17-067

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HEALTH FACILITIES & SERVICES REVIEW BOARD

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

[ORIGINAL]

Facility/Project Identification

Facility Name: HSHS St. John's Hospital – 5th Floor Renovation		
Street Address: 800 E. Carpenter St.		
City and Zip Code: Springfield, 62769		
County: Sangamon	Health Service Area: 3	Health Planning Area: E-01

Applicant(s) [Provide for each applicant (refer to Part 1130.220)]

Exact Legal Name: St. John's Hospital of the Hospital Sisters of the Third Order of St. Francis
Street Address: 800 E. Carpenter St.
City and Zip Code: Springfield, 62769
Name of Registered Agent: Amy Bulpitt
Registered Agent Street Address: 4936 Laverna Rd.
Registered Agent City and Zip Code: Springfield, 62707
Name of Chief Executive Officer: Dr. Charles Lucore
CEO Street Address: 800 E. Carpenter St.
CEO City and Zip Code: Springfield, 62769
CEO Telephone Number: (217) 535-3989

Type of Ownership of Applicants

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

- Corporations and limited liability companies must provide an **Illinois certificate of good standing.**
- Partnerships must provide the name of the state in which they are 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
Title: Partner
Company Name: McDermott Will & Emery LLP
Address: 227 W. Monroe St., Chicago, IL 60606
Telephone Number: (312) 984-3365
E-mail Address: cconnor@mwe.com
Fax Number: (312) 277-2964

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

Name: Amy Bulpitt
Title: Vice President & General Counsel
Company Name: Hospital Sisters Health System
Address: 4936 Laverna Rd., Springfield, IL 62707
Telephone Number: (217) 492-9167

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: Jill Tomich
Title: Strategic Planning Manager
Company Name: Hospital Sisters Health System
Address: 4936 Laverna Rd., Springfield, IL 62707
Telephone Number: (217) 492-6156
E-mail Address: jill.tomich@hshs.org
Fax Number:

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City and Zip Code: Springfield, 62707
Name of Registered Agent: Amy Bulpitt
Registered Agent Street Address: 4936 Laverna Rd.
Registered Agent City and Zip Code: Springfield, 62707
Name of Chief Executive Officer: Mary Starmann-Harrison
CEO Street Address: 4936 Laverna Rd.
CEO City and Zip Code: Springfield, 62707
CEO Telephone Number: (217) 788-6288

Type of Ownership of Applicants

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

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Company Name: Hospital Sisters Health System
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Facility/Project Identification

Facility Name: HSHS St. John's Hospital – 5th Floor Renovation		
Street Address: 800 E. Carpenter St.		
City and Zip Code: Springfield, 62769		
County: Sangamon	Health Service Area: 3	Health Planning Area: E-01

Applicant(s) [Provide for each applicant (refer to Part 1130.220)]

Exact Legal Name: Hospital Sisters Services, Inc.
Street Address: 4936 Laverna Rd.
City and Zip Code: Springfield, 62707
Name of Registered Agent: Amy Bulpitt
Registered Agent Street Address: 4936 Laverna Rd.
Registered Agent City and Zip Code: Springfield, 62707
Name of Chief Executive Officer: Mary Starmann-Harrison
CEO Street Address: 4936 Laverna Rd.
CEO City and Zip Code: Springfield, 62707
CEO Telephone Number: (217) 788-6288

Type of Ownership of Applicants

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Telephone Number: (217) 492-6156
E-mail Address: jill.tomich@hshs.org
Fax Number:

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: St. John's Hospital of the Hospital Sisters of the Third Order of St. Francis
Address of Site Owner: 4936 Laverna Rd., Springfield, IL 62707
Street Address or Legal Description of the Site: **Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, 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 St. Francis
Address:800 E. Carpenter St., Springfield, IL 62769
☒ Non-profit Corporation ☐ Partnership ☐ For-profit Corporation ☐ Governmental ☐ Limited Liability Company ☐ Sole Proprietorship ☐ Other o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner. o **Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.**
APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Organizational Relationships

Provide (for each applicant) an organizational chart containing the name and relationship of any person or entity who is related (as defined in Part 1130.140). If the related person or entity is participating in the development or funding of the project, describe the interest and the amount and type of any financial contribution.
APPEND DOCUMENTATION AS ATTACHMENT 4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Flood Plain Requirements

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2006-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements, please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at **www.FEMA.gov** or **www.illinoisfloodmaps.org**. **This map must be in a readable format**. In addition, please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2006-5 **(http://www.hfsrb.illinois.gov)**.

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

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

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

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

DESCRIPTION OF PROJECT

1. Project Classification

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

Part 1110 Classification:

☐ Substantive

☒ Non-substantive

2. Narrative Description

In the space below, provide 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 proposes modernization of the Medical/Surgical patient rooms on the 5th floor of the hospital's patient tower at its current location of 800 E. Carpenter St., Springfield. The tower consists of two contiguous buildings, constructed in 1939 and 1970 which are connected to each other, functioning as a single tower. The total project cost is $15,775,290 and the total square footage to be modernized is 30,925 gross square feet.

All areas on the floor will be renovated and updated to match today's standard of care. The existing 37 physical beds on the 5th floor will be reduced in number to 33 beds. The patient rooms on this floor have not been updated since their original construction outside of minor cosmetic work. Through the proposed modernization project, each patient room on the floor will be private and built with a single head wall. Each patient room will also have private shower and toilet, for current ADA compliance. The only Clinical Service Area included in this project is the Medical/Surgical Category of Service.

This project also includes maintenance work that will add sprinkling to the 4th and 5th floors. The maintenance work will also enable patient rooms to be cooled in the winter, something the hospital is not currently able to do.

The project also includes modernization of existing space for the following Non-Clinical Service Areas located on the 5th floor:

- Family Support Space
- Elevator Lobbies
- Mechanical/Electrical Space and Equipment
- Elevator Shafts
- Stairwells
- Mechanical, Electrical, and Data Shafts

The project does not involve an increase in beds or the addition of a category of service. The project will reduce Medical/Surgical beds by 4 beds (204 beds to 200 beds).

This project is non-substantive under Section 1110.40 of the Review Board's rules as it does not establish a category of service, increase the total number of beds, or seek redistribution of more than 20 beds.

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 be equal.

Project Costs and Sources of Funds			
USE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Preplanning Costs	$ 30,900		**$ 30,900**
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts	$ 9,733,500		**$ 9,733,500**
Contingencies	$ 869,526	$ 96,614	**$ 966,140**
Architectural/Engineering Fees	$ 954,810	$ 106,090	**$ 1,060,900**
Consulting and Other Fees	$ 20,600		**$ 20,600**
Movable or Other Equipment (not in construction contracts)	$ 1,493,500		**$ 1,493,500**
Bond Issuance Expense (project related)	$ 193,438	$ 28,562	**$ 222,000**
Net Interest Expense During Construction (project related)	$ 320,654	$ 47,346	**$ 368,000**
Fair Market Value of Leased Space or Equipment			
Other Costs To Be Capitalized	$ 128,750	$ 1,751,000	**$ 1,879,750**
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	**$ 13,745,678**	**$ 2,029,612**	**$ 15,775,290**
SOURCE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Cash and Securities	**$ 910,805**	**$ 134,485**	**$ 1,045,290**
Pledges			
Gifts and Bequests			
Bond Issues (project related)	**$ 12,834,873**	**$ 1,895,127**	**$ 14,730,000**
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	**$ 13,745,678**	**$ 2,029,612**	**$ 15,775,290**
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Related Project Costs

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

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

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

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

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

Project Status and Completion Schedules

For facilities in which prior permits have been issued please provide the permit numbers.

Indicate the stage of the project's architectural drawings:

☐ None or not applicable ☐ Preliminary

☒ Schematics ☐ Final Working

Anticipated project completion date (refer to Part 1130.140): **February 2020**

Indicate the following with respect to project expenditures or to financial commitments (refer to Part 1130.140):

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

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

State Agency Submittals [Section 1130.620(c)]

Are the following submittals up to date as applicable:

☒ Cancer Registry
☒ APORS
☒ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
☒ All reports regarding outstanding permits

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

Cost Space Requirements

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

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

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 the chart after this page. Provide the existing bed capacity and utilization data for the latest **Calendar Year for which data is available. Include observation days in the patient day totals for each bed service.** Any bed capacity discrepancy from the Inventory will result in the application being deemed **incomplete**.

FACILITY NAME: HSHS St. John's Hospital			**CITY: Springfield**		
REPORTING PERIOD DATES:		**From: 1/1/16**	**to: 12/31/16**		
Category of Service	**Authorized Beds**	**Admissions**	**Patient Days**	**Bed Changes**	**Proposed Beds**
Medical/Surgical	204	10,709	53,981	(4)	200
Obstetrics	38	2,196	6,739		38
Pediatrics	32	1,778	5,002		32
Intensive Care	48	1,918	11,661		48
Comprehensive Physical Rehabilitation	0	0	0		
Acute/Chronic Mental Illness	40	276	4,522		40
Neonatal Intensive Care	40	553	13,003		40
General Long Term Care	13**	682	7,951		0**
Specialized Long Term Care	0	0	0		
Long Term Acute Care	0	0	0		0
Other ((identify)	0	0	0		
TOTALS:	415	18,112	102,859	(4)	398

**Currently zero (0) General Long Term Care beds. The hospital discontinued this service in the late spring of 2017. This exemption was approved by HFSRB under project E-020-17 on May 17, 2017.

CERTIFICATION

The Application must be signed by the authorized representatives of the applicant entity. Authorized representatives are:

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

This Application is filed on the behalf of St. John's Hospital of the Hospital Sisters of the Third Order of St. Francis in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this Application 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 fee required for this application is sent herewith or will be paid upon request.

SIGNATURE

Charles L. Lucore, MD

PRINTED NAME

President and CEO

PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 27th day of November 2017

Signature of Notary

Seal

ELAINE M GARVEY
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
March 27, 2019

SIGNATURE

Patti Fischer

PRINTED NAME

Chief Operating Officer

PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 27th day of November 2017

Signature of Notary

Seal

ELAINE M GA
OFFICIAL S
Notary Public, Stat
My Commission
March 27, 20

*Insert the EXACT legal name of the applicant

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This Application is filed on the behalf of Hospital Sisters Health System in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this Application 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 fee required for this application is sent herewith or will be paid upon request.

Peter Manix	Amy K Bulpitt
SIGNATURE	SIGNATURE
PETER MANIX	Amy Bulpitt
PRINTED NAME	PRINTED NAME
V.P. STRATEGY DEVELOPMENT	VP + General Counsel
PRINTED TITLE	PRINTED TITLE
Notarization: Subscribed and sworn to before me this 27 day of NOV, 2017	Notarization: Subscribed and sworn to before me this 27 day of NOV, 2017
Sylvia Rebecca Gansz	Sylvia Rebecca Gansz
Signature of Notary	Signature of Notary
Seal SYLVIA REBECCA GANSZ Official Seal Notary Public - State of Illinois My Commission Expires Apr 17, 2020	Seal SYLVIA REBECCA GANSZ Official Seal Notary Public - State of Illinois My Commission Expires Apr 17, 2020

*Insert the EXACT legal name of the applicant

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Peter Manix	Amy K Bufpitt
SIGNATURE	SIGNATURE
PETER MANNIX	Amy Bufpitt
PRINTED NAME	PRINTED NAME
V.P. STRATEGY DEVELOPMENT	VP + General Counsel
PRINTED TITLE	PRINTED TITLE
Notarization: Subscribed and sworn to before me this 27 day of NOV, 2017	Notarization: Subscribed and sworn to before me this 27 day of NOV, 2017
Sylvia Rebecca Gansz	Sylvia Rebecca Gansz
Signature of Notary	Signature of Notary
Seal SYLVIA REBECCA GANSZ Official Seal Notary Public - State of Illinois My Commission Expires Apr 17, 2020	Seal SYLVIA REBECCA GANSZ Official Seal Notary Public - State of Illinois My Commission Expires Apr 17, 2020

*Insert the 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.

Background

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 that the information was 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.

Criterion 1110.230 – Purpose of the Project, and Alternatives

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 relevant area, per the applicant's definition.
3. Identify the existing problems or issues that need to be addressed as applicable and appropriate for the project.
4. Cite the sources of the 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 the age and condition of the project site, as well as 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 Staff 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 and it shall include the basis used for determining the space and the methodology applied.**

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 and certified by the facility's Medical Director.

   b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that delineates the constraints or impediments.

   c. The project involves the conversion of existing space that results in excess square footage.

   d. Additional space is mandated by governmental or certification agency requirements that were not in existence when Appendix B standards were adopted.

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	MEET STANDARD?
YEAR 1					
YEAR 2					

APPENO DOCUMENTATION AS ATTACHMENT 15, IN NUMERIC SEQUENTIAL OROER AFTER THE LAST PAGE OF THE APPLICATION FORM.

UNFINISHED OR SHELL SPACE: N/A – No Shell Space

Provide the following information:

1. Total gross square footage (GSF) 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 is 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.

SECTION VI. SERVICE SPECIFIC REVIEW CRITERIA

This Section is applicable to all projects proposing the establishment, expansion or modernization of categories of service that are subject to CON review, as provided in the Illinois Health Facilities Planning Act [20 ILCS 3960]. It is comprised of information requirements for each category of service, as well as charts for each service, indicating the review criteria that must be addressed for each action (establishment, expansion, and modernization). After identifying the applicable review criteria for each category of service involved, read the criteria and provide the required information APPLICABLE TO THE CRITERIA THAT MUST BE ADDRESSED:

A. Criterion 1110.530 - Medical/Surgical, Obstetric, Pediatric and Intensive Care

1. Applicants proposing to establish, expand and/or modernize the Medical/Surgical, Obstetric, Pediatric and/or Intensive Care categories of service must submit the following information:

2. Indicate bed capacity changes by Service: Indicate # of beds changed by action(s):

Category of Service	# Existing Beds	# Proposed Beds
☒ **Medical/Surgical**	**204**	**200**
☐ **Obstetric**		
☐ **Pediatric**		
☐ **Intensive Care**		

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

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.530(c)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (formula calculation)	X		
1110.530(c)(2) - Planning Area Need - Service to Planning Area Residents	X	X	
1110.530(c)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	X		
1110.530(c)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service		X	
1110.530(c)(5) - Planning Area Need - Service Accessibility	X		
1110.530(d)(1) - Unnecessary Duplication of Services	X		
1110.530(d)(2) - Maldistribution	X	X	
1110.530(d)(3) - Impact of Project on Other Area Providers	X		

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.530(e)(1), (2), and (3) - Deteriorated Facilities			X
1110.530(e)(4) - Occupancy			X
1110.530(f) - Staffing Availability	X	X	
1110.530(g) - Performance Requirements	X	X	X
1110.530(h) - Assurances	X	X	

APPEND DOCUMENTATION AS ATTACHMENT 19, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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

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

VII. 1120.120 - AVAILABILITY OF FUNDS

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

1,045,290	a)	Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to: 1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and 2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
_____	b)	Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
_____	c)	Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
14,730,000	d)	Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including: 1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated; 2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate; 3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.; 4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment;

	5) For any option to lease, a copy of the option, including all terms and conditions.
_____	e) Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
_____	f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
_____	g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
15,775,290	**TOTAL FUNDS AVAILABLE**

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

SECTION VIII. 1120.130 - FINANCIAL VIABILITY

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

Financial Viability Waiver

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

1. "A" Bond rating or better
2. All of the projects capital expenditures are completely funded through internal sources
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
4. The applicant provides a third party surety bond or performance bond letter of credit from an A rated guarantor.

See Section 1120.130 Financial Waiver for information to be provided

APPEND DDCUMENTATION AS ATTACHMENT 35, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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

	Historical 3 Years			Projected
Enter Historical and/or Projected Years:				
Current Ratio				
Net Margin Percentage		N/A		
Percent Debt to Total Capitalization				
Projected Debt Service Coverage				
Days Cash on Hand				
Cushion Ratio				

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

Variance

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

APPEND DOCUMENTATION AS ATTACHMENT 36, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION IX. 1120.140 - ECONOMIC FEASIBILITY

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

A. Reasonableness of Financing Arrangements

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

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

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

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

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

B. Conditions of Debt Financing

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

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

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

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

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

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

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

* Include the percentage (%) of space for circulation

D. Projected Operating Costs

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

E. Total Effect of the Project on Capital Costs

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

APPEND DOCUMENTATION AS ATTACHMENT 37, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION X. SAFETY NET IMPACT STATEMENT

SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL SUBSTANTIVE PROJECTS AND PROJECTS TO DISCONTINUE STATE-OWNED HEALTH CARE FACILITIES [20 ILCS 3960/5.4]:

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 38.

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

APPENO DOCUMENTATION AS ATTACHMENT 38, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION XI. CHARITY CARE INFORMATION

Charity Care information MUST be furnished for ALL projects [1120.20(c)].

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 39.

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

APPEND DOCUMENTATION AS ATTACHMENT 39, 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 included attachments:

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File Number 3528-156-8

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that 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* 11TH *day of* OCTOBER *A.D.* 2017 .

Authentication #: 1728402388 verifiable until 10/11/2018
Authenticate at: http://www.cyberdriveillinois.com

Jesse White

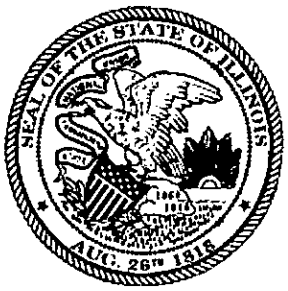
SECRETARY OF STATE

File Number 5163-355-5

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* 11TH *day of* OCTOBER *A.D.* 2017 .

Authentication #: 1728402358 verifiable until 10/11/2018
Authenticate at: http://www.cyberdriveillinois.com

Jesse White

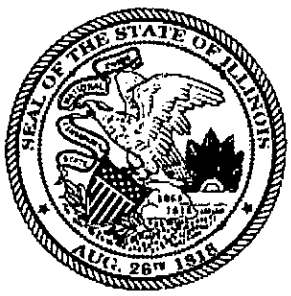
SECRETARY OF STATE

File Number 5325-639-2

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.



Authentication #: 1728402348 verifiable until 10/11/2018
Authenticate at: http://www.cyberdriveillinois.com

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 11TH *day of* OCTOBER *A.D.* 2017 .

Jesse White

SECRETARY OF STATE

ALTA Form - 1966 Commitment

American Land Title Association

REVISED

Chicago Title Insurance Company

Providing Title Related Services Since 1847

CHICAGO TITLE INSURANCE COMPANY, a Nebraska corporation, herein called the Company, for a valuable consideration, hereby commits to issue its policy/ies of title insurance, as identified in Schedule A (which policy or policies cover title risks and are subject to the Exclusions from Coverage and the Conditions and Stipulations as contained in said policy/ies) in favor of the Proposed Insured named in Schedule A, as owner or mortgagee of the estate or interest in the land described or referred to in Schedule A, upon payment of the premiums and charges therefor, all subject to the provisions of Schedules A and B hereof and to the "American Land Title Association Commitment - 1966" Conditions and Stipulations which are hereby incorporated by reference and made a part of this Commitment. A complete copy of the Commitment Conditions and Stipulations is available upon request and include, but are not limited to, the proposed Insured's obligation to disclose, in writing, knowledge of any additional defects, liens, encumbrances, adverse claims or other matters which are not contained in the Commitment; provisions that the Company's liability shall in no event exceed the amount of the policy/ies as stated in Schedule A hereof, must be based on the terms of this Commitment, shall be only to the proposed Insured and shall be only for actual loss incurred in good faith reliance on this Commitment; and provisions relating to the General Exceptions, to which the policy/ies will be subject unless the same are disposed of to the satisfaction of the Company.

This Commitment shall be effective only when the identity of the proposed Insured and the amount of the policy or policies committed for have been inserted in Schedule A hereof by the Company, either at the time of the issuance of this Commitment or by issuance of a revised Commitment.

This Commitment is preliminary to the issuance of such policy or policies of title insurance and all liability and obligations hereunder shall cease and terminate six months after the effective date hereof or when the policy or policies committed for shall issue, whichever first occurs, provided that the failure to issue such policy or policies is not the fault of the Company.

This Commitment is based upon a search and examination of Company records and/or public records by the Company. Utilization of the information contained herein by an entity other than the Company for the purpose of issuing a title commitment or policy or policies shall be considered a violation of the proprietary rights of the Company of its search and examination work product.

This commitment shall not be valid or binding until signed by an authorized signatory.

Issued By:

CHICAGO TITLE INSURANCE COMPANY
1043 SOUTH FIFTH STREET
SPRINGFIELD, IL 62703

Refer Inquiries To:
(217)789-9963

Fax Number:
(217)789-9896

CHICAGO TITLE INSURANCE COMPANY

By

Authorized Signatory

Commitment No.: 710104374

CHICAGO TITLE INSURANCE COMPANY

COMMITMENT FOR TITLE INSURANCE

SCHEDULE A

YOUR REFERENCE: ORDER NO.: 1271 710104374 SPR

EFFECTIVE DATE: JUNE 2, 2008

1. POLICY OR POLICIES TO BE ISSUED:

OWNER'S POLICY:	ALTA OWNERS 2006
AMOUNT:	TO COME
PROPOSED INSURED:	St. John's Hospital of the Hospital Sisters of the Third Order of St. Francis

2. THE ESTATE OR INTEREST IN THE LAND DESCRIBED OR REFERRED TO IN THIS COMMITMENT AND COVERED HEREIN IS A FEE SIMPLE UNLESS OTHERWISE NOTED.

3. TITLE TO SAID ESTATE OR INTEREST IN SAID LAND IS AT THE EFFECTIVE DATE VESTED IN:

St. John's Hospital of the Hospital Sisters of the Third Order of St. Francis

4. MORTGAGE OR TRUST DEED TO BE INSURED:

NONE

CHICAGO TITLE INSURANCE COMPANY

COMMITMENT FOR TITLE INSURANCE

SCHEDULE A (CONTINUED)

ORDER NO.: 1271 710104374 SPR

5. THE LAND REFERRED TO IN THIS COMMITMENT IS DESCRIBED AS FOLLOWS:

Parcel I:
The property bounded on the North by the South line of Carpenter Street, on the South by the North line of Mason Street, on the West by the East line of Seventh Street and on the East by the West line of Ninth Street, legally described as:

All of Blocks 5 & 6 of J. Adams Addition lying South of the South line of Carpenter Street,

Lots 1, 2, 3 and 4 of J. Leber's Addition.

Block 2 of J. Mitchell's Addition.

Lots 6, 7, 8, 9, 10 and 11 of Block 1 of J. Mitchell's Addition.

Lots 1, 2, 3, 4, 5, 6, 12, 13, 14, 15 and 16 of Block 12 of Wells and Peck's Addition.

Block 3 of J. Mitchell's Addition, (except leased portion per tax assessment bill).

Block 4 of J. Mitchell's Addition and Lots 1, 2, 3, 4, 5, 12, 13, 14, 15 and 16 of Block 13 of Wells and Peck's Addition, in Springfield, Sangamon County, Illinois.

Parcel II:
The property bounded on the North by the North line of Mason Street, on the South by the North line of Madison Street, on the West by the East line of Seventh Street and on the East by the West line of Ninth Street, legally described as follows:

Lots 5, 6, 7, 8, 9, 10, 11 and 12 of Block 5 of J. Mitchell's Addition and Lots 1, 2, 3, 4, 5, 12, 13, 14, 15 and 16 of Block 18 of Wells and Peck's Addition, including the vacated alley lying therein.

All of the lots of Block 6 of J. Mitchell's Addition, in Springfield, Sangamon County, Illinois, (except 36% of land value and office area as per tax assessor bill), including the vacated alley lying therein.

Parcel III:
The property bounded on the North by Reynolds, on the South by Madison, on the East by 7th Street and on the West by 6th Street, legally described as:

All of the lots of Block 1 of E. Mitchell's Addition, including the vacated alley lying within.

All of the lots of Block 2 of E. Mitchell's Addition, (except 24% taxable portion

CONTINUED ON NEXT PAGE

CHICAGO TITLE INSURANCE COMPANY
COMMITMENT FOR TITLE INSURANCE
SCHEDULE A (CONTINUED)

ORDER NO.: 1271 710104374 SPR

as per real property tax assessment bill).

Parcel IV:
Block 11 of Wells and Peck's Addiiton.

Lots 5, 6, 7, 8, 9, 10, 11 and 12 of Block 14 of Wells and Peck's Addition.

Lots 4, 5, 6, 7, 8, 9, 10, 11, 12 and 13 of Block 17 of Wells and Peck's Addition.

Lots 1, 2, 3, 4, 13, 14, 15 and 16 of Block 3 of J. Whitney's Addition, in Springfield, Sangamon County, Illinois.

Parcel V:
St. John's Centrum North - Tract A: (Parcel I and II) The North 50 feet of Lot 4, the South 10 feet of Lot 5 and the North 70 feet of Lot 5, all in John Taylor's Northwest Addition to the City of Springfield, according to the plat thereof recorded Augsut 15, 1833 in Plat Book 6 on page 100. Also, that part of the East 9 feet of Lot 49 in Assessor's Subdivision of part of the West Half of Section 27 and part of the East Half of Section 28, according to the plat thereof recorded October 7, 1868 in Plat Book 8 on page 20, lying South of the Westerly extension of the North line of Lot 5 in said John Taylor's Northwest Addition and lying North of the Westerly extension of the North line of the South 10 feet of said Lot 5, being in Township 16 North, Range 5 West of the Third Principal Meridian, Sangamon County, Illinois, and more particularly described as follows:
Commencing at the Southeast corner of Lot 1 of said John Taylor's Northwest Addition; thence North 00 degrees 11 minutes 32 seconds East along the East line of said John Taylor's Northwest Addition, 271.16 feet the Southeast corner of the North 50 feet of said Lot 4, said point being the point of beginning; thence South 89 degrees 52 minutes 18 seconds West along the South line of the North 50 feet of said Lot 4, 161.02 feet to the Southwest corner of the North 50 feet of said Lot 4; thence North 00 degrees 13 minutes 44 seconds East along the West line of said John Taylor's Northwest Addition, 60.00 feet to Northwest corner of the South 10 feet of said Lot 5; thence South 89 degrees 52 minutes 18 seconds West along the North line of the South 10 feet of said Lot 5 extended, 9.00 feet; thence North 00 degrees 13 minutes 44 seconds East along the West line of the East 9 feet of said Lot 49, 70.19 feet to a point on the North line of said Lot 5 extended; thence North 89 degrees 50 minutes 23 seconds East along said North line, 9.00 feet to the Northwest corner of said Lot 5; thence North 89 degrees 50 minutes 23 seconds East along the North line of said Lot 5, 160.94 feet to the Northeast corner of said Lot 5; thence South 00 degrees 11 minutes 32 seconds West along the East line of said John Taylor's Northwest Addition, 130.29 feet to the point of beginning.

Parcel VI:
St John's North - Lots 1, 2, 3 and 4 of Assessors Sub of 1914; Lots 11, 12 and 13 of Block 5, Lots Wells and Peck Addition; Lots 9 and 10 of J. Adams Addition, Block 4.

Parcel VII:
Lots 3, 4, 5, 6, 7 and 8 of Block 2 of J. Adams.

Parcel IX:

CHICAGO TITLE INSURANCE COMPANY
COMMITMENT FOR TITLE INSURANCE
SCHEDULE A (CONTINUED)

ORDER NO.: 1271 710104374 SPR

Reynolds Street, between Seventh Street and Ninth Street, Eighth Street between Carpenter Street and the South side of Reynolds Street, Mason Street between the East line of Seventh Street and the West line of Ninth Street and Eighth Street between the North line of Mason Street and the North line of Madison Street have been vacated and thus is the property of St. John's Hospital (Mason Street vacation Ordinance 124-2-86).

Parcel X:
Lot 1 James Adams Addition;

Lots 1, 2, 4, 5 and 6, 7 and 8 and the South 40 feet of Lot 3 E. Mitchell's Addition;

Lot 2 of Assessor's Subdivision of part of the South Half of Section 27 and of the North Half of Section 34.

Parcel XI:
Lots 1, 2, 3, 4, 13, 14, 15, 16 and part of a vacated alley in Block 14 of Wells and Peck's Addition.

Parcel XII:
Air rights lease as per ordinance 124-2-86 providing for an elevated, enclosed pedestrian walkway across 7th Street between Parcels III and Parcel II, all conditions pertaining thereto.

All parcels located in Sangamon County, Illinois.

CHICAGO TITLE INSURANCE COMPANY

COMMITMENT FOR TITLE INSURANCE

SCHEDULE B

ORDER NO.: 1371 710104374 SPR

GENERAL EXCEPTIONS

The owner's policy will be subject to the following exceptions:

(1) rights or claims of parties in possession not shown by the public records;
(2) encroachments, overlaps, boundary line disputes and any matters which would be disclosed by an accurate survey and inspection of the premises;
(3) easements, or claims of easements, not shown by the public records;
(4) any lien, or right to a lien, for services, labor, or material heretofore or hereafter furnished, imposed by law and not shown by the public records;
(5) taxes or special assessments which are not shown as existing liens by the public records.

SCHEDULE B

Schedule B of the policy or policies to be issued will not insure against loss or damage (and the Company will not pay costs, attorneys' fees or expenses) which arise by reason of these matters appearing on the commitment jacket, the applicable General Exceptions (see above), and, if an owner's policy is to be issued, the encumbrance, if any, shown in Schedule A, and exceptions to the following matters unless the same are disposed of to the satisfaction of the Company:

1. Defects, liens, encumbrances, adverse claims or other matters, if any, created, first appearing in the public records or attaching subsequent to the effective date hereof but prior to the date the Proposed Insured acquires for value of record the estate or interest or mortgage thereon covered by this Commitment.

2. An ALTA Loan Policy will be subject to the following exceptions (a) and (b), in the absence of the production of the data and other essential matters described in our Form 3735:
   (a) Any lien, or right to a lien, for services, labor, or material heretofore or hereafter furnished, imposed by law and not shown by the public records;
   (b) Consequences of the failure of the lender to pay out properly the whole or any part of the loan secured by the mortgage described in Schedule A, as affecting:
      (i) the validity of the lien of said mortgage, and
      (ii) the priority of the lien over any other right, claim, lien or encumbrance which has or may become superior to the lien of said mortgage before the disbursement of the entire proceeds of the loan.

AM 3. Taxes for the years 2008, not yet due and payable.
   Taxes for the year 2007 are as follows:

   I.
   14-27-337-032 (exempt)
   14-27-337-034 (exempt)
   14-27-409-011 (exempt)
   14-27-413-001 (exempt)
   14-27-413-003 (exempt)

CHICAGO TITLE INSURANCE COMPANY
COMMITMENT FOR TITLE INSURANCE
SCHEDULE B (CONTINUED)

ORDER NO.: 1271 710104374 SPR

14-27-413-011 (exempt)

II.
14-27-337-031 (exempt)
14-27-337-033 (exempt)
14-27-378-012 (exempt)
14-27-378-014 (exempt)

III.
14-27-336-003 (exempt)
14-27-336-004 (exempt)
14-27-336-014 (exempt)
14-27-336-015 (exempt)
14-27-377-011 (exempt)

IV.
14-27-410-009 (exempt)
14-27-410-020 (exempt)
14-27-414-016 (exempt)
14-27-451-021 (exempt)
14-27-451-022 (exempt)

V.
14-27-308-020 2007 taxes $43,278.00 and are ONE HALF PAID.($21,639.00)
14-27-308-033 2007 taxes $ 1,525.34 and are ONE HALF PAID ($ 762.67)
14-27-308-037 2007 taxes $ 70.60 and are ONE HALF PAID.($ 35.30)

VI.
14-27-333-008 (exempt)

VII.
14-27-328-009 (exempt)
14-27-328-010 (exempt)

IX.
14-27-337-032 (Part) (exempt)
14-27-337-033 (Part) (exempt)
X.
14-27-335-022 (exempt)
14-27-335-005 (exempt)
14-27-335-006 (exempt)
14-27-335-007 (exempt)
14-27-335-008 (exempt)
14-27-335-009 (exempt)
14-27-335-010 (exempt)
14-27-335-015 (exempt)
14-27-335-017 (exempt)
14-27-335-021 (exempt)

XI.
14-27-414-012 (exempt)

4. At customers request, we have examined the following alleyways and state an

CHICAGO TITLE INSURANCE COMPANY
COMMITMENT FOR TITLE INSURANCE
SCHEDULE B (CONTINUED)

ORDER NO.: 1271 710104374 SPR

follows:
A. Alleyway running North and South, mid-block, between Sixth Street and Seventh Street, Reynolds Street and Mason Street, designated "4A" on the map attached as "Alleyways": We find no recorded document vacating said alley. The properties lying on both sides and adjacent to said alley are owned by St. John's Hospital of the Hospital Sisters of the Third Order of St. Francis.
B. Alleyway running North and South, mid-block, between Sixth Street and Seventh Street, Carpenter Street and Reynolds Street, designated "4B" on the map attached as "Alleyways": We find no recorded document vacating said alley. The properties lying to the East and adjacent to said alley are owned by St. John's Hospital of the Hospital Sisters of the Third Order of St. Francis. The properties lying to the West and adjacent to said alley are owned by St. John's Hospital of the Hospital Sisters of the Third Order of St. Francis (as to the Southern portion, lots 14-27-335-005, 006, 007, 008, 009 & 010) and owned by the Salvation Army (as to the Northern portion, Lots 14-27-335-001; 002, 003 & 004).
C. Alleyway running East and West, mid-block off of 19th Street, between Reynolds Street and Mason Street (vacated), designated "4C" on the map attached as "Alleyways": We find said alley to have been vacated pursuant to document recorded as Doc. #483035.
D. Alleyway running East and West, mid-block between 9th Street and 10th Street, Reynolds Street and Mason Street (vacated), designated "4D" on the map attached as "Alleyways": We find no recorded document vacating said alley. The properties lying on both sides and adjacent to said alley are owned by St. John's Hospital of the Hospital Sisters of the Third Order of St. Francis.
E. Alleyway running East and West, mid-block between 9th Street & 10th Street, Mason Street (vacated) and Madison Street, designated "4E" on the map attached as "Alleyways". We find no recorded document vacating said alley. The properties lying on both sides and adjacent to said alley are owned by St. John's Hospital of the Hospital Sisters of the Third Order of St. Francis.

5. At customer's request, we have examined the foregoing parcels and state as follows:
A. On Reynolds Street, between Sixth & Seventh Streets, the properties lying on both sides of Reynolds Street are owned by St. John's Hospital of the Hospital Sisters of the Third Order of St. Francis, comprising the following:
North Side:
14-27-335-009
14-27-335-010
14-27-335-021

South Side:
14-27-336-014
14-27-336-003
14-27-336-004

B. On Reynolds Street, between Ninth Street and the railroad tracks, the properties lying on both sides of Reynold's Street are owned by St. John's Hospital of the Hospital Sisters of the Third Order of St. Francis, comprising the following:
North Side:
14-27-410-009

CHICAGO TITLE INSURANCE COMPANY
COMMITMENT FOR TITLE INSURANCE
SCHEDULE B (CONTINUED)

ORDER NO.: 1271 710104374 SPR

14-27-410-020

South Side:
14-27-414-012
14-27-414-016.
Said parcels are noted on the map attached as "Reynolds Street Vacation".

AN 6. Lease recorded April 12, 2005 as document 2005R13750 by St. John's Hospital to Subway Real Estate. (Affects Parcel I).

AO 7. Reservation by the Illinois Central Gulf Railroad Company of the right for continued maintenance, replacement and use of all existing conduits, sewer, water mains, gas lines, electric power lines, wires and other utilities and easements on said premises whether or not of record including the repair, reconstruction and replacement thereof and Grantee agrees not to interefere with the rights herein reserved or any facilities used pursuant thereto, as disclosed by Quit Claim Deed recorded December 22, 1975 in Book 690 of Deeds at page 503 as Document Number 374430.
(For further particulars, see record.)
(Affects Parcel V).

AP 8. NOTE: Concerning the removal of minerals under the North 50 feet of the Lot 4 and the South 10 feet of Lot 5, we find the following in a Quit Claim Deed recorded December 22, 1975 in Book 690 at page 503 as Document Number 374430 running from Illinois Central Gulf Railroad Co. to Martin Tisckos and Marinilla Tisckos: "Grantee will release for itself, its successors or assigns, the Grantor, its successors or assigns, from any liability for any damages attributable to removing said minerals and this release shall run with the land. (For further particulars, see record.) (Affects Parcel V).

AQ 9. Reservation contained in Quit Claim Deed dated September 30, 1986 and recorded October 15, 1986 as Document Number 41294, made by Illinois Central Gulf Railroad Company, a Delaware corporation, Grantor, to Peter Albanese, as follows:
Grantor reserves for itself, its successors and assigns, all coal, oil, gas, ores, and any other minerals whether similar or dissimilar or now known to exist or hereafter discovered of every kind in, on or under said premises, together with the right at any time to explore, drill for, mine, remove and market all such products in any manner which will not damage structures on the surface of the premises. Grantee will release itself, its successors or assigns for any damages attributable to removing said minerals and this release shall run with the land. (Affects Parcel V).

AR 10. Encroachment of improvement from Tract A over and across the West line of Tract A as shown on unrecorded survey dated May 14, 1996 by Vasconcelles Engineering Corporation being Job No. 480-951 (being shown therein as "Detail C"). (Affects Parcel V).

AS 11. Terms, provisions, conditions and limitations contained in the Parking, Ingress and Egress Easement dated May 24, 1996 and recorded May 24, 1996 as Document Number 96-21015. (For further particulars, see record.) (Affects

CHICAGO TITLE INSURANCE COMPANY
COMMITMENT FOR TITLE INSURANCE
SCHEDULE B (CONTINUED)

ORDER NO.: 1271 710104374 SPR

Parcel V).

AT 12. Rights of other parties to the Parking and Ingress and Egress Agreement recorded May 24, 1996 as Document Number 96-21015 to the concurrent use thereof, as specified in said agreement. (For further particulars, see record.) (Affects Parcel V).

AU 13. We find no conveyance of title to Lots 9 and 10 of Block 4, although the Tax Assessment billing indicates that ownership lies with St. John's Hospital. (Affects Parcel VI).

AX 14. Note: The following item, while appearing on this commitment/policy, is provided solely for your information.
The following environmental disclosure document(s) for transfer of real property appear of record which include a description of the land insured or a part thereof:
Document Number: 90J011341 Date of Recording: May 3, 1990
Document Number: 92054679 recorded December 30, 1992.
(Affects Parcel XI).

BL 15. Illinois EPA Letter of Remediation recorded July 5, 2005 as Document 2005R26804. (Affects Parcel XII.

BM 16. Terms, conditions and provisions contained in an air rights lease as provided in Ordinance 124-2-86. (Afffects Parcels II, III and XIII).

BN 17. Confirmed special assessments, if any, constructive note of which is not imparted by the records of the Recorder of Deeds.

NOTE: Drainage assessments, drainage taxes, water rentals and water taxes are included in General Exception (5) herein before shown and should be considered when dealing with the land.

Financing Statements, if any.

Rights of the public, the State of Illinois, the county, the township and the municipality in and to that part of the premises in question taken, used or dedicated for roads or highway.

Rights of way for drainage ditches, drain tiles, feeders, laterals and underground pipes, if any.

Rights of parties in possession, encroachments, overlaps, boundary line disputes, and any such matters as would be disclosed by an accurate survey and inspection of the land, and easements or claims of easements not shown by the public records.

BO 18. Note: It appears that the amount of insurance stated in Schedule A may be less than 80 percent of the lesser of: (1) the value of the insured estate or

CHICAGO TITLE INSURANCE COMPANY
COMMITMENT FOR TITLE INSURANCE
SCHEDULE B (CONTINUED)

ORDER NO.: 1271 710104374 SPR

interest or (2) the full consideration paid for the land. Your attention is directed to those provisions of paragraph 7(b) of the conditions and stipulations of the owner's policy which provide that in such case, the company may only be obligated to pay part of any loss insured against under the terms of the policy.

The above note is shown for your information with respect to the owner's policy only and will not appear on such policy. Nevertheless, such omission should not be construed to mean that such policy is not subject to those provisions of Paragraph 7(b) of the conditions and stipulations referred to in the note. If, however, the note is stamped "waived" on the face of this commitment, such waiver shall be deemed an acknowledgment by the company that the amount of insurance stated in schedule a herein is, for the purposes of said paragraph 7(b), not less than 80 percent of the lesser of the value of the insured estate or interest or the full consideration paid for the land.

AQ 19. We note reference to the possible vacation of the alley running North and South through Block 3 of E. Mitchell's Addition to the City of Springfield, in favor of St. John's Hospital. We find no evidence of said vacation at this time. (Affects Parcel X).

AR 20. Easement Agreement for Ingress and Egress recorded August 23, 2005 as Document 2005R34346, by and between St. John's Hospital and The Salvation Army, providing for use by the Salvation Army of an easement lying within Parcel X herein.

AS 21. NOTE: Do to time constraints and perameters established by the Owner, the search results and examination conducted herein are peliminary, and cannot be relied upon for the issuance of an Owners or Lenders Policy at this time.

AT 22. Copies of the commitment have been sent to:

Graham And Graham
1201 South 8th Street
Springfield, Illinois 62703
Richard Wilderson

Graham And Graham
1201 South 8th Street
Springfield, Illinois 62703
Nancy Martin

ATTACHMENT 2 – SITE OWNERSHIP

Effective Date: May 1, 2008

Fidelity National Financial, Inc.
Privacy Statement

Fidelity National Financial, Inc. and its subsidiaries ("FNF") respect the privacy and security of your non-public personal information ("Personal Information") and protecting your Personal Information is one of our top priorities. This Privacy Statement explain FNF's privacy practices, including how we use the Personal Information we receive from you and from other specified sources, and to whom it may be disclosed. FNF follows the privacy practices described in the Privacy Statement and, depending on the business performed, FNF companies may share information as described herein.

Personal Information Collected

- We may collect Personal Information about you from the following sources:
- Information we receive from you on applications or other forms, such as your name, address, social security number, tax identification number, asset information and income information;
- Information we receive from you through our Internet websites, such as your name, address, Internet Protocol address, the website links you used to get to our websites, and your activity while using or reviewing our websites.
- Information about your transactions with or services performed by us, our affiliates, or others, such as information concerning your policy, premiums, payment history, information about your home or other real property, information from lenders and other third parties involved in such transactions, account balances, and credit card information; and
- Information we receive from consumer or other reporting agencies and publicly recorded.

Disclosure of Personal Information

- We may provide your Personal Information (including information we receive from our consumer or other credit reporting agencies) to various individuals and companies, as permitted by law, without obtaining your prior authorization. Such laws do not allow consumers to restrict these disclosures. Disclosures may include, without limitation, the following.
- To insurance agents, brokers, representatives, support organizations, or others to provide you with services you have requested, and to enable us to detect or prevent criminal activity, fraud, material misrepresentation, or nondisclosure in connections with an insurance transactions.
- To third-party contractors or service providers for the purpose of determining your eligibility for an insurance benefit or payment and/or providing you with services you have requested.
- To an insurance regulatory, or law enforcement or other governmental authority, in a civil action, in connection with a subpoena or a governmental investigation
- To companies that perform marketing services on our behalf or to other financial institutions with which we have had joint marketing agreements and/or
- To lenders, lien holders, judgement creditors, or other parties claiming an encumbrance or an interest in title whose claim or interest must be determined, settled, paid or released prior to a title or escrow closing

We may also disclose your Personal Information to others when we believe, in good faith, that such disclosure is reasonably necessary to comply with the law or to protect the safety of our customers, employees, or property and/or to comply with a judicial proceeding, court order or legal process.

Disclosure to Affiliated Companies - We are permitted by law to share your name, address and facts about your transaction with other FNF companies, such as insurance companies, agents, and other real estate service providers to provide you with services you have requested, for marketing or product development research, or to market products or services to you. We do not, however, disclose information we collect from consumer or credit reporting agencies with our affiliates or others without your consent, in conformity with applicable law, unless such disclosure is otherwise permitted by law.

Disclosure to Nonaffiliated Third Parties - We do not disclose Personal Information about our customers or former customers to nonaffiliated third parties, except as outlines herein or as otherwise permitted by law.

Confidentiality and Security of Personal Information

We restrict access to Personal Information about you to those employees who need to know that information to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulation to guard Personal Information.

Access to Personal Information/
Requests for Correction, Amendment, or Deletion of Personal Information

As required by applicable law, we will afford you the right to access your Personal Information,under certain circumstances to find out to whom your Personal Information has been disclosed, and request correction or deletion of your Personal Information. However, FNF's current policy is to maintain customers' Personal Information for no less than your state's required record retention requirements for the purpose of handling future coverage claims.

For your protection, all requests made under this section must be in writing and must include your notarized signature to establish your identity. Where permitted by law we may charge a reasonable fee to cover the costs incurred in responding to such requests. Please send requests to:

Chief Privacy Officer
Fidelity National Financial, Inc.
601 Riverside Avenue
Jacksonville, FL 32204

Changes to this Privacy Statement

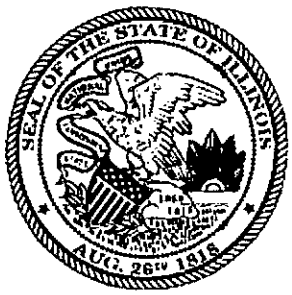
This Privacy Statement may be amended from time to time consistent with applicable privacy laws. When we amend this Privacy Statement, we will post a notice of such changes on our website. The effective date of this Privacy Statement, as stated above, indicates the last time this Privacy Statement was revised or materially changed.

File Number 3528-156-8

To all to whom these Presents Shall Come, Greeting:

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



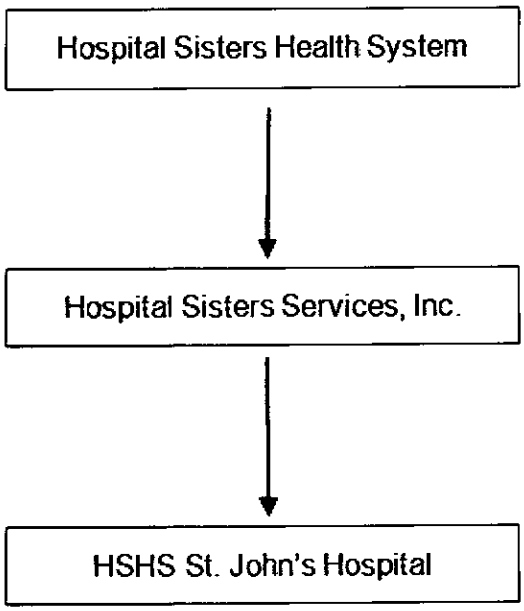
In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 11TH *day of* OCTOBER *A.D.* 2017 .

Authentication #: 1728402388 verifiable until 10/11/2018
Authenticate at: http://www.cyberdriveillinois.com

Jesse White

SECRETARY OF STATE

ATTACHMENT 4 – ORGANIZATIONAL RELATIONSHIPS (FOR CON PURPOSES)



ATTACHMENT 5 – FLOOD PLAIN REQUIREMENTS

I, Patti L. Fischer, do hereby attest that St. John's Hospital in Springfield, Illinois, is not in a flood plain (see attached).

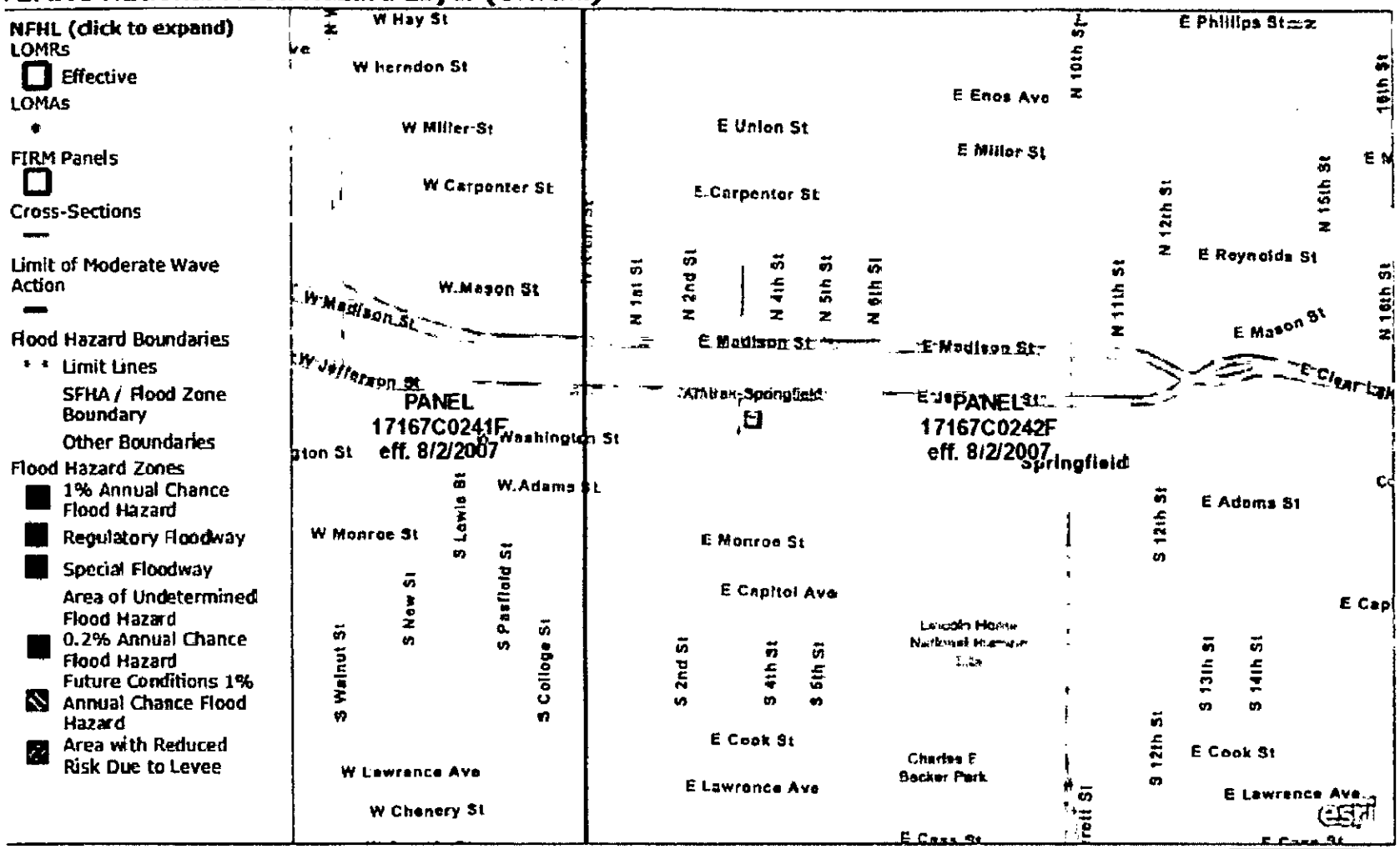
Patti L. Fischer
Chief Operating Officer
St. John's Hospital

Subscribed and sworn to before me this
13th day of October, 2017.

Notary Public

ELAINE M GARVEY
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
March 27, 2019

FEMA's National Flood Hazard Layer (Official)



Data from Flood Insurance Rate Maps (FIRMs) where available digitally. New NFHL FIRMette Print app available: http://tinyurl.com/j4xwp5e

USGS The National Map: Orthoimagery | National Geospatial-Intelligence Agency (NGA); Delta State University; Esri | Print here instead: http://tinyurl.com/j4xwp5e Support: FEMAMapSpecialist@riskmapcds.com | Sangamon County, Missouri Dept. of Conservation, Esri, HERE, Garmin, INCREMENT P, USGS, EPA, NPS, US Census Bureau, USDA

Illinois Department of
Natural Resources
One Natural Resources Way Springfield, Illinois 62702-1271
www.dnr.illinois.gov

Bruce Rauner, Governor
Wayne A. Rosenthal, Director

FAX (217) 524-7525

Sangamon County
Springfield
CON - Fifth Floor Modernization, HSHS St. John's Hospital
800 E. Carpenter St.
SHPO Log #004101717

November 2, 2017

Clare Connor
McDermott Will & Emery
444 W. Lake St., Suite 4000
Chicago, IL 60606-0029

Dear Ms. Connor:

This letter is to inform you that we have reviewed the information provided concerning the referenced project.

Our review of the records indicates that no historic, architectural or archaeological sites exist within the project area.

Please retain this letter in your files as evidence of compliance with Section 4 of the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420/1 et. seq.). This clearance remains in effect for two years from date of issuance. It does not pertain to any discovery during construction, nor is it a clearance for purposes of the Illinois Human Skeletal Remains Protection Act (20 ILCS 3440).

If you have any further questions, please contact David Halpin, Cultural Resources Manager, at 217/785-4998.

Sincerely,

Rachel Leibowitz, Ph.D.
Deputy State Historic
Preservation Officer

ATTACHMENT 7 – PROJECT COSTS AND SOURCE OF FUNDS

HSHS St. John's Patient Tower 5th Floor Renovation - Attachment #7	
10/5/2017	
	Amount
Preplanning	$ 30,900
Site Survey and Soil Investigation	$ -
Construction	
Description:	
General Requirements	$ 1,362,690
Concrete	$ 584,010
Masonary	$ 292,005
Metals	$ 584,010
Wood and Plastics	$ 876,015
Thermal and Moisture	$ 584,010
Openings	$ 194,670
Finishes	$ 1,265,355
Equipment	$ 292,005
Fire Suppression	$ 97,335
Plumbing	$ 973,350
HVAC	$ 1,362,690
Electrical	$ 1,265,355
Total Construction Costs	$ 9,733,500
Contingencies	$ 966,140
Architectural/ Engineering Fees	$ 1,060,900
Consulting and Other Fees	$ 20,600
Bond Issuance Expense (project related)	$ 222,000
Net Interest Expense During Construction (project related)	$ 368,000
Other Costs to be Capitalized	$ 1,879,750
Infrastructure Upgrades	$ 1,751,000
Hazzardous Materials Removal	$ 28,750
Fees Legal Consultants	$ 100,000
Movable or Other Equipment	$ 1,493,500
Medical Equipment	$ 298,700
Furniture/Furnishings	$ 657,140
Telecom/Computer	$ 388,310
Artwork	$ 59,740
Signage/Graphics	$ 89,610
Fair Market Value of Leased Space and Equipment	
Grand Total	$ 15,775,290

ATTACHMENT 9 – COST SPACE REQUIREMENTS

		Gross Square Feet		Amount of proposed Total Gross Square Feet That Is:			
Dept. / Area	Cost	Exisiting	Proposed	New Const.	Modernized	As Is	Vacated Space
REVIEWABLE							
Medical/Surgical Nursing Unit*	$ 13,745,678	20,840	20,840	0	20,840	0	0
Total Clinical	$ 13,745,678	20,840	20,840	0	20,840	0	0
NON REVIEWABLE							
Family Support Areas	$ 84,231	410	410	0	410	0	0
Elevator Lobbies	$ 131,814	535	535	0	535	0	0
Mechanical/Electrical/and Equipment	$ 84,422	385	385	0	385	0	0
Elevator Shafts	$ 328,142	1,575	1,575	0	1,575	0	0
Stairwells	$ 154,744	855	855	0	855	0	0
Mechanical/Electrical/Data Shafts	$ 46,471	485	485	0	485	0	0
Hallways and Circulation	$ 1,199,788	5,840	5,840	0	5,840	0	0
Total Non-clinical	$ 2,029,612	10,085	10,085	0	10,085	0	0
TOTAL	$ 15,775,290	30,925	30,925	0	30,925	0	0
APPENO DOCUEMTATION AS ATTACHMENT-9 IN NUMERIC SQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.							

*5th Floor Medical/Surgical

ATTACHMENT 11 – BACKGROUND

Facility	Location	Illinois License Number	Expiration Date	Joint Commission Accreditation Number
St. John's Hospital	Springfield	0002451	6/30/18	ID #7432
St. Elizabeth's Hospital	Belleville	0002345	12/31/17	ID #7242
St. Anthony's Memorial Hospital	Effingham	0002279	12/31/17	ID #7335
St. Joseph's Hospital	Highland	0002543	8/22/18	ID #2825
St. Francis Hospital	Litchfield	0002386	12/31/17	ID #7374
St. Joseph's Hospital	Breese	0002527	6/30/18	ID #7250
St. Mary's Hospital	Decatur	0002592	6/30/18	ID #4605
HSHS Holy Family Hospital	Greenville	0005355	10/25/18	*ID #189268
HSHS Good Shepherd Hospital	Shelbyville	0002154	6/30/18	**
Prairie Diagnostic Center at St. John's Hospital	Springfield	7003157	6/30/18	*ID #495818

*Accredited by HFAP (Health Facilities Accreditation Program)
**NIAHO Hospital Accreditation Program Certificate Number 151512 – 2014 – AHC – USA - NIAHO

For Criterion 1110.230 Background; please see the following exhibits for Attachment 11.

- Exhibit 1 – St. John's Hospital License
- Exhibit 2 – St. John's Hospital Accreditation
- Exhibit 3 – Attestation Letter regarding adverse actions and permission to access documents

HF113277

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	ID NUMBER
06/30/2018		0002451

General Hospital

Effective: 07/01/2017

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

The face of this license has a colored background. Printed by Authority of the State of Illinois - P.O. #43240 SM 5/13

DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 06/30/2018

Lic Number 0002451

Date Printed 04/21/2017

St. John's Hospital

800 East Carpenter Street
Springfield, IL 62769

FEE RECEIPT NO.

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 19, 2016

Accreditation is customarily valid for up to 36 months.

Craig W. Jones, FACHE
Chair, Board of Commissioners

ID #7432
Print/Reprint Date: 03/14/2017

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.

Belleville, IL
HSHS St Elizabeth's Hospital

Breese, IL
HSHS St Joseph's Hospital

Decatur, IL
HSHS St Mary's Hospital

Effingham, IL
HSHS St Anthony's Memorial Hospital

Greenville, IL
HSHS Holy Family Hospital

Highland, IL
HSHS St Joseph's Hospital

Litchfield, IL
HSHS St Francis Hospital

Shelbyville, IL
HSHS Good Shepherd Hospital

Springfield, IL
HSHS St John's Hospital

Chippewa Falls, WI
HSHS St Joseph's Hospital

Eau Claire, WI
HSHS Sacred Heart Hospital

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

Oconto Falls, WI
HSHS St Clare Memorial Hospital

Sheboygan, WI
HSHS St Nicholas Hospital

HSHS Medical Group

Prairie Cardiovascular

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

HSHS is sponsored by Hospital Sisters Ministries and the Hospital Sisters of St Francis is the founding Institute

Attachment 11
Adverse Action Letter

November 27, 2017

Kathym J. Olson, Chair
Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Ms. Olson,

I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedures, 735 ILCS 5/1-109 that no adverse action has been taken against any facility owned or operated by the Hospital Sisters Health System during the three years prior to filing this CON permit application.

To the best of my knowledge, neither Hospital Sisters Health System nor any of its corporate officers or directors:

- have been cited, arrested, taken into custody, charged with, indicted, convicted or tried for, or pled guilty to the commission of (1) any felony or misdemeanor or violation of the law, except for minor parking violations or (2) the subject of any juvenile delinquency or youthful offender proceeding; or
- has been charged with fraudulent conduct or any act involving moral turpitude; or
- has any unsatisfied judgments against him or her; or
- is in default in the performance or discharge of any duty or obligation imposed by a judgment, degree, order, or directive of any court of governmental agency.

Additionally, pursuant to 77 Ill. Admin. Code § 1110.1540(b)(3)(J), I hereby authorize the Health Facilities and Services Review Board ("HFSRB") and the Illinois Department of Public Health ("IDPH)) access to any documents necessary to verify information submitted as part of this CON permit application. I further authorize HFSRB and IDPH to obtain any additional information or documents from other government agencies which HFSRB or IDPH deem pertinent to process this permit application.

Sincerely,

Peter Mannix, FACHE
Vice President, Strategy Development and Implementation
Hospital Sisters Health System

Notarization:

Subscribed and sworn to before me
This 27th day of November, 2017
Sylvia Rebecca Gansz
Signature of Notary

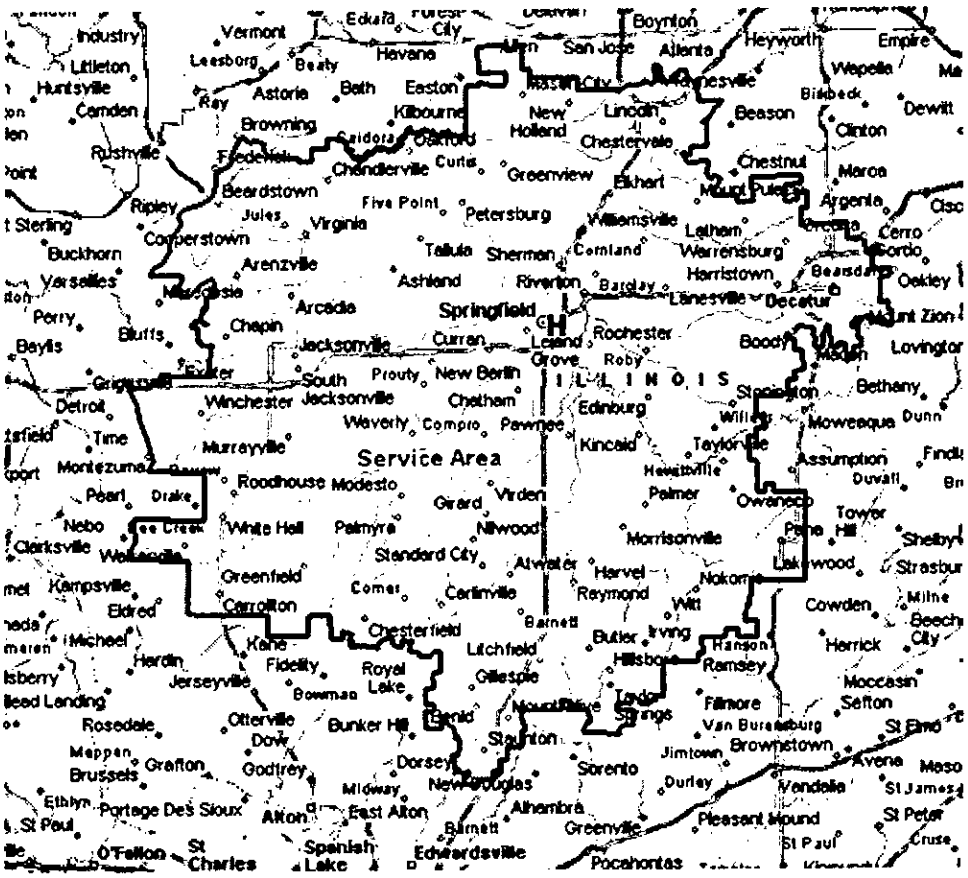
SYLVIA REBECCA GANSZ
Official Seal
Notary Public - State of Illinois
My Commission Expires Apr 17, 2020

ATTACHMENT 12 – PURPOSE OF PROJECT

1) This project will improve the healthcare and well-being of the market area by modernizing one of St. John's Hospital's Medical/Surgical Nursing Units. All of St. John's Hospital's Medical/Surgical units are located in 2 buildings that are contiguous and function as a single bed tower. One of these buildings is 78 years old and the other is 47 years old. This project will modernize the 5th floor of the patient tower; replacing some the hospital's Medical/Surgical Authorized Beds in a complete modernization of the floor. The patient rooms on this floor, outside of minor cosmetic work, have never been updated. As a result of this project, St. John's Hospital's Authorized Beds in the Medical/Surgical Category of Service will be reduced from 204 to 200 a reduction of 4 Authorized Beds.

   The 5th floor needs to be modernized in order to upgrade the mechanical infrastructure for these patient floors, correct structural limitations, increase the number of patient rooms with negative air-flow for infection control, and provide patient rooms that meet contemporary standards with appropriate space for patient care, and family support. The patient rooms are not within current standards. Each patient room will be renovated with a private shower and toilet for current ADA compliance. This modernized unit will result in an increased amount of private (single bed occupancy) rooms. As part of this modernization, the 4th and 5th floors on the patient tower will be sprinkled as called for in the 2012 Life Safety Code.

2) St. John's Hospital's service area consists of 116 ZIP codes that are part of the Planning Area E-01 and Adjacent Planning Areas. A map of the service area is included below. The service area for the hospital consists of those ZIP codes in which 75% of its admitted patients reside.



A table of all hospital discharges (excluding Normal Newborns) is included in this attachment.

ATTACHMENT 12 – PURPOSE OF PROJECT

3) The problems that need to be addressed by this project are discussed in detail in Attachment 19. These problems are due to the age of the buildings in which the Medical/Surgical unit is located and their non-conformance with contemporary standards.

4) Sources

   a. Internal St. John's Hospital Records
   b. IHFSRB Individual Hospital Profiles

5) This project will address and improve the health care and well-being of residents of St. John's Hospital Service Area, Planning Area E-01, and the participants in medical education and health professional education programs offered by St. John's Hospital. It will allow the hospital to provide Medical/Surgical nursing units in facilities that meet contemporary standards with adequate space for medical and health professional education. Also, St. John's Hospital serves several areas that have been designated as Medically Underserved. Sangamon County has been designated as an MUA and several of the rural areas included in the service area are also MUAs.

6) St. John's Hospital's goal is to continue providing quality health care to residents of its market area. This project will help meet this goal as part of a continuing effort to modernize all Medical/Surgical units in the hospital, allowing for the provision of care in a patient-friendly environment that meets today's standards of care.

St. John's Hospital Inpatient Discharges (excluding Normal Newborns)
July 2016 – June 2017

Patient Zip Code	Discharge Count
62702 - SPRINGFIELD	2,042
62703 - SPRINGFIELD	1,744
62704 - SPRINGFIELD	1,497
62650 - JACKSONVILLE	464
62568 - TAYLORVILLE	438
62711 - SPRINGFIELD	413
62656 - LINCOLN	386
62629 - CHATHAM	380
62056 - LITCHFIELD	374
62707 - SPRINGFIELD	366
62521 - DECATUR	331
62557 - PANA	268
62712 - SPRINGFIELD	247
62401 - EFFINGHAM	240
62049 - HILLSBORO	239
62526 - DECATUR	236
62626 - CARLINVILLE	234
62471 - VANDALIA	233
62561 - RIVERTON	228
62615 - AUBURN	212
62675 - PETERSBURG	179
62565 - SHELBYVILLE	178
62618 - BEARDSTOWN	161
62563 - ROCHESTER	158
62684 - SHERMAN	151
62033 - GILLESPIE	150
62681 - RUSHVILLE	150
62690 - VIRDEN	131
62075 - NOKDMIS	126
62558 - PAWNEE	119
62613 - ATHENS	118

ATTACHMENT 12 – PURPOSE OF PROJECT

62522 - DECATUR	117
62640 - GIRARD	111
62670 - NEW BERLIN	110
62246 - GREENVILLE	109
62092 - WHITE HALL	95
62088 - STAUNTON	94
62363 - PITTSFIELD	91
62069 - MOUNT OLIVE	89
62016 - CARROLLTON	86
62301 - QUINCY	83
61455 - MACOMB	80
62612 - ASHLAND	79
62692 - WAVERLY	77
62644 - HAVANA	74
62691 - VIRGINIA	74
62082 - ROODHOUSE	72
62677 - PLEASANT PLAINS	72
61938 - MATTOON	71
61727 - CLINTON	69
62448 - NEWTON	66
62548 - MOUNT PULASKI	65
62009 - BENLD	63
62540 - KINCAID	63
62411 - ALTAMONT	61
62701 - SPRINGFIELD	61
62560 - RAYMOND	60
62664 - MASON CITY	56
62533 - FARMERSVILLE	54
62530 - DIVERNON	53
62531 - EDINBURG	53
62080 - RAMSEY	50
62546 - MORRISONVILLE	50
61920 - CHARLESTON	49
62693 - WILLIAMSVILLE	49
62353 - MOUNT STERLING	48
62694 - WINCHESTER	46
62545 - MECHANICSBURG	45
61951 - SULLIVAN	43
62458 - SAINT ELMO	43
62661 - LOAMI	43
62520 - DAWSON	41

62539 - ILLIOPOLIS	40
62571 - TOWER HILL	40
62044 - GREENFIELD	39
62839 - FLORA	39
62549 - MT ZION	38
62665 - MEREDOSIA	38
62094 - WITT	37
62638 - FRANKLIN	37
62685 - SHIPMAN	37
62017 - COFFEEN	36
62550 - MOWEAQUA	36
62674 - PALMYRA	36
62627 - CHANDLERVILLE	35
62668 - MURRAYVILLE	35
62447 - NEOGA	32
62428 - GREENUP	31
62467 - TEUTOPOLIS	31
61501 - ASTORIA	30
62801 - CENTRALIA	29
62262 - MULBERRY GROVE	28
62305 - QUINCY	28
62510 - ASSUMPTION	28
62572 - WAGGONER	28
62340 - GRIGGSVILLE	27
62431 - HERRICK	27
62536 - GLENARM	27
62547 - MOUNT AUBURN	27
62422 - COWDEN	26
62642 - GREENVIEW	26
62366 - PLEASANT HILL	24
62418 - BROWNSTOWN	24
62535 - FORSYTH	24
62567 - STONINGTON	24
62625 - CANTRALL	24
62666 - MIDDLETOWN	24
62689 – THAYER	24
62794 - SPRINGFIELD	24
62426 - EDGEWOOD	22
62515 - BUFFALO	22
61701 - BLOOMINGTON	21
62513 - BLUE MOUND	21

ATTACHMENT 12 – PURPOSE OF PROJECT

62621 - BLUFFS	21
62634 - ELKHART	21
62015 - BUTLER	20
62058 - LIVINGSTON	20
62450 - OLNEY	20
62463 - STEWARDSON	20
62014 - BUNKER HILL	19
62051 - IRVING	19
62708 - SPRINGFIELD	19
62858 - LOUISVILLE	19
61723 - ATLANTA	18
61957 - WINDSOR	18
62424 - DIETERICH	18
62501 - ARGENTA	18
61911 - ARTHUR	17
62093 - WILSONVILLE	17
62321 - CARTHAGE	17
62414 - BEECHER CITY	17
62443 - MASON	17
62468 - TOLEDO	17
62838 - FARINA	17
62473 - WATSON	16
62673 - OAKFORD	16
62688 - TALLULA	16
61422 - BUSHNELL	15
61604 - PEORIA	15
62052 - JERSEYVILLE	15
62086 - SORENTO	15
62378 - VERSAILLES	15
62534 - FINDLAY	15
62553 - OCONEE	15
62555 - OWANECO	15
62864 - MOUNT VERNON	15
61401 - GALESBURG	14
62032 - FILLMORE	14
62465 - STRASBURG	14
62538 - HARVEL	14
62544 - MACON	14
62551 - NIANTIC	14
62649 - HETTICK	14
62671 - NEW HOLLAND	14

ATTACHMENT 12 – PURPOSE OF PROJECT

62854 - KINMUNDY	14
61756 - MAROA	13
61761 - NORMAL	13
61914 - BETHANY	13
62027 - ELDRED	13
62479 - WHEELER	13
62667 - MODESTO	13
62705 - SPRINGFIELD	13
62849 - IUKA	13
62881 - SALEM	13
62899 - XENIA	13
61937 - LOVINGTON	12
62462 - SIGEL	12
62791 - SPRINGFIELD	12
62885 - SHOBONIER	12
62959 - MARION	12
62077 – PANAMA	11
62249 - HIGHLAND	11
62570 – TOVEY	11
62611 - ARENZVILLE	11
62695 - WOODSON	11
61440 - INDUSTRY	10
61821 - CHAMPAIGN	10
62083 - ROSAMOND	10
62275 - POCAHONTAS	10
62339 - GOLDEN	10
62361 - PEARL	10
62445 - MONTROSE	10
62601 - ALEXANDER	10
62617 - BATH	10
62628 - CHAPIN	10
62630 - CHESTERFIELD	10
62633 - EASTON	10
61364 - STREATOR	9
61910 - ARCOLA	9
62312 - BARRY	9
62320 - CAMP POINT	9
62326 - COLCHESTER	9
62355 - NEBO	9
62461 - SHUMWAY	9
62523 - DECATUR	9

62543 - LATHAM	9
62554 - OREANA	9
62624 - BROWNING	9
63401 – HANNIBAL, MO	9
61482 - TABLE GROVE	8
61484 - VERMONT	8
62319 - CAMDEN	8
62420 - CASEY	8
62518 - CHESTNUT	8
62639 - FREDERICK	8
62824 - CLAY CITY	8
61420 - BLANDINSVILLE	7
61443 - KEWANEE	7
61542 - LEWISTOWN	7
61704 - BLOOMINGTON	7
61749 - KENNEY	7
61802 - URBANA	7
61818 - CERRO GORDO	7
61832 - DANVILLE	7
61913 - ATWOOD	7
61928 - GAYS	7
62019 - DONNELLSON	7
62231 - CARLYLE	7
62374 - TENNESSEE	7
62434 - INGRAHAM	7
62440 - LERNA	7
62556 - PALMER	7
62651 - JACKSONVILLE	7
62870 - ODIN	7
62875 - PATOKA	7
61438 - GOOD HOPE	6
61554 - PEKIN	6
61567 - TOPEKA	6
61611 - EAST PEORIA	6
61856 - MONTICELLO	6
61866 - RANTOUL	6
62050 - HILLVIEW	6
62074 - NEW DOUGLAS	6
62089 - TAYLOR SPRINGS	6
62095 - WOOD RIVER	6
62097 - WORDEN	6

62269 - O FALLON	6
62370 - ROCKPORT	6
62525 – DECATUR	6
62573 - WARREN5BURG	6
62610 – ALSEY	6
62663 - MANCHESTER	6
62896 - WEST FRANKFORT	6
61764 - PONTIAC	5
61801 - URBANA	5
61822 - CHAMPAIGN	5
61842 - FARMER CITY	5
61919 - CAMARGO	5
61944 - PARIS	5
62011 - BINGHAM	5
62053 - KAMPSVILLE	5
62054 - KANE	5
62063 - MEDORA	5
62076 – OHLMAN	5
62081 - ROCKBRIDGE	5
62274 - PINCKNEYVILLE	5
62286 - SPARTA	5
62367 - PLYMOUTH	5
62376 - URSA	5
62432 - HIDALGO	5
62444 - MODE	5
62454 - ROBINSON	5
62868 - NOBLE	5
63456 – MONROE CITY, MO	5
Other ZIPS with Less than 5 Discharges Each	692
TOTAL	**18,499**

ATTACHMENT 13 – PROJECT ALTERNATIVES

The following alternatives to the proposed project were considered and found to be infeasible.

1) Modernize the Medical/Surgical unit included in this project in its existing space without changing the configuration and size of patient rooms and nursing stations. Modernization would only occur by providing minimal renovation of the floor plan and not "gutting" the unit. This alternative would include cosmetic upgrading of finishes in patient rooms, toilet rooms, nursing stations, support space, and corridors.

    a) Capital Costs - $9,000,000

    b) This alternative was infeasible because the project is designed to correct a number of issues beyond cosmetic upgrades which have resulted in the increasing functional obsolescence of this floor. It would be financially imprudent for St. John's to only provide cosmetic upgrades to this unit.

        i. These issues to be addressed include:
            1. Inadequate floor-to-ceiling height.
            2. Patient rooms of various size and configuration.
            3. Patient rooms of inadequate size to accommodate equipment to treat high-acuity patients.
            4. Patient rooms not including in-room showers.
            5. Patient toilet rooms not meeting current standards
            6. Patient rooms need to be expanded to create adequate space to accommodate families.
            7. Patient rooms need to be larger to accommodate students, residents, and fellows of SIU School of Medicine as well as nursing schools which use St. John's as a teaching affiliate.

2) Replace and expand the Medical/Surgical units by constructing a replacement bed tower.

    a) Capital Costs - $250,000,000

    b) The capital costs required would exceed the amount allocated for this project.

    c) St. John's has renovated the 4 floors above this unit in the past 7 years (Permit # 10-042) at a cost of over $50,000,000. It would not be financially prudent to replace the bed tower after the previous modernization project.

    d) If this alternative were to be pursued, no plans have been put in place to demolish the current bed tower, so a plan for re-use of this space would need to be developed. Using the current bed tower for another purpose other than Medical/Surgical nursing units would be difficult due to the low ceiling heights and narrow double-loaded corridors in the 1939 building.

3) Construct a replacement hospital and replace and expand the entire Medical/Surgical Category of Service in the replacement hospital.

    a) Capital Costs - $770,000,000

    b) The capital costs required would exceed the amount allocated for this project.

    c) Abandoning the existing hospital buildings would be imprudent and excessive since many hospital departments do not require replacement.

d) St. John's has renovated the 4 floors above this unit in the past 7 years (Permit # 10-042) at cost of over $50,000,000. It would not be financially prudent to replace the hospital after the previous modernization project.

e) As a major teaching affiliate of the SIU School of Medicine, St. John's Hospital does not want to leave its current location, which is an integral component of the medical corridor in close proximity to the school, its faculty, students, and residents. The current location is optimal for a major tertiary center involved in patient care, teaching, and research.

f) St. John's does not consider it appropriate to abandon the low-income community it serves by moving from its current location. It is not possible to assemble a parcel of land large enough to replace the hospital near its current location.

4) Modernize Medical/Surgical Patient Rooms on 5th Floor, including reconfiguring patient rooms and nursing stations. This also includes modernizing non-clinical service areas and maintenance work.

a) Capital Costs - $15,775,290

b) This preferred option is viewed as the best use of capital. It allows for correcting the deficiencies as listed in section 1 of this attachment while also updating patient care room finishes to today's standards.

c) The option allows for the hospital to utilize current facilities which have recently been upgraded, stay in close proximity to the SIU School of Medicine and to the low-income population it helps serve.

Attachment 14 – Size of Project

SIZE OF PROJECT				
DEPARTMENT/SERVICE	**PROPOSED BGSF/DGSF**	**STATE STANDARD**	**DIFFERENCE (actual size)**	**MET STANDARD?**
Clinical				
Medical/Surgical Nursing Unit (33 beds)	20,840	500-660 DGSF	632	Yes
Total Clinical	20,840			
Non-Clinical				
Family Support Areas	410	N/A		N/A
Elevator Lobbies	535	N/A		N/A
Mechanical/Electrical/and Equipment	385	N/A		N/A
Elevator Shafts	1,575	N/A		N/A
Stairwells	855	N/A		N/A
Mechanical/Electrical/Data Shafts	485	N/A		N/A
Hallways and Circulation	5,840	N/A		N/A
Total Non-Clinical	10,085			
TOTAL	30,925			

ATTACHMENT 15 – PROJECT SERVICES UTILIZATION

UTILIZATION					
	DEPT./ SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD	MEET STANDARD?
YEAR 1 (2020)	Med/Surg	Patient Days	60,604 (83.4%)	88%	No
YEAR 2 (2021)	Med/Surg	Patient Days	61,816 (85.1%)	88%	No

The projections in the above table represent a pattern of growth from the patient days and average length of stay values from calendar years 2015 and 2016. An average of those 2 years was taken as the calendar year 2017 baseline and a 2% annual growth projection was added.

A growth rate of 2% was utilized for the following reasons.

1) A specific effort has been made to recruit a growing base of aligned primary care physicians in Springfield and throughout the St. John's Hospital Service Area. An increase in the number of aligned physicians and patients will grow the number of hospital admissions.

   HSHS Medical Group has increased the number of aligned hospitalists and intensivists providing services at St. John's Hospital, hiring 6 hospitalists and 5 intensivists over the past 12 months.

2) An aging population in the St. John's Hospital Service Area will increase volumes in most hospital facilities, including St. John's. As that aging population needs more specialized care, they will be transferred more often from small hospitals for care at a tertiary care center such as St. John's Hospital.

   a. Over the past 12 months, St. John's has experienced an 11% increase in transfer requests from regional facilities.

3) 2% growth is consistent with what has recently been experienced by St. John's over the past 9 months.

   a. Over the past 9 months, St. John's Hospital has experienced exceptional growth within specific service lines where patients are treated in Medical/Surgical beds.

Although utilization does not meet the state standard 88% occupancy rate using average daily census, a review of daily peak census information for the past three months indicates that St. John's has exceeded this target during the past year on a number of occasions.

St. John's Hospital's partnership with the SIU School of Medicine for medical student, resident, and fellowship training as well as its partnership with multiple nursing schools across Central Illinois requires that there are enough patients for students to receive adequate clinical experience.

St. John's Hospital also operates one of the region's two Level I Trauma Centers. In the event of an emergent situation or a pandemic crisis, its 200 medical surgical beds are necessary and can be immediately set up and staffed within 24-48 hours.

ATTACHMENT 19 – MEDICAL SURGICAL REVIEW CRITERIA: MODERNIZATION

This application proposes the modernization of a portion of St. John's Hospital's Medical/Surgical nursing units by modernized the 5th floor of the hospital's patient tower, replacing some the Medical/Surgical authorized Beds.

1110.530(e) (1), (2), and (3) - Deteriorated Facilities

All St. John's Hospital's Medical/Surgical nursing units are located in 2 buildings that are contiguous with each other and function as a single bed tower. One of these buildings is 78 years old and the other is 47 years old. Some of the areas affected by this modernization have not been updated since the building's construction in 1939.

1) The Medical/Surgical nursing units are becoming increasingly functionally obsolete and need to be modernized for the following reasons.

   a) The mechanical infrastructure for these nursing units needs to be upgraded.

   b) The units are located in buildings with structural limitations.

2) The patient rooms on the floor do not meet today's standard of care and need to be modernized to meet more contemporary standards.

   a) The patient rooms have low floor-to-ceiling height and need to be modernized to provide adequate space to accommodate equipment and provide a more positive patient care experience.

   b) The patient rooms with negative air flow need to be modernized, and the number of these rooms needs to be increased.

   c) The patient rooms are of varying size and configuration. These rooms will be replaced with uniformly sized and configured rooms to minimize risk of staff errors and to enhance nursing procedures.

   d) Many rooms on the floor need to be renovated to meet current ADA standards.

3) Many of the patient rooms only meet minimum size standards, but are too small to accommodate contemporary medical equipment and to permit medical teams (including nursing students, medical students, residents, and fellows as well as physician and nurses) to efficiently provide care to acutely ill patients.

   a) Some of the patient rooms are too small to permit the full staff team to be present in a room at one time.

   b) St. John's Hospital is a major teaching affiliate of the SIU School of Medicine. The hospital also serves as an affiliate of six nursing schools throughout central Illinois with students receiving clinical experience at St. John's hospital throughout the semester. In addition, students from the Capital Area Career Center's program for LPNs and students from its high school program for Nursing Assistants receive clinical training at St. John's.

4) Many of the patient rooms lack showers, and none have bathtubs. As a result, many patients are required to use communal showers located in centralized units on the floor.

5) The patient rooms are too small to permit St. John's Hospital to provide family-centered care, which requires the rooms to have adequate space for a family member to visit and assist in providing support to the patient as well as adequate space for a family member to sleep.

6) As noted above, the patient rooms are too small to permit participants in St. John's Hospital medical education and other professional education programs to have adequate space to observe patients and to participate in their clinical training, in which they must assist in the provision of patient care.

7) The nursing stations need to be reconfigured and expanded, which requires the redesign and modernization of each unit.

8) Support areas are inadequately sized and often poorly located in relation to the patient rooms and nursing stations.

1110.530(e)(4) - Occupancy

Annual occupancy/utilization data for the Medical/Surgical Service.

	CY2014	CY2015	CY2016
Med/Surg Admissions	11,079	11,485	10,709
Med/Surg Patient Days (including Observation)	50,378	57,997	53,981
Average Daily Census	138.0	158.9	147.5
ALOS	4.5	5.0	5.0
Authorized Med/Surg Beds	204	204	204
Occupancy (%)	67.7%	77.9%	72.3%

Although St. John's Hospital does not meet state occupancy targets utilizing average daily census, bed need is supported based upon the hospital's peak census information.

1) Over the past three months, the hospital has exceeded 88% occupancy on 10% of days.

2) Additional beds are required due to St. John's Hospital's status as both a tertiary care center as well as a Level I Trauma Center. It is imperative that St. John's has the ability to flex up in times of pandemic or an emergent situation.

1110.530(g) - Performance Requirements

1) St. John's Hospital does not have any inspection reports from IDPH on behalf of the federal Centers for Medicare and Medicaid Services (CMS) that relate to Medical/Surgical services.

2) St. John's Hospital most recent report from the Joint Commission and other recent survey reports do not address the need to for modernization of the St. John's Hospital Medical/Surgical nursing units.

3) There is no additional documentation, as applicable to the factors cited above.

ATTACHMENT 35 – FINANCIAL VIABILITY WAIVER

FitchRatings

33 Whitehall Street
New York, NY 10004

T 212 908 0500 / 800 75 FITCH
www.fitchratings.com

December 21, 2016

Ms. Ann M. Carr
Vice President and Treasurer
Hospital Sisters Services Inc.
4936 LaVerna Road
Springfield, IL 62707

Dear Ms. Carr:

Fitch Ratings has assigned one or more ratings and/or otherwise taken rating action(s), as detailed in the attached Notice of Rating Action.

In issuing and maintaining its ratings, Fitch relies on factual information it receives from issuers and underwriters and from other sources Fitch believes to be credible. Fitch conducts a reasonable investigation of the factual information relied upon by it in accordance with its ratings methodology, and obtains reasonable verification of that information from independent sources, to the extent such sources are available for a given security or in a given jurisdiction.

The manner of Fitch's factual investigation and the scope of the third-party verification it obtains will vary depending on the nature of the rated security and its issuer, the requirements and practices in the jurisdiction in which the rated security is offered and sold and/or the issuer is located, the availability and nature of relevant public information, access to the management of the issuer and its advisers, the availability of pre-existing third-party verifications such as audit reports, agreed-upon procedures letters, appraisals, actuarial reports, engineering reports, legal opinions and other reports provided by third parties, the availability of independent and competent third-party verification sources with respect to the particular security or in the particular jurisdiction of the issuer, and a variety of other factors.

Users of Fitch's ratings should understand that neither an enhanced factual investigation nor any third-party verification can ensure that all of the information Fitch relies on in connection with a rating will be accurate and complete. Ultimately, the issuer and its advisers are responsible for the accuracy of the information they provide to Fitch and to the market in offering documents and other reports. In issuing its ratings Fitch must rely on the work of experts, including independent auditors with respect to financial statements and attorneys with respect to legal and tax matters. Further, ratings are inherently forward-looking and embody assumptions and predictions about future events that by their nature cannot be verified as facts. As a result, despite any verification of current facts, ratings can be affected by future events or conditions that were not anticipated at the time a rating was issued or affirmed.

Fitch seeks to continuously improve its ratings criteria and methodologies, and periodically updates the descriptions on its website of its criteria and methodologies for securities of a given type. The criteria and methodology used to determine a rating action are those in effect at the time the rating action is taken, which for public ratings is the date of the related rating action commentary. Each rating action commentary provides information about the criteria and methodology used to arrive at the stated rating, which may differ from the general criteria and methodology for the applicable security type posted on the website at a given time. For this reason, you should always consult the applicable rating action commentary for the most accurate information on the basis of any given public rating.

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It is important that you promptly provide us with all information that may be material to the ratings so that our ratings continue to be appropriate. Ratings may be raised, lowered, withdrawn, or placed on Rating Watch due to changes in, additions to, accuracy of or the inadequacy of information or for any other reason Fitch deems sufficient.

Nothing in this letter is intended to or should be construed as creating a fiduciary relationship between Fitch and you or between us and any user of the ratings.

In this letter, "Fitch" means Fitch Ratings, Inc. and any successor in interest.

We are pleased to have had the opportunity to be of service to you. If we can be of further assistance, please feel free to contact us at any time.

Jeff Schaub
Managing Director, Operations
U.S. Public Finance /
Global Infrastructure & Project Finance

JS/mb

Enc: Notice of Rating Action
(Doc ID: 202541)

Notice of Rating Action

Bond Description	Rating Type	Action	Rating	Outlook/ Watch	Eff Date	Notes
Southwestern Illinois Development Authority (IL) (Hospital Sisters Services, Inc. - Obligated Group) health facil rev bonds ser 2016	Long Term	New Rating	AA-	RO:Sta	20-Dec-2016	
Southwestern Illinois Development Authority (IL) (Hospital Sisters Services, Inc. - Obligated Group) rev bonds ser 2017A	Long Term	New Rating	AA-	RO:Sta	20-Dec-2016	
Southwestern Illinois Development Authority (IL) (Hospital Sisters Services, Inc. - Obligated Group) rev bonds ser 2017B	Long Term	New Rating	AA-	RO:Sta	20-Dec-2016	
Southwestern Illinois Development Authority (IL) (Hospital Sisters Services, Inc. - Obligated Group) rev bonds ser 2017B	Short Term	New Rating	F1+		20-Dec-2016	

Key: RO: Rating Outlook, RW: Rating Watch; Pos: Positive, Neg: Negative, Sta: Stable, Evo: Evolving

S&P Global
Ratings

130 East Randolph Street
Suite 2900
Chicago, IL 60601
tel 312-233-7000
reference no.: 1468935

January 6, 2017

Hospital Sisters Health System
P.O. Box 19456
4936 Laverna Road
Springfield, IL 62707--9456
Attention: Ms. Ann M. Carr, Vice President and Treasurer

Re: ***US$58,240,000 Southwestern Illinois Development Authority (Hospital Sisters Services, Inc.), Illinois, Health Facility Revenue Bonds, Series 2017A, dated: Date of delivery, due: June 30, 2028***

Dear Ms. Carr:

Pursuant to your request for an S&P Global Ratings rating on the above-referenced obligations, S&P Global Ratings has assigned a rating of "AA-". S&P Global Ratings views the outlook for this rating as stable. A copy of the rationale supporting the rating is enclosed.

This letter constitutes S&P Global Ratings' permission for you to disseminate the above-assigned ratings to interested parties in accordance with applicable laws and regulations. However, permission for such dissemination (other than to professional advisors bound by appropriate confidentiality arrangements) will become effective only after we have released the rating on standardandpoors.com. Any dissemination on any Website by you or your agents shall include the full analysis for the rating, including any updates, where applicable.

To maintain the rating, S&P Global Ratings must receive all relevant financial and other information, including notice of material changes to financial and other information provided to us and in relevant documents, as soon as such information is available. Relevant financial and other information includes, but is not limited to, information about direct bank loans and debt and debt-like instruments issued to, or entered into with, financial institutions, insurance companies and/or other entities, whether or not disclosure of such information would be required under S.E.C. Rule 15c2-12. You understand that S&P Global Ratings relies on you and your agents and advisors for the accuracy, timeliness and completeness of the information submitted in connection with the rating and the continued flow of material information as part of the surveillance process. Please send all information via electronic delivery to: pubfin_statelocalgovt@spglobal.com. If SEC rule 17g-5 is applicable, you may post such information on the appropriate website. For any information not available in electronic format or posted on the applicable website,

Please send hard copies to:
S&P Global Ratings

Public Finance Department
55 Water Street
New York, NY 10041-0003

The rating is subject to the Terms and Conditions, if any, attached to the Engagement Letter applicable to the rating. In the absence of such Engagement Letter and Terms and Conditions, the rating is subject to the attached Terms and Conditions. The applicable Terms and Conditions are incorporated herein by reference.

S&P Global Ratings is pleased to have the opportunity to provide its rating opinion. For more information please visit our website at www.standardandpoors.com. If you have any questions, please contact us. Thank you for choosing S&P Global Ratings.

Sincerely yours,

S&P Global Ratings
a division of Standard & Poor's Financial Services LLC

dm
enclosures
cc: Mr. Christopher T. Payne
Mr. Michael J. Lundy

S&P Global
Ratings

S&P Global Ratings
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ATTACHMENT 37 – ECONOMIC FEASABILITY

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

Steven Umland
Chief Financial Officer, HSHS Central Illinois Division

Subscribed and sworn to before me this
27 day of November, 2017.

Notary Public

JODI L MEYERS
Official Seal
Notary Public - State of Illinois
My Commission Expires Feb 9, 2020

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/Squarefoot		Gross Sq. Ft.		Gross Sq. Ft.		Const. $	Mod. $	
	New	Mod.	New	Circ.*	Mod.	Circ.*	(A x C)	(B x E)	
REVIEWABLE									
Medical/Surgical Nursing Unit	$ -	$ 359.20	0		20,840		$ -	$ 7,485,787	$ 7,485,787
Total Clinical	$ -	$ 359.20	0		20,840		$ -	$ 7,485,787	$ 7,485,787
NON REVIEWABLE									
Family Support Areas	$ -	$ 227.52	0		410		$ -	$ 93,283	$ 93,283
Elevator Lobbies	$ -	$ 272.86	0		535		$ -	$ 145,979	$ 145,979
Mechanical/Electrical/and Equipment	$ -	$ 242.84	0		385		$ -	$ 93,494	$ 93,494
Elevator Shafts	$ -	$ 230.73	0		1,575		$ -	$ 363,404	$ 363,404
Stairwells	$ -	$ 200.44	0		855		$ -	$ 171,372	$ 171,372
Mechanical/Electrical/Data Shafts	$ -	$ 106.11	0		485		$ -	$ 51,464	$ 51,464
Hallways and Circulation	$ -	$ 227.52	0		5840		$ -	$ 1,328,717	$ 1,328,717
Total Non-clinical	$ -	$ 182.93	0		10,085		$ -	$ 1,844,832	$ 2,247,713
Contingency								$ 966,140	$ 966,140
TOTALS		$ 345.99			30,925				$ 10,699,640
* Includes the percentage (%) of space for circulation									

ATTACHMENT 37 – ECONOMIC FEASABILITY

The direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the full fiscal year at target utilization but no more than two years following project completion: $399.76 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): $61.91 per equivalent patient day (projected 2021).

ATTACHMENT 39 – CHARITY CARE INFORMATION

CHARITY CARE - St. John's Hospital			
	Year Ended 6/30/15	Year Ended 6/30/16	Year Ended 6//30/17
Net Patient Revenue	**$ 447,281,758**	**$ 461,466,000**	**$ 475,001,000**
Amount of Charity Care (charges)	$ 12,138,983	$ 19,068,688	$ 15,135,769
Cost of Charity Care	$ 3,338,220	$ 5,110,483	$ 3,841,757

CHARITY CARE – HSHS Illinois Hospitals			
	Year Ended 6/30/15	Year Ended 6/30/16	Year Ended 6/30/17
Net Patient Revenue	**$1,262,757,958**	**$1,027,791,000**	**$1,089,209,000**
Amount of Charity Care (charges)	$ 49,555,376	$ 59,665,591	$ 52,040,415
Cost of Charity Care	$ 20,025,778	$16,672,211	$ 15,165,565

HSHS
St. John's
Hospital

RECEIVED

NOV 28 2017

HEALTH FACILITIES &
SERVICES REVIEW BOARD

November 27, 2017

Mike Constantino
Illinois Health Facilities & Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62791

Re: HSHS St. John's Hospital CON Application

Mr. Constantino,

Enclosed please find two original copies of the Certificate of Need application to modernize the existing 5th Floor medical/surgical unit at HSHS St. John's Hospital in Springfield, Illinois.

Also enclosed with the application is a $2,500 check payable to IDPH for the initial filing fee.

Sincerely,

Charles L. Lucore, M.D., M.B.A.
President & Chief Executive Officer
HSHS St. John's Hospital

cc: Clare Connor
Amy Bulpitt

800 East Carpenter Street
Springfield, Illinois 62769
217-544-6464
www.st-johns.org

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

CERTIFICATE OF NEED PERMIT APPLICATION

FEBRUARY 2017 EDITION

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ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
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SPRINGFIELD, ILLINOIS 62761
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