

**ILLINOIS HEALTH FACILITIES PLANNING BOARD  
APPLICATION FOR EXEMPTION**

E-002-11

**SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION (IDEN)**

This section must be completed for all proposed projects or transactions (except proposed changes of ownership) requesting an exemption from review and from the requirements of obtaining a certificate of need permit.

**RECEIVED**

**A. Proposed Type of Project or Transaction**

FEB 08 2011

Check the applicable box that describes the proposed project or transaction.

- Acquisition of Major Medical Equipment
- Establishment or Expansion of Neonatal Intensive Care Service and Beds
- Combined Facility Licensure
- Temporary Use of Beds for Demonstration Programs
- Addition of Dialysis Stations to an Existing Facility

**HEALTH FACILITIES &  
SERVICES REVIEW BOARD**

**B. Applicant Identification** (Refer to Part 1130.220 regarding necessary parties to an application for exemption. If there are co-applicants, provide the following information for each co-applicant and insert after this page)

Exact Legal Name Saint Joseph Hospital

Address 2900 North Lake Shore Drive, Chicago, Illinois 60657

Name of Registered Agent Ms. Sandra Bruce

Type of Ownership:  Non-profit Corporation For-profit Corporation Limited Liability Company  
Partnership Governmental Sole Proprietorship Other(specify)

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

**APPEND DOCUMENTATION AS ATTACHMENT IDEN-1 AFTER THE LAST PAGE OF THIS SECTION.**

**C. Facility Identification**

Does the proposed transaction involve one or more existing licensed or certified health care facility(ies) subject to the Health Facilities Planning Act?  Yes No.

If no is checked, skip to item D. If yes is checked, provide the following information, then skip to item E. If more than one facility is involved in the transaction or project, provide this information for each facility and insert after this page, then skip to item E.

Facility Name Saint Joseph Hospital

Street Address 2900 North Lake Shore Drive City Chicago

County Cook Zip 60657 Illinois State Representative District 12

Type of Ownership:  Non-profit Corporation For-profit Corporation Limited Liability Company  
Partnership Governmental Sole Proprietorship Other(specify)

**D. Project Identification**

For proposed transactions (such as the acquisition of major medical equipment by a clinic) that do NOT involve a licensed or certified health care facility that is subject to the Planning Act, complete the following:

/

Project Name \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_  
 County \_\_\_\_\_ Zip \_\_\_\_\_ Illinois State Representative District \_\_\_\_\_

**E. Primary Contact Person** (person who is to receive correspondence or inquiries)

Name Nicolette Curth Title System Director  
 Address 7447 West Talcott Avenue, Chicago, Illinois 60031, Suite 260  
 Telephone No. (773- ) 594-8553

**F. Additional Contact Person** (person such as consultant, attorney, financial representative, registered agent, etc. who also is authorized to discuss application and act on behalf of the applicant)

Name Anne Murphy Title Partner, Holland & Knight  
 Address 131 South Dearborn Street, 30<sup>th</sup> floor, Chicago, Il 60603  
 Telephone No. (312) 578-6544

**G. Flood Plain Requirements**

Does the proposed project or transaction involve construction of a new building or an addition to an existing building? Yes  No. If yes is checked, provide documentation from the Department of Transportation with respect to compliance with the Flood Plain requirements of Executive Order #4, 1979 (refer to instructions).

**APPEND DOCUMENTATION AS ATTACHMENT IDEN-2 AFTER THE LAST PAGE OF THIS SECTION.**

**H. Historic Resources Preservation Act Requirements**

Does the proposed project or transaction involve demolition of existing buildings, construction of new buildings, or modernization of existing buildings? Yes  No. If yes is checked, provide a letter from the Illinois Historic Preservation Agency or documentation regarding compliance with the requirements of the Historic Resources Preservation Act (refer to instructions).

**APPEND DOCUMENTATION AS ATTACHMENT IDEN-3 AFTER THE LAST PAGE OF THIS SECTION.**

**I. Project Status and Completion Schedules**

1. Anticipated transaction or project obligation date (refer to Part 1130.140)

**DATE THE EXEMPTION IS GRANTED**

NOTE: The transaction or project is not to be obligated or occur prior to approval of the application for exemption. Projects or transactions that have been obligated without approval are in violation of the Planning Act and may be subject to the imposition of sanctions by the Health Facilities Planning Board.

2. Anticipated transaction or project completion date (refer to Part 1130.140)

**MAY 1, 2012**

3. Indicate the following with respect to any expenditures or to obligation (refer to Part 1130.140):

- Purchase orders, leases, or contracts pertaining to the transaction or project have been executed;
- Obligation or completion is contingent upon approval of the exemption application;
- Obligation or completion will occur after approval of the exemption application.

**J. Project Cost and Sources of Funds**

Complete the following table listing all costs associated with the project or transaction. Projects for major medical equipment must include the value of all necessary activities to acquire the equipment and to make the equipment operational including the cost or fair market value of the space in which the equipment is to be located.

Not applicable. There will be no costs associated with this project.

**ILLINOIS HEALTH FACILITIES PLANNING BOARD  
APPLICATION FOR EXEMPTION**

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**A. Proposed Type of Project or Transaction**

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**B. Applicant Identification** (Refer to Part 1130.220 regarding necessary parties to an application for exemption. If there are co-applicants, provide the following information for each co-applicant and insert after this page)

Exact Legal Name Resurrection Health Care Corporation

Address 7435 West Talcott Avenue, Chicago, Illinois 60631

Name of Registered Agent Ms. Sandra Bruce

Type of Ownership:  Non-profit Corporation For-profit Corporation Limited Liability Company  
 Partnership Governmental Sole Proprietorship Other(specify)

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County Cook

Zip 60657

Illinois State Representative District 12

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Project Name \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_  
 County \_\_\_\_\_ Zip \_\_\_\_\_ Illinois State Representative District \_\_\_\_\_

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Name Nicolette Curth Title System Director  
 Address 7447 West Talcott Avenue, Chicago, Illinois 60631  
 Telephone No. (773 ) 594-8553

**F. Additional Contact Person** (person such as consultant, attorney, financial representative, registered agent, etc. who also is authorized to discuss application and act on behalf of the applicant)

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**APPEND DOCUMENTATION AS ATTACHMENT IDEN-3 AFTER THE LAST PAGE OF THIS SECTION.**

**I. Project Status and Completion Schedules**

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**DATE THE EXEMPTION IS GRANTED**

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**MAY 1, 2012**

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- Obligation or completion will occur after approval of the exemption application.

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Complete the following table listing all costs associated with the project or transaction. Projects for major medical equipment must include the value of all necessary activities to acquire the equipment and to make the equipment operational including the cost or fair market value of the space in which the equipment is to be located.

Not applicable. There will be no costs associated with this project.

**NOT APPLICABLE – There are no capital costs associated with this project**

<b>USE AND SOURCE OF FUNDS</b>	
<b>Use of Funds</b>	
Preplanning Costs	
Site Survey and Soil Investigation	
Site Preparation	
Off Site Work	
New Construction Contracts	
Modernization Contracts	
Contingencies	
Architectural/Engineering Fees	
Consulting and Other Fees	
Movable or Other Equipment (not in construction contracts)	
Bond Issuance Expense (project related)	
Net Interest Expense During Construction (project related)	
Other Costs To Be Capitalized	
Acquisition of Building or Other Property (excluding land)	
<b>ESTIMATED TOTAL USE OF FUNDS</b>	
<b>Source of Funds</b>	
Cash and Securities	
Pledges	
Gifts and Bequests	
Bond Issues (project related)	
Mortgages	
Leases	
Government Appropriations	
Grants	
Other Funds and Sources	
<b>ESTIMATED TOTAL SOURCE OF FUNDS</b>	

Note: When a project or any component of a project is to be accomplished by lease, donation, gift, or similar means, the fair market or dollar value of the component must be included in the estimated project costs. Indicate **FMV** in front of the line item amount whenever the costs represent fair market value. Refer to 77 IAC 1190.40(b) to determine fair market value.

**K. Certification**

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are in the case of a corporation, any two of its officers or members of its board of directors; in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist); in the case of a partnership, two of its general partners (or the sole general partner when two or more general partners do not exist); in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and in the case of a sole proprietor, the individual that is the proprietor. The signature(s) must be notarized. If the application has co-applicants, a separate certification page must be completed for each co-applicant and inserted following this page. One copy of the application must have the ORIGINAL signatures for all persons that sign for the applicant or for the co-applicants.

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

Sandra Bruce  
Signature

Jeannie C. Frey  
Signature

Printed Name SANDRA BRUCE

Printed Name JEANNIE C. FREY

Printed Title PRESIDENT

Printed Title SECRETARY

Notarization:

Notarization:

Subscribed and sworn to before me  
this 1 day of February

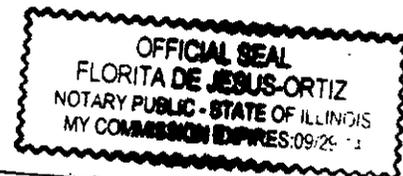
Subscribed and sworn to before me  
this 1 day of February

Florita de Jesus-Ortiz  
Signature of Notary

Florita de Jesus-Ortiz  
Signature of Notary

Seal

Seal



\*Insert EXACT legal name of the applicant

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are in the case of a corporation, any two of its officers or members of its board of directors; in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist); in the case of a partnership, two of its general partners (or the sole general partner when two or more general partners do not exist); in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and in the case of a sole proprietor, the individual that is the proprietor. The signature(s) must be notarized. If the application has co-applicants, a separate certification page must be completed for each co-applicant and inserted following this page. One copy of the application must have the ORIGINAL signatures for all persons that sign for the applicant or for the co-applicants.

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

Sandra Bruce  
Signature

Printed Name SANDRA BRUCE

Printed Title PRESIDENT + CEO

Jeannie C. Frey  
Signature

Printed Name JEANNIE C. FREY

Printed Title SECRETARY

Notarization:

Subscribed and sworn to before me  
this 1 day of February

Florita De Jesus Ortiz  
Signature of Notary

Seal

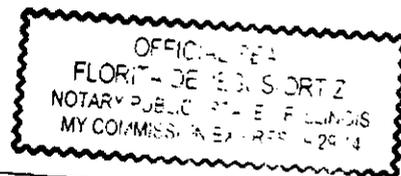


Notarization:

Subscribed and sworn to before me  
this 1 day of February

Florita De Jesus Ortiz  
Signature of Notary

Seal



\*Insert EXACT legal name of the applicant



To all to whom these Presents Shall Come, Greeting:

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

SAINT JOSEPH HOSPITAL, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON OCTOBER 14, 1982, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 17TH day of JANUARY A.D. 2011



Authentication #: 1101700328

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

Jesse White

SECRETARY OF STATE



To all to whom these Presents Shall Come, Greeting:

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

RESURRECTION HEALTH CARE CORPORATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 27, 1949, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 17TH day of JANUARY A.D. 2011



Jesse White

SECRETARY OF STATE

Authentication #: 1101700286  
Authenticate at: <http://www.cyberdriveillinois.com>

**SECTION III. PROJECTS FOR THE ESTABLISHMENT OR EXPANSION OF  
NEONATAL INTENSIVE CARE SERVICE AND BEDS (NICU)**

**A. PROJECT DESCRIPTION**

Provide a narrative description of the proposed transaction.

**APPEND DOCUMENTATION AS ATTACHMENT NICU-1 AFTER THE LAST PAGE OF THIS SECTION.**

**B. BEDS AND SERVICES**

Provide a list that identifies the location of the neonatal intensive care unit and the number of neonatal intensive care beds proposed. In this list, also include the number of beds and services for each category of service offered at the facility. The services and number of beds **MUST** be consistent with the data contained in the Inventory of Health Care Facilities, Services and Need Determinations.

**APPEND DOCUMENTATION AS ATTACHMENT NICU -2 AFTER THE LAST PAGE OF THIS SECTION.**

**C. REGIONALIZED PERINATAL ADVISORY COMMITTEE REQUIREMENT**

Provide a copy of the letter from the Regionalized Perinatal Advisory Committee which documents that the committee supports the proposed project.

**APPEND DOCUMENTATION AS ATTACHMENT NICU - 3 AFTER THE LAST PAGE OF THIS SECTION.**

**D. CERTIFICATIONS**

Provide a notarized statement signed by an authorized representative of the applicant entity that attests to the following:

1. That a final cost report will be submitted to the Agency no later than 60 days following the anticipated project completion date; and
2. That failure to comply with the material change and completion requirements of this Section will invalidate the exemption.

**APPEND DOCUMENTATION AS ATTACHMENT NICU - 4 AFTER THE LAST PAGE OF THIS SECTION.**

- E. APPLICATION PROCESSING FEE.** The exemption processing fee is the greater of \$1,000 or .1% of the total estimated project cost with a maximum application processing fee of \$20,000 for projects with \$20,000,000 or more estimated project cost. A check or money order in this amount payable to the **Illinois Department of Public Health** must accompany the application.

### Section III, A. Project Description

St. Joseph Hospital seeks Certificate of Exemption (COE) approval from the Illinois Health Facilities & Services Review Board (IHFSRB) to upgrade its 15 bed special care nursery from a Level II+ Unit with extended care capabilities to a Level III NICU. There are no costs associated with this project.

The existing special care nursery is a 20 bed unit located on the 4<sup>th</sup> floor of the hospital, which is entirely dedicated to Women's Services and is part of The Family Birth Place. As such, the unit is adjacent to the labor and delivery services. The unit consists of 15 rooms (including one isolation room), which currently provide Level II+ care as well as an adjacent 5 rooms used for step down or intermediate care. The unit is equipped with bassinets, warmers and isolettes. There is a heat source capable of monitoring and maintaining the core temperature of the infant. There is oxygen, compressed air and suction at each bedside, as well as cardio-respiratory monitoring, pulse oximetry and resuscitation equipment at each bedside. The isolation room provides negative air pressure.

As the IHFSRB is aware, its rules apply only to Level III NICUs. As a result, this proposed upgrade, under the IHFSRB rules, would constitute the "establishment" of a NICU even though the Hospital has long operated a Level II+ special care nursery.

The IHFSRB rules allow a hospital to establish a Level III NICU through the COE process. The availability of the COE process for NICU establishment appears to reflect an overall regulatory policy that is receptive to hospitals that voluntarily choose to provide Level III NICU services to the most medically fragile newborns in Illinois.

The Hospital is fully prepared to meet the stringent licensure standards imposed by IDPH for Level III NICUs, which govern in detail numerous aspects of service delivery for the State's most medically fragile newborns. In fact, Hospital representatives already have had extensive interaction with IDPH representatives about these licensure standards, and this COE application includes a letter of support from the IDPH Perinatal Program for the Hospital's COE application. As the IHFSRB is no doubt aware, IDPH has proposed comprehensive new licensure standards for all special care nursery levels, including Level III NICUs, and the Hospital is poised to meet these revised standards. Of course, the Hospital will not proceed to secure the Level III NICU license until after it secures COE approval.

The Hospital, as a member of the regional perinatal network led by Rush University Medical Center, has been operating its 15 bed Special Care Nursery (SCN) under the designation of Level II+ with extended capabilities since 1992. In this capacity, the Hospital has long been able to care for very high risk infants that, prior to the Level II+ designation, would have been transferred to a Level III Unit, including infants born under 1250 grams, premature births less than 30 weeks, infants requiring mechanical ventilation greater than 6 hours and mothers with hypertension requiring more than one medication to control, among others. In fact, the Hospital, as a Level II+ special care nursery, has cared for all high risk infants except for those infants requiring ECMO and/or nitric oxide ventilatory support and those infants who require immediate surgical intervention.

Now, with the support of the IDPH Perinatal Program as well as the support of the Rush University Medical Center/Advocate Illinois Masonic Medical Center Co-Perinatal Network, the Hospital seeks COE approval to change the designation of its 15 bed Special Care Nursery to a Level III NICU. This change will: (1) allow the Hospital to care for those medically fragile infants born at the Hospital who are in need of Level III NICU services, thereby avoiding the physical stress of patient transfer to another Level III NICU; (2) allow Level III NICU care to be provided in the Hospital's local community, which will ease the burden on parents and guardians, and improve access to their medically fragile newborn children; and (3) allow Level III care to be offered in a hospital that has a proven track record of providing Level II+ care, has the support of the IDPH Perinatal Program for COE approval, and already has taken the initiative to collaborate with IDPH on meeting IDPH's Level III licensure standards.

### Section III, B. BEDS AND SERVICES

The proposed Level III NICU at Saint Joseph Hospital will maintain the same space as the current special care unit, on the 4<sup>th</sup> floor of the hospital. The entire 4<sup>th</sup> floor is dedicated to women's services and the special care nursery is part of The Family Birth Place on the north wing of the floor, adjacent to the hospital's labor and delivery rooms. The current special care unit consists of 20 rooms; 15 rooms (including one isolation room) and adjacent 5 bed step down, or intermediate care rooms. The current 15 room special care unit will become the proposed Level III NICU and the 5 adjacent rooms will remain step down, intermediate care. The configuration of the special care nursery (which will become the NICU) is as follows (also see diagram attached).

The proposed Level III NICU area is comprised of two large spaces with a nursing station between the two main areas, the isolation room and the intermediate care room:

- Room A comprises 941.89 square feet of patient care space and will include 8 NICU beds. At 117.74 square feet per bed, this area easily meets the IDPH NICU space requirement of 80-100 square feet per bed.
- Room B comprises 800.72 square feet of patient care space and will include 6 NICU beds, or 133.45 square feet per bed.
- The isolation room, which will house 1 NICU bed is 88.54 square feet.
- The intermediate care room, which will provide space for 5 step down, intermediate care beds is 383 square feet, which meets the criterion of 4-6 square feet between beds.

Saint Joseph Hospital maintains the following licensed bed count by service, which was reported in the hospital's 2009 annual questionnaire and 2009 annual bed count:

#### Licensed Beds by Service:

Medical/Surgical-	219
Pediatrics-	11
Intensive care-	23
Obstetrics-	23
Long Term Care-	26
Acute Mental Illness	35
Rehabilitation	23

In addition, the hospital maintains the following services:

Operating rooms-	12
Surgical recovery stations-	12
Dedicated procedure rooms-	6
Cardiac catheterization labs-	2
ER stations-	14

ANTE  
T4132  
50790  
46.39

CORR.  
T4129  
50790  
429.88

SHAFT  
T4162  
70260  
78.43

LINEN  
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PAT.  
TLT.  
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STOR.  
T4136  
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PAT.  
SHWR.  
412B

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PAT.  
RM.  
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SHAFT  
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CORR.  
T4126  
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PAT.  
RM.  
411

50790 PAT.  
224.01 TLT.

PAT.  
SHWR.  
411B

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411A  
50790  
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ELEC.  
T4163

50790  
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ELEC.  
T4164

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5.08

T4127  
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PAT.  
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PAT.  
TLT.  
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PUMPING  
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SHAFT  
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RM.  
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PAT.  
TLT.  
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CORR.  
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NURSERY  
RM.  
B

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PROCEDURE  
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50790  
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CORR.  
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ISOLATION  
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SHAFT  
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ELEV.  
#2

T4114  
70260

WOMENS  
LKRS.  
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WOMENS  
TLT.  
T4130  
50790  
244.22

ON-CALL  
#7  
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50790  
100.00

BREAK  
RM.  
T4046  
50790  
87.45

CLEAN  
UTIL.  
T4047  
50790  
189.78

NURSES  
STN.  
T4124

50790  
127.94

TEAM LEADER/  
SPECIAL CARE  
NURSERY

T4048  
50790  
104.97

ALCOVE  
T4123

50790  
45.10

SOILED  
UTIL.  
T4049

50790  
138.09

STAFF  
RM.  
T4051  
50790  
264.11

CONF.  
RM.  
T4052

**Section III, C. REGIONALIZED PERINATAL ADVISORY COMMITTEE REQUIREMENT**

Attached, following this page, is a letter dated January 3, 2011 from the IDPH Perinatal Program giving evidence of their support for the establishment of NICU services at Saint Joseph Hospital.

Following that page is a letter dated January 11, 2011 from the Rush Medical Center/Advocate Illinois Masonic Medical Center Co-Perinatal Program, of which Saint Joseph Hospital is a member, expressing their support of the project.



Pat Quinn, Governor  
Damon T. Arnold, M.D., M.P.H., Director

122 S. Michigan Ave., Suite 7000 • Chicago, IL 60603-6119 • [www.idph.state.il.us](http://www.idph.state.il.us)

January 3, 2011

Michael Costantino  
Illinois Department of Health  
Office of Policy and Planning  
525 W. Jefferson Street  
Springfield, IL 62761

Dear Mr. Constantino:

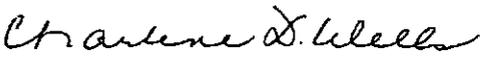
On November 6, 2009, the Office of Health Promotion, Perinatal Program received written communication, requesting a change in designation of its Perinatal Service. This change would require an allocation of NICU beds.

St. Joseph Hospital, part of Resurrection Health Care System, is currently designated as a Level II with Extended Neonatal Capabilities, as recognized by the "Regionalized Perinatal Healthcare Code", and request to be designated a Level III. The Department supports this request pending CON procedure as required by the Illinois Hospital Licensing Act.

Please be advised that St. Joseph Hospital is in the process of establishing compliance with the 640 IL. Administrative Perinatal Rule.

Should you have questions regarding this designation process, feel free to contact me at: 312 814-1093 or email me at: [charlene.wells@illinois.gov](mailto:charlene.wells@illinois.gov)

Sincerely,

  
Charlene D. Wells, R.N., B.S.  
Perinatal Program Administrator

cc: Thomas J. Schafer, Deputy Director  
Office of Health Promotion

Patricia Prentice, R.N., B.S.  
Perinatal Network Administrator

***Improving public health, one community at a time***

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ATTACHMENT NICU-3, Page 2

**RUSH UNIVERSITY MEDICAL CENTER  
ADVOCATE ILLINOIS MASONIC MEDICAL CENTER  
CO-PERINATAL CENTER**

**RUSH UNIVERSITY MEDICAL CENTER**  
Perinatal Center Office (312) 942.6810  
1750 W. Harrison, Suite 617 Murdock  
Chicago, Illinois 60612-3833  
Obstetric Transport (312) 942.5073  
Neonatal Transport (312) 942.5068

**ADVOCATE ILLINOIS MASONIC  
MEDICAL CENTER**  
Perinatal Center Office (773) 296.5794  
836 W. Wellington Avenue  
Chicago, Illinois 60657-5193  
Obstetric Transport (773) 296.8999  
Neonatal Transport (773) 296.5474

January 11, 2011

Michael Constantino  
Illinois Department of Public Health  
Office of Policy and Planning  
525 West Jefferson Street  
Springfield, IL 62761

Dear Mr. Constantino:

St. Joseph Hospital at 2900 Lake Shore Drive, Chicago, IL 60657, a member of the Resurrection Health Care System, completed a Site Visit with the Illinois Department of Public Health Perinatal Program on November 30, 2010. The purpose of the visit was to meet current requirements as a Level II with Extended Capabilities facility and to request designation as a Level III facility.

The Rush University Medical Center/Advocate Illinois Masonic Medical Center Co-Perinatal Center has been working with St. Joseph Hospital to see that all elements of the requirements for Level III Perinatal Care facilities are being met.

This letter supports St. Joseph Hospital's request for Level III designation pending Certificate of Need procedure as required by the Illinois Hospital Licensing Act. Please contact 312-942-8820 if you have any questions regarding this information or e-mail [Patricia M. Prentice@rush.edu](mailto:Patricia_M_Prentice@rush.edu).

Thank you for your consideration of this request.

Sincerely,

  
Howard T. Strassner, MD – Co-Director

  
Harold Bigger, MD – Co-Director

  
Patricia M. Prentice, MBA, RN – Administrator

Cc. Charlene Wells, BS, RN  
State of Illinois – Perinatal Program Administrator

(Date)

To Whom it May Concern;

1. With this letter, I certify that Saint Joseph Hospital will submit a final cost report to the Illinois Health Facilities and Services Review Board no later than 60 days following the anticipated project completion date of the project as approved by this Certificate of Exemption.
2. Saint Joseph Hospital and Resurrection Health Care Corporation understand that failure to comply with the material change and completion requirements of the IHFSRB as referenced in 1130.531 of the Board's rules will invalidate the exemption.

*Sandra Bruce*

Signature

Printed Name SANDRA BRUCE

Printed Title PRESIDENT + CEO

Notarization:

Subscribed and sworn to before me

this 1 day of February

*Florita de Jesus - Ortiz*

Signature of Notary

Seal



ATTACHMENT NICU-4