

E-014-18

**ORIGINAL**

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
APPLICATION FOR EXEMPTION PERMIT**

**SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION**

**RECEIVED**

**This Section must be completed for all projects.**

MAR 14 2018

**Facility/Project Identification**

Facility Name: Gateway Regional Medical Center			
Street Address: 2100 Madison Avenue			
City and Zip Code: Granite City, IL 62040			
County: Madison	Health Service Area	11	Health Planning Area: F-01

**HEALTH FACILITIES &  
SERVICES REVIEW BOARD**

**Applicant(s) [Provide for each applicant (refer to Part 1130.220)]**

Exact Legal Name: Granite City Hospital Company, LLC d/b/a Gateway Regional Medical Center	
Street Address: 2100 Madison Avenue	
City and Zip Code: Granite City, 62040	
Name of Registered Agent: CT Corporation	
Registered Agent Street Address: 208 S. LaSalle Street	
Registered Agent City and Zip Code: Chicago, IL 60604	
Name of Chief Executive Officer: Ed Cunningham	
CEO Street Address: 1573 Mallory Lane	
CEO City and Zip Code: Brentwood, TN 37027	
CEO Telephone Number: 615-465-7349	

**Type of Ownership of Applicants**

<input type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership
<input checked="" type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship
	<input type="checkbox"/> Other

- o Corporations and limited liability companies must provide an **Illinois certificate of good standing.**
- o Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner.

**APPEND DOCUMENTATION AS ATTACHMENT 1, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**Primary Contact [Person to receive ALL correspondence or inquiries]**

Name: Clare E. Connor
Title: Partner
Company Name: McDermott Will & Emery LLP
Address: 444 W. Lake Street, Suite 4000, Chicago, IL 60606
Telephone Number: 312-984-3365
E-mail Address: cconnor@mwe.com
Fax Number: 312-277-2964

**Additional Contact [Person who is also authorized to discuss the application for exemption permit]**

Name: None
Title:
Company Name:
Address:
Telephone Number:
E-mail Address:
Fax Number:

**Post Exemption Permit Contact**

[Person to receive all correspondence subsequent to permit issuance-**THIS PERSON MUST BE EMPLOYED BY THE LICENSED HEALTH CARE FACILITY AS DEFINED AT 20 ILCS 3960**]

Name: Dan Kernebeck
Title: Chief Quality Officer
Company Name: Gateway Regional Medical Center
Address: 2100 Madison Avenue, Granite City, IL 62040
Telephone Number: 618-798-3623
E-mail Address: dan_kernebeck@quorumhealth.com
Fax Number: 618-798-3579

**Site Ownership**

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Granite City Illinois Hospital Corporation
Address of Site Owner: 1573 Mallory Lane, Brentwood, TN 37027
Street Address or Legal Description of the Site:
<b>Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease, or a lease.</b>
<b>APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>

**Operating Identity/Licensee**

[Provide this information for each applicable facility and insert after this page.]

Exact Legal Name: Granite City Illinois Hospital Company, LLC
Address: 1573 Mallory Lane, Brentwood, TN 37027
<input type="checkbox"/> Non-profit Corporation <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> For-profit Corporation <input type="checkbox"/> Governmental <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other
<ul style="list-style-type: none"> <li>o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.</li> <li>o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.</li> <li>o <b>Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.</b></li> </ul>
<b>APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>

**Organizational Relationships**

Provide (for each applicant) an organizational chart containing the name and relationship of any person or entity who is related (as defined in Part 1130.140). If the related person or entity is participating in the development or funding of the project, describe the interest and the amount and type of any financial contribution.

**APPEND DOCUMENTATION AS ATTACHMENT 4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
APPLICATION FOR EXEMPTION PERMIT**

**SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION**

**This Section must be completed for all projects.**

**Facility/Project Identification**

Facility Name: Gateway Regional Medical Center			
Street Address: 2100 Madison Avenue			
City and Zip Code: Granite City, IL 62040			
County: Madison	Health Service Area	11	Health Planning Area: F-01

**Applicant(s) [Provide for each applicant (refer to Part 1130.220)]**

Exact Legal Name: Quorum Health Corporation	
Street Address: 1573 Mallory Lane, Suite 100	
City and Zip Code: Brentwood, TN 37027	
Name of Registered Agent: CT Corporation System	
Registered Agent Street Address: 208 S. LaSalle Street	
Registered Agent City and Zip Code: Chicago, IL 60604	
Name of Chief Executive Officer: Tom Miller	
CEO Street Address: 1573 Mallory Lane, Suite 100	
CEO City and Zip Code: Brentwood, TN 37027	
CEO Telephone Number: 615-221-1400	

**Type of Ownership of Applicants**

<input type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership	
<input checked="" type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental	
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other
<ul style="list-style-type: none"> <li>o Corporations and limited liability companies must provide an <b>Illinois certificate of good standing</b>.</li> <li>o Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner.</li> </ul>		
<p><b>APPEND DOCUMENTATION AS ATTACHMENT 1, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b></p>		

**Primary Contact [Person to receive ALL correspondence or inquiries]**

Name: Clare E. Connor
Title: Partner
Company Name: McDermott Will & Emery LLP
Address: 444 West Lake Street, Suite 4000, Chicago, IL 60606
Telephone Number: 312-984-3365
E-mail Address: cconnor@mwe.com
Fax Number: 312-277-2964

**Additional Contact [Person who is also authorized to discuss the application for exemption permit]**

Name:
Title:
Company Name:
Address:
Telephone Number:
E-mail Address:
Fax Number:

**Flood Plain Requirements**

[Refer to application instructions.] N/A - Discontinuation

Provide documentation that the project complies with the requirements of Illinois Executive Order #2006-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements, please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at [www.FEMA.gov](http://www.FEMA.gov) or [www.illinoisfloodmaps.org](http://www.illinoisfloodmaps.org). **This map must be in a readable format.** In addition, please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2006-5 ([http:// www.illinois.gov/sites/hfsrb](http://www.illinois.gov/sites/hfsrb)).

**APPEND DOCUMENTATION AS ATTACHMENT 5, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**Historic Resources Preservation Act Requirements**

[Refer to application instructions.] N/A - Discontinuation

Provide documentation regarding compliance with the requirements of the Historic Resources Preservation Act.

**APPEND DOCUMENTATION AS ATTACHMENT 6, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**DESCRIPTION OF PROJECT****1. Project Classification**

[Check those applicable - refer to Part 1110.40 and Part 1120.20(b)]

Part 1110 Classification:

- Change of Ownership
- Discontinuation of an Existing Health Care Facility or of a category of service
- Establishment or expansion of a neonatal intensive care or beds

## 2. Narrative Description

In the space below, provide a brief narrative description of the project. Explain **WHAT** is to be done in **State Board defined terms**, **NOT WHY** it is being done. If the project site does NOT have a street address, include a legal description of the site. Include the rationale regarding the project's classification as substantive or non-substantive.

Gateway Regional Medical Center ("Gateway" or "Hospital") temporarily discontinued its 19 bed long term care service in July of 2017 per Illinois Health Facilities and Services Review Board rules. It has determined it does not need to operate the service within the community, as there is access to long term care services within the community through various other local providers. There is a significant excess of long term care beds within Madison County and HSA II.

There are no project costs associated with this discontinuation.

**Project Costs and Sources of Funds (Neonatal Intensive Care Services only)**

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-reviewable components that are not related to the provision of health care, complete the second column of the table below. Note, the use and sources of funds must be equal.

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts			
Contingencies			
Architectural/Engineering Fees			
Consulting and Other Fees	N	I	A
Movable or Other Equipment (not in construction contracts)			
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment			
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
<b>TOTAL USES OF FUNDS</b>			
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities			
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
<b>TOTAL SOURCES OF FUNDS</b>			
<b>NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>			

**Related Project Costs**

Provide the following information, as applicable, with respect to any land related to the project that will be or has been acquired during the last two calendar years:

Land acquisition is related to project	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Purchase Price: \$	_____	
Fair Market Value: \$	_____	
The project involves the establishment of a new facility or a new category of service		
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If yes, provide the dollar amount of all <b>non-capitalized</b> operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.		
Estimated start-up costs and operating deficit cost is \$ _____ N/A _____.		

**Project Status and Completion Schedules**

<b>For facilities in which prior permits have been issued please provide the permit numbers.</b>	
Indicate the stage of the project's architectural drawings:	
<input checked="" type="checkbox"/> None or not applicable	<input type="checkbox"/> Preliminary
<input type="checkbox"/> Schematics	<input type="checkbox"/> Final Working
Anticipated project completion date (refer to Part 1130.140): <u>Within 30 days of issuance of exemption</u>	
Indicate the following with respect to project expenditures or to financial commitments (refer to Part 1130.140): <b>Not Applicable</b>	
<input type="checkbox"/> Purchase orders, leases or contracts pertaining to the project have been executed. <input type="checkbox"/> Financial commitment is contingent upon permit issuance. Provide a copy of the contingent "certification of financial commitment" document, highlighting any language related to CON Contingencies <input type="checkbox"/> Financial Commitment will occur after permit issuance.	
<b>APPEND DOCUMENTATION AS ATTACHMENT 8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>	

**State Agency Submittals [Section 1130.620(c)]**

Are the following submittals up to date as applicable:
<input checked="" type="checkbox"/> Cancer Registry
<input checked="" type="checkbox"/> APORS
<input checked="" type="checkbox"/> All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
<input checked="" type="checkbox"/> All reports regarding outstanding permits
<b>Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.</b>

**CERTIFICATION**

The Application must be signed by the authorized representatives of the applicant entity. Authorized representatives are:

- o in the case of a corporation, any two of its officers or members of its Board of Directors;
- o in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
- o in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- o in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- o in the case of a sole proprietor, the individual that is the proprietor.

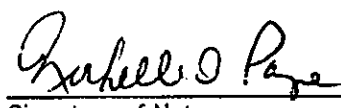
This Application is filed on the behalf of Granite City Illinois Hospital Corporation in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this Application on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the fee required for this application is sent herewith or will be paid upon request.

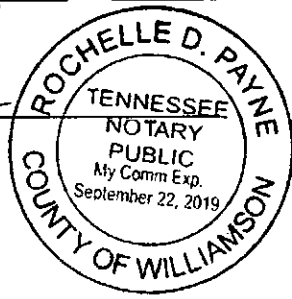
  
SIGNATURE

Hal McCard  
PRINTED NAME


Sr. V.P. and Assistant Secretary  
PRINTED TITLE

Notarization:  
Subscribed and sworn to before me  
this 25th day of February, 20 18

  
Signature of Notary



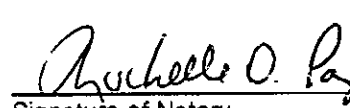
Seal

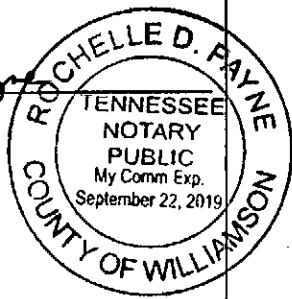
  
SIGNATURE

Martin Smith  
PRINTED NAME

Director  
PRINTED TITLE

Notarization:  
Subscribed and sworn to before me  
this 25th day of February, 20 18

  
Signature of Notary



Seal

\*Insert the EXACT legal name of the applicant



**CERTIFICATION**

The Application must be signed by the authorized representatives of the applicant entity. Authorized representatives are:

- o in the case of a corporation, any two of its officers or members of its Board of Directors;
- o in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
- o in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- o in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- o in the case of a sole proprietor, the individual that is the proprietor.

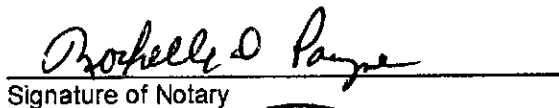
This Application is filed on the behalf of Quorum Health Corporation in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this Application on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the fee required for this application is sent herewith or will be paid upon request.

  
SIGNATURE

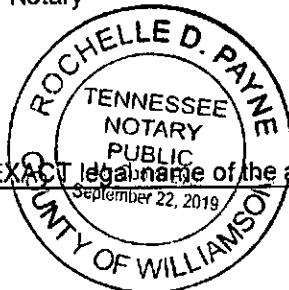
Hal McCard  
PRINTED NAME

Sr. V.P. and Assistant Secretary  
PRINTED TITLE

Notarization:  
Subscribed and sworn to before me  
this 28th day of February, 2018

  
Signature of Notary

Seal



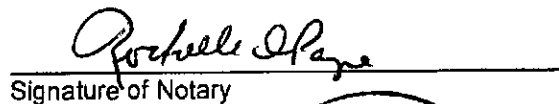
\*Insert the EXACT legal name of the applicant

  
SIGNATURE

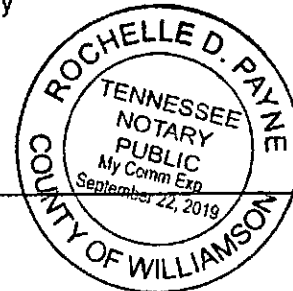
Martin Smith  
PRINTED NAME

Director  
PRINTED TITLE

Notarization:  
Subscribed and sworn to before me  
this 28th day of February, 2018

  
Signature of Notary

Seal



## SECTION II. DISCONTINUATION

This Section is applicable to the discontinuation of a health care facility maintained by a State agency. **NOTE:** If the project is solely for discontinuation and if there is no project cost, the remaining Sections of the application are not applicable.

### Type of Discontinuation

- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/>            | Discontinuation of an Existing Health Care Facility |
| <input checked="" type="checkbox"/> | Discontinuation of a category of service            |

### Criterion 1110.130 - Discontinuation

READ THE REVIEW CRITERION and provide the following information:

#### GENERAL INFORMATION REQUIREMENTS

1. Identify the categories of service and the number of beds, if any, that are to be discontinued.
2. Identify all of the other clinical services that are to be discontinued.
3. Provide the anticipated date of discontinuation for each identified service or for the entire facility.
4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
5. Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued, and the length of time the records will be maintained.
6. For applications involving the discontinuation of an entire facility, provide certification by an authorized representative that all questionnaires and data required by HFSRB or DPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 90 days following the date of discontinuation.
7. Upon a finding that an application to close a health care facility is complete, the State Board shall publish a legal notice on 3 consecutive days in a newspaper of general circulation in the area or community to be affected and afford the public an opportunity to request a hearing. If the application is for a facility located in a Metropolitan Statistical Area, an additional legal notice shall be published in a newspaper of limited circulation, if one exists, in the area in which the facility is located. If the newspaper of limited circulation is published on a daily basis, the additional legal notice shall be published on 3 consecutive days. The legal notice shall also be posted on the Health Facilities and Services Review Board's web site and sent to the State Representative and State Senator of the district in which the health care facility is located. In addition, the health care facility shall provide notice of closure to the local media that the health care facility would routinely notify about facility events.
8. Provide attestation that the facility provided the required notice of the facility or category of service closure to local media that the health care facility would routinely notify about facility events. The supporting documentation shall include a copy of the notice, the name of the local media outlet, the

date the notice was given, and the result of the notice, e.g., number of times broadcasted, written, or published. Only notice that is given to a local television station, local radio station, or local newspaper will be accepted.

**REASONS FOR DISCONTINUATION**

The applicant shall state the reasons for the discontinuation and provide data that verifies the need for the proposed action. See criterion 1110.130(b) for examples.

**IMPACT ON ACCESS**

1. Document that the discontinuation of each service or of the entire facility and whether or not it will have an adverse effect upon access to care for residents of the facility's market area.
2. 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 being discontinued) located within 45 minutes travel time of the applicant facility.

**APPEND DOCUMENTATION AS ATTACHMENT 10, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**SECTION VIII. 1120.140 - ECONOMIC FEASIBILITY**

This section is applicable to all projects subject to Part 1120.

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New	Circ.*	Gross Sq. Ft. Mod.	Circ.*	Const. \$ (A x C)	Mod. \$ (B x E)	
Contingency									
<b>TOTALS</b>									
* Include the percentage (%) of space for circulation									
<p><b>D. Projected Operating Costs</b></p> <p>The applicant shall provide the projected direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year at target utilization but no more than two years following project completion. Direct cost means the fully allocated costs of salaries, benefits and supplies for the service.</p> <p><b>E. Total Effect of the Project on Capital Costs</b></p> <p>The applicant shall provide the total projected annual capital costs (in current dollars per equivalent patient day) for the first full fiscal year at target utilization but no more than two years following project completion.</p>									
APPEND DOCUMENTATION AS ATTACHMENT 19, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.									

**SECTION IX. SAFETY NET IMPACT STATEMENT (DISCONTINUATION ONLY)**

**SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL SUBSTANTIVE PROJECTS AND PROJECTS TO DISCONTINUE STATE-OWNED HEALTH CARE FACILITIES [20 ILCS 3960/5.4]:**

1. The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible for an applicant to have such knowledge.
2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.
3. How the discontinuation of a facility or service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.

**Safety Net Impact Statements shall also include all of the following:**

1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.

2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.
3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

**A table in the following format must be provided as part of Attachment 40.**

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
<b>Total</b>			
Charity (cost in dollars)	Year	Year	Year
Inpatient			
Outpatient			
<b>Total</b>			
MEDICAID			
Medicaid (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
<b>Total</b>			
Medicaid (revenue)	Year	Year	Year
Inpatient			
Outpatient			
<b>Total</b>			

**APPEND DOCUMENTATION AS ATTACHMENT 20, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**SECTION X. CHARITY CARE INFORMATION (CHOW ONLY)**

Charity Care information **MUST** be furnished for **ALL** projects [1120.20(c)].

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.
2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.
3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

Charity care" means care provided by a health care facility for which the provider does not expect to receive payment from the patient or a third-party payer (20 ILCS 3960/3). Charity Care **must** be provided at cost.

A table in the following format must be provided for all facilities as part of Attachment 41.

CHARITY CARE			
	Year	Year	Year
Net Patient Revenue			
Amount of Charity Care (charges)			
Cost of Charity Care			

APPEND DOCUMENTATION AS **ATTACHMENT 21**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

After paginating the entire completed application indicate, in the chart below, the page numbers for the included attachments:

<b>INDEX OF ATTACHMENTS</b>		
<b>ATTACHMENT NO.</b>		<b>PAGES</b>
1	Applicant Identification including Certificate of Good Standing	
2	Site Ownership	
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	
5	Flood Plain Requirements	
6	Historic Preservation Act Requirements	
7	Project and Sources of Funds Itemization	
8	Financial Commitment Document if required	
9	Cost Space Requirements	
10	Discontinuation	
11	Background of the Applicant	
12	Purpose of the Project	
13	Alternatives to the Project	
	<b>Service Specific:</b>	
14	Neonatal Intensive Care Services	
15	Change of Ownership	
	<b>Financial and Economic Feasibility:</b>	
16	Availability of Funds	
17	Financial Waiver	
18	Financial Viability	
19	Economic Feasibility	
20	Safety Net Impact Statement	
21	Charity Care Information	

## Certificates of Good Standing - Applicants



File Number

0058590-4



**To all to whom these Presents Shall Come, Greeting:**

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

GRANITE CITY ILLINOIS HOSPITAL COMPANY, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON AUGUST 03, 2001, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

***In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 21ST day of FEBRUARY A.D. 2018 .***



Authentication #: 1805202784 verifiable until 02/21/2019  
Authenticate at: <http://www.cyberdriveillinois.com>

*Jesse White*

SECRETARY OF STATE

# Delaware

Page 1


The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "QUORUM HEALTH CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF FEBRUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



  
Jeffrey W. Bullock, Secretary of State

5792308 8300

SR# 20181195758

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 202188010

Date: 02-21-18

### Proof of Site Ownership

Not applicable. Discontinuation of Category of Service.

## Licensee Certificate of Good Standing



**To all to whom these Presents Shall Come, Greeting:**

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

GRANITE CITY ILLINOIS HOSPITAL COMPANY, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON AUGUST 03, 2001, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

**In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 21ST day of FEBRUARY A.D. 2018 .**



*Jesse White*

SECRETARY OF STATE



**Illinois Department of  
PUBLIC HEALTH**

HF114789

← DISPLAY THIS PART IN A  
CONSPICUOUS PLACE

**LICENSE PERMIT, CERTIFICATION, REGISTRATION**

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below:

**Nirav D. Shah, M.D., J.D.**  
Director

Issued under the authority of  
the Illinois Department of  
Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
1/2/2019		0005223
<b>General Hospital</b>		
<b>Effective: 01/03/2018</b>		

Exp. Date 1/2/2019

Lic Number 0005223

Date Printed 12/22/2017

Granite City Illinois Hospital Company, LLC  
dba Gateway Regional Medical Center  
2100 Madison Avenue

Granite City Illinois Hospital Company,  
dba Gateway Regional Medical Center  
2100 Madison Avenue  
Granite City, IL 62040

Granite City, IL 62040

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #48240 5M 5/16

FEE RECEIPT NO.

## Attachment 10 - Discontinuation

### GENERAL INFORMATION REQUIREMENTS

1. Identify the categories of service and the number of beds, if any, that are to be discontinued.

**Hospital licensed long term care beds – 19 beds.**

2. Identify all of the other clinical services that are to be discontinued.

**No other clinical services will be discontinued.**

3. Provide the anticipated date of discontinuation for each identified service or for the entire facility.

**The service has been temporarily discontinued since July of 2017 (per the Board's rules). It will permanently discontinue within thirty (30) days of issuance of an exemption.**

4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.

**There is no current use intended with respect to the space. However, one possibility would be to use it to offer more private medical surgical rooms (no increase in beds – just private rooms).**

5. Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued, and the length of time the records will be maintained.

**The medical records will be maintained by the Hospital.**

6. For applications involving the discontinuation of an entire facility, provide certification by an authorized representative that all questionnaires and data required by HFSRB or DPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 90 days following the date of discontinuation. **N/A**

7. Upon a finding that an application to close a health care facility is complete, the State Board shall publish a legal notice on 3 consecutive days in a newspaper of general circulation in the area or community to be affected and afford the public an opportunity to request a hearing. If the application is for a facility located in a Metropolitan Statistical Area, an additional legal notice shall be published in a newspaper of limited circulation, if one exists, in the area in which the facility is located. If the newspaper of limited circulation is published on a daily basis, the additional legal notice shall be published on 3 consecutive days. The legal notice shall also be posted on the Health Facilities and Services Review Board's web site and sent to the State Representative and State Senator of the district in which the health care facility is located. In addition, the health care facility shall provide notice of closure to the local media that the health care facility would routinely notify about facility events. **N/A**

8. Provide attestation that the facility provided the required notice of the facility or category of service closure to local media that the health care facility would routinely notify about facility events. The supporting documentation shall include a copy of the notice, the name of the local media outlet, the date the notice was given, and the result of the notice, e.g., number of times broadcasted, written, or published. Only notice that is given to a local television station, local radio station, or local newspaper will be accepted.

**See Appendix A.**

**Attachment 10 – Discontinuation (Continued)****REASONS FOR DISCONTINUATION**

The applicant shall state the reasons for the discontinuation and provide data that verifies the need for the proposed action. See criterion 1110.130(b) for examples.

**The utilization of the long term care service has been low. There are many options for long term care services via licensed long term care facilities within the community. The Hospital temporarily discontinued the service in July of 2017 to assess the impact on the community. It did not appear there was any negative impact.**

**IMPACT ON ACCESS**

1. Document that the discontinuation of each service or of the entire facility and whether or not it will have an adverse effect upon access to care for residents of the facility's market area.

**Given the low volume of the service and the other area providers of long term care services, we do not believe there will be any impact on the availability of the service to area residents.**

2. 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 being discontinued) located within 45 minutes travel time of the applicant facility.

**See Appendix A.**



## Attachment 20 - Safety Net Impact Statement

1. The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible for an applicant to have such knowledge.

**There is an abundant supply (308 excess in HSA II, Madison County) of long term care beds in the service area. The abundance of beds is sufficient enough to ensure that this project will not have a material impact on essential safety net services in the community.**

2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.

**To the Hospital's knowledge this project will not materially impact the ability of other providers or health care systems to subsidize safety net services.**

3. How the discontinuation of a facility or service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.

**To the Hospital's knowledge this discontinuation will have no impact on the remaining safety net providers.**

### Safety Net Impact Statements shall also include all of the following:

1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.

**See attached table below. Note that the table in this attachment indicates the amount of Charity Care provided by Gateway.**

2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.

**See attached table below. Note that the table in this attachment indicates the amount of care provided to Medicaid patients by Gateway.**

3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

**The utilization of the Unit has been declining, and there are long term care providers in the area and area residents will continue to have access to these services.**

**A table in the following format must be provided as part of Attachment 20.**

## Gateway Regional Medical Center

Safety Net Information per PA 96--031			
CHARITY CARE			
Charity (# of patients)	Year 2014	Year 2015	Year 2016
Inpatient	143	73	150
Outpatient	110	56	161
<b>Total</b>	<b>253</b>	<b>129</b>	<b>311</b>
Charity (cost in dollars)			
Inpatient	25,334.87	584,269.22	498,011.19
Outpatient	50,010.48	166,609.80	120,353.10
<b>Total</b>	<b>75,345.35</b>	<b>750,879.19</b>	<b>618,364.29</b>
MEDICAID			
Medicaid (# of patients)	Year 2014	Year 2015	Year 2016
Inpatient	2934	3354	3671
Outpatient	25,777	30,258	31,059
<b>Total</b>	<b>28,711</b>	<b>33,612</b>	<b>34,730</b>
Medicaid (gross revenue)			
Inpatient	133,063,370	149,808,907	181,986,983
Outpatient	124,580,929	155,069,943	164,225,975
<b>Total</b>			

**Attachment 21 – Charity Care Information**

**Charity Care Information MUST be furnished for ALL projects [1120.20(c)].**

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three audited fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.

**See table below. This table reflects charity care provided by Quorum Health.**

2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.

**See table below. This table reflects charity care provided by the co-applicant Quorum Health (Illinois only). Apart from Gateway, other facilities under Quorum Health are neither involved nor relevant to this discontinuation. For charity care information for Gateway, please see the previous attachment.**

4. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

**N/A-Existing**

Charity care means care provided by a health care facility for which the provider does not expect to receive payment from the patient or a third party payer (20 ILCS 3960/3). Charity care must be provided at cost.

**A table in the following format must be provided for all facilities as part of Attachment 21.**

**Quorum Health Corporation\***

<b>CHARITY CARE</b>			
	<b>Year 2014</b>	<b>Year 2015</b>	<b>Year 2016</b>
<b>Net Patient Revenue</b>	\$101,025,789	\$105,914,491	\$112,464,499
Amount of Charity Care (charges)	\$4,235,416	\$8,447,850	\$6,838,570
Cost of Charity Care	\$75,345	\$750,879	\$618,364

\*Illinois Hospitals Only. Quorum Health Corporation is a for profit entity and is not required to provide charity care. Nonetheless it does so.

**APPENDIX A**



**GATEWAY REGIONAL  
MEDICAL CENTER**

FILE COPY

February 20, 2018

**VIA U.S. CERTIFIED MAIL- return receipt requested**

Signature  
Confirmation • 91 3499 9991 7030 3014 6005

Aberdeen Terrace  
4029 Aberdeen  
Alton, IL 62002

RE: Proposed Discontinuation of 19 Long Term Care Beds

Dear Director:

Gateway Regional Medical Center, in Granite City, Illinois, plans to file for a Certificate of Exemption (COE) from the Illinois Health Facilities and Services Review Board (IHFSRB) for discontinuation of its hospital-based skilled nursing services.

Throughout this letter, and consistent with the provisions of Section 1110.130 of Title of the Illinois Administrative Code, you are asked to provide an impact statement. More specifically, you have the opportunity to comment on the following, among any other concerns:

- The anticipated date of discontinuation of our service: *we plan to close these 19 long term care beds after issuance of an exemption by the IHFSRB, which we believe will be in the first quarter of 2018.*
- Whether your facility has, or will have, available capacity to accommodate a portion or all of our experienced caseload: *our average daily census in CY2016 was 5.4.*

A copy of any response to this request that is received within fifteen days of your receipt of this letter will be forwarded to the IHSRB.

Sincerely,

M. Edward Cunningham  
Chief Executive Officer  
Gateway Regional Medical Center



**GATEWAY REGIONAL  
MEDICAL CENTER**

February 20, 2018

**FILE COPY**

**VIA U.S. CERTIFIED MAIL- return receipt requested**

Signature  
Confirmation # 91 3499 9991 7030 3014 5992

Alhambra Care Center  
417 East Main, Box 310  
Alhambra, IL 62001

RE: Proposed Discontinuation of 19 Long Term Care Beds

Dear Director:

Gateway Regional Medical Center, in Granite City, Illinois, plans to file for a Certificate of Exemption (COE) from the Illinois Health Facilities and Services Review Board (IHFSRB) for discontinuation of its hospital-based skilled nursing services.

Throughout this letter, and consistent with the provisions of Section 1110.130 of Title of the Illinois Administrative Code, you are asked to provide an impact statement. More specifically, you have the opportunity to comment on the following, among any other concerns:

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Sincerely,

M. Edward Cunningham  
Chief Executive Officer  
Gateway Regional Medical Center



**GATEWAY REGIONAL  
MEDICAL CENTER**

February 20, 2018

**FILE COPY**

**VIA U.S. CERTIFIED MAIL- return receipt requested**

Signature  
Confirmation # 91 3499 9991 7030 3014 5985

Alton Bluff Estates  
821 Washington Avenue  
Alton, IL 62002

RE: Proposed Discontinuation of 19 Long Term Care Beds

Dear Director:

Gateway Regional Medical Center, in Granite City, Illinois, plans to file for a Certificate of Exemption (COE) from the Illinois Health Facilities and Services Review Board (IHFSRB) for discontinuation of its hospital-based skilled nursing services.

Throughout this letter, and consistent with the provisions of Section 1110.130 of Title of the Illinois Administrative Code, you are asked to provide an impact statement. More specifically, you have the opportunity to comment on the following, among any other concerns:

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Sincerely,

M. Edward Cunningham  
Chief Executive Officer  
Gateway Regional Medical Center



**GATEWAY REGIONAL  
MEDICAL CENTER**

**FILE COPY**

February 20, 2018

**VIA U.S. CERTIFIED MAIL- return receipt requested**

Signature  
Confirmation # 91 3499 9991 7030 3014 5978

Alton Memorial Hospital - Hatch Unit  
One Memorial Drive  
Alton, IL 62002

RE: Proposed Discontinuation of 19 Long Term Care Beds

Dear Director:

Gateway Regional Medical Center, in Granite City, Illinois, plans to file for a Certificate of Exemption (COE) from the Illinois Health Facilities and Services Review Board (IHFSRB) for discontinuation of its hospital-based skilled nursing services.

Throughout this letter, and consistent with the provisions of Section 1110.130 of Title of the Illinois Administrative Code, you are asked to provide an impact statement. More specifically, you have the opportunity to comment on the following, among any other concerns:

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Sincerely,

M. Edward Cunningham  
Chief Executive Officer  
Gateway Regional Medical Center





**GATEWAY REGIONAL  
MEDICAL CENTER**

**FILE COPY**

February 20, 2018

**VIA U.S. CERTIFIED MAIL- return receipt requested**

Signature  
Information - 91 3499 9991 7030 3014 5961

Bethalto Care Center  
815 S. Prairie Street  
Bethalto, IL 62010

RE: Proposed Discontinuation of 19 Long Term Care Beds

Dear Director:

Gateway Regional Medical Center, in Granite City, Illinois, plans to file for a Certificate of Exemption (COE) from the Illinois Health Facilities and Services Review Board (IHFSRB) for discontinuation of its hospital-based skilled nursing services.

Throughout this letter, and consistent with the provisions of Section 1110.130 of Title of the Illinois Administrative Code, you are asked to provide an impact statement. More specifically, you have the opportunity to comment on the following, among any other concerns:

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Sincerely,

M. Edward Cunningham  
Chief Executive Officer  
Gateway Regional Medical Center



**GATEWAY REGIONAL  
MEDICAL CENTER**

Signature  
Confirmation # 91 3499 9991 7030 3014 5954

February 20, 2018

**VIA U.S. CERTIFIED MAIL- return receipt requested**

**FILE COPY**

Beverly Farm Foundation  
6301 Humbert Road  
Godfrey, IL 62035

RE: Proposed Discontinuation of 19 Long Term Care Beds

Dear Director:

Gateway Regional Medical Center, in Granite City, Illinois, plans to file for a Certificate of Exemption (COE) from the Illinois Health Facilities and Services Review Board (IHFSRB) for discontinuation of its hospital-based skilled nursing services.

Throughout this letter, and consistent with the provisions of Section 1110.130 of Title of the Illinois Administrative Code, you are asked to provide an impact statement. More specifically, you have the opportunity to comment on the following, among any other concerns:

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Sincerely,

M. Edward Cunningham  
Chief Executive Officer  
Gateway Regional Medical Center



**GATEWAY REGIONAL  
MEDICAL CENTER**

FILE COPY

February 20, 2018

**VIA U.S. CERTIFIED MAIL- return receipt requested**

Signature  
Confirmation # 91 3499 9991 7030 3014 5947

Collinsville Rehab & Healthcare Center  
614 North Summit  
Collinsville, IL 62234

RE: Proposed Discontinuation of 19 Long Term Care Beds

Dear Director:

Gateway Regional Medical Center, in Granite City, Illinois, plans to file for a Certificate of Exemption (COE) from the Illinois Health Facilities and Services Review Board (IHFSRB) for discontinuation of its hospital-based skilled nursing services.

Throughout this letter, and consistent with the provisions of Section 1110.130 of Title of the Illinois Administrative Code, you are asked to provide an impact statement. More specifically, you have the opportunity to comment on the following, among any other concerns:

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Sincerely,

M. Edward Cunningham  
Chief Executive Officer  
Gateway Regional Medical Center



**GATEWAY REGIONAL  
MEDICAL CENTER**

FILE COPY

February 20, 2018

Signature  
Confirmation # 91 3499 9991 7030 3014 5930

**VIA U.S. CERTIFIED MAIL- return receipt requested**

Eden Village Care Center  
400 South Station Road  
Glen Carbon, IL 62034

RE: Proposed Discontinuation of 19 Long Term Care Beds

Dear Director:

Gateway Regional Medical Center, in Granite City, Illinois, plans to file for a Certificate of Exemption (COE) from the Illinois Health Facilities and Services Review Board (IHFSRB) for discontinuation of its hospital-based skilled nursing services.

Throughout this letter, and consistent with the provisions of Section 1110.130 of Title of the Illinois Administrative Code, you are asked to provide an impact statement. More specifically, you have the opportunity to comment on the following, among any other concerns:

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Sincerely,

M. Edward Cunningham  
Chief Executive Officer  
Gateway Regional Medical Center



**GATEWAY REGIONAL  
MEDICAL CENTER**

FILE COPY

February 20, 2018

**VIA U.S. CERTIFIED MAIL- return receipt requested**

Signature  
Confirmation # 91 3499 9991 7030 3014 5923

Edwardsville Nursing & Rehab Center  
401 St. Mary's Drive  
Edwardsville, IL 62025

RE: Proposed Discontinuation of 19 Long Term Care Beds

Dear Director:

Gateway Regional Medical Center, in Granite City, Illinois, plans to file for a Certificate of Exemption (COE) from the Illinois Health Facilities and Services Review Board (IHFSRB) for discontinuation of its hospital-based skilled nursing services.

Throughout this letter, and consistent with the provisions of Section 1110.130 of Title of the Illinois Administrative Code, you are asked to provide an impact statement. More specifically, you have the opportunity to comment on the following, among any other concerns:

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Sincerely,

M. Edward Cunningham  
Chief Executive Officer  
Gateway Regional Medical Center



**GATEWAY REGIONAL  
MEDICAL CENTER**

FILE COPY

February 20, 2018

Signature  
Confirmation # 91 3499 9991 7030 3014 5916

**VIA U.S. CERTIFIED MAIL- return receipt requested**

Edwardsville Terrace  
808 Southwest Place  
Edwardsville, IL 62025

RE: Proposed Discontinuation of 19 Long Term Care Beds

Dear Director:

Gateway Regional Medical Center, in Granite City, Illinois, plans to file for a Certificate of Exemption (COE) from the Illinois Health Facilities and Services Review Board (IHFSRB) for discontinuation of its hospital-based skilled nursing services.

Throughout this letter, and consistent with the provisions of Section 1110.130 of Title of the Illinois Administrative Code, you are asked to provide an impact statement. More specifically, you have the opportunity to comment on the following, among any other concerns:

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Sincerely,

M. Edward Cunningham  
Chief Executive Officer  
Gateway Regional Medical Center



**GATEWAY REGIONAL  
MEDICAL CENTER**

FILE COPY

February 20, 2018

Signature  
Confirmation # 91 3499 9991 7030 3014 5909

**VIA U.S. CERTIFIED MAIL- return receipt requested**

Elmwood Nursing & Rehab Center  
152 Wilma Drive  
Maryville, IL 62062

RE: Proposed Discontinuation of 19 Long Term Care Beds

Dear Director:

Gateway Regional Medical Center, in Granite City, Illinois, plans to file for a Certificate of Exemption (COE) from the Illinois Health Facilities and Services Review Board (IHFSRB) for discontinuation of its hospital-based skilled nursing services.

Throughout this letter, and consistent with the provisions of Section 1110.130 of Title of the Illinois Administrative Code, you are asked to provide an impact statement. More specifically, you have the opportunity to comment on the following, among any other concerns:

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Sincerely,

M. Edward Cunningham  
Chief Executive Officer  
Gateway Regional Medical Center



**GATEWAY REGIONAL  
MEDICAL CENTER**

FILE COPY

February 20, 2018

**VIA U.S. CERTIFIED MAIL- return receipt requested**

Signature  
Confirmation # 91 3499 9991 7030 3014 5893

Eunice C. Smith Nursing Home  
1251 College Avenue  
Alton, IL 62002

RE: Proposed Discontinuation of 19 Long Term Care Beds

Dear Director:

Gateway Regional Medical Center, in Granite City, Illinois, plans to file for a Certificate of Exemption (COE) from the Illinois Health Facilities and Services Review Board (IHFSRB) for discontinuation of its hospital-based skilled nursing services.

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Sincerely,

M. Edward Cunningham  
Chief Executive Officer  
Gateway Regional Medical Center





**GATEWAY REGIONAL  
MEDICAL CENTER**

FILE COPY

February 20, 2018

**VIA U.S. CERTIFIED MAIL- return receipt requested**

Signature  
Confirmation # 91 3499 9991 7030 3014 5886

Faith Countryside Home  
100 Faith Drive  
Highland, IL 62249

RE: Proposed Discontinuation of 19 Long Term Care Beds

Dear Director:

Gateway Regional Medical Center, in Granite City, Illinois, plans to file for a Certificate of Exemption (COE) from the Illinois Health Facilities and Services Review Board (IHFSRB) for discontinuation of its hospital-based skilled nursing services.

Throughout this letter, and consistent with the provisions of Section 1110.130 of Title of the Illinois Administrative Code, you are asked to provide an impact statement. More specifically, you have the opportunity to comment on the following, among any other concerns:

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Sincerely,

M. Edward Cunningham  
Chief Executive Officer  
Gateway Regional Medical Center



**GATEWAY REGIONAL  
MEDICAL CENTER**

FILE COPY

February 20, 2018

**VIA U.S. CERTIFIED MAIL- return receipt requested**

Signature  
Confirmation # 91 3499 9991 7030 3014 5879

Fosterburg Terrace  
4617 Wonderland Drive  
Alton, IL 62002

RE: Proposed Discontinuation of 19 Long Term Care Beds

Dear Director:

Gateway Regional Medical Center, in Granite City, Illinois, plans to file for a Certificate of Exemption (COE) from the Illinois Health Facilities and Services Review Board (IHFSRB) for discontinuation of its hospital-based skilled nursing services.

Throughout this letter, and consistent with the provisions of Section 1110.130 of Title of the Illinois Administrative Code, you are asked to provide an impact statement. More specifically, you have the opportunity to comment on the following, among any other concerns:

- The anticipated date of discontinuation of our service: *we plan to close these 19 long term care beds after issuance of an exemption by the IHFSRB, which we believe will be in the first quarter of 2018.*
- Whether your facility has, or will have, available capacity to accommodate a portion or all of our experienced caseload: *our average daily census in CY2016 was 5.4.*

A copy of any response to this request that is received within fifteen days of your receipt of this letter will be forwarded to the IHSRB.

Sincerely,

M. Edward Cunningham  
Chief Executive Officer  
Gateway Regional Medical Center



**GATEWAY REGIONAL  
MEDICAL CENTER**

FILE COPY

February 20, 2018

**VIA U.S. CERTIFIED MAIL- return receipt requested**

Signature  
Confirmation # 91 3499 9991 7030 3014 5862

Granite Nursing & Rehab, LLC  
3500 Century Drive  
Granite City, IL 62040

RE: Proposed Discontinuation of 19 Long Term Care Beds

Dear Director:

Gateway Regional Medical Center, in Granite City, Illinois, plans to file for a Certificate of Exemption (COE) from the Illinois Health Facilities and Services Review Board (IHFSRB) for discontinuation of its hospital-based skilled nursing services.

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M. Edward Cunningham  
Chief Executive Officer  
Gateway Regional Medical Center



**GATEWAY REGIONAL  
MEDICAL CENTER**

FILE COPY

February 20, 2018

**VIA U.S. CERTIFIED MAIL- return receipt requested**

Signature  
Confirmation # 91 3499 9991 7030 3014 5855

Group Home 1  
212 Bachman Lane  
Godfrey, IL 62035

RE: Proposed Discontinuation of 19 Long Term Care Beds

Dear Director:

Gateway Regional Medical Center, in Granite City, Illinois, plans to file for a Certificate of Exemption (COE) from the Illinois Health Facilities and Services Review Board (IHFSRB) for discontinuation of its hospital-based skilled nursing services.

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Chief Executive Officer  
Gateway Regional Medical Center



**GATEWAY REGIONAL  
MEDICAL CENTER**

FILE COPY

February 20, 2018

**VIA U.S. CERTIFIED MAIL- return receipt requested**

Signature  
Confirmation • 91 3499 9991 7030 3014 5848

Group Home 2  
224 Bachman Lane  
Godfrey, IL 62035

RE: Proposed Discontinuation of 19 Long Term Care Beds

Dear Director:

Gateway Regional Medical Center, in Granite City, Illinois, plans to file for a Certificate of Exemption (COE) from the Illinois Health Facilities and Services Review Board (IHFSRB) for discontinuation of its hospital-based skilled nursing services.

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M. Edward Cunningham  
Chief Executive Officer  
Gateway Regional Medical Center



**GATEWAY REGIONAL  
MEDICAL CENTER**

FILE COPY

February 20, 2018

**VIA U.S. CERTIFIED MAIL- return receipt requested**

Signature  
Confirmation # 91 3499 9991 7030 3014 5831

Group Home 3  
302 Bachman Lane  
Godfrey, IL 62035

RE: Proposed Discontinuation of 19 Long Term Care Beds

Dear Director:

Gateway Regional Medical Center, in Granite City, Illinois, plans to file for a Certificate of Exemption (COE) from the Illinois Health Facilities and Services Review Board (IHFSRB) for discontinuation of its hospital-based skilled nursing services.

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M. Edward Cunningham  
Chief Executive Officer  
Gateway Regional Medical Center



**GATEWAY REGIONAL  
MEDICAL CENTER**

**FILE COPY**

February 20, 2018

**VIA U.S. CERTIFIED MAIL- return receipt requested**

Signature  
Confirmation # 91 3499 9991 7030 3014 5824

Group Home 4  
314 Bachman Lane  
Godfrey, IL 62035

RE: Proposed Discontinuation of 19 Long Term Care Beds

Dear Director:

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M. Edward Cunningham  
Chief Executive Officer  
Gateway Regional Medical Center



**GATEWAY REGIONAL  
MEDICAL CENTER**

**FILE COPY**

February 20, 2018

**VIA U.S. CERTIFIED MAIL- return receipt requested**

Group Home 5  
308 Bachman Lane  
Godfrey, IL 62035

Signature  
Confirmation # 91 3499 9991 7030 3014 5817

RE: Proposed Discontinuation of 19 Long Term Care Beds

Dear Director:

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M. Edward Cunningham  
Chief Executive Officer  
Gateway Regional Medical Center





**GATEWAY REGIONAL  
MEDICAL CENTER**

FILE COPY

February 20, 2018

**VIA U.S. CERTIFIED MAIL- return receipt requested**

Signature  
Confirmation # 91 3499 9991 7030 3014 5800

Group Home 6  
320 Bachman Lane  
Godfrey, IL 62035

RE: Proposed Discontinuation of 19 Long Term Care Beds

Dear Director:

Gateway Regional Medical Center, in Granite City, Illinois, plans to file for a Certificate of Exemption (COE) from the Illinois Health Facilities and Services Review Board (IHFSRB) for discontinuation of its hospital-based skilled nursing services.

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Sincerely,

M. Edward Cunningham  
Chief Executive Officer  
Gateway Regional Medical Center



**GATEWAY REGIONAL  
MEDICAL CENTER**

FILE COPY

February 20, 2018

**VIA U.S. CERTIFIED MAIL- return receipt requested**

Signature  
Confirmation # 91 3499 9991 7030 3014 5794

Highland Health Care Center  
1450 26th Street  
Highland, IL 62249

RE: Proposed Discontinuation of 19 Long Term Care Beds

Dear Director:

Gateway Regional Medical Center, in Granite City, Illinois, plans to file for a Certificate of Exemption (COE) from the Illinois Health Facilities and Services Review Board (IHFSRB) for discontinuation of its hospital-based skilled nursing services.

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Sincerely,

M. Edward Cunningham  
Chief Executive Officer  
Gateway Regional Medical Center



**GATEWAY REGIONAL  
MEDICAL CENTER**

FILE COPY

February 20, 2018

**VIA U.S. CERTIFIED MAIL - return receipt requested**

Signature  
Confirmation # 91 3499 9991 7030 3014 5787

Hitz Memorial Home  
Belle Street, PO Box 79  
Alhambra, IL 62001

RE: Proposed Discontinuation of 19 Long Term Care Beds

Dear Director:

Gateway Regional Medical Center, in Granite City, Illinois, plans to file for a Certificate of Exemption (COE) from the Illinois Health Facilities and Services Review Board (IHFSRB) for discontinuation of its hospital-based skilled nursing services.

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M. Edward Cunningham  
Chief Executive Officer  
Gateway Regional Medical Center



**GATEWAY REGIONAL  
MEDICAL CENTER**

FILE COPY

February 20, 2018

**VIA U.S. CERTIFIED MAIL- return receipt requested**

Signature  
Confirmation # 91 3499 9991 7030 3014 5770

Integrity HC of Godfrey  
1623 West Delmar  
Godfrey, IL 62035

RE: Proposed Discontinuation of 19 Long Term Care Beds

Dear Director:

Gateway Regional Medical Center, in Granite City, Illinois, plans to file for a Certificate of Exemption (COE) from the Illinois Health Facilities and Services Review Board (IHFSRB) for discontinuation of its hospital-based skilled nursing services.

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Chief Executive Officer  
Gateway Regional Medical Center



**GATEWAY REGIONAL  
MEDICAL CENTER**

FILE COPY

February 20, 2018

**VIA U.S. CERTIFIED MAIL- return receipt requested**

Signature  
Confirmation # 91 3499 9991 7030 3014 5763

Integrity HC of Wood River  
393 Edwardsville Road  
Wood River, IL 62095

RE: Proposed Discontinuation of 19 Long Term Care Beds

Dear Director:

Gateway Regional Medical Center, in Granite City, Illinois, plans to file for a Certificate of Exemption (COE) from the Illinois Health Facilities and Services Review Board (IHFSRB) for discontinuation of its hospital-based skilled nursing services.

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Chief Executive Officer  
Gateway Regional Medical Center



**GATEWAY REGIONAL  
MEDICAL CENTER**

FILE COPY

February 20, 2018

**VIA U.S. CERTIFIED MAIL- return receipt requested**

Signature  
Confirmation # 91 3499 9991 7030 3014 5756

Integrity Healthcare of Alton  
3523 Wickenhauser  
Alton, IL 62002

RE: Proposed Discontinuation of 19 Long Term Care Beds

Dear Director:

Gateway Regional Medical Center, in Granite City, Illinois, plans to file for a Certificate of Exemption (COE) from the Illinois Health Facilities and Services Review Board (IHFSRB) for discontinuation of its hospital-based skilled nursing services.

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M. Edward Cunningham  
Chief Executive Officer  
Gateway Regional Medical Center



**GATEWAY REGIONAL  
MEDICAL CENTER**

**FILE COPY**

February 20, 2018

**VIA U.S. CERTIFIED MAIL- return receipt requested**

Linton Terrace  
330 Linton Avenue  
Wood River, IL 62095

Signature  
Confirmation # 91 3499 9991 7030 3014 5749

RE: Proposed Discontinuation of 19 Long Term Care Beds

Dear Director:

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M. Edward Cunningham  
Chief Executive Officer  
Gateway Regional Medical Center



**GATEWAY REGIONAL  
MEDICAL CENTER**

FILE COPY

February 20, 2018

**VIA U.S. CERTIFIED MAIL- return receipt requested**

Signature  
Confirmation # 91 3499 9991 7030 3014 5732

Madison Terrace  
95 North Main  
Wood River, IL 62095

RE: Proposed Discontinuation of 19 Long Term Care Beds

Dear Director:

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**GATEWAY REGIONAL  
MEDICAL CENTER**

FILE COPY

February 20, 2018

**VIA U.S. CERTIFIED MAIL- return receipt requested**

Signature  
Confirmation # 91 3499 9991 7030 3014 5725

Manor Court of Maryville  
6955 State Route 162  
Maryville, IL 62062

RE: Proposed Discontinuation of 19 Long Term Care Beds

Dear Director:

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**GATEWAY REGIONAL  
MEDICAL CENTER**

**FILE COPY**

February 20, 2018

**VIA U.S. CERTIFIED MAIL- return receipt requested**

Signature  
Confirmation # 91 3499 9991 7030 3014 5718

Meridian Village  
27 Auerbach Place  
Glen Carbon, IL 62034

RE: Proposed Discontinuation of 19 Long Term Care Beds

Dear Director:

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**GATEWAY REGIONAL  
MEDICAL CENTER**

FILE COPY

February 20, 2018

**VIA U.S. CERTIFIED MAIL-** *return receipt requested*

Signature  
Confirmation # 91 3499 9991 7030 3014 5701

OSF St. Clare's Hospital  
915 E. 5TH Street  
Alton, IL 62002

RE: Proposed Discontinuation of 19 Long Term Care Beds

Dear Director:

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**GATEWAY REGIONAL  
MEDICAL CENTER**

**FILE COPY**

February 20, 2018

**VIA U.S. CERTIFIED MAIL- return receipt requested**

Signature Confirmation · 91 3499 9991 7030 3014 5695

Pershing Terrace  
460 Pershing  
Wood River, IL 62095

RE: Proposed Discontinuation of 19 Long Term Care Beds

Dear Director:

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**GATEWAY REGIONAL  
MEDICAL CENTER**

**FILE COPY**

February 20, 2018

**VIA U.S. CERTIFIED MAIL- return receipt requested**

Signature  
Confirmation # 91 3499 9991 7030 3014 5688

Piasa Manor  
110 North Alby Court  
Godfrey, IL 62035

RE: Proposed Discontinuation of 19 Long Term Care Beds

Dear Director:

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**GATEWAY REGIONAL  
MEDICAL CENTER**

**FILE COPY**

February 20, 2018

**VIA U.S. CERTIFIED MAIL- return receipt requested**

signature  
confirmation # 91 3499 9991 7030 3014 5671

Rosewood Care Center of Alton  
3490 Humbert Road  
Alton, IL 62002

RE: Proposed Discontinuation of 19 Long Term Care Beds

Dear Director:

Gateway Regional Medical Center, in Granite City, Illinois, plans to file for a Certificate of Exemption (COE) from the Illinois Health Facilities and Services Review Board (IHFSRB) for discontinuation of its hospital-based skilled nursing services.

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**GATEWAY REGIONAL  
MEDICAL CENTER**

FILE COPY

February 20, 2018

**VIA U.S. CERTIFIED MAIL- return receipt requested**

Signature  
Confirmation # 91 3499 9991 7030 3014 5664

Rosewood Care Center of Edwardsville  
6277 Center Grove Road  
Edwardsville, IL 62025

RE: Proposed Discontinuation of 19 Long Term Care Beds

Dear Director:

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Chief Executive Officer  
Gateway Regional Medical Center



**GATEWAY REGIONAL  
MEDICAL CENTER**

February 20, 2018

FILE COPY

**VIA U.S. CERTIFIED MAIL- return receipt requested**

Stearns Nursing & Rehab Center, LLC  
3900 Stearns Avenue  
Granite City, IL 62040

Signature  
Confirmation # 91 3499 9991 7030 3014 5657

RE: Proposed Discontinuation of 19 Long Term Care Beds

Dear Director:

Gateway Regional Medical Center, in Granite City, Illinois, plans to file for a Certificate of Exemption (COE) from the Illinois Health Facilities and Services Review Board (IHFSRB) for discontinuation of its hospital-based skilled nursing services.

Throughout this letter, and consistent with the provisions of Section 1110.130 of Title of the Illinois Administrative Code, you are asked to provide an impact statement. More specifically, you have the opportunity to comment on the following, among any other concerns:

- The anticipated date of discontinuation of our service: *we plan to close these 19 long term care beds after issuance of an exemption by the IHFSRB, which we believe will be in the first quarter of 2018.*
- Whether your facility has, or will have, available capacity to accommodate a portion or all of our experienced caseload: *our average daily census in CY2016 was 5.4.*

A copy of any response to this request that is received within fifteen days of your receipt of this letter will be forwarded to the IHSRB.

Sincerely,

M. Edward Cunningham  
Chief Executive Officer  
Gateway Regional Medical Center





**GATEWAY REGIONAL  
MEDICAL CENTER**

**FILE COPY**

February 20, 2018

**VIA U.S. CERTIFIED MAIL- return receipt requested**

Signature  
Confirmation # 91 3499 9991 7030 3014 5640

Thelma Terrace  
1450 Virginia Avenue  
Wood River, IL 62095

RE: Proposed Discontinuation of 19 Long Term Care Beds

Dear Director:

Gateway Regional Medical Center, in Granite City, Illinois, plans to file for a Certificate of Exemption (COE) from the Illinois Health Facilities and Services Review Board (IHFSRB) for discontinuation of its hospital-based skilled nursing services.

Throughout this letter, and consistent with the provisions of Section 1110.130 of Title of the Illinois Administrative Code, you are asked to provide an impact statement. More specifically, you have the opportunity to comment on the following, among any other concerns:

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Sincerely,

M. Edward Cunningham  
Chief Executive Officer  
Gateway Regional Medical Center



**GATEWAY REGIONAL  
MEDICAL CENTER**

**FILE COPY**

February 20, 2018

**VIA U.S. CERTIFIED MAIL- return receipt requested**

Signature  
Confirmation \* 91 3499 9991 7030 3014 5633

Twin River Estate  
4710 Pierce Lane  
Godfrey, IL 62035

RE: Proposed Discontinuation of 19 Long Term Care Beds

Dear Director:

Gateway Regional Medical Center, in Granite City, Illinois, plans to file for a Certificate of Exemption (COE) from the Illinois Health Facilities and Services Review Board (IHFSRB) for discontinuation of its hospital-based skilled nursing services.

Throughout this letter, and consistent with the provisions of Section 1110.130 of Title of the Illinois Administrative Code, you are asked to provide an impact statement. More specifically, you have the opportunity to comment on the following, among any other concerns:

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Sincerely,

M. Edward Cunningham  
Chief Executive Officer  
Gateway Regional Medical Center



**GATEWAY REGIONAL  
MEDICAL CENTER**

**FILE COPY**

February 20, 2018

**VIA U.S. CERTIFIED MAIL- return receipt requested**

Signature  
Confirmation # 91 3499 9991 7030 3014 5626

University Nursing & Rehab  
1095 University Drive  
Edwardsville, IL 62025

RE: Proposed Discontinuation of 19 Long Term Care Beds

Dear Director:

Gateway Regional Medical Center, in Granite City, Illinois, plans to file for a Certificate of Exemption (COE) from the Illinois Health Facilities and Services Review Board (IHFSRB) for discontinuation of its hospital-based skilled nursing services.

Throughout this letter, and consistent with the provisions of Section 1110.130 of Title of the Illinois Administrative Code, you are asked to provide an impact statement. More specifically, you have the opportunity to comment on the following, among any other concerns:

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Sincerely,

M. Edward Cunningham  
Chief Executive Officer  
Gateway Regional Medical Center

...will be entered in accordance with the request of the Petition.  
Dated 81-29, 2018,  
at Belleville, Illinois.

St. Clair County  
Circuit Clerk  
Kahaliah Clay  
By: /s/ S. Custer  
Deputy Clerk

Dustin S. Hudson  
Dhudson@neubauerlaw.org  
Neubauer, Johnston & Hudson  
955 Lincoln Highway  
Fairview Heights, IL 62208  
Phone: (618)632-5588  
Fax: (618)632-5789

L-P1344517  
(Feb. 22, Mar. 1 & 8)

March 22, 2018. Bidders will be considered on their ability to complete the work, their past work history, capability of financing the work, and their availability. ACI X is an equal opportunity employer.

L-P1344508 (Feb. 22)

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UNKNOWN HEIRS AND LEGATEES OF DOWDY WILLIAMS; IVORY UNKNOWN HEIRS AND LEGATEES OF CHRISTINE WILLIAMS;  
Defendants.

ADDRESS:  
2181 Baker Avenue  
EAST ST. LOUIS, IL 62207

NO. 17-CH-311

**NOTICE TO HEIRS AND LEGATEES**

NOTICE IS HEREBY GIVEN TO YDU: Unknown Heirs and Legatees of Dowdy Williams, deceased, and Christine Williams, deceased, that on August 18, 2017, an Order was entered by the Court naming John Baricevic, of Chatham & Baricevic, 107 West Main Street, Belleville, Illinois 62220, Telephone: 618-233-2200, as the Special Representative for the above defendants under 735 ILCS 5/2-1008(b) (Death of a Party). The cause of action is for the foreclosure of a certain mortgage upon the premises commonly known as 2181 Baker Avenue Street, East St. Louis, Illinois 62207.

JOHN BARICEVIC - 3121537  
Chatham & Baricevic  
Attorney at Law  
187 West Main Street  
Belleville, Illinois 62220  
john@chathamlaw.org  
618-233-2200

L-P1343725  
(Feb. 8, 15 & 22)



66 Pets

Attention Cat People: Give a cat a good & loving home. Find the newest member of your family in the 8ND Classifieds



**PUBLIC NOTICE  
IN THE  
CIRCUIT COURT  
OF THE TWENTIETH  
JUDICIAL CIRCUIT  
ST. CLAIR COUNTY,  
ILLINOIS**

IN RE  
THE ESTATE OF  
DARVIN HETZEL,  
A/k/a Dean Hetzel,  
Deceased

No. 18-P-18

**NOTICE FOR  
PUBLICATION-  
CLAIMS**

Notice is given of the death of Darvin "Dean" Hetzel, of Belleville, St. Clair County, Illinois. Letters of office were issued on January 25, 2018 to Michele Ortman, 25 Burma Road, Belleville IL 62220, whose attorney is Paul M Storment, III, 424 South High St., Belleville, IL 62220.

Claims against the Estate may be filed in the Office of the Clerk of the Court at St. Clair County Courthouse, 18 Public Square, Belleville, IL 62220, or with the representative, or both, within six months from the 22nd day of February, 2018, being the date of first publication of this Notice. Any claim not filed within that period is barred. Copies of a claim filed with the Clerk must be mailed or delivered to the representative and to the attorney within 10 days after it is filed.

Dated this 20th day of February, 2018.

Michele Ortman, independent Administrator of the Estate of Darvin Hetzel, Deceased,

By: /s/  
Paul M. Storment, III

PAUL M.  
STORMENT, III  
#6207811  
424 South High Street  
Belleville, IL 62220  
618-236-7711  
p.storment@gmail.com  
ATTORNEY FOR  
ESTATE

L-P1344456  
(Feb. 22, Mar. 1 & 8)

**PUBLIC NOTICE**  
Gateway Regional Medical Center in Granite City intends to close its 14 bed acute rehabilitation unit and 19 bed skilled nursing unit after approval to do so is issued by the Illinois Health Facilities and Services Review Board (HFSRB). The discontinuation will occur in the first quarter of 2018 or early in the second quarter of 2018. The hospital intends to submit the required certificate of exemption by the end of February or early March 2018 and a copy of it and information about this discontinuation of the acute rehabilitation unit and skilled nursing unit can be found on the HFSRB website at [www2.illinois.gov/sites/hfsrb](http://www2.illinois.gov/sites/hfsrb). You may also contact Beth Ann Gailley at 618-798-3167 at Gateway Regional Medical Center.

L-P1344374  
(Feb. 20, 21 & 22)

**PUBLIC NOTICE**

State of Illinois  
County of St. Clair

This is to certify that the undersigned transacting a business in the said County and State under the name of USAVE Cleaners - Rhoden, at the following post office address: 5209 N. Illinois St., Fairview Heights, IL 62208, and that the true and real names of the persons owning, conducting, or transacting such business are as follows:

Brandonn Rhoden  
Belleville, IL

L-P1343723  
(Feb. 8, 15 & 22)

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