

ORIGINAL

13-066

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

RECEIVED

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

OCT 22 2013

This Section must be completed for all projects.

HEALTH FACILITIES &
SERVICES REVIEW BOARD

Facility/Project Identification

Facility Name: St. Mary's Hospital Decatur		
Street Address: 1800 E. Lakeshore Drive		
City and Zip Code: Decatur 62521		
County: Macon	Health Service Area: 4	Health Planning Area: D-04

Applicant /Co-Applicant Identification

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

Exact Legal Name: St. Mary's Hospital, Decatur, of the Hospital Sisters of the Third Order of St. Francis	
Address: 1800 E. Lakeshore Drive	
Name of Registered Agent: Amy K. Bulpitt	
Name of Chief Executive Officer: Kevin F. Kast	
CEO Address: 1800 E. Lakeshore Drive, Decatur, Illinois 62521	
Telephone Number: (217) 464-2473	

Type of Ownership of Applicant/Co-Applicant

<input checked="" type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship
	<input type="checkbox"/> Other

- o Corporations and limited liability companies must provide an Illinois certificate of good standing.
- o 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]

Name: Mark Swearingen
Title: Legal Counsel
Company Name: Hall Render Killian Heath & Lyman, P.C.
Address: One American Square, Suite 2000, Indianapolis, Indiana 46282
Telephone Number: (317) 977-1458
E-mail Address: mswearingen@hallrender.com
Fax Number: (317) 633-4878

Additional Contact

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

Name: Ruthie Baum
Title: Director, Compliance and Contracting
Company Name: St. Mary's Hospital Decatur
Address: 1800 E. Lakeshore Drive, Decatur, Illinois 62521
Telephone Number: (217) 464-1305
E-mail Address: ruthie.baum@hshs.org
Fax Number: (217) 464-1615

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

Exact Legal Name: Hospital Sisters Health System
Address: 4936 LaVerna Road, Springfield, Illinois 62707
Name of Registered Agent: Amy L. Marquardt
Name of Chief Executive Officer: Mary Starmann-Harrison, RN, FACHE
CEO Address: 4936 LaVerna Road, Springfield, Illinois 62707
Telephone Number: (217) 523-4747

Type of Ownership of Applicant/Co-Applicant

<input checked="" type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership	
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental	
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other

o Corporations and limited liability companies must provide an **Illinois certificate of good standing**.

o 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.

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E-mail Address: mswearingen@hallrender.com
Fax Number: (317) 633-4878

Additional Contact

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

Name: Amy K. Bulpitt
Title: Associate General Counsel
Company Name: Hospital Sisters Health System
Address: 800 E. Carpenter Street, Springfield, Illinois 62769
Telephone Number: (217) 544-6464, ext. 48336
E-mail Address: amy.bulpitt@hshs.org
Fax Number: (217) 535-3989

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: Ruthie Baum
Title: Director, Compliance and Contracting
Company Name: St. Mary's Hospital Decatur
Address: 1800 E. Lakeshore Drive, Decatur, Illinois 62521
Telephone Number: (217) 464-1305
E-mail Address: ruthie.baum@hshs.org
Fax Number: (217) 464-1615

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Hospital Sisters Services, Inc.
Address of Site Owner: P.O. Box 19456, Springfield, Illinois 62794
Street Address or Legal Description of Site: 1800 E. Lakeshore Drive, Decatur, Illinois 62521 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's Hospital, Decatur, of the Hospital Sisters of the Third Order of St. Francis
Address: 1800 E. Lakeshore Drive, Decatur, Illinois 62521
<input checked="" type="checkbox"/> Non-profit Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> For-profit Corporation <input type="checkbox"/> Governmental <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other
<ul style="list-style-type: none"> o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. o 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. o 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.

APPEND DOCUMENTATION AS ATTACHMENT-4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Flood Plain Requirements (Not Applicable – No Construction)

[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)

[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:

Substantive

Non-substantive

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.

This applicants propose to discontinue the 14-bed Long Term Care/Skilled Unit located on the 7th floor east corridor of St. Mary's Hospital Decatur. St. Mary's has not yet determined the use of the space that will be vacated as a result of the discontinuation. The discontinuation will occur in November, 2013, upon approval by the Illinois Health Facilities and Services Review Board.

This project does not include the construction, demolition, or modernization of any existing buildings, and there are no project costs.

This is a substantive project because it proposes the discontinuation of an IDPH designated category of service.

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

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

<p>Land acquisition is related to project <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Purchase Price: \$ _____</p> <p>Fair Market Value: \$ _____</p>
<p>The project involves the establishment of a new facility or a new category of service <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, provide the dollar amount of all non-capitalized operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.</p> <p>Estimated start-up costs and operating deficit cost is \$ _____.</p>

Project Status and Completion Schedules

<p>For facilities in which prior permits have been issued please provide the permit numbers.</p> <p>Indicate the stage of the project's architectural drawings:</p> <p><input checked="" type="checkbox"/> None or not applicable <input type="checkbox"/> Preliminary</p> <p><input type="checkbox"/> Schematics <input type="checkbox"/> Final Working</p> <p>Anticipated project completion date (refer to Part 1130.140): <u>November, 2013</u></p> <p>Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140):</p> <p><input type="checkbox"/> Purchase orders, leases or contracts pertaining to the project have been executed.</p> <p><input type="checkbox"/> Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON Contingencies</p> <p><input checked="" type="checkbox"/> Project obligation will occur after permit issuance.</p>
<p>APPEND DOCUMENTATION AS ATTACHMENT 8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM</p>

State Agency Submittals

<p>Are the following submittals up to date as applicable:</p> <p><input checked="" type="checkbox"/> Cancer Registry</p> <p><input checked="" type="checkbox"/> APORS</p> <p><input checked="" type="checkbox"/> All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted</p> <p><input checked="" type="checkbox"/> All reports regarding outstanding permits</p> <p>Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.</p>
--

Cost Space Requirements (Not Applicable – No Costs)

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.**

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		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							
APPEND DOCUMENTATION AS ATTACHMENT-9, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM							

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's Hospital Decatur			CITY: Decatur		
REPORTING PERIOD DATES: CY12 From: 01/01/2012 to: 12/31/2012					
Category of Service	Authorized Beds	Admissions	Patient Days	Bed Changes	Proposed Beds
Medical/Surgical	108	4,704	18,979	N/A	108
Obstetrics	18	647	1,660	N/A	18
Pediatrics	14	120	649	N/A	14
Intensive Care	14	536	2,715	N/A	14
Comprehensive Physical Rehabilitation	20	357	3,667	N/A	20
Acute/Chronic Mental Illness	56	1,622	14,497	N/A	56
Neonatal Intensive Care	0	0	0	N/A	0
General Long Term Care	14	322	3,862	-14	0
Specialized Long Term Care	0	0	0	N/A	0
Long Term Acute Care	0	0	0	N/A	0
Other ((identify))	0	0	0	N/A	0
TOTALS:	244	8,308	46,027	-14	230

CERTIFICATION

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

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

This Application for Permit is filed on the behalf of St. Mary's Hospital, Decatur, of the Hospital Sisters of the Third Order of St. Francis* 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 F. Kast

 PRINTED NAME
 President and CEO

 PRINTED TITLE



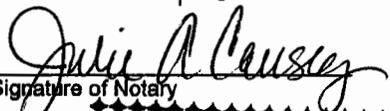
 SIGNATURE
 Becky Colker

 PRINTED NAME
 Chief Financial Officer

 PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 29th day of August, 2013

Notarization:
Subscribed and sworn to before me
this 29th day of August, 2013



 Signature of Notary
 Seal
 "OFFICIAL SEAL"
 JULIE A CAUSEY
 NOTARY PUBLIC, STATE OF ILLINOIS
 BY COMMISSION EXPIRES 01-04-2016



 Signature of Notary
 Seal
 "OFFICIAL SEAL"
 JULIE A CAUSEY
 NOTARY PUBLIC, STATE OF ILLINOIS
 BY COMMISSION EXPIRES 01-04-2016

*Insert EXACT COPY OF COMMISSION ON PERMIT APPLICATIONS

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 manager 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 Hospital Sisters Health 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.

Ann M. Carr

SIGNATURE

Ann Carr

PRINTED NAME

HSHS Treasurer

PRINTED TITLE

Larry P. Schumacher

SIGNATURE

Larry P. Schumacher

PRINTED NAME

Chief Operating Officer

PRINTED TITLE

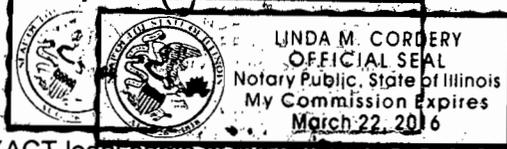
Notarization:

Subscribed and sworn to before me this 11th day of October

Linda M. Cordery

Signature of Notary

Seal



*Insert EXACT legal name of the applicant

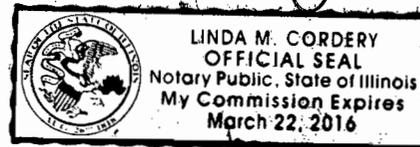
Notarization:

Subscribed and sworn to before me this 11th day of October

Linda M. Cordery

Signature of Notary

Seal



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: (See Attachment-10)

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.

XI. Safety Net Impact Statement

(See Attachment-40)

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 40.

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

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

XII. Charity Care Information (See Attachment-41)

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 care¹¹ 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.

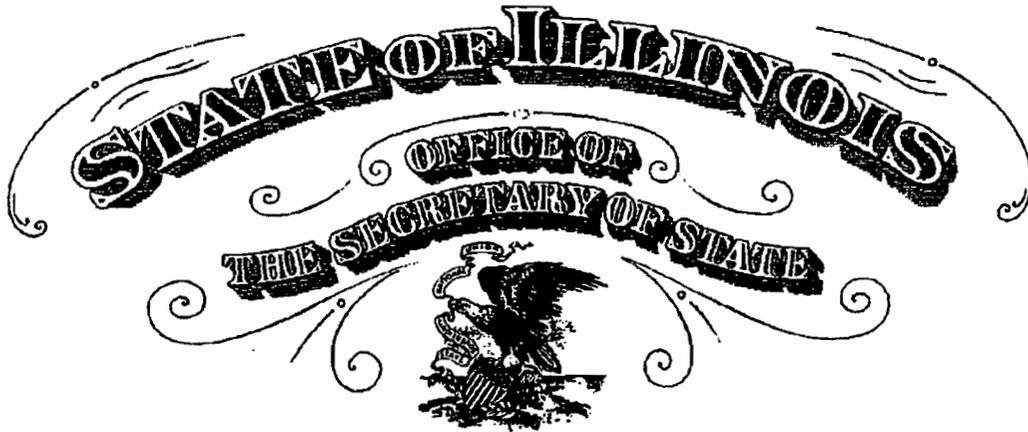
A table in the following format must be provided for all facilities as part of Attachment 44.

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

APPEND DOCUMENTATION AS ATTACHMENT-41. 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/Coapplicant Identification including Certificate of Good Standing	16-17
2	Site Ownership	18
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	19
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	20
5	Flood Plain Requirements	
6	Historic Preservation Act Requirements	
7	Project and Sources of Funds Itemization	
8	Obligation Document if required	
9	Cost Space Requirements	
10	Discontinuation	21-67
11	Background of the Applicant	
12	Purpose of the Project	
13	Alternatives to the Project	
14	Size of the Project	
15	Project Service Utilization	
16	Unfinished or Shell Space	
17	Assurances for Unfinished/Shell Space	
18	Master Design Project	
19	Mergers, Consolidations and Acquisitions	
	Service Specific:	
20	Medical Surgical Pediatrics, Obstetrics, ICU	
21	Comprehensive Physical Rehabilitation	
22	Acute Mental Illness	
23	Neonatal Intensive Care	
24	Open Heart Surgery	
25	Cardiac Catheterization	
26	In-Center Hemodialysis	
27	Non-Hospital Based Ambulatory Surgery	
28	Selected Organ Transplantation	
29	Kidney Transplantation	
30	Subacute Care Hospital Model	
31	Children's Community-Based Health Care Center	
32	Community-Based Residential Rehabilitation Center	
33	Long Term Acute Care Hospital	
34	Clinical Service Areas Other than Categories of Service	
35	Freestanding Emergency Center Medical Services	
	Financial and Economic Feasibility:	
36	Availability of Funds	
37	Financial Waiver	
38	Financial Viability	
39	Economic Feasibility	
40	Safety Net Impact Statement	68-69
41	Charity Care Information	70



To all to whom these Presents Shall Come, Greeting:

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

ST. MARY'S HOSPITAL, DECATUR, OF THE HOSPITAL SISTERS OF THE THIRD ORDER OF ST. FRANCIS, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JUNE 03, 1955, 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.



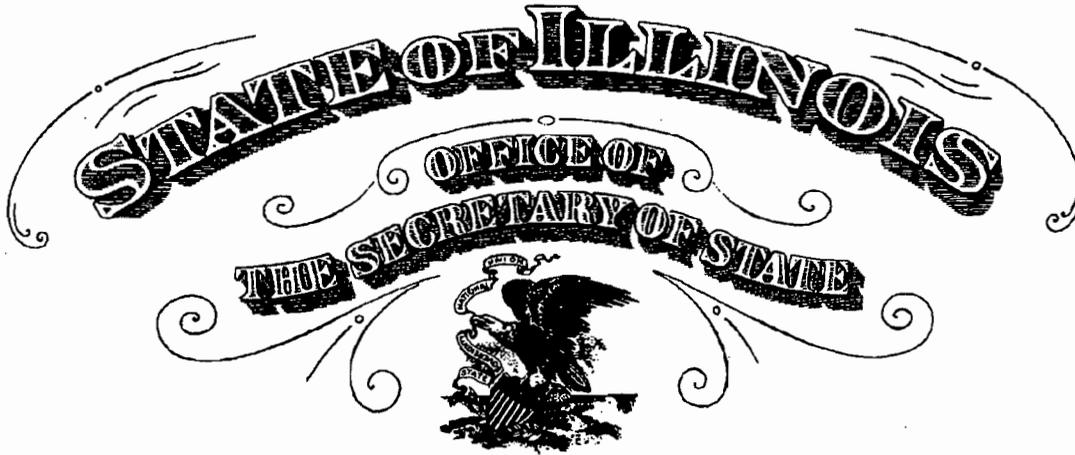
Authentication #: 1318700294

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 6TH day of JULY A.D. 2013 .

Jesse White

SECRETARY OF STATE



To all to whom these Presents Shall Come, Greeting:

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

HOSPITAL SISTERS HEALTH SYSTEM, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 26, 1978, 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.



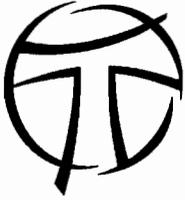
Authentication #: 1308102100

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 22ND day of MARCH A.D. 2013 .

Jesse White

SECRETARY OF STATE



Hospital Sisters
HEALTH SYSTEM

Belleville, IL
St. Elizabeth's Hospital

July 15, 2013

Breese, IL
St. Joseph's Hospital

Decatur, IL
St. Mary's Hospital

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

Effingham, IL
St. Anthony's
Memorial Hospital

Highland, IL
St. Joseph's Hospital

Litchfield, IL
St. Francis Hospital

Dear Ms. Avery:

Springfield, IL
St. John's Hospital

Hospital Sisters of the Third Order of St. Francis hereby certifies that St. Mary's Hospital, Decatur, of the Hospital Sisters of the Third Order of St. Francis is the owner of the site on which the hospital is located.

Streator, IL
St. Mary's Hospital

Chippewa Falls, WI
St. Joseph's Hospital

Sincerely,

Eau Claire, WI
Sacred Heart Hospital

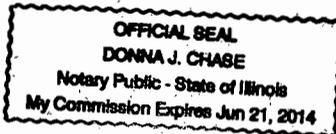
Green Bay, WI
St. Mary's Hospital
Medical Center
St. Vincent Hospital

Larry P. Schumacher, RN, MSN, FAAN
Chief Operating Officer

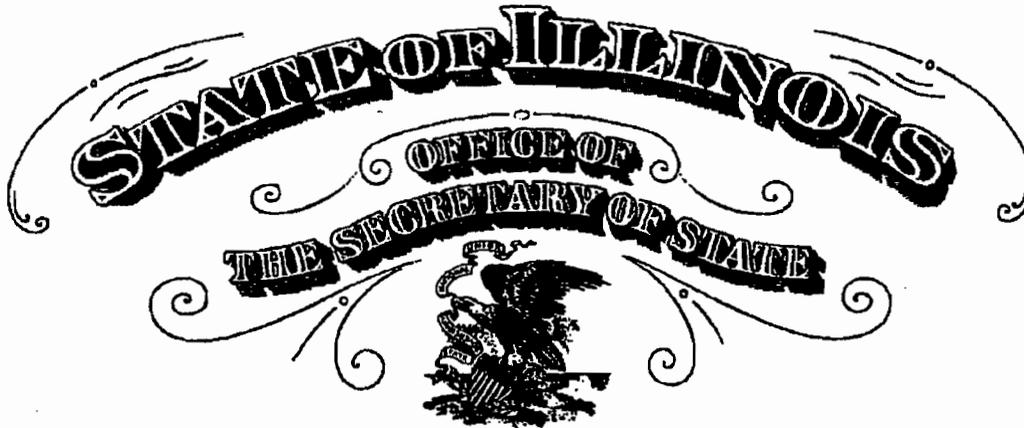
Sheboygan, WI
St. Nicholas Hospital

P.O. Box 19456
Springfield, Illinois
62794-9456
P: 217-523-4747
F: 217-523-0542
www.hshs.org

Notary:



Sponsored by the
Hospital Sisters
of St. Francis



To all to whom these Presents Shall Come, Greeting:

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

ST. MARY'S HOSPITAL, DECATUR, OF THE HOSPITAL SISTERS OF THE THIRD ORDER OF ST. FRANCIS, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JUNE 03, 1955, 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 #: 1318700284
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 6TH day of JULY A.D. 2013 .

Jesse White

SECRETARY OF STATE

Organization Chart

Revised 07.08.13



Hospital Sisters
HEALTH SYSTEM

Hospital Sisters Health System
Member

Hospital Sisters Health System
Board of Directors

Mary Starmann-Harrison
President and CEO

Larry Schumacher
Chief Operating Officer
President and CEO, Clara, Inc.

Sister Monica Laws, OSF
Vice President
Franciscan Formation/
Mission Integration

Jay Justice
Chief People
Officer

Mike Cotroneo
Chief Financial
Officer

Sr. Marybeth Cuhana, OSF
Senior Vice President
Sponsorship
Governance

Peter Marnix
Vice President
Strategy Development
& Implementation

Frank Mitchell, M.D.
Chief Physician
Executive

HSHS Division: CEOs & Presidents
Mark Reiffstuck - Southern Illinois: SEB, SJH, SJB, SAE
Larry Schumacher, INTERIM - Springfield/Referral: SJS, SFL
Kevin Kast - Central Illinois: SMD, SMS
Therese Pardi - Eastern Wisconsin: SVGB, SMGB, SNS, Prievea Health
Julie Marvas - Western Wisconsin: SHEC, SJCF

Bill Montgomery
Chief Information
Officer

Dan McCormack
President & CEO
HSGSE Foundation,
VP Philanthropy

Becky Disalvo, M.D.
Chief Medical
Information Officer

Tim Eckels
Vice President
Community Benefit,
Public Policy & Advocacy

Robert Beyer
Vice President
Supply Chain Services

Melinda Clark
Interim President &
CEO
HSHS Medical Group

Jean Jensen
Vice President
Chief Radiology Officer

Melinda Clark
President & CEO
KCIN & PCIN
VP Clinical Integration

Marc Shelton, M.D.
Prakia Cardiovascular
President

Robert Vautrain, M.D.
Chief Quality Officer

David Kurwin
Assistant Vice President
Operations

Janet Seiler
Director
Care Integration

Mike Swojinski
Director
Internal Audit/CHAM

Tori Mazon
Assistant Vice President
Sponsorship/Governance

Effective Date: 4-2-12

ATTACHMENT-10

Discontinuation

General Information Requirements

1. *Identify the categories of service and the number of beds, if any, that is to be discontinued.*

St. Mary's Hospital Decatur is proposing to discontinue its Long Term Care/Skilled Unit. This category of service has fourteen (14) beds.

2. *Identify all of the other clinical services that are to be discontinued.*

No other clinical services will be discontinued as part of this project.

3. *Provide the anticipated date of discontinuation for each identified service or for the entire facility.*

The discontinuation will occur in November, 2013, upon approval of the Illinois Health Facilities and Services Review Board.

4. *Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.*

St. Mary's Hospital Decatur is evaluating the future use of the physical space and equipment utilized for the Long Term Care unit, but has not yet made a determination.

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.*

All medical records will be maintained at St. Mary's Hospital Decatur in accordance with its standard health information policies, and in accordance with all applicable legal and regulatory authorities.

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.*

Not applicable.

Reasons for Discontinuation

The applicant shall state the reasons for discontinuation and provide data that verifies the need for the proposed action. See Criterion 110.130(b) for examples.

St. Mary's Hospital Decatur has provided quality long term care services to its patients for many years. However, utilization of those services has declined over the past several years to the point that it no longer is economically prudent to continue operating the unit. With the discontinuation of its long term care unit, St. Mary's will be better able to focus its resources on its core services of acute care hospital services.

Among the likely factors contributing to this decline in utilization is that there are several long term care providers near to St. Mary's Hospital Decatur, which has created an excess of long term care beds in the community. Based on the August 14, 2013 HFSRB Inventory of Health Care Facilities and Services and Need Determinations for the General Long-Term Care Category of Service (the "Inventory"), in Decatur, Illinois alone there are 984 general nursing care beds at facilities other than St. Mary's Hospital Decatur. According to the Inventory, it is projected that by 2015, there will be 79 excess beds in the Macon County Planning Area and 1,225 excess beds in Health Service Area 4.

Based on this information and data, the discontinuation of the Long Term Care/Skilled Unit at St. Mary's Decatur would help reduce excess long term care beds in Illinois, which would be consistent with the goals of both the HFSRB and the Long Term Care Advisory Subcommittee.

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.*

As stated above, according to the most recent HFSRB Inventory, it is projected that by 2015, there will be 79 excess beds in the Macon County Planning Area and 1,225 excess beds in Health Service Area 4. Furthermore, more detailed data in the Inventory indicates that St. Mary's Hospital Decatur accounted for only one percent (1%) of the total 2010 patient days among long term care providers in the city of Decatur. From that information and data, it is apparent that sufficient long term care services are available in St. Mary's market area and that the discontinuation of the Long Term Care/Skilled Unit at St. Mary's Hospital Decatur will not materially or adversely affect the ability of residents of Decatur, Illinois or the broader St. Mary's market area to obtain long term care services.

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.*

St. Mary's Hospital Decatur sent a written request for an impact statement to the following facilities:

Bement Manor – Bement, Illinois
Hawthorne Inn of Clinton – Clinton, Illinois
Decatur Rehab & Healthcare Center – Decatur, Illinois
Fair Havens Christian Home – Decatur, Illinois
Imboden Creek Living Center – Decatur, Illinois
Decatur Manor Healthcare – Decatur, Illinois
Mckinley Court – Decatur, Illinois
Heartland of Decatur – Decatur, Illinois
Aspen Ridge of Decatur – Decatur, Illinois
Lincoln Rehabilitation Center – Decatur, Illinois
Hickory Point Christian Village – Forsyth, Illinois
Eastern Star Home – Macon, Illinois
Piatt County Nursing Home – Monticello, Illinois
VonderLieth Living Center – Mount Pulaski, Illinois
Heritage Health – Mount Zion, Illinois

Moweaqua Nursing & Retirement Center – Moweaqua, Illinois
Springfield Terrace – Springfield, Illinois
Sullivan Rehabilitation & Health Care Center – Sullivan, Illinois
Eastview Terrace – Sullivan, Illinois
Taylorville Care Center – Taylorville, Illinois
Taylorville Memorial Hospital – Taylorville, Illinois
Meadow Manor Skilled Nursing – Taylorville, Illinois

A copy of each written request, and the corresponding certified mail receipt and MapQuest printout are included in Attachment-10.

- 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.*

St. Mary's Hospital Decatur did not receive any impact statements from other resources or health care facilities.



**St. Mary's
Hospital**

AN AFFILIATE OF HOSPITAL SISTERS HEALTH SYSTEM

Via Certified Mail – Return Receipt

July 12, 2013

Attn: Administrator
Bement Manor
601 N. Morgan
Bement, IL 61813

RE: Closure of St. Mary's Hospital SNF Unit

Dear Administrator:

St. Mary's Hospital In Decatur is preparing a Certificate of Need application to be filed with the Illinois Health Facilities and Services Review Board "IHFSRB", requesting the discontinuation of its 14-bed skilled nursing unit. The hospital is located at 1800 East Lake Shore Drive in Decatur. The discontinuation is scheduled to occur this Fall, following IHFSRB approval.

Over the past two years, the hospital has averaged approximately 289 annual admissions to its skilled nursing care unit.

As part of the discontinuation process, and consistent with requirements of Section 1110.130 (C) of the Illinois Administrative Code, you are hereby asked to, within 15 days, identify any impact the proposed discontinuation of the skilled nursing unit will have on your facility's operations; whether your facility has the available capacity to accommodate a portion of all of St. Mary's Hospital's skilled nursing unit caseload; and whether your facility operates with any restrictions or limitations that would preclude providing service to residents of St. Mary's Hospital's market area.

Thank you for your prompt attention to this request.

Sincerely,

Kevin F. Kast

President and CEO

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature: <i>Kevin F. Kast</i> <input checked="" type="checkbox"/> Age <input type="checkbox"/> Add</p> <p>B. Received by (Printed Name): <i>Kevin F. Kast</i> C. Date of Delivery: <i>7/12</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>1. Article Addressed to: <i>Attn: Administrator Bement Manor 601 N. Morgan St. Bement, IL 61813</i></p>		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merch <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>7008 1830 0000 5659 3939</p>	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02	

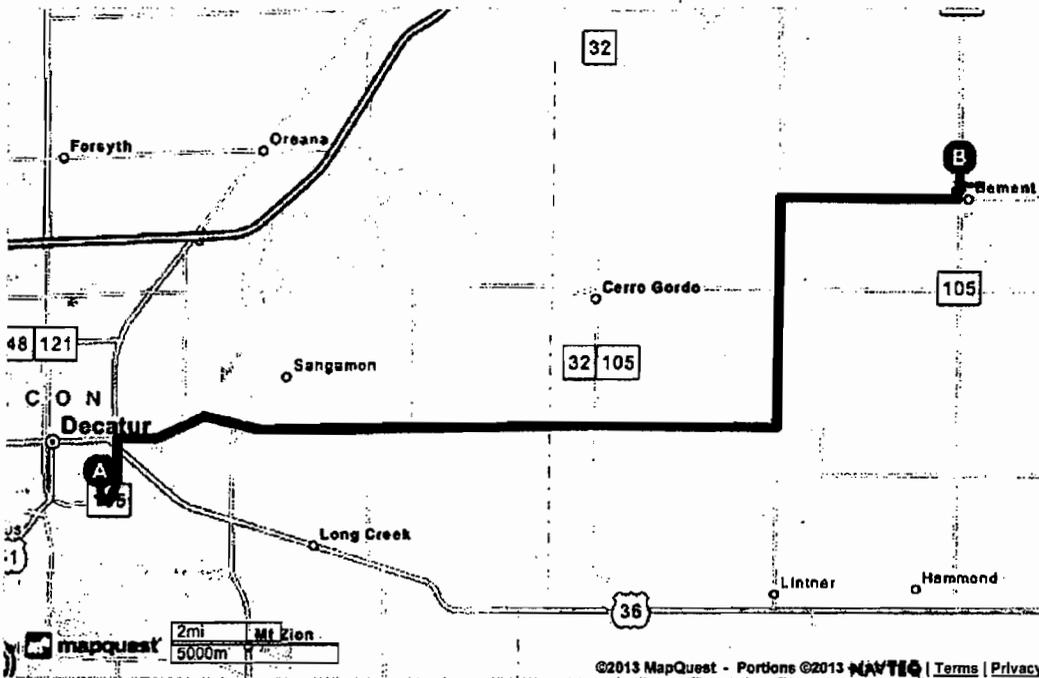
Driving Directions from 1800 E Lake Shore Dr, Decatur, Illinois 62521 to 601 N Morgan St, Bement,...

Notes



Trip to:
601 N Morgan St
Bement, IL 61813-1046
25.66 miles / 37 minutes

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**St. Mary's
Hospital**

AN AFFILIATE OF HOSPITAL SISTERS HEALTH SY

Via Certified Mail – Return

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature x <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to: <i>Attn: Administrator Hawthorne Inn of Clinton 1 Park Lane Clinton, IL 61727</i></p>		<p>B. Received by (Printed Name) <i>Angie Roberts</i></p> <p>G. Date of Delivery</p>	
		<p>Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery (Extra Fee) <input type="checkbox"/></p>	
<p>2. Article Number (Transfer from service label)</p>		<p>7008 1830 0000 5659 3915</p>	

July 12, 2013

Attn: Administrator
Hawthorne Inn of Clinton
1 Park Lane
Clinton, IL 61727

RE: Closure of St. Mary's Hospital SNF Unit

Dear Administrator:

St. Mary's Hospital in Decatur is preparing a Certificate of Need application to be filed with the Illinois Health Facilities and Services Review Board "IHFSRB", requesting the discontinuation of its 14-bed skilled nursing unit. The hospital is located at 1800 East Lake Shore Drive in Decatur. The discontinuation is scheduled to occur this Fall, following IHFSRB approval.

Over the past two years, the hospital has averaged approximately 289 annual admissions to its skilled nursing care unit.

As part of the discontinuation process, and consistent with requirements of Section 1110.130 (C) of the Illinois Administrative Code, you are hereby asked to, within 15 days, identify any impact the proposed discontinuation of the skilled nursing unit will have on your facility's operations; whether your facility has the available capacity to accommodate a portion of all of St. Mary's Hospital's skilled nursing unit caseload; and whether your facility operates with any restrictions or limitations that would preclude providing service to residents of St. Mary's Hospital's market area.

Thank you for your prompt attention to this request.

Sincerely,

[Signature]
Kevin F. Kast

President and CEO

ATTACHMENT 10
APPENDIX 1

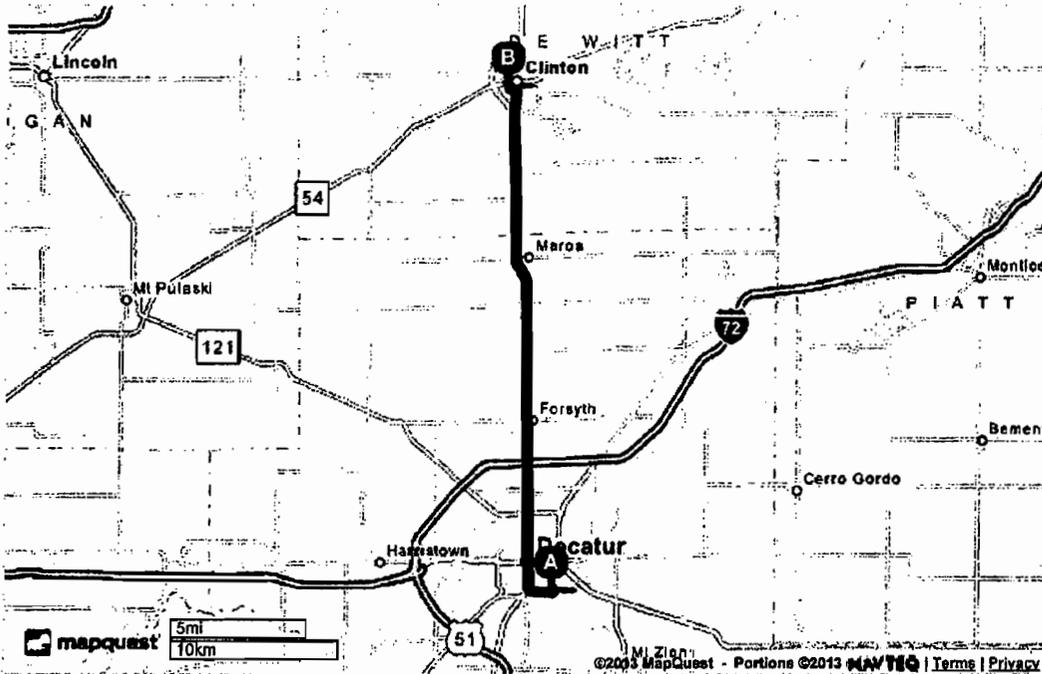
Driving Directions from 1800 E Lake Shore Dr, Decatur, Illinois 62521 to 1 Park Ln, Clinton, Illinois...

Notes _____



Trip to:
1 Park Ln
Clinton, IL 61727
23.52 miles / 34 minutes

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**St. Mary's
Hospital**

AN AFFILIATE OF HOSPITAL SISTERS HEALTH SYSTEM

Via Certified Mail – Return Receipt

July 12, 2013

Attn: Administrator
Decatur Rehab & Healthcare Center
136 S. Dipper Lane
Decatur, IL 62522

RE: Closure of St. Mary's Hospital SNF Unit

Dear Administrator:

St. Mary's Hospital in Decatur is preparing a Certificate of Need application to be filed with the Illinois Health Facilities and Services Review Board "IHFSRB", requesting the discontinuation of its 14-bed skilled nursing unit. The hospital is located at 1800 East Lake Shore Drive in Decatur. The discontinuation is scheduled to occur this Fall, following IHFSRB approval.

Over the past two years, the hospital has averaged approximately 289 annual admissions to its skilled nursing care unit.

As part of the discontinuation process, and consistent with requirements of Section 1110.130 (C) of the Illinois Administrative Code, you are hereby asked to, within 15 days, identify any impact the proposed discontinuation of the skilled nursing unit will have on your facility's operations; whether your facility has the available capacity to accommodate a portion of all of St. Mary's Hospital's skilled nursing unit caseload; and whether your facility operates with any restrictions or limitations that would preclude providing service to residents of St. Mary's Hospital's market area.

Thank you for your prompt attention to this request.

Sincerely,

Kevin F. Kast

President and CEO

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature: <i>James Baki</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name): _____ C. Date of Delivery: 6-17-13	
1. Article Addressed to: Attn: Administrator Decatur Rehab + Healthcare Ctr 136 South Dipper Lane Decatur, IL 62522		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: _____	
2. Article Number (Transfer from service label): _____		3. Service Type: <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchant <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No	
PS Form 3811, February 2004		Domestic Return Receipt	
		7008 1830 0000 5659 3809	
		102595-02-01	

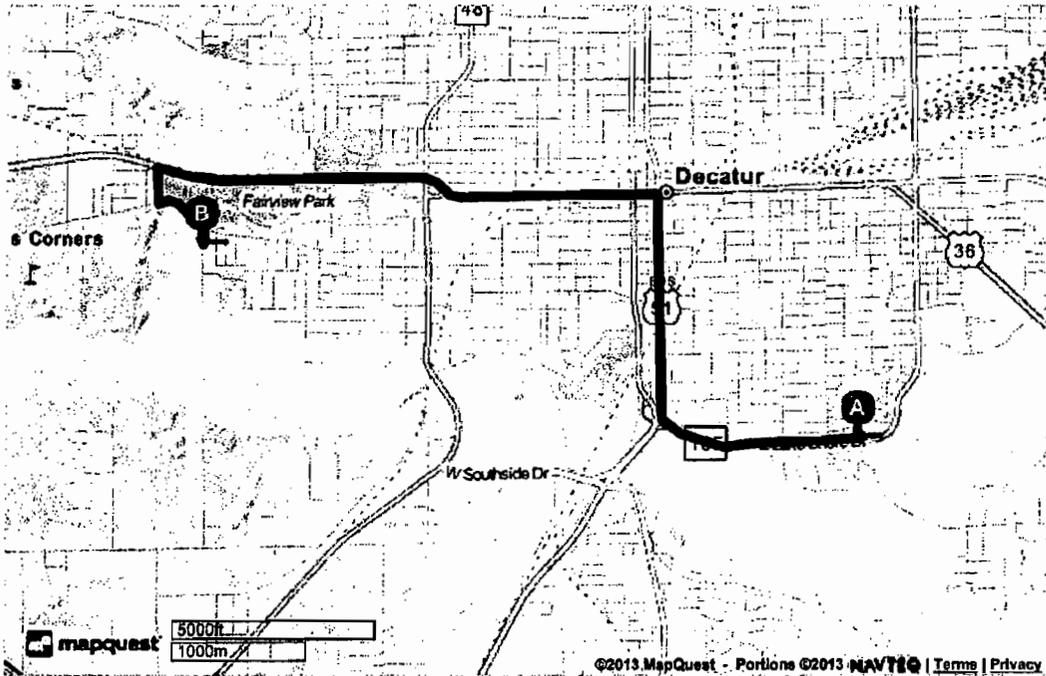
Driving Directions from 1800 E Lake Shore Dr, Decatur, Illinois 62521 to 136 S Dipper Ln, Decatur, ...

Notes



Trip to:
136 S Dipper Ln
Decatur, IL 62522-1841
5.79 miles / 12 minutes

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**St. Mary's
Hospital**

AN AFFILIATE OF HOSPITAL SISTERS HEALTH SYSTEM

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Attn: Administrator
Fair Havens Christian Home
190 South Fairview Avenue
Decatur, IL 62521

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Dorah Smith* Agent
 Addressee

B. Received by (Printed Name)

Agent
 Addressee

C. Date of Delivery

7-16-13

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

Via Certified Mail – Return Re

July 12, 2013

1. Article Number

(Transfer from service label)

7008 1830 0000 5659 3816

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

Attn: Administrator
Fair Havens Christian Home
1790 S. Fairview Ave.
Decatur, IL 62521

RE: Closure of St. Mary's Hospital SNF Unit

Dear Administrator:

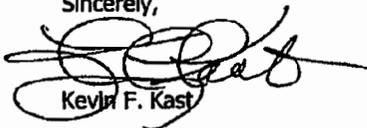
St. Mary's Hospital in Decatur is preparing a Certificate of Need application to be filed with the Illinois Health Facilities and Services Review Board "IHFSRB", requesting the discontinuation of its 14-bed skilled nursing unit. The hospital is located at 1800 East Lake Shore Drive in Decatur. The discontinuation is scheduled to occur this Fall, following IHFSRB approval.

Over the past two years, the hospital has averaged approximately 289 annual admissions to its skilled nursing care unit.

As part of the discontinuation process, and consistent with requirements of Section 1110.130 (C) of the Illinois Administrative Code, you are hereby asked to, within 15 days, identify any impact the proposed discontinuation of the skilled nursing unit will have on your facility's operations; whether your facility has the available capacity to accommodate a portion of all of St. Mary's Hospital's skilled nursing unit caseload; and whether your facility operates with any restrictions or limitations that would preclude providing service to residents of St. Mary's Hospital's market area.

Thank you for your prompt attention to this request.

Sincerely,



Kevin F. Kast

President and CEO

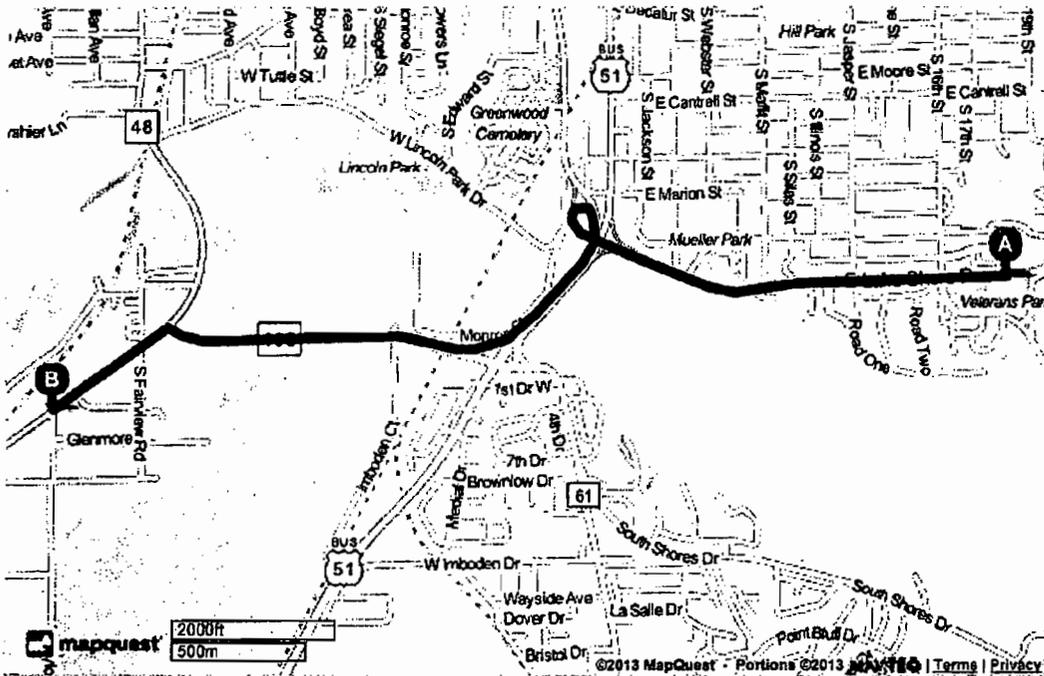
Driving Directions from 1800 E Lake Shore Dr, Decatur, Illinois 62521 to 1790 S Fairview Ave, Dec...

Notes



Trip to:
1790 S Fairview Ave
Decatur, IL 62521-4010
3.15 miles / 6 minutes

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**St. Mary's
Hospital**

AN AFFILIATE OF HOSPITAL SISTERS HEALTH SYS

Via Certified Mail – Return R

July 12, 2013

Attn: Administrator
Imboden Creek Living Center
180 West Imboden Dr.
Decatur, IL 62521

RE: Closure of St. Mary's Hospital SNF Unit

Dear Administrator:

St. Mary's Hospital in Decatur is preparing a Certificate of Need application to be filed with the Illinois Health Facilities and Services Review Board "IHFSRB", requesting the discontinuation of its 14-bed skilled nursing unit. The hospital is located at 1800 East Lake Shore Drive in Decatur. The discontinuation is scheduled to occur this Fall, following IHFSRB approval.

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Sincerely,

Kevin F. Kast

President and CEO

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<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input checked="" type="checkbox"/> Signature <input type="checkbox"/> Agent <input type="checkbox"/> Address</p>	
<p>1. Article Addressed to: Attn: Administrator Imboden Creek Living Center 180 West Imboden Decatur, IL 62521</p>		<p>B. Received by (Printed Name) Mary DeCotes</p> <p>C. Date of Delivery 7-16-13</p>	
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>7008 1830 0000 5659 3823</p>	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-10	

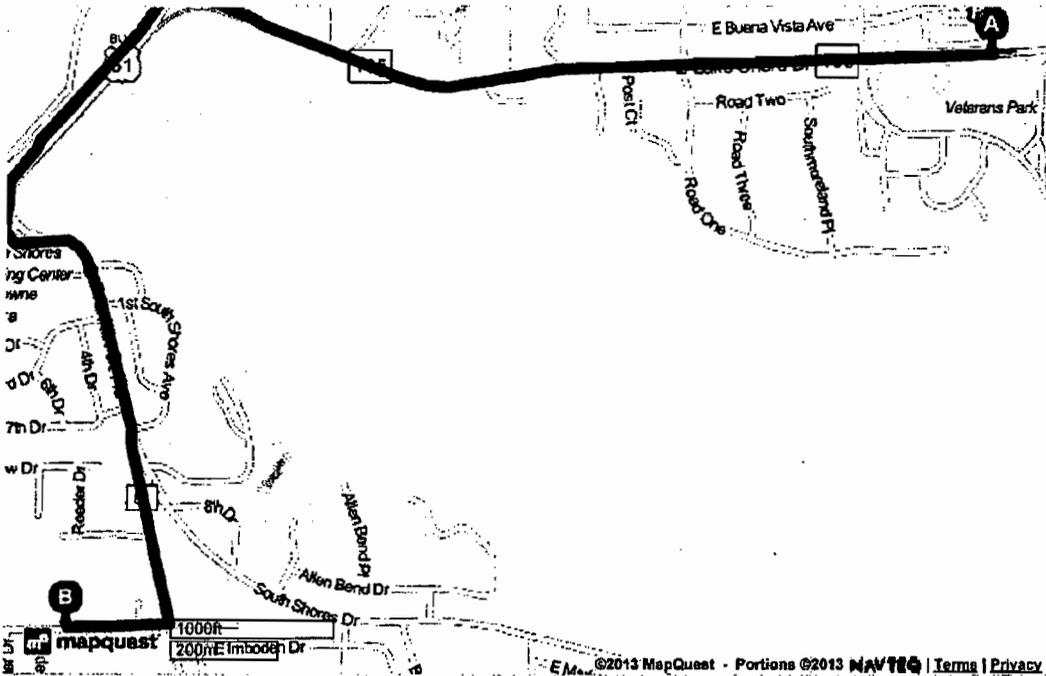
Driving Directions from 1800 E Lake Shore Dr, Decatur, Illinois 62521 to 180 W Imboden Dr, Decat...

Notes



Trip to:
180 W Imboden Dr
Decatur, IL 62521-5238
2.64 miles / 6 minutes

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Via Certified Mail – Return Rec

July 12, 2013

Attn: Administrator
 Decatur Manor Healthcare
 1016 W. Pershing Rd
 Decatur, IL 62526

RE: Closure of St. Mary's Hospital SNF Unit

Dear Administrator:

St. Mary's Hospital in Decatur is preparing a Certificate of Need application to be filed with the Illinois Health Facilities and Services Review Board "IHFSRB", requesting the discontinuation of its 14-bed skilled nursing unit. The hospital is located at 1800 East Lake Shore Drive in Decatur. The discontinuation is scheduled to occur this Fall, following IHFSRB approval.

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Thank you for your prompt attention to this request.

Sincerely,

Kevin F. Kast

President and CEO

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Linda Burgess</i> <input type="checkbox"/> Agent</p> <p>B. Received by (Printed Name) <i>Linda Burgess</i> <input type="checkbox"/> Address</p> <p>C. Date of Deliv. <i>7-16-13</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to: <i>Attn: Administrator Decatur Manor Healthcare 1016 West Pershing Rd Decatur, IL 62526</i></p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number <i>(Transfer from service label)</i> 7008 1830 0000 5659 3830</p>		

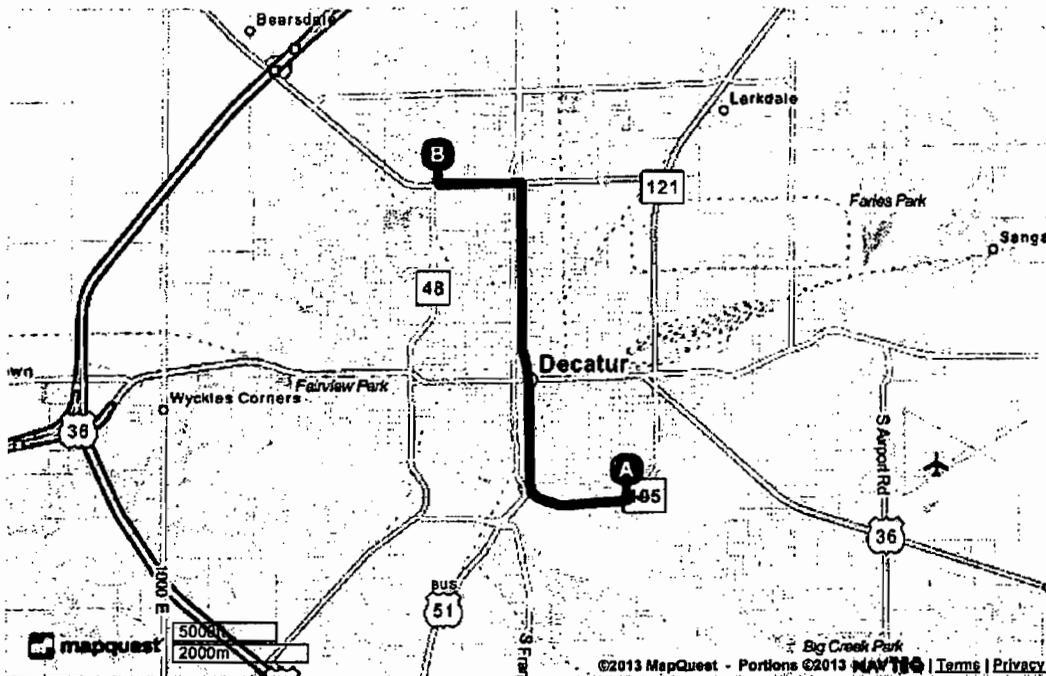
Driving Directions from 1800 E Lake Shore Dr, Decatur, Illinois 62521 to 1016 W Pershing Rd, Deca...

Notes



Trip to:
1016 W Pershing Rd
Decatur, IL 62526-1541
5.44 miles / 13 minutes

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**St. Mary's
Hospital**

AN AFFILIATE OF HOSPITAL SISTERS HEALTH SYSTEM

Via Certified Mail – Return Receipt

July 12, 2013

Attn: Administrator
Symphony McKinley Court
500 West McKinley Ave.
Decatur, IL 62526

RE: Closure of St. Mary's Hospital SNF Unit

Dear Administrator:

St. Mary's Hospital in Decatur is preparing a Certificate of Need application to be filed with the Illinois Health Facilities and Services Review Board "IHFSRB", requesting the discontinuation of its 14-bed skilled nursing unit. The hospital is located at 1800 East Lake Shore Drive in Decatur. The discontinuation is scheduled to occur this Fall, following IHFSRB approval.

Over the past two years, the hospital has averaged approximately 289 annual admissions to its skilled nursing care unit.

As part of the discontinuation process, and consistent with requirements of Section 1110.130 (C) of the Illinois Administrative Code, you are hereby asked to, within 15 days, identify any impact the proposed discontinuation of the skilled nursing unit will have on your facility's operations; whether your facility has the available capacity to accommodate a portion of all of St. Mary's Hospital's skilled nursing unit caseload; and whether your facility operates with any restrictions or limitations that would preclude providing service to residents of St. Mary's Hospital's market area.

Thank you for your prompt attention to this request.

Sincerely,

Kevin F. Kast

President and CEO

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Chelsea Taylor</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery <i>Chelsea Taylor</i> 7-16-13</p>
<p>1. Article Addressed to:</p> <p>Attn: Administrator McKinley Court 500 W. McKinley East Ave. Decatur, Ill 62526</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number <small>(Transfer from service label)</small></p>	<p>7008 1830 0000 5659 3847</p>

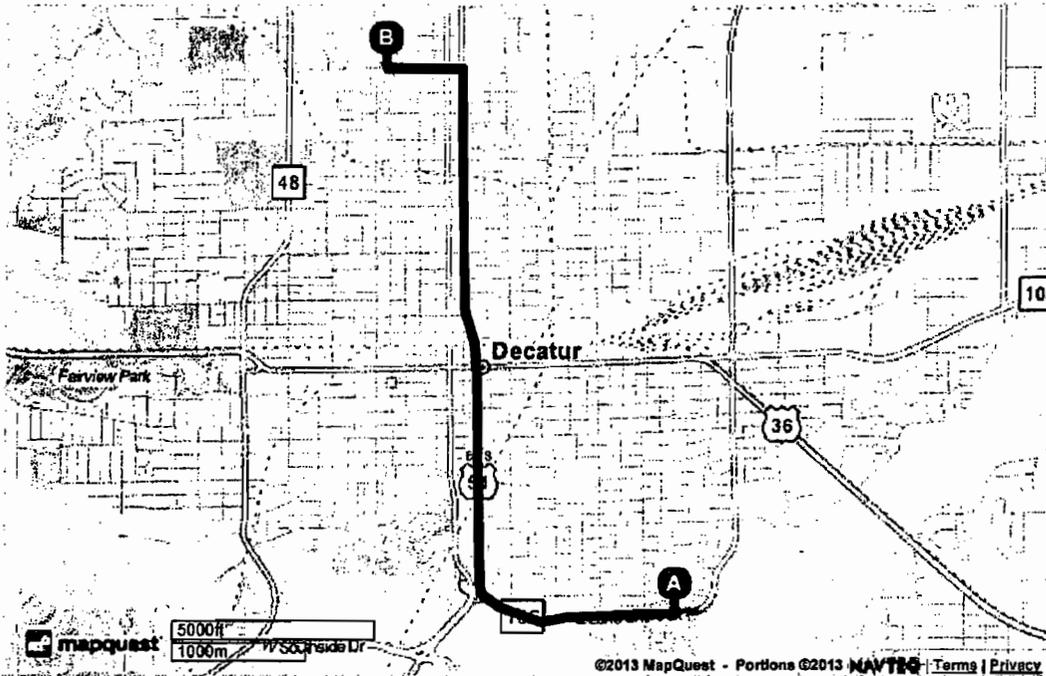
Driving Directions from 1800 E Lake Shore Dr, Decatur, Illinois 62521 to 500 W McKinley Ave, De...

Notes



Trip to:
500 W McKinley Ave
Decatur, IL 62526-3281
4.44 miles / 11 minutes

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Via Certified Mail – Return Recd

July 12, 2013

Attn: Administrator
Heartland of Decatur
444 West Harrison Street
Decatur, IL 62526

RE: Closure of St. Mary's Hospital SNF Unit

Dear Administrator:

St. Mary's Hospital in Decatur is preparing a Certificate of Need application to be filed with the Illinois Health Facilities and Services Review Board "IHFSRB", requesting the discontinuation of its 14-bed skilled nursing unit. The hospital is located at 1800 East Lake Shore Drive in Decatur. The discontinuation is scheduled to occur this Fall, following IHFSRB approval.

Over the past two years, the hospital has averaged approximately 289 annual admissions to its skilled nursing care unit.

As part of the discontinuation process, and consistent with requirements of Section 1110.130 (C) of the Illinois Administrative Code, you are hereby asked to, within 15 days, identify any impact the proposed discontinuation of the skilled nursing unit will have on your facility's operations; whether your facility has the available capacity to accommodate a portion of all of St. Mary's Hospital's skilled nursing unit caseload; and whether your facility operates with any restrictions or limitations that would preclude providing service to residents of St. Mary's Hospital's market area.

Thank you for your prompt attention to this request.

Sincerely,

Kevin P. Kast

President and CEO

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Signature <input type="checkbox"/> Agent <input type="checkbox"/> Address</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery SCOTT PARKS 7-16-13</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to: Attn: Administrator Heartland of Decatur 444 West Harrison St. Decatur, IL 62526</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label) 7008 1830 0000 5659 3854</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-001</p>	

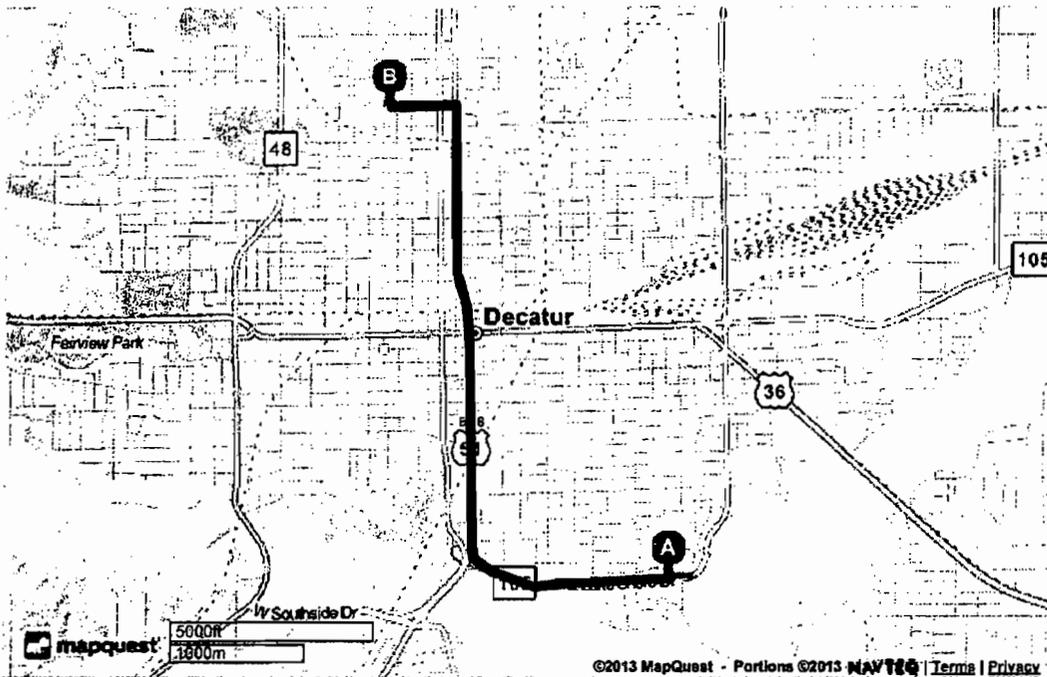
Driving Directions from 1800 E Lake Shore Dr, Decatur, Illinois 62521 to 444 W Harrison Ave, Deca...

Notes



Trip to:
444 W Harrison Ave
Decatur, IL 62526-4157
3.99 miles / 10 minutes

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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<p>1. Article Addressed to: <i>Attn: Administrator Aspen Ridge of Decatur 2530 N. Monroe Street Decatur, IL 62526</i></p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merch <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number: <i>(Transfer from service label)</i> 7008 1830 0000 5659 3861</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-4</p>	

Via Certified Mail – Return Receipt

July 12, 2013

Attn: Administrator
 Symphony Aspen Ridge
 2530 N. Monroe Street
 Decatur, IL 62526

RE: Closure of St. Mary's Hospital SNF Unit

Dear Administrator:

St. Mary's Hospital in Decatur is preparing a Certificate of Need application to be filed with the Illinois Health Facilities and Services Review Board "IHFSRB", requesting the discontinuation of its 14-bed skilled nursing unit. The hospital is located at 1800 East Lake Shore Drive in Decatur. The discontinuation is scheduled to occur this Fall, following IHFSRB approval.

Over the past two years, the hospital has averaged approximately 289 annual admissions to its skilled nursing care unit.

As part of the discontinuation process, and consistent with requirements of Section 1110.130 (C) of the Illinois Administrative Code, you are hereby asked to, within 15 days, identify any impact the proposed discontinuation of the skilled nursing unit will have on your facility's operations; whether your facility has the available capacity to accommodate a portion of all of St. Mary's Hospital's skilled nursing unit caseload; and whether your facility operates with any restrictions or limitations that would preclude providing service to residents of St. Mary's Hospital's market area.

Thank you for your prompt attention to this request.

Sincerely,

Kevin F. Kast

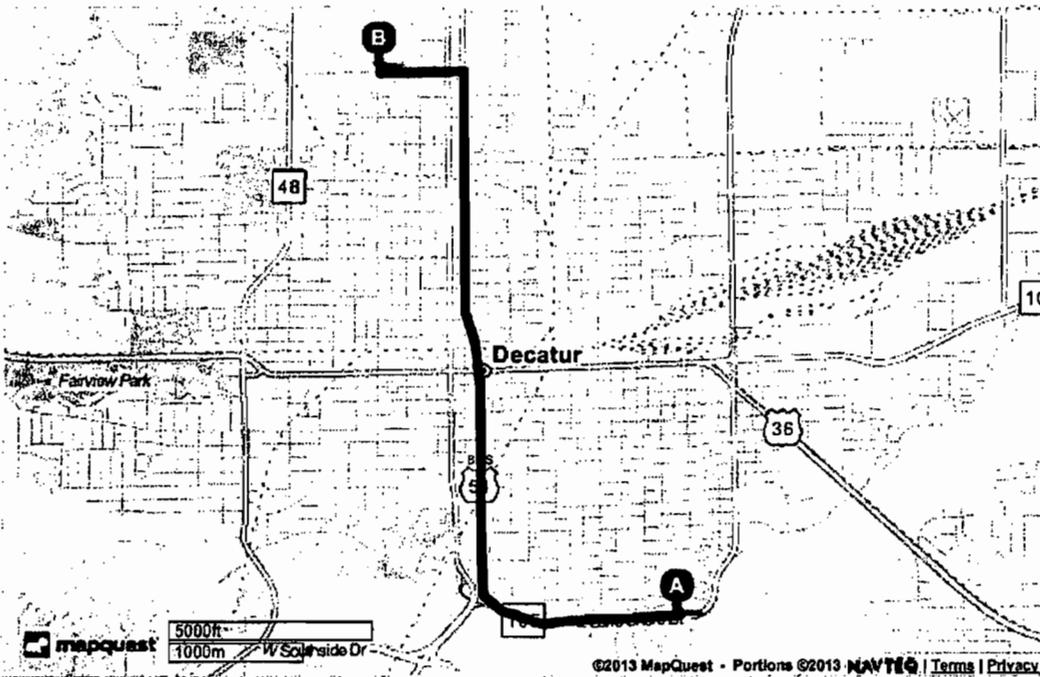
President and CEO

Notes



Trip to:
2530 N Monroe St
Decatur, IL 62526-3249
4.52 miles / 11 minutes

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**St. Mary's
Hospital**

AN AFFILIATE OF HOSPITAL SISTERS HEALTH SYSTEM

Via Certified Mail – Return Receipt

July 12, 2013

Attn: Administrator
Lincoln Rehabilitation Center
2650 N. Monroe Street
Decatur, IL 62526

RE: Closure of St. Mary's Hospital SNF Unit

Dear Administrator:

St. Mary's Hospital in Decatur is preparing a Certificate of Need application to be filed with the Illinois Health Facilities and Services Review Board "IHFSRB", requesting the discontinuation of its 14-bed skilled nursing unit. The hospital is located at 1800 East Lake Shore Drive in Decatur. The discontinuation is scheduled to occur this Fall, following IHFSRB approval.

Over the past two years, the hospital has averaged approximately 289 annual admissions to its skilled nursing care unit.

As part of the discontinuation process, and consistent with requirements of Section 1110.130 (C) of the Illinois Administrative Code, you are hereby asked to, within 15 days, identify any impact the proposed discontinuation of the skilled nursing unit will have on your facility's operations; whether your facility has the available capacity to accommodate a portion of all of St. Mary's Hospital's skilled nursing unit caseload; and whether your facility operates with any restrictions or limitations that would preclude providing service to residents of St. Mary's Hospital's market area.

Thank you for your prompt attention to this request.

Sincerely,

Kevin F. Kast

President and CEO

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature x <i>Shandra Johns</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address</p>	
<p>1. Article Addressed to: Attn: Administrator Lincoln Rehabilitation Center 2650 N. Monroe St. Decatur, IL 62526</p>		<p>B. Received by (Printed Name) <i>Shandra Johns</i></p> <p>C. Date of Delivery <i>7/16/13</i></p>	
<p>2. Article Number (Transfer from back of label) 7008 1830 0000 5659 3878</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>PS Form 3811, February 2004</p>		<p>Domestic Return Receipt 102585-02</p>	

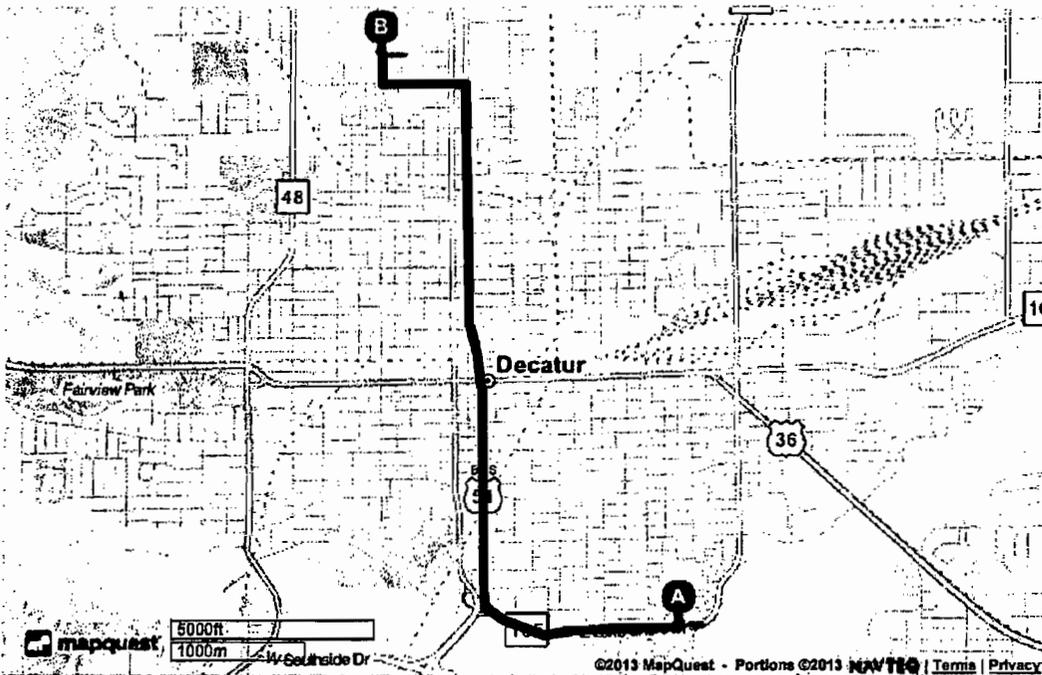
Driving Directions from 1800 E Lake Shore Dr, Decatur, Illinois 62521 to 2650 N Monroe St, Decatu...

Notes



Trip to:
2650 N Monroe St
Decatur, IL 62526-3251
4.64 miles / 11 minutes

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**St. Mary's
Hospital**

AN AFFILIATE OF HOSPITAL SISTERS HEALTH SYSTEM

Via Certified Mail – Return Rec

July 12, 2013

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Address</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>Attn: Administrator Hickory Point Christian Village 565 Marion Avenue Forsyth, IL 62535</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> G.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7008 1830 0000 5659 3885</p>

Attn: Administrator
Hickory Point Christian Village
565 Marion Ave.
Forsyth, IL 62535

RE: Closure of St. Mary's Hospital SNF Unit

Dear Administrator:

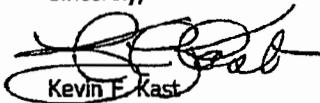
St. Mary's Hospital in Decatur is preparing a Certificate of Need application to be filed with the Illinois Health Facilities and Services Review Board "IHFSRB", requesting the discontinuation of its 14-bed skilled nursing unit. The hospital is located at 1800 East Lake Shore Drive in Decatur. The discontinuation is scheduled to occur this Fall, following IHFSRB approval.

Over the past two years, the hospital has averaged approximately 289 annual admissions to its skilled nursing care unit.

As part of the discontinuation process, and consistent with requirements of Section 1110.130 (C) of the Illinois Administrative Code, you are hereby asked to, within 15 days, identify any impact the proposed discontinuation of the skilled nursing unit will have on your facility's operations; whether your facility has the available capacity to accommodate a portion of all of St. Mary's Hospital's skilled nursing unit caseload; and whether your facility operates with any restrictions or limitations that would preclude providing service to residents of St. Mary's Hospital's market area.

Thank you for your prompt attention to this request.

Sincerely,


Kevin F. Kast

President and CEO

ATTACHMENT 10
APPENDIX 1



Via Certified Mail – Return Rec

July 12, 2013

Attn: Administrator
Eastern Star Home
9890 Star Lane
Macon, IL 62544

RE: Closure of St. Mary's Hospital SNF Unit

Dear Administrator:

St. Mary's Hospital In Decatur is preparing a Certificate of Need application to be filed with the Illinois Health Facilities and Services Review Board "IHFSRB", requesting the discontinuation of its 14-bed skilled nursing unit. The hospital is located at 1800 East Lake Shore Drive in Decatur. The discontinuation is scheduled to occur this Fall, following IHFSRB approval.

Over the past two years, the hospital has averaged approximately 289 annual admissions to its skilled nursing care unit.

As part of the discontinuation process, and consistent with requirements of Section 1110.130 (C) of the Illinois Administrative Code, you are hereby asked to, within 15 days, identify any impact the proposed discontinuation of the skilled nursing unit will have on your facility's operations; whether your facility has the available capacity to accommodate a portion of all of St. Mary's Hospital's skilled nursing unit caseload; and whether your facility operates with any restrictions or limitations that would preclude providing service to residents of St. Mary's Hospital's market area.

Thank you for your prompt attention to this request.

Sincerely,

Kevin F. Kast

President and CEO

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature <input type="checkbox"/> Agent 	
1. Article Addressed to: Attn: Administrator Eastern Star Home 9890 Star Lane Macon, IL 62544		B. Received by (Printed Name) <input type="checkbox"/> Address Jodie Cunningham C. Date of Deliv <input type="checkbox"/> States 7-16-13	
2. Article Number (Transfer from service label)		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No PO BOX 317	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchand <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
		7008 1630 0000 5659 3786	

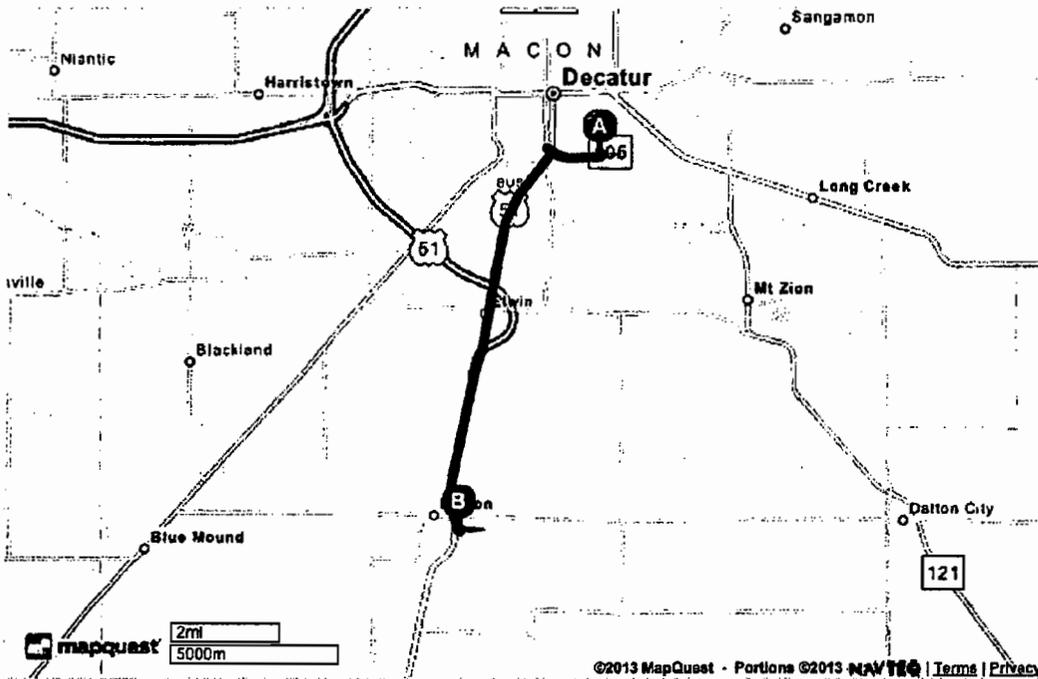
Driving Directions from 1800 E Lake Shore Dr, Decatur, Illinois 62521 to 9890 Star Ln, Macon, Illin...



Trip to:
9890 Star Ln
Macon, IL 62544-4258
10.29 miles / 15 minutes

Notes

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**St. Mary's
Hospital**

AN AFFILIATE OF HOSPITAL SISTERS HEALTH SYSTEM

Via Certified Mail – Return

July 12, 2013

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature: <i>xmundayally</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Attn: Administrator Piatt County Nursing Home 1111 N. State St. Monticello, IL 61856</p>		<p>B. Received by (Printed Name): <i>Mindy Allen</i> C. Date of Delivery: <i>7/17</i></p>	
<p>2. Article Number: <i>7008 1830 0000 5659 3946</i> (Transfer from service label)</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

Attn: Administrator
Piatt County Nursing Home
1111 N. State Street
Monticello, IL 61856

RE: Closure of St. Mary's Hospital SNF Unit

Dear Administrator:

St. Mary's Hospital in Decatur is preparing a Certificate of Need application to be filed with the Illinois Health Facilities and Services Review Board "IHFSRB", requesting the discontinuation of its 14-bed skilled nursing unit. The hospital is located at 1800 East Lake Shore Drive in Decatur. The discontinuation is scheduled to occur this Fall, following IHFSRB approval.

Over the past two years, the hospital has averaged approximately 289 annual admissions to its skilled nursing care unit.

As part of the discontinuation process, and consistent with requirements of Section 1110.130 (C) of the Illinois Administrative Code, you are hereby asked to, within 15 days, identify any impact the proposed discontinuation of the skilled nursing unit will have on your facility's operations; whether your facility has the available capacity to accommodate a portion of all of St. Mary's Hospital's skilled nursing unit caseload; and whether your facility operates with any restrictions or limitations that would preclude providing service to residents of St. Mary's Hospital's market area.

Thank you for your prompt attention to this request.

Sincerely,

Kevin F. Kast

President and CEO

ATTACHMENT 10
APPENDIX 1

Driving Directions from 1800 E Lake Shore Dr, Decatur, Illinois 62521 to 1111 N State St, Monticell...

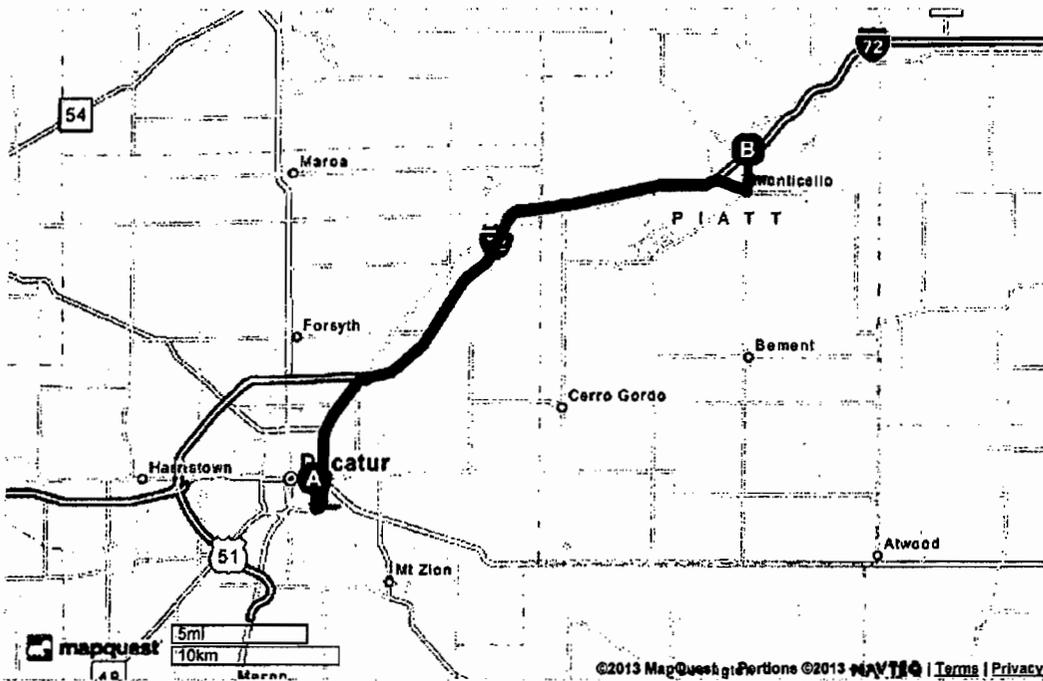
Notes



Trip to:

1111 N State St
Monticello, IL 61856-1104
27.99 miles / 35 minutes

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**St. Mary's
Hospital**

AN AFFILIATE OF HOSPITAL SISTERS HEALTH SYSTEM

Via Certified Mail – Return Rec

July 12, 2013

Attn: Administrator
Vonderleith Living Center
1239 State Rd 121
Mt. Pulaski, IL 62548

RE: Closure of St. Mary's Hospital SNF Unit

Dear Administrator:

St. Mary's Hospital in Decatur is preparing a Certificate of Need application to be filed with the Illinois Health Facilities and Services Review Board "IHFSRB", requesting the discontinuation of its 14-bed skilled nursing unit. The hospital is located at 1800 East Lake Shore Drive in Decatur. The discontinuation is scheduled to occur this Fall, following IHFSRB approval.

Over the past two years, the hospital has averaged approximately 289 annual admissions to its skilled nursing care unit.

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Thank you for your prompt attention to this request.

Sincerely,

Kevin F. Kast

President and CEO

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Attn: Administrator
Vonderleith Living Ctr
1239 SR-101
Mount Pulaski, IL 62548

2. Article Number

(Transfer from service label)

7008 1830 0000 5659 3793

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
x Julie Bishop Address
- B. Received by (Printed Name) Date of Delivery
Julie Bishop *7-16-13*
- D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

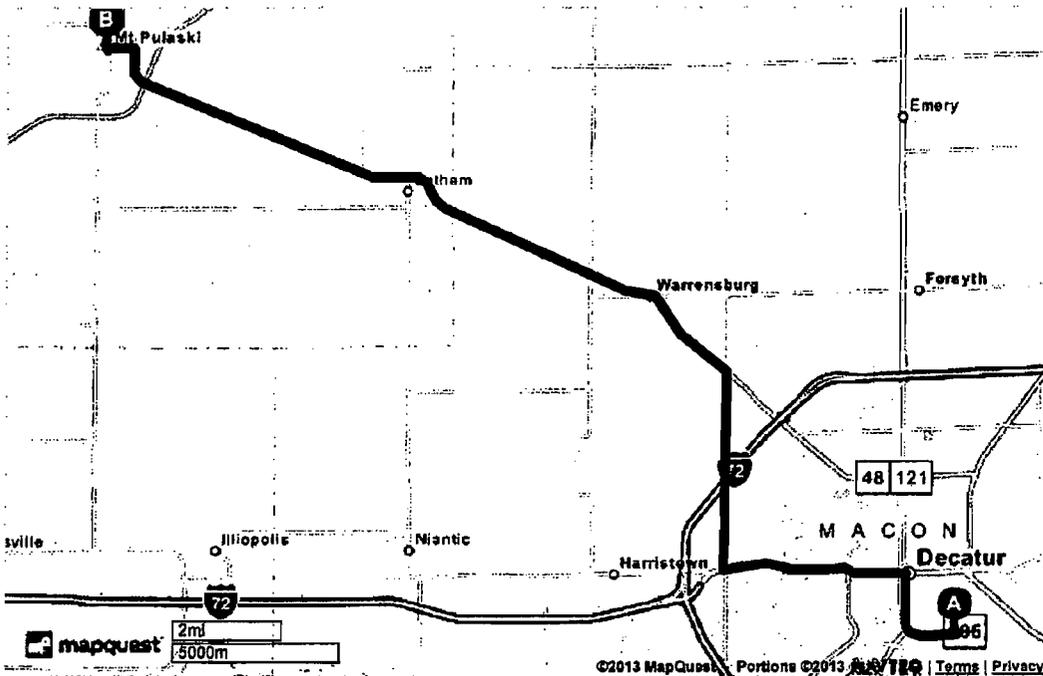
4. Restricted Delivery (Extra Fee) Yes

Notes



Trip to:
Mount Pulaski, IL
27.10 miles / 36 minutes

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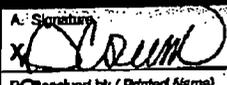


**St. Mary's
Hospital**

AN AFFILIATE OF HOSPITAL SISTERS HEALTH SYSTEM

Via Certified Mail – Return Receipt

July 12, 2013

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature 	
1. Article Addressed to: Attn: Administrator Heritage Health 1225 Woodland Dr. Mt. Zion, IL 62549		B. Received by (Printed Name) Kevin F. Kast	C. Date of C 7-16
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merch <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number <small>(Transfer from service label)</small>		7008 1830 0000 5659 3908	
PS Form 3811, February 2004		Domestic Return Receipt	

Attn: Administrator
 Heritage Health
 1225 Woodland Drive
 Mt. Zion, IL 62549

RE: Closure of St. Mary's Hospital SNF Unit

Dear Administrator:

St. Mary's Hospital in Decatur is preparing a Certificate of Need application to be filed with the Illinois Health Facilities and Services Review Board "IHFSRB", requesting the discontinuation of its 14-bed skilled nursing unit. The hospital is located at 1800 East Lake Shore Drive in Decatur. The discontinuation is scheduled to occur this Fall, following IHFSRB approval.

Over the past two years, the hospital has averaged approximately 289 annual admissions to its skilled nursing care unit.

As part of the discontinuation process, and consistent with requirements of Section 1110.130 (C) of the Illinois Administrative Code, you are hereby asked to, within 15 days, identify any impact the proposed discontinuation of the skilled nursing unit will have on your facility's operations; whether your facility has the available capacity to accommodate a portion of all of St. Mary's Hospital's skilled nursing unit caseload; and whether your facility operates with any restrictions or limitations that would preclude providing service to residents of St. Mary's Hospital's market area.

Thank you for your prompt attention to this request.

Sincerely,



Kevin F. Kast

President and CEO

ATTACHMENT 10
 APPENDIX 1

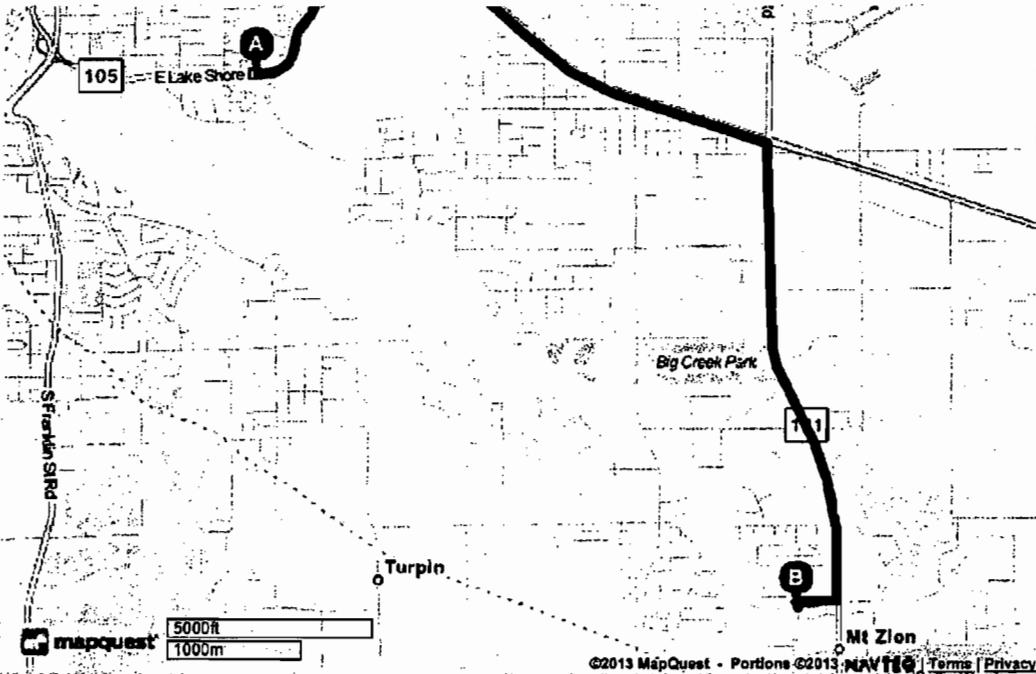
Driving Directions from 1800 E Lake Shore Dr, Decatur, Illinois 62521 to 1225 Woodland Dr, Mt Zi...



Trip to:
1225 Woodland Dr
Mt Zion, IL 62549-1237
7.36 miles / 13 minutes

Notes

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AN AFFILIATE OF HOSPITAL SISTERS HEALTH SYSTEM

Via Certified Mail – Return Receipt

July 12, 2013

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature <input checked="" type="checkbox"/> Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Attn: Administrator Moweaqua Nursing Retirement Center 525 South Macon Street Moweaqua, IL 62550		B. Received by (Print Name) <input type="checkbox"/> Date of Delivery Sarah Aker 7/17/13	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7008 1630 0000 5659 3762	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-4	

Attn: Administrator
 Moweaqua Nursing and Retirement Center
 525 South Macon St.
 Moweaqua, IL 62550

RE: Closure of St. Mary's Hospital SNF Unit

Dear Administrator:

St. Mary's Hospital in Decatur is preparing a Certificate of Need application to be filed with the Illinois Health Facilities and Services Review Board "IHFSRB", requesting the discontinuation of its 14-bed skilled nursing unit. The hospital is located at 1800 East Lake Shore Drive in Decatur. The discontinuation is scheduled to occur this Fall, following IHFSRB approval.

Over the past two years, the hospital has averaged approximately 289 annual admissions to its skilled nursing care unit.

As part of the discontinuation process, and consistent with requirements of Section 1110.130 (C) of the Illinois Administrative Code, you are hereby asked to, within 15 days, identify any impact the proposed discontinuation of the skilled nursing unit will have on your facility's operations; whether your facility has the available capacity to accommodate a portion of all of St. Mary's Hospital's skilled nursing unit caseload; and whether your facility operates with any restrictions or limitations that would preclude providing service to residents of St. Mary's Hospital's market area.

Thank you for your prompt attention to this request.

Sincerely,



Kevin F. Kast

President and CEO

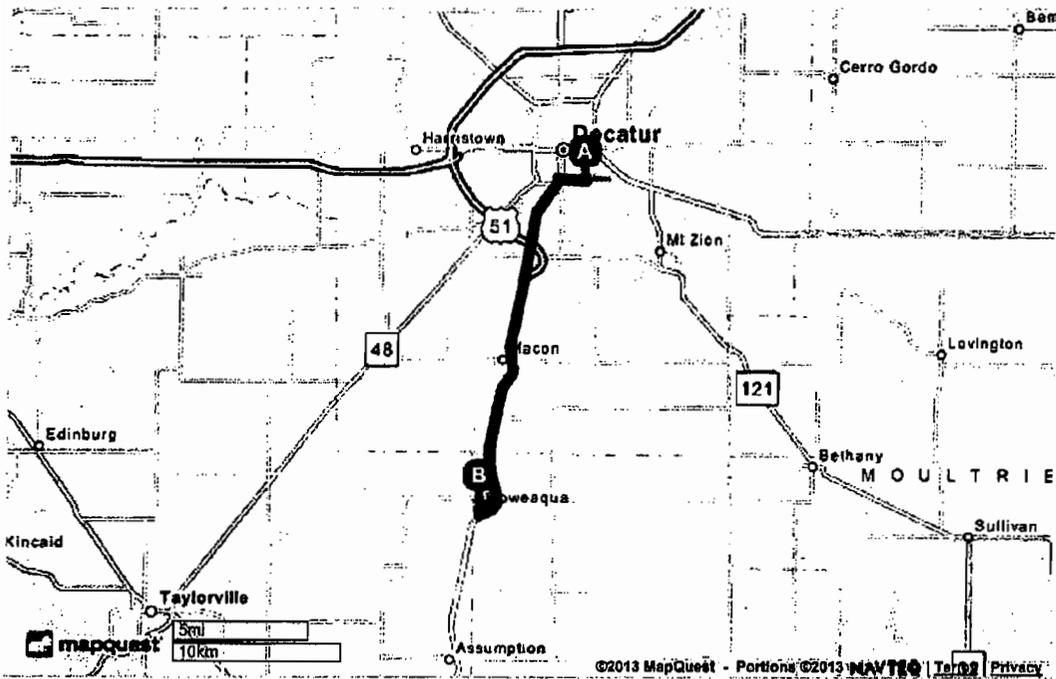
Driving Directions from 1800 E Lake Shore Dr, Decatur, Illinois 62521 to 525 S Macon St, Moweaqu...

Notes



Trip to:
525 S Macon St
Moweauqua, IL 62550-1337
17.94 miles / 23 minutes

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SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X <i>Shelane Platt</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <i>Attn: Administrator Springfield Terrace 525 S. Martin Luther King Dr. Springfield, IL 62703</i>		B. Received by (Printed Name) <i>Shelane Platt</i>	
		C. Date of Delivery	
		D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7008 1830 0000 5659 3960	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1548	

Via Certified Mail – Return

July 12, 2013

Attn: Administrator
 Springfield Terrace
 525 S. Martin Luther King
 Springfield, IL 62703

RE: Closure of St. Mary's Hospital SNF Unit

Dear Administrator:

St. Mary's Hospital in Decatur is preparing a Certificate of Need application to be filed with the Illinois Health Facilities and Services Review Board "IHFSRB", requesting the discontinuation of its 14-bed skilled nursing unit. The hospital is located at 1800 East Lake Shore Drive in Decatur. The discontinuation is scheduled to occur this Fall, following IHFSRB approval.

Over the past two years, the hospital has averaged approximately 289 annual admissions to its skilled nursing care unit.

As part of the discontinuation process, and consistent with requirements of Section 1110.130 (C) of the Illinois Administrative Code, you are hereby asked to, within 15 days, identify any impact the proposed discontinuation of the skilled nursing unit will have on your facility's operations; whether your facility has the available capacity to accommodate a portion of all of St. Mary's Hospital's skilled nursing unit caseload; and whether your facility operates with any restrictions or limitations that would preclude providing service to residents of St. Mary's Hospital's market area.

Thank you for your prompt attention to this request.

Sincerely,

Kevin F. Kasz

President and CEO

Driving Directions from 1800 E Lake Shore Dr, Decatur, Illinois 62521 to 525 S Martin Luther King ...

Notes



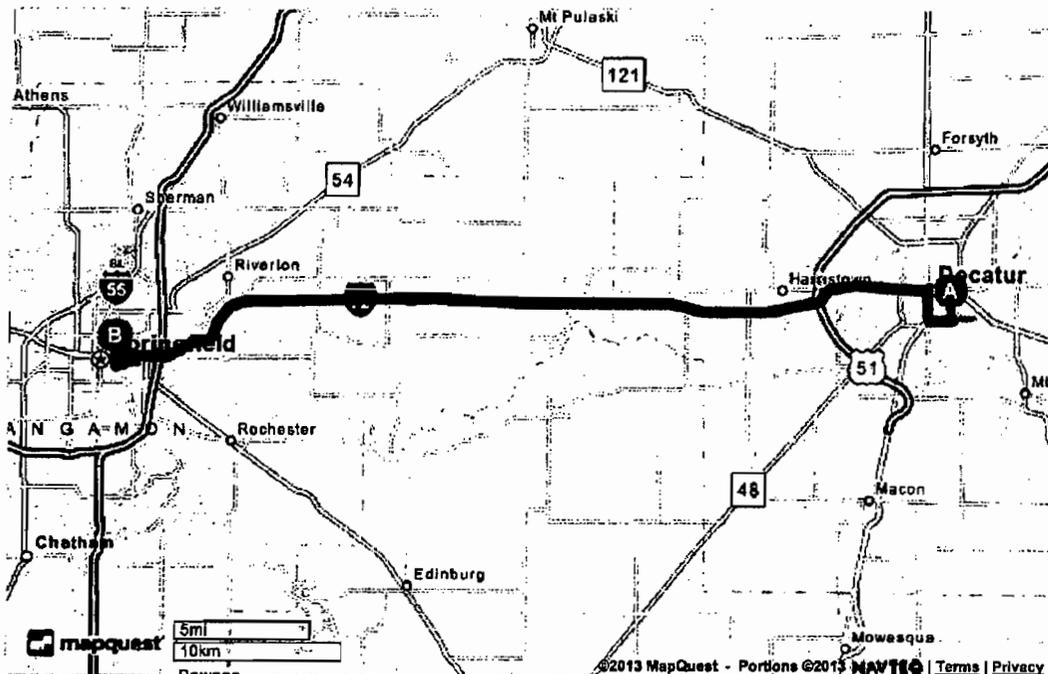
Trip to:

525 S Martin Luther King Jr Dr

Springfield, IL 62703-1317

40.36 miles / 47 minutes

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Via Certified Mail – Return Receipt

July 12, 2013

Attn: Administrator
 Sullivan Rehab and Health Care Center
 11 Hawthorne Street
 Sullivan, IL 61951

RE: Closure of St. Mary's Hospital SNF Unit

Dear Administrator:

St. Mary's Hospital in Decatur is preparing a Certificate of Need application to be filed with the Illinois Health Facilities and Services Review Board "IHFSRB", requesting the discontinuation of its 14-bed skilled nursing unit. The hospital is located at 1800 East Lake Shore Drive in Decatur. The discontinuation is scheduled to occur this Fall, following IHFSRB approval.

Over the past two years, the hospital has averaged approximately 289 annual admissions to its skilled nursing care unit.

As part of the discontinuation process, and consistent with requirements of Section 1110.130 (C) of the Illinois Administrative Code, you are hereby asked to, within 15 days, identify any impact the proposed discontinuation of the skilled nursing unit will have on your facility's operations; whether your facility has the available capacity to accommodate a portion of all of St. Mary's Hospital's skilled nursing unit caseload; and whether your facility operates with any restrictions or limitations that would preclude providing service to residents of St. Mary's Hospital's market area.

Thank you for your prompt attention to this request.

Sincerely,

Kevin F. Kast

President and CEO

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Addressee</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Attn: Administrator Sullivan Rehab Health Care Ctr 11 Hawthorne Street Sullivan, IL 61951</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label)</p> <p>7008 1630 0000 5654 3892</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

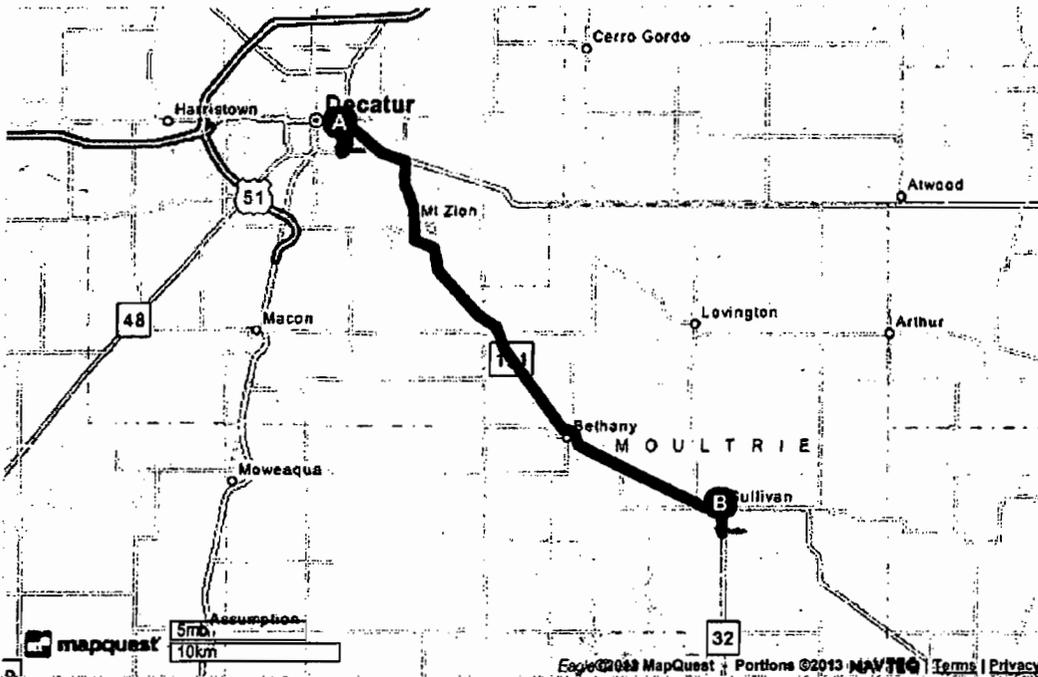
Driving Directions from 1800 E Lake Shore Dr, Decatur, Illinois 62521 to 11 Hawthorne Ln, Sullivan...



Trip to:
11 Hawthorne Ln
Sullivan, IL 61951-9490
28.62 miles / 41 minutes

Notes

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Via Certified Mail – Return Rec

July 12, 2013

Attn: Administrator
 Eastview Terrace
 100 Eastview Place
 Sullivan, IL 61951

RE: Closure of St. Mary's Hospital SNF Unit

Dear Administrator:

St. Mary's Hospital in Decatur is preparing a Certificate of Need application to be filed with the Illinois Health Facilities and Services Review Board "IHFSRB", requesting the discontinuation of its 14-bed skilled nursing unit. The hospital is located at 1800 East Lake Shore Drive in Decatur. The discontinuation is scheduled to occur this Fall, following IHFSRB approval.

Over the past two years, the hospital has averaged approximately 289 annual admissions to its skilled nursing care unit.

As part of the discontinuation process, and consistent with requirements of Section 1110.130 (C) of the Illinois Administrative Code, you are hereby asked to, within 15 days, identify any impact the proposed discontinuation of the skilled nursing unit will have on your facility's operations; whether your facility has the available capacity to accommodate a portion of all of St. Mary's Hospital's skilled nursing unit caseload; and whether your facility operates with any restrictions or limitations that would preclude providing service to residents of St. Mary's Hospital's market area.

Thank you for your prompt attention to this request.

Sincerely,

Kevin F. Kast

President and CEO

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Adam Pullen</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address</p> <p>B. Received by (Printed Name) <i>Adam Pullen</i></p> <p>C. Date of Delivery <i>7/17/13</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to: <i>Attn. Administrator Eastview Terrace 100 Eastview Place Sullivan, Ill 61951</i></p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchant <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number: <small>(transfer from service label)</small></p>	<p>7008 1830 0000 5659 3922</p>

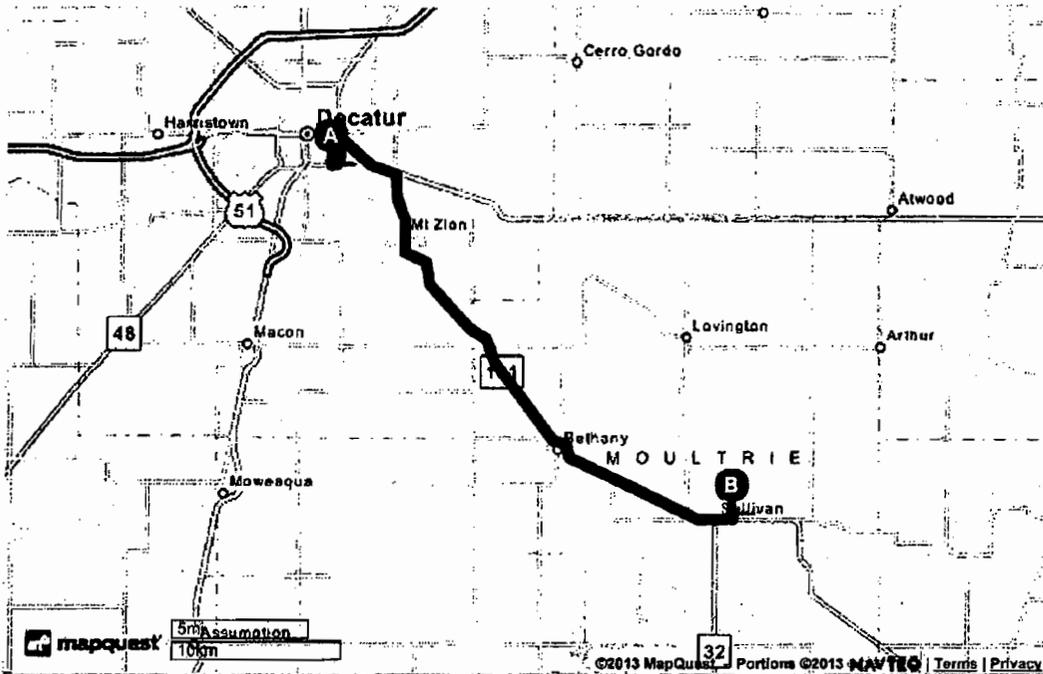
Driving Directions from 1800 E Lake Shore Dr, Decatur, Illinois 62521 to 100 Eastview Pl, Sullivan, ...

Notes



Trip to:
100 Eastview Pl
Sullivan, IL 61951-1674
28.47 miles / 41 minutes

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**St. Mary's
Hospital**

AN AFFILIATE OF HOSPITAL SISTERS HEALTH SYSTEM

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Brenda J. Fiock <input type="checkbox"/> Agent <input type="checkbox"/> Address</p>
<p>1. Article Addressed to: Attn: Administrator Taylorville Care Center 600 South Houston Taylorville, IL 62568</p>	<p>B. Received by (Printed Name) BRENDA J. FIOCK</p> <p>C. Date of Delivery 7/16/13</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label)</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p>7008 1638-0000 5659 3953</p>

Via Certified Mail – Return Rec

July 12, 2013

Attn: Administrator
 Taylorville Care Center
 600 South Houston
 Taylorville, IL 62568

RE: Closure of St. Mary's Hospital SNF Unit

Dear Administrator:

St. Mary's Hospital in Decatur is preparing a Certificate of Need application to be filed with the Illinois Health Facilities and Services Review Board "IHFSRB", requesting the discontinuation of its 14-bed skilled nursing unit. The hospital is located at 1800 East Lake Shore Drive in Decatur. The discontinuation is scheduled to occur this Fall, following IHFSRB approval.

Over the past two years, the hospital has averaged approximately 289 annual admissions to its skilled nursing care unit.

As part of the discontinuation process, and consistent with requirements of Section 1110.130 (C) of the Illinois Administrative Code, you are hereby asked to, within 15 days, identify any impact the proposed discontinuation of the skilled nursing unit will have on your facility's operations; whether your facility has the available capacity to accommodate a portion of all of St. Mary's Hospital's skilled nursing unit caseload; and whether your facility operates with any restrictions or limitations that would preclude providing service to residents of St. Mary's Hospital's market area.

Thank you for your prompt attention to this request.

Sincerely,

Kevin F. Kast

President and CEO

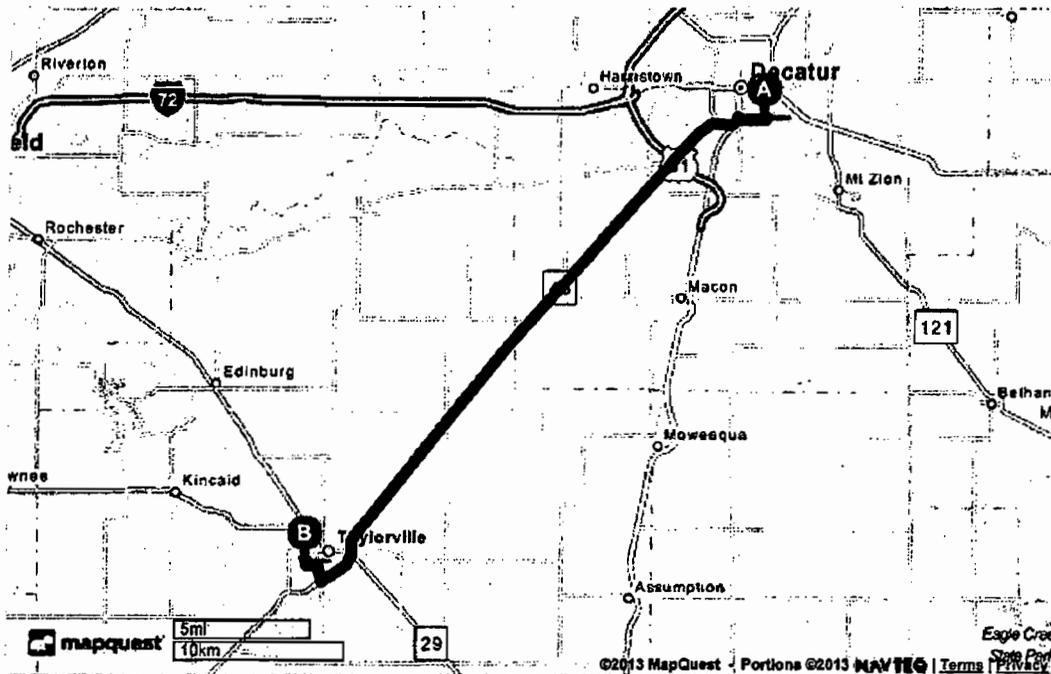
Driving Directions from 1800 E Lake Shore Dr, Decatur, Illinois 62521 to 600 S Houston St, Taylorv...

Notes



Trip to:
600 S Houston St
Taylorville, IL 62568-2073
30.84 miles / 43 minutes

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Via Certified Mail – Return Receipt

July 12, 2013

Attn: Skilled Nursing Unit Director
 Taylorville Memorial Hospital
 201 E. Pleasant
 Taylorville, IL 62568

RE: Closure of St. Mary's Hospital SNF Unit

Dear Director:

St. Mary's Hospital in Decatur is preparing a Certificate of Need application to be filed with the Illinois Health Facilities and Services Review Board "IHFSRB", requesting the discontinuation of its 14-bed skilled nursing unit. The hospital is located at 1800 East Lake Shore Drive in Decatur. The discontinuation is scheduled to occur this Fall, following IHFSRB approval.

Over the past two years, the hospital has averaged approximately 289 annual admissions to its skilled nursing care unit.

As part of the discontinuation process, and consistent with requirements of Section 1110.130 (C) of the Illinois Administrative Code, you are hereby asked to, within 15 days, identify any impact the proposed discontinuation of the skilled nursing unit will have on your facility's operations; whether your facility has the available capacity to accommodate a portion of all of St. Mary's Hospital's skilled nursing unit caseload; and whether your facility operates with any restrictions or limitations that would preclude providing service to residents of St. Mary's Hospital's market area.

Thank you for your prompt attention to this request.

Sincerely,

Kevin E. Kast

President and CEO

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Kevin Walsh</i> <input type="checkbox"/> Age <input type="checkbox"/> Ack</p> <p>B. Received by (Printed Name) <i>Kevin Walsh</i> C. Date of Receipt <i>7-16-13</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to: <i>Attn: SNF Director</i> <i>Taylorville Memorial Hospital</i> <i>201 East Pleasant</i> <i>Taylorville, IL 62568</i></p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merch <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number <small>(Transfer from service label)</small></p>	<p>7008 1830 0000 5659 3977</p>

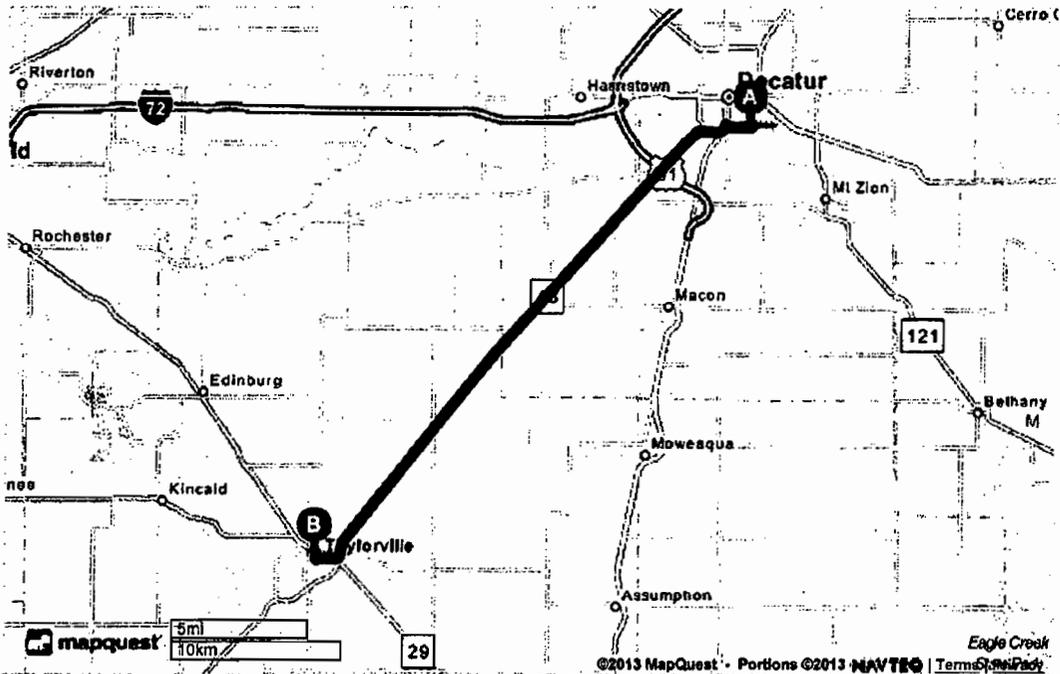
Driving Directions from 1800 E Lake Shore Dr, Decatur, Illinois 62521 to 201 E Pleasant St, Taylorv...

Notes



Trip to:
201 E Pleasant St
Taylorville, IL 62568-1562
28.66 miles / 40 minutes

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**St. Mary's
Hospital**

AN AFFILIATE OF HOSPITAL SISTERS HEALTH SYSTEM

Via Certified Mail – Return Rec

July 12, 2013

Attn: Administrator
Meadow Manor Skilled Nursing
800 McAdam Dr.
Taylorville, IL 62568

RE: Closure of St. Mary's Hospital SNF Unit

Dear Administrator:

St. Mary's Hospital in Decatur is preparing a Certificate of Need application to be filed with the Illinois Health Facilities and Services Review Board "IHFSRB", requesting the discontinuation of its 14-bed skilled nursing unit. The hospital is located at 1800 East Lake Shore Drive in Decatur. The discontinuation is scheduled to occur this Fall, following IHFSRB approval.

Over the past two years, the hospital has averaged approximately 289 annual admissions to its skilled nursing care unit.

As part of the discontinuation process, and consistent with requirements of Section 1110.130 (C) of the Illinois Administrative Code, you are hereby asked to, within 15 days, identify any impact the proposed discontinuation of the skilled nursing unit will have on your facility's operations; whether your facility has the available capacity to accommodate a portion of all of St. Mary's Hospital's skilled nursing unit caseload; and whether your facility operates with any restrictions or limitations that would preclude providing service to residents of St. Mary's Hospital's market area.

Thank you for your prompt attention to this request.

Sincerely,

Kevin F. Kast

President and CEO

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature <input type="checkbox"/> Agent <i>x Miranda Nagle</i> <input type="checkbox"/> Addressee	
1. Article Addressed to: <i>Attn: Administrator Meadow Manor skilled Nursing 800 McAdam Drive Taylorville, IL 62568</i>		B. Received by (Printed Name) <i>Miranda Nagle</i>	C. Date of Delivery <i>7/16/13</i>
2. Article Number <small>(Transfer from service label)</small>		D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, February 2004		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
Domestic Return Receipt		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2008 1830 0000 5659 3779		102595-02-M-11	

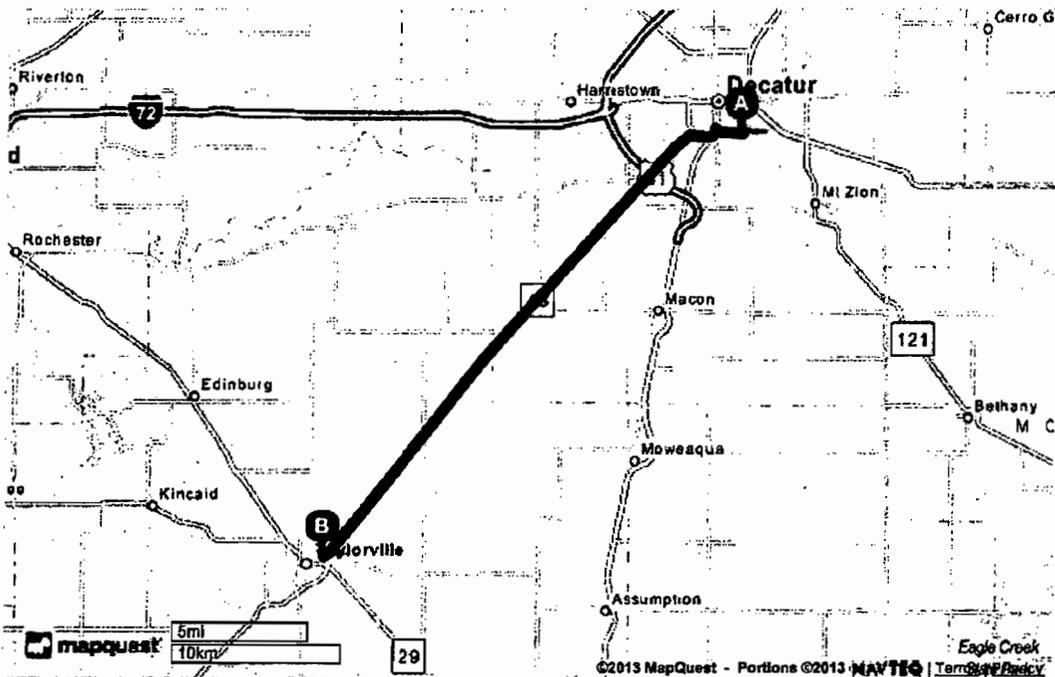
Driving Directions from 1800 E Lake Shore Dr, Decatur, Illinois 62521 to 800 Mcadam Dr, Taylorvil...

Notes



Trip to:
800 Mcadam Dr
Taylorville, IL 62568-9634
27.38 miles / 37 minutes

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ATTACHMENT-40

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.*

St. Mary's Hospital Decatur believes that the abundant supply of long term care beds in Decatur, Illinois, the Macon County Planning Area, and Health Service Area 4 are sufficient to ensure that this project will not have a material impact on essential safety net services in the community.

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.*

Given that St. Mary's Hospital Decatur served only a very small portion of the residents of Decatur, Illinois and the Macon County Planning Area (as indicated by the fact that St. Mary's was responsible for only one percent (1%) of the 2010 long term care patient days in those areas), and in light of the amount of charity care and Medicaid revenue relating to the specific Long Term Care/Skilled Unit that is the subject of this project (as indicated by the chart on the next page), St. Mary's believes that this project will not materially impact the ability of other providers or health care systems to subsidize safety net services.

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.*

Given that St. Mary's Hospital Decatur served only a very small portion of the residents of Decatur, Illinois and the Macon County Planning Area (as indicated by the fact that St. Mary's was responsible for only one percent (1%) of the 2010 long term care patient days in those areas), and in light of the amount of charity care and Medicaid revenue relating to the specific Long Term Care/Skilled Unit that is the subject of this project (as indicated by the chart on the next page), St. Mary's believes that this project will not materially impact the remaining safety net providers in Decatur, Illinois, the Macon County Planning Area, or Health Services Area 4.

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.*

See chart below. Note that the chart in this Attachment 40 indicates the amount of charity care provided by St. Mary's Hospital Decatur relating to the Long Term Care/Skilled Unit that is the subject of this discontinuation project. Charity care information pertaining to St. Mary's Hospital Decatur and Hospital Sisters Health System as a whole are included in Attachment 41.

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.

See chart below. Note that the chart in this Attachment 40 indicates the amount of Medicaid care provided by St. Mary's Hospital Decatur relating to the Long Term Care/Skilled Unit that is the subject of this discontinuation project.

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

St. Mary's Hospital Decatur believes that the abundant supply of long term care beds in Decatur, Illinois, the Macon County Planning Area, and Health Service Area 4 are sufficient to ensure that residents of these areas will continue to have access to long term care services.

A table in the following format must be provided as part of Attachment 40.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	FY2012	FY2011	FY2010
Inpatient	4	2	1
Outpatient	-0-	-0-	-0-
Total	4	2	1
Charity (cost in dollars)			
Inpatient	\$40,780	\$4,990	\$308
Outpatient	-0-	-0-	-0-
Total	\$40,780	\$4,990	\$308
MEDICAID			
Medicaid (# of patients)	FY2012	FY2011	FY2010
Inpatient	12	13	6
Outpatient	-0-	-0-	-0-
Total	12	13	6
Medicaid (revenue)			
Inpatient	\$241,468	\$326,722	\$83,735
Outpatient	-0-	-0-	-0-
Total	\$241,468	\$326,722	\$83,735

ATTACHMENT-41

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.*

See chart below. Please note that this chart reflects charity care provided by St. Mary's Hospital Decatur only and not co-applicant Hospital Sisters Health System, which would necessarily include other facilities that are neither involved in nor relevant to this project.

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.*

See chart below. Please note that this chart reflects charity care provided by St. Mary's Hospital Decatur only and not co-applicant Hospital Sisters Health System, which would necessarily include other facilities that are neither involved in nor relevant to this project.

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.*

Not applicable.

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 41.

CHARITY CARE			
	FY2012	FY2011	FY2010
Net Patient Revenue	\$138,284,968	\$127,426,844	\$126,707,304
Amount of Charity Care	\$10,716,961	\$7,653,483	\$4,208,789
Cost of Charity Care	\$3,525,880	\$2,870,056	\$1,654,054
Ratio of Costs to Charges (RCC)	.329	.375	.393