E-024-19 ORIGINAL

RECEIVED

JUN 11 2019

HEALTH FACILITIES & SERVICES REVIEW BOARD

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD DISCONTINUATION APPLICATION FOR EXEMPTION

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Facility/Project Identification

Facility Name: MetroSouth Medical Center
Street Address: 12935 South Gregory Street
City and Zip Code: Blue Island 60406
County: Cook Health Service Area HSA 7 Health Planning Area: A-04

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

Exact Legal Name: Blue Island Hospital Company, LLC d/b/a MetroSouth Medical Center
Street Address: 12935 South Gregory Street
City and Zip Code: Blue Island 60406
Name of Registered Agent: CT Corporation
Registered Agent Street Address: 208 S. LaSalle St., Suite 814
Registered Agent City and Zip Code: Chicago 60604
Name of Chief Executive Officer: John Walsh
CEO Street Address: 12935 South Gregory Street
CEO City and Zip Code: Blue Island
CEO Telephone Number: 615-221-1400

Type of Ownership of Applicants

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

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

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

Primary Contact [Person to receive ALL correspondence or inquiries]

Name: John Walsh
Title: CEO
Company Name: MetroSouth Medical Center
Address: 12935 South Gregory Street, Blue Island, Illinois 60406
Telephone Number: 708-597-2000 Extension 5201
E-mail Address: John_Walsh@QuorumHealth.com
Fax Number: 615-221-1484

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Facility/Project Identification

Facility Name: MetroSouth Medical Center
Street Address: 12935 South Gregory Street
City and Zip Code: Blue Island 60406
County: Cook Health Service Area HSA 7 Health Planning Area: A-04

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

Exact Legal Name: Quorum Health Corporation
Street Address: 1573 Mallory Lane Suite 100
City and Zip Code: Brentwood, TN 37027
Name of Registered Agent: The Corporation Trust Company
Registered Agent Street Address: 1209 Orange Street
Registered Agent City and Zip Code: Wilmington, DE 19801
Name of Chief Executive Officer: Robert Fish
CEO Street Address: 1573 Mallory Lane Suite
CEO City and Zip Code: Brentwood, TN 37027
CEO Telephone Number: 615-221-1400

Type of Ownership of Applicants

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

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

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

Primary Contact [Person to receive ALL correspondence or inquiries]

Name: Hal McCard
Title: Senior Vice President, General Counsel, and Secretary
Company Name: Quorum Health Corporation
Address: 1573 Mallory Lane
Telephone Number: 615-221-3507
E-mail Address: Hal_McCard@QuorumHealth.com
Fax Number: 615-221-1484

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

Name: Daniel J. Lawler
Title: Partner
Company Name: Barnes & Thornburg, LLP
Address: Suite 4200, One North Wacker
Telephone Number: 312-214-4861
E-mail Address: dlawler@btlaw.com
Fax Number: 312-357-1313

Post Exemption Contact

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

Name: John Walsh
Title: CEO
Company Name: MetroSouth Medical Center
Address: 12935 South Gregory Street, Blue Island, IL 60406
Telephone Number: 615-221-1400
E-mail Address: John_Walsh@QuorumHealth.com
Fax Number: 615-221-1484

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Blue Island Hospital Company, LLC
Address of Site Owner: 1573 Mallory Lane, Brentwood, TN 37027
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: Blue Island Hospital Company, LLC
Address: 1573 Mallory Lane, Brentwood, TN 37027

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

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

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

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.

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 project is for the discontinuation of an existing health care facility, MetroSouth Medical Center, 12935 South Gregory Street, Blue Island 60406.

A project to discontinue a health care facility is classified as substantive under 77 Ill. Adm. Code 1110.20(c)(1)(B)(ii).

Project Status and Completion Schedules

Outstanding Permits: Does the facility have any projects for which the State Board issued a permit that is not complete? Yes __ No X. If yes, indicate the projects by project number and whether the project will be complete when the exemption that is the subject of this application is complete.

_____

_____

_____

_____

_____

Anticipated exemption completion date (refer to Part 1130.570): Fourth Quarter of 2019 with an anticipated discontinuation date of November 1, 2019

State Agency Submittals [Section 1130.620(c)]

Are the following submittals up to date as applicable:

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

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

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

Blue Island Hospital Company, LLC, d/b/a MetroSouth Medical Center

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.

John Walsh
SIGNATURE

John Walsh
PRINTED NAME

CEO
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 7 day of June 2019

Signature of Notary

Seal

JACQUELINE R. THOMAS
Notary Public, State of Ohio
My Comm. Expires Aug. 1, 2021
Recorded in Trumbull County

Martin L. Smith
SIGNATURE

MARTIN SMITH
PRINTED NAME

EVP + COO
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 7th day of June 2019

Signature of Notary

Seal

ROCHELLE D. PAYNE
TENNESSEE
NOTARY
PUBLIC
My Comm. Exp.
September 12, 2019
COUNTY OF WILLIAMSON

*Insert the EXACT legal name of the applicant

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

Quorum Health Corporation, Inc.

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

John Welsh
PRINTED NAME

CEO
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 7 day of June 2019

Signature of Notary

Seal

JACQUELINE R. THOMAS
Notary Public, State of Ohio
My Comm. Expires Aug. 1, 2021
Recorded in Trumbull County

*Insert the EXACT legal name of the applicant

SIGNATURE

MARTIN SMITH
PRINTED NAME

EVP + COO
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 7th day of June 2019

Signature of Notary

Seal

ROCHELLE D. PAYNE
TENNESSEE NOTARY PUBLIC
My Comm Exp. September 22, 2019
COUNTY OF WILLIAMSON

SECTION II. DISCONTINUATION

Type of Discontinuation

☒	Discontinuation of an Existing Health Care Facility
☐	Discontinuation of a category of service

Criterion 1130.525 and 1110.290 - Discontinuation

READ THE REVIEW CRITERION and provide the following information:

GENERAL INFORMATION REQUIREMENTS

1. Identify the categories of service and the number of beds, if any, that are to be discontinued.
2. Identify all of the other clinical services that are to be discontinued.
3. Provide the anticipated date of discontinuation for each identified service or for the entire facility.
4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
5. Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued, and the length of time the records will be maintained.
6. For applications involving the discontinuation of an entire facility, provide certification by an authorized representative that all questionnaires and data required by HFSRB or DPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 90 days following the date of discontinuation.
7. Provide attestation that the facility provided the required notice of the facility or category of service closure to local media that the health care facility would routinely notify about facility events. The supporting documentation shall include a copy of the notice, the name of the local media outlet, the date the notice was given, and the result of the notice, e.g., number of times broadcasted, written, or published. Only notice that is given to a local television station, local radio station, or local newspaper will be accepted.

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

REASONS FOR DISCONTINUATION

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

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

IMPACT ON ACCESS

1. Document whether or not the discontinuation will have an adverse effect upon access to care for residents of the facility's market area.

2. Provide copies of notification letters sent to other resources or health care facilities that provide the same services as those proposed for discontinuation. The notification letter must include at least the anticipated date of discontinuation and the total number of patients that received care or the number of treatments provided during the latest 24 months.

APPEND DOCUMENTATION AS ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION III. BACKGROUND

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.

2. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application.

3. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**

4. If, during a given calendar year, an applicant submits more than one application for permit or exemption, 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 8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 8.

SECTION IV. SAFETY NET IMPACT STATEMENT

SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL PROJECTS TO DISCONTINUE A HEALTH CARE FACILITY OR CATEGORY OF SERVICE [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 9.

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 9, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION V. CHARITY CARE INFORMATION

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 10.

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

APPEND DOCUMENTATION AS ATTACHMENT 10, 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	16-18
2	Site Ownership	19-31
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	32-34
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	35-36
5	Discontinuation General Information Requirements	37-45
6	Reasons for Discontinuation	46-55
7	Impact on Access	56-119
8	Background of the Applicant	120-122
9	Safety Net Impact Statement	123-130
10	Charity Care Information	131-134

ATTACHMENT 1
TYPE OF OWNERSHIP OF APPLICANTS

Included with this attachment are:

1. The Illinois Certificate of Good Standing for Blue Island Hospital Company, LLC.
2. The Delaware Certificate of Good Standing for Quorum Health Corporation.

File Number 0373569-9

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

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

BLUE ISLAND HOSPITAL COMPANY, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON NOVEMBER 28, 2011, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS 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* 6TH *day of* JUNE *A.D.* 2019 .

Authentication #: 1915702090 verifiable until 06/06/2020
Authenticate at: http://www.cyberdriveillinois.com

Jesse White

SECRETARY OF STATE

ATTACHMENT 1

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "QUORUM HEALTH CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF FEBRUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

5792308 8300

SR# 20181195758

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202188010

Date: 02-21-18

ATTACHMENT 1

ATTACHMENT 2
SITE OWNERSHIP

Included with this attachment is proof of site ownership consisting of the Special Warranty Deed held by Blue Island Hospital Company, LLC.

This document prepared by:
Sarah M. Lombard, Esq.
Hinckley, Allen & Snyder LLP
20 Church Street, 18th Floor
Hartford, Connecticut 06103

Doc#: 1206222035 Fee: $66.00
Eugene "Gene" Moore RHSP Fee:$10.00
Cook County Recorder of Deeds
Date: 03/02/2012 11:27 AM Pg: 1 of 12

After recording send to:

Land Services USA, Inc
10 North Church Street, Suite 307
West Chester, PA 19380
610.429.3145

NLS-512514 2720 BLUE ISLAND

SPECIAL WARRANTY DEED

THIS SPECIAL WARRANTY DEED is made and entered into as of the 29th day of February, 2012, by and between MSMC REALTY, LLC, a Delaware limited liability company ("**Grantor**"), and BLUE ISLAND HOSPITAL COMPANY, LLC, a Delaware limited liability company ("**Grantee**"), having a mailing address of 4000 Meridian Boulevard, Franklin, Tennessee 37067, Attention: President.

12

WITNESSETH:

That for and in consideration of Ten Dollars ($10.00), cash in hand paid, and other good and valuable consideration, the receipt of all of which is hereby acknowledged, Grantor does hereby remise, release, alien, convey and, only to the extent hereinafter provided, warrant unto Grantee, its successors and assigns, the following real estate, situated and being in the County of Cook, State of Illinois, described on Exhibit A attached hereto and made a part hereof.

TOGETHER with all buildings, improvements and fixtures located thereupon, and all and singular the hereditaments and appurtenances thereunto belonging, or in anywise appertaining, and the reversion or reversions, remainder or remainders, rents, issues and profits thereof, and all the estate, right, title, interest, claim or demand whatsoever, of Grantor, either in law or equity, in and to the above-described premises, with the hereditaments and appurtenances (collectively, with the real estate described on Exhibit A, the "**Property**").

TO HAVE AND TO HOLD THE aforesaid Property, together with all the appurtenances and hereditaments thereunto belonging or in any wise appertaining, unto Grantee, its successors and assigns, in fee simple forever.

Grantor, for itself and its successors and assigns, does hereby covenant with Grantee, and its successors and assigns, that Grantor is the owner of an indefeasible estate in the Property in fee simple, that Grantor has good, right and lawful authority to sell and convey the Property and that Grantor will warrant and forever defend title to the Property against the lawful encumbrances of all persons claiming by, through or under Grantor, but not further or otherwise, subject, however, to all items listed on Exhibit B attach ed hereto and made a part hereof ("**Permitted Exceptions**").

12
Y
Y
INT 01

ATTACHMENT 2

Address of Property	Permanent Real Estate Index Numbers
12831 Gregory	25-31-105-022-0000
12831 Gregory	25-31-105-023-0000
12850 Irving Ave.	25-31-105-030-0000
12850 Irving Ave.	25-31-105-046-0000
12850 Irving Ave.	25-31-105-047-0000
12836 Irving Ave.	25-31-105-052-0000
2250 Irving Road	25-31-105-053-0000
12843 Gregory St.	25-31-105-058-0000
12834 Irving Ave.	25-31-105-061-0000
12843 Gregory St.	25-31-105-062-0000
12829 Gregory St.	25-31-105-064-0000
12921 Western Ave.	25-31-113-001-0000
12921 Western Ave.	25-31-113-002-0000
2329 Union	25-31-113-011-0000
12921 Western Ave.	25-31-113-021-0000
2310 York/12930 S. Gregory St. (Pavilion)	25-31-114-004-0000
12955 Western Ave. (Land Western & York)	25-31-114-005-0000
12955 Western Ave. (Land Western & York)	25-31-114-008-0000
12935 Gregory (Hospital)	25-31-115-001-0000
12935 Gregory (Hospital)	25-31-115-002-0000
12935 Gregory (Parking Lot Gregory & York)	25-31-115-003-0000
12935 Gregory (Boiler House)	25-31-115-004-0000
12935 Gregory (Parking Lot Gregory & York)	25-31-115-005-0000
12935 Gregory (Parking Lot Gregory & York)	25-31-115-006-0000
12909 Irving Ave. (Hospice House)	25-31-116-030-0000
13000 Irving Ave.	25-31-120-003-0000
13001 Irving Ave.	25-31-123-001-0000

THIS IS NOT HOMESTEAD PROPERTY.

Mail Tax Statements to:

Blue Island Hospital Company, LLC
4000 Meridian Boulevard
Franklin, TN 37067
Attention: President

[SIGNATURE PAGE TO FOLLOW]

ATTACHMENT 2

SIGNATURE PAGE
SPECIAL WARRANTY DEED

WITNESS the signature of Grantor the day and year first above written.

MSMC REALTY, LLC,
a Delaware limited liability company

By: Reis Capital Management, LLC,
Its Manager

By: _____
Name: David Reis
Title: Managing Member

STATE OF New York)
) ss.
COUNTY OF Westchester

On this 24th day of February, 2012, before me, a Notary Public in and for said state, personally appeared David Reis, being the Managing Member of Reis Capital Management, LLC, the Manager of MSMC Realty, LLC, a Delaware limited liability company, known to me to be the person who executed the within Special Warranty Deed on behalf of said limited liability company, and that said instrument was signed on behalf of said limited liability company by authority of its Manager, and he acknowledged to me that he executed the same for the purposes therein stated.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal in the County and State aforesaid, the day and year first above written.

_____
Notary Public/~~Commissioner of the Court~~
My term expires: May 19, 2012

TERESA BERNARDI
Notary Public, State of New York
No. 01BE6187450
Qualified in Westchester County
Commission Expires May 19, 2012

REAL ESTATE TRANSFER 03/02/2012

COOK	$15,013.75
ILLINOIS:	$30,027.50
TOTAL:	$45,041.25

25-31-105-022-0000 | 20120201602674 | TZ5AFE

ATTACHMENT 2

EXHIBIT A

Legal Description

TRACT I:

PARCEL 1:

LOTS 5 AND 6 IN UHLICH'S SUBDIVISION OF PART OF BLOCK 7 IN SANDER'S SECOND ADDITION TO THE TOWN OF BLUE ISLAND, A SUBDIVISION OF PART OF THE SOUTH 1/2 OF THE NORTHWEST 1/4 OF SECTION 31, TOWNSHIP 37 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS.

PIN: 25-31-114-008

PARCEL 2:

THAT PART OF BLOCKS 10 AND 12 LYING WEST OF THE WEST LINE OF IRVING STREET IN SANDER'S SECOND ADDITION TO THE TOWN OF BLUE ISLAND, A SUBDIVISION OF PART OF THE SOUTH 1/2 OF THE NORTHWEST 1/4 OF SECTION 31, TOWNSHIP 37 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS.

PIN: 25-31-115-002 and 25-31-115-001

PARCEL 3:

THAT PART OF BLOCK 8 LYING WEST OF THE WEST LINE OF IRVING STREET (EXCEPT THE SOUTH 50 FEET OF THE WEST 181.5 FEET) IN SANDER'S SECOND ADDITION TO THE TOWN OF BLUE ISLAND, A SUBDIVISION OF PART OF THE SOUTH 1/2 OF THE NORTHWEST 1/4 OF SECTION 31, TOWNSHIP 37 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS.

PIN: 25-31-115-003, 25-31-115-004 and 25-31-115-005

PARCEL 4:

THAT PART OF BLOCK 8 IN SANDER'S SECOND ADDITION TO THE TOWN OF BLUE ISLAND, A SUBDIVISION OF PART OF THE SOUTH 1/2 OF THE NORTHWEST 1/4 OF SECTION 31, TOWNSHIP 37 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, DESCRIBED AS FOLLOWS:

COMMENCING AT THE SOUTH WEST CORNER OF SAID BLOCK 8; THENCE RUNNING EAST ON THE SOUTH LINE OF BLOCK 8 181.5 FEET; THENCE NORTH PARALLEL WITH THE WEST LINE OF SAID BLOCK 50 FEET; THENCE WEST PARALLEL WITH THE SOUTH LINE OF SAID BLOCK 8 181.5 FEET TO THE WEST LINE OF SAID BLOCK; THENCE SOUTH ALONG THE WEST LINE OF SAID BLOCK 8 50 FEET TO THE PLACE OF BEGINNING, IN COOK COUNTY, ILLINOIS.

PIN: 25-31-115-006

TRACT II:

THE NORTH 10 FEET OF LOT 39 AND LOT 40 (EXCEPT THE WEST 200 FEET AND EXCEPT THE NORTH 34 FEET OF SAID LOT 40) IN J. P. YOUNG'S SECOND ADDITION TO BLUE ISLAND, IN THE NORTHWEST 1/4 OF SECTION 31, TOWNSHIP 37 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PIN: 25-31-105-061 and 25-31-105-062

TRACT III:

PARCEL 1:

LOTS 1, 2, 3 AND THE SOUTH 6 FEET OF LOT 4 IN THE SUBDIVISION OF LOT 39 (EXCEPT THE NORTH 10 FEET THEREOF) IN J. P. YOUNG'S SECOND ADDITION TO BLUE ISLAND, IN THE NORTHWEST 1/4 OF SECTION 31, TOWNSHIP 37 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

PIN: 25-31-105-046, 25-31-105-047 and 25-31-105-053

PARCEL 2:

THE EAST 105 FEET OF LOT 8 IN BLOCK 3 IN WATTLE'S ADDITION TO BLUE ISLAND, A SUBDIVISION OF THE NORTHWEST 1/4 OF THE NORTHWEST 1/4 OF SECTION 31, TOWNSHIP 37 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

PIN: 25-31-105-030

PARCEL 3:

THE SOUTH 75 FEET OF LOT 7 (EXCEPT THE WEST 160 FEET THEREOF) IN BLOCK 3 IN WATTLE'S ADDITION TO BLUE ISLAND, A SUBDIVISION OF THE NORTHWEST 1/4 OF THE NORTHWEST 1/4 OF SECTION 31, TOWNSHIP 37 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PIN: 25-31-105-064

TRACT IV:

ALL OF LOT 5 AND LOT 4 (EXCEPT THE SOUTH 6 FEET THEREOF) IN THE SUBDIVISION OF LOT 39 (EXCEPT THE NORTH 10 FEET THEREOF) IN J. P. YOUNG'S SECOND ADDITION TO BLUE ISLAND, IN THE NORTHWEST 1/4 OF SECTION 31, TOWNSHIP 37 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PIN: 25-31-105-052

TRACT V:

THE SOUTH 31.50 FEET OF THE SOUTH 60 FEET MEASURED ON THE WEST LINE OF THAT PART OF BLOCK 12 IN SANDER'S SECOND ADDITION TO THE TOWN OF BLUE ISLAND, A SUBDIVISION OF PART OF THE SOUTH 1/2 OF THE NORTHWEST 1/4 OF SECTION 31, TOWNSHIP 37 NORTH, RANGE14, EAST OF THE THIRD PRINCIPAL MERIDIAN, DESCRIBED AS FOLLOWS, TO WIT: COMMENCING AT THE NORTHEAST CORNER OF BLOCK 12; THENCE RUNNING WEST PARALLEL WITH THE SOUTH LINE OF SAID BLOCK 12, 169-1/2 FEET; THENCE RUNNING SOUTH 100 FEET; THENCE RUNNING EAST, PARALLEL WITH THE NORTH LINE OF SAID BLOCK 12, TO ROCK ISLAND DUMMY RAILROAD RIGHT OF WAY; THENCE RUNNING NORTH, ALONG SAID RIGHT OF WAY, TO THE POINT OF BEGINNING, IN SECTION 31, TOWNSHIP 37 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PIN: 25-31-116-030

TRACT VI:

Block 7 in Sander's Second Addition to the Town of Blue Island, a Subdivision of part of the South 1/2 of the Northwest 1/4 of Section 31, Township 37 North, Range 14, East of the Third Principal Meridian, in Blue Island except that part of said Block 7 described and bounded as follows: Commencing at the Southwest corner of said Block 7; thence running East on the South line of said Block 132.4 feet; thence North, parallel with the West line of said block, to a point in

the North line of said Block 132.4 feet East of the Northwest corner of said Block 7; thence West along the North line of said Block 132.4 feet, to the Northwest corner thereof; thence South, along the West line of said Block, to the place of beginning, in Cook County, Illinois.

PIN: 25-31-114-004

TRACT VII:

PARCEL 1:

The North 50 feet of Lot 5, together with the West half of the vacated alley lying East and adjoining said North 50 feet of Lot 5, in Bourke's Subdivision of Block 11 in Sander's Second Addition to Blue Island in the Northwest quarter of Section 31, Township 37 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

PIN: 25-31-113-001

PARCEL 2:

The North 39 feet of the South 79 feet of Lot 5, together with the West half of the vacated alley lying East and adjoining said North 39 feet of the South 79 feet of Lot 5, in Bourke's Subdivision of Block 11 in Sander's Second Addition to Blue Island in the Northwest 1/4 of Section 31, Township 37 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

PIN: 25-31-113-002

TRACT VIII:

Lots 9, 8 and the South 22 feet of Lot 7, together with the West half of the vacated alley lying East and adjoining said Lots 9, 8 and the South 22 feet of Lot 7, in Bourke's Subdivision of Block 11 in Sander's Second Addition to Blue Island in the Northwest 1/4 of Section 31, Township 37 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

PIN: 25-31-113-021

TRACT IX:

PARCEL 1:

That part of Block 7 in Sander's Second Addition to the Town of Blue Island, a Subdivision of part of the South 1/2 of the Northwest 1/4 of Section 31, Township 37 North, Range 14, East of the Third Principal Meridian, described as follows:

Commencing at the Southwest corner of said Block 7; thence East, along the South line of said Block, 116.4 feet; thence North 60 feet; thence West 116.4 feet to the West line of said Block; thence South 60 feet to the place of beginning, in Cook County, Illinois.

PARCEL 2:
Lot 7 in Uhlich's Subdivision of part of Block 7 in Sander's Second Addition to the Town of Blue Island, a Subdivision of part of the South half of the Northwest quarter of Section 31, Township 37 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

PIN: 25-31-114-005
(PIN applies to PARCELS 1 and 2)

TRACT X:

PARCEL 1:

Lots 1, 2, 9, 10 and 3 (except the West 30 feet of said Lot 3) and Lot 8 (except the West 30 feet of said Lot 8) in Block 5 in Sander's Addition to the Town of Blue Island, a Subdivision of part of the South 1/2 of the Northwest 1/4 of Section 31, Township 37 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

PIN: 25-31-120-003

PARCEL 2:

Block 4 (except part conveyed to railroad) in Sander's Addition to the Town of Blue Island, a Subdivision of part of the South 1/2 of the Northwest 1/4 of Section 31, Township 37 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

PIN: 25-31-123-001

TRACT XI:

PARCEL 1:

The North 75 feet of the South 89 feet (except the East 214 feet) of Lot 41 in J.P. Young's Second Addition to Blue Island, in the Northwest 1/4 of Section 31, Township 37 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

PIN: 25-31-105-022

PARCEL 2:

The West 200 feet of Lot 40 and the West 200 feet of the South 14 feet of Lot 41 in J.P. Young's Second Addition to Blue Island, in the Northwest 1/4 of Section 31, Township 37 North, Range 14, East of the Third Principal Meridian in Cook County, Illinois.

PIN: 25-31-105-023

TRACT XII:

The West 100 feet of the East 208 feet of Lot 40 and the West 100 feet of the East 208 feet of the South 4 feet of Lot 41, all in J.P. Young's Second Addition to Blue Island, in the Northwest 1/4 of Section 31, Township 37 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

PIN: 25-31-105-058

TRACT XIII:

The East 100 feet of Lots 1 and 2 in Bourke's Subdivision of Block 11 in Sander's Second Addition to The Town of Blue Island in the Northwest quarter of Section 31, Township 37 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

PIN: 25-31-113-011

EXHIBIT B

Permitted Exceptions

a. Grant of Easement recorded October 31, 1966 as document 19982195, as shown in that certain ALTA/ACSM Survey by Zarko Sekerez & Associates, dated December 28, 2011, last revised February 29, 2012 (the "Survey"). (TRACT III, PARCEL 2)

b. Easement recorded October 31, 1966 as document 19982196 made by Dora Marshall to the Illinois Bell Telephone Company, as shown on the Survey. (TRACT XI)

c. Grant of Easement recorded October 31, 1966 as document 19982197 in favor of Illinois Bell Telephone Company, as shown on the Survey. (TRACT III, PARCEL 3)

d. Easement for ingress and egress as created by Declaration of Easement recorded September 4, 1992 as document 92661925, as shown on the Survey. (TRACT XI, PARCEL 2)

e. Rights of tenants, as tenants only, with no options to purchase the property or rights of first refusal, pursuant to unrecorded leases previously provided to Grantee.

f. Taxes for the year 2011, final installment, and taxes and assessments for the year 2012 and subsequent years, which are not yet due and payable.

g. Encroachment of parking spaces located mainly on TRACT X, PARCEL 1, onto public property east and adjoining, as shown on the Survey.

h. Encroachment of parking spaces onto York Street, North of TRACT X, PARCEL 2, and onto property South and adjoining said TRACT X, PARCEL 2, including over a portion of New Street and Block 3, as shown on the Survey.

i. Encroachment of parking spaces located on TRACT VII, PARCEL 2 onto property South and encroachment of parking spaces located on TRACT VIII onto property North, as shown on the Survey.

j. Encroachment of the Irving Avenue roadway improvements over a part of TRACT X, PARCEL 2, as shown on the Survey.

k. Overhead wires along the west line of TRACT X, as shown on the Survey.

l. Encroachment of parking, sign, concrete wall and retaining wall on TRACT X over onto Irving Avenue, as shown on the Survey.

m. Possible encroachment by owners of property lying north of TRACT XI, PARCEL 1, using part of said tract for vehicular ingress and egress to park behind the building located on the parcel to the north.

n. Rights of the Municipality, the State of Illinois, the Public and adjoining owners in and to those portions of TRACTS VII and VIII lying within the vacated alley.

o. Rights of the public and quasi-public utilities, if any, in and to those portions of TRACTS VII and VIII lying within the vacated alley for maintenance therein of poles, conduits, sewers and other facilities.

p. Rights of way for drainage tiles, ditches, feeders and laterals, if any, already existing within the property.

STATE OF ILLINOIS
) SS
COUNTY OF COOK

MSMC Realty, LLC, a Delaware limited liability company, being duly sworn on oath, that the attached deed is not in violation of 765 ILCS 205/1 for one of the following reasons:

1. Said Act is not applicable as the grantors own no adjoining property to the premises described in said deed;
OR
the conveyance falls in one of the following exemptions as shown by Amended Act which became effective July 17, 1959.

2. The division or subdivision of the land into parcels or tracts of five acres or more of size which does not involve any new streets or easements of access.

3. The division of lots or blocks of less than one acre in any recorded subdivision which does not involve any new streets or easements of access.

4. The sale or exchange of parcels of land between owners of adjoining and contiguous land.

5. The conveyance of parcels of land or interests therein for use as right of way for railroads or other public utility facilities, which does not involve any new streets or easement of access.

6. The conveyance of land owned by a railroad or other public utility which does not involve any new streets or easements of access.

7. The conveyance of land for highway or other public purposes or grants or conveyances relating to the dedication of land for public use or instruments relating to the vacation of land impressed with public use.

8. Conveyances made to correct descriptions in prior conveyances.

9. The sale or exchange of parcels or tracts of land existing on the date of the amendatory Act into no more than two parts and not involving any new streets or easements of access.

CIRCLE NUMBER ABOVE WHICH IS APPLICABLE TO ATTACHED DEED.

Affiant further states that it makes this affidavit for the purpose of inducing the Recorder of Deeds of Cook County, Illinois, to accept the attached deed for recording.

MSMC Realty, LLC,
a Delaware limited liability company

By: Reis Capital Management, LLC,
Its Manager

By: _____
David Reis, Managing Member

SUBSCRIBED AND SWORN to before me
this 24th day of February, 2012

_____
Notary public

TERESA BERNARDI
Notary Public, State of New York
No. 01BE6187450
Qualified in Westchester County
Commission Expires May 19, 2012

ATTACHMENT 2

ATTACHMENT 3

OPERATING ENTITY/LICENSEE

The licensee of MetroSouth Medical Center is Blue Island Hospital Company, LLC. Included with this Attachment are:

1. The Illinois Certificate of Good Standing of Blue Island Hospital Company, LLC.
2. A copy of the facility's current hospital license.

File Number 0373569-9

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

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

BLUE ISLAND HOSPITAL COMPANY, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON NOVEMBER 28, 2011, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS 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* 6TH *day of* JUNE *A.D.* 2019 .

Jesse White

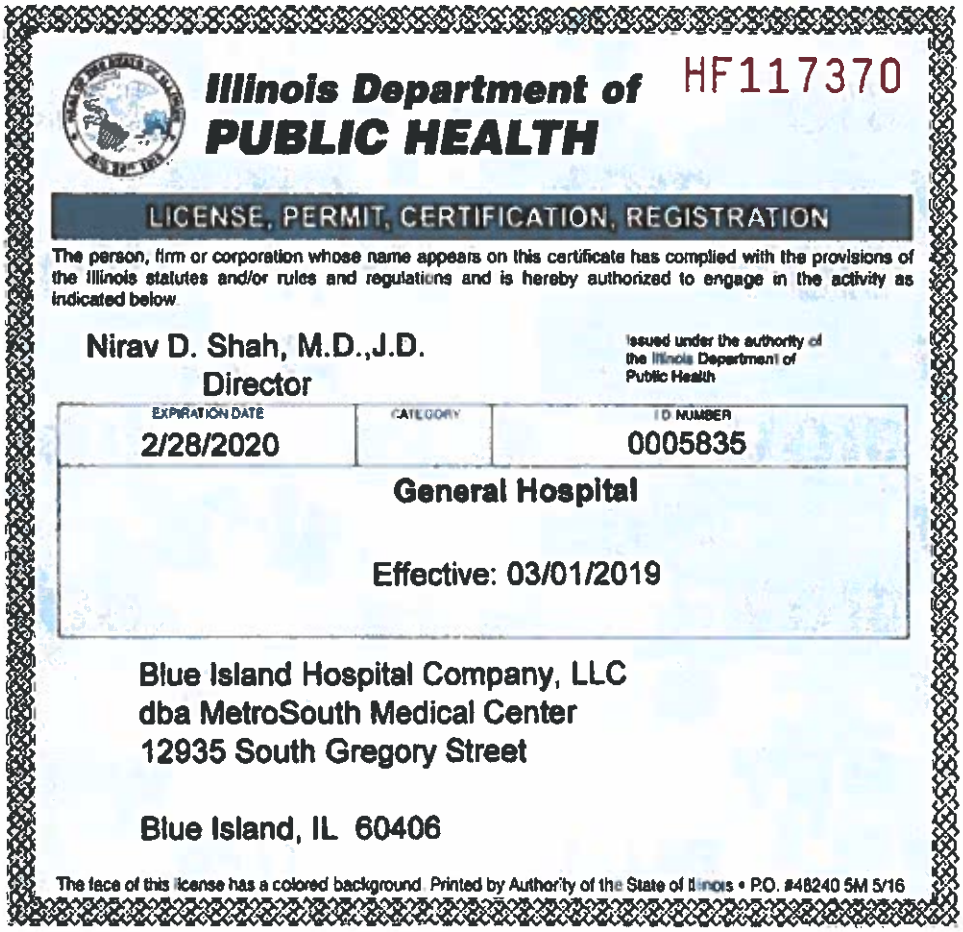
SECRETARY OF STATE

Authentication #: 1915702090 verifiable until 06/06/2020

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

ATTACHMENT 3

COPY



Illinois Department of PUBLIC HEALTH

HF117370

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

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

Issued under the authority of the Illinois Department of Public Health

EXPIRATION DATE	CATEGORY	ID NUMBER
2/28/2020		0005835

General Hospital

Effective: 03/01/2019

Blue Island Hospital Company, LLC
dba MetroSouth Medical Center
12935 South Gregory Street

Blue Island, IL 60406

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

← DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 2/28/2020

Lic Number 0005835

Date Printed 1/14/2019

Blue Island Hospital Company, LLC
dba MetroSouth Medical Center
12935 South Gregory Street
Blue Island, IL 60406

FEE RECEIPT NO.

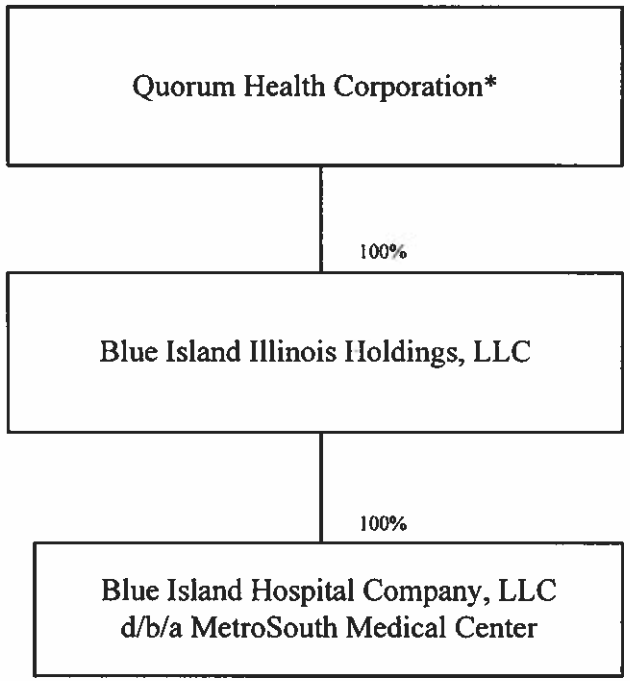
ATTACHMENT 3

ATTACHMENT 4

ORGANIZATIONAL RELATIONSHIPS

The Blue Island Hospital Company, LLC d/b/a MetroSouth Medical Center is wholly owned by a holding company (Blue Island Illinois Holdings, LLC) which is wholly owned by the applicant Quorum Health Corporation, a publicly traded company. The applicants' organizational chart is included with this Attachment.

Blue Island Hospital Company, LLC Ownership Chart



**Quorum Health Corporation is a publicly traded company*

ATTACHMENT 5

GENERAL INFORMATION REQUIREMENTS
Criterion 1110.290(a)

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

Category of Service	Number
Medical/Surgical	242 Beds
Intensive Care	28 Beds
Obstetric	30 Beds
Acute Mental Illness	14 Beds
Cardiac Catheterization	3 Labs
Open Heart Surgery	N/A

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

Clinical Service	Number
Operating Rooms	10
Stage 1 Recovery Stations	12
Stage 2 Recovery Stations	28
Procedure Rooms	5
Emergency Room Stations	27

In addition to the above, the following diagnostic/interventional equipment services will be discontinued: General Radiography/Fluoroscopy; Nuclear Medicine; Mammography; Ultrasound; Angiography; Computerized Axial Tomography (CAT); and Magnetic Resonance Imaging (MRI).

MetroSouth's 2017 Hospital Profile is included with this Attachment.

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

The anticipated dated of discontinuation is the fourth quarter of 2019 with a target date of November 1, 2019.

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

The applicants are pursuing discussions for possible reuse of the facility for outpatient health care services center and possibly a freestanding emergency department. To the extent necessary, physical assets and equipment will be liquidated.

5. **Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued, and the length of time the records will be maintained.**

The medical records of MetroSouth Medical Center are maintained in an electronic health records information system that Quorum Health Corporation utilizes for all eight of its Illinois facilities, and that system will continue to be maintained by Quorum following the discontinuation of MetroSouth. The medical records of MetroSouth's patients will be maintained in compliance with all State and Federal laws pertaining to medical record storage, including Section 6.17 of the Illinois Hospital Licensing Act which generally requires every hospital to preserve its medical records for not less than 10 years.

6. **For applications involving discontinuation of an entire facility, certification by an authorized representative that all questionnaires and data required by HFSRB or the Illinois Department of Public Health (IDPH) (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation and that the required information will be submitted no later than 60 days following the date of discontinuation.**

The applicant's certification that questionnaires and data required by HFSRB and IDPH will be provided by through the date of discontinuation is included with this Attachment.

7. **Provide attestation that the facility provided the required notice of the facility or category of service closure to local media that the health care facility would routinely notify about facility events. The supporting documentation shall include a copy of the notice, the name of the local media outlet, the date the notice was given, and the result of the notice, e.g., number of times broadcasted, written, or published. Only notice that is given to a local television station, local radio station, or local newspaper will be accepted.**

The applicant's attestation and supporting documentation of the required notice of facility closure to local media are included with this Attachment.

QUORUM HEALTH

June 7, 2019

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

Dear Ms. Avery:

On behalf of the Applicants, namely, Blue Island Hospital Company, LLC, d/b/a MetroSouth Medical Center ("MetroSouth") and Quorum Health Corporation ("Quorum"), I hereby certify that no adverse action has been taken against MetroSouth or any other Illinois facility owned, operated and/or controlled by the Applicants during the three years prior to the filing of the application to discontinue MetroSouth.

The Applicants hereby permit the Illinois Health Facilities and Services Review Board and Illinois Department of Public Health ("IDPH") to have access to any documents necessary to verify the information submitted in the application to discontinue MetroSouth, including, but not limited to: (i) official records of IDPH or other State of Illinois agencies; (ii) the licensing or certification records of other states, when applicable; and (iii) the records of nationally recognized accreditation organizations.

The Applicants certify that all questionnaires and data required by the Health Facilities and Services Review Board and IDPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 60 days following the date of discontinuation.

The Applicants further attest that MetroSouth is providing the required notice of the facility closure to local media that the facility would notify about facility events. Documentation of the closure notice is attached to this letter.

Respectfully submitted,

Martin D. Smith / EVP and Chief Operating Officer

Quorum Health Corporation

Notary:

Subscribed and sworn to me this 7th day of June, 2019

Rochelle D. Payne

Notary Public

Seal:

ROCHELLE D. PAYNE
TENNESSEE NOTARY PUBLIC
My Comm Exp. September 22, 2019
COUNTY OF WILLIAMSON

Quorum Health and QHC are trademarks/tradenames of QHCCS, LLC, which provides management services to affiliates of Quorum Health Corporation.

PRESS RELEASE

FOR IMMEDIATE RELEASE
June 11, 2019

METROSOUTH MEDICAL CENTER PURSUES POSSIBLE NEW OWNER FOR HOSPITAL FACILITIES

Hospital notifies State of plans to cease operations as it pursues new owner and reuse

(BLUE ISLAND, Ill.) – MetroSouth Medical Center has filed an application with the Illinois Health Facilities and Service Review Board to discontinue hospital operations as it continues to search for a new operator to provide health care services on the MetroSouth campus.

The MetroSouth filing details the hospital's efforts over the last two years to identify a potential buyer to operate the hospital as financial, operational and competitive challenges have become increasingly difficult. Representatives for the hospital reached out to almost 40 health care organizations about the future of MetroSouth, including all Chicago area providers and several regional and out-of-state health systems. None of those providers committed to operate MetroSouth as a full-service community hospital, but discussions continue with other organizations for possible reuse of the facility as a freestanding emergency department and outpatient services center.

"Closing the hospital is an immensely difficult and emotional decision, but the data is clear that patient needs have changed – here and across the country. Enormous half-empty hospitals are not what the future of health care looks like," said John Walsh, CEO of MetroSouth Medical Center. "Reuse of this campus as an outpatient center would be a benefit for the community. We are diligently pursuing such an opportunity, but we know the facility will not be able to operate into 2020 as a full-service community hospital."

Years of decreasing patient volumes, increasing market saturation, reduced reimbursement from government and commercial payers, and ongoing operational losses contributed to the hospital's decision. Declining patient volumes since 2014 have resulted in exceptionally low utilization of MetroSouth's inpatient services. The hospital has 314 licensed beds but serves fewer than 100 patients a day, on average; those dynamics mean the hospital is running at only one third of its total capacity. The hospital's pre-tax losses in 2018 totaled $8.4 million and are projected to exceed $10 million this year.

If negotiations with a potential new operator fail, the hospital will begin to reduce admissions and wind down operations by the end of the year.

Continued Access to Nearby Care

In the event that health care services on the MetroSouth campus end completely, Blue Island residents will have continued, convenient access to care. Emergency, inpatient and outpatient services are available at nearby hospitals within 3.5 to 10 miles including Ingalls Memorial Hospital in Harvey, Roseland Community Hospital in Chicago, Little Company of Mary Hospital in Evergreen Park, Advocate Christ Medical Center in Oak Lawn, South Shore Hospital in Chicago, Palos Community Hospital in Palos Heights, Advocate South Suburban Hospital in Hazel Crest, or Advocate Trinity Hospital in Chicago.

The hospital will work with referring physicians to ensure patients – particularly expectant mothers – have time to make arrangements for their care. Most physicians on staff at MetroSouth also maintain privileges at other local hospitals.

ATTACHMENT 5

For Patients

If you are or have been a patient at MetroSouth Medical Center, are receiving treatment from one of MetroSouth's network of six health clinics have questions about obtaining your medical records, please call (708) 597-2000.

For Employees

Hospital leadership will meet this week with all MetroSouth employees to discuss possible transition plans. In the event the hospital is forced to close, MetroSouth will continue to compensate employees who complete their employment term, and assistance will be provided to help employees connect with other employers.

###

ATTACHMENT 5

NOTICE OF PROSPECTIVE PUBLICATION

STATE OF ILLINOIS COUNTY OF COOK

The *South Suburban News* ("SSN"), a secular newspaper with a weekly circulation of approximately 224,000, has been continuously published weekly for more than fifty (50) weeks prior to the first publication of the attached notice, scheduled for Friday, June 14, 2019. SSN is published in the City of Richton Park, County of Cook, State of Illinois; is of general circulation throughout that county and surrounding areas; and is a newspaper as defined by 715 ILCS 5/5.

The attached notice will be published in the SSN a single time, in the classified ad section of SSN, on June 14, 2019. All fees necessary for publication of this notice have been paid. A formal Certificate of Publication will be provided immediately after publication.

The first publication of the attached notice will be made in the SSN newspaper, dated and published on June 14, 2019. The notice will also be placed on a statewide public notice website as required by 715 ILCS 5/2.1.

In witness, South Suburban News has signed this "notice of prospective publication" by its registered agent.

The *South Suburban News*, by:

Michael Taylor

Registered Agent

ATTACHMENT 5

Pending approval of the Illinois Health Facilities and Services Review Board, MetroSouth Medical Center (MetroSouth) located at 12935 South Gregory Street, Blue Island, Illinois will discontinue services in the fourth quarter of 2019 with an anticipated closure date by November 1, 2019. The hospital will work with referring physicians to ensure patients have time to make arrangements for their care. If you are or have been a patient at MetroSouth or have questions about obtaining your medical records, please call (708) 597-2000. MetroSouth's leadership is meeting with employees to discuss possible transition plans.

ATTACHMENT 5

Ownership, Management and General Information

ADMINISTRATOR NAME:	John Baird
ADMINSTRATOR PHONE	708-597-2000 Ext. 5201
OWNERSHIP:	Blue Island Hospital Company LLC
OPERATOR:	Blue Island Hospital Company LLC
MANAGEMENT:	Limited Liability Company
CERTIFICATION:	
FACILITY DESIGNATION:	
ADDRESS	12935 South Gregory Street **CITY:** Blue Island **COUNTY:** Suburban Cook County

Patients by Race

White	25.7%
Black	65.7%
American Indian	0.0%
Asian	0.2%
Hawaiian/ Pacific	0.2%
Unknown	8.3%

Patients by Ethnicity

Hispanic or Latino:	9.6%
Not Hispanic or Latino:	86.8%
Unknown:	3.6%

IDPH Number:	5835
HPA	A-04
HSA	7

Facility Utilization Data by Category of Service

Clinical Service	Authorized CON Beds 12/31/2017	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	242	95	95	5,190	23,354	2,913	5.1	72.0	29.7	75.8
0-14 Years				*24*	*466*					
15-44 Years				*845*	*2,952*					
45-64 Years				*1,880*	*7,829*					
65-74 Years				*981*	*4,640*					
75 Years +				*1,460*	*7,467*					
Pediatric	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Intensive Care	28	12	12	1,052	2,769	13	2.6	7.6	27.2	63.5
Direct Admission				*868*	*2,197*					
Transfers				*184*	*572*					
Obstetric/Gynecology	30	21	21	1,498	3,047	187	2.2	8.9	29.5	42.2
Maternity				*1,485*	*3,027*					
Clean Gynecology				*13*	*20*					
Neonatal	0	13	13	455	1,985	0	4.4	5.4	0.0	41.8
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Total AMI	14			399	3,741	0	9.4	10.2	73.2	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		12	12	399	3,741	0	9.4	10.2		85.4
Rehabilitation	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	*0*					*0*				
Facility Utilization	**314**			**8,410**	**34,896**	**3,113**	**4.5**	**104.1**	**33.2**	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source

	Medicare	*Medicaid*	*Other Public*	*Private Insurance*	*Private Pay*	*Charity Care*	*Totals*
Inpatients	**40.5%**	**39.1%**	**3.9%**	**13.4%**	**2.2%**	**0.7%**	
	3435	3314	334	1139	188	63	**8,473**
Outpatients	**51.2%**	**19.8%**	**1.8%**	**18.8%**	**5.3%**	**3.1%**	
	36398	14045	1274	13365	3758	2220	**71,060**

Financial Year Reported: 1/1/2017 *to* 12/31/2017

Inpatient and Outpatient Net Revenue by Payor Source

	Medicare	*Medicaid*	*Other Public*	*Private Insurance*	*Private Pay*	*Totals*	*Charity Care Expense*
Inpatient Revenue ($)	**26.5%**	**30.9%**	**1.1%**	**26.6%**	**14.9%**	**100.0%**	
	24,137,768	28,116,250	1,042,118	24,235,776	13,589,262	91,121,174	246,136
Outpatient Revenue ($)	**14.7%**	**21.1%**	**9.5%**	**36.7%**	**18.0%**	**100.0%**	
	7,938,516	11,371,194	5,116,005	19,820,863	9,741,210	53,987,788	319,655

Total Charity Care Expense **565,791**

Total Charity Care as % of Net Revenue **0.4%**

Birthing Data

Number of Total Births:	1,384
Number of Live Births:	1,399
Birthing Rooms:	0
Labor Rooms:	5
Delivery Rooms:	0
Labor-Delivery-Recovery Rooms:	13
Labor-Delivery-Recovery-Postpartum Rooms:	0
C-Section Rooms:	2
CSections Performed:	449

Newborn Nursery Utilization

	Level I	Level II	Level II+
Beds	10	10	8
Patient Days	292	18	1,571
Total Newborn Patient Days			**1,881**

Laboratory Studies

Inpatient Studies	9,178
Outpatient Studies	29,965
Studies Performed Under Contract	2,158

Organ Transplantation

Kidney:	0
Heart:	0
Lung:	0
Heart/Lung:	0
Pancreas:	0
Liver:	0
Total:	**0**

ATTACHMENT 5

Surgery and Operating Room Utilization

Surgical Specialty	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	1	1	82	64	174	43	217	2.1	0.7
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	5	5	407	499	941	712	1653	2.3	1.4
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	0	0	23	7	87	28	115	3.8	4.0
OB/Gynecology	0	0	0	0	548	312	1222	559	1781	2.2	1.8
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	2	2	0	503	0	736	736	0.0	1.5
Orthopedic	0	0	1	1	373	481	1282	1122	2404	3.4	2.3
Otolaryngology	0	0	0	0	24	43	40	119	159	1.7	2.8
Plastic Surgery	0	0	0	0	1	1	5	30	35	5.0	30.0
Podiatry	0	0	0	0	62	88	118	149	267	1.9	1.7
Thoracic	0	0	0	0	53	10	199	97	296	3.8	9.7
Urology	0	0	1	1	66	66	130	121	251	2.0	1.8
Totals	**0**	**0**	**10**	**10**	**1639**	**2074**	**4198**	**3716**	**7914**	**2.6**	**1.8**

SURGICAL RECOVERY STATIONS Stage 1 Recovery Stations 12 Stage 2 Recovery Stations 28

Dedicated and Non-Dedicated Procedure Room Utilization

Procedure Type	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	3	3	936	2154	1324	2971	4295	1.4	1.4
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	1	1	0	33	0	35	35	0.0	1.1
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
Multipurpose Non-Dedicated Rooms											
					0	0	0	0	0	0.0	0.0
					0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0

Emergency/Trauma Care

Certified Trauma Center		No
Level of Trauma Service	**Level 1**	**Level 2**
Operating Rooms Dedicated for Trauma Care		0
Number of Trauma Visits:		0
Patients Admitted from Trauma		0
Emergency Service Type:		Comprehensive
Number of Emergency Room Stations		27
Persons Treated by Emergency Services:		45,523
Patients Admitted from Emergency:		5,954
Total ED Visits (Emergency+Trauma):		**45,523**

Free-Standing Emergency Center

Beds in Free-Standing Centers	0
Patient Visits in Free-Standing Centers	0
Hospital Admissions from Free-Standing Center	0

Outpatient Service Data

Total Outpatient Visits	**83,381**
Outpatient Visits at the Hospital/ Campus:	83,381
Outpatient Visits Offsite/off campus	0

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	**3**
Cath Labs used for Angiography procedures	0
Dedicated Diagnostic Catheterization Lab	0
Dedicated Interventional Catheterization Labs	2
Dedicated EP Catheterization Labs	1

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	**1,522**
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	898
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	317
EP Catheterizations (15+)	307

Cardiac Surgery Data

Total Cardiac Surgery Cases:	**13**
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	13
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	13

Diagnostic/Interventional Equipment	Owned	Contract	Examinations Inpatient	Outpt	Contract
General Radiography/Fluoroscopy	6	0	6,389	26,180	0
Nuclear Medicine	5	0	902	410	0
Mammography	3	0	2	5,478	0
Ultrasound	5	0	2,676	7,338	0
Angiography	1	0			
Diagnostic Angiography			136	17	0
Interventional Angiography			293	120	0
Positron Emission Tomography (PET)	0	0	0	0	0
Computerized Axial Tomography (CAT)	2	0	2,674	11,710	0
Magnetic Resonance Imaging	1	0	1,375	980	0

Therapeutic Equipment	Owned	Contract	Therapies/ Treatments
Lithotripsy	0	0	0
Linear Accelerator	0	0	0
Image Guided Rad Therapy			0
Intensity Modulated Rad Thrpy			0
High Dose Brachytherapy	0	0	0
Proton Beam Therapy	0	0	0
Gamma Knife	0	0	0
Cyber knife	0	0	0

Source: 2017 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development. **ATTACHMENT 5**

ATTACHMENT 6

REASONS FOR DISCONTINUATION

Criterion 1110.290(b)

The applicant shall document that the discontinuation is justified by providing data that verifies that one or more of the following factors (and other factors, as applicable) exist with respect to each service being discontinued:

1) Insufficient volume or demand for the service.

There is insufficient volume and demand for the services at MetroSouth Medical Center. After years of declining patient volumes, increasing market saturation, reduced reimbursement from government and commercial payors, and on-going operational losses, MetroSouth Medical Center has made the difficult decision to close. As reflected in the tables below, the utilization of the hospital's Medical/Surgical, ICU and OB/GYN departments of all been below 30% for each year beginning in 2016. Though 2018 Hospital Profiles have not yet been posted, MetroSouth's utilization declined further in 2018. The Acute Mental Illness (AMI) service has been historically underutilized as well. Though utilization of AMI has increased, it still has remained well below the State's target utilization of 85%.

Low Utilization at MetroSouth Medical Center 2015-2018

SERVICE	2015	2016	2017
Med/Surg	30.6%	29.9%	29.7%
ICU	30.4%	27.9%	27.2%
OB/GYN	31.4%	28.6%	29.5%
AMI	33.5%	56.3%	73.2%

Source: Hospital Profiles 2015-2017, included with Attachment 7

Underutilization exists in all categories of service throughout the entire A-04 Hospital Planning Area. There are currently excess beds in all services. The underutilization is so significant that excess beds will remain in all categories of service even after the discontinuation of MetroSouth Medical Center. The 2017 Hospital Profiles of the all hospitals within the A-04 Hospital Planning Area are included with Attachment 6.

Excess Beds in All Services in Hospital Planning Area A-04

SERVICE	Current Beds	Calculated Bed Need	Excess Beds	MetroSouth Beds	Bed Excess without MetroSouth
Med/Surg	2,040	1,557	483	242	**241**
ICU	366	322	44	28	**16**
OB/GYN	180	128	52	30	**22**
AMI	195	130	65	14	**51**

Source: IHFRB Update to Inventory June 5, 2019, included with this Attachment

2) The facility or the service is not economically feasible, and continuation impairs the facility's financial viability.

The above factors, combined with a significant loss of Medicaid supplemental funding following redesign of the state's Hospital Assessment program, make it financially impossible to continue operating the hospital. MetroSouth has been particularly and negatively impacted by the redesign of the state's Hospital Assessment Program. In 2018 the hospital experienced a reduction of more than $4.6 million in supplemental Medicaid funding. The hospital's pre-tax losses in 2018 totaled $8.4 million and are projected to exceed $10 million this year.

The lack of financial viability of the facility is further demonstrated by the fact that over the last two years representatives for the hospital have reached out to almost 40 health care organizations about the future of MetroSouth, including all Chicago area providers and several regional and out-of-state health systems. None of those providers committed to operate MetroSouth as a full-service community hospital. None of these efforts have been successful, and the applicants can no longer operate the hospital at such as significant financial loss.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
REVISED BED NEED DETERMINATIONS
6/5/2019

Hospital Planning Area	MEDICAL-SURGICAL/PEDIATRIC BEDS				INTENSIVE CARE BEDS				OBSTETRIC BEDS			
	Beds	Calculated Bed Need	Bed Need	Excess	Beds	Calculated Bed Need	Bed Need	Excess	Beds	Calculated Bed Need	Bed Need	Excess
A-001	2,123	1,118	0	1,005	449	358	0	91	239	121	0	118
A-002	1,580	867	0	713	384	378	0	6	237	89	0	148
A-003	1,791	1,116	0	675	262	220	0	42	154	84	0	70
A-004	2,040	1,557	0	483	366	322	0	44	180	128	0	52
A-005	1,065	891	0	174	244	237	0	7	184	97	0	87
A-006	1,012	655	0	357	209	229	20	0	75	62	0	13
A-007	1,191	854	0	337	192	168	0	24	172	104	0	68
A-008	614	448	0	166	94	94	0	0	70	46	0	24
A-009	770	715	0	55	108	110	2	0	112	68	0	44
A-010	227	233	6	0	33	35	2	0	43	24	0	19
A-011	296	296	0	0	45	53	8	0	28	39	11	0
A-012	409	347	0	62	58	67	9	0	68	35	0	33
A-013	690	759	69	0	113	124	11	0	91	65	0	26
A-014	264	142	0	122	57	49	0	8	42	15	0	27
B-001	599	437	0	162	98	102	4	0	67	38	0	29
B-002	103	71	0	32	8	7	0	1	14	5	0	9
B-003	158	111	0	47	14	15	1	0	17	10	0	7
B-004	97	111	14	0	20	7	0	13	22	14	0	8
C-001	884	527	0	357	146	141	0	5	86	38	0	48
C-002	178	145	0	33	22	18	0	4	19	19	0	0
C-003	193	79	0	114	21	14	0	7	17	9	0	8
C-004	69	60	0	9	12	6	0	6	16	7	0	9
C-005	402	218	0	184	34	28	0	6	39	19	0	20
D-001	454	283	0	171	66	50	0	16	64	28	0	36
D-002	289	181	0	108	31	23	0	8	46	25	0	21
D-003	186	125	0	61	20	10	0	10	17	11	0	6
D-004	397	189	0	208	48	46	0	2	44	21	0	23
D-005	124	93	0	31	9	11	2	0	19	11	0	8
E-001	705	446	0	259	103	127	24	0	62	35	0	27
E-002	93	61	0	32	4	2	0	2	3	6	3	0
E-003	64	29	0	35	4	3	0	1	0	2	2	0
E-004	122	55	0	67	13	5	0	8	11	6	0	5
E-005	193	129	0	64	26	21	0	5	27	13	0	14
F-001	1,001	494	0	507	109	105	0	4	156	50	0	106
F-002	157	81	0	76	12	8	0	4	21	10	0	11
F-003	178	78	0	100	12	5	0	7	14	7	0	7
F-004	263	159	0	104	38	29	0	9	18	14	0	4
F-005	121	52	0	69	0	0	0	0	0	3	3	0
F-006	194	148	0	46	26	22	0	4	12	13	1	0
F-007	278	142	0	136	23	19	0	4	28	13	0	15
Totals	**21,574**	**14,502**	**89**	**7,161**	**3,533**	**3,268**	**83**	**348**	**2,534**	**1,404**	**20**	**1,150**

ATTACHMENT 6

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
STATE SUMMARY
REVISED BED NEED DETERMINATIONS
6/5/2019

ACUTE MENTAL ILLNESS

ACUTE MENTAL ILLNESS PLANNING AREAS	APPROVED EXISTING BEDS	CALCULATED BEDS NEEDED	ADDITIONAL BEDS NEEDED	EXCESS AMI BEDS
PLANNING AREA 1	76	78	2	0
PLANNING AREA 2	140	107	0	33
PLANNING AREA 3	242	168	0	74
PLANNING AREA 4	215	158	0	57
PLANNING AREA 5	65	62	0	3
PLANNING AREAS 6 & 7				
6 A-1	457	330	0	127
6 A-2	713	503	0	210
6 A-3	254	87	0	167
6 & 7 A-4	195	130	0	65
7 A-5	275	241	0	34
7 A-6	290	211	0	79
7 A-7	589	411	0	178
7 A-8	21	50	29	0
AREA 6 & 7 TOTALS	2,794	1,963	29	860
PLANNING AREA				
8 A-9	159	84	0	75
8 A-10	34	38	4	0
8 A-11	30	49	19	0
8 A-12	95	57	0	38
AREA 8 TOTALS	318	228	23	113
PLANNING AREA				
9 A-13	155	94	0	61
9 A-14	89	57	0	32
AREA 9 TOTALS	244	151	0	93
PLANNING AREA 10	54	44	0	10
PLANNING AREA 11	150	102	0	48
ILLINOIS AMI TOTALS	4,298	3,061	54	1,291

ATTACHMENT 6

Ownership, Management and General Information

ADMINISTRATOR NAME:	John Baird
ADMINSTRATOR PHONE	708-597-2000 Ext. 5201
OWNERSHIP:	Blue Island Hospital Company LLC
OPERATOR:	Blue Island Hospital Company LLC
MANAGEMENT:	Limited Liability Company
CERTIFICATION:	
FACILITY DESIGNATION:	
ADDRESS	12935 South Gregory Street CITY: Blue Island COUNTY: Suburban Cook County

Patients by Race

White	25.7%
Black	65.7%
American Indian	0.0%
Asian	0.2%
Hawaiian/ Pacific	0.2%
Unknown	8.3%

Patients by Ethnicity

Hispanic or Latino:	9.6%
Not Hispanic or Latino:	86.8%
Unknown:	3.6%

IDPH Number:	5835
HPA	A-04
HSA	7

Facility Utilization Data by Category of Service

Clinical Service	Authorized CON Beds 12/31/2017	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	242	95	95	5,190	23,354	2,913	5.1	72.0	29.7	75.8
0-14 Years				*24*	*466*					
15-44 Years				*845*	*2,952*					
45-64 Years				*1,880*	*7,829*					
65-74 Years				*981*	*4,640*					
75 Years +				*1,460*	*7,467*					
Pediatric	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Intensive Care	28	12	12	1,052	2,769	13	2.6	7.6	27.2	63.5
Direct Admission				*868*	*2,197*					
Transfers				*184*	*572*					
Obstetric/Gynecology	30	21	21	1,498	3,047	187	2.2	8.9	29.5	42.2
Maternity				*1,485*	*3,027*					
Clean Gynecology				*13*	*20*					
Neonatal	0	13	13	455	1,985	0	4.4	5.4	0.0	41.8
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Total AMI	14			399	3,741	0	9.4	10.2	73.2	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		12	12	399	3,741	0	9.4	10.2		85.4
Rehabilitation	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	*0*					*0*				
Facility Utilization	**314**			**8,410**	**34,896**	**3,113**	**4.5**	**104.1**	**33.2**	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	40.5%	39.1%	3.9%	13.4%	2.2%	0.7%	
	3435	3314	334	1139	188	63	8,473
Outpatients	51.2%	19.8%	1.8%	18.8%	5.3%	3.1%	
	36398	14045	1274	13365	3758	2220	71,060

Financial Year Reported: 1/1/2017 *to* 12/31/2017

Inpatient and Outpatient Net Revenue by Payor Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals	Charity Care Expense
Inpatient Revenue ($)	26.5%	30.9%	1.1%	26.6%	14.9%	100.0%	
	24,137,768	28,116,250	1,042,118	24,235,776	13,589,262	91,121,174	246,136
Outpatient Revenue ($)	14.7%	21.1%	9.5%	36.7%	18.0%	100.0%	
	7,938,516	11,371,194	5,116,005	19,820,863	9,741,210	53,987,788	319,655

Total Charity Care Expense 565,791

Total Charity Care as % of Net Revenue 0.4%

Birthing Data

Number of Total Births:	1,384
Number of Live Births:	1,399
Birthing Rooms:	0
Labor Rooms:	5
Delivery Rooms:	0
Labor-Delivery-Recovery Rooms:	13
Labor-Delivery-Recovery-Postpartum Rooms:	0
C-Section Rooms:	2
CSections Performed:	449

Newborn Nursery Utilization

	Level I	Level II	Level III+
Beds	10	10	8
Patient Days	292	18	1,571
Total Newborn Patient Days			1,881

Laboratory Studies

Inpatient Studies	9,178
Outpatient Studies	29,965
Studies Performed Under Contract	2,158

Organ Transplantation

Kidney:	0
Heart:	0
Lung:	0
Heart/Lung:	0
Pancreas:	0
Liver:	0
Total:	0

ATTACHMENT 6

Surgery and Operating Room Utilization

Surgical Specialty	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	1	1	82	64	174	43	217	2.1	0.7
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	5	5	407	499	941	712	1653	2.3	1.4
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	0	0	23	7	87	28	115	3.8	4.0
OB/Gynecology	0	0	0	0	548	312	1222	559	1781	2.2	1.8
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	2	2	0	503	0	736	736	0.0	1.5
Orthopedic	0	0	1	1	373	481	1282	1122	2404	3.4	2.3
Otolaryngology	0	0	0	0	24	43	40	119	159	1.7	2.8
Plastic Surgery	0	0	0	0	1	1	5	30	35	5.0	30.0
Podiatry	0	0	0	0	62	88	118	149	267	1.9	1.7
Thoracic	0	0	0	0	53	10	199	97	296	3.8	9.7
Urology	0	0	1	1	66	66	130	121	251	2.0	1.8
Totals	**0**	**0**	**10**	**10**	**1639**	**2074**	**4198**	**3716**	**7914**	**2.6**	**1.8**

SURGICAL RECOVERY STATIONS Stage 1 Recovery Stations 12 Stage 2 Recovery Stations 28

Dedicated and Non-Dedicated Procedure Room Utilization

Procedure Type	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	3	3	936	2154	1324	2971	4295	1.4	1.4
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	1	1	0	33	0	35	35	0.0	1.1
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
Multipurpose Non-Dedicated Rooms											
					0	0	0	0	0	0.0	0.0
					0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0

Emergency/Trauma Care

Certified Trauma Center		No
Level of Trauma Service	Level 1	Level 2
Operating Rooms Dedicated for Trauma Care		0
Number of Trauma Visits:		0
Patients Admitted from Trauma		0
Emergency Service Type:		Comprehensive
Number of Emergency Room Stations		27
Persons Treated by Emergency Services:		45,523
Patients Admitted from Emergency:		5,954
Total ED Visits (Emergency+Trauma):		**45,523**

Free-Standing Emergency Center

Beds in Free-Standing Centers	0
Patient Visits in Free-Standing Centers	0
Hospital Admissions from Free-Standing Center	0

Outpatient Service Data

Total Outpatient Visits	**83,381**
Outpatient Visits at the Hospital/ Campus:	83,381
Outpatient Visits Offsite/off campus	0

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	**3**
Cath Labs used for Angiography procedures	0
Dedicated Diagnostic Catheterization Lab	0
Dedicated Interventional Catheterization Labs	2
Dedicated EP Catheterization Labs	1

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	**1,522**
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	898
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	317
EP Catheterizations (15+)	307

Cardiac Surgery Data

Total Cardiac Surgery Cases:	**13**
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	13
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	13

Diagnostic/Interventional Equipment / Examinations

	Owned	Contract	Inpatient	Outpt	Contract
General Radiography/Fluoroscopy	6	0	6,389	26,180	0
Nuclear Medicine	5	0	902	410	0
Mammography	3	0	2	5,478	0
Ultrasound	5	0	2,676	7,338	0
Angiography	1	0			
Diagnostic Angiography			136	17	0
Interventional Angiography			293	120	0
Positron Emission Tomography (PET)	0	0	0	0	0
Computerized Axial Tomography (CAT)	2	0	2,674	11,710	0
Magnetic Resonance Imaging	1	0	1,375	980	0

Therapeutic Equipment / Therapies/ Treatments

	Owned	Contract	Therapies/ Treatments
Lithotripsy	0	0	0
Linear Accelerator	0	0	0
Image Guided Rad Therapy			0
Intensity Modulated Rad Thrpy			0
High Dose Brachytherapy	0	0	0
Proton Beam Therapy	0	0	0
Gamma Knife	0	0	0
Cyber knife	0	0	0

Source: 2017 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

ATTACHMENT 6

Ownership, Management and General Information

ADMINISTRATOR NAME:	John Baird
ADMINSTRATOR PHONE:	708-597-2000 EXT 5201
OWNERSHIP:	BLUE ISLAND HOSPITAL COMPANY LLC
OPERATOR:	BLUE ISLAND HOSPITAL COMPANY LLC
MANAGEMENT:	Limited Liability Company
CERTIFICATION:	(Not Answered)
FACILITY DESIGNATION:	(Not Answered)
ADDRESS	12935 South Gregory Street **CITY:** Blue Island **COUNTY:** Suburban Cook County

Patients by Race

White	25.6%
Black	65.9%
American Indian	0.0%
Asian	0.2%
Hawaiian/ Pacific	0.8%
Unknown	7.5%

Patients by Ethnicity

Hispanic or Latino:	9.6%
Not Hispanic or Latino:	86.7%
Unknown:	3.7%

IDPH Number:	5835
HPA	A-04
HSA	7

Facility Utilization Data by Category of Service

Clinical Service	Authorized CON Beds 12/31/2016	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	242	82	82	5,497	24,279	2,165	4.8	72.3	29.9	88.1
0-14 Years				*307*	*1,107*					
15-44 Years				*741*	*2,461*					
45-64 Years				*1,744*	*7,488*					
65-74 Years				*1,104*	*5,092*					
75 Years +				*1,601*	*8,131*					
Pediatric	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Intensive Care	28	12	12	1,090	2,858	0	2.6	7.8	27.9	65.1
Direct Admission				*839*	*2,315*					
Transfers - Not Included in Facility Admissions				*251*	*543*					
Obstetric/Gynecology	30	18	18	1,413	2,897	245	2.2	8.6	28.6	47.7
Maternity				*39*	*102*					
Clean Gynecology				*1,374*	*2,795*					
Neonatal	0	0	0	157	1,182	0	7.5	3.2	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Total AMI	14			278	2,883	0	10.4	7.9	56.3	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		13	22	278	2,883	0	10.4	7.9		60.6
Rehabilitation	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	*0*					*0*				
Facility Utilization	314			8,184	34,099	2,410	4.5	99.8	31.8	

Inpatients and Outpatients Served by Payor Source

	Medicare	*Medicaid*	*Other Public*	*Private Insurance*	*Private Pay*	*Charity Care*	*Totals*
Inpatients	**31.8%**	**37.9%**	**0.5%**	**27.7%**	**1.6%**	**0.5%**	
	2602	3103	40	2265	131	43	8,184
Outpatients	**13.5%**	**41.7%**	**1.6%**	**22.0%**	**20.7%**	**0.6%**	
	11313	35031	1310	18458	17414	472	83,998

Financial Year Reported: 1/1/2016 *to* 12/31/2016

Inpatient and Outpatient Net Revenue by Payor Source

	Medicare	*Medicaid*	*Other Public*	*Private Insurance*	*Private Pay*	*Totals*	*Charity Care Expense*
Inpatient Revenue ($)	**29.4%**	**36.5%**	**1.2%**	**26.0%**	**6.9%**	**100.0%**	
	27,612,800	34,323,681	1,106,662	24,452,154	6,507,951	94,003,248	147,424
Outpatient Revenue ($)	**21.0%**	**11.7%**	**6.7%**	**40.2%**	**20.4%**	**100.0%**	
	7,665,537	4,279,057	2,450,001	14,675,788	7,446,437	36,516,820	217,414

Total Charity Care Expense
364,838

Total Charity Care as % of Net Revenue
0.3%

Birthing Data

Number of Total Births:	1,312
Number of Live Births:	1,302
Birthing Rooms:	0
Labor Rooms:	5
Delivery Rooms:	0
Labor-Delivery-Recovery Rooms:	13
Labor-Delivery-Recovery-Postpartum Rooms:	0
C-Section Rooms:	2
CSections Performed:	0

Newborn Nursery Utilization

	Level I	Level II	Level II+
Beds	10	10	8
Patient Days	303	189	1,631
Total Newborn Patient Days			2,123

Laboratory Studies

Inpatient Studies	9,056
Outpatient Studies	29,567
Studies Performed Under Contract	2,130

Organ Transplantation

Kidney:	
Heart:	
Lung:	
Heart/Lung:	
Pancreas:	
Liver:	
Total:	

ATTACHMENT 6

Surgery and Operating Room Utilization

Surgical Specialty	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	1	1	100	72	396	179	575	4.0	2.5
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	5	5	438	543	885	805	1690	2.0	1.5
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	0	0	22	12	62	28	90	2.8	2.3
OB/Gynecology	0	0	0	0	495	253	529	451	980	1.1	1.8
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	2	2	0	504	0	725	725	0.0	1.4
Orthopedic	0	0	1	1	332	323	1145	700	1845	3.4	2.2
Otolaryngology	0	0	0	0	3	5	5	8	13	1.7	1.6
Plastic Surgery	0	0	0	0	15	8	25	14	39	1.7	1.8
Podiatry	0	0	0	0	37	71	57	159	216	1.5	2.2
Thoracic	0	0	0	0	0	0	0	0	0	0.0	0.0
Urology	0	0	1	1	79	110	144	203	347	1.8	1.8
Totals	**0**	**0**	**10**	**10**	**1521**	**1901**	**3248**	**3272**	**6520**	**2.1**	**1.7**

SURGICAL RECOVERY STATIONS Stage 1 Recovery Stations 12 Stage 2 Recovery Stations 28

Dedicated and Non-Dedicated Procedure Room Utilization

Procedure Type	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	3	3	879	2160	1212	3032	4244	1.4	1.4
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	1	1	0	29	0	8	8	0.0	0.3
Cystoscopy	0	0	1	1	0	0	0	0	0	0.0	0.0
Multipurpose Non-Dedicated Rooms											
	0	0	0	0	0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0

Emergency/Trauma Care

Certified Trauma Center		No
Level of Trauma Service	Level 1 (Not Answered)	Level 2 Not Answered
Operating Rooms Dedicated for Trauma Care		0
Number of Trauma Visits:		0
Patients Admitted from Trauma		0
Emergency Service Type:		Comprehensive
Number of Emergency Room Stations		27
Persons Treated by Emergency Services:		44,529
Patients Admitted from Emergency:		5,284
Total ED Visits (Emergency+Trauma):		**44,529**

Free-Standing Emergency Center

Beds in Free-Standing Centers	
Patient Visits In Free-Standing Centers	
Hospital Admissions from Free-Standing Center	

Outpatient Service Data

Total Outpatient Visits	**83,998**
Outpatient Visits at the Hospital/ Campus:	83,998
Outpatient Visits Offsite/off campus	0

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	3
Cath Labs used for Angiography procedures	0
Dedicated Diagnostic Catheterization Labs	0
Dedicated Interventional Catheterization Labs	2
Dedicated EP Catheterization Labs	1

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	**1,745**
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	1,007
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	450
EP Catheterizations (15+)	288

Cardiac Surgery Data

Total Cardiac Surgery Cases:	**25**
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	25
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	21

Diagnostic/Interventional Equipment

	Owned	Contract	Examinations Inpatient	Examinations Outpt	Examinations Contract
General Radiography/Fluoroscopy	6	0	6,608	22,488	0
Nuclear Medicine	5	0	987	361	0
Mammography	3	0	0	5,365	0
Ultrasound	5	0	2,701	7,003	0
Angiography	1	0			
Diagnostic Angiography			96	9	0
Interventional Angiography			235	312	0
Positron Emission Tomography (PET)	0	0	0	0	0
Computerized Axial Tomography (CAT)	2	0	2,264	10,348	0
Magnetic Resonance Imaging	1	0	1,190	1,001	0

Therapeutic Equipment

	Owned	Contract	Therapies/ Treatments
Lithotripsy	0	0	0
Linear Accelerator	0	0	0
Image Guided Rad Therapy			0
Intensity Modulated Rad Thrpy			0
High Dose Brachytherapy	0	0	0
Proton Beam Therapy	0	0	0
Gamma Knife	0	0	0
Cyber knife	0	0	0

Source: 2016 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

ATTACHMENT 6

Ownership, Management and General Information

ADMINISTRATOR NAME:	John Baird
ADMINSTRATOR PHONE	708-597-2000 x5201
OWNERSHIP:	Blue Island Hospital Company LLC
OPERATOR:	Blue Island Hospital Company LLC
MANAGEMENT:	Limited Liability Company
CERTIFICATION:	(Not Answered)
FACILITY DESIGNATION:	(Not Answered)
ADDRESS	12935 South Gregory Street **CITY:** Blue Island **COUNTY:** Suburban Cook County

Patients by Race

White	28.0%
Black	63.4%
American Indian	0.0%
Asian	0.1%
Hawaiian/ Pacific	0.3%
Unknown	8.2%

Patients by Ethnicity

Hispanic or Latino:	10.3%
Not Hispanic or Latino:	86.7%
Unknown:	3.0%

IDPH Number:	5835
HPA	A-04
HSA	7

Facility Utilization Data by Category of Service

Clinical Service	Authorized CON Beds 12/31/2015	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	242	86	86	5,677	24,663	2,336	4.8	74.0	30.6	86.0
0-14 Years				*422*	*2,131*					
15-44 Years				*726*	*2,503*					
45-64 Years				*1,794*	*7,426*					
65-74 Years				*1,196*	*5,294*					
75 Years +				*1,539*	*7,309*					
Pediatric	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Intensive Care	28	14	14	990	3,105	0	3.1	8.5	30.4	60.8
Direct Admission				*765*	*2,310*					
Transfers				*225*	*795*					
Obstetric/Gynecology	30	19	19	1,439	3,237	199	2.4	9.4	31.4	49.5
Maternity				*1,415*	*3,183*					
Clean Gynecology				*24*	*54*					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Acute Mental Illness	14	12	12	165	1,710	0	10.4	4.7	33.5	39.0
Rehabilitation	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	*0*					*0*				
Facility Utilization	**314**			**8,046**	**32,715**	**2,535**	**4.4**	**96.6**	**30.8**	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source

	Medicare	*Medicaid*	*Other Public*	*Private Insurance*	*Private Pay*	*Charity Care*	*Totals*
Inpatients	**34.5%**	**34.4%**	**0.8%**	**28.1%**	**1.8%**	**0.4%**	
	2775	2764	68	2262	142	35	**8,046**
Outpatients	**16.0%**	**38.3%**	**1.3%**	**21.7%**	**22.7%**	**0.1%**	
	14220	34047	1118	19317	20155	106	**88,963**

Financial Year Reported: 1/1/2015 *to* 12/31/2015

Inpatient and Outpatient Net Revenue by Payor Source

	Medicare	*Medicaid*	*Other Public*	*Private Insurance*	*Private Pay*	*Totals*	*Charity Care Expense*
Inpatient Revenue ($)	**30.4%**	**34.3%**	**1.5%**	**28.8%**	**5.0%**	**100.0%**	
	27,491,029	31,013,796	1,350,675	26,070,781	4,540,999	90,467,280	3,126,762
Outpatient Revenue ($)	**24.3%**	**8.1%**	**7.3%**	**45.3%**	**15.0%**	**100.0%**	
	11,450,032	3,815,200	3,415,741	21,326,040	7,060,415	47,067,428	1,903,600

Total Charity Care Expense
5,030,362

Total Charity Care as % of Net Revenue
3.7%

Birthing Data

Number of Total Births:	1,299
Number of Live Births:	1,289
Birthing Rooms:	0
Labor Rooms:	5
Delivery Rooms:	0
Labor-Delivery-Recovery Rooms:	13
Labor-Delivery-Recovery-Postpartum Rooms:	0
C-Section Rooms:	2
CSections Performed:	406

Newborn Nursery Utilization

	Level I	Level II	Level II+
Beds	10	10	0
Patient Days	1,726	606	1,404
Total Newborn Patient Days			**3,736**

Laboratory Studies

Inpatient Studies	8,977
Outpatient Studies	33,271
Studies Performed Under Contract	481

Organ Transplantation

Kidney:	0
Heart:	0
Lung:	0
Heart/Lung:	0
Pancreas:	0
Liver:	0
Total:	**0**

ATTACHMENT 6

Surgery and Operating Room Utilization

Surgical Specialty	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	1	1	66	61	760	247	1007	11.5	4.0
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	5	5	439	651	1217	1568	2785	2.8	2.4
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	0	0	6	4	55	36	91	9.2	9.0
OB/Gynecology	0	0	0	0	108	238	310	422	732	2.9	1.8
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	2	2	0	519	0	733	733	0.0	1.4
Orthopedic	0	0	1	1	355	351	608	462	1070	1.7	1.3
Otolaryngology	0	0	0	0	0	0	0	0	0	0.0	0.0
Plastic Surgery	0	0	0	0	9	6	24	16	40	2.7	2.7
Podiatry	0	0	0	0	42	90	71	176	247	1.7	2.0
Thoracic	0	0	0	0	120	12	165	17	182	1.4	1.4
Urology	0	0	1	1	4	8	10	14	24	2.5	1.8
Totals	**0**	**0**	**10**	**10**	**1149**	**1940**	**3220**	**3691**	**6911**	**2.8**	**1.9**

SURGICAL RECOVERY STATIONS Stage 1 Recovery Stations 12 Stage 2 Recovery Stations 28

Dedicated and Non-Dedicated Procedure Room Utilization

Procedure Type	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	3	3	853	2161	1168	2645	3813	1.4	1.2
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	1	1	13	305	13	277	290	1.0	0.9
Cystoscopy	0	0	1	1	80	156	181	261	442	2.3	1.7
Multipurpose Non-Dedicated Rooms											
	0	0	0	0	0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0

Emergency/Trauma Care

Certified Trauma Center		No
Level of Trauma Service	Level 1	Level 2
	(Not Answered)	Not Answered
Operating Rooms Dedicated for Trauma Care		0
Number of Trauma Visits:		0
Patients Admitted from Trauma		0
Emergency Service Type:		Comprehensive
Number of Emergency Room Stations		27
Persons Treated by Emergency Services:		47,051
Patients Admitted from Emergency:		5,112
Total ED Visits (Emergency+Trauma):		**47,051**

Free-Standing Emergency Center

Beds in Free-Standing Centers	0
Patient Visits in Free-Standing Centers	0
Hospital Admissions from Free-Standing Center	0

Outpatient Service Data

Total Outpatient Visits	**88,963**
Outpatient Visits at the Hospital/ Campus:	88,963
Outpatient Visits Offsite/off campus	0

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	**3**
Cath Labs used for Angiography procedures	0
Dedicated Diagnostic Catheterization Lab	0
Dedicated Interventional Catheterization Labs	2
Dedicated EP Catheterization Labs	1

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	**1,923**
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	1,146
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	472
EP Catheterizations (15+)	305

Cardiac Surgery Data

Total Cardiac Surgery Cases:	**14**
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	14
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	11

Diagnostic/Interventional Equipment	Owned	Contract	Examinations Inpatient	Outpt	Contract
General Radiography/Fluoroscopy	6	0	7,006	21,231	0
Nuclear Medicine	5	0	1,151	491	0
Mammography	3	0	0	5,091	0
Ultrasound	5	0	2,854	6,415	0
Angiography	1	0			
Diagnostic Angiography			104	7	0
Interventional Angiography			260	245	0
Positron Emission Tomography (PET)	0	0	0	0	0
Computerized Axial Tomography (CAT)	2	0	2,546	9,408	0
Magnetic Resonance Imaging	1	0	1,304	1,035	0

Therapeutic Equipment	Owned	Contract	Therapies/ Treatments
Lithotripsy	0	0	0
Linear Accelerator	0	0	0
Image Guided Rad Therapy			0
Intensity Modulated Rad Thrpy			0
High Dose Brachytherapy	0	0	0
Proton Beam Therapy	0	0	0
Gamma Knife	0	0	0
Cyber knife	0	0	0

Source: 2015 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

ATTACHMENT 6

ATTACHMENT 7

IMPACT ON ACCESS

Criterion 1110.290(c)

c) The applicant shall document whether the discontinuation of each service or of the entire facility will have an adverse impact upon access to care for residents of the facility's market area. The facility's market area, for purposes of this Section, is the established radii outlined in 77 Ill. Adm. Code 1100.510(d). Factors that indicate an adverse impact upon access to service for the population of the facility's market area include, but are not limited to, the following:

1) *The service will no longer exist within the established radii outlined in 77 Ill. Adm. Code 1100.510(d) of the applicant facility;*
2) *Discontinuation of the service will result in creating or increasing a shortage of beds or services, as calculated in the Inventory of Health Care Facilities, which is described in 77 Ill. Adm. Code 1100.70 and found on HFSRB's website;*
3) *Facilities or a shortage of other categories of service as determined by the provisions of 77 Ill. Adm. Code 1100 or other Sections of this Part*

A. <u>All Categories of Service will Continue to Exist in the Market Area</u>

The project will not have an adverse impact on access to care for the residents as all categories of service provided by MetroSouth are provided by multiple other providers in the market area.

MetroSouth is located in Cook County which has a 10-mile market area under Section 1100.510(d)(1). There are eight other hospitals within the area that will continue to provide the services being discontinued at MetroSouth as reflected in the tables below.

<u>Eight Hospitals within 10 miles of MetroSouth Medical Center</u>

Facility	Driving Distance (miles)	Driving Time (minutes)
Ingalls Memorial Hospital	4.5	12
Roseland Community Hospital	4.9	14
Little Company of Mary Hospital	5.1	17
Advocate Christ Medical Center	7.1	20
South Shore Hospital	7.6	17
Palos Community Hospital	8.0	23
Advocate South Suburban Hospital	9.9	18
Advocate Trinity Hospital	10.0	16

Source: Google Maps, included with this Attachment

The above eight hospitals provide Medical/Surgical, Intensive Care Unit, Obstetrics and Acute Mental Illness services. Most of these services are underutilized indicating there is excess capacity in the area that is available to treat the MetroSouth market area.

Medical/Surgical Services in the Area

Facility	Med/Surg Beds	Utilization
Ingalls Memorial Hospital	298	41.8%
Roseland Community Hospital	77	49.9%
Little Company of Mary Hospital	208	64.2%
Advocate Christ Medical Center	394	96.3%
South Shore Hospital	114	57.3%
Palos Community Hospital	306	69.1%
Advocate South Suburban Hospital	197	60.8%
Advocate Trinity Hospital	158	53.4%

Source: 2017 Hospital Profiles, included with this Attachment

ICU Services in the Area

Facility	ICU Beds	Utilization
Ingalls Memorial Hospital	25	43.7%
Roseland Community Hospital	10	56.9%
Little Company of Mary Hospital	29	40.6%
Advocate Christ Medical Center	153	68.3%
South Shore Hospital	8	66.7%
Palos Community Hospital	36	57.8%
Advocate South Suburban Hospital	20	76.7%
Advocate Trinity Hospital	24	33.1%

Source: 2017 Hospital Profiles, included with this Attachment

OB Services in the Area

Facility	OB Beds	Utilization
Ingalls Memorial Hospital	21	46.4%
Roseland Community Hospital	17	8.0%
Little Company of Mary Hospital	17	52.5%
Advocate Christ Medical Center	56	70.5%
Palos Community Hospital	28	20.3%
Advocate South Suburban Hospital	16	35.7%
Advocate Trinity Hospital	23	23.5%

Source: 2017 Hospital Profiles, included with this Attachment

AMI Services in the Area

Facility	AMI Beds	Utilization
Ingalls Memorial Hospital	78	57.0%
Roseland Community Hospital	30	16.6%
Little Company of Mary Hospital	24	35.5%
Advocate Christ Medical Center	39	67.6%
Palos Community Hospital	40	40.3%

Source: 2017 Hospital Profiles, included with this Attachment

Also, the planning area for Cardiac Catheterization, HSA 7, currently has 26 providers of that service, and the planning area for Open Heart, also HSA 7, currently has 20 providers of cardiac surgery. *See* Inventory of Hospital Services for HSA 7 and June 5, 2019 Update to Inventory, included with this Attachment. The smaller 10-mile market area surrounding MetroSouth, which is within HSA 7, itself has six cardiac cath programs in addition to MetroSouth, and three other Open Heart programs in addition to MetroSouth. These two cardiac services are plentiful throughout HSA 7 with a total of nine cardiac programs (cath and open heart combined) located within 10 miles of MetroSouth.

B. There will be No Shortage of Beds in Any Category of Service

The project will not have an adverse impact on access to care for the area residents because there is excess capacity in every category of service as calculated in the Inventory of Health Care Facilities, and based on those calculations there will continue to be excess beds in every category of service after the discontinuation of MetroSouth. There will be no bed need in any category of service.

Excess Beds in All Services in Hospital Planning Area A-04

SERVICE	Current Beds	Calculated Bed Need	Excess Beds	MetroSouth Beds	Bed Excess after MetroSouth Discontinuation
Med/Surg	2,040	1,557	483	242	**241**
ICU	366	322	44	28	**16**
OB/GYN	180	128	52	30	**22**
AMI	195	130	65	14	**51**

Source: IHFRB Update to Inventory June 5, 2019, included with Attachment 6.

C. There will be No Shortage of Facilities or Services as Determined by Parts 1100 or 1110

The project will not have an adverse impact on access to care for the area residents because the discontinuation of MetroSouth will not create a shortage of facilities as determined by Part 1100 or Part 1110 of the Review Board's regulations. As addressed above, the bed need calculations established under Part 1100 show that there is no bed need and significant bed excesses in all four bed categories of service provided. Bed excesses will remain in all four categories of service following the proposed discontinuation.

Also, there is significant underutilization of beds in the planning area. As reflected in the tables above, all bed categories of service in the planning area A-04 are below full utilization and most of the bed units are significantly below the target utilization rates established in Part 1100.

Ownership, Management and General Information

ADMINISTRATOR NAME:	Richard Heim
ADMINSTRATOR PHONE	708-684-5010
OWNERSHIP:	Advocate Health Care
OPERATOR:	Advocate Health Care
MANAGEMENT:	Church-Related
CERTIFICATION:	
FACILITY DESIGNATION:	General Hospital
ADDRESS	4440 West 95th Street

CITY: Oak Lawn **COUNTY:** Suburban Cook County

Patients by Race

White	53.0%
Black	35.6%
American Indian	0.6%
Asian	0.7%
Hawaiian/ Pacific	0.1%
Unknown	9.9%

Patients by Ethnicity

Hispanic or Latino:	12.0%
Not Hispanic or Latino:	81.0%
Unknown:	6.9%

IDPH Number:	0315
HPA	A-04
HSA	7

Facility Utilization Data by Category of Service

Clinical Service	Authorized CON Beds 12/31/2017	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	394	394	394	25,483	136,234	2,316	5.4	379.6	96.3	96.3
0-14 Years				*0*	*0*					
15-44 Years				*3,907*	*19,783*					
45-64 Years				*8,270*	*44,974*					
65-74 Years				*5,926*	*32,927*					
75 Years +				*7,380*	*38,550*					
Pediatric	45	45	45	3,467	11,500	1,356	3.7	35.2	78.3	78.3
Intensive Care	153	153	153	9,707	38,139	27	3.9	104.6	68.3	68.3
Direct Admission				*6,266*	*24,619*					
Transfers				*3,441*	*13,520*					
Obstetric/Gynecology	56	56	56	5,164	14,352	61	2.8	39.5	70.5	70.5
Maternity				*4,677*	*12,915*					
Clean Gynecology				*487*	*1,437*					
Neonatal	64	58	58	1,528	17,555	0	11.5	48.1	75.1	82.9
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Total AMI	39			1,459	9,616	0	6.6	26.3	67.6	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		35	35	1,459	9,616	0	6.6	26.3		75.3
Rehabilitation	37	37	37	912	11,610	0	12.7	31.8	86.0	86.0
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	*35*					*5282*				
Facility Utilization	**788**			**44,279**	**239,006**	**9,042**	**5.6**	**679.6**	**86.2**	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	42.0%	23.5%	0.0%	30.0%	3.4%	1.1%	
	18597	10406	0	13284	1517	475	44,279
Outpatients	27.8%	27.5%	0.0%	41.4%	2.6%	0.7%	
	101471	100376	0	151112	9487	2558	365,004

Financial Year Reported: 1/1/2017 *to* 12/31/2017

Inpatient and Outpatient Net Revenue by Payor Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals	Charity Care Expense
Inpatient Revenue ($)	38.5%	16.1%	0.0%	41.5%	3.9%	100.0%	
	303,900,360	127,282,313	0	328,125,661	30,808,978	790,117,312	6,039,000
Outpatient Revenue ($)	22.1%	9.5%	0.0%	62.7%	5.7%	100.0%	
	72,736,952	31,164,152	0	206,130,438	18,588,183	328,619,725	2,909,000

Total Charity Care Expense 8,948,000

Total Charity Care as % of Net Revenue 0.8%

Birthing Data

Number of Total Births:	4,300
Number of Live Births:	4,276
Birthing Rooms:	0
Labor Rooms:	0
Delivery Rooms:	0
Labor-Delivery-Recovery Rooms:	15
Labor-Delivery-Recovery-Postpartum Rooms:	0
C-Section Rooms:	4
CSections Performed:	1,495

Newborn Nursery Utilization

	Level I	Level II	Level II+
Beds	16	0	0
Patient Days	7,971	0	0
Total Newborn Patient Days			7,971

Laboratory Studies

Inpatient Studies	1,514,554
Outpatient Studies	536,083
Studies Performed Under Contract	0

Organ Transplantation

Kidney:	19
Heart:	23
Lung:	10
Heart/Lung:	0
Pancreas:	0
Liver:	0
Total:	52

ATTACHMENT 7

Surgery and Operating Room Utilization

Surgical Specialty	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	6	6	2740	538	12494	1354	13848	4.6	2.5
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	10	6	16	2909	2759	8308	5612	13920	2.9	2.0
Gastroenterology	0	0	0	0	0	1	0	2	2	0.0	2.0
Neurology	0	0	1	1	1382	107	6110	283	6393	4.4	2.6
OB/Gynecology	0	0	2	2	648	1510	2128	3168	5296	3.3	2.1
Oral/Maxillofacial	0	0	0	0	40	110	117	328	445	2.9	3.0
Ophthalmology	0	2	1	3	32	1301	75	2096	2171	2.3	1.6
Orthopedic	0	0	5	5	3348	2683	10341	5618	15959	3.1	2.1
Otolaryngology	0	0	1	1	299	1513	808	2580	3388	2.7	1.7
Plastic Surgery	0	0	2	2	359	1213	927	2283	3210	2.6	1.9
Podiatry	0	0	0	0	194	219	443	484	927	2.3	2.2
Thoracic	0	0	2	2	689	235	2415	441	2856	3.5	1.9
Urology	0	0	2	2	448	1022	1174	2076	3250	2.6	2.0
Totals	**0**	**12**	**28**	**40**	**13088**	**13211**	**45340**	**26325**	**71665**	**3.5**	**2.0**

SURGICAL RECOVERY STATIONS Stage 1 Recovery Stations 30 Stage 2 Recovery Stations 80

Dedicated and Non-Dedicated Procedure Room Utilization

Procedure Type	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	3	7	0	10	4073	9493	4686	8002	12688	1.2	0.8
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	0	0	0	0	0	0	0	0.0	0.0
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
Multipurpose Non-Dedicated Rooms											
					0	0	0	0	0	0.0	0.0
					0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0

Emergency/Trauma Care

Certified Trauma Center	Yes
Level of Trauma Service	Level 1 / Level 2
	Adult & Child
Operating Rooms Dedicated for Trauma Care	1
Number of Trauma Visits:	4,211
Patients Admitted from Trauma	2,394
Emergency Service Type:	Comprehensive
Number of Emergency Room Stations	63
Persons Treated by Emergency Services:	104,922
Patients Admitted from Emergency:	22,274
Total ED Visits (Emergency+Trauma):	109,133

Free-Standing Emergency Center

Beds in Free-Standing Centers	0
Patient Visits in Free-Standing Centers	0
Hospital Admissions from Free-Standing Center	0

Outpatient Service Data

Total Outpatient Visits	365,004
Outpatient Visits at the Hospital/ Campus:	336,852
Outpatient Visits Offsite/off campus	28,152

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	6
Cath Labs used for Angiography procedures	0
Dedicated Diagnostic Catheterization Lab	0
Dedicated Interventional Catheterization Labs	0
Dedicated EP Catheterization Labs	2

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	6,284
Diagnostic Catheterizations (0-14)	149
Diagnostic Catheterizations (15+)	3,887
Interventional Catheterizations (0-14):	231
Interventional Catheterization (15+)	1,090
EP Catheterizations (15+)	927

Cardiac Surgery Data

Total Cardiac Surgery Cases:	1,764
Pediatric (0 - 14 Years):	179
Adult (15 Years and Older):	1,575
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	471

Diagnostic/Interventional Equipment

	Owned	Contract	Examinations Inpatient	Outpt	Contract
General Radiography/Fluoroscopy	15	0	#######	62,813	0
Nuclear Medicine	6	0	2,966	3,445	0
Mammography	6	0	0	22,103	0
Ultrasound	15	0	17,751	25,829	0
Angiography	4	0			
Diagnostic Angiography			7,464	3,864	0
Interventional Angiography			1,642	577	0
Positron Emission Tomography (PET)	1	0	0	1,344	0
Computerized Axial Tomography (CAT)	7	0	35,027	29,702	0
Magnetic Resonance Imaging	8	0	7,673	10,068	0

Therapeutic Equipment

	Owned	Contract	Therapies/ Treatments
Lithotripsy	0	1	119
Linear Accelerator	2	0	11,922
Image Guided Rad Therapy			3,825
Intensity Modulated Rad Thrpy			4,267
High Dose Brachytherapy	1	0	255
Proton Beam Therapy	0	0	0
Gamma Knife	0	0	0
Cyber knife	1	0	108

Source: 2017 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

ATTACHMENT 7

Ownership, Management and General Information

ADMINISTRATOR NAME:	Terika Richardson
ADMINSTRATOR PHONE	708-213-3000
OWNERSHIP:	Advocate Health and Hospitals Corporation
OPERATOR:	Advocate Health and Hospitals Corporation
MANAGEMENT:	Church-Related
CERTIFICATION:	
FACILITY DESIGNATION:	General Hospital
ADDRESS	17800 South Kedzie Ave **CITY:** Hazel Crest **COUNTY:** Suburban Cook County

Patients by Race

White	32.2%
Black	62.4%
American Indian	3.5%
Asian	0.5%
Hawaiian/ Pacific	0.2%
Unknown	1.2%

Patients by Ethnicity

Hispanic or Latino:	#Div/0!
Not Hispanic or Latino:	#Div/0!
Unknown:	#Div/0!

IDPH Number:	4697
HPA	A-04
HSA	7

Facility Utilization Data by Category of Service

Clinical Service	Authorized CON Beds 12/31/2017	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	197	156	99	7,599	36,173	7,534	5.8	119.7	60.8	76.8
0-14 Years				*0*	*0*					
15-44 Years				*905*	*3,098*					
45-64 Years				*2,366*	*10,647*					
65-74 Years				*1,781*	*9,022*					
75 Years +				*2,547*	*13,406*					
Pediatric	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Intensive Care	20	20	15	2,033	5,519	82	2.8	15.3	76.7	76.7
Direct Admission				*1,382*	*5,519*					
Transfers				*651*	*0*					
Obstetric/Gynecology	16	16	6	889	2,036	49	2.3	5.7	35.7	35.7
Maternity				*889*	*2,036*					
Clean Gynecology				*0*	*0*					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	37	34	474	5,703	0	12.0	15.6	0.0	42.2
Swing Beds			0	0	0		0.0	0.0		
Total AMI	0			0	0	0	0.0	0.0	0.0	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		0	0	0	0	0	0.0	0.0		0.0
Rehabilitation	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	*0*					*0*				
Facility Utilization	**233**			**10,344**	**49,431**	**7,665**	**5.5**	**156.4**	**67.1**	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	55.0%	21.2%	0.0%	22.0%	0.8%	1.0%	
	5692	2196	0	2272	85	99	10,344
Outpatients	34.5%	23.7%	0.0%	36.0%	5.0%	0.9%	
	48499	33326	0	50653	7009	1209	140,696

Financial Year Reported: 1/1/2017 *to* 12/31/2017

Inpatient and Outpatient Net Revenue by Payor Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals	Charity Care Expense
Inpatient Revenue ($)	60.7%	8.4%	0.0%	30.8%	0.1%	100.0%	
	70,641,856	9,808,226	0	35,839,971	129,822	116,419,875	812,000
Outpatient Revenue ($)	28.2%	7.7%	0.0%	64.0%	0.1%	100.0%	
	30,440,451	8,272,534	0	68,991,116	63,942	107,768,043	1,204,000

Total Charity Care Expense	**2,016,000**
Total Charity Care as % of Net Revenue	**0.9%**

Birthing Data

Number of Total Births:	818
Number of Live Births:	0
Birthing Rooms:	0
Labor Rooms:	0
Delivery Rooms:	0
Labor-Delivery-Recovery Rooms:	0
Labor-Delivery-Recovery-Postpartum Rooms:	16
C-Section Rooms:	2
CSections Performed:	222

Newborn Nursery Utilization

	Level I	Level II	Level II+
Beds	18	18	0
Patient Days	1,440	169	8
Total Newborn Patient Days			1,617

Laboratory Studies

Inpatient Studies	331,481
Outpatient Studies	186,629
Studies Performed Under Contract	0

Organ Transplantation

Kidney:	0
Heart:	0
Lung:	0
Heart/Lung:	0
Pancreas:	0
Liver:	0
Total:	0

ATTACHMENT 7

Surgery and Operating Room Utilization

Surgical Specialty	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	0	0	180	167	526	424	950	2.9	2.5
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	9	9	903	1429	1763	2831	4594	2.0	2.0
Gastroenterology	0	0	0	0	0	4	0	7	7	0.0	1.8
Neurology	0	0	0	0	0	2	0	6	6	0.0	3.0
OB/Gynecology	0	0			117	521	330	982	1312	2.8	1.9
Oral/Maxillofacial	0	0	0	0	0	1	0	1	1	0.0	1.0
Ophthalmology	0	0	0	0		674	0	243	243	0.0	0.4
Orthopedic	0	0	0	0	713	622	2095	1096	3191	2.9	1.8
Otolaryngology	0	0	0	0	17	85	24	133	157	1.4	1.6
Plastic Surgery	0	0	0	0	18	74	53	152	205	2.9	2.1
Podiatry	0	0	0	0	80	112	123	233	356	1.5	2.1
Thoracic	0	0	0	0	23	4	71	6	77	3.1	1.5
Urology	0	0	0	0	192	450	525	716	1241	2.7	1.6
Totals	**0**	**0**				**4145**	**5510**	**6830**	**12340**	**0.0**	**1.6**

SURGICAL RECOVERY STATIONS Stage 1 Recovery Stations 10 Stage 2 Recovery Stations 3

Dedicated and Non-Dedicated Procedure Room Utilization

Procedure Type	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	4	4	959	4364	1726	5555	7281	1.8	1.3
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	0	0	0	0	0	0	0	0.0	0.0
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
Multipurpose Non-Dedicated Rooms											
					0	0	0	0	0	0.0	0.0
					0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0

Emergency/Trauma Care

Certified Trauma Center		No
Level of Trauma Service	Level 1	Level 2
Operating Rooms Dedicated for Trauma Care		0
Number of Trauma Visits:		0
Patients Admitted from Trauma		0
Emergency Service Type:		Comprehensive
Number of Emergency Room Stations		25
Persons Treated by Emergency Services:		44,539
Patients Admitted from Emergency:		7,795
Total ED Visits (Emergency+Trauma):		44,539

Free-Standing Emergency Center

Beds in Free-Standing Centers	0
Patient Visits in Free-Standing Centers	0
Hospital Admissions from Free-Standing Center	0

Outpatient Service Data

Total Outpatient Visits	140,696
Outpatient Visits at the Hospital/ Campus:	140,696
Outpatient Visits Offsite/off campus	0

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	2
Cath Labs used for Angiography procedures	0
Dedicated Diagnostic Catheterization Lab	0
Dedicated Interventional Catheterization Labs	0
Dedicated EP Catheterization Labs	0

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	1,026
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	684
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	227
EP Catheterizations (15+)	115

Cardiac Surgery Data

Total Cardiac Surgery Cases:	0
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	0
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	0

Diagnostic/Interventional Equipment

	Owned	Contract	Examinations Inpatient	Examinations Outpt	Examinations Contract
General Radiography/Fluoroscopy	14	0	16,387	34,323	0
Nuclear Medicine	2	0	1,134	1,851	0
Mammography	3	0	4	12,430	0
Ultrasound	5	0	2,115	12,962	0
Angiography	4	0			
Diagnostic Angiography			362	337	0
Interventional Angiography			227	249	0
Positron Emission Tomography (PET)	0	0	0	0	0
Computerized Axial Tomography (CAT)	2	0	8,164	15,986	0
Magnetic Resonance Imaging	2	0	1,538	4,044	0

Therapeutic Equipment

	Owned	Contract	Therapies/ Treatments
Lithotripsy	0	0	0
Linear Accelerator	0	0	0
Image Guided Rad Therapy			0
Intensity Modulated Rad Thrpy			0
High Dose Brachytherapy	0	0	0
Proton Beam Therapy	0	0	0
Gamma Knife	0	0	0
Cyber knife	0	0	0

Source: 2017 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

ATTACHMENT 7

Ownership, Management and General Information

ADMINISTRATOR NAME:	Michael Murrill
ADMINSTRATOR PHONE	708-245-6047
OWNERSHIP:	Adventist Health System dba La Grange Memorial Hos
OPERATOR:	Adventist Health System dba La Grange Memorial Hos
MANAGEMENT:	Church-Related
CERTIFICATION:	
FACILITY DESIGNATION:	General Hospital
ADDRESS	5101 S. Willow Springs Road **CITY:** La Grange **COUNTY:** Suburban Cook County

Patients by Race

White	85.6%
Black	5.7%
American Indian	0.0%
Asian	0.8%
Hawaiian/ Pacific	0.0%
Unknown	7.8%

Patients by Ethnicity

Hispanic or Latino:	6.9%
Not Hispanic or Latino:	93.0%
Unknown:	0.1%

IDPH Number:	5967
HPA	A-04
HSA	7

Facility Utilization Data by Category of Service

Clinical Service	Authorized CON Beds 12/31/2017	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	141	141	95	6,185	39,569	615	6.5	110.1	78.1	78.1
0-14 Years				*98*	*375*					
15-44 Years				*921*	*3,890*					
45-64 Years				*1,447*	*9,143*					
65-74 Years				*1,293*	*8,855*					
75 Years +				*2,426*	*17,306*					
Pediatric	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Intensive Care	27	27	25	1,343	9,095	14	6.8	25.0	92.4	92.4
Direct Admission				*1,343*	*9,095*					
Transfers				*0*	*0*					
Obstetric/Gynecology	12	12	10	452	1,000	47	2.3	2.9	23.9	23.9
Maternity				*424*	*951*					
Clean Gynecology				*28*	*49*					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Total AMI	0			0	0	0	0.0	0.0	0.0	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		0	0	0	0	0	0.0	0.0		0.0
Rehabilitation	16	16	16	501	4,990	0	10.0	13.7	85.4	85.4
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	*24*					*3815*				
Facility Utilization	**196**			**8,481**	**54,654**	**4,491**	**7.0**	**162.0**	**82.7**	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	61.6%	10.4%	0.3%	26.5%	0.1%	1.0%	
	5227	885	28	2245	7	89	8,481
Outpatients	36.5%	15.0%	1.0%	45.0%	1.4%	1.1%	
	39055	16073	1059	48185	1530	1160	107,062

Financial Year Reported: 7/1/2016 *to* 6/30/2017

Inpatient and Outpatient Net Revenue by Payor Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals	Charity Care Expense
Inpatient Revenue ($)	58.1%	7.2%	4.8%	26.4%	3.5%	100.0%	
	55,608,693	6,888,007	4,608,549	25,324,222	3,326,046	95,755,517	546,642
Outpatient Revenue ($)	32.6%	10.0%	1.2%	47.8%	8.5%	100.0%	
	20,535,547	6,323,812	767,825	30,219,991	5,369,205	63,216,380	1,129,660

Total Charity Care Expense 1,676,302

Total Charity Care as % of Net Revenue 1.1%

Birthing Data

Number of Total Births:	389
Number of Live Births:	388
Birthing Rooms:	0
Labor Rooms:	0
Delivery Rooms:	0
Labor-Delivery-Recovery Rooms:	5
Labor-Delivery-Recovery-Postpartum Rooms:	0
C-Section Rooms:	1
CSections Performed:	171

Newborn Nursery Utilization

	Level I	Level II	Level II+
Beds	10	2	0
Patient Days	766	13	106
Total Newborn Patient Days			885

Laboratory Studies

Inpatient Studies	220,708
Outpatient Studies	151,940
Studies Performed Under Contract	12,000

Organ Transplantation

Kidney:	0
Heart:	0
Lung:	0
Heart/Lung:	0
Pancreas:	0
Liver:	0
Total:	0

ATTACHMENT 7

Surgery and Operating Room Utilization

Surgical Specialty	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	1	0	0	1	27	0	171	0	171	6.3	0.0
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	9	9	499	896	1541	2055	3596	3.1	2.3
Gastroenterology	0	0	0	0	67	7	105	10	115	1.6	1.4
Neurology	0	0	0	0	71	38	310	129	439	4.4	3.4
OB/Gynecology	0	0	0	0	41	462	123	968	1091	3.0	2.1
Oral/Maxillofacial	0	0	0	0	3	12	6	39	45	2.0	3.3
Ophthalmology	0	0	0	0	0	480	0	804	804	0.0	1.7
Orthopedic	0	0	0	0	534	422	1924	1160	3084	3.6	2.7
Otolaryngology	0	0	0	0	16	35	31	87	118	1.9	2.5
Plastic Surgery	0	0	0	0	13	124	41	363	404	3.2	2.9
Podiatry	0	0	0	0	60	159	118	186	304	2.0	1.2
Thoracic	0	0	0	0	99	10	420	25	445	4.2	2.5
Urology	0	0	1	1	136	325	207	548	755	1.5	1.7
Totals	**1**	**0**	**10**	**11**	**1566**	**2970**	**4997**	**6374**	**11371**	**3.2**	**2.1**

SURGICAL RECOVERY STATIONS — Stage 1 Recovery Stations: 9 — Stage 2 Recovery Stations: 30

Dedicated and Non-Dedicated Procedure Room Utilization

Procedure Type	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	3	3	578	2345	581	2469	3050	1.0	1.1
Laser Eye Procedures	0	1	0	1	0	121	0	127	127	0.0	1.0
Pain Management	0	0	0	0	0	0	0	0	0	0.0	0.0
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
Multipurpose Non-Dedicated Rooms											
					0	0	0	0	0	0.0	0.0
					0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0

Emergency/Trauma Care

Certified Trauma Center		Yes
Level of Trauma Service	Level 1	Level 2
		Adult
Operating Rooms Dedicated for Trauma Care		0
Number of Trauma Visits:		548
Patients Admitted from Trauma		422
Emergency Service Type:		Comprehensive
Number of Emergency Room Stations		24
Persons Treated by Emergency Services:		28,888
Patients Admitted from Emergency:		5,990
Total ED Visits (Emergency+Trauma):		29,436

Free-Standing Emergency Center

Beds in Free-Standing Centers	0
Patient Visits in Free-Standing Centers	0
Hospital Admissions from Free-Standing Center	0

Outpatient Service Data

Total Outpatient Visits	107,062
Outpatient Visits at the Hospital/ Campus:	89,215
Outpatient Visits Offsite/off campus	17,847

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	2
Cath Labs used for Angiography procedures	2
Dedicated Diagnostic Catheterization Lab	0
Dedicated Interventional Catheterization Labs	0
Dedicated EP Catheterization Labs	0

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	617
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	418
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	153
EP Catheterizations (15+)	46

Cardiac Surgery Data

Total Cardiac Surgery Cases:	28
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	28
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	21

Diagnostic/Interventional Equipment

	Owned	Contract	Examinations: Inpatient	Examinations: Outpt	Examinations: Contract
General Radiography/Fluoroscopy	5	0	7,494	29,157	0
Nuclear Medicine	2	0	873	748	0
Mammography	4	0	6	8,783	0
Ultrasound	5	0	3,051	8,088	0
Angiography	1	0			
Diagnostic Angiography			1,540	1,722	0
Interventional Angiography			0	0	0
Positron Emission Tomography (PET)	0	0	0	0	0
Computerized Axial Tomography (CAT)	2	0	3,172	15,414	0
Magnetic Resonance Imaging	1	0	1,745	3,057	0

Therapeutic Equipment

	Owned	Contract	Therapies/ Treatments
Lithotripsy	0	0	0
Linear Accelerator	0	0	0
Image Guided Rad Therapy			0
Intensity Modulated Rad Thrpy			0
High Dose Brachytherapy	0	0	0
Proton Beam Therapy	0	0	0
Gamma Knife	0	0	0
Cyber knife	0	0	0

Source: 2017 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

ATTACHMENT 7

Surgery and Operating Room Utilization

Surgical Specialty	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	1	0	0	1	27	0	171	0	171	6.3	0.0
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	9	9	499	896	1541	2055	3596	3.1	2.3
Gastroenterology	0	0	0	0	67	7	105	10	115	1.6	1.4
Neurology	0	0	0	0	71	38	310	129	439	4.4	3.4
OB/Gynecology	0	0	0	0	41	462	123	968	1091	3.0	2.1
Oral/Maxillofacial	0	0	0	0	3	12	6	39	45	2.0	3.3
Ophthalmology	0	0	0	0	0	480	0	804	804	0.0	1.7
Orthopedic	0	0	0	0	534	422	1924	1160	3084	3.6	2.7
Otolaryngology	0	0	0	0	16	35	31	87	118	1.9	2.5
Plastic Surgery	0	0	0	0	13	124	41	363	404	3.2	2.9
Podiatry	0	0	0	0	60	159	118	186	304	2.0	1.2
Thoracic	0	0	0	0	99	10	420	25	445	4.2	2.5
Urology	0	0	1	1	136	325	207	548	755	1.5	1.7
Totals	**1**	**0**	**10**	**11**	**1566**	**2970**	**4997**	**6374**	**11371**	**3.2**	**2.1**

SURGICAL RECOVERY STATIONS Stage 1 Recovery Stations 9 Stage 2 Recovery Stations 30

Dedicated and Non-Dedicated Procedure Room Utilization

Procedure Type	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	3	3	578	2345	581	2469	3050	1.0	1.1
Laser Eye Procedures	0	1	0	1	0	121	0	127	127	0.0	1.0
Pain Management	0	0	0	0	0	0	0	0	0	0.0	0.0
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
Multipurpose Non-Dedicated Rooms											
					0	0	0	0	0	0.0	0.0
					0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0

Emergency/Trauma Care

Certified Trauma Center		Yes
Level of Trauma Service	Level 1	Level 2
		Adult
Operating Rooms Dedicated for Trauma Care		0
Number of Trauma Visits:		548
Patients Admitted from Trauma		422
Emergency Service Type:		Comprehensive
Number of Emergency Room Stations		24
Persons Treated by Emergency Services:		28,888
Patients Admitted from Emergency:		5,990
Total ED Visits (Emergency+Trauma):		29,436

Free-Standing Emergency Center

Beds in Free-Standing Centers	0
Patient Visits in Free-Standing Centers	0
Hospital Admissions from Free-Standing Center	0

Outpatient Service Data

Total Outpatient Visits	107,062
Outpatient Visits at the Hospital/ Campus:	89,215
Outpatient Visits Offsite/off campus	17,847

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	2
Cath Labs used for Angiography procedures	2
Dedicated Diagnostic Catheterization Lab	0
Dedicated Interventional Catheterization Labs	0
Dedicated EP Catheterization Labs	0

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	617
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	418
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	153
EP Catheterizations (15+)	46

Cardiac Surgery Data

Total Cardiac Surgery Cases:	28
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	28
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	21

Diagnostic/Interventional Equipment	Owned	Contract	Examinations Inpatient	Outpt	Contract
General Radiography/Fluoroscopy	5	0	7,494	29,157	0
Nuclear Medicine	2	0	873	748	0
Mammography	4	0	6	8,783	0
Ultrasound	5	0	3,051	8,088	0
Angiography	1	0			
Diagnostic Angiography			1,540	1,722	0
Interventional Angiography			0	0	0
Positron Emission Tomography (PET)	0	0	0	0	0
Computerized Axial Tomography (CAT)	2	0	3,172	15,414	0
Magnetic Resonance Imaging	1	0	1,745	3,057	0

Therapeutic Equipment	Owned	Contract	Therapies/ Treatments
Lithotripsy	0	0	0
Linear Accelerator	0	0	0
Image Guided Rad Therapy			0
Intensity Modulated Rad Thrpy			0
High Dose Brachytherapy	0	0	0
Proton Beam Therapy	0	0	0
Gamma Knife	0	0	0
Cyber knife	0	0	0

Source: 2017 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

ATTACHMENT 7

Ownership, Management and General Information

ADMINISTRATOR NAME:	Allan Spooner
ADMINSTRATOR PHONE	708-756-1000
OWNERSHIP:	Franciscan Alliance, LLC
OPERATOR:	Franciscan Alliance, LLC
MANAGEMENT:	Church-Related
CERTIFICATION:	
FACILITY DESIGNATION:	General Hospital
ADDRESS	20201 South Crawford

CITY: Olympia Fields **COUNTY:** Suburban Cook County

Patients by Race

White	45.0%
Black	54.3%
American Indian	0.1%
Asian	0.5%
Hawaiian/ Pacific	0.0%
Unknown	0.1%

Patients by Ethnicity

Hispanic or Latino:	4.0%
Not Hispanic or Latino:	95.8%
Unknown:	0.3%

IDPH Number:	5074
HPA	A-04
HSA	7

Facility Utilization Data by Category of Service

Clinical Service	Authorized CON Beds 12/31/2017	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	157	88	74	6,006	20,686	9,029	4.9	81.4	51.9	92.5
0-14 Years				*41*	*93*					
15-44 Years				*864*	*2,055*					
45-64 Years				*1,869*	*6,431*					
65-74 Years				*1,413*	*5,281*					
75 Years +				*1,819*	*6,826*					
Pediatric	0	0	0	41	93	0	2.3	0.3	0.0	0.0
Intensive Care	31	25	21	971	5,030	2	5.2	13.8	44.5	55.1
Direct Admission				*206*	*1,067*					
Transfers				*765*	*3,963*					
Obstetric/Gynecology	12	0	0	0	0	0	0.0	0.0	0.0	0.0
Maternity				*0*	*0*					
Clean Gynecology				*0*	*0*					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Total AMI	0			0	0	0	0.0	0.0	0.0	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		0	0	0	0	0	0.0	0.0		0.0
Rehabilitation	14	0	0	0	0	0	0.0	0.0	0.0	0.0
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	*0*					*0*				
Facility Utilization	**214**			**6,253**	**25,809**	**9,031**	**5.6**	**95.5**	**44.6**	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
	52.1%	**3.3%**	**0.2%**	**27.8%**	**0.6%**	**16.1%**	
Inpatients	3255	204	13	1737	37	1007	**6,253**
	30.4%	**2.8%**	**0.7%**	**53.8%**	**0.1%**	**12.2%**	
Outpatients	28216	2555	630	49867	108	11347	**92,723**

Financial Year Reported: 1/1/2017 *to* 12/31/2017

Inpatient and Outpatient Net Revenue by Payor Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals	Charity Care Expense
	48.7%	**24.9%**	**1.6%**	**23.7%**	**1.2%**	**100.0%**	
Inpatient Revenue ($)	39,968,108	20,447,577	1,302,284	19,451,742	970,672	82,140,383	904,630
	25.4%	**16.2%**	**1.7%**	**50.6%**	**6.2%**	**100.0%**	
Outpatient Revenue ($)	21,471,238	13,748,973	1,403,387	42,825,027	5,237,590	84,686,215	2,404,315

Total Charity Care Expense
3,308,945

Total Charity Care as % of Net Revenue
2.0%

Birthing Data

Number of Total Births:	0
Number of Live Births:	0
Birthing Rooms:	0
Labor Rooms:	0
Delivery Rooms:	0
Labor-Delivery-Recovery Rooms:	0
Labor-Delivery-Recovery-Postpartum Rooms:	0
C-Section Rooms:	0
CSections Performed:	0

Newborn Nursery Utilization

	Level I	Level II	Level II+
Beds	0	0	0
Patient Days	0	0	0
Total Newborn Patient Days			0

Laboratory Studies

Inpatient Studies	289,920
Outpatient Studies	280,477
Studies Performed Under Contract	3,744

Organ Transplantation

Kidney:	0
Heart:	0
Lung:	0
Heart/Lung:	0
Pancreas:	0
Liver:	0
Total:	0

ATTACHMENT 7

Surgery and Operating Room Utilization

Surgical Specialty	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	2	2	116	23	646	27	673	5.6	1.2
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	5	5	128	198	280	281	561	2.2	1.4
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	0	0	0	0	0	0	0	0.0	0.0
OB/Gynecology	0	0	0	0	1	1	2	2	4	2.0	2.0
Oral/Maxillofacial	0	0	0	0	1	0	2	0	2	2.0	0.0
Ophthalmology	0	0	0	0	0	0	0	0	0	0.0	0.0
Orthopedic	0	0	0	0	3	0	5	0	5	1.7	0.0
Otolaryngology	0	0	0	0	20	0	29	0	29	1.5	0.0
Plastic Surgery	0	0	0	0	1	2	3	8	11	3.0	4.0
Podiatry	0	0	0	0	0	0	0	0	0	0.0	0.0
Thoracic	0	0	0	0	30	1	97	3	100	3.2	3.0
Urology	0	0	0	0	2	1	2	2	4	1.0	2.0
Totals	**0**	**0**	**7**	**7**	**302**	**226**	**1066**	**323**	**1389**	**3.5**	**1.4**

SURGICAL RECOVERY STATIONS Stage 1 Recovery Stations 12 Stage 2 Recovery Stations 18

Dedicated and Non-Dedicated Procedure Room Utilization

Procedure Type	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	3	3	573	3901	438	2280	2718	0.8	0.6
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	0	0	0	0	0	0	0	0.0	0.0
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
Multipurpose Non-Dedicated Rooms											
					0	0	0	0	0	0.0	0.0
					0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0

Emergency/Trauma Care

Certified Trauma Center		No
Level of Trauma Service	Level 1	Level 2
Operating Rooms Dedicated for Trauma Care		0
Number of Trauma Visits:		0
Patients Admitted from Trauma		0
Emergency Service Type:		Comprehensive
Number of Emergency Room Stations		22
Persons Treated by Emergency Services:		39,559
Patients Admitted from Emergency:		9,790
Total ED Visits (Emergency+Trauma):		**39,559**

Free-Standing Emergency Center

Beds in Free-Standing Centers	0
Patient Visits in Free-Standing Centers	0
Hospital Admissions from Free-Standing Center	0

Outpatient Service Data

Total Outpatient Visits	**92,723**
Outpatient Visits at the Hospital/ Campus:	92,723
Outpatient Visits Offsite/off campus	0

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	**3**
Cath Labs used for Angiography procedures	1
Dedicated Diagnostic Catheterization Lab	0
Dedicated Interventional Catheterization Labs	0
Dedicated EP Catheterization Labs	0

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	**1,679**
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	1,112
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	321
EP Catheterizations (15+)	246

Cardiac Surgery Data

Total Cardiac Surgery Cases:	**90**
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	90
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	0

Diagnostic/Interventional Equipment

	Owned	Contract	Examinations Inpatient	Examinations Outpt	Examinations Contract
General Radiography/Fluoroscopy	5	0	14,587	20,127	0
Nuclear Medicine	4	0	555	2,507	0
Mammography	0	0	0	0	0
Ultrasound	5	0	1,815	5,540	0
Angiography	1	0			
Diagnostic Angiography			708	631	0
Interventional Angiography			121	199	0
Positron Emission Tomography (PET)	1	0	0	264	0
Computerized Axial Tomography (CAT)	2	0	5,324	13,733	0
Magnetic Resonance Imaging	3	0	1,260	4,573	0

Therapeutic Equipment

	Owned	Contract	Therapies/ Treatments
Lithotripsy	0	0	0
Linear Accelerator	2	0	1,722
Image Guided Rad Therapy			0
Intensity Modulated Rad Thrpy			2,219
High Dose Brachytherapy	1	0	30
Proton Beam Therapy	0	0	0
Gamma Knife	0	0	0
Cyber knife	0	0	0

Source: 2017 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

ATTACHMENT 7

Ownership, Management and General Information

ADMINISTRATOR NAME:	Kurt Johnson
ADMINSTRATOR PHONE	708-915-6101
OWNERSHIP:	Ingalls Memorial Hospital
OPERATOR:	Ingalls Memorial Hospital
MANAGEMENT:	Not for Profit Corporation
CERTIFICATION:	
FACILITY DESIGNATION:	General Hospital
ADDRESS	One Ingalls Drive **CITY:** Harvey **COUNTY:** Suburban Cook County

Patients by Race

White	30.8%
Black	65.6%
American Indian	0.1%
Asian	0.2%
Hawaiian/ Pacific	0.0%
Unknown	3.2%

Patients by Ethnicity

Hispanic or Latino:	4.5%
Not Hispanic or Latino:	92.2%
Unknown:	3.2%

IDPH Number:	1099
HPA	A-04
HSA	7

Facility Utilization Data by Category of Service

Clinical Service	Authorized CON Beds 12/31/2017	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	298	195	195	7,478	36,415	9,058	6.1	124.6	41.8	63.9
0-14 Years				*0*	*0*					
15-44 Years				*1,103*	*4,079*					
45-64 Years				*2,626*	*12,021*					
65-74 Years				*1,743*	*9,502*					
75 Years +				*2,006*	*10,813*					
Pediatric	17	12	12	268	628	550	4.4	3.2	19.0	26.9
Intensive Care	25	17	17	1,295	3,913	76	3.1	10.9	43.7	64.3
Direct Admission				*1,036*	*3,201*					
Transfers				*259*	*712*					
Obstetric/Gynecology	21	21	19	1,314	3,454	101	2.7	9.7	46.4	46.4
Maternity				*984*	*2,473*					
Clean Gynecology				*330*	*981*					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Total AMI	78			2,637	16,236	0	6.2	44.5	57.0	
Adolescent AMI		12	12	554	2,916	0	5.3	8.0		66.6
Adult AMI		51	51	2,083	13,320	0	6.4	36.5		71.6
Rehabilitation	46	40	30	580	7,673	0	13.2	21.0	45.7	52.6
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	*0*					*0*				
Facility Utilization	**485**			**13,313**	**68,319**	**9,785**	**5.9**	**214.0**	**44.1**	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	44.0%	33.2%	0.2%	17.2%	1.1%	4.3%	
	5860	4415	28	2288	149	573	13,313
Outpatients	33.8%	21.7%	1.4%	37.1%	3.4%	2.6%	
	119586	76848	4850	131146	11950	9023	353,403

Financial Year Reported: 10/1/2016 *to* 6/30/2017

Inpatient and Outpatient Net Revenue by Payor Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals	Charity Care Expense
Inpatient Revenue ($)	58.9%	14.7%	0.2%	23.9%	2.3%	100.0%	
	48,043,423	12,032,729	164,667	19,524,002	1,853,658	81,618,479	906,411
Outpatient Revenue ($)	28.8%	7.8%	0.3%	62.5%	0.7%	100.0%	
	38,078,552	10,264,025	350,620	82,785,486	910,974	132,389,657	4,418,345

Total Charity Care Expense 5,324,756

Total Charity Care as % of Net Revenue 2.5%

Birthing Data

Number of Total Births:	954
Number of Live Births:	947
Birthing Rooms:	0
Labor Rooms:	0
Delivery Rooms:	0
Labor-Delivery-Recovery Rooms:	0
Labor-Delivery-Recovery-Postpartum Rooms:	23
C-Section Rooms:	2
CSections Performed:	228

Newborn Nursery Utilization

	Level I	Level II	Level II+
Beds	7	1	3
Patient Days	1,761	754	993
Total Newborn Patient Days			3,508

Laboratory Studies

Inpatient Studies	391,716
Outpatient Studies	842,129
Studies Performed Under Contract	17,282

Organ Transplantation

Kidney:	0
Heart:	0
Lung:	0
Heart/Lung:	0
Pancreas:	0
Liver:	0
Total:	0

ATTACHMENT 7

Surgery and Operating Room Utilization

Surgical Specialty	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	1	1	14	11	104	17	121	7.4	1.5
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	7	7	468	1246	1199	2180	3379	2.6	1.7
Gastroenterology	0	0	0	0	24	9	46	17	63	1.9	1.9
Neurology	0	0	0	0	113	26	774	78	852	6.8	3.0
OB/Gynecology	0	0	0	0	55	400	133	614	747	2.4	1.5
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	0	0	8	263	21	462	483	2.6	1.8
Orthopedic	0	0	0	0	667	1014	2166	1614	3780	3.2	1.6
Otolaryngology	0	0	0	0	14	182	29	363	392	2.1	2.0
Plastic Surgery	0	0	0	0	0	1	0	4	4	0.0	4.0
Podiatry	0	0	0	0	67	177	119	315	434	1.8	1.8
Thoracic	0	0	0	0	40	35	93	19	112	2.3	0.5
Urology	0	0	1	1	87	422	175	537	712	2.0	1.3
Totals	**0**	**0**	**9**	**9**	**1557**	**3786**	**4859**	**6220**	**11079**	**3.1**	**1.6**

SURGICAL RECOVERY STATIONS Stage 1 Recovery Stations: 9 Stage 2 Recovery Stations: 36

Dedicated and Non-Dedicated Procedure Room Utilization

Procedure Type	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	3	3	414	494	753	836	1589	1.8	1.7
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	1	1	16	484	15	443	458	0.9	0.9
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
Multipurpose Non-Dedicated Rooms											
					0	0	0	0	0	0.0	0.0
					0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0

Emergency/Trauma Care

Certified Trauma Center		No
Level of Trauma Service	Level 1	Level 2
Operating Rooms Dedicated for Trauma Care		0
Number of Trauma Visits:		0
Patients Admitted from Trauma		0
Emergency Service Type:		Comprehensive
Number of Emergency Room Stations		30
Persons Treated by Emergency Services:		48,968
Patients Admitted from Emergency:		8,157
Total ED Visits (Emergency+Trauma):		48,968

Free-Standing Emergency Center

Beds in Free-Standing Centers	36
Patient Visits in Free-Standing Centers	69,708
Hospital Admissions from Free-Standing Center	4

Outpatient Service Data

Total Outpatient Visits	353,403
Outpatient Visits at the Hospital/ Campus:	162,020
Outpatient Visits Offsite/off campus	191,383

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	2
Cath Labs used for Angiography procedures	0
Dedicated Diagnostic Catheterization Lab	0
Dedicated Interventional Catheterization Labs	0
Dedicated EP Catheterization Labs	0

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	1,114
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	761
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	206
EP Catheterizations (15+)	147

Cardiac Surgery Data

Total Cardiac Surgery Cases:	13
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	13
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	8

Diagnostic/Interventional Equipment

	Owned	Contract	Examinations Inpatient	Examinations Outpt	Examinations Contract
General Radiography/Fluoroscopy	14	0	29,462	71,849	0
Nuclear Medicine	6	0	977	1,872	0
Mammography	6	0	0	12,393	0
Ultrasound	13	0	3,985	15,682	0
Angiography	2	0			
Diagnostic Angiography			252	832	0
Interventional Angiography			3,271	3,904	0
Positron Emission Tomography (PET)	1	0	0	438	0
Computerized Axial Tomography (CAT)	5	0	10,894	24,216	0
Magnetic Resonance Imaging	5	0	2,038	6,538	0

Therapeutic Equipment

	Owned	Contract	Therapies/ Treatments
Lithotripsy	0	0	0
Linear Accelerator	2	0	4,576
Image Guided Rad Therapy			372
Intensity Modulated Rad Thrpy			780
High Dose Brachytherapy	1	0	7
Proton Beam Therapy	0	0	0
Gamma Knife	0	0	0
Cyber knife	0	0	0

Source: 2017 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

ATTACHMENT 7

Ownership, Management and General Information

ADMINISTRATOR NAME:	Dennis A. Reilly
ADMINSTRATOR PHONE	708 229-5004
OWNERSHIP:	American Province of the Little Company of Mary Sl
OPERATOR:	American Province of the Little Company of Mary Sl
MANAGEMENT:	Church-Related
CERTIFICATION:	
FACILITY DESIGNATION:	General Hospital
ADDRESS	2800 W 95th St. **CITY:** Evergreen Park **COUNTY:** Suburban Cook County

Patients by Race

White	37.2%
Black	60.4%
American Indian	0.0%
Asian	0.3%
Hawaiian/ Pacific	0.0%
Unknown	2.1%

Patients by Ethnicity

Hispanic or Latino:	5.5%
Not Hispanic or Latino:	92.4%
Unknown:	2.1%

IDPH Number:	1271
HPA	A-04
HSA	7

Facility Utilization Data by Category of Service

Clinical Service	Authorized CON Beds 12/31/2017	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	208	167	167	8,013	40,767	7,988	6.1	133.6	64.2	80.0
0-14 Years				*0*	*0*					
15-44 Years				*833*	*3,560*					
45-64 Years				*2,501*	*11,882*					
65-74 Years				*1,673*	*8,846*					
75 Years +				*3,006*	*16,479*					
Pediatric	20	10	8	159	408	272	4.3	1.9	9.3	18.6
Intensive Care	29	26	26	1,521	4,299	0	2.8	11.8	40.6	45.3
Direct Admission				*1,126*	*3,069*					
Transfers				*395*	*1,230*					
Obstetric/Gynecology	17	17	17	1,195	2,980	277	2.7	8.9	52.5	52.5
Maternity				*1,087*	*2,712*					
Clean Gynecology				*108*	*268*					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Total AMI	24			602	3,082	26	5.2	8.5	35.5	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		24	22	602	3,082	26	5.2	8.5		35.5
Rehabilitation	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	*0*					*0*				
Facility Utilization	**298**			**11,095**	**51,536**	**8,563**	**5.4**	**164.7**	**55.3**	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source

	Medicare	*Medicaid*	*Other Public*	*Private Insurance*	*Private Pay*	*Charity Care*	*Totals*
Inpatients	**54.5%**	**19.1%**	**0.0%**	**23.2%**	**2.5%**	**0.7%**	
	6045	2119	0	2574	281	76	**11,095**
Outpatients	**27.0%**	**15.2%**	**0.0%**	**54.6%**	**1.8%**	**1.4%**	
	52886	29646	0	106913	3520	2688	**195,653**

Financial Year Reported: 7/1/2016 *to* 6/30/2017

Inpatient and Outpatient Net Revenue by Payor Source

	Medicare	*Medicaid*	*Other Public*	*Private Insurance*	*Private Pay*	*Totals*	*Charity Care Expense*
Inpatient Revenue ($)	**51.5%**	**19.2%**	**0.0%**	**28.4%**	**0.9%**	**100.0%**	
	44,855,487	16,703,450	0	24,693,722	774,191	87,026,850	1,870,496
Outpatient Revenue ($)	**27.2%**	**29.0%**	**0.0%**	**41.6%**	**2.1%**	**100.0%**	
	28,708,017	30,591,995	0	43,838,290	2,212,726	105,351,028	3,696,456

Total Charity Care Expense
5,568,952

Total Charity Care as % of Net Revenue
2.9%

Birthing Data

Number of Total Births:	1,034
Number of Live Births:	1,031
Birthing Rooms:	0
Labor Rooms:	5
Delivery Rooms:	0
Labor-Delivery-Recovery Rooms:	5
Labor-Delivery-Recovery-Postpartum Rooms:	0
C-Section Rooms:	2
CSections Performed:	319

Newborn Nursery Utilization

	Level I	Level II	Level II+
Beds	39	6	10
Patient Days	1,799	85	1,173
Total Newborn Patient Days			**3,057**

Laboratory Studies

Inpatient Studies	296,476
Outpatient Studies	447,274
Studies Performed Under Contract	29,703

Organ Transplantation

Kidney:	0
Heart:	0
Lung:	0
Heart/Lung:	0
Pancreas:	0
Liver:	0
Total:	**0**

ATTACHMENT 7

Surgery and Operating Room Utilization

Surgical Specialty	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	0	0	157	395	441	758	1199	2.8	1.9
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	8	8	519	405	989	516	1505	1.9	1.3
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	0	0	38	11	89	20	109	2.3	1.8
OB/Gynecology	0	0	0	0	151	352	385	334	719	2.5	0.9
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	0	0	4	675	5	458	463	1.3	0.7
Orthopedic	0	0	0	0	376	170	903	271	1174	2.4	1.6
Otolaryngology	0	0	0	0	53	211	66	203	269	1.2	1.0
Plastic Surgery	0	0	0	0	7	51	16	120	136	2.3	2.4
Podiatry	0	0	0	0	87	70	100	106	206	1.1	1.5
Thoracic	0	0	0	0	1	1	1	2	3	1.0	2.0
Urology	0	0	1	1	296	220	611	264	875	2.1	1.2
Totals	**0**	**0**	**9**	**9**	**1689**	**2561**	**3606**	**3052**	**6658**	**2.1**	**1.2**

SURGICAL RECOVERY STATIONS Stage 1 Recovery Stations: 12 Stage 2 Recovery Stations: 6

Dedicated and Non-Dedicated Procedure Room Utilization

Procedure Type	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	5	5	1480	4167	806	2095	2901	0.5	0.5
Laser Eye Procedures	0	0	1	1	0	10	0	3	3	0.0	0.3
Pain Management	0	0	1	1	31	277	12	78	90	0.4	0.3
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
Multipurpose Non-Dedicated Rooms											
BRONCHOSCOPY					50	26	50	30	80	1.0	1.2
					0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0

Emergency/Trauma Care

Certified Trauma Center		No
Level of Trauma Service	Level 1	Level 2
Operating Rooms Dedicated for Trauma Care		0
Number of Trauma Visits:		0
Patients Admitted from Trauma		0
Emergency Service Type:		Comprehensive
Number of Emergency Room Stations		30
Persons Treated by Emergency Services:		48,017
Patients Admitted from Emergency:		8,855
Total ED Visits (Emergency+Trauma):		**48,017**

Free-Standing Emergency Center

Beds in Free-Standing Centers	0
Patient Visits in Free-Standing Centers	0
Hospital Admissions from Free-Standing Center	0

Outpatient Service Data

Total Outpatient Visits	**242,801**
Outpatient Visits at the Hospital/ Campus:	185,447
Outpatient Visits Offsite/off campus	57,354

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	**2**
Cath Labs used for Angiography procedures	2
Dedicated Diagnostic Catheterization Lab	0
Dedicated Interventional Catheterization Labs	0
Dedicated EP Catheterization Labs	0

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	**676**
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	435
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	241
EP Catheterizations (15+)	0

Cardiac Surgery Data

Total Cardiac Surgery Cases:	**0**
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	0
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	0

Diagnostic/Interventional Equipment

	Owned	Contract	Examinations Inpatient	Outpt	Contract
General Radiography/Fluoroscopy	20	0	15,604	44,100	0
Nuclear Medicine	3	0	917	1,539	0
Mammography	4	0	19	11,040	0
Ultrasound	13	0	4,691	15,760	0
Angiography	2	0			
Diagnostic Angiography			313	416	0
Interventional Angiography			1,435	1,902	0
Positron Emission Tomography (PET)	0	1	0	0	654
Computerized Axial Tomography (CAT)	3	0	7,593	16,264	0
Magnetic Resonance Imaging	2	0	1,848	3,863	0

Therapeutic Equipment

	Owned	Contract	Therapies/ Treatments
Lithotripsy	0	0	0
Linear Accelerator	2	0	3,003
Image Guided Rad Therapy			1,904
Intensity Modulated Rad Thrpy			1,074
High Dose Brachytherapy	0	0	0
Proton Beam Therapy	0	0	0
Gamma Knife	0	0	0
Cyber knife	0	0	0

Source: 2017 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

ATTACHMENT 7

Ownership, Management and General Information

ADMINISTRATOR NAME:	John Baird
ADMINSTRATOR PHONE	708-597-2000 Ext. 5201
OWNERSHIP:	Blue Island Hospital Company LLC
OPERATOR:	Blue Island Hospital Company LLC
MANAGEMENT:	Limited Liability Company
CERTIFICATION:	
FACILITY DESIGNATION:	
ADDRESS	12935 South Gregory Street **CITY:** Blue Island **COUNTY:** Suburban Cook County

Patients by Race

White	25.7%
Black	65.7%
American Indian	0.0%
Asian	0.2%
Hawaiian/ Pacific	0.2%
Unknown	8.3%

Patients by Ethnicity

Hispanic or Latino:	9.6%
Not Hispanic or Latino:	86.8%
Unknown:	3.6%

IDPH Number:	5835
HPA	A-04
HSA	7

Facility Utilization Data by Category of Service

Clinical Service	Authorized CON Beds 12/31/2017	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	242	95	95	5,190	23,354	2,913	5.1	72.0	29.7	75.8
0-14 Years				*24*	*466*					
15-44 Years				*845*	*2,952*					
45-64 Years				*1,880*	*7,829*					
65-74 Years				*981*	*4,640*					
75 Years +				*1,460*	*7,467*					
Pediatric	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Intensive Care	28	12	12	1,052	2,769	13	2.6	7.6	27.2	63.5
Direct Admission				*868*	*2,197*					
Transfers				*184*	*572*					
Obstetric/Gynecology	30	21	21	1,498	3,047	187	2.2	8.9	29.5	42.2
Maternity				*1,485*	*3,027*					
Clean Gynecology				*13*	*20*					
Neonatal	0	13	13	455	1,985	0	4.4	5.4	0.0	41.8
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Total AMI	14			399	3,741	0	9.4	10.2	73.2	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		12	12	399	3,741	0	9.4	10.2		85.4
Rehabilitation	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	*0*					*0*				
Facility Utilization	**314**			**8,410**	**34,896**	**3,113**	**4.5**	**104.1**	**33.2**	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source

	Medicare	*Medicaid*	*Other Public*	*Private Insurance*	*Private Pay*	*Charity Care*	*Totals*
Inpatients	**40.5%**	**39.1%**	**3.9%**	**13.4%**	**2.2%**	**0.7%**	
	3435	3314	334	1139	188	63	8,473
Outpatients	**51.2%**	**19.8%**	**1.8%**	**18.8%**	**5.3%**	**3.1%**	
	36398	14045	1274	13365	3758	2220	71,060

Financial Year Reported: 1/1/2017 *to* 12/31/2017

Inpatient and Outpatient Net Revenue by Payor Source

	Medicare	*Medicaid*	*Other Public*	*Private Insurance*	*Private Pay*	*Totals*	*Charity Care Expense*
Inpatient Revenue ($)	**26.5%**	**30.9%**	**1.1%**	**26.6%**	**14.9%**	**100.0%**	
	24,137,768	28,116,250	1,042,118	24,235,776	13,589,262	91,121,174	246,136
Outpatient Revenue ($)	**14.7%**	**21.1%**	**9.5%**	**36.7%**	**18.0%**	**100.0%**	
	7,938,516	11,371,194	5,116,005	19,820,863	9,741,210	53,987,788	319,655

Total Charity Care Expense
585,791

Total Charity Care as % of Net Revenue
0.4%

Birthing Data

Number of Total Births:	1,384
Number of Live Births:	1,399
Birthing Rooms:	0
Labor Rooms:	5
Delivery Rooms:	0
Labor-Delivery-Recovery Rooms:	13
Labor-Delivery-Recovery-Postpartum Rooms:	0
C-Section Rooms:	2
CSections Performed:	449

Newborn Nursery Utilization

	Level I	Level II	Level II+
Beds	10	10	8
Patient Days	292	18	1,571
Total Newborn Patient Days			1,881

Laboratory Studies

Inpatient Studies	9,178
Outpatient Studies	29,965
Studies Performed Under Contract	2,158

Organ Transplantation

Kidney:	0
Heart:	0
Lung:	0
Heart/Lung:	0
Pancreas:	0
Liver:	0
Total:	0

ATTACHMENT 7

Surgery and Operating Room Utilization

Surgical Specialty	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	1	1	82	64	174	43	217	2.1	0.7
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	5	5	407	499	941	712	1653	2.3	1.4
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	0	0	23	7	87	28	115	3.8	4.0
OB/Gynecology	0	0	0	0	548	312	1222	559	1781	2.2	1.8
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	2	2	0	503	0	736	736	0.0	1.5
Orthopedic	0	0	1	1	373	481	1282	1122	2404	3.4	2.3
Otolaryngology	0	0	0	0	24	43	40	119	159	1.7	2.8
Plastic Surgery	0	0	0	0	1	1	5	30	35	5.0	30.0
Podiatry	0	0	0	0	62	88	118	149	267	1.9	1.7
Thoracic	0	0	0	0	53	10	199	97	296	3.8	9.7
Urology	0	0	1	1	66	66	130	121	251	2.0	1.8
Totals	**0**	**0**	**10**	**10**	**1639**	**2074**	**4198**	**3716**	**7914**	**2.6**	**1.8**

SURGICAL RECOVERY STATIONS Stage 1 Recovery Stations 12 Stage 2 Recovery Stations 28

Dedicated and Non-Dedicated Procedure Room Utilization

Procedure Type	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	3	3	936	2154	1324	2971	4295	1.4	1.4
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	1	1	0	33	0	35	35	0.0	1.1
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
Multipurpose Non-Dedicated Rooms											
					0	0	0	0	0	0.0	0.0
					0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0

Emergency/Trauma Care

Certified Trauma Center		No
Level of Trauma Service	Level 1	Level 2
Operating Rooms Dedicated for Trauma Care		0
Number of Trauma Visits:		0
Patients Admitted from Trauma		0
Emergency Service Type:		Comprehensive
Number of Emergency Room Stations		27
Persons Treated by Emergency Services:		45,523
Patients Admitted from Emergency:		5,954
Total ED Visits (Emergency+Trauma):		**45,523**

Free-Standing Emergency Center

Beds in Free-Standing Centers	0
Patient Visits in Free-Standing Centers	0
Hospital Admissions from Free-Standing Center	0

Outpatient Service Data

Total Outpatient Visits	**83,381**
Outpatient Visits at the Hospital/ Campus:	83,381
Outpatient Visits Offsite/off campus	0

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	**3**
Cath Labs used for Angiography procedures	0
Dedicated Diagnostic Catheterization Lab	0
Dedicated Interventional Catheterization Labs	2
Dedicated EP Catheterization Labs	1

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	**1,522**
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	898
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	317
EP Catheterizations (15+)	307

Cardiac Surgery Data

Total Cardiac Surgery Cases:	**13**
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	13
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	13

Diagnostic/Interventional Equipment	Owned	Contract	Examinations Inpatient	Examinations Outpt	Examinations Contract
General Radiography/Fluoroscopy	6	0	6,389	26,180	0
Nuclear Medicine	5	0	902	410	0
Mammography	3	0	2	5,478	0
Ultrasound	5	0	2,676	7,338	0
Angiography	1	0			
Diagnostic Angiography			136	17	0
Interventional Angiography			293	120	0
Positron Emission Tomography (PET)	0	0	0	0	0
Computerized Axial Tomography (CAT)	2	0	2,674	11,710	0
Magnetic Resonance Imaging	1	0	1,375	980	0

Therapeutic Equipment	Owned	Contract	Therapies/ Treatments
Lithotripsy	0	0	0
Linear Accelerator	0	0	0
Image Guided Rad Therapy			0
Intensity Modulated Rad Thrpy			0
High Dose Brachytherapy	0	0	0
Proton Beam Therapy	0	0	0
Gamma Knife	0	0	0
Cyber knife	0	0	0

Source: 2017 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

ATTACHMENT 7

Ownership, Management and General Information

ADMINISTRATOR NAME:	Terence Moisan, MD
ADMINSTRATOR PHONE	708-923-5000
OWNERSHIP:	Palos Community Hospital
OPERATOR:	Palos Community Hospital
MANAGEMENT:	Not for Profit Corporation
CERTIFICATION:	
FACILITY DESIGNATION:	General Hospital
ADDRESS	12251 South 80th Avenue **CITY:** Palos Heights **COUNTY:** Suburban Cook County

Patients by Race

White	80.3%
Black	5.1%
American Indian	0.0%
Asian	0.4%
Hawaiian/ Pacific	0.0%
Unknown	14.1%

Patients by Ethnicity

Hispanic or Latino:	2.9%
Not Hispanic or Latino:	92.2%
Unknown:	4.8%

IDPH Number:	3210
HPA	A-04
HSA	7

Facility Utilization Data by Category of Service

Clinical Service	Authorized CON Beds 12/31/2017	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	306	268	231	15,764	70,629	6,574	4.9	211.5	69.1	78.9
0-14 Years				*0*	*0*					
15-44 Years				*1,257*	*3,805*					
45-64 Years				*3,606*	*13,981*					
65-74 Years				*3,465*	*15,541*					
75 Years +				*7,436*	*37,302*					
Pediatric	0	8	2	11	12	31	3.9	0.1	0.0	1.5
Intensive Care	36	24	24	2,993	7,586	6	2.5	20.8	57.8	86.7
Direct Admission				*2,022*	*4,725*					
Transfers				*971*	*2,861*					
Obstetric/Gynecology	28	26	13	730	1,712	367	2.8	5.7	20.3	21.9
Maternity				*730*	*1,712*					
Clean Gynecology				*0*	*0*					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Total AMI	40			1,374	5,886	0	4.3	16.1	40.3	
Adolescent AMI		0	0	1	21	0	21.0	0.1		0.0
Adult AMI		34	28	1,373	5,865	0	4.3	16.1		47.3
Rehabilitation	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	*24*					*3421*				
Facility Utilization	**410**			**19,901**	**85,825**	**10,399**	**4.8**	**263.6**	**64.3**	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source

	Medicare	*Medicaid*	*Other Public*	*Private Insurance*	*Private Pay*	*Charity Care*	*Totals*
Inpatients	**62.8%**	**6.7%**	**0.0%**	**27.9%**	**0.7%**	**2.0%**	
	12491	1327	0	5547	130	406	**19,901**
Outpatients	**42.2%**	**8.3%**	**0.0%**	**46.1%**	**2.2%**	**1.1%**	
	88266	17363	0	96526	4655	2402	**209,212**

Financial Year Reported: *to*

Inpatient and Outpatient Net Revenue by Payor Source

	Medicare	*Medicaid*	*Other Public*	*Private Insurance*	*Private Pay*	*Totals*	*Charity Care Expense*
Inpatient Revenue ($)	**57.4%**	**4.2%**	**0.0%**	**35.6%**	**2.8%**	**100.0%**	
	113,166,000	8,350,000	0	70,278,000	5,486,000	197,280,000	663,062
Outpatient Revenue ($)	**31.7%**	**2.7%**	**0.0%**	**58.3%**	**7.3%**	**100.0%**	
	54,966,000	4,676,000	0	101,274,000	12,660,000	173,576,000	1,488,379

Total Charity Care Expense
2,151,441

Total Charity Care as % of Net Revenue
0.6%

Birthing Data

Number of Total Births:	624
Number of Live Births:	624
Birthing Rooms:	0
Labor Rooms:	0
Delivery Rooms:	0
Labor-Delivery-Recovery Rooms:	0
Labor-Delivery-Recovery-Postpartum Rooms:	28
C-Section Rooms:	2
CSections Performed:	204

Newborn Nursery Utilization

	Level I	Level II	Level II+
Beds	16	6	0
Patient Days	1,260	190	0
Total Newborn Patient Days			1,450

Laboratory Studies

Inpatient Studies	904,433
Outpatient Studies	606,601
Studies Performed Under Contract	75,017

Organ Transplantation

Kidney:	0
Heart:	0
Lung:	0
Heart/Lung:	0
Pancreas:	0
Liver:	0
Total:	0

ATTACHMENT 7

Surgery and Operating Room Utilization

Surgical Specialty	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	2	2	315	0	1343	0	1343	4.3	0.0
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	12	12	1235	1559	3783	3126	6909	3.1	2.0
Gastroenterology	0	0	0	0	7	3	11	5	16	1.6	1.7
Neurology	0	0	0	0	0	0	0	0	0	0.0	0.0
OB/Gynecology	0	0	0	0	105	677	305	1197	1502	2.9	1.8
Oral/Maxillofacial	0	0	0	0	8	42	30	93	123	3.8	2.2
Ophthalmology	0	0	0	0	4	883	5	1150	1155	1.3	1.3
Orthopedic	0	0	0	0	1614	996	4493	2217	6710	2.8	2.2
Otolaryngology	0	0	0	0	33	119	46	231	277	1.4	1.9
Plastic Surgery	0	0	0	0	156	381	249	640	889	1.6	1.7
Podiatry	0	0	0	0	98	106	145	248	393	1.5	2.3
Thoracic	0	0	0	0	205	76	488	127	615	2.4	1.7
Urology	0	0	0	0	376	672	764	1158	1922	2.0	1.7
Totals	**0**	**0**	**14**	**14**	**4156**	**5514**	**11662**	**10192**	**21854**	**2.8**	**1.8**

SURGICAL RECOVERY STATIONS Stage 1 Recovery Stations: 15 Stage 2 Recovery Stations: 55

Dedicated and Non-Dedicated Procedure Room Utilization

Procedure Type	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	4	4	2723	5102	2261	3996	6257	0.8	0.8
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	0	0	0	0	0	0	0	0.0	0.0
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0

Multipurpose Non-Dedicated Rooms

Multipurpose Room=1					32	548	41	507	548	1.3	0.9
					0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0

Emergency/Trauma Care

Certified Trauma Center		No
Level of Trauma Service	Level 1	Level 2
Operating Rooms Dedicated for Trauma Care		0
Number of Trauma Visits:		0
Patients Admitted from Trauma		0
Emergency Service Type:		Comprehensive
Number of Emergency Room Stations		34
Persons Treated by Emergency Services:		63,059
Patients Admitted from Emergency:		16,580
Total ED Visits (Emergency+Trauma):		**63,059**

Free-Standing Emergency Center

Beds in Free-Standing Centers	0
Patient Visits in Free-Standing Centers	0
Hospital Admissions from Free-Standing Center	0

Outpatient Service Data

Total Outpatient Visits	**209,212**
Outpatient Visits at the Hospital/ Campus:	139,052
Outpatient Visits Offsite/off campus	70,160

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	**3**
Cath Labs used for Angiography procedures	2
Dedicated Diagnostic Catheterization Lab	0
Dedicated Interventional Catheterization Labs	0
Dedicated EP Catheterization Labs	1

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	**2,372**
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	1,308
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	475
EP Catheterizations (15+)	589

Cardiac Surgery Data

Total Cardiac Surgery Cases:	**286**
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	286
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	208

Diagnostic/Interventional Equipment	Owned	Contract	Examinations: Inpatient	Examinations: Outpt	Examinations: Contract
General Radiography/Fluoroscopy	11	0	24,872	51,311	0
Nuclear Medicine	4	0	1,725	3,627	0
Mammography	3	0	47	11,026	0
Ultrasound	10	0	7,356	12,611	0
Angiography	1	0			
Diagnostic Angiography			353	311	0
Interventional Angiography			487	378	0
Positron Emission Tomography (PET)	0	0	0	0	0
Computerized Axial Tomography (CAT)	4	0	8,129	31,968	0
Magnetic Resonance Imaging	1	0	2,194	3,298	0

Therapeutic Equipment	Owned	Contract	Therapies/ Treatments
Lithotripsy	0	0	0
Linear Accelerator	0	0	0
Image Guided Rad Therapy			0
Intensity Modulated Rad Thrpy			0
High Dose Brachytherapy	0	0	0
Proton Beam Therapy	0	0	0
Gamma Knife	0	0	0
Cyber knife	0	0	0

Source: 2017 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

ATTACHMENT 7

Ownership, Management and General Information

ADMINISTRATOR NAME:	Tim Egan
ADMINSTRATOR PHONE	773-995-3012
OWNERSHIP:	
OPERATOR:	Roseland Community Hospital Association
MANAGEMENT:	Not for Profit Corporation
CERTIFICATION:	
FACILITY DESIGNATION:	General Hospital
ADDRESS	45W 111th St. **CITY:** Chicago **COUNTY:** Suburban Cook (Chicago)

Patients by Race

White	3.5%
Black	96.2%
American Indian	0.0%
Asian	0.1%
Hawaiian/ Pacific	0.0%
Unknown	0.2%

Patients by Ethnicity

Hispanic or Latino:	2.4%
Not Hispanic or Latino:	97.6%
Unknown:	0.1%

IDPH Number:	2063
HPA	A-03
HSA	6

Facility Utilization Data by Category of Service

Clinical Service	Authorized CON Beds 12/31/2017	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	77	0	0	3,145	14,036	0	4.5	38.5	49.9	0.0
0-14 Years				*202*	*912*					
15-44 Years				*864*	*3,854*					
45-64 Years				*1,459*	*6,495*					
65-74 Years				*316*	*1,423*					
75 Years +				*304*	*1,352*					
Pediatric	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Intensive Care	10	0	0	786	2,076	0	2.6	5.7	56.9	0.0
Direct Admission				*327*	*2,076*					
Transfers				*459*	*0*					
Obstetric/Gynecology	17	0	0	214	498	0	2.3	1.4	8.0	0.0
Maternity				*214*	*498*					
Clean Gynecology				*0*	*0*					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Total AMI	30			253	1,817	0	7.2	5.0	16.6	
Adolescent AMI		0	0	253	1,817	0	7.2	5.0		0.0
Adult AMI		0	0	0	0	0	0.0	0.0		0.0
Rehabilitation	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	*0*					*0*				
Facility Utilization	**134**			**3,939**	**18,427**	**0**	**4.7**	**50.5**	**37.7**	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	23.1%	63.1%	0.0%	7.9%	3.7%	2.2%	
	742	2029	0	255	119	70	3,215
Outpatients	9.2%	72.9%	0.0%	8.3%	9.2%	0.4%	
	2918	23126	0	2631	2934	116	31,725

Financial Year Reported: 4/1/2017 *to* 3/31/2018

Inpatient and Outpatient Net Revenue by Payor Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals	Charity Care Expense
Inpatient Revenue ($)	17.9%	78.0%	0.0%	4.1%	0.0%	100.0%	
	6,483,195	28,336,830	0	1,483,136	10,459	36,313,620	568,865
Outpatient Revenue ($)	20.7%	51.6%	0.0%	26.0%	1.7%	100.0%	
	997,732	2,483,339	0	1,254,002	80,848	4,815,921	100,435

Total Charity Care Expense 669,300

Total Charity Care as % of Net Revenue 1.6%

Birthing Data

Number of Total Births:	153
Number of Live Births:	177
Birthing Rooms:	6
Labor Rooms:	3
Delivery Rooms:	3
Labor-Delivery-Recovery Rooms:	0
Labor-Delivery-Recovery-Postpartum Rooms:	0
C-Section Rooms:	1
CSections Performed:	24

Newborn Nursery Utilization

	Level I	Level II	Level II+
Beds	6	2	1
Patient Days	380	38	4

Total Newborn Patient Days 422

Laboratory Studies

Inpatient Studies	83,663
Outpatient Studies	62,990
Studies Performed Under Contract	17,064

Organ Transplantation

Kidney:	0
Heart:	0
Lung:	0
Heart/Lung:	0
Pancreas:	0
Liver:	0
Total:	0

ATTACHMENT 7

Surgery and Operating Room Utilization

Surgical Specialty	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	0	0	0	0	0	0	0	0.0	0.0
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	2	2	125	88	153	69	222	1.2	0.8
Gastroenterology	0	0	1	1	129	34	41	13	54	0.3	0.4
Neurology	0	0	0	0	0	0	0	0	0	0.0	0.0
OB/Gynecology	0	0	1	1	38	47	56	22	78	1.5	0.5
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	0	0	0	0	0	0	0	0.0	0.0
Orthopedic	0	0	0	0	0	0	0	0	0	0.0	0.0
Otolaryngology	0	0	0	0	0	0	0	0	0	0.0	0.0
Plastic Surgery	0	0	0	0	0	0	0	0	0	0.0	0.0
Podiatry	0	0	0	0	0	0	0	0	0	0.0	0.0
Thoracic	1	0	0	1	15	0	6	0	6	0.4	0.0
Urology	0	0	1	1	11	2	6	1	7	0.5	0.5
Totals	**1**	**0**	**5**	**6**	**318**	**171**	**262**	**105**	**367**	**0.8**	**0.6**

SURGICAL RECOVERY STATIONS Stage 1 Recovery Stations 1 Stage 2 Recovery Stations 1

Dedicated and Non-Dedicated Procedure Room Utilization

Procedure Type	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	1	1	129	34	41	13	54	0.3	0.4
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	1	1	2	95	1	31	32	0.5	0.3
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
Multipurpose Non-Dedicated Rooms											
Interventional Radio					12	1	12	1	13	1.0	1.0
Vascular					50	7	35	5	40	0.7	0.7
	0	0	0	0	0	0	0	0	0	0.0	0.0

Emergency/Trauma Care

Certified Trauma Center		No
Level of Trauma Service	Level 1	Level 2
Operating Rooms Dedicated for Trauma Care		0
Number of Trauma Visits:		0
Patients Admitted from Trauma		0
Emergency Service Type:		Basic
Number of Emergency Room Stations		19
Persons Treated by Emergency Services:		20,395
Patients Admitted from Emergency:		2,529
Total ED Visits (Emergency+Trauma):		**20,395**

Free-Standing Emergency Center

Beds in Free-Standing Centers	0
Patient Visits in Free-Standing Centers	0
Hospital Admissions from Free-Standing Center	0

Outpatient Service Data

Total Outpatient Visits	**31,609**
Outpatient Visits at the Hospital/ Campus:	31,609
Outpatient Visits Offsite/off campus	0

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	**0**
Cath Labs used for Angiography procedures	0
Dedicated Diagnostic Catheterization Lab	0
Dedicated Interventional Catheterization Labs	0
Dedicated EP Catheterization Labs	0

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	**0**
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	0
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	0
EP Catheterizations (15+)	0

Cardiac Surgery Data

Total Cardiac Surgery Cases:	**0**
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	0
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	0

Diagnostic/Interventional Equipment	Owned	Contract	Examinations Inpatient	Examinations Outpt	Examinations Contract
General Radiography/Fluoroscopy	1	0	1,568	10,277	0
Nuclear Medicine	1	0	121	68	0
Mammography	1	0	1	972	0
Ultrasound	2	0	939	3,391	0
Angiography	0	0			
Diagnostic Angiography			0	0	0
Interventional Angiography			0	0	0
Positron Emission Tomography (PET)	0	0	0	0	0
Computerized Axial Tomography (CAT)	1	0	509	5,455	0
Magnetic Resonance Imaging	0	0	0	0	0

Therapeutic Equipment	Owned	Contract	Therapies/ Treatments
Lithotripsy	0	0	0
Linear Accelerator	0	0	0
Image Guided Rad Therapy			0
Intensity Modulated Rad Thrpy			0
High Dose Brachytherapy	0	0	0
Proton Beam Therapy	0	0	0
Gamma Knife	0	0	0
Cyber knife	0	0	0

Source: 2017 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

ATTACHMENT 7

Ownership, Management and General Information

ADMINISTRATOR NAME:	Terika Richardson
ADMINSTRATOR PHONE	773-967-5001
OWNERSHIP:	Advocate Health and Hospitals Corporation
OPERATOR:	Advocate Health and Hospitals Corporation
MANAGEMENT:	Church-Related
CERTIFICATION:	
FACILITY DESIGNATION:	General Hospital
ADDRESS	2320 East 93rd Street CITY: Chicago COUNTY: Suburban Cook (Chicago)

Patients by Race

White	12.1%
Black	83.4%
American Indian	0.9%
Asian	0.1%
Hawaiian/ Pacific	0.0%
Unknown	3.5%

Patients by Ethnicity

Hispanic or Latino:	10.7%
Not Hispanic or Latino:	89.3%
Unknown:	0.0%

IDPH Number:	4176
HPA	A-03
HSA	6

Facility Utilization Data by Category of Service

Clinical Service	Authorized CON Beds 12/31/2017	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	158	156	57	6,211	24,482	6,339	5.0	84.4	53.4	54.1
0-14 Years				*1*	*1*					
15-44 Years				*862*	*2,752*					
45-64 Years				*2,123*	*8,138*					
65-74 Years				*1,281*	*5,245*					
75 Years +				*1,944*	*8,346*					
Pediatric	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Intensive Care	24	24	17	1,050	2,875	26	2.8	7.9	33.1	33.1
Direct Admission				*609*	*2,875*					
Transfers				*441*	*0*					
Obstetric/Gynecology	23	21	5	753	1,923	47	2.6	5.4	23.5	25.7
Maternity				*753*	*1,923*					
Clean Gynecology				*0*	*0*					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Total AMI	0			0	0	0	0.0	0.0	0.0	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		0	0	0	0	0	0.0	0.0		0.0
Rehabilitation	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	*0*					*0*				
Facility Utilization	**205**			**7,573**	**29,280**	**6,412**	**4.7**	**97.8**	**47.7**	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	48.4%	35.3%	0.0%	13.7%	1.0%	1.6%	
	3668	2674	0	1035	73	123	7,573
Outpatients	29.9%	37.3%	0.0%	25.8%	5.6%	1.5%	
	22487	28097	0	19432	4196	1120	75,332

Financial Year Reported: 1/1/2017 *to* 12/31/2017

Inpatient and Outpatient Net Revenue by Payor Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals	Charity Care Expense
Inpatient Revenue ($)	53.9%	26.2%	0.0%	17.9%	2.0%	100.0%	
	41,127,850	19,981,293	0	13,695,378	1,511,341	76,315,862	1,383,000
Outpatient Revenue ($)	31.5%	15.3%	0.0%	51.9%	1.3%	100.0%	
	17,607,152	8,543,958	0	29,032,304	744,392	55,927,806	1,097,000

Total Charity Care Expense 2,480,000

Total Charity Care as % of Net Revenue 1.9%

Birthing Data

Number of Total Births:	714
Number of Live Births:	0
Birthing Rooms:	0
Labor Rooms:	0
Delivery Rooms:	0
Labor-Delivery-Recovery Rooms:	0
Labor-Delivery-Recovery-Postpartum Rooms:	9
C-Section Rooms:	2
CSections Performed:	170

Newborn Nursery Utilization

	Level I	Level II	Level II+
Beds	19	18	18
Patient Days	1,184	263	405
Total Newborn Patient Days			1,852

Laboratory Studies

Inpatient Studies	271,092
Outpatient Studies	143,596
Studies Performed Under Contract	0

Organ Transplantation

Kidney:	0
Heart:	0
Lung:	0
Heart/Lung:	0
Pancreas:	0
Liver:	0
Total:	0

ATTACHMENT 7

Surgery and Operating Room Utilization

Surgical Specialty	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	0	0	24	40	95	99	194	4.0	2.5
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	5	5	495	588	805	660	1465	1.6	1.1
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	0	0	2	10	5	23	28	2.5	2.3
OB/Gynecology	0	0	0	0	111	181	252	237	489	2.3	1.3
Oral/Maxillofacial	0	0	0	0	2	3	4	4	8	2.0	1.3
Ophthalmology	0	0	0	0	0	471	0	209	209	0.0	0.4
Orthopedic	0	0	0	0	231	302	491	430	921	2.1	1.4
Otolaryngology	0	0	0	0	16	154	39	239	278	2.4	1.6
Plastic Surgery	0	0	0	0	0	3	0	9	9	0.0	3.0
Podiatry	0	0	0	0	46	169	37	208	245	0.8	1.2
Thoracic	0	0	0	0	0	0	0	0	0	0.0	0.0
Urology	0	0	1	1	206	167	178	176	354	0.9	1.1
Totals	**0**	**0**	**6**	**6**	**1133**	**2088**	**1906**	**2294**	**4200**	**1.7**	**1.1**

SURGICAL RECOVERY STATIONS Stage 1 Recovery Stations 7 Stage 2 Recovery Stations 7

Dedicated and Non-Dedicated Procedure Room Utilization

Procedure Type	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	4	4	534	2920	294	2628	2922	0.6	0.9
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	1	1	1	933	1	606	607	1.0	0.6
Cystoscopy	0	0	1	1	172	95	119	86	205	0.7	0.9
Multipurpose Non-Dedicated Rooms											
					0	0	0	0	0	0.0	0.0
					0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0

Emergency/Trauma Care

Certified Trauma Center		No
Level of Trauma Service	**Level 1**	**Level 2**
Operating Rooms Dedicated for Trauma Care		0
Number of Trauma Visits:		0
Patients Admitted from Trauma		0
Emergency Service Type:		Basic
Number of Emergency Room Stations		27
Persons Treated by Emergency Services:		41,908
Patients Admitted from Emergency:		5,988
Total ED Visits (Emergency+Trauma):		**41,908**

Free-Standing Emergency Center

Beds in Free-Standing Centers	0
Patient Visits in Free-Standing Centers	0
Hospital Admissions from Free-Standing Center	0

Outpatient Service Data

Total Outpatient Visits	**75,332**
Outpatient Visits at the Hospital/ Campus:	75,332
Outpatient Visits Offsite/off campus	0

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	**2**
Cath Labs used for Angiography procedures	0
Dedicated Diagnostic Catheterization Lab	0
Dedicated Interventional Catheterization Labs	0
Dedicated EP Catheterization Labs	0

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	**699**
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	485
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	147
EP Catheterizations (15+)	67

Cardiac Surgery Data

Total Cardiac Surgery Cases:	**0**
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	0
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	0

Diagnostic/Interventional Equipment	Owned	Contract	Examinations Inpatient	Examinations Outpt	Examinations Contract
General Radiography/Fluoroscopy	4	0	10,536	24,887	0
Nuclear Medicine	2	0	835	1,140	0
Mammography	3	0	9	13,412	0
Ultrasound	6	0	3,844	14,479	0
Angiography	2	0			
Diagnostic Angiography			432	171	0
Interventional Angiography			332	123	0
Positron Emission Tomography (PET)	0	0	0	0	0
Computerized Axial Tomography (CAT)	1	0	432	171	0
Magnetic Resonance Imaging	1	0	432	171	0

Therapeutic Equipment	Owned	Contract	Therapies/ Treatments
Lithotripsy	0	0	0
Linear Accelerator	0	0	0
Image Guided Rad Therapy			0
Intensity Modulated Rad Thrpy			0
High Dose Brachytherapy	0	0	0
Proton Beam Therapy	0	0	0
Gamma Knife	0	0	0
Cyber knife	0	0	0

ATTACHMENT 7

Source: 2017 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

ATTACHMENT 7

IMPACT ON ACCESS

Criterion 1110.290(d): Notification Letters

d) The applicant shall provide copies of notification letters sent to other resources or health care facilities that provide the same services as those proposed for discontinuation and that are located within the established radii outlined in 77 Ill. Adm. Code 1100.510(d). The notification letter must include at least the anticipated date of discontinuation of the service and the total number of patients that received care or the number of treatments provided (as applicable) during the latest 24 month period.

Notification letters were sent to the all hospitals within a 10-mile normal travel radius of MetroSouth providing the same services as proposed for discontinuation. Copies of the letters are included with this Attachment. The hospitals are identified in the table below.

Facility	Driving Distance (miles)
Ingalls Memorial Hospital	4.5
Roseland Community Hospital	4.9
Little Company of Mary Hospital	5.1
Advocate Christ Medical Center	7.1
South Shore Hospital	7.6
Palos Community Hospital	8.0
Advocate South Suburban Hospital	9.9
Advocate Trinity Hospital	10.0

Source: Google Maps, included with this Attachment.

MetroSouth
MEDICAL CENTER
BLUE ISLAND, IL

Certified Article Number
9414 7266 9904 2133 9670 57
SENDER'S RECORD

June 10, 2019

VIA CERTIFIED MAIL – RETURN RECEIPT REQUESTED

Matthew Primack, DPT, MBA
President
Advocate Christ Medical Center
4440 95th Street
Oak Lawn, IL 60453

RE: Discontinuation of Services – MetroSouth Medical Center

Dear Dr. Primack:

MetroSouth Medical Center, located at 12935 S. Gregory Street, Blue Island, IL 60406 (the "Hospital"), is filing an exemption application to the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Hospital's planned discontinuation of all hospital services. The discontinuation of the Hospital is anticipated in the fourth quarter of 2019, with a target date of November 1, 2019.

During calendar years 2016 and 2017, the Hospital treated patients in the volumes set forth below:

Year	Inpatient Admissions	Outpatient Visits	Emergency Department Visits
2016	8,184	83,998	44,529
2017	8,410	83,381	45,523

A copy of the Hospital's 2017 Annual Hospital Questionnaire Profile (the "Profile"), which is the most recent version published by HFSRB, is enclosed for your reference. Please note that the Hospital operates medical/surgical, intensive care unit, obstetrics/gynecology, acute mental illness, cardiac catheterization, and open heart surgery categories of service, as detailed in the Profile.

Please respond to me in writing within 15 days if you anticipate an impact of this proposed discontinuation on your facility. Thank you for your attention to this matter.

Sincerely,

John Walsh

John P. Walsh, FACHE
Chief Executive Officer
MetroSouth Medical Center

Ownership, Management and General Information

ADMINISTRATOR NAME:	John Baird
ADMINSTRATOR PHONE	708-597-2000 Ext. 5201
OWNERSHIP:	Blue Island Hospital Company LLC
OPERATOR:	Blue Island Hospital Company LLC
MANAGEMENT:	Limited Liability Company
CERTIFICATION:	
FACILITY DESIGNATION:	
ADDRESS	12935 South Gregory Street CITY: Blue Island COUNTY: Suburban Cook County

Patients by Race

White	25.7%
Black	65.7%
American Indian	0.0%
Asian	0.2%
Hawaiian/ Pacific	0.2%
Unknown	8.3%

Patients by Ethnicity

Hispanic or Latino:	9.6%
Not Hispanic or Latino:	86.8%
Unknown:	3.6%

IDPH Number:	5835
HPA	A-04
HSA	7

Facility Utilization Data by Category of Service

Clinical Service	Authorized CON Beds 12/31/2017	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	242	95	95	5,190	23,354	2,913	5.1	72.0	29.7	75.8
0-14 Years				*24*	*466*					
15-44 Years				*845*	*2,952*					
45-64 Years				*1,880*	*7,829*					
65-74 Years				*981*	*4,640*					
75 Years +				*1,460*	*7,467*					
Pediatric	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Intensive Care	28	12	12	1,052	2,769	13	2.6	7.6	27.2	63.5
Direct Admission				*868*	*2,197*					
Transfers				*184*	*572*					
Obstetric/Gynecology	30	21	21	1,498	3,047	187	2.2	8.9	29.5	42.2
Maternity				*1,485*	*3,027*					
Clean Gynecology				*13*	*20*					
Neonatal	0	13	13	455	1,985	0	4.4	5.4	0.0	41.8
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Total AMI	14			399	3,741	0	9.4	10.2	73.2	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		12	12	399	3,741	0	9.4	10.2		85.4
Rehabilitation	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	*0*					*0*				
Facility Utilization	314			8,410	34,896	3,113	4.5	104.1	33.2	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	40.5%	39.1%	3.9%	13.4%	2.2%	0.7%	
	3435	3314	334	1139	188	63	8,473
Outpatients	51.2%	19.8%	1.8%	18.8%	5.3%	3.1%	
	36398	14045	1274	13365	3758	2220	71,060

Financial Year Reported: 1/1/2017 *to* 12/31/2017

Inpatient and Outpatient Net Revenue by Payor Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals	Charity Care Expense
Inpatient Revenue ($)	26.5%	30.9%	1.1%	26.6%	14.9%	100.0%	
	24,137,768	28,116,250	1,042,118	24,235,776	13,589,262	91,121,174	246,136
Outpatient Revenue ($)	14.7%	21.1%	9.5%	36.7%	18.0%	100.0%	
	7,938,516	11,371,194	5,116,005	19,820,863	9,741,210	53,987,788	319,655

Total Charity Care Expense 565,791

Total Charity Care as % of Net Revenue 0.4%

Birthing Data

Number of Total Births:	1,384
Number of Live Births:	1,399
Birthing Rooms:	0
Labor Rooms:	5
Delivery Rooms:	0
Labor-Delivery-Recovery Rooms:	13
Labor-Delivery-Recovery-Postpartum Rooms:	0
C-Section Rooms:	2
CSections Performed:	449

Newborn Nursery Utilization

	Level I	Level II	Level II+
Beds	10	10	8
Patient Days	292	18	1,571
Total Newborn Patient Days			1,881

Laboratory Studies

Inpatient Studies	9,178
Outpatient Studies	29,965
Studies Performed Under Contract	2,156

Organ Transplantation

Kidney:	0
Heart:	0
Lung:	0
Heart/Lung:	0
Pancreas:	0
Liver:	0
Total:	0

ATTACHMENT 7

Surgery and Operating Room Utilization

Surgical Specialty	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	1	1	82	64	174	43	217	2.1	0.7
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	5	5	407	499	941	712	1653	2.3	1.4
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	0	0	23	7	87	28	115	3.8	4.0
OB/Gynecology	0	0	0	0	548	312	1222	559	1781	2.2	1.8
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	2	2	0	503	0	736	736	0.0	1.5
Orthopedic	0	0	1	1	373	481	1282	1122	2404	3.4	2.3
Otolaryngology	0	0	0	0	24	43	40	119	159	1.7	2.8
Plastic Surgery	0	0	0	0	1	1	5	30	35	5.0	30.0
Podiatry	0	0	0	0	62	88	118	149	267	1.9	1.7
Thoracic	0	0	0	0	53	10	199	97	296	3.8	9.7
Urology	0	0	1	1	66	66	130	121	251	2.0	1.8
Totals	**0**	**0**	**10**	**10**	**1639**	**2074**	**4198**	**3716**	**7914**	**2.6**	**1.8**

SURGICAL RECOVERY STATIONS Stage 1 Recovery Stations 12 Stage 2 Recovery Stations 28

Dedicated and Non-Dedicated Procedure Room Utilization

Procedure Type	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	3	3	936	2154	1324	2971	4295	1.4	1.4
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	1	1	0	33	0	35	35	0.0	1.1
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
Multipurpose Non-Dedicated Rooms											
					0	0	0	0	0	0.0	0.0
					0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0

Emergency/Trauma Care

Certified Trauma Center		No
Level of Trauma Service	Level 1	Level 2
Operating Rooms Dedicated for Trauma Care		0
Number of Trauma Visits:		0
Patients Admitted from Trauma		0
Emergency Service Type:		Comprehensive
Number of Emergency Room Stations		27
Persons Treated by Emergency Services:		45,523
Patients Admitted from Emergency:		5,954
Total ED Visits (Emergency+Trauma):		45,523

Free-Standing Emergency Center

Beds in Free-Standing Centers	0
Patient Visits in Free-Standing Centers	0
Hospital Admissions from Free-Standing Center	0

Outpatient Service Data

Total Outpatient Visits	83,381
Outpatient Visits at the Hospital/ Campus:	83,381
Outpatient Visits Offsite/off campus	0

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	3
Cath Labs used for Angiography procedures	0
Dedicated Diagnostic Catheterization Lab	0
Dedicated Interventional Catheterization Labs	2
Dedicated EP Catheterization Labs	1

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	1,522
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	898
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	317
EP Catheterizations (15+)	307

Cardiac Surgery Data

Total Cardiac Surgery Cases:	13
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	13
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	13

Diagnostic/Interventional Equipment

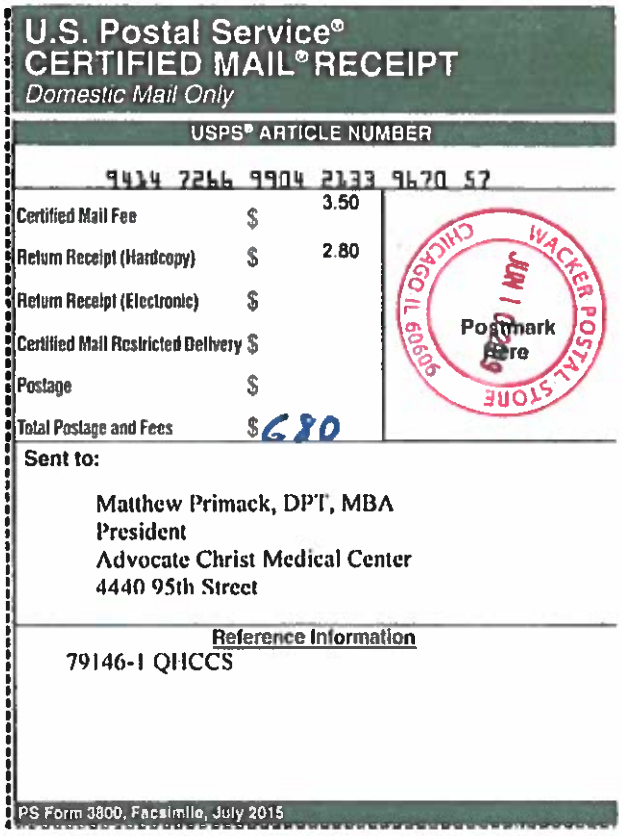
	Owned	Contract	Examinations Inpatient	Examinations Outpt	Examinations Contract
General Radiography/Fluoroscopy	6	0	6,389	26,180	0
Nuclear Medicine	5	0	902	410	0
Mammography	3	0	2	5,478	0
Ultrasound	5	0	2,676	7,338	0
Angiography	1	0			
Diagnostic Angiography			136	17	0
Interventional Angiography			293	120	0
Positron Emission Tomography (PET)	0	0	0	0	0
Computerized Axial Tomography (CAT)	2	0	2,674	11,710	0
Magnetic Resonance Imaging	1	0	1,375	980	0

Therapeutic Equipment

	Owned	Contract	Therapies/ Treatments
Lithotripsy	0	0	0
Linear Accelerator	0	0	0
Image Guided Rad Therapy			0
Intensity Modulated Rad Thrpy			0
High Dose Brachytherapy	0	0	0
Proton Beam Therapy	0	0	0
Gamma Knife	0	0	0
Cyber knife	0	0	0

Source: 2017 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

ATTACHMENT 7



U.S. Postal Service®
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

USPS® ARTICLE NUMBER

9414 7266 9904 2133 9670 57

Certified Mail Fee	$	3.50
Return Receipt (Hardcopy)	$	2.80
Return Receipt (Electronic)	$	
Certified Mail Restricted Delivery	$	
Postage	$	
Total Postage and Fees	$	6.80

CHICAGO IL 60909 WACKER POSTAL STORE JUN 1 0 2019

Postmark Here

Sent to:

Matthew Primack, DPT, MBA
President
Advocate Christ Medical Center
4440 95th Street

Reference Information

79146-1 QHCCS

PS Form 3800, Facsimile, July 2015

ATTACHMENT 7

MetroSouth
MEDICAL CENTER
BLUE ISLAND, IL

Certified Article Number
9414 7266 9904 2133 9670 40
SENDER'S RECORD

June 10, 2019

VIA CERTIFIED MAIL – RETURN RECEIPT REQUESTED

Rashard Johnson
President
Advocate South Suburban Hospital
17800 Kedzie Avenue
Hazel Crest, IL 60429

RE: Discontinuation of Services – MetroSouth Medical Center

Dear Mr. Johnson:

MetroSouth Medical Center, located at 12935 S. Gregory Street, Blue Island, IL 60406 (the "Hospital"), is filing an exemption application to the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Hospital's planned discontinuation of all hospital services. The discontinuation of the Hospital is anticipated in the fourth quarter of 2019, with a target date of November 1, 2019.

During calendar years 2016 and 2017, the Hospital treated patients in the volumes set forth below:

Year	Inpatient Admissions	Outpatient Visits	Emergency Department Visits
2016	8,184	83,998	44,529
2017	8,410	83,381	45,523

A copy of the Hospital's 2017 Annual Hospital Questionnaire Profile (the "Profile"), which is the most recent version published by HFSRB, is enclosed for your reference. Please note that the Hospital operates medical/surgical, intensive care unit, obstetrics/gynecology, acute mental illness, cardiac catheterization, and open heart surgery categories of service, as detailed in the Profile.

Please respond to me in writing within 15 days if you anticipate an impact of this proposed discontinuation on your facility. Thank you for your attention to this matter.

Sincerely,

John Walsh

John P. Walsh, FACHE
Chief Executive Officer
MetroSouth Medical Center

Ownership, Management and General Information

ADMINISTRATOR NAME:	John Baird
ADMINSTRATOR PHONE	708-597-2000 Ext. 5201
OWNERSHIP:	Blue Island Hospital Company LLC
OPERATOR:	Blue Island Hospital Company LLC
MANAGEMENT:	Limited Liability Company
CERTIFICATION:	
FACILITY DESIGNATION:	
ADDRESS	12935 South Gregory Street CITY: Blue Island COUNTY: Suburban Cook County

Patients by Race

White	25.7%
Black	65.7%
American Indian	0.0%
Asian	0.2%
Hawaiian/ Pacific	0.2%
Unknown	8.3%

Patients by Ethnicity

Hispanic or Latino:	9.6%
Not Hispanic or Latino:	86.8%
Unknown:	3.6%

IDPH Number:	5835
HPA	A-04
HSA	7

Facility Utilization Data by Category of Service

Clinical Service	Authorized CON Beds 12/31/2017	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	242	95	95	5,190	23,354	2,913	5.1	72.0	29.7	75.8
0-14 Years				*24*	*466*					
15-44 Years				*845*	*2,952*					
45-64 Years				*1,880*	*7,829*					
65-74 Years				*981*	*4,640*					
75 Years +				*1,460*	*7,467*					
Pediatric	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Intensive Care	28	12	12	1,052	2,769	13	2.6	7.6	27.2	63.5
Direct Admission				*868*	*2,197*					
Transfers				*184*	*572*					
Obstetric/Gynecology	30	21	21	1,488	3,047	187	2.2	8.9	29.6	42.2
Maternity				*1,485*	*3,027*					
Clean Gynecology				*13*	*20*					
Neonatal	0	13	13	455	1,985	0	4.4	5.4	0.0	41.8
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Total AMI	14			399	3,741	0	9.4	10.2	73.2	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		12	12	399	3,741	0	9.4	10.2		85.4
Rehabilitation	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	*0*					*0*				
Facility Utilization	314			8,410	34,896	3,113	4.5	104.1	33.2	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source

	Medicare	*Medicaid*	*Other Public*	*Private Insurance*	*Private Pay*	*Charity Care*	*Totals*
Inpatients	40.5%	39.1%	3.9%	13.4%	2.2%	0.7%	
	3435	3314	334	1139	188	63	8,473
Outpatients	51.2%	19.8%	1.8%	18.8%	5.3%	3.1%	
	36398	14045	1274	13365	3758	2220	71,060

Financial Year Reported: 1/1/2017 *to* 12/31/2017

Inpatient and Outpatient Net Revenue by Payor Source

	Medicare	*Medicaid*	*Other Public*	*Private Insurance*	*Private Pay*	*Totals*	*Charity Care Expense*
Inpatient Revenue ($)	26.5%	30.9%	1.1%	26.6%	14.9%	100.0%	
	24,137,768	28,116,260	1,042,118	24,235,776	13,569,262	91,121,174	246,136
Outpatient Revenue ($)	14.7%	21.1%	9.5%	36.7%	18.0%	100.0%	
	7,938,516	11,371,194	5,116,005	19,820,863	9,741,210	53,987,788	319,655

Total Charity Care Expense 565,791

Total Charity Care as % of Net Revenue 0.4%

Birthing Data

Number of Total Births:	1,384
Number of Live Births:	1,399
Birthing Rooms:	0
Labor Rooms:	5
Delivery Rooms:	0
Labor-Delivery-Recovery Rooms:	13
Labor-Delivery-Recovery-Postpartum Rooms:	0
C-Section Rooms:	2
CSections Performed:	449

Newborn Nursery Utilization

	Level I	Level II	Level II+
Beds	10	10	8
Patient Days	292	18	1,571
Total Newborn Patient Days			1,881

Laboratory Studies

Inpatient Studies	9,178
Outpatient Studies	29,965
Studies Performed Under Contract	2,158

Organ Transplantation

Kidney:	0
Heart:	0
Lung:	0
Heart/Lung:	0
Pancreas:	0
Liver:	0
Total:	0

ATTACHMENT 7

Surgery and Operating Room Utilization

Surgical Specialty	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	1	1	82	64	174	43	217	2.1	0.7
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	5	5	407	499	941	712	1653	2.3	1.4
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	0	0	23	7	87	28	115	3.8	4.0
OB/Gynecology	0	0	0	0	548	312	1222	559	1781	2.2	1.8
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	2	2	0	503	0	736	736	0.0	1.5
Orthopedic	0	0	1	1	373	481	1282	1122	2404	3.4	2.3
Otolaryngology	0	0	0	0	24	43	40	119	159	1.7	2.8
Plastic Surgery	0	0	0	0	1	1	5	30	35	5.0	30.0
Podiatry	0	0	0	0	62	88	118	149	267	1.9	1.7
Thoracic	0	0	0	0	53	10	199	97	296	3.8	9.7
Urology	0	0	1	1	66	66	130	121	251	2.0	1.8
Totals	**0**	**0**	**10**	**10**	**1639**	**2074**	**4198**	**3716**	**7914**	**2.6**	**1.8**

SURGICAL RECOVERY STATIONS Stage 1 Recovery Stations 12 Stage 2 Recovery Stations 28

Dedicated and Non-Dedicated Procedure Room Utilization

Procedure Type	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	3	3	936	2154	1324	2971	4295	1.4	1.4
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	1	1	0	33	0	35	35	0.0	1.1
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
Multipurpose Non-Dedicated Rooms											
					0	0	0	0	0	0.0	0.0
					0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0

Emergency/Trauma Care

Certified Trauma Center		No
Level of Trauma Service	Level 1	Level 2
Operating Rooms Dedicated for Trauma Care		0
Number of Trauma Visits:		0
Patients Admitted from Trauma		0
Emergency Service Type:		Comprehensive
Number of Emergency Room Stations		27
Persons Treated by Emergency Services:		45,523
Patients Admitted from Emergency:		5,954
Total ED Visits (Emergency+Trauma):		45,523

Free-Standing Emergency Center

Beds in Free-Standing Centers	0
Patient Visits in Free-Standing Centers	0
Hospital Admissions from Free-Standing Center	0

Outpatient Service Data

Total Outpatient Visits	83,381
Outpatient Visits at the Hospital/ Campus:	83,381
Outpatient Visits Offsite/off campus	0

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	3
Cath Labs used for Angiography procedures	0
Dedicated Diagnostic Catheterization Lab	0
Dedicated Interventional Catheterization Labs	2
Dedicated EP Catheterization Labs	1

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	1,522
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	898
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	317
EP Catheterizations (15+)	307

Cardiac Surgery Data

Total Cardiac Surgery Cases:	13
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	13
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	13

Diagnostic/Interventional Equipment	Owned	Contract	Examinations Inpatient	Examinations Outpt	Examinations Contract
General Radiography/Fluoroscopy	6	0	6,389	26,180	0
Nuclear Medicine	5	0	902	410	0
Mammography	3	0	2	5,478	0
Ultrasound	5	0	2,676	7,338	0
Angiography	1	0			
Diagnostic Angiography			136	17	0
Interventional Angiography			293	120	0
Positron Emission Tomography (PET)	0	0	0	0	0
Computerized Axial Tomography (CAT)	2	0	2,674	11,710	0
Magnetic Resonance Imaging	1	0	1,375	980	0

Therapeutic Equipment	Owned	Contract	Therapies/ Treatments
Lithotripsy	0	0	0
Linear Accelerator	0	0	0
Image Guided Rad Therapy			0
Intensity Modulated Rad Thrpy			0
High Dose Brachytherapy	0	0	0
Proton Beam Therapy	0	0	0
Gamma Knife	0	0	0
Cyber knife	0	0	0

Source: 2017 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

ATTACHMENT 7

U.S. Postal Service®
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

USPS® ARTICLE NUMBER

9414 7266 9904 2133 9670 40

Certified Mail Fee	$	3.50
Return Receipt (Hardcopy)	$	2.80
Return Receipt (Electronic)	$	
Certified Mail Restricted Delivery	$	
Postage	$	
Total Postage and Fees	$	C. 80

Postmark Here

CHICAGO IL 60606 WACKER STATE STORE JUN 10 2019

Sent to:
Rashard Johnson
President
Advocate South Suburban
Hospital
17800 Kedzie Avenue

Reference Information

79146-1 QHCCS

PS Form 3800, Facsimile, July 2015

ATTACHMENT 7

MetroSouth
MEDICAL CENTER
BLUE ISLAND, IL

Certified Article Number
9414 7266 9904 2133 9672 62
SENDER'S RECORD

June 10, 2019

VIA CERTIFIED MAIL – RETURN RECEIPT REQUESTED

Rashard Johnson
President
Advocate Trinity Hospital
2320 E. 93rd Street
Chicago, IL 60617

RE: Discontinuation of Services – MetroSouth Medical Center

Dear Mr. Johnson:

MetroSouth Medical Center, located at 12935 S. Gregory Street, Blue Island, IL 60406 (the "Hospital"), is filing an exemption application to the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Hospital's planned discontinuation of all hospital services. The discontinuation of the Hospital is anticipated in the fourth quarter of 2019, with a target date of November 1, 2019.

During calendar years 2016 and 2017, the Hospital treated patients in the volumes set forth below:

Year	Inpatient Admissions	Outpatient Visits	Emergency Department Visits
2016	8,184	83,998	44,529
2017	8,410	83,381	45,523

A copy of the Hospital's 2017 Annual Hospital Questionnaire Profile (the "Profile"), which is the most recent version published by HFSRB, is enclosed for your reference. Please note that the Hospital operates medical/surgical, intensive care unit, obstetrics/gynecology, acute mental illness, cardiac catheterization, and open heart surgery categories of service, as detailed in the Profile.

Please respond to me in writing within 15 days if you anticipate an impact of this proposed discontinuation on your facility. Thank you for your attention to this matter.

Sincerely,

John Walsh

John P. Walsh, FACHE
Chief Executive Officer
MetroSouth Medical Center

Ownership, Management and General Information

ADMINISTRATOR NAME:	John Baird
ADMINSTRATOR PHONE	708-597-2000 Ext. 5201
OWNERSHIP:	Blue Island Hospital Company LLC
OPERATOR:	Blue Island Hospital Company LLC
MANAGEMENT:	Limited Liability Company
CERTIFICATION:	
FACILITY DESIGNATION:	
ADDRESS	12935 South Gregory Street CITY: Blue Island COUNTY: Suburban Cook County

Patients by Race

White	25.7%
Black	65.7%
American Indian	0.0%
Asian	0.2%
Hawaiian/ Pacific	0.2%
Unknown	8.3%

Patients by Ethnicity

Hispanic or Latino:	9.6%
Not Hispanic or Latino:	86.8%
Unknown:	3.6%

IDPH Number:	5835
HPA	A-04
HSA	7

Facility Utilization Data by Category of Service

Clinical Service	Authorized CON Beds 12/31/2017	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	242	95	95	5,190	23,354	2,913	5.1	72.0	29.7	75.8
0-14 Years				*24*	*466*					
15-44 Years				*845*	*2,952*					
45-64 Years				*1,880*	*7,829*					
65-74 Years				*981*	*4,640*					
75 Years +				*1,460*	*7,467*					
Pediatric	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Intensive Care	28	12	12	1,052	2,769	13	2.6	7.6	27.2	63.5
Direct Admission				*868*	*2,197*					
Transfers				*184*	*572*					
Obstetric/Gynecology	30	21	21	1,498	3,047	187	2.2	8.9	29.5	42.2
Maternity				*1,485*	*3,027*					
Clean Gynecology				*13*	*20*					
Neonatal	0	13	13	455	1,985	0	4.4	5.4	0.0	41.8
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Total AMI	14			399	3,741	0	9.4	10.2	73.2	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		12	12	399	3,741	0	9.4	10.2		85.4
Rehabilitation	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	*0*					*0*				
Facility Utilization	314			8,410	34,896	3,113	4.5	104.1	33.2	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	40.5%	39.1%	3.9%	13.4%	2.2%	0.7%	
	3435	3314	334	1139	188	63	8,473
Outpatients	51.2%	19.8%	1.8%	18.8%	5.3%	3.1%	
	36398	14045	1274	13365	3758	2220	71,060

Financial Year Reported: 1/1/2017 to 12/31/2017

Inpatient and Outpatient Net Revenue by Payor Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals	Charity Care Expense
Inpatient Revenue ($)	26.5%	30.9%	1.1%	26.6%	14.9%	100.0%	
	24,137,768	28,116,250	1,042,118	24,235,776	13,589,262	91,121,174	246,136
Outpatient Revenue ($)	14.7%	21.1%	9.5%	36.7%	18.0%	100.0%	
	7,938,516	11,371,194	5,116,005	19,820,863	9,741,210	53,987,788	319,655

Total Charity Care Expense 565,791

Total Charity Care as % of Net Revenue 0.4%

Birthing Data

Number of Total Births:	1,384
Number of Live Births:	1,399
Birthing Rooms:	0
Labor Rooms:	5
Delivery Rooms:	0
Labor-Delivery-Recovery Rooms:	13
Labor-Delivery-Recovery-Postpartum Rooms:	0
C-Section Rooms:	2
CSections Performed:	449

Newborn Nursery Utilization

	Level I	Level II	Level II+
Beds	10	10	8
Patient Days	292	18	1,571
Total Newborn Patient Days			1,881

Laboratory Studies

Inpatient Studies	9,178
Outpatient Studies	29,965
Studies Performed Under Contract	2,158

Organ Transplantation

Kidney:	0
Heart:	0
Lung:	0
Heart/Lung:	0
Pancreas:	0
Liver:	0
Total:	0

ATTACHMENT 7

Surgery and Operating Room Utilization

Surgical Specialty	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	1	1	82	64	174	43	217	2.1	0.7
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	5	5	407	499	941	712	1653	2.3	1.4
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	0	0	23	7	87	28	115	3.8	4.0
OB/Gynecology	0	0	0	0	548	312	1222	559	1781	2.2	1.8
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	2	2	0	503	0	736	736	0.0	1.5
Orthopedic	0	0	1	1	373	481	1282	1122	2404	3.4	2.3
Otolaryngology	0	0	0	0	24	43	40	119	159	1.7	2.8
Plastic Surgery	0	0	0	0	1	1	5	30	35	5.0	30.0
Podiatry	0	0	0	0	62	88	118	149	267	1.9	1.7
Thoracic	0	0	0	0	53	10	199	97	296	3.8	9.7
Urology	0	0	1	1	66	66	130	121	251	2.0	1.8
Totals	**0**	**0**	**10**	**10**	**1639**	**2074**	**4198**	**3716**	**7914**	**2.6**	**1.8**

SURGICAL RECOVERY STATIONS Stage 1 Recovery Stations 12 Stage 2 Recovery Stations 28

Dedicated and Non-Dedicated Procedure Room Utilization

Procedure Type	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	3	3	936	2154	1324	2971	4295	1.4	1.4
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	1	1	0	33	0	35	35	0.0	1.1
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
Multipurpose Non-Dedicated Rooms											
					0	0	0	0	0	0.0	0.0
					0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0

Emergency/Trauma Care

Certified Trauma Center		No
Level of Trauma Service	Level 1	Level 2
Operating Rooms Dedicated for Trauma Care		0
Number of Trauma Visits:		0
Patients Admitted from Trauma		0
Emergency Service Type:		Comprehensive
Number of Emergency Room Stations		27
Persons Treated by Emergency Services:		45,523
Patients Admitted from Emergency:		5,954
Total ED Visits (Emergency+Trauma):		45,523

Free-Standing Emergency Center

Beds in Free-Standing Centers	0
Patient Visits in Free-Standing Centers	0
Hospital Admissions from Free-Standing Center	0

Outpatient Service Data

Total Outpatient Visits	83,381
Outpatient Visits at the Hospital/ Campus:	83,381
Outpatient Visits Offsite/off campus	0

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	3
Cath Labs used for Angiography procedures	0
Dedicated Diagnostic Catheterization Lab	0
Dedicated Interventional Catheterization Labs	2
Dedicated EP Catheterization Labs	1

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	1,522
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	898
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	317
EP Catheterizations (15+)	307

Cardiac Surgery Data

Total Cardiac Surgery Cases:	13
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	13
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	13

Diagnostic/Interventional Equipment	Owned	Contract	Examinations Inpatient	Examinations Outpt	Examinations Contract
General Radiography/Fluoroscopy	6	0	6,389	26,180	0
Nuclear Medicine	5	0	902	410	0
Mammography	3	0	2	5,478	0
Ultrasound	5	0	2,676	7,338	0
Angiography	1	0			
Diagnostic Angiography			136	17	0
Interventional Angiography			293	120	0
Positron Emission Tomography (PET)	0	0	0	0	0
Computerized Axial Tomography (CAT)	2	0	2,674	11,710	0
Magnetic Resonance Imaging	1	0	1,375	980	0

Therapeutic Equipment	Owned	Contract	Therapies/ Treatments
Lithotripsy	0	0	0
Linear Accelerator	0	0	0
Image Guided Rad Therapy			0
Intensity Modulated Rad Thrpy			0
High Dose Brachytherapy	0	0	0
Proton Beam Therapy	0	0	0
Gamma Knife	0	0	0
Cyber knife	0	0	0

Source: 2017 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

ATTACHMENT 7

U.S. Postal Service®
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

USPS® ARTICLE NUMBER

9414 7266 9904 2133 9673 62

Certified Mail Fee	$	3.50
Return Receipt (Hardcopy)	$	2.80
Return Receipt (Electronic)	$	
Certified Mail Restricted Delivery	$	
Postage	$	
Total Postage and Fees	$	6.90

Sent to:
Rashard Johnson
President
Advocate Trinity Hospital
2320 E. 93rd Street
Chicago. IL 60617

Reference Information
79146-1 QHCCS

PS Form 3800, Facsimile, July 2015

ATTACHMENT 7

MetroSouth
MEDICAL CENTER
BLUE ISLAND, IL

Certified Article Number
9414 7266 9904 2133 9672 55
SENDER'S RECORD

June 10, 2019

VIA CERTIFIED MAIL – RETURN RECEIPT REQUESTED

Brian Sinotte, FACHE
President
Ingalls Memorial Hospital
One Ingalls Drive
Harvey, IL 60426

RE: Discontinuation of Services – MetroSouth Medical Center

Dear Mr. Sinotte:

MetroSouth Medical Center, located at 12935 S. Gregory Street, Blue Island, IL 60406 (the "Hospital"), is filing an exemption application with the Illinois Health Facilities and Services Review Board ("HFSRB") for discontinuation of the Hospital and all hospital services. The discontinuation of the Hospital and services is anticipated in the fourth quarter of 2019, with a target date of November 1, 2019.

During calendar years 2016 and 2017, the Hospital treated patients in the volumes set forth below:

Year	Inpatient Admissions	Outpatient Visits	Emergency Department Visits
2016	8,184	83,998	44,529
2017	8,410	83,381	45,523

A copy of the Hospital's 2017 Annual Hospital Questionnaire Profile (the "Profile"), which is the most recent version published by HFSRB, is enclosed for your reference. Please note that the Hospital operates medical/surgical, intensive care unit, obstetrics/gynecology, acute mental illness, cardiac catheterization, and open heart surgery categories of service, as detailed in the Profile.

Please respond to me in writing within 15 days if you anticipate an impact of this proposed discontinuation on your facility. Thank you for your attention to this matter.

Sincerely,

John Walsh

John P. Walsh, FACHE
Chief Executive Officer
MetroSouth Medical Center

Ownership, Management and General Information

ADMINISTRATOR NAME:	John Baird
ADMINSTRATOR PHONE	708-597-2000 Ext. 6201
OWNERSHIP:	Blue Island Hospital Company LLC
OPERATOR:	Blue Island Hospital Company LLC
MANAGEMENT:	Limited Liability Company
CERTIFICATION:	
FACILITY DESIGNATION:	
ADDRESS	12935 South Gregory Street CITY: Blue Island COUNTY: Suburban Cook County

Patients by Race

White	25.7%
Black	65.7%
American Indian	0.0%
Asian	0.2%
Hawaiian/ Pacific	0.2%
Unknown	8.3%

Patients by Ethnicity

Hispanic or Latino:	9.6%
Not Hispanic or Latino:	86.8%
Unknown:	3.6%

IDPH Number:	5835
HPA	A-04
HSA	7

Facility Utilization Data by Category of Service

Clinical Service	Authorized CON Beds 12/31/2017	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	242	95	95	5,190	23,354	2,913	5.1	72.0	29.7	75.8
0-14 Years				*24*	*466*					
15-44 Years				*845*	*2,952*					
45-64 Years				*1,880*	*7,829*					
65-74 Years				*981*	*4,640*					
75 Years +				*1,460*	*7,467*					
Pediatric	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Intensive Care	28	12	12	1,052	2,769	13	2.6	7.6	27.2	63.5
Direct Admission				*868*	*2,197*					
Transfers				*184*	*572*					
Obstetric/Gynecology	30	21	21	1,498	3,047	187	2.2	8.9	29.5	42.2
Maternity				*1,485*	*3,027*					
Clean Gynecology				*13*	*20*					
Neonatal	0	13	13	455	1,985	0	4.4	5.4	0.0	41.8
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Total AMI	14			399	3,741	0	9.4	10.2	73.2	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		12	12	399	3,741	0	9.4	10.2		85.4
Rehabilitation	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	*0*					*0*				
Facility Utilization	314			8,410	34,896	3,113	4.5	104.1	33.2	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	40.5%	39.1%	3.9%	13.4%	2.2%	0.7%	
	3435	3314	334	1139	188	63	8,473
Outpatients	51.2%	19.8%	1.8%	18.8%	5.3%	3.1%	
	36398	14045	1274	13365	3758	2220	71,060

Financial Year Reported: 1/1/2017 to 12/31/2017

Inpatient and Outpatient Net Revenue by Payor Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals	Charity Care Expense
Inpatient Revenue ($)	26.5%	30.9%	1.1%	26.6%	14.9%	100.0%	
	24,137,768	28,116,250	1,042,118	24,235,776	13,589,262	91,121,174	246,136
Outpatient Revenue ($)	14.7%	21.1%	9.5%	36.7%	18.0%	100.0%	
	7,938,516	11,371,194	5,116,005	19,820,863	9,741,210	53,987,788	319,655

Total Charity Care Expense	565,791
Total Charity Care as % of Net Revenue	0.4%

Birthing Data

Number of Total Births:	1,384
Number of Live Births:	1,399
Birthing Rooms:	0
Labor Rooms:	5
Delivery Rooms:	0
Labor-Delivery-Recovery Rooms:	13
Labor-Delivery-Recovery-Postpartum Rooms:	0
C-Section Rooms:	2
CSections Performed:	449

Newborn Nursery Utilization

	Level I	Level II	Level II+
Beds	10	10	8
Patient Days	292	18	1,571
Total Newborn Patient Days			1,881

Laboratory Studies

Inpatient Studies	9,178
Outpatient Studies	29,965
Studies Performed Under Contract	2,158

Organ Transplantation

Kidney:	0
Heart:	0
Lung:	0
Heart/Lung:	0
Pancreas:	0
Liver:	0
Total:	0

ATTACHMENT 7

Surgery and Operating Room Utilization

Surgical Specialty	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	1	1	82	64	174	43	217	2.1	0.7
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	5	5	407	499	941	712	1653	2.3	1.4
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	0	0	23	7	87	28	115	3.8	4.0
OB/Gynecology	0	0	0	0	548	312	1222	559	1781	2.2	1.8
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	2	2	0	503	0	736	736	0.0	1.5
Orthopedic	0	0	1	1	373	481	1282	1122	2404	3.4	2.3
Otolaryngology	0	0	0	0	24	43	40	119	159	1.7	2.8
Plastic Surgery	0	0	0	0	1	1	5	30	35	5.0	30.0
Podiatry	0	0	0	0	62	88	118	149	267	1.9	1.7
Thoracic	0	0	0	0	53	10	199	97	296	3.8	9.7
Urology	0	0	1	1	66	66	130	121	251	2.0	1.8
Totals	**0**	**0**	**10**	**10**	**1639**	**2074**	**4198**	**3716**	**7914**	**2.6**	**1.8**

SURGICAL RECOVERY STATIONS Stage 1 Recovery Stations: 12 Stage 2 Recovery Stations: 28

Dedicated and Non-Dedicated Procedure Room Utilization

Procedure Type	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	3	3	936	2154	1324	2971	4295	1.4	1.4
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	1	1	0	33	0	35	35	0.0	1.1
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
Multipurpose Non-Dedicated Rooms											
					0	0	0	0	0	0.0	0.0
					0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0

Emergency/Trauma Care

Certified Trauma Center		No
Level of Trauma Service	Level 1	Level 2
Operating Rooms Dedicated for Trauma Care		0
Number of Trauma Visits:		0
Patients Admitted from Trauma		0
Emergency Service Type:		Comprehensive
Number of Emergency Room Stations		27
Persons Treated by Emergency Services:		45,523
Patients Admitted from Emergency:		5,954
Total ED Visits (Emergency+Trauma):		45,523

Free-Standing Emergency Center

Beds in Free-Standing Centers	0
Patient Visits in Free-Standing Centers	0
Hospital Admissions from Free-Standing Center	0

Outpatient Service Data

Total Outpatient Visits	83,381
Outpatient Visits at the Hospital/ Campus:	83,381
Outpatient Visits Offsite/off campus	0

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	3
Cath Labs used for Angiography procedures	0
Dedicated Diagnostic Catheterization Lab	0
Dedicated Interventional Catheterization Labs	2
Dedicated EP Catheterization Labs	1

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	1,522
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	898
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	317
EP Catheterizations (15+)	307

Cardiac Surgery Data

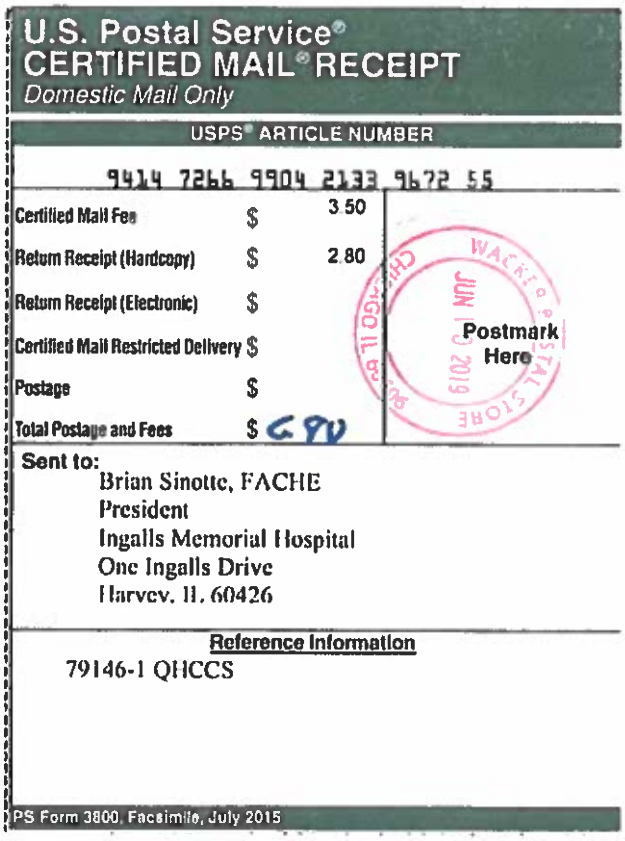
Total Cardiac Surgery Cases:	13
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	13
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	13

Diagnostic/Interventional Equipment	Owned	Contract	Examinations: Inpatient	Examinations: Outpt	Examinations: Contract
General Radiography/Fluoroscopy	6	0	6,389	26,180	0
Nuclear Medicine	5	0	902	410	0
Mammography	3	0	2	5,478	0
Ultrasound	5	0	2,676	7,338	0
Angiography	1	0			
Diagnostic Angiography			136	17	0
Interventional Angiography			293	120	0
Positron Emission Tomography (PET)	0	0	0	0	0
Computerized Axial Tomography (CAT)	2	0	2,674	11,710	0
Magnetic Resonance Imaging	1	0	1,375	980	0

Therapeutic Equipment	Owned	Contract	Therapies/ Treatments
Lithotripsy	0	0	0
Linear Accelerator	0	0	0
Image Guided Rad Therapy			0
Intensity Modulated Rad Thrpy			0
High Dose Brachytherapy	0	0	0
Proton Beam Therapy	0	0	0
Gamma Knife	0	0	0
Cyber knife	0	0	0

Source: 2017 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

ATTACHMENT 7



U.S. Postal Service®
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

USPS® ARTICLE NUMBER

9414 7266 9904 2133 9672 55

Certified Mail Fee	$	3.50
Return Receipt (Hardcopy)	$	2.80
Return Receipt (Electronic)	$	
Certified Mail Restricted Delivery	$	
Postage	$	
Total Postage and Fees	$	6.90

CHICAGO IL 606
WACKER & STATE STORE
JUN 07 2016
Postmark Here

Sent to:
Brian Sinotte, FACHE
President
Ingalls Memorial Hospital
One Ingalls Drive
Harvey, IL 60426

Reference Information
79146-1 QHCCS

PS Form 3800, Facsimile, July 2015

ATTACHMENT 7

MetroSouth
MEDICAL CENTER
BLUE ISLAND, IL

Certified Article Number
9414 7266 9904 2133 9672 48
SENDER'S RECORD

June 10, 2019

VIA CERTIFIED MAIL – RETURN RECEIPT REQUESTED

John Hanlon, M.D., MMM
President/Chief Executive Officer
Little Company of Mary Hospital
2800 W. 95th Street
Evergreen Park, IL 60805

RE: Discontinuation of Services – MetroSouth Medical Center

Dear Dr. Hanlon:

MetroSouth Medical Center, located at 12935 S. Gregory Street, Blue Island, IL 60406 (the "Hospital"), is filing an exemption application to the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Hospital's planned discontinuation of all hospital services. The discontinuation of the Hospital is anticipated in the fourth quarter of 2019, with a target date of November 1, 2019.

During calendar years 2016 and 2017, the Hospital treated patients in the volumes set forth below:

Year	Inpatient Admissions	Outpatient Visits	Emergency Department Visits
2016	8,184	83,998	44,529
2017	8,410	83,381	45,523

A copy of the Hospital's 2017 Annual Hospital Questionnaire Profile (the "Profile"), which is the most recent version published by HFSRB, is enclosed for your reference. Please note that the Hospital operates medical/surgical, intensive care unit, obstetrics/gynecology, acute mental illness, cardiac catheterization, and open heart surgery categories of service, as detailed in the Profile.

Please respond to me in writing within 15 days if you anticipate an impact of this proposed discontinuation on your facility. Thank you for your attention to this matter.

Sincerely,

John Walsh

John P. Walsh, FACHE
Chief Executive Officer
MetroSouth Medical Center

Ownership, Management and General Information

ADMINISTRATOR NAME:	John Baird
ADMINSTRATOR PHONE	708-597-2000 Ext. 5201
OWNERSHIP:	Blue Island Hospital Company LLC
OPERATOR:	Blue Island Hospital Company LLC
MANAGEMENT:	Limited Liability Company
CERTIFICATION:	
FACILITY DESIGNATION:	
ADDRESS	12935 South Gregory Street CITY: Blue Island COUNTY: Suburban Cook County

Patients by Race

White	25.7%
Black	65.7%
American Indian	0.0%
Asian	0.2%
Hawaiian/ Pacific	0.2%
Unknown	8.3%

Patients by Ethnicity

Hispanic or Latino:	9.6%
Not Hispanic or Latino:	86.8%
Unknown:	3.6%

IDPH Number:	5835
HPA	A-04
HSA	7

Facility Utilization Data by Category of Service

Clinical Service	Authorized CON Beds 12/31/2017	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	242	95	95	5,190	23,354	2,913	5.1	72.0	29.7	75.8
0-14 Years				*24*	*466*					
15-44 Years				*845*	*2,952*					
45-64 Years				*1,880*	*7,829*					
65-74 Years				*981*	*4,640*					
75 Years +				*1,460*	*7,467*					
Pediatric	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Intensive Care	28	12	12	1,052	2,769	13	2.6	7.6	27.2	63.5
Direct Admission				*868*	*2,197*					
Transfers				*184*	*572*					
Obstetric/Gynecology	30	21	21	1,498	3,047	187	2.2	8.9	29.5	42.2
Maternity				*1,485*	*3,027*					
Clean Gynecology				*13*	*20*					
Neonatal	0	13	13	455	1,985	0	4.4	5.4	0.0	41.8
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Total AMI	14			399	3,741	0	9.4	10.2	73.2	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		12	12	399	3,741	0	9.4	10.2		85.4
Rehabilitation	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	*0*					*0*				
Facility Utilization	314			8,410	34,898	3,113	4.5	104.1	33.2	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	40.5%	39.1%	3.9%	13.4%	2.2%	0.7%	
	3435	3314	334	1139	188	63	8,473
Outpatients	51.2%	19.8%	1.8%	18.8%	5.3%	3.1%	
	36398	14045	1274	13365	3758	2220	71,060

Financial Year Reported: 1/1/2017 *to* 12/31/2017

Inpatient and Outpatient Net Revenue by Payor Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals	Charity Care Expense
Inpatient Revenue ($)	26.5%	30.9%	1.1%	26.6%	14.9%	100.0%	
	24,137,768	28,116,250	1,042,118	24,235,776	13,589,262	91,121,174	246,136
Outpatient Revenue ($)	14.7%	21.1%	9.5%	36.7%	18.0%	100.0%	
	7,938,516	11,371,194	5,116,005	19,820,863	9,741,210	53,987,788	319,655

Total Charity Care Expense	565,791
Total Charity Care as % of Net Revenue	0.4%

Birthing Data

Number of Total Births:	1,384
Number of Live Births:	1,399
Birthing Rooms:	0
Labor Rooms:	5
Delivery Rooms:	0
Labor-Delivery-Recovery Rooms:	13
Labor-Delivery-Recovery-Postpartum Rooms:	0
C-Section Rooms:	2
CSections Performed:	449

Newborn Nursery Utilization

	Level I	Level II	Level II+
Beds	10	10	8
Patient Days	292	18	1,571
Total Newborn Patient Days			1,881

Laboratory Studies

Inpatient Studies	9,178
Outpatient Studies	29,965
Studies Performed Under Contract	2,158

Organ Transplantation

Kidney:	0
Heart:	0
Lung:	0
Heart/Lung:	0
Pancreas:	0
Liver:	0
Total:	0

ATTACHMENT 7

Surgery and Operating Room Utilization

Surgical Specialty	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	1	1	82	64	174	43	217	2.1	0.7
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	5	5	407	499	941	712	1653	2.3	1.4
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	0	0	23	7	87	28	115	3.8	4.0
OB/Gynecology	0	0	0	0	548	312	1222	559	1781	2.2	1.8
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	2	2	0	503	0	736	736	0.0	1.5
Orthopedic	0	0	1	1	373	481	1282	1122	2404	3.4	2.3
Otolaryngology	0	0	0	0	24	43	40	119	159	1.7	2.8
Plastic Surgery	0	0	0	0	1	1	5	30	35	5.0	30.0
Podiatry	0	0	0	0	62	88	118	149	267	1.9	1.7
Thoracic	0	0	0	0	53	10	199	97	296	3.8	9.7
Urology	0	0	1	1	66	66	130	121	251	2.0	1.8
Totals	**0**	**0**	**10**	**10**	**1639**	**2074**	**4198**	**3716**	**7914**	**2.6**	**1.8**

SURGICAL RECOVERY STATIONS Stage 1 Recovery Stations 12 Stage 2 Recovery Stations 28

Dedicated and Non-Dedicated Procedure Room Utilization

Procedure Type	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	3	3	936	2154	1324	2971	4295	1.4	1.4
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	1	1	0	33	0	35	35	0.0	1.1
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
Multipurpose Non-Dedicated Rooms											
					0	0	0	0	0	0.0	0.0
					0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0

Emergency/Trauma Care

Certified Trauma Center		No
Level of Trauma Service	Level 1	Level 2
Operating Rooms Dedicated for Trauma Care		0
Number of Trauma Visits:		0
Patients Admitted from Trauma		0
Emergency Service Type:		Comprehensive
Number of Emergency Room Stations		27
Persons Treated by Emergency Services:		45,523
Patients Admitted from Emergency:		5,954
Total ED Visits (Emergency+Trauma):		45,523

Free-Standing Emergency Center

Beds in Free-Standing Centers	0
Patient Visits in Free-Standing Centers	0
Hospital Admissions from Free-Standing Center	0

Outpatient Service Data

Total Outpatient Visits	83,381
Outpatient Visits at the Hospital/ Campus:	83,381
Outpatient Visits Offsite/off campus	0

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	3
Cath Labs used for Angiography procedures	0
Dedicated Diagnostic Catheterization Lab	0
Dedicated Interventional Catheterization Labs	2
Dedicated EP Catheterization Labs	1

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	1,522
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	898
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	317
EP Catheterizations (15+)	307

Cardiac Surgery Data

Total Cardiac Surgery Cases:	13
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	13
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	13

Diagnostic/Interventional Equipment	Owned	Contract	Examinations Inpatient	Examinations Outpt	Examinations Contract
General Radiography/Fluoroscopy	6	0	6,389	26,180	0
Nuclear Medicine	5	0	902	410	0
Mammography	3	0	2	5,476	0
Ultrasound	5	0	2,676	7,338	0
Angiography	1	0			
Diagnostic Angiography			136	17	0
Interventional Angiography			293	120	0
Positron Emission Tomography (PET)	0	0	0	0	0
Computerized Axial Tomography (CAT)	2	0	2,674	11,710	0
Magnetic Resonance Imaging	1	0	1,375	980	0

Therapeutic Equipment	Owned	Contract	Therapies/ Treatments
Lithotripsy	0	0	0
Linear Accelerator	0	0	0
Image Guided Rad Therapy			0
Intensity Modulated Rad Thrpy			0
High Dose Brachytherapy	0	0	0
Proton Beam Therapy	0	0	0
Gamma Knife	0	0	0
Cyber knife	0	0	0

Source: 2017 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

ATTACHMENT 7

U.S. Postal Service®
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

USPS® ARTICLE NUMBER

9414 7266 9904 2133 9672 48

Certified Mail Fee	$	3.50
Return Receipt (Hardcopy)	$	2.80
Return Receipt (Electronic)	$	
Certified Mail Restricted Delivery	$	
Postage	$	
Total Postage and Fees	$	6.30

CHICAGO IL 60606 WACKER POSTAL STORE
JUN 1 '19
Postmark Here

Sent to:
John Hanlon, M.D., MMM
President/Chief Executive Officer
Little Company of Mary Hospital
2800 W. 95th Street

Reference Information
79146-1 QHCCS

PS Form 3800, Facsimile, July 2015

ATTACHMENT 7

MetroSouth
MEDICAL CENTER
BLUE ISLAND, IL

Certified Article Number
9414 7266 9904 2133 9672 31
SENDER'S RECORD

June 10, 2019

VIA CERTIFIED MAIL – RETURN RECEIPT REQUESTED

Terrence Moisan, M.D.
President/Chief Executive Officer
Palos Hospital
12251 S. 80th Avenue
Palos Heights, IL 60463

RE: Discontinuation of Services – MetroSouth Medical Center

Dear Dr. Moisan:

MetroSouth Medical Center, located at 12935 S. Gregory Street, Blue Island, IL 60406 (the "Hospital"), is filing an exemption application to the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Hospital's planned discontinuation of all hospital services. The discontinuation of the Hospital is anticipated in the fourth quarter of 2019, with a target date of November 1, 2019.

During calendar years 2016 and 2017, the Hospital treated patients in the volumes set forth below:

Year	Inpatient Admissions	Outpatient Visits	Emergency Department Visits
2016	8,184	83,998	44,529
2017	8,410	83,381	45,523

A copy of the Hospital's 2017 Annual Hospital Questionnaire Profile (the "Profile"), which is the most recent version published by HFSRB, is enclosed for your reference. Please note that the Hospital operates medical/surgical, intensive care unit, obstetrics/gynecology, acute mental illness, cardiac catheterization, and open heart surgery categories of service, as detailed in the Profile.

Please respond to me in writing within 15 days if you anticipate an impact of this proposed discontinuation on your facility. Thank you for your attention to this matter.

Sincerely,

John Walsh

John P. Walsh, FACHE
Chief Executive Officer
MetroSouth Medical Center

Ownership, Management and General Information

ADMINISTRATOR NAME:	John Baird
ADMINSTRATOR PHONE	708-597-2000 Ext. 5201
OWNERSHIP:	Blue Island Hospital Company LLC
OPERATOR:	Blue Island Hospital Company LLC
MANAGEMENT:	Limited Liability Company
CERTIFICATION:	
FACILITY DESIGNATION:	
ADDRESS	12935 South Gregory Street CITY: Blue Island COUNTY: Suburban Cook County

Patients by Race

White	25.7%
Black	65.7%
American Indian	0.0%
Asian	0.2%
Hawaiian/ Pacific	0.2%
Unknown	8.3%

Patients by Ethnicity

Hispanic or Latino:	9.6%
Not Hispanic or Latino:	86.8%
Unknown:	3.6%

IDPH Number:	5835
HPA	A-04
HSA	7

Facility Utilization Data by Category of Service

Clinical Service	Authorized CON Beds 12/31/2017	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	242	95	95	5,190	23,354	2,913	5.1	72.0	29.7	75.8
0-14 Years				*24*	*466*					
15-44 Years				*845*	*2,952*					
45-64 Years				*1,880*	*7,829*					
65-74 Years				*981*	*4,640*					
75 Years +				*1,460*	*7,467*					
Pediatric	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Intensive Care	28	12	12	1,052	2,769	13	2.6	7.6	27.2	63.5
Direct Admission				*868*	*2,197*					
Transfers				*184*	*572*					
Obstetric/Gynecology	30	21	21	1,498	3,047	187	2.2	8.9	29.5	42.2
Maternity				*1,485*	*3,027*					
Clean Gynecology				*13*	*20*					
Neonatal	0	13	13	455	1,985	0	4.4	5.4	0.0	41.8
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Total AMI	14			399	3,741	0	9.4	10.2	73.2	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		12	12	399	3,741	0	9.4	10.2		85.4
Rehabilitation	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	*0*					*0*				
Facility Utilization	314			8,410	34,896	3,113	4.5	104.1	33.2	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	40.5%	39.1%	3.9%	13.4%	2.2%	0.7%	
	3435	3314	334	1139	188	63	8,473
Outpatients	51.2%	19.8%	1.8%	18.8%	5.3%	3.1%	
	36398	14045	1274	13365	3758	2220	71,060

Financial Year Reported: 1/1/2017 *to* 12/31/2017

Inpatient and Outpatient Net Revenue by Payor Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals	Charity Care Expense
Inpatient Revenue ($)	26.5%	30.9%	1.1%	26.6%	14.9%	100.0%	
	24,137,768	28,116,260	1,042,118	24,235,776	13,589,262	91,121,174	246,136
Outpatient Revenue ($)	14.7%	21.1%	9.5%	36.7%	18.0%	100.0%	
	7,938,516	11,371,194	5,116,005	19,820,863	9,741,210	53,987,788	319,655

Total Charity Care Expense
565,791
Total Charity Care as % of Net Revenue
0.4%

Birthing Data

Number of Total Births:	1,384
Number of Live Births:	1,399
Birthing Rooms:	0
Labor Rooms:	5
Delivery Rooms:	0
Labor-Delivery-Recovery Rooms:	13
Labor-Delivery-Recovery-Postpartum Rooms:	0
C-Section Rooms:	2
CSections Performed:	449

Newborn Nursery Utilization

	Level I	Level II	Level II+
Beds	10	10	8
Patient Days	292	18	1,571
Total Newborn Patient Days			1,881

Laboratory Studies

Inpatient Studies	9,178
Outpatient Studies	29,965
Studies Performed Under Contract	2,158

Organ Transplantation

Kidney:	0
Heart:	0
Lung:	0
Heart/Lung:	0
Pancreas:	0
Liver:	0
Total:	0

ATTACHMENT 7

Surgery and Operating Room Utilization

Surgical Specialty	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	1	1	82	64	174	43	217	2.1	0.7
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	5	5	407	499	941	712	1653	2.3	1.4
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	0	0	23	7	87	28	115	3.8	4.0
OB/Gynecology	0	0	0	0	548	312	1222	559	1781	2.2	1.8
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	2	2	0	503	0	736	736	0.0	1.5
Orthopedic	0	0	1	1	373	481	1282	1122	2404	3.4	2.3
Otolaryngology	0	0	0	0	24	43	40	119	159	1.7	2.8
Plastic Surgery	0	0	0	0	1	1	5	30	35	5.0	30.0
Podiatry	0	0	0	0	62	88	118	149	267	1.9	1.7
Thoracic	0	0	0	0	53	10	199	97	296	3.8	9.7
Urology	0	0	1	1	66	66	130	121	251	2.0	1.8
Totals	**0**	**0**	**10**	**10**	**1639**	**2074**	**4198**	**3716**	**7914**	**2.6**	**1.8**

SURGICAL RECOVERY STATIONS Stage 1 Recovery Stations 12 Stage 2 Recovery Stations 28

Dedicated and Non-Dedicated Procedure Room Utilization

Procedure Type	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	3	3	936	2154	1324	2971	4295	1.4	1.4
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	1	1	0	33	0	35	35	0.0	1.1
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
Multipurpose Non-Dedicated Rooms											
					0	0	0	0	0	0.0	0.0
					0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0

Emergency/Trauma Care

Certified Trauma Center		No
Level of Trauma Service	Level 1	Level 2
Operating Rooms Dedicated for Trauma Care		0
Number of Trauma Visits:		0
Patients Admitted from Trauma		0
Emergency Service Type:		Comprehensive
Number of Emergency Room Stations		27
Persons Treated by Emergency Services:		45,523
Patients Admitted from Emergency:		5,954
Total ED Visits (Emergency+Trauma):		45,523

Free-Standing Emergency Center

Beds in Free-Standing Centers	0
Patient Visits in Free-Standing Centers	0
Hospital Admissions from Free-Standing Center	0

Outpatient Service Data

Total Outpatient Visits	83,381
Outpatient Visits at the Hospital/ Campus:	83,381
Outpatient Visits Offsite/off campus	0

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	3
Cath Labs used for Angiography procedures	0
Dedicated Diagnostic Catheterization Lab	0
Dedicated Interventional Catheterization Labs	2
Dedicated EP Catheterization Labs	1

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	1,522
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	898
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	317
EP Catheterizations (15+)	307

Cardiac Surgery Data

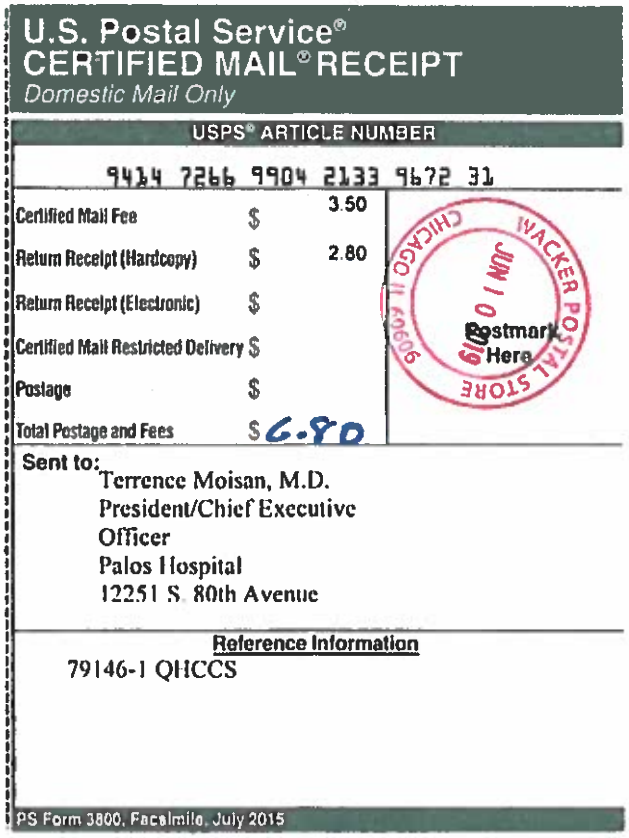
Total Cardiac Surgery Cases:	13
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	13
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	13

Diagnostic/Interventional Equipment	Owned	Contract	Examinations Inpatient	Examinations Outpt	Examinations Contract
General Radiography/Fluoroscopy	6	0	6,389	26,180	0
Nuclear Medicine	5	0	902	410	0
Mammography	3	0	2	5,478	0
Ultrasound	5	0	2,676	7,338	0
Angiography	1	0			
Diagnostic Angiography			136	17	0
Interventional Angiography			293	120	0
Positron Emission Tomography (PET)	0	0	0	0	0
Computerized Axial Tomography (CAT)	2	0	2,674	11,710	0
Magnetic Resonance Imaging	1	0	1,375	980	0

Therapeutic Equipment	Owned	Contract	Therapies/ Treatments
Lithotripsy	0	0	0
Linear Accelerator	0	0	0
Image Guided Rad Therapy			0
Intensity Modulated Rad Thrpy			0
High Dose Brachytherapy	0	0	0
Proton Beam Therapy	0	0	0
Gamma Knife	0	0	0
Cyber knife	0	0	0

Source: 2017 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

ATTACHMENT 7



U.S. Postal Service®
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

USPS® ARTICLE NUMBER

9414 7266 9904 2133 9672 31

Certified Mail Fee	$	3.50
Return Receipt (Hardcopy)	$	2.80
Return Receipt (Electronic)	$	
Certified Mail Restricted Delivery	$	
Postage	$	
Total Postage and Fees	$	6.80

CHICAGO IL 60606 JUN 10 19 WACKER POSTAL STORE
Postmark Here

Sent to:
Terrence Moisan, M.D.
President/Chief Executive Officer
Palos Hospital
12251 S. 80th Avenue

Reference Information
79146-1 QHCCS

PS Form 3800, Facsimile, July 2015

ATTACHMENT 7

MetroSouth
MEDICAL CENTER
BLUE ISLAND, IL

Certified Article Number
9414 7266 9904 2133 9672 24
SENDER'S RECORD

June 10, 2019

VIA CERTIFIED MAIL – RETURN RECEIPT REQUESTED

Tim Egan
President/Chief Executive Officer
Roseland Community Hospital
45 W. 111th Street
Chicago, IL 60628

RE: Discontinuation of Services – MetroSouth Medical Center

Dear Mr. Egan:

MetroSouth Medical Center, located at 12935 S. Gregory Street, Blue Island, IL 60406 (the "Hospital"), is filing an exemption application to the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Hospital's planned discontinuation of all hospital services. The discontinuation of the Hospital is anticipated in the fourth quarter of 2019, with a target date of November 1, 2019.

During calendar years 2016 and 2017, the Hospital treated patients in the volumes set forth below:

Year	Inpatient Admissions	Outpatient Visits	Emergency Department Visits
2016	8,184	83,998	44,529
2017	8,410	83,381	45,523

A copy of the Hospital's 2017 Annual Hospital Questionnaire Profile (the "Profile"), which is the most recent version published by HFSRB, is enclosed for your reference. Please note that the Hospital operates medical/surgical, intensive care unit, obstetrics/gynecology, acute mental illness, cardiac catheterization, and open heart surgery categories of service, as detailed in the Profile.

Please respond to me in writing within 15 days if you anticipate an impact of this proposed discontinuation on your facility. Thank you for your attention to this matter.

Sincerely,

John Walsh

John P. Walsh, FACHE
Chief Executive Officer
MetroSouth Medical Center

Ownership, Management and General Information

ADMINISTRATOR NAME:	John Baird
ADMINSTRATOR PHONE	708-597-2000 Ext. 5201
OWNERSHIP:	Blue Island Hospital Company LLC
OPERATOR:	Blue Island Hospital Company LLC
MANAGEMENT:	Limited Liability Company
CERTIFICATION:	
FACILITY DESIGNATION:	
ADDRESS	12935 South Gregory Street CITY: Blue Island COUNTY: Suburban Cook County

Patients by Race

White	25.7%
Black	65.7%
American Indian	0.0%
Asian	0.2%
Hawaiian/ Pacific	0.2%
Unknown	8.3%

Patients by Ethnicity

Hispanic or Latino:	9.6%
Not Hispanic or Latino:	86.8%
Unknown:	3.6%

IDPH Number:	5835
HPA	A-04
HSA	7

Facility Utilization Data by Category of Service

Clinical Service	Authorized CON Beds 12/31/2017	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	242	95	95	5,190	23,354	2,913	5.1	72.0	29.7	75.8
0-14 Years				*24*	*466*					
15-44 Years				*845*	*2,952*					
45-64 Years				*1,880*	*7,829*					
65-74 Years				*981*	*4,640*					
75 Years +				*1,460*	*7,467*					
Pediatric	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Intensive Care	28	12	12	1,052	2,769	13	2.6	7.6	27.2	63.5
Direct Admission				*868*	*2,197*					
Transfers				*184*	*572*					
Obstetric/Gynecology	30	21	21	1,498	3,047	187	2.2	8.9	29.5	42.2
Maternity				*1,485*	*3,027*					
Clean Gynecology				*13*	*20*					
Neonatal	0	13	13	455	1,985	0	4.4	5.4	0.0	41.8
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Total AMI	14			399	3,741	0	9.4	10.2	73.2	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		12	12	399	3,741	0	9.4	10.2		85.4
Rehabilitation	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	*0*					*0*				
Facility Utilization	314			8,410	34,896	3,113	4.5	104.1	33.2	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	40.5%	39.1%	3.9%	13.4%	2.2%	0.7%	
	3435	3314	334	1139	188	63	8,473
Outpatients	51.2%	19.8%	1.8%	18.8%	5.3%	3.1%	
	36398	14045	1274	13365	3758	2220	71,060

Financial Year Reported: 1/1/2017 *to* 12/31/2017

Inpatient and Outpatient Net Revenue by Payor Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals	Charity Care Expense
Inpatient Revenue ($)	26.5%	30.9%	1.1%	26.6%	14.9%	100.0%	
	24,137,768	28,116,250	1,042,118	24,235,776	13,589,262	91,121,174	246,136
Outpatient Revenue ($)	14.7%	21.1%	9.5%	36.7%	18.0%	100.0%	
	7,938,516	11,371,194	5,116,005	19,820,863	9,741,210	53,987,788	319,655

Total Charity Care Expense 565,791

Total Charity Care as % of Net Revenue 0.4%

Birthing Data

Number of Total Births:	1,384
Number of Live Births:	1,399
Birthing Rooms:	0
Labor Rooms:	5
Delivery Rooms:	0
Labor-Delivery-Recovery Rooms:	13
Labor-Delivery-Recovery-Postpartum Rooms:	0
C-Section Rooms:	2
CSections Performed:	449

Newborn Nursery Utilization

	Level I	Level II	Level II+
Beds	10	10	8
Patient Days	292	18	1,571
Total Newborn Patient Days			1,881

Laboratory Studies

Inpatient Studies	9,178
Outpatient Studies	29,965
Studies Performed Under Contract	2,158

Organ Transplantation

Kidney:	0
Heart:	0
Lung:	0
Heart/Lung:	0
Pancreas:	0
Liver:	0
Total:	0

ATTACHMENT 7

Surgery and Operating Room Utilization

Surgical Specialty	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	1	1	82	64	174	43	217	2.1	0.7
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	5	5	407	499	941	712	1653	2.3	1.4
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	0	0	23	7	87	28	115	3.8	4.0
OB/Gynecology	0	0	0	0	548	312	1222	559	1781	2.2	1.8
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	2	2	0	503	0	736	736	0.0	1.5
Orthopedic	0	0	1	1	373	481	1282	1122	2404	3.4	2.3
Otolaryngology	0	0	0	0	24	43	40	119	159	1.7	2.8
Plastic Surgery	0	0	0	0	1	1	5	30	35	5.0	30.0
Podiatry	0	0	0	0	62	88	118	149	267	1.9	1.7
Thoracic	0	0	0	0	53	10	199	97	296	3.8	9.7
Urology	0	0	1	1	66	66	130	121	251	2.0	1.8
Totals	**0**	**0**	**10**	**10**	**1639**	**2074**	**4198**	**3716**	**7914**	**2.6**	**1.8**

SURGICAL RECOVERY STATIONS Stage 1 Recovery Stations 12 Stage 2 Recovery Stations 28

Dedicated and Non-Dedicated Procedure Room Utilization

Procedure Type	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	3	3	936	2154	1324	2971	4295	1.4	1.4
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	1	1	0	33	0	35	35	0.0	1.1
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
Multipurpose Non-Dedicated Rooms											
					0	0	0	0	0	0.0	0.0
					0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0

Emergency/Trauma Care

Certified Trauma Center		No
Level of Trauma Service	Level 1	Level 2
Operating Rooms Dedicated for Trauma Care		0
Number of Trauma Visits:		0
Patients Admitted from Trauma		0
Emergency Service Type:		Comprehensive
Number of Emergency Room Stations		27
Persons Treated by Emergency Services:		45,523
Patients Admitted from Emergency:		5,954
Total ED Visits (Emergency+Trauma):		45,523

Free-Standing Emergency Center

Beds in Free-Standing Centers	0
Patient Visits in Free-Standing Centers	0
Hospital Admissions from Free-Standing Center	0

Outpatient Service Data

Total Outpatient Visits	83,381
Outpatient Visits at the Hospital/ Campus:	83,381
Outpatient Visits Offsite/off campus	0

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	3
Cath Labs used for Angiography procedures	0
Dedicated Diagnostic Catheterization Lab	0
Dedicated Interventional Catheterization Labs	2
Dedicated EP Catheterization Labs	1

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	1,522
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	898
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	317
EP Catheterizations (15+)	307

Cardiac Surgery Data

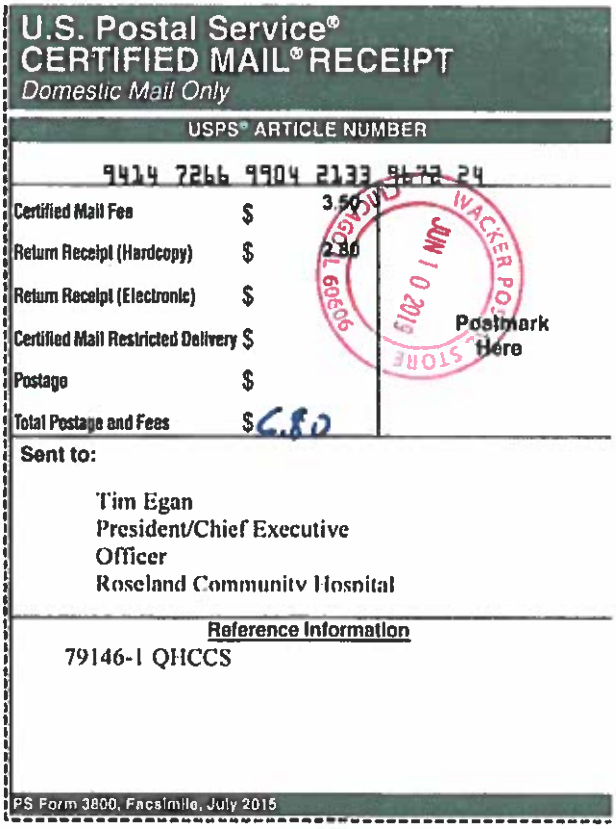
Total Cardiac Surgery Cases:	13
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	13
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	13

Diagnostic/Interventional Equipment	Owned	Contract	Examinations: Inpatient	Examinations: Outpt	Examinations: Contract
General Radiography/Fluoroscopy	6	0	6,389	26,180	0
Nuclear Medicine	5	0	902	410	0
Mammography	3	0	2	5,478	0
Ultrasound	5	0	2,676	7,338	0
Angiography	1	0			
Diagnostic Angiography			136	17	0
Interventional Angiography			293	120	0
Positron Emission Tomography (PET)	0	0	0	0	0
Computerized Axial Tomography (CAT)	2	0	2,674	11,710	0
Magnetic Resonance Imaging	1	0	1,375	980	0

Therapeutic Equipment	Owned	Contract	Therapies/ Treatments
Lithotripsy	0	0	0
Linear Accelerator	0	0	0
Image Guided Rad Therapy			0
Intensity Modulated Rad Thrpy			0
High Dose Brachytherapy	0	0	0
Proton Beam Therapy	0	0	0
Gamma Knife	0	0	0
Cyber knife	0	0	0

Source: 2017 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

ATTACHMENT 7



U.S. Postal Service®
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

USPS® ARTICLE NUMBER

9414 7266 9904 2133 91[illegible] 24

Certified Mail Fee	$	3.50
Return Receipt (Hardcopy)	$	2.80
Return Receipt (Electronic)	$	
Certified Mail Restricted Delivery	$	
Postage	$	
Total Postage and Fees	$	6.80

CHICAGO IL 60606 JUN 10 2019 WACKER POST STORE

Postmark Here

Sent to:

Tim Egan
President/Chief Executive Officer
Roseland Community Hospital

Reference Information

79146-1 QHCCS

PS Form 3800, Facsimile, July 2015

ATTACHMENT 7

MetroSouth
MEDICAL CENTER
BLUE ISLAND, IL

Certified Article Number
9414 7266 9904 2133 9672 17
SENDER'S RECORD

June 10, 2019

VIA CERTIFIED MAIL – RETURN RECEIPT REQUESTED

Timothy Caveney
Chief Executive Officer
South Shore Hospital
8012 South Crandon Avenue
Chicago, IL 60617

RE: Discontinuation of Services – MetroSouth Medical Center

Dear Mr. Caveney:

MetroSouth Medical Center, located at 12935 S. Gregory Street, Blue Island, IL 60406 (the "Hospital"), is filing an exemption application to the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Hospital's planned discontinuation of all hospital services. The discontinuation of the Hospital is anticipated in the fourth quarter of 2019, with a target date of November 1, 2019.

During calendar years 2016 and 2017, the Hospital treated patients in the volumes set forth below:

Year	Inpatient Admissions	Outpatient Visits	Emergency Department Visits
2016	8,184	83,998	44,529
2017	8,410	83,381	45,523

A copy of the Hospital's 2017 Annual Hospital Questionnaire Profile (the "Profile"), which is the most recent version published by HFSRB, is enclosed for your reference. Please note that the Hospital operates medical/surgical, intensive care unit, obstetrics/gynecology, acute mental illness, cardiac catheterization, and open heart surgery categories of service, as detailed in the Profile.

Please respond to me in writing within 15 days if you anticipate an impact of this proposed discontinuation on your facility. Thank you for your attention to this matter.

Sincerely,

John Walsh

John P. Walsh, FACHE
Chief Executive Officer
MetroSouth Medical Center

Ownership, Management and General Information

ADMINISTRATOR NAME:	John Baird
ADMINSTRATOR PHONE	708-597-2000 Ext. 5201
OWNERSHIP:	Blue Island Hospital Company LLC
OPERATOR:	Blue Island Hospital Company LLC
MANAGEMENT:	Limited Liability Company
CERTIFICATION:	
FACILITY DESIGNATION:	
ADDRESS	12935 South Gregory Street CITY: Blue Island COUNTY: Suburban Cook County

Patients by Race

White	25.7%
Black	65.7%
American Indian	0.0%
Asian	0.2%
Hawaiian/ Pacific	0.2%
Unknown	8.3%

Patients by Ethnicity

Hispanic or Latino:	9.6%
Not Hispanic or Latino:	86.8%
Unknown:	3.6%

IDPH Number:	5835
HPA	A-04
HSA	7

Facility Utilization Data by Category of Service

Clinical Service	Authorized CON Beds 12/31/2017	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy Rate %	Staffed Bed Occupancy Rate %
Medical/Surgical	242	95	95	5,190	23,354	2,913	5.1	72.0	29.7	75.8
0-14 Years				*24*	*466*					
15-44 Years				*845*	*2,952*					
45-64 Years				*1,880*	*7,829*					
65-74 Years				*981*	*4,640*					
75 Years +				*1,460*	*7,467*					
Pediatric	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Intensive Care	28	12	12	1,052	2,769	13	2.6	7.6	27.2	63.5
Direct Admission				*868*	*2,197*					
Transfers				*184*	*572*					
Obstetric/Gynecology	30	21	21	1,498	3,047	187	2.2	8.9	29.5	42.2
Maternity				*1,485*	*3,027*					
Clean Gynecology				*13*	*20*					
Neonatal	0	13	13	455	1,985	0	4.4	5.4	0.0	41.8
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds			0	0	0		0.0	0.0		
Total AMI	14			399	3,741	0	9.4	10.2	73.2	
Adolescent AMI		0	0	0	0	0	0.0	0.0		0.0
Adult AMI		12	12	399	3,741	0	9.4	10.2		85.4
Rehabilitation	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	*0*					*0*				
Facility Utilization	314			8,410	34,896	3,113	4.5	104.1	33.2	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
Inpatients	40.5%	39.1%	3.9%	13.4%	2.2%	0.7%	
	3435	3314	334	1139	188	63	8,473
Outpatients	51.2%	19.8%	1.8%	18.8%	5.3%	3.1%	
	36398	14045	1274	13365	3758	2220	71,060

Financial Year Reported: 1/1/2017 *to* 12/31/2017

Inpatient and Outpatient Net Revenue by Payor Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals	Charity Care Expense
Inpatient Revenue ($)	26.5%	30.9%	1.1%	26.6%	14.9%	100.0%	
	24,137,768	28,116,250	1,042,118	24,235,776	13,589,262	91,121,174	246,136
Outpatient Revenue ($)	14.7%	21.1%	9.5%	36.7%	18.0%	100.0%	
	7,938,516	11,371,194	5,116,005	19,820,863	9,741,210	53,987,788	319,655

Total Charity Care Expense
565,791
Total Charity Care as % of Net Revenue
0.4%

Birthing Data

Number of Total Births:	1,384
Number of Live Births:	1,399
Birthing Rooms:	0
Labor Rooms:	5
Delivery Rooms:	0
Labor-Delivery-Recovery Rooms:	13
Labor-Delivery-Recovery-Postpartum Rooms:	0
C-Section Rooms:	2
CSections Performed:	449

Newborn Nursery Utilization

	Level I	Level II	Level II+
Beds	10	10	8
Patient Days	292	18	1,571
Total Newborn Patient Days			1,881

Laboratory Studies

Inpatient Studies	9,178
Outpatient Studies	29,965
Studies Performed Under Contract	2,158

Organ Transplantation

Kidney:	0
Heart:	0
Lung:	0
Heart/Lung:	0
Pancreas:	0
Liver:	0
Total:	0

ATTACHMENT 7

Surgery and Operating Room Utilization

Surgical Specialty	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	1	1	82	64	174	43	217	2.1	0.7
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	5	5	407	499	941	712	1653	2.3	1.4
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	0	0	23	7	87	28	115	3.8	4.0
OB/Gynecology	0	0	0	0	548	312	1222	559	1781	2.2	1.8
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	2	2	0	503	0	736	736	0.0	1.5
Orthopedic	0	0	1	1	373	481	1282	1122	2404	3.4	2.3
Otolaryngology	0	0	0	0	24	43	40	119	159	1.7	2.8
Plastic Surgery	0	0	0	0	1	1	5	30	35	5.0	30.0
Podiatry	0	0	0	0	62	88	118	149	267	1.9	1.7
Thoracic	0	0	0	0	53	10	199	97	296	3.8	9.7
Urology	0	0	1	1	66	66	130	121	251	2.0	1.8
Totals	**0**	**0**	**10**	**10**	**1639**	**2074**	**4198**	**3716**	**7914**	**2.6**	**1.8**

SURGICAL RECOVERY STATIONS Stage 1 Recovery Stations 12 Stage 2 Recovery Stations 28

Dedicated and Non-Dedicated Procedure Room Utilization

Procedure Type	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	3	3	936	2154	1324	2971	4295	1.4	1.4
Laser Eye Procedures	0	0	0	0	0	0	0	0	0	0.0	0.0
Pain Management	0	0	1	1	0	33	0	35	35	0.0	1.1
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
Multipurpose Non-Dedicated Rooms											
					0	0	0	0	0	0.0	0.0
					0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0

Emergency/Trauma Care

Certified Trauma Center		No
Level of Trauma Service	Level 1	Level 2
Operating Rooms Dedicated for Trauma Care		0
Number of Trauma Visits:		0
Patients Admitted from Trauma		0
Emergency Service Type:		Comprehensive
Number of Emergency Room Stations		27
Persons Treated by Emergency Services:		45,523
Patients Admitted from Emergency:		5,954
Total ED Visits (Emergency+Trauma):		45,523

Free-Standing Emergency Center

Beds in Free-Standing Centers	0
Patient Visits in Free-Standing Centers	0
Hospital Admissions from Free-Standing Center	0

Outpatient Service Data

Total Outpatient Visits	83,381
Outpatient Visits at the Hospital/ Campus:	83,381
Outpatient Visits Offsite/off campus	0

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	3
Cath Labs used for Angiography procedures	0
Dedicated Diagnostic Catheterization Lab	0
Dedicated Interventional Catheterization Labs	2
Dedicated EP Catheterization Labs	1

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	1,522
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	898
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	317
EP Catheterizations (15+)	307

Cardiac Surgery Data

Total Cardiac Surgery Cases:	13
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	13
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	13

Diagnostic/Interventional Equipment	Owned	Contract	Examinations Inpatient	Outpt	Contract
General Radiography/Fluoroscopy	6	0	8,389	26,180	0
Nuclear Medicine	5	0	902	410	0
Mammography	3	0	2	5,478	0
Ultrasound	5	0	2,676	7,338	0
Angiography	1	0			
Diagnostic Angiography			136	17	0
Interventional Angiography			293	120	0
Positron Emission Tomography (PET)	0	0	0	0	0
Computerized Axial Tomography (CAT)	2	0	2,674	11,710	0
Magnetic Resonance Imaging	1	0	1,375	980	0

Therapeutic Equipment	Owned	Contract	Therapies/ Treatments
Lithotripsy	0	0	0
Linear Accelerator	0	0	0
Image Guided Rad Therapy			0
Intensity Modulated Rad Thrpy			0
High Dose Brachytherapy	0	0	0
Proton Beam Therapy	0	0	0
Gamma Knife	0	0	0
Cyber knife	0	0	0

Source: 2017 Annual Hospital Questionnaire, Illinois Department of Public Health, Health Systems Development.

ATTACHMENT 7

U.S. Postal Service®
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

USPS® ARTICLE NUMBER

9414 7266 9904 2133 9672 37

Certified Mail Fee	$
Return Receipt (Hardcopy)	$
Return Receipt (Electronic)	$
Certified Mail Restricted Delivery	$
Postage	$
Total Postage and Fees	$ 6.80

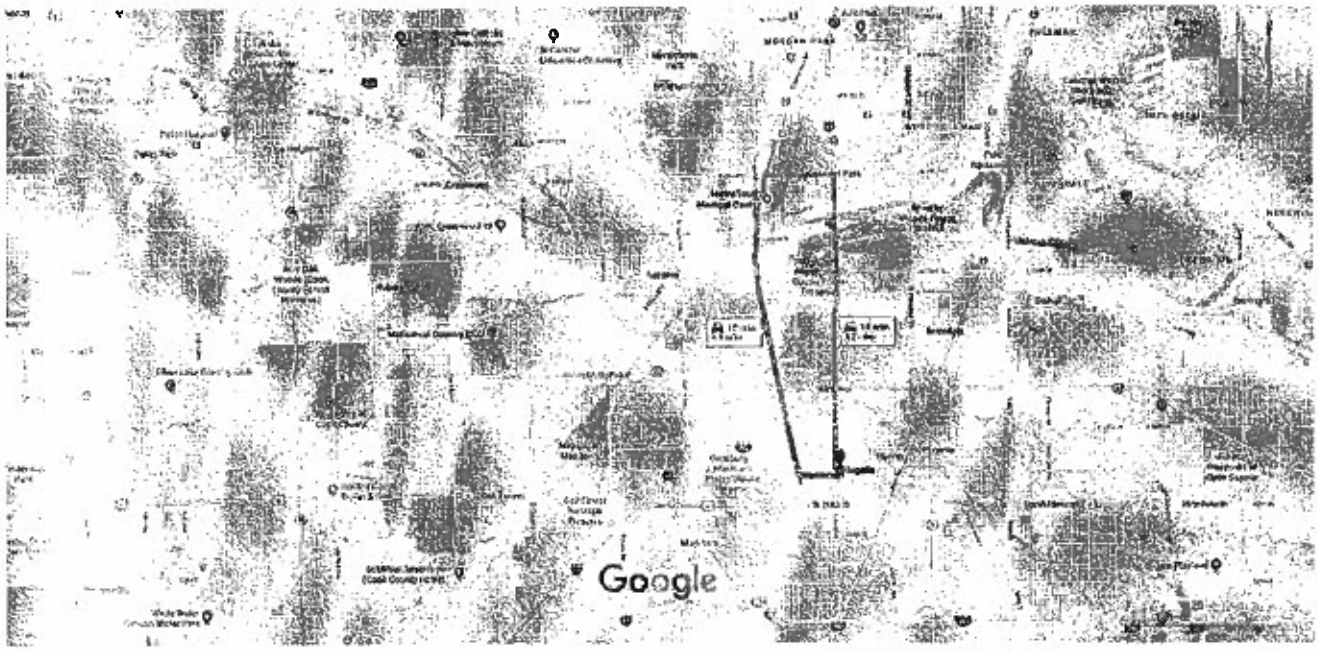
Sent to:
Timothy Cavency
Chief Executive Officer
South Shore Hospital
8012 South Crandon Avenue
Chicago, IL 60617

Reference Information
79146-1 QHCCS

PS Form 3800, Facsimile July 2015

ATTACHMENT 7

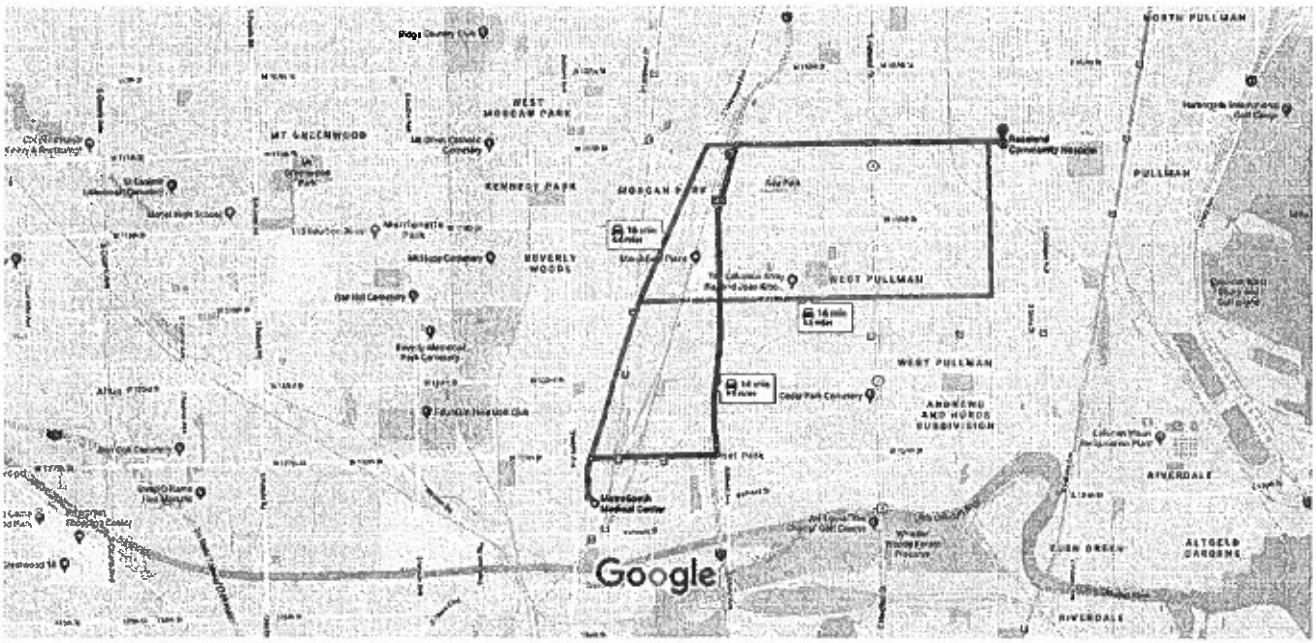
Google Maps **MetroSouth Medical Center, Blue Island, IL to Ingalls, Ingalls Drive, Harvey, IL** Drive 4.5 miles, 12 min



via S Western Ave and Dixie Hwy	12 min
Fastest route, the usual traffic	4.5 miles
via S Ashland Ave and S Wood St	14 min
	5.2 miles

ATTACHMENT 7

Google Maps MetroSouth Medical Center, Blue Island, IL to Roseland Community Hospital Drive 4.9 miles, 14 min

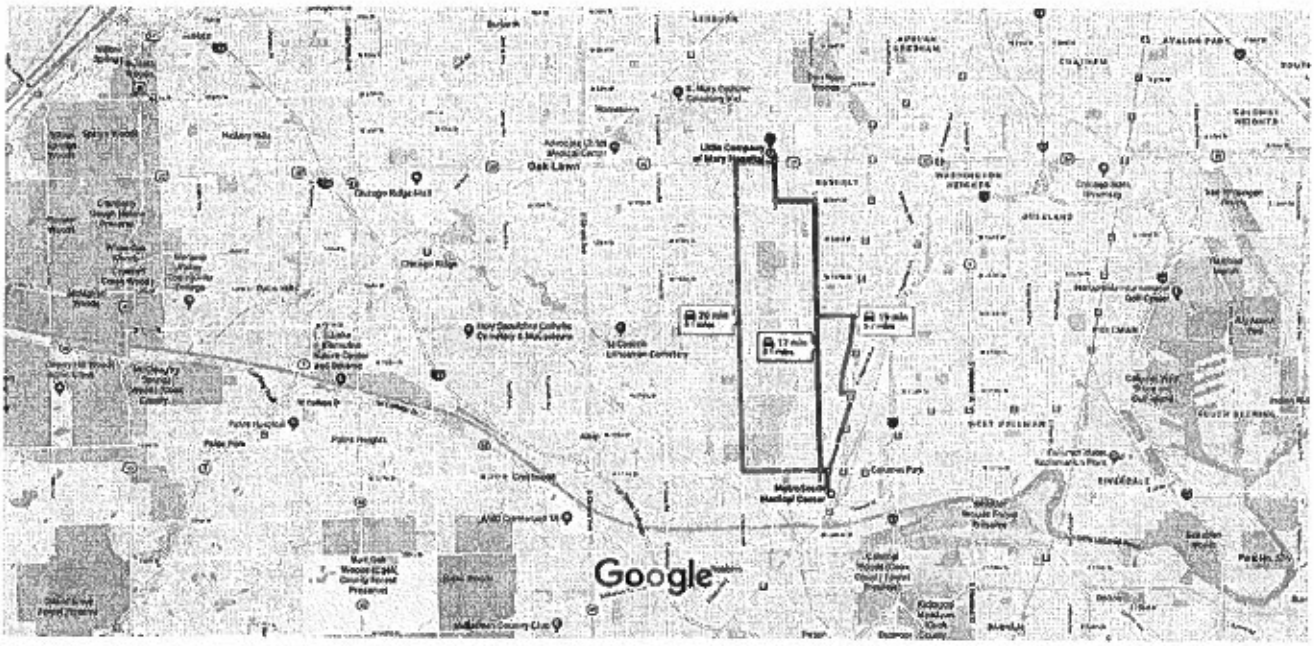


Map data ©2019 Google 2000 ft

via I-57 N and W 111th St Fastest route, the usual traffic	14 min 4.9 miles
via Vincennes Rd and W 111th St	16 min 4.4 miles
via W 119th St	16 min 4.8 miles

ATTACHMENT 7

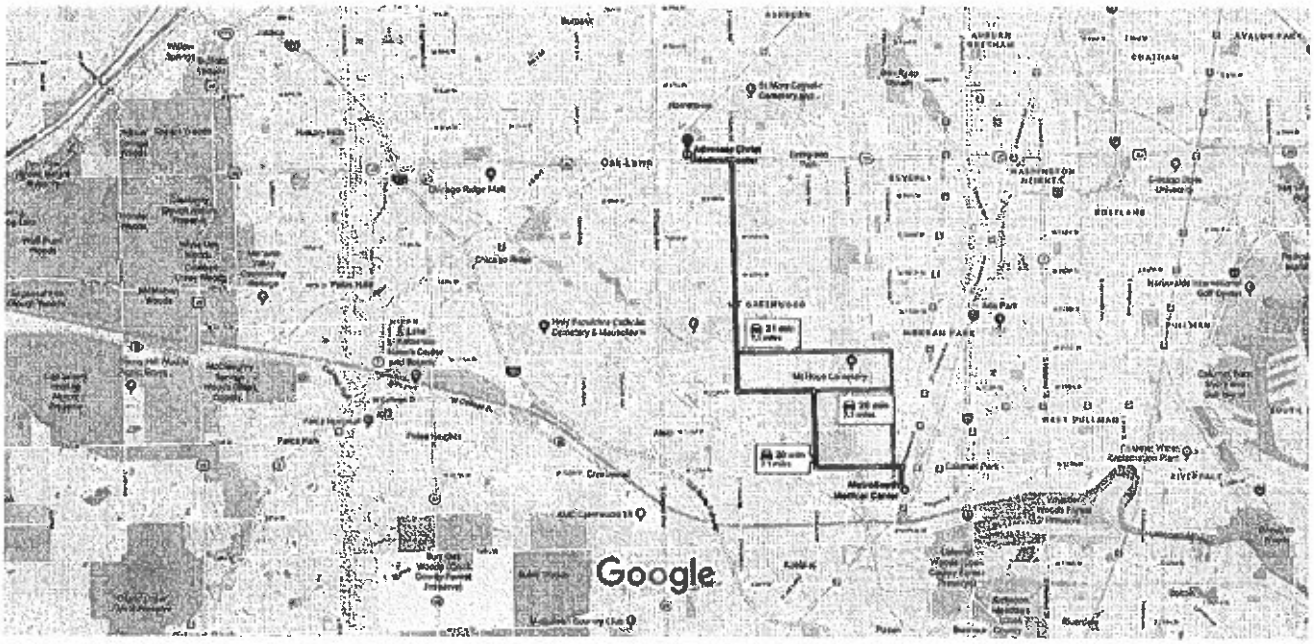
Google Maps MetroSouth Medical Center, Blue Island, IL to Little Company of Mary Hospital — Drive 5.1 miles, 17 min



via S Western Ave	17 min
Fastest route, lighter traffic than usual	5.1 miles
via S Kedzie Ave	20 min
	6.1 miles
via Western Ave	19 min
	5.7 miles

ATTACHMENT 7

Google Maps MetroSouth Medical Center, Blue Island, IL to Advocate Christ Medical Center — Drive 7.1 miles, 20 min

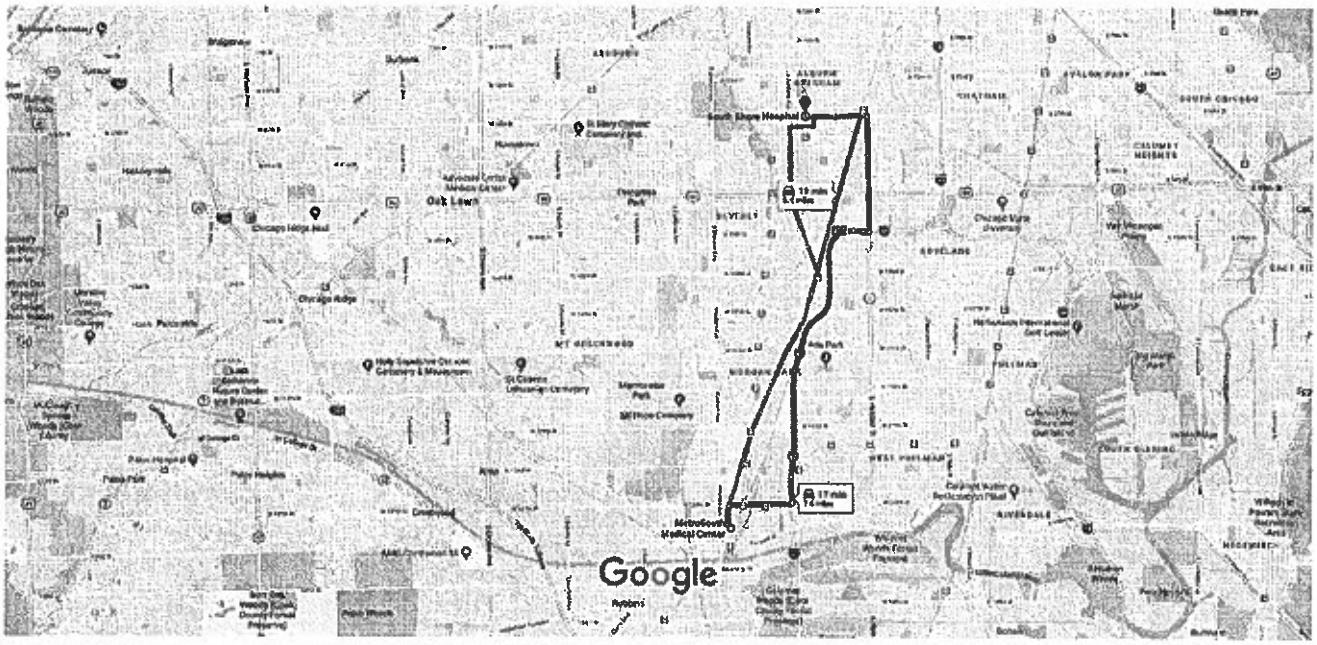


Map data ©2019 1 mi

via S Pulaski Rd Fastest route, lighter traffic than usual	20 min 7.1 miles
via W 119th St and S Pulaski Rd	20 min 7.1 miles
via W 115th St and S Pulaski Rd	21 min 7.1 miles

ATTACHMENT 7

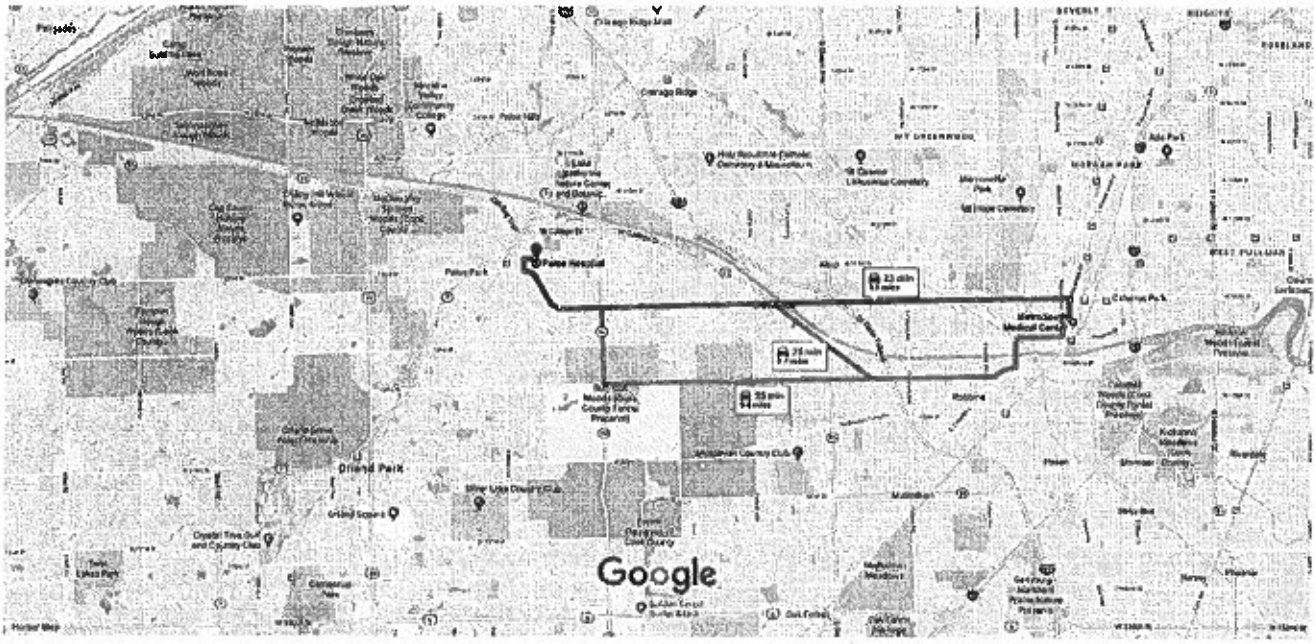
Google Maps MetroSouth Medical Center, Blue Island, IL to South Shore Hospital Drive 7.6 miles, 17 min



via I-57 N Fastest route, the usual traffic	17 min 7.6 miles
via Vincennes Rd	19 min 6.4 miles
via Vincennes Rd and S Beverly Blvd	19 min 6.1 miles

ATTACHMENT 7

Google Maps MetroSouth Medical Center, Blue Island, IL to Palos Hospital Drive 8.0 miles, 23 min

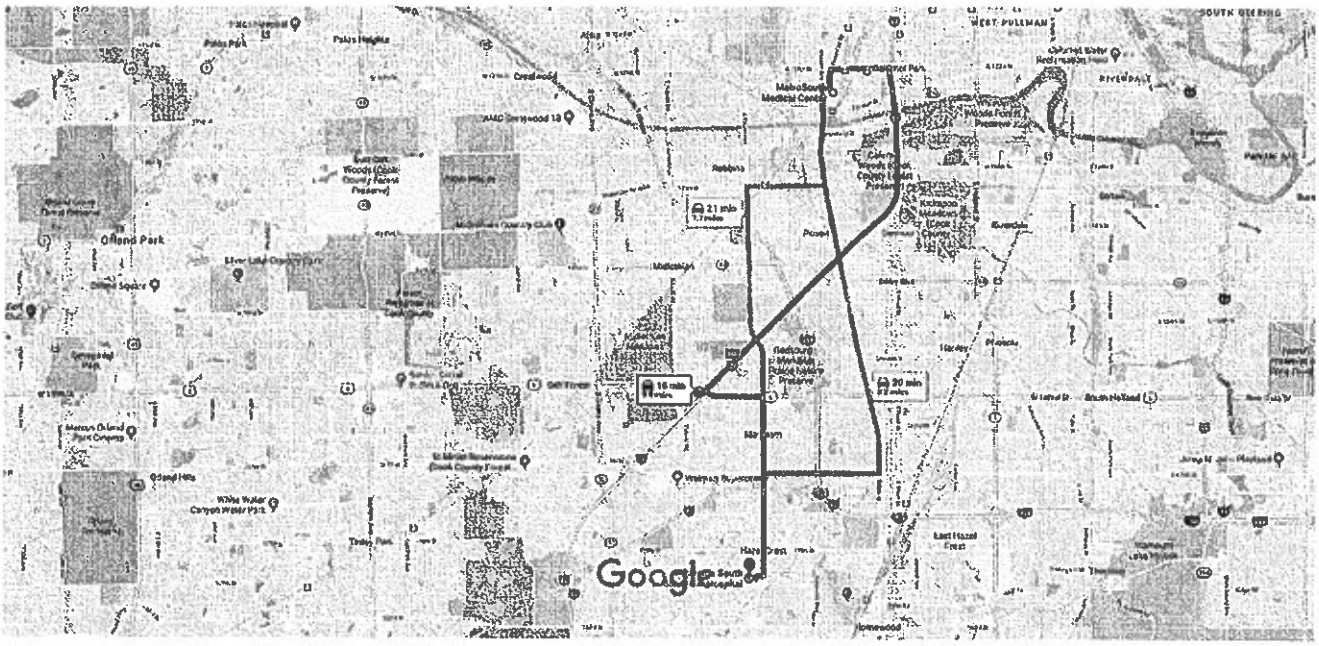


Map data ©2019 1 mi

via W 127th St Fastest route, lighter traffic than usual	23 min 8.0 miles
via W 135th St	25 min 9.4 miles
via W Cal Sag Rd and W 127th St Some traffic, as usual	26 min 8.7 miles

ATTACHMENT 7

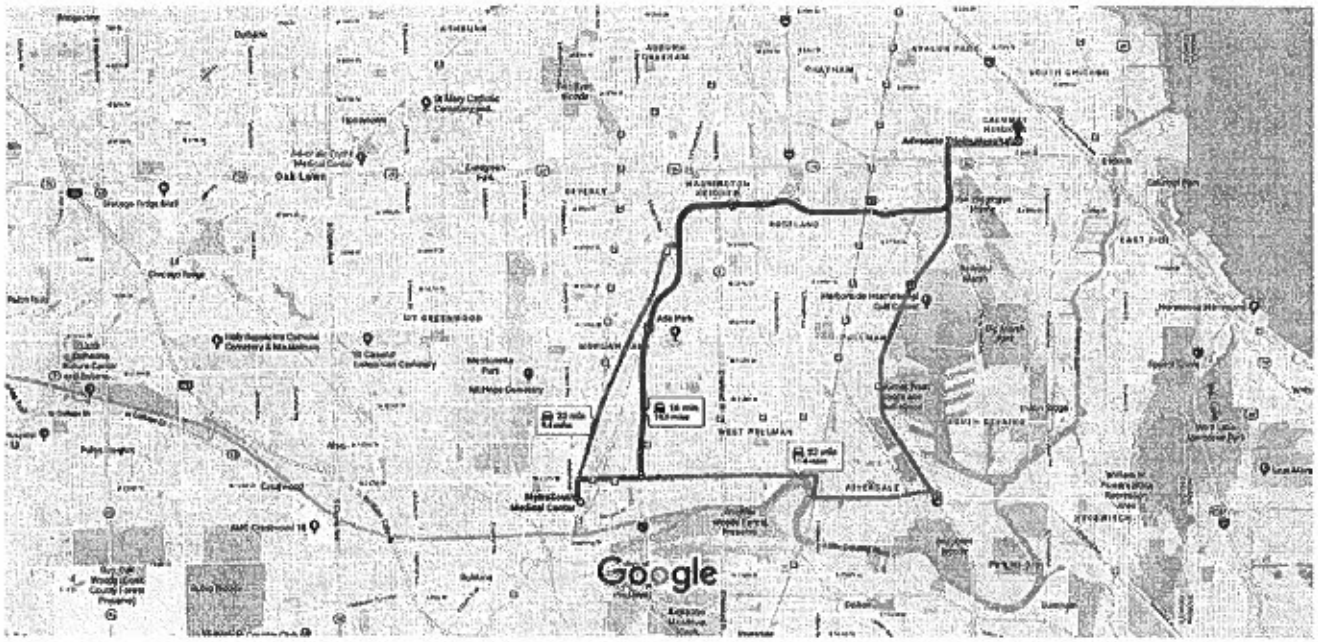
Google Maps MetroSouth Medical Center, Blue Island, IL to Advocate South Suburban Hospital Drive 9.9 miles, 18 min



via I-57 S Fastest route, the usual traffic	18 min 9.9 miles
via S Western Ave and Dixie Hwy	20 min 8.2 miles
via Kedzie Ave Some traffic, as usual	21 min 7.7 miles

ATTACHMENT 7

Google Maps MetroSouth Medical Center, Blue Island, IL to Advocate Trinity Hospital Drive 10.0 miles, 16 min



via I-57 N Fastest route, the usual traffic	16 min 10.0 miles
via W 127th St and I-94 W	23 min 11.4 miles
via Vincennes Rd	23 min 9.4 miles

ATTACHMENT 7

ATTACHMENT 8

BACKGROUND OF THE APPLICANT

This Attachment includes the following:

1. A listing of health care facilities owned and operated by the applicants.
2. The applicants' certification of no adverse action together with the applicants' authorization permitting HFSRB and IDPH access to documents.

ATTACHMENT 8

BACKGROUND OF THE APPLICANT

Listing of Health Care Facilities

Quorum Hospital Corporation's affiliated Illinois hospitals are:

MetroSouth Medical Center
12935 South Gregory Street
Blue Island, Illinois
General Hospital License #0005835

Crossroads Community Hospital
8 Doctors Park Rd
Mt. Vernon, Illinois
General Hospital License #0003947

Galesburg Cottage Hospital
695 N Kellogg St
Galesburg, Illinois
General Hospital License #0005330

Gateway Regional Medical Center
Granite City, Illinois
General Hospital License #0005223

Heartland Regional Medical Center
3333 W DeYoung St
Marion, Illinois
General Hospital License #0005298

Red Bud Regional Hospital
325 Spring Street
Red Bud, Illinois
Critical Access Hospital License #0005199

Union County Hospital
517 North Main Street
Anna, Illinois
Critical Access Hospital License #0005421

Vista Medical Center
1324 N Sheridan Rd
Waukegan, Illinois
General Hospital License #0005397

QUORUM HEALTH

June 7, 2019

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

Dear Ms. Avery:

On behalf of the Applicants, namely, Blue Island Hospital Company, LLC, d/b/a MetroSouth Medical Center ("MetroSouth") and Quorum Health Corporation ("Quorum"), I hereby certify that no adverse action has been taken against MetroSouth or any other Illinois facility owned, operated and/or controlled by the Applicants during the three years prior to the filing of the application to discontinue MetroSouth.

The Applicants hereby permit the Illinois Health Facilities and Services Review Board and Illinois Department of Public Health ("IDPH") to have access to any documents necessary to verify the information submitted in the application to discontinue MetroSouth, including, but not limited to: (i) official records of IDPH or other State of Illinois agencies; (ii) the licensing or certification records of other states, when applicable; and (iii) the records of nationally recognized accreditation organizations.

The Applicants certify that all questionnaires and data required by the Health Facilities and Services Review Board and IDPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 60 days following the date of discontinuation.

The Applicants further attest that MetroSouth is providing the required notice of the facility closure to local media that the facility would notify about facility events. Documentation of the closure notice is attached to this letter.

Respectfully submitted,

Martin D. Smith / EVP and Chief Operating Officer

Quorum Health Corporation

Notary:

Subscribed and sworn to me this 7th day of June, 2019

Rochelle D. Payne

Notary Public

Seal:

ROCHELLE D. PAYNE
TENNESSEE
NOTARY
PUBLIC
My Comm Exp.
September 22, 2019
COUNTY OF WILLIAMSON

Quorum Health and QHC are trademarks/tradenames of QHCCS, LLC, which provides management services to affiliates of Quorum Health Corporation.

ATTACHMENT 8

ATTACHMENT 9

SAFETY NET IMPACT STATEMENT

20 ILCS 3960/5.4

A. <u>The Project will not have a Material Impact on Safety Net Services</u>

The applicants have no reason to believe that the discontinuation of MetroSouth will have a material impact on safety net services. There are eight full service hospitals within 10 miles of MetroSouth which are generally under-utilized in the services being discontinued. Consequently, the discontinuation of MetroSouth would be expected to result in higher utilization of the surrounding facilities and reducing their costs per unit of service, which would improve those hospitals' ability to cross-subsidize safety net services.

Also, there are 14 Federally Qualified Health Care Centers (FQHCs) within five miles of Blue Island according to the Health Resources & Services Administration's website. *See* listing of FQHCs included with this Attachment. The Administrations website describes the services provided at its Health Centers as follows:

What is a Health Center?

Health centers are community-based and patient-directed organizations that deliver comprehensive, culturally competent, high-quality primary health care services. Health centers also often integrate access to pharmacy, mental health, substance use disorder, and oral health services in areas where economic, geographic, or cultural barriers limit access to affordable health care services. Health centers deliver care to the Nation's most vulnerable individuals and families, including people experiencing homelessness, agricultural workers, residents of public housing, and the Nation's veterans.

Health Center Program fundamentals:

•Deliver high quality, culturally competent, comprehensive primary care, as well as supportive services such as health education, translation, and transportation that promote access to health care.

•Provide services regardless of patients' ability to pay and charge for services on a sliding fee scale.

•Operate under the direction of patient-majority governing boards of autonomous community-based organizations. These include public and private non-profit organizations and tribal and faith-based organizations.

•Develop systems of patient-centered and integrated care that respond to the unique needs of diverse medically underserved areas and populations.

•Meet requirements regarding administrative, clinical, and financial operations.

How Health Centers Work

Health centers overcome geographic, cultural, linguistic, and other barriers to care by delivering coordinated and comprehensive primary and preventive services. This care reduces health disparities by emphasizing care management of patients with multiple health care needs and the use of key quality improvement practices, including health information technology.

Most health centers receive Health Center Program federal grant funding to improve the health of underserved and vulnerable populations. Some health centers receive funding to focus on special populations including individuals and families experiencing homelessness, migratory and seasonal agricultural workers, and residents of public housing. The majority of health center operating funds come from Medicaid, Medicare, private insurance, patient fees, and other resources. Some health centers that meet all Health Center Program requirements do not receive Federal award funding. These are called Health Center Program look-alikes.

Health centers leverage a variety of other related programs. Health centers that receive federal grant funding may gain access to medical malpractice coverage under Federal Tort Claims Act (FTCA), and some receive federal loan guarantees for capital improvements.

All health centers, including look-alikes, gain access to:

•Federally Qualified Health Center Prospective Payment System reimbursement for services to Medicare and Medicaid beneficiaries;

•340B Drug Pricing Program discounts for pharmaceutical products;

•Free vaccines for uninsured and underinsured children through the Vaccines for Children Program; and,

•Assistance in the recruitment and retention of primary care providers through the National Health Service Corps.

Source: https://bphc.hrsa.gov/about/what-is-a-health-center/index.html

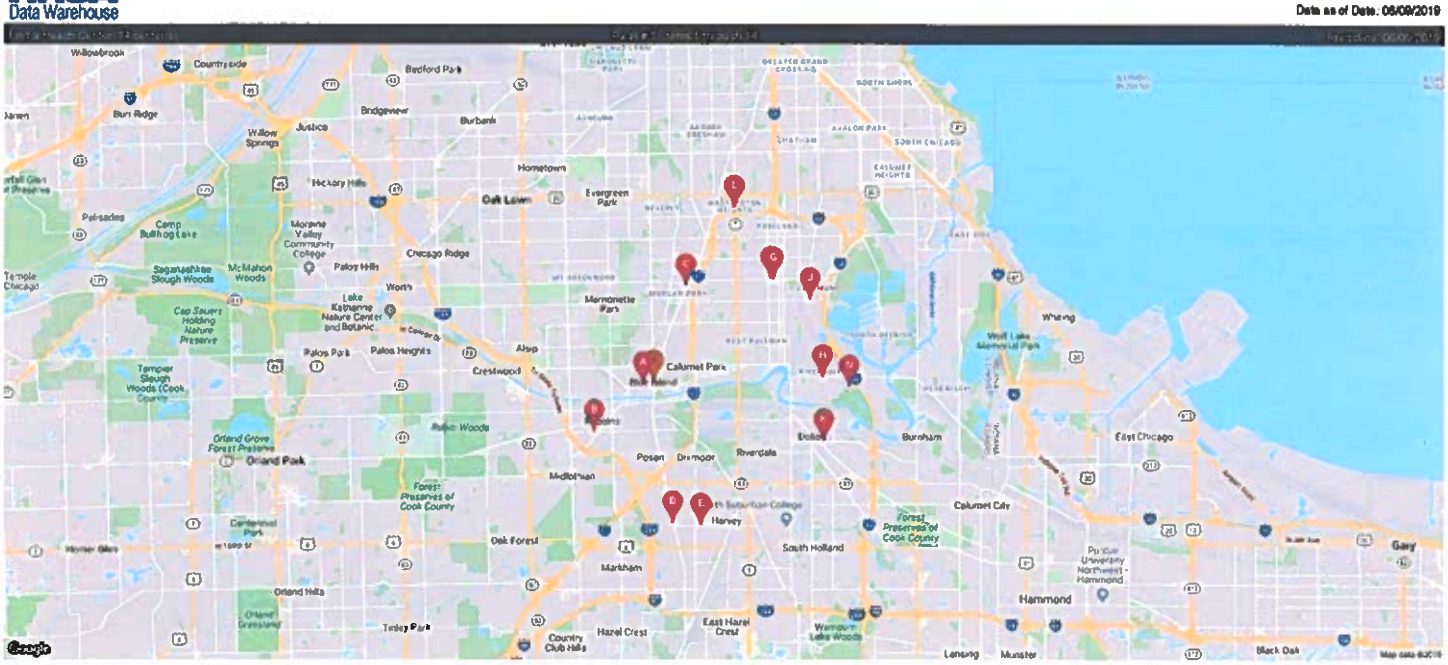
B. <u>Charity Care and Medicaid Services</u>

MetroSouth's Charity Care and Medicaid services for the last three years are shown in the table immediately following this page.

ATTACHMENT 9

HRSA Data Warehouse

Data as of Date: 06/09/2019



A.

ACCESS BLUE ISLAND FAMILY HEALTH CENTER

Operated by Access Community Health Network

Address: 13000 Maple Ave Blue Island, IL 60406-2318

Phone: 708-385-6100

Distance: 0.25 miles

Website: www.accesscommunityhealth.net

Click to get driving directions.

B.
BELOVED COMMUNITY FAMILY WELLNESS CENTER ROBBINS
Operated by BELOVED COMMUNITY FAMILY WELLNESS CENTER
Address: 3518 W 139th St Fl 2 Robbins, IL 60472-2002
Phone: 773-651-3629
Distance: 1.83 miles
Click to get driving directions.

C.
CLINIC ON MONTEREY
Operated by Christian Community Health Center
Address: 1701 W Monterey Ave Chicago, IL 60643-4257
Phone: 773-233-4100
Distance: 2.4 miles
Website: www.cchc-online.org
Click to get driving directions.

D.
SOUTH SUBURBAN HOMELESS OUTREACH CENTER
Operated by Aunt Martha's Health And Wellness, Inc.
Address: 15420 Dixie Hwy Unit G Harvey, IL 60426-3479
Phone: 877-692-8686
Distance: 3.37 miles
Website: www.auntmarthas.org
Click to get driving directions.

E.
FAMILY CHRISTIAN HEALTH CENTER

Operated by Family Christian Health Center
Address: 31 W 155th St Harvey, IL 60426-3556
Phone: 708-596-5177
Distance: 3.58 miles
Website: www.familychristianhealthcenter.org
Click to get driving directions.

F.
CHICAGO FAMILY HEALTH CENTER - ROSELAND
Operated by Chicago Family Health Center, Inc.
Address: 120 W 111th St Chicago, IL 60628-4215
Phone: 773-995-3416
Distance: 3.67 miles
Website: http://www.chicagofamilyhealth.org
Click to get driving directions.

G.
AUNT MARTHA'S ROSELAND COMMUNITY HEALTH CENTER
Operated by Aunt Martha's Health And Wellness, Inc.
Address: 45 W 111th St Chicago, IL 60628
Phone: 877-692-8686
Distance: 3.73 miles
Website: www.auntmarthas.org
Click to get driving directions.

H.
TCA HEALTH, INC.
Operated by TCA HEALTH, INC. NFP
Address: 1029 E 130th St Chicago, IL 60628-6908

Phone: 773-995-6300
Distance: 4 miles
Website: none
Click to get driving directions.

I.
MOBILE STUDENT HEALTH CLINIC, PARKING LOT B
Operated by TCA HEALTH, INC. NFP
Address: 1029 E 130th St Chicago, IL 60628
Phone: 773-995-6300
Distance: 4 miles
Website: www.tcahealth.org
Click to get driving directions.

J.
CHICAGO FAMILY HEALTH CENTER- PULLMAN
Operated by Chicago Family Health Center, Inc.
Address: 570 E 115th St Chicago, IL 60628-5740
Phone: 773-768-5000
Distance: 4.17 miles
Website: www.chicagofamilyhealth.org
Click to get driving directions.

K.
FAMILY CHRISTIAN HEALTH CENTER
Operated by Family Christian Health Center
Address: 713 E 142nd St Dolton, IL 60419-1062
Phone: 708-596-5177
Distance: 4.26 miles

Click to get driving directions.

L.
MOBILE HEALTH VAN
Operated by Christian Community Health Center
Address: 9718 S Halsted St Chicago, IL 60628-1007
Phone: 773-233-4100
Distance: 4.55 miles
Website: www.cchc-online.org
Click to get driving directions.

M.
CHRISTIAN COMMUNITY HEALTH CENTER
Operated by Christian Community Health Center
Address: 9718 S Halsted St Chicago, IL 60628-1007
Phone: 773-233-4100
Distance: 4.55 miles
Website: www.cchc-online.org
Click to get driving directions.

N.
CARVER MILITARY ACADEMY/TCA HLTH,INC
Operated by TCA HEALTH, INC. NFP
Address: 13100 S Doty Ave Chicago, IL 60827-1597
Phone: 773-535-5357
Distance: 4.63 miles
Website: none
Click to get driving directions.

MetroSouth's Charity Care and Medicaid Information

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	**2015**	**2016**	**2017**
Inpatient	35	43	63
Outpatient	106	472	2,220
Total	**141**	**515**	**2,283**
Charity (cost in dollars)			
Inpatient	3,126,762	147,424	246,136
Outpatient	1,903,600	217,414	319,655
Total	**5,030,362**	**364,838**	**565,791**
MEDICAID			
Medicaid (# of patients)	**2015**	**2016**	**2017**
Inpatient	2,764	3,103	3,314
Outpatient	34,047	35,031	14,045
Total	**36,811**	**38,134**	**17,359**
Medicaid (revenue)			
Inpatient	31,013,796	34,323,681	28,116,250
Outpatient	3,815,200	4,279,057	11,371,194
Total	**34,828,996**	**38,602,738**	**39,487,444**

ATTACHMENT 9

ATTACHMENT 10

CHARITY CARE INFORMATION

20 ILCS 3960/5.4

The amount of charity care for the last three years provided by MetroSouth and by each of Quorum Health Corporation's affiliated Illinois hospitals is included in the tables below.

METROSOUTH MEDICAL CENTER, Blue Island			
	2015	**2016**	**2017**
Net Patient Revenue ($)	**137,534,708**	**130,520,068**	**145,108,962**
Amount of Charity Care (charges)	3.7% of net patient revenue	0.3% of net patient revenue	0.4% of net patient revenue
Cost of Charity Care ($)	5,030,362	364,838	565,791

CROSSROADS COMMUNITY HOSPITAL, Mt. Vernon			
	2015	**2016**	**2017**
Net Patient Revenue ($)	**44,457,722**	**43,087,842**	**42,975,140**
Amount of Charity Care (charges)	1.7% of net patient revenue	1.2% of net patient revenue	0.5% of net patient revenue
Cost of Charity Care ($)	749,436	536,244	204,594

GALESBURG COTTAGE HOSPITAL, Galesburg			
	2015	**2016**	**2017**
Net Patient Revenue ($)	**66,868,915**	**64,576,277**	**63,910,368**
Amount of Charity Care (charges)	0.1% of net patient revenue	0.5% of net patient revenue	0.1% of net patient revenue
Cost of Charity Care ($)	61,902	309,753	38,924

GATEWAY REGIONAL MEDICAL CENTER, Granite City			
	2015	**2016**	**2017**
Net Patient Revenue ($)	**121,817,329**	**124,186,704**	**131,930,854**
Amount of Charity Care (charges)	0.2% of net patient revenue	0.6% of net patient revenue	0.2% of net patient revenue
Cost of Charity Care ($)	299,741	743,461	318,364

HEARTLAND REGIONAL MEDICAL CENTER, Marion			
	2015	**2016**	**2017**
Net Patient Revenue ($)	**114,397,296**	**106,229,851**	**107,493,477**
Amount of Charity Care (charges)	1.7% of net patient revenue	1.2% of net patient revenue	1.1% of net patient revenue
Cost of Charity Care ($)	1,997,926	1,307,347	1,223,011
RED BUD REGIONAL HOSPITAL, Red Bud			
	2015	**2016**	**2017**
Net Patient Revenue ($)	**22,969,325**	**23,915,249**	**25,232,661**
Amount of Charity Care (charges)	0.1% of net patient revenue	0.9% of net patient revenue	0.3% of net patient revenue
Cost of Charity Care ($)	18,451	208,815	80,088

UNION COUNTY HOSPITAL, Anna			
	2015	**2016**	**2017**
Net Patient Revenue ($)	**23,594,645**	**25,484,168**	**24,855,974**
Amount of Charity Care (charges)	0.2% of net patient revenue	0.6% of net patient revenue	0.3% of net patient revenue
Cost of Charity Care ($)	39,132	140,648	77,416

VISTA MEDICAL CENTER, Waukegan			
	2015	**2016**	**2017**
Net Patient Revenue ($)	**174,722,125**	**177,771,693**	**171,104,147**
Amount of Charity Care (charges)	0.8% of net patient revenue	0.6% of net patient revenue	0.5% of net patient revenue
Cost of Charity Care ($)	1,462,486	988,548	886,957

The above charity care information is from the 2015, 2016 and 2017 Hospital Profiles for each hospital. The individual hospital charity care is not separately audited. Quorum Health Corporation's most recent Form 10-K filed with the U.S. Securities and Exchange Commission for the year ended December 31, 2018 contains the following statement on charity care:

Charity Care

In the ordinary course of business, the Company provides services to patients who are financially unable to pay for hospital care. The related charges for those patients who are financially unable to pay that otherwise do not qualify for reimbursement from a governmental program are classified as charity care. The Company determines amounts that qualify for charity care primarily based on the patient's household income relative

to the poverty level guidelines established by the federal government. The Company's policy is to not pursue collections for such amounts; therefore, the related charges are recorded in operating revenues at the standard billing rates and fully offset in contractual allowances. The Company's gross amounts of charity care revenues were $33.0 million, $34.0 million and $34.6 million for the years ended December 31, 2018, 2017 and 2016, respectively.

The Company estimates the cost of providing charity care services utilizing a ratio of cost to gross charges and applying this ratio to the gross charges associated with providing care to charity patients for the period. The estimated costs of providing charity care services was $5.5 million, $5.6 million and $5.7 million for the years ended December 31, 2018, 2017 and 2016, respectively. To the extent the Company receives reimbursement from any of the various governmental assistance programs to subsidize its care of indigent patients, the Company excludes the charges for such patients from the cost of care provided under its charity care program.

Quorum Health Corporation
Revenue by Payor Source

The following table provides a summary of Quorum Health Corporation's net operating revenues for the years ended December 31, 2018, 2017 and 2016, by payor source (dollars in thousands):

	Year Ended December 31,					
	2018		2017		2016	
	$ Amount	% of Total	$ Amount	% of Total	$ Amount	% of Total
Medicare	$ 532,097	28.3%	$ 613,846	29.6%	$ 629,303	29.4%
Medicaid	352,111	18.7%	417,656	20.2%	430,609	20.1%
Managed care and commercial plans	754,572	40.2%	788,943	38.1%	813,565	38.0%
Self-pay and self-pay after insurance	157,435	8.4%	154,402	7.4%	159,914	7.6%
Non-patient	82,374	4.4%	97,323	4.7%	105,076	4.9%
Total net operating revenues	$1,878,589	100.0%	$2,072,170	100.0%	$2,138,467	100.0%

Source: Quorum Health Corporation, Form 10-K filing with U.S. Securities and Exchange Commission for Fiscal Year ended December 31, 2018.

ATTACHMENT 10