State of Illinois 2114534
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

Issued under the authority of The State of Illinois Department of Public Health

LA MAR HASBROUCK, MD, MPH
DIRECTOR

EXPIRATION DATE	CATEGORY	I.D. NUMBER
12/31/13	BGBD	0002675

FULL LICENSE
GENERAL HOSPITAL
EFFECTIVE: 01/01/13

BUSINESS ADDRESS

ST. MARY MEDICAL CENTER
3333 NORTH SEMINARY STREET
GALESBURG IL 61401

The face of this license has a colored background. Printed by authority of the State of Illinois • 4/97 •

DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 2114534
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

ST. MARY MEDICAL CENTER

EXPIRATION DATE	CATEGORY	I.D. NUMBER
12/31/13	BGBD	0002675

FULL LICENSE
GENERAL HOSPITAL
EFFECTIVE: 01/01/13

12/13/12

ST. MARY MEDICAL CENTER
3333 NORTH SEMINARY STREET
GALESBURG IL 61401

FEE RECEIPT NO.

Flood Plain Requirements **Not Applicable. No construction is involved. Existing Facility**

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2005-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at **www.FEMA.gov** or **www.illinoisfloodmaps.org**. **This map must be in a readable format**. In addition please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2005-5 **(http://www.hfsrb.illinois.gov)**.

APPEND DOCUMENTATION AS ATTACHMENT -5, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Historic Resources Preservation Act Requirements **Not Applicable. Existing Facility**

[Refer to application instructions.]

Provide documentation regarding compliance with the requirements of the Historic Resources Preservation Act.

APPEND DOCUMENTATION AS ATTACHMENT-6, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

DESCRIPTION OF PROJECT

1. Project Classification

[Check those applicable - refer to Part 1110.40 and Part 1120.20(b)]

Part 1110 Classification:	Part 1120 Applicability or Classification: [Check one only.]
☒ Substantive	☐ Part 1120 Not Applicable
☐ Non-substantive	☒ Category A Project (No project cost)
	☐ Category B Project
	☐ DHS or DVA Project

2. Narrative Description

Provide in the space below, a brief narrative description of the project. Explain **WHAT** is to be done in **State Board defined terms**, **NOT WHY** it is being done. If the project site does NOT have a street address, include a legal description of the site. Include the rationale regarding the project's classification as substantive or non-substantive.

OSF Healthcare System, Peoria, Illinois D/B/A St. Mary Medical Center (SMMC), Galesburg, Illinois proposes to discontinue its Cardiac Catheterization Category of service at SMMC. Upon discontinuation approval, the approximate 1,048 dgsf catheterization laboratory will be reassigned to non-clinical space.

There is no cost to this proposed project and the associated catheterization laboratory medical equipment will be declared surplus and sold in a bid process.

The proposed project is classified as substantive because it proposes to discontinue a State Agency designated "category of service".

As described herein, there will be no adverse impact on access in that SMMC is, as are many hospitals in the region, served by HeartCare Midwest, a regional cardiovascular provider. In addition, the required impact letters provided herein indicate there is market capacity to accept patient referrals upon discontinuation approval.

SMMC is located at 3333 N. Seminary Street Galesburg, Illinois.

(See attached support letters)

OSF
GALESBURG CLINIC

March 14, 2013

Richard Kowalski, CEO
OSF St. Mary Medical Center
3333 N. Seminary Street
Galesburg, IL 61401

Dear Dick:

I am writing this letter to support the discontinuation and closure of the Cardiac Catheterization Laboratory at OSF St. Mary Medical Center. The cath lab opened in 2004, provided just over 100 catheterizations at its peak utilization, and had no utilization in 2012.

As you are aware, OSF St. Mary Medical Center (SMMC) is served by HeartCare Midwest which is the largest cardiovascular provider group in Western Illinois. Their staff is comprised of more than 40 cardiologists, cardiothoracic and vascular surgeons, along with advanced practitioners. HeartCare Midwest physicians are on approximately 20 area hospital staffs. This group serves OSF St. Mary Medical Center using a regional practice model which does not require cath lab services be maintained at SMMC.

Currently, cardiac catheterization referrals are being handled by HealthCare Midwest physicians primarily by their staff at OSF St. Francis Medical Center, Peoria. The local and regional access to quality comprehensive cardiovascular care services is excellent, and our patients are being well served.

If you feel you need any additional information, please feel free to contact me at your convenience.

Sincerely,

Mark Meeker, D.O.
Regional Director

3315 North Seminary Street, Galesburg, IL 61401 Phone (309) 344-1010 www.osfgalesburgclinic.org
The Sisters of the Third Order of St. Francis

OSF HEALTHCARE

800 N.E. Glen Oak Avenue, Peoria, Illinois 61603-3200 Phone (309) 655-2850

Date: March 25, 2013

To: Richard Kowalski
CEO, OSF St. Mary Medical Center

Cc: Curt Lipe, Vice President, OSF St. Mary Medical Center
Mark Hohulin, Senior Vice President, Decision Support, OSF Healthcare System

From: Donald B. McElroy, MD, FACP, FACC, FAHA
CEO, Cardiovascular Service Line
OSF HealthCare System

Re: Discontinuation of Cardiac Catheterization Lab Services at OSF St. Mary Medical Center, Galesburg, IL

I am writing to recommend that we discontinue cardiac catheterization services at OSF St. Mary Medical Center. This recommendation has arisen out of lengthy discussions with the leadership of both OSF St. Mary Medical Center including physician leadership as well as among the cardiology providers.

This recommendation arises because of a precipitous decline in procedures performed at St. Mary's over recent years. This mirrors a national trend in declining volumes of diagnostic cardiac catheterization. The decline is due in part to better noninvasive diagnostic testing to identify those patients who are most likely to need advanced intervention such as coronary stenting or perhaps are candidates for cardiac surgery. Patients are being referred to centers (most commonly in Peoria less than one hour by car to the east) that are able to do these more advanced interventional procedures with a sufficient volume of procedures to insure the highest quality. The catheterization labs in Peoria are also backed up by immediate cardiac surgery if needed as well as being operative 24/7/365. This level of care located nearby is felt to be the most optimal for our patients living in the Galesburg service area who may need these services.

The decline in volume locally in Galesburg would raise a concern about maintaining competency on the part of the staff as well as a concern about maintaining a sufficient volume to insure quality. As you are aware the purpose of this lab was never to provide advanced coronary intervention and was not staffed to provide 24/7/365 coverage that could provide intervention to those patients who would present with acute heart attack. Currently patients presenting with acute myocardial infarction (Heart Attack) at any time are able to be promptly referred (generally by helicopter transport) to Peoria primarily. There they can have prompt reperfusion to limit the size of heart injury. This referral and transfer process has been very efficient and includes the ability to identify patients with heart attack in the field with the robust use of pre hospital 12 Lead ECGs by local EMS services. This has greatly reduced the time needed to treat these patients.

Given the lack of utilization of this facility at present and because of the concerns about maintenance of skills it would be our strong recommendation to discontinue this service at OSF St. Mary Medical Center in Galesburg.

Project Costs and Sources of Funds

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-reviewable components that are not related to the provision of health care, complete the second column of the table below. Note, the use and sources of funds must equal.

Project Costs and Sources of Funds			
USE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts			
Contingencies			
Architectural/Engineering Fees			
Consulting and Other Fees			
Movable or Other Equipment (not in construction contracts)			
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment			
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	**$ 0**	**$ 0**	**$ 0**
SOURCE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Cash and Securities			
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	**$ 0**	**$ 0**	**$ 0**

NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Related Project Costs (OSF)

Provide the following information, as applicable, with respect to any land related to the project that will be or has been acquired during the last two calendar years:

Land acquisition is related to project ☐ Yes ☒ No
Purchase Price: $_____
Fair Market Value: $_____

The project involves the establishment of a new facility or a new category of service
☐ Yes ☒ No

If yes, provide the dollar amount of all **non-capitalized** operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.

Estimated start-up costs and operating deficit cost is $ _____.

Project Status and Completion Schedules

Indicate the stage of the project's architectural drawings:

☒ None or not applicable ☐ Preliminary
☐ Schematics ☐ Final Working

Anticipated project completion date (refer to Part 1130.140): _____

Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140): **Not applicable. There is no project cost.**

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

APPEND DOCUMENTATION AS ATTACHMENT-8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

State Agency Submittals - OSF Healthcare System

Are the following submittals up to date as applicable:
☒ Cancer Registry
☒ APORS
☒ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
☒ All reports regarding outstanding permits **(There are no outstanding permits)**
Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.

Related Project Costs (SMMC)

Provide the following information, as applicable, with respect to any land related to the project that will be or has been acquired during the last two calendar years:

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Purchase Price: $_____
Fair Market Value: $_____

The project involves the establishment of a new facility or a new category of service
☐ Yes ☒ No

If yes, provide the dollar amount of all **non-capitalized** operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.

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☒ APORS
☒ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
☒ All reports regarding outstanding permits **(There are no outstanding permits)**

Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.

Cost Space Requirements

Provide in the following format, the department/area **DGSF** or the building/area **BGSF** and cost. The type of gross square footage either **DGSF** or **BGSF** must be identified. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the department's or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

		Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
Dept. / Area	**Cost**	**Existing**	**Proposed**	**New Const.**	**Modernized**	**As Is**	**Vacated Space**
REVIEWABLE							
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical							
NON REVIEWABLE							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL							

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Not applicable...no project costs...no project related modernization costs

Facility Bed Capacity and Utilization

Complete the following chart, as applicable. Complete a separate chart for each facility that is a part of the project and insert following this page. Provide the existing bed capacity and utilization data for the latest **Calendar Year for which the data are available. Include observation days in the patient day totals for each bed service.** Any bed capacity discrepancy from the Inventory will result in the application being deemed **incomplete**.

FACILITY NAME: St. Mary Medical Center		**CITY:** Galesburg, Illinois			
REPORTING PERIOD DATES:		**From:** January 1, 2011	to: December 31, 2011		
Category of Service	**Authorized Beds**	**Admissions**	**Patient Days ***	**Bed Changes**	**Proposed Beds**
Medical/Surgical	69	3,139	11,650	0	69
Obstetrics/Gyn	7	208	449	0	7
Pediatrics	5	40	91	0	5
Intensive Care **	9	758	1,751	0	9
Comprehensive Physical Rehabilitation					
Acute/Chronic Mental Illness					
Neonatal Intensive Care					
General Long Term Care					
Specialized Long Term Care					
Long Term Acute Care					
Other ((identify)					
TOTALS:	90	4,145	13,941	0	90

* Plus observation days

Medical Surgical	1,551
Pediatrics	92
Intensive Care	10
OB/Gyn	0
Total	1,653

** ICU Utilization

Admissions

Direct	516
Transfers	242
Total	758

Patient Days

Direct	1,191
Transfers	560
Total	1,751

Facility Bed Capacity and Utilization

Complete the following chart, as applicable. Complete a separate chart for each facility that is a part of the project and insert following this page. Provide the existing bed capacity and utilization data for the latest **Calendar Year for which the data are available. Include observation days in the patient day totals for each bed service.** Any bed capacity discrepancy from the Inventory will result in the application being deemed **incomplete**.

FACILITY NAME: St. Mary Medical Center		**CITY:** Galesburg, Illinois			
REPORTING PERIOD DATES:		**From:** January 1, 2012	to: December 31, 2012		
Category of Service	**Authorized Beds**	**Admissions**	**Patient Days ***	**Bed Changes**	**Proposed Beds**
Medical/Surgical	69	2,952	10,928	0	69
Obstetrics/Gyn	7	315	708	0	7
Pediatrics	5	31	69	0	5
Intensive Care **	9	697	1,531	0	9
Comprehensive Physical Rehabilitation					
Acute/Chronic Mental Illness					
Neonatal Intensive Care					
General Long Term Care					
Specialized Long Term Care					
Long Term Acute Care					
Other ((identify)					
TOTALS:	90	3,995	13,236	0	90

* Plus observation days

Medical Surgical	911
Pediatrics	0
Intensive Care	11
OB/Gyn	2
Total	924

** ICU Utilization

Admissions

Direct	148
Transfers	549
Total	697

Patient Days

Direct	367
Transfers	1,164
Total	1,531

CERTIFICATION

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are:

- in the case of a corporation, any two of its officers or members of its Board of Directors;
- in the case of a limited liability company, any two of its managers or members (or the sole manger or member when two or more managers or members do not exist);
- in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

This Application for Permit is filed on the behalf of OSF Healthcare System * **in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for permit on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the permit application fee required for this application is sent herewith or will be paid upon request.**

K D. Schoeplein SIGNATURE	Sister Diane Marie McGraw, OSF SIGNATURE
Kevin D. Schoeplein PRINTED NAME	Sister Diane Marie, OSF PRINTED NAME
Chief Executive Officer PRINTED TITLE	President of OSF Healthcare System PRINTED TITLE
Notarization: Subscribed and sworn to before me this 7th day of May 2013	Notarization: Subscribed and sworn to before me this 7th day of May 2013
Tonda L. Stewart Signature of Notary	Tonda L. Stewart Signature of Notary
Seal OFFICIAL SEAL TONDA L STEWART Notary Public - State of Illinois My Commission Expires Aug 26, 2016	Seal OFFICIAL SEAL TONDA L STEWART Notary Public - State of Illinois My Commission Expires Aug 26, 2016

*Insert EXACT legal name of the applicant

CERTIFICATION

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are:

- in the case of a corporation, any two of its officers or members of its Board of Directors;
- in the case of a limited liability company, any two of its managers or members (or the sole manger or member when two or more managers or members do not exist);
- in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

**This Application for Permit is filed on the behalf of OSF Healthcare System dba St. Mary Medical Center of Galesburg *
in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for permit on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the permit application fee required for this application is sent herewith or will be paid upon request.**

SIGNATURE

Kevin D. Schoeplein
PRINTED NAME

Chief Executive Officer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 1st day of May 2013

Signature of Notary

Seal

OFFICIAL SEAL
TONDA L STEWART
Notary Public - State of Illinois
My Commission Expires Aug 26, 2016

SIGNATURE

Richard S. Kowalski, FACHE
PRINTED NAME

Chief Executive Officer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 3rd day of May

Signature of Notary

Seal

OFFICIAL SEAL
MARSHA D WILSON
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:08/26/16

*Insert EXACT legal name of the applicant

SECTION II. DISCONTINUATION

This Section is applicable to any project that involves discontinuation of a health care facility or a category of service. **NOTE:** If the project is solely for discontinuation and if there is no project cost, the remaining Sections of the application are not applicable.

Criterion 1110.130 - Discontinuation

READ THE REVIEW CRITERION and provide the following information:

GENERAL INFORMATION REQUIREMENTS

1. Identify the categories of service and the number of beds, if any that is to be discontinued.
2. Identify all of the other clinical services that are to be discontinued.
3. Provide the anticipated date of discontinuation for each identified service or for the entire facility.
4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
5. Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued, and the length of time the records will be maintained.
6. For applications involving the discontinuation of an entire facility, certification by an authorized representative that all questionnaires and data required by HFSRB or DPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 60 days following the date of discontinuation.

REASONS FOR DISCONTINUATION

The applicant shall state the reasons for discontinuation and provide data that verifies the need for the proposed action. See criterion 1110.130(b) for examples.

IMPACT ON ACCESS

1. Document that the discontinuation of each service or of the entire facility will not have an adverse effect upon access to care for residents of the facility's market area.
2. Document that a written request for an impact statement was received by all existing or approved health care facilities (that provide the same services as those being discontinued) located within 45 minutes travel time of the applicant facility.
3. Provide copies of impact statements received from other resources or health care facilities located within 45 minutes travel time, that indicate the extent to which the applicant's workload will be absorbed without conditions, limitations or discrimination.

APPEND DOCUMENTATION AS ATTACHMENT-10, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

The following Sections DO NOT need to be addressed by the applicants or co-applicants responsible for funding or guaranteeing the funding of the project if the applicant has a bond rating of A- or better from Fitch's or Standard and Poor's rating agencies, or A3 or better from Moody's (the rating shall be affirmed within the latest 18 month period prior to the submittal of the application):

- **Section 1120.120 Availability of Funds – Review Criteria**
- **Section 1120.130 Financial Viability – Review Criteria**
- **Section 1120.140 Economic Feasibility – Review Criteria, subsection (a)**

VIII. - 1120.120 - Availability of Funds

The applicant shall document that financial resources shall be available and be equal to or exceed the estimated total project cost plus any related project costs by providing evidence of sufficient financial resources from the following sources, as applicable: **Indicate the dollar amount to be provided from the following sources:**

_____	a)	Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to: 1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and 2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
_____	b)	Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
_____	c)	Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
_____	d)	Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including: 1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated; 2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate; 3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.; 4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment; 5) For any option to lease, a copy of the option, including all terms and conditions.
_____	e)	Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
_____	f)	Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
_____	g)	All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
		TOTAL FUNDS AVAILABLE

APPEND DOCUMENTATION AS ATTACHMENT-39, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

IX. 1120.130 - Financial Viability

All the applicants and co-applicants shall be identified, specifying their roles in the project funding or guaranteeing the funding (sole responsibility or shared) and percentage of participation in that funding.

Financial Viability Waiver

The applicant is not required to submit financial viability ratios if:

1. **All of the projects capital expenditures are completely funded through internal sources**
2. **The applicant's current debt financing or projected debt financing is insured or anticipated to be insured by MBIA (Municipal Bond Insurance Association Inc.) or equivalent**
3. **The applicant provides a third party surety bond or performance bond letter of credit from an A rated guarantor.**

See Section 1120.130 Financial Waiver for information to be provided

APPEND DOCUMENTATION AS ATTACHMENT-40, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

The applicant or co-applicant that is responsible for funding or guaranteeing funding of the project shall provide viability ratios for the latest three years for which **audited financial statements are available and for the first full fiscal year at target utilization, but no more than two years following project completion.** When the applicant's facility does not have facility specific financial statements and the facility is a member of a health care system that has combined or consolidated financial statements, the system's viability ratios shall be provided. If the health care system includes one or more hospitals, the system's viability ratios shall be evaluated for conformance with the applicable hospital standards.

Provide Data for Projects Classified as:	**Category A or Category B (last three years)**			**Category B (Projected)**
Enter Historical and/or Projected Years:				
Current Ratio				
Net Margin Percentage				
Percent Debt to Total Capitalization				
Projected Debt Service Coverage				
Days Cash on Hand				
Cushion Ratio				

Provide the methodology and worksheets utilized in determining the ratios detailing the calculation and applicable line item amounts from the financial statements. Complete a separate table for each co-applicant and provide worksheets for each.

2. Variance

Applicants not in compliance with any of the viability ratios shall document that another organization, public or private, shall assume the legal responsibility to meet the debt obligations should the applicant default.

APPEND DOCUMENTATION AS ATTACHMENT 41, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

X. 1120.140 - Economic Feasibility

This section is applicable to all projects subject to Part 1120.

A. Reasonableness of Financing Arrangements

The applicant shall document the reasonableness of financing arrangements by submitting a notarized statement signed by an authorized representative that attests to one of the following:

1) That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or

2) That the total estimated project costs and related costs will be funded in total or in part by borrowing because:

A) A portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order to maintain a current ratio of at least 2.0 times for hospitals and 1.5 times for all other facilities; or

B) Borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

B. Conditions of Debt Financing

This criterion is applicable only to projects that involve debt financing. The applicant shall document that the conditions of debt financing are reasonable by submitting a notarized statement signed by an authorized representative that attests to the following, as applicable:

1) That the selected form of debt financing for the project will be at the lowest net cost available;

2) That the selected form of debt financing will not be at the lowest net cost available, but is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs and other factors;

3) That the project involves (in total or in part) the leasing of equipment or facilities and that the expenses incurred with leasing a facility or equipment are less costly than constructing a new facility or purchasing new equipment.

C. **Reasonableness of Project and Related Costs**

Read the criterion and provide the following:

1. Identify each department or area impacted by the proposed project and provide a cost and square footage allocation for new construction and/or modernization using the following format (insert after this page).

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE

Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Cost/Square Foot Mod.	Gross Sq. Ft. New	Gross Sq. Ft. Circ.*	Gross Sq. Ft. Mod.	Gross Sq. Ft. Circ.*	Const. $ (A x C)	Mod. $ (B x E)	
Contingency									
TOTALS									

* Include the percentage (%) of space for circulation

D. Projected Operating Costs

The applicant shall provide the projected direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year at target utilization but no more than two years following project completion. Direct cost means the fully allocated costs of salaries, benefits and supplies for the service.

E. Total Effect of the Project on Capital Costs

The applicant shall provide the total projected annual capital costs (in current dollars per equivalent patient day) for the first full fiscal year at target utilization but no more than two years following project completion.

APPEND DOCUMENTATION AS ATTACHMENT -42, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

XI. Safety Net Impact Statement

SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL SUBSTANTIVE AND DISCONTINUATION PROJECTS:

1. The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible for an applicant to have such knowledge.

2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.

3. How the discontinuation of a facility or service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.

Safety Net Impact Statements shall also include all of the following:

1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.

2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.

3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

A table in the following format must be provided as part of Attachment 43.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	**Year**	**Year**	**Year**
Inpatient			
Outpatient			
Total			
Charity (cost in dollars)			
Inpatient			
Outpatient			
Total			
MEDICAID			
Medicaid (# of patients)	**Year**	**Year**	**Year**
Inpatient			
Outpatient			
Total			

Medicaid (revenue)			
Inpatient			
Outpatient			
Total			

APPEND DOCUMENTATION AS ATTACHMENT-43, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

XII. Charity Care Information

Charity Care information MUST be furnished for ALL projects.

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.

2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.

3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

Charity care" means care provided by a health care facility for which the provider does not expect to receive payment from the patient or a third-party payer. (20 ILCS 3960/3) Charity Care must be provided at cost.

A table in the following format must be provided for all facilities as part of Attachment 44.

CHARITY CARE			
	Year	**Year**	**Year**
Net Patient Revenue			
Amount of Charity Care (charges)			
Cost of Charity Care			

APPEND DOCUMENTATION AS ATTACHMENT-44, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

After paginating the entire, completed application, indicate in the chart below, the page numbers for the attachments included as part of the project's application for permit:

INDEX OF ATTACHMENTS

ATTACHMENT NO.		PAGES
1	Applicant/Co-applicant Identification including Certificate of Good Standing	28 – 32
2	Site Ownership	33 – 36
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	37 – 39
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	40 – 42
5	Flood Plain Requirements	43
6	Historic Preservation Act Requirements	44
7	Project and Sources of Funds Itemization	45
8	Obligation Document if required	46
9	Cost Space Requirements	47
10	Discontinuation	48 - 105
11	Background of the Applicant	NA
12	Purpose of the Project	NA
13	Alternatives to the Project	NA
14	Size of the Project	NA
15	Project Service Utilization	NA
16	Unfinished or Shell Space	NA
17	Assurances for Unfinished/Shell Space	NA
18	Master Design Project	NA
19	Mergers, Consolidations and Acquisitions	NA
	Service Specific:	
20	Medical Surgical Pediatrics, Obstetrics, ICU	NA
21	Comprehensive Physical Rehabilitation	NA
22	Acute Mental Illness	NA
23	Neonatal Intensive Care	NA
24	Open Heart Surgery	NA
25	Cardiac Catheterization	NA
26	In-Center Hemodialysis	NA
27	Non-Hospital Based Ambulatory Surgery	NA
28	General Long Term Care	NA
29	Specialized Long Term Care	NA
30	Selected Organ Transplantation	NA
31	Kidney Transplantation	NA
32	Subacute Care Hospital Model	NA
33	Post Surgical Recovery Care Center	NA
34	Children's Community-Based Health Care Center	NA
35	Community-Based Residential Rehabilitation Center	NA
36	Long Term Acute Care Hospital	NA
37	Clinical Service Areas Other than Categories of Service	NA
38	Freestanding Emergency Center Medical Services	NA
	Financial and Economic Feasibility:	
39	Availability of Funds	106– 109
40	Financial Waiver	110
41	Financial Viability	111
42	Economic Feasibility	112 – 113
43	Safety Net Impact Statement	114 – 116
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Appendix A	MapQuest Drive Time Maps for Impact Letter Recipients	120 – 142

ATTACHMENTS

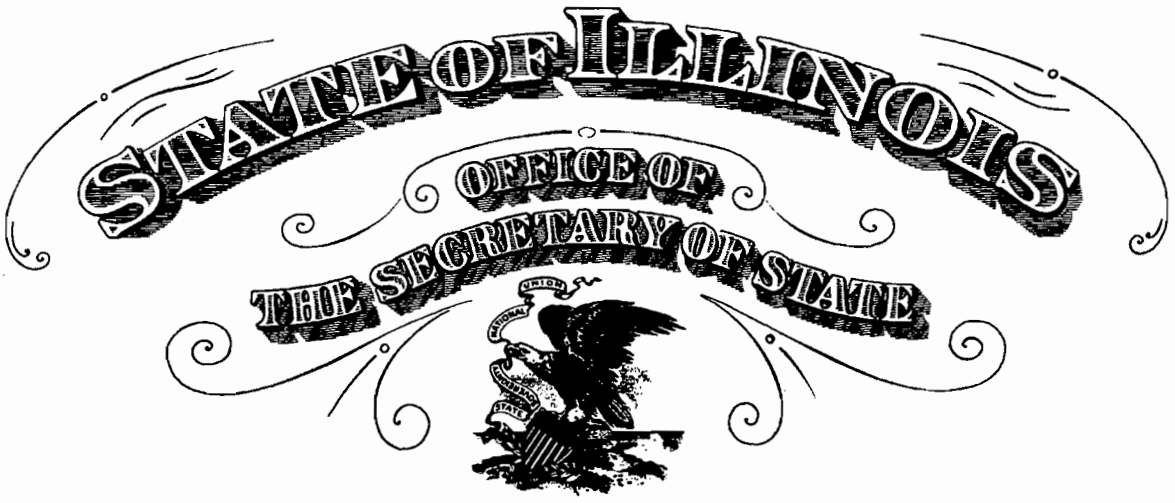
Applicant /Co-Applicant Identification
[Provide for each co-applicant [refer to Part 1130.220].

Exact Legal Name:	OSF Healthcare System
Address:	800 NE Glen Oak Ave, Peoria, Illinois 61603
Name of Registered Agent:	Sister Theresa Ann Brazeau OSF
Name of Chief Executive Officer:	Kevin D Schoeplein
CEO Address:	800 NE Glen Oak Ave, Peoria, Illinois 61603
Telephone Number:	309-655-2850

Applicant /Co-Applicant Identification
[Provide for each co-applicant [refer to Part 1130.220].

Exact Legal Name:	OSF Healthcare System dba St. Mary Medical Center
Address:	3333 N. Seminary Avenue, Galesburg, Illinois 61401
Name of Registered Agent:	Sister Theresa Ann Brazeau OSF
Name of Chief Executive Officer:	Richard S. Kowalski, FACHE
CEO Address:	3333 N. Seminary Avenue, Galesburg, Illinois 61401
Telephone Number:	309-655-2850

File Number 0107-414-8



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

OSF HEALTHCARE SYSTEM, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 02, 1880, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

Authentication #: 1310000368

Authenticate at: http://www.cyberdriveillinois.com

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 10TH *day of* APRIL *A.D.* 2013 .

Jesse White

SECRETARY OF STATE

CORPORATION FILE DETAIL REPORT

Entity Name	OSF HEALTHCARE SYSTEM	File Number	01074148
Status	ACTIVE		
Entity Type	CORPORATION	Type of Corp	NOT-FOR-PROFIT
Incorporation Date (Domestic)	01/02/1880	State	ILLINOIS
Agent Name	SISTER THERESA ANN BRAZEAU OSF	Agent Change Date	11/28/2006
Agent Street Address	1175 ST FRANCIS LANE	President Name & Address	
Agent City	EAST PEORIA	Secretary Name & Address	
Agent Zip	61611	Duration Date	PERPETUAL
Annual Report Filing Date	12/02/2011	For Year	2012
Assumed Name	INACTIVE - RHEUMATOLOGY ASSOCIATES OF CENTRAL ILLINOIS INACTIVE - PEDIATRIC ASSOCIATES OF CENTRAL ILLINOIS INACTIVE - EAR, NOSE AND THROAT ASSOCIATES OF CENTRAL ILLINOIS INACTIVE - ARTHRITIS CENTER OF CENTRAL ILLINOIS INACTIVE - SAINT JOSEPH HOSPITAL, BELVIDERE INACTIVE - ST. JOSEPH MEDICAL CENTER INACTIVE - SAINT JAMES HOSPITAL INACTIVE - SAINT FRANCIS MEDICAL CENTER INACTIVE - SAINT ANTHONY MEDICAL CENTER ACTIVE - ST. MARY MEDICAL CENTER OF GALESBURG INACTIVE - EASTLAND MEDICAL PLAZA SURGICENTER, 1505 EASTLAND DRIVE, BLOOMINGTON, ILLINOIS ACTIVE - SAINT ANTHONY MEDICAL CENTER, ROCKFORD ACTIVE - SAINT JAMES HOSPITAL, PONTIAC ACTIVE - ST. JOSEPH MEDICAL CENTER, BLOOMINGTON ACTIVE - SAINT FRANCIS MEDICAL CENTER, PEORIA INACTIVE - OSF MEDICAL GROUP ACTIVE - OSF HOSPICE ACTIVE - SAINT CLARE HOME, PEORIA HEIGHTS, ILLINOIS ACTIVE - CANCER CARE ASSOCIATES, NORMAL, ILLINOIS ACTIVE - OSF SAINT JAMES-JOHN W. ALBRECHT MEDICAL CENTER ACTIVE - SPECIALITY CARE PHYSICIANS - BLOOMINGTON ACTIVE - HEARTCARE MIDWEST - BLOOMINGTON ACTIVE - OSF MEDICAL GROUP ACTIVE - CHILDREN'S HOSPITAL OF ILLINOIS ACTIVE - OSF HOLY FAMILY MEDICAL CENTER ACTIVE - OSF HOLY FAMILY HOME HEALTH ACTIVE - OSF HOLY FAMILY CLINICS ACTIVE - OSF SAINT ANTHONY MEDICAL CENTER, ROCKFORD ACTIVE - OSF ST. JOSEPH MEDICAL CENTER, BLOOMINGTON ACTIVE - OSF SAINT FRANCIS MEDICAL CENTER, PEORIA ACTIVE - OSF ST. MARY MEDICAL CENTER, GALESBURG ACTIVE - OSF SAINT CLARE HOME, PEORIA HEIGHTS ACTIVE - ILLINOIS NEUROLOGICAL INSTITUTE ACTIVE - OSF HEALTHCARE ACTIVE - OSF HOME HEALTH-EASTERN REGION ACTIVE - OSF HOSPICE-EASTERN REGION		

	ACTIVE - OSF HOSPICE - WESTERN REGION ACTIVE - OSF HOME HEALTH - WESTERN REGION ACTIVE - OSF HOME CARE SERVICES ACTIVE - SAINT FRANCIS MEDICAL CENTER HOME HEALTH ACTIVE - SAINT ANTHONY MEDICAL CENTER FOR HOME HEALTH ACTIVE - JUMP TRADING SIMULATION EDUCATION CENTER
Old Corp Name	07/07/1989 - THE SISTERS OF THE THIRD ORDER OF ST. FRANCIS

Return to the Search Screen

Purchase Certificate of Good Standing

(One Certificate per Transaction)

BACK TO CYBERDRIVEILLINOIS.COM HOME PAGE

The Joint Commission

September 28, 2011

Richard S. Kowalski, FACHE
President and CEO
O.S.F St. Mary Medical Center
3333 North Seminary Street
Galesburg, IL 61401

Joint Commission ID #: 7349
Program: Hospital Accreditation
Accreditation Activity: Measure of Success
Accreditation Activity Completed: 09/28/2011

Dear Mr. Kowalski:

The Joint Commission would like to thank your organization for participating in the accreditation process. This process is designed to help your organization continuously provide safe, high-quality care, treatment, and services by identifying opportunities for improvement in your processes and helping you follow through on and implement these improvements. We encourage you to use the accreditation process as a continuous standards compliance and operational improvement tool.

The Joint Commission is granting your organization an accreditation decision of Accredited for all services surveyed under the applicable manual(s) noted below:

- Comprehensive Accreditation Manual for Hospitals

This accreditation cycle is effective beginning February 12, 2011. The Joint Commission reserves the right to shorten or lengthen the duration of the cycle; however, the certificate and cycle are customarily valid for up to 36 months.

Please visit Quality Check® on The Joint Commission web site for updated information related to your accreditation decision.

We encourage you to share this accreditation decision with your organization's appropriate staff, leadership, and governing body. You may also want to inform the Centers for Medicare and Medicaid Services (CMS), state or regional regulatory services, and the public you serve of your organization's accreditation decision.

Please be assured that The Joint Commission will keep the report confidential, except as required by law. To ensure that The Joint Commission's information about your organization is always accurate and current, our policy requires that you inform us of any changes in the name or ownership of your organization or the health care services you provide.

Sincerely,

Ann Scott Blouin RN, PhD

Ann Scott Blouin, RN, Ph.D.
Executive Vice President
Accreditation and Certification Operations

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:	OSF Healthcare System
Address of Site Owner:	800 NE Glen Oak Avenue, Peoria, Illinois 61603
Street Address or Legal Description of Site:	3333 N. Seminary St. Galesburg, Illinois 61401
Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease or a lease.	

See Attached

7500

mailed 2/1/13

Knox County
City of Galesburg Assessor
121 W. Tompkins St
Galesburg, IL 61401

01/14/2013

CERTIFICATE OF EXEMPT STATUS PROPERTY RENEWAL **CITY OF GALESBURG TWP. 2013**

OSF Health Care System
ATTN: Corp. Real Estate Manager
800 NE Glen Oak Ave.
Peoria, IL 61603

DEADLINE DATE: 03/29/2013

In accordance with chapter 35 of the Illinois Statutes 200/15-10, you are required to submit yearly a Certificate of Status of Exempt Property. As title holder and/or owner of the beneficial interest of the parcel or parcels listed below, you must inform the Chief County Assessment Office of any change in the use of the property or properties as of January 1, 2013. Has there been a change in property ownership? Has the property been sold? Is the property now leased? If leased, please attach a copy of the lease agreement.

EXEMPT PARCEL NUMBERS:

95-35-100-008 Partial Exempt
(7448-3) Hospital & Grounds
(8548-176) House & Garage

Parcel
Number:_____ Change:_____
Parcel
Number:_____ Change:_____

This letter must be returned to the Chief County Assessment Office by the deadline above. Failure to file this Certificate shall constitute cause to terminate this exemption from taxation for the above properties.

If you have questions regarding this form, please call (309) 345-3845.

Tracey Marini Manager of Real Estate Services 309-677-0754
Representative Telephone

800 NE Glen Oak Ave Peoria IL 61603
Address City State Zip Code

All Properties on Parcel # 9535100008

Property ID: 77678 Property ID: 77679 Property ID: 77680

Parcel Information Commercial Photos New Search Printer Friendly

New - Property Detail Tutorial

Commercial Information for Property ID: 77678

This property type is: Exempt

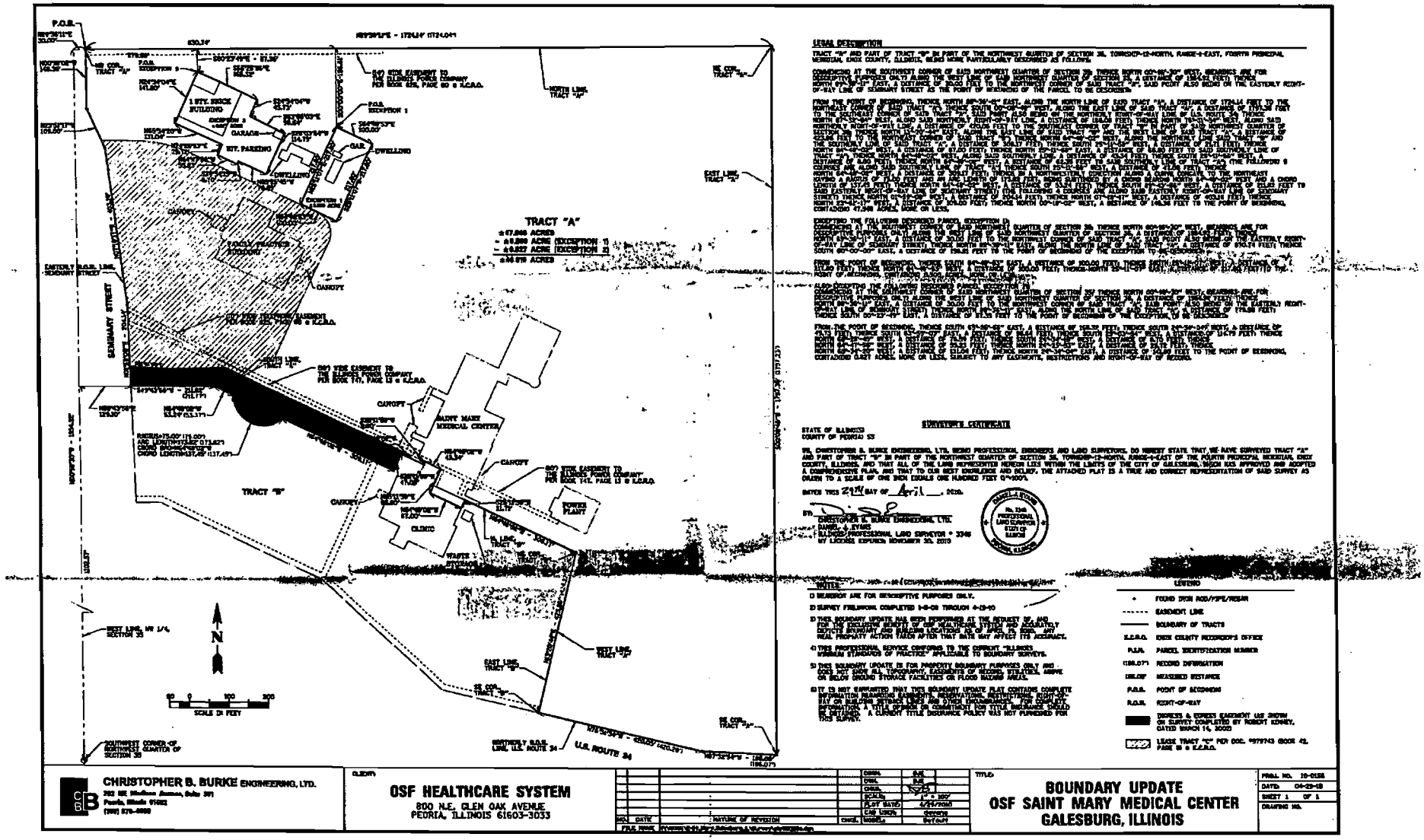
2012 Market Value ?	$15,600
Year Built	1973
Date Assessed	1/1/2012
Lot Size	42.41 Acs
Brief Legal Description	IRREG 47.91 AC TR LYG IN NW S35 (EX TR C AS IN PLAT 42-8) T12 R1 CITY OF GALESBURG
Assessor Notes	3 Buildings on this parcel. See all Property ID's for information on each building. Also on this property Boiler House 86 x 95, 2 canopies 378 SF & 112 SF, det gar 22 x 24 and shed 8x8 on skids. DOR exempt except farm land (27.54 acs). 2012 Farm land AV 5200. Farm land assessed value is calculated by productivity not market value.
Business Name	OSF ST MARY MEDICAL CENTER
Lot Sq. Ft.	1847380
Lot Value	$0.00
Lot Price Per Sq. Ft.	$0.00
Building Sq. Ft.	40920
Building Value	$0.00
Bldg Price Per Sq. Ft.	$0.00
Total Price Per Sq. Ft. ?	$0.38
Number of Units/Beds	1
Price per Unit/Bed	$15,600.00

Address

3333 N Seminary St

This information is for research only. Contact the Assessor's Office for official records.
Information gathered from the website should be verified as accurate by the Assessor's Office before using the information.

Our new property search is undergoing frequent changes. If you encounter problems or want to provide feedback, click here to email us.


TRACT "A"
TRACT "B"
SEMINARY STREET
SAINT MARY MEDICAL CENTER
POWER PLANT
CLINIC
U.S. ROUTE 34
SURVEYOR'S CERTIFICATE
LEGEND
CHRISTOPHER B. BURKE ENGINEERING, LTD.
OSF HEALTHCARE SYSTEM
800 N.E. GLEN OAK AVENUE
PEORIA, ILLINOIS 61603-3033
BOUNDARY UPDATE
OSF SAINT MARY MEDICAL CENTER
GALESBURG, ILLINOIS

Operating Identity/Licensee

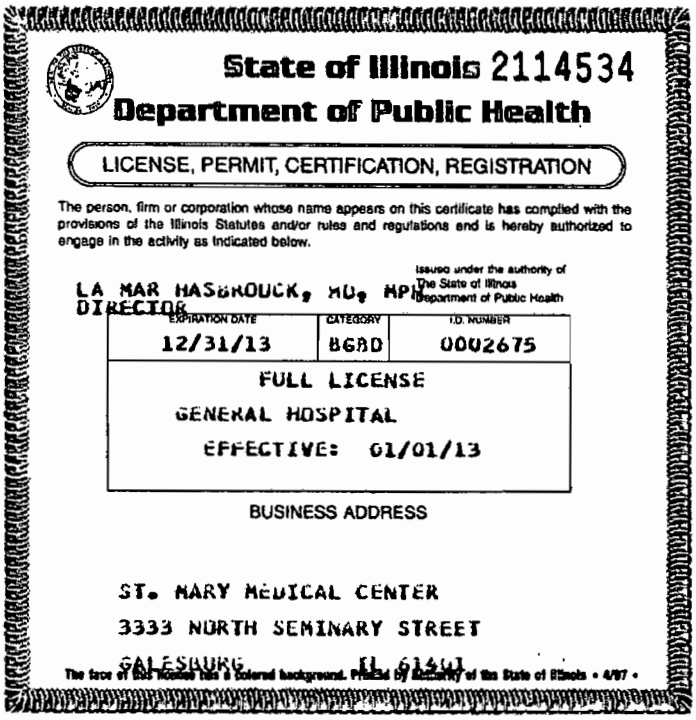
[Provide this information for each applicable facility, and insert after this page.]

Exact Legal Name:	OSF Healthcare System dba St. Mary Medical Center
Address:	3333 N. Seminary Avenue Galesburg, Illinois 61401

☒	Non-profit Corporation	☐	Partnership		
☐	For-profit Corporation	☐	Governmental		
☐	Limited Liability Company	☐	Sole Proprietorship	☐	Other

- Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.
- Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.
- **Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.**

APPEND DOCUMENTATION AS ATTACHMENT-3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.



State of Illinois 2114534
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

Issued under the authority of The State of Illinois Department of Public Health

LA MAR HASBROUCK, MD, MPH
DIRECTOR

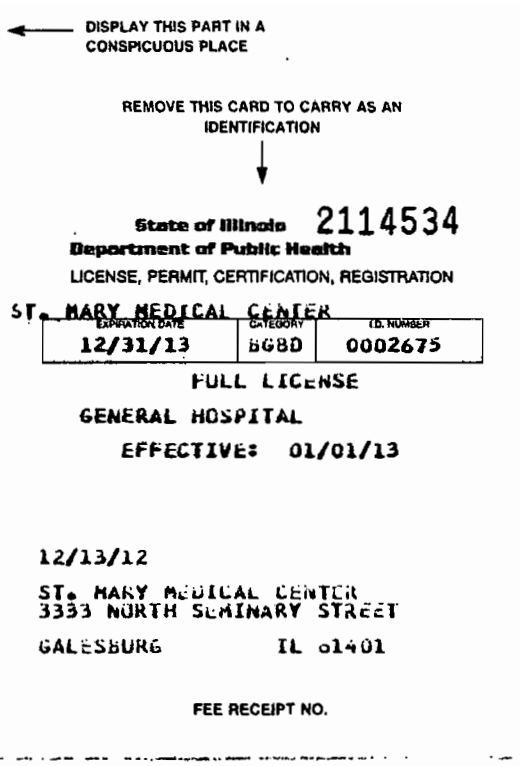
EXPIRATION DATE	CATEGORY	I.D. NUMBER
12/31/13	BG8D	0002675

FULL LICENSE
GENERAL HOSPITAL
EFFECTIVE: 01/01/13

BUSINESS ADDRESS

ST. MARY MEDICAL CENTER
3333 NORTH SEMINARY STREET
GALESBURG IL 61401

The face of this license has a colored background. Printed by authority of the State of Illinois • 4/97 •



DISPLAY THIS PART IN A CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN IDENTIFICATION

State of Illinois 2114534
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

ST. MARY MEDICAL CENTER

EXPIRATION DATE	CATEGORY	I.D. NUMBER
12/31/13	BG8D	0002675

FULL LICENSE
GENERAL HOSPITAL
EFFECTIVE: 01/01/13

12/13/12

ST. MARY MEDICAL CENTER
3333 NORTH SEMINARY STREET
GALESBURG IL 61401

FEE RECEIPT NO.

O.S.F St. Mary Medical Center

Galesburg, IL

has been Accredited by

The Joint Commission

Which has surveyed this organization and found it to meet the requirements for the

Hospital Accreditation Program

February 12, 2011

Accreditation is customarily valid for up to 36 months.

Isabel V. Hoverman, MD, MACP
Chair, Board of Commissioners

Organization ID #7349
Print/Reprint Date: 5/25/11

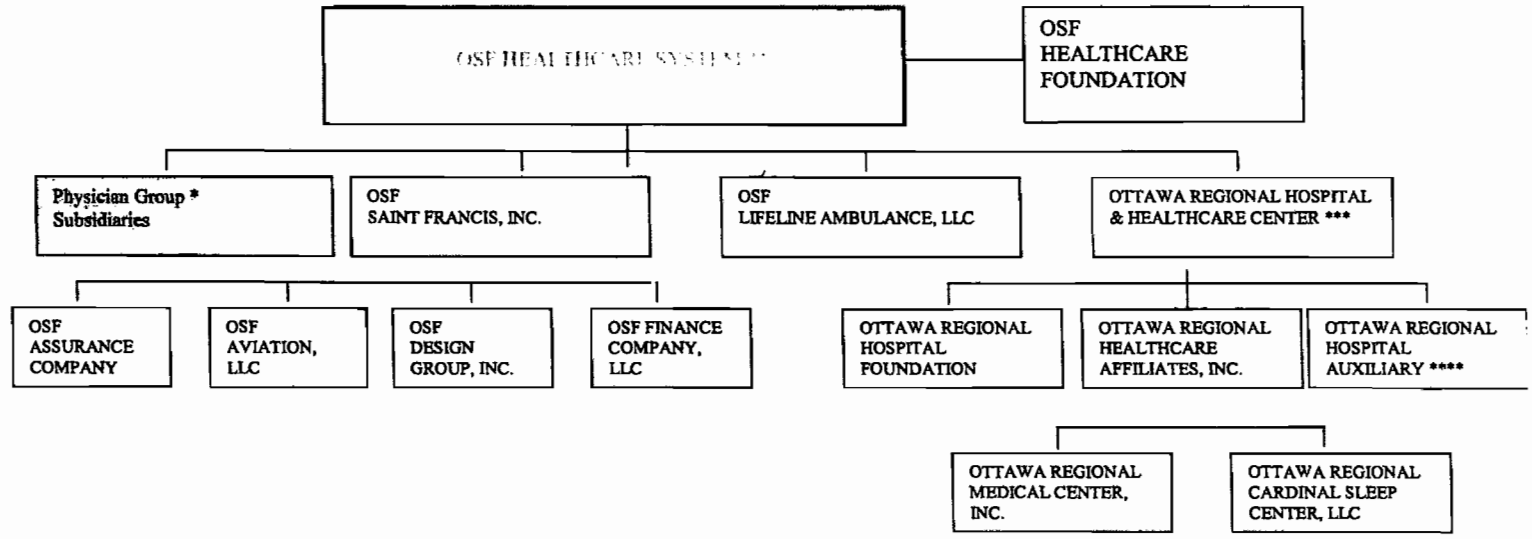
Mark R. Chassin, MD, FACP, MPP, MPH
President

The Joint Commission is an independent, not-for-profit, national body that oversees the safety and quality of health care and other services provided in accredited organizations. Information about accredited organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding accreditation and the accreditation performance of individual organizations can be obtained through The Joint Commission's web site at www.jointcommission.org.

Organizational Relationships

Provide (for each co-applicant) an organizational chart containing the name and relationship of any person or entity who is related (as defined in Part 1130.140). If the related person or entity is participating in the development or funding of the project, describe the interest and the amount and type of any financial contribution.

OSF HEALTHCARE SYSTEM AND RELATED CORPORATIONS
CORPORATE STRUCTURE



***Physician Group Subsidiaries**

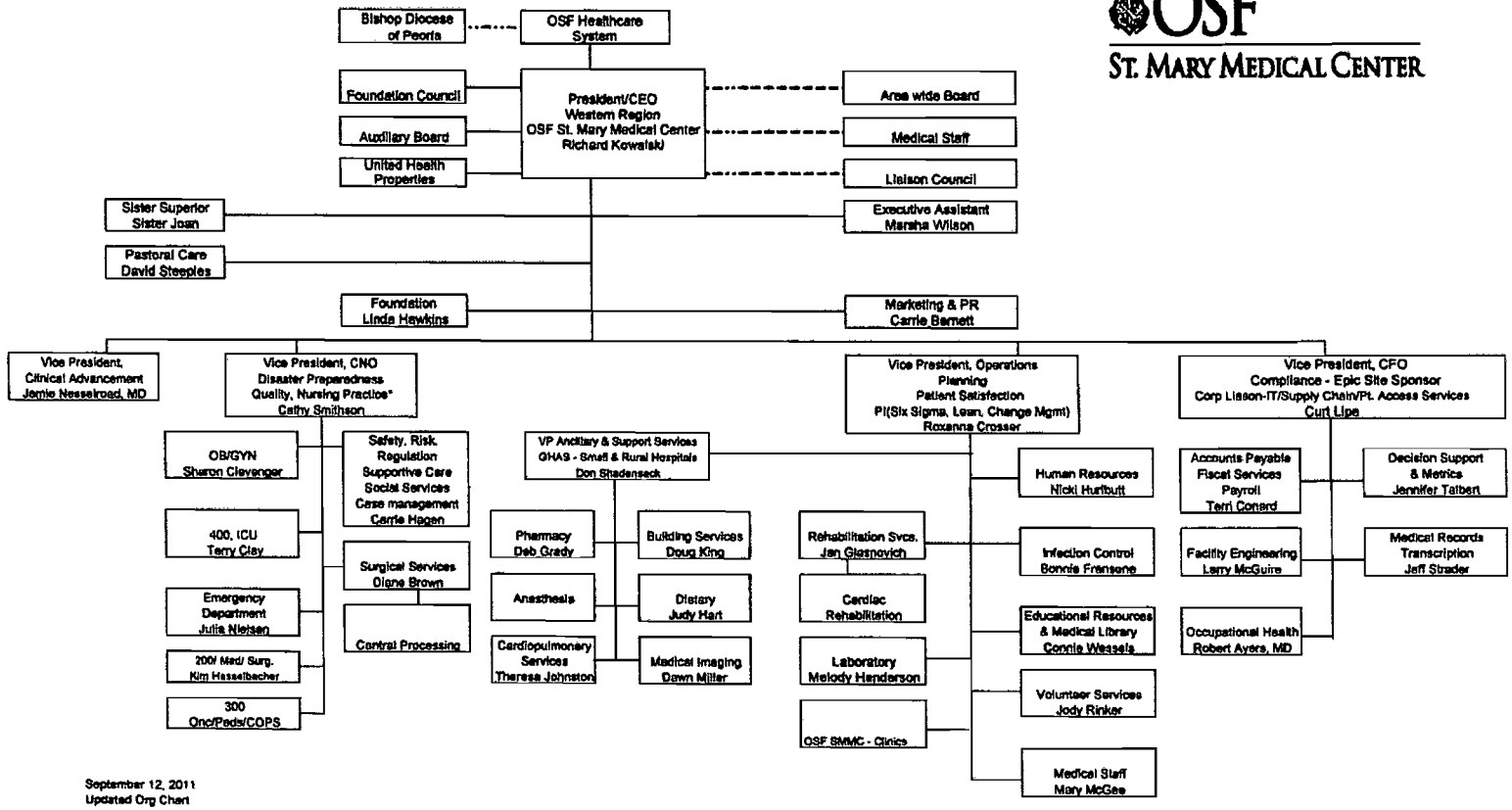
OSF Multi-Specialty Group
OSF Multispecialty Group – Peoria, LLC
OSF Multispecialty Group – Eastern Region, LLC
OSF Multispecialty Group – Western Region, LLC
OSF Heart & Vascular Institute
Cardiovascular Institute at OSF, LLC
HeartCare Midwest, Ltd.
Children's Hospital of Illinois Medical Group
OSF Children's Medical Group - Congenital Heart Center, LLC
OSF Perinatal Associates, LLC
Illinois Neuroscience Institute
Illinois Neurological Institute – Physicians, LLC
Illinois Pathologist Services, LLC
Illinois Specialty Physician Services at OSF, LLC

****OSF Healthcare System**

OSF Saint Francis Medical Center
OSF Saint Anthony Medical Center
OSF St. Joseph Medical Center
OSF Saint James-John W. Albrecht Medical Center
OSF St. Mary Medical Center
OSF Holy Family Medical Center
OSF St. Francis Hospital
OSF Saint Clare Home
OSF Home Care Services
OSF Medical Group
Cardiovascular Services
Neuroscience Services
Children's Services
Ambulatory Services

*** The Ottawa entities will have post-affiliation names that have not yet been determined.
**** The establishment of the Auxiliary as a post-affiliation subsidiary of ORHHC is dependent upon the adoption by the Auxiliary of proposed amended and restated articles and bylaws making ORHHC the sole corporate member of the Auxiliary.

OSF
ST. MARY MEDICAL CENTER



September 12, 2011
Updated Org Chart

Flood Plain Requirements

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2005-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at **www.FEMA.gov** or **www.illinoisfloodmaps.org**. **This map must be in a readable format**. In addition please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2005-5 **(http://www.hfsrb.illinois.gov)**.

Not Applicable. No construction is involved. Existing Facility

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

Provide documentation regarding compliance with the requirements of the Historic Resources Preservation Act.

Not Applicable. No construction is involved. Existing Facility

Project Costs and Sources of Funds

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-reviewable components that are not related to the provision of health care, complete the second column of the table below. Note, the use and sources of funds must equal.

Project Costs and Sources of Funds			
USE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts			
Contingencies			
Architectural/Engineering Fees			
Consulting and Other Fees			
Movable or Other Equipment (not in construction contracts)			
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment			
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	**$ 0**	**$ 0**	**$ 0**
SOURCE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Cash and Securities			
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	**$ 0**	**$ 0**	**$ 0**

There is no cost associated with the proposed Cardiac Catheterization Category of Service discontinuation.

Project Status and Completion Schedules

Indicate the stage of the project's architectural drawings:

☒ None or not applicable ☐ Preliminary

☐ Schematics ☐ Final Working

Anticipated project completion date (refer to Part 1130.140): _____

Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140): **Not applicable. There is no project cost.**

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

Cost Space Requirements

Provide in the following format, the department/area **DGSF** or the building/area **BGSF** and cost. The type of gross square footage either **DGSF** or **BGSF** must be identified. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the department's or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

		Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
Dept. / Area	**Cost**	**Existing**	**Proposed**	**New Const.**	**Modernized**	**As Is**	**Vacated Space**
REVIEWABLE							
Medical Surgical							
LTC							
Diagnostic Radiology							
MRI							
Total Clinical							
NON REVIEWABLE							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL							

.Not applicable. No modernization costs.

SECTION II. DISCONTINUATION

This Section is applicable to any project that involves discontinuation of a health care facility or a category of service. **NOTE:** If the project is solely for discontinuation and if there is no project cost, the remaining Sections of the application are not applicable.

Criterion 1110.130 - Discontinuation

READ THE REVIEW CRITERION and provide the following information:

GENERAL INFORMATION REQUIREMENTS

1. Identify the categories of service and the number of beds, if any that is to be discontinued.
2. Identify all of the other clinical services that are to be discontinued.
3. Provide the anticipated date of discontinuation for each identified service or for the entire facility.
4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
5. Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued, and the length of time the records will be maintained.
6. For applications involving the discontinuation of an entire facility, certification by an authorized representative that all questionnaires and data required by HFSRB or DPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 60 days following the date of discontinuation.

REASONS FOR DISCONTINUATION

The applicant shall state the reasons for discontinuation and provide data that verifies the need for the proposed action. See criterion 1110.130(b) for examples.

IMPACT ON ACCESS

1. Document that the discontinuation of each service or of the entire facility will not have an adverse effect upon access to care for residents of the facility's market area.
2. Document that a written request for an impact statement was received by all existing or approved health care facilities (that provide the same services as those being discontinued) located within 45 minutes travel time of the applicant facility.
3. Provide copies of impact statements received from other resources or health care facilities located within 45 minutes travel time, that indicate the extent to which the applicant's workload will be absorbed without conditions, limitations or discrimination.

General Information

Category of Service

OSF Healthcare System (OSF) D/B/A OSF St. Mary Medical Center (SMMC) proposes to discontinue its State Agency designated cardiac catheterization category of service at SMMC, Galesburg, Illinois.

No other category of service or clinical service areas will be discontinued in conjunction with this proposed project when permitted by the State Agency.

Date of Discontinuation / Closure Plan

The respective category of service will be officially discontinued within 30 days of receiving a permit to do so from the Illinois Health Facilities and Services Review Board (State Agency). There is no current utilization so no closure plan is necessary.

Physical Plant / Equipment

Currently the cardiac catheterization laboratory occupies approximately 1,048 dgsf.

The associated cath lab medical equipment will be declared surplus and sold in a bid process when discontinuation is approved.

The vacant laboratory will be re-assigned for non-clinical use and, it is anticipated, a future modernization program will convert the area into a chapel.

Medical Records

Any and all related medical records will be retained by SMMC consistent with all licensure and related compliance / regulatory requirements. Record retention will be consistent with current System and Hospital policy.

Staff Impact

When in operation, the catheterization laboratory was staffed by individuals from SMMC's surgery department. The applicable cross-trained staff's primary responsibility is within the surgical department; hence, there will be no impact on staff in that all will be retained post discontinuation.

Reason for Discontinuation

SMMC's cardiac catheterization program began operation in 2004. At its peak, in CY 2006 and CY 2007, the cardiac catheterization laboratory performed 106 procedures annually (see Attachment 10, Exhibit 10.0). Since that time, its utilization has progressively decreased and there were no procedures performed in CY 2012.

The cardiac catheterization laboratory utilization has decreased due largely to the fact that the region is served by HeartCare Midwest physician specialists. This physician organization is the largest cardiovascular provider group in western Illinois and provides access to cardiovascular care on a regional basis. Attachment 10, Exhibit 10.1 provides information on the group and the hospitals they serve. SMMC does not anticipate any changes in patient management or referrals due to the proposed discontinuation; hence, there is no change or adverse impact on access.

Impact on Access

Forty-five minute drive-times from SMMC were mapped (Attachment 10, Exhibit 10.2). Within this drive-time, there are no other providers identified with a State Agency designated cardiac catheterization category of service. Thus, to be conservative, a 55-minute drive time was mapped (Attachment 10, Exhibit 10.3) and the various hospitals within this drive time were identified. Attachment 10, Exhibit 10.4 summarizes these thirteen (13) hospitals. There are two (2) hospitals within a 45-minute drive time; an additional 10 hospitals within a 45 to 55 minute drive time; and one additional facility within a 62 minute drive time. Thus, according to State Agency requirements, impact letters were distributed to these thirteen (13) regional hospital providers to ensure access not be adversely affected. Attachment 10, Exhibits 10.5 and 10.6 profile the respective hospitals, their respective distance, travel time, and impact letter contacts.

Within the 55-minute drive-time, five (5) hospitals were identified as having cardiac catheterization facilities. These hospitals and their respective capacity are profiled in Attachment 10, Exhibit 10.7. These specific providers have a total of 15 Cardiac Catheterization laboratories which provided 13,608 procedures in 2011. Based on State Agency guidelines, the total capacity in these facilities is 22,500 procedures with a net available capacity of 8,892 procedures. Thus, there is capacity within a 55 minute drive time from SMMC to accommodate cardiac catheterization referrals. There is no anticipated adverse impact on access to care for residents in the region with the proposed discontinuation in that the current care model is regional and will not be affected.

Impact Letters

By the rules, an applicant must:

> "Document that a written request for an impact statement was received by all existing or approved health care facilities (that provide the same services as those being discontinued) located within 45 minutes travel time of the applicant facility; and
> Provide copies of impact statements received from other resources or health care facilities located within 45 minutes travel time, that indicate the extent to which the applicants workload will be absorbed without conditions, limitations, or discrimination."

Unfortunately, SMMC sent out the required impact letters without using certified mail with a return receipt requested. In a technical assistance request to the State Agency (Attachment 10, Exhibit 10.8) SMMC was advised the impact letters did not have to be resent and an attestation letter would suffice.

Attachment 10, Exhibit 10.9 provides our attestation letter regarding the impact letter distribution.

Attachment 10, Exhibit 10.10 provides copies of the thirteen (13) impact letters which were sent to the respective hospitals.

Attachment 10, Exhibit 10.11 contains the six (6) responses received to the impact letters. Two (2) of these letters, one each from McDonough District Hospital, Macomb, Illinois and Graham Hospital, Canton, Illinois, indicate they do not provide cardiac catheterization services. The remaining four (4) providers indicate they have additional capacity and are willing to accept cardiac catheterization referrals as summarized below.

Facility	Location	Additional Capacity (cases)	Without Restriction
Genesis	Silvis	750	Not Stated
Proctor Hospital	Peoria	520	Yes
Methodist	Peoria	Yes	Yes
Trinity	Rock Island	Yes	Not Stated

Based on these impact letter responses, there is no anticipated adverse impact on care or access to the respective category of service.

Attachment 10
Exhibit 10.0
Cardiac Catheterization Utilization

OSF St. Mary Medical Center (SMMC)
Galesburg, Illinois

Calendar Year	Catheterization Labs	Total Adult Caths	Change from Prior Period
2002	0	0	--
2003	NA	NA	--
2004	1	8	--
2005	1	67	59
2006	1	106	39
2007	1	106	0
2008	1	95	(11)
2009	1	48	(47)
2010	1	23	(25)
2011	1	5	(18)
2012	1	0	0

Source: Annual Hospital Questionnaire (AHQ's) various calendar year:
Illinois Department of Public Health, Health Systems Development
Compiled by: PRISM Healthcare Consulting

Welcome to HeartCare Midwest

M. Fayaz Malik, MD
Chief Medical Officer
HeartCare Midwest

Welcome! If you have recently been referred to a HeartCare Midwest physician, we're happy to be able to serve you. Let me tell you a little about us. We are the largest, most advanced and experienced cardiovascular group in the heart of Illinois. At HeartCare Midwest we provide the best in clinical practices and technology, and we do so with our patients' best interests at heart. Rest assured, we will treat you with the greatest respect for your personal needs. Our compassionate, caring physicians and professional staff will provide information, education and treatment for your heart or vascular condition. Our goal is always to bring you into full recovery and to help you lead a productive and healthy life.

We understand that you may feel anxious about your visit to a heart or vascular specialist. That's why we take the time to fully prepare for your visit and to understand your personal needs. Once you are referred to HeartCare Midwest, we'll share information needed for your first appointment. Throughout your treatment, we'll keep you informed about your condition and progress. We take the time with all our patients to answer questions about heart and vascular disease. We welcome your questions and we encourage you and your family members to learn about your condition and actively participate in your care.

HeartCare Midwest has been involved in more than 120 clinical trials and is affiliated with the University of Illinois College of Medicine in Peoria. These research and teaching affiliations allow us to stay on the cutting edge of heart and vascular health. As a result, our patients benefit from the latest in procedures and technology to treat cardiovascular disease.

You can reach us toll-free at 1-800-352-4410 or locally at 309-691-4410. You may also reach us by using our "Contact" form here.

We are privileged to serve you. Thank you for placing your trust in us.

Hospitals We Serve

Because we have physicians on staff at nearly 20 area hospitals, HeartCare Midwest is able to provide cardiovascular services to patients throughout Central Illinois. We maintain strong working relationships with the medical communities in every hospital we serve. This provides our patients a seamless transition from primary physicians and community hospitals into HeartCare Midwest. Our referral process and new patient information guide patients through the transition to HeartCare Midwest. For more complete information about our practice locations and regional clinics offered in your community, click here.

Peoria
OSF Saint Francis Medical Center
Proctor Hospital
Methodist Medical Center of Illinois

Pekin
Pekin Hospital

Galesburg
OSF St Mary Medical Center
Cottage Hospital

Bloomington
OSF St. Joseph Medical Center
Advocate BroMenn Medical Center

Canton
Graham Hospital

Kewanee

http://www.heartcaremw.com/hospitals/ 3/17/2013

Kewanee Hospital

Carthage
Memorial Hospital

Macomb
McDonough District Hospital

Monmouth
OSF Holy Family Medical Center

Ottawa
OSF Saint Elizabeth Medical Center

Pontiac
OSF Saint James-John W. Albrecht Medical Center

Peru
Illinois Valley Community Hospital

Princeton
Perry Memorial Hospital

Spring Valley
St. Margaret's Hospital

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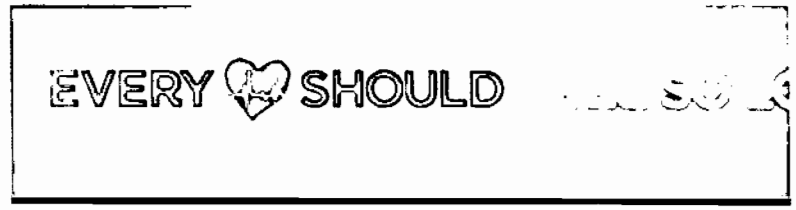


HeartCare Midwest Practice Locations

If you are experiencing a medical emergency, you should call 911 immediately.

HeartCare Midwest has a number of practice locations to serve you. These include our HeartCare Midwest Offices in four cities across Central Illinois as well as a number of full-service Regional Clinics in our partnering hospitals across the region.

HeartCare Midwest is part of OSF HealthCare, an integrated health care network serving communities in central and northern Illinois and the peninsula of Michigan.

In addition to services by HeartCare Midwest, OSF HealthCare provides cardiovascular services in northern Illinois through Rockford Cardiovascular Associates.

Whether you choose one of our office locations, or a full-service regional clinic in your home community, you can be assured you'll receive the same level of personalized care and attention.

Need an appointment? Schedule an appointment at any of our service locations by calling Central Scheduling at 309-691-4410 or 1-800-352-4410.

HeartCare Midwest - Offices

Peoria

5405 N. Knoxville Ave.

Peoria, Illinois 61614
Phone: 309-691-4410
800-352-4410
Fax: 309-692-4730
Map and Directions

Bloomington

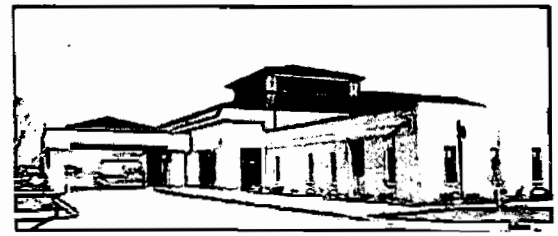
Eastland Medical Plaza I
1505 Eastland Drive, Suite 210 & Suite 330
Bloomington, IL 61701
Phone: 309-663-9800
Fax: 309-664-1761
Map and Directions

Pekin

610 Park Ave.
Pekin, IL 61554
Phone: 309-346-7776
Fax: 309-353-6514
Map and Directions

Galesburg

3375 N. Seminary St.
Galesburg, IL 61401
Phone: 309-343-7775
Fax: 309-343-2726
Map and Directions



HeartCare Midwest - Regional Clinics

We provide cardiovascular services at regional clinics throughout central Illinois. We are pleased to work closely with local physicians and hospitals to enhance the cardiovascular services for these communities. Clinics are housed within the local hospitals, and HeartCare Midwest physicians travel to these locations on scheduled days. During clinic days, physicians may also be requested to see hospitalized patients for consultation. Appointments are scheduled for all these sites through Centralized Scheduling at 309-691-4410.

Canton-Graham Hospital

210 West Walnut Street
Canton, IL 61520
Phone: 309-647-5240
Map and Directions

Carthage-Memorial Hospital

1454 North County Rd. 2050
Carthage, IL 62321
Phone: 217-357-8500
Map and Directions

Kewanee-Kewanee Hospital

1051 W. South St
Kewanee, IL 61443
Phone: 309-852-7500
Map and Directions

Macomb-McDonough District Hospital

525 East Grant Street
Macomb, IL 61455
Phone: 309-833-4101
Map and Directions

Monmouth-OSF Holy Family Medical Center

1000 West Harlem Avenue
Monmouth, IL 61462
Phone: 309-734-3141
Map and Directions

Ottawa-OSF Saint Elizabeth Medical Center

1100 East Norris Drive
Ottawa, IL 61350-1604
Phone: 815-433-3100
Map and Directions

Pontiac-OSF Saint James - John W. Albrecht Medical Center

2500 W. Reynolds St.

Peru-Illinois Valley Community Hospital

925 West Street

Pontiac, IL 61764
Phone: 815-842-2828
Map and Directions

Princeton-Perry Memorial Hospital

530 Park Avenue East
Princeton, IL 61356
Phone: 815-875-2811
Map and Directions

Peru, IL 61354
Phone: 815-223-3300
Map and Directions

Spring Valley-St. Margaret's Hospital

600 E. First Street
Spring Valley, IL 61362
Phone: 815-664-5311
or
815-223-5346
Map and Directions

HeartCare Midwest - Quick Map

HeartCare Midwest Physicians by Specialty

Below is a listing of our physicians categorized by their respective cardiovascular specialties. To learn more about a physician, click on the physician's name.

Cardiology

Yogesh Agarwal, MD, FACC
Marco Barzallo, MD FACC
David Best, MD, FACC
Robert Crawford, MD, FACC
Daniel Couri, MD
Darrel Gumm, MD, FACC, FSCAI
Mark Hsu, MD, FACC
Mark Jackson, MD, FACC
Tinoy Kizhakekuttu, MD
Craig Kurtz, MD, FACC
Steven Lome, DO
R. Ryan Macwar, MD
M. Fayaz Malik, MD, FACC
Donald McElroy, MD, FACP, FACC
Sudhir Mungee, MD, FACP, FACC, FSCAI
William Novak, MD, FACC
Pasupathy Padmanabhan, MD, FACC
Anitha Perinchery, MD
Christine Perks, MD, FACC

Cardiovascular and Thoracic Surgery

Dale Mueller, MD
James Munns, MD
Jesse VanLe, MD
Brad Smith, MD

Electrophysiology (includes pacemakers/ ICD)

Timir Baman, MD
David Charles, DO
Joseph Sarmiento, III, MD, FACC

Vascular and Endovascular Surgery

Jennifer Ash, MD
Ravishankar Hasanadka, MD
Syed Hussain, MD
Nabeel Rana, MD

Advanced Practitioners

Ronald Rabjohns, MD, FACC
John Rashid, MD, FACC, FSCAI
Paul Schmidt, MD, FACC
James Smalley, MD, PhD, FACC
David Thompson, MD
Niru Vallala, MD, FACC
Suneetha Venkatapuram, MD
Keattiyoat "Top" Wattanakit, MD, MPH
N. Kent Wise, MD, FACC

Karen M. Bussone, RN, MS, ACNP-C
Emily Crebo, APN, FNP-C
Nancy L. DeHaan, ACNP-C
Gary J. Fisk, PA-C
Gerri Hellhake-Hall, RN, APN, CNP
Dorcas (Dee) Maroon, PA-C
Sherri Morrison, PA-C
Sterling S. Seaboch, PA-C
Jennifer Slusher, APN, FNP-C
Becky Wignant, APN

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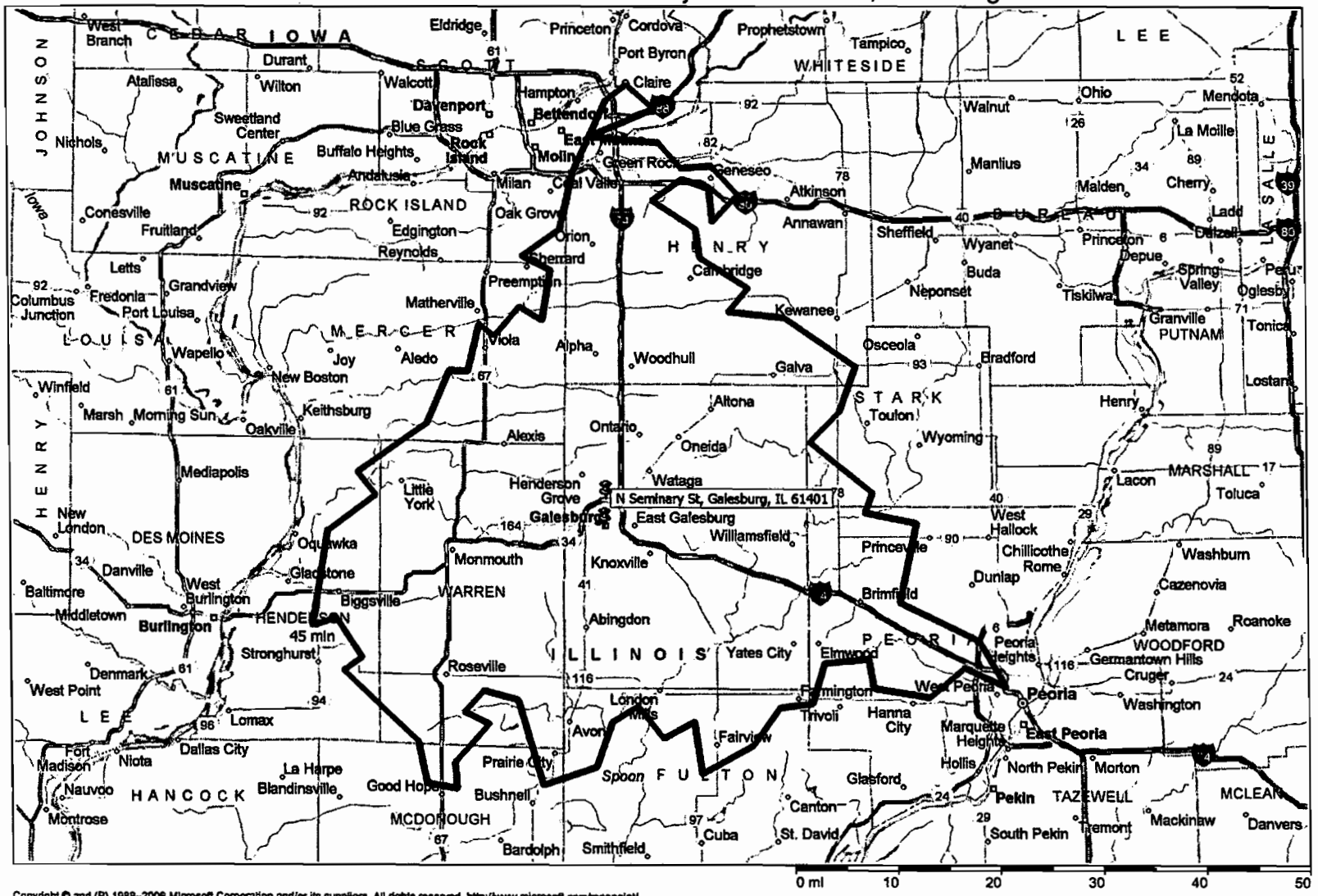
45-Minute Drive Time from St Mary Medical Center, Galesburg



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45 and 55-Minute Drive Times from OSF SMMC Galesburg, Illinois

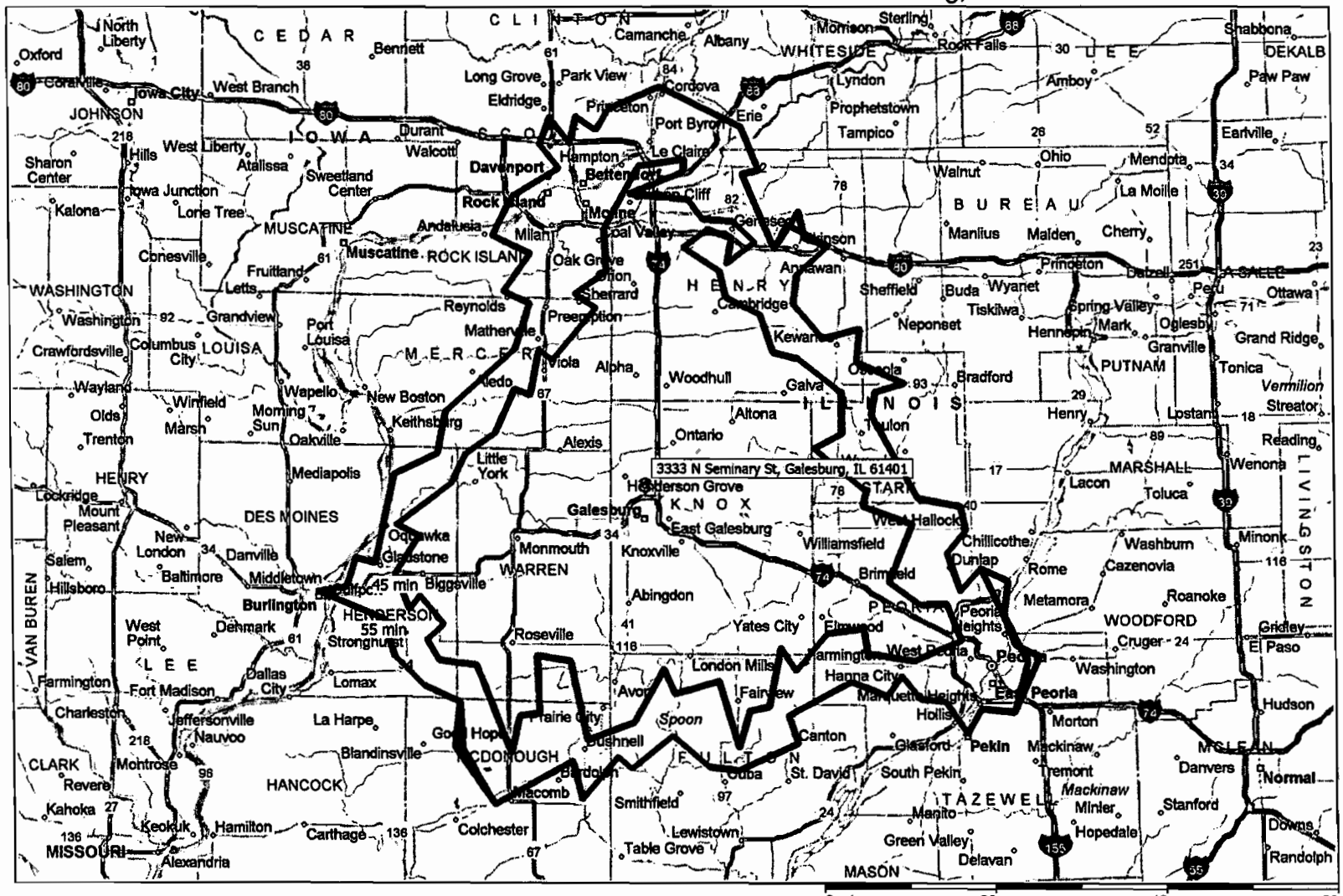

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Exhibit 10.4
Hospital Drive Times
from
OSF St. Mary Medical Center
Galesburg, Illinois

Hospital	Miles	Drive Time Minutes	Cardiac Cath Laboratory (#)
OSF St. Mary Medical Center Galesburg, Illinois	0	0	Yes (1)
Galesburg Cottage Hospital Galesburg, Illinois	2.66	7	No
OSF Holy Family Medical Center Monmouth, Illinois	21.56	2.5	No
Kewanee Hospital Kewanee, Illinois	34.99	49	No
Genesis Medical Center – Illini Silvis, Illinois	42.80	49	Yes (1)
Mercer County Hospital Aledo, Illinois	36.00	50	No
Hammond Henry Hospital Geneseo, Illinois	45.73	51	No
Methodist Medical Center Peoria, Illinois	48.13	52	Yes (4)
OSF St. Francis Medical Center Peoria, Illinois	48.35	53	Yes (4)
Proctor Hospital Peoria, Illinois	48.38	53	Yes (3)
Trinity Medical Center Moline, Illinois	40.92	54	No
Trinity Medical Center Rock Island, Illinois	50.35	55	Yes (3)
Graham Hospital Canton, IL	43.21	55	No
McDonough District Hospital Macomb, IL	55.27	62	No

Source: MapQuest Drive Time Maps
2011 Annual Hospital Questionnaire (AHQ), Illinois Department of Public Health, Health Systems Development
Compiled by: PRISM Healthcare Consulting

Exhibit 10.5
Identified Hospitals Requiring Impact Letter
Cardiac Catheterization Facilities within 55 Minutes Normal Travel Time
OSF St. Mary Medical Center
Cardiac Catheterization Category of Service Discontinuation
Galesburg, Illinois

HPA	Facility	Administrator	Address	Municipality	State	Zip	Distance	Travel Time (Minutes) MapQuest
C-03	St. Mary Medical Center	Richard Kowalski	3333 North Seminary	Galesburg	IL	61401	0.00	0
C-03	Galesburg Cottage Hospital	Earl Tamar	695 North Kellogg Street	Galesburg	IL	61401	2.66	7
C-03	OSF Holy Family Medical Center	Patty Luker	1000 West Harlem	Monmouth	IL	61462	21.56	25
C-05	Genesis Health System - Illini Campus	Florence L. Spyrow	801 Illini Road	Silvis	IL	61401	42.80	49
C-05	Kewanee Hospital	Margaret Gustafson	1051 W. South Street PO Box 747	Kewanee	IL	61443	34.99	49
C-05	Mercer County Hospital	Edward J. Rogalski	409 N.W. 9th Avenue	Aldeo	IL	61231	36.00	50
C-05	Hammond Henry Hospital	Bradley Solberg	600 N. College Avenue	Geneseo	IL	61254	45.73	51
C-01	Methodist Medical Center	Debbie Simon	221 Northeast Glen Oak	Peoria	IL	61616	48.13	52
C-01	Proctor Hospital	Paul Macek	5409 N. Knoxville Avenue	Peoria	IL	61614	48.38	53
C-01	OSF Saint Francis Medical Center	Keith E. Steffen	530 N E Glen Oak Avenue	Peoria	IL	61616	48.35	53
C-05	Trinity Medical Center - Moline	Jay Wilsher	500 John Deere Road	Moline	IL	61265	40.92	54
C-05	Trinity Medical Center - Rock Island	Jay Wilsher	2701 17th Street	Rock Island	IL	61404	50.35	55
C-04	Graham Hospital	Robert Senneff	210 West Walnut	Canton	IL	61520	43.21	55
C-04	McDonough District Hospital	Kenny Boyd	525 East Grant Street	Macomb	IL	61455	55.27	62

Source: MapQuest; 2011 AHQ (Annual Hospital Questionnaire)

Exhibit 10.6
Identified Hospitals Requiring Impact Letter
Cardiac Catheterization Facilities within 55 Minutes Normal Travel Time
OSF St. Mary Medical Center
Cardiac Catheterization Category of Service Discontinuation
Galesburg, Illinois

HPA	Facility	Address	Municipality	State	Zip	Distance	Travel Time (Minutes) MapQuest
C-03	St. Mary Medical Center	3333 North Seminary	Galesburg	IL	61401	0.00	0
C-03	Galesburg Cottage Hospital	695 North Kellogg Street	Galesburg	IL	61401	2.66	7
C-03	OSF Holy Family Medical Center	1000 West Harlem	Monmouth	IL	61462	21.56	25
C-05	Genesis Health System - Illini Campus	801 Illini Road	Silvis	IL	61401	42.80	49
C-05	Kewanee Hospital	1051 W. South Street PO Box 747	Kewanee	IL	61443	34.99	49
C-05	Mercer County Hospital	409 N.W. 9th Avenue	Aldeo	IL	61231	36.00	50
C-05	Hammond Henry Hospital	600 N. College Avenue	Geneseo	IL	61254	45.73	51
C-01	Methodist Medical Center	221 Northeast Glen Oak	Peoria	IL	61616	48.13	52
C-01	Proctor Hospital	5409 N. Knoxville Avenue	Peoria	IL	61614	48.38	53
C-01	OSF Saint Francis Medical Center	530 N E Glen Oak Avenue	Peoria	IL	61616	48.35	53
C-05	Trinity Medical Center - Moline	500 John Deere Road	Moline	IL	61265	40.92	54
C-05	Trinity Medical Center - Rock Island	2701 17th Street	Rock Island	IL	61404	50.35	55
C-04	Graham Hospital	210 West Walnut	Canton	IL	61520	43.21	55
C-04	McDonough District Hospital	525 East Grant Street	Macomb	IL	61455	55.27	62

Source: MapQuest; 2011 AHQ (Annual Hospital Questionnaire)

Exhibit 10.7

Cardiac Catheterization Providers
within 55 minutes of
OSF St. Mary's Medical Center
Galesburg, Illinois

Hospital	Drive Time Minutes	Cardiac Cath Labs	2011 Utilization (Total Procedures)	Total Capacity	Available Capacity *
Genesis Medical Center – Illini Silvis, Illinois	49	1	1,008	1,500	492
Methodist Medical Center Peoria, Illinois	52	4	4,763	6,000	1,237
OSF St. Francis Medical Center Peoria, Illinois	53	4	3,395	6,000	2,605
Proctor Hospital Peoria, Illinois	53	3	560	4,500	3,940
Trinity Medical Center Rock Island, Illinois	55	3	3,882	4,500	318
		15	13,608	22,500	8,892

* Based on 1,500 annual procedures per laboratory

Source: Annual Hospital Questionnaire (AHQ) various calendar year: Illinois Department of Public Health, Health Systems Development
Compiled by: PRISM Healthcare Consulting

-----Original Message-----
From: Constantino, Mike [mailto:Mike.Constantino@Illinois.gov]
Sent: Wednesday, April 10, 2013 11:54 AM
To: Ed Parkhurst
Subject: RE: SMMC Cath Lab Discontinuation CON

Ed:

No do not redo the letters. Just make the attestation.

-----Original Message-----
From: Ed Parkhurst [mailto:eparkhurst@consultprism.com]
Sent: Wednesday, April 10, 2013 11:22 AM
To: Constantino, Mike
Subject: SMMC Cath Lab Discontinuation CON

Good Morning Mike,

We are assisting Saint Mary's Medical Center in developing a CON Permit Application to discontinue their Cardiac Catheterization Category of Service.

Although we discussed with them the State Agency rule that the respective impact letters needed to be sent out with distribution dates and return receipt requested, they were mailed without using the required process. I have attached the letters and responses to date.

My question is..."Does St Mary's need to redo the impact letters following the State Agency process or, can the attached impact letters and response letters suffice if the Hospital were to attest to the fact the letters were distributed as indicated and responses were received as noted?"

As always, thanks for your assistance.

Ed

OSF
ST. MARY MEDICAL CENTER

April 15, 2013

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

Re: Impact Letters
Cardiac Catheterization Category of Service
Proposed Discontinuation

Dear Ms. Avery,

St. Mary Medical Center (SMMC) is filing this Certificate of Need Permit Application to discontinue the Cardiac Catheterization Laboratory Category of Service at the Hospital.

In accordance with Section 1110.130, amended rules, effective February 6, 2009, any Certificate of Need permit application submitted for discontinuation requires the applicant to contact all "existing or approved" providers with similar services located within a 45-minute normal travel time of the applicant facility at least 30 days prior to filing an application.

The rules note that the impact letters should be sent out via certified mail, return receipt requested. While we sent out the impact letters within the required timeframe, the letters were sent out via regular mail.

In a follow-up technical assistance communication with Mr. Mike Constantino, Supervisor, Project Review, he indicated we did not have to resend the impact letters but could attest to our compliance with HFSRB rules by this letter.

3333 North Seminary Street, Galesburg, Illinois 61401 Phone (309) 344-3161 Fax (309) 344-9494 www.osfstmary.org
The Sisters of the Third Order of St. Francis

As documented in our Cardiac Catheterization Category of Service Discontinuation CON Permit Application, we identified thirteen (13) hospitals to receive impact letters. These letters were mailed over the period March 5, 2013 through March 19, 2013. To date, we have received six (6) responses to our impact letter. The responses indicate there is sufficient cardiac catheterization laboratory capacity in the region to assume referrals from St. Mary's Medical Center. Hence, our proposed cath lab discontinuation will not have an impact on access.

This letter attests to the fact that St. Mary Medical Center requested impact letters from the identified hospitals and received responses as documented in our CON Permit Application.

Sincerely,

Richard S. Kowolski, CEO, FACHE
OSF St. Mary Medical Center

Notarization:

Subscribed and sworn to before me
this 15th day of April, 2013

Marsha D Wilson
Signature of Notary
Seal

OFFICIAL SEAL
MARSHA D WILSON
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:09/28/16

CC: Mike Constantino, Supervisor, Project Reviews

Holy Family Medical Center
Monmouth, IL

Trinity Medical Center – Rock Island
Rock Island, IL

Trinity Medical Center – Moline
Moline, IL

OSF Saint Francis Medical Center
Peoria, IL

Hammond Henry Hospital
Geneseo, IL

Methodist Medical Center
Peoria, IL

Proctor Hospital
Peoria, IL

Kewanee Hospital
Kewanee, IL

Mercer County Hospital
Aledo, IL

Galesburg Cottage Hospital
Galesburg, IL

Genesis Health System – Illini Campus
Silvis, IL

McDonough District Hospital
Macomb, IL

Graham Hospital
Canton, IL

OSF
ST. MARY MEDICAL CENTER

March 15, 2013

Patty Luker, CEO
Holy Family Medical Center
1000 West Harlem
Monmouth, IL 61462

Re: Proposed Discontinuation
Cardiac Catheterization Laboratory Category of Service
St. Mary Medical Center (SMMC)

Dear Patty:

St. Mary Medical Center (SMMC) intends to file a Certificate of Need Permit Application to discontinue the Cardiac Catheterization Laboratory Category of Service at the Hospital.

In accordance with Section 1110.130, amended rules, effective February 6, 2009, any certificate of need permit application submitted for discontinuation requires the applicant contact all "existing or approved" providers with similar services located within a 45-minute normal travel time of the applicant facility at least 30 days prior to filing an application.

By State Agency rules, there are no health care facilities providing similar services within a 45-minute drive time from St. Mary Medical Center. However, there are facilities providing similar services within a 55-minute drive time. Therefore, to be conservative, we are contacting you to determine any potential discontinuation impact.

We have determined your facility is located within this area and are providing this notice of our intent to discontinue the cardiac catheterization category of service at the Hospital. Our anticipated date of discontinuation, pending approval, is August 19, 2013, assuming IHFSRB action at their August 13, 2013 meeting.

3333 North Seminary Street, Galesburg, Illinois 61401 Phone (309) 344-3161 Fax (309) 344-9494 www.osfstmary.org
The Sisters of the Third Order of St. Francis

We invite you to share with us any impact this action may have on your facility. Our cardiac catheterization laboratory utilization for the latest 48 month period is as follows:

Year	Adult Caths
2009	48
2010	23
2011	5
2012	0

We greatly appreciate your written response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional cardiac catheterization patients "without restrictions, conditions, limitations, or discrimination." If you are able to assume additional patients under these requirements, please provide the estimated number of the additional patients your facility could accept.

Please send your response to H. Curt Lipe, Vice President/Chief Financial Officer, OSF St. Mary Medical Center, 3333 N. Seminary, Galesburg, IL 61401. You may also want to send a copy directly to Ms. Courtney R. Avery, Administrator, Health Facilities and Services Review Board, Illinois Department of Public Health, 525 West Jefferson, 2nd Floor, Springfield, IL 62761.

If you have any questions about our plans or how we can work together to serve the region, please do hesitate to contact me at (309) 344-3161, ext. 1151 or via e-mail at richard.kowalski@osfhealthcare.org

Sincerely,

Richard S. Kowalski, CEO, FACHE
OSF St. Mary Medical Center

OSF
ST. MARY MEDICAL CENTER

March 15, 2013

Richard A. Seidler, CEO
Trinity Medical Center – Rock Island
2701 17th Street
Rock Island, IL 61404

Re: Proposed Discontinuation
Cardiac Catheterization Laboratory Category of Service
St. Mary Medical Center (SMMC)

Dear Mr. Seidler:

St. Mary Medical Center (SMMC) intends to file a Certificate of Need Permit Application to discontinue the Cardiac Catheterization Laboratory Category of Service at the Hospital.

In accordance with Section 1110.130, amended rules, effective February 6, 2009, any certificate of need permit application submitted for discontinuation requires the applicant contact all "existing or approved" providers with similar services located within a 45-minute normal travel time of the applicant facility at least 30 days prior to filing an application.

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We have determined your facility is located within this area and are providing this notice of our intent to discontinue the cardiac catheterization category of service at the Hospital. Our anticipated date of discontinuation, pending approval, is August 19, 2013, assuming IHFSRB action at their August 13, 2013 meeting.

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Please send your response to H. Curt Lipe, Vice President/Chief Financial Officer, OSF St. Mary Medical Center, 3333 N. Seminary, Galesburg, IL 61401. You may also want to send a copy directly to Ms. Courtney R. Avery, Administrator, Health Facilities and Services Review Board, Illinois Department of Public Health, 525 West Jefferson, 2nd Floor, Springfield, IL 62761.

If you have any questions about our plans or how we can work together to serve the region, please do hesitate to contact me at (309) 344-3161, ext. 1151 or via e-mail at richard.kowalski@osfhealthcare.org

Sincerely,

Richard S. Kowalski, CEO, FACHE
OSF St. Mary Medical Center

OSF
ST. MARY MEDICAL CENTER

March 15, 2013

Richard A. Seidler, CEO
Trinity Medical Center - Moline
500 John Deere Road
Moline, IL 61265

Re: Proposed Discontinuation
Cardiac Catheterization Laboratory Category of Service
St. Mary Medical Center (SMMC)

Dear Mr. Seidler:

St. Mary Medical Center (SMMC) intends to file a Certificate of Need Permit Application to discontinue the Cardiac Catheterization Laboratory Category of Service at the Hospital.

In accordance with Section 1110.130, amended rules, effective February 6, 2009, any certificate of need permit application submitted for discontinuation requires the applicant contact all "existing or approved" providers with similar services located within a 45-minute normal travel time of the applicant facility at least 30 days prior to filing an application.

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2012	0

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Please send your response to H. Curt Lipe, Vice President/Chief Financial Officer, OSF St. Mary Medical Center, 3333 N. Seminary, Galesburg, IL 61401. You may also want to send a copy directly to Ms. Courtney R. Avery, Administrator, Health Facilities and Services Review Board, Illinois Department of Public Health, 525 West Jefferson, 2nd Floor, Springfield, IL 62761.

If you have any questions about our plans or how we can work together to serve the region, please do hesitate to contact me at (309) 344-3161, ext. 1151 or via e-mail at richard.kowalski@osfhealthcare.org

Sincerely,

Richard S. Kowalski, CEO, FACHE
OSF St. Mary Medical Center

OSF
ST. MARY MEDICAL CENTER

March 15, 2013

Keith Steffen, CEO
OSF Saint Francis Medical Center
530 N.E. Glen Oak Avenue
Peoria, IL 61616

Re: Proposed Discontinuation
Cardiac Catheterization Laboratory Category of Service
St. Mary Medical Center (SMMC)

Dear Keith:

St. Mary Medical Center (SMMC) intends to file a Certificate of Need Permit Application to discontinue the Cardiac Catheterization Laboratory Category of Service at the Hospital.

In accordance with Section 1110.130, amended rules, effective February 6, 2009, any certificate of need permit application submitted for discontinuation requires the applicant contact all "existing or approved" providers with similar services located within a 45-minute normal travel time of the applicant facility at least 30 days prior to filing an application.

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The Sisters of the Third Order of St. Francis

We invite you to share with us any impact this action may have on your facility. Our cardiac catheterization laboratory utilization for the latest 48 month period is as follows:

Year	Adult Caths
2009	48
2010	23
2011	5
2012	0

We greatly appreciate your written response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional cardiac catheterization patients "without restrictions, conditions, limitations, or discrimination." If you are able to assume additional patients under these requirements, please provide the estimated number of the additional patients your facility could accept.

Please send your response to H. Curt Lipe, Vice President/Chief Financial Officer, OSF St. Mary Medical Center, 3333 N. Seminary, Galesburg, IL 61401. You may also want to send a copy directly to Ms. Courtney R. Avery, Administrator, Health Facilities and Services Review Board, Illinois Department of Public Health, 525 West Jefferson, 2nd Floor, Springfield, IL 62761.

If you have any questions about our plans or how we can work together to serve the region, please do hesitate to contact me at (309) 344-3161, ext. 1151 or via e-mail at richard.kowalski@osfhealthcare.org

Sincerely,

Richard S. Kowalski, CEO, FACHE
OSF St. Mary Medical Center

OSF
ST. MARY MEDICAL CENTER

March 15, 2013

Bradley Solberg, CEO
Hammond Henry Hospital
600 N. College Avenue
Geneseo, IL 61254

Re: Proposed Discontinuation
Cardiac Catheterization Laboratory Category of Service
St. Mary Medical Center (SMMC)

Dear Mr. Solberg:

St. Mary Medical Center (SMMC) intends to file a Certificate of Need Permit Application to discontinue the Cardiac Catheterization Laboratory Category of Service at the Hospital.

In accordance with Section 1110.130, amended rules, effective February 6, 2009, any certificate of need permit application submitted for discontinuation requires the applicant contact all "existing or approved" providers with similar services located within a 45-minute normal travel time of the applicant facility at least 30 days prior to filing an application.

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We have determined your facility is located within this area and are providing this notice of our intent to discontinue the cardiac catheterization category of service at the Hospital. Our anticipated date of discontinuation, pending approval, is August 19, 2013, assuming IHFSRB action at their August 13, 2013 meeting.

3333 North Seminary Street, Galesburg, Illinois 61401 Phone (309) 344-3161 Fax (309) 344-9494 www.osfstmary.org
The Sisters of the Third Order of St. Francis

We invite you to share with us any impact this action may have on your facility. Our cardiac catheterization laboratory utilization for the latest 48 month period is as follows:

Year	Adult Caths
2009	48
2010	23
2011	15
2012	0

We greatly appreciate your written response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional cardiac catheterization patients "without restrictions, conditions, limitations, or discrimination." If you are able to assume additional patients under these requirements, please provide the estimated number of the additional patients your facility could accept.

Please send your response to H. Curt Lipe, Vice President/Chief Financial Officer, OSF St. Mary Medical Center, 3333 N. Seminary, Galesburg, IL 61401. You may also want to send a copy directly to Ms. Courtney R. Avery, Administrator, Health Facilities and Services Review Board, Illinois Department of Public Health, 525 West Jefferson, 2nd Floor, Springfield, IL 62761.

If you have any questions about our plans or how we can work together to serve the region, please do hesitate to contact me at (309) 344-3161, ext. 1151 or via e-mail at richard.kowalski@osfhealthcare.org

Sincerely,

Richard S. Kowalski, CEO, FACHE
OSF St. Mary Medical Center

OSF
ST. MARY MEDICAL CENTER

March 15, 2013

Debbie Simon, CEO
Methodist Medical Center
221 Northeast Glen Oak
Peoria, IL 61616

Re: Proposed Discontinuation
Cardiac Catheterization Laboratory Category of Service
St. Mary Medical Center (SMMC)

Dear Ms. Simon:

St. Mary Medical Center (SMMC) intends to file a Certificate of Need Permit Application to discontinue the Cardiac Catheterization Laboratory Category of Service at the Hospital.

In accordance with Section 1110.130, amended rules, effective February 6, 2009, any certificate of need permit application submitted for discontinuation requires the applicant contact all "existing or approved" providers with similar services located within a 45-minute normal travel time of the applicant facility at least 30 days prior to filing an application.

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3333 North Seminary Street, Galesburg, Illinois 61401 Phone (309) 344-3161 Fax (309) 344-9494 www.osfstmary.org
The Sisters of the Third Order of St. Francis

We invite you to share with us any impact this action may have on your facility. Our cardiac catheterization laboratory utilization for the latest 48 month period is as follows:

Year	Adult Caths
2009	48
2010	23
2011	5
2012	0

We greatly appreciate your written response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional cardiac catheterization patients "without restrictions, conditions, limitations, or discrimination." If you are able to assume additional patients under these requirements, please provide the estimated number of the additional patients your facility could accept.

Please send your response to H. Curt Lipe, Vice President/Chief Financial Officer, OSF St. Mary Medical Center, 3333 N. Seminary, Galesburg, IL 61401. You may also want to send a copy directly to Ms. Courtney R. Avery, Administrator, Health Facilities and Services Review Board, Illinois Department of Public Health, 525 West Jefferson, 2nd Floor, Springfield, IL 62761.

If you have any questions about our plans or how we can work together to serve the region, please do hesitate to contact me at (309) 344-3161, ext. 1151 or via e-mail at richard.kowalski@osfhealthcare.org

Sincerely,

Richard S. Kowalski, CEO, FACHE
OSF St. Mary Medical Center

OSF
ST. MARY MEDICAL CENTER

March 15, 2013

Paul Macek, CEO
Proctor Hospital
5409 N. Knoxville Avenue
Peoria, IL 61614

Re: Proposed Discontinuation
Cardiac Catheterization Laboratory Category of Service
St. Mary Medical Center (SMMC)

Dear Mr. Macek:

St. Mary Medical Center (SMMC) intends to file a Certificate of Need Permit Application to discontinue the Cardiac Catheterization Laboratory Category of Service at the Hospital.

In accordance with Section 1110.130, amended rules, effective February 6, 2009, any certificate of need permit application submitted for discontinuation requires the applicant contact all "existing or approved" providers with similar services located within a 45-minute normal travel time of the applicant facility at least 30 days prior to filing an application.

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We have determined your facility is located within this area and are providing this notice of our intent to discontinue the cardiac catheterization category of service at the Hospital. Our anticipated date of discontinuation, pending approval, is August 19, 2013, assuming IHFSRB action at their August 13, 2013 meeting.

3333 North Seminary Street, Galesburg, Illinois 61401 Phone (309) 344-3161 Fax (309) 344-9494 www.osfstmary.org
The Sisters of the Third Order of St. Francis

We invite you to share with us any impact this action may have on your facility. Our cardiac catheterization laboratory utilization for the latest 48 month period is as follows:

Year	Adult Caths
2009	48
2010	23
2011	5
2012	0

We greatly appreciate your written response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional cardiac catheterization patients "without restrictions, conditions, limitations, or discrimination." If you are able to assume additional patients under these requirements, please provide the estimated number of the additional patients your facility could accept.

Please send your response to H. Curt Lipe, Vice President/Chief Financial Officer, OSF St. Mary Medical Center, 3333 N. Seminary, Galesburg, IL 61401. You may also want to send a copy directly to Ms. Courtney R. Avery, Administrator, Health Facilities and Services Review Board, Illinois Department of Public Health, 525 West Jefferson, 2nd Floor, Springfield, IL 62761.

If you have any questions about our plans or how we can work together to serve the region, please do hesitate to contact me at (309) 344-3161, ext. 1151 or via e-mail at richard.kowalski@osfhealthcare.org

Sincerely,

Richard S. Kowalski, CEO, FACHE
OSF St. Mary Medical Center

OSF
ST. MARY MEDICAL CENTER

March 15, 2013

Lynn Fulton, CEO
Kewanee Hospital
1051 W. South St.
Kewanee, IL 61443

Re: Proposed Discontinuation
Cardiac Catheterization Laboratory Category of Service
St. Mary Medical Center (SMMC)

Dear Ms. Fulton:

St. Mary Medical Center (SMMC) intends to file a Certificate of Need Permit Application to discontinue the Cardiac Catheterization Laboratory Category of Service at the Hospital.

In accordance with Section 1110.130, amended rules, effective February 6, 2009, any certificate of need permit application submitted for discbntinuation requires the applicant contact all "existing or approved" providers with similar services located within a 45-minute normal travel time of the applicant facility at least 30 days prior to filing an application.

By State Agency rules, there are no health care facilities providing similar services within a 45-minute drive time from St. Mary Medical Center. However, there are facilities providing similar services within a 55-minute drive time. Therefore, to be conservative, we are contacting you to determine any potential discontinuation impact.

We have determined your facility is located within this area and are providing this notice of our intent to discontinue the cardiac catheterization category of service at the Hospital. Our anticipated date of discontinuation, pending approval, is August 19, 2013, assuming IHFSRB action at their August 13, 2013 meeting.

3333 North Seminary Street, Galesburg, Illinois 61401 Phone (309) 344-3161 Fax (309) 344-9494 www.osfstmary.org
The Sisters of the Third Order of St. Francis

We invite you to share with us any impact this action may have on your facility. Our cardiac catheterization laboratory utilization for the latest 48 month period is as follows:

Year	Adult Caths
2009	48
2010	23
2011	5
2012	0

We greatly appreciate your written response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional cardiac catheterization patients "without restrictions, conditions, limitations, or discrimination." If you are able to assume additional patients under these requirements, please provide the estimated number of the additional patients your facility could accept.

Please send your response to H. Curt Lipe, Vice President/Chief Financial Officer, OSF St. Mary Medical Center, 3333 N. Seminary, Galesburg, IL 61401. You may also want to send a copy directly to Ms. Courtney R. Avery, Administrator, Health Facilities and Services Review Board, Illinois Department of Public Health, 525 West Jefferson, 2nd Floor, Springfield, IL 62761.

If you have any questions about our plans or how we can work together to serve the region, please do hesitate to contact me at (309) 344-3161, ext. 1151 or via e-mail at richard.kowalski@osfhealthcare.org

Sincerely,

Richard S. Kowalski, CEO, FACHE
OSF St. Mary Medical Center

OSF
ST. MARY MEDICAL CENTER

March 15, 2013

Edward J. Rogalski, CEO
Mercer County Hospital
409 N.W. 9th Avenue
Aledo, IL 61231

Re: Proposed Discontinuation
Cardiac Catheterization Laboratory Category of Service
St. Mary Medical Center (SMMC)

Dear Mr. Rogalski:

St. Mary Medical Center (SMMC) intends to file a Certificate of Need Permit Application to discontinue the Cardiac Catheterization Laboratory Category of Service at the Hospital.

In accordance with Section 1110.130, amended rules, effective February 6, 2009, any certificate of need permit application submitted for discontinuation requires the applicant contact all "existing or approved" providers with similar services located within a 45-minute normal travel time of the applicant facility at least 30 days prior to filing an application.

By State Agency rules, there are no health care facilities providing similar services within a 45-minute drive time from St. Mary Medical Center. However, there are facilities providing similar services within a 55-minute drive time. Therefore, to be conservative, we are contacting you to determine any potential discontinuation impact.

We have determined your facility is located within this area and are providing this notice of our intent to discontinue the cardiac catheterization category of service at the Hospital. Our anticipated date of discontinuation, pending approval, is August 19, 2013, assuming IHFSRB action at their August 13, 2013 meeting.

3333 North Seminary Street, Galesburg, Illinois 61401 Phone (309) 344-3161 Fax (309) 344-9494 www.osfstmary.org
The Sisters of the Third Order of St. Francis

We invite you to share with us any impact this action may have on your facility. Our cardiac catheterization laboratory utilization for the latest 48 month period is as follows:

Year	Adult Caths
2009	48
2010	23
2011	5
2012	0

We greatly appreciate your written response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional cardiac catheterization patients "without restrictions, conditions, limitations, or discrimination." If you are able to assume additional patients under these requirements, please provide the estimated number of the additional patients your facility could accept.

Please send your response to H. Curt Lipe, Vice President/Chief Financial Officer, OSF St. Mary Medical Center, 3333 N. Seminary, Galesburg, IL 61401. You may also want to send a copy directly to Ms. Courtney R. Avery, Administrator, Health Facilities and Services Review Board, Illinois Department of Public Health, 525 West Jefferson, 2nd Floor, Springfield, IL 62761.

If you have any questions about our plans or how we can work together to serve the region, please do hesitate to contact me at (309) 344-3161, ext. 1151 or via e-mail at richard.kowalski@osfhealthcare.org

Sincerely,

Richard S. Kowalski, CEO, FACHE
OSF St. Mary Medical Center

OSF
ST. MARY MEDICAL CENTER

March 15, 2013

Earl Tamar, CEO
Galesburg Cottage Hospital
695 N. Kellogg Street
Galesburg, IL 61401

Re: Proposed Discontinuation
Cardiac Catheterization Laboratory Category of Service
St. Mary Medical Center (SMMC)

Dear Mr. Tamar:

St. Mary Medical Center (SMMC) intends to file a Certificate of Need Permit Application to discontinue the Cardiac Catheterization Laboratory Category of Service at the Hospital.

In accordance with Section 1110.130, amended rules, effective February 6, 2009, any certificate of need permit application submitted for discontinuation requires the applicant contact all "existing or approved" providers with similar services located within a 45-minute normal travel time of the applicant facility at least 30 days prior to filing an application.

By State Agency rules, there are no health care facilities providing similar services within a 45-minute drive time from St. Mary Medical Center. However, there are facilities providing similar services within a 55-minute drive time. Therefore, to be conservative, we are contacting you to determine any potential discontinuation impact.

We have determined your facility is located within this area and are providing this notice of our intent to discontinue the cardiac catheterization category of service at the Hospital. Our anticipated date of discontinuation, pending approval, is August 19, 2013, assuming IHFSRB action at their August 13, 2013 meeting.

3333 North Seminary Street, Galesburg, Illinois 61401 Phone (309) 344-3161 Fax (309) 344-9494 www.osfstmary.org
The Sisters of the Third Order of St. [illegible]

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Year	Adult Caths
2009	48
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We greatly appreciate your written response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional cardiac catheterization patients "without restrictions, conditions, limitations, or discrimination." If you are able to assume additional patients under these requirements, please provide the estimated number of the additional patients your facility could accept.

Please send your response to H. Curt Lipe, Vice President/Chief Financial Officer, OSF St. Mary Medical Center, 3333 N. Seminary, Galesburg, IL 61401. You may also want to send a copy directly to Ms. Courtney R. Avery, Administrator, Health Facilities and Services Review Board, Illinois Department of Public Health, 525 West Jefferson, 2nd Floor, Springfield, IL 62761.

If you have any questions about our plans or how we can work together to serve the region, please do hesitate to contact me at (309) 344-3161, ext. 1151 or via e-mail at richard.kowalski@osfhealthcare.org

Sincerely,

Richard S. Kowalski, CEO, FACHE
OSF St. Mary Medical Center

OSF
ST. MARY MEDICAL CENTER

March 15, 2013

Florence L. Spyrow, CEO
Genesis Health System – Illini Campus
801 Illini Road
Silvis, IL 61282

Re: Proposed Discontinuation
Cardiac Catheterization Laboratory Category of Service
St. Mary Medical Center (SMMC)

Dear Ms. Spyrow:

St. Mary Medical Center (SMMC) intends to file a Certificate of Need Permit Application to discontinue the Cardiac Catheterization Laboratory Category of Service at the Hospital.

In accordance with Section 1110.130, amended rules, effective February 6, 2009, any certificate of need permit application submitted for discontinuation requires the applicant contact all "existing or approved" providers with similar services located within a 45-minute normal travel time of the applicant facility at least 30 days prior to filing an application.

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We have determined your facility is located within this area and are providing this notice of our intent to discontinue the cardiac catheterization category of service at the Hospital. Our anticipated date of discontinuation, pending approval, is August 19, 2013, assuming IHFSRB action at their August 13, 2013 meeting.

3333 North Seminary Street, Galesburg, Illinois 61401 Phone (309) 344-3161 Fax (309) 344-9494 www.osfstmary.org
The Sisters of the Third Order of St. Francis

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We greatly appreciate your written response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional cardiac catheterization patients "without restrictions, conditions, limitations, or discrimination." If you are able to assume additional patients under these requirements, please provide the estimated number of the additional patients your facility could accept.'

Please send your response to H. Curt Lipe, Vice President/Chief Financial Officer, OSF St. Mary Medical Center, 3333 N. Seminary, Galesburg, IL 61401. You may also want to send a copy directly to Ms. Courtney R. Avery, Administrator, Health Facilities and Services Review Board, Illinois Department of Public Health, 525 West Jefferson, 2nd Floor, Springfield, IL 62761.

If you have any questions about our plans or how we can work together to serve the region, please do hesitate to contact me at (309) 344-3161, ext. 1151 or via e-mail at richard.kowalski@osfhealthcare.org

Sincerely,

Richard S. Kowalski, CEO, FACHE
OSF St. Mary Medical Center

OSF
ST. MARY MEDICAL CENTER

March 19, 2013

Kenny Boyd, CEO
McDonough District Hospital
525 East Grant Street
Macomb, IL 61455

Re: Proposed Discontinuation
Cardiac Catheterization Laboratory Category of Service
St. Mary Medical Center (SMMC)

Dear Mr. Boyd:

St. Mary Medical Center (SMMC) intends to file a Certificate of Need Permit Application to discontinue the Cardiac Catheterization Laboratory Category of Service at the Hospital.

In accordance with Section 1110.130, amended rules, effective February 6, 2009, any certificate of need permit application submitted for discontinuation requires the applicant contact all "existing or approved" providers with similar services located within a 45-minute normal travel time of the applicant facility at least 30 days prior to filing an application.

By State Agency rules, there are no health care facilities providing similar services within a 45-minute drive time from St. Mary Medical Center. However, there are facilities providing similar services within a 55-minute drive time. Therefore, to be conservative, we are contacting you to determine any potential discontinuation impact.

It should be noted, that if SMMC was considering establishing such a service, a 90-minute drive time would apply.

We have determined your facility is located within this area and are providing this notice of our intent to discontinue the cardiac catheterization category of service at the Hospital. Our anticipated date of discontinuation, pending approval, is August 19, 2013, assuming IHFSRB action at their August 13, 2013 meeting.

3333 North Seminary Street, Galesburg, Illinois 61401 Phone (309) 343-3161 Fax (309) 344-9494 www.osfstmary.org
The Sisters of the Third Order of St. Francis

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We greatly appreciate your written response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional cardiac catheterization patients "without restrictions, conditions, limitations, or discrimination." If you are able to assume additional patients under these requirements, please provide the estimated number of the additional patients your facility could accept.

Please send your response to H. Curt Lipe, Vice President/Chief Financial Officer, OSF St. Mary Medical Center, 3333 N. Seminary, Galesburg, IL 61401. You may also want to send a copy directly to Ms. Courtney R. Avery, Administrator, Health Facilities and Services Review Board, Illinois Department of Public Health, 525 West Jefferson, 2nd Floor, Springfield, IL 62761.

If you have any questions about our plans or how we can work together to serve the region, please do hesitate to contact me at (309) 344-3161, ext. 1151 or via e-mail at richard.kowalski@osfhealthcare.org.

Sincerely,

Richard S. Kowalski, CEO, FACHE
OSF ST. Mary Medical Center

OSF
ST. MARY MEDICAL CENTER

March 19, 2013

Robert Senneff
President and CEO
Graham Hospital
210 West Walnut
Canton, IL 61520

Re: Proposed Discontinuation
Cardiac Catheterization Laboratory Category of Service
St. Mary Medical Center (SMMC)

Dear Mr. Senneff:

St. Mary Medical Center (SMMC) intends to file a Certificate of Need Permit Application to discontinue the Cardiac Catheterization Laboratory Category of Service at the Hospital.

In accordance with Section 1110.130, amended rules, effective February 6, 2009, any certificate of need permit application submitted for discontinuation requires the applicant contact all "existing or approved" providers with similar services located within a 45-minute normal travel time of the applicant facility at least 30 days prior to filing an application.

By State Agency rules, there are no health care facilities providing similar services within a 45-minute drive time from St. Mary Medical Center. However, there are facilities providing similar services within a 55-minute drive time. Therefore, to be conservative, we are contacting you to determine any potential discontinuation impact.

It should be noted, that if SMMC was considering establishing such a service, a 90-minute drive time would apply.

We have determined your facility is located within this area and are providing this notice of our intent to discontinue the cardiac catheterization category of service at the Hospital. Our anticipated date of discontinuation, pending approval, is August 19, 2013, assuming IHFSRB action at their August 13, 2013 meeting.

3333 North Seminary Street, Galesburg, Illinois 61401 Phone (309) 344-3161 Fax (309) 344-9494 www.osfstmary.org
The Sisters of the Third Order of St. Francis

We invite you to share with us any impact this action may have on your facility. Our cardiac catheterization laboratory utilization for the latest 48 month period is as follows:

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We greatly appreciate your written response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional cardiac catheterization patients "without restrictions, conditions, limitations, or discrimination." If you are able to assume additional patients under these requirements, please provide the estimated number of the additional patients your facility could accept.

Please send your response to H. Curt Lipe, Vice President/Chief Financial Officer, OSF St. Mary Medical Center, 3333 N. Seminary, Galesburg, IL 61401. You may also want to send a copy directly to Ms. Courtney R. Avery, Administrator, Health Facilities and Services Review Board, Illinois Department of Public Health, 525 West Jefferson, 2nd Floor, Springfield, IL 62761.

If you have any questions about our plans or how we can work together to serve the region, please do hesitate to contact me at (309) 344-3161, ext. 1151 or via e-mail at richard.kowalski@osfhealthcare.org.

Sincerely,

Richard S. Kowalski, CEO, FACHE
OSF ST. Mary Medical Center

Genesis Health System – Illini Campus
Silvis, IL

Proctor Hospital
Peoria, IL

Methodist Medical Center
Peoria, IL

Trinity Medical Center – Rock Island
Rock Island, IL

McDonough District Hospital
Macomb, IL

Graham Hospital
Canton, IL

March 27, 2013

H. Curt Lipe
Vice President / Chief Financial Officer
OSF St. Mary Medical Center
3333 N. Seminary
Galesburg, IL 61401

Re: Cardiac Catherization Laboratory Category of Services

Dr. Mr. Lipe,

As reference to the letter we received dated March 15, 2013, please accept this written notification that Genesis Medical Center-Illini Campus (GMC-Illini) has available capacity to assume additional cardiac catherization. The additional capacity is estimated at 750 cases per year.

If you have any questions or concerns, please do not hesitate to call me at (309) 281-4010 or via email at spyrowf@genesishealth.com.

Sincerely,

Florence L. Spyrow
President, Genesis Medical Center-Illini Campus

cc: Ms. Courtney A. Avery
Administrator
Health Facilities and Services Review Board
Illinois Department of Public Health
525 West Jefferson, 2nd Floor
Springfield, IL 62761

Wayne Diewald – COO, Genesis Health System
Theresa Main – CNO, Genesis Medical Center-Ilini Campus

PROCTOR HOSPITAL

5409 North Knoxville Avenue
Peoria, IL 61614
Phone 309-691-1000

March 28, 2013

Mr. Richard S. Kowalski, CEO, FACHE
c/o H. Curt Lipe, Vice President/CFO
OSF St. Mary Medical Center
3333 N. Seminary
Galesburg, IL 61401

Dear Mr. Kowalski:

This letter is in response to your note to discontinue the Cardiac Catheterization Laboratory Services at St. Mary Medical Center.

Proctor Hospital has the capacity to assume 520 additional cardiac catheterization on an annual basis without restrictions, conditions, limitations or discrimination.

Sincerely,

Paul Macek
President and CEO

xc: Ms. Courtney Avery, Administrator-IDPH

Methodist
A MAGNET HOSPITAL

March 25, 2013

Richard Kowalski
CEO
OSF St. Mary's Medical Center
3333 North Seminary Street
Galesburg, IL 61401

RE: Proposed Discontinuation
Cardiac Catheterization

Dear Mr. Kowalski,

Thank you for your letter informing us of your plans to discontinue your cardiac catheterization program. Methodist Medical Center does not anticipate any adverse impact from the closure of your program and is in support of your application. Methodist has available capacity to assume additional cardiac catheterization patients and will do so without restrictions, conditions, limitations or discrimination.

Sincerely,

Terry Waters

Terry Waters
Vice President
Strategy & Development

TW:wn

221 Northeast Glen Oak Avenue Peoria, Illinois 61636-0002 Phone: 309-672-5522 **MyMethodist.net**

TRINITY
IOWA HEALTH SYSTEM
Moline • Rock Island • Bettendorf • Muscatine

Richard A. Seidler, FACHE
President and CEO

2701 17TH STREET
ROCK ISLAND, IL 61201
309-779-2200
FAX 309-779-2399
E-MAIL seidlera@ihs.org

March 27, 2013

H. Curt Lipe, Vice President/CFO
OSF St. Mary Medical Center
3333 North Seminary Street
Galesburg, IL 61401

Re: Intent to discontinue the cardiac catheterization category

Dear Mr. Lipe,

Thank you for sharing your intention to file a CON application to discontinue cardiac catheterizations at St. Mary Medical Center. Trinity Medical Center Rock Island has three cardiac catheterization laboratories, and on March 26th, received approval from the IHFSRB to add a fourth lab as part of our expansion project. Although our three labs have high volumes, we would have no problem accepting patients from your hospital or community in the volumes you indicate in your letter.

If there is anything else we can do to support your application, please let me know.

Sincerely,

Richard A. Seidler
President and CEO

cc: Richard Kowalski, CEO, FACHE
OSF St. Mary Medical Center

Courtney Avery, IHFSRB Administrator
Illinois Health Facilities & Services Review Board

McDonough District Hospital
525 East Grant Street Macomb, IL 61455
(309) 833-4101 www.mdh.org

March 20, 2013

H. Curt Lipe
Vice President/Chief Financial Officer
OSF St. Mary Medical Center
3333 N. Seminary
Galesburg, Illinois 61401

Re: Proposed Discontinuation

Cardiac Catheterization Laboratory Category of Service

St. Mary Medical Center (SMMC)

Dear Curt,

I am writing in response to your letter dated 3/19/13 in regards to the service referenced above and our ability to treat any patients needing said Cardiac Catheterization services.

McDonough District Hospital (MDH) does not provide Cardiac Catheterization services at this time and therefore we would not be able to see and/or treat the types of patients that would be impacted by the proposed change of services.

If you have any additional questions please contact me at kdboyd@mdh.org or 309-836-1675.

Sincerely,

Kenny Boyd, President/CEO

McDonough District Hospital

More Than Hospital Care. . .A Hospital Caring.

Graham Hospital
"Our Community's Choice"
210 W. Walnut St. Canton, IL 61520
www.grahamhospital.org
309-647-5240

March 22, 2013

H. Curt Lipe
V.P/Chief Financial Officer
OSF St. Mary Medical Center
3333 N. Seminary
Galesburg, Illinois 61401

Dear Curt:

I received a letter dated March 19, 2013 from your President & CEO Dick Kowalski, regarding the proposed elimination of Cardiac Catheterization services at St. Mary Medical Center in Galesburg on or about August 19, 2013.

Graham does not provide Cardiac Catheterization services in Canton.

Graham sees no negative effects on those we (Graham) serve from your intended elimination of Cardiac Catheterization services.

Sincerely,

Robert G. Senneff, FACHE
President & CEO
Graham Health System

The following Sections DO NOT need to be addressed by the applicants or co-applicants responsible for funding or guaranteeing the funding of the project if the applicant has a bond rating of A- or better from Fitch's or Standard and Poor's rating agencies, or A3 or better from Moody's (the rating shall be affirmed within the latest 18 month period prior to the submittal of the application):

- **Section 1120.120 Availability of Funds – Review Criteria**
- **Section 1120.130 Financial Viability – Review Criteria**
- **Section 1120.140 Economic Feasibility – Review Criteria, subsection (a)**

VIII. - 1120.120 - Availability of Funds

There is no cost and OSF is A-Rated

The applicant shall document that financial resources shall be available and be equal to or exceed the estimated total project cost plus any related project costs by providing evidence of sufficient financial resources from the following sources, as applicable: **Indicate the dollar amount to be provided from the following sources:**

_____	a)	Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to: 1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and 2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
_____	b)	Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimate time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
_____	c)	Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
_____	d)	Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including: 1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated; 2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate; 3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.; 4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment; 5) For any option to lease, a copy of the option, including all terms and conditions.
_____	e)	Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
_____	f)	Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
_____	g)	All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
		TOTAL FUNDS AVAILABLE

APPEND DOCUMENTATION AS ATTACHMENT-39, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

MOODY'S
INVESTORS SERVICE

New Issue: Moody's assigns A3 rating to OSF Healthcare System's (Illinois) $164 million of Series 2012 bonds; Outlook is positive

Global Credit Research - 15 Aug 2012

A3 rating affirmed on $749 million of outstanding bonds; Outlook revised to positive from stable

ILLINOIS FINANCE AUTHORITY
Hospitals & Health Service Providers
IL

Moody's Rating

ISSUE	RATING
Fixed Rate Bonds, Series 2012	A3
Sale Amount $163,630,000	
Expected Sale Date 08/20/12	
Rating Description Revenue: Other	

Moody's Outlook POS

Opinion

NEW YORK, August 15, 2012 --Moody's Investors Service has assigned an A3 rating to OSF Healthcare System's (OSF) $164 million of Series 2012 fixed rate bonds. The rating outlook is positive. At this time, we are affirming the A3 rating on OSF's outstanding debt (see RATED DEBT section) and revising the outlook to positive from stable.

SUMMARY RATINGS RATIONALE

The A3 rating is based on OSF's large, multi-site system and expanding presence in several distinct healthcare markets in northern and central Illinois, leading market positions in the largest markets, adequate and improved operating performance, and conservative investment allocation. OSF's challenges include higher-than-average leverage relative to the rating category, economic challenges in several regions, competition in most markets, and delays in state Medicaid payments which is suppressing unrestricted investments.

The outlook revision to positive from stable reflects stable or notable growth in market share in the three largest markets and a second year of improved operating margins as the system begins to see the benefits of recently completed facility and information systems strategies. The outlook reflects our expectation that operating cashflow will continue to improve, margins will be sustained, and unrestricted investments will grow to levels more commensurate with a higher rating level, as capital spending is anticipated to moderate and the system will receive late Medicaid payments.

STRENGTHS

*Large, multi-site system with nearly $2 billion in operating revenue and expanding presence in several distinct healthcare markets in northern and central Illinois; physician alignment strategies and facilities investments are driving notable market share gains or stability in the three largest markets

*Distinct leading and growing market position in the primary service area (PSA) in and around the City of Peoria, the site of OSF's flagship, Saint Francis Medical Center, and largest market (representing 52% OSF's total operating revenues in fiscal year 2011)

*Second year of improved operating margins and reversal of operating losses with average 2% and 10% operating and operating cashflow margins in fiscal year 2011 and through nine months of fiscal year 2012

STANDARD
&POOR'S
RATINGS SERVICES

RatingsDirect®

Illinois Finance Authority
OSF Healthcare System; Joint Criteria; System

Primary Credit Analyst:
Brian T Williamson, Chicago (1) 312-233-7009; brian_williamson@standardandpoors.com

Secondary Contact:
Stephen Infranco, New York (1) 212-438-2025; stephen_infranco@standardandpoors.com

Table Of Contents

Rationale

Outlook

Market Profile

Financial Profile

Related Criteria And Research

Illinois Finance Authority
OSF Healthcare System; Joint Criteria; System

Credit Profile

US$181.265 mil rev bnds (OSF Hlthcare Sys) ser 2012 dtd 09/01/2012 due 11/15/2042

Long Term Rating	A/Stable	New

Rationale

Standard & Poor's Ratings Services assigned its 'A' long-term rating to the Illinois Finance Authority's $181.265 million series 2012A fixed-rate bonds.

At the same time, Standard & Poor's affirmed the following ratings:

- 'A' long-term rating on the IFA's $59.455 million series 2004 bonds, $116.795 million series 2007A bonds, $123.475 million series 2009A and $162.91 million series 2010A fixed-rate bonds,
- 'A' underlying rating (SPUR) on the IFA's $280.945 million series 2007E, 2007F, 2007G, 2009B, 2009C and 2009D bonds,
- 'AAA/A-1+' rating on the IFA's series 2007G and 2009C bonds.
- 'AAA/A-1' rating on the IFA's series 2009B and 2009D bonds.

All bonds have been issued on behalf of OSF Healthcare System (OSF). The outlook is stable.

The ratings on the series 2007G, 2009B, 2009C, and 2009D bonds are based on the application of our joint criteria, whereby the long-term component of the rating is based on the 'A' SPUR on OSF and the letters of credit (LOC) provided by various banks. The ratings are based on our joint criteria with medium correlation for the series 2009B bonds and low correlation for the series 2007G, 2009C, and 2009D bonds. Each series has the benefit of a separate LOC; PNC Bank, Wells Fargo Bank N.A., and JPMorgan Chase Bank issued LOCs to back the series 2009B, 2009C, and 2009D bonds, respectively. The series 2007G bonds are backed by a Wells Fargo N.A. LOC. The obligation of OSF, as well as the banks' obligations established by the LOCs, to make debt service payments support the joint ratings. The short-term component of the ratings is based solely on the bank ratings.

The 'A' rating reflects our view of the completion of the Milestone capital project, through which OSF was able to maintain its balance sheet as anticipated while improving its operations.

The 'A' rating further reflects our assessment of OSF's:

- Improved operations resulting from the strength of the new facility in the Peoria market;
- Dominant business position in the Peoria market, where its flagship, Saint Francis Medical Center, is located, and generally good position in the markets despite challenges that include competition and a weak economic environment;
- Breadth of facilities and services, enhanced by its systemwide strategic priorities focused on specific business line development, growth in ambulatory care, and enhanced physician alignment; and

IX. 1120.130 - Financial Viability Not Applicable – No Project cost and OSF is A-Rated

All the applicants and co-applicants shall be identified, specifying their roles in the project funding or guaranteeing the funding (sole responsibility or shared) and percentage of participation in that funding.

Financial Viability Waiver

The applicant is not required to submit financial viability ratios if:

1. **All of the projects capital expenditures are completely funded through internal sources**
2. **The applicant's current debt financing or projected debt financing is insured or anticipated to be insured by MBIA (Municipal Bond Insurance Association Inc.) or equivalent**
3. **The applicant provides a third party surety bond or performance bond letter of credit from an A rated guarantor.**

See Section 1120.130 Financial Waiver for information to be provided

APPEND DOCUMENTATION AS ATTACHMENT-40, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

IX. 1120.130 - Financial Viability Not Applicable – No Project cost and OSF is A-Rated

All the applicants and co-applicants shall be identified, specifying their roles in the project funding or guaranteeing the funding (sole responsibility or shared) and percentage of participation in that funding.

The applicant or co-applicant that is responsible for funding or guaranteeing funding of the project shall provide viability ratios for the latest three years for which **audited financial statements are available and for the first full fiscal year at target utilization, but no more than two years following project completion.** When the applicant's facility does not have facility specific financial statements and the facility is a member of a health care system that has combined or consolidated financial statements, the system's viability ratios shall be provided. If the health care system includes one or more hospitals, the system's viability ratios shall be evaluated for conformance with the applicable hospital standards.

Provide Data for Projects Classified as:	Category A or Category B (last three years)			Category B (Projected)
Enter Historical and/or Projected Years:				
Current Ratio				
Net Margin Percentage				
Percent Debt to Total Capitalization				
Projected Debt Service Coverage				
Days Cash on Hand				
Cushion Ratio				

Provide the methodology and worksheets utilized in determining the ratios detailing the calculation and applicable line item amounts from the financial statements. Complete a separate table for each co-applicant and provide worksheets for each.

2. Variance

Applicants not in compliance with any of the viability ratios shall document that another organization, public or private, shall assume the legal responsibility to meet the debt obligations should the applicant default.

APPEND DOCUMENTATION AS ATTACHMENT 41, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

X. 1120.140 - Economic Feasibility — Not Applicable. No Project cost

This section is applicable to all projects subject to Part 1120.

A. Reasonableness of Financing Arrangements

The applicant shall document the reasonableness of financing arrangements by submitting a notarized statement signed by an authorized representative that attests to one of the following:

1) That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or

2) That the total estimated project costs and related costs will be funded in total or in part by borrowing because:

   A) A portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order to maintain a current ratio of at least 2.0 times for hospitals and 1.5 times for all other facilities; or

   B) Borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

B. Conditions of Debt Financing

This criterion is applicable only to projects that involve debt financing. The applicant shall document that the conditions of debt financing are reasonable by submitting a notarized statement signed by an authorized representative that attests to the following, as applicable:

1) That the selected form of debt financing for the project will be at the lowest net cost available;

2) That the selected form of debt financing will not be at the lowest net cost available, but is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs and other factors;

3) That the project involves (in total or in part) the leasing of equipment or facilities and that the expenses incurred with leasing a facility or equipment are less costly than constructing a new facility or purchasing new equipment.

C. **Reasonableness of Project and Related Costs**

Read the criterion and provide the following:

1. Identify each department or area impacted by the proposed project and provide a cost and square footage allocation for new construction and/or modernization using the following format (insert after this page).

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE

Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Cost/Square Foot Mod.	Gross Sq. Ft. New	Gross Sq. Ft. Circ.*	Gross Sq. Ft. Mod.	Gross Sq. Ft. Circ.*	Const. $ (A x C)	Mod. $ (B x E)	
Contingency									
TOTALS									

* Include the percentage (%) of space for circulation

D. Projected Operating Costs

The applicant shall provide the projected direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year at target utilization but no more than two years following project completion. Direct cost means the fully allocated costs of salaries, benefits and supplies for the service.

E. Total Effect of the Project on Capital Costs

The applicant shall provide the total projected annual capital costs (in current dollars per equivalent patient day) for the first full fiscal year at target utilization but no more than two years following project completion.

APPEND DOCUMENTATION AS ATTACHMENT -42, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Not Applicable. No Project cost

XI. Safety Net Impact Statement

SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL SUBSTANTIVE AND DISCONTINUATION PROJECTS:

1. The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible for an applicant to have such knowledge.

2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.

3. How the discontinuation of a facility or service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.

Safety Net Impact Statements shall also include all of the following:

1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.

2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.

3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

A table in the following format must be provided as part of Attachment 43.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	**Year**	**Year**	**Year**
Inpatient			
Outpatient			
Total			
Charity (cost in dollars)			
Inpatient			
Outpatient			
Total			
MEDICAID			
Medicaid (# of patients)	**Year**	**Year**	**Year**
Inpatient			
Outpatient			
Total			
Medicaid (revenue)			
Inpatient			
Outpatient			
Total			

XI. Safety Net Impact Statement

1. Discontinuation will have no material impact on essential safety net services in that there was no current utilization in 2012 and the service is currently provided on a regional basis.
2. In that there is no current utilization and the service is provided on a regional basis, we have no knowledge regarding cross-subsidization of safety net services.
3. Based on the current regional cardiovascular care delivery model and the associated cardiac catheterization impact letters, we do not anticipate discontinuation will have an adverse effect on the safety net providers in our community or region.

St. Mary Medical Center

Safety Net Information per PA 96-0031				
CHARITY CARE				
Charity (# of patients)	**Year 2009**	**Year 2010**	**Year 2011**	**Year 2012**
Inpatient	329	325	308	440
Outpatient	4,716	5,210	5,237	6,820
Total	5,045	5,535	5,545	7,260
Charity (cost In dollars)				
Inpatient	$1,016,290	$1,003,461	$860,032	$1,561,737
Outpatient	2,016,395	2,468,143	2,157,704	3,397,376
Total	$3,3032,685	$3,471,604	$3,017,736	$4,959,113
MEDICAID				
Medicaid (# of patients)	**Year 2009**	**Year 2010**	**Year 2011**	**Year 2012**
Inpatient	525	446	402	556
Outpatient	12,357	13,038	12,116	14,011
Total	12,882	13,484	12,518	14,567
Medicaid (revenue)				
Inpatient	$4,164,450	$4,591,262	$3,353,317	$3,011,115
Outpatient	6,433,903	4,989,644	5,212,932	5,460,743
Total	$10,598,353	$9,580,906	$8,566,249	$8,471,858

XII. Charity Care Information

Charity Care information MUST be furnished for ALL projects.

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.

2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.

3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

Charity care" means care provided by a health care facility for which the provider does not expect to receive payment from the patient or a third-party payer. (20 ILCS 3960/3) Charity Care must be provided at cost.

A table in the following format must be provided for all facilities as part of Attachment 44.

CHARITY CARE			
	Year 2009	**Year 2010**	**Year 2011**
Net Patient Revenue			
Amount of Charity Care (charges)			
Cost of Charity Care			

Charity Care for St. Mary Medical Center

CHARITY CARE				
	Year 2009	**Year 2010**	**Year 2011**	**Year 2012**
Net Patient Revenue	**$84,935,931**	**$86,671,841**	**$91,915,207**	**$82,798,237**
Amount of Charity Care (charges)	$12,635,196	$12,149,097	$16,801,122	$27,274,877
Cost of Charity Care	$3,032,685	$3,469,604	$3,017,736	$4,959,113

Charity Care for OSF Healthcare System

	2009	2010	2011	2012
Net Patient Revenue	$1,486,121,000	$1,508,491,000	$1,656,229,000	$1,683,282,000
Amount of Charity Care (charges)	$141,863,976	$174,194,707	$217,660,680	$277,682,281
Cost of Charity Care	$38,154,397	$44,025,516	$49,753,168	$58,680,113
Charity Care as percent of total net patient revenue	2.6%	2.9%	3.0%	3.48%

Drive Time Maps

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Notes
SMMC to Galesburg Cottage Hospital, Galesburg, IL

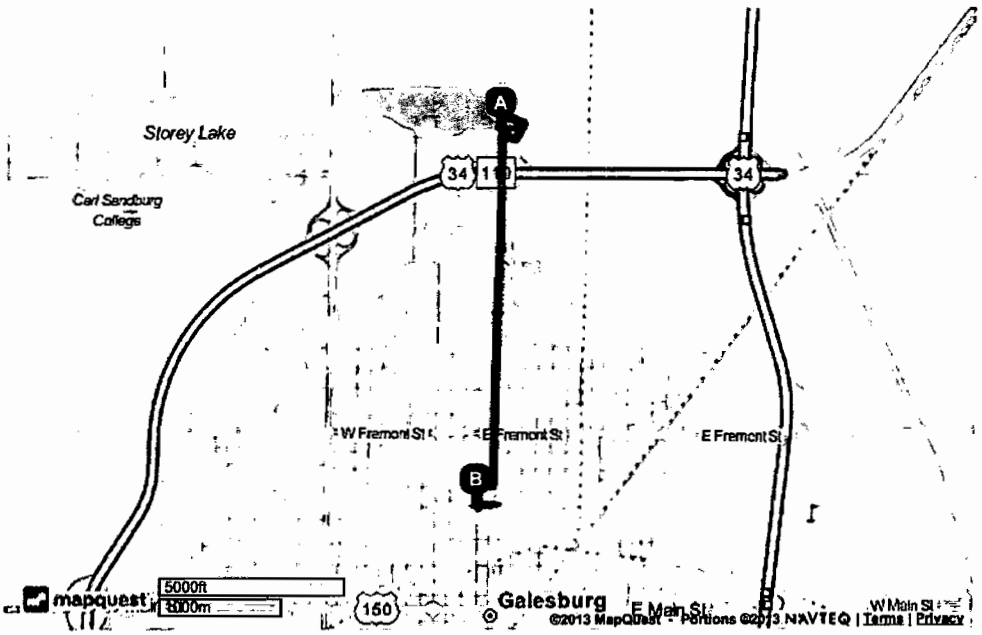
Trip to:
695 N Kellogg St
Galesburg, IL 61401-2807
2.66 miles / 7 minutes

A **3333 N Seminary St**, Galesburg, IL 61401-1251

1.	Start out going **north** on **N Seminary St.** Map	**0.08 Mi** *0.08 Mi Total*
2.	Take the **1st right.** Map *If you are on CR-1 and reach Knox Road 2000 N you've gone about 1.1 miles too far*	**0.1 Mi** *0.2 Mi Total*
3.	Take the **1st right.** Map	**0.09 Mi** *0.3 Mi Total*
4.	Take the **1st right.** Map	**0.09 Mi** *0.4 Mi Total*
5.	Turn **left** onto **N Seminary St.** Map	**2.0 Mi** *2.4 Mi Total*
6.	Turn **right** onto **E Mary St.** Map *E Mary St is just past Dudley St* *If you reach Greenleaf St you've gone a little too far*	**0.09 Mi** *2.5 Mi Total*
7.	Take the **1st left** onto **N Kellogg St.** Map *If you reach N Prairie St you've gone a little too far*	**0.1 Mi** *2.7 Mi Total*
8.	**695 N KELLOGG ST** is on the **left.** Map *Your destination is just past Selden St* *If you reach E Losey St you've gone a little too far*	

B **695 N Kellogg St**, Galesburg, IL 61401-2807

Total Travel Estimate: **2.66 miles - about 7 minutes**



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Notes
SMMC to OSF Holy Family Medical Center, Monmouth

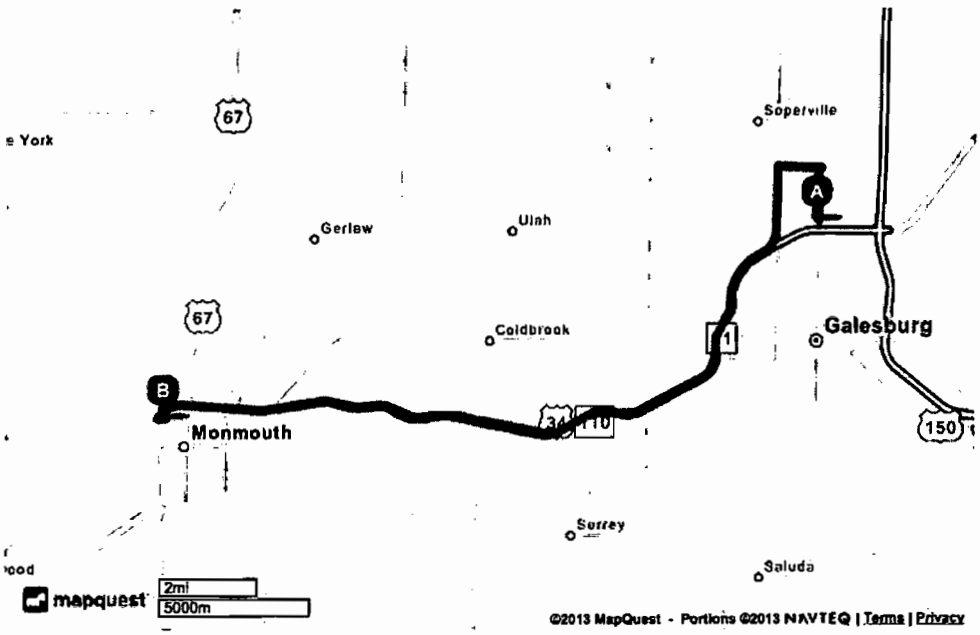
Trip to:
1000 W Harlem Ave
Monmouth, IL 61462-1007
21.56 miles / 25 minutes

A **3333 N Seminary St**, Galesburg, IL 61401-1251

1. Start out going **north** on **N Seminary St** toward **CR-1**. Map	**0.2 Mi**	*0.2 Mi Total*
2. **N Seminary St** becomes **CR-1**. Map	**1.0 Mi**	*1.3 Mi Total*
3. Turn **left** onto **Knox Road 2000 N**. Map *If you reach CR-37 you've gone about 1.2 miles too far*	**1.1 Mi**	*2.3 Mi Total*
4. Turn **left** onto **US-150 E**. Map *If you reach Knox Road 280 E you've gone about 0.2 miles too far*	**1.6 Mi**	*3.9 Mi Total*
5. Merge onto **US-34 W / IL-110 W** toward **Monmouth**. Map	**17.5 Mi**	*21.4 Mi Total*
6. Turn **left** onto **W Harlem Ave / 200th Ave.** Continue to follow **W Harlem Ave**. Map *W Harlem Ave is 0.8 miles past N Main St* *If you reach W Broadway Ave you've gone about 0.6 miles too far*	**0.2 Mi**	*21.6 Mi Total*
7. **1000 W HARLEM AVE** is on the **left**. Map *Your destination is just past N Sunny Ln* *If you reach N G St you've gone about 0.1 miles too fer*		

B **1000 W Harlem Ave**, Monmouth, IL 61462-1007

Total Travel Estimate: **21.56 miles - about 25 minutes**



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Notes

SMMC to Kewanee Hospital, Kewanee, IL

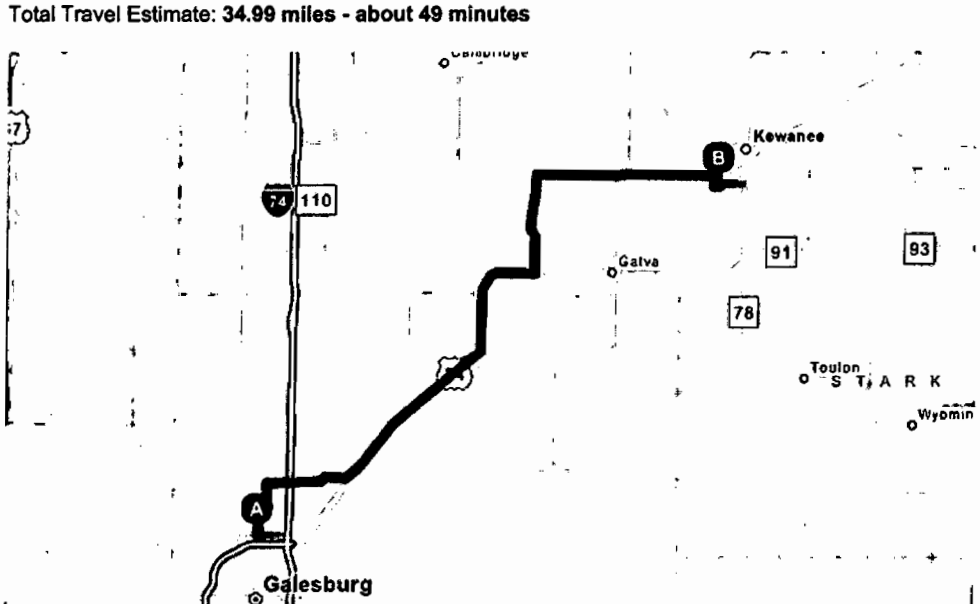
Trip to:

1050 W South St
Kewanee, IL 61443-8355
34.99 miles / 49 minutes

3333 N Seminary St, Galesburg, IL 61401-1251

1.	Start out going **north** on **N Seminary St** toward **CR-1**. Map	**0.2 Mi** *0.2 Mi Total*
2.	**N Seminary St** becomes **CR-1**. Map	**2.3 Mi** *2.5 Mi Total*
3.	**CR-1** becomes **State St**. Map	**0.3 Mi** *2.8 Mi Total*
4.	Turn **right** onto **W Franklin St**. Map *W Franklin St is 0.1 miles past W Lafayette St* *If you are on N State St and reach W Washington St you've gone a little too far*	**0.4 Mi** *3.2 Mi Total*
5.	**W Franklin St** becomes **CR-37**. Map	**3.5 Mi** *6.7 Mi Total*
6.	Turn **left** onto **US-34**. Map *US-34 is 0.1 miles past CR-36* *If you are on W Willerd and reach N Davis St you've gone about 0.1 miles too far*	**14.5 Mi** *21.2 Mi Total*
7.	Turn **left** onto **E 1670th St**. Map *If you reach E 1770th St you've gone about 1.0 mile too far*	**2.1 Mi** *23.2 Mi Total*
8.	**E 1670th St** becomes **S Bishop Hill St**. Map	**0.8 Mi** *24.0 Mi Total*
9.	**S Bishop Hill St** becomes **E 1670th St**. Map	**1.8 Mi** *25.8 Mi Total*
10.	Turn **right** onto **N 570th Ave**. Map *If you are on E 1700th St and reach N 700th Ave you've gone about 1.6 miles too far*	**3.9 Mi** *29.7 Mi Total*
11.	Turn **left** onto **CR-5 / CR-4**. Map	**0.4 Mi** *30.1 Mi Total*
12.	Take the 1st **right** onto **Page St Ext**. Map *If you reach N 650th Ave you've gone about 0.8 miles too far*	**4.1 Mi** *34.1 Mi Total*
13.	**Page St Ext** becomes **Page St**. Map	**0.09 Mi** *34.2 Mi Total*
14.	Turn **right** onto **Burlington Ave**. Map *If you reach Bronson St you've gone about 0.1 miles too far*	**0.5 Mi** *34.7 Mi Total*
15.	Turn **left** onto **W South St**. Map	**0.3 Mi** *35.0 Mi Total*
16.	**1050 W SOUTH ST** is on the **left**. Map *If you reach Midland Rd you've gone about 0.1 miles too far*	

Total Travel Estimate: **34.99 miles - about 49 minutes**



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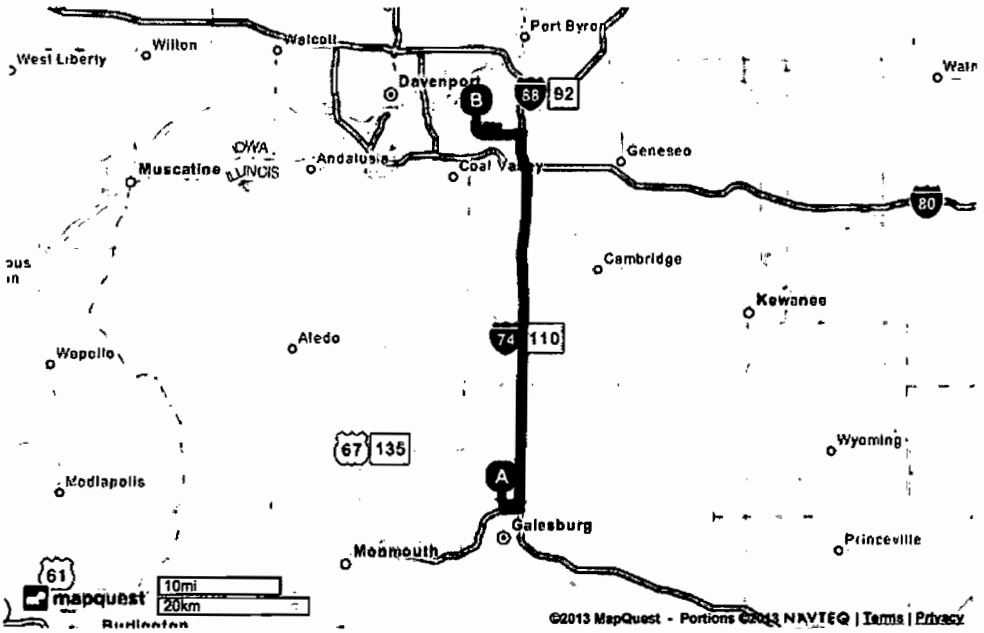
Notes
SMMC to Genesis Medical Center-Illini Center
Silvis, IL

Trip to:
801 Illini Dr
Silvis, IL 61282-1804
42.80 miles / 49 minutes

3333 N Seminary St, Galesburg, IL 61401-1251

1. Start out going **north** on **N Seminary St**. Map	**0.08 Mi** *0.08 Mi Total*
2. Take the **1st right**. Map *If you are on CR-1 and reach Knox Road 2000 N you've gone about 1.1 miles too far*	**0.1 Mi** *0.2 Mi Total*
3. Take the **1st right**. Map	**0.09 Mi** *0.3 Mi Total*
4. Take the **1st right**. Map	**0.09 Mi** *0.4 Mi Total*
5. Turn **left** onto **N Seminary St**. Map	**0.3 Mi** *0.7 Mi Total*
6. Merge onto **US-34 E / IL-110 E** via the ramp on the **left** toward **Kewanee**. Map *If you reach Knox Square Dr you've gone about 0.1 miles too far*	**1.5 Mi** *2.2 Mi Total*
7. Take the **I-74 W** exit toward **Moline-Rock Island**. Map	**0.3 Mi** *2.5 Mi Total*
8. Merge onto **IL-110 E**. Map	**34.9 Mi** *37.4 Mi Total*
9. Take **EXIT 7** toward **Colona**. Map	**0.4 Mi** *37.8 Mi Total*
10. Turn **right** onto **Cleveland Rd**. Map	**1.2 Mi** *39.0 Mi Total*
11. Turn **right** onto **Il Hwy 84 W / IL-84**. Continue to follow **IL-84 N**. Map	**1.5 Mi** *40.5 Mi Total*
12. **IL-84 N** becomes **Colona Rd**. Map	**1.0 Mi** *41.6 Mi Total*
13. Stay **straight** to go onto **Colona Rd / Avenue of the Cities**. Map	**0.8 Mi** *42.3 Mi Total*
14. Turn **right** onto **Hospital Rd**. Map *Hospital Rd is 0.1 miles past 7th St* *If you reach 19th Ave you've gone about 0.3 miles too far*	**0.4 Mi** *42.7 Mi Total*
15. Take the **1st right** onto **Illini Dr**. Map *Illini Dr is 0.3 miles past 17th Ave Dr* *If you reach 16th Ave you've gone a little too far*	**0.09 Mi** *42.8 Mi Total*
16. **801 ILLINI DR** is on the **left**. Map *If you reach 10th St you've gone about 0.1 miles too far*	

Total Travel Estimate: **42.80 miles - about 49 minutes**



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Notes

SMMC to Mercer County Hospital, Aledo, IL

Trip to:

409 NW 9th Ave

Aledo, IL 61231-1258

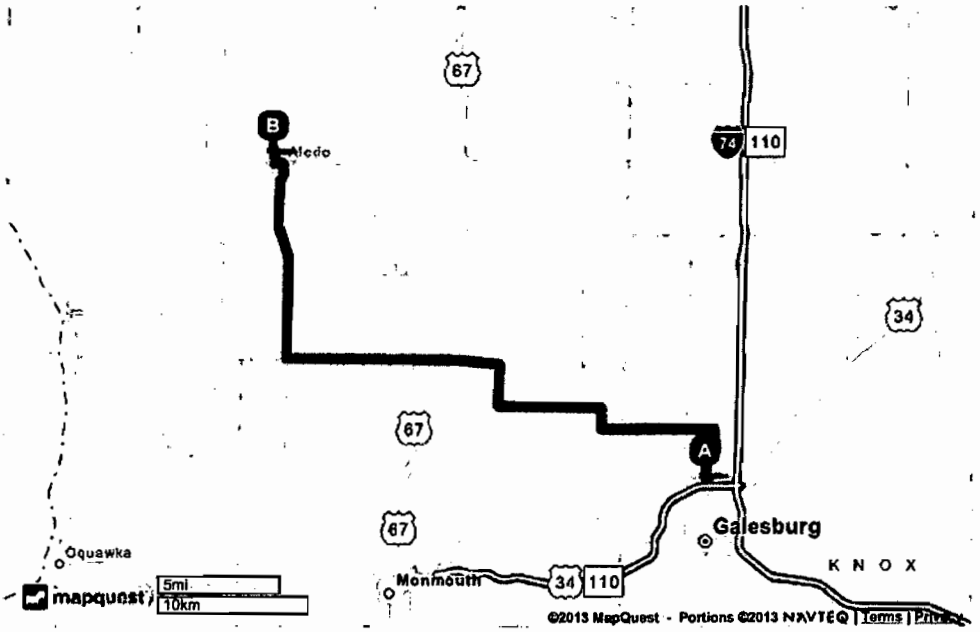
36.00 miles / 50 minutes

3333 N Seminary St, Galesburg, IL 61401-1251

1. Start out going **north** on **N Seminary St** toward **CR-1**. Map	**0.2 Mi**	*0.2 Mi Total*
2. **N Seminary St** becomes **CR-1**. Map	**2.3 Mi**	*2.5 Mi Total*
3. Turn **left** onto **CR-37**. Map *If you are on State St and reach W South St you've gone a little too far*	**4.4 Mi**	*6.9 Mi Total*
4. **CR-37** becomes **270th Ave**. Map	**1.0 Mi**	*7.9 Mi Total*
5. Turn **slight right** onto **170th St**. Map	**1.0 Mi**	*8.9 Mi Total*
6. Turn **left** onto **280th Ave**. Map *If you reach 282nd Ave you've gone about 0.2 miles too far*	**4.8 Mi**	*13.7 Mi Total*
7. Turn **right** onto **120th St**. Map	**2.0 Mi**	*15.7 Mi Total*
8. Turn **left** onto **E Hunt Ave / IL-135**. Continue to follow **IL-135**. Map *IL-135 is just past E Hunt Ave* *If you are on N Henderson St and reach E Alexis Ave you've gone a little too far*	**2.2 Mi**	*17.9 Mi Total*
9. Turn **left** onto **US-67 / IL-135**. Continue to follow **IL-135**. Map	**8.0 Mi**	*25.9 Mi Total*
10. Turn **right** onto **175th St / IL-94**. Continue to follow **IL-94**. Map *If you are on 1st Ave and reach 170th St you've gone about 1.0 mile too far*	**9.2 Mi**	*35.2 Mi Total*
11. Turn **left** onto **IL-17**. Map *IL-17 is just past SW 4th St* *Bewley Funeral Home & Cremation Services is on the corner* *If you reach SW 2nd St you've gone a little too far*	**0.5 Mi**	*35.6 Mi Total*
12. Turn **right** onto **SW 9th Ave**. Map *SW 9th Ave is just past SW 8th Ave* *Buffalo Prairie City Police Department is on the corner* *If you reach SW 10th Ave you've gone a little too far*	**0.4 Mi**	*36.0 Mi Total*
13. **409 NW 9TH AVE** is on the **left**. Map *Your destination is just past NW 4th St* *If you reach NW 6th St you've gone a little too far*		

409 NW 9th Ave, Aledo, IL 61231-1258

Total Travel Estimate: **36.00 miles - about 50 minutes**



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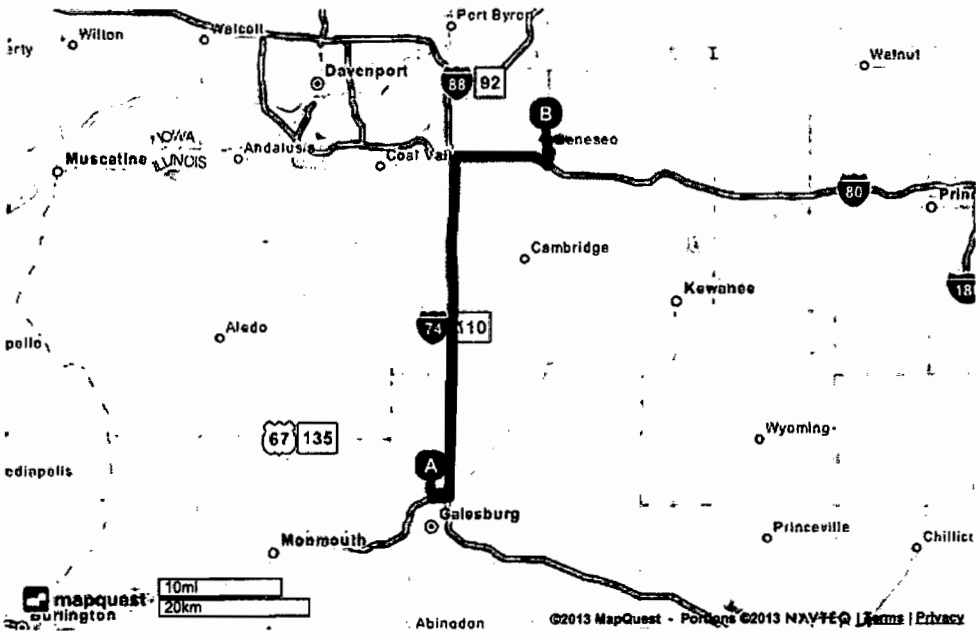
Notes
SMMC to Hammond Henry Hospital, Geneseo, IL

Trip to:
600 N College Ave
Geneseo, IL 61254-1091
45.73 miles / 51 minutes

3333 N Seminary St, Galesburg, IL 61401-1251

1. Start out going **north** on **N Seminary St**. Map	**0.08 Mi** *0.08 Mi Total*
2. Take the 1st **right**. Map *If you are on CR-1 and reach Knox Road 2000 N you've gone about 1.1 miles too far*	**0.1 Mi** *0.2 Mi Total*
3. Take the 1st **right**. Map	**0.09 Mi** *0.3 Mi Total*
4. Take the 1st **right**. Map	**0.09 Mi** *0.4 Mi Total*
5. Turn **left** onto **N Seminary St**. Map	**0.3 Mi** *0.7 Mi Total*
6. Merge onto **US-34 E / IL-110 E** via the ramp on the **left** toward **Kewanee**. Map *If you reach Knox Square Dr you've gone about 0.1 miles too far*	**1.5 Mi** *2.2 Mi Total*
7. Merge onto **I-74 W / IL-110 E** toward **Moline-Rock Island**. Map	**31.5 Mi** *33.8 Mi Total*
8. Merge onto **I-80 E** toward **Chicago**. Map	**9.2 Mi** *43.0 Mi Total*
9. Take the **IL-82** exit, **EXIT 19**, toward **Geneseo / Cambridge**. Map	**0.2 Mi** *43.2 Mi Total*
10. Keep **left** to take the ramp toward **Geneseo**. Map	**0.02 Mi** *43.2 Mi Total*
11. Turn **left** onto **IL-82 / S Oakwood Ave**. Map	**1.4 Mi** *44.6 Mi Total*
12. Turn **left** onto **E Main St / US-6 / IL-82**. Map *E Main St is just past E South St* *If you reach E Pearl St you've gone a little too far*	**0.3 Mi** *44.8 Mi Total*
13. Take the 3rd **right** onto **S Henry St / IL-82**. Map *S Henry St is just past S Center St* *If you reach S Geneseo St you've gone a little too far*	**0.2 Mi** *45.0 Mi Total*
14. Turn **right** onto **W North St / IL-82**. Map	**0.04 Mi** *45.1 Mi Total*
15. Take the 1st **left** onto **S College Ave / IL-82**. Map *If you reach S Center St you've gone a little too far*	**0.7 Mi** *45.7 Mi Total*
16. **600 N COLLEGE AVE** is on the **right**. Map *Your destination is 0.1 miles past W Wells St*	

Total Travel Estimate: 45.73 miles - about 51 minutes



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Notes
SMMC to Methodist Medical Center, Peoria

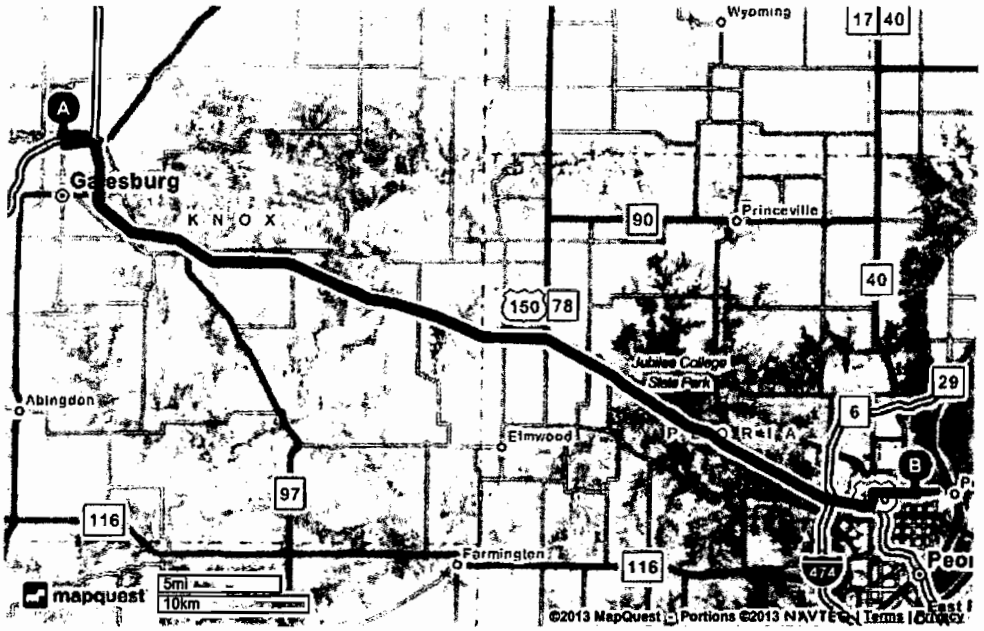
Trip to:
221 E Glen Ave # Oak
Peoria, IL 61616-5001
48.13 miles / 52 minutes

3333 N Seminary St, Galesburg, IL 61401-1251

1. Start out going **north** on **N Seminary St**. Map	**0.08 Mi** *0.08 Mi Total*
2. Take the **1st right**. Map *If you are on CR-1 and reach Knox Road 2000 N you've gone about 1.1 miles too far*	**0.1 Mi** *0.2 Mi Total*
3. Take the **1st right**. Map	**0.09 Mi** *0.3 Mi Total*
4. Take the **1st right**. Map	**0.09 Mi** *0.4 Mi Total*
5. Turn **left** onto **N Seminary St**. Map	**0.3 Mi** *0.7 Mi Total*
6. Merge onto **US-34 E / IL-110 E** via the ramp on the **left** toward **Kewanee**. Map *If you reach Knox Square Dr you've gone about 0.1 miles too far*	**1.2 Mi** *1.9 Mi Total*
7. Merge onto **I-74 E** toward **Peoria**. Map	**43.1 Mi** *45.1 Mi Total*
8. Take the **Sterling Ave** exit, **EXIT 88**, toward **US-150 W / War Memorial Dr**. Map	**0.3 Mi** *45.3 Mi Total*
9. Turn **left** onto **N Sterling Ave**. Map *Arby's is on the corner*	**0.7 Mi** *46.0 Mi Total*
10. **N Sterling Ave** becomes **W Glen Ave**. Map	**2.1 Mi** *48.1 Mi Total*
11. **221 E GLEN AVE # OAK** is on the **left**. Map *Your destination is 0.1 miles past N Knoxville Ave* *If you reach N Conn Ave you've gone a little too far*	

221 E Glen Ave # Oak, Peoria, IL 61616-5001

Total Travel Estimate: **48.13 miles - about 52 minutes**



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Notes
SMMC to OSF St Francis, Peoria, IL

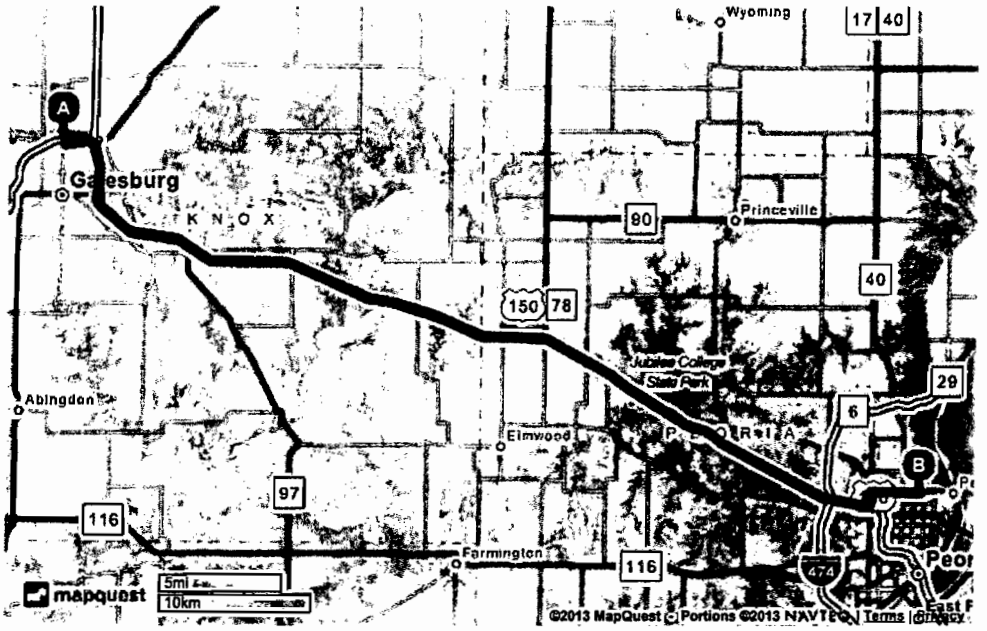
Trip to:
530 E Glen Ave # Oak
Peoria, IL 61616-5110
48.35 miles / 53 minutes

3333 N Seminary St, Galesburg, IL 61401-1251

1. Start out going **north** on **N Seminary St.** Map	**0.08 Mi** *0.08 Mi Total*
2. Take the **1st right.** Map *If you are on CR-1 and reach Knox Road 2000 N you've gone about 1.1 miles too far*	**0.1 Mi** *0.2 Mi Total*
3. Take the **1st right.** Map	**0.09 Mi** *0.3 Mi Total*
4. Take the **1st right.** Map	**0.09 Mi** *0.4 Mi Total*
5. Turn **left** onto **N Seminary St.** Map	**0.3 Mi** *0.7 Mi Total*
6. Merge onto **US-34 E / IL-110 E** via the ramp on the **left** toward **Kewanee.** Map *If you reach Knox Square Dr you've gone about 0.1 miles too far*	**1.2 Mi** *1.9 Mi Total*
7. Merge onto **I-74 E** toward **Peoria.** Map	**43.1 Mi** *45.1 Mi Total*
8. Take the **Sterling Ave** exit, **EXIT 88,** toward **US-150 W / War Memorial Dr.** Map	**0.3 Mi** *45.3 Mi Total*
9. Turn **left** onto **N Sterling Ave.** Map *Arby's is on the corner*	**0.7 Mi** *46.0 Mi Total*
10. **N Sterling Ave** becomes **W Glen Ave.** Map	**2.3 Mi** *48.4 Mi Total*
11. **530 E GLEN AVE # OAK** is on the **right.** Map *Your destination is just past N Longview Pl* *If you reach N Best St you've gone a little too far*	

530 E Glen Ave # Oak, Peoria, IL 61616-5110

Total Travel Estimate: **48.35 miles - about 53 minutes**



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Notes
SMMC to Proctor Hospital, Peoria, IL

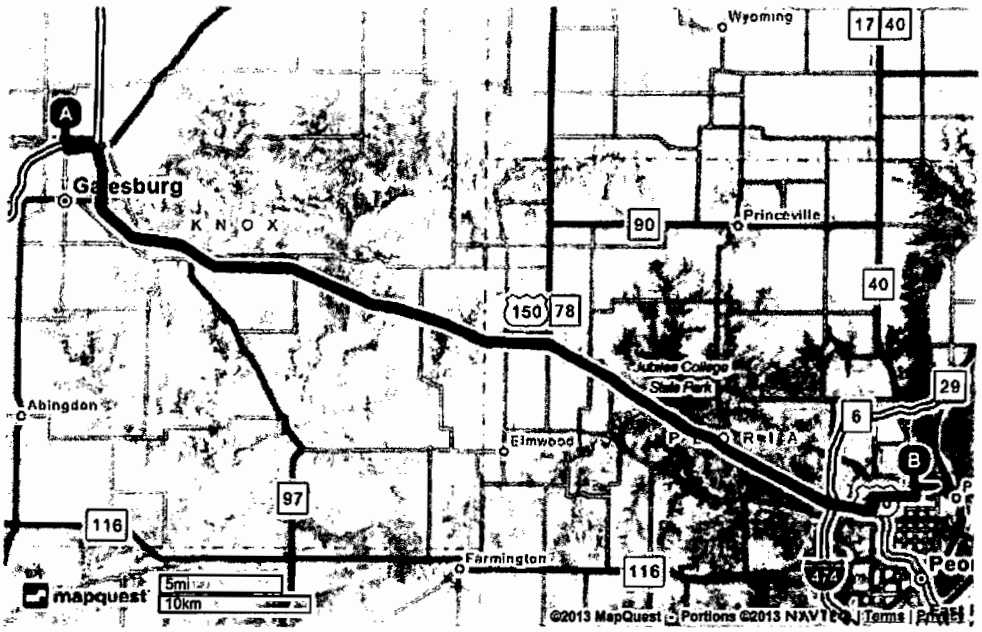
Trip to:
5409 N Knoxville Ave
Peoria, IL 61614-5069
48.38 miles / 53 minutes

3333 N Seminary St, Galesburg, IL 61401-1251

1. Start out going **north** on **N Seminary St**. Map	**0.08 MI**	*0.08 Mi Total*
2. Take the **1st right**. Map *If you are on CR-1 and reach Knox Road 2000 N you've gone about 1.1 miles too far*	**0.1 MI**	*0.2 Mi Total*
3. Take the **1st right**. Map	**0.09 MI**	*0.3 Mi Total*
4. Take the **1st right**. Map	**0.09 MI**	*0.4 Mi Total*
5. Turn **left** onto **N Seminary St**. Map	**0.3 MI**	*0.7 Mi Total*
6. Merge onto **US-34 E / IL-110 E** via the ramp on the **left** toward **Kewanee**. Map *If you reach Knox Square Dr you've gone about 0.1 miles too far*	**1.2 MI**	*1.9 Mi Total*
7. Merge onto **I-74 E** toward **Peoria**. Map	**43.1 MI**	*45.1 Mi Total*
8. Take the **Sterling Ave** exit, **EXIT 88**, toward **US-150 W / War Memorial Dr**. Map	**0.3 MI**	*45.3 Mi Total*
9. Turn **left** onto **N Sterling Ave**. Map *Arby's is on the corner*	**0.7 MI**	*46.0 Mi Total*
10. **N Sterling Ave** becomes **W Glen Ave**. Map	**2.0 MI**	*48.0 Mi Total*
11. Turn **left** onto **N Knoxville Ave / IL-40**. Map *N Knoxville Ave is 0.1 miles past N Bigelow St* *Wingstop is on the left* *If you are on E Glen Ave and reach N Conn Ave you've gone about 0.1 miles too far*	**0.4 MI**	*48.4 Mi Total*
12. **5409 N KNOXVILLE AVE** is on the **left**. Map *Your destination is just past E Cherry Ridge Rd* *If you reach E Elaine Ave you've gone a little too far*		

5409 N Knoxville Ave, Peoria, IL 61614-5069

Total Travel Estimate: **48.38 miles - about 53 minutes**



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Notes
SMMC to Trinity Medical Center, Moline, Il

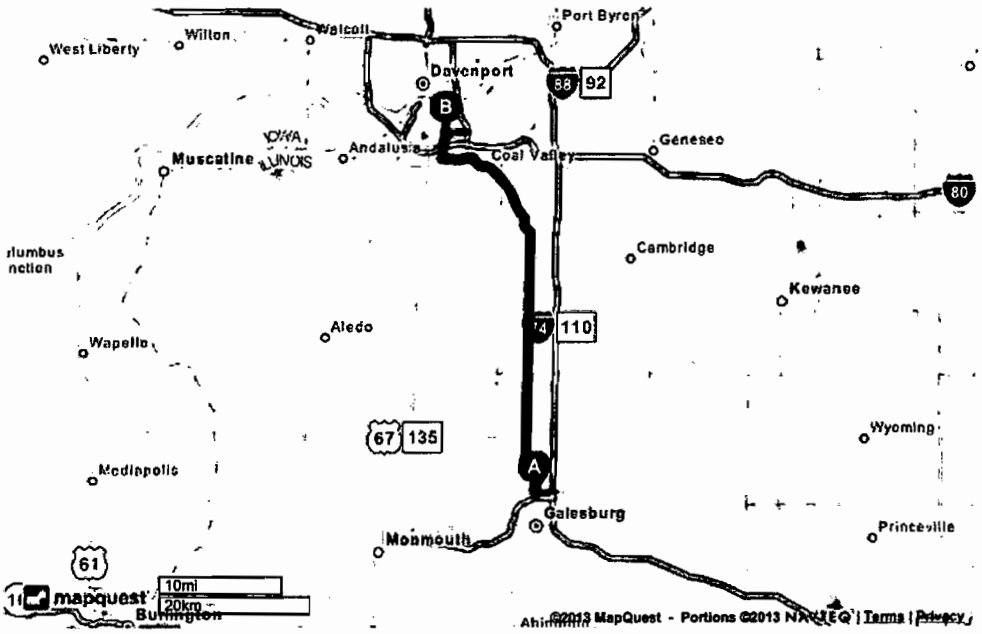
Trip to:
500 John Deere Rd
Moline, IL 61265-6892
40.92 miles / 54 minutes

3333 N Seminary St, Galesburg, IL 61401-1251

1. Start out going **north** on **N Seminary St** toward **CR-1**. Map	**0.2 Mi**	*0.2 Mi Total*
2. **N Seminary St** becomes **CR-1**. Map	**2.3 Mi**	*2.5 Mi Total*
3. Turn **left** onto **CR-37**. Map *If you are on State St and reach W South St you've gone a little too far*	**1.3 Mi**	*3.9 Mi Total*
4. Turn **right** onto **US-150**. Map *US-150 is 0.2 miles past Knox Road 320 E* *If you reach Snoperville Rd you've gone about 0.9 miles too far*	**31.8 Mi**	*35.6 Mi Total*
5. Turn **left** onto **78th Ave**. Map *If you reach 70th Ave Ct you've gone about 0.5 miles too far*	**3.0 Mi**	*38.6 Mi Total*
6. Turn **right** onto **Rock Island-Milan Pky**. Map *Rock Island-Milan Pky is 0.7 miles past 47th St E* *If you are on 78th Ave and reach Tech Dr you've gone about 0.1 miles too far*	**2.0 Mi**	*40.6 Mi Total*
7. **Rock Island-Milan Pky** becomes **IL-5 E / John Deere Rd**. Map	**0.3 Mi**	*40.9 Mi Total*
8. **500 JOHN DEERE RD** is on the **right**. Map *If you reach 7th St you've gone about 0.1 miles too far*		

500 John Deere Rd, Moline, IL 61265-6892

Total Travel Estimate: **40.92 miles - about 54 minutes**



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Notes
SMMC to Trinity Medical Center, Rock Island, IL

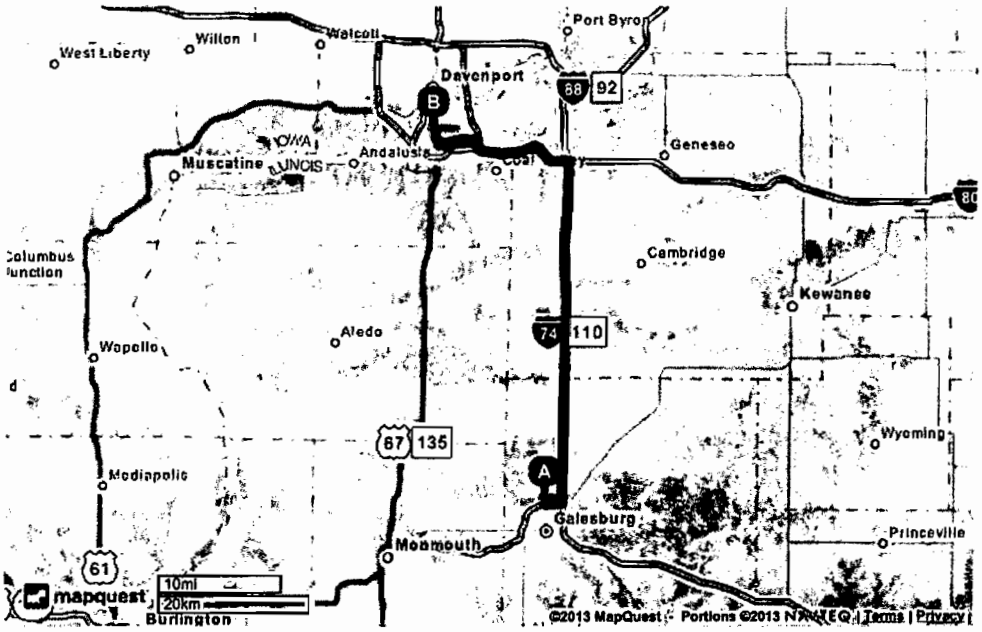
Trip to:
2701 17th St
Rock Island, IL 61201-5351
50.35 miles / 55 minutes

3333 N Seminary St, Galesburg, IL 61401-1251

1. Start out going **north** on **N Seminary St.** Map	**0.08 Mi** *0.08 Mi Total*
2. Take the **1st right.** Map *If you are on CR-1 and reach Knox Road 2000 N you've gone about 1.1 miles too far*	**0.1 Mi** *0.2 Mi Total*
3. Take the **1st right.** Map	**0.09 Mi** *0.3 Mi Total*
4. Take the **1st right.** Map	**0.09 Mi** *0.4 Mi Total*
5. Turn **left** onto **N Seminary St.** Map	**0.3 Mi** *0.7 Mi Total*
6. Merge onto **US-34 E / IL-110 E** via the ramp on the **left** toward **Kewanee.** Map *If you reach Knox Square Dr you've gone about 0.1 miles too far*	**1.5 Mi** *2.2 Mi Total*
7. Merge onto **I-74 W** toward **Moline-Rock Island.** Map	**41.5 Mi** *43.7 Mi Total*
6. Merge onto **I-74 W / US-6 W** via **EXIT 5A** toward **Moline.** Map	**1.1 Mi** *44.8 Mi Total*
9. Merge onto **IL-5 W / John Deere Rd** via **EXIT 4A.** Map	**2.1 Mi** *47.0 Mi Total*
10. Take the **IL-5 W** ramp toward **Rock Island.** Map	**0.4 Mi** *47.3 Mi Total*
11. Turn **right** onto **IL-5 / Blackhawk Rd.** Map *If you reach Rock Island-Milan Pky you've gone about 0.2 miles too far*	**1.6 Mi** *48.9 Mi Total*
12. Turn **right** onto **24th St.** Map *24th St is just past 47th Ave* *If you reach 15th St you've gone about 0.6 miles too far*	**0.4 Mi** *49.3 Mi Total*
13. Stay **straight** to go onto **17th St.** Map	**1.0 Mi** *50.4 Mi Total*
14. **2701 17TH ST** is on the **right.** Map *Your destination is 0.1 miles past Chippiannock Trl* *If you reach 25th Ave you've gone about 0.1 miles too far*	

2701 17th St, Rock Island, IL 61201-5351

Total Travel Estimate: **50.35 miles - about 55 minutes**



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