

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

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

**CERTIFICATION Facility/Project Identification**

Facility Name: St. Elizabeth's Hospital of the Hospital Sisters of the Third Order of St. Francis; discontinue 16-bed		
Acute Rehabilitation Category of Service		
Street Address: 1 St. Elizabeth's Boulevard		
City and Zip Code: O'Fallon, 62269		
County: St. Clair	Health Service Area: 11	Health Planning Area: F-01

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

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

**Type of Ownership of Applicants**

<input checked="" type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship
<input type="checkbox"/> 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 Road, Springfield, IL 62707
Telephone Number: (217) 492-9617
E-mail Address: <a href="mailto:amy.bulpitt@hshs.org">amy.bulpitt@hshs.org</a>
Fax Number: (217) 523-0542

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

Name: Alison Tindall
Title: Director of Business Development
Company Name: St. Elizabeth's Hospital of the Hospital Sisters of the Third Order of St. Francis
Address: 1 St. Elizabeth's Boulevard, O'Fallon, IL 62269
Telephone Number: (618) 234-2120 ext 31332
E-mail Address: <a href="mailto:alison.tindall@hshs.org">alison.tindall@hshs.org</a>
Fax Number:

**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 Road, Springfield, IL 62707
Telephone Number: (217) 492-6156
E-mail Address: <a href="mailto:jill.tomich@hshs.org">jill.tomich@hshs.org</a>
Fax Number: (217) 523-0542

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County: St. Clair	Health Service Area: 11	Health Planning Area: F-01

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

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

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

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

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Title: Vice President & General Counsel
Company Name: Hospital Sisters Health System
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E-mail Address: <a href="mailto:amy.bulpitt@hshs.org">amy.bulpitt@hshs.org</a>
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Title: Director of Business Development
Company Name: St. Elizabeth's Hospital of the Hospital Sisters of the Third Order of St. Francis
Address: 1 St. Elizabeth's Boulevard, O'Fallon, IL 62269
Telephone Number: (618) 234-2120 ext 31332
E-mail Address: <a href="mailto:alison.tindall@hshs.org">alison.tindall@hshs.org</a>
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Name: Jill Tomich
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City and Zip Code: O'Fallon, 62269		
County: St. Clair	Health Service Area: 11	Health Planning Area: F-01

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

Exact Legal Name: St. Elizabeth's Hospital of the Hospital Sisters of the Third Order of St. Francis
Street Address: 1 St. Elizabeth's Boulevard
City and Zip Code: O'Fallon, 62269
Name of Registered Agent: J. Nicole Lewer-Holst
Registered Agent Street Address: 224 W. Garfield
Registered Agent City and Zip Code: Belleville, 62220
Name of Chief Executive Officer: Patricia Fischer
CEO Street Address: 1 St. Elizabeth's Boulevard
CEO City and Zip Code: O'Fallon, 62269
CEO Telephone Number: (618) 234-2120 x31054

**Type of Ownership of Applicants**

<input checked="" type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/>
Other	
<ul style="list-style-type: none"> <li>Corporations and limited liability companies must provide an <b>Illinois certificate of good standing</b>.</li> <li>Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner.</li> </ul>	
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### Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: St. Elizabeth's Hospital of the Hospital Sisters of the Third Order of St. Francis
Address of Site Owner: 1 St. Elizabeth's Boulevard, O'Fallon, IL 62269
Street Address or Legal Description of the Site: <b>Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease, or a lease.</b>
<b>APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>

### Operating Identity/Licensee

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

Exact Legal Name: St. Elizabeth's Hospital of the Hospital Sisters of the Third Order of St. Francis (License # 0006064)	
Address: 1 St. Elizabeth's Boulevard, O'Fallon, IL 62269	
<input checked="" type="checkbox"/> Non-profit Corporation <input type="checkbox"/> For-profit Corporation <input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Partnership <input type="checkbox"/> Governmental <input type="checkbox"/> Sole Proprietorship
<input type="checkbox"/> Other	
<ul style="list-style-type: none"> <li>o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing</li> <li>o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.</li> <li>o <b>Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.</b></li> </ul>	
<b>APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>	

### Organizational Relationships

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

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

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### 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.

St. Elizabeth's Hospital of the Hospital Sisters of the Third Order of St. Francis, 1 St. Elizabeth's Boulevard, O'Fallon, Illinois, 62246, proposes to discontinue its sixteen (16) bed acute rehabilitation Category of Service effective January 1, 2020. The beds will be redesignated to twelve (12) medical/surgical beds and four (4) intensive care beds.

This project is substantive under section 1110.20 because it proposes to discontinue a bed category of service. (Section 1110.20 (c)(1)(B) (ii))

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**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 x 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. 16-053 – HSHS St. John's Hospital Women's and Children's Health Center Building, Springfield
2. 17-067 – HSHS St. John's Hospital, Springfield – 5<sup>th</sup> Floor Renovation Project
3. 18-021 – St. Elizabeth's Hospital Radiation Oncology Clinic – O'Fallon
4. E-012-19 – HSHS St. John's Hospital NICU Development, Springfield
5. E-036-19 – HSHS Holy Family Hospital, Greenville – Discontinuation of OBGYN Category of Service
6. E-035-19 – HSHS St. John's Hospital, Springfield – Discontinuation Acute Mental Illness Unit
7. 19-042 – HSHS St. John's Hospital, Springfield – Modernization and expansion of Medical/surgical and ICU beds

**Anticipated exemption completion date (refer to Part 1130.570):** January 1, 2020

**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.**

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### CERTIFICATION

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

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

This Application is filed on the behalf of 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.

Sister Gertrude O'Connor, OSF.  
SIGNATURE

Sister Gertrude O'Connor, OSF.  
PRINTED NAME

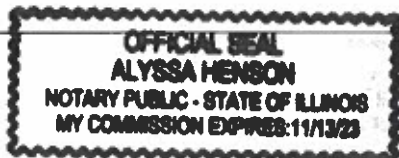
Secretary  
PRINTED TITLE

Notarization:

Subscribed and sworn to before me  
this 19 day of September

Alyssa Henson  
Signature of Notary

Seal



Ann M. Carr  
SIGNATURE

Ann M. Carr  
PRINTED NAME

Treasurer  
PRINTED TITLE

Notarization:

Subscribed and sworn to before me  
this 19 day of September 2019

Melinda M. Mancini  
Signature of Notary

Seal



**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD**  
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Hospital Sisters Health System

\*Insert the EXACT legal name of the applicant

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
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# **CERTIFICATION**

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- p 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);
- p in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- p 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.**

Sister Gertrude O'Connor, OSF  
SIGNATURE

Sister Gertrude O'Connor, OSF  
PRINTED NAME

Secretary  
PRINTED TITLE

Notarization:

Subscribed and sworn to before me  
this 19 day of September

Alyssa Henson  
Signature of Notary

Seal



Ann M. Carr  
SIGNATURE

Ann M. Carr  
PRINTED NAME

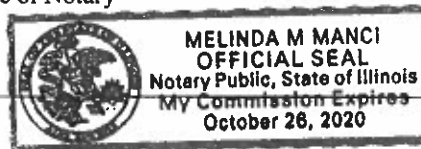
Treasurer  
PRINTED TITLE

Notarization:

Subscribed and sworn to before me  
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Melinda M. Mancini  
Signature of Notary

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Hospital Sisters Services, Inc.

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- q in the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf of St. Elizabeth'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.

*Patricia Fischer*

SIGNATURE

*Patricia Fischer*

PRINTED NAME

*CEO, HSHS St. Elizabeth's Hospital*

PRINTED TITLE

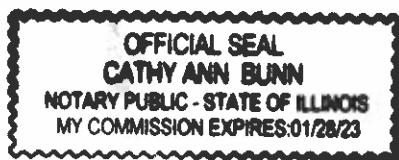
Notarization:

Subscribed and sworn to before me  
this 19th day of September

*Cathy Ann Bunn*

Signature of Notary

Seal



*Ann M. Carr*

SIGNATURE

*Ann M. Carr*

PRINTED NAME

*Treasurer*

PRINTED TITLE

Notarization:

Subscribed and sworn to before me  
this 19 day of September 2019

*Melinda M. Mancini*

Signature of Notary

Seal



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

\*Insert the EXACT legal name of the applicant

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## SECTION II. DISCONTINUATION

### Type of Discontinuation

☒ Discontinuation of a single 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 category 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.
4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
5. Provide attestation that the facility provided the required notice of the 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  
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**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  
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**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  
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**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.**

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## 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 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 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)	Year	Year	Year
Inpatient			
Outpatient			
Total			
MEDICAID			
Medicaid (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			
Medicaid (revenue)	Year	Year	Year

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	Inpatient				
	Outpatient				
	<b>Total</b>				

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## 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.**

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD**  
**DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019**  
 Edition

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

<b>INDEX OF ATTACHMENTS</b>		
<b>ATTACHMENT NO.</b>		<b>PAGES</b>
1	Applicant Identification including Certificate of Good Standing	24-26
2	Site Ownership	27-28
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	29
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	30
5	Discontinuation General Information Requirements	31-33
6	Reasons for Discontinuation	34-35
7	Impact on Access	36-47
8	Background of the Applicant	48-53
9	Safety Net Impact Statement	54-55
10	Charity Care Information	56

**Attachments**

**Attachment 1 -Certificate of Good Standing Hospital Sisters Health System**

File Number 5163-355-5



**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.



Authentication # 1917932238 verifiable until 06/28/2020  
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 28TH**  
**day of JUNE A.D. 2019 .**

*Jesse White*

SECRETARY OF STATE

Attachment 1

**Attachment 1 -Certificate of Good Standing Hospital Sisters Services, Inc.***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 #: 1918100318 verifiable until 06/30/2020  
 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 30TH  
 day of JUNE A.D. 2019 .***

*Jesse White*

SECRETARY OF STATE

Attachment 1

**Attachment 1 - Certificate of Good Standing HSHS St. Elizabeth's Hospital of the Hospital Sisters  
of the Third Order of St. Francis**

*File Number*

3515-860-0



***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. ELIZABETH'S HOSPITAL OF THE HOSPITAL SISTERS OF THE THIRD ORDER OF ST. FRANCIS, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 11, 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.



Authentication #: 1925402830 verifiable until 09/11/2020  
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 11TH  
day of SEPTEMBER A.D. 2019 .***

*Jesse White*

SECRETARY OF STATE

Attachment 1

## Attachment 2 – Site Ownership – Corporate Warranty Deed

Ret St Elizabeths Hosp  
 214 S. Third St  
 Belleville IL 62220  
 Attn: Jean Mattingly

This instrument prepared by and,  
 after recording, return to:

Andrew Dick  
 Hall, Render, Killian, Heath & Lyman, P.C.  
 One American Square, Suite 2000  
 Box 82064  
 Indianapolis, IN 46282



A02467202

MICHAEL T. COSTELLO  
 RECORDER OF DEEDS  
 ST. CLAIR COUNTY  
 BELLEVILLE, IL  
 08/28/2015 08:53:11AM  
 RHSP FEE: 9.00  
 TOTAL FEE: \$49.25  
 PAGES: 14

## CORPORATE WARRANTY DEED

THIS INDENTURE WITNESSETH, That HOSPITAL SISTERS HEALTH SYSTEM, an Illinois not-for-profit corporation, whose principal office is located at 4936 LaVerna Road, Springfield, Illinois 62707 ("Grantor"), CONVEYS AND WARRANTS to ST. ELIZABETH'S HOSPITAL OF THE HOSPITAL SISTERS OF THE THIRD ORDER OF ST. FRANCIS, an Illinois not-for-profit corporation, whose principal address is 211 South Third Street, Belleville, Illinois 62220 ("Grantee"), for no consideration, that real estate situated in St. Clair County, State of Illinois, which is more particularly described in EXHIBIT A attached hereto, but specifically excluding the real estate described in EXHIBIT B attached hereto. The foregoing conveyance is subject to those matters described in EXHIBIT C attached hereto.

RECORDER'S STAMP

The undersigned person executing this deed on behalf of Grantor represents and certifies that she is a duly elected officer of Grantor and has been fully empowered, by proper resolution of the Board of Directors of Grantor, to execute and deliver this deed, that Grantor has full capacity to convey the real estate described herein; and that all necessary action for the making of such conveyance has been taken and done.

APPROVED, SIGNED & PLATING  
 SUBJECT TO RECORDING IN THE PUBLIC RECORDS

Attachment 2

## Attachment 2 – Site Ownership – Corporate Warranty Deed

GRANTOR:

HOSPITAL SISTERS HEALTH SYSTEM,  
an Illinois not-for-profit corporationBy: Mary Starmann-Harrison  
Mary Starmann-Harrison  
President & CEOSTATE OF ILLINOIS )  
COUNTY OF \_\_\_\_\_ ) SS: ACKNOWLEDGMENT

Before me, a Notary Public in and for said County and State, personally appeared Mary Starmann-Harrison, the President and Chief Executive Officer of Hospital Sisters Health System, who acknowledged the execution of the foregoing Warranty Deed, and who, having been duly sworn, stated that any representations therein contained are true.

Witness my hand and Notarial Seal this 11 day of Aug, 2015.

My Commission Expires:

June 21, 2018 Donna J. Chase  
Notary PublicDONNA J CHASE  
PrintedResident of Langston County

This deed is exempt from the Real Estate Transfer Tax under 35 ILCS 200/31-45(e); therefore, no deed stamps are attached.

By: Mary Starmann-Harrison  
Mary Starmann-Harrison  
President & CEO  
Hospital Sisters Health System

Mail tax statements to Grantee at: 211 South Third Street, Belleville, Illinois 62220.

178844v2

Attachment 2

## Attachment 3 - Operating Identity/Licensee

File Number 3515-860-0



***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. ELIZABETH'S HOSPITAL OF THE HOSPITAL SISTERS OF THE THIRD ORDER OF ST. FRANCIS, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 11, 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.



Authentication #: 1925402830 verifiable until 08/11/2020  
Authenticate at: <http://www.cyberdriveillinois.com>

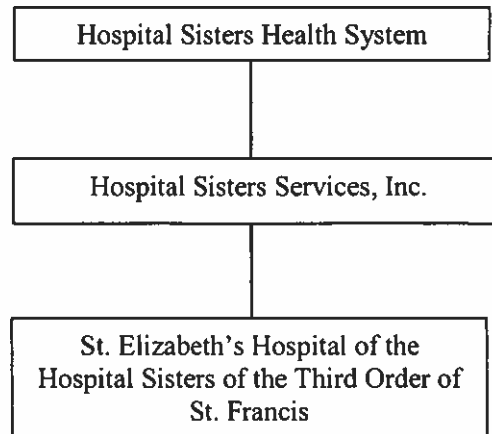
***In Testimony Whereof, I hereto set  
my hand and cause to be affixed the Great Seal of  
the State of Illinois, this 11TH  
day of SEPTEMBER A.D. 2019 .***

*Jesse White*

SECRETARY OF STATE

Attachment 3

**Attachment 4 – Organizational Relationships**



Attachment 4

**Attachment 5 – Discontinuation General Information Requirements****1. Identify the category of service and the number of beds, if any, that are to be discontinued.**

St. Elizabeth's Hospital of the Hospital Sisters of the Third Order of St. Francis proposes to discontinue its sixteen (16) Acute Rehabilitation Category of Service.

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

No other clinical service lines will be discontinued as a result of this Certificate of Exemption.

**3. Provide the anticipated date of discontinuation for each identified service.**

The Acute Rehabilitation bed category of service will be discontinued on January 1, 2020 assuming Illinois Health Facilities and Services Review Board approval is obtained at its regularly scheduled December 10, 2019 meeting.

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

The 16 acute rehabilitation beds will be redesignated as with 12 medical surgical beds and 4 intensive care beds.

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

See attestation below.

## Attachment 5 – Discontinuation General Information Requirements



September 19, 2019

Ms. Courtney R. Avery  
 Administrator  
 Illinois Health Facilities and Services Review Board  
 525 West Jefferson Street, 2<sup>nd</sup> Floor  
 Springfield IL 62761

Dear Ms. Avery:

Please accept this attestation that HSHS St. Elizabeth's Hospital, O'Fallon, Illinois, will the following public notice in the O'Fallon Progress Newspaper, a weekly publication, in accordance with the Illinois Health Facilities and Services Review Board requirements.

***PUBLIC NOTICE***

***HSHS St. Elizabeth's Hospital***

***Discontinue sixteen (16) Bed Acute Rehabilitation Category of Service***

*In accordance with the requirements of the Illinois Health Facilities and Services Review Board (State Agency) Certificate of Exemption (COE) permit application process, notice is given that HSHS St. Elizabeth's Hospital, in O'Fallon, Illinois, proposes to discontinue its sixteen (16) bed inpatient Acute Rehabilitation Unit Category of Service effective January 1, 2020, pending approval by the Illinois Health Facilities and Services Review Board. With this discontinuation, the hospital will re-designate the sixteen (16) acute rehabilitation beds as twelve (12) Medical/Surgical and four (4) ICU beds.*

HSHS St. Elizabeth's Hospital will first published the required discontinuation public notice on September 26, 2019 with subsequent publication dates planned on October 3, 2019 and October 10, 2019, thereby meeting the three (3) consecutive date criterion. The notice will be published in the O'Fallon Progress Newspaper, a weekly publication. Proof of publication will be submitted following the publication of the notice.

If you have any questions, I can be reached at 618-234-2120, extension 31054 or by e-mail at Patti.Fischer@hshs.org.

Sincerely,



Patti Fischer, President and CEO  
HSHS St. Elizabeth's Hospital

CC: Mike Constantino, Supervisor, Project Review Section  
Amy Bulpitt, Vice President and General Counsel, Hospital Sisters Health System

Notarization:

Subscribed and sworn to before me  
this 9th day of September  
Cathy Ann Bunn

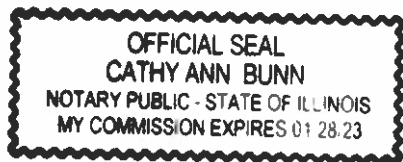
Signature of Notary

Cathy Ann Bunn

Printed Name

Seal

Seal



**Attachment 6 – Reasons for Discontinuation**

HSHS St. Elizabeth's Hospital has a need to redistribute existing bed capacity to allow for additional beds in its highly utilized ICU and medical/surgical services. With the recent approval of the 34-bed inpatient rehab facility of Anderson Hospital, combined with St. Elizabeth's expectation of declining admissions to its own inpatient rehab unit, the circumstances presented an opportunity for St. Elizabeth's to address its medical/surgical and ICU capacity issues by discontinuing the 16-bed rehab unit and redesignating those beds as medical/surgical and ICU without cost and without the time lag of construction. Moreover, the existing St. Elizabeth's Hospital could not easily accommodate an expansion project to add additional beds, so the redesignation of existing beds in existing space presented a better and more cost-efficient alternative.

HSHS St. Elizabeth's Hospital ICU and medical/surgical units have experienced high admission rates and continued levels of peak census since moving to O'Fallon in November 2017. As a result, there is a need for additional inpatient beds in these services to improve patient throughput, maximize capacity for inpatients, and increase patient and provider satisfaction. Currently, the hospitals ICU and Medical/Surgical units are consistently operating at capacity. As seen in figure 1 below, in FY19 the 16-bed ICU has operated at 106% occupancy (including observation patients) with an ADC of 16.86 and the 100 bed Medical/Surgical unit has operated at 91% occupancy (including observation patients) with an ADC of 79.60. In addition, there is no available space in the hospital to expand medical/surgical and ICU capacity. Although the percent occupancy for the Acute Rehabilitation Unit has grown, it is anticipated that the ADC will decrease due to the upcoming changes in the acute rehabilitation market.

**Figure 1. St. Elizabeth's Hospital of the Hospital Sisters of the Third Order of St. Francis CY18 and CY19 to date Bed Utilization**

<b>St. Elizabeth's Hospital of the Hospital Sisters of the Third Order of St. Francis: Bed Utilization Calendar Year 2018</b>					
<b>Category</b>	<b>CY18 Beds</b>	<b>CY18 % Occupancy</b>	<b>CY18 % Occupancy including obs</b>	<b>CY18 patient Days</b>	<b>CY18ADC</b>
Med Surg	100	69%	93%	25,188	62.05
OB	12	58%	58%	2,526	6.22
Peds	0	0%	0%	0	0.00
ICU	16	93%	93%	5,452	13.83
Rehab	16	78%	78%	4,575	11.99
<b>Total</b>	<b>144</b>	<b>60%</b>	<b>64%</b>	<b>37,741</b>	<b>103.40</b>

<b>St. Elizabeth's Hospital of the Hospital Sisters of the Third Order of St. Francis: Bed Utilization Calendar Year 2019 (January 2019-August 2019)**</b>					
<b>Category</b>	<b>CY19 Beds</b>	<b>CY19 % Occupancy</b>	<b>CY19 % Occupancy including obs</b>	<b>CY19 patient Days</b>	<b>CY19ADC</b>
Med Surg	100	80%	91%	19,343	79.60
OB	12	58%	59%	1,692	6.96
Peds	0	0%	0%	0	0.00
ICU	16	105%	106%	4,097	16.86
Rehab	16	83%	83%	3,225	13.27
<b>Total</b>	<b>144</b>	<b>81%</b>	<b>85%</b>	<b>28,357</b>	<b>116.70</b>

\*\*\*CY19 data through August 2019

On September 17<sup>th</sup>, 2019 Anderson Hospital in Maryville was granted approval from the IHFSRB to move their 20-bed acute rehabilitation unit to a freestanding acute rehabilitation facility, as well as add an additional 14 acute rehabilitation beds to create a 34-bed freestanding rehabilitation hospital located in Edwardsville, IL.

Attachment 6

Anderson anticipates that this facility will open on October 31, 2021 and plans to provide rehabilitation services in their 20-bed hospital based acute rehabilitation unit until November 1, 2021. The addition of an acute rehabilitation hospital in close proximity of HSHS St. Elizabeth's Hospital would have a significant impact on acute rehabilitation market share and volumes.

The Inventory of Health Care Facilities and Services and Need Determination dated September 1, 2019 shows that the planning area has an excess of one bed in the comprehensive physical rehabilitation category of service. The Review Board action on September 17, 2019 to approve Anderson Hospital's new 34-bed rehab hospital and discontinue its existing 20-bed inpatient rehab unit would result in a net increase of 14 beds and result in an excess of 15 beds in the planning area. The discontinuation of St. Elizabeth's 16-bed unit would result in a planning area need of only one bed. However, it is important to note that neither Anderson Hospital's existing 20-bed unit nor St. Elizabeth's 16-bed have operated at target utilization in recent years so that there will be available bed capacity in the planning area following the discontinuation of St. Elizabeth's unit. The Hospital Profiles for Calendar Years 2015 through 2017 show that Anderson's 20-bed rehab unit operated at 60.7%, 59.0% and 60.7%, respectively. The 16-bed rehab unit at St. Elizabeth's Hospital in O'Fallon opened in November 2017 and its CY 2018 utilization was 78%. Target utilization for comprehensive physical rehabilitation units is 85%. See 77 Ill. Adm. Code 1100.550(c). The Inventory and Need Determination for Comprehensive Physical Rehabilitation beds for HSA 11 and the Hospital Profiles for Anderson Hospital are included with this Attachment.

HSHS St. Elizabeth's Hospital has taken into consideration both the anticipated changes in the acute rehabilitation market as well as the need to add additional inpatient bed capacity for its medical/surgical and ICU services in the decision to discontinue the hospital's 16-bed acute rehabilitation unit and redesignate the 16 beds with an increase of 12 medical surgical beds and 4 intensive care beds.

**Figure 2. The Inventory of Health Care Facilities and Services and Needs Determination (9/1/19)**

INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS											
Illinois Health Facilities and Services Review Board Illinois Department of Public Health										9/1/2019 Page D-10	
COMPREHENSIVE PHYSICAL REHABILITATION Category of Service											
Comprehensive Physical Rehabilitation Planning Area: HSA 11											
Hospital		City		Beds	2017 Utilization						
					Admissions	Patient Days					
Anderson Hospital		Mayville		20	343	1,131					
Gateway Regional Medical Center 4.4.2018 E-013.18		Granite City		0	52	484					
Approved to discontinue 14 bed Rehabilitation category of service.											
OSF Saint Anthony's Health Center 6.15.2017 E-022.17		Alton		0	16	720					
Facility approved to discontinue 28 bed Rehabilitation category of service on St. Clare's campus.											
St. Elizabeth's Hospital - O'Fallon 11.4.2017 14.043		O'Fallon		16	396	4,185					
Facility licensed for operation.											
Planning Area Totals											
				36	837	10,120					
2017 State Total Rehab Patient Days	Estimated 2017 State Population	2017 State Rehab Use Rate	60% State Use Rate	2017 Area Rehab Use Rate	Projected 2022 Area Population	Projected Rehab Patient Days	Days in Year 2022	Average Daily Census	Rehab Target Occupancy Rate	Projected Rehab Bed Need	Excess Beds
379,674	12,802,600	0.0297	0.0178	0.0169	605,400	10,772	365	29.5	0.85	35	1

**Figure 3. Anderson Hospital Rehabilitation Utilization CY15-CY17**

Anderson Hospital Acute Rehabilitation Utilization			
	CY2015	CY2016	CY2017
% Occupancy Rate	60.7%	59%	60.7%

Source: AHQ Data

**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.**

This discontinuation is not anticipated to have an impact on access to acute rehabilitation care primarily due to the approval of Andersons's 34-bed Rehabilitation Hospital in the HSHS market area that will increase the number of acute rehabilitation beds in the market.

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.**

Please see attached list of notification letter recipients and letters:

- List of Notification Recipients
- Discontinuation Notification Letters

**Attachment 7 – List of Notification Recipients**  
**Contact Notification List**  
**Acute Rehabilitation Category of Service Discontinuation**  
**COE Permit Application**

Providers of Acute Rehabilitation within 50 miles of St. Elizabeth's Hospital of the Hospital Sisters of the Third  
Order of St. Francis  
September 19, 2019

The Rehabilitation Institute of St. Louis  
Mark Dwyer  
445 Duncan Ave.  
St Louis, MO 63110

10 Hospital Drive  
St. Louis, Mo 63376

SSM Health Rehabilitation Hospital – Bridgeton  
Patti Finnegan  
12380 DePaul Drive  
Bridgeton, MO 63044

SSM Health Rehabilitation Hospital – Richmond Heights  
Brenda Hughes  
1027 Bellevue Avenue, 3<sup>rd</sup> Floor  
St. Louis, MO 63117

SSM Health Rehabilitation Hospital – Lake Saint Louis  
John Grubbs  
100 Medical Plaza, 5<sup>th</sup> Floor  
Lake Saint Louis, MO 63367

Mercy Rehabilitation Hospital  
Jerald Rumph  
14561 N Outer 40 Rd  
Chesterfield, MO 63017

Anderson Hospital  
Keith Page  
6800 State Route 162, IL-162  
Maryville, IL 62062

Mercy Hospital South  
Sean Hogan  
10010 Kennerly Rd  
St. Louis, MO 63128

Kindred Hospital St. Louis  
Kevin Shrake  
4930 Lindell Blvd  
St. Louis, Mo 63108

St. Luke's Rehabilitation Hospital  
Donald Foster  
14709 Olive Blvd  
Chesterfield, MO 63017

## Attachment 7 – Exhibit 1 Discontinuation Notification Letters



**HSHS**  
**St. Elizabeth's**  
**Hospital**

Date

Keith Page

Anderson Hospital  
6800 State Route 162, IL-162  
Maryville, IL 62062

Dear Keith Page,

In accordance with the Illinois Health Facilities and Services Review Board (IHFSRB) requirements, the purpose of this letter is to advise you that HSHS St. Elizabeth's Hospital of the Hospital Sisters of the Third Order of St. Francis, located in O'Fallon, will be filing a COE permit application to discontinue its sixteen (16) bed Acute Rehabilitation category of service. The anticipated discontinuation date is January 1, 2020 pending approval by the IHFSRB.

As part of the IHFSRB requirements for discontinuation, we are sending you this notification letter. Please advise us of any impact this change may have on your facility or programs. The following table summarizes our Acute Rehabilitation Bed category of service utilization for CY18 and CY19 to date.

St. Elizabeth's Hospital of the Hospital Sisters of the Third Order of St. Francis: Bed Utilization					
Category	Beds	Admissions	% Occupancy	Patient Days	ADC
CY18	16	400	78%	4,575	11.99
CY19TD	16	298	83%	3,225	13.27

In the past 20 months, HSHS St. Elizabeth's Acute Rehabilitation Unit has experienced an average daily census (ADC) of 13 days with 698 admissions. It is anticipated that this discontinuation, which allows for redesignation of existing beds to other highly utilized existing inpatient services, will better utilize existing bed capacity, increase throughput, and increase the care that we are able to provide to the community.

If you have any questions, please feel free to contact me at 618-234-2120, extension 31054

Sincerely,

One St. Elizabeth's Boulevard  
O'Fallon, IL 62269  
618-234-2120  
steliz.org

An Affiliate of  
Hospital Sisters  
Health System

Patti Fischer  
President and CEO

Attachment 7



Date

Mark Dwyer

The Rehabilitation Institute of St. Louis  
445 Duncan Ave.  
St Louis, MO 63110

Dear Mark Dwyer,

In accordance with the Illinois Health Facilities and Services Review Board (IHFSRB) requirements, the purpose of this letter is to advise you that HSHS St. Elizabeth's Hospital of the Hospital Sisters of the Third Order of St. Francis, located in O'Fallon, will be filing a COE permit application to discontinue its sixteen (16) bed Acute Rehabilitation category of service. The anticipated discontinuation date is January 1, 2020 pending approval by the IHFSRB.

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Sincerely,  
One St. Elizabeth's Boulevard  
O'Fallon, IL 62269  
618-234-2120  
steliz.org

An Affiliate of  
Hospital Sisters  
Health System

Patti Fischer

President and CEO

Attachment 7



Date

Mark Dwyer

The Rehabilitation Institute of St. Louis  
10 Hospital Drive  
St. Louis, Mo 63376

Dear Mark Dwyer,

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If you have any questions, please feel free to contact me at 618-234-2120, extension 31054

Sincerely,

Patti Fischer

President and CEO

Attachment 7

One St. Elizabeth's Boulevard  
O'Fallon, IL 62269  
618-234-2120  
steliz.org

An Affiliate of  
Hospital Sisters  
Health System



**HSHS  
St. Elizabeth's  
Hospital**

Date

Patti Finnegan

SSM Health Rehabilitation Hospital – Bridgeton  
12380 DePaul Drive  
Bridgeton, MO 63044

Dear Patti Finnegan,

In accordance with the Illinois Health Facilities and Services Review Board (IHFSRB) requirements, the purpose of this letter is to advise you that HSHS St. Elizabeth's Hospital of the Hospital Sisters of the Third Order of St. Francis, located in O'Fallon, will be filing a COE permit application to discontinue its sixteen (16) bed Acute Rehabilitation category of service. The anticipated discontinuation date is January 1, 2020 pending approval by the IHFSRB.

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In the past 20 months, HSHS St. Elizabeth's Acute Rehabilitation Unit has experienced an average daily census (ADC) of 13 days with 698 admissions. It is anticipated that this discontinuation, which allows for redesignation of existing beds to other highly utilized existing inpatient services, will better utilize existing bed capacity, increase throughput, and increase the care that we are able to provide to the community.

If you have any questions, please feel free to contact me at 618-234-2120, extension 31054

Sincerely,

One St. Elizabeth's Boulevard  
O'Fallon, IL 62269  
618-234-2120  
steliz.org

An Affiliate of  
Hospital Sisters  
Health System

Patti Fischer

President and CEO

Attachment 7



Date

Brenda Hughes

SSM Health Rehabilitation Hospital – Richmond Heights  
1027 Bellevue Avenue, 3<sup>rd</sup> Floor  
St. Louis, MO 63117

Dear Brenda Hughes,

In accordance with the Illinois Health Facilities and Services Review Board (IHFSRB) requirements, the purpose of this letter is to advise you that HSHS St. Elizabeth's Hospital of the Hospital Sisters of the Third Order of St. Francis, located in O'Fallon, will be filing a COE permit application to discontinue its sixteen (16) bed Acute Rehabilitation category of service. The anticipated discontinuation date is January 1, 2020 pending approval by the IHFSRB.

As part of the IHFSRB requirements for discontinuation, we are sending you this notification letter. Please advise us of any impact this change may have on your facility or programs. The following table summarizes our Acute Rehabilitation Bed category of service utilization for CY18 and CY19 to date.

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Patti Fischer

President and CEO

Attachment 7



Date

John Grubbs

SSM Health Rehabilitation Hospital – Lake Saint Louis  
100 Medical Plaza, 5<sup>th</sup> Floor  
Lake Saint Louis, MO 63367

Dear John Grubbs,

In accordance with the Illinois Health Facilities and Services Review Board (IHFSRB) requirements, the purpose of this letter is to advise you that HSHS St. Elizabeth's Hospital of the Hospital Sisters of the Third Order of St. Francis, located in O'Fallon, will be filing a COE permit application to discontinue its sixteen (16) bed Acute Rehabilitation category of service. The anticipated discontinuation date is January 1, 2020 pending approval by the IHFSRB.

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Patti Fischer

President and CEO

Attachment 7



**HSHS  
St. Elizabeth's  
Hospital**

Date

Jerald Rumph

Mercy Rehabilitation Hospital  
14561 N Outer 40 Rd  
Chesterfield, MO 63017

Dear Jerald Rumph,

In accordance with the Illinois Health Facilities and Services Review Board (IHFSRB) requirements, the purpose of this letter is to advise you that HSHS St. Elizabeth's Hospital of the Hospital Sisters of the Third Order of St. Francis, located in O'Fallon, will be filing a COE permit application to discontinue its sixteen (16) bed Acute Rehabilitation category of service. The anticipated discontinuation date is January 1, 2020 pending approval by the IHFSRB.

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An Affiliate of  
Hospital Sisters  
Health System

**Patti Fischer**

**President and CEO**

Attachment 7



**HSHS**  
**St. Elizabeth's**  
**Hospital**

Date

Sean Hogan

Mercy Hospital South  
10010 Kennerly Rd  
St. Louis, MO 63128

Dear Sean Hogan,

In accordance with the Illinois Health Facilities and Services Review Board (IHFSRB) requirements, the purpose of this letter is to advise you that HSHS St. Elizabeth's Hospital of the Hospital Sisters of the Third Order of St. Francis, located in O'Fallon, will be filing a COE permit application to discontinue its sixteen (16) bed Acute Rehabilitation category of service. The anticipated discontinuation date is January 1, 2020 pending approval by the IHFSRB.

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Health System

Patti Fischer

President and CEO

Attachment 7



**HSHS**  
**St. Elizabeth's**  
**Hospital**

Date

Kevin Shrake

Kindred Hospital St. Louis  
4930 Lindell Blvd  
St. Louis, Mo 63108

Dear Kevin Shrake,

In accordance with the Illinois Health Facilities and Services Review Board (IHFSRB) requirements, the purpose of this letter is to advise you that HSHS St. Elizabeth's Hospital of the Hospital Sisters of the Third Order of St. Francis, located in O'Fallon, will be filing a COE permit application to discontinue its sixteen (16) bed Acute Rehabilitation category of service. The anticipated discontinuation date is January 1, 2020 pending approval by the IHFSRB.

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Hospital Sisters  
Health System

Patti Fischer

President and CEO



Date

Donald Foster

St. Luke's Rehabilitation Hospital  
14709 Olive Blvd  
Chesterfield, MO 63017

Dear Donald Foster,

In accordance with the Illinois Health Facilities and Services Review Board (IHFSRB) requirements, the purpose of this letter is to advise you that HSHS St. Elizabeth's Hospital of the Hospital Sisters of the Third Order of St. Francis, located in O'Fallon, will be filing a COE permit application to discontinue its sixteen (16) bed Acute Rehabilitation category of service. The anticipated discontinuation date is January 1, 2020 pending approval by the IHFSRB.

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steliz.org

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Hospital Sisters  
Health System

Patti Fischer

President and CEO

Attachment 7

**Attachment 8 – Background of the Applicant**

The following is a list 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
HSHS St. John's Hospital	Springfield	0002451	6/30/19	ID# 7432
HSHS St. Elizabeth's Hospital	O'Fallon	0006064	11/03/19	ID# 7242
HSHS St. Anthony's Memorial Hospital	Effingham	0002279	12/31/19	ID# 7335
HSHS St. Joseph's Hospital	Highland	0005892	8/22/19	ID# 2825
HSHS St. Francis Hospital	Litchfield	0002386	12/31/19	ID# 7374
HSHS St. Joseph's Hospital	Breese	0002527	6/30/19	ID# 7250
HSHS St. Mary's Hospital	Decatur	0002592	6/30/19	ID# 4605
HSHS Holy Family Hospital	Greenville	0005355	10/25/19	*ID# 189268
HSHS Good Shepherd Hospital	Shelbyville	0002154	6/30/19	**

\* Accredited by HFAP (Health Facilities Accreditation Program)

\*\* NIAHO Hospital Accreditation Program Certificate Number 151512 – 2014 – AHC – USA - NIAHO

- St. Elizabeth's Hospital Illinois Department of Public Health Hospital License is included as Exhibit 1
- St. Elizabeth's Hospital Joint Commission Accreditation is included as Exhibit 2
- An attestation letter regarding adverse actions and permission to access documents is included as Exhibit 3

## Attachment 8 – Exhibit 1 – St. Elizabeth's Hospital Illinois Department of Public Health Hospital License



**Illinois Department of  
PUBLIC HEALTH** **HF116736**

**LICENSE, PERMIT, CERTIFICATION, REGISTRATION**

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

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

Issued under the authority of  
the Illinois Department of  
Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
11/3/2019		0006064
<b>General Hospital</b>		
<b>Effective: 11/04/2018</b>		

**HSHS St Elizabeth's Hospital**  
**1 Saint Elizabeth Blvd**  
**O'Fallon, IL 62269**

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #48240 SM 5/18

← **DISPLAY THIS PART IN A  
CONSPICUOUS PLACE**

Exp Date 11/3/2019

Lic Number 0006064

Date Printed 10/12/2018

HSHS St Elizabeth's Hospital

1 Saint Elizabeth Blvd  
O'Fallon, IL 62269

FEE RECEIPT NO.

Attachment 8 – Exhibit 2 – St. Elizabeth's Hospital Joint Commission Accreditation



June 19, 2018

Re: # 7242  
CCN: #140187  
Program: Hospital  
Accreditation Expiration Date: October 15, 2019

Patti Fischer  
President/CEO  
St. Elizabeth's Hospital of the Hospital Sisters of the Thir  
1 St. Elizabeth's Boulevard  
O Fallon, Illinois 62269

Dear Ms. Fischer:

This letter confirms that your March 27, 2018 - March 28, 2018 unannounced extension survey was conducted for the purposes of assessing compliance with the Medicare conditions for hospitals through The Joint Commission's deemed status survey process.

Based upon the submission of your evidence of standards compliance on May 25, 2018, The Joint Commission is granting your organization an accreditation decision of Accredited with an effective date of March 29, 2018.

The Joint Commission is also recommending your organization for continued Medicare certification effective March 29, 2018. Please note that the Centers for Medicare and Medicaid Services (CMS) Regional Office (RO) makes the final determination regarding your Medicare participation and the effective date of participation in accordance with the regulations at 42 CFR 489.13. Your organization is encouraged to share a copy of this Medicare recommendation letter with your State Survey Agency.

This recommendation applies to the following location(s):

St. Elizabeth's Hospital of the Hospital Sisters of the Thir  
d/b/a HSHS St. Elizabeth's Hospital  
1 St. Elizabeth's Boulevard, O Fallon, IL, 62269

Please be assured that The Joint Commission will keep the report confidential, except as required by law or court order. To ensure that The Joint Commission's information about your organization is always accurate and current, our policy requires that you inform us of any changes in the name or ownership of your organization or the health care services you provide.

Sincerely,

[www.jointcommission.org](http://www.jointcommission.org)

Headquarters  
One Renaissance Boulevard  
Oakbrook Terrace, IL 60181  
630 792 5000 Voice

Attachment 8



*Mark Pelletier*

Mark G. Pelletier, RN, MS  
Chief Operating Officer  
Division of Accreditation and Certification Operations

cc: CMS/Central Office/Survey & Certification Group/Division of Acute Care Services  
CMS/Regional Office 5 /Survey and Certification Staff

Attachment 8 – Exhibit 2 – St. Elizabeth's Hospital Joint Commission Accreditation



June 19, 2018

Patti Fischer, RN, MBA, FAACHE  
President/CEO  
St. Elizabeth's Hospital of the Hospital Sisters of the Thir  
1 St. Elizabeth's Boulevard  
O Fallon , IL 62269

Joint Commission ID #: 7242  
Program: Hospital Accreditation  
Accreditation Activity: 60-day Evidence of Standards  
Compliance  
Accreditation Activity Completed : 6/19/2018

Dear Ms. Fischer:

The Joint Commission is pleased to grant your organization an accreditation decision of Accredited for all services surveyed under the applicable manual(s) noted below:

- Comprehensive Accreditation Manual for Hospital

This accreditation cycle is effective beginning October 15, 2016 and is customarily valid for up to 36 months. Please note, The Joint Commission reserves the right to shorten or lengthen the duration of the cycle.

Should you wish to promote your accreditation decision, please view the information listed under the 'Publicity Kit' link located on your secure extranet site, The Joint Commission Connect.

The Joint Commission will update your accreditation decision on Quality Check®.

Congratulations on your achievement.

Sincerely,

Mark G. Pelletier, RN, MS  
Chief Operating Officer  
Division of Accreditation and Certification Operations

## Attachment 8 – Exhibit 3- Attestation letter regarding adverse actions and permission to access documents



**Hospital Sisters**  
HEALTH SYSTEM

September 19, 2019

**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

Courtney Avery, Administrator  
Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, Illinois 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 the 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 judgments against him or her; or
- is in default in the performance or discharge of any duty or obligation imposed by a judgment, decree, 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 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 application.

Sincerely,

*Sister Gertrude O'Connor OSF*

Notarization:

Sister Gertrude O'Connor, OSF  
Secretary of the HSHS Board  
of Directors

Subscribed and sworn to before me

this 19 day of September

Alyna Hanson  
Signature of Notary

**Attachment 9 – Safety net Impact Statement****ALL PROJECTS TO DISCONTINUE A 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.**

St. Elizabeth's Hospital of the Hospital Sisters of the Third Order of St. Francis believes that this project will not materially impact the 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.**

St. Elizabeth's Hospital of the Hospital Sisters of the Third Order of St. Francis believes that this project will not materially impact the ability of other providers or health care systems to subsidize safety net services.

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

St. Elizabeth's Hospital of the Hospital Sisters of the Third Order of St. Francis believes that this project will not impact the remaining safety net providers in the community.

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

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

See the following table.

**5. 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.**

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

See the following table

## Attachment 9 – Safety Net Impact Statement

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	2016	2017	2018
Inpatient	182	279	268
Outpatient	2,526	3,920	1,709
<b>Total</b>	<b>2,708</b>	<b>4,199</b>	<b>1,977</b>
Charity (cost in dollars)			
Inpatient	\$1,337,048	\$1,160,821	\$1,673,637
Outpatient	\$2,561,684	\$2,304,117	\$2,295,102
<b>Total</b>	<b>\$3,898,732</b>	<b>\$3,464,938</b>	<b>\$3,968,740</b>
MEDICAID			
Medicaid (# of patients)	2016	2017	2018
Inpatient	1,623	1,277	1,208
Outpatient	44,961	32,396	14,936
<b>Total</b>	<b>46,584</b>	<b>33,623</b>	<b>16,144</b>
Medicaid (revenue)			
Inpatient	\$10,664,834	\$13,245,152	\$12,833,834
Outpatient	\$4,177,467	\$3,909,278	\$4,175,069
<b>Total</b>	<b>\$14,842,301</b>	<b>\$17,154,430</b>	<b>\$17,008,903</b>

**Attachment 10 – Charity Care Information**

<b>CHARITY CARE St. Elizabeth's Hospital of the Hospital Sisters of the Third Order of St. Francis</b>			
	<b>FY2016</b>	<b>FY2017</b>	<b>FY2018</b>
<b>Net Patient Revenue</b>	<b>\$152,401,065</b>	<b>\$150,960,228</b>	<b>\$160,972,146</b>
Amount of Charity Care (charges)	\$15,563,802	\$3,636,118	\$14,484,146
Cost of Charity Care	\$3,898,732	\$3,464,938	\$3,968,740

<b>CHARITY CARE Hospital Sisters Health System</b>			
	<b>FY2016</b>	<b>FY2017</b>	<b>FY2018</b>
<b>Net Patient Revenue</b>	<b>\$1,027,791,000</b>	<b>\$1,089,209,000</b>	<b>\$1,122,527,807</b>
Amount of Charity Care (charges)	\$59,886,591	\$52,040,415	\$52,343,771
Cost of Charity Care	\$16,672,211	\$15,165,565	\$14,726,976

**CERTIFICATE OF EXEMPTION (COE)**  
**FOR**  
**DISCONTINUATION**  
**OF**  
**ACUTE REHABILITATION BED CATEGORY**  
**OF SERVICE**

**RECEIVED**

SEP 20 2019

HEALTH FACILITIES &  
SERVICES REVIEW BOARD

at

**St. Elizabeth's Hospital of the Hospital Sisters of the**  
**Third Order of St. Francis**  
**O'Fallon, Illinois**

On behalf of

**St. Elizabeth's Hospital of the Hospital Sisters of the**  
**Third Order of St. Francis**

and

**Hospital Sister Health System**  
**and**  
**Hospital Sisters Services, Inc.**