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BOARD MEETING 6/26/2013

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1 HEALTH FACILITIES AND SERVICES REVIEW BOARD
 525 West Jefferson Street, 2nd Floor
2 Springfield, Illinois 62761
 217-782-3516

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BOARD MEETING

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(June 26, 2013)

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12 Regular Session of the meeting of the State of
13 Illinois Health Facilities and Services Review Board
14 was held on June 26, 2013, at the Bolingbrook Golf
15 Club, 2001 Rodeo Drive, Bolingbrook, Illinois.

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1 PRESENT:

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 Dale Galassie - Chairman

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 Mike Jones

 Matthew Hammoduh

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 Alan Greiman

 Alexis Kendrick

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 Frank Urso

 Courtney Avery

6

 Richard Sewell

 Kathy Olson

7

 James Burden

 David Carvalho

8

9

 The Court Reporter:

10

 Pamela K. Needham, IL CSR, MO CCR

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 Midwest Litigation Services

 711 North 11th Street

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 St. Louis, MO 63101

 314-644-2191

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1 them to hear. Many times reading your prepared
2 comments is less meaningful than telling them what
3 you want to hear. So whatever the sound bite is you
4 want to leave them with, I would suggest that's what
5 you want to try and get across.

6 That having been said, can I have a roll
7 call, please?

8 MR. GEORGE ROATE: Mr. Bradley? Absent.
9 Dr. Burden? Absent. Senator DeMuzio? Absent.
10 Justice Greiman?

11 JUSTICE ALLEN GREIMAN: Here.

12 MR. GEORGE ROATE: Mr. Hayes?

13 MR. JOHN HAYES: Here.

14 MR. GEORGE ROATE: Ms. Olson?

15 MS. KATHY OLSON: Here.

16 MR. GEORGE ROATE: Mr. Penn is absent.

17 Mr. Sewell?

18 MR. RICHARD SEWELL: Hear.

19 MR. GEORGE ROATE: And Chairman

20 Galassie.

21 CHAIRMAN DALE GALASSIE: Present.

22 MR. GEORGE ROATE: Five present.

23 CHAIRMAN DALE GALASSIE: And let the

24 record show Madam DeMuzio, Senator, and Member Penn

25 advises that they were unable to be here today for

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1 Session.

2 I'm going to ask Mr. Urso and Ms.
3 Kendrick to pursue the motions that they have for
4 the Board. I believe Mr. Urso has two.

5 MR. FRANK URSO: Mr. Chair, I'm
6 requesting approval for a final order in the Board
7 versus Grand Avenue, which is designated Docket
8 Number HFSRB 11-07 and 12-02.

9 CHAIRMAN DALE GALASSIE: May I have a
10 motion?

11 MS. KATHY OLSON: So moved.

12 MR. RICHARD SEWELL: Second.

13 CHAIRMAN DALE GALASSIE: Moved and
14 second. Roll call.

15 MR. GEORGE ROATE: Motion made by Ms.
16 Olson, seconded by Mr. Sewell. Mr. Bradley.

17 MR. PHILLIP BRADLEY: Yes.

18 MR. GEORGE ROATE: Justice Greiman?

19 JUSTICE ALLEN GREIMAN: Yes.

20 MR. GEORGE ROATE: Mr. Hayes?

21 MR. JOHN HAYES: Yes.

22 MR. GEORGE ROATE: Ms. Olson?

23 MS. KATHY OLSON: Yes.

24 MR. GEORGE ROATE: Mr. Sewell?

25 MR. RICHARD SEWELL: Yes.

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1 MR. GEORGE ROATE: Chairman Galassie?

2 CHAIRMAN DALE GALASSIE: Yes.

3 MR. GEORGE ROATE: That's six votes in
4 the affirmative.

5 CHAIRMAN DALE GALASSIE: Motion passes.

6 MR. FRANK URSO: Requesting approval of
7 Roseland Community Hospital, Project 09-063, Docket
8 Number HFSRB 12-08. Requesting approval of a final
9 orders.

10 MS. KATHY OLSON: So moved.

11 MR. RICHARD SEWELL: Second.

12 CHAIRMAN DALE GALASSIE: Moved and
13 seconded. Roll call, please.

14 MR. GEORGE ROATE: Motion made by Ms.
15 Olson, seconded by Mr. Sewell. Mr. Bradley?

16 MR. PHILLIP BRADLEY: Yes.

17 MR. GEORGE ROATE: Justice Greiman?

18 JUSTICE ALLEN GREIMAN: Yes.

19 MR. GEORGE ROATE: Mr. Hayes?

20 MR. JOHN HAYES: Yes.

21 MR. GEORGE ROATE: Ms. Olson?

22 MS. KATHY OLSON: Yes.

23 MR. GEORGE ROATE: Mr. Sewell?

24 MR. RICHARD SEWELL: Yes.

25 MR. GEORGE ROATE: Chairman Galassie?

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1 CHAIRMAN DALE GALASSIE: Yes.

2 MR. GEORGE ROATE: Six votes in the
3 affirmative.

4 CHAIRMAN DALE GALASSIE: Motion passes.
5 Thank you very much. Alexis?

6 MR. FRANK URSO: No.

7 CHAIRMAN DALE GALASSIE: Sorry.

8 MR. FRANK URSO: Requesting approval for
9 final order on the Friendship Village of Mill Creek
10 doing business as Greenfields of Geneva and
11 Friendship Senior Options, Project Number 08-083,
12 Docket Number HFSRB 12-07.

13 CHAIRMAN DALE GALASSIE: Motion to
14 approve?

15 MR. RICHARD SEWELL: So moved.

16 MS. KATHY OLSON: Second.

17 CHAIRMAN DALE GALASSIE: Moved and
18 seconds. Roll call.

19 MR. GEORGE ROATE: Motion made by Mr.
20 Sewell, seconded by Ms. Olson. Mr. Bradley?

21 MR. PHILLIP BRADLEY: Yes.

22 MR. GEORGE ROATE: Justice Greiman?

23 JUSTICE ALLEN GREIMAN: Yes.

24 MR. GEORGE ROATE: Mr. Hayes?

25 MR. JOHN HAYES: Yes.

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1 MR. GEORGE ROATE: Ms. Olson?

2 MS. KATHY OLSON: Yes.

3 MR. GEORGE ROATE: Mr. Sewell?

4 MR. RICHARD SEWELL: Yes.

5 MR. GEORGE ROATE: Chairman Galassie?

6 CHAIRMAN DALE GALASSIE: Yes.

7 MR. GEORGE ROATE: Six votes in the
8 affirmative?

9 CHAIRMAN DALE GALASSIE: Motion passes,
10 that you can very much.

11 MR. FRANK URSO: Requesting approval,
12 Mr. Chair and board members, for Highland Ambulatory
13 Surgical Center, Project Number 12-001, Docket
14 Number HFSRB 12-11.

15 CHAIRMAN DALE GALASSIE: Motion, please.

16 MS. KATHY OLSON: So moved.

17 MR. RICHARD SEWELL: Second.

18 CHAIRMAN DALE GALASSIE: Moved and
19 second. Roll call.

20 MR. GEORGE ROATE: Motion second by
21 Mr. Sewell, seconded Mr. Sewell. Mr. Bradley?

22 MR. PHILLIP BRADLEY: Yes.

23 MR. GEORGE ROATE: Justice Greiman?

24 JUSTICE ALLEN GREIMAN: Yes.

25 MR. GEORGE ROATE: Mr. Hayes?

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1 MR. JOHN HAYES: Yes.

2 MR. GEORGE ROATE: Ms. Olson?

3 MS. KATHY OLSON: Yes.

4 MR. GEORGE ROATE: Mr. Sewell?

5 MR. RICHARD SEWELL: Yes.

6 MR. GEORGE ROATE: Chairman Galassie?

7 CHAIRMAN DALE GALASSIE: Yes.

8 MR. GEORGE ROATE: Six votes in the
9 affirmative.

10 CHAIRMAN DALE GALASSIE: Motion passes.

11 MR. FRANK URSO: And the final motion is
12 a motion to formally discontinue Highland Ambulatory
13 Surgical Center and adjust the inventories.

14 CHAIRMAN DALE GALASSIE: Motion to
15 approve.

16 MS. KATHY OLSON: So moved.

17 MR. RICHARD SEWELL: Second.

18 CHAIRMAN DALE GALASSIE: Moved and
19 second. Roll call.

20 MR. GEORGE ROATE: Motion made by Ms.
21 Olson, seconded by Mr. Sewell. Mr. Bradley?

22 MR. PHILLIP BRADLEY: Yes.

23 MR. GEORGE ROATE: Justice Greiman?

24 JUSTICE ALLEN GREIMAN: Yes.

25 MR. GEORGE ROATE: Mr. Hayes?

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1 MR. JOHN HAYES: Yes.

2 MR. GEORGE ROATE: Ms. Olson?

3 MS. KATHY OLSON: Yes.

4 MR. GEORGE ROATE: Mr. Sewell?

5 MR. RICHARD SEWELL: Yes.

6 MR. GEORGE ROATE: Chairman Galassie?

7 CHAIRMAN DALE GALASSIE: Yes.

8 MR. GEORGE ROATE: That's six votes in
9 the affirmative?

10 CHAIRMAN DALE GALASSIE: Motion passes.

11 Thank you.

12 MR. FRANK URSO: Mr. Chair, now we are
13 requesting a motion to refer the following matters
14 to legal counsel for review and filing of any
15 notices of noncompliance, which may include
16 sanctions detailed and specified in the Board's Act
17 and Rules. And those facilities are Claridge
18 Healthcare Center, Terrace on the Park, Lincolnwood
19 Place, Phoenix Rehab and Nursing Center, Prairie
20 View Care Center in Lewistown, and the Rehab
21 Institute of Chicago. Project Number 12-002.

22 MR. PHILLIP BRADLEY: So moved.

23 MS. KATHY OLSON: Wait, I thought you
24 took Prairie View off?

25 MR. FRANK URSO: No.

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1 MR. PHILLIP BRADLEY: So moved.

2 CHAIRMAN DALE GALASSIE: I have a
3 motion, I need a second.

4 JUSTICE ALLEN GREIMAN: Second.

5 CHAIRMAN DALE GALASSIE: Motion and
6 second. Roll call?

7 MR. GEORGE ROATE: Motion made by Mr.
8 Bradley --

9 CHAIRMAN DALE GALASSIE: I'm sorry,
10 discussion?

11 MS. KATHY OLSON: I thought, Alexis,
12 didn't you say you were taking Prairie View Care
13 Center off that list?

14 MS. ALEXIS KENDRICK: No, we, we didn't
15 discuss that. But if you'd like to discuss that, we
16 can do that.

17 MS. KATHY OLSON: You said... nevermind.
18 Nevermind.

19 CHAIRMAN DALE GALASSIE: The answer is
20 no. I have a motion and a second. Roll call.

21 MR. GEORGE ROATE: Motion made by Mr.
22 Bradley, seconded by Justice Greiman. Mr. Bradley.

23 MR. PHILLIP BRADLEY: Yes.

24 MR. GEORGE ROATE: Justice Greiman?

25 JUSTICE ALLEN GREIMAN: Yes.

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1 MR. GEORGE ROATE: Mr. Hayes?

2 MR. JOHN HAYES: Yes.

3 MR. GEORGE ROATE: Ms. Olson?

4 MS. KATHY OLSON: Yes.

5 MR. GEORGE ROATE: Mr. Sewell.

6 MR. RICHARD SEWELL: Yes.

7 MR. GEORGE ROATE: Chairman Galassie?

8 CHAIRMAN DALE GALASSIE: Yes.

9 MR. GEORGE ROATE: Six votes firm in the
10 affirmative.

11 CHAIRMAN DALE GALASSIE: Motion passes.

12 Any other business?

13 MR. FRANK URSO: That's all we have.

14 Thank you, Mr. Chairman, board members.

15 CHAIRMAN DALE GALASSIE: Thank you.

16 Moving on, I'll take a voice vote for approval of
17 the agenda. Do I have a motion to approve?

18 MR. JOHN HAYES: So moved.

19 CHAIRMAN DALE GALASSIE: Moved and
20 seconded.

21 MS. KATHY OLSON: Second.

22 CHAIRMAN DALE GALASSIE: All in favor.

23 (All in favor voted in the affirmative.)

24 CHAIRMAN DALE GALASSIE: Thank you very
25 much, motion passes.

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1 Moving on, I'll take a motion to approve
2 the minutes.

3 MR. PHILLIP BRADLEY: So moved.

4 CHAIRMAN DALE GALASSIE: I have a
5 motion. Do I have a second?

6 MR. JOHN HAYES: Second.

7 CHAIRMAN DALE GALASSIE: Second. Any
8 questions? Voice vote. All in favor?

9 (All in favor voted in the affirmative.)

10 CHAIRMAN DALE GALASSIE: Any opposed?

11 (None opposed.)

12 CHAIRMAN DALE GALASSIE: Hearing none,
13 motion passes.

14 We are now moving into Item Number 7 on
15 the agenda, Public Participation. Again, we would
16 ask strongly, and we will try and do it as
17 respectfully as we can, but you are limited to two
18 minutes, less is appreciated, and we're actually
19 trying to ask people to condense it down to a
20 minute, hoping that we can try to get all of the
21 folks into the agenda. So please be concise, make
22 your point, and be sure to tell us if you're
23 opposing the project or supporting the project.
24 Sometimes it gets lost in the comments.

25 And we're going to follow the order

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1 based upon your submission. The date and time that
2 you submitted it to us, at least to the best of our
3 ability. We will call three or four names up to the
4 front of the table, and then we'll go in that order.
5 You do not have to be sworn in, as this is public
6 comments.

7 That having been said, we'll start out
8 with -- Alexis is going to call off four or five
9 names.

10 MS. ALEXIS KENDRICK: I just have a
11 little introduction. The Open Meeting Acts -- the
12 Open Meetings Act requires that any person shall be
13 permitted an opportunity to address public officials
14 under the rules established and reported by the
15 public body. Each speaker will be allotted two
16 minutes to provide their comments about agenda items
17 listed on today's agenda. Please understand that
18 when signalled, you must conclude your comments.
19 Inflammatory or derogatory comments are prohibited.
20 Comments should not be personal, and not be
21 disruptive to the Board's proceedings. Please state
22 and spell your name for the court reporter and state
23 the name and project number of the agenda item that
24 you are stating your position on. Again, please
25 make sure that your comments are focused and

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1 relevant to the specific projects on the current
2 day's agenda. I'm going to call your name in a
3 specific order, and please speak in that specific
4 order.

5 First we have Judy Pelsky. Thomas
6 McAfee, Deborah Clements, and Michael Scheer.

7 CHAIRMAN DALE GALASSIE: Those
8 microphones should be working, folks, and if you
9 would, pull them close to yourself so that our
10 reporter can hear you clearly. Judy, I think you're
11 first. No? Is Judy here in the room? She's not.

12 Moving on to Mr. McAfee. Welcome to
13 beautiful Lake County.

14 MR. THOMAS McAFEE: Thank you. Good
15 morning. My name is Tom McAfee, Thomas McAfee, that
16 is M-C, capital A-F, as in Frank, E-E. I am the --
17 good morning, Chairman Galassie and board members, I
18 will follow your advice and cut to the chase. I'm
19 opposing this application, and for a couple straight
20 forward reasons. Simply stated, we don't need
21 another not for, or for-profit hospital in the
22 county. It will dilute the services that we have
23 today. It is pretty clear that the world is
24 changing quite quickly, and that the need for
25 inpatient beds in our county is something that is

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1 questionable, given health care reform.

2 I have to say that a lot has changed in
3 the last few years, we now have two free-standing
4 emergency centers that are serving the western part
5 of the county. We have improved highway access, 30
6 projects have allowed more expedient traffic
7 movement in the county; and moreover, we have
8 existing assets that are underutilized. The
9 Northwestern Grayslake Facility only a few miles
10 away has operating rooms that have plenty of
11 capacity; in fact, the site where Vista is proposing
12 this hospital has also got plenty of capacity in
13 this location.

14 So finally, I just think that it would
15 be very damaging to the capabilities of the existing
16 not-for-profit hospitals, and the nonsense of having
17 phantom beds for getting to include Lake Forest
18 cardiac cath capabilities in the application is just
19 irresponsible, and if we were to follow planning
20 rules at all, there is simply no need for this
21 hospital. Thank you.

22 CHAIRMAN DALE GALASSIE: Thank you for
23 your comments. Moving on.

24 DR. DEBORAH CLEMENTS: Thank you. I'm
25 Dr. Deborah Clements, C-L-E-M-E-N-T-S. I'm here in

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1 opposition to Item I-01. I'm here as Lake County
2 physician concerned about the health care of our
3 community. I urge you to deny this proposal for a
4 new hospital in Lindenhurst, a new full service
5 hospital is not what patients need. What Lake
6 County needs is primary care for indigent residents.
7 My primary practice in Grayslake, and I can tell you
8 it's not full to capacity yet, but I've recently
9 accepted a position as medical director of the new
10 family medicine residency program to support Erie
11 Family Health Center which will be opening in
12 Waukegan in July of 2015. Lake County is home to a
13 large indigent population, and most of that group
14 does not have access to primary health care. Thanks
15 to our partnership with the Lake County Health
16 Department, Northwestern Lake Forest Hospital,
17 largest provider of indigent care in the county,
18 we're here -- we're pleased to be embarking upon
19 this important program for the underserved.
20 Preventative regular care can be costly.
21 Northwestern has invested millions to bring this
22 residency program to support this and make health
23 care more readily available to those patients who
24 need it and cannot otherwise afford it. You'll
25 excuse my pun, it's what the doctor ordered.

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1 Lake County does not need a new
2 hospital. You know that a new hospital would do
3 nothing to meet the priorities that were identified
4 in MAP, we've seen that data before. We've already
5 met the emergency care needs with not one, but two
6 emergency departments. Lake County residents are
7 now within 15 minutes of emergency care when they
8 need it, so let's commit to meeting the current
9 needs of Lake County by focusing on our care for
10 indigent populations in the outpatient environment,
11 not by building a needless not-for-profit hospital.
12 Thank you for your time, and please consider Lake
13 County's true needs and deny this application.

14 CHAIRMAN DALE GALASSIE: Thank you,
15 Dr. Clements.

16 DR. MICHAEL SCHEER: Good morning.

17 CHAIRMAN DALE GALASSIE: Good morning.

18 DR. MICHAEL SCHEER: My name is Mike
19 Scheer, S-C-H-E-E-R. I am also a Lake County
20 physician, I have -- I'm an independent general
21 surgeon, I have two partners, I'm the president of
22 my corporation, I am on staff at what are now Vista
23 and Condell, and have been for 18 years. I've been
24 on staff at Lake Forest and St. Theresa in the past,
25 and I provide services to the patients in the

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1 northern Lake County area.

2 I am here in support of the proposal for
3 the new hospital in Lindenhurst for my patients'
4 benefit. I, as mentioned, the Vista Surgery Center
5 out in Lindenhurst has been there since 1999, and
6 I've been using that facility since 1999. I take
7 particularly my patients from that area, Lake Villa,
8 Lindenhurst, Antioch, Spring Grove, Ingleside, and
9 even up into Wisconsin. Salem, Bristol, Twin Lakes,
10 I have patients who come that far. For them to have
11 to go to a hospital for inpatient surgery, they have
12 to go to either Advocate Condell, or Vista East in
13 Waukegan. It is an hour for some of those patients.
14 Now imagine if they had to travel for emergency
15 care. In addition to general surgery, I provide
16 trauma services at Vista East, and both of my
17 partners provide trauma services at Advocate
18 Condell. Those patients that needed to be
19 transported to those facilities by emergency squad
20 takes a long time. The infrastructure is improving,
21 but currently with the construction that's going on,
22 traveling, as you well know, with a day like today
23 and the weather, it's tough. So for the benefit of
24 my patients in that northwest corridor, which
25 continues to grow and expand, they, they deserve the

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1 opportunity to have a hospital within 30 minutes of
2 their residence.

3 Now if you think about your own personal
4 situation, as I think about mine as the father of
5 four, I enjoy having a hospital within five minutes
6 of my house. I think that everyone should, in the
7 Chicago area should at least have that opportunity
8 to have a full service hospital facility with
9 inpatient services within 30 minutes of their, of
10 their residence. And if you agree, you'll, you'll
11 support this opportunity for Vista and the
12 opportunity for the residents of northern northwest
13 Lake County to have a hospital of full service in
14 their area. Thank you for your consideration.

15 CHAIRMAN DALE GALASSIE: Thank you, Dr.
16 Schear. We appreciate all of your comments. Have a
17 good day.

18 MS. ALEXIS KENDRICK: Okay, Wayne
19 Motley, Marie Dolar, Tom Weber, Brock Millsop, and
20 Myra Gaytan-Morales.

21 CHAIRMAN DALE GALASSIE: Good morning,
22 folks. Mr. Motley, if you would begin, please.

23 MR. WAYNE MOTLEY: Good morning, I'm
24 Wayne Motley, I'm the mayor of the city of Waukegan.
25 I came here this morning not only to directly

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1 endorse Vista's plan, but also to dispel two
2 allegations that have been surfacing.

3 It's been suggested that Vista and its
4 parent community health systems have been less than
5 stellar corporate citizens, and it's been alleged
6 that Vista has long range of plans to abandon
7 Waukegan. Nothing could be further from the truth.
8 When Waukegan was on verge of closing its hospitals,
9 not one of the local hospital systems were willing
10 to take the hospitals over. CHS literally rescued
11 the hospitals from imminent closing of the doors.
12 Since that time CHS has worked not only with the
13 city of Waukegan and Lake County, but independently
14 to develop and support a broad spectrum of health
15 care services that commit and continue yearly. We
16 have seen a number of businesses elect to leave
17 Waukegan in recent years, and that's been well
18 publicized. CHS, on the other hand, has invested
19 tens of millions of dollars to improve the
20 state-of-the-art in hospitals in Waukegan. You
21 don't invest that level into a system to simply
22 abandon it. I've heard the same rumors, I met with
23 Barb Martin, Vista's president, I have been assured
24 that the elimination of services in Waukegan is not
25 on their mind and there's no intent to close those

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1 hospitals. I believe that Vista's plans for its
2 Lindenhurst campus will actually enhance the
3 services provided to my constituents. Thank you.

4 CHAIRMAN DALE GALASSIE: Mayor, thank
5 you for your comments.

6 MS. MARIE DOLAR: Hello, my name is
7 Marie Clair Dolar, D-O-L-A-R. I live in Antioch,
8 Illinois. On July 23rd, 2007, I went into labor
9 with my second daughter. It was my moment -- a
10 moment my husband and I had been waiting for, and we
11 were also very anxious. What I did not expect to
12 happen is there was some stress in the long ride to
13 the hospital. I chose to deliver my baby at Vista
14 Waukegan, as I work part-time for our health system,
15 and our doctor also goes to Vista. It would not
16 have mattered, though, if I had chosen to deliver at
17 Condell or Lake Forest, for the drive is the same.
18 It was rush hour when we left, and even if we took
19 I94 or Route 41, it still took us at least 65
20 minutes to get there.

21 The one-hour drive felt like two hours
22 when you are having labor pains. I literally, and I
23 mean this, I almost delivered my baby in the parking
24 lot. We left the house at 6:20 we arrived almost
25 7:25, and I had the baby at 7:48. My doctor didn't

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1 even make it because of the traffic. Fortunately,
2 everything was fine. I had a healthy pregnancy and
3 baby. I did think, though, how awful it would have
4 been if I had gone into premature labor, or if I had
5 a complication.

6 So fast forward five years later, I got
7 pregnant again. I'm already considered high risk
8 for my age and for how fast I delivered the baby.
9 I'm worried for myself and the baby, because of the
10 distance. It also worried my doctor, too. If only
11 we had a hospital built at Lindenhurst site, it
12 would then just take me ten to fifteen minutes drive
13 versus the 65-minute drive to Vista in Waukegan.
14 This time I got myself prepared by trying to be
15 closer to the hospital on the last few days prior to
16 my due date.

17 So I urge you to approve the new
18 hospital. It will make a big difference in many
19 lives, especially to moms like me who are worried.
20 And it would also lessen the complications that may
21 happen in these possible emergencies. Thank you
22 very much.

23 CHAIRMAN DALE GALASSIE: Thank you for
24 your comments and congratulations.

25 MR. THOMAS WEBER: Good morning, Board,

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1 I'm Tom Weber, Lake County board member of District
2 3, which is mostly Lindenhurst, Lake Villa, around
3 Lake Beach and around Lake Heights, a lot of areas
4 that are affected by not having a close hospital.

5 I'm here in favor of the Vista proposal.

6 I have to say, I love my communities and that I
7 represent -- that I represent, and they will be the
8 greatest beneficiaries of building a new hospital.

9 A few years back I fell off a two-story house off of
10 Drexel Boulevard and Canning. It was two hours
11 before I rolled through a hospital door after
12 impacting the ground. I have eight sisters and
13 brothers with their own families, and we were all
14 together on Christmas Day when my father fell over
15 in Lake Villa. The ride to the hospital was 45
16 minutes. My father luckily came through it okay,
17 but the thing I will remember most is sitting in a
18 car for 45 minutes on Christmas Day with my sisters
19 and mother crying, asking why is it taking so long,
20 why is it taking so long. And we've had probably
21 six, seven trips like that in the past five years.

22 In 1964, property was given to Lake
23 Villa Township for the building of a new hospital.
24 Due to bureaucracy back in 1964 to 1974, we were not
25 allowed to build a hospital then. The property is

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1 down in the Lake Villa Township at Lewis Park.

2 As an elected official, I swore an oath
3 to uphold the Constitution. Our Declaration of
4 Independence says that we have the right to life,
5 liberty, and the pursuit of happiness. When I think
6 of life, that means that we need to protect life,
7 and part of that is ensuring that our residents have
8 a full service health care facility that isn't an
9 hour away in traffic. This is how we can best
10 represent and protect the life of the residents in
11 my district. Vista has been a strong community
12 supporter in Lake County, and after nearly 50 years
13 of bureaucracy, I'm asking you to please allow the
14 residents of my district to have the same treatment
15 and safety net as the rest of the residents in Lake
16 County.

17 I'm asking you not only as a
18 representative, but as a seventh generation resident
19 of the district to please approve the Vista proposal
20 for a hospital in Lindenhurst. Thank you very much.

21 CHAIRMAN DALE GALASSIE: Commissioner
22 Weber, thank you for your comments.

23 MR. BROCK MILLSOP: Good morning, Board.
24 My name is Brock Millsop, M-I-L-L-S-O-P, and I am in
25 support of the Lindenhurst ED project.

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1 I've been very active in the public
2 service arena for over 30 years as an officer, fire
3 fighter, and EMT for the Lake Villa Fire Department
4 and Northwest Lake County Fire EMS provider, and I
5 know a number of fire chiefs have spoken out in
6 support of this project, and I have great respect
7 for the numerous doctors, technicians, R.N.'s
8 throughout Lake County. Like most proposed hospital
9 projects, every aspect of emergency medicine,
10 specialized care, private ambulance service, and
11 even elder care, has been put under the microscope
12 for years in an effort to make a decision on behalf
13 of all parties concerned. A big responsibility for
14 all those involved. As fire and EMS supervisors and
15 paramedics, we're also faced every day with critical
16 decisions and share in a responsibility with those
17 dealing with a family emergency, a fatal accident
18 with an overturned bus full of school children in
19 Wadsworth, short and long-term road construction
20 projects, flooded major streets on the way to area
21 hospitals, combined with the white area flooding
22 seen this past spring over the middle and western
23 Lake County. Even though we can't control most
24 natural disasters or preplan for every incident, we
25 have a responsibility and take great pride in our

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1 department, our community, and patients to provide
2 that level of pre-hospital care. We see and treat
3 those patients firsthand, and I can tell you it
4 would be very beneficial to have an ED in
5 Lindenhurst that could accept ALS runs and that
6 could provide quality inpatient care. It would also
7 free up the emergency responders for those multiple
8 calls in progress and ultimately save lives.
9 Currently we have to transport those residents, and
10 you've heard the statistics, 20 to 40 minutes, it
11 could vary, for adults ALS care in Northwest Lake
12 County, and then have to return back to our station
13 or district to be available for another 911
14 emergency. A hospital in Lindenhurst would save on
15 average an hour to drive -- of drive time per
16 ambulance run. Board, thank you very much.

17 CHAIRMAN DALE GALASSIE: Thank you,
18 Chief, we appreciate your comments. Thank you to
19 all of you.

20 MS. MYRA GAYTAN-MORALES: Good morning.
21 Good morning, my name is Myra Gaytan-Morales, I live
22 in Lake County since late 1980's, and I have been
23 active in the Latino Coalition of Lake County in the
24 Healthy Women's Advisory Board for over five years.
25 My personal interest is to improve the lives of Lake

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1 County residents, whether those improvements are in
2 the area of education, health care, public
3 transportation or any service that needs to be
4 addressed. A hospital at Lindenhurst/Lake Villa
5 area will greatly improve the lives of Lake County
6 residents of the northwestern part of the county. I
7 repeat, a hospital in the Lindenhurst/Lake Villa
8 area will greatly improve the lives of residents of
9 northwestern part of the county. Whether the needs
10 for the new hospital is addressed by Vista or
11 someone else is not of great concern to me. The
12 concern is that the need be addressed, and it has to
13 be addressed with how far is the Lake. I will told
14 you this, however, I've seen this has been
15 negatively portrayed for the for-profit hospital.
16 The label doesn't bother me. Vista is a provider in
17 Waukegan, and it has not, and I have not seen them
18 turning any people away. They provide broad
19 spectrum of community-based programs, just like
20 other hospitals do. They provide meaningful jobs
21 like other hospitals are doing in Waukegan. And
22 they're doing this while they are continuing to tax,
23 tax base.

24 I drive across Lake County multiple
25 times a week, and it's difficult to drive such a

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1 distance for care or just to visit a loved one. The
2 distance is something that needs to be addressed.
3 It is time to take action, it is time to approve
4 this hospital. Vista has been a good citizen and a
5 good community member. I strongly support the idea
6 of opening a new hospital in the west side of Lake
7 County. Thank you.

8 CHAIRMAN DALE GALASSIE: Thank you Ms.
9 Morales. Could you spell you name for the recorder,
10 please?

11 MS. MYRA GAYTAN-MORALES: Gaytan,
12 G-A-Y-T-A-N, hyphen Morales, M-O-R-A-L-E-S.

13 CHAIRMAN DALE GALASSIE: Thank you.

14 MS. ALEXIS KENDRICK: Next up, Sheldon
15 Halterman, Julie Twomey, Karen McCormick, Ravi
16 Damaraju, and Lee Sacks.

17 CHAIRMAN DALE GALASSIE: Good morning,
18 folks. Welcome, and again, if you would introduce
19 yourself, spell your name for our recorder, and pull
20 those microphones nice and close, please.

21 MR. SHELDON HALTERMAN: Good morning.
22 My name is Sheldon Halterman, H-A-L-T-E-R-M-A-N.
23 I'm in support of this project. I have lived in
24 Lindenhurst with my family for over 14 years. I'm
25 the President of Lindenhurst Sanitary District, the

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1 past president and current member of the board of
2 the Lindenhurst/Lake Villa Chamber of Commerce.

3 As a CPA who is a small business owner,
4 I deeply care about the community about having a
5 hospital located in my area. During my residency,
6 the Village of Lindenhurst and Lake Villa alone have
7 grown a combined 55 percent, or over 8,200
8 residents. This significant growth has created a
9 need for health care facilities much closer to where
10 we or I live. We appreciate Vista in establishing a
11 free-standing emergency center in Lindenhurst;
12 however, this center is limited in what conditions
13 can be treated in a hospital unable to rate our
14 treatment and faster treatment options. Time too
15 and location of a hospital is critical for positive
16 treatment outcomes. The rescue squad has stated
17 that it takes significant time to currently reach a
18 hospital, such that for every run they make to
19 either Waukegan or Libertyville, they're out of
20 service to the rest of the community for a minimum
21 of say an hour, hour and a half. The closest
22 hospital to me is in Vista in Waukegan. While it is
23 an excellent facility, driving across the county,
24 especially today, can be challenging, at best, and
25 many times is not the fastest option. The mayor of

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1 an adjoining village has indicated that many of the
2 rescue squad runs are over the border to Wisconsin
3 hospitals because it takes less time. Shouldn't our
4 goal for the entire county and state be to provide
5 the fastest treatment options, keep these patients
6 closer to their homes, their families, and not lose
7 this revenue stream and jobs to Wisconsin hospitals.
8 Existing Illinois hospitals should not be
9 significantly impacted by this project. While Vista
10 has recognized this great need, they're sensitive
11 about the number of beds in the county and are
12 shifting existing beds to this project where they
13 are needed most. This hospital will allow faster,
14 more convenient, greater treatment options, create
15 jobs, provide needed tax revenues from a for-profit
16 entity, and a catalyst for positive growth.

17 Thank you for allowing me to speak
18 today, and please approve the Lindenhurst project.

19 CHAIRMAN DALE GALASSIE: Thank you,
20 Mr. Halterman.

21 MS. JULIE TWOMEY: Good morning. My
22 name is Julie Twomey, J-U-L-I-E, T-W-O-M-E-Y, as in
23 the number two. I am providing this testimony on
24 behalf of myself and my husband. We live north of
25 Lindenhurst, and have lived there for approximately

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1 45 years. Where we live is a no man's land for
2 hospitals. I read an article in the newspaper a
3 couple of weeks ago about a Chicago hospital that
4 might be forced to close. With the area
5 residents -- let's see. I'm sorry. With the area
6 they, they had a -- yes, thank you.

7 That might be forced to close with the
8 area residents then needing to drive seven miles to
9 another hospital. Seven miles sounds great to me.
10 My husband was hospitalized for eight days a couple
11 of years ago at Condell, it was one of the worst
12 winters we had, and most of my commutes from our
13 home to Condell, which was both ways, were over an
14 hour each. Vista's Lindenhurst campus is ten
15 minutes from our home.

16 A little while ago, a few years ago, I
17 also had an allergic reaction to a flu shot. The
18 ambulance took me to Condell. I, I was so badly
19 infected by the flu shot that I had great difficulty
20 in breathing. That ride to -- that ride in the
21 ambulance all the way to Condell was probably one of
22 the scariest times in my life. I didn't -- it just
23 went on and on, and I was afraid that I would just
24 stop breathing any minute.

25 The economy, as the economy picks up,

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1 we're seeing more in commercial and residential
2 construction in Lake County. That's going to make
3 travel even worse. Big time. Not having a hospital
4 in our area was probably reasonable 30 years ago,
5 but with the growth in the northern part of the
6 country -- of the county, that's no longer the case.
7 We have new schools, new industry, new shopping. If
8 there's a need for those things, then there's a need
9 for a hospital.

10 MS. ALEXIS KENDRICK: Thirty seconds.

11 MS. JULIE TWOMEY: Why do the people who
12 live close to Condell have an objection to having
13 the same convenience -- for us having the same
14 convenience that they do? Thank you.

15 CHAIRMAN DALE GALASSIE: Thank you,
16 Mrs. Twomey. Appreciate your comments.

17 Would the recorder show Dr. Burden is
18 here? Good morning, Dr. Burden.

19 DR. JAMES BURDEN: Good morning. They
20 call me Noah.

21 (Laughter.)

22 CHAIRMAN DALE GALASSIE: Well, we're
23 appreciative that you're here.

24 DR. JAMES BURDEN: Thank you.

25 MS. KAREN McCORMICK: Good morning.

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1 CHAIRMAN DALE GALASSIE: Good morning.

2 MS. KAREN McCORMICK: My name is Karen
3 McCormick, it's M-C-C-O-R-M-I-C-K, and I am the
4 Emergency Department director at Vista East/West and
5 the Free-Standing Emergency Department in
6 Lindenhurst. I have been in this position since
7 2009, and I have been the director of the
8 Free-Standing Emergency Department from planning,
9 construction, and since it's opened. I am
10 extraordinarily proud to be the nurse leader of the
11 Free-Standing Emergency Center. Due to excellent
12 clinical care, exceptional customary service and
13 tremendous geographical need, I've seen tremendous
14 growth in the number of patients who come to our
15 department. It's proof positive that we need a more
16 comprehensive Emergency Department and inpatient
17 care in Lindenhurst.

18 As you know, FEC's can only accept
19 patients by ambulator categorized as BLS, or basic
20 life support. By the FEC Administrative Code, we
21 can't accept any patients who require advanced life
22 support, but ironically, these are the patients that
23 need to come to us in the most timely way.
24 Currently the ambulances with patients receiving ALS
25 care bypass the FEC and go to the hospitals in

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1 Waukegan, Libertyville and Lake Forest. Often this
2 delays the onset of care 25 to 30 minutes, and
3 sometimes longer. I do not want to be dramatic
4 about the fact that time saves lives, but this is
5 true. I can say with certainty that many of the
6 patients, if treated and stabilized in a shorter
7 period of time, would have better outcomes.

8 I cannot imagine why anyone would say
9 that patients will receive worse care at the
10 existing Lake County hospitals if there was a
11 hospital in Lindenhurst. I am a resident of
12 Lindenhurst. I live in Lindenhurst with my husband
13 and my two daughters, who are 13 and 10. I have
14 lovely neighbors and friends in my community, many
15 of them with chronic medical illnesses. They need
16 and deserve to have quick and timely access to a
17 hospital. I ask you to consider my families and my
18 community's right to timely access to health care as
19 more important than the opposing hospitals' healthy
20 bottom line. I urge you to consider the reality of
21 what is occurring for residents in Round Lake,
22 Lindenhurst and Antioch, and surrounding areas and
23 approve this project. Thank you.

24 CHAIRMAN DALE GALASSIE: Thank you, Ms.
25 McCormick.

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1 DR. RAVI DAMARAJU: This is in regards
2 to Project Number 13-004. Good morning, my name is
3 Ravi Damaraju, D-A-M-A-R-A-J-U. I'm a physician in
4 Elgin, Illinois, I'm a kidney doctor. I'm here to
5 oppose FMC's proposal to establish a 12-station
6 facility in south Elgin, where there is in excess of
7 16 stations and well utilization nearby.

8 The proposed facility is located 12
9 minutes from FMC Elgin, which, as of March 31st,
10 2013, was operating well below the State's 80
11 percent standard, at 59 utilization. FMC also has
12 facilities in west Chicago and Batavia, which are
13 located nearby and operating below capacity at 44
14 percent and 28 percent respectfully. Additionally,
15 there is another dialysis center in St. Charles not
16 far from this proposed location. Collectively,
17 these facilities can accommodate the 80 plus
18 patients that other physicians anticipate referring
19 to this facility.

20 Given that this company's existing Elgin
21 facility did not reach capacity in the timeframe
22 that it proposed that it would, and while I support
23 increasing access in care in communities I serve,
24 this should be done at a reasonable rate and when
25 there is not existing capacity at other FMC

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1 facilities.

2 As such, I ask that you deny this
3 project. Thank you.

4 CHAIRMAN DALE GALASSIE: Thank you,
5 Doctor. Good morning.

6 DR. LEE SACKS: Good morning, I'm Lee
7 Sacks, S-A-C-K-S, and I'm speaking in opposition to
8 Project 12-081. I'm Dr. Lee Sacks, the Chief
9 Medical Officer at Advocate Health Care, and I've
10 been recognized as a national expert in the quality
11 and efficiency of health care. I've been called
12 upon by both political parties in the last year,
13 I've testified in front of the Senate Finance
14 Committee, served as a resource for the House Energy
15 and Commerce Committee for the Commissioner of the
16 FTC, and participated in a meeting in the White
17 House. I want to use that expertise to explain why
18 you're seeing a dramatic decrease in inpatient
19 utilization, and why that trend is going to
20 continue, which means we need fewer med/surg beds,
21 and certainly don't need a new hospital in Lake
22 County.

23 As health care shifts from a volume to a
24 value proposition, our organization has been at the
25 forefront of accountable care and working with

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1 insurers and Medicare to reduce the need for
2 hospital admissions by keeping our patients
3 healthier. Changing benefit plan designs and
4 enhanced patient engagement are also driving the
5 decline in admissions and patient days. You already
6 possess the most current results in the Annual
7 Hospital Questionnaire. There's solid evidence that
8 certain volumes are required to provide the best
9 outcomes for critical service, more important than
10 time to the facility to get results for stroke care,
11 heart attacks and trauma. Diluting patient care
12 across a new facility in Lake County is actually
13 going to undermine outcomes.

14 As we shift from inpatient to ambulatory
15 care and decreased utilization, the needs of
16 patients who require inpatient care are going to be
17 much more acute. That's why we're also anticipating
18 a growth in the need for ICU treatment as the
19 complexity of care increases. Your inventory
20 numbers for ICU support this phenomenon, and that
21 explains why our organization today is also
22 presenting two projects to address this calculated
23 need for new ICU beds.

24 So in conclusion, Lake County already
25 has more med/surg beds than it needs, declining

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1 utilization is going to continue, and the harm that
2 a new hospital would inflict is very real. We
3 respectfully ask that you take into account the
4 information that you have before you make a decision
5 that will negatively impact outcomes and undermine
6 Advocate's ability to continue to serve its mission
7 to this community. Thank you.

8 CHAIRMAN DALE GALASSIE: Thank you, Dr.
9 Sacks. We appreciate all of your comments, have a
10 good day.

11 MS. ALEXIS KENDRICK: Dominica
12 Tallarico, Elliott Cohen, Joe Ourth, Rochelle
13 Shipley, Edward Green.

14 CHAIRMAN DALE GALASSIE: Good morning,
15 folks. Again, if you would pull those microphones
16 nice and close and spell your name for our reporter,
17 we'd appreciate it.

18 MS. DOMINICA TALLARICO: Good morning,
19 I'm Dominica Tallarico, that's D-O-M-I-N-I-C-A,
20 Tallarico, T-A-L-L-A-R-I-C-O. Good morning,
21 Chairman Galassie and all the board members.

22 CHAIRMAN DALE GALASSIE: Good morning.

23 MS. DOMINICA TALLARICO: I'm here in
24 opposition to the applicant's CHS application to
25 bring a new hospital in the Lindenhurst area. When

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1 46,000 admission decline in two years. It's 46,000
2 admission. That would fill three Lindenhurst
3 hospitals. This is very real, this utilization
4 decline. At my hospital alone just since January,
5 we've seen a 9 percent decline in inpatient
6 utilization admissions, 5 percent in patient days,
7 so the case mix index, the intensity of the care, as
8 Dr. Sacks noted, will go up, thus the justification
9 for more intensive care beds or intermediate beds,
10 but not medical/surgical beds.

11 Utilization of Vista has declined, as
12 well, so mine is 9 percent, theirs is approximately
13 4 percent. Recent comp data also shows that
14 inpatient utilization of the new proposed
15 Lindenhurst Hospital service area has declined by
16 5.6 percent. So it's -- no one is immune to the
17 utilization decrease and the realities of, you know,
18 health care reform.

19 MS. ALEXIS KENDRICK: Thirty seconds.

20 MS. DOMINICA TALLARICO: Thank you. So
21 once again, the project contradicts the rules of the
22 entire planning process, there's no calculated bed
23 need to justify the new hospital, Vista has not
24 submitted the required physician referral letters to
25 justify the new hospital, all existing hospitals are

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1 below targeted medical/surgical utilization for
2 their beds, and there's continued dramatic decline.
3 So I respectfully request that you follow with your
4 denial on this project as you did in March with the
5 intent to deny, and thank you for your consideration
6 and your time.

7 CHAIRMAN DALE GALASSIE: Thank you for
8 your comments.

9 DR. ELLIOTT COHEN: Good morning.

10 CHAIRMAN DALE GALASSIE: Good morning.

11 DR. ELLIOTT COHEN: I am Dr. Elliott
12 Cohen, E-L-L-I-O-T-T, last name C-O-H-E-N. I'm an
13 ICU intensivist at Advocate Condell. I'm here today
14 to oppose Vista's application for a brand new
15 hospital, because it would put patients at risk. As
16 an intensivist and in an ICU that has 24/7 board
17 certified intensivists, one of the -- the only in
18 Lake County, and one of the few in the Chicago area,
19 I take care of Lake County patients with some of the
20 most critical and emergency needs.

21 First of all, we need to recognize that
22 high acuity cases are the future of hospital care.
23 An unneeded hospital would make it more difficult
24 for every area hospital to deliver the kind of
25 hospital care patients need moving forward. Health

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1 care is changing, and hospitals serve a different
2 purpose now than they once did. Now that outpatient
3 facilities and ambulatory care centers have entered
4 the picture, the primary reason for a patient to
5 visit a hospital is for a serious condition.

6 Vista's new and unneeded hospital would
7 not offer the specialty services that are necessary
8 to handle high acuity cases. This would put Lake
9 County patients at risk. At the same time, a new
10 and unneeded hospital would mean fewer patients for
11 the existing is hospitals, hurting their ability to
12 subsidize the services necessary to care for high
13 acuity cases. This, too, would put Lake County
14 patients at risk.

15 In particular, let's consider the impact
16 the new hospital might have on trauma care.
17 Advocate Condell's Level 1 trauma center is the only
18 one of its kind in the county. This is a classic
19 case of cross subsidization. The hospital is well
20 aware that it loses money by providing a Level 1
21 trauma center. That's okay, as long as the hospital
22 can maintain its volumes in other services.

23 MS. ALEXIS KENDRICK: Thirty seconds.

24 DR. ELLIOTT COHEN: But if the hospital
25 can't maintain those volumes, that could put Lake

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1 County emergency patients at risk. State-of-the-art
2 trauma centers are critical for patients with
3 serious needs.

4 Let me ask you this. If you or your
5 loved one has a serious health need, don't you want
6 access to the very best care? As a physician, I
7 urge you to protect Lake County patients and their
8 families and deny this application. Thank you for
9 your consideration.

10 CHAIRMAN DALE GALASSIE: Thank you,
11 Doctor. Joe.

12 MR. JOE OURTH: Joe Ourth, O-U-R-T-H.
13 Mr. Chairman, members of the board, I'm Joe Ourth,
14 and I have had the opportunity to represent
15 Northwestern Lake Forest Hospital and Advocate
16 Condell.

17 As you've seen in your file, I've had
18 the opportunity to send in a number of things, and
19 so I won't repeat those comments, but will, but will
20 draw your attention to two things. One is, as part
21 of the submission, there was a lot of, there's been
22 a lot of discussion about emergency care. You'll
23 see that in the materials that we sent that have
24 been prepared, that really everyone in this proposed
25 area is within 15 minutes of emergency care. A

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1 place that in my rural county in western Illinois
2 people could only hope for to be anywhere close
3 that.

4 The second thing I wanted to, point I
5 want to make is that the Board and the staff, you
6 spend a lot of time drafting rules, redrafting the
7 rules, refining the rules. And there's a reason you
8 do that. It's part of the planning process, it's
9 what creates predictability and certainty. And
10 there's a good reason for that. As we've pointed
11 out, this is an application that doesn't meet those
12 rules that you wrote, and quite frankly, doesn't
13 meet the spirit of the planning process, and we
14 would ask that the project be denied. Thank you.

15 CHAIRMAN DALE GALASSIE: Thank you for
16 your comments.

17 MS. ROCHELLE SHIPLEY: Good morning, my
18 name is Rochelle Shipley, and I live in Waukegan,
19 and I'm opposing the Vista Medical Center at
20 Lindenhurst.

21 I'm here because I care about my
22 hometown and its future. So like others in my
23 community, I've been following the debate over
24 Vista's hospital proposal. This past year I became
25 a caregiver for my Auntie Ann, a role I was thrust

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1 into. Like any family member, I wanted to ensure
2 her medical needs were met and that there wouldn't
3 be a loss of care for her. The coordination between
4 Vista and my aunt's nursing home provided her with
5 excellent care and comfort before her passing from
6 complications with dementia. Although resources
7 have been drained over the years, Vista's quality
8 professionals, facilities and care are in high
9 demand in Waukegan. Right now Vista is holding
10 Waukegan's health care hostage. Vista says that
11 they will stay in Waukegan if, and only if, they get
12 a new hospital in a wealthier town. But that's not
13 right. Isn't Vista part of a for-profit company
14 called CHS that has more than 130 hospitals in the
15 United States? Don't they make billions of dollars?
16 They have plenty of money to go around. Vista is
17 using Waukegan as a pawn in their scheme to win
18 approval. Instead, let's consider the real reason
19 behind this proposal. Greed. Thank you.

20 CHAIRMAN DALE GALASSIE: Thank you for
21 your comments. And if you could let the record show
22 Mr. Hammoduh is here.

23 MR. MATTHEW HAMMODUH: Thank you, I
24 apologize.

25 CHAIRMAN DALE GALASSIE: Thank you, I

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1 understand. Thank you. We're glad you're here.

2 Thank you, folks, we appreciate your
3 comments. Oh, sorry. One more, I'm sorry.

4 MR. EDWARD GREEN: Good morning, my name
5 is Edward Green, and I am counsel to Asta Care
6 Center in Pontiac, Evenglow Lodge in Pontiac,
7 Flannigan Rehab in Flannigan, Heritage Health in
8 Dwight, and Meadows Mennonite in Chenoa, Illinois.
9 On behalf of my clients, I'm appearing this morning
10 to lodge an objection to the repeated efforts by the
11 Good Samaritan Group to circumvent the rules and
12 regulations that govern the certificate of need
13 process. Specifically, my clients are very opposed
14 to Project Number 12-027, which is Good Sam's
15 project to construct a 122-bed replacement nursing
16 home facility in Pontiac, Illinois.

17 As you will recall, the Good Sam's
18 Pontiac project first appeared before this Board a
19 year ago, and at that time my clients voiced strong
20 concerns that the project had already taken four
21 years to reach the Board, and that despite the
22 passage of that much time, Good Sam still didn't
23 have a hard financing commitment in place for the
24 project. We were also very concerned by the fact
25 that Good Sam failed to provide any information

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1 relative to the working capital needs of the
2 replacement facility, which was bad, because Good
3 Sam appeared to be insolvent from a working capital
4 point of view.

5 The Board, I think conscious of those
6 very concerns, issued a conditional permit to Good
7 Sam which provided as follows: The permit holders
8 are required to have debt financing in place for
9 this project by December 31st, 2012. Failure to do
10 so will result in the permit being deemed null and
11 void.

12 Well, fast forward to December of 2012.
13 Good Sam, as unfortunately we predicted, did not
14 have any financing in place. So on December 10th,
15 2012, Good Sam appeared before this Board through a
16 declaratory ruling request and asked for a six-month
17 extension. That extension expires on June 30th,
18 2013.

19 Well, fast forward to today, and Good
20 Sam still does not have their financing in place.
21 Indeed, it would be impossible to have it in place,
22 because they finally submitted what is deemed a
23 draft Feasibility and Financial Report to the US
24 Department of Agriculture on May 17th.

25 MS. ALEXIS KENDRICK: Thirty seconds.

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1 MR. EDWARD GREEN: In other words, even
2 after a one-year delay, Good Sam still hasn't
3 established the feasibility of the project, nor do
4 they have any financing in place. This cannot
5 continue. The terms of the conditional permit were
6 clear. Good Sam had until December 31st, 2012, to
7 get their financing in place. It is inappropriate
8 and unfair to allow Good Sam to use the declaratory
9 ruling process to continue to seek additional time.
10 Outside of the two minutes that I have been granted
11 today to speak on behalf of five clients, there
12 isn't even a procedure that allows my clients to
13 request public hearing or submit any objections to
14 these repeated declaratory impacts. Good Sam is now
15 literally five years into this project. At a
16 certain point the Board has to say enough is enough
17 and void their permit. Good Sam can come back, they
18 are certainly free to come back, and I would argue
19 that once they have their ducks in a row, they can
20 come back. That way the planning process can play
21 itself out according to the rules and regulations,
22 not through two-page status letters and declare --
23 declaratory ruling requests. Thank you.

24 CHAIRMAN DALE GALASSIE: Thank you for
25 your comments. I believe we have three more people

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1 on our list, so we're going to forge ahead. And
2 we're a little longer than anticipated, but we do
3 appreciate everyone being as concise as you have
4 been.

5 MS. ALEXIS KENDRICK: Jason Lundy,
6 Charles Sass, and Dave Johnson.

7 CHAIRMAN DALE GALASSIE: Good morning,
8 gentlemen. Hold those microphones nice and close,
9 please, and spell your name when you begin.

10 MR. JASON LUNDY: Good morning, my name
11 is Jason Lundy, J-A-S-O-N, L-U-N-D-Y, and I
12 represent HCR Manor Care. I'm appearing here in
13 support of Alden Estates of Huntley, Project Number
14 13-13. Manor Care supports this proposal as it
15 addresses an identified need for services. Manor
16 Care is not a collaborator with Alden on this
17 project, it is more typically a competitor.
18 However, because the Board has established a need
19 for nursing home beds in the service area, Manor
20 Care supports the project. This Board has
21 determined that there's a need for 428 beds in the
22 Kane County planning area, in which -- where this
23 planned nursing home will be located. Additionally,
24 the Board has identified a need for over 1400
25 nursing home beds in Health Service Area 8, which

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1 MR. JASON LUNDY: Making consistent
2 decisions is a cornerstone of this Board and is, in
3 fact, a mandate of the Board's authorizing actions.
4 To fulfill the objectives of this Planning Act, this
5 Board is tasked with making evidence-based
6 assessments that consider whether a proposed project
7 contributes to the orderly development of health
8 care and the availability of health care. The
9 Board's own determination of future need for health
10 care service should be the driving factor in
11 considering orderly health --

12 MS. ALEXIS KENDRICK: Please conclude
13 your comments.

14 MR. JASON LUNDY: Alden Estates of
15 Huntley and Project 13-13 meets the objectives, and
16 we ask that it be approved. Thank you.

17 CHAIRMAN DALE GALASSIE: Thank you, Mr.
18 Lundy. Good morning.

19 MR. DAVID JOHNSON: Good morning. My
20 name is David Johnson, I'm the village manager for
21 the Village of Huntley, and thank you for the
22 opportunity to share information regarding Huntley's
23 growth and support of the Alden Huntley project,
24 Petition 13-013.

25 We were here in front of you last year

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1 when you approved the Huntley Hospital project, and
2 Huntley continues to grow at a rate far outpacing
3 other suburban communities. During 2012, Huntley
4 was home to the top three fastest residential
5 projects, growing projects in suburban Chicago. 253
6 new residential units were permitted in our
7 community in 2012, ranking us number one in the
8 northwest suburban area, and number four in all
9 suburbs of Chicago, and so far this year we've seen
10 a 54 percent increase in the number of permits
11 issued from May, 2012, through May of 2013.

12 Overall, in 2013 thusfar we have the second highest
13 number of new permits issued in the Chicago suburban
14 market.

15 Huntley's growth is projected to
16 continue at rates well above that of other
17 communities. Population estimates provided by
18 (inaudible) project Huntley to be the fourth fastest
19 growing community in Illinois at 20.4 percent for
20 the five-year period ending in 2017. Despite the
21 economic downturn, Huntley remains at the top of
22 suburban Chicago's housing growth. Huntley's
23 Village Board and Planning Commission have expressed
24 their support for Alden's project for the
25 development, review and approval process. The Board

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1 and Planning Commissioners recognize that Huntley's
2 health care needs will only continue to increase.
3 Alden's project needs your approval to ensure that
4 the residents of Huntley and the surrounding area
5 are provided with high quality health care to meet
6 the demands of a growing community. We respectively
7 request the Review Board's approval of Alden's
8 petition. Thank you.

9 CHAIRMAN DALE GALASSIE: Thank you,
10 Mr. Johnson.

11 MR. CHARLES SASS: Chairman, Board
12 Members, my name is Chuck Sass, I'm the mayor of
13 Huntley, and I'm here to speak on behalf of Alden
14 Estates 13-013.

15 Huntley is home to Del Webb's Active
16 Adult Development for those 55 and over. There's
17 nearly 10,000 Huntley residents out there and
18 represent an age group that will significantly
19 increase the need for health care availability. Per
20 the 2010 census, 20 percent of Huntley's population
21 was 55 and over. This compares to the statewide
22 number of 24 percent. Given Del Webb's significant
23 concentration of older individuals likely to require
24 health care services, the need for a nursing home in
25 Huntley has become increasingly important.

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1 2010 the Village Board adapted a
2 strategic plan which addressed many goals, including
3 economic collaboration with the public sector and
4 quality of life. Among the plan's identified goals
5 is the addition of high quality nursing home to meet
6 the needs of Huntley's aging population. Alden's
7 nursing home accomplishes this, with the memory care
8 facilities to be located adjacent to the Sun City
9 Development.

10 Just last year the Review Board approved
11 a Certificate of Need for Centegra Hospital System
12 to build a new hospital in Huntley. You recognized
13 the need for additional health care services in
14 Huntley, and we hope you will once again see the
15 need proposed by Alden. The addition of Alden's
16 continuum of care facility will provide an important
17 health care compliment to Centegra's new hospital,
18 making it convenient and efficient for patients to
19 obtain nearly all their health care needs in the
20 same community. We urge you to preapprove Alden's
21 Huntley project. Thank you.

22 CHAIRMAN DALE GALASSIE: Thank you,
23 Mayor Sass.

24 I believe that concludes this portion of
25 public comments for the morning. I have 11:30 on my

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1 watch, I'm going to propose we take a ten-minute
2 break, and bring it back here at 20 to 12.

3 (Off the record at 11:26 a.m.)

4 (Recess)

5 (Back on the record at 11:37 a.m.)

6 CHAIRMAN DALE GALASSIE: I'm going to
7 bring us back to order, please. Thank you for being
8 timely, ladies and gentlemen.

9 We are moving to Item Number 8 on our
10 agenda, Post Permit Items Approved By the Chairman.
11 Mr. Constantino?

12 MR. MIKE CONSTANTINO: Yes, we have two
13 items that the chairman has approved, Permit Number
14 12-003, Permit alteration for Holy Family Villa,
15 Palos Park. Increase the project cost by
16 approximately \$738,000.

17 A permit renewal for Permit Number
18 11-008, Mercy Circle of Chicago, this is a 12-month
19 permit renewal to August 31st, 2014. Thank you, Mr.
20 Chairman.

21 CHAIRMAN DALE GALASSIE: Any questions
22 on those, Board Members? None, okay.

23 Moving on to Item Number 9A, Permit
24 Renewal Requests, and we have two. I don't believe
25 there is a -- there's someone here to speak to Manor

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1 Court?

2 MR. JOHN KNIERY: Sure.

3 CHAIRMAN DALE GALASSIE: If you would
4 introduce yourselves and spell your name for the
5 reporter, we will have you sworn in.

6 MR. JOHN KNIERY: Good morning, Mr.
7 Chairman, Members of the Board, my name is John
8 Kniery, it's K-N-I-E-R-Y, and to my left is Mr. Ron
9 Wilson, W-I-L-S-O-N.

10 MR. JOHN KNIERY AND MR. RON WILSON,
11 of lawful age, having been first duly sworn to
12 testify the truth, the whole truth, and nothing but
13 the truth in the matter aforesaid, testifies as
14 follows, to-wit:

15 CHAIRMAN DALE GALASSIE: Any comments
16 for the Board?

17 MR. JOHN KNIERY: No, sir, we would open
18 up to questions.

19 CHAIRMAN DALE GALASSIE: May I have a
20 motion to approve Permit 11-065, Manor Court of
21 Princeton, for a five-month permit renewal from June
22 30, 2013, to November 30, 2013?

23 MR. RICHARD SEWELL: So moved.

24 MR. JOHN HAYES: Second.

25 CHAIRMAN DALE GALASSIE: Moved and

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1 seconded. Roll call.

2 MR. GEORGE ROATE: Motion made by
3 Mr. Sewell, seconded -- seconded by Mr. Hayes. Mr.
4 Bradley?

5 MR. PHILLIP BRADLEY: Yes.

6 MR. GEORGE ROATE: Dr. Burden?

7 DR. JAMES BURDEN: Yes.

8 MR. GEORGE ROATE: Justice Greiman?

9 JUSTICE ALLEN GREIMAN: Yes.

10 MR. GEORGE ROATE: Mr. Hayes?

11 MR. JOHN HAYES: Yes.

12 MR. GEORGE ROATE: Ms. Olson?

13 MS. KATHY OLSON: Yes.

14 MR. GEORGE ROATE: Mr. Sewell?

15 MR. RICHARD SEWELL: Yes.

16 MR. GEORGE ROATE: Chairman Galassie?

17 CHAIRMAN DALE GALASSIE: Yes.

18 MR. GEORGE ROATE: That's seven votes in
19 the affirmative.

20 CHAIRMAN DALE GALASSIE: Motion passes
21 good luck to you.

22 MR. JOHN KNIERY: Thank you.

23 CHAIRMAN DALE GALASSIE: Moving on to
24 Item 09-077, Ashbury Pavilion and Rehab Center.

25 Thank you very much, Mr. Kniery will remain.

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1 MR. GEORGE ROATE: Motion made by
2 Mr. Sewell, seconded by Mr. Hayes. Mr. Bradley?

3 MR. PHILLIP BRADLEY: Yes.

4 MR. GEORGE ROATE: Dr. Burden?

5 DR. JAMES BURDEN: Yes.

6 MR. GEORGE ROATE: Justice Greiman?

7 JUSTICE ALLEN GREIMAN: Yes.

8 MR. GEORGE ROATE: Mr. Hayes?

9 MR. JOHN HAYES: Yes.

10 MR. GEORGE ROATE: Ms. Olson?

11 MS. KATHY OLSON: Yes.

12 MR. GEORGE ROATE: Mr. Sewell?

13 MR. RICHARD SEWELL: Yes.

14 MR. GEORGE ROATE: Chairman Galassie?

15 CHAIRMAN DALE GALASSIE: Yes.

16 MR. GEORGE ROATE: Seven votes in the
17 affirmative.

18 CHAIRMAN DALE GALASSIE: Motion passes.

19 Congratulations. Good luck to you.

20 Moving on to Item 9B, Exemption

21 Requests, we have none to my knowledge. No, I'm
22 sorry, Extension Requests we have none.

23 9C is Exemption Requests, we have one on
24 Rush Oak Park Hospital, there is no opposition and
25 no findings to this item. You folks who are coming

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1 up to the table, we'll ask you to spell your names,
2 have you sworn in, and if you would like to make
3 comments, you're welcome, otherwise, I'll open it up
4 for Board questions.

5 That having been said, gentlemen?

6 MR. LARRY GOODMAN: Thank you. My name
7 is Larry Goodman, G-O-O-D-M-A-N, CEO of Rush
8 University Medical Center.

9 MR. BRUCE ELEGANT: Bruce Elegant,
10 E-L-E-G-A-N-T, President of Rush Oak Park Hospital.

11 CHAIRMAN DALE GALASSIE: Thank you.

12 THE REPORTER: Would you raise your
13 right hand?

14 MR. LARRY GOODMAN AND MR. BRUCE ELEGANT,
15 of lawful age, having been first duly sworn to
16 testify the truth, the whole truth, and nothing but
17 the truth in the matter aforesaid, testifies as
18 follows, to-wit:

19 CHAIRMAN DALE GALASSIE: This is for a
20 change of ownership, we have no opposition, no
21 findings. Mike, comments?

22 MR. MIKE CONSTANTINO: Thank you, Mr.
23 Chairman. The applicant is Rush University Medical
24 Center, and they're proposing a change in 50 percent
25 or more of the voting members of a not-for-profit

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1 corporation. As you, as you stated, there was no
2 letters of support or opposition. They, the
3 applicants have met all of the requirements of the
4 State Board. Thank you, Mr. Chairman.

5 CHAIRMAN DALE GALASSIE: Thank you. Any
6 comments, gentlemen?

7 MR. LARRY GOODMAN: No, sir.

8 CHAIRMAN DALE GALASSIE: Any questions
9 from board members?

10 (No questions.)

11 CHAIRMAN DALE GALASSIE: Hearing none,
12 may I have -- yes, Mr. Carvalho, sorry.

13 MR. DAVE CARVALHO: With apologies to
14 the applicant, this, is this the one that we
15 received the letter relating to the Arch Diocese?
16 Was that a different application?

17 MR. MIKE CONSTANTINO: That's correct,
18 yes, sir, it was.

19 MR. FRANK URSO: That's okay.

20 MR. DAVE CARVALHO: Oh, okay. Then I do
21 have one question. The information -- sometimes a
22 question comes up about which of the ethical
23 directives are going to be required to be followed
24 by the hands of a new owner, in the hands of a new
25 owner from a hospital that is subject to the, in the

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1 hands of the prior owner. Is the only ethical
2 directive that constrains the operation of Oak Park
3 Hospital in your hands relating to performance of
4 abortions?

5 MR. LARRY GOODMAN: You've got the
6 letter, and we plan on no changes in the services
7 provided, you'll notice that Rush Oak Park Hospital
8 currently does no obstetric services, limited
9 gynecological services, and Rush University Medical
10 Center is just eight or ten miles down the road
11 which can provide those services and other services
12 for the community if needed.

13 MR. DAVE CARVALHO: Are you constrained
14 from offering those services if you're, if you
15 choose to in the future?

16 MR. LARRY GOODMAN: The, you know, I
17 think the main constraint is as noted in the letter
18 and the materials, which is that in going forward,
19 we've committed to seeing no change in our services
20 that we're providing at the hospital.

21 MR. DAVE CARVALHO: Well, what we seek
22 with respect to no change is no diminution of
23 services, but we certainly don't constrain you from
24 adding services. So the reason why I asked the
25 question is, of course, in the Certificate of Need

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1 to state, we only allow capacity equal to that which
2 is needed, but if some of that capacity is not
3 available for certain types of services, that's
4 something the Board needs to know about. So the
5 question is are there any constraints in, other than
6 your own choice, in performing other types of
7 services that, such as tubular ligations or relating
8 to the end of life?

9 MR. LARRY GOODMAN: I think, you know,
10 longer term, no other specific constraints. I think
11 the main thing is, as noted also, remember, we also
12 have an office building on that campus, which has no
13 constraints on it.

14 MR. DAVE CARVALHO: That was just the
15 question, whether there were any constraints other
16 than the abortion. Thank you.

17 CHAIRMAN DALE GALASSIE: Thank you. Any
18 other questions? Hearing none, may I have a motion
19 to approve Exemption E, 007-13, Rush Oak Park
20 Hospital, for a change of ownership at its care
21 hospital in Oak Park, Illinois.

22 MR. PHILLIP BRADLEY: So moved.

23 MR. RICHARD SEWELL: Seconded.

24 CHAIRMAN DALE GALASSIE: Moved and
25 seconded. Roll call.

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1 MR. GEORGE ROATE: Motion made by Mr.

2 Bradley, seconded by Mr. Sewell. Mr. Bradley?

3 MR. PHILLIP BRADLEY: Yes.

4 MR. GEORGE ROATE: Dr. Burden?

5 DR. JAMES BURDEN: Yes.

6 MR. GEORGE ROATE: Justice Greiman?

7 JUSTICE ALLEN GREIMAN: Yes.

8 MR. GEORGE ROATE: Mr. Hayes?

9 MR. JOHN HAYES: Yes.

10 MR. GEORGE ROATE: Ms. Olson?

11 MS. KATHY OLSON: Yes.

12 MR. GEORGE ROATE: Mr. Sewell?

13 MR. RICHARD SEWELL: Yes.

14 MR. GEORGE ROATE: Chairman Galassie?

15 CHAIRMAN DALE GALASSIE: Yes.

16 MR. GEORGE ROATE: Seven votes in the

17 affirmative.

18 CHAIRMAN DALE GALASSIE: Motion passes

19 congratulations.

20 MR. LARRY GOODMAN: Thank you.

21 CHAIRMAN DALE GALASSIE: Moving on to

22 Item 9 D, Alteration Requests, we have none. 9 E

23 Declaratory Rulings or Other Business, we are moving

24 into E-1, Good Samaritan, Pontiac, request for an

25 extension to secure financing. I'm not sure if

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1 anyone is here from Good Samaritan -- yes, they are.

2 Welcome, good morning. If you would
3 just pull those mikes nice and close and spell your
4 name for our recorder, we'll have you sworn in.

5 A. Morning, my name is ED Clancy,
6 C-L-A-N-C-Y. Just for efficiency, to my left is
7 Rick Hiatt, H-I-A-T-T, and next to him is Glenda
8 Tannahill, T-A-N-N-A-H-I-L-L. Thank you.

9 ED CLANCY, RICK HIATT AND GLENDA TANNAHILL,
10 of lawful age, having been first duly sworn to
11 testify the truth, the whole truth, and nothing but
12 the truth in the matter aforesaid, testify as
13 follows, to-wit:

14 CHAIRMAN DALE GALASSIE: Thank you.
15 Staff report, please?

16 MR. MIKE CONSTANTINO: Thank you, Mr.
17 Chairman. The permit holders are requesting a
18 six-month extension of the time to have debt
19 financing in place for Permit Number 12-027. This
20 project, Permit Number 12-027 proposed the
21 establishment of 122-bed skilled nursing facility in
22 Pontiac, Illinois. At the time of approval, the
23 Board gave, gave the applicants a condition and
24 stipulation which stated that they had to have debt
25 financing in place by December 31st, 2012.

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1 Subsequently, at the December, 2012, State Board
2 meeting, the State Board granted an additional
3 six-month extension to have debt financing in place
4 by June 30th, 2013. As the report indicates, that
5 has not taken place and the applicants are before
6 you here today.

7 I would like to turn this over to
8 Mr. Urso, and he can discuss with you what the
9 options are.

10 CHAIRMAN DALE GALASSIE: Yeah, I think,
11 Mike, if, I think I might entertain comments if
12 you'd like to make any, and then we'll turn it over
13 to Mr. Urso.

14 MR. ED CLANCY: Well, the -- we're more
15 than happy to answer any questions, but just
16 initially we certainly weren't expecting to be here
17 a second time asking for an extension, and it's not
18 due to any delay on the part of Good Sam, we have
19 not been sitting on our hands. We're dealing with a
20 federal agency that is controlling the process, but
21 I will tell you, and you can get some more details
22 from Mr. Hiatt or Dr. Tannahill, that the facility
23 is very very close to securing the financing. And
24 at this point I think it would be -- I think it
25 would be very unfair not only to the applicant, but

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1 to the people in the town of Pontiac to deny this
2 short extension and allow the facility to go
3 forward.

4 CHAIRMAN DALE GALASSIE: Do you think
5 we're 30 days close, or 60 days close?

6 MR. ED CLANCY: Let me hand that over to
7 Mr. Hiatt.

8 MR. RICK HIATT: Thank you, Chairman.
9 We are very close. To give you an update, when we
10 were back here at the extension before, we had
11 received the invitation to provide the final
12 application to the USDA, which is huge. They are
13 interested in the project, they don't do that unless
14 they see that there's some possibilities, and so
15 that was a huge step for us, and we have been
16 working on that. One of their requests when they
17 gave us the invite letter was that we needed to do a
18 new feasibility and market report.

19 As you know, an accounting firm needed
20 to do that, we hired Wipfli to do that. They
21 completed that report, the USDA prefers to do a
22 review of the report before the final opinion letter
23 and final report is sent. They've been working back
24 and forth, our letter indicates that it was
25 submitted for review on May the 17th. As of Friday

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1 and Monday, there were joint meetings between the
2 director and the area representative of the USDA
3 working directly with us, and they had a few
4 language changes, the numbers are okay. I wish I
5 had the report, but it doesn't have the opinion
6 letter finished yet. That will be submitted this
7 week.

8 All of our other information on the list
9 has been completed, and the USDA has that. We are
10 very very close. This is an agency that has their
11 own time line, and does what they feel they can do.
12 We do know that they've had about a 20 percent
13 reduction in staff, a lot of those were early
14 retirement of senior people who were more
15 proficient, they also had a significant increase in
16 funding, we ran the numbers it's about a \$2000 --
17 2000 percent increase. The applicants are
18 overwhelming them, and they not only look at nursing
19 homes, but they're responsible for all of the
20 facilities that come to them for funding, whether it
21 be fairgrounds or parks, schools, whatever, and I
22 know that, that the work load is tremendous right
23 now, and that's what we're getting back from the
24 poem people. But our project is in their hands now,
25 and we just have to wait for them.

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1 Our letter indicates that once the State
2 does their final review, and they've got a lot of
3 the work done now, because they have the preview of
4 Wipfli's report, it should go fairly quickly. I
5 would love to give you a time line specific.

6 CHAIRMAN DALE GALASSIE: Sure.

7 MR. RICK HIATT: Then it goes to
8 Washington DC. So we are very close, sir.

9 CHAIRMAN DALE GALASSIE: Thank you for
10 your comments. Yes.

11 MR. ED CLANCY: Chairman. If you don't
12 mind, we were trying to get Kelly Argumino here from
13 Wipfli, unfortunately she was coming from Milwaukee
14 and could not get a flight. She's driving, she's
15 probably close. But she did, we did discuss this
16 matter, and in regard to the invitation to submit
17 the application, once USDA requests that you -- or
18 requests that you submit an application, at that
19 point, as long as you can prove the project is
20 feasible, they will lend you the money, and we've
21 gotten that invitation, that was quite a while ago,
22 they've gone over the application and they've gone
23 over the feasibility report. The feasibility report
24 shows that this project is viable, and at this point
25 it's going to just have to go through the

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1 formalities of getting the approval from Washington.
2 And so I would say that it's pretty certain at this
3 point that the facility will get the funding for
4 this project.

5 CHAIRMAN DALE GALASSIE: Thank you.

6 DR. GLENDA TANNAHILL: Can I just say
7 something? I would like to say that when we say the
8 feasibility study looks good, we mean that the USDA
9 has certain benchmark ratios for financial
10 stability, and we do meet those benchmarks or exceed
11 them, so it's not just an arbitrary opinion on our
12 behalf.

13 CHAIRMAN DALE GALASSIE: Sure,
14 appreciate that. Mr. Urso is going to explain for
15 the Board there are multiple options available to
16 the Board on this matter.

17 MR. FRANK URSO: Thank you, Mr.
18 Chairman. The first option -- excuse me. The first
19 option would be for us to grant the request and give
20 them the time they need up until December 31st of
21 2013. Another option would be to invalidate this
22 permit because they have not met the condition, and
23 the Board has that authority to do that. A third
24 option would be to grant the time until December
25 31st, 2013, to secure their debt financing and

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1 stipulate that no additional extensions of time
2 would be granted.

3 The other option could be for the Board
4 to grant additional time beyond December 31st, 2013,
5 request, or in fact, prior to that date, so they can
6 change the date if they wanted to do that. And the
7 last condition would be -- the last option would be
8 to remove the condition altogether and say we don't,
9 we don't want to, we don't want to monitor this
10 condition any longer.

11 So those are the five options at this
12 point in time. Are there any questions?

13 JUSTICE ALLEN GREIMAN: I have a
14 question. If I may.

15 CHAIRMAN DALE GALASSIE: Please.

16 JUSTICE ALLEN GREIMAN: So the 122 beds
17 currently still working, is that right?

18 DR. GLENDA TANNAHILL: Yes, we currently
19 have 122-bed facility.

20 JUSTICE ALLEN GREIMAN: And you're still
21 operating the hospital, is that right?

22 DR. GLENDA TANNAHILL: Yes.

23 JUSTICE ALLEN GREIMAN: All right. So
24 how much of this \$14 million that the project is
25 costing, how much are you asking? Are you asking a

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1 whole thing, 100 percent, or what percent are you
2 asking?

3 MR. RICK HIATT: We currently have the
4 request in for the USDA to fund the construction of
5 the project, and then we have a grant of 2.5 million
6 that is in our possession, we have that to also add
7 to the facility. So we do have cash.

8 JUSTICE ALLEN GREIMAN: So you're going
9 to put in 2.5 million, and they're going to put in
10 whatever -- well, it would be 11 million 5,
11 something like that, is that right?

12 MR. RICK HIATT: It will be a little
13 bit -- it will be more than that, it will be closer
14 probably to 13, 13 and a half million is what
15 they'll put in. We also need to have some operating
16 cash and contingency, and that is also built into
17 the budget now. So we need to fund this period
18 until we get to the census and the 90 percent within
19 two years.

20 JUSTICE ALLEN GREIMAN: Well, my
21 question is you show us cost appraisal is
22 \$14,000,590.61. Has that changed over this period
23 of time?

24 MR. RICK HIATT: The, the report that
25 Wipfli has done has indicated that we do not need

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1 the 122-bed facility. That it is a number of 90
2 after they have done their complete market study,
3 and that the construction of the project, what goes
4 actually into the project, will be about
5 \$13,660,000. Now we're waiting for the report which
6 they just, they're writing that opinion letter and
7 making a few language changes, and that's what is
8 going to USDA that they have already taken a look
9 at.

10 JUSTICE ALLEN GREIMAN: So you're
11 suggesting that the cost of the project is going to
12 be about a million dollars less than originally --

13 MR. RICK HIATT: Yes, sir.

14 JUSTICE ALLEN GREIMAN: -- contemplated,
15 is that right?

16 MR. RICK HIATT: Yes, sir.

17 JUSTICE ALLEN GREIMAN: And you have 2
18 million and a half to hang in there, and you're
19 looking for a loan that's up there around 11, 12,
20 \$12 million.

21 MR. RICK HIATT: Yes, sir, and if -- and
22 in that is the contingency. There's about 2.1
23 million in contingency in that budget, and if the
24 bids come in like we anticipate, I don't think we'll
25 touch a lot of that money either.

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1 JUSTICE ALLEN GREIMAN: So when you deal
2 with the federal agencies, are you in constant
3 contact with them, or are they, are they saying
4 we're working on it, or saying, I'm sorry, we're
5 having coffee now, we can't talk to you? What --
6 how does it work?

7 MR. RICK HIATT: Well, we have on the
8 back of our letter kind of a date line from our last
9 extension when Wipfli started into their project of
10 what we've been doing. We do talk to them, I would
11 say weekly. We are talking to Wipfli's daily. The
12 last three weeks I would say there's been three to
13 four phone calls made back and forth with Wipfli as
14 we've gone through the final digesting of the
15 numbers and of the market information, so we've had
16 a lot of contact.

17 It's kind of like one of those things
18 where, you know, everybody goes out and they gather
19 their data, they gather their research, and they're
20 putting it together, they're assembling it, and then
21 all of a sudden, boom, here it is. And then
22 everybody starts in really deep. But they needed
23 some time to do their research putting out this
24 report that was required by the USDA. And one of
25 the unfortunate things is the USDA has their own

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1 time line and do their own processing. They really
2 will not commit to like I will have this to you next
3 Friday; they will get it if they can.

4 JUSTICE ALLEN GREIMAN: I see. Okay.
5 Thank you very much.

6 CHAIRMAN DALE GALASSIE: Yes, sir.
7 We'll go from left to right.

8 MR. PHILLIP BRADLEY: Okay. I assume
9 that the initials you're using stand for the US
10 Department of Agriculture?

11 MR. RICK HIATT: The United States
12 Department of Agriculture, right. Rural development
13 is a community project that they fund, and they put
14 quite a bit of money in it from the federal level.

15 MR. PHILLIP BRADLEY: Right. Now
16 Congress has refused to reauthorize the Farm Bill,
17 which I assume includes the appropriations for this.

18 MR. RICK HIATT: No.

19 MR. PHILLIP BRADLEY: What does that do
20 to this program?

21 MR. RICK HIATT: No, sir, this is
22 separate from the Farm Bill, it is not part of the
23 Farm Bill. This is a separate authorization from
24 Congress. We researched that.

25 MR. PHILLIP BRADLEY: And what's the

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1 state of that appropriation?

2 MR. RICK HIATT: They're continuing to
3 increase it and fund it.

4 CHAIRMAN DALE GALASSIE: Member Sewell?

5 MR. RICHARD SEWELL: Yes, I guess I
6 would like to ask Mike. If we remove this condition
7 about debt financing, what's the date where the --
8 and they fail to execute and just kept going. What
9 is the date where they'd have to come back for a new
10 permit anyway? Is that a year after issue?

11 MR. MIKE CONSTANTINO: They were, they
12 were -- this project was supposed to be completed by
13 August, 2013. That's, it's not going to make that,
14 all right? So they would have to come back before
15 you if you approve this to go forward for a permit
16 renewal to extend the period of time to complete the
17 project.

18 MR. RICHARD SEWELL: And I'm asking that
19 in the context of this option that we stop
20 monitoring when they get debt financing.

21 MR. MIKE CONSTANTINO: That's still the
22 case.

23 MR. RICHARD SEWELL: So they still have
24 to come back --

25 MR. MIKE CONSTANTINO: Yes.

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1 MR. RICHARD SEWELL: -- on August, 2013.
2 Before August, 2013.

3 MR. MIKE CONSTANTINO: Yes. And I just
4 want to make one other note. We have not seen
5 anything regarding the 90 beds as far as an
6 alteration request. They would have to do that
7 also, along with the permit renewal.

8 CHAIRMAN DALE GALASSIE: So just to be
9 clear, what is it specifically you're hoping to have
10 happen from this Board today?

11 MR. ED CLANCY: Mr. Chairman, we would
12 appreciate one of the options that Mr. Urso gave you
13 that did not deny the --

14 CHAIRMAN DALE GALASSIE: Extending the
15 time to secure funding?

16 MR. ED CLANCY: But we would also like
17 to extend the project obligation date and the
18 project completion date. The project obligation
19 date is more of a, in my view of the rules, a hard
20 date as opposed to project completion. We
21 originally wanted to complete this project before
22 the mandate for sprinkler systems in all nursing
23 homes, which is August 13th of this year. Obviously
24 that's not going to happen, we've gotten further
25 direction from CMS in terms of how they're going to

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1 approach that, if one, if a facility is going to
2 replace the facility in order to comply with that
3 requirement.

4 So I would ask at this time that you
5 would either grant the extension or renew.

6 CHAIRMAN DALE GALASSIE: And the
7 extension you're asking for would be to December
8 31st?

9 MR. ED CLANCY: That's right.

10 CHAIRMAN DALE GALASSIE: For financing?

11 MR. ED CLANCY: Right. And if you want
12 a hard date out here, in response to Mr. Sewell's
13 question on when does this thing just go away, I
14 would say that that would be the project obligation
15 date, and we, we would like to -- I think that July
16 23rd -- or January 23rd, 2014, is very doable, but
17 we really don't want to have to come before you
18 again on this project, so --

19 CHAIRMAN DALE GALASSIE: Well, they're
20 going to have to, aren't they, Mike?

21 MR. MIKE CONSTANTINO: Yes, they're
22 going to have to renew the permit.

23 CHAIRMAN DALE GALASSIE: Yeah.

24 MR. MIKE CONSTANTINO: And we would
25 rather see them submit that information to the

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1 staff.

2 CHAIRMAN DALE GALASSIE: Yeah.

3 MR. MIKE CONSTANTINO: So we'll have an
4 opportunity to review it, along with the alteration.

5 CHAIRMAN DALE GALASSIE: So what's in
6 front of the Board now, as I see it, is if the Board
7 is leaning towards approving an extension of time to
8 allow them to secure their financing up to December
9 31st, 2013, or not.

10 MR. ED CLANCY: That's right, Mr.
11 Chairman. And then there's that intervening date of
12 project completion, which is before the end of the
13 extension, so.

14 CHAIRMAN DALE GALASSIE: Yeah, we're not
15 dealing with that right now, so...

16 MR. PHILLIP BRADLEY: So if I may.

17 CHAIRMAN DALE GALASSIE: Yes.

18 MR. PHILLIP BRADLEY: What, what you are
19 saying is there is some requirement regarding
20 sprinklers in nursing homes that's coming up?

21 MR. ED CLANCY: That's right, CMS --

22 MR. PHILLIP BRADLEY: What is the
23 requirement?

24 MR. ED CLANCY: That all nursing homes
25 have to be fully sprinklered by August 13th, 2013.

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1 MR. PHILLIP BRADLEY: And you're sitting
2 here telling us that you are trying to avoid that by
3 moving this project on.

4 MR. ED CLANCY: We were trying to comply
5 with that requirement by having a new facility in
6 place with, that is fully sprinklered, as opposed to
7 putting in hundreds of thousands of dollars into the
8 current facility that is basically antiquated.
9 That's how we were going to meet that requirement.
10 And CMS has come up with additional guidance in
11 terms of if you do not have a fully sprinklered
12 building at that time and you plan to comply with
13 that requirement by replacing the facility, that
14 they will look at that as, in terms of a plan of
15 correction to come into compliance.

16 MR. PHILLIP BRADLEY: And when did you
17 start this process with us? Or this, the process
18 of, of this new construction?

19 MR. ED CLANCY: This is a new
20 construction, and they're building this facility to
21 take the place of the current facility that --

22 MR. PHILLIP BRADLEY: But you've been
23 working on this for how long?

24 MR. ED CLANCY: This process has been
25 going on I would say close to six years. We did not

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1 come before this Board and ask --

2 MR. PHILLIP BRADLEY: No, I understand
3 that. So you've been working on this for six years,
4 and what you've gotten from the Federal Government
5 at this point is, yeah, we're looking at it.

6 MR. ED CLANCY: No, no, no, no. We, we
7 first came to this Board when the USDA gave the
8 facility an invitation to submit an application,
9 which is the biggest hurdle to overcome in order to
10 get the financing through the USDA. When we had
11 that --

12 MR. PHILLIP BRADLEY: That's what you
13 were talking about earlier.

14 MR. ED CLANCY: Yes.

15 MR. PHILLIP BRADLEY: And you made it
16 sound like it was something that had just happened
17 and you were excited about. Actually, it happened a
18 long time ago.

19 MR. ED CLANCY: Yeah.

20 MR. PHILLIP BRADLEY: And you've been
21 working to try to get these things in place for a
22 long time, knowing that you had the invitation.

23 CHAIRMAN DALE GALASSIE: Member Olson.

24 MS. KATHY OLSON: Mr. Chairman. I want
25 to make sure that I've got, and I guess this is,

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1 kind of piggybacks on what Mr. Bradley is talking
2 about. It looks like the request for this market
3 study was made after the invitation on December 11th
4 of 2012. Now the first market study was completed
5 on February 28th of 2013, but you guys didn't like
6 that one, because it didn't support your 122 beds,
7 so now you did another one that was concluded on
8 4-10 of '13 that supports 90 beds, well, then we
9 don't have a request to change the application to 90
10 beds. Somewhere in this whole mess there was
11 something mentioned about application between 76 and
12 100 beds, I guess I'm having a real hard time with
13 where we're at on this thing, and I think when you
14 say that the Federal Government is going to act on
15 it, I think that could be December of 2017.

16 DR. GLENDA TANNAHILL: Okay, I think
17 that maybe I can help clear this up. When Mr.
18 Clancy says we've been working on this for six
19 years, what he means was it was about six years ago
20 that the county decided that they no longer wanted
21 to run the nursing home, and Good Samaritan got
22 involved. It was not at that point that we came to
23 the Board, it was not at that point we got an
24 invitation letter to the USDA, it was at that point
25 we started working on taking over the county nursing

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1 home.

2 MS. KATHY OLSON: I understand that.

3 DR. GLENDA TANNAHILL: The invitation
4 came in December of 2012. The market study that
5 previously we had was from 2008, and that was what
6 the County and Good Samaritan did to try to put
7 together their agreements of what type of nursing
8 home would be built, and they were, the County was
9 very very adamant that it be a replacement 122 beds,
10 they didn't want to lose any beds.

11 MS. KATHY OLSON: But if I'm reading
12 this right, and I've read this several times.

13 DR. GLENDA TANNAHILL: Yeah.

14 MS. KATHY OLSON: When you say further
15 refinement of the market study, what that, in fact,
16 said was that there was no support, financial
17 support to support a 122-bed facility. So now
18 you've backed it off.

19 DR. GLENDA TANNAHILL: That first report
20 done in 2008 did show --

21 MS. KATHY OLSON: No, I'm talking about
22 the one in 2006 -- that was completed on December
23 28th -- or February 28th of 2013.

24 DR. GLENDA TANNAHILL: The one --

25 MS. KATHY OLSON: Unless I'm not reading

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1 this correct.

2 DR. GLENDA TANNAHILL: No, no, the one
3 that was done actually does support like 117 beds,
4 and --

5 MS. KATHY OLSON: But it did not support
6 122 beds.

7 DR. GLENDA TANNAHILL: Well, that did
8 not include dementia beds, and that was like an
9 additional 30, so it actually would have supported
10 122 beds. What limited it to 90 beds was in order
11 to meet the cash flow and debt ratios and all the
12 ratios that the USDA wants, it needs to be a 90
13 bed --

14 MS. KATHY OLSON: That's exactly my
15 point, they did not support it.

16 DR. GLENDA TANNAHILL: Right.

17 MS. KATHY OLSON: So now you're looking
18 at 90 beds, but we don't have that, but the
19 application we have in front of us is to replace 122
20 beds, so how is this application even valid?

21 CHAIRMAN DALE GALASSIE: Mike, can you
22 address is that? The current application is 122
23 beds.

24 MR. MIKE CONSTANTINO: That's correct.

25 CHAIRMAN DALE GALASSIE: The applicant

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1 has said they're going to come back with a revision
2 of 90 beds. We haven't seen that yet, Mike has
3 advised us, but it will be coming forward.

4 At this point in time what's critical is
5 that we either agree to extend the timeframe to
6 secure their financing, or not. Mr. Urso?

7 MR. FRANK URSO: I think what the Board
8 has to remember is what they have to work from is,
9 is the current permit letter, and the approved
10 permit. And they have a permit amount of about
11 \$14,000,500 on this particular permit approval, as
12 well as completion date, as mentioned before, of
13 August 14th, 2013.

14 So in effect, what you have to keep in
15 mind is by operation of law, this permit is no
16 longer valid after August 13th, 2013, if they don't
17 complete their project. We have nothing in our
18 records, based on my understanding, that deals with
19 a renewal, we have nothing in our records that
20 substantiated that there's going to be an alteration
21 of this particular project, so what you have to go
22 on is the current permit letter. And so at the
23 most, I think you could grant an extension of
24 receiving the financing until the completion date,
25 because that is when they still have a valid permit.

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1 After that date they do not -- they do not any
2 longer have a valid permit.

3 CHAIRMAN DALE GALASSIE: And their
4 problem is USDA. Yes.

5 MR. RICK HIATT: Mr. Chairman, that's
6 correct. I hate to put something off on somebody
7 else, but the USDA is their own person, and we are
8 there. The book that I have in front of me, and
9 it's because of legalese and the CPA accounting
10 principles and stuff, this is the entire package
11 that the USDA has. It is the full application. The
12 only part that's missing is the opinion letter,
13 which is being written right now, to accompany this
14 down to the USDA. We are very very close on this,
15 and like I said, when you get an invitation for the
16 application, which we have now completed, after this
17 our hands are done.

18 I, the other extensions that we received
19 from the County and from the land option, they were
20 all extended to December, 2013. When we were back
21 here before, we kind of looked at each other and
22 said, hey, six months should do this. There were
23 some things that are outside of our control that we,
24 as the employer, employing Wipfli, working with
25 USDA, we just couldn't push hard enough. We just

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1 need a little time, and what we brought up here I
2 wish I could lay in front of you, but it's the
3 accounting firm that won't release the report until
4 they put that opinion up. I would be happy to give
5 everybody a copy of that, and we'll get that as fast
6 as we can. We're there, we just need a little more
7 time to complete.

8 CHAIRMAN DALE GALASSIE: Well, we, if
9 we're going to work within this August 31st date,
10 which you're not desirous of, I hear.

11 MR. FRANK URSO: August 13th.

12 CHAIRMAN DALE GALASSIE: August 13th,
13 and I'm told you have to have your renewal ap in 45
14 days prior to that date.

15 MR. MIKE CONSTANTINO: No, they can,
16 they can submit it after that, but it will cost them
17 more money.

18 CHAIRMAN DALE GALASSIE: I see.

19 MR. MIKE CONSTANTINO: The
20 application -- the permit -- renewal fee is 500.

21 CHAIRMAN DALE GALASSIE: Do you think
22 your renewal application will be done in the next,
23 next 30 days?

24 MR. RICK HIATT: I don't see why not.
25 We're just, I mean we're like days. And we couldn't

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1 come to you with the request for the change without
2 the release of that Wipfli report. It's just one of
3 those things that gets tied up with your accounting
4 firm.

5 CHAIRMAN DALE GALASSIE: So I'm going to
6 suggest a motion, and bear with me for a moment
7 here. The motion will be to approve the extension
8 of the time to secure financing until December 31st,
9 2013, providing a renewal application is submitted
10 by August 15th? Or August 13th, that was the date,
11 August 13th.

12 Is there an interest in the Board in
13 moving forward on that? Because if there is, I need
14 a motion.

15 MR. JOHN HAYES: So moved.

16 DR. JAMES BURDEN: Second.

17 CHAIRMAN DALE GALASSIE: There's a
18 motion and a second. Any other discussion or
19 disagreement?

20 MR. ED CLANCY: If I could just get a
21 clarification on the motion?

22 CHAIRMAN DALE GALASSIE: No, you can't,
23 I'm sorry. I'm going to call -- motion and a
24 second, I'm going to call for a vote.

25 MR. GEORGE ROATE: Motion made by Mr.

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1 Hayes, seconded by Mr. Sewell -- seconded by
2 Mr. Burden -- by Dr. Burden.

3 CHAIRMAN DALE GALASSIE: Yeah.

4 MR. GEORGE ROATE: Mr. Bradley?

5 MR. PHILLIP BRADLEY: No.

6 MR. GEORGE ROATE: Dr. Burden?

7 DR. JAMES BURDEN: Yes.

8 MR. GEORGE ROATE: Justice Greiman?

9 JUSTICE ALLEN GREIMAN: Yes.

10 MR. GEORGE ROATE: Mr. Hayes?

11 MR. JOHN HAYES: Yes.

12 MR. GEORGE ROATE: Ms. Olson?

13 MS. KATHY OLSON: No.

14 MR. GEORGE ROATE: Mr. Sewell?

15 MR. RICHARD SEWELL: Yes.

16 MR. GEORGE ROATE: Chairman Galassie?

17 CHAIRMAN DALE GALASSIE: Yes.

18 MR. GEORGE ROATE: That's five votes in
19 the affirmative, two votes in the negative.

20 CHAIRMAN DALE GALASSIE: Motion passes.

21 We'll need to get that renewal application done, and
22 hopefully you're going to be hearing back from the
23 Feds. Good luck.

24 DR. GLENDA TANNAHILL: Thank you so
25 much.

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1 MR. FRANK URSO: Mr. Chairman, before
2 they leave, I want to make sure that they understand
3 what needs to be done and that you agree to this
4 additional condition that was placed on you, on this
5 by the Board. Do you agree to it, and do you
6 understand it?

7 MR. ED CLANCY: It's my understanding
8 that you are granting the financing contingency
9 through December 31st, 2013, provided we file a
10 renewal application for the project completion date
11 and/or the -- or I guess that would include the
12 project obligation date, by August 13th, 2013.

13 CHAIRMAN DALE GALASSIE: Correct.

14 MR. ED CLANCY: Yes, we will agree to
15 that.

16 CHAIRMAN DALE GALASSIE: It's on record
17 that you've agreed. Thank you very much.

18 MR. ED CLANCY: Thank you.

19 MR. RICK HIATT: Thank you.

20 DR. GLENDA TANNAHILL: Thank you.

21 CHAIRMAN DALE GALASSIE: Moving forward.
22 We have Health Care Worker Self-referral Act, Item
23 F, none. Status report on conditional contingent
24 permits, G, none. And then we're going into H,
25 Applications subject to initial review.

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1 We have three items here that I'm going
2 to get through prior to lunch. The -- pardon me.
3 Gold Coast Surgicenter, Elmwood Park Same Day Surgi,
4 and Lake Forest Hospital. These are all items that
5 I have no opposition and no findings, so I will
6 bring the applicants to the table, you can be sworn
7 in, but I will simply open it up to questions from
8 the Board, I don't think, unless you are so desirous
9 of a presentation, I don't think it's necessary,
10 again, as there's no opposition, no findings.

11 That having been said Gold Coast
12 Surgicenter of the Chicago. Good morning folks.

13 MR. JOHN KNIERY: Good morning, Mr.
14 Chairman.

15 CHAIRMAN DALE GALASSIE: However you'd
16 like to handle introductions. Pull those
17 microphones close, please.

18 MR. JOHN KNIERY: Good morning, Mr.
19 Chairman, members of the Board; my name is John
20 Kniery, CON consultant for this project. To my left
21 is Mr. Mark Silverman, to his left is Dr. Roberto
22 Diaz, and we also have with us Dr. Romeo, and Dr.
23 Verma.

24 CHAIRMAN DALE GALASSIE: Well, thank you
25 very much for all being here. We'll do a quick

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1 swearing in.

2 MR. JOHN KNIERY, MR. MARK SILVERMAN, DR. ROBERTO

3 DIAZ, DR. ANTHONY ROMEO AND DR. VERMA,

4 of lawful age, having been first duly sworn to

5 testify the truth, the whole truth, and nothing but

6 the truth in the matter aforesaid, testify as

7 follows, to-wit:

8 CHAIRMAN DALE GALASSIE: Thank you.

9 Staff report.

10 MR. MIKE CONSTANTINO: Thank you, Mr.

11 Chairman. The applicant proposes an internal change

12 in the ownership structure of the multispecialty

13 ASTC. The cost of the proposed transaction is

14 approximately \$1.9 million. Thank you, Mr.

15 Chairman.

16 CHAIRMAN DALE GALASSIE: I'm going to

17 open it up to questions for the Board. Any

18 questions regarding the request in change of

19 ownership at its ASTC in Chicago?

20 JUSTICE ALLEN GREIMAN: Well, I have a

21 question about charity care. Apparently there's no

22 charity care in dollars, is that right?

23 MR. MARK SILVERMAN: Justice Greiman,

24 each of the physicians involved are involved in

25 providing charity care in their own practices and

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1 their own, and in their own way. The facility,
2 since it came before the Board for change of
3 ownership two and a half years ago focused first
4 obviously on the quality of care being provided.
5 Second, focused on addressing the administrative and
6 the reporting issues that had preexisted the
7 ownership, and if you'll recall, the Board called
8 this applicant back before the Board to get rid of
9 the reporting requirements, because all of the
10 reporting requirements, all of the accreditation has
11 all been taken care of. Now with this transaction,
12 we're looking at addressing the volume that's being
13 provided, and the capacity, and that will yield the
14 ability to provide more charity care.

15 JUSTICE ALLEN GREIMAN: Well, what,
16 what -- I'm not sure I understand why there would be
17 more charity care. What would lead to, what will
18 the new people do to provide that.

19 MR. MARK SILVERMAN: To provide specific
20 charity care at the facility?

21 JUSTICE ALLEN GREIMAN: Yeah, right now
22 you provide nothing. Zero. From what I can see.

23 DR. ROBERTO DIAZ: Well, we do provide
24 charity care individually as physicians, so the
25 center, itself, individually the physicians do

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1 provide charity care, sir.

2 CHAIRMAN DALE GALASSIE: Well, isn't
3 anyone that's coming in that is uninsured being
4 processed into public aid.

5 MR. MARK SILVERMAN: The facility is
6 certified for Medicare, but it's not certified for
7 Medicaid, so. But since it appeared it has gotten
8 it's Medicare certification.

9 CHAIRMAN DALE GALASSIE: Got it. Thank
10 you.

11 JUSTICE ALLEN GREIMAN: So if somebody,
12 if somebody walks in and doesn't, doesn't apply,
13 doesn't have Medicaid -- Medicare facility approval
14 and needs immediate, something right away, you what,
15 do you say no, goodbye, or what?

16 DR. ROBERTO DIAZ: No, sir. If a
17 physician that's on staff brings a case that he
18 wants to do in the surgery center, we've never
19 turned anybody away.

20 JUSTICE ALLEN GREIMAN: So there has to
21 be a doctor that says he wants to bring somebody
22 there.

23 MR. MARK SILVERMAN: Nobody has ever
24 been turned away from the facility due to an
25 inability to pay.

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1 JUSTICE ALLEN GREIMAN: Okay.

2 CHAIRMAN DALE GALASSIE: Yes,
3 Dr. Burden?

4 DR. JAMES BURDEN: As a retired
5 physician, I recall the water tower when this thing
6 opened some time ago. This group represents a new
7 ownership, I understand. It's been a plastic
8 surgical, when I was at Northwestern I recall it was
9 a plastic surgical operation mostly. It remained
10 such, is that correct?

11 According to the data in front of me,
12 it's clear there were 463 plastic procedures done, I
13 don't know what type of neurologic procedures would
14 be included here, OB/gyn, and 43 orthopedic, I'm
15 just curious it looks to me like it's a flat 95
16 percent of what's done is plastic surgery, is that
17 correct?

18 DR. ROBERTO DIAZ: No, sir.

19 DR. JAMES BURDEN: No. Can you refute
20 this data that's in front of me.

21 DR. ROBERTO DIAZ: Well, no, sir, I'm
22 saying that we do orthopedic procedures, we do some
23 GYN procedures --

24 DR. JAMES BURDEN: I know, what type
25 of -- I'm curious, what type of orthopedic -- 43

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1 were done. That's not exactly an overwhelming
2 amount for a busy orthopod.

3 DR. ROBERTO DIAZ: Well, let me turn it
4 over to Dr. Romeo.

5 DR. ANTHONY ROMEO: Hi, I'm Dr. Anthony
6 Romeo, and I've been working at Rush University over
7 20 years, and 11 of us have, are involved in this
8 situation. All of us are orthopedic surgeons that
9 have very busy practices. We have started a
10 transition of our practices to this surgery center,
11 and myself alone this year have done 100 orthopedic
12 surgical procedures, and my other partners are also
13 enhancing their cases. It will be primarily an
14 orthopedic surgery facility, and the types of cases
15 that we do are sports medicine cases, hand cases,
16 and spine cases that are done routinely in an
17 outpatient setting.

18 DR. JAMES BURDEN: I appreciate what you
19 said. In other words, it's, the patient mix, the
20 doctor mix has changed significantly from what I see
21 in front of me. I recognize what you've said, and I
22 am familiar with many men who started the group at
23 the press, and I appreciate your comment, because I
24 see things in front of me here, I can't correlate
25 what I see here what you say, and I expect that what

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1 you say is what's going to happen. That sounds
2 impressive to me. Thank you.

3 DR. ANTHONY ROMEO: Yes, sir; it was a
4 very good question, and I thank you for the
5 opportunity to answer it.

6 DR. JAMES BURDEN: Well, you understand,
7 I have a bias I guess, and when I see no Medicaid or
8 Medicare applied for, I recognize there's no
9 obligation for you guys to do that, but I also
10 recognize quality doctors, quality people, well
11 credentialed, who involve themselves with an
12 institution like this, which my memory wasn't
13 necessarily of that vein, now that's a personal
14 observation going way back, I do recognize what
15 you've said, and it looks like an improvement over
16 the overall attitude of what's going on in that
17 facility, which I appreciate.

18 DR. ANTHONY ROMEO: Thank you.

19 CHAIRMAN DALE GALASSIE: Seeing no other
20 questions, may I have a motion to approve project
21 13-017, Gold Coast Surgicenter, for a change of
22 ownership at its ASTC in Chicago, Illinois.

23 MS. KATHY OLSON: So moved.

24 MR. JOHN HAYES: Second.

25 CHAIRMAN DALE GALASSIE: Moved and

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1 seconded. Roll call, please.

2 MR. GEORGE ROATE: Motion made by Ms.
3 Olson, seconded by Mr. Hayes. Mr. Bradley?

4 MR. PHILLIP BRADLEY: Yes.

5 MR. GEORGE ROATE: Dr. Burden?

6 DR. JAMES BURDEN: Yes.

7 MR. GEORGE ROATE: Justice Greiman?

8 JUSTICE ALLEN GREIMAN: Yes.

9 MR. GEORGE ROATE: Mr. Hayes?

10 MR. JOHN HAYES: Yes.

11 MR. GEORGE ROATE: Ms. Olson?

12 MS. KATHY OLSON: Yes.

13 MR. GEORGE ROATE: Mr. Sewell?

14 MR. RICHARD SEWELL: Yes.

15 MR. GEORGE ROATE: Chairman Galassie?

16 CHAIRMAN DALE GALASSIE: Yes.

17 MR. GEORGE ROATE: Seven votes in the
18 affirmative.

19 CHAIRMAN DALE GALASSIE: Motion passes.
20 Congratulations.

21 MR. JOHN KNIERY: Thank you.

22 CHAIRMAN DALE GALASSIE: Moving on to
23 Elmwood Park Same Day Surgicenter. Item H-02.

24 Again, this is no opposition and no findings.

25 Gentlemen, if you will pull those mikes

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1 close and introduce yourself, spelling your name for
2 our reporter.

3 MR. EDWARD GREEN: Edward Green, Foley &
4 Lardner, I am counselor to purchaser.

5 MR. SCOTT BORRE: Scott Borre. Scott,
6 S-C-O-T-T, Borre, B-O-R-R-E.

7 DR. LAWRENCE HOLLANDER: Lawrence
8 Hollander, M.D., H-O-L-L-A-N-D-E-R.

9 MR. DENNIS ZAMOJSKI: Dennis Zamojski,
10 Z-A-M-O-J-S-K-I, market president USVI consultant.

11 CHAIRMAN DALE GALASSIE: Thank you very
12 much. Swear them in, please.

13 MR. EDWARD GREEN, MR. SCOTT BORRE, DR. LAWRENCE

14 HOLLANDER AND MR. DENNIS ZAMOJSKI,
15 of lawful age, having been first duly sworn to
16 testify the truth, the whole truth, and nothing but
17 the truth in the matter aforesaid, testify as
18 follows, to-wit:

19 CHAIRMAN DALE GALASSIE: Thank you.
20 Staff report, Michael.

21 MR. MIKE CONSTANTINO: Thank you, Mr.
22 Chairman. The applicant is proposing a change of
23 ownership of Elmwood Park Same Day Surgery Center.
24 The cost of the transaction is approximately \$1.4
25 million. The proposed project completion date is

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1 June 30th, 2013. Thank you, Mr. Chairman.

2 CHAIRMAN DALE GALASSIE: Would you like
3 to make comments or have me open it up to the Board
4 for questions?

5 MR. EDWARD GREEN: No comments, Your
6 Honor, in light of the no objection and positive
7 State Agency Report.

8 CHAIRMAN DALE GALASSIE: Thank you very
9 much. Any questions from board members regarding
10 Elmwood Park?

11 Hearing none, may I have a motion to
12 approve Project 13-030, Elmwood Park Same Day
13 Surgery Center for a change of ownership at its ASTC
14 in Elmwood Park, Illinois?

15 MR. RICHARD SEWELL: So moved.

16 MS. KATHY OLSON: Seconded.

17 CHAIRMAN DALE GALASSIE: Moved and
18 seconded. Roll call, please.

19 MR. GEORGE ROATE: Motion made by
20 Mr. Sewell, seconded by Ms. Olson. Mr. Bradley?

21 MR. PHILLIP BRADLEY: Yes.

22 MR. GEORGE ROATE: Dr. Burden?

23 DR. JAMES BURDEN: Yes.

24 MR. GEORGE ROATE: Justice Greiman?

25 JUSTICE ALLEN GREIMAN: Yes.

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1 MR. GEORGE ROATE: Mr. Hayes?

2 MR. JOHN HAYES: Yes.

3 MR. GEORGE ROATE: Ms. Olson?

4 MS. KATHY OLSON: Yes.

5 MR. GEORGE ROATE: Mr. Sewell?

6 MR. RICHARD SEWELL: Yes.

7 MR. GEORGE ROATE: Chairman Galassie?

8 CHAIRMAN DALE GALASSIE: Yes.

9 MR. GEORGE ROATE: Seven votes in the
10 affirmative.

11 CHAIRMAN DALE GALASSIE: Motion passes.

12 Congratulations. Good luck to you.

13 Moving on to item H-03, 13-014,
14 Northwestern Lake Forest Hospital. Again, this item
15 has no opposition and no findings. Good afternoon.

16 MR. THOMAS McAFEE: Good afternoon,
17 Chairman Galassie and Board Members.

18 CHAIRMAN DALE GALASSIE: Good to see
19 you, sir. If you would kindly spell your names, and
20 we'll have our reporter swear you in.

21 MR. THOMAS McAFEE: My name is Thomas
22 McAfee, M-C, capital A-F, as in Frank, E-E.

23 MS. BRIDGETT ORTH: Bridgett Orth,
24 O-R-T-H.

25 MR. THOMAS MCAFEE AND MS. BRIDGETT ORTH,

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1 of lawful age, having been first duly sworn to
2 testify the truth, the whole truth, and nothing but
3 the truth in the matter aforesaid, testify as
4 follows, to-wit:

5 CHAIRMAN DALE GALASSIE: Thank you very
6 much. Staff report, Michael.

7 MR. MIKE CONSTANTINO: Thank you, Mr.
8 Chairman. The applicants are proposing to
9 discontinue its ten-bed pediatric category of
10 service at Northwestern Lake Forest Hospital. There
11 is no cost to the project. The completion date is
12 upon State Board approval. Thank you, Mr. Chairman.

13 CHAIRMAN DALE GALASSIE: Thank you. Any
14 comments for the Board?

15 MS. BRIDGETT ORTH: No, we'd be happy to
16 answer any questions.

17 CHAIRMAN DALE GALASSIE: Thank you very
18 much, we appreciate that. Any questions regarding
19 Northwestern's Lake Forest Hospital to, intent to
20 discontinue its ten-bed pediatrics service.

21 JUSTICE ALLEN GREIMAN: I have one
22 comment.

23 CHAIRMAN DALE GALASSIE: Judge.

24 JUSTICE ALLEN GREIMAN: I find myself
25 often asking people who appear here about their

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1 charity, why they aren't giving to charity. You
2 guys have the largest amount of charity that I've
3 ever seen here. Five percent, which is just, you
4 know, nobody has that. Except you I guess. So I
5 want to tell you good. I didn't know that there
6 were that many poor people in Lake Forest, but thank
7 you.

8 CHAIRMAN DALE GALASSIE: Judge, we need
9 your mike. Unless you're done.

10 JUSTICE ALLEN GREIMAN: That's all I
11 have.

12 MR. THOMAS McAFEE: Thank you, Judge,
13 that is an act of commitment that we've made to the
14 community. Thank you.

15 CHAIRMAN DALE GALASSIE: Any other
16 questions or comments for Lake Forest?

17 Hearing none, may I have a motion to
18 approve Project 13-014 Northwestern Lake Forest
19 Hospital to discontinue its ten-bed pediatric
20 service in Lake Forest, Illinois?

21 MR. RICHARD SEWELL: So moved.

22 MR. JOHN HAYES: Second.

23 CHAIRMAN DALE GALASSIE: Moved and
24 seconded. Roll call please.

25 MR. GEORGE ROATE: Motion made by

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1 Mr. Sewell, seconded by Mr. Hayes. Mr. Bradley?

2 MR. PHILLIP BRADLEY: Yes.

3 MR. GEORGE ROATE: Dr. Burden?

4 DR. JAMES BURDEN: Yes.

5 MR. GEORGE ROATE: Justice Greiman?

6 JUSTICE ALLEN GREIMAN: Yes.

7 MR. GEORGE ROATE: Mr. Hayes?

8 MR. JOHN HAYES: Yes.

9 MR. GEORGE ROATE: Ms. Olson?

10 MS. KATHY OLSON: Yes.

11 MR. GEORGE ROATE: Mr. Sewell?

12 MR. RICHARD SEWELL: Yes.

13 MR. GEORGE ROATE: Chairman Galassie?

14 CHAIRMAN DALE GALASSIE: Yes.

15 MR. GEORGE ROATE: Seven votes in the

16 affirmative.

17 CHAIRMAN DALE GALASSIE: Motion passes.

18 Thank you very much.

19 MR. PHILLIP BRADLEY: If may be that

20 they define poor people differently.

21 CHAIRMAN DALE GALASSIE: Uh-huh. Being

22 a resident of Lake Forest, I won't comment on that.

23 Keep myself out of trouble.

24 It's 12:30 ladies and gentlemen, we're

25 going to break for lunch. We'll be back in about 45

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1 minutes. We will hope to be back here at 12 -- or
2 1:15.

3 (Off the record at 12:30 p.m.)

4 (Lunch Recess.)

5 (Back on the record at 1:21 p.m.)

6 CHAIRMAN DALE GALASSIE: Thank you for
7 being timely. We are back in Open Session, and we
8 are moving to Item Number H0-4 Alden Estates, Alden
9 Court of Huntley. If there's anyone here
10 representing Alden, if you'd like to come up to the
11 table, we'll ask you to pull those microphones close
12 and spell your name while you're introducing
13 yourself for our reporter.

14 Good afternoon, folks.

15 MR. JOHN KNIERY: Good afternoon,
16 Chairman. My name is John Kniery, K-N-I-E-R-Y.
17 I'll let everyone else introduce themselves, but I
18 think we're also missing our legal counsel.

19 CHAIRMAN DALE GALASSIE: Okay.

20 MS. RANDI SCHULLO: Hello, Randi
21 Schullo, R-A-N-D-I, S-C-H-U-L-L-O.

22 MR. BOB MOLITOR: Hi there, Bob Molitor,
23 M-O-L-I-T-O-R.

24 CHAIRMAN DALE GALASSIE: Great, thank
25 you.

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1 MR. JOE OURTH: Joe Ourth, O-U-R-T-H.

2 MR. JOHN KNIERY, MS. RANDI SCHULLO, MR. BOB MOLITOR

3 AND MR. JOE OURTH,

4 of lawful age, having been first duly sworn to

5 testify the truth, the whole truth, and nothing but

6 the truth in the matter aforesaid, testify as

7 follows, to-wit:

8 CHAIRMAN DALE GALASSIE: Thank you.

9 Staff report, Michael.

10 MR. MIKE CONSTANTINO: Thank you, Mr.

11 Chairman. The applicants are proposing to establish

12 a 170-bed long-term care facility in Huntley,

13 Illinois. The total cost of the project is

14 approximately \$31.8 million. The anticipated

15 project completion date is June 30 of 2016. No

16 public hearing was requested. Letters of support

17 were received. No opposition letters received.

18 Thank you, Mr. Chairman.

19 CHAIRMAN DALE GALASSIE: Thank you, sir.

20 Would you like to make some comments to the Board?

21 MS. RANDI SCHULLO: Yes, thank you. Mr.

22 Chairman, Members of the Board, I'm Randi Schullo

23 President, Alden Group Services. I'm pleased to

24 have with us today Bob Molitor, our COO; John

25 Kniery, our CON consultant; and Joe Ourth, our CON

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1 consult. As always, I would like to first thank Mr.
2 Constantino and his staff for their work on the
3 State Agency Report.

4 The project before you is for a
5 long-term care campus consisting of a 110-bed
6 skilled facility and a 60-bed memory care facility
7 in Huntley. The campus will also include 91 units
8 of housing for low income seniors 62 years of age
9 and older.

10 Alden has come before you previously.
11 We are a family-owned operation founded by my father
12 and have been providing skilled care in Illinois for
13 over 40 years. The last time we were here before
14 you was for our approval of Phase 2 of our Shorewood
15 facility. This Huntley project is similar to our
16 one in Shorewood. Let me give you a quick update on
17 the progress of that community. Last October you
18 approved the final phase of 50 beds skilled memory
19 care facility. Our first phase of Shorewood opened
20 in early 2012 in budget and is quickly filling.
21 While Shorewood does exceed our expectations, the
22 need for the facility is even greater in Huntley.

23 First, your bed inventory shows a need
24 of over 400 additional beds in this planning area.
25 As you may be aware, Huntley is home to Del Webb Sun

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1 City, an older active adult community with 5400
2 homes. Our project is very compatible with this
3 community. In fact, because our facility would be
4 in such close proximity to Del Webb community,
5 seniors could drive their golf carts to our home for
6 rehab or just to visit loved ones. It's part of a
7 little golf cart community. So despite 5400 senior
8 homes, Del Webb has no skilled care, and we've
9 received support from many of the home owners.

10 More broadly, the entire Village of
11 Huntley, with over 25,000 people, currently has had
12 no skilled nursing facility. In fact, as you will
13 notice from State Agency Report, the nearest
14 facility is approximately 15 minutes away. As you
15 can see from our strong community support, the two
16 hospital support letters, the over thousand
17 estimated patient referrals, and the lack of any
18 opposition to our project, it is greatly needed, and
19 there's no other -- and is not in close proximity to
20 any other skilled nursing, as we've said several
21 times.

22 Since the submission of our CON
23 application, we have been working with the Village
24 of Huntley to obtain necessary zoning to develop our
25 senior living community. As you've heard from the

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1 Mayor Sass and Dave Johnson, Village Manager,
2 earlier today, they are very excited about our
3 project, and they took time to meet with you today
4 to show their support for Alden becoming part of the
5 Village of Huntley.

6 Out of the 20 State Agency Report
7 findings, 17 were found to be compliant. The sole
8 negative finding was financial was that one of the
9 two applicant entities does not meet the financial
10 ratio. The licensed operator of the facility meets
11 all of the Board's financial ratios. The owner of
12 the real property does not meet the Board's
13 standards for projected debt service coverage and
14 cushion ratio. Both applicants, however, are
15 related entities and part of the same family-owned
16 operation and, as such, should be considered as a
17 consolidated basis.

18 The only other negative findings both
19 related to some area providers operating below the
20 targeted occupancy and, as such, will be addressed
21 together. Although the State Agency Report states
22 that a number of facilities have not reached state
23 targeted utilization of 90 percent, the average
24 utilization is close with few total bed
25 availability. Even if all potential underutilized

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1 beds within this 30-minute travel time were to be
2 considered, there would still be a need for the
3 proposed facility, and then some.

4 Finally, there are no beds within 15
5 minutes of the proposed site and within the growing
6 community of Huntley. The State has identified a
7 bed need for Kane County of 428 additional nursing
8 beds. This project lies on the border of three
9 planning areas. As such, the proposed market area
10 encompasses part of Kane, McHenry, and even DeKalb
11 County, each of which has an outstanding need of
12 nursing beds needed, totaling 912. When 154
13 potentially underutilized beds are factored, there's
14 still a need in excess of 100 -- there's still a
15 need in excess of 170 total beds being requested
16 here today. This project addresses and meets the
17 vast majority of the State's identified need
18 indicators, as documented throughout the Certificate
19 of Need application.

20 In conclusion, we ask the Board's
21 support for this project. Your approval will allow
22 us to proceed with the much needed skilled nursing
23 facility and allow us to be the very first and the
24 only in the Village of Huntley. This community is
25 not served by any existing provider within 15

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1 minutes of the proposed site, and in turn, does
2 support this project. The physicians in the
3 community at large provide significant referrals and
4 support for this project. We thank the Board for
5 its consideration and will be pleased to address any
6 questions you have.

7 CHAIRMAN DALE GALASSIE: Thank you very
8 much. I will open it up to questions from board
9 members. Any questions regarding Alden Estates?
10 Judge?

11 JUSTICE ALLEN GREIMAN: Yes. Do you
12 have the, what is it, \$25 million mortgage, is that
13 all a done deal?

14 MS. RANDI SCHULLO: We have a commitment
15 from -- we are, we have a letter for HUD financing,
16 but before we could actually get firm commitment, we
17 need the approval from this Board in order to take
18 it to HUD and get the final firm commitment.

19 JUSTICE ALLEN GREIMAN: But you already
20 had it approved.

21 MS. RANDI SCHULLO: We have a letter
22 from Cambridge in our application, yes.

23 JUSTICE ALLEN GREIMAN: So you, you're
24 saying you have a mortgage commitment for some
25 reason to accept the \$25,822,426? Is that right.

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1 MR. JOHN KNIERY: Judge, I don't believe
2 so. HUD requires, Cambridge, the letter that's in
3 the application from Cambridge, they are the HUD
4 originator, they helped originate the loan, then it
5 has to go, once they put together the application,
6 then it goes to HUD, itself. Then the difference
7 with Alden, what sets Alden apart is they have a
8 40-year history track record of getting their
9 projects financed this way.

10 JUSTICE ALLEN GREIMAN: All right. So
11 where, where are we at this point?

12 MR. JOHN KNIERY: We are before you,
13 which we need before we can even approach Cambridge
14 to finalize their process.

15 JUSTICE ALLEN GREIMAN: So at this point
16 you have no mortgage. No mortgage commitment.

17 MS. RANDI SCHULLO: We have our
18 commitment, as we have for all of our other projects
19 that we've come before you, and once we have your
20 approval here, we will then put our actual
21 application in, and we cannot do so until we have
22 your approval.

23 JUSTICE ALLEN GREIMAN: What, the price
24 of the building changed? Has that changed at all?

25 MS. RANDI SCHULLO: Nothing's changed,

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1 no.

2 CHAIRMAN DALE GALASSIE: Member Sewell,
3 and Member Olson.

4 MR. RICHARD SEWELL: Yes, I'm just
5 trying to understand the relationship between these
6 two entities. So Alden Huntley Investments, LLC,
7 says it owns the real estate, so that means the
8 land.

9 MR. JOHN KNIERY: Correct, correct.
10 Mr. Sewell, the long-term care is a little bit
11 different than the other projects you see, surgery
12 centers and hospitals. Surgery centers in
13 particular you have a landlord who, by the Board's
14 rules, is not a co-applicant, and, therefore, you
15 don't look at their ratios. Here, because they're
16 related entities, they are considered. So it's not
17 just a landlord kind of entity. To address that, to
18 look at, you have one entity who has the, all the
19 debt essentially, and you have one entity who has
20 the revenue stream. To really look at that and to
21 meet your ratio -- not to meet your ratios, but to
22 correctly address your ratios, I think it's good to
23 look at them on a combined basis with long-term
24 care. And this is, I'm sure staff can concur, we
25 have -- I think most of the long-term care comes

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1 forward like this.

2 MR. RICHARD SEWELL: So if we looked at
3 sort of a consolidated statement and the, has the
4 ratio analysis been applied to a consolidated
5 statement, or is that not relevant because the other
6 new entity is the one that's going to actually
7 operate the home?

8 MR. MIKE CONSTANTINO: We're required to
9 look at these individually.

10 MR. RICHARD SEWELL: Okay.

11 MR. MIKE CONSTANTINO: And that's why
12 it's done like this. Combined, combined ratios were
13 in the application, yes.

14 MR. RICHARD SEWELL: I guess, you know,
15 on the ground, I'm trying to understand the
16 financial entanglement between the two. Let's say
17 you get the, you start to operationalize this; you
18 know, what impact does the risk with the ratios in
19 the Huntley Investments have on the operation of the
20 facility?

21 MR. JOHN KNIERY: I'm trying to
22 understand, if you could restate the --

23 MR. RICHARD SEWELL: It's a hard
24 question.

25 MR. JOHN KNIERY: Yeah.

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1 MR. RICHARD SEWELL: I guess I'm asking
2 what difference does it make that, you know, the
3 group that owns the real estate is.

4 MR. JOHN KNIERY: I think it's just your
5 rules, Mr. Sewell, I think it's just the rules, and,
6 because they are related, they are co-applicants. I
7 don't know that it would be a different if they
8 were, you know, if I held it, for instance. I'd
9 need a big loan, but...

10 MR. RICHARD SEWELL: Right. But the
11 facility, itself, is not obligated for the debt of
12 Huntley Investments, LLC, for example. I mean
13 that's a question, I say that like it's a statement,
14 but it was a question.

15 MR. JOHN KNIERY: So you're asking is
16 the ownership responsible for the debt?

17 MR. RICHARD SEWELL: Yeah.

18 MR. JOHN KNIERY: I believe it, it is
19 responsible --

20 MR. RICHARD SEWELL: No, the ownership
21 of the second corporation, the --

22 MR. JOHN KNIERY: Oh, the operator?

23 MR. RICHARD SEWELL: Yeah.

24 MR. JOHN KNIERY: The operator is
25 responsible because it entered into a lease payment,

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1 so that is how it, you know, that's its
2 responsibility.

3 MR. RICHARD SEWELL: All right.

4 MR. JOHN KNIERY: Typical to any other
5 provider that just, you know, if we were able to go
6 into a shopping center, for instance, you know, we'd
7 have a lease payment.

8 MR. RICHARD SEWELL: Right, no, I
9 understand.

10 CHAIRMAN DALE GALASSIE: Member Olson?

11 MS. KATHY OLSON: I don't have a
12 question, I just have a quick comment. I noticed
13 that in March of 2013 your violations were up for
14 your facility (inaudible), I know you've been before
15 us before, you have mentioned that there's been some
16 change. How will you prevent that from happening
17 again in the future?

18 MR. BOB MOLITOR: Yes, I would, I
19 totally agree that our survey inspection will
20 continue to approve. Since last time we addressed
21 the Board, our star ratings in our facilities have
22 gone significantly up, all the way up, we had two
23 facilities that are five star, we have seven
24 facilities that are five star facilities now, and I
25 only anticipate those getting better from now on.

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1 And, you know, we'll not get in a bad position.

2 MS. KATHY OLSON: That's great to hear.

3 CHAIRMAN DALE GALASSIE: Dr. Burden, did
4 you have a question?

5 DR. JAMES BURDEN: Well, just a generic
6 one. This Medicare star rating, which appeals to
7 me, I like to see it, I get the impression that most
8 of the applicants' representatives don't pay a lot
9 of attention to it, it doesn't really bother
10 anybody, you always give us a nice glib answer
11 saying don't worry about it, we're going to be
12 great. I wish that were true in everything in life,
13 but anyway, I do like to see the Medicare star
14 ratings which I compliment our staff on that. I've
15 heard your answer, I don't have to hear it again,
16 and I certainly appreciated what you said and
17 expected to hear what you've said. I've never heard
18 an applicant yet say, oh, we had a terrible rating,
19 and it's really going the wrong way, and I don't
20 know what we're going to do. Every one that I've
21 heard says, we're going to take care of it, don't
22 worry about it, Doc, it's going to be just great.

23 I only have one last question. Huntley
24 and its organizations and your representation is a
25 hell of a lot different than when I had a farm in

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1 Cool Valley, I could cruise down 47 and I could
2 shoot a shotgun off, and now you're telling me that
3 it's a high density 54 percent more home. I mean I,
4 I have to drive back out, I sold that property 20
5 years ago, just to take a peek. Is it really
6 booming like you're telling me?

7 MR. BOB MOLITOR: Oh, yes.

8 MS. RANDI SCHULLO: It really is
9 booming. They've opened up to 47 also.

10 DR. JAMES BURDEN: That's all.

11 CHAIRMAN DALE GALASSIE: Any other
12 questions or comments?

13 MR. RICHARD SEWELL: I'm trying to
14 understand here your testimony about the need issue.
15 Is your argument that because you are located sort
16 of where three planning areas come together, that
17 when you look at it more broadly than the State
18 Agency Report does, which is only for one planning
19 area, that there is a need? Is that your argument?

20 MR. JOHN KNIERY: Not necessarily, no.

21 MR. RICHARD SEWELL: Okay.

22 MR. JOHN KNIERY: Let me say no. And
23 how I'd like to respond to that is, yes, the
24 planning area we are in, which we were able to show
25 the referrals, 50 percent will come from within that

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1 planning area, per your rules. The need is in Kane
2 County, as well as the others. We're just saying
3 that that's an additional need in the community. As
4 you've heard many times before, there are numerous
5 need indicators. On top of your need indicators,
6 staff has requested from projects a market study,
7 independent market study, which this applicant had,
8 has done, which is over and above your rules. I'd
9 be more than happy to go through all your need
10 indicators if you'd like, but...

11 MR. RICHARD SEWELL: (Shakes head no.)

12 CHAIRMAN DALE GALASSIE: Any other
13 questions or comments?

14 Hearing none, may I have a motion to
15 approve Project 13-013, Alden Estates/Alden Court,
16 to establish a 170-bed LTC facility in the growing
17 Huntley, Illinois?

18 MS. KATHY OLSON: So moved.

19 MR. JOHN HAYES: Second.

20 CHAIRMAN DALE GALASSIE: Motion and a
21 second. The roll call, please.

22 MR. GEORGE ROATE: Motion made by
23 Ms. Olson, seconded by Mr. Hayes. Mr. Bradley?

24 MR. PHILLIP BRADLEY: Yes.

25 MR. GEORGE ROATE: Dr. Burden?

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1 DR. JAMES BURDEN: Yes.

2 MR. GEORGE ROATE: Justice Greiman?

3 JUSTICE ALLEN GREIMAN: Yes.

4 MR. GEORGE ROATE: Mr. Hayes?

5 MR. JOHN HAYES: Yes.

6 MR. GEORGE ROATE: Ms. Olson?

7 MS. KATHY OLSON: Yes.

8 MR. GEORGE ROATE: Mr. Sewell?

9 MR. RICHARD SEWELL: Yes.

10 MR. GEORGE ROATE: Chairman Galassie?

11 CHAIRMAN DALE GALASSIE: Yes.

12 MR. GEORGE ROATE: That's seven votes in
13 the affirmative.

14 CHAIRMAN DALE GALASSIE: Motion passes,
15 congratulations.

16 MS. RANDI SCHULLO: Thank you so very
17 much.

18 CHAIRMAN DALE GALASSIE: Moving on to
19 Advocate Trinity Hospital Chicago, H-05, 13-015.
20 Good afternoon, folks.

21 MR. MIKE CONSTANTINO: Mr. Chairman?

22 CHAIRMAN DALE GALASSIE: Yes.

23 MR. MIKE CONSTANTINO: You wouldn't
24 consider taking Member Burden with you when you
25 retire from our Board, would you?

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1 CHAIRMAN DALE GALASSIE: We're
2 approaching that, Mr. Constantino.

3 DR. JAMES BURDEN: Mr. Chairman, would
4 you please rescind that, rebuke that comment and
5 scratch it from the record.

6 CHAIRMAN DALE GALASSIE: Good afternoon,
7 folks. Joe, do you want to begin, or however you'd
8 like to introduce yourself. Introduce yourselves in
9 the microphone, please, and spell your name for us,
10 and we'll have you sworn in.

11 MR. JOHN BRUSS: John Bruss, B-R-U-S-S.

12 MS. MICHELLE GASKILL: Michelle Gaskill,
13 M-I-C-H-E-L-L-E, Gaskill, G-A-S-K-I-L-L.

14 MR. JEFFREY SO: Jeffrey So, S-O.

15 MR. ALBERT MANSUM: And Albert Manshum,
16 M-A-N-S-H-U-M.

17 CHAIRMAN DALE GALASSIE: Thank's you,
18 folks.

19 MR. JOE OURTH, MR. JOHN BRUSS, MS. MICHELLE GASKILL,

20 MR. JEFFREY SO AND MR. ALBERT MANSUM,

21 of lawful age, having been first duly sworn to
22 testify the truth, the whole truth, and nothing but
23 the truth in the matter aforesaid, testify as
24 follows, to-wit:

25 CHAIRMAN DALE GALASSIE: Staff report,

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1 please.

2 MR. MIKE CONSTANTINO: Thank you, Mr.
3 Chairman. The applicants are proposing to add 12
4 ICU beds and modernize and relocate the outpatient
5 physical medicine and cardiac rehab services at
6 Advocate Trinity Hospital. The estimated cost of
7 the project is approximately \$18.2 million. The
8 anticipated project completion date is April 30th,
9 2016. There was no public hearing. No letters of
10 support or opposition were received. Thank you, Mr.
11 Chairman.

12 CHAIRMAN DALE GALASSIE: Thank you.
13 Comments for the Board?

14 MR. JOHN BRUSS: Good afternoon, Mr.
15 Galassie and Members of the Board, I'm John Bruss,
16 I'm the president of Advocate Trinity Hospital.
17 With me today are Michelle Gaskill, who's
18 Vice-president of Nursing and Clinical Operations,
19 Jeff So, Director of Business Development, Joe
20 Ourth, our outside legal counsel, and Al Manshum,
21 who's over construction for Advocate Healthcare.

22 CHAIRMAN DALE GALASSIE: Great.

23 MR. JOHN BRUSS: Advocate Trinity
24 Hospital was formerly known as South Chicago
25 Community Hospital, we've served the southeast side

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1 of Chicago for over 115 years. We serve
2 neighborhoods such as South Chicago, Grand Crossing,
3 Roseland, South Shore, West Pullman, Auburn Park,
4 and Morgan Park. We are a critical provider in an
5 area with higher than average incidence of chronic
6 disease. For instance, we experience among our
7 residents a high incidence of pulmonary disorders;
8 not totally unexpected, given the fact that we're
9 two miles from where the steel mills were on the
10 south side. We also have a higher incidence of
11 cancer, heart disease, stroke and diabetes than is
12 typical in the Chicago area or throughout the state
13 of Illinois. The mortality rates in our primary
14 service area are substantially higher than those in
15 the rest of Chicagoland, as well.

16 Advocate Healthcare has enabled Trinity
17 to make our 193-bed hospital an example of
18 Advocate's mission to provide high quality care in
19 the community. Advocate has funded more than \$100
20 million over the last five years so that we can
21 provide charity care, meet our operating expenses,
22 and undertake numerous capital improvements. And
23 these range from a new endoscopy lab, a new central
24 telemetry monitoring system, new nurse call, new
25 MRI, new Da Vinci robot, new sleep center, new wound

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1 care center, new infusion center, new acute dialysis
2 center, and various infra -- infrastructure
3 improvements with our facilities like air handlers,
4 a chiller, and a generator. But this funding has
5 also allowed us to recruit highly qualified
6 physicians over the last five years, we've added 25
7 new surgeons representing specialties that either we
8 didn't have, or were in short supply in our service
9 area. All this towards the goal of providing very
10 high quality care on the southeast side of Chicago.

11 So we seek approval from you today to
12 modernize space in order to add 12 intensive care
13 beds. And in submitting our request, we have taken
14 great care to follow your rules. Let me address the
15 single negative report in the State Agency Review,
16 and that was on the fact that our current
17 utilization does not justify the number of intensive
18 cares -- care beds that we are requesting.

19 According to the IDPH bed inventory, our planning
20 area has a shortage of 42 intensive care beds,
21 resulting from the closure of hospitals and the
22 resultant discontinuation of intensive care
23 services. Our Intensive Care Unit operates at an
24 extremely high occupancy rate because we have
25 insufficient beds. 50 percent of the time, we are

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1 operating our ICU at above a 90 percent occupancy
2 rate, compared to the state target of 60 percent.
3 Our current occupancy alone justifies five of the
4 twelve additional beds that we are requesting.

5 Now over and above our historic
6 utilization, we have also made projections about ICU
7 usage in the future. And to justify the need for
8 additional intensive care beds, we focused these
9 projections on actual referrals to our sister
10 hospital, Advocate Christ Medical Center from
11 specialists on staff at Trinity of patients who live
12 in the Trinity service area. And these specialists
13 are in the areas of vascular, thoracic, orthopedic
14 and general surgery. Based on these actual
15 referrals and utilization factors, we were able to
16 conservatively project that we would need 11
17 additional intensive care beds to serve these
18 patients in our community. These patients would all
19 be relocated from Advocate Christ Medical Center,
20 which would relieve the Medical Center's very high
21 surgery and intensive care utilization. So both our
22 current high utilization and the relocation of
23 patients from Christ to Trinity together justify the
24 need for 16 additional intensive care beds. Now we
25 only really have space for 12 additional beds based

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1 on this project, and that's what we're requesting
2 today. The staff agency has reviewed our
3 projections and deemed them reasonable and
4 attainable.

5 So in summary, Trinity reviewed a wide
6 range of options to resolve our current intensive
7 care gridlock and to provide high quality, higher
8 acuity care in our community. The option of choice
9 is the project that we have before you today. It
10 has broad support from the community, from the
11 hospital's governing counsel and medical staff. We
12 thank you for your kind attention, we'd be happy to
13 answer questions about our community, our hospital,
14 and this project.

15 CHAIRMAN DALE GALASSIE: Thank you, Mr.
16 Bruss. I will open it up to board members for
17 questions, starting out with Dr. Burden.

18 DR. JAMES BURDEN: Thank you, Mr.
19 Chairman. I suppose we should all just reflect and
20 say that Advocate does a marvelous job, and it
21 certainly has done a marvelous job out there, you
22 said \$100 million, did I hear that number?

23 MR. JOHN BRUSS: In the last five years,
24 yes.

25 DR. JAMES BURDEN: I also, other than

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1 that support, which I think is crucial, because the
2 inner city hospital programs, they're not flocking
3 in here to merge and grow and build institutions
4 like the suburban people are, so I'm very impressed
5 that there is a stable community institution that
6 you've presented. And I'm curious, I have to say
7 I've always been impressed with Christ's presence,
8 Advocate Christ's Medical Center is what I'm
9 referring to, of course, and now that you're able to
10 avoid bypass, how is it and what is it that led to
11 the bypass problem that you encountered? Was it
12 shortage of intensive care beds that you're here to
13 promote? Is that the reason? Or is it also the
14 fact that now that you have specialists that handle
15 some of the urgent care needs that you now can
16 handle, I'm impressed, has that created this problem
17 also? Is that -- do I understand? I think I've
18 read that, but I want to hear it articulated a
19 little bit.

20 MS. MICHELLE GASKILL: Yes, Dr. Burden,
21 actually that is correct. One of our key reasons
22 for the request for additional ICU beds is the
23 gridlock that we've experienced at Trinity related
24 to ICU capacity. It is not unusual for us, as John
25 stated in his statement, that 50 percent of the

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1 time, we have no ICU beds available, or we only have
2 one ICU bed available. Our Emergency Department
3 sees about 44,000 visits per year, and for 12 ICU,
4 ICU beds, that's not enough to accommodate that
5 volume coming through.

6 It's not unusual in the past to have up
7 to 17 patients, ICU patients that are holding in the
8 ED. We only have 27 rooms in the Emergency
9 Department right now. So that is only ten rooms
10 available to take care of emergent patients beyond
11 those holders. So the approval of this which we're
12 hoping for today will help to decrease our diversion
13 hours and enable us to focus the increased services,
14 as John talked about in our area.

15 DR. JAMES BURDEN: One last question.
16 What is the med/surg occupancy currently?

17 MR. JOHN BRUSS: It's approximately 73
18 percent.

19 CHAIRMAN DALE GALASSIE: Other
20 questions? Yes, Member Sewell?

21 MR. RICHARD SEWELL: Approximately how
22 far are you from Roseland Community Hospital?

23 MS. MICHELLE GASKILL: We are five miles
24 away from Roseland. You heard that John stated in
25 his statement that there are 42 less beds than what

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1 are needed for our area. We know that Roseland has
2 ten ICU beds, and so that number would actually go
3 up by ten if Roseland is not continuing as an acute
4 care provider, as we've been reading in the paper.
5 So I think that that only heightens the need for
6 these beds. We've been watching very closely what's
7 happening there, because we've actually done an
8 impact analysis for Trinity, and we believe that the
9 majority of those ED visits are going to come to us,
10 we could get up to 12,000 Emergency Department
11 visits, and we can get about 3000 additional
12 inpatient visits.

13 CHAIRMAN DALE GALASSIE: Other questions
14 or comments?

15 Hearing none, may I have a motion to
16 approve Project 13-015, Advocate Trinity Hospital,
17 for modernization expansion project at its hospital
18 in Chicago, Illinois?

19 DR. JAMES BURDEN: So moved.

20 MS. KATHY OLSON: Second.

21 CHAIRMAN DALE GALASSIE: Moved and
22 seconded. Roll call?

23 MR. GEORGE ROATE: Motion made by Mr.
24 Hayes, seconded by --

25 MS. KATHY OLSON: Burden.

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1 MR. GEORGE ROATE: By Dr. Burden,
2 seconded by Ms. Olson. Mr. Bradley?

3 MR. PHILLIP BRADLEY: Yes.

4 MR. GEORGE ROATE: Dr. Burden?

5 DR. JAMES BURDEN: Yes.

6 MR. GEORGE ROATE: Justice Greiman?

7 JUSTICE ALLEN GREIMAN: Yes.

8 MR. GEORGE ROATE: Mr. Hayes?

9 MR. JOHN HAYES: Yes.

10 MR. GEORGE ROATE: Ms. Olson?

11 MS. KATHY OLSON: Yes.

12 MR. GEORGE ROATE: Mr. Sewell?

13 MR. RICHARD SEWELL: Yes.

14 MR. GEORGE ROATE: Chairman Galassie?

15 CHAIRMAN DALE GALASSIE: Yes.

16 MR. GEORGE ROATE: Seven votes in the
17 affirmative.

18 CHAIRMAN DALE GALASSIE: Motion passes,
19 congratulations. Good luck. Thank you.

20 Moving forward, Item H-06, Advocate Good
21 Shepherd Hospital in Barrington. Good afternoon
22 folks.

23 MS. KAREN LAMBERT: Good afternoon.

24 CHAIRMAN DALE GALASSIE: We'll ask you
25 to share the microphones, but please keep them

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1 close. We would like an introduction of yourselves,
2 and then we'll have you sworn in.

3 MR. GEORGE TEUFEL: George Teufel,
4 Vice-president of Finance, Good Shepherd Hospital.

5 CHAIRMAN DALE GALASSIE: How do you
6 spell your last name, George?

7 MR. GEORGE TEUFEL: I'm sorry,
8 T-E-U-F-E-L.

9 MR. JOE OURTH: Joe Ourth.

10 MS. KAREN LAMBERT: Karen Lambert,
11 L-A-M-B-E-R-T.

12 DR. DEAN FELDMAN: Dr. Dean Feldman
13 D-E-A-N, F-E-L-D-M-A-N.

14 MR. DOUG RYDER: Doug Ryder, R-Y-D-E-R,
15 Vice-president of Operations.

16 MR. ALBERT MANSUM: Albert Mansum,
17 M-A-N-S-H-U-M.

18 CHAIRMAN DALE GALASSIE: Thank you,
19 folks. We'll have then sworn in when you're ready.

20 MR. GEORGE TEUFEL, MR. JOE OURTH, MS. KAREN LAMBERT,

21 DR. DEAN FELDMAN, MR. DOUG RYDER AND MR. ALBERT

22 MANSUM,

23 of lawful age, having been first duly sworn to
24 testify the truth, the whole truth, and nothing but
25 the truth in the matter aforesaid, testify as

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1 follows, to-wit:

2 CHAIRMAN DALE GALASSIE: Staff report,
3 Michael.

4 MR. MIKE CONSTANTINO: Thank you, Mr.
5 Chairman. The applicants are proposing to modernize
6 and expand clinical and nonclinical services at its
7 hospital in Barrington, to include intensive care,
8 radiology and surgery. The cost of the project is
9 approximately \$247 million. The anticipated project
10 completion date is December 31st, 2017. No public
11 hearing was requested. The State Board staff
12 received 111 letters of support, no opposition
13 letters were received. Thank you, Mr. Chairman.

14 CHAIRMAN DALE GALASSIE: Thank you.
15 Comments for the Board?

16 MS. KAREN LAMBERT: Thank you. Good
17 afternoon, Chairman Galassie, Members of the Board,
18 I'm Karen Lambert, President of Advocate Good
19 Shepherd Hospital, and with me today is George
20 Teufel, our CFO; Joe Ourth, our legal counsel;
21 Dr. Dean Feldman, who's the chairman of our
22 Anesthesia Department; Doug Ryder, our
23 Vice-president of Clinical Operations, and Al
24 Manshum, our Vice-president of Construction for
25 Advocate Healthcare.

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1 I'm pleased to bring before you our
2 campus modernization project. Because the project
3 has had no opposition and only one negative finding,
4 I'll respect your time and limit my comments. The
5 first being that this project will privatize our
6 beds so that we'll have single occupancy beds in our
7 hospital. I know you've had many projects come
8 before you with, and supported single occupancy beds
9 and understand the issues related to infection
10 control, HIPAA, patient confidentiality, and we're
11 pleased to be able to do that for our community.

12 This project will also modernize our
13 operating rooms, they were designed over 40 years
14 ago, and enhances in technology have significantly
15 changed the size of the operating rooms that we
16 need, and I'm sure Dr. Feldman would be happy to
17 answer any questions, as he was very instrumental in
18 the design of those, of those operating rooms.

19 Our project meets all the beds review
20 criteria for need, our own utilization justifies the
21 beds we propose, as does our bed inventory. You
22 heard earlier today about the changing health care.
23 Our project is designed to address the changes in
24 health care delivery, and as such, we have reduced
25 our med/surg pedes beds. We do, however, expect to

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1 continue to see a rise in the complexity of the
2 patients that we serve. The patients that we admit
3 now are certainly more sick. Our ICU rooms are some
4 of the busiest of any hospital in the state, and
5 actually data from the state reports indicate that
6 we have the second highest ICU occupancy in the
7 state, second only to Advocate Christ Medical
8 Center. Consequently, the only additional beds that
9 we are requesting are 14 ICU beds. This bed
10 increase is consistent with the needs of our
11 patients and the beds calculated ICU need to the
12 planning area.

13 We are compliant with all of the Board's
14 cost standards. Our project modernizes many of the
15 clinical functions, every single area except for one
16 meets your standards. The only negative finding
17 relates to the recovery space being larger than the
18 current state standards. There was an IDPH
19 regulation that did not allow patients' family
20 members to visit them in the recovery area. They
21 have since changed that regulation. We, too,
22 believe it's important for family members to visit
23 loved ones in that area, and so our project does
24 allow for that, and so the space is a little bit
25 larger than what's required by, by your rules, and

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1 in the State Agency Report they did acknowledge the
2 new IDPH regulation.

3 Chairman Galassie and Members of the
4 Board, we're very excited about bringing this
5 project to you and to serve our community, and we
6 ask for your approval and would welcome any
7 questions.

8 CHAIRMAN DALE GALASSIE: Thank you very
9 much. I'll open it up to members of the Board for
10 questions or comments. Yes, starting with
11 Dr. Burden.

12 DR. JAMES BURDEN: Just one little quick
13 comment. I think the large space in the recovery
14 area sounds interesting. I would hope that the
15 ministerial students rotate through the service and
16 surgical service, they refrain from comments like I
17 heard when I was operating: Let's pray together
18 that the surgeon's hands remain steady. I had it in
19 with the ministerial service that I won't mention
20 the particular denomination, but we got past that
21 hurdle, so I hope your space doesn't provide for a
22 lot of extra unnecessary advice.

23 MS. KAREN LAMBERT: We'll make sure of
24 that, thank you.

25 CHAIRMAN DALE GALASSIE: So did the

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1 hands stay steady? Mr. Hayes?

2 MR. JOHN HAYES: I noticed that this
3 project, the cost of it is almost \$247 million. And
4 the amount of beds, you're at approximately 127.
5 And as an example -- well, we don't compare
6 projects, but we have before us a project for a
7 brand new hospital at a hundred and --
8 approximately, I believe, \$131 million for about the
9 same size hospital. So I was wondering if you could
10 comment on that.

11 MR. DOUG RYDER: Yeah, thank you. Thank
12 you for that question. There are a number of
13 reasons for the differences between this project and
14 the other. First of all, let me start by saying
15 that the costs are consistent with the requirements
16 of the planning board, but some of the differences
17 I'll spell out for you include the types of rooms we
18 have on this we're much more heavy on the expensive
19 types of rooms, there's a lot of corollaries in this
20 project, cath lab, ICU spaces and imaging spaces
21 that really drive up the cost. We've put a lot of
22 effort into safety; in fact, one of the floors that
23 we're putting in is being set up that, should there
24 be a pandemic, we could actually turn that into an
25 entire isolation unit, so we're really concerned

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1 about safety.

2 Another aspect of this is the IT,
3 there's quite bit of IT going into the building, and
4 probably the biggest thing I would comment on is
5 Advocate looks at how we send spend our capital
6 dollars on life cycle costs. We want to make sure
7 that the front end cost of the building really is
8 only about 10 percent of the true cost of operating
9 that building that we get a loan for, 90 percent of
10 it is spent in operating it, so we make sure that we
11 build it right from the get go so we can control
12 health care dollars going forward. There's also a
13 few other components, things like lead
14 certification, we are seeking lead leadership,
15 energy environmental design on this project, so the
16 lead certification is a part of that. And the
17 complexity of the project. It is around an existing
18 campus, and so we have a lot of phases to the
19 project that we have to work around existing
20 occupied spaces, which does drive up the cost more
21 than if you were building a free-standing hospital.
22 So those are some of the reasons.

23 MR. JOHN HAYES: And this project will
24 take about four and a half years to complete.

25 MR. DOUG RYDER: Correct.

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1 MR. JOHN HAYES: And how many phases
2 will be in the project?

3 DR. DEAN FELDMAN: At a minimum there
4 are, I think we're planning, or I think we're
5 planning at least eight to nine phases, just because
6 we have to be very careful to continue to be able to
7 operate to do other things with areas that we're
8 around. So it's quite a complex project.

9 MR. JOHN HAYES: So when we approve this
10 project, you're not going to come back with another
11 phase or anything else, we're, really from the
12 ground up, we're approving the entire project.

13 DR. DEAN FELDMAN: Yes.

14 MR. JOHN HAYES: All nine phases, or
15 whatever.

16 DR. DEAN FELDMAN: Yes.

17 MR. JOHN HAYES: Over four and a half
18 years.

19 DR. DEAN FELDMAN: Yes.

20 MR. JOHN HAYES: Okay, thank you.

21 CHAIRMAN DALE GALASSIE: Other
22 questions?

23 I actually have one just because of 30
24 years in public health in Lake County. Did you ever
25 get connected to city water, or are you still

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1 pumping your own water?

2 MS. KAREN LAMBERT: We're still, we are
3 one of the few hospitals with the privilege of
4 having our own well.

5 CHAIRMAN DALE GALASSIE: Yeah, I know.

6 MS. KAREN LAMBERT: And it's too
7 difficult to change.

8 CHAIRMAN DALE GALASSIE: Is it? I was
9 hoping out of 250 million you could get city water
10 at that facility.

11 MS. KAREN LAMBERT: We just built a new
12 well.

13 CHAIRMAN DALE GALASSIE: Did you?

14 MS. KAREN LAMBERT: Yeah.

15 CHAIRMAN DALE GALASSIE: Thank you.

16 Hearing no other comments or questions, I will ask
17 for a motion to approve Project 13-016, Advocate
18 Good Shepherd Hospital, for a major modernization
19 expansion project at its hospital in Barrington,
20 Illinois.

21 MR. PHILLIP BRADLEY: So moved.

22 MR. RICHARD SEWELL: Second.

23 MR. GEORGE ROATE: Motion made by Mr.
24 Bradley, seconded by Mr. Sewell. Mr. Bradley?

25 MR. PHILLIP BRADLEY: Yes.

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1 MR. GEORGE ROATE: Dr. Burden?
2 DR. JAMES BURDEN: Yes.
3 MR. GEORGE ROATE: Justice Greiman?
4 JUSTICE ALLEN GREIMAN: Yes.
5 MR. GEORGE ROATE: Mr. Hayes?
6 MR. JOHN HAYES: Yes.
7 MR. GEORGE ROATE: Ms. Olson?
8 MS. KATHY OLSON: Yes.
9 MR. GEORGE ROATE: Mr. Sewell?
10 MR. RICHARD SEWELL: Yes.
11 MR. GEORGE ROATE: Chairman Galassie?
12 CHAIRMAN DALE GALASSIE: Yes.
13 MR. GEORGE ROATE: Seven votes in the
14 affirmative.
15 CHAIRMAN DALE GALASSIE: Motion passes.
16 Congratulations. Good luck.
17 Moving on to Item H-07, Fresenius
18 Medical Care South Elgin.
19 Good afternoon, ladies. Welcome back.
20 If you'll please spell your names for our recorder,
21 and we'll get you sworn in.
22 MS. COLLEEN MULDOON: Colleen Muldoon,
23 M-U-L-D-O-O-N.
24 MS. CLAIR RANALLI: Clair Ranalli,
25 R-A-N-A-L-L-I, and to my left is Laurie Wright,

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1 W-R-I-G-H-T.

2 MS. COLLEEN MULDOON, MS. CLAIR RANALLI AND MS.

3 LAURIE WRIGHT,

4 of lawful age, having been first duly sworn to

5 testify the truth, the whole truth, and nothing but

6 the truth in the matter aforesaid, testify as

7 follows, to-wit:

8 CHAIRMAN DALE GALASSIE: Thank you.

9 Staff report, please?

10 MR. MIKE CONSTANTINO: Thank you, Mr.

11 Chairman. The applicants are proposing to establish

12 a 12-station ESRD facility in 9300 gross square feet

13 of leased space in South Elgin, Illinois. The cost

14 of the project is approximately \$4.8 million. The

15 anticipated project completion date is May 31st,

16 2015. We did receive letters of opposition to this

17 project, as well as support letters. No public

18 hearing was requested. Thank you, Mr. Chairman.

19 CHAIRMAN DALE GALASSIE: Thank you,

20 Mike. Comments for the Board.

21 MS. COLLEEN MULDOON: Yes, we'll make it

22 brief. Good afternoon, I'm Colleen Muldoon, I'm the

23 Regional Vice-president of Fresenius Medical Care.

24 To my left is Clair Ranalli, our counsel, and Laurie

25 Wright, who is our CON specialist.

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1 I want to thank the Board for the
2 opportunity to present this project before you
3 today. With respect to your time, we'll briefly
4 address the negatives found by the staff report.
5 Our proposal is to focus directly on the Elgin
6 market. Elgin is one of the largest cities in
7 Illinois. There are two clinics in Elgin, one is
8 the Fresenius clinic, and the Board staff report
9 shows the utilization at just under 60 percent, and
10 as of today we're at 71 percent. We expect to reach
11 the 80 percent by the end of the third -- we expect
12 to reach 80 percent by the end of the third quarter.
13 The other clinics serving Elgin is the Cobblestone
14 Davida unit, which is steadily growing and at 79
15 percent utilization. These two clinics have seen 18
16 percent patient growth in the last quarter, and will
17 only take eight more patients for them both to be
18 over 80 percent utilization. At 80 percent
19 utilization. The proposed South Elgin facility will
20 not be Medicare certified for almost two years due
21 to the project being a ground up.

22 Our analysis indicates that the ratio of
23 stations to population within the 30 minutes of the
24 proposed location of the South Elgin clinic is one
25 station to every 7,094 residents, and the state

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1 JUSTICE ALLEN GREIMAN: So what percent
2 of beds does your, in the state does your office --
3 does your company have? Is it 60 percent yet?

4 MS. LAURIE WRIGHT: No, we're not that
5 far yet. We're at 52.

6 JUSTICE ALLEN GREIMAN: 52 percent. So
7 here, here is a place where there are already,
8 within a half hour, four of your spots are -- five
9 of your spots are within a half hour of that.

10 CHAIRMAN DALE GALASSIE: Judge, I think
11 you need to use your mike.

12 JUSTICE ALLEN GREIMAN: I'm sorry, five
13 spots within a half hour. I mean what is there
14 about this that requires you to have that kind of
15 coverage in this area? This is a very underused
16 area, by the way.

17 MS. COLLEEN MULDOON: I think we, in,
18 with Fresenius we deal with multiple nephrologists
19 that have private practices that admit to our
20 facilities, and we're seeing significant growth in
21 this market, as a Davida. So we're just, knowing
22 that we're seeing this strong growth in the Elgin
23 market, we see that there will be a need, and it
24 will take us at least two years, this is a brand new
25 unit that's going to open, and it also needs to be

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1 certified. The time line from the date we start the
2 project to completion is at least two years.

3 JUSTICE ALLEN GREIMAN: But, well, so
4 you say that, but here are these other ones that
5 have their, they're way under 59 percent, one has,
6 even yours, you have 21 and 27 percent. One other
7 one is 67 percent. So you're pretty low in some of
8 your --

9 MS. COLLEEN MULDOON: Yeah, and those
10 facilities are fairly new, and they have been
11 growing at the anticipated rate, and we do expect
12 them to be at the 80 percent within the two-year
13 period.

14 JUSTICE ALLEN GREIMAN: I, you know, I
15 have expressed before that I have some concern about
16 the fact that the ownership of these are being
17 limited to companies at this point. Well, anyway,
18 thank you.

19 CHAIRMAN DALE GALASSIE: Other -- yes,
20 Dr. Burden?

21 DR. JAMES BURDEN: I express some of the
22 same concerns that the Judge. I know you're in the
23 business of expecting, we hear it every time, but
24 it's, currently, I look at the very low occupancy
25 rates of some of them 25, 27 percent, even though

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1 you expect it to be 80 in two years, I'll put a bet
2 with you right now, if we're both here in two years
3 it won't be. Do you want to put your money on the
4 table? I will; because I don't think it will. I've
5 not seen that growth in an area where you have this
6 many numbers of dialysis units where the, the slow
7 achiever, the slow grower, the new one grows that
8 rapidly in two years. However, that's your opinion,
9 and this is mine.

10 I do know that there are 16 ESRD beds
11 that are in excess of the currently, although you've
12 pointed out that your, FMC Elgin is now at 70
13 percent occupancy, which is significant, and I
14 appreciate that. But I'm still a little concerned
15 that there are so many in the community, in your
16 community within 30 minutes that are not close to
17 achieving 80 percent.

18 However, that, I said what I said, and
19 if you'd want to take me up on it, we'll bet. And
20 then of course, you will win. But I don't think so.

21 CHAIRMAN DALE GALASSIE: Other questions
22 or comments?

23 Hearing none, may I have a motion to
24 approve Project 13-004, Fresenius Medical Care South
25 Elgin, to establish a 12-station ESRD facility in

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1 South Elgin, Illinois?

2 MR. PHILLIP BRADLEY: So moved.

3 MS. KATHY OLSON: Second.

4 CHAIRMAN DALE GALASSIE: Moved and
5 seconded. Roll call, please.

6 MR. GEORGE ROATE: Motion made by Mr.
7 Bradley, seconded by Ms. Olson. Mr. Bradley?

8 MR. PHILLIP BRADLEY: Yes.

9 MR. GEORGE ROATE: Dr. Burden?

10 DR. JAMES BURDEN: No.

11 MR. GEORGE ROATE: Justice Greiman?

12 JUSTICE ALLEN GREIMAN: Present.

13 MR. GEORGE ROATE: Mr. Hayes?

14 MR. JOHN HAYES: No, because of the no
15 planning area need or, or unnecessary duplication or
16 maldistribution of services.

17 MR. GEORGE ROATE: Thank you. Ms.
18 Olson?

19 MS. KATHY OLSON: No for the same
20 reason.

21 MR. GEORGE ROATE: Mr. Sewell?

22 MR. RICHARD SEWELL: No. Mr. Hayes'
23 comments.

24 MR. GEORGE ROATE: Chairman Galassie?

25 CHAIRMAN DALE GALASSIE: No for similar

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1 comments.

2 MR. GEORGE ROATE: That's one vote in
3 the positive, five votes in the negative, and one
4 vote present.

5 CHAIRMAN DALE GALASSIE: Motion fails.

6 MR. FRANK URSO: So you're going to be
7 receiving an Intent To Deny, you'll have another
8 opportunity to come before the Board, as well as
9 submit additional information.

10 MS. COLLEEN MULDOON: Thank you.

11 CHAIRMAN DALE GALASSIE: Good luck. Are
12 you folks staying for Item H-08?

13 MS. COLLEEN MULDOON: Yes.

14 CHAIRMAN DALE GALASSIE: Fresenius
15 Medical Care, Glendale Heights. And I believe
16 you've all been sworn in. Very good.

17 Michael, how about the staff report?

18 MR. MIKE CONSTANTINO: Thank you, Mr.
19 Chairman. The applicants are proposing to
20 discontinue an existing 21-station ESRD facility in
21 Glendale Heights and reestablish a 21-station
22 replacement facility in the same city. The cost of
23 the project is approximately \$5.4 million. I would
24 like to point out that this facility had significant
25 flooding damage, and it's before you today under an

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1 expedited request for review. So there's no, no
2 change in the number of stations at this facility.

3 CHAIRMAN DALE GALASSIE: Very good.

4 MR. MIKE CONSTANTINO: Thank you, Mr.
5 Chairman.

6 CHAIRMAN DALE GALASSIE: Thank you. Any
7 comments?

8 MS. COLLEEN MULDOON: Just briefly.

9 CHAIRMAN DALE GALASSIE: Sure. We like
10 brief.

11 MS. COLLEEN MULDOON: First of all, I'd
12 like to thank the Board for expediting this project,
13 and then the staff, we really appreciated that.
14 Again, this is an historic storm we had, this unit
15 has flooded multiple times on us, we repaired it and
16 put it back up and running, but this time it just
17 wasn't something we could salvage, and we've been
18 told by the town of Glendale Heights that it's their
19 sewage system, it can't be repaired, they don't have
20 the money to repair it at this time, so this unit
21 will continue to flood on us. We got very lucky, we
22 found another site that was a shell, we can move
23 very quickly, the town has worked very closely with
24 us, your team and the Board has worked very closely
25 on getting this project before you. We think we can

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1 move this project in three to four months and get
2 these patients back in the facilities where they
3 belong. Right now they're in about four or five of
4 our facilities spread all over, they're traveling
5 quite a distance, running late shifts because
6 there's not opportunity for them to run the shift
7 they want. Traveling has been an issue with them,
8 and transportation, and we've been working with
9 those patients to get those patients to those
10 facilities.

11 So the two negative findings just
12 briefly to address were the size. The size was
13 because this is the facility we found, it's just
14 slightly over the standard in this area, so we're
15 very slightly over. Utilization, we just expanded
16 this unit in October, four additional stations
17 because we had such strong growth at 8 percent year
18 over year, and that's why we're sitting at 73, we're
19 running consistently 90 percent. So those were the
20 two negative findings on this project.

21 So I would just appreciate the Board's
22 approval on this, and thank you for your time.

23 CHAIRMAN DALE GALASSIE: Thank you, Ms.
24 Muldoon. Comments or questions?

25 Hearing none, may I have a motion to

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1 approve Project 13-027, Fresenius Medical Care
2 Glendale Heights, to relocate an existing 21-station
3 ESMD facility in Glendale Heights, Glendale Heights,
4 Illinois.

5 JUSTICE ALLEN GREIMAN: So moved.

6 MS. KATHY OLSON: Second.

7 CHAIRMAN DALE GALASSIE: Moved and
8 seconded. Roll call, please?

9 MR. GEORGE ROATE: Motion made by
10 Justice Greiman, seconded by Ms. Olson. Mr.
11 Bradley?

12 MR. PHILLIP BRADLEY: Yes.

13 MR. GEORGE ROATE: Dr. Burden?

14 DR. JAMES BURDEN: Yes.

15 MR. GEORGE ROATE: Justice Greiman?

16 JUSTICE ALLEN GREIMAN: Yes.

17 MR. GEORGE ROATE: Mr. Hayes?

18 MR. JOHN HAYES: Yes.

19 MR. GEORGE ROATE: Ms. Olson?

20 MS. KATHY OLSON: Yes.

21 MR. GEORGE ROATE: Mr. Sewell?

22 MR. RICHARD SEWELL: Yes.

23 MR. GEORGE ROATE: Chairman Galassie?

24 CHAIRMAN DALE GALASSIE: Yes.

25 MR. GEORGE ROATE: Seven votes in the

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1 affirmative.

2 CHAIRMAN DALE GALASSIE: Motion passes,
3 good luck.

4 MS. COLLEEN MULDOON: Thank you.

5 CHAIRMAN DALE GALASSIE: It is 2:15,
6 we're going to take a five or ten-minute break, and
7 then we'll be moving into Vista Lindenhurst
8 Hospital. We'll keep it a short break.

9 (Off the record at 2:15 p.m.)

10 (Recess)

11 (Back on the record at 2:21 p.m.)

12 CHAIRMAN DALE GALASSIE: Thank you very
13 much for being timely. We are on Item I-01, 12-081,
14 Vista Lindenhurst Hospital from Lindenhurst. Let's
15 go ahead and do the introductions, and then we'll
16 get these folks sworn in, they've had a lot of
17 patience today.

18 MR. JACK AXLE: Jack Axel, Axel &
19 Associates.

20 MS. BARB MARTIN: Barb Martin, CEO of
21 Vista Health System.

22 MS. CLAIR RANALLI: Clair Ranalli,
23 counsel to applicant.

24 MR. THOMAS MILLER: Tom Miller,
25 Community Health System.

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1 CHAIRMAN DALE GALASSIE: Thank you.

2 MR. JACK AXLE, MS. BARB MARTIN, MS. CLAIR RANALLI,

3 MR. THOMAS MILLER,

4 of lawful age, having been first duly sworn to

5 testify the truth, the whole truth, and nothing but

6 the truth in the matter aforesaid, testify as

7 follows, to-wit:

8 CHAIRMAN DALE GALASSIE: Staff report,

9 please, Michael?

10 MR. MIKE CONSTANTINO: Thank you, Mr.

11 Chairman. The applicants are proposing to establish

12 a 132-bed acute care hospital in Lindenhurst,

13 Illinois. The cost of the project is approximately

14 \$131 million. The anticipated project completion

15 date is August 31st, 2016. The applicants received

16 an Intent To Deny on March 27th, 2013. The

17 applicants provided additional information at that,

18 subsequent to that Intent To Deny, and as part of

19 that, part of that submittal, the applicants

20 discontinued 98 med/surg beds and ten pediatric beds

21 at Vista East Medical Center in Waukegan.

22 There was a public hearing held on this

23 project, and we have received a number of letters in

24 support and opposition. We also received two

25 comments on the State Board Staff Report, which we

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1 distributed to all the board members by email. We
2 do have hard copies here. I believe we need to,
3 Mr. Urso needs to accept these.

4 CHAIRMAN DALE GALASSIE: Thank you.
5 Mr. Urso, do you want to address the two letters we
6 received?

7 MR. FRANK URSO: Yes, Mr. Chairman,
8 Board Members. You have two letters here that
9 appear to be timely. The Board has to make a
10 decision if they're going to accept those particular
11 letters into the project file and proceed with the
12 consideration of this project, are they going to
13 reject those letters, or are they going to defer
14 that information to the Board staff and look at this
15 project at a later date. So those are the three
16 options that the Board has at this point in time
17 based upon the letters they received. They seem to
18 be timely and responsive to the State Agency Report.

19 CHAIRMAN DALE GALASSIE: Is the Board
20 interested in accepting the letters?

21 DR. JAMES BURDEN: Yes.

22 CHAIRMAN DALE GALASSIE: I'll entertain
23 a motion to accept the two letters and refer them to
24 the staff.

25 MR. JOHN HAYES: So moved.

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1 MS. KATHY OLSON: Second.

2 CHAIRMAN DALE GALASSIE: Moved and
3 seconded. Voice vote. All in favor?

4 (All in favor voted in the affirmative.)

5 CHAIRMAN DALE GALASSIE: Any opposed?

6 (None opposed.)

7

8 CHAIRMAN DALE GALASSIE: Motion passes.

9 Moving forward. Any comments for the
10 Board?

11 MS. BARB MARTIN: Yes. Thank you and
12 good afternoon. Again, my name is Barb Martin, I'm
13 the President and CEO of Vista Health System.
14 Before I get into my formal comments, I'd like to
15 recognize a couple people that were unable to speak
16 when, that came down today in support of the
17 project. One was Dr. Edres Roman, an OB/gyne
18 physician, and Dr. -- or Mike Pruber, who was a
19 community citizen from Lindenhurst. But again, we
20 had great public participation, thank you for
21 allowing us to do that.

22 I appreciate your time that, Ms. Avery,
23 Mr. Constantino, and Mr. Urso over the course of
24 this project. I will be brief as possible, but ask
25 that, your indulgence since we're here on an Intent

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1 To Deny. First, I will address the concerns raised
2 at the last meeting head-on. I respect and
3 appreciate your position as board members, and will
4 address the concerns that were raised in our last
5 meeting, why the hospital is important, and how it
6 meets your goals and objectives as a planning board
7 and the applicable review criteria.

8 When we last met, there were three
9 concerns raised, and we have addressed them all.
10 They were overbedding, impact on other facilities,
11 and the impact on Waukegan. Dr. Burden and Mr.
12 Bradley, you voiced concern about the transfer of
13 beds from Waukegan to Lindenhurst and overbedding in
14 the area. We had proposed to discontinue 108 beds
15 from Vista East in Waukegan upon the opening of
16 Lindenhurst, but what we have done in our April 25th
17 letter, we have voluntarily discontinued 108 beds at
18 Vista Medical Center East, that's how important we
19 believe this hospital in Lindenhurst is to the Lake
20 County. Inventory now actually in Lake County
21 reflects a shortage, a shortage of beds.

22 Second, the project has been opposed by
23 Advocate Condell and Northwestern Lake Forest
24 Hospital, and concern was voiced on the impact that
25 a Lindenhurst hospital would have on them. I have

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1 to say that this is very troubling to me that the
2 opposition to this project has taken the approach
3 that it has. I understand that everyone has the
4 right to participate and express concern about a
5 perceived impact a project may have on its facility,
6 that's one thing, but to question our commitment to
7 Waukegan, to challenge our safety net status and our
8 provisions of our charity care, to allege that we
9 did not meet our capital commitment, which we proved
10 we did, is not the right approach. It's misleading
11 and unnecessary.

12 The constant negative campaign against
13 Vista as a provider of service in Waukegan is, in my
14 opinion, taking place because the opposition
15 facilities really can't point to any true negative
16 impact that a Lindenhurst hospital will have on the
17 respective hospitals, and because they know full
18 well that the residents of Northwestern Lake County
19 lack reasonable access to hospital services. So
20 they have no choice but to engage in these attacks
21 on Vista versus explaining to you in concrete terms
22 how their facility will truly be impacted. Let us
23 not forget a few points. Advocate and Northwestern
24 are among the strongest health systems in the
25 Midwest financially. Advocate, through its

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1 predecessors, Lake Forest Hospital and Northwestern,
2 all elected not to take on the difficulties
3 associated with operating hospitals in Waukegan.
4 Community Health Systems is in Waukegan because
5 nobody else would rescue this hospital, and they
6 were ready to close six years ago. Advocate talks
7 about the impact on its Level 1 trauma program.
8 There will be none. Only 2.7 percent of their 2011
9 Emergency Department patients were classified as
10 trauma. Vista Lindenhurst will not be providing a
11 Level 1 trauma service, so all the area true Level 1
12 trauma cases will be -- will continue to go to
13 Condell as they do now. Lake Forest has announced
14 it plans to build a new replacement hospital. That
15 does not do anything for the folks in Northwestern
16 Lake County, and the cost of this project is
17 proposed to be somewhere between \$350 to 400
18 million.

19 One of the projects that was voted upon
20 earlier in today's meeting was for a \$247 million
21 modernization to one of Advocate's hospitals in
22 southern Lake County. We are proposing a new
23 hospital for the residents of the northwestern part
24 of the county for a little over half that amount.
25 Your staff report documents that this project will

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1 not create a maldistribution of services. The map
2 on my right shows how the distribution is laid out.
3 All the hospitals are located in the eastern part of
4 the county.

5 The third issue raised was the project
6 impact on Waukegan. This project will strengthen
7 Community Health Systems' commitment to not only
8 Lake County, but to the city of Waukegan, as the
9 Mayor of Waukegan talked about in the public
10 comment.

11 Talk of CHS abandoning Lindenhurst is
12 preposterous. As we proved at the last meeting, we
13 have sent over 70 million until capital improvements
14 in Waukegan on both hospitals. We committed to you
15 in writing in our supplemental materials that Vista
16 East and West will remain services for five years
17 from approval of the Lindenhurst hospital. I do not
18 think we can be more clear that our commitment to
19 Waukegan is there, we've committed and turned the
20 hospitals around from a devastating near closure to
21 where they are today.

22 Dr. Burden, you previously said that
23 this is all about money and the bottom line. Well,
24 I will say, as all the hospitals, it's true that we
25 project revenues from the hospitals, and Lindenhurst

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1 will help the operations in Waukegan. We see a
2 disproportional large number of Medicaid patients
3 there. We provide the only adult inpatient
4 psychiatric unit of 76 beds in Lake County, and
5 Advocate a couple years ago just came to the Board
6 and closed their services of mental health services.
7 If revenue from a hospital in Lindenhurst helps us
8 preserve our Waukegan services, I'm all for it. And
9 at the same time we're continuing to serve Waukegan,
10 we will bring inpatient care to residents in central
11 and northern Lake County who do not currently have
12 those services at that time. A fact in light is
13 that over an extended period, a health system
14 revenues have to exceed their expenses. So I guess
15 that means protecting the bottom line. Let's not
16 lose site, though, however, that six -- that
17 Advocate in 2012 reported on their auditing
18 financial statements a profit of \$671.6 million. As
19 you can see, the, this protects the bottom line,
20 too.

21 Before I turn to the specific review
22 criteria, I would like to just briefly touch on a
23 few critical issues. Over 1400 patients a year are
24 being admitted to Wisconsin hospitals out of
25 Illinois. Saying that, it's safe to assume that

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1 most of these are from northern and northwestern
2 Lake County. Aurora Healthcare from Wisconsin has
3 targeted Lake County and is acquiring practices to
4 feed its hospitals across the state line that are
5 actually the closest hospitals to some Lake County
6 residents. We're aware of over 18 employee doctors
7 who they bought practices who now officially work in
8 Lake County and take patients to Wisconsin.

9 This project alone, the hospital, will
10 bring to Lake County over 600 well paying permanent
11 jobs, in addition to the large amount of
12 construction jobs that you can imagine related to
13 this project. Because CHS is an investor-owned
14 company, as so often pointed out by the hospitals
15 opposing this project, we do pay taxes. Last year
16 alone we paid nearly \$4.7 million in state and local
17 taxes as a result of our Lake County hospitals and
18 services. At the same time, we serve the
19 disadvantaged. In 2012, we admitted 472 full
20 charity write-offs, self-pay patients, that's 4.7
21 percent of our total admissions. But at the same
22 time, we had over 24 percent of our patients were
23 Medicaid recipients. That is one in four patients
24 are Medicaid recipients at Vista every day. There
25 is no other hospital in the county that comes close

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1 to approaching that Medicaid load.

2 Before Advocate bought Condell Hospital,
3 they had a well publicized CON submitted with the
4 State, and planned to build a new hospital in
5 Northwestern Lake County. Even they recognized the
6 need. They had a public hearing and all. Just
7 because they bought Condell, they now say the need
8 has gone away, but it didn't go away. In fact, the
9 growing population has increased the need. The
10 Healthcare Foundation of Lake -- of Northern Lake
11 County completed a community needs assessment last
12 year. As a result of that needs assessment, they
13 have provided a letter of support for a new hospital
14 in Northwestern Lake County. The letter was
15 received by the Board on January 14th of this year
16 and is in your file. So there's no confusion over
17 their intent, I'll read you the final two sentences
18 of their letter: "We also do not express a
19 preference for a specific hospital entity to build
20 there, but we believe the decisions of the
21 responsibility of the board and there is a need for
22 a hospital."

23 Again, thank you for your indulgence.

24 Before we conclude our presentation, I'd like Jack
25 Axel, our CON consultant, who will address the

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1 negative findings.

2 CHAIRMAN DALE GALASSIE: Thank you.

3 MR. JACK AXLE: Members of the Board, we
4 were found to be in compliance with 20 of the 23
5 review -- applicable review criteria, and I'll focus
6 on the three other review criteria, if you don't
7 mind. The first is criteria 1110.530(b), Planning
8 Area Need For Beds. When you look at the Planning
9 Area Need For Beds, you really look at three
10 different issues. The first is location and access.
11 Barb has already touched on that, so I won't go in
12 that direction. The second is the need formulas,
13 and the third is how the area stacks up against the
14 rest of the state.

15 In terms of the calculated need, the,
16 our, our SAR shows a need for 22 beds with the
17 approval of the Good Shepherd project earlier this
18 afternoon, there's now a need for 29
19 medical/surgical beds in the planning area, and by
20 the way, the planning area is all of Lake County.
21 We're proposing 100 medical/surgical beds at Vista
22 Lindenhurst. 100 is the minimum number allowable by
23 your rules.

24 The second area is the need for ICU
25 beds. As noted in the SAR and staff report, there

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1 is a need for 40 beds in Lake County, we're
2 proposing 12, and our last bed area is OB. There's
3 a calculated excess of 15 OB beds in Lake County,
4 we're proposing 20, and again, like med/surge,
5 that's the minimum number your rules call for for a
6 community hospital.

7 The last issue you look at, I believe,
8 on, on bed need is how the area stacks up against
9 the rest of the state. The ratios I'm going to
10 quote are approximations, there's always beds coming
11 in, into the inventory, out of the inventory, we saw
12 that happen today, but these numbers are very close.
13 For the entire state of Illinois, it's 2.0 med/surg
14 beds per thousand. Mr. Sewell, you'll remember the
15 old 4.0 number from years and years ago, it's, we
16 have 2.0 beds per thousand now. In Lake County in
17 this planning area, we're at 1.04 beds per thousand.
18 That doesn't include the seven that we took out with
19 the Good Shepherd Hospital. We're, Lake County is
20 at half that of the state, as a whole. If this
21 Lindenhurst project were to be approved, that 1.04
22 beds per thousand would go up to 1.17 beds per
23 thousand, compared to the 2.0 for the entire state.
24 And of note of the fact, is the fact that 69 of
25 those existing beds are at Midwest Medical Center,

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1 Cancer Treatment Centers of America in Zion.
2 They've appeared before this Board, the Board is
3 well aware of the fact that those are specialty
4 beds, cancer only, they're not generally accessible
5 medical/surgical beds, and when they appeared before
6 the Board, they noted the fact that 79.1 percent of
7 their patients come from outside of Illinois.

8 Second criteria is 1110.3030, Impact On
9 Other Hospitals, noncategories of service. And that
10 refers to things like GI lab rooms, C section
11 suites, CT units, and things like that. There's two
12 standards under that criteria. The first is that an
13 applicant has to show that they can provide
14 justification for the number of CT units that
15 they're proposing, the number of operating rooms, et
16 cetera. We were held up to 12 IDPH criteria on
17 that, we met all 12 of those.

18 The second standard is that a new
19 project should not have an impact on anyone else.
20 Well, we all know that if you are proposing a new
21 service, any kind of service, you're going to have
22 an impact on somebody, that's just the way it works.
23 However, we believe that the hospital that is going
24 to see the biggest impact is Vista East.

25 The last criteria of issue is 1110.1330,

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1 Impact On Other Cardiac Cath Programs. Unlike the
2 bed criteria, for this one we look at a three-county
3 planning area, Kane, Lake, McHenry. Obviously we
4 all know that cardiac cath has become an accepted
5 routine service in community hospitals, particularly
6 those with comprehensive Emergency Departments, as
7 will be the case with Vista Lindenhurst. It's a
8 service that's provided in every single nonspecialty
9 hospital in the three-county area, except for the
10 hospital in Harvard, which only has 20 acute care
11 beds. Also of note is the fact that these rules
12 were developed in 1987. They have not been -- the
13 cardiac cath rules have not been revised since 1987.

14 There's two criteria, the first is that
15 you should not reduce the utilization at any
16 existing providers below the 200 caths per year
17 level, and the second is that you must contact all
18 existing providers in the area to determine impact.
19 We will not cause any program to drop anywhere near
20 the 200 caths per year level, and no provider has
21 suggested that we would do that. The second
22 subcriteria is that we notify all the existing
23 providers; that's been done. The issue of impact is
24 in the first part dropping under 200, we think that
25 we are in compliance with that criteria.

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1 Thank you, I'll turn it to Barb for the
2 conclusion.

3 MS. BARB MARTIN: And again, in
4 conclusion, one of your criteria found at Section
5 1100.400 of your rules is that health care resources
6 should appropriately be located to best meet the
7 needs of the population. I submit to you that the
8 current situation in Lake County does not meet the
9 criterion as identified. Maybe with the
10 demographics in Lake County 30 years ago a hospital
11 who served residents living above the line in the
12 map didn't make sense, but things certainly have
13 evolved. So you have the choice, and I understand
14 it's not an easy one, you can choose between status
15 quo or change. I firmly believe change would be
16 very beneficial, and the status quo offers no
17 benefits to the folks who live on the northwestern
18 part of the county. I appreciate your attention,
19 and we're happy to answer any of your questions.
20 Thank you.

21 CHAIRMAN DALE GALASSIE: Thank you very
22 much. I'm going to open it up to the board members
23 now for questions and comments. Judge.

24 JUSTICE ALLEN GREIMAN: Yeah, I have a
25 question which is a general question. It will help

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1 me, as an investor. So when you have a hospital --
2 number of hospitals, and they're covering an area,
3 and a new hospital moves in, meaning a new hospital
4 moves in, does that affect the price that they
5 charge for all kinds of things? Is it -- is there a
6 competition where the hospitals say we got to charge
7 less so we'll get more business? Or do they charge
8 more, because they say, well, we'll get less
9 business, we have to keep our, we have to keep our
10 money up?

11 MS. BARB MARTIN: Absolutely not. I
12 mean you have your charges are your charges. You
13 know, we can't compare price charges to other
14 facilities, it's illegal, but we don't raise the
15 prices, we look at them all the time, but again,
16 we -- prices or charges will not go up based on a
17 new hospital.

18 JUSTICE ALLEN GREIMAN: And so are you
19 saying that if you charge for those, you know, when
20 somebody goes to the hospital, they get 42 tests,
21 and so when you give them the test, you don't know
22 what the other hospitals are charging, you just
23 charges yours, is that what you are saying?

24 MS. BARB MARTIN: That's correct. I
25 mean we have our set process for charges, but again,

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1 a new hospital would not cause charges to increase,
2 nor would it cause them to decrease in another
3 facility.

4 JUSTICE ALLEN GREIMAN: I see, okay.
5 Thank you.

6 CHAIRMAN DALE GALASSIE: Dr. Burden?

7 DR. JAMES BURDEN: Thank you, Mr.
8 Chairman. This is for me often a very awesome
9 obligation to consider hospital building when the
10 words "want" versus "need" enter into the equation.
11 I think it would be a lot easier if we had a
12 nonpartisan expert, someone who could speak and
13 address it as a nonpartisan, not necessarily looking
14 either way, for our opposed. This makes it
15 difficult. I don't think this is an ideal way to
16 make choices. But we don't. We've heard opinions
17 from people who probably, unfortunately, are
18 partisan regarding the building of a new institution
19 in an area that appears to be questionably in need.

20 I am concerned about one thing to
21 address really the issue. I would hope that I'm not
22 hearing or feeling as some young woman that earlier
23 spoke to the effect that she had hoped that Vista
24 wouldn't move from the community if, indeed, their
25 application was turned down. I do see that they

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1 made the significant change, I appreciate the
2 change, rather than transfer your recommended
3 discontinuing beds after you build the building, the
4 new facility in the further northwest part of the
5 state. You also, as a plus, I appreciate the fact
6 that you treat and do care for a significant number
7 of Medicaid patients, which has always been an issue
8 for me in the community you're in. I know Waukegan
9 well, I went up to St. Theresa's before you probably
10 were in the business a long time ago, I'm 80, so
11 I've been around a while, and worked at there and
12 helped out with some new types of procedures for
13 children that were just being done.

14 At any rate, be that as it may, I have a
15 real problem personally, it's not easy, I am talking
16 for myself, I have no idea what the rest of the
17 board members feel about it, and looking at
18 established institutions and the impact on them,
19 providing Level 1 care in a community that is
20 available now, all be it in your judgment not
21 necessary in a way I'm looking at it as the best I
22 can, and I like the answers I've heard, and
23 hopefully we'll see how, how this all works out.
24 Thank you.

25 MS. BARB MARTIN: Thank you.

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1 CHAIRMAN DALE GALASSIE: Thanks, Doc.
2 Any other questions or comments from board members?
3 John?

4 MR. JOHN HAYES: You know, I wanted to,
5 in your -- what do you plan on doing with your
6 letter from Ms. Ranalli, and, you know, there seems
7 to be some confusion in my mind exactly what you're
8 going to do with Vista East and Vista West if this
9 project -- let's start it if this project is not
10 approved. What are -- what would you be doing with
11 those facilities?

12 MS. BARB MARTIN: Well, at, at this
13 moment they're going to be, we're hoping that this
14 project is approved, it will support the viability
15 of both those facilities, and again, we committed in
16 our letter to the Board that we would commit, which
17 you asked, the Board had asked it the last time
18 would we commit, you know, in legal terms here to
19 keep those hospitals open, and we, as we identified
20 in the letter, we would.

21 MR. JOHN HAYES: Now in the letter
22 you're talking about Vista West. What does Vista --
23 the services at Vista West are what now?

24 MS. BARB MARTIN: Vista West we've kept
25 open formal, formally for being a St. Therese

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1 Medical Center, and we are the only, 76 beds, we're
2 a mental health facility, the only facility,
3 inpatient adult psychiatry at that facility,
4 inpatient, outpatient, general, adolescent and
5 adult, we also have an inpatient corp accredited
6 rehab unit that's been there for many years, a full
7 service ED, and then both supportive diagnostics of
8 a CT scanner lab, et cetera, that are needed to
9 support that, as well as a corporate health program
10 at that site.

11 MR. JOHN HAYES: So it is a possibility
12 that you may find it difficult to be able to
13 continue with both hospitals in Waukegan, or is it
14 going to be the Vista West facility that would most
15 likely be, you know, under scrutiny. It has, you
16 mentioned about a \$2 million a year in being able,
17 for the maintenance of the infrastructure or the
18 building, itself, \$2 million a year for the building
19 maintenance?

20 MS. BARB MARTIN: Yes, it's a big
21 facility, there's no doubt about it, but we
22 committed to the Board when they allowed us to
23 consolidate services eight years ago that we would
24 keep that hospital open for those services. We
25 didn't back out of mental health services like

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1 everyone else did. We're still the only
2 psychiatric, psychiatric unit in Lake County, and
3 again, you know, with the Lindenhurst hospital, it
4 helps us with those expenses to, you know, have two
5 strong hospitals. Again, as we committed in the
6 letter that we would commit with the Lindenhurst
7 hospital to keep that open for the, at least five
8 years.

9 MR. JOHN HAYES: And in that five-year
10 commitment, that is only for starting with approval
11 of the Lindenhurst hospital, and thus, you know, it
12 would take about three years to be able to build the
13 Lindenhurst hospital, that's your completion date,
14 and thus, that commitment is only two years after
15 that.

16 MS. BARB MARTIN: Well, at this point
17 that's what the Board had asked prior, and that is
18 the commitment. Again, you know, we've been there,
19 I've been up at Vista for ten years, led the
20 turnaround of the acquisition of CHS and all, and
21 we've committed to that, and now we're committing
22 another five years. As the Board had asked the last
23 time. And that, that's what we've done.

24 MR. JOHN HAYES: Okay. And in some of
25 your in the state report here, and also the letter,

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1 you know, I think we're talking mostly, we're
2 talking about Vista West, and that was the former
3 Provena St. Joseph's or -- or St. Therese Hospital.

4 MS. BARB MARTIN: Right, yeah. That's
5 right.

6 MR. JOHN HAYES: And Vista East is the
7 primary, what would you call it, the med/surg area?

8 MS. BARB MARTIN: Yeah. Vista East is
9 an Acute Care Level 2 Trauma Center that was
10 actually, we consolidated, St. Therese used to be
11 the Level 2 Trauma Center, and we moved the services
12 with this Board's approval about eight years ago
13 from Vista West, we committed to keep that open for
14 psych and rehab and ED, and moved the acute care
15 services to Vista Medical Center East formerly
16 Victory Memorial Hospital. And that is med/surg,
17 OB, cath lab, Level 2 trauma, we do open heart, we
18 do all those acute care services at that site.

19 MR. JOHN HAYES: Now the hospital -- or
20 excuse me. Your free-standing emergency center in
21 Lindenhurst, that's already in place.

22 MS. BARB MARTIN: That's correct. The
23 Board, the Board approved that a couple years ago,
24 the free-standing ED, and in our previous we talked
25 about, we had proposed in that project that we

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1 patients would come, and if there was a need for
2 Level 1 as to date, we would transport them to
3 Advocate Condell. So it could actually increase the
4 number of level one traumas to Advocate Condell with
5 this hospital. Because a free-standing ED can only
6 take BLS, Basic Life Support ambulances. Advanced
7 life support still have to go to a Level 2 trauma
8 center.

9 MR. JOHN HAYES: And why do you feel
10 that this is suddenly going to -- you need this
11 hospital even though there's quite a bit, quite a
12 lot of services at this Lindenhurst location
13 already. You know, I know you've gone through the
14 entire project here, but, you know, it, you know,
15 obviously you feel that a hospital is needed here,
16 even though you do have an ASTC, you have a
17 free-standing emergency center, and...

18 MS. BARB MARTIN: Again, those patients,
19 as we talked about, those patients, especially in
20 the emergency center, they come there if they need
21 inpatient admissions, that's well over a thousand
22 admissions a year are having to be -- they come to
23 the ED, but then they have to be transported to a
24 hospital for inpatient care. You know, you heard
25 the community members say traveling 60 minutes or

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1 more, 45 minutes or more to a hospital for inpatient
2 care is far too long. If it's a cardiac emergency,
3 you need to be in the cath lab in less than that
4 period of time if you're having a heart attack. So
5 again, we've had, we've had the plans for the
6 hospital on the land for well over 20 years, and
7 again, the, as the community identified, and as Jack
8 identified in his review criteria, there's clearly a
9 need for an inpatient facility at that site at a
10 very cost effective price. And really to improve
11 that access.

12 MR. JOHN HAYES: Now in the state report
13 here, they had talked about the metro south is under
14 state monitoring for life safety issues. And this
15 is part of the Community Health System, is that
16 correct?

17 MS. BARB MARTIN: That is from, actually
18 Community Health System acquired that facility a
19 little over a year ago, and that is from before
20 Community Health System took it over. And those
21 have been and are corrected.

22 MR. THOMAS MILLER: And I'll be glad to
23 answer that question, too. Seems like every time we
24 had the opportunity to help a hospital in distress,
25 the first thing the State does is identify all the

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1 issues that have existed for 20 years, and now we're
2 fixing them all, and we'll have them all completed
3 by the end this of year. But they have existed
4 there for decades, those same issues. But we're
5 glad to do that, because it's going to improve the
6 care in that community.

7 MR. JOHN HAYES: And what was the name
8 of this hospital before?

9 MS. CLAIR RANALLI: St. Francis.

10 MR. THOMAS MILLER: St. Francis.

11 MS. BARB MARTIN: St. Francis Blue
12 Island.

13 MR. JOHN HAYES: All right, thank you.

14 CHAIRMAN DALE GALASSIE: Further
15 questions or comments from board members? Mr.
16 Carvalho?

17 MR. DAVE CARVALHO: Thank you. I've
18 been generally quiet today, actually the last few
19 meetings, because I feel like I get a little
20 repetitive, and in the last ten years I've seen
21 about perhaps a half a dozen applications for
22 hospitals in areas where our need determination
23 indicates that a need is not there. But the
24 applications keep coming, and the fire chiefs come
25 and talk about how the transport would be assisted,

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1 and a resident comes in and explains about a medical
2 condition that would have been nice to have a nearby
3 hospital, and so my comments feel kind of
4 repetitive, so I haven't been making them, but... so
5 I'll focus on some things relevant to the
6 jurisdiction of the Illinois Department of Public
7 Health.

8 We regulate the trauma network. I don't
9 believe that the, the concern expressed by the
10 trauma center in the area that this would adversely
11 impact their trauma center is the idea that it would
12 take away trauma business. Trauma business loses
13 money. It's, the point is that you have to
14 subsidize that care by the money that you make on
15 everyone else, and so the concern is if there's an
16 adverse impact on the financial condition of a
17 hospital operating a trauma center, that that
18 potentially adversely impacts the trauma center.

19 I'm sure losing trauma cases isn't, isn't the issue.

20 The, the concern, and Dr. Burden touched
21 on it, the difference between a, you know, a "want"
22 and a "need." There's also the issue of the impact
23 on other hospitals. We as a Board and we at the
24 Department of Public Health are not concerned about
25 the impact on other hospitals because we care about

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1 their bottom lines, we care about the services that
2 they provide. And if their bottom lines are
3 adversely impacted, then the availability of those
4 services that they provide at a loss, the community
5 benefits that they are provided at a loss the
6 ability to take on patients who are underinsured or
7 insured through Medicaid, which pays at a low rate
8 is adversely impacted, so when I or others express a
9 concern about the impact on other hospitals, we
10 don't care -- I mean I don't mean to be callus -- we
11 don't care about the financial condition for the
12 benefit of their investors or, the more important
13 factor is the services that they provide.

14 The, several of the applications over
15 the last ten years have been, have used this thing
16 that Jack did about looking at the patient -- the
17 beds per population, which, you know, isn't one of
18 our criteria, as such. It, but also, if there's a
19 general concern, and there is on our behalf, that
20 the State is overbedded for inpatient capacity, the
21 idea isn't necessarily to add capacity every place
22 that is below the state average, it's to figure out
23 some strategy to right size the capacity in the
24 places where it's overbedded.

25 And then last one question, the, you

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1 mentioned the taxes that are paid. I was under the
2 impression that, in the law last year that dealt
3 with charity care, there was going to be some
4 opportunity for investor-owned hospitals to receive
5 some either credit or reimbursement for their taxes
6 based on the charity care and the difference between
7 Medicaid costs and Medicaid reimbursement. You've
8 indicated that you provide quite a bit of both.
9 Have you done the calculation? Will you be
10 receiving the credit for your taxes, and for both
11 mine and the Board's education, do you receive that
12 in the form of the State reimburses you, or you
13 don't have to pay the taxes, you get a credit?

14 MR. THOMAS MILLER: Yeah, the taxes that
15 were paid were property taxes, sales tax associated
16 with buying products that other hospitals don't pay.
17 The credit is a credit versus state income taxes.
18 This hospital is not in a situation where it pays
19 any state income taxes, because the final population
20 we take, we'll get no credit for that at Vista.

21 MR. DAVE CARVALHO: I'm sorry, you --

22 MR. THOMAS MILLER: It's a credit
23 against income tax from the State.

24 MR. DAVE CARVALHO: I see, and because
25 you aren't making income, so therefore, you weren't

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1 paying income taxes.

2 MR. THOMAS MILLER: You get no credit on
3 what you don't pay in. And that's an important
4 thing to know.

5 MR. DAVE CARVALHO: Thanks.

6 MR. JACK AXLE: David, I feel that I
7 have to respond to some of the issues, those that I
8 can remember. You brought up a number. On the
9 ratios, I think the ratios are important, and my
10 God, when you look at this map, and I hope you can
11 see it from the angle that you're at, the ratio I
12 didn't talk about was the beds per thousand for the
13 folks that live in the northwestern half of Lake
14 County. Obviously that ratio is zero. There are no
15 beds. These folks are driving 45 to 60 miles. And
16 when you look at the review criteria that Barb
17 brought up in her closing remarks, 1100.400, where
18 it says: "Health care resources should be
19 appropriately located to best meet the needs of the
20 population," it's hard for me to understand how,
21 particularly in a metropolitan area, you can have a,
22 an area this big, half of one of the counties,
23 without any beds. These, these folks are driving
24 inordinate distances, and no one else in the
25 metropolitan Chicago area drives that far for care.

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1 MR. DAVE CARVALHO: Could I ask you a
2 question about that? Because -- does that line on
3 that map represent any, anything other than a line
4 on a map? I mean is there a geographical boundary?
5 Is it railroad tracks...

6 MR. JACK AXLE: Yes.

7 MR. DAVE CARVALHO: ... you're on one
8 side of it, you're on the other side of the railroad
9 tracks? What does that line represent other than a
10 line on a map to cast all the hospitals on one side.

11 MR. JACK AXLE: It's a line from the
12 northeast corner of the county to the southwest
13 corner of the county --

14 MR. DAVE CARVALHO: Sure.

15 MR. JACK AXLE: -- dividing the county
16 in half, and all of the hospitals, all of the beds
17 are located south of that line.

18 MR. DAVE CARVALHO: Right, but if you
19 drew the line vertically, some would be on the left
20 and some on the right, and if drew it horizontally,
21 some would be to the north and some would be to the
22 south, I don't, it's an -- well, okay. The other
23 point that I'd like to mention --

24 MR. JACK AXLE: David, it's a big area.
25 It's a big area.

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1 MR. DAVE CARVALHO: Okay. But there's
2 no -- it's not a mountain range. You can travel
3 east and west, you can travel north and south. You
4 don't only travel in diagonals.

5 The second point was there is, and it
6 comes up every time, especially from the fire chief,
7 about the golden hour and the distance of travel,
8 and it, it's worked its way into the popular
9 culture, but it is not sustained by the literature.
10 In fact, there are several articles that talk about
11 how the golden hour is a medical urban legend. It
12 is true that the distance, you know, that it is
13 better to get health care quicker than to not get it
14 quicker, but if you look at many of the medical
15 conditions that sometimes come up in those
16 anecdotes, it, I'll refer you -- if your heart is
17 stopped, 50 percent of the people die within three
18 minutes, and 100 percent within 7. If you have
19 respiration stop, 50 percent die within 7 minutes,
20 and 100 percent within 15. And if you have massive
21 bleeding, 50 percent die within 30 minutes. What
22 you need and what we have and what we try to have is
23 a robust EMS system which has robust responsiveness,
24 which has transport, which has well stocked
25 ambulances, which has free-standing emergency

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1 centers. The concept that you want to build a
2 hospital every 15 miles because of the golden hour
3 is an urban legend, a medical urban legend. So.

4 MR. JACK AXLE: I'm not, I'm not a
5 physician, and I can't comment on that, however, I
6 will tell you that in talking with the EMT that
7 presented public testimony very early this morning,
8 he said to me: Boy, I'm glad I'm not doing CPR in
9 the back of a rig this morning, you can't get
10 through Lake County.

11 MS. CLAIR RANALLI: And if I could just
12 jump in here, too, I know Mr. Galassie mentioned
13 that we're trying to move things forward, but it's
14 not just heart attacks, it's aneurysms, and that
15 does make a huge difference. If you can get to a
16 hospital within 20 minutes versus 45, you can avoid
17 permanent damage from a stroke. And you heard the
18 woman who had a baby practically in a parking lot
19 because she had to travel 45 minutes.

20 I mean we respect your rules and need
21 issues and everything else, but we certainly want
22 the Board to understand that the concern that Vista
23 has and that we've all worked on with them on this
24 project is there is no dispute that there are many
25 many many people, I mean thousands and thousands

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1 that have to travel about 40 minutes minimum to go
2 to a hospital. And if your family member or your
3 child is there and you want to be there every day,
4 that means that you're loved ones have to do that,
5 we have to do that to access care in certain
6 circumstances, and this project just attempts to
7 address that issue. It truly is a unique issue in
8 Lake County, because the population grew along the
9 east side directly north of Chicago, and now there
10 are so many residents living where they didn't
11 before, and those people don't have access to
12 inpatient care. And inpatient care is not going
13 away, utilization may be decreasing, but people are
14 still going to have babies, the population is aging,
15 people are still going to need inpatient hospital
16 beds. And I, you know, they ought to have them in
17 the communities that they live in, and that doesn't
18 mean ten minutes away. We wouldn't be here if it
19 was ten minutes or 15 minutes, or even 30. We're
20 talking 40, 45 standard. So thank you for hearing
21 me.

22 CHAIRMAN DALE GALASSIE: Yes, sir.

23 MR. PHILLIP BRADLEY: Are there counties
24 in Illinois which have no hospitals?

25 MR. JACK AXLE: Yes, there are some

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1 rural counties that have no hospitals with very
2 small populations.

3 MR. PHILLIP BRADLEY: What makes the
4 people above your line different from the people in
5 the counties with no hospitals as far as their claim
6 on having a hospital.

7 MR. JACK AXLE: I think what makes them
8 different is the number of people living in that
9 area, the density.

10 MR. PHILLIP BRADLEY: So how many people
11 you're surrounded by determines what you get as far
12 as medical services? It's not, it's not an
13 individual right, it's not something people are
14 entitled to. It may be something that a mass of
15 people are entitled to, is that right?

16 MR. JACK AXLE: I believe that density
17 has a lot to do with it, yes.

18 MS. BARB MARTIN: And I think density
19 has a lot to do with it because people won't go to
20 those rural areas, because there aren't enough
21 patients for those hospitals to make money. But
22 here there are enough patients and a provider
23 willing to go there. I mean I would hope that if a
24 provider were willing to go to those rural
25 communities, you would support that for those

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1 people.

2 MR. PHILLIP BRADLEY: But isn't the
3 heart of the argument that we're having here whether
4 or not this would impact the other facilities which
5 are already serving in the county.

6 MR. JACK AXLE: No, I don't, because, I
7 don't think that --

8 MR. PHILLIP BRADLEY: And aren't we
9 being asked --

10 MR. JACK AXLE: -- that is the heart of
11 it.

12 MR. PHILLIP BRADLEY: And aren't we
13 being asked to make a judgment as to whether or not
14 this will have a deleterious effect on those other
15 institutions? They've chosen to be there without
16 this competition. Doesn't introducing this
17 competition affect their ability to serve the area?
18 That's what we were told by several people at the
19 last hearing.

20 MR. JACK AXLE: Mr. Bradley, I think
21 what you've got here is you've got a balance.
22 You've got the operations, the bottom lines of
23 existing facilities versus accessibility, or what I
24 view as lack of accessibility for area residents.
25 That, that's the trade-off. That's the trade-off.

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1 It just happens that the existing providers who are
2 opposing this project are doing quite well
3 financially now.

4 MR. PHILLIP BRADLEY: Is that another
5 way of saying they are offering services to this
6 population?

7 MR. JACK AXLE: No, it's, that is not
8 what I am trying to say.

9 CHAIRMAN DALE GALASSIE: Any other
10 questions or comments? Mr. Sewell?

11 MR. RICHARD SEWELL: Yeah, I want to
12 understand what it means to discontinue 98 beds at
13 Vista East. Does that mean you just don't use them?

14 MS. BARB MARTIN: No, we took them out
15 of our inventory. We took 98 med/surg beds out of
16 the inventory so it would be --

17 MR. RICHARD SEWELL: You went through a
18 process?

19 MS. BARB MARTIN: Yeah, that was
20 approved at another planning board meeting, we took
21 them out of the inventory and ten pedes beds. So
22 they're no longer our licensed beds.

23 MR. JACK AXLE: Mr. Sewell, that's done
24 through a process of notifying your staff.

25 MR. RICHARD SEWELL: Okay.

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1 MR. JACK AXLE: Because we weren't
2 discontinuing a service.

3 MR. RICHARD SEWELL: I understand.

4 MR. JACK AXLE: Just a number of beds.

5 MR. RICHARD SEWELL: Just the beds.

6 CHAIRMAN DALE GALASSIE: Any other
7 questions or comments?

8 I would just like to make one comment
9 and share that I have been purposely quiet on this
10 issue based upon conversation with Counsel Urso so
11 that I could remain objective and not create any
12 prejudice on board members' parts because of the
13 significant amount of time and activity that I've
14 had in Lake County, and the pleasure of working with
15 multiple Lake County hospital CEOs, all of them who
16 are in this room.

17 That having been said, I am going to ask
18 for a motion. May I have a motion to approve
19 Project 12-081, Vista Lindenhurst Hospital, to
20 establish a 132-bed acute care hospital in
21 Lindenhurst, Illinois?

22 JUSTICE ALLEN GREIMAN: So moved.

23 DR. JAMES BURDEN: Second.

24 CHAIRMAN DALE GALASSIE: Moved and
25 seconded. Roll call, please.

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1 MR. GEORGE ROATE: Motion made by
2 Justice Greiman, seconded by Dr. Burden. Mr.
3 Bradley?

4 MR. PHILLIP BRADLEY: I would explain
5 that the function here as regulators of a system,
6 and the idea behind regulating that system is to
7 allow it to operate efficiently and in a manner that
8 provides the maximum service to the public without
9 hurting the institutions that are part of that. Key
10 to that, I believe, are some of the criteria that
11 are addressed in this particular State Agency Report
12 as, as not met, and those three criteria that are
13 not met are 1110.530(b), 1110.3030(a), 1110.1330,
14 they fail to meet these, these are significant parts
15 of the State's review. Because they do not meet
16 this, I don't believe they should be approved, and I
17 vote no.

18 MR. GEORGE ROATE: Thank you, sir.
19 Dr. Burden?

20 DR. JAMES BURDEN: I appreciate Mr.
21 Bradley's very erudite appraisal of what he feels,
22 he's very articulate. I share his statement of --
23 and I come to a similar conclusion, although I'm
24 somewhat emotional about it, because I recognize
25 that the hospital Vista East provides services that

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1 I hope do not dwindle because of a negative vote
2 today, but I have on the back of my mind big concern
3 for that, but I still will vote no based on the
4 reasons that I expressed a little earlier.

5 MR. GEORGE ROATE: Thank you. Justice
6 Greiman?

7 JUSTICE ALLEN GREIMAN: Yes, I have said
8 it several occasions, that when I often, when
9 McDonald's moves into a place, we don't make Subway
10 close down, we let, we let McDonald's move in, and I
11 think that there could be some competition which we
12 determine, the map, the map is very significant to
13 me, it says that people living in the southeast
14 corner of the, of the county have seven hospitals,
15 the people in the north have no hospitals. So I'm
16 going to vote yes.

17 MR. GEORGE ROATE: Mr. Hayes?

18 MR. JOHN HAYES: I'm going to, you know,
19 basically, because of the hospitals in Waukegan,
20 both Vista East and Vista West, and the importance
21 of having mental health services being provided in
22 that area, I'm going to vote yes.

23 MR. GEORGE ROATE: Ms. Olson?

24 MS. KATHY OLSON: I'm going to vote no,
25 based on lack of demonstrated need for our criteria,

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1 and negative impact on other providers.

2 MR. GEORGE ROATE: Thank you.

3 Mr. Sewell?

4 MR. RICHARD SEWELL: I vote no due to
5 the planning area of need.

6 MR. GEORGE ROATE: Chairman Galassie?

7 CHAIRMAN DALE GALASSIE: I don't think
8 there's any question that there will be another
9 hospital in western Lake County, I'm absolutely
10 convinced of that, and it may or may not be
11 Community Health Systems, but I don't think today is
12 its day. The Chair votes no.

13 MR. GEORGE ROATE: That's five votes in
14 the negative, two votes in the affirmative.

15 CHAIRMAN DALE GALASSIE: All right. The
16 motion does not pass.

17 MR. FRANK URSO: You're going to be
18 receiving a denial, and you'll be getting some
19 notice in that regard, you'll have an opportunity to
20 seek administrative hearing, if you so desire.
21 Thank you.

22 CHAIRMAN DALE GALASSIE: Good luck.
23 Moving on to other business, we have none. Courtney
24 wants to have a side bar with Mike.

25 Rules development we're going to be

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1 passing on, as Clair is not here, but we're going to
2 have a little side bar on this issue.

3 I'm going to skip 11, come back to it,
4 Number 12, we have no old business. 13, let's
5 discuss our new business at this time.

6 Frank, you wanted to report on ex parte?

7 MR. FRANK URSO: Yes, Mr. Chairman.

8 Pursuant to Section 550 of the Ethics Act, and
9 Section 1925 of the Planning, Planning Board's
10 Rules, I would like to report that an ex parte
11 communication took place when Casey Borez sent a
12 letter to Board Member Mr. Hayes. The Casey Borez
13 letter dealt with Mercy Crystal Lake Hospital
14 Project 10-89, and please note that the alleged ex
15 parte communication has now been made a part of this
16 record and will be communicated to the Illinois
17 Executive Ethics Commission. Thank you.

18 CHAIRMAN DALE GALASSIE: Thank you.

19 Discussion on Public Participation Guidelines Pilot
20 Program, it's just a reminder to the board members
21 that we established this program as a pilot. I
22 think generally speaking the feedback I've received
23 from board members is it seems to be working well.
24 I think we had evidence of that this morning, so
25 we're putting some reasonable time limits on the

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1 public participation, yet I think maintaining our
2 commitment to, to allowing people to have their
3 opportunity to speak, but not in a redundant format.

4 So I think we can consider our pilot a
5 success and continue moving forward with public
6 participation in the beginning of our meetings with
7 some time limitation.

8 If you have any questions on our
9 legislative updates, Alexis would be happy to
10 address them. Do you have a presentation, or no?

11 MS. ALEXIS KENDRICK: I just wanted to
12 doublecheck before you move on from the Public
13 Participation Guidelines, do we need to have a
14 motion?

15 MR. FRANK URSO: No.

16 MS. ALEXIS KENDRICK: To say this is our
17 permanent guidelines?

18 CHAIRMAN DALE GALASSIE: No, we did that
19 contingent upon a pilot. Said we'd come back and
20 visit it in six months.

21 MR. FRANK URSO: What I suggest we do is
22 the Board's staff revise the guidelines based upon
23 the results of the pilot, and we can present that
24 back to the Board at the next meeting.

25 CHAIRMAN DALE GALASSIE: Excellent.

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1 MS. ALEXIS KENDRICK: Our two
2 initiatives, House Bill 2423, and House Bill 2812
3 were both passed out of the House, or passed out of
4 both houses on the last day of session. Both of
5 those bills -- the chart you have in your packet.
6 Both of those bills since the time that this was
7 sent to you have been sent to the Governor's office,
8 I have not heard any concern since, since then, so
9 as far as I know, that they will be signed by the
10 Governor.

11 CHAIRMAN DALE GALASSIE: Great.

12 MS. ALEXIS KENDRICK: That's it.

13 CHAIRMAN DALE GALASSIE: Appreciate
14 that. If you have any questions on our Financial
15 Report, as usual, Courtney is available and happy to
16 assist.

17 We have an Interagency Agreement that
18 board members will recall between ourselves and
19 IDPH. We're asking to extend this agreement through
20 December rather than another year, because I
21 understand there are a couple of few issues that we
22 want to sit down with IDPH to dialogue over.

23 That having been said, may I have a
24 motion to approve the Interagency Agreement
25 effective July 1, 2013, through December 31, 2013?

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1 MR. JOHN HAYES: So moved.

2 MS. KATHY OLSON: Second.

3 CHAIRMAN DALE GALASSIE: Moved and
4 second. Roll call? Can I have a voice vote? All
5 in favor, aye?

6 (All in favor voted in the affirmative.)

7 CHAIRMAN DALE GALASSIE: Any opposed?

8 (None opposed.)

9 CHAIRMAN DALE GALASSIE: Hearing none,
10 motion passes. Thank you very much.

11 Before we adjourn, Nicki Kernt in the
12 back of the room, we're told this is your swan song.
13 Good for you, thank you, and be happy and be
14 healthy.

15 (Applause.)

16 MS. NICKI KERNT: This is my last
17 meeting, thank you for all your patience with me
18 over the years, especially Mike Constantino, who has
19 put up with me for quite a lot, and we've been
20 through a lot. I want to introduce Sean Alberton,
21 who's going to be taking over for me, and I'm sure
22 he'll do a great job.

23 CHAIRMAN DALE GALASSIE: Welcome Sean.
24 Good luck.

25 MR. SEAN ALBERTON: Thank you very much.

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1 CHAIRMAN DALE GALASSIE: I'm told I
2 missed a motion. Oh, we're going to go back to
3 Number 11, Rules Development.

4 MR. PHILLIP BRADLEY: Mr. Chairman?

5 CHAIRMAN DALE GALASSIE: Yes, sir.

6 MR. PHILLIP BRADLEY: While we're on new
7 business, can I make a motion?

8 CHAIRMAN DALE GALASSIE: Sure.

9 MR. PHILLIP BRADLEY: I'd like to move
10 that this Board express its deep appreciation to our
11 Chairman for his service, for his creative
12 leadership of this organization, and that we tell
13 him that he will be missed, and that we wish him
14 well in the future, that a suitable copy of this
15 resolution be prepared and given to him, and that it
16 will spread upon our members.

17 JUSTICE ALLEN GREIMAN: Second.

18 (Applause.)

19 CHAIRMAN DALE GALASSIE: Thank you very
20 much. We all had some discussion at lunchtime, it's
21 been a wonderful opportunity for me working with the
22 board members and the staff. Sincerely mean that,
23 so...

24 MR. RICHARD SEWELL: Is that a motion,
25 Mr. Chairman?

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1 CHAIRMAN DALE GALASSIE: Yes.

2 MR. RICHARD SEWELL: I second it.

3 CHAIRMAN DALE GALASSIE: Thank you very
4 much.

5 MS. COURTNEY AVERY: Okay, in your
6 packets you received the draft for the rules for --
7 well, one of them we have to go back to, we
8 discussed at the last meeting 1110.40, we failed to
9 get a motion for that one, so we can do it all in
10 one motion. In the other sections, 1130.410, .990,
11 .1030 and .1080, you received in your packets. One
12 of them, most -- they all deal with this change in
13 the Director of Public Health to HFSRB Chairman and
14 added information about the publication of rules and
15 the Illinois Register, and changed the date for the
16 business time to comment on it in the Public
17 Hearings section. So we need a motion to approve
18 those. If you have reviewed them and have
19 questions, let me know, and I'll try my best to
20 answer them.

21 MS. KATHY OLSON: So moved.

22 MR. RICHARD SEWELL: Second.

23 MS. KATHY OLSON: Oh, wasn't that what
24 you wanted?

25 MR. COURTNEY AVERY: No.

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1 MS. KATHY OLSON: I want a motion.

2 CHAIRMAN DALE GALASSIE: So was that a
3 motion?

4 MR. COURTNEY AVERY: No.

5 CHAIRMAN DALE GALASSIE: Oh, we don't --
6 I'll call for the motion. That's right, the Chair
7 gets to call for the motion.

8 MS. KATHY OLSON: Trying to take away
9 his last motion.

10 CHAIRMAN DALE GALASSIE: That's right, I
11 want this motion on the record. Do I have a motion?

12 JUSTICE ALLEN GREIMAN: So moved. Yes,
13 and a second.

14 MR. RICHARD SEWELL: Second.

15 CHAIRMAN DALE GALASSIE: I want a voice
16 vote. All in favor?

17 (All in favor voted in the affirmative.)

18 CHAIRMAN DALE GALASSIE: Any opposed?

19 (None opposed.)

20

21 CHAIRMAN DALE GALASSIE: Hearing none,
22 that motion passes. We are not -- we are still in
23 session, we are not yet recessed. Counsel Urso has
24 some significant business.

25 MR. FRANK URSO: Mr. Chair and Board

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1 Members, Ms. Kendrick has refreshed my memory that
2 we have modified the Public Participation
3 Guidelines, and are supposed to go into effect next
4 board meeting, and we modified them based upon the
5 pilot program, so what we are asking for is an
6 approval of the Board to institute those new
7 guidelines that will be effective at the next board
8 meeting.

9 CHAIRMAN DALE GALASSIE: So that will be
10 a formal motion next month.

11 MR. FRANK URSO: No, it will be a
12 motion, we need a motion now, because...

13 CHAIRMAN DALE GALASSIE: Okay. Give me
14 a motion.

15 MR. FRANK URSO: Need a motion to
16 approve the revised Public Participation Guidelines
17 that were revised based upon the pilot program, and
18 those particular guidelines were sent to all the
19 board members for their review prior to today's
20 meeting. So we're looking for approval of those
21 revised guidelines.

22 CHAIRMAN DALE GALASSIE: Do I have a
23 motion?

24 MR. RICHARD SEWELL: So moved.

25 CHAIRMAN DALE GALASSIE: And second?

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1 MS. KATHY OLSON: Second.

2 CHAIRMAN DALE GALASSIE: Voice vote.

3 All in favor?

4 (All in favor voted in the affirmative.)

5 CHAIRMAN DALE GALASSIE: Opposed?

6 (None opposed.)

7 CHAIRMAN DALE GALASSIE: Hearing none,
8 motion passes. Thank you.

9 And the one charge I want to leave for
10 the Board again is one thing we didn't get to, at
11 least under my watch, was a subcommittee to look at
12 the fees, and that I think still needs to be on this
13 Board's agenda to take a look at that and revise how
14 in effect -- not our fees, but our fines, our fines,
15 to revise doing that. So I hope our next chair will
16 carry that ball.

17 CHAIRMAN DALE GALASSIE: Motion to
18 adjourn?

19 MR. JOHN HAYES: So moved.

20 MR. RICHARD SEWELL: Second.

21 CHAIRMAN DALE GALASSIE: Moved and
22 seconded. Thank you very much.

23 (Meeting adjourned at 3:21 p.m.)

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