ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Facility/Project Identification

Facility Name: HSHS St. John's Hospital- Discontinue Acute Mental Illness Unit
Street Address:800 E. Carpenter Street
City and Zip Code: Springfield, 62769
County: Sangamon Health Service Area: 3 Health Planning Area: E-01

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

Exact Legal Name: St. John's Hospital of the Hospital Sisters of the Third Order of St. Francis
Street Address: 800 E. Carpenter St.
City and Zip Code: Springfield, 62769
Name of Registered Agent: Amy Bulpitt
Registered Agent Street Address: 4936 Laverna Rd.
Registered Agent City and Zip Code: Springfield, 62707
Name of Chief Executive Officer: E.J. Kuiper
CEO Street Address: 800 E. Carpenter St.
CEO City and Zip Code: Springfield, 62769
CEO Telephone Number: (217) 535-3989

Type of Ownership of Applicants

- ☒ Non-profit Corporation
- ☐ For-profit Corporation
- ☐ Limited Liability Company
- ☐ Partnership
- ☐ Governmental
- ☐ Sole Proprietorship
- ☐ Other

- Corporations and limited liability companies must provide an **Illinois certificate of good standing.**
- 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: Amy Bulpitt
Title: Vice President & General Counsel
Company Name: Hospital Sisters Health System
Address: 4936 Laverna Rd., Springfield, IL 62707
Telephone Number: (217) 492-9167
E-mail Address: amy.bulpitt@hshs.org
Fax Number: 217-523-0542

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

Name: Daniel Lawler
Title: Partner
Company Name: Barnes & Thornburg LLP
Address: One North Wacker Drive, Suite 4400, Chicago, IL 60606
Telephone Number: 312-214-4861 (Direct)
E-mail Address: Daniel.Lawler@btlaw.com
Fax Number: 312-759-5646

Post Exemption Contact

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

Name: Jill Tomich
Title: Strategic Planning Manager
Company Name: Hospital Sisters Health System
Address: 4936 Laverna Rd., Springfield, IL 62707
Telephone Number: (217) 492-6156
E-mail Address: jill.tomich@hshs.org
Fax Number: 217-523-0542

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: HSHS St. John's Hospital- Discontinue Acute Mental Illness Unit
Street Address:800 E. Carpenter Street
City and Zip Code: Springfield, 62769
County: Sangamon Health Service Area: 3 Health Planning Area: E-01

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

Exact Legal Name: Hospital Sisters Health System
Street Address: 4936 Laverna Rd.
City and Zip Code: Springfield, 62707
Name of Registered Agent: Amy Bulpitt
Registered Agent Street Address: 4936 Laverna Rd.
Registered Agent City and Zip Code: Springfield, 62707
Name of Chief Executive Officer: Mary Starmann-Harrison
CEO Street Address: 4936 Laverna Rd.
CEO City and Zip Code: Springfield, 62707
CEO Telephone Number: (217) 788-6288

Type of Ownership of Applicants

☒ Non-profit Corporation ☐ Partnership
☐ For-profit Corporation ☐ Governmental
☐ Limited Liability Company ☐ Sole Proprietorship ☐ Other

- Corporations and limited liability companies must provide an **Illinois certificate of good standing.**
- 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: Amy Bulpitt
Title: Vice President & General Counsel
Company Name: Hospital Sisters Health System
Address: 4936 Laverna Rd., Springfield, IL 62707
Telephone Number: (217) 492-9167
E-mail Address: amy.bulpitt@hshs.org
Fax Number: 217-523-0542

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

Name: Daniel Lawler
Title: Partner
Company Name: Barnes & Thornburg LLP
Address: One North Wacker Drive, Suite 4400, Chicago, IL 60606
Telephone Number: 312-214-4861 (Direct)
E-mail Address: Daniel.Lawler@btlaw.com
Fax Number: 312-759-5646

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

Name: Jill Tomich
Title: Strategic Planning Manager
Company Name: Hospital Sisters Health System
Address: 4936 Laverna Rd., Springfield, IL 62707
Telephone Number: (217) 492-6156
E-mail Address: jill.tomich@hshs.org
Fax Number: 217-523-0542

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: HSHS St. John's Hospital- Discontinue Acute Mental Illness Unit
Street Address:800 E. Carpenter Street
City and Zip Code: Springfield, 62769
County: Sangamon Health Service Area: 3 Health Planning Area: E-01

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

Exact Legal Name: Hospital Sisters Services, Inc.
Street Address: 4936 Laverna Rd.
City and Zip Code: Springfield, 62707
Name of Registered Agent: Amy Bulpitt
Registered Agent Street Address: 4936 Laverna Rd.
Registered Agent City and Zip Code: Springfield, 62707
Name of Chief Executive Officer: Mary Starmann-Harrison
CEO Street Address: 4936 Laverna Rd.
CEO City and Zip Code: Springfield, 62707
CEO Telephone Number: (217) 788-6288

Type of Ownership of Applicants

- ☒ Non-profit Corporation
- ☐ For-profit Corporation
- ☐ Limited Liability Company
- ☐ Partnership
- ☐ Governmental
- ☐ Sole Proprietorship
- ☐ Other

- Corporations and limited liability companies must provide an **Illinois certificate of good standing.**
- 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: Amy Bulpitt
Title: Vice President & General Counsel
Company Name: Hospital Sisters Health System
Address: 4936 Laverna Rd., Springfield, IL 62707
Telephone Number: (217) 492-9167
E-mail Address: amy.bulpitt@hshs.org
Fax Number: 217-523-0542

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

Name: Daniel Lawler
Title: Partner
Company Name: Barnes & Thornburg LLP
Address: One North Wacker Drive, Suite 4400, Chicago, IL 60606
Telephone Number: 312-214-4861 (Direct)
E-mail Address: Daniel.Lawler@btlaw.com
Fax Number: 312-759-5646

Post Exemption Contact

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

Name: Jill Tomich
Title: Strategic Planning Manager
Company Name: Hospital Sisters Health System
Address: 4936 Laverna Rd., Springfield, IL 62707
Telephone Number: (217) 492-6156
E-mail Address: jill.tomich@hshs.org
Fax Number: 217-523-0542

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: St. John's Hospital of the Hospital Sisters of the Third Order of St. Francis

Address of Site Owner: 800 E. Carpenter St., Springfield, IL 62769

Street Address or Legal Description of the Site:
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.

APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee

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

Exact Legal Name: St. John's Hospital of the Hospital Sisters of the Third Order of St. Francis

Address: 800 E. Carpenter St., Springfield, IL 62769

☒	Non-profit Corporation	☐	Partnership		
☐	For-profit Corporation	☐	Governmental		
☐	Limited Liability Company	☐	Sole Proprietorship	☐	Other

- Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.
- 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.
- **Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.**

APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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.

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.

HSHS St. John's Hospital, 800 E. Carpenter St. Springfield, 62769, proposes the discontinuation of its 32-bed Acute Mental Illness (AMI) unit. The discontinuation will be effective shortly after approval by the Illinois Health Facilities and Services Review Board.

The AMI service has been temporarily suspended since June 25, 2018 pursuant notice and monthly reports to the Review Board.

This project does not include the construction, demolition, or modernization of any existing buildings and there are no project costs associated.

This is a substantive project because it proposes the discontinuation of a designated category of service.

Project Status and Completion Schedules

Outstanding Permits: Does the facility have any projects for which the State Board issued a permit that is not complete? Yes ☒ No ___. If yes, indicate the projects by project number and whether the project will be complete when the exemption that is the subject of this application is complete.

1. **14-043** - St. Elizabeth's Hospital, O'Fallon- Hospital Replacement Project
2. **14-056**- St. Anthony's Hospital Ambulatory Care Center, Effingham
3. **16-053** - HSHS St. John's Hospital Women's and Children's Health Center Building, Springfield
4. **17-067** - HSHS St. John's Hospital, Springfield- 5th Floor Renovation Project
5. **17-022** - St. Anthony's Memorial Hospital Ambulatory Care Center, Effingham
6. **18-021** - St. Elizabeth's Hospital Radiation Oncology Clinic, O'Fallon

All projects listed above will be complete when the exemption that is the subject of this application is complete.

Anticipated exemption completion date (refer to Part 1130.570): September 17, 2019

State Agency Submittals [Section 1130.620(c)]

Are the following submittals up to date as applicable:

- ☒ Cancer Registry
- ☒ APORS
- ☒ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
- ☒ All reports regarding outstanding permits

Failure to be up to date with these requirements will result in the Application being deemed incomplete.

CERTIFICATION

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

- in the case of a corporation, any two of its officers or members of its Board of Directors;
- 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);
- 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);
- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf of St. John's Hospital of the Hospital Sisters of the Third Order of St. Francis* 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

E.J. Kuiper
PRINTED NAME

CEO
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 25th day of July

Elaine M Garvey
Signature of Notary

Seal

ELAINE M. GARVEY
OFFICIAL SEAL
Notary Public - State of Illinois
My Commission Expires 3/27/2023

SIGNATURE

Ann Carr
PRINTED NAME

Treasurer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 30th day of July, 2019

Sylvia Rebecca Gansz
Signature of Notary

Seal

SYLVIA REBECCA GANSZ
Official Seal
Notary Public - State of Illinois
My Commission Expires Apr 17, 2020

*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:

- in the case of a corporation, any two of its officers or members of its Board of Directors;
- 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);
- 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);
- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf of Hospital Sisters Services, Inc.* 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

Mary Starmann-Harrison
PRINTED NAME

CEO
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 29th day of July, 2019

Signature of Notary

Seal

SYLVIA REBECCA GANSZ
Official Seal
Notary Public - State of Illinois
My Commission Expires Apr 17, 2020

SIGNATURE

Ann Carr
PRINTED NAME

Treasurer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 25th day of July, 2019

Signature of Notary

Seal

SYLVIA REBECCA GANSZ
Official Seal
Notary Public - State of Illinois
My Commission Expires Apr 17, 2020

*Insert the EXACT legal name of the applicant

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2018 Edition

CERTIFICATION

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

- in the case of a corporation, any two of its officers or members of its Board of Directors;
- 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);
- 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);
- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf of Hospital Sisters Health System* 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.

Mary Starmann-Harris
SIGNATURE

Mary Starmann-Harrison
PRINTED NAME

CEO
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 29th day of July, 2019

Sylvia Rebecca Gansz
Signature of Notary

Seal

SYLVIA REBECCA GANSZ
Official Seal
Notary Public - State of Illinois
My Commission Expires Apr 17, 2020

*Insert the EXACT legal name of the applicant

Ann M. Carr
SIGNATURE

Ann Carr
PRINTED NAME

Treasurer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 29th day of July, 2019

Sylvia Rebecca Gansz
Signature of Notary

Seal

SYLVIA REBECCA GANSZ
Official Seal
Notary Public - State of Illinois
My Commission Expires Apr 17, 2020

SECTION II. DISCONTINUATION

Type of Discontinuation

☐	Discontinuation of an Existing Health Care Facility
☒	Discontinuation of a category of service

Criterion 1130.525 and 1110.290 - 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. 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.

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

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.

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

IMPACT ON ACCESS

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

2. Provide copies of notification letters sent to other resources or health care facilities that provide the same services as those proposed for discontinuation. The notification letter must include at least the anticipated date of discontinuation and the total number of patients that received care or the number of treatments provided during the latest 24 months.

APPEND DOCUMENTATION AS ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION III. BACKGROUND

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.

2. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application.

3. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**

4. If, during a given calendar year, an applicant submits more than one application for permit or exemption, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest that the information was previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

APPEND DOCUMENTATION AS ATTACHMENT 8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 8.

SECTION IV. SAFETY NET IMPACT STATEMENT

SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL PROJECTS TO DISCONTINUE A HEALTH CARE FACILITY OR CATEGORY OF SERVICE [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 9.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	**Year**	**Year**	**Year**
Inpatient			
Outpatient			
Total			
Charity (cost In dollars)			
Inpatient			
Outpatient			
Total			
MEDICAID			
Medicaid (# of patients)	**Year**	**Year**	**Year**
Inpatient			
Outpatient			
Total			
Medicaid (revenue)			
Inpatient			
Outpatient			

	Total			

APPEND DOCUMENTATION AS ATTACHMENT 9, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION V. CHARITY CARE INFORMATION

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 10.

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

APPEND DOCUMENTATION AS ATTACHMENT 10, 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:

INDEX OF ATTACHMENTS

ATTACHMENT NO.		PAGES
1	Applicant Identification including Certificate of Good Standing	20-22
2	Site Ownership	23-34
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	35
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	36
5	Discontinuation General Information Requirements	37-38
6	Reasons for Discontinuation	39
7	Impact on Access	40-42
8	Background of the Applicant	43-47
9	Safety Net Impact Statement	48-49
10	Charity Care Information	50

Attachment 1- Certificate of Good Standing

File Number 3528-156-8

STATE OF ILLINOIS
OFFICE OF
THE SECRETARY OF STATE

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

ST. JOHN'S HOSPITAL OF THE HOSPITAL SISTERS OF THE THIRD ORDER OF ST. FRANCIS, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JUNE 03, 1955, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION 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 29TH *day of* OCTOBER *A.D.* 2018 .

Authentication # 1832201808 verifiable until 10/29/2019
Authenticate at: http://www.ilsos.gov

Jesse White
SECRETARY OF STATE

File Number 5163-355-5

STATE OF ILLINOIS
OFFICE OF
THE SECRETARY OF STATE

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

HOSPITAL SISTERS HEALTH SYSTEM, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 26, 1978, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION 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* 29TH *day of* OCTOBER *A.D.* 2018 .

Authentication # 1832701900 verifiable until 10/29/2018
Authenticate at: http://www.cyberdriveillinois.com

Jesse White
SECRETARY OF STATE

File Number 5325-639-2

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

HOSPITAL SISTERS SERVICES, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 04, 1983, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

Authentication #: 1830201908 verifiable until 10/29/2019
Authenticate at: http://www.cyberdriveillinois.com

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 29TH *day of* OCTOBER *A.D.* 2018 .

Jesse White

SECRETARY OF STATE

JUN. 17. 2009 10:07AM CHICAGO TITLE NO. 533 P. 2

ALTA Form - 1966 Commitment

American Land Title Association

REVISED

Chicago Title Insurance Company

Providing Title Related Services Since 1847

CHICAGO TITLE INSURANCE COMPANY, a Nebraska corporation, herein called the Company, for a valuable consideration, hereby commits to issue its policy/ies of title insurance, as identified in Schedule A (which policy or policies cover title risks and are subject to the Exclusions from Coverage and the Conditions and Stipulations as contained in said policy/ies) in favor of the Proposed Insured named in Schedule A, as owner or mortgagee of the estate or interest in the land described or referred to in Schedule A, upon payment of the premiums and charges therefor, all subject to the provisions of Schedules A and B hereof and to the "American Land Title Association Commitment - 1966" Conditions and Stipulations which are hereby incorporated by reference and made a part of this Commitment. A complete copy of the Commitment Conditions and Stipulations is available upon request and include, but are not limited to, the proposed Insured's obligation to disclose, in writing, knowledge of any additional defects, liens, encumbrances, adverse claims or other matters which are not contained in the Commitment; provisions that the Company's liability shall in no event exceed the amount of the policy/ies as stated in Schedule A hereof, must be based on the terms of this Commitment, shall be only to the proposed Insured and shall be only for actual loss incurred in good faith reliance on this Commitment; and provisions relating to the General Exceptions, to which the policy/ies will be subject unless the same are disposed of to the satisfaction of the Company.

This Commitment shall be effective only when the identity of the proposed Insured and the amount of the policy or policies committed for have been inserted in Schedule A hereof by the Company, either at the time of the issuance of this Commitment or by issuance of a revised Commitment.

This Commitment is preliminary to the issuance of such policy or policies of title insurance and all liability and obligations hereunder shall cease and terminate six months after the effective date hereof or when the policy or policies committed for shall issue, whichever first occurs, provided that the failure to issue such policy or policies is not the fault of the Company.

This Commitment is based upon a search and examination of Company records and/or public records by the Company. Utilization of the information contained herein by an entity other than the Company for the purpose of issuing a title commitment or policy or policies shall be considered a violation of the proprietary rights of the Company of its search and examination work product.

This commitment shall not be valid or binding until signed by an authorized signatory.

Issued By:

CHICAGO TITLE INSURANCE COMPANY
1043 SOUTH FIFTH STREET
SPRINGFIELD, IL 62703

Refer Inquiries To:
(217)789-9963

Fax Number:
(217)789-9898

CHICAGO TITLE INSURANCE COMPANY
By

Authorized Signatory

Commitment No.: 710104374

JUL.17.2008 10:07AM CHICAGO TITLE NO.533 P.3

CHICAGO TITLE INSURANCE COMPANY

COMMITMENT FOR TITLE INSURANCE

SCHEDULE A

YOUR REFERENCE: ORDER NO.: 1271 710104374 SPR

EFFECTIVE DATE: JUNE 2, 2008

1. **POLICY OR POLICIES TO BE ISSUED:**

OWNER'S POLICY:	ALTA OWNERS 2006
AMOUNT:	TO COME
PROPOSED INSURED:	St. John's Hospital of the Hospital Sisters of the Third Order of St. Francis

2. **THE ESTATE OR INTEREST IN THE LAND DESCRIBED OR REFERRED TO IN THIS COMMITMENT AND COVERED HEREIN IS A FEE SIMPLE UNLESS OTHERWISE NOTED.**

3. **TITLE TO SAID ESTATE OR INTEREST IN SAID LAND IS AT THE EFFECTIVE DATE VESTED IN:**

St. John's Hospital of the Hospital Sisters of the Third Order of St. Francis

4. **MORTGAGE OR TRUST DEED TO BE INSURED:**

NONE

JUN.17.2003 10:07AM CHICAGO TITLE NO.533 P.4

CHICAGO TITLE INSURANCE COMPANY
COMMITMENT FOR TITLE INSURANCE
SCHEDULE A (CONTINUED)

ORDER NO.: 1271 710104374 SPR

5. THE LAND REFERRED TO IN THIS COMMITMENT IS DESCRIBED AS FOLLOWS:

Parcel I:
The property bounded on the North by the South line of Carpenter Street, on the South by the North line of Mason Street, on the West by the East line of Seventh Street and on the East by the West line of Ninth Street, legally described as:

All of Blocks 5 & 6 of J. Adams Addition lying South of the South line of Carpenter Street,

Lots 1, 2, 3 and 4 of J. Leber's Addition.

Block 2 of J. Mitchell's Addition.

Lots 6, 7, 8, 9, 10 and 11 of Block 1 of J. Mitchell's Addition.

Lots 1, 2, 3, 4, 5, 6, 12, 13, 14, 15 and 16 of Block 12 of Wells and Peck's Addition.

Block 3 of J. Mitchell's Addition, (except leased portion per tax assessment bill).

Block 4 of J. Mitchell's Addition and Lots 1, 2, 3, 4, 5, 12, 13, 14, 15 and 16 of Block 13 of Wells and Peck's Addition, in Springfield, Sangamon County, Illinois.

Parcel II:
The property bounded on the North by the North line of Mason Street, on the South by the North line of Madison Street, on the West by the East line of Seventh Street and on the East by the West line of Ninth Street, legally described as follows:

Lots 5, 6, 7, 8, 9, 10, 11 and 12 of Block 5 of J. Mitchell's Addition and Lots 1, 2, 3, 4, 5, 12, 13, 14, 15 and 16 of Block 18 of Wells and Peck's Addition, including the vacated alley lying therein.

All of the lots of Block 6 of J. Mitchell's Addition, in Springfield, Sangamon County, Illinois, (except 36% of land value and office area as per tax assessor bill), including the vacated alley lying therein.

Parcel III:
The property bounded on the North by Reynolds, on the South by Madison, on the East by 7th Street and on the West by 6th Street, legally described as:

All of the lots of Block 1 of E. Mitchell's Addition, including the vacated alley lying within.

All of the lots of Block 2 of E. Mitchell's Addition, (except 24% taxable portion

CONTINUED ON NEXT PAGE

JUN.17.2002 10:08AM CHICAGO TITLE NO.533 P.5

CHICAGO TITLE INSURANCE COMPANY
COMMITMENT FOR TITLE INSURANCE
SCHEDULE A (CONTINUED)

ORDER NO.: 1271 710104374 SPR

as per real property tax assessment bill).

Parcel IV:
Block 11 of Wells and Peck's Addition.

Lots 5, 6, 7, 8, 9, 10, 11 and 12 of Block 14 of Wells and Peck's Addition.

Lots 4, 5, 6, 7, 8, 9, 10, 11, 12 and 13 of Block 17 of Wells and Peck's Addition.

Lots 1, 2, 3, 4, 13, 14, 15 and 16 of Block 3 of J. Whitney's Addition, in Springfield, Sangamon County, Illinois.

Parcel V:
St. John's Centrum North - Tract A: (Parcel I and II) The North 50 feet of Lot 4, the South 10 feet of Lot 5 and the North 70 feet of Lot 5, all in John Taylor's Northwest Addition to the City of Springfield, according to the plat thereof recorded Augsut 15, 1833 in Plat Book 6 on page 100. Also, that part of the East 9 feet of Lot 49 in Assessor's Subdivision of part of the West Half of Section 27 and part of the East Half of Section 28, according to the plat thereof recorded October 7, 1868 in Plat Book 8 on page 20, lying South of the Westerly extension of the North line of Lot 5 in said John Taylor's Northwest Addition and lying North of the Westerly extension of the North line of the South 10 feet of said Lot 5, being in Township 16 North, Range 5 West of the Third Principal Meridian, Sangamon County, Illinois, and more particularly described as follows:
Commencing at the Southeast corner of Lot 1 of said John Taylor's Northwest Addition; thence North 00 degrees 11 minutes 32 seconds East along the East line of said John Taylor's Northwest Addition, 271.16 feet the Southeast corner of the North 50 feet of said Lot 4, said point being the point of beginning; thence South 89 degrees 52 minutes 18 seconds West along the South line of the North 50 feet of said Lot 4, 161.02 feet to the Southwest corner of the North 50 feet of said Lot 4; thence North 00 degrees 13 minutes 44 seconds East along the West line of said John Taylor's Northwest Addition, 60.00 feet to Northwest corner of the South 10 feet of said Lot 5; thence South 89 degrees 52 minutes 18 seconds West along the North line of the South 10 feet of said Lot 5 extended, 9.00 feet; thence North 00 degrees 13 minutes 44 seconds East along the West line of the East 9 feet of said Lot 49, 70.19 feet to a point on the North line of said Lot 5 extended; thence North 89 degrees 50 minutes 23 seconds East along said North line, 9.00 feet to the Northwest corner of said Lot 5; thence North 89 degrees 50 minutes 23 seconds East along the North line of said Lot 5, 160.96 feet to the Northeast corner of said Lot 5; thence South 00 degrees 11 minutes 32 seconds West along the East line of said John Taylor's Northwest Addition, 130.29 feet to the point of beginning.

Parcel VI:
St John's North - Lots 1, 2, 3 and 4 of Assessors Sub of 1914; Lots 11, 12 and 13 of Block 5, Lots Wells and Peck Addition; Lots 9 and 10 of J. Adams Addition, Block 4.

Parcel VII:
Lots 3, 4, 5, 6, 7 and 8 of Block 2 of J. Adams.

Parcel IX:

JUL.17.2008 10:03AM CHICAGO TITLE NO.533 P.6

CHICAGO TITLE INSURANCE COMPANY

COMMITMENT FOR TITLE INSURANCE

SCHEDULE A (CONTINUED)

ORDER NO.: 1271 710104374 S2R

Reynolds Street, between Seventh Street and Ninth Street, Eighth Street between Carpenter Street and the South side of Reynolds Street, Mason Street between the East line of Seventh Street and the West line of Ninth Street and Eighth Street between the North line of Mason Street and the North line of Madison Street have been vacated and thus is the property of St. John's Hospital (Mason Street Vacation Ordinance 124-2-86).

Parcel X:
Lot 1 James Adams Addition;

Lots 1, 2, 4, 5 and 6, 7 and 8 and the South 40 feet of Lot 3 E. Mitchell's Addition;

Lot 2 of Assessor's Subdivision of part of the South Half of Section 27 and of the North Half of Section 34.

Parcel XI:
Lots 1, 2, 3, 4, 13, 14, 15, 16 and part of a vacated alley in Block 14 of Wells and Peck's Addition.

Parcel XII:
Air rights lease as per ordinance 124-2-86 providing for an elevated, enclosed pedestrian walkway across 7th Street between Parcels III and Parcel II, all conditions pertaining thereto.

All parcels located in Sangamon County, Illinois.

JUN.17.2008 10:03AM CHICAGO TITLE NO.533 P.7

CHICAGO TITLE INSURANCE COMPANY

COMMITMENT FOR TITLE INSURANCE
SCHEDULE B

ORDER NO.: 1271 710104374 SPR

GENERAL EXCEPTIONS

The owner's policy will be subject to the following exceptions:

(1) rights or claims of parties in possession not shown by the public records;
(2) encroachments, overlaps, boundary line disputes and any matters which would be disclosed by an accurate survey and inspection of the premises;
(3) easements, or claims of easements, not shown by the public records;
(4) any lien, or right to a lien, for services, labor, or material heretofore or hereafter furnished, imposed by law and not shown by the public records;
(5) taxes or special assessments which are not shown as existing liens by the public records.

SCHEDULE B

Schedule B of the policy or policies to be issued will not insure against loss or damage (and the Company will not pay costs, attorneys' fees or expenses) which arise by reason of those matters appearing on the commitment jacket, the applicable General Exceptions (see above), and, if an owner's policy is to be issued, the encumbrance, if any, shown in Schedule A, and exceptions to the following matters unless the same are disposed of to the satisfaction of the Company:

1. Defects, liens, encumbrances, adverse claims or other matters, if any, created, first appearing in the public records or attaching subsequent to the effective date hereof but prior to the date the Proposed Insured acquires for value of record the estate or interest or mortgage thereon covered by this Commitment.

2. An ALTA Loan Policy will be subject to the following exceptions (a) and (b), in the absence of the production of the data and other essential matters described in our Form 3735:
   (a) Any lien, or right to a lien, for services, labor, or material heretofore or hereafter furnished, imposed by law and not shown by the public records;
   (b) Consequences of the failure of the lender to pay out properly the whole or any part of the loan secured by the mortgage described in Schedule A, as affecting:
      (i) the validity of the lien of said mortgage, and
      (ii) the priority of the lien over any other right, claim, lien or encumbrance which has or may become superior to the lien of said mortgage before the disbursement of the entire proceeds of the loan.

AM 3. Taxes for the years 2008, not yet due and payable.
Taxes for the year 2007 are as follows:

I.
14-27-337-032 (exempt)
14-27-337-034 (exempt)
14-27-409-011 (exempt)
14-27-413-001 (exempt)
14-27-413-003 (exempt)

JUN.17.2008 10:08AM CHICAGO TITLE NO.533 P.6

CHICAGO TITLE INSURANCE COMPANY
COMMITMENT FOR TITLE INSURANCE
SCHEDULE B (CONTINUED)

ORDER NO.: 1271 710104374 SPR

14-27-413-011 (exempt)

II.
14-27-337-031 (exempt)
14-27-337-033 (exempt)
14-27-378-012 (exempt)
14-27-378-014 (exempt)

III.
14-27-336-003 (exempt)
14-27-336-004 (exempt)
14-27-336-014 (exempt)
14-27-336-015 (exempt)
14-27-377-011 (exempt)

IV.
14-27-410-009 (exempt)
14-27-410-020 (exempt)
14-27-414-016 (exempt)
14-27-451-021 (exempt)
14-27-451-022 (exempt)

V.
14-27-308-020 2007 taxes $43,278.00 and are ONE HALF PAID.($21,639.00)
14-27-308-033 2007 taxes $ 1,525.34 and are ONE HALF PAID ($ 762.67)
14-27-308-037 2007 taxes $ 70.60 and are ONE HALF PAID.($ 35.30)

VI.
14-27-333-008 (exempt)

VII.
14-27-328-009 (exempt)
14-27-328-010 (exempt)

IX.
14-27-337-032 (Part) (exempt)
14-27-337-033 (Part) (exempt)
X.
14-27-335-022 (exempt)
14-27-335-005 (exempt)
14-27-335-006 (exempt)
14-27-335-007 (exempt)
14-27-335-008 (exempt)
14-27-335-009 (exempt)
14-27-335-010 (exempt)
14-27-335-015 (exempt)
14-27-335-017 (exempt)
14-27-335-021 (exempt)

XI.
14-27-414-012 (exempt)

4. At customers request, we have examined the following alleyways and state an

JUN.17.2009 10:09AM CHICAGO TITLE NO.533 P.9

CHICAGO TITLE INSURANCE COMPANY
COMMITMENT FOR TITLE INSURANCE
SCHEDULE B (CONTINUED)

ORDER NO.: 1271 710104374 SPR

follows:
A. Alleyway running North and South, mid-block, between Sixth Street and Seventh Street, Reynolds Street and Mason Street, designated "4A" on the map attached as "Alleyways": We find no recorded document vacating said alley. The properties lying on both sides and adjacent to said alley are owned by St. John's Hospital of the Hospital Sisters of the Third Order of St. Francis.
B. Alleyway running North and South, mid-block, between Sixth Street and Seventh Street, Carpenter Street and Reynolds Street, designated "4B" on the map attached as "Alleyways": We find no recorded document vacating said alley. The properties lying to the East and adjacent to said alley are owned by St. John's Hospital of the Hospital Sisters of the Third Order of St. Francis. The properties lying to the West and adjacent to said alley are owned by St. John's Hospital of the Hospital Sisters of the Third Order of St. Francis (as to the Southern portion, lots 14-27-335-005, 006, 007, 008, 009 & 010) and owned by the Salvation Army (as to the Northern portion, Lots 14-27-335-001; 002, 003 & 004).
C. Alleyway running East and West, mid-block off of 19th Street, between Reynolds Street and Mason Street (vacated), designated "4C" on the map attached as "Alleyways": We find said alley to have been vacated pursuant to document recorded as Doc. #483035.
D. Alleyway running East and West, mid-block between 9th Street and 10th Street, Reynolds Street and Mason Street (vacated), designated "4D" on the map attached as "Alleyways": We find no recorded document vacating said alley. The properties lying on both sides and adjacent to said alley are owned by St. John's Hospital of the Hospital Sisters of the Third Order of St. Francis.
E. Alleyway running East and West, mid-block between 9th Street & 10th Street, Mason Street (vacated) and Madison Street, designated "4E" on the map attached as "Alleyways". We find no recorded document vacating said alley. The properties lying on both sides and adjacent to said alley are owned by St. John's Hospital of the Hospital Sisters of the Third Order of St. Francis.

BY 5. At customer's request, we have examined the foregoing parcels and state as follows:
A. On Reynolds Street, between Sixth & Seventh Streets, the properties lying on both sides of Reynolds Street are owned by St. John's Hospital of the Hospital Sisters of the Third Order of St. Francis, comprising the following:
North Side:
14-27-335-009
14-27-335-010
14-27-335-021

South Side:
14-27-336-014
14-27-336-003
14-27-336-004

B. On Reynolds Street, between Ninth Street and the railroad tracks, the properties lying on both sides of Reynold's Street are owned by St. John's Hospital of the Hospital Sisters of the Third Order of St. Francis, comprising the following:
North Side:
14-27-410-009

JUN.17.2008 10:09AM CHICAGO TITLE NO.533 P.10

CHICAGO TITLE INSURANCE COMPANY
COMMITMENT FOR TITLE INSURANCE
SCHEDULE B (CONTINUED)

ORDER NO.: 1271 710104374 SPR

14-27-410-020

South Side:
14-27-414-012
14-27-414-016.
Said parcels are noted on the map attached as "Reynolds Street Vacation".

AN 6. Lease recorded April 12, 2005 as document 0505513750 by St. John's Hospital to Subway Real Estate. (Affects Parcel I).

AO 7. Reservation by the Illinois Central Gulf Railroad Company of the right for continued maintenance, replacement and use of all existing conduits, sewer, water mains, gas lines, electric power lines, wires and other utilities and easements on said premises whether or not of record including the repair, reconstruction and replacement thereof and Grantee agrees not to interefere with the rights herein reserved or any facilities used pursuant thereto, as disclosed by Quit Claim Deed recorded December 22, 1975 in Book 690 of Deeds at page 503 as Document Number 374430.
(For further particulars, see record.)
(Affects Parcel V).

AP 8. NOTE: Concerning the removal of minerals under the North 50 feet of the Lot 4 and the South 10 feet of Lot 5, we find the following in a Quit Claim Deed recorded December 22, 1975 in Book 690 at page 503 as Document Number 374430 running from Illinois Central Gulf Railroad Co. to Martin Tieckos and Marinilla Tieckos: "Grantee will release for itself, its successors or assigns, the Grantor, its successors or assigns, from any liability for any damages attributable to removing said minerals and this release shall run with the land. (For further particulars, see record.) (Affects Parcel V).

AQ 9. Reservation contained in Quit Claim Deed dated September 30, 1986 and recorded October 15, 1986 as Document Number 41294, made by Illinois Central Gulf Railroad Company, a Delaware corporation, Grantor, to Peter Albanese, as follows:
Grantor reserves for itself, its successors and assigns, all coal, oil, gas, ores, and any other minerals whether similar or dissimilar or now known to exist or hereafter discovered of every kind in, on or under said premises, together with the right at any time to explore, drill for, mine, remove and market all such products in any manner which will not damage structures on the surface of the premises. Grantee will release itself, its successors or assigns for any damages attributable to removing said minerals and this release shall run with the land. (Affects Parcel V).

AR 10. Encroachment of improvement from Tract A over and across the West line of Tract A as shown on unrecorded survey dated May 14, 1996 by Vasconcelles Engineering Corporation being Job No. 480-951 (being shown therein as "Detail C"). (Affects Parcel V).

AS 11. Terms, provisions, conditions and limitations contained in the Parking, Ingress and Egress Easement dated May 24, 1996 and recorded May 24, 1996 as Document Number 96-21015 (For further particulars, see record.) (Affects

JUN.17.2008 10:03AM CHICAGO TITLE NO.533 P.11

CHICAGO TITLE INSURANCE COMPANY
COMMITMENT FOR TITLE INSURANCE
SCHEDULE B (CONTINUED)

ORDER NO.: 1271 710104374 SPR

Parcel V).

AT 12. Rights of other parties to the Parking and Ingress and Egress Agreement recorded May 24, 1996 as Document Number 96-21015 to the concurrent use thereof, as specified in said agreement. (For further particulars, see record.) (Affects Parcel V).

AU 13. We find no conveyance of title to Lots 9 and 10 of Block 4, although the Tax Assessment billing indicates that ownership lies with St. John's Hospital. (Affects Parcel VI).

AX 14. Note: The following item, while appearing on this commitment/policy, is provided solely for your information.
The following environmental disclosure document(s) for transfer of real property appear of record which include a description of the land insured or a part thereof:
Document Number: 90J011341 Date of Recording: May 3, 1990
Document Number: 92054675 recorded December 30, 1992.
(Affects Parcel XI).

BL 15. Illinois EPA Letter of Remediation recorded July 5, 2005 as Document 2005R26804. (Affects Parcel XII).

BW 16. Terms, conditions and provisions contained in an air rights lease as provided in Ordinance 124-2-86. (Affffects Parcels II, III and XIII).

BN 17. Confirmed special assessments, if any, constructive note of which is not imparted by the records of the Recorder of Deeds.

NOTE: Drainage assessments, drainage taxes, water rentals and water taxes are included in General Exception (5) herein before shown and should be considered when dealing with the land.

Financing Statements, if any.

Rights of the public, the State of Illinois, the county, the township and the municipality in and to that part of the premises in question taken, used or dedicated for roads or highway.

Rights of way for drainage ditches, drain tiles, feeders, laterals and underground pipes, if any.

Rights of parties in possession, encroachments, overlaps, boundary line disputes, and any such matters as would be disclosed by an accurate survey and inspection of the land, and easements or claims of easements not shown by the public records.

BO 18. Note: It appears that the amount of insurance stated in Schedule A may be less than 80 percent of the lesser of: (1) the value of the insured estate or

JUN.17.2003 10:10AM CHICAGO TITLE NO.933 P.12

CHICAGO TITLE INSURANCE COMPANY

COMMITMENT FOR TITLE INSURANCE

SCHEDULE B (CONTINUED)

ORDER NO.: 1271 710104374 SPR

interest or (2) the full consideration paid for the land. Your attention is directed to those provisions of paragraph 7(b) of the conditions and stipulations of the owner's policy which provide that in such case, the company may only be obligated to pay part of any loss incured against under the terms of the policy.

The above note is shown for your information with respect to the owner's policy only and will not appear on such policy. Nevertheless, such omission should not be construed to mean that such policy is not subject to those provisions of Paragraph 7(b) of the conditions and stipulations referred to in the note. If, however, the note is stamped "waived" on the face of this commitment, such waiver shall be deemed an acknowledgment by the company that the amount of insurance stated in schedule a herein is, for the purposes of said paragraph 7(b), not less than 80 percent of the lesser of the value of the insured estate or interest or the full consideration paid for the land.

19. We note reference to the possible vacation of the alley running North and South through Block 3 of E. Mitchell's Addition to the City of Springfield, in favor of St. John's Hospital. We find no evidence of said vacation at this time. (Affects Parcel X).

20. Easement Agreement for Ingress and Egress recorded August 23, 2005 as Document 2005R34346, by and between St. John's Hospital and The Salvation Army, providing for use by the Salvation Army of an easement lying within Parcel X herein.

21. NOTE: Do to time constraints and parameters established by the Owner, the search results and examination conducted herein are peliminary, and cannot be relied upon for the issurance of an Owners or Lenders Policy at this time.

22. Copies of the commitment have been sent to:

Graham And Graham
1201 South 8th Street
Springfield, Illinois 62703
Richard Wilderson

Graham And Graham
1201 South 8th Street
Springfield, Illinois 62703
Nancy Martin

Effective Date: May 1, 2008

Fidelity National Financial, Inc.
Privacy Statement

Fidelity National Financial, Inc. and its subsidiaries ("FNF") respect the privacy and security of your non-public personal information ("Personal Information") and protecting your Personal Information is one of our top priorities. This Privacy Statement explain FNF's privacy practices, including how we use the Personal Information we receive from you and from other specified sources, and to whom it may be disclosed. FNF follows the privacy practices described in the Privacy Statement and, depending on the business performed, FNF companies may share information as described herein.

Personal Information Collected

- We may collect Personal Information about you from the following sources.
- Information we receive from you on applications or other forms, such as your name, address, social security number, tax identification number, asset information and income information;
- Information we receive from you through our Internet websites, such as your name, address, Internet Protocol address, the website links you used to get to our websites, and your activity while using or reviewing our websites.
- Information about your transactions with or services performed by us, our affiliates, or others, such as information concerning your policy, premiums, payment history, information about your home or other real property, information from lenders and other third parties involved in such transactions, account balances, and credit card information; and
- Information we receive from consumer or other reporting agencies and publicly recorded.

Disclosure of Personal Information

- We may provide your Personal Information (excluding information we receive from our consumer or other credit reporting agencies) to various individuals and companies, as permitted by law, without obtaining your prior authorization. Such laws do not allow consumers to restrict these disclosures. Disclosures may include, without limitation, the following
- To insurance agents, brokers, representatives, support organizations, or others to provide you with services you have requested, and to enable us to detect or prevent criminal activity, fraud, material misrepresentation, or nondisclosure in connections with an insurance transactions.
- To third-party contractors or service providers for the purpose of determining your eligibility for an insurance benefit or payment and/or providing you with services you have requested.
- To an insurance regulatory, or law enforcement or other governmental authority, in a civil action, in connection with a subpoena or a governmental investigation
- To companies that perform marketing services on our behalf or to other financial institutions with which we have had joint marketing agreements and/or
- To lenders, lien holders, judgement creditors, or other parties claiming an encumbrance or an interest in title whose claim or interest must be determined, settled, paid or released prior to a title or escrow closing

We may also disclose your Personal Information to others when we believe, in good faith, that such disclosure is reasonably necessary to comply with the law or to protect the safety of our customers, employees, or property and/or to comply with a judicial proceeding, court order or legal process.

Disclosure to Affiliated Companies - We are permitted by law to share your name, address and facts about your transaction with other FNF companies, such as insurance companies, agents, and other real estate service providers to provide you with services you have requested, for marketing or product development research, or to market products or services to you. We do not, however, disclose information we collect from consumer or credit reporting agencies with our affiliates or others without your consent, in conformity with applicable law, unless such disclosure is otherwise permitted by law.

Disclosure to Nonaffiliated Third Parties - We do not disclose Personal Information about our customers or former customers to nonaffiliated third parties, except as outlines herein or as otherwise permitted by law.

Confidentiality and Security of Personal Information

We restrict access to Personal Information about you to those employees who need to know that information to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulation to guard Personal Information.

Access to Personal Information/
Requests for Correction, Amendment, or Deletion of Personal Information

As required by applicable law, we will afford you the right to access your Personal Information, under certain circumstances to find out to whom your Personal Information has been disclosed, and request correction or deletion of your Personal Information. However, FNF's current policy is to maintain customers' Personal Information for no less than your state's required record retention requirements for the purpose of handling future coverage claims.

For your protection, all requests made under this section must be in writing and must include your notarized signature to establish your identity. Where permitted by law we may charge a reasonable fee to cover the costs incurred in responding to such requests. Please send requests to:

Chief Privacy Officer
Fidelity National Financial, Inc.
601 Riverside Avenue
Jacksonville, FL 32204

Changes to this Privacy Statement

This Privacy Statement may be amended from time to time consistent with applicable privacy laws. When we amend this Privacy Statement, we will post a notice of such changes on our website. The effective date of this Privacy Statement, as stated above, indicates the last time this Privacy Statement was revised or materially changed.

Attachment 3- Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership

File Number 3528-156-8

STATE OF ILLINOIS
OFFICE OF
THE SECRETARY OF STATE

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

ST. JOHN'S HOSPITAL OF THE HOSPITAL SISTERS OF THE THIRD ORDER OF ST. FRANCIS, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JUNE 03, 1955, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

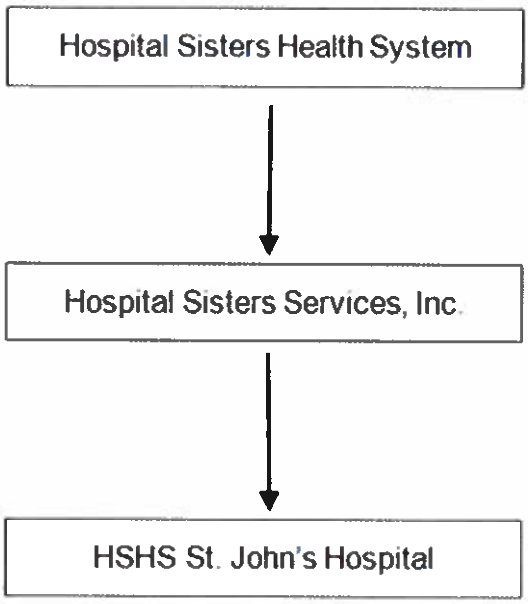
In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 29TH *day of* OCTOBER *A.D.* 2018 .

Authentication # 1830201836 verifiable until 10/29/2019

Jesse White

SECRETARY OF STATE

Attachment 4- Organizational Relationships



Attachment 5- Discontinuation General Information Requirements

GENERAL INFORMATION REQUIREMENTS

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

St. John's Hospital is discontinuing their 32-bed Acute Mental Illness unit.

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

No other clinical services are to be discontinued.

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

The AMI service was temporarily suspended on June 25, 2018 pursuant to notice and monthly reports to the Review Board. The permanent discontinuation of the service will occur upon Review Board approval of the application which is anticipated to be no later than September 17, 2019.

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

St. John's Hospital anticipates potential use of the space for Medical Surgical beds in the future subject to applicable notice and permit requirements of the Review Board.

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.

All medical records will be held in the electronic medical record system for the amount of time required by licensing entities.

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. 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.

St. John's Hospital provided the required notice of the AMI service closure to the State Journal Register. The notice was run in the legal notices on July 24, 2019. A copy of the notice is attached below.

P26 The State Journal-Register | Wednesday, July 24, 2019

Houses for Sale

Washington Park area ranch on quiet dead-end street in unique neighborhood. 4BR/1 could be den/office. 2 FB completely remodeled kitchen/tile. Spacious fenced private back yard & patio, 1 Gas FP/1 Wood FP. New Roof. Stainless steel appliances. 2 Car garage. 1900 Square Feet. FSBO. $206,000
2140 Cardinal Drive, Springfield.
217-494-7361.
Must see to appreciate location!

Apts Unfurnished

Apts Unfurnished

RIVERTON: Charming 1BR, CA, appliances, laundry facilities. No pets. $395/mo + dep. 629-9054

2BR/1BA, 2nd floor unit. Available now. Close to shopping, no pets. $590/mo + $700 dep. 217-494-4927

WESTCHESTER 2116 Lexington Dr, 2BR $500 plus deposit 546-1148 after 5pm, no pets

DENISON PLACE Lrg 1 & 2 BR. $540 & $640/mo Quiet Residential neighborhood 5 min from convenient shopping! some util. included 217-528-9795

000000000000 Southern View 2BR 3004 S 4th $550 361-9850

Apts Unfurnished

Winch Street - Large 2BR, $520+ quiet neighbor-hood. No pets. 217-528-9671

1208 & 1212 W. Jefferson. 2BR, Lrg kit energy eff 1st pk winner. $475-$685, w/d & d/w, cl, mw, t/l, AC/H, range, partial rmdld. 217-720-4419

1533 N 30th, 1BR, $475/mo +dep, pets no, 217-341-3926

3160 Cobblestone (Koke Mill Rd) 1BR-2BR $520-$580 899-4638

000000 2BR Twnhs, 3340 Gainesmill $550. 341-1941

00000000000000 400 S Durkin 1BR & 2BR $500-$580 217-361-9850

0BR $495; 1BR $595 2BR $695; 3BR $895; 4BR$995; 5BR$1195; 6BR$1395. 299-2999

1BR, laundry facilities $400 512 S Douglas 217-483-8412

2BR Townhouse, LR, DR, parlor, W/D, $630 1415N Glenwood 217-899-4638

Duplex Unfurnished

Near Burns Capitol, 1429 Chalmers, 2BR, appliances, $530/mo + refs & dep. 217-585-3496

*WEST DUPLEX Rent w/option to buy! $950/mo + sec dep 2BR + multi purpose room, 2c gar, open concept, FP, 1619 Thornhill 217-204-9088

Apts Unfurnished

Houses Unfurnished

Far North End of Springfield 06 Richards Court, 2 bedroom/1 bathroom house, with washer & dryer in large laundry room. Older home, quiet neighborhood. Garbage pick up and lawn care included. $600 per month plus utilities (all electric, but no central air), deposit and lease. Application. No pets. Call or text 299-4402.

July

July 28 Sun 10am Lee Gaule Auction Ctr 3040 Gaule Rd Spfld, IL '99 Jaguar XJ8, Buffet Bass Boat, Hit N Miss motor, 135+ Beer signs, 57 Clocks, Soap Box car, Buffalo & Wild Boar head, Bed room set, more & [illegible]leegaule.com

Pets

LABS - BLK/YLW/CHOC
GOLDADORS, GOLDENS
LABRADOODLES
GOLDENDOODLES
Great Family Pets
Shots/worming/health guarantee
sieversretrievers.com
(618) 396-2494

Legals

Notice is given that a public sale will be held on August 2, 2019 @ 12:00PM @ White Oaks Mini Storage 3500 Holiday Dr. and following at 12:15PM @ 3881 Yucan Dr. and following at 12:30 @ 4701 Alex Blvd. Spfld. IL 62711. To sell or dispose of items to enforce a lien sale under the State of IL guidelines. Tammy Meyer, Shelby Cooper & Susan Coplea.

Out-of-Town

RIVERTON Extra nice, large 2BR Apt. in quiet setting. $600/mo Small pets old 217-528-9671

Office for Lease

Montvale Office Suites on W. Jiles, 1100sf + 2350sf, newly décor stad,below market rate 725-1812 or 741-0198

Business Opportunities

Wanting to sell beauty salon on Southwest side of town. For more info, call 217-502-7123

Pets

Shih tzu Puppies $300, Shots & vet checked. 217-556-0373

Bernedoodle Puppies: Great Family Dogs! Low shedding, shots up to date, chipped, vet checked, health guarantee $1999 + tax. (657) 336-4872 Logansport, IN

Legals

CIRCUIT COURT OF THE SEVENTH JUDICIAL CIRCUIT
SANGAMON COUNTY ILLINOIS
ESTATE OF
ARDYTH A. MILLER,
Deceased.

No. 2019-P-254

CLAIM NOTICE

Notice is given of the death of Ardyth A. Miller, who died on March 5, 2019, in Sangamon County, Illinois. Letters of Office were issued on June 4, 2019 to Larry O. Lind, of Springfield, Illinois, as Independent Executor whose attorneys are Bellatti, Barton, Cochran & White, LLC, 944 Clock Tower Drive, Suite A, Springfield, IL 62704.
Claims against the estate may be filed in the Office of the Clerk of the Court, Sangamon County Complex, Springfield, Illinois 62701, or with the representatives, or both, on or before January 16, 2020 and any claim not filed within that period is barred. Copies of a claim filed with the clerk must be mailed or delivered to the representatives and to the attorney within 10 days after it has been filed.
Dated this 15th day of July, 2019.
Andrew G. White (6284347)
Bellatti, Barton, Cochran & White, LLC
Attorneys for Independent Executor
Larry O. Lind
944 Clock Tower Drive, Suite A
Springfield, IL 62704
(217) 793-9300

CIRCUIT COURT OF THE SEVENTH JUDICIAL CIRCUIT
SANGAMON COUNTY, ILLINOIS
ESTATE OF
DORIS P. STERN
Deceased,

No. 2019-P-348

CLAIMS NOTICE

Notice is given of the death of Doris P. Stern. Letters of Office were issued on July 8 2019, to Gregory Stern, 53 West Jackson Boulevard, Suite 1442, Chicago, Illinois 60604.
Claims against the Estate, may be filed in the Office of the Circuit Clerk, Probate Division, Sangamon County Complex, 200 South Ninth Street, Springfield, Illinois 62701, or with the Executor, or both, within 6 months from the date of the first publication of this notice, and any claim not filed within that period is barred. Copies of a claim filed with the Clerk must be mailed or delivered to the Executor within 10 days after it has been filed.
Dated this 8th day of July, 2019
Kevin N. McDermott,
Attorney
109 South Seventh Street
Springfield, Illinois 62701
(217) 753-4070
IL Reg. No. 6196497
www.KevinNMcDermott.com

ADOPTION NOTICE – STATE OF ILLINOIS, County of Sangamon, Seventh Judicial Circuit Court of Sangamon County.
In the matter of the Petition for the Adoption of Ella Noelle Elmore and Layla Marie Elmore, female children.

No. 2019-AD-35.

To: Unknown Fathers and All Whom It May Concern. Take notice that a petition was filed in the Circuit Court of Sangamon County, Illinois, for the adoption of minor children named Ella Noelle Elmore and Layla Marie Elmore. Now, therefore, unless you Unknown Fathers and All Whom It May Concern, file your answer to the Petition in the action or otherwise file your appearance therein, in the said Circuit Court of Sangamon County, Room 405, in the City of Springfield, Illinois, on or before the 16th day of August 2019, a default may be entered against you at any time after that day and a judgement entered in accordance with the prayer of said Petition.
Dated July 15, 2019, Springfield, IL.
Paul Palazzolo, Circuit Clerk
Dan E. Way, Attorney for Petitioners, 1100 S. Fifth St.,
Springfield, IL 62703

St. John's Hospital in Springfield intends to close its 32 bed acute mental illness unit after receiving approval by the Illinois Health Facilities and Services Review Board (HFSRB). The service was temporarily discontinued in the unit in June 2018 and after a thorough review, the hospital has decided to make that discontinuation permanent. The hospital intends to submit the required Certificate of Exemption (COE) on or around July 31, 2019. After submission, a copy of the COE and information about the intended discontinuation of the unit may be found on the HFSRB website at illinois.gov/sites/hfsrb. You may also contact Dana Wilson at (217) 814-7051 at St. John's Hospital with any questions or concerns.

Attachment 6- 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.

Accrediting bodies are introducing and enforcing many additional safety requirements relative to behavioral health services. In order to keep up with these additional safety requirements in the Acute Mental Illness Unit, St. John's would need to undertake costly modernization of the Unit.

Effective June 25, 2018, St. John's Hospital temporarily suspended services in its Acute Mental Illness (AMI) Unit for purposes of conducting a review of the services along with an assessment of modernizing the facilities. After engaging in a meaningful discernment process, St. John's Hospital Leadership is discontinuing the AMI services due to the significant modernization that would be needed, coupled with relatively low historical utilization of the AMI Unit. As a system, Hospital Sisters Health System has also faced major modernization investments with other hospital AMI units, including within the central Illinois region.

St. John's Hospital continues to support and provide care for these patients, but plan to do that with a behavioral health center of excellence at St. Mary's Hospital in Decatur on a permanent basis.

Attachment 7- Impact on Access

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

The discontinuation will not have an adverse effect upon access to care for residents of the facility's market area. According to the Inventory of Health Care Facilities and Services need Determinations updated in June 5, 2019, Planning Area 03 which includes St. John's hospital has an excess of 74 beds. The closure of St. John's 32 beds will still keep the planning area at an excess bed count to the calculated bed need.

2. Provide copies of notification letters sent to other resources or health care facilities that provide the same services as those proposed for discontinuation. The notification letter must include at least the anticipated date of discontinuation and the total number of patients that received care or the number of treatments provided during the latest 24 months.

According to section 1100.510 (d), St. John's Hospital provided notification letters to health care facilities within a 17-mile radius due to its presence in Sangamon County. The notifications included the following facilities with copies of the letter shown below.

Lincoln Prairie Behavioral Health Center
Memorial Medical Center

HSHS St. John's Hospital

July 22, 2019

Mark Littrell, CEO
Lincoln Prairie Behavioral Health Center
5230 S. 6th St.
Springfield, IL 62703

RE: Discontinuation of 32 Hospital Licensed Acute Mental Illness Beds

Dear Mr. Littrell:

I am writing to request an impact statement from you concerning the planned discontinuation of our licensed acute mental illness unit (the "Unit"). We temporarily closed the Unit in June 2018 and have decided to make that discontinuation permanent after approval by the Illinois Health Facilities and Services Review Board. Within the last 24 months, St. John's Hospital had 255 patients receive care in their Unit.

We are informing you of this discontinuation as well as looking for feedback about your ability to accommodate a portion or all of our previous patients and whether your facility has any restrictions or limitations which would preclude it from providing the service to our patients in the area if it is a service that you provide. If you do not respond, we will assume the discontinuation has no impact on your facility.

Thank you.

Sincerely,

E.J. Kuper, MHA, DPT, FACHE
President & CEO
HSHS St. John's Hospital

HSHS St. John's Hospital

July 22, 2019

Ed Curtis
Memorial Medical Center
701 N. 1st Street
Springfield, IL 62781

RE: Discontinuation of 32 Hospital Licensed Acute Mental Illness Beds

Dear Mr. Curtis:

I am writing to request an impact statement from you concerning the planned discontinuation of our licensed acute mental illness unit (the "Unit"). We temporarily closed the Unit in June 2018 and have decided to make that discontinuation permanent after approval by the Illinois Health Facilities and Services Review Board. Within the last 24 months, St. John's Hospital had 255 patients receive care in their Unit.

We are informing you of this discontinuation as well as looking for feedback about your ability to accommodate a portion or all of our previous patients and whether your facility has any restrictions or limitations which would preclude it from providing the service to our patients in the area if it is a service that you provide. If you do not respond, we will assume the discontinuation has no impact on your facility.

Thank you.

Sincerely,

E.J. Kuiper, MHA, DPT, FACHE
President & CEO
HSHS St. John's Hospital

Attachment 8- Background of the Applicant

BACKGROUND OF APPLICANT

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.

Facility	Location	Illinois License Number	Expiration Date	Joint Commission Accreditation Number
St. John's Hospital	Springfield	0002451	6/30/20	ID #7432
St. Elizabeth's Hospital	O'Fallon	0006064	11/03/19	ID #7242
St. Anthony's Memorial Hospital	Effingham	0002279	12/31/19	ID #7335
St. Joseph's Hospital	Highland	0005892	8/22/19	ID #2825
St. Francis Hospital	Litchfield	0002386	12/31/19	ID #7374
St. Joseph's Hospital	Breese	0002527	6/30/20	ID #7250
St. Mary's Hospital	Decatur	0002592	6/30/20	ID #4605
HSHS Holy Family Hospital	Greenville	0005355	10/25/19	*ID #189268
HSHS Good Shepherd Hospital	Shelbyville	0002154	6/30/20	**

*Accredited by HFAP (Health Facilities Accreditation Program)
**NIAHO Hospital Accreditation Program Certificate Number 151512 – 2014 – AHC – USA – NIAHO


Illinois Department of PUBLIC HEALTH
HF 118211
LICENSE, PERMIT, CERTIFICATION, REGISTRATION
Ngozi O. Ezike, M.D.
Director
8/30/2020
0002451
General Hospital
Effective: 07/01/2019
St. John's Hospital
800 E Carpenter St
Springfield, IL 62702

DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 6/30/2020
Lic Number 0002451

Date Printed 5/13/2019

St. John's Hospital
800 E Carpenter St
Springfield, IL 62702

FEE RECEIPT NO.

St. John's Hospital

Springfield, IL

has been Accredited by

The Joint Commission

Which has surveyed this organization and found it to meet the requirements for the

Hospital Accreditation Program

November 19, 2016

Accreditation is customarily valid for up to 36 months.

Craig W. Jones, FACHE
Chair, Board of Commissioners

ID #7432
Print/Reprint Date: 03/14/2017

Mark R. Chassin, MD, FACP, MPP, MPH
President

The Joint Commission is an independent, not-for-profit national body that oversees the safety and quality of health care and other services provided in accredited organizations. Information about accredited organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding accreditation and the accreditation performance of individual organizations can be obtained through The Joint Commission's web site at www.jointcommission.org.

File Number 3528-156-8

STATE OF ILLINOIS
OFFICE OF
THE SECRETARY OF STATE

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

ST. JOHN'S HOSPITAL OF THE HOSPITAL SISTERS OF THE THIRD ORDER OF ST. FRANCIS, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JUNE 03, 1955, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION 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 29TH *day of* OCTOBER *A.D.* 2018 .

Authentication # 1830201406 verifiable until 10/29/2019
Authenticate at: http://www.cyberdriveillinois.com

Jesse White
SECRETARY OF STATE

2. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application.

There are no adverse actions to report. Please see the certification letter on p. 47 (Attachment 8).

3. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**

Please see the certification letter on p. 47 (Attachment 8).

4. If, during a given calendar year, an applicant submits more than one application for exemption, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest that the information was previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

St. John's Hospital attests that the previously provided information in the COE to expand and modernize the Neonatal Intensive Care is still accurate. No changes have been made since the project E-012-19 was approved by the HFSRB on June 4th, 2019.

Attachment 8- Adverse Action Letter

Hospital Sisters
HEALTH SYSTEM

Breese, IL
HSHS St. Joseph's Hospital

Decatur, IL
HSHS St. Mary's Hospital

Effingham, IL
HSHS St. Anthony's Memorial Hospital

Greenville, IL
HSHS Holy Family Hospital

Highland, IL
HSHS St. Joseph's Hospital

Litchfield, IL
HSHS St. Francis Hospital

O'Fallon, IL
HSHS St. Elizabeth's Hospital

Shelbyville, IL
HSHS Good Shepherd Hospital

Springfield, IL
HSHS St. John's Hospital

Chippewa Falls, WI
HSHS St. Joseph's Hospital

Eau Claire, WI
HSHS Sacred Heart Hospital

Green Bay, WI
HSHS St. Mary's Hospital Medical Center
HSHS St. Vincent Hospital

Oconto Falls, WI
HSHS St. Clare Memorial Hospital

Sheboygan, WI
HSHS St. Nicholas Hospital

HSHS Medical Group

Prairie Cardiovascular

P.O. Box 19456
Springfield, Illinois 62794-9456
P: 217-523-4747
F: 217-523-0542
www.hshs.org

Sponsored by
Hospital Sisters Ministries

Attachment 8
Adverse Action Letter

July 30, 2019

Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Ms. Avery,

I hereby certify under penalty of perjury as provided in §1-109 of the Illinois Code of Civil Procedures, 735 ILCS 5/1-109 that no adverse action has been taken against any facility owned or operated by the Hospital Sisters Health System during three years prior to filing this COE permit application.

To the best of my knowledge, neither Hospital Sisters Health System nor any of its corporate officers or directors:

- have been cited, arrested, taken into custody, charged with, indicted, convicted or tried for, or pled guilty to the commission of (1) any felony or misdemeanor or violation of the law, except for minor parking violations or (2) the subject of any juvenile delinquency or youthful offender proceeding; or
- has been charged with fraudulent conduct or any act involving moral turpitude; or
- has any unsatisfied judgements against him or her; or
- is in default in the performance or discharge of any duty or obligation imposed by a judgement, degree, order, or directive of any court or governmental agency.

Additionally, pursuant to 77 Ill. Admin Code §1110.1540(b)(3)(J), I hereby authorize the Health Facilities and Services Review Board ("HFSRB") and the Illinois Department of Public Health ("IDPH") access to any documents necessary to verify information submitted as part of this COE permit application. I further authorize HFSRB and IDPH to obtain any additional information or documents from other government agencies which HFSRB or IDPH deem pertinent to process this permit application.

Sincerely,

Mary Starmann-Harrison
President and CEO
Hospital Sisters Health System

Notarization:

Subscribed and sworn to before me
This 29th day of July, 2019
Sylvia Rebecca Gansz
Signature of Notary

SYLVIA REBECCA GANSZ
Official Seal
Notary Public - State of Illinois
My Commission Expires Apr 17, 2020

Attachment 9- 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 of acute mental illness beds in the planning area. The Review Board's update to Inventory dated June 5, 2019, shows Planning Area 3 has an excess of 74 AMI beds, and the adjacent Planning Area 4 has an excess of 57 beds. Planning area 3 will continue to have an excess of 42 beds after the discontinuation of the St. John's Hospital 32-bed AMI unit. Consequently, 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.

This project will not materially impact the ability of other providers or health care systems to subsidize safety net services. The AMI service at St. John's Hospital has been temporarily suspended since June 25, 2018 with no noticeable adverse impact on safety net providers.

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.

St. John's Hospital remains committed to serving this patient population by keeping close ties with other providers in the market as well as developing resources within the rest of our hospital system to give patients options to find care. As noted above, the AMI service at St. John's Hospital has been temporarily suspended since June 25, 2018 with no noticeable adverse impact on 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.

Please refer to the table on p. 49 below.

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.

Please refer to the table on p. 49 below.

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

St. John's Hospital believes that there are acute mental illness care providers in the area and that residents will continue to have access to long term care services.

A table in the following format must be provided as part of Attachment 9.

HSHS St. John's Hospital- Springfield

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	**Year Ended 6/30/16***	**Year Ended 6/30/17***	**Year Ended 6/30/18**
Inpatient	1,267	945	1,253
Outpatient	5,299	4,227	4,108
Total	**6,566**	**5,172**	**5,361**
Charity (cost In dollars)			
Inpatient	$3,230,336	$1,775,743	$1,753,779
Outpatient	$1,880,147	$2,099,014	$1,981,285
Total	**$5,110,483**	**$3,874,757**	**$3,735,064**
MEDICAID			
Medicaid (# of patients)	**Year Ended 6/30/16**	**Year Ended 6/30/17**	**Year Ended 6/30/18**
Inpatient	5,833	5,879	5,847
Outpatient	55,576	51,185	50,457
Total	**61,409**	**57,064**	**56,304**
Medicaid (revenue)			
Inpatient	$53,329,213	$68,973,573	$70,667,912
Outpatient	$39,189,056	$29,311,881	$25,906,123
Total	**$92,518,269**	**$98,285,454**	**$96,574,035**

***Years ending in 2016 and 2017 have been revised to match data previously reported to the State of IL on Schedule H (Form 990).**

Attachment 10- Charity Care Information

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.

Please refer to the table below.

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.

Please refer to the table below. This table reflects charity care provided by the co-applicant Hospital Sisters Health System (Illinois only). Apart from St. John's Hospital, other facilities under HSHS are neither involved nor relevant to this discontinuation. For charity care information for St. John's Hospital, please see the previous attachment.

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.

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 10.

CHARITY CARE - St. John's Hospital			
	Year Ended 6/30/16	Year Ended 6/30/17	Year Ended 6/30/18
Net Patient Revenue	$ 461,466,000	$ 475,001,000	$ 504,568,621
Amount of Charity Care (charges)	$ 19,068,688	$ 15,135,769	$ 15,121,718
Cost of Charity Care	$ 5,110,483	$ 3,841,757	$ 3,735,064

CHARITY CARE – HSHS Illinois Hospitals			
	Year Ended 6/30/16	Year Ended 6/30/17	Year Ended 6/30/18
Net Patient Revenue	$1,027,791,000	$1,089,209,000	$ 1,122,527,807
Amount of Charity Care (charges)	$ 59,665,591	$ 52,040,415	$ 52,343,771
Cost of Charity Care	$16,672,211	$ 15,165,565	$ 14,726,976

#E-035-19

Hospital Sisters
HEALTH SYSTEM

Breese, IL
HSHS St. Joseph's Hospital

Decatur, IL
HSHS St. Mary's Hospital

Effingham, IL
HSHS St. Anthony's Memorial Hospital

Greenville, IL
HSHS Holy Family Hospital

Highland, IL
HSHS St. Joseph's Hospital

Litchfield, IL
HSHS St. Francis Hospital

O'Fallon, IL
HSHS St. Elizabeth's Hospital

Shelbyville, IL
HSHS Good Shepherd Hospita

Springfield, IL
HSHS St. John's Hospital

Chippewa Falls, WI
HSHS St. Joseph's Hospital

Eau Claire, WI
HSHS Sacred Heart Hospital

Green Bay, WI
HSHS St. Mary's Hospital Medical Center
HSHS St. Vincent Hospital

Oconto Falls, WI
HSHS St. Clare Memorial Hospital

Sheboygan, WI
HSHS St. Nicholas Hospital

HSHS Medical Group

Prairie Cardiovascular

P.O. Box 19456
Springfield, Illinois 62794-9456
P: 217-523-4747
F: 217-523-0542
www.hshs.org

Sponsored by
Hospital Sisters Ministries

July 30, 2019

Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

RE: HSHS St. John's Hospital-AMI Discontinuation of Service

Dear Ms. Avery,

This letter is to inform you that a COE application is being submitted by HSHS St. John's Hospital to the Illinois Health Facilities and Services Review Board (HFSRB) requesting approval for the discontinuation of its Acute Mental Illness Unit (AMI).

This project is substantive under Section 1110.20 of the Review Board's rules because it will discontinue the category of service in the AMI unit (Section 1110.20 (c) (1) (b) (ii).

A check for the application processing fee of $2,500 is also enclosed.

We appreciate your assistance, and should you have any questions do not hesitate to contact me directly at 217-544-6464 ext. 44572.

Sincerely,

EJ Kuiper
President and CEO
St. John's Hospital

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

DISCONTINUATION CERTIFICATE OF EXEMPTION APPLICATION

AUGUST 2018 EDITION

TABLE OF CONTENTS

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
525 WEST JEFFERSON STREET, 2nd FLOOR
SPRINGFIELD, ILLINOIS 62761
(217) 782-3516

INSTRUCTIONS

GENERAL

- The application for exemption (Application) must be completed for all transactions proposing a discontinuation of an existing health care facility or of a category of service.
- The persons preparing the Application are advised to refer to the Planning Act, as well as the rules promulgated there under (77 Ill. Adm. Codes 1100, 1110 and 1130) for more information. Applicants should refer to 77 IAC 1130.140 for definitions of a discontinuation of a health care facility or category of service.
- Applicants should also refer to 77 IAC 1130.220(a) for information on who the applicant(s) should be.
- 77 IAC 1130.525(a) prohibits any person from discontinuing a health care facility or category of service prior to receiving approval from the State Board.
- It is noted that all applications for exemption for the discontinuation of a health care facility or category of service are subject to the opportunity for a public hearing and public hearing requirements (77 IAC 1130.525(c)).
- **The Application does not supersede any of the above-cited rules and requirements.**
- The Application is organized into several sections.
- Questions concerning completion of this form may be directed to Health Facilities and Services Review Board staff at (217) 782-3516.
- Copies of the Application form are available on the Health Facilities and Services Review Board website www.illinois.gov/sites/hfsrb.

SPECIFIC

- Use the Application as written and formatted.
- **ALL APPLICABLE CRITERIA** for each applicable section must be addressed. **If a criterion is NOT APPLICABLE, label it as such and state the reason why.**
- **ALL PAGES ARE TO BE NUMBERED CONSECUTIVELY BEGINNING WITH PAGE 1 OF THE APPLICATION. DO NOT INCLUDE INSTRUCTIONS AS PART OF THE APPLICATION OR IN NUMBERING THE PAGES IN THE APPLICATION.**
- Unless otherwise stated, attachments for each Section should be appended after the last page of the Application.
- Begin each attachment on a separate 8 1/2" x 11" sheet of paper and print or type the attachment identification in the lower right-hand corner of each attached page.
- Information to be considered must be included with the applicable Section attachments. References to appended material not included within the appropriate Section will **NOT** be considered.
- The Application must be signed by the authorized representative(s) of each applicant entity.

Provide an original Application and one copy, both **unbound**. **Label the copy** that contains the original signatures **original (put the label on the Application).**

Failure to follow these requirements WILL result in the Application being declared incomplete. In addition, failure to provide certain required information (e.g., not providing a site for the proposed project or having an invalid entity listed as the applicant) may result in the Application being declared null and void.

ADDITIONAL REQUIREMENTS

SAFETY NET IMPACT STATEMENT

A SAFETY NET IMPACT STATEMENT must be submitted for **ALL DISCONTINUATION PROJECTS**. **SEE SECTION IV** OF THE APPLICATION.

CHARITY CARE INFORMATION

CHARITY CARE INFORMATION must be provided for **ALL** substantive projects. **SEE SECTION V** OF THE APPLICATION.

FEE

An application-processing fee of $2,500 MUST be submitted with the application. **The application will not be deemed complete and review will not be initiated until the entire processing fee is submitted. Payment may be made by check or money order and must be made payable to the Illinois Department of Public Health.**

APPLICATION SUBMISSION

Submit an original and one copy of all Sections of the application, including all necessary attachments. **The original must contain original signatures in the certification portions of this form.** Submit all copies to:

Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761