



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

5 WEST JEFFERSON ST. • SPRINGFIELD, ILLINOIS 62761 • (217) 782-3516 FAX: (217) 785-4111

DOCKET NO: H-4	BOARD MEETING: December 6-7, 2011	PROJECT NO: 11-067	PROJECT COST: Original: \$0
FACILITY NAME: Dimension Medical Center, Ltd.		CITY: Des Plaines	
TYPE OF PROJECT: Substantive			HSA: VII

DESCRIPTION: The applicant (Dimension Medical Center, Ltd.) proposes to discontinue its multi-specialty Ambulatory Surgery Treatment Center (ASTC) in Des Plaines. There are no costs to this project. **The anticipated project completion date is December 31, 2011.**



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EXECUTIVE SUMMARY

PROJECT DESCRIPTION:

- The applicant proposes to discontinue its multi-specialty ASTC in Des Plaines.
- There is no cost to this project.
- The anticipated project completion date is December 31, 2011.

WHY THE PROJECT IS BEFORE THE STATE BOARD:

- To discontinue a health care facility under the jurisdiction of the State Board.

PURPOSE OF THE PROJECT:

- To discontinue surgical service at Dimensions Medical Center, Ltd. The applicant cites deficiencies in the building/physical plant that are beyond repair.

NEED:

- To discontinue a category of service the applicant must
 1. Provide the reason for the discontinuation; and
 2. The impact on access the discontinuation will have in the facility's market area.
- Dimensions Medical center, Ltd. is being discontinued due to out of date facilities and equipment.
- The operating rooms are small in size, and cannot accommodate the latest equipment/technological enhancements present in modern surgical suites.
- The facility is prone to flooding from its septic/sewer system, resulting in major sanitation issues.
- The applicants identified a substandard emergency generator system that is irreparable and in need of replacement.
- The applicant does not want to make the necessary repairs or replacements.
- The ASTC is located in HSA-07, and is one of 158 surgical facilities in the immediate area.
- Impact letters were sent to each of the 158 facilities identified in the application (application pgs 28-33), and 6 facilities replied that were willing to accommodate the facility's patients without conditions, limitations, or discrimination.

BACKGROUND/COMPLIANCE ISSUES:

- The applicant is compliant with all reporting requirements and for past projects and clinical data.

PUBLIC HEARING/COMMENT

- No public hearing was requested and no letters of opposition or support for this project were received by the State Board Staff.



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FINANCIAL AND ECONOMIC FEASIBILITY:

- The proposed project will incur no costs outside of the application fees associated with the Certificate of Need permit.

CONCLUSION:

- The applicants propose to discontinue its multi-specialty Ambulatory Surgery Treatment Center in Des Plaines.
- The applicant cites structural and mechanical deficiencies capable of producing health and safety code violations.
- The proposed transaction will result in the reduction of two surgical suites in HSA-07.

State Board Standards Not Met	
Criteria	Reasons for Non-Compliance
None	None



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Dimensions Medical Center, Ltd. Des Plaines
PROJECT #11-067

Applicants	Dimensions Medical Center, Ltd.
Facility Name	Dimensions Medical Center, Ltd.
Location	Des Plaines
Application Received	August 30, 2011
Application Deemed Complete	September 2, 2011
Review Period Ended	November 1, 2011
Review Period Extended by the State Board Staff	No
Public Hearing Requested	No
Applicants' Deferred Project	No
Can Applicants Request Another Deferral?	Yes
Project Completion Date	December 31, 2011
Number of ASTCs/Surgical Suites in HSA	47 ASTCs/151 ORs
Number of ASTCs/Surgical Suites After Transaction	46 ASTCs/149 ORs
Opposition/Support Letters	None

I. The Proposed Project

The applicant is Dimensions Medical Center, Ltd. Des Plaines. The applicant proposes to discontinue its two suite, multi-specialty ASTC in Des Plaines. There is not cost to this project.

II. Summary of Findings

- A. The State Board Staff finds the proposed project appears to be in conformance with the provisions of Part 1110.**
- B. Part 1120 is not applicable because the project has no cost.**

III. General Information

The applicant is Dimensions Medical Center, Ltd., Des Plaines. The multi-specialty ASTC specializes in Obstetrical/Gynecological, and Urologic surgical services, and is located at 1455 Golf Road, Suite 108, Des Plaines, Illinois. The facility is located in HSA 07, in Cook County. The applicant is the operating entity and Golf River Office Building Partnership is the site owner.

The October 2011 Update to the Inventory of Health Care Facilities and Services and Need Determination indicates there are 47 ASTC's with 151 Operating Rooms in



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HSA-VII.

The project is a non-substantive project, subject to Part 1110 review. The anticipated project completion date is December 31, 2011.

CY 2010 ASTC Profile information is included at the end of this report for utilization and financial data for Dimensions Medical Center, Ltd.

Support and Opposition Comments

An opportunity for a public hearing was offered on this project; however, no hearing was requested. The State Board Staff received no public comments regarding this project.

Safety Net Impact Statement/Charity Care

A safety net impact statement was provided as required. According to the applicant, the facility provided no Medicaid-reimbursed care for the three years prior to this application and the facility’s closure will not create hardship for patients seeking access to outpatient surgical services.

A safety net impact statement was provided (Table One).

TABLE ONE			
Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	2009	2010	2011
Inpatient			
Outpatient	39	42	15
Total	39	42	15
Charity (cost in dollars)			
Inpatient			
Outpatient	\$34,513	\$30,675	\$44,584
Total	\$34,513	\$30,675	\$44,584
MEDICAID			
Medicaid (# of patients)	2009	2010	2011
Inpatient			



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TABLE ONE			
Safety Net Information per PA 96-0031			
Outpatient	0	0	0
Total	0	0	0
Medicaid (revenue)			
Inpatient			
Outpatient	\$0	\$0	\$0
Total	\$0	\$0	\$0
Net Revenue	\$2,417,097	\$1,804,566	\$1,470,123
Amount of Charity Care (charges)			
Cost of Charity Care	\$34,513	\$30,675	\$44,584
% Cost of Charity Care to Net Revenue	1.4%	1.6%	3.0%

IV. Review Criterion 1110.130 - Discontinuation

The criterion states:

“a) The applicants must provide the following:

- 1) the reasons for the discontinuation;**
- 2) the anticipated or actual date of discontinuation or the date the last person was or will be discharged or treated, as applicable;**
- 3) the availability of other services or facilities in the planning area that is available and willing to assume the applicants’ workload Without conditions, limitations, or discrimination;**
- 4) a closure plan indicating the process used to provide alternative services or facilities for the patients prior to or upon discontinuation; and**
- 5) the anticipated use of the physical plant and equipment after discontinuation has occurred and the anticipated date of such use.”**

b) Each application for discontinuation will be analyzed to determine:

- 1. The applicant shall document that the discontinuation is justified by providing data that verifies that one or more of the following factors (and**



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other factors, as applicable) exist with respect to each service being discontinued:

- 1) Insufficient volume or demand for the service;**
- 2) Lack of sufficient staff to adequately provide the service;**
- 3) The facility or the service is not economically feasible, and continuation impairs the facility's financial viability;**
- 4) The facility or the service is not in compliance with licensing or certification standards.**

Dimensions Medical Center, Ltd. is housed in a building that is structurally inadequate to provide surgical services. The two surgical suites are too small to accommodate all equipment necessary for modern surgical procedures. The applicants also report flooding issues at the facility, resulting in unsanitary conditions, additional remediation costs, and unnecessary closures of the facility. The applicants also identified a non-functioning emergency generator system that must be replaced. The applicants note the landlord has been informed of these conditions, and has failed to rectify the situation.

2. The applicant shall document that the discontinuation of each service or of the entire facility will not have an adverse impact upon access to care for residents of the facility's market area. The applicant shall provide copies of impact statements received from other resources or health care facilities located within 45 minutes travel time that indicate the extent to which the applicant's workload will be absorbed without conditions, limitations or discrimination. Factors that indicate an adverse impact upon access to service for the population of the facility's market area include, but are not limited to, the following:

- 1) The service will no longer exist within 45 minutes travel time of the applicant facility;**
- 2) Discontinuation of the service will result in creating or increasing a shortage of beds or services, as calculated in the Inventory of Health Care Facilities, which is described in 77 Ill. Adm. Code 1100.70 and found on HFPB's website;**



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- 3) Facilities or a shortage of other categories of service at determined by the provisions of 77 Ill. Adm. Code 1100 or other Sections of this Part.

HFPB NOTE: The facility's market area, for purposes of this Section, is 45 minutes travel time. The applicant must document that a written request for an impact statement was received by all existing or approved health care facilities (that provide the same services as those proposed for discontinuation) located within 45 minutes travel time of the applicant facility. The request for an impact statement must be received by the facilities at least 30 days prior to submission of the application for permit. The applicant's request for an impact statement must include at least the following: the anticipated date of discontinuation of the service; the total number of patients that have received care or the number of treatments that have been provided (as applicable) for the latest 24 month period; whether the facility being contacted has or will have available capacity to accommodate a portion or all of the applicant's experienced caseload; and whether any restrictions or limitations preclude providing service to residents of the applicant's market area. The request shall allow 15 days after receipt for a written response from the contacted facility. Failure by an existing or approved facility to respond to the applicant's request for an impact statement within the prescribed 15-day response period shall constitute a non-rebuttable assumption that the discontinuation will not have an adverse impact for that facility.

According to the September 2011 ASTC Inventory Update, there are 47 ASTCs in HSA-07 Area, containing 151 Operating Rooms (OR). The approval of the proposed project will result in 46 ASTCs in HSA-07, and 149 ORs.

- “3. That the discontinuation project will not have an adverse affect on the health delivery system by creating demand for services which cannot be met by existing area facilities;”

The applicant identified 158 facilities offering surgical services, and sent an impact letter to each. The application contains letters of reply from the following 6 ASTCs, agreeing to absorb the applicant’s caseload without conditions, limitations, or discrimination.

TABLE ONE Respondents to Applicants Impact Letter Dimensions Medical Center, Ltd. Des Plaines



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Name	Location	Time	Distance
Northwest Surgicare	Arlington Heights	14	5.8
Advantage Health Care, Ltd.	Wood Dale	24	10.7
Oak Brook Medical Mgmt.	Oak Brook	31	18.8
Westlake Hospital	Melrose Park	31	13.7
Surgicare, Inc.	Chicago	58	35.5
Tri-Cities Surgery Center	Geneva	65	38.2

In summary, the applicants supplied all necessary information to meet the requirements of this criterion. It appears the proposed closure of the ASTC will not have a negative impact on surgical services in the area.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE DISCONTINUATION REVIEW CRITERION (77 IAC 1110.130).

Reference Numbers	Facility Id	7001357	Number of Operating Rooms	2	
Health Service Area	007	Planning Service Area	031	Procedure Rooms	0
DIMENSIONS MEDICAL CENTER, LTD			Exam Rooms	1	
1455 GOLF ROAD, SUITE 108			Number of Recovery Stations Stage 1	8	
DES PLAINES, IL 60016-2237			Number of Recovery Stations Stage 2	0	

Administrator	Date
NANCY NELSON	Completed
	2/28/2011

Registered Agent
Joseph Horowitz

Property Owner
Levin Associates

Legal Owner
Dimensions Medical Ctr. Ltd.

Type of Ownership
Corporation (RA required)

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Gottlieb Memorial Hospital	0
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	1.00
Physicians	1.00
Nurse Anesthetists	0.00
Dir. of Nurses	1.00
Reg. Nurses	2.00
Certified Aides	0.00
Other Hlth. Profs.	6.00
Other Non-Hlth. Profs	9.00
TOTAL	20.00

DAYS AND HOURS OF OPERATION

Monday	12
Tuesday	10
Wednesday	0
Thursday	8
Friday	10
Saturday	7
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP				NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE			
AGE	MALE	FEMALE	TOTAL	PAYMENT SOURCE	MALE	FEMALE	TOTAL
0-14	0	2	2	Medicaid	0	0	0
15-44	59	1,681	1,740	Medicare	0	0	0
45-64	7	16	23	Other Public	0	0	0
65-74	0	0	0	Insurance	66	708	774
75+ Yea	0	0	0	Private Pay	0	976	976
TOTAL	66	1,699	1,765	Charity Care	0	15	15
				TOTAL	66	1,699	1,765

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR							Charity	Charity Care
Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Expense	Expense as % of Total Net Revenue	
0.0%	0.0%	0.0%	76.8%	23.2%	100.0%		3%	
0	0	0	1,129,554	340,569	1,470,123	44,584		

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	0	0.00	0.00	0.00	0.00
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurology	0	0.00	0.00	0.00	0.00
OB/Gynecology	1699	1,274.25	1,699.00	2973.25	1.75
Ophthalmology	0	0.00	0.00	0.00	0.00
Oral/Maxillofacial	0	0.00	0.00	0.00	0.00
Orthopedic	0	0.00	0.00	0.00	0.00
Otolaryngology	0	0.00	0.00	0.00	0.00
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	0	0.00	0.00	0.00	0.00
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	0	0.00	0.00	0.00	0.00
Urology	66	40.00	66.00	106.00	1.61
TOTAL	1765	1,314.25	1,765.00	3079.25	1.74

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	SURGERY		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0.00
Laser Eye	0	0	0	0	0.00
Pain Management	0	0	0	0	0.00
TOTALS	0	0	0	0	0.00

11-067 Dimensions Medical Center, Ltd. - Des Plaines

