

ORIGINAL

16-053

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
APPLICATION FOR PERMIT

RECEIVED

DEC 21 2016

## SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

HEALTH FACILITIES &  
SERVICES REVIEW BOARD

This Section must be completed for all projects.

## Facility/Project Identification

Facility Name: HSHS St. John's Hospital - Women's and Children's Health Center Building			
Street Address: 800 E. Carpenter Street			
City and Zip Code: Springfield 62769			
County: Sangamon	Health Service Area	3	Health Planning Area: E-01

## Applicant /Co-Applicant Identification

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

Exact Legal Name: St. John's Hospital of the Hospital Sisters of the Third Order of Saint Francis	
Address: 800 E. Carpenter Street, Springfield, IL 62769	
Name of Registered Agent: Amy Bulpitt	
Name of Chief Executive Officer: Dr. Charles Lucore	
CEO Address: 800 E. Carpenter Street, Springfield, IL 62769	
Telephone Number: 217-535-3989	

## 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

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

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

## Primary Contact

[Person to receive ALL correspondence or inquiries]

Name: Clare Connor Ranalli
Title: Partner
Company Name: McDermott Will & Emery
Address: 227 W. Monroe Street, Chicago, IL 60606
Telephone Number: 312-984-3365
E-mail Address: cranalli@mwe.com
Fax Number: 312-277-2964

## Additional Contact

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

Name: Amy K. Bulpitt
Title: Vice President and General Counsel
Company Name: Hospital Sisters Health System
Address: 4936 Laverna Road, Springfield, IL 62707
Telephone Number: 217-788-6288
E-mail Address: Amy.Bulpitt@hshs.org
Fax Number:

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
APPLICATION FOR PERMIT**

**SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION**

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County: Sangamon	Health Service Area	3	Health Planning Area: E-01

**Applicant /Co-Applicant Identification**

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

Exact Legal Name: Hospital Sisters Services, Inc.
Address: 4936 Laverna Road, Springfield, IL 62707
Name of Registered Agent: Amy K. Bulpitt
Name of Chief Executive Officer: Mary Starmann-Harrison
CEO Address: 4936 Laverna Road, Springfield, IL 62707
Telephone Number: 217-788-6288

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<input checked="" type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership	
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental	
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**SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION**

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<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"> <li>o Corporations and limited liability companies must provide an <b>Illinois certificate of good standing.</b></li> <li>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.</li> </ul>		
<p><b>APPEND DOCUMENTATION AS ATTACHMENT-1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b></p>		

**Primary Contact**

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E-mail Address: Amy.Bulpitt@hshs.org
Fax Number:

**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: Amy K. Bulpitt
Title: Vice President and General Counsel
Company Name: Hospital Sisters Health System
Address: 800 E. Carpenter Street, Springfield, IL 62769
Telephone Number: 217-814-8336
E-mail Address: <a href="mailto:amy.bulpitt@hshs.org">amy.bulpitt@hshs.org</a>
Fax Number:

**Site Ownership**

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: HSHS St. John's Hospital
Address of Site Owner: 800 E. Carpenter Street, Springfield, IL 62769
Street Address or Legal Description of Site: 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. John's Hospital of the Hospital Sisters of the Third Order of Saint Francis
Address:
<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"> <li>o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.</li> <li>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.</li> <li>o <b>Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.</b></li> </ul>
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.

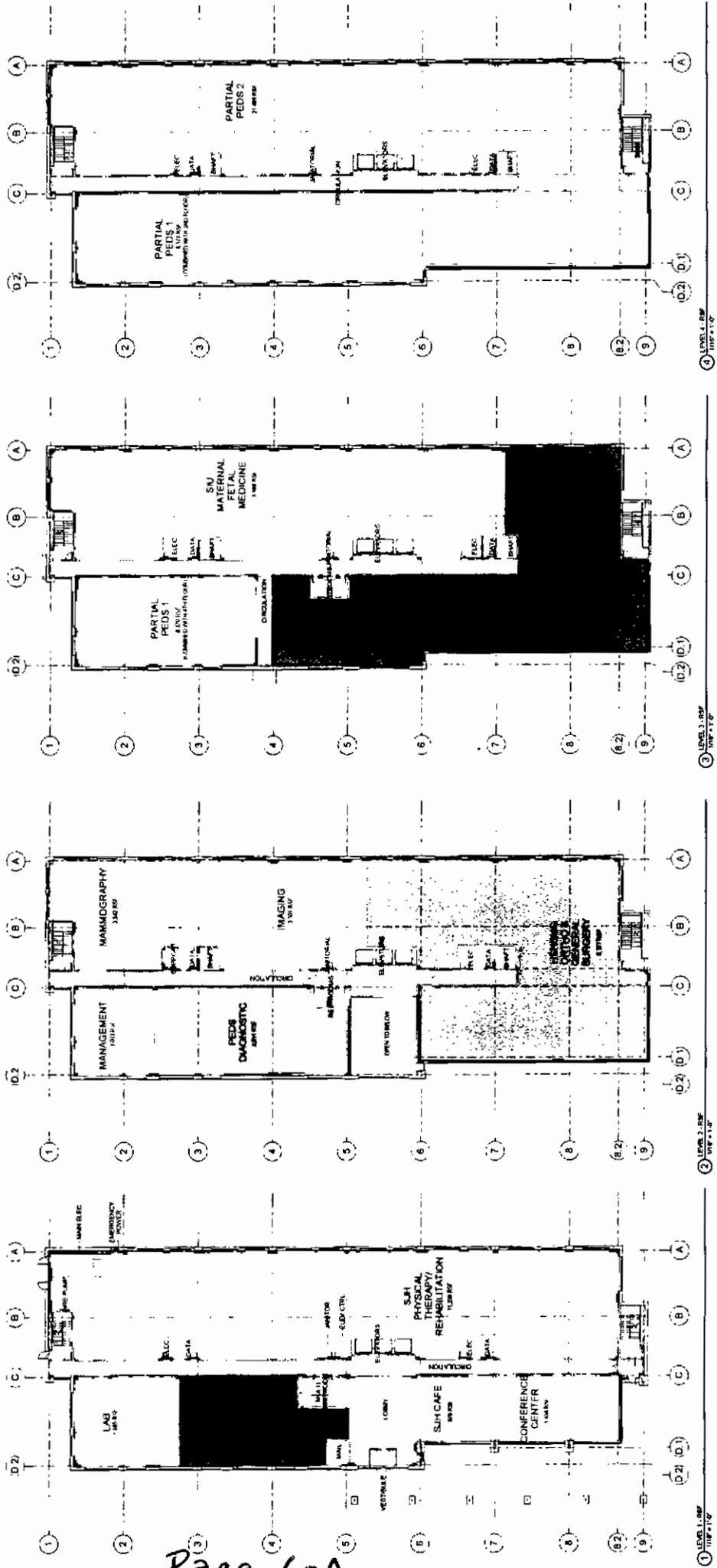
## 2. Narrative Description

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.

HSHS St. John's Hospital ("St. John's") located in Springfield, Illinois, is causing Landmark Construction to build a four story, approximately 85,500 DGSF (usable GSF) Medical Office building at Madison and Ninth Street in Springfield, Illinois, on its campus. HSHS will master lease the entire building and guaranty the mortgage used by Landmark to construct the building. It will dedicate space for women's and children's services including imaging, pediatric PT/OT and speech services, pediatric echocardiography and stress testing. A lab and small pharmacy (possibly retail) are also planned for the building. HSHS Medical Group will lease medical office space within the building to be occupied by physicians including pediatricians focused in pediatric surgery and orthopedics. In addition SIU will lease medical office space within the building. The relationship between SIU and St. John's at this location will include SIU's provision of services and training for maternal-fetal medicine, pediatric cardiology, obstetrics/gynecology, pulmonology, urology, oncology, plastic surgery, endocrinology, infectious diseases, and general pediatrics. SIU and St. John's have had a relationship since 1970, and this project will continue to strengthen their ability to continue to work together.

Attached is a stacking diagram of the proposed building.

This project is non-substantive, as it does not include establishment or discontinuation of a health care facility or category of service.



Page 6-A

### 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	\$ 60,311.00	\$ 175,689.00	\$ 236,000.00
Site Survey and Soil Investigation	\$ 11,625.00	\$ 94,375.00	\$ 106,000.00
Site Preparation	\$ 803,840.00	\$ 3,562,160.00	\$ 4,366,000.00
Off Site Work	\$ --	\$ --	\$ --
New Construction Contracts	\$ 5,471,792.00	\$ 21,854,742.00	\$ 27,326,534.00
Modernization Contracts	\$ --	\$ --	\$ --
Contingencies	\$ 333,754.00	\$ 1,808,781.00	\$ 2,142,535.00
Architectural/Engineering Fees	\$ 569,907.00	\$ 2,113,493.00	\$ 2,683,400.00
Consulting and Other Fees	\$ 321,103.00	\$ 838,808.00	\$ 1,159,911.00
Movable or Other Equipment (not in construction contracts)	\$ 6,464,500.00	\$ 1,520,952.00	\$ 7,985,452.00
Bond Issuance Expense (project related)	\$ --	\$ --	\$ --
Net Interest Expense During Construction (project related)	\$ 345,385.00	\$ 1,172,609.00	\$ 1,517,994.00
Fair Market Value of Leased Space or Equipment	\$ --	\$ --	\$ --
Other Costs To Be Capitalized	\$ 187,156.00	\$ 666,844.00	\$ 854,000.00
Acquisition of Building or Other Property (excluding land)	\$ --	\$ --	\$ --
<b>TOTAL USES OF FUNDS</b>	<b>\$ 14,569,373.00</b>	<b>\$ 33,808,453.00</b>	<b>\$ 48,377,826.00</b>
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	\$ 10,994,726.00	\$ 10,994,726.00	\$ 21,989,452.00
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages	\$ 3,574,647.00	\$ 22,813,727.00	\$ 26,388,374
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
<b>TOTAL SOURCES OF FUNDS</b>	<b>\$ 14,569,373.00</b>	<b>\$ 33,808,453.00</b>	<b>\$ 48,377,826.00</b>
<b>NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>			

**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:

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

**Project Status and Completion Schedules**

<b>For facilities in which prior permits have been issued please provide the permit numbers.</b>	
Indicate the stage of the project's architectural drawings:	
<input type="checkbox"/> None or not applicable	<input type="checkbox"/> Preliminary
<input checked="" type="checkbox"/> Schematics	<input type="checkbox"/> Final Working
Anticipated project completion date (refer to Part 1130.140): <u>03/31/2019</u>	
Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140):	
<input type="checkbox"/> Purchase orders, leases or contracts pertaining to the project have been executed.	
<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	
<input checked="" type="checkbox"/> Project obligation will occur after permit issuance.	
<b>APPEND DOCUMENTATION AS ATTACHMENT-8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>	

**State Agency Submittals**

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

**Cost Space Requirements**

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

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

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**.

<b>FACILITY NAME: HSHS St. John's Hospital</b>		<b>CITY: Springfield</b>			
<b>REPORTING PERIOD DATES: From: 01-01-2015 to: 12-31-2015</b>					
<b>Category of Service</b>	<b>Authorized Beds</b>	<b>Admissions</b>	<b>Patient Days</b>	<b>Bed Changes</b>	<b>Proposed Beds</b>
Medical/Surgical	204	11,485	55,545	N/A	204
Obstetrics	38	2,220	4,597	N/A	38
Pediatrics	32	1,656	3,865	N/A	32
Intensive Care	48	2,116	12,418	N/A	48
Comprehensive Physical Rehabilitation					
Acute/Chronic Mental Illness	40	324	4,420	N/A	40
Neonatal Intensive Care	40	511	12,330	N/A	40
General Long Term Care	37	809	9,195	N/A	37
Specialized Long Term Care					
Long Term Acute Care					
Other ((identify))					
<b>TOTALS:</b>	<b>439</b>	<b>19,121</b>	<b>102,370</b>	<b>N/A</b>	<b>439</b>

**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. John's Hospital of the Hospital Sisters of the Third Order of Saint 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

Charles Lucore, M.D.  
PRINTED NAME

CEO  
PRINTED TITLE



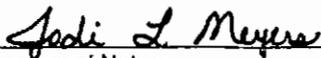
SIGNATURE

Patricia Allen  
PRINTED NAME

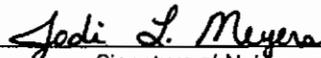
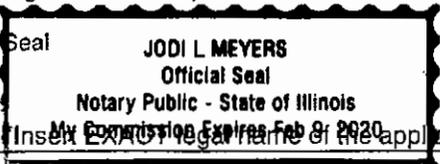
VP Finance  
PRINTED TITLE

Notarization:  
Subscribed and sworn to before me  
this 12 day of December, 2016

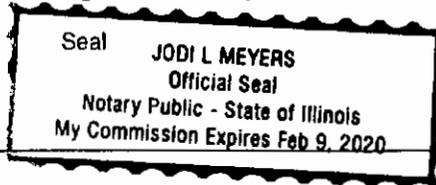
Notarization:  
Subscribed and sworn to before me  
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Signature of Notary



Signature of Notary



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*Mary Starmann-Harrison* \_\_\_\_\_ *Amy K. Bulpitt* \_\_\_\_\_  
 SIGNATURE SIGNATURE

Mary Starmann-Harrison  
PRINTED NAME

Amy Bulpitt  
PRINTED NAME

CEO  
PRINTED TITLE

Vice President and General Counsel  
PRINTED TITLE

Notarization:  
Subscribed and sworn to before me  
this 14 day of December, 2016

Notarization:  
Subscribed and sworn to before me  
this 14 day of December, 2016

*Alyssa Henson*  
 Signature of Notary ALYSSA HENSON  
 Official Seal  
 Seal Notary Public - State of Illinois  
 My Commission Expires Nov 13, 2019

*Alyssa Henson*  
 Signature of Notary ALYSSA HENSON  
 Official Seal  
 Seal Notary Public - State of Illinois  
 My Commission Expires Nov 13, 2019

\*Insert EXACT legal name of the applicant

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*Mary Starmann-Harrison*  
SIGNATURE

*Amy K. Bulpitt*  
SIGNATURE

Mary Starmann-Harrison  
PRINTED NAME

Amy Bulpitt  
PRINTED NAME

CEO  
PRINTED TITLE

Vice President and General Counsel  
PRINTED TITLE

Notarization:  
Subscribed and sworn to before me  
this 14 day of December, 2016

Notarization:  
Subscribed and sworn to before me  
this 14 day of December, 2016

*Alyssa Henson*  
Signature of Notary ALYSSA HENSON  
Official Seal  
Seal  
Notary Public - State of Illinois  
My Commission Expires Nov 13, 2019

*Alyssa Henson*  
Signature of Notary ALYSSA HENSON  
Official Seal  
Seal  
Notary Public - State of Illinois  
My Commission Expires Nov 13, 2019

\*Insert EXACT legal name of the applicant

### SECTION III – BACKGROUND, PURPOSE OF THE PROJECT, AND ALTERNATIVES - INFORMATION REQUIREMENTS

This Section is applicable to all projects except those that are solely for discontinuation with no project costs.

#### Criterion 1110.230 – Background, Purpose of the Project, and Alternatives

READ THE REVIEW CRITERION and provide the following required information:

##### BACKGROUND OF APPLICANT

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.
2. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application.
3. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**
4. If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest the information has been previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

**APPEND DOCUMENTATION AS ATTACHMENT-11, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 11.**

##### PURPOSE OF PROJECT

1. Document that the project will provide health services that improve the health care or well-being of the market area population to be served.
2. Define the planning area or market area, or other, per the applicant's definition.
3. Identify the existing problems or issues that need to be addressed, as applicable and appropriate for the project. [See 1110.230(b) for examples of documentation.]
4. Cite the sources of the information provided as documentation.
5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.
6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals as appropriate.

For projects involving modernization, describe the conditions being upgraded if any. For facility projects, include statements of age and condition and regulatory citations if any. For equipment being replaced, include repair and maintenance records.

**NOTE: Information regarding the "Purpose of the Project" will be included in the State Board Report.**

**APPEND DOCUMENTATION AS ATTACHMENT-12, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-6) MUST BE IDENTIFIED IN ATTACHMENT 12.**

**ALTERNATIVES**

- 1) Identify **ALL** of the alternatives to the proposed project:

Alternative options **must** include:

- A) Proposing a project of greater or lesser scope and cost;
  - B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;
  - C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and
  - D) Provide the reasons why the chosen alternative was selected.
- 2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality and financial benefits in both the short term (within one to three years after project completion) and long term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**
- 3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

**APPEND DOCUMENTATION AS ATTACHMENT-13, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**SECTION IV - PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE**

**Criterion 1110.234 - Project Scope, Utilization, and Unfinished/Shell Space**

READ THE REVIEW CRITERION and provide the following information:

**SIZE OF PROJECT:**

1. Document that the amount of physical space proposed for the proposed project is necessary and not excessive. **This must be a narrative.**
2. If the gross square footage exceeds the BGSF/DGSF standards in Appendix B, justify the discrepancy by documenting one of the following::
  - a. Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies;
  - b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that results in a size exceeding the standards of Appendix B;
  - c. The project involves the conversion of existing space that results in excess square footage.

**Provide a narrative for any discrepancies from the State Standard. A table must be provided in the following format with Attachment 14.**

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?

**APPEND DOCUMENTATION AS ATTACHMENT-14, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**PROJECT SERVICES UTILIZATION:**

**This criterion is applicable only to projects or portions of projects that involve services, functions or equipment for which HFSRB has established utilization standards or occupancy targets in 77 Ill. Adm. Code 1100.**

Document that in the second year of operation, the annual utilization of the service or equipment shall meet or exceed the utilization standards specified in 1110.Appendix B. **A narrative of the rationale that supports the projections must be provided.**

**A table must be provided in the following format with Attachment 15.**

UTILIZATION					
	DEPT./ SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD	MET STANDARD?
YEAR 1					
YEAR 2					

**APPEND DOCUMENTATION AS ATTACHMENT-15, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**UNFINISHED OR SHELL SPACE:****NOT APPLICABLE**

Provide the following information:

1. Total gross square footage of the proposed shell space;
2. The anticipated use of the shell space, specifying the proposed GSF to be allocated to each department, area or function;
3. Evidence that the shell space is being constructed due to
  - a. Requirements of governmental or certification agencies; or
  - b. Experienced increases in the historical occupancy or utilization of those areas proposed to occupy the shell space.
4. Provide:
  - a. Historical utilization for the area for the latest five-year period for which data are available; and
  - b. Based upon the average annual percentage increase for that period, projections of future utilization of the area through the anticipated date when the shell space will be placed into operation.

**APPEND DOCUMENTATION AS ATTACHMENT-16, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.****ASSURANCES:****N/A**

Submit the following:

1. Verification that the applicant will submit to HFSRB a CON application to develop and utilize the shell space, regardless of the capital thresholds in effect at the time or the categories of service involved.
2. The estimated date by which the subsequent CON application (to develop and utilize the subject shell space) will be submitted; and
3. The anticipated date when the shell space will be completed and placed into operation.

**APPEND DOCUMENTATION AS ATTACHMENT-17, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**O. Criterion 1110.3030 - Clinical Service Areas Other than Categories of Service**

1. Applicants proposing to establish, expand and/or modernize Clinical Service Areas Other than Categories of Service must submit the following information:
2. Indicate changes by Service: Indicate # of key room changes by action(s):

Service	# Existing Key Rooms	# Proposed Key Rooms
<input checked="" type="checkbox"/> <b>General Radiology</b>	<b>2</b>	<u>  2  </u>
<input checked="" type="checkbox"/> <b>Mammography</b>	<b>2</b>	<u>  2  </u>
<input checked="" type="checkbox"/> <b>Ultrasound*</b>	<b>4</b>	<u>  4  </u>
<input checked="" type="checkbox"/> <b>Fluoroscopy</b>	<b>1</b>	<u>  1  </u>

3. READ the applicable review criteria outlined below and **submit the required documentation for the criteria:**

PROJECT TYPE	REQUIRED REVIEW CRITERIA	
New Services or Facility or Equipment	(b) -	Need Determination - Establishment
Service Modernization	(c)(1) -	Deteriorated Facilities
		and/or
	(c)(2) -	Necessary Expansion
		PLUS
	(c)(3)(A) -	Utilization - Major Medical Equipment
		Or
	(c)(3)(B) -	Utilization - Service or Facility

**APPEND DOCUMENTATION AS ATTACHMENT-34, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

\*These machines exist, but are currently mixed use between genders and adults/pediatrics. The proposed equipment will be dedicated to either women's health or pediatrics. The ultrasound equipment is mobile only.

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

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

**VIII. - 1120.120 - Availability of Funds - N/A – Bond Rating Provided**

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

_____	a)	Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to: <ol style="list-style-type: none"> <li>1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and</li> <li>2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;</li> </ol>
_____	b)	Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
_____	c)	Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
_____	d)	Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including: <ol style="list-style-type: none"> <li>1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated;</li> <li>2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate;</li> <li>3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.;</li> <li>4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment;</li> <li>5) For any option to lease, a copy of the option, including all terms and conditions.</li> </ol>
_____	e)	Governmental Appropriations – e copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
_____	f)	Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
_____	g)	All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
<b>TOTAL FUNDS AVAILABLE</b>		

**APPEND DOCUMENTATION AS ATTACHMENT-36, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**IX. 1120.130 - Financial Viability N/A – Bond Rating Provided**

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

<p><b>Financial Viability Waiver</b> See Attached Bond Rating of A or Better</p> <p>The applicant is not required to submit financial viability ratios if:</p> <ol style="list-style-type: none"> <li>1. "A" Bond rating or better</li> <li>2. All of the projects capital expenditures are completely funded through internal sources</li> <li>3. The applicant's current debt financing or projected debt financing is insured or anticipated to be insured by MBIA (Municipal Bond Insurance Association Inc.) or equivalent</li> <li>4. The applicant provides a third party surety bond or performance bond letter of credit from an A rated guarantor.</li> </ol> <p>See Section 1120.130 Financial Waiver for information to be provided</p> <p><b>APPEND DOCUMENTATION AS ATTACHMENT-37, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b></p>
---

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

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

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

**2. Variance**

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

<p><b>APPEND DOCUMENTATION AS ATTACHMENT 38, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b></p>
--

**X. 1120.140 - Economic Feasibility**

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

**A. Reasonableness of Financing Arrangements - N/A Bond Rating Provided**

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

- 1) That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or
- 2) That the total estimated project costs and related costs will be funded in total or in part by borrowing because:
  - A) A portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order to maintain a current ratio of at least 2.0 times for hospitals and 1.5 times for all other facilities; or
  - B) Borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

**B. Conditions of Debt Financing**

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

- 1) That the selected form of debt financing for the project will be at the lowest net cost available;
- 2) That the selected form of debt financing will not be at the lowest net cost available, but is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs and other factors;
- 3) That the project involves (in total or in part) the leasing of equipment or facilities and that the expenses incurred with leasing a facility or equipment are less costly than constructing a new facility or purchasing new equipment.

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

Read the criterion and provide the following:

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

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New	Circ.*	Gross Sq. Ft. Mod.	Circ.*	Const. \$ (A x C)	Mod. \$ (B x E)	
Contingency									
<b>TOTALS</b>									

\* Include the percentage (%) of space for circulation

**D. Projected Operating Costs**

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

**E. Total Effect of the Project on Capital Costs**

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

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

**XI. Safety Net Impact Statement**

**SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL SUBSTANTIVE AND DISCONTINUATION PROJECTS: NOT APPLICABLE - NON-SUBSTANTIVE PROJECT**

1. The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible for an applicant to have such knowledge.
2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.
3. How the discontinuation of a facility or service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.

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

1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.
2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.
3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

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

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

	Medicaid (revenue)			
	Inpatient			
	Outpatient			
	Total			

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

**XII. Charity Care Information**

Charity Care information **MUST** be furnished for **ALL** projects.

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.
2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.
3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

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

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

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

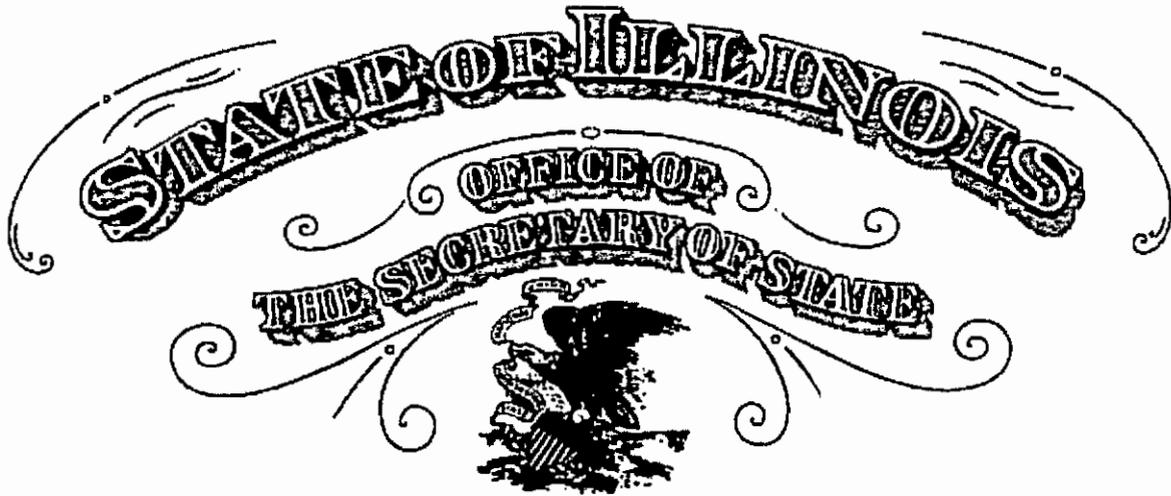
APPEND DOCUMENTATION AS ATTACHMENT-41, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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:

<b>INDEX OF ATTACHMENTS</b>		
<b>ATTACHMENT NO.</b>		<b>PAGES</b>
1	Applicant/Coapplicant Identification including Certificate of Good Standing	25-28
2	Site Ownership	29-36
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	37-39
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	37-39
5	Flood Plain Requirements	40-41
6	Historic Preservation Act Requirements	42
7	Project and Sources of Funds Itemization	43-44
8	Obligation Document if required	
9	Cost Space Requirements	45
10	Discontinuation	
11	Background of the Applicant	46-63
12	Purpose of the Project	64-84
13	Alternatives to the Project	85
14	Size of the Project	86
15	Project Service Utilization	87
16	Unfinished or Shell Space	
17	Assurances for Unfinished/Shell Space	
18	Master Design Project	
19	Mergers, Consolidations and Acquisitions	
	<b>Service Specific:</b>	
20	Medical Surgical Pediatrics, Obstetrics, ICU	88
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	89-90
35	Freestanding Emergency Center Medical Services	
	<b>Financial and Economic Feasibility:</b>	
36	Availability of Funds	91-97
37	Financial Waiver	91-97
38	Financial Viability	
39	Economic Feasibility	98-99
40	Safety Net Impact Statement	
41	Charity Care Information	100

**Certificate of Good Standing**

See attached for the applicants HSHS St. John's, Hospital Sisters Services, Inc. and Hospital Sisters Health System.



**To all to whom these Presents Shall Come, Greeting:**

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I 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.

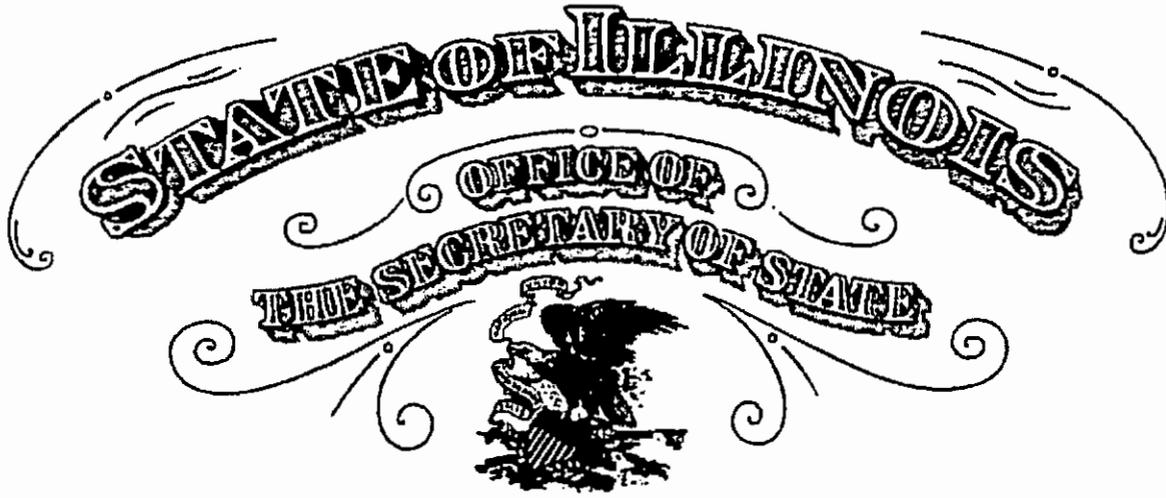


***In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 3RD day of AUGUST A.D. 2016 .***

*Jesse White*

SECRETARY OF STATE

Authentication #: 1621602348 verifiable until 08/03/2017  
Authenticate at: <http://www.cyberdriveillinois.com>



**To all to whom these Presents Shall Come, Greeting:**

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

HOSPITAL SISTERS SERVICES, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 04, 1983, 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.

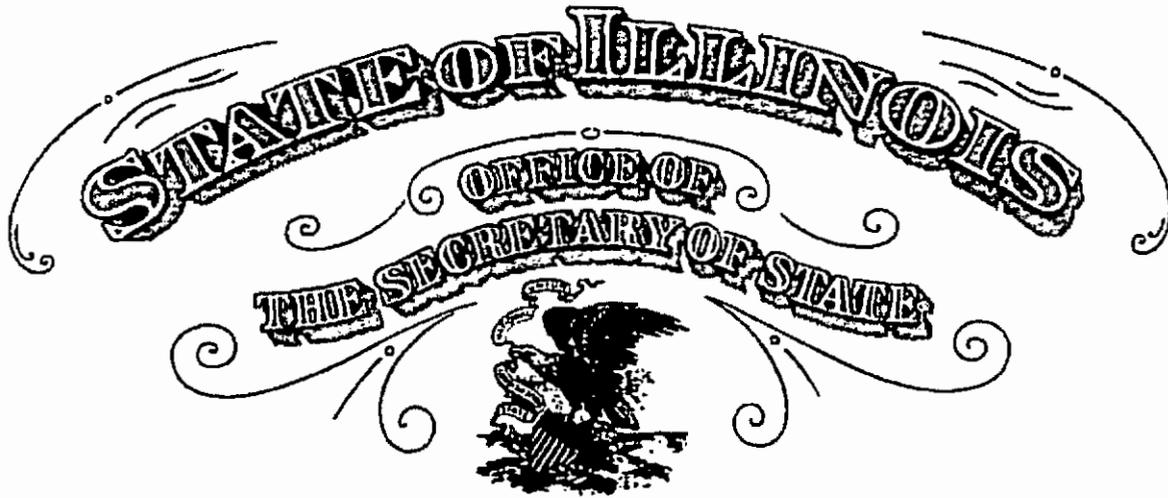


**In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 3RD day of AUGUST A.D. 2016 .**

*Jesse White*

SECRETARY OF STATE

Authentication #: 1621602372 verifiable until 08/03/2017  
Authenticate at: <http://www.cyberdriveillinois.com>



**To all to whom these Presents Shall Come, Greeting:**

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

ST. JOHN'S HOSPITAL 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.



***In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 3RD day of AUGUST A.D. 2016 .***

*Jesse White*

SECRETARY OF STATE

Authentication #: 1621602382 verifiable until 08/03/2017  
Authenticate at: <http://www.cyberdriveillinois.com>

**Proof of Site Ownership**

See attached.

94 NOV 18 PM 3:57

12  
N/B  
*Mary Ann Lamm*  
RECORDER

## WARRANTY DEED - STATUTORY FORM

Prepared by: Donald J. Casper  
Attorney at Law  
1231 South Eighth Street  
Springfield, IL 62703

Grantees: St. John's Hospital  
800 East Carpenter  
Springfield, IL 62701

Return to: St. John's Hospital  
c/o Richard J. Wilderson  
Graham & Graham  
1201 South Eighth Street  
Springfield, IL 62703

Tax Bill to: St. John's Hospital  
*same as above.*

THE GRANTORS, FRANK RANDAZZO and PATRICIA RANDAZZO, husband and wife, of the City of Springfield, County of Sangamon and the State of Illinois for and in consideration of TEN OR MORE ----- DOLLARS in hand paid, CONVEY AND WARRANT to ST. JOHN'S HOSPITAL OF THE HOSPITAL SISTERS OF THE THIRD ORDER OF ST. FRANCIS, an Illinois not-for-profit corporation, of the City of Springfield, County of Sangamon and the State of Illinois, the following described Real Estate:

The East Half of Lot 1 in Block 11 of Welles' and Peck's Addition to the City of Springfield.

Together with all easements and appurtenances in favor of said above described property.

Except all coal, minerals, and mining rights heretofore conveyed to record.

Subject to taxes for the year 1994 and subsequent years.

Subject to easements, restrictions and reservations of record, if any.

Situated in the County of Sangamon, in the State of Illinois, hereby releasing and waiving all right under and by virtue of the

000469

Homestead Exemption Laws of this State.

Dated the 18<sup>th</sup> day of November, 1994.

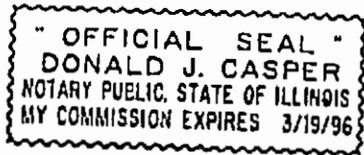
Frank Randazzo  
FRANK RANDAZZO

Patricia Randazzo  
PATRICIA RANDAZZO

STATE OF ILLINOIS    )  
                                  ) SS  
COUNTY OF SANGAMON )

I, the undersigned, a Notary Public, in and for said County and State aforesaid, DO HEREBY CERTIFY that FRANK RANDAZZO and PATRICIA RANDAZZO, husband and wife, personally known to me to be the same persons whose names are subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that they signed, sealed and delivered the said instrument as their free and voluntary act, for the uses and purposes therein set forth, including the release and waiver of the right of homestead.

Given under my hand and seal this 18<sup>th</sup> day of Nov, A.D. 1994.



D. J. Casper  
Notary Public

Exempt under provisions of Paragraph (b)  
Section 4, Real Estate Transfer Tax Act.

11/18/94 D. J. Casper  
Date    Buyer, Seller or Representative

CLOSING STATEMENT

(November 18, 1994)

SELLERS: FRANK RANDAZZO and PATRICIA RANDAZZO and The  
THE HEIRS AT LAW OF NICHOLAS RANDAZZO, Deceased

BUYER: ST. JOHN'S HOSPITAL OF THE HOSPITAL SISTERS OF THE  
THIRD ORDER OF ST. FRANCIS, an Illinois not-for-  
profit corporation

DESCRIPTION: East Half (E 1/2) of Lot One (1) in Block Eleven  
(11) of Wells' & Pecks Addition to the City of  
Springfield (Southwest Corner of 10th and Carpenter  
Streets)

SALE PRICE: \$ 7,000.00

Credits Against Sale Price

1994 Real Estate Taxes prorated  
through November 18, 1994  
Tax I.D. #14-27-410-009 \$ 382.52  
Recording Charges for deeds  
from Rose Giganti and  
Mary Vicari 30.00

Total Credits Against Sale Price: 412.52

BALANCE DUE SELLERS \$6,587.48

Local Government Services Bureau  
REAL ESTATE TRANSFER DECLARATION

THE FOLLOWING INFORMATION IS REQUIRED BY THE REAL ESTATE TRANSFER TAX LAW (35 ILCS 200/31-25). PAGES 1 THROUGH 3 ARE TO BE FILLED OUT BY THE SELLERS\* AND BUYERS\* OR THEIR AGENTS. ANY WILLFUL FALSIFICATION OR WILLFUL OMISSION OF INFORMATION IS A CLASS B MISDEMEANOR (35 ILCS 200/31-50).

EXCEPT AS TO EXEMPT TRANSACTIONS, THE COUNTY RECORDER IS PROHIBITED BY LAW FROM ACCEPTING ANY DEED OR TRANSFER OF BENEFICIAL INTEREST OF A LAND TRUST (TRUST DOCUMENT) FOR RECORDATION UNLESS IT IS ACCOMPANIED BY THIS DECLARATION CONTAINING ALL OF THE INFORMATION REQUESTED HEREIN (35 ILCS 200/31-25).

For Use By County Recorder's Office

County \_\_\_\_\_

Date \_\_\_\_\_

Doc. No. \_\_\_\_\_

Vol. \_\_\_\_\_

Page \_\_\_\_\_

Rec'd. By: \_\_\_\_\_

**SANGAMON COUNTY**  
**RECORDER'S OFFICE**

NOV 18 1994

DOC# 94-46283

**PROPERTY IDENTIFICATION**

Address of Property 930 E. Carpenter, Springfield Capital  
Street City or Village Township

Permanent Real Estate Index No. 14-27-410-009 Date of Deed 11/94  
(or Trust Document) (Month/Year)

Enter Legal Description on Page 2 of this form.

NOTICE: The State of Illinois has enacted a Smoke Detector Act.

Type of Deed Warranty  
(or Trust Document)

**PROPERTY CHARACTERISTICS**

- Lot Size \_\_\_\_\_
- Acroage \_\_\_\_\_
- Check type of Improvement on property
- Vacant land/lot
  - Residence (Single family or duplex)
  - Mobile home (see note on page 2)
  - Apartment bldg. (6 units or less)
  - Commercial apartment (Over 6 units)
  - Store, office, commercial bldg.
  - Industrial bldg.
  - Farm, land only
  - Farm, with bldgs.
  - Other (Specify) \_\_\_\_\_

**SALE INFORMATION (The following questions must be answered.)**

NOTE: You do not have to complete the Finance Questions at the bottom of this page or the Finance Schedule at the top of pages 2 and 3 of this form, if you answer any of the following questions "Yes".

- |   | Yes                      | No                                  |
|---|--------------------------|-------------------------------------|
| 1. Is this a transfer between relatives or related parties?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Is this a compulsory transaction in lieu of foreclosure, divorce, court order, condemnation, probate, etc.?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Was this a transfer in settlement of an installment contract for deed initiated prior to the year of recording?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If "Yes", enter contract year _____   |                          |                                     |
| SPECIAL NOTE: If contract year is the same as year of recording, answer this question "No".   |                          |                                     |
| 4. Was the deed any of the following types:   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <ul style="list-style-type: none"> <li>• Sheriff's Deed • Judge's Deed • Quit Claim Deed • Conveyance of Less than full interest</li> <li>• Trust Document which Refers to COLLATERAL ASSIGNMENT of Beneficial Interest of Trust</li> </ul> |                          |                                     |

**TERMS OF SALE**

Full Actual Consideration (Sale Price) .....	\$ <u>7,000.00</u>
Less amount of personal property included in purchase (Do not deduct value of beneficial interest of a land trust) .....	\$ <u>0</u>
Net consideration for real property .....	\$ <u>7,000.00</u>
Less value of other real property transferred to seller as part of full consideration .....	\$ <u>0</u>
Less outstanding amount of mortgage to which the transferred real property remains subject ..	\$ <u>0</u>
Net taxable consideration subject to transfer tax .....	\$ <u>7,000.00</u>

**CALCULATION OF TRANSFER TAX**

Amount of State of Illinois tax stamps (\$.50 per \$500 or part thereof of taxable consideration) ..	\$ <u>3.50 - 0 -</u>
Amount of county tax stamps (\$.25 per \$500 or part thereof of taxable consideration) .....	\$ <u>3.50 Exempt</u>
Total Transfer Tax Collected	\$ <u>10.50 Exempt</u>

Use this space to describe any special circumstances involving this transaction:

*Transaction exempt under 6 305/4 (b) sec. Real Estate Transfer Tax*

**FINANCE QUESTIONS:** If the answer is "No" to all of the above Sale Information questions, ALL of the following questions must be answered. If any of the questions below are answered "Yes" the buyer\* or buyer's\* representative MUST complete the Finance Schedule on the top of pages 2 and 3.

**IF FINANCE QUESTIONS 1 through 5 are answered "No", DO NOT complete Finance Schedule on Pages 2 and 3.**

- |   | Yes                      | No                                  |
|---|--------------------------|-------------------------------------|
| 1. Does property REMAIN SUBJECT to a mortgage such as an assumed mortgage?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Did the seller* provide a mortgage in partial or full consideration?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Did the seller* pay points to secure the buyer's* mortgage, including VA and FHA insured loans?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. Did the seller's* mortgage make interest concessions to the buyer*, i.e., offer a "blended" interest rate below market but greater than the seller's existing mortgage rate? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. Was the financing in any other manner unique or specifically associated with the property being transferred, e.g., builder "buy down" of interest, etc.?                     | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

\* If this transaction is a transfer of a beneficial interest of a land trust, substitute the word Assignor for Seller and Assignee for Buyer.

Information required in each column:  
 I Principal of loan; for an assumed mortgage show principal being assumed.  
 II Length of time on which monthly payments were calculated. If not applicable mark with an asterisk and explain repayment schedule in Box J on Page 3. For an assumed mortgage show years remaining from time of sale until loan is fully amortized (paid).  
 III If applicable, length of time until mortgage loan must be paid off or renegotiated, or time until balloon payment is due.

IV Nominal interest rate as stated in loan document. If Prime Rate is used, state rate used at time of transfer.  
 V Indicate if this loan has a FIXED interest rate by entering F in the column, adjustable rate by entering A, or renegotiable by entering R in the column.  
 VI Show the number of points and dollars paid. Enter points paid by the seller\* only.  
 Box J may be used to show more information regarding financing if necessary.

... must be completed for each loan  
 ... of the purchase price on Page 1 of declaration, explain in Box J)

A.	Enter Cash Downpayment (include earnest money) - \$
B.	Enter remainder of Purchase Price on Lines C through I
C.	Purchase Money Mortgage to Seller*
D.	New 1st Mtg. (specify type**
E.	New 2nd Mtg. (specify type**
F.	New 3rd Mtg. (specify type**
G.	Assumption of existing 1st Mtg.
H.	Assumption of existing 2nd Mtg.
I.	Other Financing (specify type**

\*\* Specify type: e.g., Blend, Conventional, Seller\* Fin VAFHA insured, etc.

SPECIAL NOTE: If your financing involves other than equal monthly payments you must explain in Box J on Page 3.

**PARTIAL INTEREST** (Complete if applicable.)

If less than a full interest in the real estate is being transferred, state the part being transferred: \_\_\_\_\_

**LEGAL DESCRIPTION**

Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_  
 Enter complete legal description in this area:

The East Half of Lot 1 in Block 11 of Welles' and Peck's Addition to the City of Springfield.  
 Sangamon County, Illinois.

NOTE: If a mobile home is included in the sale price, is the value of the mobile home being deducted as personal property on page 11

**BENEFICIAL INTEREST OF LAND TRUST** (Complete if applicable.)

If this transaction is the transfer of a beneficial interest of a land trust, check this box:

Yes No

**FINANCE SCHEDULE — DO NOT complete this schedule if FINANCE QUESTIONS 1 through 5 on Page 1 are all answered "No".**

	I Amount of Principal (\$'s)	TERM		IV Interest Rate (%)	V Type of Interest Rate	VI Points Paid by SELLER* To Obtain Financing DO NOT SHOW POINTS PAID BY BUYER*	
		II Amortization Period (Years Remaining)	III Term To Balloon or Renegotiation (Years)			%	\$'s
		A.	XXXXXXXXXX			XXXXXXXXXX	XXXXXXXXXX
B.	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXX	XXXXXXXXXX	
C.					XXXXXX	XXXXXXXXXX	
D.							
E.							
F.							
G.							
H.							
I.							

J. Use this space to explain replies in Finance Schedule if necessary and to explain any characteristics of the financing of this transaction that may have impacted the sale price.

**BUYER\*:**

I hereby declare the Finance Schedule on Pages 2 and 3 of this declaration to be true and correct. (NOTE: Any person who willfully falsifies or omits any information required in this declaration shall be guilty of a Class B Misdemeanor)

Buyer or Name of person filling out the Finance Schedule for the buyer: \_\_\_\_\_ Please Print \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

(If you prefer the Department contact the lending institution if further financing information is required, also provide the institution's name, address, and telephone number below.)

Name of Lending Institution \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

**BUYER\* & SELLER\*:**

The buyer\* and seller\* hereby declare the full actual consideration and above facts contained in this declaration (excluding the Finance Schedule) to be true and correct. If this transaction involves any real estate located in Cook County, the seller\* or his agent hereby certifies that to the best of his knowledge, and the buyer\* or his agent hereby certifies that, the name of the buyer\* shown on the deed or assignment of beneficial interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, a partnership authorized to do business or acquire and hold title to real estate in Illinois, or other entity recognized as a person and authorized to do business or acquire and hold title to real estate under the laws of the State of Illinois. (NOTE: Any person who willfully falsifies or omits any information required in this declaration shall be guilty of a Class B Misdemeanor. Any person who knowingly submits a false statement concerning the identity of a grantee shall be guilty of a Class C Misdemeanor for the first offense and of a Class A Misdemeanor for subsequent offenses.)

Frank Randazzo & Patricia Randazzo, R.R. 6, Bradforton Rd., Springfield, IL  
Name and Current Residence of Seller\* (Please Print) \_\_\_\_\_ 62707

[Signature]  
Name and Address of Trustee if this is a transfer of beneficial interest of a land trust. \_\_\_\_\_ Trust Number \_\_\_\_\_

Signature: \_\_\_\_\_  
Seller\* or Agent

St. John's Hospital 800 E. Carpenter Springfield, IL 62701  
Name and Current Residence of Buyer\* (Please Print) \_\_\_\_\_

Signature: \_\_\_\_\_  
Buyer\* or Agent

Mail tax bill to: \_\_\_\_\_  
Name Street City

**PREPARER:**

Section 31-25 of the Property Tax Code (35 ILCS 200/31-25) requires the following information to be completed:

Name of person filling out the real estate transfer declaration for the buyer\* and seller\*: Donald J. Casper, P.C.  
Please Print

Address 1231 South 8th St., Springfield, IL 62703 Telephone (217) 525-6693

**THIS BOX FOR USE BY DEPARTMENT OF REVENUE ONLY:**

Initial \_\_\_\_\_ Date \_\_\_\_\_

JAMES M GRAHAM  
(1885-1945)  
JAMES J. GRAHAM  
(1905-1965)  
HUGH J. GRAHAM  
(1902-1972)

HUGH J. GRAHAM, JR  
HUGH J. GRAHAM, III

RICHARD J. WILDERSON  
NANCY E. MARTIN  
DEAN W. JACKSON  
BRADLEY E. HUFF

GRAHAM & GRAHAM  
ATTORNEYS AND COUNSELORS AT LAW  
1201 SOUTH EIGHTH STREET  
SPRINGFIELD, ILLINOIS 62703

AREA CODE 217  
TELEPHONE 523-4569

*File*  
*Anderson*  
*Curry*

January 11, 1995

Sr. Josepha Schaeffer  
Vice President of HSHS Illinois  
Hospital Sisters Health System  
P. O. Box 19431  
Springfield, Illinois 62794-9431

Re: St. John's Hospital Purchase of Property at  
Southwest Corner of 10th & Carpenter, Springfield  
G&G File No. G-10614

Dear Sister Josepha:

Enclosed for your files is original Stewart Title  
Company policy of title insurance, demonstrating title to the East  
Half of Lot One in Block Eleven of Wells & Peck's Addition to the  
City of Springfield to be in St. John's Hospital.

This is the final document on this real estate purchase,  
and it should be kept with your permanent property records.

If you have any questions, please let me know.

Sincerely yours,



RICHARD J. WILDERSON

RJW/nc

Encl.

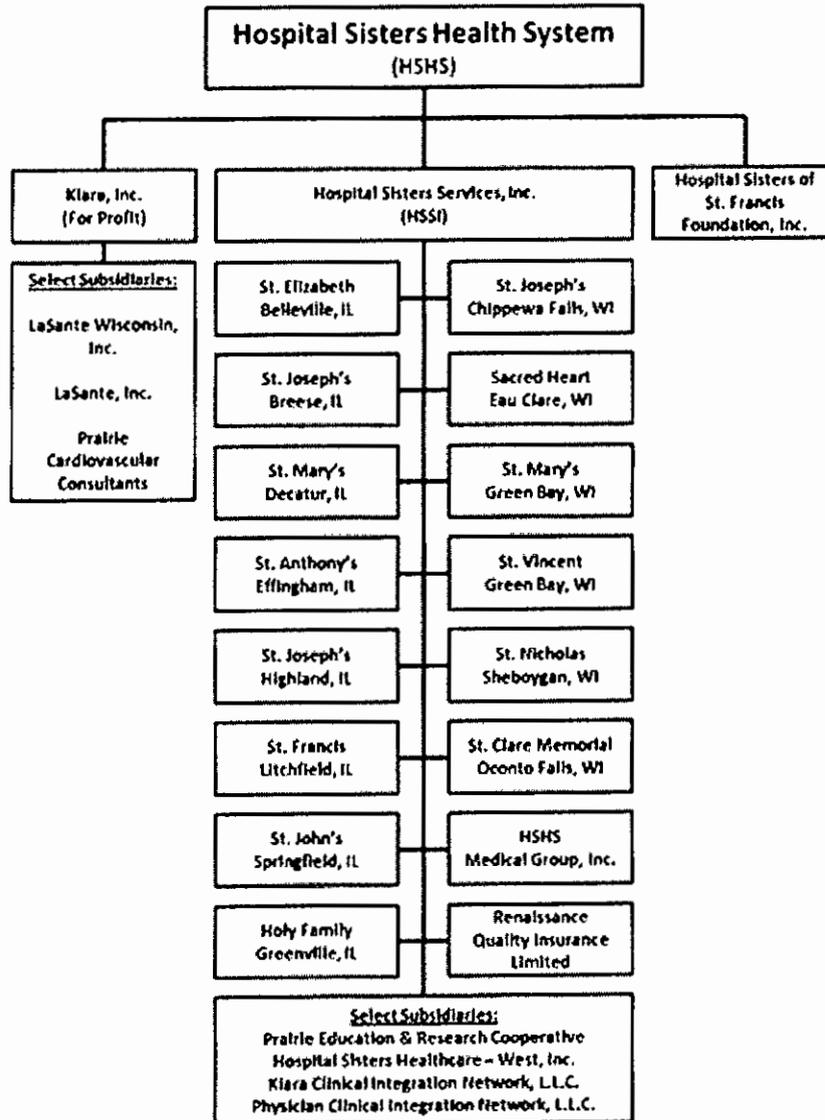
cc Mr. Robert Budnik (w/encl.)

*WJG*  
JAN 13 1995  
*Jim B*

**Operating Entity  
Certificate of Good Standing**

See attached for HSHS St. John's.

**Attachment 3**



**Organization Chart For CON Purposes**

Hospital Sisters Health System



Hospital Sisters Services, Inc.

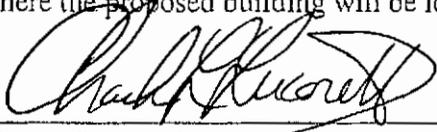


HSHS St. John's Hospital

## Flood Plain Map

See attached.

I, Charles Lucore, M.D., do hereby attest that the property located at Reynolds Street to the north, a rail line to the east, Madison Avenue to the south, and Ninth Street to the west. Sangamon County Property Tax Parcel Numbers: 14270414016, 14270451021, 14270451023, and 14270451024 in Springfield, IL where the proposed building will be located is not in a flood plain, to the best of my knowledge.



Charles Lucore, M.D.  
HSHS St. John's Hospital

### **Historic Preservation Agency Letter**

HSHS is working with the Historic Preservation Agency to develop an agreement that will address the historic artifacts that may be located at the Site. It anticipates that agreement will be available on or around December 21, 2016, and it will be provided to the IL HFSRB as soon as it is fully executed.

**Itemization of Project Costs**

See attached.

## SUMMARY OF PROJECT COSTS

11/9/2019	Amount
Preplanning	\$ 236,000
Site Survey and Soil Investigation	\$ 106,000
<b>Construction</b>	
Description:	
General Conditions	\$ 2,214,501
Temp Facilities, Controls, Cleaning, Waste Management	\$ 289,265
Site Preparation	\$ 4,461,380
Concrete	\$ 2,902,253
Masonry	\$ 2,856,247
Metal Fabrications	\$ 2,676,202
Carpentry	\$ 1,522,945
Thermal, Moisture & Fire Protection	\$ 2,350,530
Doors, Frames, Hardware, Glass & Glazing	\$ 2,051,665
Walls, Ceilings, Floors, & Window Treatments	\$ 2,404,145
Piping, Sanitary Waste, HVAC, Ductwork, Roof Penetrations	\$ 3,660,828
Wiring, Fire Alarm System, Lighting	\$ 3,484,588
Miscellaneous Construction Costs	\$ 817,983
<b>Total Construction Costs</b>	<b>\$ 31,692,534</b>
<b>Contingencies</b>	<b>\$ 2,142,535</b>
<b>Architectural/ Engineering Fees</b>	<b>\$ 2,683,400</b>
<b>Consulting and Other Fees</b>	<b>\$ 1,159,911</b>
Lender's Inspection	\$ 27,500
Legal Fees	\$ 150,000
Development Fee	\$ 519,611
Const. Management Fee	\$ 407,800
Traffic Study	\$ 35,000
Archaeologist Fee	\$ 20,000
<b>Net Interest Expense During Construction (project related)</b>	<b>\$ 1,517,994</b>
<b>Other Costs to be Capitalized</b>	<b>\$ 854,000</b>
Overhead, Travel, Supplies, Postage, Salaries	\$ 385,000
Builder's Risk Insurance	\$ 35,000
Testing/Commissioning	\$ 80,000
FF&E/Signage	\$ 75,000
Blue Printing	\$ 19,000
Project Photos, Turnover and Other Misc Costs.	\$ 50,000
Archaeological Work	\$ 200,000
Agency Approvals	\$ 10,000
<b>Movable or Other Equipment</b>	<b>\$ 7,985,452</b>
Medical Equipment	\$ 3,923,600
Furniture	\$ 1,571,320
Telephones & Computer	\$ 1,248,883
Miscellaneous Equipment/Relocations	\$ 1,241,649
<b>Fair Market Value of Leased Space and Equipment</b>	<b>\$ -</b>
<b>Grand Total</b>	<b>\$ 48,377,826</b>

Attachment 7

## Cost Space Requirements

### Reviewable/Clinical

Dept/Area	Cost	DGSF		Amount of Proposed total GSF that is:			
		Exist.	Prop.	New Const.	Mod.	As Is	Vacated
Imaging <sup>1</sup>	6,063,599	N/A <sup>2</sup>	6,643	6,643	0	0	0
Lab	866,264	N/A	1,695	1,695	0	0	0
Pediatric PT/OT	3,827,853	N/A	11,239	11,239	0	0	0
Pharmacy	1,041,509	N/A	2,559	2,559	0	0	0
Dx Testing – Cardiology Peds	2,334,123	N/A	2,611	2,611	0	0	0
Bridge & Connection <sup>3</sup> (see attached)	436,025	N/A	2,000	2,000	0	0	0
<b>Total Clinical</b>	<b>\$14,569,373</b>		<b>26,747</b>	<b>26,747</b>			

### Non-Reviewable/Non-Clinical

Area	Cost	DGSF		Amount of Proposed total GSF that is:			
		Exist.	Prop.	New Const.	Mod.	As Is	Vacated
Lobby	361,332	N/A	1,166	1,166	0	0	0
Amenity – Coffee Shop	209,486	N/A	676	676	0	0	0
Medical Office Space	17,607,569	N/A	56,129	56,129	0	0	0
Conference Center	444,692	N/A	1,435	1,435	0	0	0
Materials Management & Mechanical	310,399	N/A	1,001	1,001	0	0	0
Parking	14,874,975	N/A	----	N/A <sup>4</sup>	0	0	0
<b>Total Non-Clinical</b>	<b>33,808,453</b>	<b>N/A</b>	<b>60,407</b>	<b>60,407</b>			
<b>Total Project</b>	<b>\$ 48,377,826</b>		<b>87,154</b>	<b>87,154</b>			

<sup>1</sup>General radiology, mammography/mobile ultrasound, fluoroscopy and bone densitometry for Women's health and pediatric services.

<sup>2</sup>While the equipment, and certain services such as PT/OT, exist and are being replaced they do not exist in the context of how they will occur at the new location. Currently the services are scattered and there is **no specific equipment or space** dedicated to women's services and pediatrics.

<sup>3</sup>A connecting bridge will allow patients and staff to access the Hospital. This bridge is not shown in the Stacking Diagram provided.

<sup>4</sup>Open parking structure – total GSF does not include parking structure.

**Background**

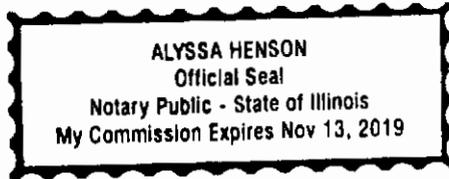
**1110.230**

Attached are copies of the licenses/certifications for hospitals owned by the applicant Hospital Sister Health System.

No adverse action has been taken against the facilities over the past three (3) years.

HFSRB and IDPH are authorized to access documents necessary to verify information submitted, including official, licensing or certification records of Illinois or other states or records of certification agencies.

Mary Starmann-Harrison  
Mary Starmann-Harrison, CEO  
Hospital Sisters Health System



Subscribed and sworn to before me this  
14 day of December, 2014

Alyssa Henson  
Notary Public



February 25, 2016

Elizabeth Govero, RN MSN CMSRN  
Interim CEO/President/CNO  
St. Joseph's Hospital  
12866 Troxler Avenue  
Highland, IL 62249

Joint Commission ID #: 2825  
Program: Critical Access Hospital Accreditation  
Accreditation Activity: Measure of Success  
Accreditation Activity Completed: 02/25/2016

Dear Mrs. Govero:

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

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

- Accreditation Manual for Critical Access Hospitals

This accreditation cycle is effective beginning September 04, 2015. The Joint Commission reserves the right to shorten or lengthen the duration of the cycle; however, the certificate and cycle are customarily valid for up to 36 months.

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

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

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

Sincerely,

Mark G. Pelletier, RN, MS

Chief Operating Officer

Division of Accreditation and Certification Operations



**Illinois Department of  
PUBLIC HEALTH**

HF108686

← DISPLAY THIS PART IN A  
CONSPICUOUS PLACE

**LICENSE, PERMIT, CERTIFICATION, REGISTRATION**

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

**Nirav D. Shah, M.D., J.D.**  
**Director**

Issued under the authority of  
the Illinois Department of  
Public Health

EXPIRATION DATE	CATEGORY	LIC. NUMBER
08/22/2016		0005892
<b>Critical Access Hospital</b>		
<b>Effective: 08/23/2015</b>		

Exp. Date 08/22/2016

Lic Number 0005892

Date Printed 07/01/2015

**St. Joseph's Hospital**  
**12886 Troxler Avenue**  
**Highland, IL 62249**

**St. Joseph's Hospital**

**12886 Troxler Avenue**  
**Highland, IL 62249**

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #4012320 10M 3/12

FEE RECEIPT NO.

# St. Joseph's Hospital, Breese

Breese, IL

has been Accredited by



## The Joint Commission

Which has surveyed this organization and found it to meet the requirements for the  
**Behavioral Health Care Accreditation Program**

**June 29, 2016**

Accreditation is customarily valid for up to 36 months.

*Rebecca J. Patchin MD*

Rebecca J. Patchin, MD  
Chair, Board of Commissioners

ID #7250

Print/Reprint Date: 07/12/2016

*Mark R. Chassin*

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

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





**Illinois Department of  
PUBLIC HEALTH**

HF110792

**LICENSE, PERMIT, CERTIFICATION, REGISTRATION**

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

**Nirav D. Shah, M.D., J.D.**  
Director

Issued under the authority of  
the Illinois Department of  
Public Health

EXPIRATION DATE	CATEGORY	PLS NUMBER
6/30/2017		0002527
<b>General Hospital</b>		
Effective: 07/01/2016		

**St. Joseph's Hospital  
9515 Holy Cross Lane  
Breese, IL 62230**

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #4012320 10M 3/12

# Healthcare Facilities Accreditation Program



*grants this*

## CERTIFICATE OF ACCREDITATION

*to*

**Greenville Regional Hospital**  
**Greenville, IL**

*This Facility has met the applicable HFAP accreditation requirements and is therefore fully accredited by the Healthcare Facilities Accreditation Program*

**2016-2019**

A handwritten signature in black ink, appearing to read "Adrienne White-Paine".

Executive Director  
American Osteopathic Association

A handwritten signature in black ink, appearing to read "M. M. White".

President  
American Osteopathic Association



A handwritten signature in black ink, appearing to read "Lawrence W. Hays".

Chairman  
Bureau Healthcare Facilities Accreditation

← DISPLAY THIS PART IN A CONSPICUOUS PLACE

HF109157

# Illinois Department of PUBLIC HEALTH

## LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

Issued Under the authority of the Illinois Department of Public Health

**Nirav D. Shah, M.D., J.D.**  
Director

EXPIRATION DATE	CATEGORY	IC NUMBER
10/25/2016	General Hospital	0005355
Effective: 10/26/2015		

Greenville Regional Hospital  
200 Healthcare Drive  
Greenville, IL 62246

The face of this license has a colored background. Printed by Authority of the State of Illinois • PD #4012320 DM 3/12

Exp. Date 10/25/2016  
Lic Number 0005355  
Date Printed 9/8/2015

Greenville Regional Hospital  
200 Healthcare Drive  
Greenville, IL 62246

FEE RECEIPT NO.



April 30, 2014

Maryann Reese  
Chief Executive Officer  
St. Elizabeth's Hospital  
211 South Third Street  
Belleville, IL 62220

Joint Commission ID #: 7242  
Program: Hospital Accreditation  
Accreditation Activity: Measure of Success  
Accreditation Activity Completed: 04/30/2014

Dear Mrs. Reese:

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

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

- Comprehensive Accreditation Manual for Hospitals

This accreditation cycle is effective beginning September 21, 2013. The Joint Commission reserves the right to shorten or lengthen the duration of the cycle; however, the certificate and cycle are customarily valid for up to 36 months.

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

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

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

Sincerely,

A handwritten signature in black ink that reads "Mark Pelletier".

Mark G. Pelletier, RN, MS

Chief Operating Officer

Division of Accreditation and Certification Operations

DISPLAY THIS PART IN A  
CONSPICUOUS PLACE

HE 109526

**Illinois Department of  
PUBLIC HEALTH**



**LICENSE, PERMIT, CERTIFICATION, REGISTRATION**

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

**Nirav D. Shah, M.D., J.D.**  
Director

Issued under the authority of  
the Illinois Department of  
Public Health

EXPIRATION DATE	CATEGORY	LIC. NUMBER
12/31/2016	General Hospital	0002345

Effective: 01/01/2016

**St. Elizabeth's Hospital  
211 South 3rd Street  
Belleville, IL 62221**

Exp. Date 12/31/2016

Lic Number 0002345

Date Printed 10/28/2015

**St. Elizabeth's Hospital  
211 South 3rd Street  
Belleville, IL 62221**

FEE RECEIPT NO.

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.D. #4012320 10M 3712

✓

# St. Mary's Hospital

Decatur, IL

has been Accredited by

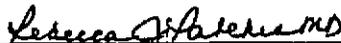


## The Joint Commission

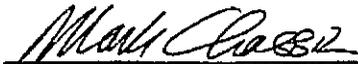
Which has surveyed this organization and found it to meet the requirements for the  
Hospital Accreditation Program

May 30, 2015

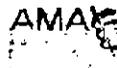
Accreditation is customarily valid for up to 36 months.

  
Rebecca J. Patchin, MD  
Chair, Board of Commissioners

ID #4605  
Print/Reprint Date: 08/21/2015

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

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



# CERTIFICATE OF DISTINCTION

*has been awarded to*

**St. Mary's Hospital**

**Decatur, IL**

*for Advanced Certification as a*

**Primary Stroke Center**

*by*



**The Joint Commission**

*based on a review of compliance with national standards,  
clinical guidelines and outcomes of care.*

**January 12, 2016**

*Certification is customarily valid for up to 24 months.*

*Rebecca J. Patchin MD*

Rebecca J. Patchin, MD  
Chair, Board of Commissioners

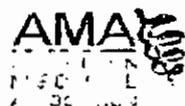
ID #4605

Print/Reprint Date: 05/09/2016

*Mark R. Chassin*

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

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



# CERTIFICATE OF DISTINCTION

*has been awarded to*

**St. Mary's Hospital**

**Decatur, IL**

*for Advanced Certification in*

**Advanced Chronic Obstructive Pulmonary Disease**

*by*

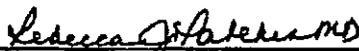


**The Joint Commission**

*based on a review of compliance with national standards, clinical guidelines and outcomes of care. This program was developed in*

**October 9, 2015**

*Certification is customarily valid for up to 24 months.*



Rebecca J. Patchin, MD  
Chair, Board of Commissioners

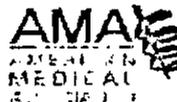
ID #4605

Print/Reprint Date: 12/10/2015



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

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← DISPLAY THIS PART IN A CONSPICUOUS PLACE

HF 110793

**Illinois Department of  
PUBLIC HEALTH**



**LICENSE, PERMIT, CERTIFICATION, REGISTRATION**

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

**Nirav D. Shah, M.D., J.D.**  
Director

Issued under the authority of  
the Illinois Department of  
Public Health

EXPIRES DATE <b>6/30/2017</b>	CATEGORY <b>General Hospital</b>	LIC. NUMBER <b>0002592</b>
Effective: 07/01/2016		

**St. Mary's Hospital**  
1800 East Lake Shore Drive  
Decatur, IL 62521

Exp. Date 6/30/2017  
Lic Number 0002592

Date Printed 5/3/2016

St. Mary's Hospital  
1800 East Lake Shore Drive  
Decatur, IL 62521

FEE RECEIPT NO.

The face of this license has a colorized background. Printed by Authority of the State of Illinois • P.D. #4012320 10M 3/12

# St. John's Hospital

Springfield, IL

has been Accredited by



## The Joint Commission

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

November 9, 2013

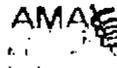
Accreditation is customarily valid for up to 36 months.

  
Rebecca J. Patchin, MD  
Chair, Board of Commissioners

Organization ID #7432  
Print/Reprint Date: 02/04/2014

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

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



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HF 1110791

**Illinois Department of  
PUBLIC HEALTH**



**LICENSE, PERMIT, CERTIFICATION, REGISTRATION**

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

Issued under the authority of the Illinois Department of Public Health

**Nirav D. Shah, M.D., J.D.**  
Director

EXPIRATION DATE	CATEGORY	ID NUMBER
6/30/2017	General Hospital	0002451
Effective: 07/01/2016		

St. John's Hospital  
800 East Carpenter Street  
Springfield, IL 62769

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Exp. Date 6/30/2017  
Lic Number 0002451

Date Printed 5/3/2016

St. John's Hospital  
800 East Carpenter Street  
Springfield, IL 62769

FEE RECEIPT NO.



**Illinois Department of  
PUBLIC HEALTH**

HF109488

**LICENSE, PERMIT, CERTIFICATION, REGISTRATION**

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

**Nirav D. Shah, M.D., J.D.**  
**Director**

Issued under the authority of  
the Illinois Department of  
Public Health

EXPIRATION DATE	CATEGORY	ID NUMBER
12/31/2016		0002386
<b>Critical Access Hospital</b>		
<b>Effective: 01/01/2016</b>		

**St. Francis Hospital**  
**P. O. Box 1215, 1215 Franciscan Dr.**  
**Litchfield, IL 62056**

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.D. 24012320 10M 3/12



**Illinois Department of  
PUBLIC HEALTH** HF109524

**LICENSE, PERMIT, CERTIFICATION, REGISTRATION**

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

**Nirav D. Shah, M.D., J.D.**  
Director

Issued under the Authority of  
The Illinois Department of  
Public Health

EXPIRES DATE	CATEGORY	LICENSE NUMBER
12/31/2018		0002278

**General Hospital**

Effective: 01/01/2016

**St. Anthony's Memorial Hospital**  
503 North Maple Street  
Effingham, IL 62401

The face of this license has a colored background. Printed by Authority of the State of Illinois - PCL 84012278 10/4 3/18

← DISPLAY THIS PART IN A  
CONSPICUOUS PLACE

Exp. Date 12/31/2016

Lic Number 0002278

Date Printed 10/28/2016

St. Anthony's Memorial Hospital

503 North Maple Street  
Effingham, IL 62401

FEE RECEIPT NO.

# Memorial Hospital

Mem. H

Accredited by



## Joint Commission

### Hospital Accreditation Program

July 12, 2014

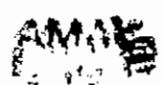
Accreditation certificate valid for up to 30 months

*[Signature]*  
President

000000  
For Use Only

*[Signature]*  
President

*[Faint, illegible text]*



### **Purpose (1110.230)**

1. *Document that the project will provide health services that improve the health care or well-being of the market area population to be served.*

The women's and children's health center building will allow for user friendly and modern, state of the art space for treatment of women and children. Treatment areas that are currently located in multiple locations will be relocated and consolidated to a single facility, resulting in enhanced access for patients and greater efficiencies for staff. The outpatient services will be co-located with physician offices that will focus on women's and children's medical care, making it easy for women and children to obtain such care, ancillary services and engage in follow-up care and treatment.

Women's services will consist of mammography, ultrasound and bone densitometry. The planned space for women's health will be user friendly, with ample changing room, separate waiting areas for patients who are waiting screening imaging versus diagnostic, and space for biopsies and radiologist consultation.

Pediatric services will include general radiology, PT/OT/ST, diagnostic cardiac testing and ultrasound. Care will be provided for children ages 0-17 with a wide variety of chronic and acute conditions. Clinical areas will be both child and family friendly. The centralized location of pediatric outpatient services will enhance patient access, reducing the amount of travel between separate locations.

A lab and small retail pharmacy will be located in the building for convenience of patients.

In addition to the clinical services above, the building will have a lobby and a coffee shop or cafe. Also space will be leased in the building to both SIU and HSHS Medical Group physicians focusing on women's and children's health. In addition, SIU maternal-fetal medicine patients who are part of the regional perinatal network with SIU will be cared for at this location.

The consolidation of these services in one location and the dedication of specific space for pediatric imaging, PT/OT and cardiac testing will facilitate both access to and quality of care for women and children.

## **Purpose**

2. *Define the planning area or market area, or other, per the applicant's definition.*

The market area is that of the existing hospital, including the greater Springfield area. Attached is a list of primary zip codes served by HSHS St. John's Hospital, and a map of the service area.



**St. John's Hospital - Springfield**

CY 2015 Inpatient Origin

Excludes normal newborns

Source: IHA COMPdata/intellimed

<b>Zip Code</b>	<b>CY15</b>
62702 Springfield	1978
62703 Springfield	1888
62704 Springfield	1519
62650 Jacksonville	470
62568 Taylorville	465
62711 Springfield	385
62521 Decatur	377
62629 Chatham	370
62656 Lincoln	354
62707 Springfield	340
62626 Carlinville	337
62557 Pana	324
62056 Litchfield	317
62526 Decatur	290
62049 Hillsboro	239
62712 Springfield	229
62401 Effingham	223
62561 Riverton	202
62618 Beardstown	202
62690 Virden	174
62565 Shelbyville	171
62471 Vandalia	169
62615 Auburn	166
62684 Sherman	156
62681 Rushville	150
62675 Petersburg	143
62033 Gillespie	136
62563 Rochester	129
62613 Athens	127
62558 Pawnee	123
62640 Girard	122
62363 Pittsfield	121
62522 Decatur	114
62246 Greenville	105
62088 Staunton	103
62670 New Berlin	103
62092 White Hall	101
61938 Mattoon	98
62016 Carrollton	89

61455 Macomb	81
62069 Mount Olive	81
62301 Quincy	79
62075 Nokomis	77
62692 Waverly	75
62082 Roodhouse	73
61727 Clinton	71
62644 Havana	71
62677 Pleasant Plains	71
62520 Dawson	66
62448 Newton	64
62694 Winchester	64
62701 Springfield	62
62540 Kincaid	60
62612 Ashland	60
62664 Mason City	60
61951 Sullivan	59
62080 Ramsey	59
62353 Mount Sterling	56
61364 Streator	54
62674 Palmyra	54
62411 Altamont	53
62531 Edinburg	52
62661 Loami	51
62009 Benld	49
62549 Mt Zion	49
62548 Mount Pulaski	48
62560 Raymond	47
61920 Charleston	45
62539 Illiopolis	45
62545 Mechanicsburg	45
62691 Virginia	45
62530 Divernon	44
62533 Farmersville	42
62642 Greenview	42
62839 Flora	42
62665 Meredosia	40
62305 Quincy	38
62515 Buffalo	38
62693 Williamsville	38
62044 Greenfield	36
62017 Coffeen	34
62510 Assumption	34
62881 Salem	32
62625 Cantrall	31
62546 Morrisonville	30
62638 Franklin	30

62340 Griggsville	29
62418 Brownstown	29
62262 Mulberry Grove	28
62366 Pleasant Hill	28
62550 Moweaqua	28
62571 Tower Hill	28
62668 Murrayville	28
61701 Bloomington	27
62094 Witt	27
62431 Herrick	27
62032 Fillmore	26
62086 Sorento	26
62801 Centralia	26
62535 Forsyth	25
62014 Bunker Hill	24
62447 Neoga	24
62611 Arenzville	24
62708 Springfield	24
62074 New Douglas	23
62424 Dieterich	23
62467 Teutopolis	23
62627 Chandlerville	23
62572 Waggoner	22
62621 Bluffs	22
62689 Thayer	22
61937 Lovington	21
62015 Butler	21
62414 Beecher City	21
62685 Shipman	21
62858 Louisville	21
61401 Galesburg	20
61554 Pekin	20
61761 Normal	20
62052 Jerseyville	20
62501 Argenta	20
62556 Palmer	20
62321 Carthage	19
62326 Colchester	19
62458 Saint Elmo	19
62513 Blue Mound	19
62791 Springfield	19
62051 Irving	18
62450 Olney	18
62567 Stonington	18
62673 Oakford	18
62422 Cowden	17
62518 Chestnut	17

62824 Clay City	17
62838 Farina	17
61756 Maroa	16
62547 Mount Auburn	16
62672 Nilwood	16
62555 Owaneco	15
62570 Tovey	15
62880 Saint Peter	15
61501 Astoria	14
61821 Champaign	14
62058 Livingston	14
62093 Wilsonville	14
62630 Chesterfield	14
62666 Middletown	14
62667 Modesto	14
62885 Shobonier	14
61704 Bloomington	13
61914 Bethany	13
62089 Taylor Springs	13
62536 Glenarm	13
62634 Elkhart	13
62019 Donnellson	12
62249 Highland	12
62253 Keyesport	12
62454 Robinson	12
62463 Stewardson	12
62473 Watson	12
62553 Oconee	12
62649 Hettick	12
62655 Kilbourne	12
62688 Tallula	12
61420 Blandinsville	11
61484 Vermont	11
61520 Canton	11
61832 Danville	11
61856 Monticello	11
62077 Panama	11
62312 Barry	11
62426 Edgewood	11
62428 Greenup	11
62461 Shumway	11
62479 Wheeler	11
61802 Urbana	10
61911 Arthur	10
62081 Rockbridge	10
62378 Versailles	10
62443 Mason	10

62624 Browning	10
62633 Easton	10
62794 Springfield	10
62864 Mount Vernon	10
63401 Hannibal	10
61910 Arcola	9
62231 Carlyle	9
62468 Toledo	9
62524 Decatur	9
62628 Chapin	9
62631 Concord	9
62671 New Holland	9
62807 Alma	9
62832 Du Quoin	9
62899 Xenia	9
61422 Bushnell	8
61705 Bloomington	8
61822 Champaign	8
61912 Ashmore	8
61925 Dalton City	8
62050 Hillview	8
62097 Worden	8
62367 Plymouth	8
62374 Tennessee	8
62379 Warsaw	8
62420 Casey	8
62462 Sigel	8
62573 Warrensburg	8
62617 Bath	8
62682 San Jose	8
62695 Woodson	8
62705 Springfield	8
62901 Carbondale	8
61440 Industry	7
61723 Atlanta	7
61957 Windsor	7
62054 Kane	7
62275 Pocahontas	7
62320 Camp Point	7
62341 Hamilton	7
62445 Montrose	7
62465 Strasburg	7
62601 Alexander	7
62635 Emden	7
62812 Benton	7
00261 Unknown Area	6
61567 Topeka	6

61734 Delavan	6
61820 Champaign	6
61953 Tuscola	6
62011 Bingham	6
62027 Eldred	6
62091 Walshville	6
62284 Smithboro	6
62311 Augusta	6
62432 Hidalgo	6
62434 Ingraham	6
62523 Decatur	6
62639 Frederick	6
62643 Hartsburg	6
62849 Iuka	6
62854 Kinmundy	6
62875 Patoka	6
62896 West Frankfort	6
62948 Herrin	6
61482 Table Grove	5
61611 East Peoria	5
61818 Cerro Gordo	5
61842 Farmer City	5
61846 Georgetown	5
61853 Mahomet	5
61866 Rantoul	5
61928 Gays	5
62053 Kampsville	5
62083 Rosamond	5
62095 Wood River	5
62355 Nebo	5
62360 Payson	5
62436 Jewett	5
62525 Decatur	5
62534 Findlay	5
62544 Macon	5
62870 Odin	5
61375 Varna	4
61377 Wenona	4
61441 Ipava	4
61452 Littleton	4
61473 Roseville	4
61726 Chenoa	4
61913 Atwood	4
61931 Humboldt	4
61933 Kansas	4
62002 Alton	4
62010 Bethalto	4

62012 Brighton	4
62063 Medora	4
62347 Liberty	4
62351 Mendon	4
62352 Milton	4
62357 New Salem	4
62361 Pearl	4
62438 Lakewood	4
62440 Lerna	4
62446 Mount Erie	4
62466 Sumner	4
62469 Trilla	4
62512 Beason	4
62517 Bulpitt	4
62519 Cornland	4
62543 Latham	4
62610 Alsey	4
62683 Scottville	4
63452 Lewistown	4
29150 Sumter	3
60805 Evergreen Park	3
61350 Ottawa	3
61450 La Harpe	3
61454 Lomax	3
61462 Monmouth	3
61477 Smithfield	3
61542 Lewistown	3
61571 Washington	3
61616 Peoria Heights	3
61749 Kenney	3
61752 Le Roy	3
61801 Urbana	3
61873 Saint Joseph	3
61874 Savoy	3
61878 Thomasboro	3
61943 Oakland	3
61944 Paris	3
62040 Granite City	3
62045 Hamburg	3
62061 Marine	3
62098 Wrights	3
62226 Belleville	3
62234 Collinsville	3
62314 Baylis	3
62323 Chambersburg	3
62324 Clayton	3
62349 Loraine	3

62356 New Canton	3
62362 Perry	3
62365 Plainville	3
62370 Rockport	3
62375 Timewell	3
62376 Ursa	3
62441 Marshall	3
62442 Martinsville	3
62449 Oblong	3
62459 Sainte Marie	3
62475 West Liberty	3
62481 Yale	3
62837 Fairfield	3
62853 Kell	3
62868 Noble	3
62882 Sandoval	3
62884 Sesser	3
62898 Woodlawn	3
62918 Cartersville	3
62959 Marion	3
62966 Murphysboro	3
62995 Vienna	3
63461 Palmyra	3
35654 Russellville	2
46226 Indianapolis	2
46254 Indianapolis	2
47802 Terre Haute	2
60056 Mount Prospect	2
60085 Waukegan	2
60560 Yorkville	2
60643 Chicago	2
60647 Chicago	2
60649 Chicago	2
60952 Melvin	2
61201 Rock Island	2
61319 Cornell	2
61341 Marseilles	2
61410 Abingdon	2
61411 Adair	2
61415 Avon	2
61438 Good Hope	2
61474 Saint Augustine	2
61475 Sciota	2
61530 Eureka	2
61546 Manito	2
61565 Sparland	2
61603 Peoria	2

61615 Peoria	2
61748 Hudson	2
61764 Pontiac	2
61770 Saybrook	2
61773 Sibley	2
61777 Wapella	2
61778 Waynesville	2
61830 Cisco	2
61877 Sidney	2
61882 Weldon	2
61936 La Place	2
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62031 Fieldon	2
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62047 Hardin	2
62060 Madison	2
62065 Michael	2
62085 Sawyerville	2
62201 East Saint Louis	2
62221 Belleville	2
62252 Huey	2
62274 Pinckneyville	2
62286 Sparta	2
62306 Quincy	2
62338 Fowler	2
62413 Annapolis	2
62433 Hutsonville	2
62444 Mode	2
62538 Harvel	2
62551 Niantic	2
62554 Oreana	2
62663 Manchester	2
62823 Cisne	2
62859 Mc Leansboro	2
62878 Rinard	2
62891 Valier	2
62895 Wayne City	2
62946 Harrisburg	2
62951 Johnston City	2
63131 Saint Louis	2
63435 Canton	2
63448 La Grange	2
68410 Nebraska City	2
92029 Escondido	2
08889 Whitehouse Station	1

19382 West Chester	1
19940 Delmar	1
27101 Winston Salem	1
27583 Timberlake	1
27614 Raleigh	1
28117 Mooresville	1
28540 Jacksonville	1
28786 Waynesville	1
29206 Columbia	1
29673 Piedmont	1
30019 Dacula	1
30062 Marietta	1
32168 New Smyrna Beach	1
32539 Crestview	1
32807 Orlando	1
32962 Vero Beach	1
33857 Lorida	1
33954 Port Charlotte	1
34242 Sarasota	1
34606 Spring Hill	1
34973 Okeechobee	1
35096 Lincoln	1
36867 Phenix City	1
36908 Gilbertown	1
37027 Brentwood	1
37043 Clarksville	1
37066 Gallatin	1
37323 Cleveland	1
37364 Cleveland	1
37814 Morristown	1
38139 Germantown	1
38863 Pontotoc	1
45324 Fairborn	1
45817 Bluffton	1
46220 Indianapolis	1
46268 Indianapolis	1
47401 Bloomington	1
47404 Bloomington	1
48371 Oxford	1
50266 West Des Moines	1
51454 Manilla	1
52401 Cedar Rapids	1
52402 Cedar Rapids	1
52585 Richland	1
52632 Keokuk	1
52639 Montrose	1
52722 Bettendorf	1

52730 Camanche	1
52761 Muscatine	1
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53527 Cottage Grove	1
53818 Platteville	1
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54474 Rothschild	1
54558 Saint Germain	1
54902 Oshkosh	1
55106 Saint Paul	1
59701 Butte	1
60018 Des Plaines	1
60098 Woodstock	1
60103 Bartlett	1
60108 Bloomingdale	1
60169 Hoffman Estates	1
60190 Winfield	1
60193 Schaumburg	1
60204 Evanston	1
60406 Blue Island	1
60407 Braceville	1
60415 Chicago Ridge	1
60419 Dolton	1
60420 Dwight	1
60423 Frankfort	1
60424 Gardner	1
60448 Mokena	1
60452 Oak Forest	1
60458 Justice	1
60468 Peotone	1
60470 Ransom	1
60473 South Holland	1
60475 Steger	1
60477 Tinley Park	1
60478 Country Club Hills	1
60548 Sandwich	1
60572 Aurora	1
60618 Chicago	1
60624 Chicago	1
60629 Chicago	1
60652 Chicago	1
60914 Bourbonnais	1
60918 Buckley	1
60936 Gibson City	1
60957 Paxton	1
60962 Roberts	1
61008 Belvidere	1

61021 Dixon	1
61084 Stillman Valley	1
61102 Rockford	1
61109 Rockford	1
61231 Aledo	1
61336 Magnolia	1
61354 Peru	1
61363 Standard	1
61367 Sublette	1
61368 Tiskilwa	1
61369 Toluca	1
61416 Bardolph	1
61427 Cuba	1
61434 Galva	1
61436 Gilson	1
61443 Kewanee	1
61469 Oquawka	1
61470 Prairie City	1
61517 Brimfield	1
61523 Chillicothe	1
61532 Forest City	1
61536 Hanna City	1
61537 Henry	1
61544 London Mills	1
61545 Lowpoint	1
61548 Metamora	1
61550 Morton	1
61561 Roanoke	1
61568 Tremont	1
61569 Trivoli	1
61572 Yates City	1
61601 Peoria	1
61602 Peoria	1
61605 Peoria	1
61607 Peoria	1
61614 Peoria	1
61702 Bloomington	1
61721 Armington	1
61725 Carlock	1
61733 Deer Creek	1
61738 El Paso	1
61739 Fairbury	1
61744 Gridley	1
61745 Heyworth	1
61755 Mackinaw	1
61760 Minonk	1
61771 Secor	1

61774 Stanford	1
61776 Towanda	1
61813 Bement	1
61814 Bismarck	1
61816 Broadlands	1
61831 Collison	1
61833 Tilton	1
61841 Fairmount	1
61845 Foosland	1
61854 Mansfield	1
61880 Tolono	1
61919 Camargo	1
61929 Hammond	1
61930 Hindsboro	1
61940 Metcalf	1
61955 Vermilion	1
62001 Alhambra	1
62021 Dorsey	1
62024 East Alton	1
62030 Fidelity	1
62035 Godfrey	1
62037 Grafton	1
62048 Hartford	1
62062 Maryville	1
62070 Mozier	1
62076 Ohlman	1
62084 Roxana	1
62207 East Saint Louis	1
62208 Fairview Heights	1
62216 Aviston	1
62220 Belleville	1
62223 Belleville	1
62236 Columbia	1
62254 Lebanon	1
62264 New Athens	1
62265 New Baden	1
62269 O Fallon	1
62272 Percy	1
62278 Red Bud	1
62293 Trenton	1
62294 Troy	1
62297 Walsh	1
62313 Basco	1
62330 Dallas City	1
62343 Hull	1
62348 Lima	1
62354 Nauvoo	1

62373 Sutter	1
62380 West Point	1
62410 Allendale	1
62419 Calhoun	1
62421 Claremont	1
62439 Lawrenceville	1
62451 Palestine	1
62474 Westfield	1
62480 Willow Hill	1
62532 Elwin	1
62537 Harristown	1
62719 Springfield	1
62722 Springfield	1
62803 Hoyleton	1
62809 Barnhill	1
62819 Buckner	1
62821 Carmi	1
62822 Christopher	1
62830 Dix	1
62840 Frankfort Heights	1
62844 Grayville	1
62846 Ina	1
62848 Irvington	1
62856 Logan	1
62865 Mulkeytown	1
62893 Walnut Hill	1
62894 Waltonville	1
62905 Alto Pass	1
62906 Anna	1
62915 Cambria	1
62924 De Soto	1
62930 Eldorado	1
62933 Energy	1
62939 Goreville	1
62942 Grand Tower	1
62952 Jonesboro	1
62960 Metropolis	1
62983 Royalton	1
63025 Eureka	1
63042 Hazelwood	1
63104 Saint Louis	1
63107 Saint Louis	1
63109 Saint Louis	1
63114 Saint Louis	1
63116 Saint Louis	1
63122 Saint Louis	1
63135 Saint Louis	1

63147 Saint Louis	1
63385 Wentzville	1
63445 Kahoka	1
63459 New London	1
63555 Memphis	1
63701 Cape Girardeau	1
63755 Jackson	1
63801 Sikeston	1
64014 Blue Springs	1
64063 Lees Summit	1
64628 Brookfield	1
64804 Joplin	1
65202 Columbia	1
65265 Mexico	1
65631 Clever	1
65658 Golden	1
65737 Reeds Spring	1
65809 Springfield	1
66442 Fort Riley	1
67301 Independence	1
67460 McPherson	1
67470 New Cambria	1
68127 Omaha	1
68401 Mc Cool Junction	1
70444 Kentwood	1
71923 Arkadelphia	1
72432 Harrisburg	1
72444 Maynard	1
72544 Henderson	1
72802 Russellville	1
74145 Tulsa	1
74960 Stilwell	1
75501 Texarkana	1
76031 Cleburne	1
76116 Fort Worth	1
76640 Elm Mott	1
77092 Houston	1
77399 Livingston	1
77586 Seabrook	1
77808 Bryan	1
78028 Kerrville	1
78580 Raymondville	1
78598 Port Mansfield	1
78641 Leander	1
78660 Pflugerville	1
79424 Lubbock	1
80031 Westminster	1

84084 West Jordan	1
85326 Buckeye	1
87068 Bosque Farms	1
89102 Las Vegas	1
89178 Las Vegas	1
92117 San Diego	1
94501 Alameda	1
95330 Lathrop	1
97302 Salem	1
<b>Report Total</b>	<b>18526</b>

## Purpose

3. *Identify the existing problems or issues that need to be addressed, as applicable and appropriate for the project. [See 1110.230(b) for examples of documentation.]*

See #1. Generally, the issues to be addressed relate to the need for more user friendly and accessible space for outpatient women's and children's health services.

4. *Cite the sources of the information provided as documentation.*

The hospital's data and statistics: U.S. Census Bureau Statistics. IDPH population projections.

## Purpose

5. *Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.*

The project will enhance patient care, as follows: it will enhance access to care and improve quality by locating perinatal-fetal medicine and pediatric services in one location, with dedicated imaging equipment, PT/OT space and diagnostic testing space for pediatrics. Currently these services are dispersed throughout St. John's campus and there is co-use of some radiology equipment between adults and pediatrics, as well as PT/OT services. It will enhance physician training and the perinatal network by providing expanded office space for SIU physicians.

6. *Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals as appropriate.*

The goal is to improve access to women's and children's health services by offering them in a coordinated, patient friendly and modern setting. The ancillary goal of aligning and enhancing SIU's educational offerings with HSHS St. John's is also achieved through the ability to offer SIU space in the proposed new building.

## Alternatives

### **Option 1: "Modernize Existing"**

This option would not allow for consolidation of women's and children's services in one location, nor would it provide for consolidated physician office space or space for SIU. It also would be programmatically difficult due to lack of existing space and interruption of patient care areas during construction. More importantly, it is not feasible because there is not enough existing space within St. John's current buildings on its campus to accommodate the project as planned.

### **Option 2: "New Building Offsite"**

This option was considered only due to the fact that the site, while on campus, posed certain archeological difficulties. The cost of this option was estimated to be the same as the proposed project but lacked the benefit of being on campus, so was not chosen. This option also would not offer the same quality of care, as the connection bridge between the building allows physicians immediate access to the women's hospital

### **Option 3: "New Building to Relocate Existing Women's and Children's Services"**

This preferred option is viewed as the best use of capital funds. It allows for much needed space for physician offices, SIU and also consolidates women's and children's outpatient services in one location. This alternative is consistent with HSHS St. John's continuing improvements to its campus.

A joint venture would not be appropriate for this project and was not considered.

Utilizing other health care providers is not an alternative, as it would do nothing to alleviate the problem of needing more modern and accessible space on HSHS St. John's campus for women's and children's outpatient services.

### Size of Project

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE (actual size)	MET STANDARD?
<b>Clinical</b>				
General Radiology & Fluoroscopy	3,301	1300 DGSF per unit	-599	Yes
Mammography*	3,342	1300 DGSF per unit	742	No*
Lab	1,695	N/A	N/A	N/A
Pharmacy	2,559	N/A	N/A	N/A
Pediatric Diagnostic Testing**	2,611	N/A	N/A	N/A
PT/OT	11,239	N/A	N/A	N/A
Bridge Connection	2,000	N/A	N/A	N/A
<b>TOTAL CLINICAL</b>	<b>26,747</b>			
<b>Non Clinical</b>				
Medical Office	56,129	N/A	N/A	N/A
Conference	1,435	N/A	N/A	N/A
Lobby/Amenities Area	1,842	N/A	N/A	N/A
Materials Management	1,001	N/A	N/A	N/A
<b>TOTAL NON-CLINICAL</b>	<b>60,407</b>	N/A	N/A	N/A
<b>TOTAL PROJECT</b>	<b>87,154</b>	N/A	N/A	N/A

\*The mammography space includes space for use of two mobile ultrasound units which would be used if routine screening warrants US examination. This is the reason for the overage.

\*\*Echoes, EKG, stress testing – all for children

PROJECT SERVICES UTILIZATION

<b>UTILIZATION</b>				
<b>DEPARTMENT</b>	<b>HISTORICAL UTILIZATION*</b>	<b>PROJECTED UTILIZATION CY21</b>	<b>STATE STANDARD</b>	<b>MET STANDARD?</b>
General Radiology (2)	7,235**	8,500	8000 procedures	Yes
Mammography (2)	7,133	8,000	5000 visits	Yes
Fluoroscopy (1)	550	1,000	6500 procedures	Yes

Detailed projection rationale is provided in Attachment 34. Projections are provided for CY21, two years after project completion.

\*Based on women's and pediatric procedures/visits only for most recent fiscal year (through June 30, 2016). US not provided as the equipment is mobile, and HFSRB does not have standards for mobile US equipment.

\*\*Pediatric only

NOTE: Projections are based on growth in mammography screening due to aging population and growth in pediatric and fluoroscopy due to enhanced access to services and expansion of referrals from added SIU physicians who will be located at the Women's and Children's Health Center Building.

1110.530

(b) Background of applicant

The applicants Hospital Sisters Health System, Hospital Sisters Services, Inc. and HSHS St. John's Hospital are not for profit corporations. None of their respective Board members or officers have been convicted of a crime, and HSHS and its affiliated hospitals, including HSHS St. John's have not had any adverse actions, as defined in HFSRB rules, taken against them. In addition, HSHS St. John's Hospital is not in default of any judgment or governmental obligation.

Mary Starmann-Harrison

Mary Starmann-Harrison  
CEO, Hospital Sisters Health System

Subscribed and sworn to before me this  
14 day of December, 2014



Alyssa Henson  
Notary Public

**Imaging:**

HSHS St. John's proposes women's' and children's health services, including mammography and ultrasound ("US") in a new dedicated women's and children's health building. The new space will allow for private changing rooms, a space to consult with radiologists regarding results of exams and includes exam room for gynecological exams, bone densitometry testing, patient education and consultations. It will be more user friendly, patient oriented and accessible.

The state standard is 5,000 visits per mammography machine. The projected volume supports 2 mammography machines.

**Mammography**

Equipment*	Projected Volume	State Standard	Met Standard
2	8,000 by 2021	5,000 visits per machine	Yes

\*Diagnostic only; not screening. FY2016 volume was 7,133 visits.

**Ultrasound**

The US equipment is mobile, and HFSRB has no standards for same.

**General Radiology**

There will be two general radiology machines, used solely for pediatrics. The historical utilization (FY2016) of the current equipment was 7,235 procedures (pediatric only). The applicant projects higher volume (8,500 procedures) due to the consolidation of services in one building and referrals from the newly added SIU physicians who will have offices in the building. This supports 2 general radiology machines.

**Fluoroscopy**

There will be one fluoroscopy machine located in the proposed building. In FY2016 there were 550 procedures, and again due to the location and SIU presence, St. John's anticipates an increase in volume. The numbers support one machine.

**Pediatric Diagnostics:**

An area for pediatric diagnostics, including echoes, EKG and stress testing and ultrasound (mobile) will be located in the building to facilitate this testing in an area dedicated totally to children.

**Lab:**

There will be a small lab in the new building for the convenience of patients. There are no HFSRB standards for lab. This will facilitate ease of access to lab services and alleviate long waits at the existing hospital OP lab. Also, the phlebotomists will be adept at obtaining lab specimens from children.

**Pharmacy:**

There will be a small pharmacy, possibly retail, to support the medical office and ancillary services space in the building, and for patient convenience.

**PT/OT:**

There will be space for PT/OT rehab dedicated solely to pediatrics. There are no HFSRB standards for PT/OT.

**Availability of Funds  
Financial Viability Waiver**

N/A – See attached proof of Bond Rating of A or better.



# Research

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## Summary:

# Hospital Sisters Services Inc., Illinois; Joint Criteria; System

### Primary Credit Analyst:

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Rationale

Outlook

Related Criteria And Research

## Summary:

# Hospital Sisters Services Inc., Illinois; Joint Criteria; System

## Credit Profile

Series 2012C

Long Term Rating

AA-/Stable

Affirmed

## Rationale

Standard & Poor's Ratings Services affirmed its 'AA-' long-term rating on Hospital Sisters Services Inc., Ill.'s series 2012C bonds. At the same time, Standard & Poor's affirmed its 'AA-' long-term rating on the Wisconsin Health and Educational Facilities Authority's (WHEFA) series 2012B bonds and the Iowa Finance Authority's (IFA) series 2007A bonds, as well as its 'AA-' underlying rating (SPUR) on IFA's series 2007A and C bonds. Also, Standard & Poor's affirmed its 'AA-/A-1+' dual rating on IFA's series 2012H and 2012I bonds. Finally, Standard & Poor's affirmed its 'AAA/A-1' dual rating and 'AA-' SPUR on IFA's series 2012G bonds. All bonds were issued for HSSI. The outlook is stable. All financial information is based on the parent, Hospital Sisters Health System (HSHS).

The 'AAA/A-1' rating on the series 2012G revenue refunding bonds is based on our joint criteria. The long-term component of the rating is based jointly (assuming low correlation) on the ratings on the obligor, HSSI, and the letter of credit provider, Bank of Montreal. The short-term component of the rating is based solely on the rating on Bank of Montreal. The bank facility expires July 31, 2017.

The 'AA-' rating continues to reflect our view of HSHS leadership's successful implementation of a strategic plan, which has helped improve the system's operations while maintaining its strong balance sheet. As the leadership of HSHS continues to update its strategic plan annually and move forward with the construction of a replacement hospital for its facility in Belleville, Ill., we anticipate that the positive momentum of the operations will continue into the foreseeable future. Currently, HSHS has plans to issue new debt to support the replacement facility and at the current rating we believe that HSHS has room to issue some level of new debt without a negative impact to the rating. Also, as the leadership team prepares for population health, HSHS has decided to move forward with an accountable care organization (ACO) that became operational on Jan. 1, 2016. The ACO will initially have approximately 20,000 covered lives. Finally, as HSHS evaluates its system assets, it has decided to discontinue health care services at St. Mary's Hospital in Streator, Ill., and transition its outpatient services to OSF HealthCare. We view this transition as a positive rating factor.

The 'AA-' rating further reflects our view of HSHS:

- Solid balance sheet, which we anticipate should strengthen as the operations continue to show improvement;
- Fairly stable management team with a CEO who has a good background in Wisconsin-based hospitals and working with HSSI-employed and non-HSSI-employed physicians; and

- Geographic diversity, with 13 hospitals in Illinois and Wisconsin.

Partly offsetting the above strengths, in our view, are HSHS' operating margin, which, although improving, remains less than adequate for the rating; and some of the decline in the days' cash on hand in the first six months of fiscal 2016.

The 'A-1+' short-term component of the dual rating reflects our view that HSSI utilizes its own liquidity. HSSI has committed several sources of short-term and long-term funds to support its unenhanced variable-rate demand bonds (VRDBs). As of Sept. 30, 2014, HSHS identified cash and fixed-income assets of approximately \$550 million. We will continue to monitor both the sufficiency and the liquidity available through HSSI's cash and fixed-income assets to ensure that it can cover the purchase price of any bonds in the event of failed remarketing for its three series of self-liquidity-backed VRDBs totaling \$155.3 million. Ample liquidity is provided through the money held in cash and high-quality, short-term fixed-income securities.

The 'AA-' rating is based on our view of HSSI's group credit profile and the obligated group's core status. Accordingly, we rate the bonds at the same level as the group credit profile. Gross revenue of the obligated group secures the various bonds.

HSHS, the parent of HSSI, is a 13-hospital system operating in Illinois and Wisconsin. HSSI operates seven facilities in Illinois (Belleville, Breese, Decatur, Effingham, Highland, Litchfield, and Springfield, the last of which is the flagship) and six in Wisconsin (Chippewa Falls, Eau Claire, two in Green Bay, Oconto Falls, and Sheboygan). HSHS also operates an integrated physician network with the HSHS Medical group, Prairie Cardiovascular Consultants, Prevea, and in collaboration with other large multispecialty groups in Wisconsin and Illinois.

## Outlook

The stable outlook reflects our opinion that HSHS' senior management will be able to sustain the improved operations while generating further operational strength. Also, while HSHS anticipates issuing new debt in support of the replacement hospital, we do not expect that the issuance will be of a dollar amount to cause concern for the current rating.

### Downside scenario

Because HSHS has experienced operational improvement, a sustained operational downturn that would have an impact on its liquidity could result in a revised outlook to negative. Also, if HSHS were to have a debt issuance that is materially larger than anticipated, we could revise the outlook or lower the rating.

### Upside scenario

We maintain that if management continues to improve and sustain its operations to a margin of greater than 2% for two consecutive review cycles, coupled with no less than 5x maximum annual debt service (MADS) coverage, and maintain its unrestricted reserves at no less than 300 days' cash, a positive rating action or outlook revision could occur.

For more information, see the full analysis published April 4, 2016, on RatingsDirect.

## Related Criteria And Research

### Related Criteria

- USPF Criteria: Commercial Paper, VRDO, And Self-Liquidity, July 3, 2007
- USPF Criteria: Contingent Liquidity Risks, March 5, 2012
- USPF Criteria: Not-For-Profit Health Care, June 14, 2007
- Criteria: Methodology And Assumptions: Approach To Evaluating Letter Of Credit-Supported Debt, Feb. 20, 2015
- USPF Criteria: Municipal Applications For Joint Support Criteria, June 25, 2007
- Criteria: Joint Support Criteria Update, April 22, 2009
- USPF Criteria: Assigning Issue Credit Ratings Of Operating Entities, May 20, 2015
- General Criteria: Methodology: Industry Risk, Nov. 20, 2013
- General Criteria: Group Rating Methodology, Nov. 19, 2013
- Criteria Update: Joint-Support Criteria Refined, Feb. 3, 2006
- Criteria: Use of CreditWatch And Outlooks, Sept. 14, 2009

### Related Research

- Glossary: Not-For-Profit Health Care Ratios, Oct. 26, 2011
- U.S. Not-For-Profit Health Care Sector Outlook Revised To Stable From Negative, Though Uncertainties Persist, Sept. 9, 2015
- U.S. Not-For-Profit Health Care System Median Ratios Likely To Remain Stable Through 2016 Despite Industry Pressures, Sept. 1, 2015
- Health Care Providers And Insurers Pursue Value Initiatives Despite Reform Uncertainties, May 9, 2013
- Standard & Poor's Assigns Industry Risk Assessments To 38 Nonfinancial Corporate Industries, Nov. 20, 2013
- Alternative Financing: Disclosure Is Critical To Credit Analysis In Public Finance, Feb. 18, 2014
- Health Care Organizations See Integration And Greater Transparency As Prescriptions For Success, May 19, 2014
- The Growing And Evolving Role Of Provider-Sponsored Health Plans In U.S. Health Care, June 8, 2015

### Ratings Detail (As Of April 4, 2016)

#### Illinois Fin Auth, Illinois

Hospital Sisters Services, Inc., Illinois

Illinois Fin Auth (Hospital Sisters Services, Inc.) ser 2007 A&C (AGM) (SEC MKT)

<i>Unenhanced Rating</i>	AA-(SPUR)/Stable	Affirmed
<b>Series 2007A</b>		
<i>Long Term Rating</i>	AA-/Stable	Affirmed
<b>Series 2012G</b>		
<i>Unenhanced Rating</i>	AA-(SPUR)/Stable	Affirmed
<i>Long Term Rating</i>	AAA/A-1	Affirmed
<b>Series 2012H</b>		
<i>Long Term Rating</i>	AA-/A-1+/Stable	Affirmed
<b>Series 2012I</b>		
<i>Long Term Rating</i>	AA-/A-1+/Stable	Affirmed

**Ratings Detail (As Of April 4, 2016) (cont.)**

Wisconsin Hlth & Ed Fac Auth, Wisconsin

Hospital Sisters Services, Inc., Illinois

**Series 2012B**

*Long Term Rating*

AA-/Stable

Affirmed

Many issues are enhanced by bond insurance.

Certain terms used in this report, particularly certain adjectives used to express our view on rating relevant factors, have specific meanings ascribed to them in our criteria, and should therefore be read in conjunction with such criteria. Please see Ratings Criteria at [www.standardandpoors.com](http://www.standardandpoors.com) for further information. Complete ratings information is available to subscribers of RatingsDirect at [www.globalcreditportal.com](http://www.globalcreditportal.com). All ratings affected by this rating action can be found on Standard & Poor's public Web site at [www.standardandpoors.com](http://www.standardandpoors.com). Use the Ratings search box located in the left column.

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### Economic Feasibility

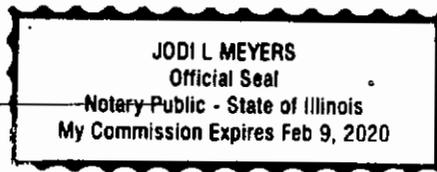
The selected form of debt financing will be at the lowest cost available, or if not it will be more advantageous due to other terms, such as pre-payment privileges, lack of security interest, time of the loan or other reasons.

*Patricia Allen*

Patricia Allen  
VP Finance, HSHS St. John's Hospital

Subscribed and sworn to before me this  
12 day of December, 2016

*Jodi L Meyers*  
Notary Public



See below chart reflecting the reasonableness of the costs per the State Board standards.

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New Mod.		Gross Sq. Ft. New Circ.*		Gross Sq. Ft. Mod. Circ.*		Const. \$ (A x C)	Mod. \$ (B x E)	
Medical Clinic	\$ 205	0	\$ 26,747						\$ 205
Contingency	\$ 13	0	---	---					\$ 13
<b>TOTALS</b>	<b>\$ 218</b>	<b>0</b>	<b>\$ 26,747</b>				<b>\$ 5,830,846</b>	<b>0</b>	<b>\$ 5,830,846</b>

\* Include the percentage (%) of space for circulation

### **Economic Feasibility**

The direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year at target utilization but no more than two years following project completion: \$467,792.00 per equivalent patient day (projected 2021).

The total projected annual capital costs (in current dollars per equivalent patient day) for the first full year at target utilization (which is anticipated to be within two years following project completion): zero.

Charity Care

<b>CHARITY CARE – HSHS ST. JOHN’S HOSPITAL</b>			
	<b>Year 2013</b>	<b>Year 2014</b>	<b>Year 2015</b>
<b>Net Patient Revenue</b>	\$402,680,775	\$427,529,233	\$447,281,758
Amount of Charity Care (charges)	\$34,824,392	\$26,005,185	\$12,138,983
Cost of Charity Care	\$9,002,200	\$7,437,483	\$3,338,220

<b>CHARITY CARE – HOSPITAL SISTERS HEALTH SYSTEM (ILLINOIS ONLY)</b>			
	<b>Year 2013</b>	<b>Year 2014</b>	<b>Year 2015</b>
<b>Net Patient Revenue</b>	\$972,240,195	\$1,021,229,534	\$1,262,757,958
Amount of Charity Care (charges)	\$79,693,832	\$76,826,472	\$49,555,376
Cost of Charity Care	\$25,376,255	\$21,820,899	\$20,025,778