

State of Illinois
Health Facilities and Services Review Board

525 West Jefferson Street, 2nd Floor, Springfield, Illinois 62761 (217) 782-3516, (217) 785-4111 (fax)
www.hfsrb.illinois.gov

A G E N D A

(M-316) – **FINAL** (per 2 IAC 1925.240)

Final Agenda will be posted no later than

9:00 A.M. August 2, 2019 at the

Health Facilities and Services Review Board's office
and at the meeting location.

Bolingbrook Golf Club

2001 Rodeo Drive

Bolingbrook, Illinois

1. PUBLIC PARTICIPATION SIGN-IN: 8:30 A.M. – 9:00A.M.

2. CALL TO ORDER: Tuesday, August 6, 2019 - 9:00 A.M.

3. EXECUTIVE SESSION

A. IMPENDING AND PENDING ADMINISTRATIVE AND JUDICIAL ACTIONS

4. COMPLIANCE ISSUES / SETTLEMENT AGREEMENTS / FINAL ORDERS

A. Referrals to Legal Counsel

B. Final Orders
Provident Hospital HFSRB 19-01

5. APPROVAL OF AGENDA

6. APPROVAL OF MEETING TRANSCRIPTS: June 4, 2019

7. PUBLIC PARTICIPATION

8. ITEMS APPROVED BY THE CHAIRWOMAN (None)

9. ITEMS FOR STATE BOARD ACTION:

A. PERMIT RENEWAL REQUESTS

Item	Opposition	Facility	City	Project Number	
A-01	No	Illinois Back & Neck Institute 12-Month Renewal	Elmhurst HSA VII	17-073	_____
A-02	No	DaVita Northgrove Dialysis 7-Month Renewal	Highland HSA XI	17-049	_____
A-03	No	OSF St. Mary Medical Center 9-Month Renewal	Galesburg HSA II	16-010	_____

NOTICE: THIS MEETING WILL BE ACCESSIBLE TO PERSONS WITH SPECIAL NEEDS IN COMPLIANCE WITH PERTINENT STATE AND FEDERAL LAWS UPON NOTIFICATION OF ANTICIPATED ATTENDANCE. PERSONS WITH SPECIAL NEEDS SHOULD CONTACT **COURTNEY AVERY** AT THE HEALTH FACILITIES AND SERVICES REVIEW BOARD OFFICE BY TELEPHONE AT (217) 782-3516 (TTY # 800-547-0466 FOR HEARING IMPAIRED ONLY) OR BY LETTER NO LATER THAN August 2, 2019.

A-05	No	Manor Court of Rochelle 9-Month Renewal	Rochelle HSA I	17-035	_____
A-06	No	Lake Behavioral Hospital 11-Month Renewal	Waukegan HSAVIII	17-048	_____
A-07	No	Illinois Vascular Care 9-Month Renewal Request (2 nd Request)	Schaumburg HSAVII	17-072	_____
A-04	No	Northwestern Medicine Woodstock Hospital 9-Month Renewal	Woodstock HAS-VIII	17-036	_____

D. ALTERATION REQUESTS

D-02	No	Northwestern Medicine Woodstock Hospital Increase Medical Equipment Costs	Woodstock HSA VIII	17-036	_____
D-01	No	Swedish American Hospital Increase Space/Project Costs	Rockford HSA I	17-030	_____

B. EXTENSION REQUESTS (None)

C. EXEMPTION REQUESTS

Item	Opposition	Facility	City	Project Number	
C-01	No	Decatur Memorial Hospital Change of Ownership	Decatur HSA IV	E-021-19	_____
C-02	No	The Center of Orthopedic Medicine Change of Ownership Real Estate Only	Bloomington HSA IV	E-022-19	_____
C-03	No	BroMenn Comfort Care and Suites Change of Ownership Real Estate Only	Bloomington HSA IV	E-023-19	_____
C-04	No	Heartland Regional Medical Center Discontinue 12 Bed Obstetric Service	Marion HSA V	E-025-19	_____

NOTICE: THIS MEETING WILL BE ACCESSIBLE TO PERSONS WITH SPECIAL NEEDS IN COMPLIANCE WITH PERTINENT STATE AND FEDERAL LAWS UPON NOTIFICATION OF ANTICIPATED ATTENDANCE. PERSONS WITH SPECIAL NEEDS SHOULD CONTACT **COURTNEY AVERY** AT THE HEALTH FACILITIES AND SERVICES REVIEW BOARD OFFICE BY TELEPHONE AT (217) 782-3516 (TTY # 800-547-0466 FOR HEARING IMPAIRED ONLY) OR BY LETTER NO LATER THAN August 2, 2019.

Agenda - Health Facilities and Services Review Board – August 6, 2019, - Page 3

C-05	No	Genesis Medical Center – Silvis Discontinue 8-Bed Pediatric Service	Silvis HSA X	E-026-19	_____
C-06	No	Swedish Covenant Health dba Swedish Covenant Hospital Change of Ownership	Chicago HSA VI	E-027-19	_____
C-07	No	Trinity Medical Center – Rock Island Discontinue Long-Term Care Category of Service	Rock Island HSA X	E-028-19	_____
Item	Opposition	Facility	City	Project Number	
C-08	No	Gottlieb Memorial Hospital Discontinue Open Heart Surgery Category of Service	Melrose Park HSA VII	E-029-19	_____
C-09	No	Pekin Memorial Hospital Discontinue Obstetric Category of Service	Pekin	E-030-19	_____
C-10	No	Warner Hospital and Health Services Discontinue ICU Service	Clinton	E-031-19	_____
C-11	No	Meadowbrook Manor of Geneva Relinquish Permit #17-012	Geneva	NA	_____

E. DECLARATORY RULINGS/OTHER BUSINESS

Item	Opposition	Facility	City	Project Number	
E-01	No	DaVita Inc. Completion of Projects 16-036, 17-032, 17-040 and 17-049	Champaign, Springfield, East St. Louis, Highland	NA	_____
E-02	No	Northwestern Medicine Lake Forest Hospital Change 2017-2016 Medical Surgical Days	Lake Forest	NA	_____

F. HEALTH CARE WORKER SELF-REFERRAL ACT (None)

G. STATUS REPORTS ON CONDITIONAL/CONTINGENT PERMITS (None)

NOTICE: THIS MEETING WILL BE ACCESSIBLE TO PERSONS WITH SPECIAL NEEDS IN COMPLIANCE WITH PERTINENT STATE AND FEDERAL LAWS UPON NOTIFICATION OF ANTICIPATED ATTENDANCE. PERSONS WITH SPECIAL NEEDS SHOULD CONTACT **COURTNEY AVERY** AT THE HEALTH FACILITIES AND SERVICES REVIEW BOARD OFFICE BY TELEPHONE AT (217) 782-3516 (TTY # 800-547-0466 FOR HEARING IMPAIRED ONLY) OR BY LETTER NO LATER THAN August 2, 2019.

H. APPLICATIONS SUBSEQUENT TO INITIAL REVIEW

Item	Opposition	Facility	City	Project Number	
H-01	No	Surgery Center of Illinois Establish Limited Specialty ASTC	Oak Lawn HSA VII	18-049	_____
H-02	No	Dialysis Care Center Chicago Heights Establish a 14-Station ESRD Facility	Chicago Heights HSA VII	19-015	_____
H-03	No	Chicago Prostate Cancer Surgery Center Add Specialties to Existing ASTC	Westmont HSA VII	19-018	_____
H-04	No	Lockport Crossing MOB Modernize Existing MOB	Lockport HSA IX	19-019	_____
H-05	No	Center for Ambulatory Treatment II Add Surgical Specialties to Single Specialty ASTC	Peoria HSA II	19-020	_____
H-06	No	Advocate Illinois Masonic Medical Center Counseling & Pediatric Center Establish 4-Story MOB	Chicago HSA VI	19-023	_____
H-07	No	Advocate Illinois Masonic Medical Center Physical Therapy Center	Chicago HSA VI	19-024	_____

I. APPLICATIONS SUBSEQUENT TO INTENT TO DENY (None)

11. NEW BUSINESS

- A. Executive Meeting Transcripts
- B. Election of Vice Chairman

12. OTHER BUSINESS

- A. Financial Report
- B. Bed Changes
- C. 2020 Meeting Dates

13. ADJOURNMENT

NOTICE: THIS MEETING WILL BE ACCESSIBLE TO PERSONS WITH SPECIAL NEEDS IN COMPLIANCE WITH PERTINENT STATE AND FEDERAL LAWS UPON NOTIFICATION OF ANTICIPATED ATTENDANCE. PERSONS WITH SPECIAL NEEDS SHOULD CONTACT **COURTNEY AVERY** AT THE HEALTH FACILITIES AND SERVICES REVIEW BOARD OFFICE BY TELEPHONE AT (217) 782-3516 (TTY # 800-547-0466 FOR HEARING IMPAIRED ONLY) OR BY LETTER NO LATER THAN August 2, 2019.

**FOR TRANSCRIPTS OF THIS MEETING CONTACT:
 Illinois Health Facilities and Services Review Board
 525 West Jefferson Street, 2nd Floor
 Springfield, Illinois 62761
 (217)782-3516**

14. NEXT MEETING:

September 17, 2019 Location: Bolingbrook
--

15. FUTURE MEETINGS:

Health Facilities and Services Review Board – Meetings – 2019		
October 22, 2019	Bolingbrook	Bolingbrook Golf Club
December 10, 2019	Bolingbrook	Bolingbrook Golf Club

GLOSSARY OF ABBREVIATIONS	
AMI	Acute Mental Illness
ADRD	Alzheimer’s Disease and Related Disorders
ASTC	Ambulatory Surgical Treatment Center
Bldg.	building
Cath.	Catheterization (as in Cardiac Catheterization)
CCRC	Continuing Care Retirement Community
Comm.	Community
Const.	Construct
Ctr.	Center
CON	Certificate of Need
Dis.	Discontinue
ED	Emergency Department
ESRD	End Stage Renal Disease
Est.	Establish
Hlth.	Health
Hosp.	Hospital
ICF/DD	Intermediate Care Facility for the Developmentally Disabled
ICU	Intensive Care Unit
LDR	Labor-Delivery-Recovery
LTACH	Long-term Acute Care Hospital
LTC	Long Term Care
MOB	Medical Office Building
Med/Surg	Medical-Surgical
NIC	Neonatal Intensive Care
OB	Obstetric
OR	Operating Room
Peds	Pediatrics
Rehab	Rehabilitation
SNF	Skilled Nursing Facility
Swing beds	Acute care beds certified for extended care category of service
TBA	To Be Announced

NOTICE: THIS MEETING WILL BE ACCESSIBLE TO PERSONS WITH SPECIAL NEEDS IN COMPLIANCE WITH PERTINENT STATE AND FEDERAL LAWS UPON NOTIFICATION OF ANTICIPATED ATTENDANCE. PERSONS WITH SPECIAL NEEDS SHOULD CONTACT **COURTNEY AVERY** AT THE HEALTH FACILITIES AND SERVICES REVIEW BOARD OFFICE BY TELEPHONE AT (217) 782-3516 (TTY # 800-547-0466 FOR HEARING IMPAIRED ONLY) OR BY LETTER NO LATER THAN August 2, 2019.

NOTICE: THIS MEETING WILL BE ACCESSIBLE TO PERSONS WITH SPECIAL NEEDS IN COMPLIANCE WITH PERTINENT STATE AND FEDERAL LAWS UPON NOTIFICATION OF ANTICIPATED ATTENDANCE. PERSONS WITH SPECIAL NEEDS SHOULD CONTACT **COURTNEY AVERY** AT THE HEALTH FACILITIES AND SERVICES REVIEW BOARD OFFICE BY TELEPHONE AT (217) 782-3516 (TTY # 800-547-0466 FOR HEARING IMPAIRED ONLY) OR BY LETTER NO LATER THAN August 2, 2019.