ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

CERTIFICATE OF NEED PERMIT APPLICATION

MARCH 2018 EDITION

Original

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ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
525 WEST JEFFERSON STREET, 2nd FLOOR
SPRINGFIELD, ILLINOIS 62761
(217) 782-3516

ORIGINAL

18-029

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

RECEIVED

AUG 22 2018

HEALTH FACILITIES & SERVICES REVIEW BOARD

This Section must be completed for all projects.

Facility/Project Identification

Facility Name Fairfield Memorial Hospital:		
Street Address: 303 NW 11th Street		
City and Zip Code: Fairfield, Illinois 62837		
County: Wayne	Health Service Area: V	Health Planning Area:F-03

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

Exact Legal Name:Fairfield Memorial Hospital Association
Street Address: 303 NW 11th Street
City and Zip Code: Fairfield, Illinois 62837
Name of Registered Agent:Patrick L. Molt, M.D.
Registered Agent Street Address: : 303 NW 11th Street
Registered Agent City and Zip Code: Fairfield, Illinois 62837
Name of Chief Executive Office : Katherine Bunting, Ph.D.
CEO Street Address: 303 NW 11th Street
CEO City and Zip Code: Fairfield, Illinois 62837
CEO Telephone Number:618-847-8333

Type of Ownership of Applicants

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

- Corporations and limited liability companies must provide an **Illinois certificate of good standing.**
- Partnerships must provide the name of the state in which 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: Katherine Bunting, Ph.D.
Title: Chief Executive Officer
Company Name: Fairfield Memorial Hospital Association
Address: 303 NW 11th Street
Telephone Number: 618-847-8333
E-mail Address: kjbrnmsn@hotmail.com
Fax Number: 618-847-8387

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

Name:Michael I. Copelin
Title: President
Company Name: Copelin Healthcare Consulting
Address:42 Birch Lake Drive, Sherman, Illinois 62684
Telephone Number:217-725-4558
E-mail Address:micbball@aol.com
Fax Number:217=496-3097

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: Katherine Bunting, Ph.D.
Title: Chief Executive Officer
Company Name: : Fairfield Memorial Hospital Association
Address: 303 NW 11th Street
Telephone Number: : 618-847-8333
E-mail Address: : kjbrnmsn@hotmail.com
Fax Number: : 618-847-8387

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:
Address of Site Owner: 303 NW 11th Street, : Fairfield, Illinois 62837
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: Fairfield Memorial Hospital Association
Address: 303 NW 11th Street, : Fairfield, Illinois 62837
X 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 1110.20 and Part 1120.20(b)]

Part 1110 Classification:

☐ Substantive

X 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.

The proposed project calls for the construction of a three story addition to the existing hospital building. The first floor of the new addition will house a new Emergency Department ; a new 4 room Urgent Care Center; a new Central Sterile Supply department, and two new operating rooms with the related surgical support area.

The second floor will house a new outpatient clinic with 24 exam rooms, and X=ray unit dedicated for clinic use; and office space for visiting doctors as well as the new physicians who have been recruited to the hospital and who will coming on staff in the next 2-3 years.

The third floor will house a replacement 30 bed skilled nursing unit which is currently located on the third floor of the existing hospital building.

Existing space on the first floor will be remodeled to house 16 outpatient prep and holding rooms for the surgical department; 4 PACU rooms (for Stage 1 Recovery patients after surgery); and one endoscopy room. Some surgical support space will also be located in this area and 2 existing operating rooms will continue to be utilized as is.

The third floor of the existing hospital building will be vacated by the skilled nursing unit and that space will used to house laundry and general storage. This space will be used as is witth no capital expenditures planned.

This is a non-substantive project, since it does not include the establishment or discontinuation of any beds or categories of service. The total estimated project cost is $24,864,088.40

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	$289,339	$73,559	$362,898
Site Survey and Soil Investigation	38,270	9,730	48.000
Site Preparation	469,809	119,441	589,250
Off Site Work			
New Construction Contracts	10,998,898	2,796,283	13,795,181
Modernization Contracts	2,789,490	709,181	3,498,671
Contingencies			
Architectural/Engineering Fees	1,114,625	283,375	1,398,000
Consulting and Other Fees	43,852	11,149	35,000
Movable or Other Equipment (not in construction contracts)	2,391,900	608,100	3,000,000
Bond Issuance Expense (project related)	341,213	86,748	427,981
Net Interest Expense During Construction (project related)	1,267,011	322,126	1,589,127
Fair Market Value of Leased Space or Equipment			
Other Costs To Be Capitalized	79,730	20,270	100.000
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	$19,824,137	$5,039,951	$24,864,088
SOURCE OF FUNDS			**TOTAL**
Cash and Securities			
Pledges	**$2,391,900**	**$608,100**	**3,000,000**
Gifts and Bequests			
USDA 2019 Bond Anticipation Note)	**15,837,638**	**4,026,451**	**19,864,088**
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
USDA REDLG Loan	**1,594,600**	**405,400**	**2,000,000**
TOTAL SOURCES OF FUNDS	**$19,824,137**	**$5,039,951**	**24,864,088**
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 X No
Purchase Price: $_____
Fair Market Value: $_____

The project involves the establishment of a new facility or a new category of service
☐ Yes X 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 $ 0.

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 X Preliminary

☐ Schematics ☐ Final Working

Anticipated project completion date (refer to Part 1130.140): **July 1, 2021**

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
X Financial Commitment will occur after permit issuance.

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

State Agency Submittals [Section 1130.620(c)]

Are the following submittals up to date as applicable:
X **Cancer Registry**
X APORS
X All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
N/A 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: Fairfield Memorial Hospital			**CITY: Fairfield**		
REPORTING PERIOD DATES:		**From: July 1 2017**	**to: June 30, 2018**		
June 30, 2018 Category of Service	**Authorized Beds**	**Admissions**	**Patient Days**	**Bed Changes**	**Proposed Beds**
Medical/Surgical	21	648	1,906	0	21
Obstetrics					
Pediatrics					
Intensive Care	4	Included in Medical/surgical	201	0	4
Comprehensive Physical Rehabilitation					
Acute/Chronic Mental Illness					
Neonatal Intensive Care					
General Long Term Care	30	99	7,846	0	30
Specialized Long Term Care					
Long Term Acute Care					
Other ((identify)					
TOTALS:	55	704	9,953	0	55

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 Fairfield Memorial Hospital Association * 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	SIGNATURE
PATRICK L. MOCT, MD	Katherine J Bunting
PRINTED NAME	PRINTED NAME
PRESIDENT BOARD OF DIRECTORS	CEO
PRINTED TITLE	PRINTED TITLE
Notarization: Subscribed and sworn to before me this 20th day of August, 2018	Notarization: Subscribed and sworn to before me this 20th day of August, 2018
Mary K. Knight	Mary K. Knight
Signature of Notary	Signature of Notary
Seal	Seal

MARY K KNIGHT
Official Seal
Notary Public - State of Illinois
My Commission Expires Jan 16, 2022

*Insert the EXACT legal name of the applicant

MARY K KNIGHT
Official Seal
Notary Public - State of Illinois
My Commission Expires Jan 16, 2022

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.

1110.110(a) – Background of the Applicant

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 1110.110(b) & (d)

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 1110.120 - 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					

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

UNFINISHED OR 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.

Not Applicable

ASSURANCES:

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. **Not Applicable**

M. Criterion 1110.270 - Clinical Service Areas Other than Categories of Service

1. Applicants proposing to establish, expand and/or modernize Clinical Service Areas Other than categories of service must submit the following information:

2. Indicate changes by Service: Indicate # of key room changes by action(s):

Service	# Existing Key Rooms	# Proposed Key Rooms
☐		
☐		
☐		

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

Project Type	Required Review Criteria
New Services or Facility or Equipment	(b) – Need Determination – Establishment
Service Modernization	(c)(1) – Deteriorated Facilities
	AND/OR
	(c)(2) – Necessary Expansion
	PLUS
	(c)(3)(A) – Utilization – Major Medical Equipment
	OR
	(c)(3)(B) – Utilization – Service or Facility
APPEND DOCUMENTATION AS ATTACHMENT 31, 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]:**

_____	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;
$3,000,000_____	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;
$21,864,088_____	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.
$24,864,088	**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 DOCUMENTATION AS ATTACHMENT 35, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. **Not Applicable**

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:	2015	2016	2017	2021
Current Ratio	1.5	1.64	2.41	2.15
Net Margin Percentage	3.0%	-.50	2.25%	2.6%
Percent Debt to Total Capitalization	33%	33%	29.8%	58%
Projected Debt Service Coverage	2.31	1.46	2.5	2.55
Days Cash on Hand	23	79	19	38.09
Cushion Ratio	1.71	1.53	1.56	2.53

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			

APPEND 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:

INDEX OF ATTACHMENTS

ATTACHMENT NO.		PAGES
1	Applicant Identification including Certificate of Good Standing	
2	Site Ownership	
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	
5	Flood Plain Requirements	
6	Historic Preservation Act Requirements	
7	Project and Sources of Funds Itemization	
8	Financial Commitment Document if required	
9	Cost Space Requirements	
10	Discontinuation	
11	Background of the Applicant	
12	Purpose of the Project	
13	Alternatives to the Project	
14	Size of the Project	
15	Project Service Utilization	
16	Unfinished or Shell Space	
17	Assurances for Unfinished/Shell Space	
18	Master Design Project	
	Service Specific:	
19	Medical Surgical Pediatrics, Obstetrics, ICU	
20	Comprehensive Physical Rehabilitation	
21	Acute Mental Illness	
22	Open Heart Surgery	
23	Cardiac Catheterization	
24	In-Center Hemodialysis	
25	Non-Hospital Based Ambulatory Surgery	
26	Selected Organ Transplantation	
27	Kidney Transplantation	
28	Subacute Care Hospital Model	
29	Community-Based Residential Rehabilitation Center	
30	Long Term Acute Care Hospital	
31	Clinical Service Areas Other than Categories of Service	
32	Freestanding Emergency Center Medical Services	
33	Birth Center	
	Financial and Economic Feasibility:	
34	Availability of Funds	
35	Financial Waiver	
36	Financial Viability	
37	Economic Feasibility	
38	Safety Net Impact Statement	
39	Charity Care Information	

File Number 2757-083-6

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

FAIRFIELD MEMORIAL HOSPITAL ASSOCIATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 14, 1943, 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* 1ST *day of* AUGUST *A.D.* 2018 .

Authentication #: 1821302256 verifiable until 08/01/2019
Authenticate at: http://www.cyberdriveillinois.com

Jesse White
SECRETARY OF STATE

Attachment # 1

August 13, 2018

To Whom It May Concern:

Please accept this letter as verification that the property on which Fairfield Memorial Hospital Association plans on expanding it's current building is already owned by Fairfield Memorial Hospital Association and did not have to be purchased for this project.

If additional information is needed please do not hesitate to contact my office at 618-847-8333. Thank you.

Sincerely,

Katherine J. Bunting Ph.D. LNHA
Chief Executive Officer

FAIRFIELD MEMORIAL HOSPITAL
EXCELLENCE IN COMMUNITY HEALTHCARE

Fairfield Memorial Hospital | 303 N.W. 11th Street | Fairfield, Illinois 62837 | Ph. 618.842.2611 | Fax 618.847.8387
www.fairfieldmemorial.org info@fairfieldmemorial.org

Attachment # 2

File Number 2757-083-6

To all to whom these Presents Shall Come, Greeting:

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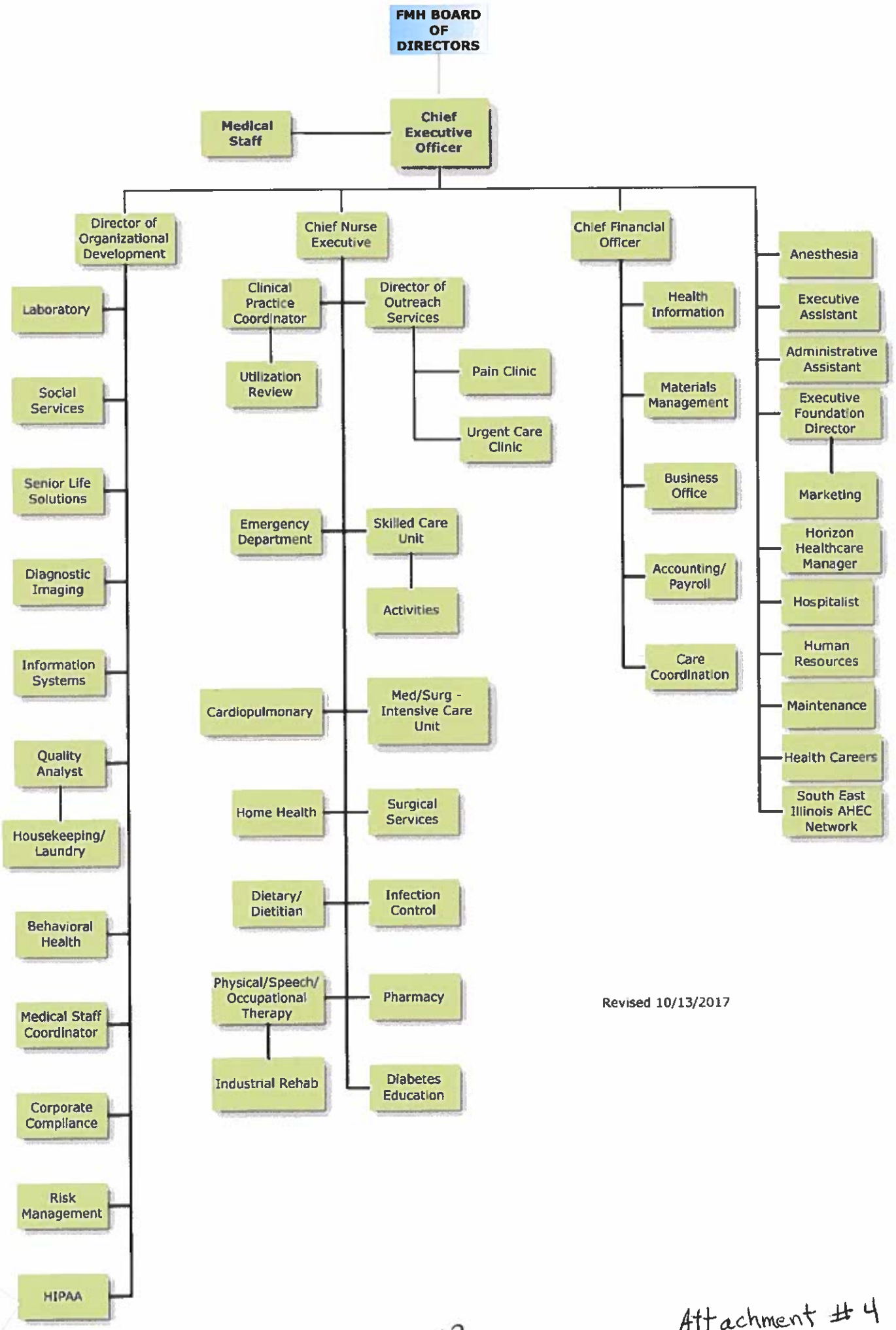
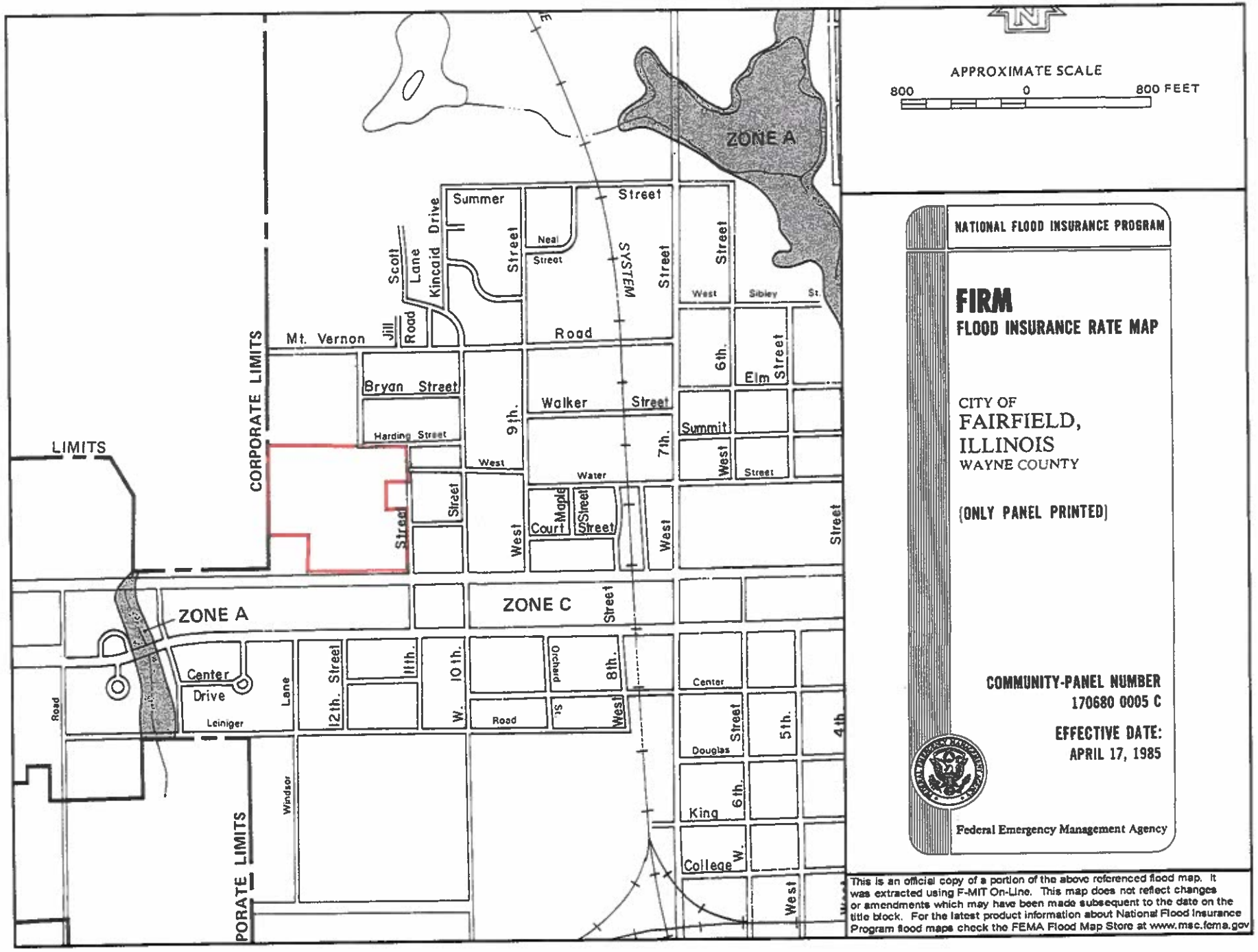
Authentication #: 1821302256 verifiable until 08/01/2019
Authenticate at: http://www.cyberdriveillinois.com

Jesse White
SECRETARY OF STATE

Attachment # 3



Attachment # 4



Attachment # 5

Copelin Healthcare Consulting
42 Birch Lake Drive
Sherman, Illinois 62684

Cell: 217-725-4558
Phone: 217-496-3712
Fax: 217-496-3097

August 8, 2018

Rachel Leibowitz, Ph.D.
Deputy State Preservation Officer
Illinois Historic Preservation Agency
1 Old State Capital Plaza
Springfield, Illinois 62701-1512

Re: Clearance Letter for Certificate of Need Application

Dear Ms. Haaker:

I am writing to request a review of our proposed site by your agency pursuant to the Illinois Stat Agency Historic Resources Preservation Act (20 ILCS 3420) in order for our project to be considered by the Illinois Health Facilities and Services Review Board for a Certificate of Need.

We are proposing to construct an addition to the existing hospital building for Fairfield Memorial Hospital, in Fairfield, Illinois. The proposed project calls for the construction of a three story addition connected to the existing hospital at 303 NW 11th Street in Fairfield, Illinois

We have attached a site plan for the existing facility and the proposed addition. In addition we have provided an aerial view of the existing site and pictures of the building currently locates on the site. No existing buildings will be demolished as a part of this project.

If you have any questions regarding this submission, please call me at 217-725-4558. Also if possible, I would appreciate it if you could e-mail your response, to this letter to me at Micbball@aol.com.,

Sincerely,

Michael I. Copelin

Michael I. Copelin

Attachment #6
Page #1

Source: Google Earth Pro, 2016 Aerial Imagery

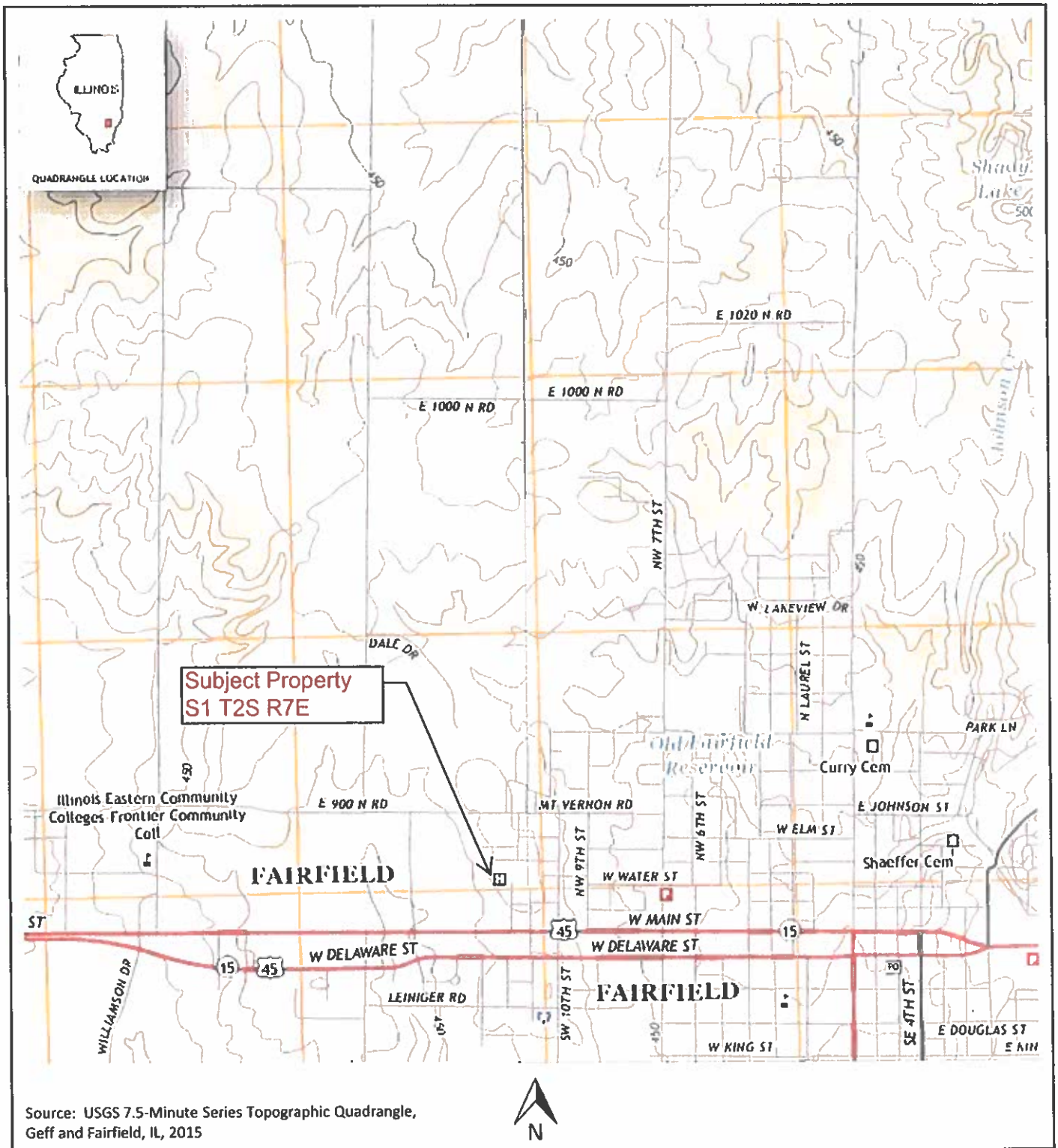
N

Figure 2 – Site Map
Fairfield Memorial Hospital
303 NW 11th Street
Fairfield, Illinois
May 2018

51-0269.00

AYRES ASSOCIATES

Attachment #6
Page #2



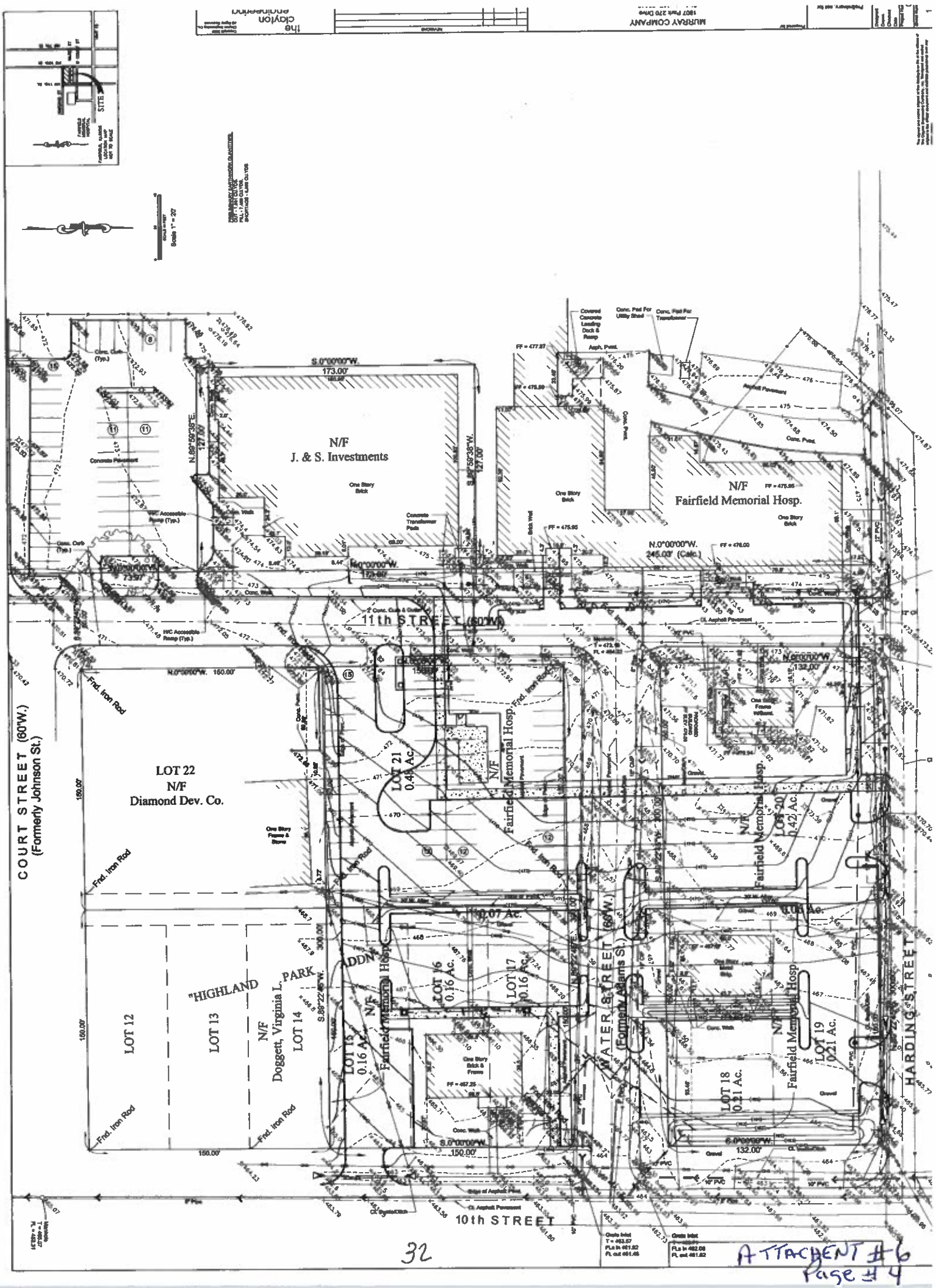
Source: USGS 7.5-Minute Series Topographic Quadrangle, Geff and Fairfield, IL, 2015

Figure 1 – Location Map
Fairfield Memorial Hospital
303 NW 11th Street
Fairfield, Illinois
May 2018

51-0269.00

AYRES ASSOCIATES

Attachment #6
Page #



32

ATTACHMENT #6
Page #4

ATTACHMENT #6 Page 85

ATTACHMENT #6
Page 117

Attachment #6
Page #8

EMERGENCY

Attachment #6
Page #11

Preplanning Costs		
USDA drawings, cost and narrative assistance	$ 17,000	
CON drawings and cost assistance	$ 16,000	
IDPH	$ 13,000	
Conceptual Planning & Proposal Preparations	$ 159,898	
Pre-Construction Services	$ 157,000	
Sub-Total		$ 362,898
Site Preparation		
Site Demolition	$ 45,500.00	
Mechanical Yard Demolition	$ 14,000.00	
Soil & Erosion Control	$ 16,350.00	
Asphalt Paving & Site Concrete	$ 189,700.00	
Retaining Wall	$ 32,500.00	
Temporary ED Entrance and Public/Patient safety & accessibility (new and demolition)	$ 57,800.00	
Sanitary Sewer (Relocation)	$ 48,650.00	
Storm Sewer (Relocation)	$ 22,500.00	
Water (Relocation)	$ 38,700.00	
Gas Line (Relocation)	$ 25,000.00	
Earth Excavation, haul-off, fill, rough and finish grading	$ 98,550.00	
Sub-Total		$ 589,250.00
Landscaping budget (portion of Owner's budget)	$ 25,000.00	

ATTACHMENT #7

Fairfield Memorial Hospital
Uses of Funds

Consulting and Other Fees

Copelin Healthcare Consulting Contract	30,000.00
Copelin Healthcare Consulting Travel Expenses, Estimated	2,500.00
IL Department of Public Health CON filing fee	2,500.00
	$ 35,000.00

Other Costs to be Capitalized

Blue and Company Feasability Study with Travel Expenses	55,000.00
Greensfelder Attorney at Law	45,000.00
	100,000.00

Equipment

SURGERY

Steris OR Rooms (Surgical Tables)	$ 148,425.40
Steris Clean Sweep Air System OR 1 and 2	200,000.00
Steris Sterile Central - Sterilizers	472,133.00
Stryker Stretchers	123,098.96
Doctors Oxygen Drager 5 Anesth Machines, Monitors	393,307.81
Drager Recovery Room Monitor	12,634.12
Fujifilm Sonosite Ultrasound	67,805.00
Stryker Neptune Fluid Disposal	127,800.76
Mindray Vital Sign Monitors	31,939.65
Edwards Non invasive homodynamic monitors	77,570.00
Metro Rolling Racks for Sterile Storage	26,206.44
Olympus Booms (4), Lights (4) Integration system (4)	633,020.18
Olympus Cameras (2)	16,038.74
Olympus Vault System EMR Connectivity	68,925.92
Covidien Electrosurgical Generator (2)	11,588.04
Metronic Ligasure	22,203.09
Harmonic Scapel	40,000.00
Omnicell Anesthsiology	174,818.20
Omnicell PACU	35,210.99
Omnicell Same Day Surgery	25,923.00
	$ 2,708,649.30

EMERGENCY ROOM

Hillrom Stretchers (8)	41,466.88
Hillrom GYN Stretcher	5,448.00
Metro Rolling Racks,	11,251.05

ATTACHMENT #7

Computers, 9 in Patient Rooms, 8 Nurses Station,	51,000.00
Nihon Kohden Central Station	82,590.28
OmniCell	51,458.49
	$ 243,214.70
SKILLED CARE	
OmniCell	48,136.00
Equipment Total	$ 3,000,000.00

ATTACHMENT #7

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							
Surgery	$ 1,831,833	5399	7830	2431	3615	1784	0
Day Surg. Prep & Hold	$ 2,933,281	2406	5600		5600		0
PACU	$ 803,969	585	1450		1450		0
Central Sterile Supply	$ 655,426	411	1054	1054			0
Endoscopy	$ 695,395	367	715		715		0
Skilled Nursing Unit	$ 5,821,069	11603	16191	16191	0	0	11603
Emergency Department	$ 4,673,921	2690	8205	8205	0	0	0
Urgent Care	$ 666,876	0	1616	1616	0	0	0
Clinic	$ 4,929,414	0	13468	13468	0	0	0
Total Clinical	$ 23,011,184	**23461**	**56129**	**42965**	**11380**	**1784**	**11603**
NON REVIEWABLE							
Staff Lockers	$ 288,051	454	530	530			0
Sterile Storage	$ 204,944	229	420		420		0
*Laundry	$ -	0	5103		0	5103	0
*Storage/Offices	$ -	0	6500	0	0	6500	0
Mechanical /Elec spaces	$ 1,359,909	0	2723	2723	0	0	0
Total Non- Clinical	**$ 1,852,904**	**683**	**15276**	**3253**	**420**	**11603**	**0**
TOTAL	**$ 24,864,088**	**24144**	**71405**	**46218**	**11800**	**13387**	**11603**

APPEND DOCUMENTATION AS ATTACHMENT 9, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Attachment #9

43

Criterion 1110.110.(a), Background of Applicant

The applicant does not own or operate any other licensed health care facility other than Fairfield Memorial Hospital

Attachment " 11

August 2, 2018

To Whom It May Concern:

Please accept this letter as certification that there have been no adverse actions taken against Fairfield Memorial Hospital Association in the past three years.

If additional information is needed please do not hesitate to contact my office at 618-847-8333. Thank you.

Sincerely,

Katherine J. Bunting Ph.D. LNHA
Chief Executive Officer

FAIRFIELD MEMORIAL HOSPITAL
EXCELLENCE IN COMMUNITY HEALTHCARE

Fairfield Memorial Hospital | 303 N.W. 11th Street | Fairfield, Illinois 62837 | Ph. 618.842.2611 | Fax 618.847.8387
www.fairfieldmemorial.org info@fairfieldmemorial.org

August 2, 2018

Attn: Illinois Health Facilities Planning Board

To Whom It May Concern:

I hereby grant the Illinois Health Facilities Planning Board access to all records of IDPH, and any other State Agencies, as well as, Joint Commission reports and findings as required for the Certificate of Need application process.

If additional information is needed please do not hesitate to contact my office at 618-847-8333. Thank you.

Sincerely,

Katherine J. Bunting Ph.D. LNHA
Chief Executive Officer

FAIRFIELD MEMORIAL HOSPITAL
EXCELLENCE IN COMMUNITY HEALTHCARE

Fairfield Memorial Hospital | 303 N.W. 11th Street | Fairfield, Illinois 62837 | Ph. 618.842.2611 | Fax 618.847.8387
www.fairfieldmemorial.org info@fairfieldmemorial.org

HF114524

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	I.D. NUMBER
12/31/2018		0000679

Critical Access Hospital

Effective: 01/01/2018

Fairfield Memorial Hospital
N. W. 11th Street
Fairfield, IL 62837

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #48240 5M 5/16

Fairfield Memorial Hospital Association

Fairfield, IL

has been Accredited by

The Joint Commission

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

Critical Access Hospital Accreditation Program

October 6, 2017

Accreditation is customarily valid for up to 36 months.

Craig W. Jones, FACHE
Chair, Board of Commissioners

ID #362030
Print/Reprint Date: 12/21/2017

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.

Criterion 1110.110(b) & (d), Purpose of the Project

The proposed project is being undertaken in order to improve the health care to residents of Wayne County. White County and Edwards County. The HRSA Data Warehouse shows 8 townships in Wayne County; all of White County and all of Edwards County are classified as Medically Underserved Areas. These areas are within the applicant's service area and include towns where the applicant will have clinics at least one day per week. (See attached Warehouse data sheets)

The applicant is proposing to use the proposed project to help provide additional services to the service area. The applicant has currently recruited three new surgeons to this area who will come on the hospital's staff in 2019, 2020, and 2021. The hospitals existing space is not large enough to accommodate the additional patients that would be seen by the new physicians,

The proposed addition of 2 additional operating rooms 4 additional Emergency Room stations, 4 urgent care rooms and a new outpatient clinic area will allow the hospital to have the capacity to accommodate the new physicians. The new PACU area and the new Prep and Holding area will be needed in order to provide support for the operating rooms.

The proposed new skilled nursing unit is necessary to meet the needs of the additional patirnts who will be rehabbing at the hospital from the new surgical procedures which will be provided by the new physicians who have been trcruited. The new unit will also alleviate problems resulting from the current bed configuration. For example there are currently 4 brd rooms whith a shared bathroom area which restrictd the use of the beds to 6 patients of the same sex. Also the existing unit has other infrastructure problems based upon a facilty which is more than 60 years old.

In summary the proposed project's purpose is to improve the availability of care to the residents of the service area and improve the health status of the area by providing additional physicians a modern facility in which to practice..

ATTACHMENT 12

State: Illinois
County: All Counties
MUA ID: All

County Name	County FIPS Code	Service Area Name	MUA/P Source Identification Number	Designation Type	Population Type	Index of Medical Underservice Score	MUA/P Designation Date	MUA/P Update Date
Wayne County	191	Wayne Service Area	00863	Medically Underserved Area	Medically Underserved Area	57.30	05/18/1994	05/18/1994
MCD (27364) Four Mile township								
MCD (56510) Orel township								
MCD (02297) Arrington township								
MCD (05950) Big Mound township								
Wayne County	191	Wayne Service Area	00864	Medically Underserved Area	Medically Underserved Area	56.17	05/18/1994	05/18/1994
MCD (37387) Indian Prairie township								
MCD (04559) Bedford township								
MCD (56367) Orchard township								
Wayne County	191	Leech Service Area	00919	Medically Underserved Area	Medically Underserved Area	59.70	05/18/1994	05/18/1994
MCD (42626) Leech township								

Powered by HRSA Data Warehouse

Printed on: 8/10/2018

State: Illinois
County: White County
MUA ID: All

County Name	County FIPS Code	Service Area Name	MUA/P Source Identification Number	Designation Type	Population Type	Index of Medical Underservice Score	MUA/P Designation Date	MUA/P Update Date
White County	193	White County	00820	Medically Underserved Area	Medically Underserved Area	47.60	11/01/1978	11/01/1978

Powered by HRSA Data Warehouse

Printed on: 8/10/2018

HRSA Data Warehouse

State: Illinois
County: Edwards County
MUA ID: All

County Name	County FIPS Code	Service Area Name	MUA/P Source Identification Number	Designation Type	Population Type	Index of Medical Underservice Score	MUA/P Designation Date	MUA/P Update Date
Edwards County	047	Edwards County	00803	Medically Underserved Area	Medically Underserved Area	61.20	11/01/1978	11/01/1978

Powered by HRSA Data Warehouse

Printed on: 8/10/2018

52

County Name	County FIPS Code	HPSA ID	HPSA Name	HPSA Discipline Class	Designation Type	HPSA Population Type	HPSA FTE	HPSA Score	HPSA Status	HPSA Designation Last Update Date
Edwards County	047	1173882383	Low Income - Edwards/Wabash Counties	Primary Care	HPSA Population	Low Income Population HPSA	0.3	16	Designated	10/28/2017

County Name	County FIPS Code	HPSA ID	HPSA Name	HPSA Discipline Class	Designation Type	HPSA FTE	HPSA Score	HPSA Status	HPSA Designation Last Updated Date
Edwards County	047		Edwards	Primary Care	Single County			Designated	10/28/2017
Edwards County	047	7172216920	Catchment Area 4-03-33	Mental Health	HPSA Geographic	Geographic Population	1	14	Designated	10/28/2017

County Name	County FIPS Code	HPSA ID	HPSA Name	HPSA Discipline Class	Designation Type	HPSA FTE	HPSA Score	HPSA Status	HPSA Designation Last Updated Date
Edwards County	047		Edwards	Mental Health	Single County			Designated	10/28/2017

County Name	County FIPS Code	HPSA ID	HPSA Name	HPSA Discipline Class	Designation Type	HPSA Population Type	HPSA FTE	HPSA Score	HPSA Status	HPSA Designation Last Update Date
White County	193	1175710021	Low Income - White County	Primary Care	HPSA Population	Low Income Population HPSA	0	16	Designated	10/28/2017

County Name	County FIPS Code	HPSA ID	HPSA Name	HPSA Discipline Class	Designation Type	HPSA FTE	HPSA Score	HPSA Status	HPSA Designation Last Updated Date
White County	193		White	Primary Care	Single County			Designated	10/28/2017
White County	193	7177438119	Catchment Area 4-04-04	Mental Health	HPSA Geographic	Geographic Population	2.4	17	Designated	10/28/2017

County Name	County FIPS Code	HPSA ID	HPSA Name	HPSA Discipline Class	Designation Type	HPSA FTE	HPSA Score	HPSA Status	HPSA Designation Last Updated Date
White County	193		White	Mental Health	Single County			Designated	10/28/2017

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County Name	County FIPS Code	HPSA ID	HPSA Name	HPSA Discipline Class	Designation Type	HPSA Population Type	HPSA FTE	HPSA Score	HPSA Status	HPSA Designation Last Update Date
Wayne County	191	117999178E	Medical Services Unlimited	Primary Care	Rural Health Clinic			0	Designated	10/16/2003
Wayne County	191	1172179871	Low Income - Wayne County	Primary Care	HPSA Population	Low Income Population HPSA	0	18	Designated	10/28/2017

County Name	County FIPS Code	HPSA ID	HPSA Name	HPSA Discipline Class	Designation Type	HPSA FTE	HPSA Score	HPSA Status	HPSA Designation Last Updated Date
Wayne County	191		Wayne	Primary Care	Single County			Designated	10/28/2017
Wayne County	191	7172216920	Catchment Area 4-03-33	Mental Health	HPSA Geographic	Geographic Population	1	14	Designated	10/28/2017

County Name	County FIPS Code	HPSA ID	HPSA Name	HPSA Discipline Class	Designation Type	HPSA FTE	HPSA Score	HPSA Status	HPSA Designation Last Updated Date
Wayne County	191		Wayne	Mental Health	Single County			Designated	10/28/2017

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Service Code	County	Zipcode	Admit Date	City	LOS
ICU - ICU	CLAY	62824	05-Dec-2017	CLAY CITY	0
SIP - SURGERY IP	CLAY	62839	01-Nov-2016	FLORA	3
SIP - SURGERY IP	CLAY	62839	13-Jan-2017	FLORA	4
SIP - SURGERY IP	CLAY	62839	30-Jan-2017	FLORA	3
MIP - MEDICAL IP	CLAY	62839	03-Feb-2017	FLORA	4
SIP - SURGERY IP	CLAY	62839	28-Jul-2017	FLORA	1
SIP - SURGERY IP	CLAY	62899	11-Jul-2016	XENIA	5
MIP - MEDICAL IP	CLAY	62899	06-Dec-2016	XENIA	2
MIP - MEDICAL IP	CLAY	62899	23-Dec-2016	XENIA	5
SIP - SURGERY IP	CLAY	62899	03-Mar-2017	XENIA	1
MIP - MEDICAL IP	CLAY	62899	18-Nov-2017	XENIA	3
SIP - SURGERY IP	COLLETON	29929	13-Jul-2016	ISLANDTON	2
MIP - MEDICAL IP	DOUGLAS	61913	30-Aug-2017	ATWOOD	7
MIP - MEDICAL IP	EDWARDS	62476	25-Aug-2016	WEST SALEM	6
MIP - MEDICAL IP	EDWARDS	62476	30-Sep-2016	WEST SALEM	4
MIP - MEDICAL IP	EDWARDS	62476	24-Oct-2016	WEST SALEM	4
MIP - MEDICAL IP	EDWARDS	62476	03-Feb-2017	WEST SALEM	6
MIP - MEDICAL IP	EDWARDS	62476	03-Mar-2017	WEST SALEM	9
MIP - MEDICAL IP	EDWARDS	62476	18-Apr-2017	WEST SALEM	17
MIP - MEDICAL IP	EDWARDS	62476	22-May-2017	WEST SALEM	14
MIP - MEDICAL IP	EDWARDS	62476	12-Jun-2017	WEST SALEM	6
MIP - MEDICAL IP	EDWARDS	62476	23-Jun-2017	WEST SALEM	7
MIP - MEDICAL IP	EDWARDS	62476	04-Jul-2017	WEST SALEM	6
ICU - ICU	EDWARDS	62476	28-Jul-2017	WEST SALEM	1
MIP - MEDICAL IP	EDWARDS	62476	31-Jul-2017	WEST SALEM	3
MIP - MEDICAL IP	EDWARDS	62476	15-Aug-2017	WEST SALEM	6
MIP - MEDICAL IP	EDWARDS	62476	10-Sep-2017	WEST SALEM	8
MIP - MEDICAL IP	EDWARDS	62476	07-Oct-2017	WEST SALEM	3
MIP - MEDICAL IP	EDWARDS	62476	09-Oct-2017	WEST SALEM	1
MIP - MEDICAL IP	EDWARDS	62476	18-Oct-2017	WEST SALEM	8
MIP - MEDICAL IP	EDWARDS	62476	01-Nov-2017	WEST SALEM	9
MIP - MEDICAL IP	EDWARDS	62476	13-Nov-2017	WEST SALEM	3
MIP - MEDICAL IP	EDWARDS	62476	17-Nov-2017	WEST SALEM	10
MIP - MEDICAL IP	EDWARDS	62806	16-Jul-2016	ALBION	2
MIP - MEDICAL IP	EDWARDS	62806	31-Jul-2016	ALBION	3
MIP - MEDICAL IP	EDWARDS	62806	01-Aug-2016	ALBION	2
MIP - MEDICAL IP	EDWARDS	62806	17-Aug-2016	ALBION	2
MIP - MEDICAL IP	EDWARDS	62806	19-Aug-2016	ALBION	1
ICU - ICU	EDWARDS	62806	22-Aug-2016	ALBION	1
MIP - MEDICAL IP	EDWARDS	62806	23-Aug-2016	ALBION	3
MIP - MEDICAL IP	EDWARDS	62806	11-Sep-2016	ALBION	1
MIP - MEDICAL IP	EDWARDS	62806	29-Sep-2016	ALBION	4
ICU - ICU	EDWARDS	62806	07-Oct-2016	ALBION	1
MIP - MEDICAL IP	EDWARDS	62806	01-Nov-2016	ALBION	0
MIP - MEDICAL IP	EDWARDS	62806	15-Nov-2016	ALBION	3
MIP - MEDICAL IP	EDWARDS	62806	16-Nov-2016	ALBION	2
MIP - MEDICAL IP	EDWARDS	62806	18-Nov-2016	ALBION	2
MIP - MEDICAL IP	EDWARDS	62806	30-Nov-2016	ALBION	4
MIP - MEDICAL IP	EDWARDS	62806	09-Dec-2016	ALBION	0
MIP - MEDICAL IP	EDWARDS	62806	22-Dec-2016	ALBION	6
MIP - MEDICAL IP	EDWARDS	62806	03-Jan-2017	ALBION	1
MIP - MEDICAL IP	EDWARDS	62806	03-Jan-2017	ALBION	1
MIP - MEDICAL IP	EDWARDS	62806	04-Jan-2017	ALBION	3
MIP - MEDICAL IP	EDWARDS	62806	15-Jan-2017	ALBION	2
MIP - MEDICAL IP	EDWARDS	62806	22-Jan-2017	ALBION	2

MIP - MEDICAL IP	EDWARDS	62806	22-Jan-2017	ALBION	3
MIP - MEDICAL IP	EDWARDS	62806	02-Feb-2017	ALBION	6
MIP - MEDICAL IP	EDWARDS	62806	03-Feb-2017	ALBION	2
MIP - MEDICAL IP	EDWARDS	62806	14-Feb-2017	ALBION	1
MIP - MEDICAL IP	EDWARDS	62806	20-Feb-2017	ALBION	6
MIP - MEDICAL IP	EDWARDS	62806	09-Mar-2017	ALBION	2
MIP - MEDICAL IP	EDWARDS	62806	09-Mar-2017	ALBION	5
MIP - MEDICAL IP	EDWARDS	62806	14-Mar-2017	ALBION	2
MIP - MEDICAL IP	EDWARDS	62806	14-Mar-2017	ALBION	3
MIP - MEDICAL IP	EDWARDS	62806	14-Mar-2017	ALBION	3
MIP - MEDICAL IP	EDWARDS	62806	01-Apr-2017	ALBION	4
MIP - MEDICAL IP	EDWARDS	62806	17-Apr-2017	ALBION	3
MIP - MEDICAL IP	EDWARDS	62806	16-May-2017	ALBION	3
MIP - MEDICAL IP	EDWARDS	62806	24-May-2017	ALBION	3
MIP - MEDICAL IP	EDWARDS	62806	25-May-2017	ALBION	5
MIP - MEDICAL IP	EDWARDS	62806	04-Jun-2017	ALBION	3
MIP - MEDICAL IP	EDWARDS	62806	24-Jun-2017	ALBION	1
SIP - SURGERY IP	EDWARDS	62806	12-Jul-2017	ALBION	4
MIP - MEDICAL IP	EDWARDS	62806	16-Jul-2017	ALBION	4
MIP - MEDICAL IP	EDWARDS	62806	24-Jul-2017	ALBION	7
MIP - MEDICAL IP	EDWARDS	62806	05-Aug-2017	ALBION	3
MIP - MEDICAL IP	EDWARDS	62806	07-Aug-2017	ALBION	4
MIP - MEDICAL IP	EDWARDS	62806	22-Aug-2017	ALBION	2
MIP - MEDICAL IP	EDWARDS	62806	24-Sep-2017	ALBION	2
MIP - MEDICAL IP	EDWARDS	62806	07-Oct-2017	ALBION	3
MIP - MEDICAL IP	EDWARDS	62806	09-Oct-2017	ALBION	3
MIP - MEDICAL IP	EDWARDS	62806	19-Oct-2017	ALBION	1
MIP - MEDICAL IP	EDWARDS	62806	20-Oct-2017	ALBION	3
MIP - MEDICAL IP	EDWARDS	62806	25-Oct-2017	ALBION	2
MIP - MEDICAL IP	EDWARDS	62806	29-Oct-2017	ALBION	8
MIP - MEDICAL IP	EDWARDS	62806	01-Nov-2017	ALBION	7
ICU - ICU	EDWARDS	62806	04-Nov-2017	ALBION	1
MIP - MEDICAL IP	EDWARDS	62806	06-Nov-2017	ALBION	3
MIP - MEDICAL IP	EDWARDS	62806	14-Nov-2017	ALBION	2
MIP - MEDICAL IP	EDWARDS	62806	24-Nov-2017	ALBION	3
MIP - MEDICAL IP	EDWARDS	62806	27-Nov-2017	ALBION	4
MIP - MEDICAL IP	EDWARDS	62806	03-Dec-2017	ALBION	1
SIP - SURGERY IP	EDWARDS	62815	17-Jul-2016	BONE GAP	3
MIP - MEDICAL IP	EDWARDS	62815	20-Nov-2016	BONE GAP	2
MIP - MEDICAL IP	EDWARDS	62815	27-Dec-2016	BONE GAP	2
MIP - MEDICAL IP	EDWARDS	62815	05-Sep-2017	BONE GAP	10
MIP - MEDICAL IP	EDWARDS	62833	22-Aug-2016	ELLERY	1
MIP - MEDICAL IP	EDWARDS	62833	06-Sep-2016	ELLERY	2
MIP - MEDICAL IP	EDWARDS	62833	21-Sep-2016	ELLERY	2
MIP - MEDICAL IP	EDWARDS	62833	19-Oct-2016	ELLERY	5
MIP - MEDICAL IP	EDWARDS	62833	08-Nov-2016	ELLERY	1
ICU - ICU	EDWARDS	62833	05-Oct-2017	ELLERY	0
MIP - MEDICAL IP	EDWARDS	62833	30-Oct-2017	ELLERY	2
MIP - MEDICAL IP	EFFINGHAM	62445	06-Nov-2017	MONTROSE	2
MIP - MEDICAL IP	HAMILTON	62859	29-Aug-2016	MC LEANSBORO	2
MIP - MEDICAL IP	HAMILTON	62859	27-Sep-2016	MC LEANSBORO	7
ICU - ICU	HAMILTON	62859	27-Apr-2017	MC LEANSBORO	1
SIP - SURGERY IP	HAMILTON	62859	17-Jul-2017	MC LEANSBORO	1
ICU - ICU	JEFFERSON	62814	06-Jan-2017	BLUFORD	0
MIP - MEDICAL IP	JEFFERSON	62814	19-Mar-2017	BLUFORD	2
MIP - MEDICAL IP	JEFFERSON	62814	17-Apr-2017	BLUFORD	3

MIP - MEDICAL IP	JEFFERSON	62830	02-May-2017	DIX	3
MIP - MEDICAL IP	JEFFERSON	62830	02-May-2017	DIX	2
MIP - MEDICAL IP	JEFFERSON	62830	30-May-2017	DIX	2
MIP - MEDICAL IP	JEFFERSON	62864	26-Jan-2017	MOUNT VERNON	2
MIP - MEDICAL IP	JEFFERSON	62864	01-Feb-2017	MOUNT VERNON	5
MIP - MEDICAL IP	JEFFERSON	62864	21-Feb-2017	MOUNT VERNON	2
MIP - MEDICAL IP	JEFFERSON	62864	12-Apr-2017	MOUNT VERNON	1
MIP - MEDICAL IP	JEFFERSON	62864	03-Jun-2017	MOUNT VERNON	2
MIP - MEDICAL IP	JEFFERSON	62864	01-Sep-2017	MOUNT VERNON	1
MIP - MEDICAL IP	JEFFERSON	62889	21-Mar-2017	TEXICO	1
MIP - MEDICAL IP	LAWRENCE	62417	21-Dec-2016	BRIDGEPORT	2
SIP - SURGERY IP	LAWRENCE	62417	27-Dec-2016	BRIDGEPORT	8
MIP - MEDICAL IP	LAWRENCE	62417	25-Oct-2017	BRIDGEPORT	2
SIP - SURGERY IP	LEE	52632	14-Jul-2017	KEOKUK	2
MIP - MEDICAL IP	MARION	62849	03-Oct-2017	IUKA	2
MIP - MEDICAL IP	MOULTRIE	61951	13-Sep-2016	SULLIVAN	6
MIP - MEDICAL IP	POSEY	47620	16-Nov-2016	MOUNT VERNON	5
MIP - MEDICAL IP	RANDOLPH	62233	02-Jul-2017	CHESTER	5
MIP - MEDICAL IP	RICHLAND	62450	03-Aug-2016	OLNEY	8
MIP - MEDICAL IP	RICHLAND	62450	22-Feb-2017	OLNEY	5
SIP - SURGERY IP	RICHLAND	62450	26-Apr-2017	OLNEY	1
MIP - MEDICAL IP	RICHLAND	62450	10-May-2017	OLNEY	2
SIP - SURGERY IP	RICHLAND	62450	18-Nov-2017	OLNEY	10
MIP - MEDICAL IP	RICHLAND	62452	17-May-2017	PARKERSBURG	2
MIP - MEDICAL IP	RICHLAND	62452	12-Jun-2017	PARKERSBURG	2
MIP - MEDICAL IP	RICHLAND	62868	18-Aug-2016	NOBLE	3
ICU - ICU	SAINT CLAIR	62239	06-Sep-2016	DUPO	1
SIP - SURGERY IP	UNKNOWN	62450	22-Mar-2017	UNKNOWN	3
MIP - MEDICAL IP	UNKNOWN	62471	12-Aug-2016	UNKNOWN	2
MIP - MEDICAL IP	UNKNOWN	62821	11-Feb-2017	UNKNOWN	3
MIP - MEDICAL IP	UNKNOWN	62821	25-Sep-2017	UNKNOWN	3
MIP - MEDICAL IP	UNKNOWN	62823	11-Aug-2016	UNKNOWN	2
ICU - ICU	UNKNOWN	62837	12-Jul-2016	UNKNOWN	0
MIP - MEDICAL IP	UNKNOWN	62837	12-Jul-2016	UNKNOWN	6
MIP - MEDICAL IP	UNKNOWN	62837	29-Aug-2016	UNKNOWN	4
MIP - MEDICAL IP	UNKNOWN	62837	30-Aug-2016	UNKNOWN	2
MIP - MEDICAL IP	UNKNOWN	62837	16-Jan-2017	UNKNOWN	3
MIP - MEDICAL IP	UNKNOWN	62837	01-Apr-2017	UNKNOWN	4
MIP - MEDICAL IP	UNKNOWN	62837	20-Apr-2017	UNKNOWN	1
MIP - MEDICAL IP	UNKNOWN	62864	04-Jul-2017	UNKNOWN	3
ICU - ICU	UNKNOWN	65255	28-Mar-2017	UNKNOWN	7
MIP - MEDICAL IP	UNKNOWN	98034	26-Dec-2016	UNKNOWN	1
MIP - MEDICAL IP	VILAS	54538	22-Feb-2017	LAC DU FLAMBEAU	3
MIP - MEDICAL IP	WABASH	62410	20-Oct-2017	ALLENDALE	2
MIP - MEDICAL IP	WABASH	62811	24-Jan-2017	BELLMONT	2
MIP - MEDICAL IP	WABASH	62811	02-Feb-2017	BELLMONT	4
MIP - MEDICAL IP	WABASH	62811	08-Feb-2017	BELLMONT	4
MIP - MEDICAL IP	WABASH	62811	25-Feb-2017	BELLMONT	2
MIP - MEDICAL IP	WAYNE	62446	11-Jul-2016	MOUNT ERIE	7
MIP - MEDICAL IP	WAYNE	62446	31-Oct-2016	MOUNT ERIE	2
MIP - MEDICAL IP	WAYNE	62446	05-Dec-2016	MOUNT ERIE	4
MIP - MEDICAL IP	WAYNE	62446	04-May-2017	MOUNT ERIE	2
MIP - MEDICAL IP	WAYNE	62446	04-Aug-2017	MOUNT ERIE	4
MIP - MEDICAL IP	WAYNE	62446	26-Oct-2017	MOUNT ERIE	5
SIP - SURGERY IP	WAYNE	62446	16-Nov-2017	MOUNT ERIE	2
MIP - MEDICAL IP	WAYNE	62809	20-Jul-2016	BARNHILL	1

MIP - MEDICAL IP	WAYNE	62809	27-Jul-2016	BARNHILL	2
SIP - SURGERY IP	WAYNE	62809	14-Dec-2016	BARNHILL	2
SIP - SURGERY IP	WAYNE	62809	03-Jan-2017	BARNHILL	2
MIP - MEDICAL IP	WAYNE	62809	28-Jan-2017	BARNHILL	4
MIP - MEDICAL IP	WAYNE	62809	05-Aug-2017	BARNHILL	5
MIP - MEDICAL IP	WAYNE	62823	18-Jul-2016	CISNE	3
MIP - MEDICAL IP	WAYNE	62823	29-Jul-2016	CISNE	11
ICU - ICU	WAYNE	62823	04-Aug-2016	CISNE	1
MIP - MEDICAL IP	WAYNE	62823	14-Aug-2016	CISNE	3
SIP - SURGERY IP	WAYNE	62823	16-Aug-2016	CISNE	2
MIP - MEDICAL IP	WAYNE	62823	27-Aug-2016	CISNE	5
MIP - MEDICAL IP	WAYNE	62823	30-Aug-2016	CISNE	3
MIP - MEDICAL IP	WAYNE	62823	10-Sep-2016	CISNE	3
MIP - MEDICAL IP	WAYNE	62823	19-Sep-2016	CISNE	1
MIP - MEDICAL IP	WAYNE	62823	15-Oct-2016	CISNE	1
MIP - MEDICAL IP	WAYNE	62823	19-Oct-2016	CISNE	2
MIP - MEDICAL IP	WAYNE	62823	05-Nov-2016	CISNE	2
MIP - MEDICAL IP	WAYNE	62823	07-Nov-2016	CISNE	3
ICU - ICU	WAYNE	62823	15-Nov-2016	CISNE	2
MIP - MEDICAL IP	WAYNE	62823	28-Nov-2016	CISNE	4
MIP - MEDICAL IP	WAYNE	62823	28-Nov-2016	CISNE	4
MIP - MEDICAL IP	WAYNE	62823	10-Dec-2016	CISNE	4
MIP - MEDICAL IP	WAYNE	62823	13-Dec-2016	CISNE	7
MIP - MEDICAL IP	WAYNE	62823	13-Dec-2016	CISNE	2
MIP - MEDICAL IP	WAYNE	62823	17-Jan-2017	CISNE	6
ICU - ICU	WAYNE	62823	19-Jan-2017	CISNE	0
MIP - MEDICAL IP	WAYNE	62823	01-Feb-2017	CISNE	1
SIP - SURGERY IP	WAYNE	62823	10-Feb-2017	CISNE	3
ICU - ICU	WAYNE	62823	10-Feb-2017	CISNE	0
MIP - MEDICAL IP	WAYNE	62823	02-Mar-2017	CISNE	5
MIP - MEDICAL IP	WAYNE	62823	15-Mar-2017	CISNE	2
MIP - MEDICAL IP	WAYNE	62823	20-Mar-2017	CISNE	4
MIP - MEDICAL IP	WAYNE	62823	21-Mar-2017	CISNE	3
MIP - MEDICAL IP	WAYNE	62823	27-Mar-2017	CISNE	1
MIP - MEDICAL IP	WAYNE	62823	14-Apr-2017	CISNE	2
MIP - MEDICAL IP	WAYNE	62823	15-Apr-2017	CISNE	3
MIP - MEDICAL IP	WAYNE	62823	20-Apr-2017	CISNE	4
MIP - MEDICAL IP	WAYNE	62823	22-Apr-2017	CISNE	6
MIP - MEDICAL IP	WAYNE	62823	29-Apr-2017	CISNE	2
MIP - MEDICAL IP	WAYNE	62823	04-May-2017	CISNE	4
MIP - MEDICAL IP	WAYNE	62823	14-May-2017	CISNE	19
MIP - MEDICAL IP	WAYNE	62823	11-Jun-2017	CISNE	6
MIP - MEDICAL IP	WAYNE	62823	16-Jun-2017	CISNE	2
MIP - MEDICAL IP	WAYNE	62823	05-Jul-2017	CISNE	2
MIP - MEDICAL IP	WAYNE	62823	09-Jul-2017	CISNE	2
MIP - MEDICAL IP	WAYNE	62823	17-Jul-2017	CISNE	2
MIP - MEDICAL IP	WAYNE	62823	20-Jul-2017	CISNE	3
MIP - MEDICAL IP	WAYNE	62823	26-Jul-2017	CISNE	1
MIP - MEDICAL IP	WAYNE	62823	14-Aug-2017	CISNE	6
MIP - MEDICAL IP	WAYNE	62823	16-Aug-2017	CISNE	4
MIP - MEDICAL IP	WAYNE	62823	17-Sep-2017	CISNE	2
SIP - SURGERY IP	WAYNE	62823	26-Sep-2017	CISNE	5
MIP - MEDICAL IP	WAYNE	62823	02-Oct-2017	CISNE	2
MIP - MEDICAL IP	WAYNE	62823	05-Oct-2017	CISNE	2
ICU - ICU	WAYNE	62823	13-Oct-2017	CISNE	1
MIP - MEDICAL IP	WAYNE	62823	01-Nov-2017	CISNE	1

SIP - SURGERY IP	WAYNE	62823	14-Nov-2017	CISNE	5
MIP - MEDICAL IP	WAYNE	62823	15-Nov-2017	CISNE	5
MIP - MEDICAL IP	WAYNE	62823	21-Nov-2017	CISNE	1
MIP - MEDICAL IP	WAYNE	62837	11-Jul-2016	FAIRFIELD	2
ICU - ICU	WAYNE	62837	11-Jul-2016	FAIRFIELD	1
SIP - SURGERY IP	WAYNE	62837	12-Jul-2016	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	14-Jul-2016	FAIRFIELD	1
MIP - MEDICAL IP	WAYNE	62837	14-Jul-2016	FAIRFIELD	1
MIP - MEDICAL IP	WAYNE	62837	15-Jul-2016	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	18-Jul-2016	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	19-Jul-2016	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	19-Jul-2016	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	19-Jul-2016	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	20-Jul-2016	FAIRFIELD	2
SIP - SURGERY IP	WAYNE	62837	21-Jul-2016	FAIRFIELD	4
MIP - MEDICAL IP	WAYNE	62837	21-Jul-2016	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	21-Jul-2016	FAIRFIELD	1
MIP - MEDICAL IP	WAYNE	62837	21-Jul-2016	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	23-Jul-2016	FAIRFIELD	1
MIP - MEDICAL IP	WAYNE	62837	24-Jul-2016	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	26-Jul-2016	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	27-Jul-2016	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	28-Jul-2016	FAIRFIELD	4
MIP - MEDICAL IP	WAYNE	62837	03-Aug-2016	FAIRFIELD	1
MIP - MEDICAL IP	WAYNE	62837	07-Aug-2016	FAIRFIELD	4
MIP - MEDICAL IP	WAYNE	62837	08-Aug-2016	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	08-Aug-2016	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	08-Aug-2016	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	08-Aug-2016	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	10-Aug-2016	FAIRFIELD	4
MIP - MEDICAL IP	WAYNE	62837	10-Aug-2016	FAIRFIELD	1
MIP - MEDICAL IP	WAYNE	62837	11-Aug-2016	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	12-Aug-2016	FAIRFIELD	4
MIP - MEDICAL IP	WAYNE	62837	14-Aug-2016	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	14-Aug-2016	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	17-Aug-2016	FAIRFIELD	2
ICU - ICU	WAYNE	62837	18-Aug-2016	FAIRFIELD	1
MIP - MEDICAL IP	WAYNE	62837	19-Aug-2016	FAIRFIELD	1
MIP - MEDICAL IP	WAYNE	62837	21-Aug-2016	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	23-Aug-2016	FAIRFIELD	6
MIP - MEDICAL IP	WAYNE	62837	23-Aug-2016	FAIRFIELD	3
SIP - SURGERY IP	WAYNE	62837	23-Aug-2016	FAIRFIELD	29
MIP - MEDICAL IP	WAYNE	62837	23-Aug-2016	FAIRFIELD	6
MIP - MEDICAL IP	WAYNE	62837	24-Aug-2016	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	25-Aug-2016	FAIRFIELD	4
MIP - MEDICAL IP	WAYNE	62837	26-Aug-2016	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	29-Aug-2016	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	30-Aug-2016	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	31-Aug-2016	FAIRFIELD	1
MIP - MEDICAL IP	WAYNE	62837	31-Aug-2016	FAIRFIELD	1
MIP - MEDICAL IP	WAYNE	62837	31-Aug-2016	FAIRFIELD	9
MIP - MEDICAL IP	WAYNE	62837	31-Aug-2016	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	01-Sep-2016	FAIRFIELD	7
MIP - MEDICAL IP	WAYNE	62837	03-Sep-2016	FAIRFIELD	1
MIP - MEDICAL IP	WAYNE	62837	03-Sep-2016	FAIRFIELD	4
MIP - MEDICAL IP	WAYNE	62837	06-Sep-2016	FAIRFIELD	3

MIP - MEDICAL IP	WAYNE	62837	08-Sep-2016	FAIRFIELD	6
MIP - MEDICAL IP	WAYNE	62837	10-Sep-2016	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	10-Sep-2016	FAIRFIELD	4
MIP - MEDICAL IP	WAYNE	62837	11-Sep-2016	FAIRFIELD	10
SIP - SURGERY IP	WAYNE	62837	12-Sep-2016	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	14-Sep-2016	FAIRFIELD	6
MIP - MEDICAL IP	WAYNE	62837	14-Sep-2016	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	16-Sep-2016	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	17-Sep-2016	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	21-Sep-2016	FAIRFIELD	1
MIP - MEDICAL IP	WAYNE	62837	24-Sep-2016	FAIRFIELD	5
MIP - MEDICAL IP	WAYNE	62837	25-Sep-2016	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	26-Sep-2016	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	29-Sep-2016	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	30-Sep-2016	FAIRFIELD	1
MIP - MEDICAL IP	WAYNE	62837	03-Oct-2016	FAIRFIELD	4
MIP - MEDICAL IP	WAYNE	62837	03-Oct-2016	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	05-Oct-2016	FAIRFIELD	6
MIP - MEDICAL IP	WAYNE	62837	05-Oct-2016	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	06-Oct-2016	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	09-Oct-2016	FAIRFIELD	1
ICU - ICU	WAYNE	62837	10-Oct-2016	FAIRFIELD	0
MIP - MEDICAL IP	WAYNE	62837	10-Oct-2016	FAIRFIELD	2
SIP - SURGERY IP	WAYNE	62837	11-Oct-2016	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	11-Oct-2016	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	12-Oct-2016	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	17-Oct-2016	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	17-Oct-2016	FAIRFIELD	4
MIP - MEDICAL IP	WAYNE	62837	17-Oct-2016	FAIRFIELD	2
ICU - ICU	WAYNE	62837	18-Oct-2016	FAIRFIELD	1
MIP - MEDICAL IP	WAYNE	62837	20-Oct-2016	FAIRFIELD	4
MIP - MEDICAL IP	WAYNE	62837	21-Oct-2016	FAIRFIELD	2
ICU - ICU	WAYNE	62837	21-Oct-2016	FAIRFIELD	1
MIP - MEDICAL IP	WAYNE	62837	25-Oct-2016	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	27-Oct-2016	FAIRFIELD	0
MIP - MEDICAL IP	WAYNE	62837	27-Oct-2016	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	28-Oct-2016	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	29-Oct-2016	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	01-Nov-2016	FAIRFIELD	1
MIP - MEDICAL IP	WAYNE	62837	04-Nov-2016	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	05-Nov-2016	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	06-Nov-2016	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	07-Nov-2016	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	07-Nov-2016	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	09-Nov-2016	FAIRFIELD	4
SIP - SURGERY IP	WAYNE	62837	10-Nov-2016	FAIRFIELD	1
MIP - MEDICAL IP	WAYNE	62837	11-Nov-2016	FAIRFIELD	7
MIP - MEDICAL IP	WAYNE	62837	11-Nov-2016	FAIRFIELD	2
SIP - SURGERY IP	WAYNE	62837	12-Nov-2016	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	14-Nov-2016	FAIRFIELD	4
MIP - MEDICAL IP	WAYNE	62837	14-Nov-2016	FAIRFIELD	1
MIP - MEDICAL IP	WAYNE	62837	14-Nov-2016	FAIRFIELD	1
SIP - SURGERY IP	WAYNE	62837	14-Nov-2016	FAIRFIELD	4
MIP - MEDICAL IP	WAYNE	62837	17-Nov-2016	FAIRFIELD	4
ICU - ICU	WAYNE	62837	18-Nov-2016	FAIRFIELD	0
MIP - MEDICAL IP	WAYNE	62837	22-Nov-2016	FAIRFIELD	2

MIP - MEDICAL IP	WAYNE	62837	22-Nov-2016	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	22-Nov-2016	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	22-Nov-2016	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	23-Nov-2016	FAIRFIELD	5
MIP - MEDICAL IP	WAYNE	62837	23-Nov-2016	FAIRFIELD	1
MIP - MEDICAL IP	WAYNE	62837	28-Nov-2016	FAIRFIELD	1
MIP - MEDICAL IP	WAYNE	62837	28-Nov-2016	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	29-Nov-2016	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	29-Nov-2016	FAIRFIELD	7
MIP - MEDICAL IP	WAYNE	62837	01-Dec-2016	FAIRFIELD	3
SIP - SURGERY IP	WAYNE	62837	01-Dec-2016	FAIRFIELD	4
MIP - MEDICAL IP	WAYNE	62837	01-Dec-2016	FAIRFIELD	4
MIP - MEDICAL IP	WAYNE	62837	03-Dec-2016	FAIRFIELD	5
MIP - MEDICAL IP	WAYNE	62837	03-Dec-2016	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	05-Dec-2016	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	06-Dec-2016	FAIRFIELD	1
MIP - MEDICAL IP	WAYNE	62837	07-Dec-2016	FAIRFIELD	3
SIP - SURGERY IP	WAYNE	62837	08-Dec-2016	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	09-Dec-2016	FAIRFIELD	3
ICU - ICU	WAYNE	62837	09-Dec-2016	FAIRFIELD	5
MIP - MEDICAL IP	WAYNE	62837	12-Dec-2016	FAIRFIELD	1
MIP - MEDICAL IP	WAYNE	62837	12-Dec-2016	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	13-Dec-2016	FAIRFIELD	4
MIP - MEDICAL IP	WAYNE	62837	15-Dec-2016	FAIRFIELD	4
MIP - MEDICAL IP	WAYNE	62837	16-Dec-2016	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	17-Dec-2016	FAIRFIELD	6
MIP - MEDICAL IP	WAYNE	62837	18-Dec-2016	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	18-Dec-2016	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	19-Dec-2016	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	19-Dec-2016	FAIRFIELD	3
SIP - SURGERY IP	WAYNE	62837	20-Dec-2016	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	21-Dec-2016	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	22-Dec-2016	FAIRFIELD	6
MIP - MEDICAL IP	WAYNE	62837	25-Dec-2016	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	27-Dec-2016	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	28-Dec-2016	FAIRFIELD	1
MIP - MEDICAL IP	WAYNE	62837	29-Dec-2016	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	31-Dec-2016	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	31-Dec-2016	FAIRFIELD	4
MIP - MEDICAL IP	WAYNE	62837	01-Jan-2017	FAIRFIELD	1
MIP - MEDICAL IP	WAYNE	62837	03-Jan-2017	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	04-Jan-2017	FAIRFIELD	3
ICU - ICU	WAYNE	62837	05-Jan-2017	FAIRFIELD	1
MIP - MEDICAL IP	WAYNE	62837	09-Jan-2017	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	09-Jan-2017	FAIRFIELD	4
SIP - SURGERY IP	WAYNE	62837	10-Jan-2017	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	10-Jan-2017	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	12-Jan-2017	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	14-Jan-2017	FAIRFIELD	4
MIP - MEDICAL IP	WAYNE	62837	16-Jan-2017	FAIRFIELD	4
MIP - MEDICAL IP	WAYNE	62837	17-Jan-2017	FAIRFIELD	20
MIP - MEDICAL IP	WAYNE	62837	18-Jan-2017	FAIRFIELD	6
MIP - MEDICAL IP	WAYNE	62837	22-Jan-2017	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	23-Jan-2017	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	23-Jan-2017	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	23-Jan-2017	FAIRFIELD	1

MIP - MEDICAL IP	WAYNE	62837	24-Jan-2017	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	25-Jan-2017	FAIRFIELD	4
MIP - MEDICAL IP	WAYNE	62837	26-Jan-2017	FAIRFIELD	1
MIP - MEDICAL IP	WAYNE	62837	26-Jan-2017	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	30-Jan-2017	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	30-Jan-2017	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	01-Feb-2017	FAIRFIELD	1
MIP - MEDICAL IP	WAYNE	62837	01-Feb-2017	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	01-Feb-2017	FAIRFIELD	6
MIP - MEDICAL IP	WAYNE	62837	02-Feb-2017	FAIRFIELD	1
MIP - MEDICAL IP	WAYNE	62837	03-Feb-2017	FAIRFIELD	5
MIP - MEDICAL IP	WAYNE	62837	04-Feb-2017	FAIRFIELD	4
MIP - MEDICAL IP	WAYNE	62837	04-Feb-2017	FAIRFIELD	6
MIP - MEDICAL IP	WAYNE	62837	07-Feb-2017	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	07-Feb-2017	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	08-Feb-2017	FAIRFIELD	5
MIP - MEDICAL IP	WAYNE	62837	09-Feb-2017	FAIRFIELD	1
MIP - MEDICAL IP	WAYNE	62837	09-Feb-2017	FAIRFIELD	1
MIP - MEDICAL IP	WAYNE	62837	12-Feb-2017	FAIRFIELD	0
MIP - MEDICAL IP	WAYNE	62837	12-Feb-2017	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	13-Feb-2017	FAIRFIELD	1
MIP - MEDICAL IP	WAYNE	62837	13-Feb-2017	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	14-Feb-2017	FAIRFIELD	5
MIP - MEDICAL IP	WAYNE	62837	15-Feb-2017	FAIRFIELD	3
ICU - ICU	WAYNE	62837	15-Feb-2017	FAIRFIELD	1
MIP - MEDICAL IP	WAYNE	62837	15-Feb-2017	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	15-Feb-2017	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	15-Feb-2017	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	16-Feb-2017	FAIRFIELD	1
MIP - MEDICAL IP	WAYNE	62837	16-Feb-2017	FAIRFIELD	5
MIP - MEDICAL IP	WAYNE	62837	20-Feb-2017	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	20-Feb-2017	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	20-Feb-2017	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	20-Feb-2017	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	21-Feb-2017	FAIRFIELD	2
SIP - SURGERY IP	WAYNE	62837	22-Feb-2017	FAIRFIELD	6
MIP - MEDICAL IP	WAYNE	62837	23-Feb-2017	FAIRFIELD	6
MIP - MEDICAL IP	WAYNE	62837	23-Feb-2017	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	25-Feb-2017	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	27-Feb-2017	FAIRFIELD	8
MIP - MEDICAL IP	WAYNE	62837	27-Feb-2017	FAIRFIELD	3
SIP - SURGERY IP	WAYNE	62837	27-Feb-2017	FAIRFIELD	4
MIP - MEDICAL IP	WAYNE	62837	27-Feb-2017	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	28-Feb-2017	FAIRFIELD	2
SIP - SURGERY IP	WAYNE	62837	01-Mar-2017	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	03-Mar-2017	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	06-Mar-2017	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	06-Mar-2017	FAIRFIELD	1
MIP - MEDICAL IP	WAYNE	62837	07-Mar-2017	FAIRFIELD	3
SIP - SURGERY IP	WAYNE	62837	08-Mar-2017	FAIRFIELD	4
MIP - MEDICAL IP	WAYNE	62837	10-Mar-2017	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	13-Mar-2017	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	15-Mar-2017	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	16-Mar-2017	FAIRFIELD	4
ICU - ICU	WAYNE	62837	17-Mar-2017	FAIRFIELD	1
MIP - MEDICAL IP	WAYNE	62837	17-Mar-2017	FAIRFIELD	3

MIP - MEDICAL IP	WAYNE	62837	17-Mar-2017	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	20-Mar-2017	FAIRFIELD	4
MIP - MEDICAL IP	WAYNE	62837	20-Mar-2017	FAIRFIELD	4
MIP - MEDICAL IP	WAYNE	62837	20-Mar-2017	FAIRFIELD	1
MIP - MEDICAL IP	WAYNE	62837	20-Mar-2017	FAIRFIELD	1
MIP - MEDICAL IP	WAYNE	62837	20-Mar-2017	FAIRFIELD	1
MIP - MEDICAL IP	WAYNE	62837	21-Mar-2017	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	21-Mar-2017	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	21-Mar-2017	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	21-Mar-2017	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	24-Mar-2017	FAIRFIELD	3
SIP - SURGERY IP	WAYNE	62837	24-Mar-2017	FAIRFIELD	1
MIP - MEDICAL IP	WAYNE	62837	27-Mar-2017	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	29-Mar-2017	FAIRFIELD	2
ICU - ICU	WAYNE	62837	31-Mar-2017	FAIRFIELD	1
MIP - MEDICAL IP	WAYNE	62837	01-Apr-2017	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	03-Apr-2017	FAIRFIELD	2
SIP - SURGERY IP	WAYNE	62837	03-Apr-2017	FAIRFIELD	15
ICU - ICU	WAYNE	62837	06-Apr-2017	FAIRFIELD	0
MIP - MEDICAL IP	WAYNE	62837	06-Apr-2017	FAIRFIELD	4
MIP - MEDICAL IP	WAYNE	62837	07-Apr-2017	FAIRFIELD	6
MIP - MEDICAL IP	WAYNE	62837	09-Apr-2017	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	10-Apr-2017	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	11-Apr-2017	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	12-Apr-2017	FAIRFIELD	5
MIP - MEDICAL IP	WAYNE	62837	12-Apr-2017	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	13-Apr-2017	FAIRFIELD	1
MIP - MEDICAL IP	WAYNE	62837	14-Apr-2017	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	17-Apr-2017	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	20-Apr-2017	FAIRFIELD	12
MIP - MEDICAL IP	WAYNE	62837	20-Apr-2017	FAIRFIELD	4
MIP - MEDICAL IP	WAYNE	62837	20-Apr-2017	FAIRFIELD	4
MIP - MEDICAL IP	WAYNE	62837	21-Apr-2017	FAIRFIELD	4
MIP - MEDICAL IP	WAYNE	62837	24-Apr-2017	FAIRFIELD	3
SIP - SURGERY IP	WAYNE	62837	25-Apr-2017	FAIRFIELD	6
MIP - MEDICAL IP	WAYNE	62837	26-Apr-2017	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	27-Apr-2017	FAIRFIELD	1
MIP - MEDICAL IP	WAYNE	62837	29-Apr-2017	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	29-Apr-2017	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	29-Apr-2017	FAIRFIELD	1
MIP - MEDICAL IP	WAYNE	62837	01-May-2017	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	01-May-2017	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	02-May-2017	FAIRFIELD	2
SIP - SURGERY IP	WAYNE	62837	02-May-2017	FAIRFIELD	1
MIP - MEDICAL IP	WAYNE	62837	02-May-2017	FAIRFIELD	2
SIP - SURGERY IP	WAYNE	62837	02-May-2017	FAIRFIELD	1
MIP - MEDICAL IP	WAYNE	62837	04-May-2017	FAIRFIELD	1
MIP - MEDICAL IP	WAYNE	62837	05-May-2017	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	08-May-2017	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	10-May-2017	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	10-May-2017	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	11-May-2017	FAIRFIELD	1
SIP - SURGERY IP	WAYNE	62837	11-May-2017	FAIRFIELD	1
ICU - ICU	WAYNE	62837	12-May-2017	FAIRFIELD	1
ICU - ICU	WAYNE	62837	13-May-2017	FAIRFIELD	1
ICU - ICU	WAYNE	62837	14-May-2017	FAIRFIELD	4

MIP - MEDICAL IP	WAYNE	62837	15-May-2017	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	15-May-2017	FAIRFIELD	3
SIP - SURGERY IP	WAYNE	62837	16-May-2017	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	16-May-2017	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	18-May-2017	FAIRFIELD	4
ICU - ICU	WAYNE	62837	18-May-2017	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	23-May-2017	FAIRFIELD	1
MIP - MEDICAL IP	WAYNE	62837	23-May-2017	FAIRFIELD	4
MIP - MEDICAL IP	WAYNE	62837	26-May-2017	FAIRFIELD	0
MIP - MEDICAL IP	WAYNE	62837	26-May-2017		1
MIP - MEDICAL IP	WAYNE	62837	26-May-2017	FAIRFIELD	7
MIP - MEDICAL IP	WAYNE	62837	27-May-2017	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	30-May-2017	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	30-May-2017	FAIRFIELD	4
MIP - MEDICAL IP	WAYNE	62837	01-Jun-2017	FAIRFIELD	1
MIP - MEDICAL IP	WAYNE	62837	02-Jun-2017	FAIRFIELD	5
MIP - MEDICAL IP	WAYNE	62837	03-Jun-2017	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	04-Jun-2017	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	08-Jun-2017	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	10-Jun-2017	FAIRFIELD	5
MIP - MEDICAL IP	WAYNE	62837	10-Jun-2017	FAIRFIELD	3
ICU - ICU	WAYNE	62837	11-Jun-2017	FAIRFIELD	5
MIP - MEDICAL IP	WAYNE	62837	13-Jun-2017	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	13-Jun-2017	FAIRFIELD	1
MIP - MEDICAL IP	WAYNE	62837	14-Jun-2017	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	15-Jun-2017	FAIRFIELD	7
MIP - MEDICAL IP	WAYNE	62837	16-Jun-2017	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	17-Jun-2017	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	20-Jun-2017	FAIRFIELD	2
ICU - ICU	WAYNE	62837	20-Jun-2017	FAIRFIELD	0
MIP - MEDICAL IP	WAYNE	62837	22-Jun-2017	FAIRFIELD	1
MIP - MEDICAL IP	WAYNE	62837	23-Jun-2017	FAIRFIELD	1
MIP - MEDICAL IP	WAYNE	62837	25-Jun-2017	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	26-Jun-2017	FAIRFIELD	1
MIP - MEDICAL IP	WAYNE	62837	26-Jun-2017	FAIRFIELD	6
MIP - MEDICAL IP	WAYNE	62837	28-Jun-2017	FAIRFIELD	5
MIP - MEDICAL IP	WAYNE	62837	01-Jul-2017	FAIRFIELD	4
MIP - MEDICAL IP	WAYNE	62837	01-Jul-2017	FAIRFIELD	4
MIP - MEDICAL IP	WAYNE	62837	02-Jul-2017	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	03-Jul-2017	FAIRFIELD	1
MIP - MEDICAL IP	WAYNE	62837	03-Jul-2017	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	04-Jul-2017	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	06-Jul-2017	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	09-Jul-2017	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	14-Jul-2017	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	16-Jul-2017	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	16-Jul-2017	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	16-Jul-2017	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	16-Jul-2017	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	19-Jul-2017	FAIRFIELD	1
SIP - SURGERY IP	WAYNE	62837	20-Jul-2017	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	23-Jul-2017	FAIRFIELD	2
ICU - ICU	WAYNE	62837	23-Jul-2017	FAIRFIELD	1
MIP - MEDICAL IP	WAYNE	62837	24-Jul-2017	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	25-Jul-2017	FAIRFIELD	3
ICU - ICU	WAYNE	62837	28-Jul-2017	FAIRFIELD	1

MIP - MEDICAL IP	WAYNE	62837	31-Jul-2017	FAIRFIELD	7
MIP - MEDICAL IP	WAYNE	62837	31-Jul-2017	FAIRFIELD	5
MIP - MEDICAL IP	WAYNE	62837	04-Aug-2017	FAIRFIELD	4
MIP - MEDICAL IP	WAYNE	62837	05-Aug-2017	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	07-Aug-2017	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	07-Aug-2017	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	08-Aug-2017	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	08-Aug-2017	FAIRFIELD	5
MIP - MEDICAL IP	WAYNE	62837	10-Aug-2017	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	10-Aug-2017	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	15-Aug-2017	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	16-Aug-2017	FAIRFIELD	5
MIP - MEDICAL IP	WAYNE	62837	16-Aug-2017	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	17-Aug-2017	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	18-Aug-2017	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	21-Aug-2017	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	23-Aug-2017	FAIRFIELD	1
SIP - SURGERY IP	WAYNE	62837	23-Aug-2017	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	23-Aug-2017	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	26-Aug-2017	FAIRFIELD	1
MIP - MEDICAL IP	WAYNE	62837	26-Aug-2017	FAIRFIELD	4
MIP - MEDICAL IP	WAYNE	62837	27-Aug-2017	FAIRFIELD	4
MIP - MEDICAL IP	WAYNE	62837	28-Aug-2017	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	30-Aug-2017	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	31-Aug-2017	FAIRFIELD	5
MIP - MEDICAL IP	WAYNE	62837	01-Sep-2017	FAIRFIELD	6
MIP - MEDICAL IP	WAYNE	62837	03-Sep-2017	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	03-Sep-2017	FAIRFIELD	4
MIP - MEDICAL IP	WAYNE	62837	04-Sep-2017	FAIRFIELD	3
SIP - SURGERY IP	WAYNE	62837	05-Sep-2017	FAIRFIELD	4
MIP - MEDICAL IP	WAYNE	62837	07-Sep-2017	FAIRFIELD	4
MIP - MEDICAL IP	WAYNE	62837	11-Sep-2017	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	12-Sep-2017	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	13-Sep-2017	FAIRFIELD	5
SIP - SURGERY IP	WAYNE	62837	13-Sep-2017	FAIRFIELD	30
MIP - MEDICAL IP	WAYNE	62837	13-Sep-2017	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	14-Sep-2017	FAIRFIELD	4
MIP - MEDICAL IP	WAYNE	62837	14-Sep-2017	FAIRFIELD	2
ICU - ICU	WAYNE	62837	14-Sep-2017	FAIRFIELD	1
MIP - MEDICAL IP	WAYNE	62837	15-Sep-2017	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	16-Sep-2017	FAIRFIELD	4
MIP - MEDICAL IP	WAYNE	62837	17-Sep-2017	FAIRFIELD	14
MIP - MEDICAL IP	WAYNE	62837	17-Sep-2017	FAIRFIELD	7
MIP - MEDICAL IP	WAYNE	62837	18-Sep-2017	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	19-Sep-2017	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	19-Sep-2017	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	20-Sep-2017	FAIRFIELD	4
MIP - MEDICAL IP	WAYNE	62837	21-Sep-2017	FAIRFIELD	1
MIP - MEDICAL IP	WAYNE	62837	21-Sep-2017	FAIRFIELD	4
MIP - MEDICAL IP	WAYNE	62837	22-Sep-2017	FAIRFIELD	3
SIP - SURGERY IP	WAYNE	62837	25-Sep-2017	FAIRFIELD	25
MIP - MEDICAL IP	WAYNE	62837	30-Sep-2017	FAIRFIELD	4
MIP - MEDICAL IP	WAYNE	62837	01-Oct-2017	FAIRFIELD	4
MIP - MEDICAL IP	WAYNE	62837	01-Oct-2017	FAIRFIELD	5
MIP - MEDICAL IP	WAYNE	62837	03-Oct-2017	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	03-Oct-2017	FAIRFIELD	4

MIP - MEDICAL IP	WAYNE	62837	03-Oct-2017	FAIRFIELD	0
MIP - MEDICAL IP	WAYNE	62837	05-Oct-2017	FAIRFIELD	5
MIP - MEDICAL IP	WAYNE	62837	06-Oct-2017	FAIRFIELD	1
MIP - MEDICAL IP	WAYNE	62837	08-Oct-2017	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	09-Oct-2017	FAIRFIELD	4
MIP - MEDICAL IP	WAYNE	62837	11-Oct-2017	FAIRFIELD	1
MIP - MEDICAL IP	WAYNE	62837	12-Oct-2017	FAIRFIELD	5
MIP - MEDICAL IP	WAYNE	62837	12-Oct-2017	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	13-Oct-2017	FAIRFIELD	4
MIP - MEDICAL IP	WAYNE	62837	13-Oct-2017	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	21-Oct-2017	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	23-Oct-2017	FAIRFIELD	1
MIP - MEDICAL IP	WAYNE	62837	23-Oct-2017	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	24-Oct-2017	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	26-Oct-2017	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	28-Oct-2017	FAIRFIELD	1
MIP - MEDICAL IP	WAYNE	62837	29-Oct-2017	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	29-Oct-2017	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	30-Oct-2017	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	30-Oct-2017	FAIRFIELD	1
MIP - MEDICAL IP	WAYNE	62837	31-Oct-2017	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	31-Oct-2017	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	01-Nov-2017	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	01-Nov-2017	FAIRFIELD	9
MIP - MEDICAL IP	WAYNE	62837	01-Nov-2017	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	02-Nov-2017	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	02-Nov-2017	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	03-Nov-2017	FAIRFIELD	4
MIP - MEDICAL IP	WAYNE	62837	05-Nov-2017	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	08-Nov-2017	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	09-Nov-2017	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	10-Nov-2017	FAIRFIELD	1
MIP - MEDICAL IP	WAYNE	62837	10-Nov-2017	FAIRFIELD	4
MIP - MEDICAL IP	WAYNE	62837	11-Nov-2017	FAIRFIELD	5
MIP - MEDICAL IP	WAYNE	62837	13-Nov-2017	FAIRFIELD	1
MIP - MEDICAL IP	WAYNE	62837	14-Nov-2017	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	15-Nov-2017	FAIRFIELD	1
MIP - MEDICAL IP	WAYNE	62837	15-Nov-2017	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	17-Nov-2017	FAIRFIELD	4
MIP - MEDICAL IP	WAYNE	62837	18-Nov-2017	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	20-Nov-2017	FAIRFIELD	2
ICU - ICU	WAYNE	62837	21-Nov-2017	FAIRFIELD	0
MIP - MEDICAL IP	WAYNE	62837	22-Nov-2017	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	24-Nov-2017	FAIRFIELD	2
ICU - ICU	WAYNE	62837	26-Nov-2017	FAIRFIELD	1
MIP - MEDICAL IP	WAYNE	62837	26-Nov-2017	FAIRFIELD	4
MIP - MEDICAL IP	WAYNE	62837	27-Nov-2017	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	29-Nov-2017	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	02-Dec-2017	FAIRFIELD	3
MIP - MEDICAL IP	WAYNE	62837	03-Dec-2017	FAIRFIELD	2
MIP - MEDICAL IP	WAYNE	62837	03-Dec-2017	FAIRFIELD	0
MIP - MEDICAL IP	WAYNE	62837	05-Dec-2017	FAIRFIELD	0
MIP - MEDICAL IP	WAYNE	62837	05-Dec-2017	FAIRFIELD	0
MIP - MEDICAL IP	WAYNE	62842	05-Jul-2016	GEFF	2
SIP - SURGERY IP	WAYNE	62842	09-Jul-2016	GEFF	2
MIP - MEDICAL IP	WAYNE	62842	31-Jul-2016	GEFF	5

MIP - MEDICAL IP	WAYNE	62842	02-Aug-2016	GEFF	3
MIP - MEDICAL IP	WAYNE	62842	05-Aug-2016	GEFF	1
MIP - MEDICAL IP	WAYNE	62842	24-Aug-2016	GEFF	2
MIP - MEDICAL IP	WAYNE	62842	08-Sep-2016	GEFF	1
MIP - MEDICAL IP	WAYNE	62842	29-Oct-2016	GEFF	1
MIP - MEDICAL IP	WAYNE	62842	06-Nov-2016	GEFF	2
MIP - MEDICAL IP	WAYNE	62842	01-Dec-2016	GEFF	2
MIP - MEDICAL IP	WAYNE	62842	08-Dec-2016	GEFF	4
MIP - MEDICAL IP	WAYNE	62842	22-Dec-2016	GEFF	5
MIP - MEDICAL IP	WAYNE	62842	28-Dec-2016	GEFF	3
MIP - MEDICAL IP	WAYNE	62842	10-Jan-2017	GEFF	4
MIP - MEDICAL IP	WAYNE	62842	14-Jan-2017	GEFF	3
MIP - MEDICAL IP	WAYNE	62842	18-Jan-2017	GEFF	1
MIP - MEDICAL IP	WAYNE	62842	30-Jan-2017	GEFF	0
MIP - MEDICAL IP	WAYNE	62842	06-Feb-2017	GEFF	3
MIP - MEDICAL IP	WAYNE	62842	13-Feb-2017	GEFF	1
MIP - MEDICAL IP	WAYNE	62842	15-Feb-2017	GEFF	4
MIP - MEDICAL IP	WAYNE	62842	14-Mar-2017	GEFF	1
MIP - MEDICAL IP	WAYNE	62842	28-Mar-2017	GEFF	1
MIP - MEDICAL IP	WAYNE	62842	26-May-2017	GEFF	1
MIP - MEDICAL IP	WAYNE	62842	15-Jun-2017	GEFF	6
MIP - MEDICAL IP	WAYNE	62842	16-Jun-2017	GEFF	4
MIP - MEDICAL IP	WAYNE	62842	23-Jun-2017	GEFF	1
MIP - MEDICAL IP	WAYNE	62842	24-Jun-2017	GEFF	4
MIP - MEDICAL IP	WAYNE	62842	30-Jun-2017	GEFF	0
MIP - MEDICAL IP	WAYNE	62842	08-Jul-2017	GEFF	2
MIP - MEDICAL IP	WAYNE	62842	07-Aug-2017	GEFF	5
MIP - MEDICAL IP	WAYNE	62842	14-Aug-2017	GEFF	3
MIP - MEDICAL IP	WAYNE	62842	08-Sep-2017	GEFF	3
MIP - MEDICAL IP	WAYNE	62842	12-Sep-2017	GEFF	1
MIP - MEDICAL IP	WAYNE	62842	30-Oct-2017	GEFF	3
MIP - MEDICAL IP	WAYNE	62842	10-Nov-2017	GEFF	3
ICU - ICU	WAYNE	62842	21-Nov-2017	GEFF	2
MIP - MEDICAL IP	WAYNE	62842	26-Nov-2017	GEFF	3
MIP - MEDICAL IP	WAYNE	62842	01-Dec-2017	GEFF	2
MIP - MEDICAL IP	WAYNE	62843	08-Feb-2017	GOLDEN GATE	4
MIP - MEDICAL IP	WAYNE	62843	04-Jul-2017	GOLDEN GATE	1
MIP - MEDICAL IP	WAYNE	62843	14-Aug-2017	GOLDEN GATE	3
MIP - MEDICAL IP	WAYNE	62843	18-Nov-2017	GOLDEN GATE	3
MIP - MEDICAL IP	WAYNE	62850	26-Jul-2016	JOHNSONVILLE	2
SIP - SURGERY IP	WAYNE	62850	16-Sep-2016	JOHNSONVILLE	4
MIP - MEDICAL IP	WAYNE	62878	18-Mar-2017	RINARD	0
ICU - ICU	WAYNE	62878	11-Sep-2017	RINARD	1
MIP - MEDICAL IP	WAYNE	62878	20-Sep-2017	RINARD	2
ICU - ICU	WAYNE	62878	28-Sep-2017	RINARD	1
MIP - MEDICAL IP	WAYNE	62878	21-Nov-2017	RINARD	1
MIP - MEDICAL IP	WAYNE	62886	19-Jul-2016	SIMS	4
MIP - MEDICAL IP	WAYNE	62886	26-Jul-2016	SIMS	1
MIP - MEDICAL IP	WAYNE	62886	16-Sep-2016	SIMS	3
MIP - MEDICAL IP	WAYNE	62886	22-Dec-2016	SIMS	2
MIP - MEDICAL IP	WAYNE	62886	21-Mar-2017	SIMS	2
MIP - MEDICAL IP	WAYNE	62886	28-Mar-2017	SIMS	3
MIP - MEDICAL IP	WAYNE	62886	12-Jun-2017	SIMS	3
SIP - SURGERY IP	WAYNE	62886	06-Jul-2017	SIMS	1
MIP - MEDICAL IP	WAYNE	62886	21-Jul-2017	SIMS	4
MIP - MEDICAL IP	WAYNE	62886	11-Oct-2017	SIMS	0

MIP - MEDICAL IP	WAYNE	62895	03-Jul-2016	WAYNE CITY	3
MIP - MEDICAL IP	WAYNE	62895	18-Jul-2016	WAYNE CITY	4
MIP - MEDICAL IP	WAYNE	62895	22-Aug-2016	WAYNE CITY	1
MIP - MEDICAL IP	WAYNE	62895	07-Sep-2016	WAYNE CITY	3
MIP - MEDICAL IP	WAYNE	62895	09-Sep-2016	WAYNE CITY	2
MIP - MEDICAL IP	WAYNE	62895	23-Sep-2016	WAYNE CITY	1
MIP - MEDICAL IP	WAYNE	62895	31-Dec-2016	WAYNE CITY	3
MIP - MEDICAL IP	WAYNE	62895	05-Jan-2017	WAYNE CITY	4
MIP - MEDICAL IP	WAYNE	62895	17-Jan-2017	WAYNE CITY	1
MIP - MEDICAL IP	WAYNE	62895	05-Feb-2017	WAYNE CITY	2
MIP - MEDICAL IP	WAYNE	62895	07-Feb-2017	WAYNE CITY	3
MIP - MEDICAL IP	WAYNE	62895	15-Feb-2017	WAYNE CITY	3
MIP - MEDICAL IP	WAYNE	62895	29-Jun-2017	WAYNE CITY	2
MIP - MEDICAL IP	WAYNE	62895	04-Aug-2017	WAYNE CITY	8
MIP - MEDICAL IP	WAYNE	62895	07-Aug-2017	WAYNE CITY	4
MIP - MEDICAL IP	WAYNE	62895	29-Oct-2017	WAYNE CITY	4
MIP - MEDICAL IP	WAYNE	62895	18-Nov-2017	WAYNE CITY	4
MIP - MEDICAL IP	WAYNE	62895	27-Nov-2017	WAYNE CITY	4
MIP - MEDICAL IP	WHITE	62820	06-Oct-2016	BURNT PRAIRIE	4
MIP - MEDICAL IP	WHITE	62820	05-Dec-2016	BURNT PRAIRIE	1
MIP - MEDICAL IP	WHITE	62820	09-Jan-2017	BURNT PRAIRIE	5
ICU - ICU	WHITE	62820	05-Feb-2017	BURNT PRAIRIE	1
MIP - MEDICAL IP	WHITE	62820	28-Feb-2017	BURNT PRAIRIE	3
MIP - MEDICAL IP	WHITE	62820	09-May-2017	BURNT PRAIRIE	1
MIP - MEDICAL IP	WHITE	62821	03-Jul-2016	CARMI	2
MIP - MEDICAL IP	WHITE	62821	22-Jul-2016	CARMI	2
MIP - MEDICAL IP	WHITE	62821	27-Jul-2016	CARMI	3
MIP - MEDICAL IP	WHITE	62821	19-Aug-2016	CARMI	2
MIP - MEDICAL IP	WHITE	62821	02-Sep-2016	CARMI	2
MIP - MEDICAL IP	WHITE	62821	20-Sep-2016	CARMI	2
MIP - MEDICAL IP	WHITE	62821	26-Sep-2016	CARMI	3
MIP - MEDICAL IP	WHITE	62821	03-Oct-2016	CARMI	2
MIP - MEDICAL IP	WHITE	62821	03-Nov-2016	CARMI	1
MIP - MEDICAL IP	WHITE	62821	08-Nov-2016	CARMI	3
MIP - MEDICAL IP	WHITE	62821	17-Nov-2016	CARMI	4
MIP - MEDICAL IP	WHITE	62821	25-Nov-2016	CARMI	7
MIP - MEDICAL IP	WHITE	62821	15-Dec-2016	CARMI	4
MIP - MEDICAL IP	WHITE	62821	18-Dec-2016	CARMI	4
MIP - MEDICAL IP	WHITE	62821	27-Dec-2016	CARMI	2
MIP - MEDICAL IP	WHITE	62821	29-Dec-2016	CARMI	2
MIP - MEDICAL IP	WHITE	62821	31-Dec-2016	CARMI	0
MIP - MEDICAL IP	WHITE	62821	01-Jan-2017	CARMI	5
MIP - MEDICAL IP	WHITE	62821	04-Jan-2017	CARMI	8
ICU - ICU	WHITE	62821	05-Jan-2017	CARMI	1
MIP - MEDICAL IP	WHITE	62821	07-Jan-2017	CARMI	2
MIP - MEDICAL IP	WHITE	62821	11-Jan-2017	CARMI	2
MIP - MEDICAL IP	WHITE	62821	20-Jan-2017	CARMI	4
MIP - MEDICAL IP	WHITE	62821	24-Jan-2017	CARMI	3
MIP - MEDICAL IP	WHITE	62821	26-Jan-2017	CARMI	1
MIP - MEDICAL IP	WHITE	62821	02-Feb-2017	CARMI	3
MIP - MEDICAL IP	WHITE	62821	08-Feb-2017	CARMI	1
MIP - MEDICAL IP	WHITE	62821	28-Mar-2017	CARMI	1
MIP - MEDICAL IP	WHITE	62821	05-May-2017	CARMI	3
MIP - MEDICAL IP	WHITE	62821	06-May-2017	CARMI	4
MIP - MEDICAL IP	WHITE	62821	15-May-2017	CARMI	4
MIP - MEDICAL IP	WHITE	62821	09-Jun-2017	CARMI	3

MIP - MEDICAL IP	WHITE	62821	09-Jul-2017	CARMI	3
MIP - MEDICAL IP	WHITE	62821	10-Jul-2017	CARMI	1
MIP - MEDICAL IP	WHITE	62821	04-Aug-2017	CARMI	3
MIP - MEDICAL IP	WHITE	62821	15-Aug-2017	CARMI	4
MIP - MEDICAL IP	WHITE	62821	16-Sep-2017	CARMI	5
MIP - MEDICAL IP	WHITE	62821	18-Sep-2017	CARMI	4
MIP - MEDICAL IP	WHITE	62821	19-Sep-2017	CARMI	2
MIP - MEDICAL IP	WHITE	62821	27-Sep-2017	CARMI	4
SIP - SURGERY IP	WHITE	62821	27-Sep-2017	CARMI	6
MIP - MEDICAL IP	WHITE	62821	20-Oct-2017	CARMI	4
MIP - MEDICAL IP	WHITE	62821	22-Oct-2017	CARMI	2
MIP - MEDICAL IP	WHITE	62821	06-Nov-2017	CARMI	2
MIP - MEDICAL IP	WHITE	62821	14-Nov-2017	CARMI	7
MIP - MEDICAL IP	WHITE	62821	19-Nov-2017	CARMI	2
MIP - MEDICAL IP	WHITE	62821	02-Dec-2017	CARMI	2
MIP - MEDICAL IP	WHITE	62821	04-Dec-2017	CARMI	0
MIP - MEDICAL IP	WHITE	62827	25-Aug-2016	CROSSVILLE	2
MIP - MEDICAL IP	WHITE	62827	14-Sep-2016	CROSSVILLE	1
MIP - MEDICAL IP	WHITE	62827	26-Mar-2017	CROSSVILLE	2
SIP - SURGERY IP	WHITE	62827	21-Apr-2017	CROSSVILLE	2
MIP - MEDICAL IP	WHITE	62827	17-Jul-2017	CROSSVILLE	2
MIP - MEDICAL IP	WHITE	62827	01-Sep-2017	CROSSVILLE	4
MIP - MEDICAL IP	WHITE	62835	25-Jul-2016	ENFIELD	3
MIP - MEDICAL IP	WHITE	62835	08-Aug-2016	ENFIELD	2
MIP - MEDICAL IP	WHITE	62835	09-Aug-2016	ENFIELD	4
MIP - MEDICAL IP	WHITE	62835	20-Aug-2016	ENFIELD	2
MIP - MEDICAL IP	WHITE	62835	23-Aug-2016	ENFIELD	6
MIP - MEDICAL IP	WHITE	62835	06-Oct-2016	ENFIELD	4
MIP - MEDICAL IP	WHITE	62835	12-Jan-2017	ENFIELD	3
MIP - MEDICAL IP	WHITE	62835	12-Mar-2017	ENFIELD	4
MIP - MEDICAL IP	WHITE	62835	19-Mar-2017	ENFIELD	2
MIP - MEDICAL IP	WHITE	62835	17-May-2017	ENFIELD	1
MIP - MEDICAL IP	WHITE	62835	19-Sep-2017	ENFIELD	4
MIP - MEDICAL IP	WHITE	62835	16-Nov-2017	ENFIELD	2
MIP - MEDICAL IP	WHITE	62835	30-Nov-2017	ENFIELD	5
MIP - MEDICAL IP	WHITE	62844	24-Jul-2016	GRAYVILLE	2
MIP - MEDICAL IP	WHITE	62844	22-Nov-2016	GRAYVILLE	2
MIP - MEDICAL IP	WHITE	62844	03-Feb-2017	GRAYVILLE	1
MIP - MEDICAL IP	WHITE	62844	16-Mar-2017	GRAYVILLE	4
MIP - MEDICAL IP	WHITE	62844	28-Mar-2017	GRAYVILLE	1
MIP - MEDICAL IP	WHITE	62844	27-Apr-2017	GRAYVILLE	2
SIP - SURGERY IP	WHITE	62844	01-May-2017	GRAYVILLE	3
MIP - MEDICAL IP	WHITE	62844	13-May-2017	GRAYVILLE	2
MIP - MEDICAL IP	WHITE	62844	05-Jul-2017	GRAYVILLE	2
MIP - MEDICAL IP	WHITE	62844	06-Jul-2017	GRAYVILLE	1
MIP - MEDICAL IP	WHITE	62844	14-Sep-2017	GRAYVILLE	4
MIP - MEDICAL IP	WHITE	62844	02-Oct-2017	GRAYVILLE	4
MIP - MEDICAL IP	WHITE	62844	03-Oct-2017	GRAYVILLE	3
MIP - MEDICAL IP	WHITE	62844	02-Nov-2017	GRAYVILLE	5
MIP - MEDICAL IP	WHITE	62844	07-Nov-2017	GRAYVILLE	4
MIP - MEDICAL IP	WHITE	62844	09-Nov-2017	GRAYVILLE	4
MIP - MEDICAL IP	WHITE	62844	16-Nov-2017	GRAYVILLE	9
MIP - MEDICAL IP	WHITE	62844	26-Nov-2017	GRAYVILLE	2
MIP - MEDICAL IP	WHITE	62844	02-Dec-2017	GRAYVILLE	3
MIP - MEDICAL IP	WHITE	62844	02-Dec-2017	GRAYVILLE	3
SIP - SURGERY IP	WHITE	62861	17-Mar-2017	MAUNIE	3

MIP - MEDICAL IP	WHITE	62862	17-Jul-2016	MILL SHOALS	1
MIP - MEDICAL IP	WHITE	62862	22-Aug-2016	MILL SHOALS	3
MIP - MEDICAL IP	WHITE	62862	10-Oct-2016	MILL SHOALS	1
MIP - MEDICAL IP	WHITE	62862	13-Oct-2016	MILL SHOALS	1
MIP - MEDICAL IP	WHITE	62862	06-Nov-2016	MILL SHOALS	2
MIP - MEDICAL IP	WHITE	62862	10-Nov-2016	MILL SHOALS	4
MIP - MEDICAL IP	WHITE	62862	15-Nov-2016	MILL SHOALS	2
MIP - MEDICAL IP	WHITE	62862	15-Dec-2016	MILL SHOALS	1
MIP - MEDICAL IP	WHITE	62862	07-Feb-2017	MILL SHOALS	0
MIP - MEDICAL IP	WHITE	62862	20-Feb-2017	MILL SHOALS	1
MIP - MEDICAL IP	WHITE	62862	06-Mar-2017	MILL SHOALS	2
MIP - MEDICAL IP	WHITE	62862	04-May-2017	MILL SHOALS	4
ICU - ICU	WHITE	62862	10-May-2017	MILL SHOALS	1
MIP - MEDICAL IP	WHITE	62862	29-May-2017	MILL SHOALS	5
MIP - MEDICAL IP	WHITE	62862	13-Jun-2017	MILL SHOALS	2
MIP - MEDICAL IP	WHITE	62862	30-Jun-2017	MILL SHOALS	5
MIP - MEDICAL IP	WHITE	62862	20-Aug-2017	MILL SHOALS	4
MIP - MEDICAL IP	WHITE	62862	15-Sep-2017	MILL SHOALS	2
MIP - MEDICAL IP	WHITE	62862	12-Nov-2017	MILL SHOALS	5
MIP - MEDICAL IP	WHITE	62869	18-Jul-2016	NORRIS CITY	3
MIP - MEDICAL IP	WHITE	62869	23-Aug-2016	NORRIS CITY	2
MIP - MEDICAL IP	WHITE	62869	26-Aug-2016	NORRIS CITY	6
MIP - MEDICAL IP	WHITE	62869	20-Sep-2016	NORRIS CITY	5
MIP - MEDICAL IP	WHITE	62869	24-Oct-2016	NORRIS CITY	3
MIP - MEDICAL IP	WHITE	62869	16-Nov-2016	NORRIS CITY	2
MIP - MEDICAL IP	WHITE	62869	08-Feb-2017	NORRIS CITY	4
MIP - MEDICAL IP	WHITE	62869	17-Aug-2017	NORRIS CITY	2
MIP - MEDICAL IP	WHITE	62869	30-Nov-2017	NORRIS CITY	1
MIP - MEDICAL IP	WHITE	62887	05-Feb-2017	SPRINGERTON	1
MIP - MEDICAL IP	WHITE	62887	02-Mar-2017	SPRINGERTON	4
MIP - MEDICAL IP	WHITE	62887	03-Sep-2017	SPRINGERTON	1
MIP - MEDICAL IP	WHITE	62887	21-Sep-2017	SPRINGERTON	1
MIP - MEDICAL IP	WHITE	62887	02-Oct-2017	SPRINGERTON	2

Criterion 1110.130.d) Alternatives

There were two basic alternatives considered to the proposed project: Do Nothing, or Construct a New Replacement Facility. There were other slightly modified projects considered, but none of those significantly changed the present proposal or its cost , they center primarily of the locstion of the various departments within the new addition/

The "Do Nothing "alternative was reject because it would not address any of the issues which are the basis of the proposed project. It would not provide additional space to support the new physicians , the new clinic space who have been recruited. It also would allow for the increase in number of operating rooms, the increase and relocation of the ED, the establishment of the Urgent Care Department or the establishment of the new outpatient clinic area.

The alternative of replacing the hospital completely was rejected based upon cost. If this alternative had been chosen the project would have at the very least double which made it be cost prohibitive for the applicant

The proposed project was determined to be the most cost effective way to meet the facility's needs now and in the foreseeable future.

ATTACHMENT 13

	SIZE OF PROJECT				
DEPARTMENT/ SERVICE	Proposed BGSF/DGSF	State Standard	Applicant's Prposal	Difference	Met Standard
Surgery	7,830	2,750 DGSF/OR	1955 DGSF/OR	-3,180 DGSF	Yes
Surgery Prep and Holding	5,600	400/DGSF/station	350/DGSF/Station	-800 DGSF	Yes
PACU	1,450	180 DGSF/ station	362.5 DGSF/Station	+730 DGSF	No
Central Sterile Supply	1,054	N/A	N/A	N/A	N/A
Endoscopy	715	1,100 DGSF/Room	715 DGSF/Room	-385 DGSF	Yes
Skilled Nursing	16,191	440-560 DGSF/bed	539.7/DGSF/bed	-609 DGSF	Yes
ED	8,205	900 DGSF/Station	911.4 DGSF/ Station	+102.6 DGSF	No
Urgent Care	1,616	N/A	404 DGSF	N/A	N/A
Outpatient Clinic	13,468	N/A	N/A	N/A	N/A

A. Surgery

The size of this department is based upon the proposed 4 OR's that are proposed when the project is completed the number of rooms proposed is based upon the projected utilization of the department based upon 1.75 hours per procedure. The applicant has recruited 3 new physicians to the hospital to begin work by 2022 which is within 2 years of this project being completed. Two of these physicians are general surgeons and one is an orthopedic surgeon.

The hospital now has only a consulting orthopedic surgeon one day per week and he does not currently provide surgical procedures at the hospital. The new orthopedic surgeon will perform his surgical procedures at the hospital.

Based upon the 2021 projected volume of 4,613 hours of surgery and the 2022 volume of 5,177 hours of surgery the applicant can, based upon the State Standard, justify 3.1 and 3.4 operating rooms respectively which is consistent with 4 rooms proposed

The space proposed is consistent with the State Standard.

B. Surgery Prep and Holding and PACU

These two departments together serve as the preparation and recovery area for the Surgery and Endoscopy Departments. The Endoscopy has one procedure room and the Surgery has four OR's for a total of 5 rooms The Prep and holding area has 16 rooms/stations and the PACU has a total of four rooms/stations for a total of five rooms.

ATTACHMENT 14

The licensure regulations call for up to 4 stations per OR which is consistent with the proposed 20 recovery/prep rooms proposed.

The space in the Prep and holding area equals 350 GSF per room compared to the State Standard of 400 GSF for a difference of 800 square feet. The PACU's GSf amounts to 362.5 DGSF/Station which exceeds the State Standard of 160 DGSF per station by 730 DGSF. Together these to departments are consistent with the State Stand for total DGSF.

The PACU is higher than the State Standard for a couple of reasons: first, the PACU is going into existing space which has size restraints, and second, because the departs are physically separate there is duplication of support services like clean and soiled storage space, a nurses station..

When these factors are considered the applicant believes that these areas are appropriately sized.

C. Central Sterile Supply

This department is located immediately adjacent to the Surgery Department and the Emergency Department in new construction The space includes the sterilization equipment for sterilizing of surgical instruments and packs and space for the storage of the supplies within the sterile confines of the Surgery Department, while still providing quick access to the needs of the ED.

The space for this department was developed after comparing it to other similar projects for hospitals in Indiana, Missouri and Illinois previously designed by Haskell Architects and Engineers, and their construction partners.

There are no State Standards for this department. The applicant believes that the proposed department will meet all of the hospital needs.

D. Endoscopy

The applicant is proposing to have one endoscopy unit to serve the needs of the area patients. This is the minimum number of rooms needed to meet the facility's needs

The State Standard for this type of procure room is 1,100 DGSF/Room. The applicant is proposing to have 715 DGSF for this single room. This figure is consistent with the State Standard.

E. Skilled Nursing

The applicant is proposing to replace and existing 30 bed SNF unit with a 30 bed unit in 16,191 DGSF for a total of 539.7 DGSF/ bed which is consistent with the State Standard.

ATTACHMENT 14

The applicant's projected occupancy rate is 87% for 2021 and 93% for 2022 which is that all three of the applicant's new surgeons will be on staff. The State Occupancy Standard is 90%.

The applicant's historical utilization has not achieved the target occupancy due to several different factors. There is an insufficient number of physicians in the planning area. The existing unit has some four bed rooms which share a single bathroom which limits the patients who can share the room which on several occasions required the applicant to not allow admissions to this unit. The small number of total beds makes it difficult to maintain 90% occupancy especially given the shorter length of stay general associated with hospital based SNF units especially units in Critical Access Hospitals since they serve a higher percentage of short stay patients than other SNF units.

The applicant will achieve the States Occupancy Requirements within two years of project completion.

Based upon the 30 beds proposed the size of this unit is appropriate.

F. ED

The applicant is proposing to construct a 9 station ED in 8,205 DGSF which amounts to 811.4 DGSF per station. The applicant's proposal exceeds the State Standard (900 DSGF/ Station) by 11.4 DGSF per station for a total of 102.6 DGSF Of the 9 rooms proposed 2 are designated for Mental Illness beds including Drug Abuse patients and one room is for SANE patients (Sexual Abuse Nursing Evaluation as required by new state law. The remaining 6 rooms will be utilized for general Emergency Room patients. The two Mental Illness Rooms are designed to have doors which close over the wall of equipment and supplies to stop any patient from accessing supplies of any other item which could result in injury.

The applicant's projected workload for 2022 total 9185 visits which justifies 5 rooms based upon the State Standard of 2,000 visits per ED room. While the applicant is proposing to 6 rooms beyond the 3 dedicated room, It is the applicant's expectation that the number of ED visits will continue to grow in this planning area as outpatient clinics they are proposing to establish in communities (Cisne, Greyville, and Carmi) that do not have hospitals are completed..

The prosed size of the project only slightly exceeds the State Standards which is likely the result of the need for additional support space in this rural area in order to serve all patients who are awaiting transport to full service (non-critical access hospitals.

G. Urgent Care

The applicant developed the 4-bed Urgent care Unit in 2017 to reduce the burden on the existing Emergency Depart. The establishment of this unit allow for the ED staff to better Triage the patients in oder for them to receive care in a timely fashion. It also

delayed this proposed project and allowed for a very thorough evaluation of the facility's needs while reducing the pressure on the existing ED. It was very successful with 4,770 patients being seen with the first year with the volume projected to increase over the next several years,

The four Urgent Care Rooms will be located immediately adjacent to the ED which allow for the two departments to relieve unexpected pressure on either department and insure that the patients will be seen in the most timely fashion possible.

While the State Board does not have any standards for Urgent care the applicant's proposal is well within the standards for ED (900 DGSF /station) at only 404 DGSF per station.

The proposed size to the department is reasonable for its projected use.

H. Outpatient Clinic

The applicant is proposing to have 13,468 DGSF to house outpatient clinical space for both staff physicians and four physicians who travel to the clinic on a regular but not daily basis from other larger hospitals in the surrounding area.

The new clinic area will house two new general surgeons, 1 orthopedic surgeon, a pain clinic, a urologist, an ENT physician, and a podiatrist. The clinic will also have some expansion capability for additional specialists to serve the facilities on a limited schedule. The space for the urologist, the podiatrist and the ENT will be rented to those physicians with the billing primarily provided by outside resources The general surgeon who will be the first one to arrive has a projected volume of 830 visits the first year and 1,210 visits the second year. The orthopedic surgeon will have a projected volume of 2,700 visits the first year and 3,300 visits the second year. It is important to know that he will be the only orthopedic surgeon in the area, and he will be recruiting a Physicians assist or a nurse practitioner to assist in his practice.

Based upon the needs of these new physicians the proposed space will be needed and fully utilized by the second year after project completion

There is no State Standard for this department.

ATTACHMENT 14

Historical and Projected Utilization
Fairfield Memorial Hospital

	FYE 6/30/2016	FYE 6/30/ 2017	FYE 6/30/ 2018	FYE 6/30/2021	FYE 6/30/2022
Emergency Room	10,224	9,389	8,828	9,005	9,185
Urgent Care*	0	4,770	6,887	7,308	7,454
Surgery**	2168	2,203	2,021	2,636	2,956
Skilled Care Days	7253	7,545	7,846	9,490	10,220
Skilled Care Admissions	131	115	99	125	136

Emergency Room volume is approximately 2% increase each year based on current growth, improved left without being seen percentage (currently 1.4%) due to more exam rooms
* Urgent Care opened 11/1/2016. Volume is approximately 2% growth per year for 2020, 2021
* Second General Surgeon starts 2020; 2nd year volume increase is based on 65% of current general surgeon, and covering 3 outlying clinics a total of 1 - 2 days per week.
** Orthopedic Surgon starts in 2022; Volume based on 70% of 1 Orthopedic surgeon in rural community, and market area of 42,000; Will be covering outlying clinics 1 day per week
Drop in volume in surgery cases between 2017 and 2018 attributed to Pain Clinic physician taking extended time off to return to home country due to death in family

Rooms/Stations	Current	After Construction
Emergency Room Beds	5	9
Urgent Care	4	4
Surgery Operating Rooms	2	4
Skilled Care Beds	30	30

PROJECT SERVICES UTILIZATION:

UTILIZATION					
	DEPT./ SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD	MEET STANDARD ?
YEAR 1	Skilled Nursing	7,846	9,490	90%	No
YEAR 2	Skilled Nursing		10,220	90%	Yes
YEAR 1	Surgery	3,855	4,613	1.500 hours/OR	Yes
YEAR 2	Surgery	3,537	5,173	1500 hours/or	Yes
YEAR 1	ED	9,389	9,005	2,000 proc./station	No
YEAR 2	ED	5,828	9,185	2,000 proc/station	No

A. Skilled Nursing

The applicant's projected occupancy rate is 87% for 2021 and 93% for 2022 which is that all three of the applicant's new surgeons will be on staff. The State Occupancy Standard is 90%.

The applicant's historical utilization has not achieved the target occupancy due to several different factors. There is an insufficient number of physicians in the planning area. The existing unit has some four bed rooms which share a single bathroom which limits the patients who can share the room which on several occasions required the applicant to not allow admissions to this unit. The small number of total beds makes it difficult to maintain 90% occupancy especially given the shorter length of stay general associated with hospital based SNF units especially units in Critical Access Hospitals since they serve a higher percentage of short stay patients than other SNF units.

B. Surgery

Based upon the 2021 projected volume of 4,613 hours of surgery and the 2022 volume of 5,177 hours of surgery the applicant can, based upon the State Standard, justify 3.1 and 3.4 operating rooms respectively which is consistent with 4 rooms proposed

The applicant has recruited 3 new physicians to the hospital to begin work by 2022 which is within 2 years of this project being completed. Two of these physicians are general surgeons and one is an orthopedic surgeon.

C. ED

The applicant's projected workload for 2022 total 9185 visits which justifies 5 rooms based upon the State Standard of 2,000 visits per ED room. While the applicant is proposing to 6 rooms beyond the 3 dedicated room, It is the applicant's expectation that the number of ED visits will continue to grow in this planning area as outpatient clinics they are proposing to establish in communities (Cisne, Greyville, and Carmi) that do not have hospitals are completed..

Of the 9 rooms proposed 2 are designated for Mental Illness beds including Drug Abuse patients and one room is for SANE patients (Sexual Abuse Nursing Evaluation as required by new state law. The remaining 6 rooms will be utilized for general Emergency Room patients. The two Mental Illness Rooms are designed to have doors which close over the wall of equipment and supplies to stop any patient from accessing supplies of any other item which could result in injury.

Fairfield Memorial Hospital
Utilization Statistics for CON
Estimated Project Completion date 6/30/2020

	FYE 6/30/2018	FYE 6/30/2019	FYE 6/30/2020*	FYE 6/30/2021	FYE 6/30/2022**
Acute Patient Days	2,107	2,100	2,220	2,340	2,560
Med/Surg	1,906	1,900	2,010	2,118	2,335
ICU	201	200	210	222	225
Acute Admissions	648	661	701	761	801
Skilled Patient Days	7,846	7,900	8,030	9,490	10,220
Skilled Admissions	99	103	105	125	136

* General Surgeon starts
** Orthopedic Surgeon starts

ATTACHMENT #

Criterion 1110.270 - Clinical Service Areas Other than Categories of Service

Service	# Existing Key Rooms	# Proposed Key Rooms
☐ Surgery	2	4
☐ ED	5	9
☐ Prep and Holding		16
☐ PACU		4
☐ Central Sterile Supply	N/A	N/A
☐ Endoscopy	1	1
☐ Urgent Care	4	4
☐ Outpatient Clinics	N/A	24
☐		

ATTACHMENT 31

Criterion 1110(c)(2) – Necessary Expansion

A. Surgery

The size of this department is based upon the proposed 4 OR's that are proposed when the project is completed the number of rooms proposed is based upon the projected utilization of the department based upon 1.75 hours per procedure. The applicant has recruited 3 new physicians to the hospital to begin work by 2022 which is within 2 years of this project being completed. Two of these physicians are general surgeons and one is an orthopedic surgeon.

The hospital now has only a consulting orthopedic surgeon one day per week and he does not currently provide surgical procedures at the hospital. The new orthopedic surgeon will perform his surgical procedures at the hospital.

Based upon the 2021 projected volume of 4,613 hours of surgery and the 2022 volume of 5,177 hours of surgery the applicant can, based upon the State Standard, justify 3.1 and 3.4 operating rooms respectively which is consistent with 4 rooms proposed

The space proposed is consistent with the State Standard.

ATTACHMENT 31

Criterion 1110(c)(2) – Necessary Expansion

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The applicant is proposing to construct a 9 station ED in 8,205 DGSF which amounts to 811.4 DGSF per station. The applicant's proposal exceeds the State Standard (900 DSGF/ Station) by 11.4 DGSF per station for a total of 102.6 DGSF Of the 9 rooms proposed 2 are designated for Mental Illness beds including Drug Abuse patients and one room is for SANE patients (Sexual Abuse Nursing Evaluation as required by new state law. The remaining 6 rooms will be utilized for general Emergency Room patients. The two Mental Illness Rooms are designed to have doors which close over the wall of equipment and supplies to stop any patient from accessing supplies of any other item which could result in injury.

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The prosed size of the project only slightly exceeds the State Standards which is likely the result of the need for additional support space in this rural area in order to serve all patients who are awaiting transport to full service (non-critical access hospitals.

ATTACHMENT 31

Criterion 1110(c)(2) – Necessary Expansion

C. Surgery Prep and Holding and PACU

These two departments together serve as the preparation and recovery area for the Surgery and Endoscopy Departments. The Endoscopy has one procedure room and the Surgery has four OR's for a total of 5 rooms The Prep and holding area has 16 rooms/stations and the PACU has a total of four rooms/stations for a total of five rooms.

The licensure regulations call for up to 4 stations per OR which is consistent with the proposed 20 recovery/prep rooms proposed.

The space in the Prep and holding area equals 350 GSF per room compared to the State Standard of 400 GSF for a difference of 800 square feet. The PACU's GSf amounts to 362.5 DGSF/Station which exceeds the State Standard of 160 DGSF per station by 730 DGSF. Together these to departments are consistent with the State Stand for total DGSF.

The PACU is higher than the State Standard for a couple of reasons: first, the PACU is going into existing space which has size restraints, and second, because the departs are physically separate there is duplication of support services like clean and soiled storage space, a nurses station..

When these factors are considered the applicant believes that these areas are appropriately sized.

ATTACHMENT 31

Criterion 1110(c)(2) – Necessary Expansion

D. Central Sterile Supply

This department is located immediately adjacent to the Surgery Department and the Emergency Department in new construction The space includes the sterilization equipment for sterilizing of surgical instruments and packs and space for the storage of the supplies within the sterile confines of the Surgery Department, while still providing quick access to the needs of the ED.

The space for this department was developed after comparing it to other similar projects for hospitals in Indiana, Missouri and Illinois previously designed by Haskell Architects and Engineers, and their construction partners.

There are no State Standards for this department. The applicant believes that the proposed department will meet all of the hospital needs.

ATTACHMENT 31

Criterion 1110(c)(2) – Necessary Expansion

E. Endoscopy
The applicant is proposing to have one endoscopy unit to serve the needs of the area patients. This is the minimum number of rooms needed to meet the facility's needs

The State Standard for this type of procure room is 1,100 DGSF/Room. The applicant is proposing to have 715 DGSF for this single room. This figure is consistent with the State Standard

ATTACHMENT 31

Criterion 1110(c)(2) – Necessary Expansion

Outpatient Clinic

F. The applicant is proposing to have 13,468 DGSF to house outpatient clinical space for both staff physicians and four physicians who travel to the clinic on a regular but not daily basis from other larger hospitals in the surrounding area.

The new clinic area will house two new general surgeons, 1 orthopedic surgeon, a pain clinic, a urologist, an ENT physician, and a podiatrist. The clinic will also have some expansion capability for additional specialists to serve the facilities on a limited schedule. The space for the urologist, the podiatrist and the ENT will be rented to those physicians with the billing primarily provided by outside resources The general surgeon who will be the first one to arrive has a projected volume of 830 visits the first year and 1,210 visits the second year. The orthopedic surgeon will have a projected volume of 2,700 visits the first year and 3,300 visits the second year. It is important to know that he will be the only orthopedic surgeon in the area, and he will be recruiting a Physicians assist or a nurse practitioner to assist in his practice.

Based upon the needs of these new physicians the proposed space will be needed and fully utilized by the second year after project completion

There is no State Standard for this department.

ATTACHMENT 31

Criterion 1110(c)(2) – Necessary Expansion

G. Urgent Care

The applicant developed the 4-bed Urgent care Unit in 2017 to reduce the burden on the existing Emergency Depart. The establishment of this unit allow for the ED staff to better Triage the patients in oder for them to receive care in a timely fashion. It also delayed this proposed project and allowed for a very thorough evaluation of the facility's needs while reducing the pressure on the existing ED. It was very successful with 4,770 patients being seen with the first year with the volume projected to increase over the next several years,

The four Urgent Care Rooms will be located immediately adjacent to the ED which allow for the two departments to relieve unexpected pressure on either department and insure that the patients will be seen in the most timely fashion possible.

While the State Board does not have any standards for Urgent care the applicant's proposal is well within the standards for ED (900 DGSF /station) at only 404 DGSF per station.

ATTACHMENT 31

Terms and Conditions of USDA Loans

The applicant will receive two loans from the USDA. First is a USDA Rural Development Community Facilities Direct Loan for $19,864,000 loan at 4.25% interest rate (estimate) and a 40 year amortization period. The second loan ia a USDA Rural Economic Development Loan at $2 million (Max, with a 0% interest rate and a 10 year term with no deferral period

ATTACHMENT # 34

Fairfield Memorial Hospital
Historical and Projected Ratios

		Audited				Unaudited	Projected
		FY 2015	FY 2016	FY 2017		FY 2018	FY 2021
Current Ratio		1.5	1.64	2.41		3.04	2.15
Net Margin		3.0%	-0.50%	2.25%		1.26%	2.60%
Debt to Total Capitalization		33%	33%	29.8%		28%	58%
Projected Debt Service Coverage		2.78	1.81	2.63		2.758	2.763
Days Cash on Hand		23	19	19		45.56	41.02
Cushion Ratio		1.71	1.53	1.56		4.47	2.53

Method Used to calculate Ratios **Numbers from 2017 Financial Statements**

Current Ratio = Current Assets/Current Liabilities 2.410493162

Net Margin = Net Income/Total Operating Revenue 0.022572292

Debt to Total Capitalization = Interest bearing debt, including leases/(Interest bearing debt, including leases + equity)
0.297721074

Projected Debt Service Coverage = Net Income + Interest + Depreciation/Current Maturities LT Debt + Current Maturities LT Lease + Interest
2.631127711

Days Cash on Hand = Cash, Savings, Investments/Total Operating Expenses 19.44471881

Cushion Ratio = (Cash + Short Term Investments+Board Designated)/Current Maturities of LT Debt, Current Maturities of LT Leases + Interest Expense)
1.56733745

Current Ratio

Current Ratio does not include assets whose use is limited. Fairfield Memorial had $1,172,379 in Board Designated funds during 2015 and $1,125,861 in 2016. While these funds require the Hospital CEO approval prior to spending funds, these are not restricted for any purpose, and can be used to pay current liabilities as needed.

Second, accrued liabilities third party reimbursement, was an estimate of the amount the Hospital owed to Medicare, when filing the 2015 and 2016 Cost Report. The hospital accrues monthly based on past history and expected monies either owed to, or owed from Medicare. In 2015, $297,222 was booked, which was substantially higher than the $3,497 actually owed to Medicare, as shown in the final Summary Settlement Worksheet. In 2016, $315,000 was booked as a liability to Medicare, which was slightly higher than the actual amount owed of $266,712, per the Summary Settlement Worksheet.

Were the Hospital to have included the Board Designated funds in the current ratio, and used the actual amount owed to Medicare instead of an estimate based on history, the current ratio for 2015 would have been 2.04, and 1.91 in 2016.

All past years except 2016, and all projected years meet the required 2.0 current ratio. 2016 was an anomaly, and should not be used to determine projected financial viability.

2015 Current Assets	6,485,781.00	2016 Current Assets	7,322,435.00
Board Designated funds	1,172,379.00	Board Designated funds	1,125,861.00
Adjusted Current Assets	7,658,160.00	Adjusted Current Assets	8,448,296.00
2015 Current Liabilities	4,055,672.00	2016 Current Liabilities	4,478,134.00
Less Third Party Reimburs	(297,222.00)	Less Third Party Reimburse	(315,000.00)
Plus Actual Third Party Reimb	3,497.00	Plus Actual Third Party Reimburse	266,712.00
Adjusted Current Liabilities	3,761,947.00	Adjusted Current Liabilities	4,429,846.00
2015 Adjusted Current Ratio	**2.04**	**2016 Adjusted Current Ratio**	**1.91**

Net Margin Percentage

Fairfield Memorial Hospital is a not for profit critical access hospital, and as such, operates on low net margin percentages. In support of its mission, the Hospital voluntarily provides care to patients at less than its established charges for patients who meet the charity care criteria. The hospital provided $310,478 of charity cost in 2016, and $247,114 in 2017, which impacts the net margin percentage. In

addition the Hospital provides services to other medically indigent patients under certain government-reimbursement programs. Such programs pay the Hospital less than established charges, and in the case of Medicaid, less than cost. Approximately 52% and 55% of net patient service revenues are from participation in Medicare and Illinois Medicaid for the years ending 2017and 2016, respectively. The services to these patients also directly impact the Net Margin Percentage. Therefore, Fairfield Memorial Hospital's Net Margin Percentage is lower than the 3.0%, due to the Hospital providing a wide range of services to the poor, uninsured and underinsured individuals in the community.

Projected Debt to Total Capitalization

The hospital was not able to raise the needed funds, other than with debt. The hospital has borrowed funds for projects in the past, and has quickly been able to drop this percentage. 2021 is when the projected is expected to be completed, and as such, will have the highest debt service coverage. The hospital expects that based on projected financial operations, and making the minimum required payments on the issued debt, that this percentage will be at the required percentage of 50%, within 4 years of the projects completion. Fairfield Memorial intends to pay more than the minimum payment on its current debt, which should reduce the time it will take to reach the targeted percentage.

Projected Debt Service Coverage

All past years except 2016, and all projected years meet the required 2.50 debt service ratio. 2016 was an anomaly, and should not be used to determine projected financial viability.

Days Cash on Hand

The State of Illinois, paying both Medicaid and State of Illinois employees' insurance claims, is a significant payor for Fairfield Memorial Hospital. During the past 3 historical years shown on the ratios, the Hospital has had cash flow issues due to the State of Illinois owing Fairfield Memorial in excess of $4,000,000. This has had a significant impact on the Hospital's cash. If the amounts owed by the State of Illinois to Fairfield Memorial in 2015, 2016, and 2017 were added to the Hospital's operating cash, days cash on hand would be 78, 72, and 73 respectively. Projected 2021 days is 41, due to several factors. The hospital will be paying cash for the necessary orthopedic surgical equipment, estimated at over 1.5 million, needed when our new Orthopedic Surgeon joins the hospital in 2021. This is not included in the current project, and will not be financed, either through a lease or direct loan. Were the equipment not purchased with cash, Days cash on hand would be 57 days. In addition, the 2021 projection takes into account, that the hospital could spend additional cash up to $1 million dollars on items relating to the project, including additional supplies, minor equipment, needed for the renovated areas. This cash will not have been replenished by 2021. The hospital projects days cash on hand to be 75 days by 2024, based on the additional revenue generated by the new physicians, which will be employed by Fairfield Memorial.

Cushion Ratio

The State of Illinois, paying both Medicaid and State of Illinois employees' insurance claims, is a significant payor for Fairfield Memorial Hospital. During the past 3 historical years shown on the ratios, the Hospital has had cash flow issues due to the State of Illinois owing Fairfield Memorial in excess of $4,000,000. This has had a significant impact on the Hospital's cash. If the amounts owed by the State of Illinois to Fairfield Memorial in 2015, 2016, and 2017 were added to the Hospital's operating cash, cushion would have been 6.0, for each of these years. During 2018, this ratio improved 4.47, with the State paying a portion of the amounts owed to Fairfield. However, Fairfield used a significant portion to pay off older accounts payable. If the State had paid all of the funds owed to Fairfield, older than 90 days, the 2018 ratio would have been 7.0. The projected 2021 Cushion Ratio is 2.53, due to several factors. The hospital will be paying cash for the necessary orthopedic surgical equipment, estimated at over 1.5 million, needed when our new Orthopedic Surgeon joins the hospital in 2021. This is not included in the current project, and will not be financed, either through a lease or direct loan. Were the equipment not purchased with cash, Cushion Ratio would be 3.5. The Hospital anticipates the Cushion Ratio to be 6.0, by 2024.

FAIRFIELD MEMORIAL HOSPITAL ASSOCIATION

STATEMENTS OF FINANCIAL POSTION

June 30

ASSETS

	2016	2015
CURRENT ASSETS		
Cash and cash equivalents	$ 285,196	$ 434,385
Accounts receivable		
Patient, less estimated uncollectibles of $3,473,035 in 2016 and $2,190,000 in 2015	5,891,771	5,188,367
Supplies	376,118	323,720
Prepaid expenses and other	769,350	539,309
Total current assets	7,322,435	6,485,781
ASSETS WHOSE USE IS LIMITED (Note E)		
Board designated funds	1,125,861	1,172,379
Donor restricted funds	389,596	320,566
By loan agreement	178,215	175,302
Assets restricted for long-term purposes	569	569
	1,694,241	1,668,816
INTEREST IN INTERRELATED ORGANIZATIONS (Note F)	640,356	625,112
PROPERTY AND EQUIPMENT, AT COST (Note G)	15,098,430	15,953,499
OTHER ASSETS		
Other receivables (Note H)	1,018,511	945,786
Long-term investments	800	800
Oil reserve leasehold	961	961
	1,020,272	947,547
Total Assets	$ 25,775,734	$ 25,680,755

LIABILITIES AND NET ASSETS

	2016	2015
CURRENT LIABILITIES		
Current maturities of long-term debt (Note I)	$ 482,270	$ 505,914
Current maturities of obligations under capital leases (Note J)	103,906	97,380
Accounts payable	1,815,279	1,312,116
Accrued payroll and related expenses	1,249,783	1,134,281
Third-party reimbursement programs (Note L)	315,000	297,222
Deferred revenue	511,896	708,759
Total current liabilities	4,478,134	4,055,672
LONG-TERM DEBT (Note I)	6,132,322	6,629,117
LONG-TERM OBLIGATIONS UNDER CAPITAL LEASES (Note J)	415,409	172,801
Total liabilities	11,025,865	10,857,590
NET ASSETS		
Unrestricted	14,359,704	14,502,030
Temporarily restricted (Note L)	389,596	320,566
Permanently restricted	569	569
Total Net Assets	14,749,869	14,823,165
Total Liabilities and Net Asstes	$ 25,775,734	$ 25,680,755

The accompanying notes are an integral part of these statements.

FAIRFIELD MEMORIAL HOSPITAL ASSOCIATION

STATEMENTS OF ACTIVITIES
(Unrestricted Funds)

Years Ended June 30

	2016	2015
Operating revenues		
Patient service revenue	$ 31,478,824	$ 29,830,829
Less: Provision for bad debt	3,690,663	2,703,588
Net patient service revenue	27,788,161	27,127,241
Other operating revenue	634,480	824,885
Total operating revenue	28,422,641	27,952,126
Operating Expenses		
Salaries and wages	11,838,474	11,111,866
Employee benefits	2,853,002	2,472,224
Physicians' fees	1,679,545	1,641,192
Purchased services	3,285,954	3,591,583
Drugs	1,225,255	1,163,402
Supply costs	2,682,479	2,283,986
Food	275,444	355,517
Utilities and telephone	632,145	613,725
Bed and provider tax assessment	573,999	586,494
Repairs and maintenance	581,575	642,677
Rental and lease	567,910	393,459
Insurance	343,636	383,783
Other expense	534,246	474,320
Depreciation and amortization	1,484,828	1,466,963
Interest and finance charges	338,047	363,899
Total operating expenses	28,896,539	27,545,090
Operating income (loss)	(473,898)	407,036
Nonoperating revenues (expenses)		
Contributions	100	186,573
Investment income	163,846	68,602
Other	(111,590)	(118,425)
Total nonoperating revenues (expenses)	52,356	136,750
EXCESS (DEFICIENCY) OF REVENUES OVER EXPENSES	(421,542)	543,786
Change in interest in net assets of interrelated organizations	15,244	(37,362)
Net assets released from restrictions (Note R)	263,972	351,315
INCREASE (DECREASE) IN UNRESTRICTED NET ASSETS	$ (142,326)	$ 857,739

The accompanying notes are an integral part of these statements.

FAIRFIELD MEMORIAL HOSPITAL ASSOCIATION

STATEMENTS OF FINANCIAL POSTION

June 30

ASSETS

	2017	2016
CURRENT ASSETS		
Cash and cash equivalents	$ 571,648	$ 285,196
Accounts receivable		
Patient, less estimated uncollectibles of $2,834,013 in 2017 and $3,473,035 in 2016	5,795,885	5,891,771
Supplies	421,313	376,118
Prepaid expenses and other	435,860	769,350
Total current assets	7,224,706	7,322,435
ASSETS WHOSE USE IS LIMITED (Note E)		
Board designated funds	885,363	1,125,861
Donor restricted funds	357,953	389,596
By loan agreement	271,774	178,215
Assets restricted for long-term purposes	569	569
	1,515,659	1,694,241
INTEREST IN INTERRELATED ORGANIZATIONS (Note F)	598,107	640,356
PROPERTY AND EQUIPMENT, AT COST (Note G)	13,904,334	15,098,430
OTHER ASSETS		
Other receivables (Note H)	1,067,069	1,018,511
Long-term investments	800	800
Oil reserve leasehold	961	961
	1,068,830	1,020,272
Total Assets	$ 24,311,636	$ 25,775,734

LIABILITIES AND NET ASSETS

	2017	2016
CURRENT LIABILITIES		
Current maturities of long-term debt (Note I)	$ 476,188	$ 482,270
Current maturities of obligations under capital leases (Note J)	109,989	103,906
Accounts payable	810,655	1,815,279
Accrued payroll and related expenses	885,170	1,249,783
Third-party reimbursement programs (Note L)	380,000	315,000
Deferred revenue	335,188	511,896
Total current liabilities	2,997,190	4,478,134
LONG-TERM DEBT (Note I)	5,621,324	6,132,322
LONG-TERM OBLIGATIONS UNDER CAPITAL LEASES (Note J)	312,776	415,409
Total liabilities	8,931,290	11,025,865
NET ASSETS		
Unrestricted	15,021,824	14,359,704
Temporarily restricted (Note L)	357,953	389,596
Permanently restricted	569	569
Total Net Assets	15,380,346	14,749,869
Total Liabilities and Net Asstes	$ 24,311,636	$ 25,775,734

The accompanying notes are an integral part of these statements.

FAIRFIELD MEMORIAL HOSPITAL ASSOCIATION

STATEMENTS OF ACTIVITIES
(Unrestricted Funds)

Years Ended June 30

	2017	2016
Operating revenues		
Patient service revenue	$ 30,372,875	$ 31,478,824
Less: Provision for bad debt	1,980,220	3,690,663
Net patient service revenue	28,392,655	27,788,161
Other operating revenue	940,653	634,480
Total operating revenue	29,333,308	28,422,641
Operating Expenses		
Salaries and wages	12,122,810	11,838,474
Employee benefits	2,853,693	2,853,002
Physicians' fees	1,778,484	1,679,545
Purchased services	3,337,621	3,285,954
Drugs	1,287,478	1,225,255
Supply costs	2,029,213	2,682,479
Food	252,853	275,444
Utilities and telephone	625,686	632,145
Bed and provider tax assessment	666,389	573,999
Repairs and maintenance	494,257	581,575
Rental and lease	654,683	567,910
Insurance	306,622	343,636
Other expense	596,571	534,246
Depreciation and amortization	1,440,368	1,484,828
Interest and finance charges	343,432	338,047
Total operating expenses	28,790,160	28,896,539
Operating income (loss)	543,148	(473,898)
Nonoperating revenues (expenses)		
Contributions	-	100
Investment income	57,240	163,846
Other	(89,723)	(111,590)
Total nonoperating revenues (expenses)	(32,483)	52,356
EXCESS (DEFICIENCY) OF REVENUES OVER EXPENSES	510,665	(421,542)
Change in interest in net assets of interrelated organizations	(42,249)	15,244
Net assets released from restrictions (Note R)	193,704	263,972
INCREASE (DECREASE) IN UNRESTRICTED NET ASSETS	$ 662,120	$ (142,326)

The accompanying notes are an integral part of these statements.

FAIRFIELD MEMORIAL HOSPITAL ASSOCIATION

STATEMENTS OF ACTIVITIES
(Unrestricted Funds)

Years Ended June 30

	2016	2015
Operating revenues		
Patient service revenue	$ 31,478,824	$ 29,830,829
Less: Provision for bad debt	3,690,663	2,703,588
Net patient service revenue	27,788,161	27,127,241
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Other expense	534,246	474,320
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Total nonoperating revenues (expenses)	52,356	136,750
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Net assets released from restrictions (Note R)	263,972	351,315
INCREASE (DECREASE) IN UNRESTRICTED NET ASSETS	$ (142,326)	$ 857,739

The accompanying notes are an integral part of these statements.

FAIRFIELD MEMORIAL HOSPITAL ASSOCIATION

STATEMENTS OF FINANCIAL POSTION

June 30

ASSETS

	2016	2015
CURRENT ASSETS		
Cash and cash equivalents	$ 285,196	$ 434,385
Accounts receivable		
Patient, less estimated uncollectibles of $3,473,035 in 2016 and $2,190,000 in 2015	5,891,771	5,188,367
Supplies	376,118	323,720
Prepaid expenses and other	769,350	539,309
Total current assets	7,322,435	6,485,781
ASSETS WHOSE USE IS LIMITED (Note E)		
Board designated funds	1,125,861	1,172,379
Donor restricted funds	389,596	320,566
By loan agreement	178,215	175,302
Assets restricted for long-term purposes	569	569
	1,694,241	1,668,816
INTEREST IN INTERRELATED ORGANIZATIONS (Note F)	640,356	625,112
PROPERTY AND EQUIPMENT, AT COST (Note G)	15,098,430	15,953,499
OTHER ASSETS		
Other receivables (Note H)	1,018,511	945,786
Long-term investments	800	800
Oil reserve leasehold	961	961
	1,020,272	947,547
Total Assets	$ 25,775,734	$ 25,680,755

LIABILITIES AND NET ASSETS

	2016	2015
CURRENT LIABILITIES		
Current maturities of long-term debt (Note I)	$ 482,270	$ 505,914
Current maturities of obligations under capital leases (Note J)	103,906	97,380
Accounts payable	1,815,279	1,312,116
Accrued payroll and related expenses	1,249,783	1,134,281
Third-party reimbursement programs (Note L)	315,000	297,222
Deferred revenue	511,896	708,759
Total current liabilities	4,478,134	4,055,672
LONG-TERM DEBT (Note I)	6,132,322	6,629,117
LONG-TERM OBLIGATIONS UNDER CAPITAL LEASES (Note J)	415,409	172,801
Total liabilities	11,025,865	10,857,590
NET ASSETS		
Unrestricted	14,359,704	14,502,030
Temporarily restricted (Note L)	389,596	320,566
Permanently restricted	569	569
Total Net Assets	14,749,869	14,823,165
Total Liabilities and Net Asstes	$ 25,775,734	$ 25,680,755

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FAIRFIELD MEMORIAL HOSPITAL ASSOCIATION

STATEMENTS OF ACTIVITIES
(Unrestricted Funds)

Years Ended June 30

	2017	2016
Operating revenues		
Patient service revenue	$ 30,372,875	$ 31,478,824
Less: Provision for bad debt	1,980,220	3,690,663
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Total operating revenue	29,333,308	28,422,641
Operating Expenses		
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Employee benefits	2,853,693	2,853,002
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Purchased services	3,337,621	3,285,954
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Total nonoperating revenues (expenses)	(32,483)	52,356
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INCREASE (DECREASE) IN UNRESTRICTED NET ASSETS	$ 662,120	$ (142,326)

The accompanying notes are an integral part of these statements.

FAIRFIELD MEMORIAL HOSPITAL ASSOCIATION

STATEMENTS OF FINANCIAL POSTION

June 30

ASSETS

	2017	2016
CURRENT ASSETS		
Cash and cash equivalents	$ 571,648	$ 285,196
Accounts receivable		
Patient, less estimated uncollectibles of $2,834,013 in 2017 and $3,473,035 in 2016	5,795,885	5,891,771
Supplies	421,313	376,118
Prepaid expenses and other	435,860	769,350
Total current assets	7,224,706	7,322,435
ASSETS WHOSE USE IS LIMITED (Note E)		
Board designated funds	885,363	1,125,861
Donor restricted funds	357,953	389,596
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Assets restricted for long-term purposes	569	569
	1,515,659	1,694,241
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OTHER ASSETS		
Other receivables (Note H)	1,067,069	1,018,511
Long-term investments	800	800
Oil reserve leasehold	961	961
	1,068,830	1,020,272
Total Assets	$ 24,311,636	$ 25,775,734

LIABILITIES AND NET ASSETS

	2017	2016
CURRENT LIABILITIES		
Current maturities of long-term debt (Note I)	$ 476,188	$ 482,270
Current maturities of obligations under capital leases (Note J)	109,989	103,906
Accounts payable	810,655	1,815,279
Accrued payroll and related expenses	885,170	1,249,783
Third-party reimbursement programs (Note L)	380,000	315,000
Deferred revenue	335,188	511,896
Total current liabilities	2,997,190	4,478,134
LONG-TERM DEBT (Note I)	5,621,324	6,132,322
LONG-TERM OBLIGATIONS UNDER CAPITAL LEASES (Note J)	312,776	415,409
Total liabilities	8,931,290	11,025,865
NET ASSETS		
Unrestricted	15,021,824	14,359,704
Temporarily restricted (Note L)	357,953	389,596
Permanently restricted	569	569
Total Net Assets	15,380,346	14,749,869
Total Liabilities and Net Asstes	$ 24,311,636	$ 25,775,734

The accompanying notes are an integral part of these statements.

FAIRFIELD MEMORIAL HOSPITAL
CONSOLIDATED BALANCE SHEET
Year-to-Date Period Ending June 2018

	6/30/2018 (Unaudited)	6/30/2017 (Unaudited)
UNRESTRICTED ASSETS		
Current Assets		
Cash	1,882,547	1,274,385
Accounts Receivable	16,419,780	18,755,272
Allowance for Uncollectibles	(11,359,035)	(12,074,356)
Net Accounts Receivable	**5,060,745**	**6,680,916**
Other Assets		
Other Accounts/Notes Receivable	867,640	765,992
Inventory	631,175	421,313
Prepaid Expenses	277,619	281,385
Other Assets	**1,776,434**	**1,468,690**
Total Current Assets	**8,719,726**	**9,423,991**
Investments - FNB stock	1,761	1,761
Plant, Property and Equipment		
Property, Plant & Equipment	38,986,620	38,147,331
Less: Accumulated Depreciation	(25,773,195)	(24,242,996)
Net PP&E	**13,213,425**	**13,904,334**
Restricted Funds		
Cash Savings Account	202,046	358,522
Interest in Auxiliary and Foundation	641,759	598,107
Restricted Fund Assets	**843,805**	**956,629**
Loans receivable		
Board Designated Funds	2,010,209	585,363
Total Unrestricted Assets	**24,788,927**	**24,872,078**
UNRESTRICTED LIABILITIES & FUND BALANCE		
Current Liabilities		
Accounts Payable	502,855	810,655
Accrued Payroll	256,599	212,686
Other Liabilities	995,728	827,650
Due to Third Party Payors	408,790	380,000
Notes Payable - Current Portion	495,175	586,176
Due to Restricted Fund	-	-
Deferred Revenue	207,582	335,188
Total Current Liabilities	**2,866,730**	**3,152,355**
Long Term Debt (Capital Lease)	5,725,515	5,907,955
Fund Balance		
Fund Balance at Beginning of Period	15,843,693	15,343,901
Net Income This Period	31,853	146,732
Contributed Fund Balance	321,135	321,135
Fund Balance	**16,196,681**	**15,811,768**
Unrestricted Liabilities & Fund Balance	**24,788,927**	**24,872,078**

FAIRFIELD MEMORIAL HOSPITAL
CONSOLIDATED OPERATING STATEMENT
Year-to-Date Period Ending June 2018

	Actual	6/30/2018 Budget	Variance	Var %	6/30/2017 Actual	Change % Prior to Curr.
PATIENT REVENUE						
Inpatient Routine	12,782,827	11,267,706	1,515,120	13.4%	10,873,346	17.6%
Outpatient	75,195,914	77,947,888	(2,751,974)	-3.5%	73,684,911	2.1%
Skilled Care	3,688,388	2,909,534	778,854	26.8%	3,003,551	22.8%
Total Patient Revenue	**91,667,128**	**92,125,127**	**(457,999)**	**-0.5%**	**87,561,808**	**4.7%**
DEDUCTIONS FROM REVENUE						
Medicare Contractuals	30,399,699	27,898,326	2,501,373	9.0%	27,006,135	12.6%
Medicaid Contractuals	15,873,810	17,493,723	(1,619,912)	-9.3%	16,786,122	-5.4%
Provision for Bad Debts	2,914,647	2,562,997	351,649	13.7%	2,394,702	21.7%
Charity Care	1,447,739	800,001	647,738	81.0%	249,047	481.3%
Other Revenue Deductions	14,864,696	16,607,874	(1,743,178)	-10.5%	16,185,615	-8.2%
Medicaid Assessment Tax	(3,645,983)	(3,636,000)	(9,983)	0.3%	(3,881,947)	-6.1%
Total Deductions	**61,854,608**	**61,726,921**	**127,687**	**0.2%**	**58,739,674**	**5.3%**
Net Patient Revenue	**29,812,521**	**30,398,207**	**(585,686)**	**-1.9%**	**28,822,134**	**3.4%**
Net Revenue %	33%	33%	0%		33%	
Other Operating Revenue	714,594	793,900	(79,306)	-10.0%	960,918	-25.6%
Net Operating Revenue	**30,527,114**	**31,192,107**	**(664,992)**	**-2.1%**	**29,783,051**	**2.5%**
OPERATING EXPENSES						
Salary & Wages	13,015,282	12,530,358	484,924	3.9%	12,166,015	7.0%
Employee Benefits	3,263,314	2,862,726	400,588	14.0%	2,853,693	14.4%
Physician Fees	1,751,017	1,767,438	(16,421)	-0.9%	1,778,484	-1.5%
Purchased Services & Professi	3,097,835	3,212,584	(114,749)	-3.6%	2,844,063	8.9%
Collection Expense	110,230	120,000	(9,770)	-8.1%	137,709	-20.0%
Supply Costs	2,262,832	2,532,745	(269,913)	-10.7%	1,949,312	16.1%
Drugs Solutions	968,973	1,350,600	(381,627)	-28.3%	1,287,478	-24.7%
Raw Food	252,983	270,600	(17,617)	-6.5%	256,212	-1.3%
Utilities	686,504	634,377	52,127	8.2%	625,686	9.7%
Repairs & Maintenance	483,989	380,717	103,272	27.1%	481,329	0.6%
Rent Expense	612,461	658,127	(45,666)	-6.9%	654,683	-6.4%
Taxes	682,783	674,061	8,722	1.3%	666,390	2.5%
Malpractice	71,729	324,161	(252,432)	-77.9%	199,282	-64.0%
Insurance	110,143	112,000	(1,857)	-1.7%	107,340	2.6%
Depreciation and Amortization	1,530,198	1,700,884	(170,686)	-10.0%	1,440,368	6.2%
Interest	313,195	330,000	(16,805)	-5.1%	334,443	-6.4%
Other Expense	1,292,598	933,902	358,696	38.4%	1,020,889	26.6%
Total Expenses	**30,506,064**	**30,395,280**	**110,784**	**0.4%**	**28,803,377**	**5.9%**
Net Operating Income/(Loss)	**21,050**	**796,827**	**(775,776)**	**-97.4%**	**979,674**	**-97.9%**
% of Net Operating Revenue	0.07%	2.55%	-2.49%		3.29%	-97.90%
NON-OPERATING INCOME						
Grant Income (Expense)	90,903	-	90,903	0.0%	16,040	466.7%
Non-Op Revenue/(Expense)	68,982	-	68,982	0.0%	40,947	68.5%
Gain/(Loss) on Investments	205,168	20,000	185,168	925.8%	25,236	713.0%
Total Non-Op Income/(Loss)	**365,053**	**20,000**	**345,053**	**1725.3%**	**82,224**	**344.0%**
Net Income/(Loss)	**386,104**	**816,827**	**(430,723)**	**-52.7%**	**1,061,897**	**-63.6%**
% of Net Operating Revenue	1.26%	2.62%	64.77%		3.57%	

		Projected FY 2019	Projected FY 2020
Operating Revenues:			
	Gross Revenue:		
	Inpatient	$17,324,250	$19,178,966
	Outpatient	77,476,429	87,134,811
	Total Gross Revenue	94,800,679	106,313,777
	Less Contractual Adjustment	60,867,153	68,799,125
	Less Bad Debt	2,692,339	2,790,703
	Net Patient Service Revenue	31,241,187	34,723,949
	Other Operating Revenue	682,841	696,498
	Total Operating Revenues	31,924,028	35,420,447
Annual Direct Costs			
	Salaries and Wages	13,707,601	14,688,753
	Fringe benefits	3,426,900	3,672,188
	Supplies	2,414,479	3,371,021
	Total Direct Costs	19,548,980	21,731,962
Patient Days		2,100	2,220
Average IP Rev/Pt Day		$ 8,249.64	$ 8,639.17
Outpatient Days		9,391	10,086
Total Adjusted Patient Days		11,491	12,306
Operating Costs per Adjusted Pat Day		$ 1,701.17	$ 1,765.96

First full year of operation, will be fiscal year 2021.

	Projected 2021
Operating Revenues:	
Gross Revenue:	
Inpatient	$21,060,959
Outpatient	92,642,598
Total Gross Revenue	113,703,556
Less Contractual Adjustment	73,709,185
Less Bad Debt	2,917,497
Net Patient Service Revenue	37,076,874
Other Operating Revenue	710,428
Total Operating Revenues	37,787,302
Operating expenses	
Salaries and Wages	15,244,538
Fringe benefits	3,811,134
Professional fees	1,825,909
Supplies	3,781,165
Drugs	1,315,769
Utilities & Telephone	717,790
Purchased services	3,391,235
Food	283,515
Insurance	337,732
Depreciation and amortization	2,650,840
Interest expense	615,681
Provider Taxes	682,307
Administrative and Other	2,497,323
Total operating expenses	37,154,939
Net operating income	632,363
Non-Operating Revenues/(Expenses)	330,787
Excess of revenues over expenses	$963,151
Total Revenue	37,787,302

A. Reasonableness of Financing Arrangements

Please see the appended letter stating that borrowing is necessary to maintain the current ratio.

ATTACHMENT # 37

August 20, 2018

To Whom It May Concern:

Please accept this letter as verification that the cash and equivalents of the hospital will be retained in order to maintain a current ratio of at least 2.0.

If additional information is needed please do not hesitate to contact my office at 618-847-8333. Thank you.

Sincerely,

Katherine J. Bunting Ph.D. LNHA
Chief Executive Officer

MARY K KNIGHT
Official Seal
Notary Public - State of Illinois
My Commission Expires Jan 16, 2022

Notary Signature

8-20-18

Date Notarized

FAIRFIELD MEMORIAL HOSPITAL
EXCELLENCE IN COMMUNITY HEALTHCARE

Fairfield Memorial Hospital | 303 N.W. 11th Street | Fairfield, Illinois 62837 | Ph. 618.842.2611 | Fax 618.847.8387
www.fairfieldmemorial.org info@fairfieldmemorial.org

B. Conditions of Debt Financing

Please see the appended letter stating that the chosen method of debt financing will be at the lowest net cost available

ATTACHMENT # 37

August 20, 2018

Attn: Illinois Health Facilities Planning Board

To Whom It May Concern:

I hereby certify that the proposed form of debt financing will be at the lowest net cost available.

If additional information is needed please do not hesitate to contact my office at 618-847-8333. Thank you.

Sincerely,

Katherine J. Bunting Ph.D. LNHA
Chief Executive Officer

MARY K KNIGHT
Official Seal
Notary Public – State of Illinois
My Commission Expires Jan 16, 2022

Mary K. Knight
Notary Signature

8-20-2018
Date Notarized

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C. Reasonableness of Project and Related Costs

See the appended chart for the cost figures, by department. Note this chart includes all costs shown in the Sources and Uses of funds chart except for the following: Equipment, consulting fees, site survey other costs to be capitalized, Interest Expense and Bond Issuance Expense.

ATTACHMENT # 37

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/SF		Gross S.F.		Gross S.F.		Const. $	Mod. $	
	New	Mod.	New	Circ*	Mod.	Circ*	(AxC)	(BxE)	
Surgery	$ 615.50	$ 525.12	2,431		960		$ 1,496,281	$ 504,115	$ 2,000,396
Day Surgery-P&H		$ 413.84			5,600		$ -	$ 2,317,504	$ 2,317,504
PACU		$ 438.05			1,450		$ -	$ 635,173	$ 635,173
CSS	$ 491.29		1,054				$ 517,820	$ -	$ 517,820
Endo		$ 516.83			715		$ -	$ 369,533	$ 369,533
SNU	$ 284.04		16,191				$ 4,598,892	$ -	$ 4,598,892
ED	$ 379.86		8,205				$ 3,116,751	$ -	$ 3,116,751
Urgent Care	$ 325.09		1,616				$ 525,345	$ -	$ 525,345
Clinical	$ 288.89		13,468				$ 3,890,771	$ -	$ 3,890,771
Staff Lockers	$ 374.54		530				$ 198,506	$ -	$ 198,506
Sterile Storage		$ 368.00			420		$ -	$ 154,561	$ 154,561
MPE	$ 484.30		2,723				$ 1,318,749	$ -	$ 1,318,749
Contingency									
Totals			46,218		9,145		$ 15,663,114	$ 3,980,886	$ 19,644,000

ATTACHMENT # 37

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D. Projected Operating Costs

The projected operating cost per equivalent patient day for 2021 is $1,807.74 and for 3033 is $1,857.60.

ATTACHMENT # 37

	Projected FY 2019	Projected FY 2020	Projected FY 2021	Projected FY 2022
Operating Revenues:				
Gross Revenue:				
Inpatient	$17,324,250	$19,178,966	$21,060,959	$23,330,199
Outpatient	77,476,429	87,134,811	92,642,598	98,917,590
Total Gross Revenue	94,800,679	106,313,777	113,703,556	122,247,789
Less Contractual Adjustment	60,867,153	68,799,125	73,709,185	79,551,685
Less Bad Debt	2,692,339	2,790,703	2,917,497	3,049,029
Net Patient Service Revenue	31,241,187	34,723,949	37,076,874	39,647,075
Other Operating Revenue	682,841	696,498	710,428	724,637
Total Operating Revenues	31,924,028	35,420,447	37,787,302	40,371,712
Annual Direct Costs				
Salaries and Wages	13,707,601	14,688,753	15,244,538	16,382,729
Fringe benefits	3,426,900	3,672,188	3,811,134	4,095,682
Supplies	2,414,479	3,371,021	3,781,765	4,439,621
Total Direct Costs	19,548,980	21,731,962	22,837,438	24,918,032
Patient Days	2,100	2,220	2,340	2,560
Average IP Rev/Pt Day	$ 8,249.64	$ 8,639.17	$ 9,000.41	$ 9,113.36
Outpatient Days	9,391	10,086	10,293	10,854
Total Adjusted Patient Days	11,491	12,306	12,633	13,414
Operating Costs per Adjusted Pat Day	$ 1,701.17	$ 1,765.96	$ 1,807.74	$ 1,857.60

E. Total Effect of the Project on Capital Costs

The capital cost per equivalent patient day for 2021 is $63.33 and for 2022 is $186.37.

ATTACHMENT # 37

		Projected FY 2019	Projected FY 2020
Operating Revenues:			
	Gross Revenue:		
	Inpatient	$17,324,250	$19,178,966
	Outpatient	77,476,429	87,134,811
	Total Gross Revenue	94,800,679	106,313,777
	Less Contractual Adjustment	60,867,153	68,799,125
	Less Bad Debt	2,692,339	2,790,703
	Net Patient Service Revenue	31,241,187	34,723,949
	Other Operating Revenue	682,841	696,498
	Total Operating Revenues	31,924,028	35,420,447
Patient Days		2,100	2,220
Average IP Rev/Pt Day		$ 8,249.64	$ 8,639.17
Outpatient Days		9,391	10,086
Total Adjusted Patient Days		11,491	12,306
Expected Capital Costs		$ 800,000	$ 800,000
Capital per Adjusted Pat Day		$ 69.62	$ 65.01

First full year of operation, will be fiscal year 2021.

Projected FY 2021	Projected FY 2022
$21,060,959	$23,330,199
92,642,598	98,917,590
113,703,556	122,247,789
73,709,185	79,551,685
2,917,497	3,049,029
37,076,874	39,647,075
710,428	724,637
37,787,302	40,371,712
2,340	2,560
$ 9,000.41	$ 9,113.36
10,293	10,854
12,633	13,414
$ 800,000	$ 2,500,000
$ 63.33	$ 186.37

Safety Net Impact Statements

1. The project's material impact, if any, on essential safety net services in the community.

This project will have a positive impact on essential safety net services in the community. Fairfield Memorial Hospital is a Critical Access Hospital located in Wayne County. In addition to Wayne County, Fairfield Memorial serves Clay, Edwards, and White Counties, with the latter two, not having a hospital in their county. Fairfield Memorial Hospital provides a wide range of services to poor, uninsured and underinsured persons. This project will enhance Fairfield Memorial Hospital's ability to serve as a safety net hospital for this population.

Health Safety Net Services have been defined as services provided to patients who are low-income and otherwise vulnerable, including those uninsured and covered by Medicaid. (Agency for healthcare Research and Quality Public Health Service, US Department of Health and Human Services, "The Safety net Monitoring Initiative" AHRQ Pub. No. 03-POI1, Aug 2003.)

This project will enable Fairfield Memorial Hospital to continue to provide much-needed services to the low income and uninsured that reside and work within the market area for this project.

a. Many of the patients that are served by Fairfield Memorial Hospital are low-income or otherwise vulnerable, as documented in their residing in Medically Underserved Areas and/or Health Professional Shortage Areas.

   Medically Underserved Areas and Medically Underserved Populations are designated by the federal government (Health Resources and Services Administration (HRSA) of the US Department of Health and Human Services) based on the Index of Medical Underserviced Populations (MUPs). The Health Resources and Services Administration is the primary Federal agency for improving access to health care services for people who are uninsured, isolated, or medically vulnerable. https://www.hrsa.gov/about/news/press-releases/2010-07-21-shortage-committee-appointments.html (Health Resources and Services Administration, U.S. Department of Health and Human Services.)

   Health Professional Shortage Areas are designated by the federal government because they have a shortage of primary medical care, dental or mental health providers. https://bhw.hrsa.gov/shortage-designation/what-is-shortage-designation (Health Resources and Services Administration, U.S. Department of Health and Human Services.)

Attachment # 38

The entire Wayne County is designated a Health Professional Shortage Area, and 8 townships (Four Mile, Orel, Arrington, Big Mound, Indian Prairie, Orchard, and Leech),

The entire Edwards County is designated a Health Professional Shortage Area and a Medically Underserved Area.

The entire White County is designated a Health Professional Shortage Area and a Medically Underserved Area.

This project will have a positive impact on essential safety net services in Wayne, White and Edwards County for those patients requiring Medical and Surgical Care. Fairfield Memorial Hospital's Emergency Room will be modernized and expanded, including adding rooms for mental health patients. Fairfield Memorial's treatment of Mental Health patients is an essential safety net service, as many of these patients are low-income, uninsured, and vulnerable. The current Emergency Department does not have the capability to treat the increasing number of patients presenting to the Emergency Department with mental health issues. The Surgery Department will be expanded adding Operating Rooms equipped for orthopedic surgery, a service not currently provided. The Skilled Care Unit will be moved to newly constructed addition, thus providing a contemporary environment for the patients receiving care in these areas. , a This modernization and expansion will provide a contemporary environment for the patients receiving care in these areas, a significant percentage of whom are low-income, uninsured, and otherwise vulnerable.

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

This project will have no impact, or will enhance, the ability of other providers or health care systems to cross-subsidize safety net services by assuring Fairfield Memorial Hospital continues to have the capability to serve the poor, uninsured and under-insured described above. The project will not impact on other patient populations served by other providers and, as such, it will not have any impact on other providers' or healthcare systems' abilities to cross-subsidize safety net services.

3. How the discontinuation of a facility or service might impact the remaining safety net providers in a given community.

This project will have no impact on the remaining safety net providers in the community. Fairfield Memorial Hospital is not proposing to discontinue the facility and licensed beds will remain the same.

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Safety Net Impact Statements shall also include the following.

1. The amount of charity care provided by Fairfield Memorial Hospital for the 3 fiscal years prior to the submission of the CON application.

	Charity Care				
	Audited				Unaudited
	FY 2015	FY 2016	FY 2017		FY 18
Charity # of Patients					
Inpatient	16	13	12		14
Outpatient	42	70	56		51
Total	58	83	68		65
Charity Cost in dollars					
Inpatient	184,224	130,255	140,337		135,252
Outpatient	75,248	180,223	106,777		313,549
Total	259,472	310,478	247,114		448,801

This amount was calculated in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act.

2. The amount of care provided by Fairfield Memorial Hospital to Medicaid patients for the 3 fiscal years prior to submission of the CON application.

	Medicaid				
	Audited				Unaudited
	FY 2015	FY 2016	FY 2017		FY 18
Medicaid # of Patients					
Inpatient	237	233	207		147
Outpatient	9,812	9,597	10,353		8,486
Total	9,049	9,830	10,560		8,633
Medicaid Revenue					
Inpatient	1,242,067	1,307,752	1,130,202		1,621,580
Outpatient	12,559,785	14,295,618	16,943,419		13,137,538
Total	13,801,852	15,603,370	18,073,621		14,759,118

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This amount was provided 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 Serviced by Payor Source" as required by the Illinois Health Facilities and Services Review Board under Section 13 of the Illinois Health Facilities Act and published in the Annual Hospital Profile.

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

a. FMH provides CNA training to area High School Students. Students who graduate from the program, and sit for the exam, will be able to be employed as Certified Nursing Assistants in the community.

b. Fairfield Memorial provides nursing scholarships for area residents wishing to obtain their RN certificate. Four scholarships (each for two years) were awarded for the 2017 year and five scholarships were awarded for 2018. Each of these scholarships is approximately $16,000.

c. FMH also is assisting in bringing Physicians and Physician Extenders to this area by paying for Medical School for these providers. This brings vital services including Internal Medicine, Emergency Medicine, Family Practice and Orthopedics to this community. Without FMH being willing to pay for these Physician's education, many of these physicians would not be in this community.

d. The Hospital teaches numerous CPR classes and First Aid Certifications free to in the Community.

e. FMH provides geriatric group therapy, through a service called Senior Life Solutions (SLS). SLS provides geriatric psychiatric group therapy for patients suffering from anxiety and depression. FMH provides A Matter of Balance, an 8-week structured group intervention that emphasizes practical strategies to reduce fear of falling and increase activity levels. Participants learn to view falls and fear of falling as controllable, set realistic goals to increase activity, change their environment to reduce fall risk factors, and exercise to increase strength and balance. FMH provides support groups for Diabetes, Cancer, and Multiple Sclerosis.

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f. Fairfield Memorial Hospital is one of the largest employers in Wayne County, and provides employment and benefits for over 300 families. FMH is a member of the Fairfield Chamber of Commerce, which is working to improve the economic viability of Wayne County.

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Charity Care Information

	Charity Care				
	Audited				Unaudited
	FY 2015	FY 2016	FY 2017		FY 18
Net Patient Revenue	27,127,241	27,788,161	28,392,655		29,812,521
Amount of Charity Charges	837,006	1,001,542	797,142		1,447,739
Cost of Charity Care	259,472	310,478	247,114		448,801

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Attachment 39

FINANCIAL STATEMENTS
AND
INDEPENDENT AUDITORS' REPORT

FAIRFIELD MEMORIAL HOSPITAL ASSOCIATION

June 30, 2017 and 2016

FAIRFIELD MEMORIAL HOSPITAL ASSOCIATION

June 30, 2017 and 2016

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Kerber, Eck & Braeckel LLP

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Management Consultants

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INDEPENDENT AUDITORS' REPORT

Board of Directors
Fairfield Memorial Hospital Association
Fairfield, Illinois

Report on the Financial Statements

We have audited the accompanying financial statements of Fairfield Memorial Hospital Association (a nonprofit health care entity), which comprise the statements of financial position as of June 30, 2017 and 2016, and the related statements of activities, changes in net assets and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Other Locations

Belleville, IL • Litchfield, IL • Springfield, IL • Cape Girardeau, MO • St. Louis, MO • Milwaukee, WI • Columbia, IL

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Fairfield Memorial Hospital Association as of June 30, 2017 and 2016, and the results of its operations, changes in net assets, and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matter

Other Information

Our audit was conducted for the purpose of forming opinions on the financial statements that collectively comprise Fairfield Memorial Hospital Association's basic financial statements. The statistical section is presented for purposes of additional analysis and is not a required part of the basic financial statements. The statistical section has not been subjected to the auditing procedures applied by us in the audit of the basic financial statements, and accordingly, we do not express an opinion on it or provide any assurance on it.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated November 20, 2017, on our consideration of Fairfield Memorial Hospital Association's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Fairfield Memorial Hospital Association's internal control over financial reporting and compliance.

Kerber, Eck + Braeckel, LLP

Carbondale, Illinois
November 20, 2017

FAIRFIELD MEMORIAL HOSPITAL ASSOCIATION

STATEMENTS OF FINANCIAL POSTION

June 30

ASSETS

	2017	2016
CURRENT ASSETS		
Cash and cash equivalents	$ 571,648	$ 285,196
Accounts receivable		
Patient, less estimated uncollectibles of $2,834,013 in 2017 and $3,473,035 in 2016	5,795,885	5,891,771
Supplies	421,313	376,118
Prepaid expenses and other	435,860	769,350
Total current assets	7,224,706	7,322,435
ASSETS WHOSE USE IS LIMITED (Note E)		
Board designated funds	885,363	1,125,861
Donor restricted funds	357,953	389,596
By loan agreement	271,774	178,215
Assets restricted for long-term purposes	569	569
	1,515,659	1,694,241
INTEREST IN INTERRELATED ORGANIZATIONS (Note F)	598,107	640,356
PROPERTY AND EQUIPMENT, AT COST (Note G)	13,904,334	15,098,430
OTHER ASSETS		
Other receivables (Note H)	1,067,069	1,018,511
Long-term investments	800	800
Oil reserve leasehold	961	961
	1,068,830	1,020,272
Total Assets	$ 24,311,636	$ 25,775,734

LIABILITIES AND NET ASSETS

	2017	2016
CURRENT LIABILITIES		
Current maturities of long-term debt (Note I)	$ 476,188	$ 482,270
Current maturities of obligations under capital leases (Note J)	109,989	103,906
Accounts payable	810,655	1,815,279
Accrued payroll and related expenses	885,170	1,249,783
Third-party reimbursement programs (Note L)	380,000	315,000
Deferred revenue	335,188	511,896
Total current liabilities	2,997,190	4,478,134
LONG-TERM DEBT (Note I)	5,621,324	6,132,322
LONG-TERM OBLIGATIONS UNDER CAPITAL LEASES (Note J)	312,776	415,409
Total liabilities	8,931,290	11,025,865
NET ASSETS		
Unrestricted	15,021,824	14,359,704
Temporarily restricted (Note L)	357,953	389,596
Permanently restricted	569	569
Total Net Assets	15,380,346	14,749,869
Total Liabilities and Net Asstes	$ 24,311,636	$ 25,775,734

The accompanying notes are an integral part of these statements.

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FAIRFIELD MEMORIAL HOSPITAL ASSOCIATION

STATEMENTS OF ACTIVITIES
(Unrestricted Funds)

Years Ended June 30

	2017	2016
Operating revenues		
Patient service revenue	$ 30,372,875	$ 31,478,824
Less: Provision for bad debt	1,980,220	3,690,663
Net patient service revenue	28,392,655	27,788,161
Other operating revenue	940,653	634,480
Total operating revenue	29,333,308	28,422,641
Operating Expenses		
Salaries and wages	12,122,810	11,838,474
Employee benefits	2,853,693	2,853,002
Physicians' fees	1,778,484	1,679,545
Purchased services	3,337,621	3,285,954
Drugs	1,287,478	1,225,255
Supply costs	2,029,213	2,682,479
Food	252,853	275,444
Utilities and telephone	625,686	632,145
Bed and provider tax assessment	666,389	573,999
Repairs and maintenance	494,257	581,575
Rental and lease	654,683	567,910
Insurance	306,622	343,636
Other expense	596,571	534,246
Depreciation and amortization	1,440,368	1,484,828
Interest and finance charges	343,432	338,047
Total operating expenses	28,790,160	28,896,539
Operating income (loss)	543,148	(473,898)
Nonoperating revenues (expenses)		
Contributions	-	100
Investment income	57,240	163,846
Other	(89,723)	(111,590)
Total nonoperating revenues (expenses)	(32,483)	52,356
EXCESS (DEFICIENCY) OF REVENUES OVER EXPENSES	510,665	(421,542)
Change in interest in net assets of interrelated organizations	(42,249)	15,244
Net assets released from restrictions (Note R)	193,704	263,972
INCREASE (DECREASE) IN UNRESTRICTED NET ASSETS	$ 662,120	$ (142,326)

The accompanying notes are an integral part of these statements.

FAIRFIELD MEMORIAL HOSPITAL ASSOCIATION

STATEMENTS OF CHANGES IN NET ASSETS

Years Ended June 30

	2017	2016
Unrestricted net assets:		
Excess of revenues over expenses	$ 510,665	$ (421,542)
Change in interest in net assets of interrelated organizations	(42,249)	15,244
Net assets released from restrictions (Note R)	193,704	263,972
Increase in (decrease) unrestricted net assets	662,120	(142,326)
Temporarily restricted net assets:		
Contributions for specific purposes	161,809	332,791
Net realized gains on investments	252	211
Net assets released from restrictions (Note R)	(193,704)	(263,972)
Increase (decrease) in temporarily restricted assets	(31,643)	69,030
Permanently restricted net assets:		
Net realized gains on investments	-	-
Increase (decrease) in permanently restricted assets	-	-
INCREASE (DECREASE) IN NET ASSETS	630,477	(73,296)
NET ASSETS AT BEGINNING OF YEAR	14,749,869	14,823,165
NET ASSETS AT END OF YEAR	$ 15,380,346	$ 14,749,869

The accompanying notes are an integral part of these statements.

FAIRFIELD MEMORIAL HOSPITAL ASSOCIATION

STATEMENTS OF CASH FLOWS

Years Ended June 30

	2017	2016
Cash flows from operating activities and gains and losses		
Change in net assets	$ 630,477	$ (73,296)
Adjustments to reconcile change in net assets to net cash provided by operating activities and gains and losses		
Depreciation	1,440,368	1,484,828
Change in net assets of interrelated organizations	42,249	(15,244)
Changes in:		
Patient accounts receivable	95,886	(703,404)
Other assets	(48,558)	(72,725)
Supplies inventory	(45,195)	(52,398)
Prepaid expenses and other	333,490	(230,041)
Third-party reimbursement programs	65,000	17,778
Accounts payable	(1,004,624)	503,163
Payroll and related expenses	(364,613)	115,502
Deferred grant revenue	(176,708)	(196,863)
NET CASH PROVIDED BY OPERATING ACTIVITIES	967,772	777,300
Cash flows from investing activities		
Purchases of property and equipment	(246,272)	(268,759)
Cash (invested in) withdrawn from		
Board designated funds	240,498	46,517
Donor restricted funds	31,074	(69,030)
Loan agreement funds	(93,559)	(2,913)
NET CASH USED IN INVESTING ACTIVITIES	(68,259)	(294,185)
Cash flows from financing activities		
Payments on long-term debt and capital leases	(613,630)	(632,305)
NET CASH USED IN FINANCING ACTIVITIES	(613,630)	(632,305)
Increase (decrease) in cash and cash equivalents	285,883	(149,190)
Cash and cash equivalents at beginning of year	285,765	434,955
Cash and cash equivalents at end of year	$ 571,648	$ 285,765
Supplement cash flows information		
Capital expenditures funded by capital lease borrowing	$ -	$ 361,000
Interest paid	$ 304,121	$ 321,208

The accompanying notes are an integral part of these statements.

NOTE A - SUMMARY OF ACCOUNTING POLICIES

A summary of the Hospital's significant accounting policies consistently applied in the preparation of the accompanying financial statements follows.

1. Organization

Fairfield Memorial Hospital Association (the Hospital) is a 25-bed acute care facility located in Fairfield, Illinois. The Hospital is a not-for-profit corporation exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code. The Hospital provides inpatient, outpatient, urgent and emergency care services and home health services for residents in and around Wayne County Illinois. The Hospital also owns and operates Horizon Health Care, a certified rural health clinic. Admitting physicians are primarily practitioners in the local area.

2. Cash and Cash Equivalents

The Hospital considers all highly liquid investments, excluding assets whose use is limited, purchased with a maturity of three months or less to be cash equivalents.

3. Patient Accounts Receivable

Accounts receivable are reduced by an allowance for doubtful accounts. In evaluating the collectability of accounts receivable, the Hospital analyzes its past history and identifies trends for each of its major payer sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for uncollectible accounts. Management regularly reviews data about these major payer sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts.

For receivables associated with services provided to patients who have third-party coverage, the Hospital analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for uncollectible accounts, if necessary (for example, for expected uncollectible deductibles and copayments on accounts for which the third-party payer has not yet paid, or for payers who are known to be having financial difficulties that make the realization of amounts due unlikely).

For receivables associated with self-pay patients (which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), the Hospital records a significant provision for uncollectible accounts in the period of services on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. The difference between the standard rates (or the discounted rates if negotiated or provided by the sliding fee or other policy) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts.

NOTE A - SUMMARY OF ACCOUNTING POLICIES - CONTINUED

3. Patient Accounts Receivable - Continued

The Hospital's allowance for doubtful accounts represents 33% of accounts receivable at June 30, 2017 and 37% of accounts receivable at June 30, 2016. The decrease of the allowance as a percentage of accounts receivable is based on recent trends at the hospital and improved billing practices. In addition, the Hospital's write-offs of $2,619,242 for the year ended June 30, 2017 and $2,407,579 for the year ended June 30, 2016 remained consistent at approximately 9% of net revenues for 2016 and 2017, respectively.

4. Supplies

Inventories of supplies are stated at the lower of cost, determined generally on a first-in, first-out basis, or market.

5. Charity Care

The Hospital provides charity care to patients who are unable to pay for services. Because the Hospital does not pursue collections of amounts determined to qualify as charity care, they are not reported as revenue.

6. Investments

Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value in the balance sheet. Investment income or loss (including realized gains and losses on investments, interest and dividends) is included in the excess of revenues over expenses unless the income or loss is restricted by donor or law. Unrealized gains and losses on investments are excluded from the excess of revenues over expenses unless the investments are trading securities. The Hospital did not have any investments classified as trading securities at June 30, 2017 or 2016.

7. Property and Equipment and Related Depreciation

The Hospital's property and equipment are reported at historical cost. Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed using the straight-line method. Estimated lives of major classes of fixed assets are determined using the publication *Estimated Useful Lives of Depreciable Hospital Assets* from the Health Data and Coding Standards Group. In general, according to the above publication, most equipment has a useful life of five to ten years, while buildings and building improvements have a life of 40 years. Interest cost incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets.

NOTE A - SUMMARY OF ACCOUNTING POLICIES - CONTINUED

7. Property and Equipment and Related Depreciation

Gifts of long-lived assets such as land, buildings, or equipment are reported at fair value as unrestricted support, unless explicit donor stipulations specify how the assets are to be used. Gifts of long lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long lived assets are reported as restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

8. Net Patient Service Revenue

Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

9. Assets Whose Use Is Limited

Assets whose use is limited include designated assets set aside by the Board of Directors for future capital improvements, over which the Board retains control and may at its discretion subsequently use for other purposes, temporarily restricted donations and grant funds, and amounts set aside in accordance with debt agreements.

10. Excess (Deficiency) of Revenue Over Expenses

The statement of operations includes excess of revenue over expenses. Changes in unrestricted net assets which are excluded from excess of revenues over expenses consistent with industry practice include:

- Change in interest in net assets of interrelated organizations
- Net assets released from restrictions
- When applicable, unrealized gains and losses and losses on investments, other than trading securities

11. Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements. Estimates also affect the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

NOTE A - SUMMARY OF ACCOUNTING POLICIES - CONTINUED

12. Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are gifts and grants whose use by the Hospital has been limited to a specific purpose. Permanently restricted net assets have been restricted by donors to be maintained by the Hospital in perpetuity.

13. Donor-Restricted Gifts

Unconditional promises to give cash and other assets to the Hospital are reported at fair value at the date the promise is received. Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is received. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the statement of operations as net assets released from restrictions. Donor restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions in the accompanying financial statements.

14. Income Taxes

The Hospital is a not-for-profit corporation as described in Section 501(c)(3) of the Internal Revenue Code and is exempt from income taxes. There were no penalties, interest, or uncertain tax benefits identified and recorded as a liability.

Tax returns filed by the Hospital are subject to examination by the Internal Revenue Service (IRS) up to three years from the extended due date of each return. Tax returns filed by the Hospital are no longer subject to examination for the years ended June 30, 2013 and prior.

15. Subsequent Events

Management evaluated all events and transactions that occurred after June 30, 2017 through November 20, 2017, the issue date of these financial statements. No subsequent events were identified.

NOTE B - DEPOSITS

The Hospital maintains all of its deposits in one financial institution. The Hospital has not experienced any losses and believes it is not exposed to any significant credit risk on its deposits.

At June 30, 2017, the Hospital had bank balances as follows:

	2017
Insured	$ 250,000
Uninsured, collateralized by CDARS	300,000
Uninsured, covered by securities	1,534,242
Total bank balances	$ 2,084,242
Cash and cash equivalents	$ 571,648
Board designated funds	885,363
Donor restricted funds	357,953
By loan agreement	271,774
Assets restricted for long-term purposes	569
Carrying book value	$ 2,087,307

NOTE C - SIGNIFICANT ESTIMATES AND CONCENTRATIONS

Accounting principles generally accepted in the United States of America require disclosure of certain significant estimates and current vulnerabilities due to certain concentrations. Those matters include the following:

Allowance for Net Patient Service Revenue Adjustments

Estimates of allowances for adjustments included in net patient service revenue are described in Notes A and N.

Admitting Physicians

The Hospital employ's five physicians whose patients comprise substantially all of the Hospital's net patient service revenue.

Medical Malpractice

Estimates related to the accrual for medical malpractice claims are described in Note K.

NOTE D - CONCENTRATION OF CREDIT RISK

The Hospital grants credit without collateral to its patients, most of who are local residents and are insured under third-party payor agreements. The mix of receivables from patients and third-party payors at June 30, 2017 and 2016 was as follows:

	2017	2016
Medicare	33 %	43 %
Medicaid	26 %	15 %
Other third-party payors	27 %	27 %
Patients	14 %	15 %
	100 %	100 %

NOTE E - ASSETS WHOSE USE IS LIMITED

The detail of assets whose use is limited at June 30, 2017 and 2016 are as follows:

	2017	2016
Internally Designated for Capital Acquisition:		
Cash and cash equivalents	$ 585,363	$ 825,861
Certificate of deposit account registry service (CDARS)	300,000	300,000
	$ 885,363	$ 1,125,861
Temporarily Restricted by Donor:		
Cash	$ 357,953	$ 389,596
Reserved Under Debt Agreement:		
Cash	$ 271,774	$ 178,215
Assets Restricted for Long-Term Purposes		
Cash	$ 569	$ 569

Investment income and gains on assets whose use is limited were $252 and $211 for the years ending June 30, 2017 and 2016.

NOTE F - RELATED PARTY TRANSACTIONS

The Hospital is a related party of the Fairfield Memorial Hospital Auxiliary and the Fairfield Memorial Hospital Foundation. The Auxiliary is an exempt organization that operates a gift shop and provides voluntary reception services to the Hospital. The Foundation is an exempt organization whose primary purpose is soliciting funds for the benefit of the Hospital. The Hospital is the sole beneficiary of both organizations. The Hospital contracts with a physician who is also a member of Fairfield Memorial Hospital's Board of Directors.

FAIRFIELD MEMORIAL HOSPITAL ASSOCIATION

NOTES TO FINANCIAL STATEMENTS - CONTINUED

June 30, 2017 and 2016

NOTE F - RELATED PARTY TRANSACTIONS - CONTINUED

Below is a summary of the Auxiliary and Foundation's net assets. The Hospital's interest in the net assets of the interrelated organizations is reflected as a non-current asset in the balance sheet.

	2017	2016
Assets:		
Cash	$ 78,227	$ 163,958
Certificates of deposit	197,032	195,193
Equities	322,848	281,205
Net Assets	$ 598,107	$ 640,356

NOTE G - PROPERTY AND EQUIPMENT

Property and equipment at June 30, 2017 and 2016 are as follows:

	2017	2016
Land improvements	$ 640,428	$ 640,428
Buildings	19,692,296	19,573,367
Equipment	17,186,532	17,010,268
Auto	67,833	67,833
	37,587,089	37,291,896
Less accumulated depreciation	24,242,996	22,802,629
	13,344,093	14,489,267
Construction in progress	110,813	159,735
Land	449,428	449,428
	$ 13,904,334	$ 15,098,430

Depreciation expense for the years ended June 30, 2017 and 2016 amounted to $1,440,368 and $1,484,828, respectively.

Capital leases of $731,724 have been included in equipment at June 30, 2017 and 2016. Depreciation of equipment under capital leases was $108,204 and $67,635 for the years ended June 30, 2017 and 2016. Accumulated depreciation at June 30, 2017 and 2016 totaled $293,733 and $203,119, respectively.

FAIRFIELD MEMORIAL HOSPITAL ASSOCIATION

NOTES TO FINANCIAL STATEMENTS - CONTINUED

June 30, 2017 and 2016

NOTE H - OTHER RECEIVABLES

Other receivables include medical student loans paid by the Hospital to subsidize seven medical students and one pharmacist tuition and living expenses. Four of the medical students are to begin employment at the Hospital when their residency is completed. The remaining three students were employed by the Hospital during 2011, 2012, and 2013. The Hospital has entered into agreements with the students to forgive the loans if they complete five years of employment with the Hospital. The detail of other receivables is as follows:

	2017	2016
Medical student loan receivables:		
Students in medical school	$ 964,048	$ 895,129
Students employed by the Hospital	248,206	299,103
Forgiveness amount	(145,185)	(175,721)
Total loan receivables	$ 1,067,069	$ 1,018,511

NOTE I - NOTES PAYABLE AND LONG-TERM DEBT

	2017	2016
U.S.D.A. Rural Development Community Facilities Loan, loan interest 4.50% per annum, payable in monthly installments of $9,104 beginning October 1999 through September 2023.	$ 497,439	$ 620,106
Collateralized by real estate mortgage and security agreement, including all assets of the hospital, dated September 28, 1998.		
Bank loan, note payable 80% guaranteed by U.S.D.A. loan interest 6.75% adjusted annually payable in monthly installments of $8,237, monthly installments adjusted annually to reflect any rate adjustments, beginning September 1998 through September 2018.	106,655	188,751
Collateralized by real estate mortgage and security agreement, including all assets of the hospital, dated September 28, 1998.		

FAIRFIELD MEMORIAL HOSPITAL ASSOCIATION

NOTES TO FINANCIAL STATEMENTS - CONTINUED

June 30, 2017 and 2016

NOTE I - NOTES PAYABLE AND LONG-TERM DEBT - CONTINUED

	2017	2016
U.S.D.A. Rural Development Community Facilities Loan, loan interest 4.125% per annum, payable in monthly installments of $13,833 beginning June 10, 2012 through May 2040.	2,452,874	2,516,925
Collateralized by Medical Office Building real estate mortgage and security agreement, including all assets of the hospital, dated May 10, 2010.		
Wayne-White Counties Electric Co-operative Rural Economic Development Loan, no interest, payable in monthly installments of $7,709 beginning April 27, 2012 through April 2020.	245,514	339,132
Collateralized by Medical Office Building real estate mortgage and security agreement, including all assets of the hospital, dated April 27, 2010.		
City of Fairfield Illinois revolving loan, loan interest 4.5% per annum, payable in monthly installments of $2,590.96 beginning March 24, 2010 through March 2020.	86,056	104,913
Collateralized by Medical Office Building real estate mortgage and security agreement, including all assets of the hospital, dated March 24, 2010.		
Wayne County Illinois revolving loan, loan interest 4.5% per annum, payable in monthly installments of $2,590.96 beginning March 24, 2010 through March 2020.	72,402	104,913
Collateralized by Medical Office Building real estate mortgage and security agreement, including all assets of the hospital, dated March 24, 2010.		

FAIRFIELD MEMORIAL HOSPITAL ASSOCIATION

NOTES TO FINANCIAL STATEMENTS - CONTINUED

June 30, 2016 and 2015

NOTE I - NOTES PAYABLE AND LONG-TERM DEBT - CONTINUED

Bank loan, note payable 45% guaranteed by U.S.D.A. loan interest 5.5% adjusted annually payable in monthly installments of $22,473, monthly installments adjusted annually to reflect any rate adjustments, beginning September 2011 through September 2031.	2,636,572	2,739,852
Collateralized by Medical Office Building real estate mortgage and security agreement, including all assets of the hospital, dated May 10, 2010.		
	6,097,512	6,614,592
Current maturities	(476,188)	(482,270)
Long-term portion	$ 5,621,324	$ 6,132,322

The following is a schedule of future maturities of long-term debt at June 30, 2017:

2018	$ 476,188
2019	497,234
2020	410,247
2021	315,427
2022	331,471
2023 - 2027	1,393,519
2028 - 2032	1,427,122
2033 - 2037	597,673
2038 - 2042	648,631
	$ 6,097,512

The U.S.D.A. Rural Development Loan Resolution Security Agreements require the Hospital to deposit a total of $900 and $1,400 each month into a reserve account until $108,000 and $168,000 has been accumulated in the account for the loans dated September 28, 1998 and May 10, 2010, respectively. As of June 30, 2017, the reserve account had $571,774. The reserve funds can only be expended for specific purposes as outlined in the Security Agreements. Accordingly, these funds are included in assets whose use is limited in the financial statements.

Loan interest charged to operations during the year ended June 30, 2017 and 2016 was $304,121 and $321,208, respectively. No interest was capitalized during 2017 or 2016.

FAIRFIELD MEMORIAL HOSPITAL ASSOCIATION

NOTES TO FINANCIAL STATEMENTS - CONTINUED

June 30, 2017 and 2016

NOTE J - OBLIGATIONS UNDER CAPITAL LEASES

Capital leases

Univest Capital lease, interest 12% per annum, payable in 60 monthly installments of $1,424 beginning January 2014 through December 2018.	24,200	41,282
Collateralized by Premium FAST VNG system.		
Styker Finance lease, interest 2% per annum, payable in 60 monthly installments of $3,367 beginning February 2014 through January 2019.	67,333	104,366
Collateralized by Endoscopy equipment.		
John Deer Financial lease, interest 0% per annum, payable in 5 annual installments of $7,159 beginning April 2016 through April 2020.	21,477	28,432
Collateralized by John Deere tractor and loader.		
GE Capital Healthcare Financial Services lease, interest 6.44% per annum, payable in monthly installments of $203 beginning September 2014 through August 2019.	5,082	7,521
Collateralized by GE Healthcare Ultrasound Machine and software.		
De Lage Landen Financial, interest 4.35% per annum, payable in 84 monthly installments of $4,993 beginning May 2016 through April 2023.	344,517	404,433
Collateralized by CT Scanner.		
Total minimum lease payments	462,609	586,034
Amounts representing interest	(39,844)	(66,719)
Present value of lease obligations	422,765	519,315
Current maturities	(109,989)	(103,906)
Long-term obligations under capital leases	$ 312,776	$ 415,409

NOTE J - OBLIGATIONS UNDER CAPITAL LEASES - CONTINUED

Future minimum payments under the capital leases together with the present value of future minimum rentals at June 30, 2017 are as follows:

Year ending June 30,	
2018	$ 126,996
2019	103,565
2020	67,248
2021	59,916
2022	59,916
2023	44,968
	$ 462,609

NOTE K - PROFESSIONAL LIABILITY INSURANCE

The Hospital purchases its general and professional liability insurance coverage from the Illinois Provider Trust (IPT). IPT is a pooled self-insurance trust program organized under Illinois Statutes for the purpose of providing general and professional liability insurance to member hospitals on a claims-made basis. Under the policy, only claims made and reported to IPT are covered during the policy term, regardless of when the incident giving rises to the claim occurred. Premium rates have been established based on the loss experiences of the insured hospitals and include provisions for retrospective premium adjustments based on incurred losses. The Hospital has a liability limit of $3,000,000 per claim with no aggregate limit.

The Hospital engages an insurance brokerage entity to ensure that its insurance premiums are consistent with those offered to similar entities with similar insurance risks. During 2017, the Hospital did not have any pay outs of malpractice claims. All claims by the Hospital are fully covered by IPT. The Hospital paid its 2017 annual premium in quarterly installments for its claims-made policy. A total of $199,282 was expensed in 2017. The policy does not cover incidents occurring prior to the inception of the claims-made insurance program with IPT. In negotiating its policy with IPT, the Hospital asserts to IPT that it is unaware of any specific, current claims (asserted or unasserted) against the Hospital.

Although the Hospital has no knowledge of any asserted or unasserted claims against it, the Hospital estimates and recognizes a liability for claims incurred but not reported of $154,475 at June 30, 2017 and 2016, based on reviews of its historical claims reporting.

NOTE L - TEMPORARILY RESTRICTED NET ASSETS

Temporarily restricted net assets are available for the following purposes:

Donor restricted	2017	2016
Flower fund - Shaw Estate	$ 1,301	$ 3,164
Skilled care improvements	26,032	24,984
Miscellaneous	19,634	7,100
Grant - AHEC	304,002	321,214
Comfort room donations	6,984	4,784
Kitchen renovation	-	1,105
SHIP Grant	-	27,245
	$ 357,953	$ 389,596

NOTE M - THIRD PARTY REIMBURSEMENT

The Hospital has agreements with third-party payors that provide for payments to the Hospital at amounts different from the established rate structure. A summary of the payment arrangements with major third-party payors follows:

- Medicare - The Hospital has been designated a Critical Access Hospital (CAH) under the Medicare program. As a CAH, the Hospital receives cost reimbursement for the majority of Medicare patient care services. The Hospital is reimbursed for services at tentative rates with final settlement determined after submission of annual cost reports by the Hospital and audits thereof by the Medicare fiscal intermediary.

- Medicaid - Inpatient and outpatient services rendered to Medicaid program beneficiaries are reimbursed at prospectively determined rates established by the state of Illinois.

- Blue Cross - Inpatient services are reimbursed at established rates but are subject to retroactive cost settlement.

The Hospital has also entered into payment agreements with certain commercial insurance carriers and preferred provider organizations. The basis for payment to the Hospital under these agreements includes prospectively determined rates per discharge, discounts from established charges and prospectively determined daily rates.

Approximately 52% and 55% of net patient service revenues are from participation in the Medicare and state-sponsored Medicaid programs for the years ending June 30, 2017 and 2016, respectively. Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation and change. As a result, it is reasonably possible that recorded estimates could change materially in the near term.

Any difference between the final settled Medicare cost report and the original as filed is recorded in the current year. The Hospital Medicare cost reports have been audited and finalized by the Medicare fiscal intermediary through June 30, 2015. Fiscal years 2016 and 2017 remain open for which the Hospital has recorded a liability of $380,000 as of June 30, 2017.

FAIRFIELD MEMORIAL HOSPITAL ASSOCIATION

NOTES TO FINANCIAL STATEMENTS - CONTINUED

June 30, 2017 and 2016

NOTE N - NET PATIENT SERVICE REVENUE

Schedule of patient service revenue net of contractual allowances and discounts consist of the following for the year ended June 30, 2017.

	Medicare	Medicaid	Commercial	Self Pay	Clinic	Home Health	Total
Gross Revenue	$36,799,933	$18,070,962	$26,055,201	$ 2,611,632	$ 3,498,739	$ 525,341	$87,561,808
Less Contractual Allowances	(27,077,909)	(13,210,432)	(15,645,391)	-	(983,156)	(22,998)	(56,939,886)
	$ 9,722,024	$ 4,860,530	$10,409,810	$ 2,611,632	$ 2,515,583	$ 502,343	30,621,922
				Provision for Bad Debt			(1,980,220)
				Charity Care Adjustments			(249,047)
				Net Patient Service Revenue			$28,392,655

Schedule of patient service revenue net of contractual allowances and discounts consist of the following for the year ended June 30, 2016.

	Medicare	Medicaid	Commercial	Self Pay	Clinic	Home Health	Total
Gross Revenue	$34,995,166	$15,603,370	$21,485,549	$ 2,067,004	$ 4,329,246	$ 519,227	$78,999,562
Less Contractual Allowances	(24,868,077)	(10,543,893)	(10,387,796)	-	(1,667,198)	(70,074)	(47,537,038)
	$10,127,089	$ 5,059,477	$11,097,753	$ 2,067,004	$ 2,662,048	$ 449,153	31,462,524
				Provision for Bad Debt			(3,690,663)
				Charity Care Adjustments			16,300
				Net Patient Service Revenue			$27,788,161

The amount of charges forgone for services and supplies furnished under the Hospital's Charity Care Policy aggregated approximately $249,047 in 2017 and $(16,300) in 2016.

Illinois Hospital Medicaid Assessment Program

The Hospital has recorded additional Medicaid revenue from the State of Illinois Enhanced Hospital Assessment Program. The program requires payments to certain hospitals to account for the disproportionate number of low income patients served. Funding for the program comes from Federal (Medicare) and State (Medicaid) appropriations. Under the hospital assessment program, each hospital is assessed a tax based on their adjusted gross hospital revenue.

The U.S. Centers for Medicare and Medicaid Services (CMS) notified the Illinois Department of Healthcare and Family Services (HFS) of its approval of the Enhanced Hospital Assessment program in September 2013. The current effective date of the Enhanced Assessment as approved by CMS is June 10, 2012 through June 30, 2018.

NOTE N - NET PATIENT SERVICE REVENUE - CONTINUED

Illinois Hospital Medicaid Assessment Program - Continued

The Illinois Department of Healthcare and Family Services (HFS) requested new supplemental payments to hospitals for services provided to newly eligible Medicaid beneficiaries under the Affordable Care Act. In January 2015 HFS was granted approval by the Centers for Medicare and Medicaid Services (CMS). The program is commonly referred to as the ACA Expansion Payments and will be effective in its current design through June 30, 2018. HFS began distributing the funds in February 2015 including payments retroactive to March 1, 2014.

The effects of these programs in the statements of activities and changes in net assets for the years ended June 30, 2017 and 2016 are as follows:

	2017	2016
Additional Medicaid payments included in net patient service revenue	$ 532,419	$ 594,891
Additional enhanced Medicaid payments included in net patient service revenue	422,093	464,183
Affordable Care Act (ACA) - Hospital Access payments included in net patient revenue	1,202,930	699,729
Managed Care Organization - Hospital Access Program	1,418,249	1,278,115
Less payments paid to the program	(666,390)	(573,999)
Total	$ 2,909,301	$ 2,462,919

The provider assessment has been an important component in providing positive cash flows to support Hospital operations.

NOTE N - NET PATIENT SERVICE REVENUE - CONTINUED

EHR Incentive Payments

Eligibility for annual Medicare incentive payments is dependent on providers demonstrating meaningful use of EHR technology in each period over a four-year period. As a critical access hospital, the Hospital will recognize Medicare incentive payments initially as deferred revenue and amortize amounts over the life of the EHR assets. As of June 30, 2017, the Hospital successfully attested to the Medicare meaningful use criteria receiving $1,037,838 in Medicare EHR payments. As of June 30, 2017 and 2016, the Hospital recognized $176,708 and $196,863 as revenue for each year, respectively. As of June 30, 2017 and 2016, $335,188 and $511,896 remained as deferred revenue.

Initial Medicaid incentive payments are available to acute care hospitals and rural health clinics that adopt, implement, or upgrade certified EHR technology. The Hospital must demonstrate meaningful use of such technology in subsequent years to qualify for additional Medicaid incentive payments. Payments under the Medicaid program are generally made for up to four years based upon a statutory formula, as determined by the State, which is approved by CMS. The Hospital utilizes a grant accounting model to recognize Medicaid EHR incentive revenues. Medicaid EHR incentive revenues are recognized ratably over the relevant cost reporting period starting at the point when management is reasonably assured it will meet all of the meaningful use objectives and any other specific grant requirements applicable for the reporting period.

The Hospital's attestation of compliance with the meaningful use criteria is subject to audit by the federal government or its designee. Additionally, payment under the program is contingent on the Hospital continuing to meet escalating meaningful use criteria and any other specific requirements that are applicable for the reporting period. The final amount for any payment year is determined based upon an audit by the State or the fiscal intermediary. Events could occur that would cause the final amounts to differ materially from the initial payments under the program.

NOTE O - PENSION PLAN

The Hospital has a defined contribution pension plan covering substantially all employees over age 20 with two or more years of employment. The Hospital matches the employees' contribution to the plan up to a limit of 2%. Pension expense charged to operations for the years ended June 30, 2017 and 2016 was $124,690 and $138,737, respectively. All employees are 100% vested when they become eligible to enter the plan.

The Hospital offers to eligible employees the Fairfield Memorial Hospital Association Employees' Retirement Plan, a deferred compensation plan created in accordance with Internal Revenue Code 457. The plan permits them to defer a portion of their salary until future years. The deferred compensation is not available until termination, retirement, death or unforeseeable emergency. The Plan Sponsor's Employer Identification Number is 37-0661202 and the Plan Number is G73612.

FAIRFIELD MEMORIAL HOSPITAL ASSOCIATION

NOTES TO FINANCIAL STATEMENTS - CONTINUED

June 30, 2017 and 2016

NOTE P - COMMITMENTS

Operating Leases

The Hospital leases equipment under operating leases expiring at various dates through May 2020. Total lease expense for years ended June 30, 2017 and 2016 for all operating leases was approximately $286,589 and $333,014.

The following is a schedule by year of future minimum lease payments under operating leases at June 30, 2017; those that have initial or remaining lease terms in excess of one year.

Year Ending June 30	Amount
2018	$ 180,625
2019	90,752
2020	48,908
2021	4,123

NOTE Q - ADVERTISING

Advertising costs are expensed as incurred. Advertising expense was $152,501 and $96,054 for the years ended June 30, 2017 and 2016, respectively.

NOTE R - NET ASSETS RELEASED FROM RESTRICTIONS

Net assets were released from donor restrictions by incurring expenses satisfying the restricted purposes or by occurrence of other events specified by donors.

	2017	2016
Grant - AHEC	$ 83,127	$ 108,698
Physician education	-	35,828
Skilled care improvements	242	-
Kitchen renovation	1,105	-
ICAHN	37,245	-
Employee of the month	375	-
Activities	2,084	-
Grant - ASPR Trauma	37,325	-
Auxiliary	1,376	-
Christmas	1,761	5,375
Wifi upgrade	-	44,816
National Surgical Quality Improvement Program	60,000	60,000
Low sodium Grant	-	8,000
Fridge - Aux	-	1,150
Cancer care	-	105
Disaster Fund	821	-
	$ 225,461	$ 263,972

NOTE S - UNCOMPENSATED CARE AND COMMUNITY BENEFIT

In support of its mission, the Hospital voluntarily provides care to patients at less than its established charges for patients that meet the Hospital's charity care criteria. Because the Hospital does not pursue collection of amounts determined to qualify as charity care, they are not reported in net patient service revenue.

In addition, the Hospital provides services to other medically indigent patients under certain government-reimbursed public aid programs. Such programs pay providers amounts which are less than established charges for the services provided to the recipients and many times the payments are less than the cost of rendering the services provided.

The Hospital's total cost of uncompensated care relating to these services and other services are as follows:

	2017	2016
Charity Care	$ 84,562	$ -
State Medicaid and other public programs	$ 1,635,433	$ 1,347,255
Uncollectible accounts	$ 737,882	$ 1,379,616

The uncompensated care cost of state Medicaid and other public aid programs is determined by computing the cost of providing that care less amounts paid by the program.

In addition to the above cost of uncompensated care, the Hospital also commits significant time and resources to endeavors and critical services which meet otherwise unfulfilled community needs. Many of these activities are sponsored with knowledge that they will not be self-supporting or financially viable.

NOTE T - PROPERTY TAXES

During 2012, the State of Illinois enacted a new law requiring a tax-exempt (non-profit) hospital to provide uncompensated care in an amount equal to or exceeding the hospital's estimated property tax liability. If sufficient uncompensated care is not provided, a hospital may forfeit its property tax exemption. The law is currently in its initial stages of enactment. Management considers that the Hospital provides sufficient uncompensated care to retain its property tax exemption.

NOTE U - FUNCTIONAL EXPENSES

The Hospital provides healthcare and home health services to the residents of the Fairfield, Illinois area. The operating expenses included in the statements of operations are primarily related to providing these services.

Kerber, Eck & Braeckel LLP

CPAs and
Management Consultants

1116 W. Main Street
Carbondale, IL 62901-2335
ph 618.529.1040
fax 618.549.2311
www.kebcpa.com

INDEPENDENT AUDITORS' REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS*

Board of Directors
Fairfield Memorial Hospital Association
Fairfield, Illinois

We have audited in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Fairfield Memorial Hospital Association (a nonprofit health care entity), which comprise the statements of financial position as of June 30, 2017 and 2016, and the related statements of activities, changes in net assets and cash flows for the years then ended, and the related notes to the financial statements, and have issued our report thereon dated November 20, 2017.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered Fairfield Memorial Hospital Association's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of Fairfield Memorial Hospital Association's internal control. Accordingly, we do not express an opinion on the effectiveness of Fairfield Memorial Hospital Association's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies and therefore, material weaknesses or significant deficiencies may exist that were not identified. We did identify certain deficiencies in internal control, described in the accompanying schedule of findings and responses that we consider to be material weaknesses. (2017-01, and 2017-02.

Other Locations

Belleville, IL • Litchfield, IL • Springfield, IL • Cape Girardeau, MO • St. Louis, MO • Milwaukee, WI • Columbia, IL

Compliance and Other Matters

As part of obtaining reasonable assurance about whether Fairfield Memorial Hospital Association's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

We noted other matters that we reported to management of Fairfield Memorial Hospital Association in a separate letter dated November 20, 2017.

Fairfield Memorial Hospital Associations' Response to Findings

Fairfield Memorial Hospital Association's response to the findings identified in our audit is described in the accompanying schedule of findings and responses. Fairfield Memorial Hospital Association's response was not subjected to the auditing procedures applied in the audit of the financial statements and, accordingly, we express no opinion on it.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Kerber, Eck + Braeckel, LLP

Carbondale, Illinois
November 20, 2017

FAIRFIELD MEMORIAL HOSPITAL ASSOCIATION
SCHEDULE OF FINDINGS AND RESPONSES
FOR THE YEAR ENDED JUNE 30, 2017

Financial Statement Findings

MATERIAL WEAKNESS

Finding Number 2017-01

Criteria

Year end close and account reconciliations

Condition and Context

During the fiscal year 2017 audit, there were a total of 5 audit journal entries and 3 client journal entries. A summary of the journal entries is as follows:

	Increase (Decrease) Net Income
Client Journal Entries	
1. To correct errors to cash postings	$ (563)
2. To correct errors to cash postings	(1,380)
3. To reclass completed projects from construction in progress to final asset account	-
Audit Journal Entries	
Contractual Allowance	
1. To adjust contractual allowances to revised estimate based on historical percentages for Horizon Clinic, Medicare and Medicare crossovers	(63,261)
Other	
2. To adjust Blue Cross PPO to most recent letters	(252,917)
3. To adjust bad debt allowance on State of Illinois employee insurance	192,956
4. Reclassify restricted net assets	-
5. Remove receivable received in fiscal year 2016	(306,257)
	$ (431,422)

Effect

The unreconciled accounts at year end resulted in multiple audit and client journal entries.

Recommendation

We recommend management continue to review the year end and month end closing procedures to reduce the number of audit journal entries. In addition, financial managers should continually review and adjust contractual allowance percentages to recent historical data.

Management Response

The Hospital acknowledges that excessive audit and client journal entries were required during the audit process. New procedures for the accounting closing procedures have been adopted and this should greatly reduce the number of adjusting entries required during the audit for the coming year.

MATERIAL WEAKNESSES

Finding Number 2017-02

Criteria

Patient Billing and Accounts Receivable

Condition and Context

During review of individual patient accounts, we noted multiple accounts with a long lag time between the date of discharge and the date of the first billing. Accounts were also noted with delays in receipts from commercial insurance companies. Based upon review of the account details, records, and discussions with management, the delays were the result of delayed coding due to medical records being short on experienced and trained coders.

Effect

Timely billing of patient accounts is an important part of the Hospital's cash flow process. The delay in billing slows the cash collection process and increases the number of days that accounts receivables are outstanding. Hospital industry results show the older an account gets the harder it is to collect.

Recommendation

We recommend management make timely and accurate coding and billing a priority.

Management Response

Management agrees with this finding and recommendations.

SUPPLEMENTARY INFORMATION

FAIRFIELD MEMORIAL HOSPITAL ASSOCIATION

SERVICE STATISTICS
(Unaudited)

Year Ended June 30

	2017	Occupancy	2016	Occupancy
PATIENT DAYS				
General service				
Medical, surgical, ICU and obstetrics	1,956	27.5%	2,505	27.5%
Medicare patient days	1,252		1,643	
Medicare utilization	64.0%		65.6%	
Medicaid patient days	167		242	
Medicaid utilization	8.5%		9.7%	
Admissions	587		723	
Discharges	605		722	
Average length of stay	3.3		3.5	
Average daily capacity	25		25	
Outpatient visits	216,691		219,467	

HASKELL

July 10, 2018

Ms. Katherine J. Bunting, PhD, MSN, RN, LNHA
Chief Executive Officer.
303 N.W. 11'° Street
Fairfield, IL 62837

Dear Ms. Bunting;

At your request, we will prepare Construction Drawings, Specifications "Construction Documents" and provide Pre-Construction Services ("Pre-Con") for the Fairfield Memorial Hospital project based upon the quarterly drawdown schedule dated July 10, 2018.

Fairfield Memorial Hospital, Fairfield, IL ("Owner"), by accepting this letter authorizes The Haskell Company ("Haskell") to prepare Construction Documents and provide Pre-Con services. The cost to complete the design phases starting with Certificate of Need Application, USDA Community Facilities Program Application, IDPH review process initiation, Design Development, Construction Documents and Pre-Con Services is $1,289,800, less amount paid to date ($47,500). The balance of the Contract Administration in the amount of $265,200.00 will be billed throughout the construction duration of the work. The Architectural and Engineering fee totaling $1,398,000.00 is based on drawings dated July 10, 2018 and project scope outlined in the proposal dated July 10, 2018.

The Owner shall have the right at any time to direct Haskell to stop preparation of the Construction Documents and agrees to reimburse Haskell for all their expenses and time incurred up to that point, including work initiated prior to the date of this Agreement, but not to exceed $1,289,800.00. The Owner shall also have the right to elect, at any time prior to Construction Contract signing, to postpone or discontinue the Project, in which event the obligation to Haskell shall be limited to payment for the Construction Documents and Pre-Con Services as provided above.

HASKELL

The Owner acknowledges the intention to enter into a full design-build contract with Haskell, utilizing a mutually agreeable version of the AIA A141 "Standard Form of Agreement Between Owner and Design-Builder" contract with Stipulated Sum amount. Each party agrees, in the event the project does not receive funding, or not achieve the desired project cost, the Owner shall reimburse Haskell for all cost of the work to date. In either event, Haskell shall no longer be obligated to provide any further services, and will be discharged hereunder and as a result, the Owner shall return all Construction Documents to Haskell and the Owner shall relinquish their right to use the Construction Documents prepared by Haskell hereunder even If Owner shall have paid Haskell the fee provided above.

Please acknowledge your acceptance by signing and returning one copy of this letter to Haskell, Payment for these services will be invoiced monthly.

Sincerely,

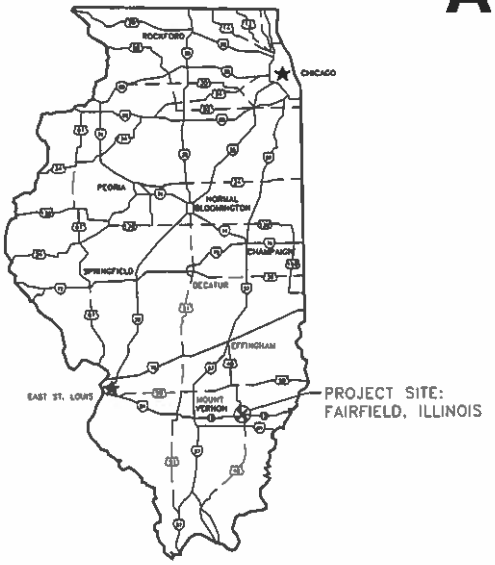
James Eaton
Senior Vice President – Global Healthcare Practice Leader

Accepted By: Katherine J Bunting

Date: 7-11-18

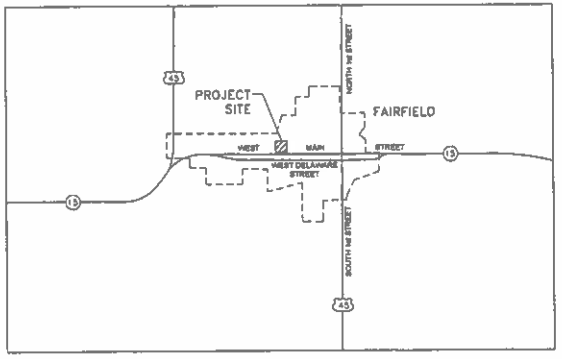
FAIRFIELD MEMORIAL HOSPITAL
PROPOSED BUILDING
ADDITION & RENOVATIONS

303 NW 11th STREET
FAIRFIELD, ILLINOIS
62837

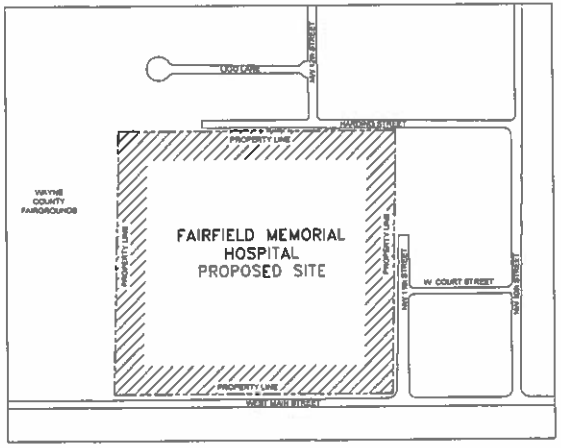


STATE OF ILLINOIS

NORTH
LOCUS MAP
SCALE: NOT TO SCALE



NORTH
VICINITY MAP
SCALE: NOT TO SCALE



NORTH
PROJECT LOCATION MAP
SCALE: NOT TO SCALE

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ILLINOIS 184-002974

FAIRFIELD MEMORIAL HOSPITAL
FAIRFIELD, IL

FAIRFIELD MEMORIAL HOSPITAL
COVER SHEET
JULY 10, 2018
PROJECT # 4801039

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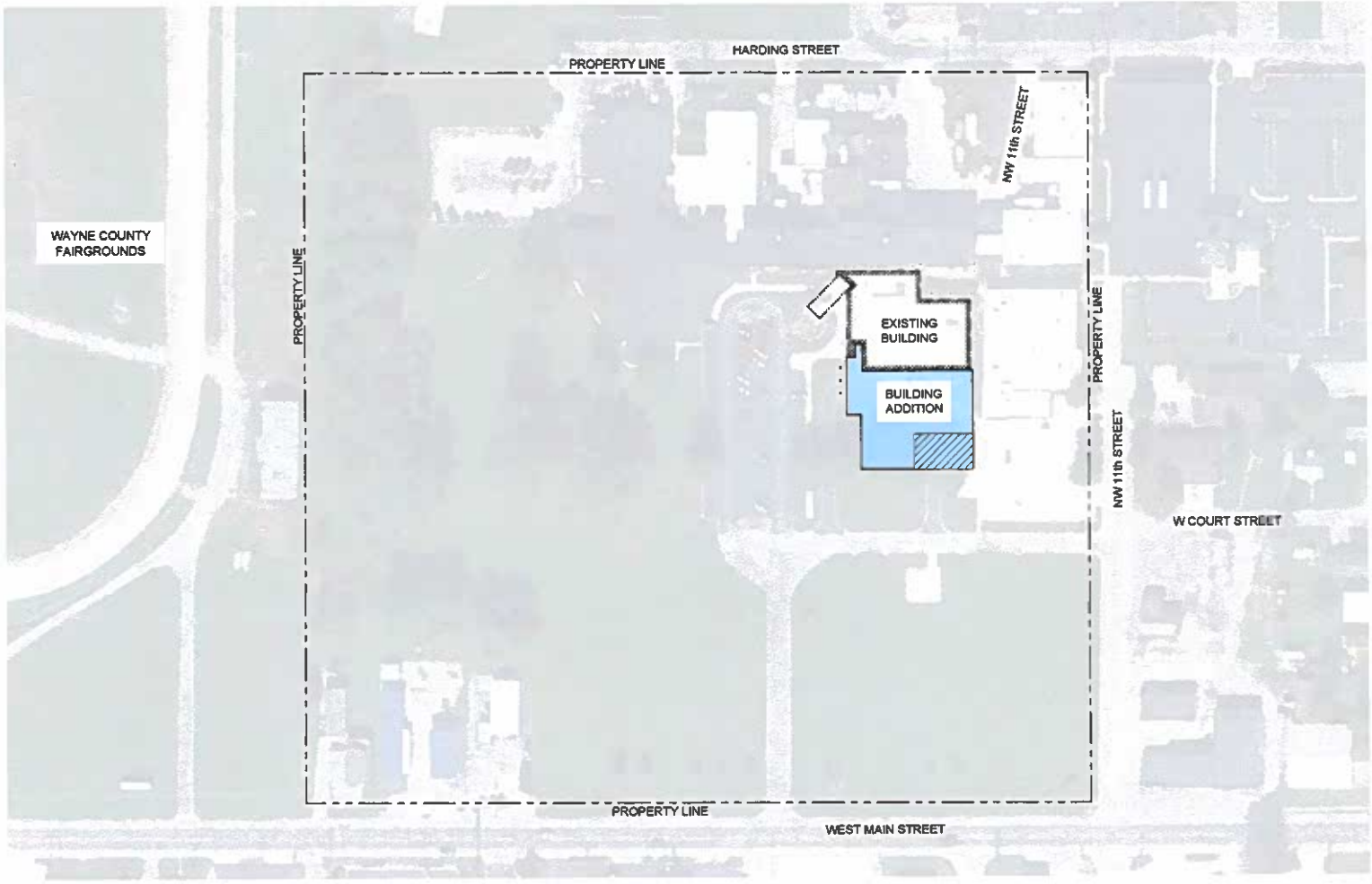

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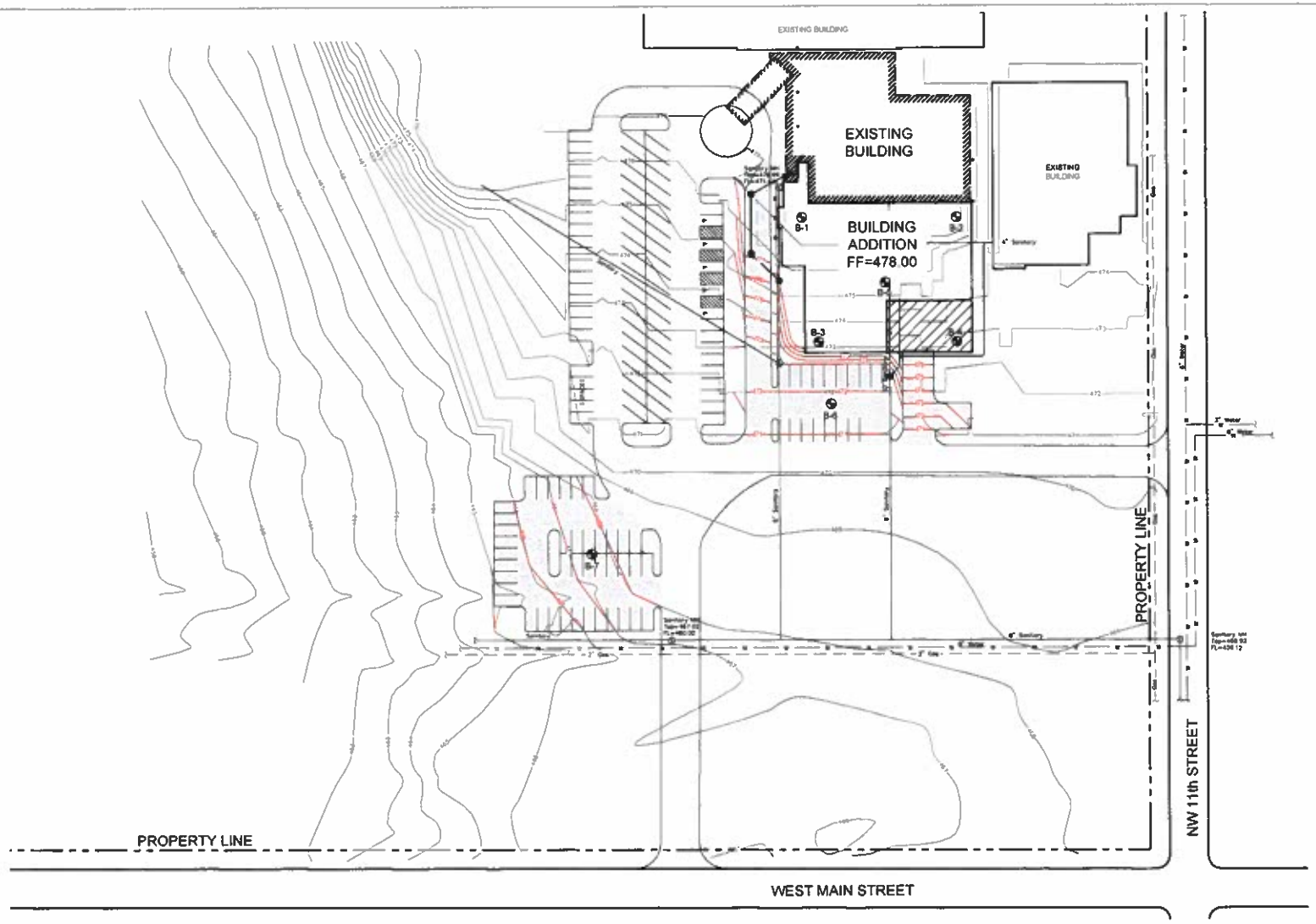
ILLINOIS 184-002974

FAIRFIELD MEMORIAL HOSPITAL
FAIRFIELD, IL

NORTH

SITE PLAN - BUILDING ADDITION
Scale 1" = 40'
PROJECT # 4801039

ADDITION & RENOVATION
July 10, 2018



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ILLINOIS 184-002974

FAIRFIELD MEMORIAL HOSPITAL
FAIRFIELD, IL

NORTH

SITE PLAN - BUILDING ADDITION
Scale: 1" = 40'
PROJECT # 4801039

ADDITION & RENOVATION
July 10, 2018

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CON SUBMISSION

ADDITITION & RENOVATION

2ND FLOOR PLAN - CLINIC ADDITION

August 7, 2018

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PHASE I - NEW CONSTRUCTION

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FAIRFIELD, IL

CON SUBMISSION

1ST FLOOR PLAN - ED ADDITION

ADDITION & RENOVATION

August 7, 2018

CON SUBMISSION

ADDITION & RENOVATION

3RD FLOOR PLAN - SNF ADDITION

August 7, 2018

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FAIRFIELD, IL

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ILLINOIS 184-000974

FAIRFIELD MEMORIAL HOSPITAL
FAIRFIELD, IL

1ST FLOOR PLAN - SAME DAY RENOVATION

ADDITION & RENOVATION

August 7, 2018