



ORIGINAL

**STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD**

(MEETING HELD OCTOBER 30 & 31, 2012)

**PROCEEDINGS HELD IN OPEN SESSION
ON**

OCTOBER 31, 2012

NATIONWIDE SCHEDULING

OFFICES

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HEALTH FACILITIES AND SERVICES REVIEW BOARD

525 West Jefferson Street, 2nd Floor

Springfield, Illinois 62761

217-782-3516

OPEN SESSION

(October 31, 2012)

Regular session of the meeting of the State of
Illinois Health Facilities and Services Review Board was
held on October 30 and 31, 2012, at Bolingbrook Golf Club,
2001 Rodeo Drive, Bolingbrook, Illinois.

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1 **PRESENT:**

 Dale Galassie - Chairman
2 John Hayes - Vice-Chairman
 James Burden
3 Alan Greiman
 Kathy Olson
4 Richard Sewell
 David Penn
5 Philip Bradley
6

ALSO PRESENT:

7 Courtney Avery - Administrator
 Catherine Clark - Board Staff
8 Frank Urso - General Counsel
 Juan Morado - Assistant Counsel
9 Alexis Kendrick - Board Staff
 Claire Burman - Board Staff
10 Michael Constantino - IDPH Staff
 George Roate - IDPH Staff
11 David Carvalho - IDPH
 Bill Dart - IDPH
12 Michael C. Jones - DHFS
13
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19

Reported by:

20 Karen K. Keim
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1 START TIME: 10:04 A.M.

2

3 CHAIRMAN GALASSIE: Good morning. I'd like
4 to call the meeting back to order.

5 Welcome to those of you who are here for your
6 first day. We had announced at the end of yesterday's
7 meeting, about 4:30, that we would be starting the day, as
8 the agenda notes, going into an Executive Session. One
9 never knows exactly, but my guess is this executive session
10 will go thirty to 40 minutes. So, I would recommend you
11 schedule yourselves to about a quarter to eleven. We
12 should be reopening the doors and coming back in.

13 That having been said I'm going to ask for a
14 motion to go into Executive Session, and I would ask to
15 clear the room respectfully. Thank you very much.

16 May I have a motion to go into Executive
17 Session pursuant to Section 2(c)(1), 2(c)(5), 2(c)(11) of
18 the Opens Meeting Act, 2(c)(21)?

19 MR. HAYES: So moved.

20 MS. OLSON: Second.

21 CHAIRMAN GALASSIE: I hear a motion and
22 second. All in favor?

23 ("Ayes" heard)

24 CHAIRMAN GALASSIE: Opposed?

1 (No response)

2 CHAIRMAN GALASSIE: Hearing none, we are going
3 into Executive Session.

4

5 EXECUTIVE SESSION HELD

6

7 CHAIRMAN GALASSIE: We are out of Executive
8 session. We have a few minimums of business to do for
9 post-Executive Session. I'll turn it over to Counsel Urso
10 for some motions that have to be made.

11 MR. URSO: Thank you, Mr. Chair and Board
12 Members.

13 I'm requesting a motion to approve a Final
14 Order on DuPage Medical Group. It's Docket No. HFSRB 12-03
15 and Project No. 12-051.

16 CHAIRMAN GALASSIE: Motion and a second on
17 that, please?

18 MS. OLSON: So moved.

19 MR. HAYES: Second.

20 CHAIRMAN GALASSIE: Moved and seconded. Roll
21 call.

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

24 Mr. Bradley?

1 MR. BRADLEY: Yes.

2 MR. ROATE: Dr. Burden?

3 MR. BURDEN: Yes.

4 MR. ROATE: Justice Greiman?

5 MR. GREIMAN: Yes.

6 MR. ROATE: Mr. Hayes?

7 MR. HAYES: Yes.

8 MR. ROATE: Ms. Olson?

9 MS. OLSON: Yes.

10 MR. ROATE: Mr. Penn?

11 (No response)

12 MR. ROATE: Mr. Sewell?

13 MR. SEWELL: Yes.

14 MR. ROATE: Chairman Galassie?

15 CHAIRMAN GALASSIE: Yes.

16 MR. ROATE: That's seven votes in the

17 affirmative.

18 CHAIRMAN GALASSIE: Motion passes. Thank you

19 very much.

20 MR. URSO: Requesting another approval of a

21 Final Order on the Mercer County Hospital case, Docket No.

22 HFSRB 12-04, Project No. 12-044.

23 CHAIRMAN GALASSIE: Can I have a motion and a

24 second, please.

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1 MR. SEWELL: So moved.

2 MR. HAYES: Second.

3 CHAIRMAN GALASSIE: Moved and seconded. Roll

4 call.

5 MR. ROATE: Motion made by Mr. Sewell,

6 seconded by Mr. Hayes.

7 Mr. Bradley?

8 MR. BRADLEY: Yes.

9 MR. ROATE: Dr. Burden?

10 MR. BURDEN: Yes.

11 MR. ROATE: Justice Greiman?

12 MR. GREIMAN: Yes.

13 MR. ROATE: Mr. Hayes?

14 MR. HAYES: Yes.

15 MR. ROATE: Ms. Olson?

16 MS. OLSON: Yes.

17 MR. ROATE: Mr. Sewell?

18 MR. SEWELL: Yes.

19 MR. ROATE: Chairman Galassie?

20 CHAIRMAN GALASSIE: Yes.

21 MR. ROATE: Seven votes in the affirmative.

22 CHAIRMAN GALASSIE: Motion passes. Thank you

23 very much.

24 MR. URSO: Requesting a motion to close out a

1 file on the Dialysis Access Center, Docket No. HFSRB 12-07,
2 Project No. 08-009. This matter was previously referred to
3 the Board -- from the Board to Legal Counsel to review for
4 possible violations of the Board's Act and Code. No
5 violations were found. Therefore, I am requesting approval
6 to close out this case and not pursue any legal action,
7 since this facility, based upon the evidence in the file,
8 has not violated the Board's Act or Code.

9 CHAIRMAN GALASSIE: Can I have a motion and a
10 second?

11 MR. HAYES: So moved.

12 MR. SEWELL: Second.

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

15 MR. ROATE: Motion made by Mr. Hayes, seconded
16 by Mr. Sewell. Mr. Bradley?

17 MR. BRADLEY: Yes.

18 MR. ROATE: Dr. Burden?

19 MR. BURDEN: Yes.

20 MR. ROATE: Justice Greiman?

21 MR. GREIMAN: Yes.

22 MR. ROATE: Mr. Hayes?

23 MR. HAYES: Yes.

24 MR. ROATE: Ms. Olson?

1 MS. OLSON: Yes.

2 MR. ROATE: Mr. Sewell?

3 MR. SEWELL: Yes.

4 MR. ROATE: Chairman Galassie?

5 CHAIRMAN GALASSIE: Yes.

6 MR. ROATE: That's seven votes in the

7 affirmative.

8 CHAIRMAN GALASSIE: Motion passes. Thank you

9 very much.

10 MR. URSO: Final motion, Mr. Chairman and
11 Board Members, is the referral of the Springfield Nursing
12 and Rehabilitation Center, Project No. 08-086. I want to
13 refer this matter to Legal Counsel for review and filing of
14 any notices of non-compliance, which may include sanctions
15 detailed and specified in the Board's Act as well as the
16 Rules.

17 CHAIRMAN GALASSIE: May I have a motion and a
18 second, please?

19 MR. HAYES: So moved.

20 MS. OLSON: Second.

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

23 MR. ROATE: Motion made by Mr. Hayes, seconded
24 by Ms. Olson.

1 Mr. Bradley?

2 MR. BRADLEY: Yes.

3 MR. ROATE: Dr. Burden?

4 MR. BURDEN: Yes.

5 MR. ROATE: Justice Greiman?

6 MR. GREIMAN: Yes.

7 MR. ROATE: Mr. Hayes?

8 MR. HAYES: Yes.

9 MR. ROATE: Ms. Olson?

10 MS. OLSON: Yes.

11 MR. ROATE: Mr. Sewell?

12 MR. SEWELL: Yes.

13 MR. ROATE: Chairman Galassie?

14 CHAIRMAN GALASSIE: Yes.

15 MR. ROATE: That's seven votes in the

16 affirmative.

17 CHAIRMAN GALASSIE: Motion passes. Thank you

18 very much.

19 MR. URSO: Thank you. That's all we have.

20 CHAIRMAN GALASSIE: Moving forward, we are

21 moving into items for State Board Action, 12H, H-13. We

22 have eight individuals who have signed up for public

23 comment and, again, folks, we have a very lengthy agenda

24 today on Day 2 and a significant amount of public comment.

1 Our rules do request that if you have previously testified
2 in a public hearing, that you not retestify today.

3 Secondly, we're asking that no more than two
4 individuals per organization testify, and we appreciate
5 your comments being as focused as possible.

6 That having been said, Ms. Avery will call
7 five folks up to the table. We'll ask you to introduce
8 yourselves; spell your name for the recorder. You do not
9 have to be sworn in, and there will be no questions from
10 Board members during or after your testimony.

11 CHAIRMAN GALASSIE: Project 12-052, DaVita
12 Tazewell County Dialysis, Pekin, and we have eight members
13 to testify.

14 (Speakers identified)

15 CHAIRMAN GALASSIE: Good morning, folks, and
16 if we can start with this gentleman here from Pekin. If
17 you would, please, spell your name for our reporter.

18 MR. GIRDLER: Darin Girdler (spells name).
19 I'm the Assistant City Manager with the City of Pekin.

20 CHAIRMAN GALASSIE: Welcome.

21 MR. GIRDLER: Thank you.

22 Wanted to just reiterate the comments that
23 were made by the Mayor during the public forum at the Pekin
24 City Hall two months ago. While we don't know a whole lot

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1 about dialysis and that kind of work -- and that's where
2 your expertise lies -- we do know a whole lot about
3 economic development and free enterprise, and that is
4 really what we're about. So, I am here on behalf of the
5 Mayor and the City Council to encourage you to allow this
6 to move forward. If a gas station, a grocery store, a
7 restaurant were to come to our community, we would have no
8 reason to tell them not to. So, we believe that this
9 should move forward and not be delayed any further.

10 Thank you.

11 CHAIRMAN GALASSIE: Thank you for your
12 comments.

13 MR. LICKISS: My name is Jeff Lickiss (spells
14 name). I live in Peoria, Illinois. I'm here to speak in
15 favor of the Tazewell County Dialysis Center.

16 I would like to just give you a quick
17 background. I have 30 years of healthcare experience in
18 both military, civilian, and government function, and
19 former Peoria County Board member and former Chairman of
20 the Health Services Committee in Peoria, Illinois.

21 The reason I'm here today is to emphasize the
22 benefits of competition in our area and the threats of
23 having a service that's a monopoly -- not that either one
24 of these services that exist in Pekin right now, that there

1 is anything wrong with them, but it's good for the patients
2 and the community to have options, and that came out in the
3 Pekin public hearing, where many residents came out and
4 said they wanted options for healthcare, and that included
5 dialysis treatment. Currently, there's one provider in
6 about an 80-mile area around the Pekin-Peoria area.

7 That also impacts nursing. I'm a nurse as
8 well, and if you have a problem with somebody who has a
9 monopoly on a particular service and you sever that
10 employment, you have no place else to go in that area. So,
11 it also benefits the professionals that are providing that
12 service as well.

13 The other aspect of it is the too-big-to-fail.
14 When you have one provider in a large geographical area
15 like that -- not that there are any existing problems now,
16 but we've seen over the years -- I'm sure that the
17 investors and --

18 MR. MORADO: Thirty seconds.

19 MR. LICKISS: -- customers were comfortable
20 with GM and other companies, that it failed relatively
21 rapidly.

22 Finally, I want to talk a little bit about the
23 location. This is a very, very important location. This
24 is a Tazewell County location, but I'm from Peoria County.

1 The reason for that is Pekin sits in the corner of Tazewell
2 County that intersects four other counties. You drive
3 across the bridge and you're -- you're about two minutes
4 away from the dialysis center in Peoria. So this provides
5 easy access.

6 MR. MORADO: Please conclude your comments.

7 MR. LICKISS: So I would urge for you to
8 approve this facility for both the benefits of competition
9 and easy access for the patients in the area.

10 CHAIRMAN GALASSIE: Thank you for your
11 comments.

12 MR. GRAHAM: My name is Edmund Graham (spells
13 name). I think that this Tazewell County clinic ought to
14 be allowed.

15 I have good service from this doctor I have
16 today, far better than I had before. He spent more time
17 with me the first month I was with him than the previous
18 doctor did in two and a half years. I believe in free
19 enterprise. I believe in America. I spent over 20 years
20 in the military. That's why I'm a disabled veteran, from
21 risking my life a few times for the American people. I
22 think choice is good. These people that are fighting to
23 keep this clinic out are brainwashing some of their
24 customers or their patients into believing that choice

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1 isn't good. Choice is American. We fought two wars in the
2 20th century. The country that this firm that exists today
3 comes from, profits are going back to that country. I'm
4 against that. I thought we won World War II, and I thought
5 that monopolies were broken up years ago by Teddy
6 Roosevelt. I think this monopoly should be broken up now.

7 This new clinic should be allowed so that the
8 people in that 80-mile radius that they have tied down has
9 choice.

10 MR. MORADO: Thirty seconds.

11 MR. GRAHAM: Choice is a very good thing,
12 especially when it comes to medical care. If I can't get a
13 transplant and this new clinic isn't allowed, I'm seriously
14 considering moving out of the state of Illinois, or at
15 least out of the range of this group, so I can have some
16 choice.

17 Thank you.

18 CHAIRMAN GALASSIE: Thank you for your
19 comments and for your service.

20 MR. CAMPBELL: Richard Campbell (spells name).
21 I'm a patient of Dr. Usman. I've been a patient of his
22 since December of this past year, and I started dialysis
23 last January, and with his help, I got off of dialysis
24 after the first three weeks. So, I got kind of a primer

1 course of what dialysis is all about, and he, with his
2 treatments, helped keep me off dialysis for six additional
3 months. I went back on to dialysis this past August, and
4 since then, the dialysis clinic has completely -- dialysis
5 completely changed my life. I now get up at 4:30 in the
6 morning to get ready to go to dialysis, because that's the
7 time slot that they have available for me. I go on
8 Tuesday, Thursday, and Saturday at five o'clock in the
9 morning. I get there about six. I have a four and a half
10 hour dialysis treatment, and then I have a half hour to an
11 hour post-treatment, and then I go home, I eat a meal, and
12 then I sleep for eight hours. Okay.

13 I have a 9-year-old daughter and a very
14 beautiful wife, and because of the days that they have, I
15 give up every Saturday of my life for the time being with
16 my 9-year-old daughter. So, she's already given up -- in
17 2010, I spent 104 days in the hospital, that she was not
18 allowed to see me. In 2011, I spent 119 days in the
19 hospital, that she only got to see me three times. And
20 then in 2012, I've spent 44 days in the hospital, and she's
21 got to visit me three times in the hospital. Then you take
22 out the dialysis days --

23 MR. MORADO: Thirty seconds.

24 MR. CAMPBELL: -- and she has been

1 completely -- she loses half of the week with her father.

2 If I had different dialysis treatments --
3 maybe I would get on Monday, Wednesday, Friday plan and
4 would be able to see her on the weekends and spend more
5 time with her. We can't change the law of her going to
6 school. I didn't allow her to come to the meeting today,
7 because she had to attend school to go trick-or-treating.
8 Her comment on that was, "Good luck, Dr. Usman. I'm going
9 trick-or-treating."

10 MR. MORADO: Please conclude your comments.

11 MR. CAMPBELL: So, I believe we should allow
12 this to move forward. I don't see any reason that
13 competition wouldn't be helping both these organizations.
14 I want to make the group to tighten up their ship that they
15 have now and the new group to take and make sure they
16 provide excellent service to get new patients.

17 Thank you.

18 CHAIRMAN GALASSIE: Thank you, Mr. Campbell.

19 MR. SHAKAIB: My name is Dr. Mohammed Shakaib.
20 I am a nephrologist. I work with Dr. Usman and recent,
21 within two years, graduated from the University of Chicago.

22 And I know there has been a lot of talk in our
23 notes saying there is a need for dialysis. In this one
24 minute or thirty seconds or so, my only point -- after

1 graduating, I wanted to start my own practice in the Peoria
2 area with Dr. Usman, and I was surprised and shocked that
3 two big hospitals in Peoria, like Proctor and St. Francis
4 Hospital, have exclusive contract with the other renal care
5 group, which we provided papers, because we wanted to get
6 privileges, because our patients wanted to go where they
7 can in that area, and we have been rejected again because
8 of the monopoly and the exclusive contract made by the
9 respected nephrologists who are in business for 25, 30
10 years. They are much older and much respected. I have no
11 problem with that, but I was really shocked that I am
12 Board-certified, everything, but I can't get privileges
13 because of the exclusive contract, and then that goes
14 against my ethic. I have joined them and become their
15 nephrologist, but I could not do that because I want people
16 of Pekin, Peoria to have a choice and not just go to one
17 care or group of physicians, and that really bothers me,
18 and I've been told that that does not happen --

19 MR. MORADO: Thirty seconds.

20 MR. SHAKAIB: -- at other places that I know.

21 So, that's the main thing. And this venture
22 starting with DaVita is like people of Pekin will have a
23 DaVita dialysis, if it goes through. We will have a
24 Fresenius dialysis, if it goes through. But I consider

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1 myself and any human being as a temporary person on the
2 planet. If something happens where the people of Pekin
3 will have forever a big dialysis companies, like DaVita and
4 Fresenius, which I don't know much, but I know they are a
5 very big, well-known dialysis companies, and why not give
6 the people of Pekin a choice. And the other matter is
7 different, which is monopoly, which it will at least, if
8 this goes forward, allow us to go to practice and maybe get
9 privileges in the hospital, which we can't get right down
10 our street because of monopoly.

11 Thank you.

12 CHAIRMAN GALASSIE: Thank you, Dr. Shakaib.

13 We appreciate your comments.

14 (Speakers identified)

15 (Pause)

16 CHAIRMAN GALASSIE: Good morning, gentlemen.

17 If you will keep the mics close to you when you are
18 speaking and introducing yourself, spelling your name for
19 our reporter, we would appreciate that.

20 And I didn't comment earlier, for those who
21 weren't here yesterday, but if, in fact, you're going over
22 time and we have to cut you off, I hopefully do it with
23 great respect. That's the intention. It's out of respect
24 to everyone else's time frame here today that we try to

1 keep this structured. So, please, don't be offended if we
2 have to do that. It's trying to respect every one else's
3 time and opportunity to speak.

4 Thank you.

5 MR. MOORE: Good morning. My name is Kenneth
6 Moore, and I'm here in support of the Pekin and Tazewell
7 community.

8 As a hotel operator and a commercial real
9 estate developer, I owe most of my success to free business
10 enterprise and also working in a competitive environment.
11 I owe a lot of my headaches and stress to business when
12 it's conducted in a controlled or monopoly pro forma
13 manner. I'm here in support of the Tazewell Pekin project
14 for the dialysis facility, simply because I think that it
15 will certainly help in the growth of the community. And
16 ultimately here, the benefactor of this facility is the
17 patients, and I think that that's where this decision
18 should lie in terms of why this facility should go forward.

19 So, I'm sure today you're going to hear a lot
20 of do's, why we should do this and why we should do this,
21 but my question to you this morning is why not? Why not
22 have this facility? What harm would it do to bring this
23 facility to this community, especially with the fact that
24 we are in a time where we certainly need economic growth in

1 our community; but, most importantly, having the proper
2 healthcare for these patients and allowing them to have a
3 choice to choose a facility that they prefer to go to. I
4 think it would create a healthy and a very competitive
5 environment, and I think that's what the community needs.
6 So, I hope that --

7 MR. MORADO: Thirty seconds.

8 MR. MOORE: -- we could really consider the
9 benefactors of this facility, consider the fact that
10 healthcare is a very vital and very important part of a
11 person's everyday life, especially this particular
12 healthcare area. So I hope that you would be encouraged to
13 allow this facility to go forward.

14 CHAIRMAN GALASSIE: Thank you, Mr. Moore.

15 MR. ROSSI: My name is Mark Rossi (spells
16 name), and I'm the Chief Operating Officer of Hopedale
17 Medical Complex, located in southern rural Tazewell County.
18 I am testifying in support.

19 As part of our non-profit continued care
20 facility, we operate a 25-bed critical care access
21 hospital. We do not deny treatment or services based on
22 one's inability to pay. Hopedale is 20 miles from our
23 closest neighboring hospital, Pekin, and 25 miles from the
24 St. Francis, our Level 1 Trauma Center. We serve patients

1 mainly in a 20-mile radius of Hopedale. It is entirely
2 rural. We have four satellite doctor offices in area
3 towns.

4 70 percent of our inpatient admissions are
5 Medicare. We have an average daily census of eight, and we
6 also have Medicare-certified swing beds. We are fortunate
7 to have two qualified nephrology groups who see patients in
8 our Hopedale doctors' offices located on our campus. One
9 of those physicians, Dr. Ahsan Usman, offered to bring
10 dialysis to our patients if DaVita is granted a permit to
11 open the Pekin facility. Not only is having dialysis on
12 site an added convenience for our patients, it saves
13 Hopedale Hospital considerable cost of the ambulance
14 service and dialysis costs, because Medicare requires
15 Hopedale to pay for dialysis and transportation of patients
16 on dialysis to other facilities for patients in our swing
17 bed unit, if we are unable to provide the service. It's
18 estimated that approximately six patients a year, mostly
19 elderly, would avoid these regular trips to dialysis
20 centers in East Peoria and Pekin and benefit from the
21 service. Hopedale will receive no monies from DaVita or
22 Dr. Usman to provide this added service to our patients.

23 In closing, I can recall the 1990's, where
24 having a local dialysis center available would likely save

1 a life. Long-time Village Clerk of Hopedale died from
2 complications resulting from injuries she sustained when a
3 wheelchair fell off a transport van's chair lift. She was
4 headed for dialysis in Peoria.

5 In summary, Hopedale Hospital and our primary
6 care physicians support bringing added services and
7 convenience to our elderly patients whenever possible. We,
8 therefore, support Project 12-052, and thank you for your
9 time today.

10 CHAIRMAN GALASSIE: Thank you, Mr. Rossi.

11 MR. STOTZ: Good morning. Rick Stotz (spells
12 name). Hello and good morning.

13 My name is Rick Stotz. I'm the Regional
14 Vice-President of Fresenius Medical Care, the region which
15 includes Pekin-Peoria. I'll keep my comments brief.

16 CHAIRMAN GALASSIE: Thank you.

17 MR. STOTZ: We oppose the DaVita Tazewell
18 facility, because it exceeds the need in the area and there
19 is excess capacity in the Peoria facilities, as the Board
20 noted in one of the previous meetings. In fact, the Peoria
21 clinics can accommodate an additional 65 patients before
22 reaching 80 percent average utilization. We are addressing
23 the Board's concerns about excess capacity by working with
24 Renal Care Associates to assist in scheduling these

1 patients at all of our Peoria facilities, and we'll work
2 with Dr. Usman and his partner to do the same.

3 In addition, we have filed an application to
4 relocate our Pekin Hospital facility. Our lease there
5 expires in 2014. We will most likely be relocating in
6 latter 2013. We believe by that time, the Peoria clinics
7 will be at your target utilization rate, which will solve
8 the excess capacity issue. Relocation will include 2 more
9 stations, which can accommodate 12 new patients. There
10 will be room for future expansion, for additional patients
11 identified by the RCA doctors in our previously-filed
12 application, as well as for patients of Dr. Usman and his
13 partner. This appears to be a win-win situation in that it
14 addresses the patient access issues and conforms with your
15 rules.

16 Speaking briefly to the previous patient's
17 concerns, we will also accommodate patients' choice of
18 times and shift in our Peoria clinics. And to address
19 Dr. Shakaib's concern, dealing with hospital privileges is
20 really not what we're here for today and does not apply to
21 the CON application.

22 I thank you for your time.

23 CHAIRMAN GALASSIE: Thank you, Mr. Stotz.

24 I believe that concludes public comments on

1 this item. Thank you very much, all of you.

2 Moving forward, any representatives from
3 Project 12-052, DaVita Tazewell County, if you would please
4 come to the table. Again, we will ask you to pull the
5 microphones close, introduce yourselves, spelling your
6 names, and then we will be swearing you in.

7 MS. EMLEY: Good morning. Cindy Emley
8 (spells name).

9 MS. FRIEDMAN: Kara Friedman of Polsinelli
10 Shughart.

11 MR. USMAN: Ahsan Usman (spells name).

12 MS. COOPER: Anne Cooper, Polsinelli Shughart.

13 (Oath given)

14 CHAIRMAN GALASSIE: Staff report, please,
15 Michael.

16 MR. CONSTANTINO: Thank you, Mr. Chairman.

17 The applicants are proposing to establish an
18 8-station ESRD facility in approximately 4,100 gross square
19 feet of leased space. The cost of the project is
20 approximately \$1.7 million. This project received a State
21 Board deferral at the September 2012 State Board meeting.
22 The anticipated project completion date is December 31st,
23 2015. And my understanding as of this morning, out of
24 deference to Judge Greiman, the applicants are willing to

1 change that completion date.

2 CHAIRMAN GALASSIE: To?

3 MR. CONSTANTINO: October 31st, 2014, I

4 believe; is that correct?

5 MS. EMLEY: That's correct, Mike.

6 CHAIRMAN GALASSIE: I would be ultimately

7 revising the motion to October 31st, '14.

8 MR. CONSTANTINO: There also was a public

9 hearing on this project, and we did receive opposition

10 comments.

11 Thank you, Mr. Chairman.

12 CHAIRMAN GALASSIE: Thank you.

13 Comments for the Board?

14 MS. EMLEY: Good morning again. My name is

15 Cindy Emley, and I'm the Regional Operations Director for

16 DaVita. Dr. Usman, here to my left, will be our Medical

17 Director, and Kara Friedman and Anne Cooper from Polsinelli

18 assisted us in the CON application.

19 I'd like to explain the need for our project,

20 as well as address certain comments from those who have

21 just spoken. Our opposition does not dispute that

22 additional dialysis services are needed in Pekin. The only

23 existing facility there in Pekin, as you've heard, is at 94

24 percent capacity. When a facility operates at such a high

1 utilization level, it makes for long hours for both
2 patients and teammates and reduces shift options, as we
3 heard earlier, and creates scheduling difficulties for
4 transient patients.

5 As you understand, once a patient is assigned
6 to a shift, the patient and his ride, the person that
7 brings them, must show up at the same designated time three
8 times a week for approximately four hours and even if it
9 means missing family and very important functions, as
10 Mr. Campbell described earlier. Life on dialysis is
11 usually arduous and is often difficult for patients to
12 maintain employment and independence. You know, having
13 worked with dialysis patients for over 34 years, I really,
14 really do understand that and have a lot of compassion for
15 those issues that they have.

16 Given the number of stations available in
17 Pekin, patients must travel to Peoria for dialysis until a
18 station is available in Pekin, usually when a patient
19 receives a transplant, moves away, or, unfortunately,
20 passes away, to allow them to have an open chair. As a
21 result, many patients of working age are forced to limit
22 their work schedule or quit their jobs all together in
23 order to manage their dialysis care, which really becomes a
24 complication for their lives. Adequate capacity will

1 create the availability of stations in Pekin and allowing,
2 hopefully, for some areas for employment for some of those
3 patients.

4 Further, as discussed in both the DaVita and
5 Fresenius CON applications and reiterated in patient
6 testimony today, Peoria is not a viable option for the
7 Pekin dialysis patients. Driving there is at least 20
8 minutes away for them. Traffic is more congested.
9 Dialysis patients are chronically ill, and we know they
10 suffer from multiple comorbidities. Many are diabetic,
11 elderly, poor vision, rely on all sorts of assistive
12 devices. It's very taxing. I've seen just a lot of
13 exhaustion with patients post-treatments, and adding the
14 transportation issues just makes it extremely difficult.

15 We also think compliance of treatments is
16 extremely important at DaVita. We work very hard to make
17 sure that they get there three times a week for their
18 treatments, because we know that even if they miss once or
19 twice a month, they're increasing their hospitalization
20 rates by 16 percent and mortality by 30 percent, and we
21 know that happens. Additionally, some of Dr. Usman's
22 patients live in communities south and southwest of Pekin,
23 and that can actually be more than the 20 minutes. It's
24 more like the 45 minutes to get to Peoria. It's just an

1 undue burden, especially when they're there at the clinics
2 about five hours anyway.

3 At this time I would like to address the
4 comments regarding choice, competition, and market share.
5 One thing that was made abundantly clear at our public
6 hearing in July is that patients really do want a choice of
7 provider. It's dominated right now -- the market -- with
8 the single nephrology group, which has made it difficult,
9 if not next to impossible, for other groups to get a
10 foothold. In fact, I personally was involved in trying to
11 get a dialysis home program started in the market a few
12 years ago, in March of 2008. I found a location; we opened
13 a beautiful home program there; we trained PD and HHD
14 patients. We were initially supported by Renal Care
15 Associates, and at the time, DaVita did have an exclusive
16 contract with NxStage for providing home hemodialysis
17 equipment. But when Fresenius began contracting with
18 NxStage, we really had no further support, and two years
19 later, I was forced to shut that program down. We just did
20 not -- we were not getting any referrals of patients at all
21 at that point.

22 So, as you've heard, Fresenius did file a CON
23 application for a relocation and 2-station expansion, as
24 indicated earlier. Importantly, this facility has been

1 designed to accommodate current utilization at the FMC
2 Pekin facility. Based on the latest data available, the
3 existing Pekin facility is operating at 94 percent, or 51
4 patients. Expanding to 11 stations would lower utilization
5 to 77 percent, which means the expanded facility could only
6 accommodate 2 additional patients before reaching your 80
7 percent utilization.

8 Dr. Usman projects he will refer approximately
9 39 patients within the next 18 months, and, as stated in
10 Ms. Wright's opposition comment to Tazewell County, Renal
11 Care Associates has referred 19 patients in the past 12
12 months. As a result, the relocated and expanded Pekin
13 facility will not be able to accommodate all of the
14 anticipated referrals between Dr. Usman and Renal Care.

15 Finally, I would like to reiterate that DaVita
16 maintains an open medical staff at all of its facilities
17 and collaborates with its physician partners to tailor
18 dialysis treatments that are unique to each patient's
19 health condition. Regardless of whether an individual is a
20 patient of Dr. Usman's or another physician, he or she will
21 have continuity in their kidney care with DaVita. We
22 anticipate Tazewell County dialysis will accommodate not
23 only Dr. Usman's projected patients but others from Renal
24 Care Associates, should they need a schedule change.

1 I'd like to turn it over to Dr. Usman now.

2 CHAIRMAN GALASSIE: I'm actually going to
3 open it up to Board member questions. I'd like to open it
4 up to Board members for questions or comments they may
5 have.

6 Judge, you were first and then Doc.

7 MR. GREIMAN: Everybody on this Board knows
8 that I've been willing to allow competition in the areas
9 and vote accordingly. However, I can't understand exactly
10 why your date for completion is September 14 -- is that
11 right -- October 14, basically two years, and you've done
12 the same thing, by the way, on items H-17 and H-18. You
13 use that same date for closing, a two-year period, or more
14 than two-year period. Why? Others are doing it in a year,
15 other ones with the same -- hospitals are building in a
16 year and a half. Why do you need that much time?

17 MS. FRIEDMAN: First of all, just point of
18 clarification, I believe you're referring to H-17 and I-01
19 on the agenda.

20 MR. GREIMAN: Yeah.

21 MS. FRIEDMAN: Those are actually not our
22 projects, but I acknowledge your issue.

23 MR. GREIMAN: Well, you're the applicant.

24 MS. FRIEDMAN: We're DaVita. Those are

1 Fresenius.

2 MR. GREIMAN: Okay.

3 MS. FRIEDMAN: But I acknowledge -- let's talk
4 about this time line. Over the course of time, in working
5 with facility construction, I have learned that there are a
6 lot of third parties involved in the process. So, we
7 usually open facilities before the permit expiration date,
8 but there are a number of phases in pre-construction that
9 you have to follow before you will start construction, and
10 then sometimes you are dependent on weather conditions,
11 because if you don't get your project started by the time
12 you can get inside, then you're going to be limited by the
13 time of year in which you can do construction.

14 MR. GREIMAN: I may have made a mistake, which
15 one are you on?

16 MS. FRIEDMAN: This is the Pekin project.

17 MR. GREIMAN: Which item is this?

18 MS. AVERY: 13.

19 MR. GREIMAN: Okay.

20 MS. FRIEDMAN: We'll try to be conservative to
21 make sure our permit doesn't expire, but we have every
22 business intent to further the process quickly. There are
23 patients who are in CKD that we're anticipating treating.
24 So, not all of them are in kidney failure now. So, there

1 is some time to construct. But if we can finish this
2 project in a year and become Medicare-certified as soon as
3 possible after that, that would be very much to our
4 pleasure.

5 CHAIRMAN GALASSIE: Dr. Burden?

6 MR. BURDEN: Thank you, Mr. Chairman.

7 Just a couple of things. At my age, maybe I
8 can't remember what we really said back in July, but I'm
9 now reading an addendum that bothers me a little bit. The
10 Regional Vice-President feels troubled by what this Board
11 did back in July in his comments regarding choice,
12 competition, and market share. You might be right that
13 they are part of our rigid criteria, but we certainly take
14 them into consideration, irrespective of his feelings.
15 And, by the way, I think this Board has been extremely
16 fair, since I, by my own estimate, was surprised to find
17 out that we're close to a hundred percent in agreeing to
18 the requests for establishing renal dialysis units, end
19 stage renal.

20 Having attended more public meetings now on
21 this topic, I've become more impressed for the need for
22 families to get involved in this particular medical
23 adventure. As a urologist, of course, I saw a lot of
24 patients in this service, but never was really totally

1 aware of how much time commitment was involved, and I
2 really am more appreciative of distance and certainly would
3 appreciate thinking carefully about how far some of these
4 folks have got to go to get to a dialysis center from Pekin
5 to Peoria. It makes it more than -- I can't remember how I
6 felt in July. Maybe I've grown up a little bit. I'm
7 getting more familiar with the problems that these patients
8 face.

9 Lastly, I am -- this is personal now. I've
10 sat on many committees -- American College of Surgeons,
11 American Urological, and hospital boards -- where
12 well-qualified, well-trained, credentialed, Board-certified
13 individuals were refused hospital applications because the
14 hospital had formed a joint partnership with a competing
15 organization. I'm not suggesting this is going on here,
16 but it reminds me of the numerous times that I felt it was
17 very unfair. It's not the American system. However, it
18 exists. I do not know why the current nephrologist has
19 commented that he was denied, and I certainly recognize
20 when a hospital says, "Oh, sure, you can send your
21 patients; we'll take care of them." Of course, that's an
22 obvious economic decision.

23 So, you heard my feelings about what I heard
24 this morning, and I take a little umbrage, as part of this

1 Board, that we trouble a large operation that we have
2 treated extremely fairly and remains to be treated fairly,
3 and I think it's unfair to make a comment that I see here
4 in black and white.

5 Thank you.

6 CHAIRMAN GALASSIE: Member Olson?

7 MS. OLSON: I just have a quick clarification
8 question. The gentleman that spoke on Hopedale Hospital,
9 if I understood his comments correctly, he talked about
10 putting a dialysis on site at that hospital. I don't
11 understand how that works with the application. I'm
12 confused.

13 DR. USMAN: For the inpatient dialysis
14 patient, when a patient gets admitted to the hospital for
15 acute dialysis, then we are willing to provide services for
16 the acute need, when the patient gets admitted in the
17 hospital. It's not about establishing another dialysis
18 facility in the area.

19 MS. OLSON: At this point, they don't have
20 that service available for their patients?

21 DR. USMAN: They don't. That's why they have
22 to transfer those patients all the time, every single time,
23 and lose a lot of patient -- like money and patient
24 services.

1 MS. OLSON: Okay. Thank you. That's
2 important.

3 CHAIRMAN GALASSIE: Member Penn?

4 MR. PENN: Good morning. I was able to
5 attend the public hearing in Pekin, and what is -- what
6 we're charged to do is through our Certificate of Need
7 process. But part of that process, as I heard that day in
8 Pekin, was the quality of service that would be offered and
9 also lack of competition. But what really moved me is what
10 the family and the patients need. They needed scheduling
11 times to come in, the hardship that was placed on the
12 families that had to take the patient to the clinics and
13 those people missing work, missing sleep, missing
14 activities, so on and so forth. There is no doubt, there
15 is a need for more services. So, I think it's important to
16 keep this in mind, the quality we bring not only to the
17 patient but to the patient's family and to the community.

18 CHAIRMAN GALASSIE: Any other questions?

19 (Pause)

20 CHAIRMAN GALASSIE: Hearing none, may I have
21 a motion to approve Project 12-052, DaVita Tazewell County
22 Dialysis, Pekin, to establish an 8-station ESRD facility?

23 MR. PENN: So moved.

24 MR. GREIMAN: Second.

1 CHAIRMAN GALASSIE: Motion and seconded.

2 Roll call, please.

3 MR. ROATE: Motion made by Mr. Penn, seconded
4 by Justice Greiman.

5 Mr. Bradley?

6 MR. BRADLEY: Yes.

7 MR. ROATE: Dr. Burden?

8 MR. BURDEN: Yes.

9 MR. ROATE: Justice Greiman?

10 MR. GREIMAN: Yes.

11 MR. ROATE: Mr. Hayes?

12 MR. HAYES: Yes.

13 MR. ROATE: Ms. Olson?

14 MS. OLSON: I'm going to say yes, but I want
15 to be clear that it's because it's improving access to the
16 people in the rural area around Pekin, not just in Pekin.

17 DR. USMAN: Yes, that's correct.

18 MR. ROATE: Mr. Penn?

19 MR. PENN: Yes. And I want to make sure that
20 we have -- I don't know if we have to have it in our
21 motion, the time line for the completion of the project to
22 be moved to October 31st.

23 CHAIRMAN GALASSIE: Thank you. We'll
24 consider that a friendly amendment.

1 Board members and others, we are planning to go to
2 approximately 12:30 and then break for lunch. Again, we
3 have an aggressive agenda today, so we will attempt to move
4 forward.

5 Good morning, folks. If you could pull the
6 mics closely, please, introducing yourself and spelling
7 your name for our reporter, then we will swear you in.

8 MR. ALDERSON: Richard Alderson (spells name).

9 MS. WRIGHT: Lori Wright (spells name).

10 MS. VOGEL: Geralyn Vogel (spells name).

11 MS. RANALLI: Clare Ranalli (spells name).

12 CHAIRMAN GALASSIE: Thank you.

13 Staff report, please.

14 MR. CONSTANTINO: Thank you, Mr. Chairman.

15 The applicants are proposing the
16 discontinuation and establishment of a 20-station ESRD
17 facility located in O'Fallon, Illinois. The cost of the
18 project is approximately \$3.5 million. The anticipated
19 project completion date is September 30th, 2014. There was
20 no public hearing requested and no opposition letters
21 received.

22 Thank you, Mr. Chairman.

23 CHAIRMAN GALASSIE: Thank you.

24 Comments for the Board.

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1 MR. ALDERSON: Good morning. Thank you for the
2 opportunity to be here before you today on behalf of
3 Fresenius RAI Fairview Heights Dialysis Center. My name is
4 Richard Alderson, and I am the Regional Vice-President,
5 responsible for southern Illinois. I am here to support
6 the relocation of the 20-station Fairview Heights facility
7 to O'Fallon, which is two miles away from the current
8 location.

9 The size of the current site is inadequate and
10 the need of building repairs are very costly. This project
11 meets all of the Board's criteria, except for utilization.
12 We are currently at 76 percent utilization as of September
13 30th, and we're only 5 patients away from reaching the 80
14 percent utilization required. We're currently admitting 5
15 patients per months. We have 5 patients to be admitted to
16 the facility now. Due to the condition of the site, I ask
17 that you not let the lack of 5 patients prohibit us from
18 moving to a more modern facility for easier physical access
19 for our patients.

20 Thank you.

21 CHAIRMAN GALASSIE: Thank you. I open it up
22 to the Board for questions or comments.

23 MR. GREIMAN: Okay. I get to ask the question
24 I asked. My question -- you heard my question. You guys

1 have H-14, H-17, I-01, and you have '14 -- two-year date
2 for them and more. Others, like H-15, H-16, they do it in
3 a year, in less than a year. Why is it taking you so long
4 to do.

5 MS. WRIGHT: When I figure out the project
6 completion date for these, I consider sometimes the time of
7 the year when I think we're going to be approved. If it's
8 a land site and it's winter time, I know we're probably not
9 going to start for four or five months. Sometimes it's
10 difficult to get permits. Once the facility is done, we do
11 start a patient or two, but we have to wait for CMS
12 certification, life safety certification. So sometimes --

13 MR. GREIMAN: But you tell us you have
14 patients ready to go, that people are calling already.

15 MS. WRIGHT: Well, the patients identified in
16 the application are two years out from today. These are
17 patients in Stage 3 and 4 of kidney failure.

18 MR. GREIMAN: I'm trying to understand why it
19 takes you so long. What you do, you close the place for
20 anybody else. Nobody can go in for two years because,
21 "Well, they're already there," but you're not there.

22 MS. RANALLI: Judge Greiman, these are
23 existing patients. We already have -- first of all, we
24 appreciate your concern about the inventory that you're

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1 bringing up, not only for dialysis but for all projects.
2 But this is a relocation of an existing facility. So, that
3 concern isn't apparent, because we have 20 stations now and
4 we're just relocating those 20 stations.

5 MR. GREIMAN: So it should be easier than
6 other situations.

7 MS. RANALLI: We still have to -- it's not
8 easier, because we're relocating to another site. So, we
9 have to do the construction, build out the facility, and
10 then once we do that, we have to go to the Illinois
11 Department of Public Health, and it takes some time -- not
12 always, but occasionally -- for them to send one of their
13 reviewers, because the State has a lot going on, and then
14 they have to certify the unit for occupancy before we can
15 transfer that patient. So, what we do is, we build in a
16 year and a half's time frame, so we don't have to come back
17 to you and request an alteration, if it takes longer than
18 we think that it is going to take. You know, I think your
19 point is well founded about the inventory, but in this
20 particular application, it's not a concern, because we're
21 not changing the inventory at all for this, and we just
22 want to build in enough time so we don't have to come back
23 in front of you for an alteration request, because usually
24 you have a busy agenda, and that's evident today.

1 So, thank you.

2 MR. GREIMAN: Perhaps you could provide our
3 Staff with an average time frame that it takes for you to
4 get through the State Health Plan.

5 MS. WRIGHT: The whole process is about 18 to
6 24 months.

7 MR. GREIMAN: Well, I'm just saying, maybe you
8 can give us a sense -- we applied on January 3rd and we got
9 the thing 2 years later or 15 months later, whatever you
10 did. I'd like to see what it is, 5 or 6 of those things.
11 Not that you're not telling the truth. We just want to
12 have the facts.

13 MS. WRIGHT: We do have that in our annual
14 reports that we send in to the Board. We have a time line
15 of all of the events that are occurring in the project.

16 MR. CONSTANTINO: We'll get you that
17 information, Judge.

18 MR. PENN: Following up on that question, I
19 saw an application yesterday, \$109 million project.
20 They're going to have that completed in the same time frame
21 you're building this project. So, I would assume they'd
22 have to go through the same process to be certified,
23 whatever.

24 MS. WRIGHT: There is some construction

1 involved in that project, and then we do have to wait for
2 certification. I don't close the project until we receive
3 the certification letter, which can take an additional
4 three months.

5 MR. PENN: What I'm saying, you've got a
6 project that's of \$109 million value to build, and they're
7 going to do it faster than you guys do a project that's
8 what, \$3 million? That's where the suspicion lies. Are
9 you trying to just lock up a market where somebody else
10 cannot compete for beds and needs and so forth? That's
11 what it appears.

12 MS. WRIGHT: Yeah, it appears. Actually,
13 trying to give them a suitable construction end date or
14 completion date, because I don't want to have -- a lot of
15 our projects, we've had we've had to send in renewals and
16 sometimes two renewals, and like Clare said, you're busy
17 and that ties up the Board's time and my time, too. So we
18 try --

19 MR. GREIMAN: Truly, how many times do you
20 think this Board has been told, "Oh, well, it's 80 percent
21 finished," and we say, "No, no. That's it. You can't
22 finish it"? That's never happened. We regularly say,
23 "okay. Fine. We'll give you another 6 months or 4 months
24 or a year."

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1 MR. CONSTANTINO: Judge, before they can close
2 out the project, we have to have evidence that the facility
3 is certified for Medicare.

4 MR. GREIMAN: I understand.

5 MR. CONSTANTINO: That does take some time.

6 MR. GREIMAN: That's why I want to know what
7 that time frame is.

8 MR. CONSTANTINO: But we'll get you that
9 information you're requesting.

10 MR. GREIMAN: Okay.

11 MS. RANALLI: I would also like to comment
12 that Fresenius, to my knowledge, has never been approved
13 for a project that hasn't completed, except for maybe like
14 one -- was it Lockport, where we had to surrender a permit?
15 So, we do not do these projects to close out the market and
16 then later surrender the stations because we're trying to
17 keep competition out. We do complete our projects.

18 CHAIRMAN GALASSIE: On time?

19 MS. RANALLI: On time, right.

20 MS. WRIGHT: It's actually to our advantage to
21 get them up and running sooner, start serving patients.
22 So, to delay it wouldn't make sense on our part.

23 CHAIRMAN GALASSIE: Any other questions from
24 Board members?

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1 MR. SEWELL: Did you consider the alternative
2 of discontinuing the 20-station and then moving a lower
3 number so that you would come in and be in compliance with
4 our occupancy standards? Because you're pretty close
5 anyway. I haven't done the math.

6 MS. WRIGHT: There is a need for 5 stations in
7 this HSA.

8 MR. SEWELL: Okay.

9 MR. ALDERSON: And as far as patient
10 admissions, when we looked at the number, we admitted 52
11 patients in the facility so far this year. So, we're
12 averaging about 5 patients per month. So as of September,
13 we were short, but we're averaging about 5 admissions per
14 month.

15 CHAIRMAN GALASSIE: Any further questions?

16 MR. GREIMAN: I have one more.

17 CHAIRMAN GALASSIE: Judge.

18 MR. GREIMAN: This is not to this particular
19 issue, but I understand that Fresenius had 53 percent of
20 all of the renal stations in the state. What is it now?
21 Do you know?

22 MS. WRIGHT: It's about the same.

23 MR. GREIMAN: 53 percent?

24 MS. WRIGHT: I don't know the exact number,

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1 but it's a little over 50 percent.

2 MR. GREIMAN: Is that a healthy thing? You
3 don't have to answer that. That's okay.

4 CHAIRMAN GALASSIE: Moving forward, may I
5 have a motion to approve Project 12-056, RAI Lincoln
6 Highway O'Fallon, to discontinue and reestablish a
7 20-station ESRD facility?

8 MR. BURDEN: So moved.

9 MR. GREIMAN: Second.

10 CHAIRMAN GALASSIE: Moved and seconded. Roll
11 call, please.

12 MR. ROATE: Motion made by Mr. Hayes, seconded
13 by Justice Greiman.

14 Mr. Bradley?

15 MR. BRADLEY: Yes.

16 MR. ROATE: Dr. Burden?

17 MR. BURDEN: Yes. And I want to mention to
18 the Southern Director of Fresenius that I'm voting yes,
19 even though it's a Fresenius application, in view of the
20 fact that all the competing units within 30 minutes drive
21 time are DaVita's.

22 MR. ALDERSON: Thank you.

23 MR. ROATE: Justice Greiman?

24 MR. GREIMAN: Yes.

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1 MR. ROATE: Mr. Hayes?

2 MR. HAYES: Yes.

3 MR. ROATE: Ms. Olson?

4 MS. OLSON: No, based on the current facility
5 not being at capacity.

6 MR. ROATE: Mr. Penn?

7 MR. PENN: No, based on the current facility
8 not at capacity.

9 MR. ROATE: Mr. Sewell?

10 MR. SEWELL: No. Failure to meet the
11 relocation criteria.

12 MR. ROATE: Chairman Galassie?

13 CHAIRMAN GALASSIE: No.

14 MR. ROATE: That's four in the affirmative and
15 four in the negative.

16 CHAIRMAN GALASSIE: Motion does not pass.

17 And I believe the motion was made by

18 Dr. Burden, George.

19 MR. ROATE: Was it? Sorry about that.

20 MR. URSO: So you're going to be receiving an
21 Intent to Deny. You have another opportunity to come
22 before the Board, as well as supply additional information.

23 (Pause)

24 CHAIRMAN GALASSIE: Item H-15, Project 12-058

1 has been deferred. So, we will move towards H-16, US Renal
2 Care, Plainfield. We have seven public comment requests.
3 Again, if you have previously given comment, we would ask
4 that you not do so again. We will call your names, and
5 we'll ask that you give your name to the reporter, spelling
6 it out. You will not have to be sworn in.

7 This is Project 12-059, US Renal Care of
8 Plainfield.

9 (Speakers identified)

10 CHAIRMAN GALASSIE: And when you begin to
11 speak, please advise the Board if you are speaking in
12 support or opposition of this application.

13 MR. CHAWLA: Good morning. This is
14 Dr. Chawla. I'm speaking in opposition to this project.
15 I've been practicing nephrology in Joliet for
16 30 years and founded Sun Health Dialysis 20 years ago. I
17 am here to ask you to reject this application, because it
18 is unneeded, will not improve access, will cause
19 unnecessary duplication and maldistribution, and will have
20 an adverse impact on existing facilities in the area. The
21 State Agency Report concurs with my findings.

22 I would like to ask the Board to review my two
23 letters of opposition, which provide historical context and
24 address these issues in greater detail. I apologize for a

1 few typos and wish the name of (unintelligible) be
2 substituted Plainfield.

3 I would like to draw the Board's attention to
4 a few key issues. Number one, the applicant has apparently
5 attempted to claim need by listing the same patients in
6 support of two separate applications, Fresenius Plainfield
7 and Fresenius Lemont.

8 Number two, the application initially listed
9 11 facilities in 30-minute radius and then attempted to
10 discount existing capacity by asking for removal of a brand
11 new facility with 16 stations -- namely, Fresenius
12 Joliet -- because of the measure of drive time of 32
13 minutes. Yet, the applicant lists 6 patients from that
14 very zip code for referral to its proposed facility.
15 Presumably patients are welcome to drive 32 minutes, as
16 long as they're going the other direction.

17 MR. MORADO: Thirty seconds.

18 MR. CHAWLA: The application lists 9 potential
19 patients only in the zip code of location and essentially
20 proposes to divert new patients away from existing
21 facilities, leaving the utilization to decline by the
22 normal 15 to 20 percent rate. It lists 29 patients for zip
23 code 60435, which could all be accommodated at Sun Hill.

24 Last month, the Board rejected Fresenius

1 Plainfield because of lack of need, and I would urge the
2 Board to reject this application also.

3 Thank you.

4 CHAIRMAN GALASSIE: Thank you, Doctor.

5 MR. LIEB: Good afternoon. Steven Lieb
6 (spells name), testifying today in opposition.

7 Just last month, another facility was applied
8 for in this HSA and was denied by the Board for lack of
9 need. A few months ago, we applied, from DaVita, for
10 another facility in Crest Hill with the same physician
11 group that is supporting this application today. That
12 application was denied. We felt that the Crest Hill
13 facility would have been a more appropriate facility for
14 the patients that were listed by the physician group here.
15 A facility in Crest Hill, which is adjacent to Joliet,
16 would have made more sense, because the project here
17 projects 31 patients from Joliet and 8 patients from Crest
18 Hill to drive to Plainfield, even though Plainfield is at
19 least 17 minutes farther away from the patient base than
20 the Crest Hill site that we selected. Historically the
21 patients with these zip codes have been primarily referred
22 to the Silver Cross facilities.

23 There is currently no waiting list at the
24 Silver Cross West facility or the New Lenox facility.

1 These facilities can accommodate all of the patients from
2 this particular physician group.

3 I would just ask the Board to consider the
4 application, in that we're talking about the same physician
5 group that was supporting both applications. The only
6 difference here is the company and the location.

7 Thank you.

8 CHAIRMAN GALASSIE: Thank you for your
9 comments.

10 MS. KINNARY: Connie Kinnary, good Finnish
11 name.

12 CHAIRMAN GALASSIE: How is that Finnish name
13 spelled, Connie?

14 MS. KINNARY: (spells name)

15 CHAIRMAN GALASSIE: Thank you very much.

16 MS. KINNARY: I'll try not to get emotional.
17 Well, it's good afternoon now, but I'm here to say that I
18 need -- we need more dialysis facilities in Plainfield.
19 I've lived there all my life, and we do need the extra one
20 there on Route 30. We've -- we need it, and I hope that
21 you will give it to us.

22 I just -- I get real involved in my doctors,
23 and I think they've done an outstanding job, and we need
24 this facility. They've not only helped me with my life,

1 they've also saved my life, and I've said this before to a
2 lot of people, and I just know that it's something that is
3 needed. I do go to the one on Essington Road. It's a
4 great facility, but we are just getting fuller and fuller,
5 and I'm there at 5:30 in the morning, Monday, Wednesday,
6 and Friday, and I feel that we need to have another choice
7 if we want to. And I am sitting probably in about the
8 middle of either facility, and it would just be easier to
9 go to the new facility, and I hope that we will have it.
10 And U.S. Renal is an excellent one. I've been --

11 MR. MORADO: Thirty seconds.

12 MS. KINNARY: I've been to -- because I do a
13 lot of traveling, I've been to different DaVita centers.
14 I've been to the other facilities, and we just need to be
15 able to say, okay, we can choose, and we need to have a
16 choice. So, I hope that you will give us that choice to
17 make it so we can live a much longer life.

18 And that's all I can say.

19 CHAIRMAN GALASSIE: Thank you, Connie.

20 Good afternoon.

21 MS. HOLMAN: Good afternoon. My name is
22 Corine Holman (spells name). I'm here for US Renal Center.

23 First of all, we need choice. We're human
24 beings. We don't need no one making choices for us. I

1 listen to this doctor say we don't need another facility.
2 Yes, we do, because people are constantly on dialysis,
3 constantly coming, and we need someplace to put these
4 people so that everybody can have an option of what time
5 that they can get on a machine, what time they can get
6 homes. Some people have a ways to drive. They're sick
7 when they get off the machines. They can't make it home.

8 We have choices of stores, choices of
9 hospitals, choices of everything but renal centers. Why is
10 it that we can't have a choice where we spend most of our
11 time? To me it doesn't make sense. Everybody want to make
12 choices for us. Make choice for us, the people, not
13 choices for other people to make money off of these
14 facilities. So, I hope that you are -- would think about
15 us and consider us, not consider these big conglomerates.
16 Please, think about us. I mean, if you have family on
17 there, how would you feel? Wouldn't you want them to be
18 able to make choice, or would you not? So think about
19 that.

20 That's all I ask of you all. Thank you for
21 your time.

22 CHAIRMAN GALASSIE: Thank you, Ms. Holman.

23 Good afternoon.

24 MS. TULCUS: Good afternoon. I'm Victoria

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1 Tulcus (spells name), and I'm in support of US Renal Care.

2 I'm one of their patients.

3 My work background -- I work for Illinois
4 Secretary of State Jesse White, and, and ironically, I work
5 in the organ donor program. I've worked in this industry
6 for 10 years. So you can appreciate the irony. I got sick
7 a few years ago and at that time, my eyes were opened to
8 exactly what life is like when you're on dialysis. I
9 didn't realize how extremely tired you are and how there
10 are no choices. When I was in the hospital, I was told,
11 "You'll be going to this clinic at this time on these
12 days." And what that meant was, two days a week I would
13 have to miss half a day of work. After I used up my sick
14 time, I would lose that pay. I spent my Christmas Eve and
15 my New Year's Eve at the dialysis clinic, and you would
16 just hope that you would get there in enough time where
17 they're not running late, which they usually were, or maybe
18 the technician didn't read your script right and put you on
19 for four hours when you're only supposed to be on for
20 three. "Oops, sorry." Well, that extra hour when you're
21 on dialysis is the world to you.

22 US Renal Care also offered me choices in my
23 treatment. I now do peritoneal dialysis at home at night,
24 so Secretary White is very happy. I hardly miss any work

1 now, and I have the energy to follow him around and do my
2 job and promote organ donation.

3 My life is so much better. I am engaged.

4 MR. MORADO: Thirty seconds.

5 MS. TULCUS: And I'm looking forward to
6 hopefully getting a transplant soon, and I would just hope
7 that you consider granting this. We do need choices. I
8 was not given a choice at all. I was told what to do, and
9 it didn't fit into my life or my family's life, and US
10 Renal Care is really a godsend; the doctors, too. I can't
11 tell you. Three times already they saved -- literally
12 saved my life. They care. And the way they designed these
13 centers, they're beautiful inside, and that means the world
14 to you when you're sitting there for three or four hours,
15 waiting for dialysis to end.

16 So, I thank you for this opportunity, and
17 please consider us and help us be normal human beings
18 again. Thank you.

19 CHAIRMAN GALASSIE: Thank you.
20 Congratulations to you.

21 MS. TULCUS: Thank you.

22 CHAIRMAN GALASSIE: Thank you to all of you.
23 If anyone has a traffic ticket, you might want to see
24 Ms. Tulcus.

1 MS. TULCUS: I can get you some organ donor
2 plates.

3 (Laughter)

4 CHAIRMAN GALASSIE: Thank you.

5 (Speakers identified)

6 CHAIRMAN GALASSIE: Good afternoon,
7 gentlemen. If you would introduce yourself and spell your
8 name for the recorder.

9 MR. SHAFI: My name is Mohammad Shafi (spells
10 name). Thank you very much, Chairman, for giving me the
11 opportunity today.

12 I am a nephrologist, practicing in the
13 Joliet-Plainfield area with Kidney Care Centers, which is a
14 5-physician practice. I'm here to oppose the U.S. Renal
15 Plainfield application for the same reason that our
16 practice was before this particular project just 6 weeks
17 ago with a separate application for a clinic in Plainfield
18 also. This application was given Intent to Deny because
19 you all felt that there was no need. U.S. Renal
20 application should also be given an Intent to Deny for the
21 same reason. If you have changed your minds and now think
22 there is a need in Plainfield, then the other project
23 should be approved when it is heard again in December,
24 because we brought the project before this particular

1 project to address this need, and we already actively serve
2 in this community.

3 Our Plainfield project with Fresenius had
4 greater community support than U.S. Renal does. In fact,
5 at the public hearing for the U.S. Renal Plainfield project
6 before you today, more people showed up to oppose than to
7 support it. The public hearing report showed that out of
8 67 people in attendance at the public hearing, 50 were
9 there in the opposition.

10 MR. MORADO: Thirty seconds.

11 MR. SHAFI: The Plainfield community
12 prefers Fresenius to provide additional access to dialysis.
13 However, if you still feel there's no need in the area, as
14 the Board Staff Report suggests, then please vote
15 accordingly.

16 I would also like to mention about this
17 choice. We have a lot of choices in the area, as you
18 already know. There are two DaVita clinics within a
19 30-mile radius. There's three Fresenius clinics. There's
20 Sun Health Clinic, and then also there's a U.S. Renal
21 clinic in Bolingbrook, also.

22 Thank you very much.

23 CHAIRMAN GALASSIE: Thank you, Doctor.

24 Good afternoon.

1 A MR. GURFINCHEL: My name is Aaron
2 Gurfinchel (spells name). I am a physician. I am a
3 nephrologist with Northeast Nephrology Consultants, and I
4 am speaking in support for the US Renal Care dialysis unit
5 in Plainfield. I believe that competition is very good --
6 healthy competition, medical competition. So, the fact
7 that there are other dialysis units or other groups of
8 nephrologists, I think that that should not be a reason for
9 us not to have a dialysis unit. I believe that patients
10 should have the right to make their own decisions in
11 choosing their physicians and choosing their dialysis
12 units. For that reason, I think that this project should
13 be approved, and I think that, as I said before,
14 competition would be an excellent way for others and for
15 ourselves to improve every day.

16 So, we should not be afraid of competition.
17 We should take that to improve our service, to improve our
18 knowledge; and it is for these that I ask the Board to
19 approve our project.

20 Thank you.

21 CHAIRMAN GALASSIE: Thank you, Dr. Gurfinchel.

22 That concludes public comments. I would
23 invite representatives from US Renal Care Plainfield to the
24 table.

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1 While you're getting situated, I need a motion
2 from the Board to accept the timely comments of the State
3 Agency Report for the US Renal Care Plainfield project.

4 MS. OLSON: So moved.

5 MR. SEWELL: Seconded.

6 CHAIRMAN GALASSIE: Moved and seconded. Roll
7 call, please.

8 MR. ROATE: Motion made by Ms. Olson, seconded
9 by Mr. Sewell.

10 Mr. Bradley?

11 MR. BRADLEY: May I ask what we're voting on?

12 CHAIRMAN GALASSIE: We're actually voting
13 on -- we received comments to the application that were
14 timely but after the point in which we mail our--

15 MR. BRADLEY: Okay. Yes.

16 MR. ROATE: Dr. Burden?

17 MR. BURDEN: Again, what are we voting on?

18 MS. OLSON: Accepting these comments.

19 MS. AVERY: The comments that we mailed.

20 CHAIRMAN GALASSIE: Comments came in --

21 MR. BURDEN: I'm going to recuse myself. I
22 haven't seen any comments. I'm not going to vote. Recuse
23 myself.

24 CHAIRMAN GALASSIE: Dr. Burden abstains.

1 MR. ROATE: Justice Greiman?

2 MR. GREIMAN: Yes.

3 MR. ROATE: Mr. Hayes?

4 MR. HAYES: Now, Mike, this -- I know these
5 comments you're talking about, but they should have been
6 presented in the motion itself, so we know what the
7 comments are. Which ones they were?

8 MR. CONSTANTINO: This related to Project
9 12-059 that you received in the mail from us.

10 MR. HAYES: Yes, I understand that, yes.

11 MR. CONSTANTINO: Okay. And that was a
12 comment from Dr. -- from Sun Health regarding this
13 project, the Plainfield project.

14 MR. HAYES: Okay. I will vote no.

15 MR. CONSTANTINO: Okay.

16 MR. ROATE: Ms. Olson?

17 MS. OLSON: Yes.

18 MR. ROATE: Mr. Penn?

19 MR. PENN: Yes.

20 MR. ROATE: Mr. Sewell?

21 MR. SEWELL: Yes.

22 MR. ROATE: Chairman Galassie?

23 CHAIRMAN GALASSIE: Yes.

24 MR. ROATE: That's six votes in the

1 affirmative, one recusal, and one negative.

2 CHAIRMAN GALASSIE: Thank you.

3 Good afternoon. If you would kindly introduce
4 yourselves, spelling your name, and we'll have you sworn
5 in.

6 MR. LINDENFELD: Yes. I am Dr. Stan
7 Lindenfeld (spells name).

8 MR. PIRRI: My name is Steve Pirri (spells
9 name).

10 MR. VINCENT: I'm Sam Vincent (spells name).

11 MS. AHMED: I'm Dr. Naila Ahmed (spells name).

12 CHAIRMAN GALASSIE: Thank you.

13 CHAIRMAN GALASSIE: Staff report.

14 MR. CONSTANTINO: Thank you, Mr. Chairman.

15 The applicants are proposing to establish a
16 13-station in-center hemodialysis facility in Plainfield,
17 Illinois. The cost of the project is approximately \$2.7
18 million. The anticipated date of completion is April 1st,
19 2013. There was a public hearing conducted on this
20 project, and we did receive opposition comments, and we
21 have received comments on the State Agency Report that
22 was -- that were mailed to you, to all of the Board
23 members.

24 CHAIRMAN GALASSIE: Thank you, Mike.

1 Comments for the Board?

2 MR. VINCENT: Mr. Chairman, Sam Vincent with
3 Ungaretti & Harris, representing the applicant, US Renal.

4 I want to -- it's my pleasure to introduce to
5 you the key management personnel and the key clinical
6 personnel of US Renal to explain this application. Now, at
7 our last opportunity to appear before you and to ask you
8 for your approval on the application, we were able to
9 reduce the time required to about three minutes, at
10 Mr. Constantino's request, and we did so. There is
11 substantially more in the record on this application and,
12 as a consequence, I think it's important that we make sure
13 that the record is sufficiently full so that whatever
14 happens is properly defensible.

15 I've also noted that there is a letter in the
16 record from the Fresenius attorney that goes into a number
17 of details at some length, and I'd like to comment on those
18 briefly toward the end of this presentation. But first I'd
19 like to introduce Mr. Pirri, who is the Chief Executive
20 Officer of US Renal.

21 MR. PIRRI: Good afternoon. Thank you so much
22 for hearing us today, and we appreciate your time, and
23 we'll try to be quick, because I know it's a busy schedule
24 for today.

1 We're here for one reason and one reason only.
2 We're here because we want to have patient demand for
3 quality options. We're certainly not the biggest dialysis
4 company, but our goal is to be the best, privately held and
5 accountable to patients. USRC partners with doctors that
6 believe that our focus is education and patient care, all
7 for the patient of choice and a provider of choice.

8 The Board has spent time, and I've heard you
9 guys with the first couple of applicants, on discussing how
10 long it takes to open up a clinic. Last October, you
11 granted us three clinics, Streamwood, Oakwood, and
12 Bolingbrook. In less than a year's time, all three clinics
13 are open. Two are accepting patients as of today. The
14 third one, patients start Monday, November 5th. We
15 finished all of these clinics in a year's time or less. We
16 also had Villa Park, another clinic you approved, and that
17 should be open in the next 6 months and should also come in
18 underneath that time frame. So, we do hold to our
19 commitment, and we always open the clinics, we feel, under
20 a year's time.

21 The other piece we have is, we have a
22 commitment of accepting all patients, regardless of their
23 ability to pay. Our physicians, nephrologists understand
24 that commitment. It's the responsibility we take in every

1 community we serve, including Illinois. For example, right
2 now we're working with Access DuPage to improve continuity
3 and coordination of those that lack access due to economic
4 reasons. We're committed to that piece of the business
5 also.

6 So, on that piece, I'm going to pass it over
7 to Dr. Lindenfeld.

8 CHAIRMAN GALASSIE: Thank you.

9 MR. LINDENFELD: Thanks, Steve.

10 Good afternoon. I had the pleasure of
11 presenting to all of you last October on behalf of US Renal
12 Care, and I am pleased to be here again for that purpose.

13 As you may know, I am the Chief Medical
14 Officer for US Renal Care, and since I went into my
15 background pretty extensively the last time I spoke, I will
16 only summarize it for you today. I am a Board-certified
17 nephrologist since 1976 and was a clinical professor of
18 medicine at University of California, San Francisco, for
19 over 20 years, with a practice in nephrology and dialysis.
20 In 1995, I took on the position of Chief Medical Officer
21 for a new company called Total Renal Care, which grew to be
22 the second largest dialysis company in the country and is
23 now known as DaVita. I resigned from that role and retired
24 for a period of time, in 2002, to take care of my ailing

1 parents in Florida. After that period, however, I was
2 approached by the CEO of US Renal Care, Chris Brengard, and
3 asked to come back into the field to help them grow their
4 Quality Management Program and to be a member of their
5 Senior Executive Team. I am proud to say that I accepted
6 that offer and have served in that capacity for the past
7 four and a half years.

8 As Chief Medical Officer, I oversee all
9 clinical programs, policies, and protocols, as well as
10 develop pharmacological formulas for our company. However,
11 this is done in conjunction with the advice of a medical
12 advisory board that I formed, consisting of 8
13 highly-trained and respected nephrologists from around the
14 country that also serve as our Medical Directors. The
15 overall clinical operations are under the direction
16 management of Scott Sasserson, our Senior Vice-President of
17 Operations, and both Scott and I are assisted by two
18 highly-trained clinical nurses with over 50 years of
19 dialysis experience. Each of these individuals manage a
20 seasoned group of experienced dialysis nurses that serve
21 roles that drive our education and training programs and
22 our quality management program, which I would like to
23 describe to you quickly.

24 Before getting to that, however, I did want to

1 talk briefly about the physician model that is at the heart
2 of the culture of USRC. All of our new facilities and over
3 80 percent of our existing facilities are operated under a
4 joint venture model which has -- allows carefully-selected,
5 quality physicians serving not only as a Medical Directors
6 and admitting physicians, but also as contributing business
7 partners in the operations of their individual clinics. In
8 that role, they give unique and critical input into
9 business decisions that would normally be made solely by
10 the parent company, and allow for clinical insight into the
11 appropriate allocation of resources on a clinic and
12 corporate perspective, ensuring the highest quality of
13 patient care to our population. In this way, we achieve a
14 excellent balance between both business and clinical
15 expertise in managing our individual facilities, to
16 optimally serve that patient population. Although we
17 recognize that other organizations have just begun to
18 develop this model, at USRC it has always served an
19 essential role in the culture of our organization.

20 I would now like to briefly describe our
21 education and training program and our Quality Outcome
22 Program. As I mentioned, we have a dedicated,
23 highly-qualified, and experienced dialysis nurse that
24 serves as our Vice-President of Clinical Education and

1 Training. She oversees and manages our programs to ensure
2 the quality and effectiveness of our education and training
3 efforts for all of our new and existing staff members,
4 including all facility administrative nurses and patient
5 care technicians, as well as patient education. This is
6 accomplished by having 12 highly-trained, experienced nurse
7 educators, individually devoted to each of our regions.
8 The program is committed to providing the highest quality
9 of education to the people that serve our vulnerable
10 population.

11 Now, I would like to finally describe our
12 extensive Quality Management Program. Working under Scott
13 and I, the program is run and coordinated by a Senior Nurse
14 Manager with extensive experience in both quality
15 management and clinical operations. She has been given the
16 resources to develop a team of seasoned, former Nurse
17 Managers with extensive quality management expertise who
18 provide each of their regions with day-to-day support and
19 management, in addition to their critical role of assuring
20 survey readiness through an extensive internal facility
21 audit process. To support this effort, we have invested
22 the necessary resources and leadership to create a
23 fully-developed IT system with a robust and comprehensive
24 data warehouse that captures and monitors all clinical

1 quality indicators and outcome measures on a
2 patient-specific basis, which are then rolled up to the
3 facility regional and corporate level and made available to
4 all facility administrators, Regional Director, Medical
5 Directors, and corporate executives on a realtime basis.

6 The system has enabled us to develop a unique
7 score card evaluation process, which provides quality
8 scores to each facility and allows for objective evaluation
9 and comparison of facilities on a regional and corporate
10 level, to promote documentable quality improvement and
11 superior clinical outcomes throughout the organization.

12 As a result of these fully-supported programs,
13 USRC is proud that we have achieved superior performance on
14 all federal and state surveys and has accomplished clinical
15 outcome performance that exceeds all objective and
16 like-measured national standards.

17 For the above reasons, I believe that USRC
18 represents a very unique quality dialysis provider, and we
19 are excited about our ability to serve the Chicagoland
20 dialysis population. We ask for your continued support in
21 helping us to grow in this region.

22 Thank you again for your time and
23 consideration of our request.

24 CHAIRMAN GALASSIE: Thank you.

1 MR. VINCENT: I'd like to deal, Mr. Chairman,
2 Members of the Board, with the Fresenius letter briefly,
3 and I'd like to have some charts presented in that regard.

4 I'd like you to examine, first of all, chart
5 number one in which Fresenius said certain things about the
6 applications for these --

7 CHAIRMAN GALASSIE: Sir, I'm going to
8 interrupt you, and I hope I'm doing it respectfully. You
9 can appreciate this is a weary Board, under nutritioned at
10 this point in time, as many people in this room. You're
11 disputing a letter that's in the record. It seems
12 redundant at best. So, I'm not sure what it's really going
13 to accomplish. That having been said, I'm going to give
14 you two minutes. You decide what messages you want.

15 MR. VINCENT: I'm going to get it done quicker
16 than that.

17 CHAIRMAN GALASSIE: Thank you very much.

18 MR. VINCENT: The applications -- Fresenius
19 suggests that the applications are virtually identical. In
20 fact, the doctors are different. In fact, the medical
21 model is different, as Dr. Lindenfeld just explained to
22 you. In fact, the completion differences are quite
23 different. The completion date for the Fresenius project
24 is December 31st, 2014, and the completion date for this

1 project is April 2013.

2 The discussion of kidney disease prevalence,
3 the change in the population mix in the Planning Area, and
4 the demonstration of the defect in the State Agency need
5 formula, which we've talked about in the past, is unique to
6 the US Renal application. With that said, I'm going to
7 make one final point, and that final point is that when you
8 examine the population change and when you look at the need
9 formula change, what you find is that if you use the
10 population mix that currently exists in this Planning
11 Area -- which what you actually have is a need for
12 297 stations -- if they were operated a hundred percent of
13 the time, and with your 80 percent utilization rate, you
14 would have a need for 371 stations. That's an enormously
15 greater number of stations than what you currently have,
16 and that's all due to the simple fact that your need
17 formula has not been updated for the changes in the census
18 due to the population. I don't say that in criticism,
19 because I understand that it is quite difficult when you're
20 shorted money by the General Assembly and you have a lack
21 of staff in order to update those need formulas and to
22 bring everything in shape, and the General Assembly changes
23 the requirements on need formulas every year. But I do
24 think it's important for you to realize that there is a

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1 great deal more need in this Planning Area than your need
2 formula currently projects, and for that reason, this is a
3 different application that you can approve and consider.

4 CHAIRMAN GALASSIE: Thank you, Mr. Vincent.
5 Did you want to comment?

6 MS. AHMED: No.

7 CHAIRMAN GALASSIE: I'm going to open it up
8 to questions or comments from Board members. Judge,
9 apparently it can be done in a year.

10 MR. PENN: Six months.

11 MR. GREIMAN: Well, I have a question anyhow.
12 You have another facility within 13 -- within 20 minutes of
13 the one you're asking for, and it's at zero. I wonder how
14 long it's been pending.

15 MR. VINCENT: You'd be talking about the
16 Bolingbrook facility, sir?

17 MR. GREIMAN: Bolingbrook, sure.

18 MR. VINCENT: Bolingbrook facility is the
19 facility that Mr. Pirri has just described that has
20 literally just opened and will treat its first patient in
21 the next week.

22 MR. GREIMAN: How long did it take?

23 MR. PIRRI: It took us, to open the facility,
24 about 11 months from start to finish.

1 MR. GREIMAN: Good job. Thank you.

2 MR. BURDEN: With your permission,
3 Mr. Chair -- I know everybody is ready to take a break, but
4 I'll make this brief. I just listened to a tutorial on
5 one's medical background and also the experience of this
6 company. I just want to put this in the record. This is
7 ProPublica, November 10, Robin Fields. Briefly, the -- and
8 I want to make clear that I'm, just for the record, not so
9 much reacting to the -- made me think I should put this in
10 the record.

11 "Two corporate chains dominate the dialysis
12 care system are consistently profitable, together making
13 about two billion dollars in operating profits a year."

14 I make this point for obvious -- not for the
15 members of the Board. I've always maintained, knowing
16 nephrologists over my 45 medical years, starting at John
17 Hopkins and continuing at Northwestern and Children's
18 Memorial Hospital, this has been a very profitable
19 enterprise, which I don't object to. I think it's
20 wonderful but I also want to add, this is part of where we
21 come from -- or at least I do. Maybe I'm a solitary Board
22 member that feels this way.

23 "As the United States moves to expand access
24 to healthcare, dialysis offers potent lessons. Its story

1 expresses the fears of both ends of the ideological
2 spectrum about what can happen when the doors to care are
3 thrown wide open. Neither government controls nor market
4 forces have kept costs from ballooning or ensured the
5 highest quality of care. Almost every key assumption about
6 how the program would unfold is proved wrong. Lastly, why
7 do they do so much better with dialysis in Italy, France or
8 Japan, with at least a thousand deaths fewer per year than
9 we have."

10 So, that's just meant as an overview for
11 people here who don't hear the other side of the spectrum
12 enough. I've heard it for 45 years. Some people on the
13 Board may not like the way I react, because I'm not
14 necessarily looking as a bureaucrat. I'm not. I'm a
15 practitioner of medicine that happens to be a volunteer on
16 this Board. So, I'm listening to what I heard here, and I
17 just want to put that on the record. As far as I'm
18 concerned that has a lot to do with how I feel when a
19 competing organization shows me with an application of your
20 excellence.

21 Thank you.

22 CHAIRMAN GALASSIE: Thank you.

23 Questions.

24 David?

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1 MR. CARVALHO: Just two quick questions.

2 First, about four years ago, the Task Force on Healthcare

3 Reform, which held hearings on whether or not the CON

4 process should be continued, which led to the creation of

5 this Board as it currently sits, specifically considered

6 the question of whether end stage renal dialysis centers

7 should continue to be in the jurisdiction of this Board.

8 It heard testimony from persons who said it shouldn't, it

9 should be left to the free market, and it heard testimony

10 from persons who said it should and it should continue to

11 be a process where only facilities that are needed are

12 allowed. The Committee -- the Task Force decided to keep

13 end stage dialysis within your jurisdiction, and the

14 Legislature concurred with that decision and kept it within

15 your jurisdiction.

16 We seem to continue to get testimony, every

17 time end stage renal dialysis plans come before you, from

18 witnesses and from applicants, saying, "Notwithstanding

19 need determinations, we need to allow for choice," and I

20 would submit to you, the Legislature already heard those

21 considerations and concluded that the process should

22 continue to be a need-based one.

23 Second, the reason why population numbers

24 haven't been updated is not because of any limitations on

1 funding. It's because of limitations on data. The census
2 was only completed a couple years ago and the demographers
3 haven't come up with the projections yet, because when the
4 census was done, the question that was usually asked about
5 migration was not asked. For whatever reason, the census
6 bureau didn't. So, the demographers are currently working
7 on the process. We have an ongoing dialogue with our staff
8 and your staff on procuring those numbers so that we will
9 be able to update the numbers, but it's not because of any
10 limitations of funding. It's because the data are only
11 available when the data are available, and we will be
12 updating those when we get those data.

13 CHAIRMAN GALASSIE: Thank you, Mr. Carvalho.
14 Any other questions or comments?

15 (Pause)

16 CHAIRMAN GALASSIE: Seeing and hearing none,
17 may I have a motion to approve Project 12-059, US Renal
18 Care Plainfield, to establish a 13-station ESRD facility in
19 Plainfield, Illinois?

20 MR. GREIMAN: So moved.

21 MR. HAYES: Second.

22 CHAIRMAN GALASSIE: Moved and seconded.

23 MR. ROATE: Motion made by Justice Greiman
24 seconded by Mr. Hayes.

1 Mr. Bradley.

2 MR. BRADLEY: Yes.

3 MR. ROATE: Dr. Burden?

4 MR. BURDEN: No, for the following: Planning
5 Area need; there's an excess of some 45 stations and there
6 are 10 facilities within 30 minutes; 5 are not at target
7 occupancy. Unnecessary duplication; there are 10
8 facilities within 30 minutes and 5 not at occupancy. The
9 average occupancy for these 10 facilities is approximately
10 63 percent.

11 MR. ROATE: Thank you, sir.

12 Justice Greiman?

13 MR. GREIMAN: Yes.

14 MR. ROATE: Mr. Hayes?

15 MR. HAYES: Yes.

16 MR. ROATE: Ms. Olson?

17 MS. OLSON: No. Excess capacity. However, I
18 do compliment the applicants on their time line and their
19 model and hope in the future, if we have need for capacity,
20 that they will come back to the Board.

21 MR. ROATE: Thank you.

22 Mr. Penn.

23 MR. PENN: No, due to excess bed capacity.

24 MR. ROATE: Mr. Sewell?

1 MR. SEWELL: No. No Planning Area need.

2 MR. ROATE: Chairman Galassie?

3 CHAIRMAN GALASSIE: No. For comments
4 previously noted.

5 MR. ROATE: That's three votes in the
6 affirmative, five votes in the negative.

7 CHAIRMAN GALASSIE: Motion fails.

8 MR. URSO: You're going to be receiving an
9 Intent to Deny. You can come back to the Board as well as
10 submit additional information.

11 CHAIRMAN GALASSIE: Ladies and gentlemen,
12 it's time to recess for lunch. It is a quarter until 1:00.
13 We'll try to be back here a little bit before quarter to
14 2:00 -- we will be back by quarter to 2:00.

15 (Lunch recess)

16 CHAIRMAN GALASSIE: Thank you for being
17 timely. Those of you that might be just arriving, welcome
18 here. We are back from a luncheon recess, and we are
19 moving into Item Project I-01, Project No. -- I'm sorry.
20 Let me back up.

21 Project H-17, No. 12-067, Fresenius Medical
22 Care from Normal. There's no public comment.
23 Representatives coming to the table.

24 Thank you for being timely.

1 (Pause)

2 CHAIRMAN GALASSIE: We will ask you to use
3 those microphones closely. Welcome back.

4 Spell your name for our recorder, and then
5 we'll have you sworn in.

6 MR. STOTZ: Rick Stotz (spells name).

7 MR. BRUHA: Dr. Robert Bruha (spells name).

8 MS. RANALLI: Clare Ranalli (spells name).

9 MS. WRIGHT: Lori Wright (spells name).

10 CHAIRMAN GALASSIE: Thank you.

11 Staff report, please.

12 MR. CONSTANTINO: Thank you, Mr. Chairman.

13 The applicants are proposing the establishment
14 of a 12-station ESRD facility, located in 7,000 gross
15 square feet of leased space in Normal, Illinois. The
16 anticipated cost of the project is approximately \$2.6
17 million. The anticipated project completion date is
18 October 31st, 2014. There was no public hearing requests
19 and no opposition comments received.

20 Thank you, Mr. Chairman.

21 CHAIRMAN GALASSIE: Thank you, Mike.

22 Comments for the Board, folks? Mr. Stotz?

23 MR. STOTZ: Good afternoon. My name is Rick
24 Stotz. I'm the Regional Vice-President who will be

1 responsible for the proposed dialysis facility in Normal.
2 This project meets all of the Board's criteria except for
3 size. The facility is 760 gross square feet over the
4 State's standard; however, all of our facilities are in
5 leased space, and this is an existing building. It is not
6 always possible to rent space that exactly meets the
7 Board's size standards. The additional space is going to
8 be used for our home dialysis department and eventual
9 nocturnal dialysis options. We often need to expand our
10 facilities, and it is more cost effective to have
11 additional space on the forefront.

12 CHAIRMAN GALASSIE: Thank you.

13 Doctor?

14 MR. BRUHA: I'm Dr. Robert Bruha. I'm the
15 nephrologist from Renal Care Associates in Bloomington. I
16 am currently the Medical Director of the clinic for
17 dialysis in Bloomington, and I will also be the Medical
18 Director in the new facility in Normal, and be happy to
19 answer any questions.

20 CHAIRMAN GALASSIE: Thank you. Any other
21 comments?

22 (Pause)

23 CHAIRMAN GALASSIE: Hearing none, I will open
24 it up for questions or comments from Board members, please.

1 (Pause)

2 CHAIRMAN GALASSIE: Hearing and seeing none,
3 I will ask for a motion to approve Project 12-067,
4 Fresenius Medical Care, Normal, to establish a 12-station
5 ESRD facility.

6 MR. SEWELL: So moved.

7 MR. HAYES: Second.

8 CHAIRMAN GALASSIE: Moved and seconded.

9 MR. ROATE: Motion made by Mr. Sewell,
10 seconded by Mr. Hayes.

11 Mr. Bradley.

12 MR. BRADLEY: Yes.

13 MR. ROATE: Dr. Burden?

14 MR. BURDEN: Yes.

15 MR. ROATE: Justice Greiman?

16 MR. GREIMAN: Yes.

17 MR. ROATE: Mr. Hayes?

18 MR. HAYES: Yes.

19 MR. ROATE: Ms. Olson?

20 MS. OLSON: Yes.

21 MR. ROATE: Mr. Penn?

22 MR. PENN: I'm going to vote "present". I
23 wasn't here for the presentation.

24 MR. ROATE: Mr. Sewell?

1 MR. SEWELL: Yes.

2 MR. ROATE: Chairman Galassie?

3 CHAIRMAN GALASSIE: Yes.

4 MR. ROATE: That's seven votes in the
5 affirmative.

6 CHAIRMAN GALASSIE: Motion passes.
7 Congratulations.

8 (Pause)

9 CHAIRMAN GALASSIE: The Chair apologizes. I
10 failed to do a roll call this morning first thing. I'm
11 just going to ask George to do a roll call for Board
12 members.

13 MR. ROATE: Mr. Bradley?

14 MR. BRADLEY: Here.

15 MR. ROATE: Dr. Burden?

16 MR. BURDEN: Here.

17 MR. ROATE: Ms. Demuzio is absent.

18 Justice Greiman?

19 MR. GREIMAN: Here.

20 MR. ROATE: Mr. Hayes?

21 MR. HAYES: Here.

22 MR. ROATE: Ms. Olson?

23 MS. OLSON: Here.

24 MR. ROATE: Mr. Penn?

1 MR. PENN: Here.

2 MR. ROATE: Mr. Sewell?

3 MR. SEWELL: Here.

4 MR. ROATE: Chairman Galassie?

5 CHAIRMAN GALASSIE: Here.

6 Chair apologizes. Thank you for your
7 patience.

8 Moving on to Project 12-015 Fresenius Medical
9 Care. I believe we have one public comment. Miss Melanie
10 Decker.

11 (Pause)

12 MR. GALASSIE: Come up to the table, make
13 yourself comfortable, pull the mic close, introduce
14 yourself, spelling your name for the record. We do not
15 have to swear you in.

16 MS. DECKER: Okay. My name is Melanie Decker
17 (spells name). I am here to oppose.

18 I am the Practice Manager and primary nurse
19 for Dr. Vincent Di Silvestro, practicing in Schaumburg.
20 Fresenius' proposed project is only two and a half miles
21 from the existing dialysis facility in Schaumburg. The
22 existing facility received approval to add 6 stations to
23 accommodate 36 more patients earlier this year. We do not
24 believe the establishment of another facility in Schaumburg

1 is an efficient distribution of dialysis services.
2 Generally, approved access to dialysis services is
3 something we fully support; however, this project will not
4 provide an appropriate distribution of services in the
5 Planning Area HSA VII.

6 The Planning Area covers a broad geographic
7 area. When an excess of stations is created in Schaumburg,
8 patients in other distant parts of Cook County and DuPage
9 County will have difficulty accessing these stations.
10 Furthermore, 10 of the 15 facilities within 30 minutes of
11 the proposed facility are under utilized. That is
12 two-thirds of the facility. Four of these under utilized
13 facilities are owned by Fresenius. These include Rolling
14 Meadows, Lombard, West Chicago and Des Plaines. The Des
15 Plaines facility isn't even open yet. Additionally,
16 although this is not listed as a facility within 30
17 minutes, Fresenius just opened their Palatine facility,
18 which is located just 23 minutes from the proposed
19 Schaumburg facility. All of these facilities could easily
20 accommodate the patients identified in their application.

21 The existing facility in Schaumburg is
22 sufficient to address Schaumburg's needs and, as such, we
23 ask the Board to deny this project. Thank you.

24 CHAIRMAN GALASSIE: Thank you, Ms. Decker.

1 Public comment is closed. Will
2 representatives from Fresenius Medical Care Schaumburg come
3 back to the table.

4 (Pause)

5 CHAIRMAN GALASSIE: For those of you who have
6 not been sworn in, if you could introduce yourselves and
7 spell your names.

8 MR. CHEN: Ming Chen (spells name).

9 MR. WICK: Grady Wick (spells name).

10 MS. MULDOON: Coleen Muldoon.

11 (Oath given)

12 CHAIRMAN GALASSIE: Thank you.

13 Mike, Staff report?

14 MR. CONSTANTINO: Thank you, Mr. Chairman.

15 The applicants are proposing the establishment
16 of a 12-station ESRD facility, located in approximately
17 7,500 gross square feet of leased space in Schaumburg,
18 Illinois. The cost of the project is approximately \$3.9
19 million. The applicants received an Intent to Deny at the
20 July 2012 State Board meeting. They did provide additional
21 information, which is included at the conclusion of your
22 report. The anticipated project completion date is
23 September 30th, 2014. There was no public hearing request
24 and no opposition letters received by the State Board

1 Staff.

2 CHAIRMAN GALASSIE: Thank you.

3 Comments for the Board?

4 MR. CHEN: Yes, thank you.

5 My name is Ming Chen, and I'm a Registered
6 Nurse and the Area Manager of Fresenius Schaumburg. There
7 is a need, 61 stations in HSA VII, and we have seen a
8 growing need for dialysis services in the Schaumburg
9 market. Since we were here in June, two more area clinics
10 have passed the 80 percent mark. Our Hoffman Estates
11 clinic is operating a fourth shift that does not end until
12 midnight. Our (unintelligible) in DaVita Schaumburg are
13 both well above 80 percent. The only facility in what we
14 define as the Schaumburg market that had excess capacity
15 back then in June was U.S. Renal Streamwood, which was not
16 yet open. The facility now is open. When I contacted them
17 in early October, they had 15 patients, which is 19 percent
18 utilization, in only two months. At this rate, they will
19 be at 80 percent in just six months, long before our
20 facility can be open. So, the clinic does not have room
21 for all of the area's new ESRD patients.

22 Please bring your attention to Lori and the
23 map being presented.

24 MS. WRIGHT: The Schaumburg market area, which

1 you can see on the map here, consists of approximately
2 300,000 people. It is served by two large hospitals, St.
3 Alexius in Hoffman Estates, and Alexian Brothers in Elk
4 Grove up here and down here (indicating). The shaded areas
5 on the map show you where the pre-ESRD patients live and,
6 as you can see, there is a high concentration right here in
7 the Schaumburg area where we want to build the proposed
8 facility (indicating). Our Hoffman Estates clinic up here
9 (indicating), when we were before you in July, has grown.
10 It's only 5 patients away from 100 percent. The Elk Grove
11 facility right here (indicating) was at 90 percent. It's
12 now at 94 percent. DaVita Schaumburg, which is located
13 right in the middle here (indicating), was at 82 percent.
14 It's now at 90 percent pending its 6-station expansion,
15 which in the application they stated they would still be at
16 93 percent utilization. Lastly, U.S. Renal Streamwood,
17 right over here on this side (indicating), has only been
18 operational for two months and is already at 19 percent.

19 This project will address the need for the 61
20 stations in HSA VII.

21 CHAIRMAN GALASSIE: Streamwood is at 19
22 percent in two months?

23 MS. WRIGHT: Yes.

24 MR. CHEN: Nineteen patients.

1 While there may be excess capacity further
2 than a 30-minute wait in a travel area, this project is
3 being developed to serve the Schaumburg market. Patients
4 do not travel outside the markets for treatment, as seen by
5 the high utilization of surrounding clinics. In addition,
6 Schaumburg has more than double the patients of residents
7 over age 62 compared to Cook County. This elderly
8 population has increased rate of heart disease, which leads
9 to high hospital readmission rates. Fresenius is working
10 diligently with these hospital to reduce readmission.

11 I'd like to introduce you to Dr. Wick, who
12 will explain this further. Thank you.

13 MR. WICK: Thank you, Mr. Chairman, Board
14 members. Thanks, Ming.

15 As Ming said, my name is Grady Wick. I am a
16 Board-certified nephrologist, serving the Schaumburg area.
17 As you're all aware, dialysis patients experience a higher
18 rate of heart disease and often require extra treatments
19 due to fluid overload. When area clinics are operating
20 near capacity, as they are in Schaumburg, there is no
21 available time slot for that treatment to be given. The
22 patient then has to go to the Emergency Room and admitted
23 for acute dialysis, thereby increasing costs to Medicare,
24 Medicaid, and the healthcare system in general.

1 Establishment of the Schaumburg facility will
2 open access not only for future ESRD patients, but also for
3 these patients with heart disease, to be able to
4 accommodate them to receive this extra treatment, if
5 needed. This will save the patient, the hospital, and the
6 healthcare system an exorbitant amount of money. It will
7 also help lessen the risk of area hospitals being penalized
8 for high readmission rates, which is now part of healthcare
9 reform.

10 Honestly, I think the bottom line, though, is
11 for us to be able to offer good quality care, which I've
12 seen Fresenius be able to do for a number of years, and
13 also give the patients an option for a shift choice. I
14 think that I do admit patients to all of the area
15 Schaumburg clinics, which are DaVita Schaumburg, Fresenius
16 Elk Grove, and Hoffman Estates, and now to U.S. Renal
17 Streamwood. I believe that adding an extra unit there will
18 clearly add more shift choices for patients to be able to
19 allow time for work, for family, and to be able to live
20 freely as human beings.

21 In closing, I'd like to be able to mention
22 that the Schaumburg healthcare market, as Lori mentioned,
23 is being served by Alexian Brothers and St. Alexius
24 Hospital, both of whom we have their full support for

1 previously mentioned reasons.

2 Thank you all very much for your time and
3 attention, and we'd be happy to answer any questions.

4 CHAIRMAN GALASSIE: Thank you, Doctor. I'd
5 like to open it up to Board members for questions or
6 comments.

7 (Pause)

8 CHAIRMAN GALASSIE: Hearing none, may I have
9 a motion to approve Project 12-015, Medical -- Fresenius
10 Medical Care Schaumburg, to establish a 12-station ESRD
11 facility?

12 MR. GREIMAN: So moved.

13 MR. BURDEN: Second.

14 CHAIRMAN GALASSIE: Moved and seconded.

15 MR. ROATE: Motion made Justice Greiman,
16 seconded by Ms. Olson.

17 Mr. Bradley?

18 MR. BRADLEY: Yes.

19 MR. ROATE: Dr. Burden?

20 MR. BURDEN: Yes, on the basis of calculated
21 need, even though there are some facilities, end stage
22 renal dialysis facilities, that are under utilized. I
23 think the 61-station need overtakes that. I vote yes.

24 MR. ROATE: Thank you.

1 Justice Greiman?

2 MR. GREIMAN: Schaumburg has all its stars
3 now, so I'll vote yes.

4 MR. ROATE: Mr. Hayes?

5 MR. HAYES: I'm going to vote no because of
6 the planning -- specifically the mal-distribution,
7 unnecessary duplication of services at other facilities and
8 they're not meeting the state standard.

9 MR. ROATE: Thank you, sir.

10 Ms. Olson?

11 MS. OLSON: No, for the reasons just stated.

12 MR. ROATE: Thank you.

13 Mr. Penn?

14 MR. PENN: No, for the reason just stated,
15 excess bed capacity, mal-distribution.

16 MR. ROATE: Mr. Sewell?

17 MR. SEWELL: No. Planning Area need.

18 MR. ROATE: Chairman Galassie?

19 CHAIRMAN GALASSIE: No, for issues stated.

20 MR. ROATE: That's three votes in the
21 affirmative, five votes in the negative.

22 CHAIRMAN GALASSIE: Motion fails. Good luck.

23 MR. URSO: You'll be receiving documentation
24 in reference to the denial. You have an opportunity to

1 (unintelligible), if you so desire.

2 CHAIRMAN GALASSIE: Moving on to Item I-02,
3 Project 12-032, Alden Courts of Shorewood in Shorewood. We
4 have no public comment, so I would invite the -- oh, we do
5 have public comment. There is one public comment. I'm
6 sorry. Carolyn Tait.

7 (Pause)

8 CHAIRMAN GALASSIE: Pull the microphone up,
9 and, if you would, spell your name.

10 MS. TAIT: (Spells name) My name is Carolyn
11 Tait, and I'm from Alden Estates of Shorewood. My
12 background in Alzheimer's dementia care extends for more
13 than 20 years. I was one of 20 selected nationwide to
14 participate in the pilot program for leaders in dementia
15 care, which helped me establish the first certified
16 end-stage dementia unit in Illinois. I've developed
17 affiliations with Rush (unintelligible) Alzheimer's Disease
18 Center, Four Rivers Chapter of the Alzheimer's Association,
19 and national leaders.

20 To briefly describe the problems faced by
21 family who have a loved one with dementia, there are only
22 two options for dementia-specific care in the Joliet area.
23 On average, Alden Estates of Shorewood denies 12 referrals
24 a month, because we do not have the facility to provide for

1 the safety, security, and special ed programming required
2 for dementia patients. We at Alden Estates of Shorewood do
3 not view this as a loss of business, but more as a need in
4 this community that we currently cannot fill.

5 With your support, we hope to build a
6 state-of-the-art memory care facility that specializes in
7 three-stage dementia care and provides a full, skilled
8 nursing program. Alden hopes to fulfill the urgent need of
9 this community by building a memory care facility. It is
10 important to point out, we are proposing a unit that will
11 be fully certified as a special care unit, meeting all
12 Alzheimer's Association standards. We are aware of only a
13 limited --

14 MR. MORADO: Thirty seconds.

15 MS. TAIT: -- number of facilities with
16 distinct dementia care units, none providing all three
17 stages of care.

18 I also have a letter that I would like to read
19 on behalf of our Medical Director, who was not able to be
20 present, if I may.

21 CHAIRMAN GALASSIE: Who did not sign up to
22 speak? You want to submit that for the record? Okay.
23 Read the letter, please.

24 MS. TAIT: I may proceed?

1 CHAIRMAN GALASSIE: Yes.

2 MS. TAIT: Okay. Thank you.

3 "I, Dr. Bhavesh Gandhi, am a Board-certified
4 physician, specializing in geriatric care. I care for
5 approximately 1,000 patients in my private practice, more
6 than 50 percent of which have a diagnosis of some form of
7 dementia. I am also on staff at Provena St. Joseph's
8 Medical Center in Joliet, Illinois. Additionally, I serve
9 as the Medical Director of Alden Estates of Shorewood
10 Healthcare, and am writing this letter in support of
11 Alden's need for a dementia, Alzheimer's care facility.

12 "From a patient and family perspective, the
13 best modality of care is in a dedicated dementia facility
14 that meets the regulations of the Alzheimer's Association
15 standards. A dedicated facility for dementia also provides
16 the best standard of care for skilled rehab and
17 intermediate care for the dementia population. It is to my
18 understanding that Alden Estates of Shorewood Healthcare
19 turns away 10 to 12 patient referrals a month needing
20 dementia specific care. With the addition of a
21 fully-staffed dementia Alzheimer's building, Alden Estates
22 of Shorewood Healthcare will be able to meet the
23 specialized needs of this specific population."

24 THE COURT: Thank you, Ms. Tait.

1 MS. TAIT: Thank you.

2 CHAIRMAN GALASSIE: I appreciate it. Have a
3 good day.

4 MS. TAIT: Thank you.

5 CHAIRMAN GALASSIE: That concludes public
6 comment on this project. Representatives from Alden Courts
7 of Shorewood, welcome.

8 (Pause)

9 CHAIRMAN GALASSIE: Introduce yourselves,
10 spelling your names, please, if you've not been sworn in
11 from this morning.

12 MR. KNIERY: John Kniery, Foley and Associates
13 (spells name), and sitting behind us is Joan Carl from
14 Alden, and Mr. Charles Foley, also with Foley and
15 Associates.

16 MS. SCHULLO: Hi. Randi Schullo (spells
17 name).

18 MR. OURTH: Joe Ourth (spells name).

19 MR. MOLITOR: Bob Molitor (spells name).

20 (Oath given)

21 CHAIRMAN GALASSIE: Thank you.

22 Staff report?

23 MR. CONSTANTINO: Thank you, Mr. Chairman.

24 The applicants are proposing to add 50 beds to

1 an existing 100-bed skilled nursing facility in Shorewood,
2 Illinois. The total cost of the project is approximately
3 \$10.4 million. The anticipated completion project date is
4 May 31st, 2014. This project received an Intent to Deny at
5 the July 23rd, 2012 Board meeting. The applicants did
6 provide additional information to address the concerns of
7 the State Board. There was no opposition comments received
8 and no public hearing requested.

9 Thank you, Mr. Chairman.

10 CHAIRMAN GALASSIE: Thank you, Mike.

11 Comments for the Board.

12 MS. SCHULLO: First, I would like to say good
13 afternoon and Happy Halloween.

14 CHAIRMAN GALASSIE: Thank you very much.

15 MS. SCHULLO: Mr. Chairman, members of the
16 Board, I am Randy Schullo, President of Alden Realty
17 Services. I'm pleased to have join me today Bob Molitor,
18 our Chief Operating Officer; John Kniery, our CON
19 consultant; and Joe Ourth, our CON counsel. I also have
20 others, if you have any questions that any of us can
21 answer.

22 Before I begin, I would like to thank
23 Mr. Constantino and his staff for working with us to
24 address the Board's concerns after the July Board meeting.

1 As you know from our July meeting, the project before you
2 is the completion of Alden's senior living community in
3 Shorewood. This project would add a 50-bed dementia
4 component to complete this 9 acre campus, which currently
5 is a 100-bed skilled bed nursing facility and a 50-unit
6 independent living development.

7 Four years ago, we proposed and you approved a
8 project to construct a 100-bed skilled facility and a
9 50-bed assisted living, dementia unit on the Shorewood
10 campus. As we reported previously, we are proud to let you
11 know that the skilled facility opened earlier this year and
12 in budget. Our Shorewood facility received licensure and
13 began taking residents only in May. This week we have 43
14 residents out of 100 licensed beds and is quickly filling
15 and is on schedule to meet the targeted utilization which
16 we projected to you. I would like also to mention that
17 since we opened, we have had approximately 43 calls for
18 referrals for those in need of dementia care, which further
19 confirms the need in this area.

20 At the July meeting, our project fell one vote
21 short of approval. Today, with one exception, the State
22 Agency Report finds that our project complies with all of
23 the Board's review criteria and notes that there has been
24 no opposition to our project. The focus of the July

1 discussions was primarily on confirming that HUD financing
2 would be available. We sought to address this issue by
3 providing supplemental information that we submitted in
4 August. We believe you have that information, and it is
5 reflected in the new State Agency Report.

6 Most important, you will see that the State
7 Agency Report has now made a positive finding and concluded
8 that HUD financing is available. In that response, we
9 provided additional explanation and evidence. First, we
10 had a letter from the U.S. Department of Housing and Urban
11 Development, explaining the HUD loan process and that it
12 cannot accept applications until this Review Board first
13 reviews the project and grants us our Certificate of Need.
14 (Unintelligible) of Cambridge, the first phase of
15 construction of the Shorewood project has HUD financing,
16 and also a letter from Cambridge Realty Capital, attesting
17 that Alden has successfully received HUD financing for over
18 40 years and for over \$250 million in loans.

19 The sole remaining negative is that one of the
20 two applicant entities does not meet the financial ratios.
21 It is important to note that the entity that will be
22 licensed to operate the facility meets all of the Board's
23 financial ratios. The owner of the real property does not
24 meet a few criterion. A review of the transcript of the

1 July meeting appears to show that this issue was not a
2 significant focus of the Board's concern, but we will
3 address any further questions that you have on the issue.

4 In closing, the primary issue relating to the
5 availability of funds has been resolved and we now have a
6 positive finding on this issue. Your approval will allow
7 us to proceed with the dementia care, similar to what you
8 approved previously and what we believe is needed in the
9 community.

10 We thank the Staff for its assistance and the
11 Board for its consideration and would be happy to answer
12 any questions you may have.

13 CHAIRMAN GALASSIE: Thank you, Ms. Schullo.

14 Open it up to the Board. Questions from Board
15 members?

16 MR. SEWELL: I have a question for the Staff.

17 CHAIRMAN GALASSIE: Question for the Staff,
18 Mr. Sewell?

19 MR. SEWELL: So, Mike, what's being presented
20 here is that the applicant entity is consistent with our
21 financial criteria?

22 MR. CONSTANTINO: That's correct, the
23 operator.

24 MR. SEWELL: The operator. So that leaves no

1 other concerns in your State Agency Report?

2 MR. CONSTANTINO: We have one concern with the
3 owner of the real estate. It does not meet our ratios.

4 MR. SEWELL: Is that relevant, though, since
5 they're not the applicant?

6 MR. CONSTANTINO: No. That's just the way our
7 rules are designed.

8 MR. SEWELL: Okay.

9 CHAIRMAN GALASSIE: Any other questions or
10 comments?

11 Mr. Carvalho?

12 MR. CARVALHO: Thank you, Mr. Chair. There
13 are a lot of facilities in Illinois that have "Alden" as
14 part of them. So I don't want to ask a question that's not
15 related to your organization. So, first, are you related
16 to Alden Village North?

17 MS. SCHULLO: Yes.

18 MR. CARVALHO: And are you related to Alden
19 Wentworth Rehab?

20 MS. SCHULLO: Yes.

21 MR. CARVALHO: Okay. One of the criteria the
22 Board has is related to the character and track record of
23 the organization. I know Alden Village North at least a
24 year ago we sought to shut down. So that I don't

1 mischaracterize the track record or the history, perhaps
2 you could explain what was going on there and what
3 eventuated.

4 MR. MOLITOR: I guess that would be me. Alden
5 village North, yes, we did have a number of problems at
6 Alden Village North, but one of the things that I want to
7 point out, a lot of the things that were represented in the
8 Tribune articles were misrepresented in regards to the
9 timing that we took over the facility, what we inherited.
10 When we took over the facility, we knew, Public Health
11 knew, that we were taking over a troubled children's
12 pediatric facility. Everybody was aware. I myself even
13 asked Public Health, to make sure that when we come in, we
14 need an opportunity to correct these issues.

15 MR. CARVALHO: When did you come in?

16 MR. MOLITOR: 2008, I believe it was. I'm not
17 sure about the date. I'm sorry. I'm not really positive
18 on the date.

19 MR. CARVALHO: But just to put it in context,
20 as you say, there were multiple ownerships, and there were
21 14 children who died over the course of 10 years. So, I'm
22 just trying to figure out which ones were under your watch.

23 MR. MOLITOR: I don't know the specific number
24 of what ones were under our watch, but I also want to point

1 out -- which we did with numerous people from Public
2 Health, and just to point out too, as of today, the
3 facility is clear of all of the violations and is actually
4 looked at as one of the best skilled facilities out there
5 today, because we did correct issues that we were cited
6 for.

7 The other thing to point out, the children
8 that were noted as dying at our facility -- in Alden
9 Village, we also operated an intense ventilator unit over
10 at the facility, which the majority of those people who had
11 died that were people in critical condition, coming from
12 different hospitals. They had multiple comorbidities, and
13 we went and we fought all those issues, and we came out
14 cleared, and everything is moving positively at this
15 facility.

16 MR. CARVALHO: And I'm only bringing -- I'm
17 the ex-officio from Public Health, so I figure it's my job
18 to bring to the Board's attention the Public Health record
19 with Alden. The Alden Wentworth Rehab Center has been one
20 that was on the Federal watch list. Is that off that now?

21 MR. MOLITOR: Yes, that is off.

22 MR. CARVALHO: And do you have other
23 facilities currently on the watch list?

24 MR. MOLITOR: I have one facility, Alden Town

1 Manor.

2 MR. CARVALHO: And what progress are you
3 making -- first off, what you -- why don't you describe
4 what the watch list is.

5 MR. MOLITOR: The State law changed a couple
6 years ago. If you have two Level A violations, as noted in
7 the new regulations, they automatically put you in a
8 situation where you would be a special focus facility.
9 Alden Town Manor received a double A, which we are
10 currently fighting, we have a hearing for, because we don't
11 believe that was accurate. But they're in a special focus.
12 Right now we're one survey away from getting off the
13 special focus list. We made improvements, as noted by both
14 Public Health and CMS, and that facility, too, is in a much
15 more positive light. I'm anticipating being off that list
16 February 1st of next year.

17 MR. CARVALHO: Thank you.

18 MR. KNIERY: Mr. Chairman, if I may, one other
19 point.

20 Mr. Carvalho, we also, I believe, represented
21 this all in the application. We were open not only with
22 our --

23 CHAIRMAN GALASSIE: It is in your
24 application, not perhaps that detail, but it is represented

1 in your application.

2 MR. KNIERY: We may have even over reported,
3 because we included charges, not just findings. I just
4 want to make that point.

5 MR. CARVALHO: And I should add, I wasn't
6 raising those because I thought you hadn't raised them. I
7 just thought it was my role to highlight them.

8 CHAIRMAN GALASSIE: Any other questions or
9 comments?

10 MR. HAYES: Mr. Chairman.

11 This facility is basically for -- this is a
12 skilled nursing facility for geriatric patients, and now
13 you're adding a 50-bed dementia facility to that. Now,
14 this application was -- when was this application approved,
15 the original application for the building of this facility?
16 Because this includes assisted living, a skilled nursing
17 facility, and when was that approved and what application
18 was that exactly?

19 MR. KNIERY: I might defer to Mike, because I
20 don't have that in front of me. However, if you are
21 getting to -- this was part of the original application.
22 The 50 beds was under assisted living, still for dementia,
23 and we found it more advantageous to get it licensed under
24 nursing, where we could serve more of the population, to

1 include all three stages, as we heard before, all three
2 stages of the disease and not just the first and second
3 stage, but also the end stage.

4 MR. HAYES: Maybe I'm asking -- in the
5 history of this project, you were approved in 2008.

6 MR. KNIERY: I believe so.

7 MR. HAYES: And, basically, you started with
8 the skilled nursing four years later, is that correct, when
9 you finally have been able to open that facility.

10 MS. SCHULLO: Well, we started in 2008. We
11 did open -- well, we opened earlier in 2011 and --
12 licensure and what-not. We took our first resident in
13 2011. As part of that campus, we had the skilled nursing.
14 We also had independent senior housing. We opened the
15 independent senior housing first, and that project is 50
16 units of independent living, and we have a wait list of
17 100. There is such a need in Shorewood for independent
18 living, the memory care, which we're proposing today, and
19 the skilled nursing, which now is 43 residents out of a
20 hundred licensed beds.

21 MR. HAYES: Now, there hasn't been any delay
22 or problems with financing or anything on this project?

23 MR. KNIERY: I think it's been an issue of
24 phasing the project. I'll let Randi speak to financing.

1 MS. SCHULLO: As John said, phasing of the
2 project was very important. We went through entitlements
3 and zoning in the beginning, and the project was always,
4 from day one, zoned for the independent senior living, the
5 skilled nursing and then the 50-bed memory care component.
6 So, there is a process in phasing and opening and doing it
7 in stages.

8 We've been working with HUD since 1970. We
9 have over \$250 million worth of HUD-insured loans with
10 them. We have a great track record, and the process is a
11 long process, but I know we can do it.

12 MR. HAYES: Now, with the HUD loan, could
13 you -- you can't -- do you have to have Board approval
14 before they will issue your HUD loan? Is that correct?

15 MS. SCHULLO: Yes. We have to have this
16 Board's approval prior to even submitting our application
17 to HUD.

18 MR. OURTH: Included in the supplemental
19 package is a letter from HUD that attested that, that they
20 will not accept that application until this Board has given
21 that approval.

22 MR. KNIERY: Mr. Hayes, if I may, we -- I
23 believe it took over a year to receive the HUD approval.
24 That was just a process. It might have been because of

1 where we were in the economy nationwide, but there were
2 different rules that were coming and that they were trying
3 to realize the effect of them that might have extended the
4 process. But we made application. It took in excess of a
5 year, I believe. I don't know that you would qualify that
6 as a problem. It was just their process.

7 MR. HAYES: Well, you received approval, but
8 now you have to go through closing this loan, and you have
9 to have approval from the Board before they will close that
10 loan.

11 MR. OURTH: Actually, before they will accept
12 the application. It's a condition to applying to have had
13 the approval of the Review Board to submit the application,
14 and, again, we've got the letter from HUD and from
15 Cambridge, talking about their process, that we included in
16 that.

17 MR. HAYES: Now, about 3 million of this is
18 going to be for -- you are going to self-finance, is that
19 correct, with cash and securities?

20 MS. SCHULLO: I think it was four million.

21 MR. HAYES: About four million. Now, that
22 information -- the State Board really wasn't able to
23 determine that. They had information from other projects
24 that you've been able to complete, but they haven't been

1 able to really confirm that you have the ability to be able
2 to meet that cash and securities.

3 MR. CONSTANTINO: When I took a look at the
4 project, John, with the additional information they
5 provided us with, they had \$250 million in loans with HUD;
6 they had a good credit rating; and they've always completed
7 their projects under budget and on time. So, ultimately, I
8 made the conclusion that, yeah, they would have the
9 financing and we could be positive on the criteria. That's
10 what I based it on.

11 MR. HAYES: Do you have any information about
12 the credit rating?

13 MR. CONSTANTINO: I was just going to mention,
14 as you can see from this project, they have almost a 40
15 percent equity contribution in this project, the \$10
16 million project. I believe the previous one was only 20
17 percent, I believe. So there's a higher equity
18 contribution on their part and then the HUD loan.

19 MR. HAYES: Okay. Thank you.

20 CHAIRMAN GALASSIE: Any other questions or
21 comments?

22 MS. SCHULLO: Can I say one other thing?

23 CHAIRMAN GALASSIE: I don't think it's
24 necessary.

1 Can I have a motion to approve Project 12-032,
2 Alden Courts of Shorewood to add 50 skilled nursing beds to
3 an existing long-term care facility?

4 MR. PENN: So moved.

5 MS. OLSON: Seconded.

6 CHAIRMAN GALASSIE: Moved and seconded. Thank
7 you very much.

8 MR. ROATE: Motion made by Mr. Penn, seconded
9 by Ms. Olson.

10 Mr. Bradley.

11 MR. BRADLEY: Yes.

12 MR. ROATE: Dr. Burden?

13 MR. BURDEN: Yes.

14 MR. ROATE: Justice Greiman?

15 MR. GREIMAN: Yes.

16 MR. ROATE: Mr. Hayes?

17 MR. HAYES: Yes.

18 MR. ROATE: Ms. Olson?

19 MS. OLSON: Yes.

20 MR. ROATE: Mr. Penn?

21 MR. PENN: Yes.

22 MR. ROATE: Mr. Sewell?

23 MR. SEWELL: Yes.

24 MR. ROATE: Chairman Galassie?

1 CHAIRMAN GALASSIE: Yes.

2 MR. ROATE: That's eight votes in the
3 affirmative. Motion passes. Congratulations.

4 (Pause)

5 CHAIRMAN GALASSIE: Moving on to Project
6 12-038. We do have public comment, eight according to our
7 records. Ms. Avery will call five individuals up, and
8 we'll ask you to use the microphone in introducing yourself
9 and spelling your name and giving your two-minute,
10 two-and-a-half-minute comment, please.

11 (Speakers identified)

12 (Pause)

13 CHAIRMAN GALASSIE: Good afternoon, folks.
14 Welcome. You're the closest to the microphone, ma'am.
15 We'll start with you.

16 MS. SUTTON: Hi. My name is Pat Sutton
17 (spells name), and I am a -- I'm here to oppose the
18 proposal.

19 I am currently a Program Development
20 Consultant on transitions and care at Community Nursing &
21 Rehab in Naperville. I'm also a licensed social worker and
22 an accredited hospital case manager through the ACMA, which
23 is the national organization for hospital case management
24 and social workers. Further, I've been a hospital medical

1 social worker, doing discharge planning in the community
2 for over 20 years.

3 When I first heard the proposal for a
4 long-term care facility at Monarch Landing and read the
5 testimony from many of the residents there regarding the
6 promise to these residents for a long-term care facility to
7 allow them to age in place in their community, I thought
8 this was great, they're going to make good on the promise
9 to serve those long-term care needs for their residents
10 within the community, and that would be a good thing. But
11 then I saw that the plan is actually for an open admission
12 license that would allow for admissions from outside the
13 Monarch Landing residents and would extend to all members
14 of the surrounding area. Further, the proposal defines the
15 expected payment mix for these patients going into the
16 facility at 50 percent Medicare, 8 percent Medicaid and 42
17 percent private pay.

18 MR. MORADO: Thirty seconds.

19 MS. SUTTON: So, with the fact that I'm aware
20 what the Board's initial decision to oppose the project
21 was, and I want to voice my belief that this was the right
22 decision. By opening the doors to admit residents of the
23 surrounding area instead of just meeting the continuum of
24 care for residents at Monarch Landing, the proposal has now

1 become one of adding 96 beds to an already under utilized
2 supply of skilled nursing facility beds. Specifically,
3 there are 48 facilities in the geographical area of Monarch
4 Landing.

5 MR. MORADO: Please conclude your comments.

6 MS. SUTTON: Within Naperville, there are 6
7 facilities. Four of them don't meet capacity threshold,
8 and, therefore, adding additional beds to this facility by
9 bringing this on, in addition to the one that has not even
10 yet opened, that is 120 beds. That will be a hardship and
11 certainly --

12 CHAIRMAN GALASSIE: Closing, ma'am.

13 MS. SUTTON: So, while I support this facility
14 within their own residents, I do oppose the fact that --

15 CHAIRMAN GALASSIE: We understand. Thank you
16 very much.

17 MS. LAFF: Good afternoon. My name is Allison
18 Laff (spells name), and I am the Zoning Administrator for
19 the City of Naperville, and I am here today speaking in
20 support of the proposed healthcare center at Monarch
21 Landing.

22 As background, the city approved a rezoning of
23 the Monarch Landing campus in 2005 to allow for a continuum
24 of care retirement community, the component of which

1 included an extended care facility. The city is very
2 strategic in its support for residential and healthcare use
3 within the I-88 corridor, which this property is located
4 in, because this corridor is largely intended for
5 industrial offices and high tech uses. But with that being
6 said, we did specifically support Monarch Landing, based on
7 the need for this type of campus within the city and it's
8 convenient location within the corridor, but without direct
9 frontage on the corridor. In contrast, the city did
10 recently deny a similar request for a CRC, senior living
11 and transitional care management, which has direct access
12 onto I-88. It has no plans for any other rezonings within
13 the corridor for this type of use.

14 With that being said, the city finds that the
15 current healthcare proposed for Monarch Landing is
16 consistent with the approved (unintelligible) for the site
17 and fully supports its construction and location on this
18 property.

19 Thank you.

20 CHAIRMAN GALASSIE: Thank you.

21 MR. KROGER: Good afternoon. My name is
22 Dr. Eli Kroger. I'm the Medical Director at Sedgebrook
23 Retirement Community, which is the sister community to
24 Monarch Landing. We're located in Lincolnshire. I come in

1 support of Monarch Landing's proposal for the healthcare
2 facility.

3 I have had a lot of contact with Monarch
4 Landing. I was the Regional Medical Director for several
5 years. I've done patient care over there as well and have
6 worked with them very closely.

7 I've been an internist now for 30 years and
8 have had a completely geriatric practice for the last 20
9 years of that time. Our model of care at Sedgebrook and
10 also, therefore, at Monarch Landing is one where the
11 physicians provide exclusive care to the residents who live
12 there. The office is located within Monarch Landing, just
13 like at Sedgebrook, and there are practices for those
14 patients. As a result, access to care issues for those
15 patients is markedly diminished.

16 When those patients age in place and have to
17 transition, we find that even moving a mile or two might as
18 well be as much as 10 or 20 miles for many of these
19 patients. It's very difficult for spouses and families to
20 go elsewhere, and it's very difficult to maintain the
21 support structure that has been put in place in a CCRC.

22 MR. MORADO: Thirty seconds.

23 MR. KROGER: We have experienced spouses who
24 age at different rates. One spouse becomes demented and

1 needs to go into the assisted living. At least the other
2 spouse can remain and visit their spouse, have dinner with
3 them, stay with them and walk across, be within close
4 contact, so that both individuals have retained both their
5 medical support structure and the social support structure,
6 which is so critical to the health and well-being of these
7 individuals.

8 Thank you.

9 CHAIRMAN GALASSIE: Thank you, Doctor.

10 MR. BRINING: Yes. Good afternoon. My name
11 is John Brining (spells name), and I am in support of this
12 project. I wear a couple different hats today. I am the
13 Executive Director of the Construction Industry
14 Corporation, representing 140,000 union trades folks in the
15 Chicago regional area, including DuPage County, and 8,000
16 contractors. I'm also a board member of Choose DuPage,
17 which is an economic developing organization in DuPage
18 County who supported this project with a decision this
19 morning; and there will be a letter sent to all of you from
20 those organizations. I'm also a board member for the Work
21 Force Bulletin Board in DuPage County.

22 I agree with the other supporters, based on
23 the needs aspect of the application, but, you know, more
24 importantly, in my industry, I'm looking at this 90,000

1 square foot healthcare facility as an opportunity to
2 provide well-needed jobs to the union construction
3 industry, and that is going to help -- we're going to be
4 using private and public sectors that are going to benefit
5 from this. There will be new jobs, new and sustained
6 spending, and new and sustained tax streams. Right now our
7 industry is going to get about 30 to 40 percent
8 unemployment as a rate, and we look at this as giving some
9 help and hope to our industry and providing a vital need to
10 the community.

11 Thank you.

12 CHAIRMAN GALASSIE: Thank you, sir.

13 MS. HEDTCKE: My name is Carol Hedtcke. I am
14 currently a resident of Monarch Landing, and I am President
15 of the Resident Advisory Council. Here today with me today
16 are 42 other residents.

17 Raise your hands.

18 (Pause)

19 MS. HEDTCKE: Who come to join me --

20 CHAIRMAN GALASSIE: Welcome.

21 MS. HEDTCKE: -- in asking to support our
22 application that will allow us to proceed with building our
23 long-awaited nursing home. Others have addressed the
24 practical issues. I want to address a humane issue.

1 Please for a moment just imagine that you are
2 discharged from the hospital to a nursing home for skilled
3 care and monitoring and perhaps physical therapy. You have
4 one life-threatening illness, or several. You are 5 to 10
5 miles, or even just 5 minutes by car, from your home and
6 your family and your family of choice and friends at
7 Monarch Landing. You get tired. You're scared. You wish
8 your wife, your husband were with you, or even your best
9 friend. If you were home at Monarch Landing, in your own
10 healthcare center, your spouse and one of your many friends
11 or family would be walking back and forth between
12 buildings, several times a day, to give you support, to
13 encourage your struggles to walk, to bring you news of your
14 extended family and gossip and small treats and even
15 sometimes to hug you. So, you feel their care and caring
16 flowing into you and you feel a little more energy to try
17 harder. Just imagine how it would be for your loved ones.

18 Your Board -- you have received well over a
19 hundred letters supporting the approval of the healthcare
20 center, and I now represent the interests of all 410 of us,
21 as well as our family and friends, who are all anxious to
22 see our application approved so we can build our healthcare
23 center and continue to help and support one another as
24 family and community.

1 Thank you.

2 CHAIRMAN GALASSIE: Thank you, Ms. Hedtcke.
3 I'm finding myself a little intimidated by your
4 representation. If there's an award for representation,
5 Monarch would certainly be getting it. Thank you, folks.

6 I believe we have three more individuals who
7 would like to give public comment.

8 (Speakers identified)

9 (Pause)

10 CHAIRMAN GALASSIE: Good afternoon, folks.

11 MS. ERICKSON: Good afternoon. My name is
12 Julie Erickson (spells name). I'm here in support of this
13 project, and I'm going to speak very quickly.

14 My parents moved to Monarch Landing one year
15 ago. They chose to move to a continuing care community,
16 because they believed it would allow them to stay active
17 and independent longer. It would allow them to stay
18 together longer, and it would ease the burden on me, their
19 only child, should they need care in the future. After
20 looking at more than 13 continuing care communities, they
21 left their longtime community of 46 years and moved to
22 Naperville to live at Monarch. At the time they moved in,
23 they were both walking unassisted and they were
24 independent. Nineteen days later that changed.

1 The Sunday after Thanksgiving, my mother fell
2 on her way to church in Arlington Heights. She broke her
3 pelvis and her elbow. As a result, she received treatment
4 at two hospitals and two skilled nursing facilities. The
5 first hospital got everything right. Unfortunately, both
6 skilled nursing facilities in Naperville did not and
7 neither did the second hospital. Upon her release from the
8 first hospital, my mom went to a skilled nursing facility
9 where they gave her the wrong Parkinson's medication that
10 has got side effects for her. My mom caught the mistake,
11 and she told the nurse, "You're giving me the wrong pill."
12 They disregarded her. Not until I stepped in and had to
13 threaten the administration that we were moving her to
14 another facility did they correct the situation.

15 Subsequently my mother was admitted to a local
16 hospital due to an increase in her pain.

17 MR. MORADO: Thirty seconds.

18 MS. ERICKSON: That was followed by more
19 treatment at a second skilled nursing facility. I
20 specifically met with the administrators at those
21 facilities and told them -- cautioned them about her meds,
22 and they both got her meds wrong.

23 We did not feel we could leave my mother
24 alone, which meant that my father, who had just moved, had

1 to go -- drive to another facility off site every day to
2 make sure that she was properly taken care of, because no
3 one would listen to her in these facilities. That would
4 not have happened had she been able to remain on site and
5 be treated by physicians at Monarch Landing who are
6 familiar with her health history.

7 MR. MORADO: Please conclude.

8 MS. ERICKSON: Regrettably, my dad was now a
9 caregiver for my mother, who was recently diagnosed with
10 aggressive cancer. This morning I took him for his first
11 radiation treatment. It is now a very real concern that
12 both my parents may need assistance simultaneously and much
13 sooner than expected.

14 I ask this Board: What do you want for your
15 parents? I work. I can't be there all the time, and
16 that's why it's important to me to have caregivers and
17 doctors who I can trust and count on and develop a
18 relationship with. That's why they moved to Monarch
19 Landing. That's what we expected, and I don't think it's
20 too much to ask.

21 In April my aunt and uncle moved to Monarch
22 Landing. My family has a stickiness. With the Baby Boomer
23 generation entering their senior years, there's only going
24 to be greater need for this type of community. I implore

1 the Board to approve the Monarch Landing application and
2 allow this facility to proceed.

3 CHAIRMAN GALASSIE: Thank you, Ms. Erickson,
4 and we certainly wish you and your family well.

5 MS. ENRIGHT: Good afternoon. My name is
6 Jennifer (spells name), and I'm a Physician Practice
7 Manager for Edward Medical Group, including the physician
8 practice located at Monarch Landing, and I'm here today on
9 behalf of Edward Medical Group to demonstrate our support
10 for skilled nursing care at Monarch Landing. Our
11 physician, Dr. Constantine Wonais, is a full-time primary
12 care physician at Monarch Landing, providing on-site access
13 to wellness care and sick visits, as well as 24 hours a
14 day, 7 days a week coverage for over 300 of Monarch Landing
15 residents. This enables them to have the very best in
16 medical care, knowing there is continuous oversight and
17 consistency.

18 As Monarch Landing residents age, the plan has
19 been to enable them to remain on campus through the ability
20 to receive home care in their apartments, specialized
21 memory care support services, and assisted living or
22 skilled nursing care, when either a temporary care or more
23 permanent illness occurs. This would allow the patients of
24 Dr. Wonais to continue to receive medical oversight and

1 on-site coverage, maintaining this consistency. I would
2 really like to emphasize this importance, because as the
3 residents develop physical, medical, and cognitive
4 impairments, they require more and more care and services.
5 If they do have to transfer outside the organization and
6 seek care from other providers, it does increase the
7 likelihood of miscommunication, medication errors, et
8 cetera, which lead to poor health outcomes. By having the
9 ability to stay within their community they continue under
10 the same provider's care. This continuity of medical,
11 clinical, emotional, and social care can greatly reduce
12 these unnecessary risks.

13 MR. MORADO: Thirty seconds.

14 MS. ENRIGHT: From the very beginning, Monarch
15 Landing has had the vision of providing aging seniors with
16 a better senior living model, where residents are able to
17 age gracefully while having access to the finest care and
18 services. Edward Medical Group has partnered with Monarch
19 Landing in realizing this vision, and we ask today for your
20 approval of the Certificate of Need for Monarch Landing's
21 skilled nursing facility.

22 Thank you.

23 CHAIRMAN GALASSIE: Thank you.

24 Good afternoon, Mayor.

1 MR. PRADEL: Good afternoon. My name is A.
2 George Pradel, the Mayor of Naperville, and I'm here to
3 express the city's strong support for the proposed
4 healthcare center at Monarch Landing.

5 Monarch Landing is an important part of our
6 community. The city approved plans for the development in
7 2005, to fill an identified need for senior housing and
8 associated support services for the city's growing senior
9 population. The development of a continuing care
10 retirement community at Monarch Landing allowed the city to
11 meet these needs in a unique campus setting.

12 While economic conditions have slowed the
13 build-out of the campus today, there are nearly 500
14 Naperville residents that reside at Monarch Landing.
15 Naperville Senior Care, as the new owner of the Monarch
16 Landing, has partnered with the city to address campus
17 deficiencies brought about by the bankruptcy of the
18 original developer. Today we look to take the next step in
19 the future of Monarch Landing to meet the needs of the
20 campus's many residents. Many of those residents are
21 personal friends of mine -- friends that moved to Monarch
22 Landing up to six years ago on the promise of a continuing
23 care retirement community; friends that now face the
24 prospect of needing the services that will be provided at

1 the proposed healthcare center.

2 I ask you to support the healthcare center, to
3 fulfill the planning objectives of the city, and meet the
4 needs of the campus's many existing and future residents.
5 Today we can -- together we can and will build a stronger
6 community for our senior citizens.

7 Thank you for listening to us today. We
8 appreciate what you do for the state of Illinois.

9 MR. GALASSIE: Thank you, Mayor.

10 (Applause)

11 CHAIRMAN GALASSIE: I'm going to call
12 representatives from Healthcare Center at Monarch Landing
13 to the table. It looks like you have a tough act to
14 follow.

15 We'll ask you to pull those microphones close,
16 introducing yourselves. Spell your name, and we'll have
17 you sworn in.

18 MR. CLANCY: Ed Clancy (spells name) from
19 Ugaretti and Harris.

20 MS. DEFIEBRE: Denise Defiebre (spells name).
21 I'm with Senior Care Development.

22 MS. GARVIN: And I'm Renee Garvin (spells
23 name). I'm the Executive Director for Monarch Landing.

24 (Oath given)

1 CHAIRMAN GALASSIE: Thank you.

2 Staff report, please.

3 MR. CONSTANTINO: Thank you, Mr. Chairman.

4 The applicants are proposing to establish a
5 96-bed skilled nursing facility in Naperville, Illinois.
6 The cost of the project is approximately \$24.4 million.
7 The applicants received an Intent to Deny at the July 2012
8 State Board meeting. Additional information was provided,
9 including letters of support in response to the Intent to
10 Deny. The anticipated project completion date is March
11 1st, 2014. There was no public hearing requested and no
12 letters of opposition received.

13 Thank you, Mr. Chairman.

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

16 MR. CLANCY: Mr. Chair, Members of the Board,
17 thank you for the opportunity to come back here since the
18 last meeting we attended in July, in which you issued an
19 Intent to Deny.

20 I'm not going to repeat some of the comments
21 you just heard. It was going to be part of my
22 presentation, and they kind of stole my thunder. But what
23 I do want to address is the Board's concern as to whether
24 there is a need for additional beds in this Planning Area.

1 First of all, the Illinois Department of Public Health
2 itself has determined that there is a need of 937
3 additional long-term care beds in the Planning Area. In
4 addition, the applicant met other criteria in terms of
5 determining the need, and that was based on the number of
6 referrals from area hospitals that the hospitals intended
7 to refer over to Monarch Landing's skilled nursing facility
8 and the number of discharges from those facilities.

9 The one criterion that the applicant did not
10 meet was the overall utilization of other area facilities.
11 That utilization averaged approximately 84 percent, which
12 is about six percentage points below what the Board's
13 targeted occupancy rate is. Now, we would like the
14 Board -- and I know you've heard this argument a number of
15 times. We believe that utilization rate to be inaccurate
16 and a little bit misleading, and we believe that because we
17 know that there are a number of facilities out there that
18 are licensed for a certain number of beds, yet don't have
19 those beds set up and there's no way for any resident to
20 occupy those beds and, as an example, DuPage Convalescent
21 Home was just recently licensed for 508 nursing, long-term
22 care beds, and it recently decreased the number of its
23 licensed beds from 508 to 368, reducing licensed beds by
24 140 and increasing its utilization rate by over 20 percent.

1 So, what we ask the Board to do is not to ignore the
2 utilization rate, but to balance that one criterion with
3 the fact that the Department itself has identified a bed
4 need in the Planning Area, and the fact that the applicant
5 has met other criteria in the application.

6 So, on balance -- and I know you just heard
7 from a number of applicants. This is an important project
8 for a number of people, especially for the residents. It's
9 important for the city. This is a continuing care,
10 retirement community, and as you know, the model for a
11 continuing care retirement community is to have independent
12 living, assisted living, and skilled nursing care, so folks
13 can age in place, they can have family members come there
14 and visit them and not have to go to different campuses,
15 and also that the physicians can continue to provide the
16 continuum of care for the residents that are there. For
17 these reasons, we ask that you reconsider your earlier
18 Intent to Deny and grant this project.

19 If there are any other questions, I think we
20 have sufficient folks here to answer.

21 CHAIRMAN GALASSIE: I think I'll open it up
22 to the Board for questions or comments.

23 Member Sewell?

24 MR. SEWELL: Yes. The State Agency Report

1 says that financing has not been secured for the project.

2 Any update on that?

3 MS. GARVIN: We actually do have the financing
4 approved by Fundamental Partners. They have agreed to a
5 term sheet that was provided in the application to provide
6 the loan for the required funds. The equity required will
7 be called in when we are ready to begin construction. That
8 is set aside by the entities, both Naperville Senior Care,
9 as well as Fundamental Partners.

10 MR. SEWELL: And is that equity issue the
11 reason for -- well, I guess I would ask the Staff.

12 Is that the reason --

13 MR. CONSTANTINO: That's correct.

14 CHAIRMAN GALASSIE: Mr. Carvalho?

15 MR. CARVALHO: Thank you.

16 If this is to be a continuing care retirement
17 community, it has to have the skilled nursing beds. That's
18 a given. So, I think the real question before the Board
19 is, what are the right number of beds, and is the atypical
20 request of the applicant -- namely, to allow those beds to
21 be used for the entire community rather than just the
22 continuing care retirement community -- something that the
23 Board should consider? As you know, normally when somebody
24 applies for a CCRC, part of the whole process is that the

1 beds will only be used in that community. Every CCRC would
2 love to use the beds elsewhere, because during the ramp-up
3 period of filling the CCRC, the beds are going to be under
4 utilized. So, every CCRC would like to use the beds
5 outside. But typically that's not asked for. You have
6 asked for it. So I'd like to hone in on those two
7 questions; namely, not the issue of what I think the
8 members who live there want, to make sure that there are
9 still nursing beds. Absolutely, of course, there have to
10 be skilled nursing beds. The answer to that is should be
11 yes. The question is the right number of beds, and is
12 allowing the beds to be used outside of the community
13 appropriate.

14 So, on the number of beds, the thing that
15 perhaps -- it's a little confusing in our State Agency
16 Report, so maybe you can elaborate. The number of living
17 units in the CCRC is around 367-68, and it was when the
18 original owner applied. But when they applied, they only
19 sought 24 skilled nursing beds, and you're seeking 96,
20 which is quite different. It's three times or more bigger.
21 And they did not -- if I recall, did not seek to use the
22 beds outside. How come there's such a discrepancy between
23 the number of beds that they thought were necessary for a
24 367-unit CCRC and the number that you're asking for,

1 especially in light of the fact that you're asking that it
2 be available outside of the community?

3 MS. GARVIN: The business plan that was put
4 forth by the prior owners assumed that ultimately Monarch
5 Landing would build out in probably a 5 to 6-year period to
6 be over 1,200 independent living units, so had a very
7 aggressive phasing strategy that had the campus grow very
8 consistently over time and, therefore, I believe their
9 business plan assumed the staging for the health center
10 would happen in lock step. Ultimately, I think the full
11 build-out of the skilled nursing facility was going to be
12 well over a hundred beds. So, I think that was party to
13 Erickson Living's overall strategy for the way they saw the
14 community building out over time.

15 The reality was very different. I don't need
16 to tell you that we purchased -- Naperville Senior Care
17 purchased Monarch Landing two years ago, out of bankruptcy.
18 Its operations stalled when sales hit the skids at the time
19 of the crisis in real estate, housing as well as the
20 economy. Erickson had a problem nationally, obviously, and
21 declared bankruptcy. When we purchased Monarch Landing, we
22 did not in any way anticipate building out to that same
23 scale or having that same phased approach to the health
24 center's development. So, our effort is to get sufficient

1 numbers of beds on campus at one time. It is very
2 financially beneficial for us to build at one time in terms
3 of cost containment for the project as a whole and for
4 operating efficiencies.

5 The skilled nursing number of beds the
6 community ultimately will need will be 75 to 80 percent of
7 the number of the 96 beds we're asking to build. The
8 reality is, as you know, independent living residents move
9 in vital and independent and healthy, and their demand for
10 those skilled nursing beds will increase over time. In the
11 early years, however, to make the community operationally
12 feasible, we need to have direct entrants able to come and
13 fill those beds while we wait for the demand from the
14 existing independent living community residents to continue
15 to grow.

16 MR. CARVALHO: I don't think you've really
17 responded to either of my points. Every CCRC would make
18 that argument, because every CCRC is going to build up
19 slowly and every CCRC is going to have beds that are under
20 utilized for their community and every CCRC would want to
21 not have that restriction. But every CCRC does have that
22 restriction.

23 MS. GARVIN: We don't have the benefit of
24 building the health center along with the independent

1 living at the same time and having the cost savings of
2 doing the entire campus at one time.

3 MR. CARVALHO: And then on your first answer,
4 again, it sounded exactly upside-down, which was that the
5 prior applicant wanted to do 24 beds when they were opening
6 their 367 and figured that when they got bigger, faster --
7 because the economy was different, they thought they would
8 get bigger faster -- then they would scale up. You're
9 saying the economy slowed down; you're going to scale up
10 slower, and, therefore, you want to build all of the beds
11 upfront. It would seem that you would come to the opposite
12 conclusion -- you would only build the ones you need and
13 you would wait to see if you needed more, if and when you
14 scaled up at a slower pace. It seems totally upside-down,
15 and especially in light of the fact that you want to admit
16 the community. It seems like you're trying to build a
17 nursing home and incidentally have the beds for your
18 residents.

19 MS. GARVIN: The Erickson plan was to the
20 construction of their 24 beds very early on in the
21 independent living community's opening, right initially.
22 The reality is that Monarch Landing is now six years old,
23 and the independent living residents -- and we just
24 crossed, happily, 80 percent of the independent living

1 units being occupied. So, the need has grown over those
2 five or six years. The Erickson plan was to really almost
3 have continual construction of new independent living and
4 health center units over time and, therefore, when the
5 music stopped for them, the campus (unintelligible) with
6 365 units and no healthcare. Ultimately the 365
7 independent living residents will demand 75 percent of the
8 96 beds, at least, and we are requesting the 96 beds so we
9 can do the construction at one time and be prepared for the
10 coming demand from the residents, as well as meet the needs
11 of the population generally in the short time.

12 MR. CARVALHO: One last point. What about
13 utilization? The Board knows this. The Board knows that
14 the nursing homes have more licensed beds than they're
15 using, and so we ask the nursing home community, "We've got
16 to get rid of those excess beds. You've got to scale
17 down." And to a person, they tell us, "We can't do that,
18 because our lenders will get upset if we reduce the
19 number." But then every applicant comes in and says,
20 "Please ignore those numbers that are artificially high for
21 this reason." It's like the industry wants it both ways.
22 They won't let us fix the number, but then they want us to
23 ignore the number when they come in as an applicant.

24 CHAIRMAN GALASSIE: Dr. Burden?

1 MR. BURDEN: Thank you, Mr. Chairman.

2 I appreciate Mr. Carvalho's assessment. I
3 just wanted to repeat what I thought I heard. What I read
4 is that "Continuing care retirement community, Monarch
5 Landing, residents have been promised assisted living and
6 skilled living on this campus." That section is important
7 to me. "The key driver of resident satisfaction, future
8 marketability for the community rests in providing the full
9 continuum of care on that campus. So we believe that the
10 internal demand from the independent living residents, once
11 the community is full, will probably fill three-quarters,
12 and we anticipate 70, 75 beds of 96 will be demanded for by
13 the independent living residents."

14 Is that what you're -- I was trying to get
15 your answer. I believe Mr. Carvalho was searching for your
16 answer. I never really heard it. Is that the answer? I
17 didn't comment about what he asked, but I'm asking you
18 to -- I'm reading what you said when you were here before,
19 which to says you planned on filling up these beds from the
20 residents you have, although it might take quite a bit
21 longer.

22 MS. GARVIN: That's right.

23 MR. BURDEN: Go ahead and tell me.

24 MS. GARVIN: The answer is that we believe

1 that we will have demand for 75, plus or minus, skilled
2 nursing beds from the existing population at Monarch
3 Landing as they age in place, and until then, we will be
4 filling beds -- we ask to have a CON that allows us to fill
5 beds so that the community is financially feasible, and to
6 be built now.

7 CHAIRMAN GALASSIE: That's probably the
8 reason why, I guess, the prior owner went belly-up. Very
9 difficult times, not thinking along the lines you are.
10 It's a different proposal.

11 Lastly, I'll ask the last question. I presume
12 that when you answered the financing question -- I thought
13 the financing question partially concerns the approval of
14 the CON process, approval of an application for a CON,
15 before you get -- before the financing is in place. Is
16 that incorrect?

17 MS. GARVIN: No. We have the financing in
18 place from Fundamental Partners. We simply won't fund that
19 and fund the loan until we're ready to start construction.
20 Once we get the CON -- we have put into IDPH the design for
21 review. There are a couple of other steps we have to go
22 through to be able to begin construction. Those steps will
23 take place, and during that time, we'll make sure that the
24 financing is locked in. We've got the term sheet signed;

1 it's committed to; and we don't have any concerns about
2 that coming to fruition when we're ready to begin
3 construction.

4 MR. CLANCY: Mr. Chair, I wanted to address
5 Mr. Carvalho's -- one of his points he raised in terms of
6 whether this is the right number, and he also brought up
7 the continuum of care variance, and under the -- as you
8 know, probably know -- continuum of care variance, an
9 applicant does not have to show that there is an identified
10 bed need in the area. That's the one criterion that it
11 doesn't have to show in the application. It has to show
12 all of the other criterion in there. But under the
13 continuum of care variance, generally -- not generally, but
14 the rules provide that the facility can get one long-term
15 care bed for every five independent beds. So, if we have
16 approximately 400 residents -- that's just, approximate and
17 it's going to build up in time -- that's approximately 80
18 beds that they're looking at just under the continuum of
19 care variance, and probably will go up as the population
20 builds up. So, that's -- we're asking for 96, but also
21 we're asking for 96 because the Department has identified a
22 need for 973 of those beds, and there are other continuing
23 care retirement communities that do have unrestricted beds.

24 CHAIRMAN GALASSIE: Is this relevant to -- is

1 this under the variance?

2 MR. CONSTANTINO: What we have is a computed
3 need variance. The CCRC variance is a computed need
4 variance. They didn't come in for that variance. They
5 came to -- they did not. They came in to establish a
6 long-term care facility in that Planning Area. That's why
7 we looked at the number of beds needed, the 937 beds that
8 were needed. That's why we looked at those.

9 CHAIRMAN GALASSIE: Thus the need?

10 MR. CONSTANTINO: Right, thus the need for the
11 beds.

12 CHAIRMAN GALASSIE: I'm going to move
13 forward. I'm going to ask for a motion to approve Project
14 No. 12-036, Healthcare Center at Monarch Landing,
15 Naperville, to establish a 96-bed skilled nursing facility.

16 MS. OLSON: So moved.

17 MR. GREIMAN: Second.

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

20 MR. ROATE: Motion made by Ms. Olson, seconded
21 by Justice Greiman.

22 Mr. Bradley.

23 MR. BRADLEY: Yes.

24 MR. ROATE: Dr. Burden?

1 MR. BURDEN: I'm still looking at the State
2 Board standards not met, significant number of
3 deficiencies. 33 of 44 do not meet the State Board target
4 occupancy. I'm going to vote no.

5 MR. ROATE: Thank you.

6 Justice Greiman?

7 MR. GREIMAN: Yes.

8 MR. ROATE: Mr. Hayes?

9 MR. HAYES: Yes.

10 MR. ROATE: Ms. Olson?

11 MS. OLSON: Yes.

12 MR. ROATE: Mr. Penn?

13 MR. PENN: I'm going to vote no. State Board
14 standards not met.

15 MR. ROATE: Mr. Sewell?

16 MR. SEWELL: No. Standards not met.

17 MR. ROATE: Chairman Galassie?

18 CHAIRMAN GALASSIE: Yes.

19 MR. ROATE: That's five votes in the
20 affirmative, three votes in the negative.

21 (Applause)

22 CHAIRMAN GALASSIE: Congratulations. Good
23 luck to you.

24 (Pause)

1 CHAIRMAN GALASSIE: The Chair is going to
2 recommend a 10-minute break, and if we could keep it to 10
3 minutes, three o'clock. Thank you.

4 (Recess)

5 CHAIRMAN GALASSIE: We do have a quorum but we
6 have a few members still straggling in.

7 Project 12-042, Midwestern Regional Medical
8 Center, Zion. Thank you for your patience, ladies and
9 gentlemen. If we could do an introduction with the
10 microphone pulled near, spelling your name. If you haven't
11 been sworn in, we will get you folks sworn in.

12 MR. OURTH: Joe Ourth (spells name).

13 MR. JONES: Scott Jones (spells name).

14 MS. TAYLOR: Cecelia Taylor (spells name).

15 MR. CHOH: Jeffrey Choh (spells name).

16 CHAIRMAN GALASSIE: Thank you.

17 Staff report, please.

18 MR. CONSTANTINO: Thank you, Mr. Chairman.

19 The applicants are proposing the modernization
20 of the Imaging Department at a cost of approximately \$15.5
21 million. The anticipated completion project date is
22 September 30th, 2013. The applicants received an Intent to
23 Deny at the July 2012 State Board meeting. The applicants
24 did provide additional information to respond -- in

1 response to the Intent to Deny. There was no public
2 hearing requested and no opposition received to this
3 project.

4 Thank you, Mr. Chairman.

5 CHAIRMAN GALASSIE: Thank you, Mike.

6 Comments for the Board, please.

7 MR. JONES: Good afternoon, Mr. Chairman and
8 Members of the Board. My name is Scott Jones. I am the
9 Chief Operating Officer at Midwestern Regional Medical
10 center, and with me today are Dr. Jeff Choh, who is our
11 Medical Director of Interventional Radiology, Cecelia
12 Taylor, who is our Chief Financial Officer, and Joe Ourth,
13 who is our CON counsel. We're glad to be here today to
14 talk about our imaging expansion and modernization project.

15 I would first like to thank the State Board
16 Staff for working with us since our last conversation in
17 July regarding the availability of funds issued. I
18 really -- I know they spent a lot of time and energy on
19 this, and I really do appreciate that. So, thank you to
20 them.

21 As reported in our supplemental information, I
22 want to highlight one particular thing. We have opened a
23 dedicated bank account with Bank of America for the funds
24 for this project. The specific name on that account is

1 "Midwestern Regional Medical Center Imaging Expansion and
2 Modernization Project," and it has the necessary \$15.5
3 million in it to fund this project, and we will maintain
4 this account exclusively for payment of these project
5 costs. So, with this solution, there are no negative
6 findings in our State Agency Report with respect to this
7 project.

8 In July, we had several questions from you,
9 and I thought rather than going through the very specifics
10 again on this project, that we would just spend a couple
11 minutes talking about Midwestern Regional Medical Center.

12 CHAIRMAN GALASSIE: If I may, I apologize for
13 interrupting. Because of the time of the day, the issue
14 really is the financials. That's the crux of what the
15 Board needs to hear, and after Staff Report, I would
16 suggest we move on with it.

17 Are we comfortable at this stage with what's
18 been presented?

19 MR. CONSTANTINO: Yes, sir.

20 CHAIRMAN GALASSIE: So that the Board hears
21 that again, because of the time of the day, Staff is
22 comfortable with what has been resubmitted with regard to
23 Midwestern's application, which was the concern this board
24 had previously.

1 I interrupted you. I apologize if you'd like
2 to go on.

3 MR. JONES: No, sir, that's fine.

4 CHAIRMAN GALASSIE: Okay. I'm going to go
5 ahead and open it up to the Board questions and/or Board
6 comments at this stage.

7 I need a motion to approve -- let me get a
8 motion on the table. Motion to approve Project 12-042,
9 Midwestern Regional Medical Center, Zion, to modernize its
10 existing cancer care hospital.

11 MR. BRADLEY: So moved.

12 MR. GREIMAN: Second.

13 CHAIRMAN GALASSIE: Moved and seconded. It's
14 on the table for discussion.

15 MR. BURDEN: I'll make it brief. It appears
16 the financing in place is the primary issue the rest of the
17 Board members had. I still stand on that issue of looking
18 at revenue and the patients that you acquire and where they
19 come from. We look at institutions, by the way. I can see
20 in 2010 you made 10 million bucks and six million, seven
21 hundred in '11. The institutions that serve the population
22 are going belly-up. That bothers me. You select patients
23 based -- let me stop. It doesn't mean anything in terms
24 of your application. It's a personal attitude I have, and

1 I had it before. I apologize to some degree to you for
2 making a point about it, but it bothers me a lot, since I
3 see a lot of other issues of hospitals that don't begin to
4 compare.

5 A 64-bed hospital spending ten million bucks a
6 year. Something is amiss in terms of my feeling.
7 Two-tenths percent Medicaid is part of it, but that's not
8 your problem. It's mine. So that's it.

9 CHAIRMAN GALASSIE: Other questions or
10 comments?

11 MR. HAYES: Yes. Along this line -- and I
12 just want to bring this up, because it is important to me.
13 Now, I don't really understand why the audited financial
14 statements that were audited by a reputable CPA firm, why
15 they could not be provided to the Board.

16 MR. OURTH: On that, kind of two things. One,
17 as we said in the very beginning, we would be -- there
18 isn't anything that we want to hide for that. If there was
19 the mechanism for there to be a confidentiality kind of
20 thing, where you could review all of those, there wouldn't
21 have been any hesitation at all. They'd be happy to do
22 that. Unfortunately, with the way the Board is, everything
23 posted on the web site means that it's open to the whole
24 world. Because it is strictly a family-owned business,

1 there are a lot of family issues that are within the
2 audited financial statements in terms of ownership or other
3 kinds of things, which are very private. So what was
4 provided, as the Chairman had once suggested, maybe a
5 redacted kind of thing that has all of the same financial
6 information but without some of those notes. There is no
7 reluctance to have Mike or you or anybody else -- in fact,
8 be happy to invite you up there afterwards, but there is
9 reluctance for the family putting things on the web site,
10 and I think that's where that goes.

11 MR. HAYES: Now, when you -- basically, what
12 you have provided, I understand, is a compilation of
13 this -- essentially this hospital here, the hospital in
14 Waukegan. What about providing other levels of service,
15 like a reviewed statement of the total entity?

16 MS. TAYLOR: I think reviewed statements,
17 Mr. Hayes, would require all the same disclosures. We're
18 again putting this family in the position of disclosing
19 private matters of the family. You know, you are a CPA,
20 and I know you understand a reviewed statement. It's a
21 level down from an audited statement but still has the same
22 kinds of disclosures.

23 MR. HAYES: Well, I'm not sure why that would
24 be -- if those disclosures -- I'm not sure if that's

1 exactly correct, and I'm not sure why they would feel so
2 concerned about disclosing that information in -- like in a
3 reviewed statement. Would they have to disclose sensitive
4 private information in a reviewed statement, or is it a
5 review mostly looking at ratio analysis, looking at
6 management, and attesting to the validity of the audit of
7 the accounts? Because right now, with a compiled
8 statement -- and you haven't even given us that for Cancer
9 Treatment Centers of America. You haven't even given us
10 that. But for a reviewed statement, you wouldn't be
11 disclosing any private information, but management would
12 have to attest to the validity of the account. So I don't
13 see your point there.

14 MS. TAYLOR: Let me address that. First, one
15 of the applicants is CTCA. CTCA is a management company
16 that owns a lot of other business other than this one
17 hospital. So the application is for Midwestern, and that
18 that's why we provided financial statements for this
19 organization. Those are the results. And we have opened a
20 bank account, to be very simple, to show that we do have
21 the funds over this project.

22 As far as the reviewed financial statements, I
23 had a conversation with CliftonLarsonAllen, our auditors,
24 and their counsel to me was, if we give out a reviewed

1 financial statement, we need to include all of the notes;
2 we cannot leave them out. So, the difference between my
3 giving you a review and the other financial statements
4 was -- really, the end product is -- it doesn't exist.
5 It's the same financial statements. The reviewed financial
6 statements, when they give it out, is a less strict audit
7 that they go through the company. So, we actually have a
8 much higher level of audit done by CliftonLarsonAllen. The
9 statements itself, they will look exactly the same. The
10 audited ones will be a little bit more-- in order for them
11 to use the update, you know, things like looking at
12 financial risk, financial controls that would not be part
13 of our reviewed financial statement.

14 But financial notes and other notes of the
15 statements are the same, no matter if it's a reviewed or
16 another financial statement. You have the same
17 disclosures, and that's why we shied away, by the request
18 from the family.

19 MR. HAYES: LarsonAllen was your accountant
20 before their merger, before their merger with Clifton
21 Gunderson?

22 MS. TAYLOR: Yes, and they still are.

23 MR. HAYES: Have you gone through Clifton
24 Gunderson's quality assurance?

1 MS. TAYLOR: Yes. We just analyzed our fiscal
2 '12, and that has gone through all the same -- that's by
3 the merged company through Clifton. So, yes. For fiscal
4 '12, yes. At that point, fiscal '11, no, because they
5 hadn't merged yet.

6 MR. HAYES: So when you gave your description
7 of why a review would have to include all of the notes,
8 that was through the LarsonAllen part of the business,
9 because they did the audit in 2011.

10 MS. TAYLOR: Actually, it's -- when this came
11 up, this was after the merger, and those were -- that was
12 the accounts we received from CliftonLarsonAllen after the
13 merger, because at this point, anything I'm asking them to
14 do retrospectively for me is going to be done
15 CliftonLarsonAllen, because there is no more LarsonAllen by
16 itself. So, everything we do since the merger includes the
17 combined entity.

18 MR. HAYES: Okay. Thank you.

19 CHAIRMAN GALASSIE: Mr. Carvalho?

20 MR. CARVALHO: Thank you.

21 I just wanted to follow up briefly on
22 Dr. Burden's question.

23 Are you -- do you have an employee physician
24 model or medical staff model?

1 MS. TAYLOR: We actually have both, but
2 mostly employed.

3 MR. CARVALHO: The reason why I ask is, the
4 Board heard me say any number of times, when looking at the
5 charity care numbers -- keep in mind that for most
6 hospitals, that comes in through the back door, which is to
7 say, the Emergency Room of the hospital has EMTALA
8 obligation, and it's difficult for most hospitals to up
9 their charity care number or, for that matter, the Medicaid
10 number, because their physicians decide who to admit, and
11 since their physicians are not employed by the hospital,
12 the hospital has no say in that policy. If, in your case,
13 your physicians are employed, it would seem that having
14 point two -- 2.0, or whatever, Medicaid is a choice by your
15 hospital, not an accident of who happens to come your way.

16 Why are your Medicaid numbers so
17 disproportionately low, if you control your physicians?

18 MR. JONES: I think the reason for that is,
19 really, in large part due to our model of care, and that
20 really is that we're a specialty cancer center and a
21 destination hospital. So, we're an adult cancer hospital.
22 So, we don't provide care for pediatrics or obstetrics, and
23 a large portion of Medicaid patients are pediatrics and
24 obstetrics. We don't have a full scale Emergency

1 Department, and a lot of Medicaid volume for hospitals
2 comes through emergency rooms, and as a destination
3 hospital, 75 percent of our patients come from outside of
4 Illinois, and so those folks certainly don't apply for
5 Medicare -- Medicaid -- excuse me -- in Illinois. So,
6 we're very different in terms of our model, and, really, I
7 think one way to look at our organization is as an economic
8 driver for our local area and Illinois. This business and
9 this income wouldn't be coming to us if we didn't exist.
10 It really is that we're a destination hospital.

11 CHAIRMAN GALASSIE: Dr. Burden?

12 MR. BURDEN: I guess that's part of my
13 problem. (inaudible) I just want to make a point, that
14 this has nothing to do, in my judgment, of your financial
15 picture, which I can't challenge. I've listened to the
16 others bring it up, but Mr. Carvalho brings up something I
17 see. Hospitals, to me, should be concerned about the
18 community they serve. You don't have an Emergency Room?
19 That isn't serving the community. That's my opinion. Now,
20 this may not run -- two-tenths percent Medicaid? There is
21 no hospital I'm aware of in the country -- and I travel
22 around the country; I've been teaching at hospitals in the
23 south and the east coast. There is nothing close to that.
24 There is a uniqueness to your model. 75 percent of your

1 patients have diagnosed malignancy when they arrive and
2 maybe come for a second opinion and some form of treatment
3 plan. That's a personal issue with me, and I would have
4 said -- were this an institution in front of us for
5 approval, I'd have a lot of trouble accepting it, because
6 it doesn't fit my model of what I spent my career at.

7 But that's not your problem. You're here;
8 you're making a lot of money; you're good for the
9 community. I suppose that's good. I just have trouble
10 looking at this data. As a Board member, I have to be
11 upset about it when we see institutions in other parts of
12 our state which are going under. They're losing money.
13 Hospitals in our city are losing money, not making the kind
14 of dough -- you're close to 18, 19 percent net return on
15 the investment. I'd like to be an investor in that
16 institution, if I want to make money. That's all. And I'm
17 not meaning to sound preaching. I guess I am, but I am --
18 and as I said several times, that's not what you're here.
19 You're here to find out whether or not we approve. And I
20 do want -- the facility is unique. You treat the patients
21 you do see, to be upgraded, to be available, so that your
22 doctors can provide care of the local standard.

23 MR. JONES: If I could just very quickly
24 respond on the one issue. We have do have an Emergency

1 Department. I want to clarify that. It is a stand-by
2 Emergency Department. So, we provide emergency services
3 for our local community. We don't accept ambulances and
4 partially because we haven't -- there are great hospitals
5 around us -- Vista, Condell, and others -- and we just
6 don't have the volume to have specialty services like they
7 do for all emergency services. But we do have an emergency
8 room.

9 CHAIRMAN GALASSIE: I'll let that go. The --
10 in looking at the web site, I can't find a board for
11 Midwest Regional. Is it just a national board?

12 MR. JONES: There is a board, yes.

13 CHAIRMAN GALASSIE: How many people?

14 MR. JONES: I think there are 14 members on
15 the Board.

16 CHAIRMAN GALASSIE: You have agreed to give us
17 a monthly report on the funding, and we appreciate that. I
18 want to ask for an additional layer of comfort zone, just
19 because of the amount of dialogue that's occurred here.
20 Would you be willing to accept a contingency to this
21 motion, approval contingent upon your submitting to Mike a
22 signed letter from your board, committing that the funds in
23 this account would strictly be used for this?

24 MR. JONES: Yes, sir, absolutely.

1 CHAIRMAN GALASSIE: I would appreciate that.
2 I just need a consensus from the Board, if we agree to
3 include that. Then I'm going to suggest -- pending other
4 questions or comments, I'm going to suggest a friendly
5 motion to approve Project 12-042, Midwestern Regional
6 Medical Center, Zion, to modernize its existing cancer care
7 hospital, with the agreement that a signed letter from
8 their board will be submitted to Mike within 30 days for
9 approval?

10 MR. HAYES: So moved.

11 MR. BURDEN: Second.

12 CHAIRMAN GALASSIE: Thank you so much, and
13 thank you for that agreement.

14 I think we can do a roll call.

15 MR. ROATE: Initial motion was made by
16 Mr. Bradley, seconded by Justice Greiman. Now, is this for
17 the contingent?

18 CHAIRMAN GALASSIE: This is for the combined
19 motion.

20 MR. URSO: That includes two conditions,
21 right.

22 CHAIRMAN GALASSIE: It includes the -- just
23 one condition, for the letter to be submitted.

24 MR. URSO: You also mentioned something about

1 a monthly --

2 MR. GALASSIE: Well, that's true. I
3 apologize. We want to include a -- that they will submit a
4 monthly bank statement on the status of this fund. Now, I
5 apologize, because -- is a month enough time for you to get
6 a letter signed by your board?

7 MR. JONES: Yes, that's not a problem.

8 MR. URSO: And you'll provide these monthly
9 statements until the project is completed?

10 MR. JONES: Yes, sir.

11 MR. ROATE: Mr. Bradley?

12 MR. BRADLEY: Yes.

13 MR. ROATE: Dr. Burden?

14 MR. BURDEN: Yes.

15 MR. ROATE: Justice Greiman?

16 MR. GREIMAN: Yes.

17 MR. ROATE: Mr. Hayes?

18 MR. HAYES: Yes.

19 MR. ROATE: Ms. Olson?

20 MS. OLSON: Yes.

21 MR. ROATE: Mr. Sewell?

22 MR. SEWELL: Yes.

23 MR. ROATE: Chairman Galassie?

24 CHAIRMAN GALASSIE: Yes.

1 MR. ROATE: That's seven votes in the
2 affirmative.

3 CHAIRMAN GALASSIE: Congratulations. Sorry it
4 was a little difficult this afternoon. Late in the day.
5 Good luck to you.

6 (Pause)

7 CHAIRMAN GALASSIE: Moving on to Project
8 11-099, Fresenius Medical Care Prairie Meadows,
9 Libertyville.

10 Welcome, folks. If you could pull those
11 microphones nearby and spell your names. This is No. I-06,
12 Project 11-099, bottom of page 7 for me.

13 MR. BRANDENBURG: Good afternoon. My name is
14 Brian Brandenburg. I'm the Regional Vice-President for
15 Fresenius Medical Care. I'm responsible for the Prairie
16 Meadows project, located in Libertyville in Lake County.
17 (spells name)

18 MR. TROB: I'm Joshua Trob (spells name).

19 MS. WRIGHT: Lori Wright (spells name).

20 MS. RANALLI: Clare Ranalli.

21 (Oath given)

22 CHAIRMAN GALASSIE: Thank you. Staff report,
23 please.

24 MR. CONSTANTINO: Thank you, Mr. Chairman.

1 The applicants are proposing the establishment
2 of a 12-station ESRD facility, located in approximately
3 7,200 gross square feet of leased space in Libertyville,
4 Illinois. The anticipated cost of the project is
5 approximately \$3 million. This application received an
6 Intent to Deny at the April 2012 State Board meeting and
7 was deferred from the July 23rd, 2012 meeting. Additional
8 information was received from the applicants to address
9 your Intent to Deny. The anticipated project completion
10 date is March 31st, 2014. There was no public hearing and
11 no opposition comments received.

12 Thank you, Mr. Chairman.

13 CHAIRMAN GALASSIE: Thank you, Mike.

14 Comments for the Board?

15 MR. BRANDENBURG: Certainly. The clinics
16 currently serving the Libertyville area are all operating
17 at high utilizations. Lori Wright will identify on the map
18 where those facilities are located. I would like to point
19 out that third quarter utilization data is not available,
20 and we will be reporting current utilization at the
21 Fresenius facilities identified.

22 MS. WRIGHT: Prairie Meadows is located in
23 Libertyville, in the middle of several utilized facilities.
24 It's right here (indicating). The green shading shows the

1 concentration of patients, with the darkest colors being
2 the highest concentrations. Since we were here last, some
3 of these numbers have changed.

4 Fresenius Round Lake is around 76 percent.
5 It's only 4 patients away from 80 percent. Fresenius Lake
6 Bluff is at 93 percent. It will reach capacity with 7 more
7 patients. Our Gurnee facility, located up here
8 (indicating), is now at a hundred percent and cannot accept
9 any new patients, unless we initiate a fourth shift.
10 DaVita Lake County is at 83 percent, down here
11 (indicating). However, it was just approved to move 7
12 miles out of Libertyville to Vernon Hills; therefore,
13 reducing access in Libertyville. While there are some
14 outlying facilities that have capacity, they do not serve
15 the Libertyville residents. The only facility in this area
16 with capacity is Mundelein, which is down here (indicating)
17 at 17 percent.

18 MR. BRANDENBURG: The Mundelein facility just
19 opened, and though it may have availability today, it is
20 being supported by a separate physician practice and is
21 expected to be at 80 percent utilization by the time the
22 Prairie Meadows facility is opened, which will not be for
23 nearly two years.

24 We are not planning this facility for the

1 patient population as it exists today, but for those
2 pre-ESRD patients of Dr. Trob, who will require dialysis
3 services between 2014 and 2016. When we submitted this
4 application one year ago Dr. Trob identified 211 pre-ESRD
5 patients living in the Libertyville area. That number has
6 now climbed to 309. Coinciding with the tremendous growth
7 of Dr. Trob's pre-ESRD patients is the growth of kidney
8 disease in Lake County, which saw a 5 percent in ESRD in
9 2011. This is more than double the growth of ESRD for the
10 state as a whole. This, in part, is due to the aging
11 population in Lake County, which increased 155 percent over
12 the past decade.

13 I don't think it's coincidental that several
14 of the projects on today's agenda are long-term care
15 facilities. In fact, we currently treat several patients
16 living in the Grayslake adult community, consisting of
17 2,000 homes. The Prairie Meadows facility will add
18 additional access to dialysis for this growing senior
19 community.

20 I thank you for the positive votes this
21 project received at the last hearing and encourage you to
22 approve this project again.

23 MR. TROB: My name is -- thank you members of
24 the Board for the opportunity to speak. My name is Joshua

1 Trob, and I'm the Medical Director of the Fresenius
2 Libertyville facility in Lake County. In addition, I serve
3 on the Executive Committee of the (unintelligible) National
4 Kidney Foundation of Illinois. I am very proud
5 (unintelligible). We recently initiated a home program
6 there and are awaiting certification.

7 In my personal practice, I have had four
8 patients transplanted within the last year. While this
9 basically is a small number (unintelligible), I am very in
10 favor of such options for my patients. The pre-ESRD
11 patients in my practice from the Libertyville area have
12 more than tripled since 2009 from (unintelligible), and
13 I've added a partner to meet this demand. For this reason
14 I approached Fresenius Medical Care to establish a
15 Fresenius facility to provide treatment options for my
16 patients.

17 Due to the capacity at the Lake Bluff
18 facility, which is at 93 percent, Fresenius is planning to
19 add two additional stations. Even with this 2-station
20 addition, the facility will be operating 83 percent, and
21 with the Gurnee clinic at a hundred percent, we may still
22 need an addition of a fourth shift, which is as a treatment
23 time is not optimal (unintelligible). An additional
24 hardship confronting our patients is DaVita Lake County is

1 moving 7 miles away to Vernon Hills.

2 I've had (unintelligible) specific treatment
3 time while they wait for more feasible treatment time and
4 clinic option. The Prairie Meadows Clinic will allow
5 better access and give my patients more choices.

6 When this project was last heard before the
7 Board, there were four affirmative votes, showing half the
8 Board saw the need as we do. I hope today that we have
9 made the need more evident, and we would ask for your
10 support. Thank you.

11 CHAIRMAN GALASSIE: Thank you.

12 MR. BRANDENBURG: I just have one more comment
13 to make regarding Medicaid and serving the Medicaid
14 population. I would like to say that Libertyville
15 Grayslake area is not an under served area; however
16 Fresenius clinics are treating a significant number of
17 Medicaid patients. The Lake Bluff facility is 12 percent
18 Medicaid population; Round Lake is 17 percent Medicaid
19 population; and Gurnee is 21 percent. It's expected that
20 Prairie Meadows will treat a similar number.

21 CHAIRMAN GALASSIE: You've had a fairly high
22 number in Mundelein, the neighboring community.

23 I'm going to open it up to Board member
24 questions or comments.

1 MR. SEWELL: What's the basis for that red
2 circle? What is that, a market area? Why is that
3 circle -- that's the market area?

4 MS. WRIGHT: Here is Prairie Meadows
5 (indicating). It's kind of showing the radius around.

6 MR. SEWELL: So is it a distance thing?

7 MS. WRIGHT: Yes, approximately 12 miles
8 across.

9 MR. SEWELL: I see. How would that map look
10 if you drew the boundaries of the Board's Planning Area?
11 The Planning Area is bigger than that?

12 MS. WRIGHT: The Planning Area is three
13 counties.

14 CHAIRMAN GALASSIE: Yeah, it's huge.

15 MS. WRIGHT: I believe all the facilities that
16 are within 30 minutes are within this map. These are the
17 ones that surround where we're proposing. The other two
18 are DSI Waukegan over here at 71 percent, and then the far
19 corner is DaVita at 39 percent.

20 MR. GALASSIE: Judge?

21 MR. GREIMAN: Am I forgetting? Weren't you
22 the folks that wrote the letter on -- I think it was on
23 H-16, saying that we shouldn't allow -- I think
24 Janesville -- some other folks to have a facility because

1 of the number of other units that are there available, and
2 opposed the possibility of there being competition? Wasn't
3 that you guys that wrote the letter?

4 MS. RANALLI: H-16 is U.S. -- was the U.S.
5 Renal Plainfield project.

6 MR. GREIMAN: I think that's what it was, yes.

7 MS. RANALLI: We opposed that project.

8 MR. GREIMAN: Did you oppose the project
9 because -- why? Because it was competitive, right?

10 MS. RANALLI: No. We opposed the project
11 because there was -- there were excess -- there were more
12 stations than needed in the Planning Area, and there were
13 approximately 6 facilities within a 30-minute radius that
14 were under utilized.

15 MR. GREIMAN: And I'm just wondering, do we
16 have the same kind of standards?

17 MS. RANALLI: No. No. In this particular
18 project, the number of facilities that are under utilized
19 is significantly less than was existing in the prior --
20 well, the project you're referring to that we opposed.

21 MR. GREIMAN: It was less? I'm trying to
22 get -- I guess I can find it quickly. Well, let's see.
23 You have 1, 2, 3, 4 -- you have about 8, 9 facilities,
24 though, within the 30-minute -- within 30 minutes. Is that

1 right?

2 CHAIRMAN GALASSIE: You know, Judge, I feel I
3 should just say, this obviously being in Lake County, I've
4 dealt with many medical facilities there. Thirty minutes
5 in Lake County is unlike thirty minutes in many other
6 areas. The county did a wonderful job of building, but
7 they didn't build roads. So, what you're looking at there
8 is a very congested area, at eight in the morning and
9 evening hours.

10 MR. GREIMAN: Plainfield probably has the same
11 thing. But all right. I'm through.

12 MR. RANALLI: In this project, there are 7
13 facilities, and I think 5 is over your target, and I
14 believe one -- the one that is moving is moving outside.
15 So it is -- it's different in that respect, Judge. Thank
16 you.

17 MR. BURDEN: Mr. Chairman?

18 CHAIRMAN GALASSIE: Yes, sir.

19 MR. BURDEN: I just want to review -- I did
20 review my vote on the prior visit. I voted for your
21 application, and I think I was asleep. I'm the only member
22 of this Board that falls asleep during this meeting. The
23 rest of us are fully attentive all day long.

24 There is a statement in the Planning Area

1 need. Are you challenging the excess of 16 stations? I
2 heard lovely Ms. Ranalli comment about the prior Plainfield
3 thing, and there are 4 of 7 existing facilities -- granted,
4 one of them is the Mundelein. So, 3 of 7; is that closer
5 to fact? I want to know what differences are occurring
6 today as opposed to what occurred before. Has there been
7 any change, other than this four or five sentences at the
8 beginning that are appealing to our empathic consideration
9 for the need of this --

10 MR. BRANDENBURG: This is updated data.

11 MR. BURDEN: What is the updated data, the
12 ones I referred to?

13 MS. WRIGHT: The utilization has increased.

14 MR. BRANDENBURG: The utilization has increased
15 since the last time we were here.

16 MR. BURDEN: I see there is an excess of 16
17 stations. Has that changed since you were here.

18 MR. BRANDENBURG: That has not changed, no.

19 MR. BURDEN: And what has changed? In the 4
20 existing of 7 facilities within 30 minutes that are not of
21 occupancy, one of which I know. So, is it 3 of 7 or 5 of
22 7? Tell me what the number would be, in your judgment,
23 that has changed since you were here. The document I have
24 refers to your last visit.

1 MS. WRIGHT: Three are under.

2 MR. BRANDENBURG: And one is moving outside of
3 the area.

4 MS. WRIGHT: It's still within 30 minutes.

5 MR. BURDEN: Still within thirty minutes.

6 MS. WRIGHT: Moving out of Libertyville.

7 MR. HAYES: But it's only five or seven
8 minutes, isn't it?

9 MR. BRANDENBURG: It's seven miles. So, it
10 would be longer than that with traffic.

11 MR. BURDEN: I hate to be pushy, but I
12 listened to Mrs. Ranalli's comments, who responded to the
13 good Judge's questions and the data he presented. It's
14 pretty similar, in all honesty. If there has been a
15 significant change in the period of time, which has been
16 two months, three months, something like that, I would
17 understand why -- I don't understand why I voted the way I
18 did.

19 MR. BRANDENBURG: Seeing our utilization grow
20 and in combination with the move of the Lake County
21 facility -- part of the reason why we brought the map was
22 to help demonstrate that and where the concentration of
23 patients is located. So, you can see, based on the
24 utilization, it is a very large area right where we're

1 looking for --

2 MR. BURDEN: The one thing that helps your
3 return visit is Chairman Galassie's statement that it's a
4 congested area, meaning travel time is longer than it
5 appears to be on the list I have. So I'll give you that
6 but, that's --

7 MR. BRANDENBURG: Dr. Trob's patient growth is
8 significant.

9 MR. BURDEN: Let's hope so. Dr. Trob is a
10 young man. If it ain't growing, he ain't going to be able
11 to afford college.

12 MR. BRANDENBURG: He's growing. He's added an
13 additional physician.

14 MR. WRIGHT: We're also looking at one
15 facility that is at a hundred percent, probably going to
16 add a fourth shift shortly, and the Lake Bluff facility is
17 nearing a hundred percent with the possibility of adding a
18 fourth shift there. Because of the congestion and the
19 distances between facilities, patients just stay at the
20 same facility because there isn't a closer one.

21 MR. BRANDENBURG: And we've offered options as
22 well. Dr. Trob is currently opening up a home program
23 within the Lake Bluff facility. So, that does offer an
24 alternative for patients who have -- who are working or who

1 don't have that time during the day to go get dialysis.

2 CHAIRMAN GALASSIE: Other questions or
3 comments?

4 MR. HAYES: Mr. Chairman?

5 I'm a little confused now. Where does Vernon
6 Hills fall on that map?

7 MS. WRIGHT: It's down here (indicating).

8 MR. HAYES: So it's out of your -- you have
9 devised this area where most of the patients are coming
10 from and will come from, and they moved out of Libertyville
11 down to Vernon Hills, which is only seven and a half miles
12 away and 14 minutes, and suddenly they've been out of
13 the -- out of your map's area.

14 MS. WRIGHT: They're still within 30 minutes.
15 We agree with that. They're just not -- you know, they're
16 further away from the patients who live in Libertyville and
17 for the concentration of patients that live up in here
18 (indicating).

19 MR. HAYES: But are they almost the second or
20 third in time by MapQuest of all of these -- on your
21 submission, you have adjusted time, MapQuest time, I should
22 say. Why don't we go with that? And they are still about
23 the second or third closest; is that right?

24 MS. WRIGHT: Are you looking at the State

1 Agency Report or the additional information?

2 MR. HAYES: The additional information that
3 you provided, and that would be after the cover page, the
4 first page there and the MapQuest miles and time, and
5 DaVita Lake County is 10 minutes away.

6 MS. WRIGHT: And those were not revised after
7 they were approved to be relocated. These are the
8 Libertyville times, travel times. So they were 4.7 miles;
9 add 7 to that; so they're now 12 miles away.

10 MR. HAYES: Well, no. Here it says that
11 DaVita Lake County, which is in Vernon Hills -- that is the
12 new facility that is being built by DaVita, and they will
13 be abandoning the DaVita Lake County and they will transfer
14 their Libertyville facility into Vernon Hills.

15 MS. WRIGHT: Are you looking at the submission
16 dated May 17th?

17 MR. HAYES: Yes, I would imagine so, yes, and
18 the first page of that, which is facilities within 30
19 minutes of travel time.

20 MS. WRIGHT: Correct.

21 MR. HAYES: Now, aren't they still going to
22 be the second or third closest, according to MapQuest time,
23 and maybe third or fourth, according to adjusted time? And
24 then we have an independent travel study time and, you

1 know --

2 MS. RANALLI: I think -- if I can just -- I
3 know the Board wants to move on. It appears to me that the
4 travel time went from 10 to 14 minutes. Is that what
5 you're getting at?

6 MR. HAYES: No, I'm not saying that. It went
7 from -- well, it went from 10 to 14 minutes, but the other
8 facilities in this area are -- there's one in Fresenius
9 Mundelein at 12 minutes; Fresenius Round Lake is 14;
10 Fresenius Lake Bluff is 15; and then Fresenius Gurnee is
11 14. So -- and then the two DaVita facilities, the last
12 two, are over 20 minutes away by MapQuest. So, really,
13 it's only going from 10 to 14. But then the other ones are
14 still in this Service Area that you have there, but since
15 they're Fresenius facilities, the one DaVita facility got
16 kind of booted out of the area somehow.

17 MR. BRANDENBURG: Well, did you look at the
18 adjusted time as well?

19 MR. HAYES: Well, I don't want to deal with
20 this, because we've dealt with this for both Fresenius and
21 DaVita on this specific project, and I'm -- you know, we
22 have to make our own decisions on that and, you know, from
23 that viewpoint. That's all -- and I have a different
24 viewpoint on traffic patterns in Lake County.

1 MR. BRANDENBURG: The crux of this, and
2 certainly the way we tried to illustrate it on the map is
3 where Dr. Trob's patients are right now. The fact that the
4 Lake County program did move further south does add
5 additional time. So, we will replace this facility. We
6 feel that that is the best access for the patients within
7 this particular practice. And you spoke about earlier --
8 Dr. Trob's clinics are reaching excess capacity, close to
9 one hundred percent capacity, and so there is an access
10 issue for patients, and we tried to explain that on the map
11 more clearly.

12 MR. HAYES: Some of your statements have been
13 that, essentially, this DaVita Lake County in Vernon Hills
14 is outside this area that you're identifying as the major
15 Planning Area, and I don't see that being the case.

16 MS. WRIGHT: I think we meant it was further
17 going --

18 MS. RANALLI: What we tried to say succinctly
19 is that there are 7 facilities within your 30-minute time
20 frame; 5 meet your target utilization; 2 don't; 1 is even
21 further away from the proposed clinic, but it still will be
22 within 30 minutes, but moving further away. That is what
23 we were trying to say, and anything that we said that was
24 misleading, we weren't trying to. And DaVita chose to

1 relocate their clinic. I mean, we had nothing to do with
2 them moving. They chose to relocate, probably due to
3 facility issues and things like that.

4 MR. HAYES: And the only thing is, the
5 Fresenius clinics are also the same distance away from the
6 Libertyville facility.

7 MS. RANALLI: Right, but they're, for the most
8 part, except for Mundelein, at target capacity, and we also
9 are looking at the very -- the constellation of where Dr.
10 Trob's patients are coming from, and, as we said, those are
11 Lake Bluff, Round Lake, and Gurnee facilities and all have
12 12 to 20 percent Medicaid population. There's a population
13 in this area that needs to be served and has more
14 difficulty traveling further out. I mean, we've heard some
15 discussion here today about the needs for patients for
16 shift choice, family issues, and et cetera, that address
17 30-minute time frame for traveling, and we recognize your
18 rules, but it's not equally easy for all patients to
19 travel, based on the geographical area, public
20 transportation, all sorts of issues that affect that. So,
21 we're just trying to serve that constellation, and that's
22 what Mr. Brandenburg was talking about. And we do believe
23 we have a high -- you know, Dr. Trob's practice -- because
24 we know it's an important issue to the Board -- sees a high

1 number of Medicaid patients and always has, and so we want
2 to continue to serve that community in the area.

3 MR. BURDEN: Are you finished?

4 MR. HAYES: Yes.

5 MR. BURDEN: I want to ask just
6 hypothetically. If you don't survive today's test, what
7 happens to a 119 of your presumed pre-identified ESRD
8 patients who are to be referred to the new facility, if
9 accepted, once completed? I'm concerned about the
10 patients. I'm sure you're worried about getting it built,
11 not worried about these folks.

12 MR. TROB: They will be referred to clinics
13 who have a capacity in the area, or they'll have to go
14 further out to get to the clinics they need. They will get
15 to the place they need to go. To give you an example, I
16 have patients who go to the Lake Bluff facility. They have
17 an issue -- the Pace -- for some reason, the Pace
18 transportation doesn't go to Lake Bluff. It may be a local
19 issue. It's just going to be more hardship for the
20 patients who have to go further out.

21 MR. BURDEN: I'm very sensitive to that. I've
22 attended many public meetings now and do recognize that.
23 That's why I'm asking. Mundelein is 12 minutes away,
24 according to the document I have, and it's just opened up.

1 So, that's going to be able to take some of the load off
2 you. I'm not identifying what you want to hear. I want to
3 ask about the patients. There's a lot of them in your
4 care -- at least you have had in your care, and you would
5 expect that they would return to you, once you have a
6 facility that can handle them. Am I wrong or right?

7 MR. TROB: Yes.

8 MR. BURDEN: In the meantime, they could get
9 care 12 minutes from where -- I'm looking at distances
10 affecting these folks.

11 MR. TROB: I understand what you're saying. I
12 guess that they're trying to say and what I'm getting at is
13 some of this is where patients live, where their patterns
14 are, and where the family lives, where they work. Just my
15 sense, from what my experience with the Board is saying,
16 this clinic will be very -- if it does get approved, it
17 will be very well placed for a lot of those patients to get
18 their care and --

19 CHAIRMAN GALASSIE: I'm going to move this
20 forward, folks.

21 George, I lost track. Do we have a motion?

22 MR. ROATE: No, sir.

23 CHAIRMAN GALASSIE: I'm going to ask for a
24 motion to approve Project 11-099, Fresenius Medical Care

1 Prairie Meadows, Libertyville, to establish a 12-station
2 ESRD facility.

3 MR. BRADLEY: So moved.

4 MR. GREIMAN: Seconded.

5 CHAIRMAN GALASSIE: Moved and seconded.

6 MR. ROATE: Motion made by Mr. Bradley,
7 seconded by Justice Greiman.

8 Mr. Bradley?

9 MR. BRADLEY: Yes.

10 MR. ROATE: Dr. Burden?

11 MR. BURDEN: I voted yes the last time, but
12 I'll still hung up on the fact that we do have an excess of
13 stations, and I know the concern I had I mentioned, but I
14 expect to see you again. I'm going to say no at this time.

15 MR. ROATE: Justice Greiman?

16 MR. GREIMAN: Well, I notice that there are
17 108 stations in the area of 30 minutes, and you have
18 currently 58 of them. So, you will be competing with
19 yourself basically there. So I will vote aye and let you
20 compete with yourself.

21 MR. ROATE: Mr. Hayes?

22 MR. HAYES: I'm going to vote no because of
23 the calculated excess in the Planning Area and also that
24 utilization of other facilities in a 30-minute drive

1 radius.

2 MR. ROATE: Thank you.

3 Ms. Olson.

4 MS. OLSON: I vote no for the same reasons,
5 and I want to make the statement, too, that they said the
6 patients that would be seeking this care will not be
7 seeking care until 2014 and 2016. So, I encourage you to
8 use the model where you can get a facility up and running
9 in a year and come back.

10 MR. ROATE: Mr. Sewell?

11 MR. SEWELL: I vote no. No need in the
12 Planning Area.

13 MR. ROATE: Chairman Galassie?

14 CHAIRMAN GALASSIE: Yes.

15 MR. ROATE: That's three votes in the
16 affirmative, four votes in the negative.

17 CHAIRMAN GALASSIE: Motion does not pass.

18 MR. URSO: You're going to be receiving a
19 denial with an opportunity for an administrative hearing,
20 if you so desire.

21 CHAIRMAN GALASSIE: Good luck.

22 (Pause)

23 CHAIRMAN GALASSIE: Folks, it is four
24 o'clock, and you know I strive very hard to have us wrap up

1 at four o'clock. Fortunately, applicant agenda items have
2 been finished. I'm asking Staff to expedite so we can
3 conclude within about the next 10 or 15 minutes.

4 Frank, you're up on compliance.

5 MR. URSO: We took care of that.

6 CHAIRMAN GALASSIE: Other Business: None.

7 Rules: None -- Claire, we have rules, right?

8 I'm sorry.

9 MS. BURMAN: Okay. I'll make this very brief.
10 What you have in front of you, hopefully, are the responses
11 to public comment we received on the draft rules for 1130,
12 our operational rules. Basically, the categories and
13 responses fell in three major groups. There's one group of
14 comments that led to proposed revisions to our draft rules.
15 There's another group where, after review of the
16 recommendations, there did not appear to be anything in
17 them that appeared to be an improvement. So, the responses
18 are just a summary of the reasons why those recommendations
19 were not adopted.

20 There is a third category, which the
21 recommendations were noted, and we felt that we needed
22 additional time to fully assess whether or not they would
23 be helpful. So, those will be finalized for consideration
24 in our next rule making for 1130, which will happen early

1 next year, and at that time, we will also incorporate the
2 latest changes to the Act.

3 Are there any questions?

4 MS. OLSON: I have a question or maybe a
5 comment. On page 15, there was suggestions about the -- it
6 was under the Section 1130.250 Some of the suggestions
7 underneath there are about public comments, some of those
8 things. I want us to consider some of that really
9 carefully, because a lot of these suggestions are going to
10 lead to five days of meetings. There was people here today
11 that commented that I have seen at the table before, I have
12 heard at the table before, I have read all of their
13 comments. I think we need to take a harder line on that,
14 and some of these suggestions are going to make it worse.
15 The one suggestion that it doesn't have to be a project,
16 just relevant to the whole day -- I want the public to
17 express their views, but there are all kinds of ways of
18 doing that without making these meetings longer and longer.
19 So I would ask that we consider that.

20 CHAIRMAN GALASSIE: I think Frank and
21 Courtney and I can kind of take another bite at the apple
22 with the AG's office and meet with them -- I think this
23 would actually be the third time -- and to see if we can
24 revise this again.

1 David?

2 MR. CARVALHO: Yeah. Actually, just on that
3 point, if I could make a suggestion. I know when I have
4 been involved in conversations with the AG's office, they
5 had indicated that you did not need to adopt formal rules
6 through JCAR on this topic; they did not expect everybody
7 out there to go through JCAR. So, rather than adopting
8 specific rules right now, with the procedure you've got
9 right now that doesn't work right now, perhaps you might
10 just withdraw that entirely, that provision, continue to
11 use your informal process here of dictating what the
12 process is that you've been using all along. That is
13 okay -- at least the last time I talked to the AG --
14 because if you put these in your formal rules, then you've
15 got to go through formal rule making to do anything
16 differently than what you have in your formal rules. You
17 might want to consider not even addressing it in your
18 formal rules.

19 CHAIRMAN GALASSIE: That's a good suggestion,
20 and, Claire, if you'll register that.

21 Just very quickly, because I'm managing the
22 clock. Three times yesterday, once today, we had the issue
23 of not getting sufficient financial data for Staff to feel
24 comfortable making a recommendation. We spoke briefly

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1 about that. This is something you're looking at now and
2 will be talking with Mike as well.

3 MS. BURMAN: Yes.

4 CHAIRMAN GALASSIE: At the beginning of next
5 year, perhaps we can tighten our wording, requiring
6 whatever we feel more comfortable with.

7 MS. BURMAN: Yes. There are a number of
8 issues connected to our financial, economic rules, and
9 that's on our schedule for next year's rule making.

10 CHAIRMAN GALASSIE: Prior to adjourning, I
11 want to thank all Board members for your time and energy
12 for the last two days, and thank Staff for all they've
13 done.

14 MS. BURMAN: I'm sorry. I need formal
15 approval of this document.

16 CHAIRMAN GALASSIE: So you want a motion?

17 MS. OLSON: So moved.

18 CHAIRMAN GALASSIE: First of all, we should
19 have a motion on this -- on our agenda. So, somebody give
20 me a motion. Claire, tell us what you need a motion for,
21 motion to --

22 MS. BURMAN: Approve Attachment B, Second
23 Notice for 1130, and if we want -- if you want to adopt
24 David's recommendation for deleting the public

1 participation language, that should be part of that.

2 CHAIRMAN GALASSIE: Let's do that. So, we
3 want a motion to -- I'm sorry. It's late in the day.

4 MS. BURMAN: To approve Second Notice
5 Attachment b for 1130.

6 CHAIRMAN GALASSIE: Excluding --

7 MS. BURMAN: Excluding the language concerning
8 public participation requirements.

9 MS. OLSON: So moved.

10 CHAIRMAN GALASSIE: Moved.

11 MR. HAYES: Second.

12 CHAIRMAN GALASSIE: Roll call.

13 MR. ROATE: Motion made by Ms. Olson, seconded
14 by Mr. Hayes.

15 Mr. Bradley?

16 MR. BRADLEY: Yes.

17 MR. ROATE: Dr. Burden?

18 MR. BURDEN: Yes.

19 MR. ROATE: Justice Greiman?

20 MR. GREIMAN: Yes.

21 MR. ROATE: Mr. Hayes?

22 MR. HAYES: Yes.

23 MR. ROATE: Ms. Olson?

24 MS. OLSON: Yes.

1 MR. ROATE: Mr. Sewell?

2 MR. SEWELL: Yes.

3 MR. ROATE: Chairman Galassie?

4 CHAIRMAN GALASSIE: Yes.

5 Motion passes. New business, Courtney?

6 MS. AVERY: Just real quick. For the
7 long-term care sub-committee, there are currently three
8 vacancies that are on the roster out of 19, and we're on
9 target with the bed selling evaluation and is advised by
10 Staff -- we're exploring the possibility of obtaining a
11 consultant to assist with the initiative and have made
12 changes to the subcommittee bylaws in order to avoid the
13 lack of having a quorum at the meetings. And the new --
14 the change in the bylaws also allow for an authorized
15 proxy, so that we will not have the issue of not
16 maintaining a quorum at the meetings and to conduct
17 business. And they're also working on some recommended
18 rule changes that pertain to the long-term care
19 sub-committee -- I'm sorry, the long-term care CON
20 application.

21 The next meeting is December -- for the
22 sub-committee, December 3rd and probably will be in this
23 area, in this facility, if you want to join us. Jim has
24 been attending the public meetings.

1 CHAIRMAN GALASSIE: Our next meeting is
2 December 10th back here in Bolingbrook.

3 I need a motion for -- to keep Executive -- to
4 maintain Executive Session transcripts confidential.

5 MS. OLSON: So moved.

6 CHAIRMAN GALASSIE: For the period January
7 through June 12th. Moved.

8 MR. GREIMAN: Second.

9 CHAIRMAN GALASSIE: All in favor?

10 ("Ayes" heard)

11 CHAIRMAN GALASSIE: Opposed?

12 (No response)

13 CHAIRMAN GALASSIE: Hearing none, passes.

14 Meeting locations as we discussed.

15 Again, thank you for all of your energy for
16 the last two days. Appreciate it very much, and thanks to
17 the Staff for all of the work. And, Phil, welcome back.

18 MR. BRADLEY: Thank you.

19

20 END TIME: 4:08 p.m.

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CERTIFICATE OF REPORTER

I, KAREN K. KEIM, RPR, CRR, a Certified Court Reporter, do hereby certify that the proceedings in the above-entitled cause were taken by me to the best of my ability and thereafter reduced to typewriting under my direction; that I am neither counsel for, related to, nor employed by any of the parties to the action, and further that I am not a relative or employee of any attorney or counsel employed by the parties thereto, nor financially or otherwise interested in the outcome of the action.



KAREN K. KEIM

CRR, CSR-IL, CRR-MO, RPR

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