

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
DISCONTINUATION APPLICATION FOR EXEMPTION

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

## Facility/Project Identification

|                                                                                              |                        |                            |
|----------------------------------------------------------------------------------------------|------------------------|----------------------------|
| Facility Name: St. Joseph's Hospital, Breese, Discontinuation of ICU Bed Category of Service |                        |                            |
| Street Address: 9515 Holy Cross Lane                                                         |                        |                            |
| City and Zip Code: Breese, 62230                                                             |                        |                            |
| County: Clinton                                                                              | Health Service Area 11 | Health Planning Area: F-01 |

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

|                                                                                                            |  |
|------------------------------------------------------------------------------------------------------------|--|
| Exact Legal Name: St. Joseph's Hospital, Breese, of the Hospital Sisters of the Third Order of St. Francis |  |
| Street Address: 9515 Holy Cross Lane                                                                       |  |
| City and Zip Code: Breese, 62230                                                                           |  |
| Name of Registered Agent: J. Nicole Lewer-Holst                                                            |  |
| Registered Agent Street Address: 224 W. Garfield                                                           |  |
| Registered Agent City and Zip Code: Belleville, Illinois 62220                                             |  |
| Name of Chief Executive Officer: Chris Klay                                                                |  |
| CEO Street Address: 9515 Holy Cross Lane                                                                   |  |
| CEO City and Zip Code: Breese, 62230                                                                       |  |
| CEO Telephone Number: 618-526-4511                                                                         |  |

## 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) 492-9167                  |
| 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: Edwin W. Parkhurst, Jr.                                 |
| Title: Managing Principal                                     |
| Company Name: PRISM Healthcare Consulting                     |
| Address: 800 Roosevelt Road E-110, Glen Ellyn, Illinois 60137 |
| Telephone Number: 630-790-1265 (office) 630-790-5089 (Direct) |
| E-mail Address: eparkhurst@consultprism.com                   |
| Fax Number: 630-790-2696                                      |

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

|                                                 |
|-------------------------------------------------|
| Name: Amy Liefer, CFRE, MSOL                    |
| Title: Director of Business Development         |
| Company Name: HSHS St. Joseph's Hospital Breese |
| Address: 9515 Holy Cross Lane, Breese, IL 62230 |
| Telephone Number: (618) 651-2589                |
| E-mail Address: amy.liefer@hshs.org             |
| Fax Number: (618) 526-8022                      |

**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: jill.tomich@hshs.org              |
| Fax Number: (217) 523-0542                        |

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. Joseph's Hospital, Breese, Discontinuation of ICU Bed Category of Service |                     |    |                            |
| Street Address: 9515 Holy Cross Lane                                                              |                     |    |                            |
| City and Zip Code: Breese, 62230                                                                  |                     |    |                            |
| County: Clinton                                                                                   | 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      |
| 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) 492-9167                  |
| 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: Edwin W. Parkhurst, Jr.                                 |
| Title: Managing Principal                                     |
| Company Name: PRISM Healthcare Consulting                     |
| Address: 800 Roosevelt Road E-110, Glen Ellyn, Illinois 60137 |
| Telephone Number: 630-790-1265 (office) 630-790-5089 (Direct) |
| E-mail Address: eparkhurst@consultprism.com                   |
| Fax Number: 630-790-2696                                      |

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

|                                                 |
|-------------------------------------------------|
| Name: Amy Liefer, CFRE, MSOL                    |
| Title: Director of Business Development         |
| Company Name: HSHS St. Joseph's Hospital Breese |
| Address: 9515 Holy Cross Lane, Breese, IL 62230 |
| Telephone Number: (618) 651-2589                |
| E-mail Address: amy.liefer@hshs.org             |
| Fax Number: (618) 526-8022                      |

**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: jill.tomich@hshs.org              |
| Fax Number: (217) 523-0542                        |

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. Joseph's Hospital, Breese, Discontinuation of ICU Bed Category of Service |                     |    |                            |
| Street Address: 9515 Holy Cross Lane                                                              |                     |    |                            |
| City and Zip Code: Breese, 62230                                                                  |                     |    |                            |
| County: Clinton                                                                                   | 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     |
| Name of Chief Executive Officer: Mary Starman-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) 492-9167                  |
| 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: Edwin W. Parkhurst, Jr.                                 |
| Title: Managing Principal                                     |
| Company Name: PRISM Healthcare Consulting                     |
| Address: 800 Roosevelt Road E-110, Glen Ellyn, Illinois 60137 |
| Telephone Number: 630-790-1265 (office) 630-790-5089 (Direct) |
| E-mail Address: eparkhurst@consultprism.com                   |
| Fax Number: 630-790-2696                                      |

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

|                                                 |
|-------------------------------------------------|
| Name: Amy Liefer, CFRE, MSOL                    |
| Title: Director of Business Development         |
| Company Name: HSHS St. Joseph's Hospital Breese |
| Address: 9515 Holy Cross Lane, Breese, IL 62230 |
| Telephone Number: (618) 651-2589                |
| E-mail Address: amy.liefer@hshs.org             |
| Fax Number: (618) 526-8022                      |

**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: jill.tomich@hshs.org              |
| Fax Number: (217) 523-0542                        |

**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: Amy Liefer, CFRE, MSOL                      |
| Title: Director of Business Development           |
| Company Name: HSHS St. Joseph's Hospital – Breese |
| Address: 9515 Holy Cross Lane, Breese, IL 62230   |
| Telephone Number: (618) 651-2589                  |
| E-mail Address: amy.liefer@hshs.org               |
| Fax Number: (618) 526-8022                        |

**Site Ownership**

[Provide this information for each applicable site]

|                                                                                                                                                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Exact Legal Name of Site Owner: St. Joseph's Hospital, Breese, of the Hospital Sisters of the Third Order of St. Francis                                                                                                                                                                                        |
| Address of Site Owner: 9515 Holy Cross Lane, Breese, IL 62230                                                                                                                                                                                                                                                   |
| Street Address or Legal Description of the Site: 9515 Holy Cross Lane, Breese, Illinois 62230                                                                                                                                                                                                                   |
| <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 (Per Certificate of Good Standing)**

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| Exact Legal Name: St. Joseph's Hospital, Breese, of the Hospital Sisters of the Third Order of St. Francis                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                               |
| Address: 9515 Holy Cross Lane, Breese, IL 62230                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                               |
| <input checked="" type="checkbox"/> Non-profit Corporation<br><input type="checkbox"/> For-profit Corporation<br><input type="checkbox"/> Limited Liability Company<br><input type="checkbox"/> Other                                                                                                                                                                                                                                                            | <input type="checkbox"/> Partnership<br><input type="checkbox"/> Governmental<br><input type="checkbox"/> Sole Proprietorship |
| <ul style="list-style-type: none"> <li>○ Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.</li> <li>○ 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>○ <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.**

**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. Joseph's Hospital, Breese, 9515 Holy Cross Lane, Breese, Illinois 62230, proposes to discontinue its four (4) bed Intensive Care Bed Category of Service on approval by the Illinois Health Facilities and Services Review Board (IHFSRB).

The proposed discontinuation is predicated on the recent and anticipated future utilization of the Intensive Care Bed Category of Service. Historical utilization is profiled in the following table.

ICU Bed Utilization  
HSHS St. Joseph's Intensive Care Beds  
(Source: Published AHQ data for the respective period)

| <u>Period</u> | <u>Authorized Beds</u> | <u>Admissions</u> | <u>Patient Days</u> | <u>ADC</u> | <u>% Occupancy</u> |
|---------------|------------------------|-------------------|---------------------|------------|--------------------|
| 2015          | 4                      | 5                 | 6                   | --         | 0.4%               |
| 2016          | 4                      | 3                 | 3                   | --         | 0.2%               |
| 2017          | 4                      | 0                 | 0                   | 0          | 0                  |
| 2018          | 4                      | 0                 | 0                   | 0          | 0                  |

This project is substantive under Section 1110.20 due to the fact it proposes to discontinue a bed category of service (Section 1120.20 (c) (1) (B) (i)).

**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 – HSHS St. Elizabeth's Hospital – O'Fallon – Replacement Hospital
2. 16-053 – HSHS St. John's Hospital Women's and Children's Health Center Building, Springfield
3. 17-067 – HSHS St. John's Hospital, Springfield – 5<sup>th</sup> Floor Renovation Project
4. 18-021 – HSHS St. Elizabeth's Hospital Radiation Oncology Clinic – O'Fallon
5. E-012 -19 – HSHS St. John's Hospital NICU Development, Springfield
6. E-035 -19 – HSHS St. John's Hospital, Springfield, Discontinue AMI Bed Category of Service
7. E-036 -19 – HSHS Holy Family Greenville – OB GYN Discontinuation
8. E-046 -19 – HSHS St. Elizabeth's Hospital, O'Fallon, Discontinue Rehabilitation Category of Service

**Anticipated exemption completion date** (refer to Part 1130.570): Exemption will be completed upon approval by the Illinois Health Facilities and Services Review Board

**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.**

The Illinois Cancer Registry has advised, that due to extenuating circumstances related to an unexpected and lengthy delay in a vendor software update, a hospital's registry information may not be complete at this time. This issue has impacted registry submission across the United States and is outside of the control of the hospital.

**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. Joseph's Hospital, Breese, 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

Chris Klay

PRINTED NAME

President &amp; CEO

PRINTED TITLE



SIGNATURE

Ann Carr

PRINTED NAME

Treasurer

PRINTED TITLE

Notarization:

Subscribed and sworn to before me

this 10th day of October 2019


Signature of Notary

Seal



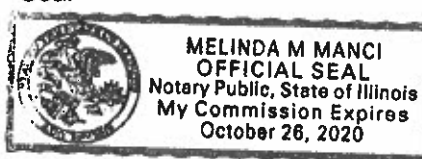
Notarization:

Subscribed and sworn to before me

this 11th day of October 2019


Signature of Notary

Seal



\*Insert the EXACT legal name of the applicant

**CERTIFICATION**

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

- 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-Harrison  
SIGNATURE

Mary Starmann-Harrison  
PRINTED NAME

President & CEO  
PRINTED TITLE

Ann M. Carr  
SIGNATURE

Ann Carr  
PRINTED NAME

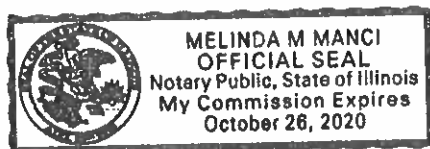
Treasurer  
PRINTED TITLE

Notarization:

Subscribed and sworn to before me  
this 11<sup>th</sup> day of October 2019

Melinda M. Mancini  
Signature of Notary

Seal



Notarization:

Subscribed and sworn to before me  
this 11<sup>th</sup> day of October 2019

Melinda M. Mancini  
Signature of Notary

Seal



\*Insert the EXACT legal name of the applicant

**CERTIFICATION**

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

- 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.

Mary Starmann-Harrison  
SIGNATURE

Mary Starmann-Harrison  
PRINTED NAME

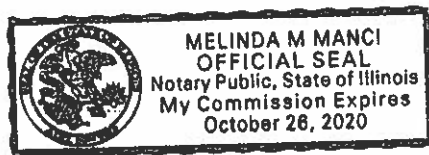
President & CEO  
PRINTED TITLE

Notarization:

Subscribed and sworn to before me  
this 11<sup>th</sup> day of October 2019

Melinda M. Mancini  
Signature of Notary

Seal



Ann M. Carr  
SIGNATURE

Ann Carr  
PRINTED NAME

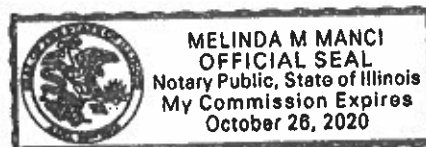
Treasurer  
PRINTED TITLE

Notarization:

Subscribed and sworn to before me  
this 11<sup>th</sup> day of October 2019

Melinda M. Mancini  
Signature of Notary

Seal



\*Insert the EXACT legal name of the applicant

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                                        |  | 16 – 19 |
| 2                    | Site Ownership                                                                                         |  | 20 – 22 |
| 3                    | Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership. |  | 23 – 25 |
| 4                    | Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.                  |  | 26 – 27 |
| 5                    | Discontinuation General Information Requirements                                                       |  | 28 – 35 |
| 6                    | Reasons for Discontinuation                                                                            |  | 36 – 37 |
| 7                    | Impact on Access                                                                                       |  | 38 – 43 |
| 8                    | Background of the Applicant                                                                            |  | 44 – 49 |
| 9                    | Safety Net Impact Statement                                                                            |  | 50 – 51 |
| 10                   | Charity Care Information                                                                               |  | 52 – 53 |

**Attachments**

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

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

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

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

|                                                                                                            |
|------------------------------------------------------------------------------------------------------------|
| Exact Legal Name: St. Joseph's Hospital, Breese, of the Hospital Sisters of the Third Order of St. Francis |
| Street Address: 9515 Holy Cross Lane                                                                       |
| City and Zip Code: Breese, 62230                                                                           |
| Name of Registered Agent: J. Nicole Lewes-Holst                                                            |
| Registered Agent Street Address: 224 W. Garfield                                                           |
| Registered Agent City and Zip Code: Belleville, 62220                                                      |
| Name of Chief Executive Officer: Chris Klay                                                                |
| CEO Street Address: 9515 Holy Cross Lane                                                                   |
| CEO City and Zip Code: Breese, 62230                                                                       |
| CEO Telephone Number: 618-526-4511                                                                         |

### 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, Illinois 62707          |
| Name of Registered Agent: Amy Bulpitt                   |
| Registered Agent Street Address: 4936 LaVerna Road      |
| 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                    |

### 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, Illinois 62707          |
| Name of Registered Agent: Amy Bulpitt                   |
| Registered Agent Street Address: 4936 LaVerna Road      |
| 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                    |

File Number

5447-243-9



***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. JOSEPH'S HOSPITAL, BREESE, OF THE HOSPITAL SISTERS OF THE THIRD ORDER OF ST. FRANCIS, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 10, 1986, 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 #: 1925902044 verifiable until 09/16/2020  
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 16TH  
day of SEPTEMBER A.D. 2019 .***

*Jesse White*

SECRETARY OF STATE

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 #: 1917902236 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

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 08/30/2020  
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

**Site Ownership****[Provide this information for each applicable site]**

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

Address of Site Owner: 4936 LaVerna Road, Springfield, Illinois 62707

Street Address or Legal Description of the Site: 9515 Holy Cross Lane, Breese, Illinois 62230

**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.**

Placeholder for Site Ownership Documentation

Attestation Letter follows:



## Attachment 2

## Site Ownership Attestation Statement

My name is Chris Klay and I am the President and CEO of HSHS St. Joseph's Hospital, Breese.

I certify and attest that HSHS St. Joseph's Hospital, Breese, of the Hospital Sisters of the Third Order of St. Francis, owns the site and physical plant known as HSHS St. Joseph's Hospital, Breese, 9515 Holy Cross Lane, Breese, Illinois 62230.

Having personal knowledge of the facts attested to, in this sworn affidavit, I attest that all matters herein are truthful to the best of my knowledge and belief.

Attested by:

A handwritten signature in black ink, appearing to read 'C. Klay', written over a horizontal line.

Chris Klay  
President and CEO  
HSHS St. Joseph's Hospital, Breese

Notarization:

Subscribed and sworn to before me

this 10th day of October 2019  

 A handwritten signature in black ink, appearing to read 'Tara M. Peters', written over a horizontal line.

Signature of Notary

A handwritten signature in black ink, appearing to read 'Tara M. Peters', written over a horizontal line.

Printed Name

Seal

Seal



9515 Holy Cross Lane, Breese, IL 62230 • www.stjoebreese.com

**Operating Identity/Licensee (Per Certificate of Good Standing)**

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

Exact Legal Name: St. Joseph's Hospital, Breese, of the Hospital Sisters of the Third Order of St. Francis

Address: 9515 Holy Cross Lane, Breese, IL 62230

- |                                     |                           |                          |                     |                          |
|-------------------------------------|---------------------------|--------------------------|---------------------|--------------------------|
| <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 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 PAGE OF THE APPLICATION FORM.**

|                                                                                                                                                                                                                                                     |                         |                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|---------------------------------------------------------------------------------------|
|  <b>Illinois Department of</b>                                                                                                                                     |                         | HF 118212                                                                             |
| <b>PUBLIC HEALTH</b>                                                                                                                                                                                                                                |                         |                                                                                       |
| <b>LICENSE, PERMIT, CERTIFICATION, REGISTRATION</b>                                                                                                                                                                                                 |                         |                                                                                       |
| <small>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.</small> |                         |                                                                                       |
| <b>Ngozi O. Ezike, M.D.</b><br><b>Director</b>                                                                                                                                                                                                      |                         | <small>Issued under the authority of the Illinois Department of Public Health</small> |
| <small>EXPIRATION DATE</small>                                                                                                                                                                                                                      | <small>CATEGORY</small> | <small>I.D. NUMBER</small>                                                            |
| 6/30/2020                                                                                                                                                                                                                                           |                         | 0002527                                                                               |
| <b>General Hospital</b><br><br><b>Effective: 07/01/2019</b>                                                                                                                                                                                         |                         |                                                                                       |
| <b>St. Joseph's Hospital</b><br><b>9515 Holy Cross Ln</b><br><b>Breese, IL 62230</b>                                                                                                                                                                |                         |                                                                                       |
| <small>The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #18-493-001 10M 9/18</small>                                                                                                         |                         |                                                                                       |

File Number

5447-243-9

***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. JOSEPH'S HOSPITAL, BREESE, OF THE HOSPITAL SISTERS OF THE THIRD ORDER OF ST. FRANCIS, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 10, 1986, 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 #: 1925902044 verifiable until 09/16/2020  
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 16TH  
day of SEPTEMBER A.D. 2019 .***

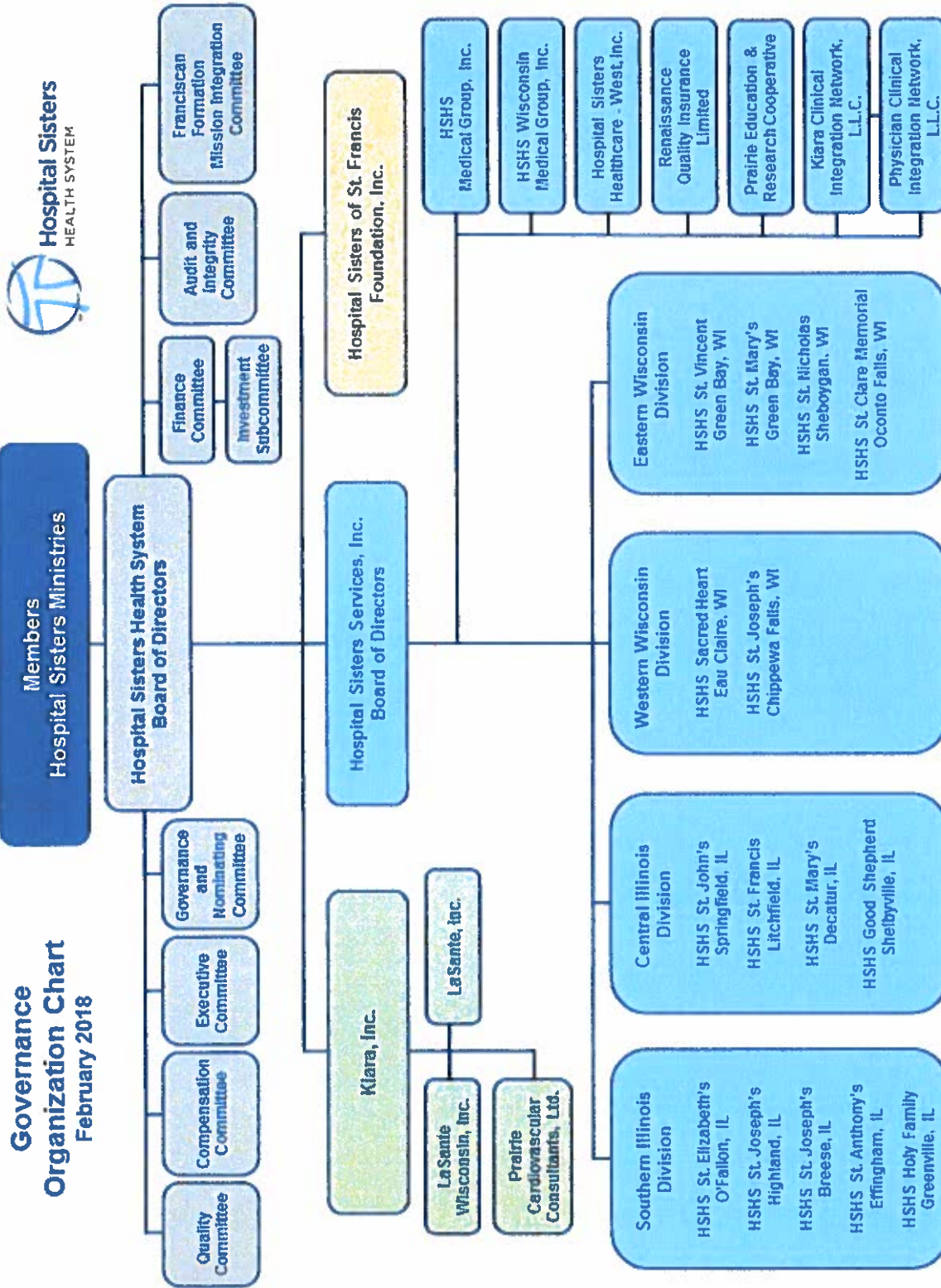
*Jesse White*

SECRETARY OF STATE

### 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.**



**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 AFTER THE LAST PAGE OF THE APPLICATION FORM.**

Section II -Discontinuation  
Criterion 1130.525 and  
Criterion 1110.290  
Attachment 51. Category of Service Discontinuation

St. Joseph's Hospital, Breese, of the Hospital Sisters of the Third Order of St. Francis proposes to discontinue its four (4) bed CON authorized Intensive Care Category of Service due to lack of utilization / demand.

2. Other Discontinue Clinical Services

No other clinical services will be discontinued as a result of this specific bed Category of Service discontinuation COE (See also response number 1, above)

3. Anticipated Discontinuation Date

The Intensive Care bed category of service will be discontinued on receiving approval from the Illinois Health Facilities and Services Review Board.

4. Physical Plant use and Equipment Disposition Post – Discontinuation

This Intensive Care bed category of service will be discontinued upon Illinois Health Facilities and Services Review Board approval. Post discontinuation, the equipment currently used for the Intensive Care services will be used internally at St. Joseph's Hospital, Breese or distributed to Affiliate Hospitals in the HSHS Southern Illinois Division. The Intensive Care Unit physical plant is currently being analyzed to determine the best use moving forward.

5. Medical Record Disposition

Operations at HSHS St. Joseph's Hospital, Breese will continue post-discontinuation of its Intensive Care bed category of service. The medical records for any respective patients will continue to be retained by the Hospital in accordance with Hospital policy.

6. IHFSRB and IDPH Filings

This requirement is not applicable in that the entire Hospital facility is not being discontinued, only the Intensive Care designated bed category of service.

7. Discontinuation Notification

See attached documentation

- Public Notice Attestation Letter
- Public Notice
- Provider Notification Letter
- Provider Notification Mailing List



Attachment 5  
COE to Discontinue ICU Bed Category of Service  
Section 1130.325, Public Notice

My name is Chris Klay, and I am the President and CEO of HSHS St. Joseph's Hospital, Breese.

I attest to the fact a public notice, on three consecutive publishing dates, will be published in the Breese Journal indicating our intent to discontinue the Hospital's four (4) bed Intensive Care Bed Category of Service. The Discontinuation Public Notice is included in Attachment 5, herein.

Once published, a copy of the notice, the publication dates, and general circulation statistics will be provided to the Illinois Health Facilities and Services Review Board.

Attested by: 

Chris Klay  
President and CEO  
HSHS St. Joseph's Hospital, Breese

Notarization:

Subscribed and sworn to before me

this 10th day of October 2019

Tara M. Peters

Printed Name

Tara M. Peters  
Signature of Notary

Seal



9515 Holy Cross Lane, Breese, IL 62230 • www.stjoebreese.com

80A SJ Breese ICU Disc. COE

10/7/2019 12:04 PM

31

Attachment 5

Discontinuation  
Attestation Statement



Public Notice  
Discontinue four (4) Bed Intensive Care 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. Joseph's Hospital, Breese, proposes to discontinue its four (4) bed Intensive Care Bed Category of Service effective upon approval by the State Agency at a regularly scheduled meeting.

9515 Holy Cross Lane, Breese, IL 62230 • [www.stjoebreese.com](http://www.stjoebreese.com)

80A SJ Breese ICU Disc. COE  
10/7/2019 12:04 PM

Attachment 5  
Discontinuation  
Public Notice

## Discontinuation Notification Letter to Providers

October 19, 2019

Individual

Hospital

Dear (insert),

In accordance with the Illinois Health Facilities and Services Review Board (IHFSRB) August 2019 Discontinuation Certificate of Exemption Application (COE), Attachments #5 & #7, the purpose of this letter is to advise you that HSHS St. Joseph's Hospital, Breese, will be filing a COE permit application to discontinue its four (4) bed Intensive Care Bed Category of Service. The anticipated discontinuation proposes to occur immediately upon approval by the IHFSRB.

As part of the IHFSRB requirements for discontinuation, we are sending you this intent notice letter. Please share with us any impact this change may have on your facility or programs. The following table summarizes our Intensive Care Bed Category of service utilization. As you will note, there has been no utilization in CY 2017 or 2018.

9515 Holy Cross Lane, Breese, IL 62230 • [www.stjoebreese.com](http://www.stjoebreese.com)

---

80A SJ Breese ICU Disc. COE  
10/7/2019 12:04 PM

---

33

---

Attachment 5  
Discontinuation  
Discontinuation Notification Letter

---

ICU Bed Utilization  
 HSHS St. Joseph's Intensive Care Beds  
 (Source: Published AHQ data for the respective period)

| <u>Period</u> | <u>Authorized<br/>Beds</u> | <u>Admissions</u> | <u>Patient Days</u> | <u>ADC</u> | <u>% Occupancy</u> |
|---------------|----------------------------|-------------------|---------------------|------------|--------------------|
| 2015          | 4                          | 5                 | 6                   | --         | 0.4%               |
| 2016          | 4                          | 3                 | 3                   | --         | 0.2%               |
| 2017          | 4                          | 0                 | 0                   | 0          | 0                  |
| 2018          | 4                          | 0                 | 0                   | 0          | 0                  |

We appreciate your assistance, and should you have any questions do not hesitate to contact me directly at 618-526-4511.

Sincerely,

Chris Klay  
 President and CEO  
 HSHS St. Joseph's Hospital, Breese

CC: Mary Starmann-Harrison, President and CEO, Hospital Sisters Health System  
 Amy Bulpitt, Vice President and General Counsel, Hospital Sisters Health System  
 Jill Tomich, Strategic Planning Manager, Hospital Sisters Health System

HSHS St. Joseph's Hospital, Breese  
Breese, Illinois

Contact Notification List  
Intensive Care Bed Category of Service Discontinuation  
COE Permit Application

Hospitals approximately 21 Miles from HSHS St. Joseph's Hospital, Breese  
September 16, 2019

Ms. Kelly Sager  
President and CEO  
HSHS Holy Family, Inc.  
200 Healthcare Drive  
Greenville, Illinois 62246

Phone: 618-526-4511

Ms. Patricia L. Fischer  
President and CEO  
HSHS St. Elizabeth's Hospital  
One St. Elizabeth's Boulevard  
O'Fallon, Illinois 62269

Phone: 618-234-2120

Mr. John Ludwig  
President and CEO  
HSHS St. Joseph's Hospital - Highland  
12866 Troxler Avenue  
Highland, Illinois 62249

Phone: 618-651-2600

Mr. Jeff Dosett  
Administrator  
Memorial Hospital – East  
1404 Cross Street  
Shiloh, Illinois 62269

Phone: 618-607-3200

Mr. Brian Monsma  
President  
Washington County Hospital & Medical Group  
705 South Grand Avenue  
Nashville, Illinois 62243

Phone: 618-327-2200

**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.**

Reasons for Discontinuation  
Documentation  
Attachment 6

Reasons for Discontinuation

The primary reason for discontinuation is the recent and anticipated future utilization of the intensive care beds at HSHS St. Joseph's Hospital, Breese.

The following table profiles the most recent historical utilization.

ICU Bed Utilization  
HSHS St. Joseph's Intensive Care Beds  
(Source: Published AHQ data for the respective period)

| <u>Period</u> | <u>Authorized<br/>Beds</u> | <u>Admissions</u> | <u>Patient Days</u> | <u>ADC</u> | <u>% Occupancy</u> |
|---------------|----------------------------|-------------------|---------------------|------------|--------------------|
| 2015          | 4                          | 5                 | 6                   | --         | 0.4%               |
| 2016          | 4                          | 3                 | 3                   | --         | 0.2%               |
| 2017          | 4                          | 0                 | 0                   | 0          | 0                  |
| 2018          | 4                          | 0                 | 0                   | 0          | 0                  |

**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.**

Please reference the following page.

Impact on Access

Section 1) The Intensive Care Bed Category of Service discontinuation is not anticipated to have an impact on access primarily due to the fact the utilization / demand for this bed Category of Service has diminished over the last four calendar years (2015 through 2018) and no demand is expected in the future. (See also the narrative, herein, as well as Attachment 5, the provider discontinuation notice letter.)

Section 2) Please see the attached.

1. Public Notice
2. Discontinuation Notification Letter
3. Discontinuation Notification Letter Recipients



Public Notice  
Discontinue four (4) Bed Intensive Care 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. Joseph's Hospital, Breese, proposes to discontinue its four (4) bed Intensive Care Bed Category of Service effective upon approval by the State Agency at a regularly scheduled meeting.

9515 Holy Cross Lane, Breese, IL 62230 • [www.stjoebreese.com](http://www.stjoebreese.com)



## Discontinuation Notification Letter to Providers

October 19, 2019

Individual

Hospital

Dear (insert),

In accordance with the Illinois Health Facilities and Services Review Board (IHFSRB) August 2019 Discontinuation Certificate of Exemption Application (COE), Attachments #5 & #7, the purpose of this letter is to advise you that HSHS St. Joseph's Hospital, Breese, will be filing a COE permit application to discontinue its four (4) bed Intensive Care Bed Category of Service. The anticipated discontinuation proposes to occur immediately upon approval by the IHFSRB.

As part of the IHFSRB requirements for discontinuation, we are sending you this intent notice letter. Please share with us any impact this change may have on your facility or programs. The following table summarizes our Intensive Care Bed Category of service utilization. As you will note, there has been no utilization in CY 2017 or 2018.

ICU Bed Utilization  
 HSHS St. Joseph's Intensive Care Beds  
 (Source: Published AHQ data for the respective period)

| <u>Period</u> | <u>Authorized<br/>Beds</u> | <u>Admissions</u> | <u>Patient Days</u> | <u>ADC</u> | <u>% Occupancy</u> |
|---------------|----------------------------|-------------------|---------------------|------------|--------------------|
| 2015          | 4                          | 5                 | 6                   | --         | 0.4%               |
| 2016          | 4                          | 3                 | 3                   | --         | 0.2%               |
| 2017          | 4                          | 0                 | 0                   | 0          | 0                  |
| 2018          | 4                          | 0                 | 0                   | 0          | 0                  |

We appreciate your assistance, and should you have any questions do not hesitate to contact me directly at 618-526-4511.

Sincerely,

Chris Klay  
 President and CEO  
 HSHS St. Joseph's Hospital, Breese

CC: Mary Starmann-Harrison, President and CEO, Hospital Sisters Health System  
 Amy Bulpitt, Vice President and General Counsel, Hospital Sisters Health System  
 Jill Tomich, Strategic Planning Manager, Hospital Sisters Health System

HSHS St. Joseph's Hospital, Breese  
Breese, Illinois

Contact Notification List  
Intensive Care Bed Category of Service Discontinuation  
COE Permit Application

Hospitals approximately 21 Miles from HSHS St. Joseph's Hospital, Breese  
September 16, 2019

Ms. Kelly Sager  
President and CEO  
HSHS Holy Family, Inc.  
200 Healthcare Drive  
Greenville, Illinois 62246

Phone: 618-526-4511

Ms. Patricia L. Fischer  
President and CEO  
HSHS St. Elizabeth's Hospital  
One St. Elizabeth's Boulevard  
O'Fallon, Illinois 62269

Phone: 618-234-2120

Mr. John Ludwig  
President and CEO  
HSHS St. Joseph's Hospital - Highland  
12866 Troxler Avenue  
Highland, Illinois 62249

Phone: 618-651-2600

Mr. Jeff Dosett  
Administrator  
Memorial Hospital – East  
1404 Cross Street  
Shiloh, Illinois 62269

Phone: 618-607-3200

Mr. Brian Monsma  
President  
Washington County Hospital & Medical Group  
705 South Grand Avenue  
Nashville, Illinois 62243

Phone: 618-327-2200

**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.**

## 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 |
|--------------------------------------|-------------|-------------------------|-----------------|---------------------------------------|
| 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

|                                                                                                                                                                                                                                                     |                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
|  <b>Illinois Department of</b> HF 118212<br><b>PUBLIC HEALTH</b>                                                                                                   |                                           |
| <b>LICENSE, PERMIT, CERTIFICATION, REGISTRATION</b>                                                                                                                                                                                                 |                                           |
| <small>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.</small> |                                           |
| <b>Ngozi O. Ezike, M.D.</b><br><b>Director</b>                                                                                                                                                                                                      |                                           |
| <small>Issued under the authority of the Illinois Department of Public Health</small>                                                                                                                                                               |                                           |
| <small>EXPIRATION DATE</small><br><b>6/30/2020</b>                                                                                                                                                                                                  | <small>CATEGORY</small><br><b>0002527</b> |
| <b>General Hospital</b><br><br><b>Effective: 07/01/2019</b>                                                                                                                                                                                         |                                           |
| <b>St. Joseph's Hospital</b><br><b>9515 Holy Cross Ln</b><br><b>Breese, IL 62230</b>                                                                                                                                                                |                                           |
| <small>The face of this license has a colored background. Printed by Authority of the State of Illinois • P.D. #19-493-001 10M 9/18</small>                                                                                                         |                                           |



July 24, 2019

Chris Klay  
President & CEO  
St. Joseph's Hospital - Hospital Sisters - Third Order of St. Francis  
9515 Holy Cross Lane  
Breeese, IL 62230

Joint Commission ID #: 7250  
Program: Hospital Accreditation  
Accreditation Activity: 60-day Evidence of Standards  
Compliance  
Accreditation Activity Completed : 7/24/2019

Dear Mr. Klay:

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 May 18, 2019 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 and Chief Nurse Executive  
Division of Accreditation and Certification Operations



# 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

October 11, 2019

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.

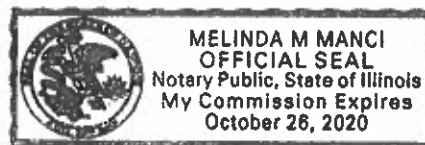
Sincerely,

  
Mary Starmann-Harrison  
President & CEO

Notarization:

Subscribed and sworn to before me on  
this 11<sup>th</sup> day of October 2019

  
Signature of Notary



File Number

5447-243-9



***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. JOSEPH'S HOSPITAL, BREESE, OF THE HOSPITAL SISTERS OF THE THIRD ORDER OF ST. FRANCIS, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 10, 1986, 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 #: 1925902044 verifiable until 09/16/2020  
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 16TH day of SEPTEMBER A.D. 2019 .***

*Jesse White*

SECRETARY OF STATE

#### **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.

**HSHS St. Joseph's Hospital, Breese, believes that this project will not materially impact on the ability of other providers or healthcare systems to subsidize safety net services in that the proposed Intensive Care bed category of service has not had any recent utilization. Hence, the market has already accommodated this utilization.**

**Safety Net Impact Statements shall also include all of the following: (See the following pages)**

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.

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

| <b>HSHS St. Joseph's Hospital, Breese</b>    |                  |                  |                  |                  |
|----------------------------------------------|------------------|------------------|------------------|------------------|
| <b>Safety Net Information per PA 96-0031</b> |                  |                  |                  |                  |
| <b>CHARITY CARE</b>                          |                  |                  |                  |                  |
| <b>Charity (# of patients)</b>               | <b>2015</b>      | <b>2016</b>      | <b>2017</b>      | <b>2018</b>      |
| Inpatient                                    | 49               | 44               | 72               | 67               |
| Outpatient                                   | 1,618            | 1,591            | 1,655            | 1,496            |
| <b>Total</b>                                 | <b>1,667</b>     | <b>1,635</b>     | <b>1,727</b>     | <b>1,563</b>     |
| <b>Charity (cost in dollars)</b>             |                  |                  |                  |                  |
| Inpatient                                    | \$113,159        | 131,979          | 153,248          | 87,272           |
| Outpatient                                   | 669,172          | 889,233          | 801,891          | 861,327          |
| <b>Total</b>                                 | <b>782,331</b>   | <b>1,021,212</b> | <b>955,189</b>   | <b>948,599</b>   |
| <b>MEDICAID</b>                              |                  |                  |                  |                  |
| <b>Medicaid (# of patients)</b>              | <b>2015</b>      | <b>2016</b>      | <b>2017</b>      | <b>2018</b>      |
| Inpatient                                    | 214              | 203              | 134              | 167              |
| Outpatient                                   | 10,801           | 11,107           | 8,034            | 7,221            |
| <b>Total</b>                                 | <b>11,015</b>    | <b>11,310</b>    | <b>8,168</b>     | <b>7,388</b>     |
| <b>Medicaid (revenue)</b>                    |                  |                  |                  |                  |
| Inpatient                                    | 538,726          | 674,649          | 1,036,583        | 939,187          |
| Outpatient                                   | 4,511,708        | 4,610,806        | 4,432,445        | 3,577,656        |
| <b>Total</b>                                 | <b>5,050,434</b> | <b>5,285,455</b> | <b>5,469,028</b> | <b>4,516,843</b> |

**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 |
| <b>Net Patient Revenue</b>       |      |      |      |
| 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.**

| HSHS St. Joseph's, Breese        |            |            |            |            |
|----------------------------------|------------|------------|------------|------------|
| CHARITY CARE                     |            |            |            |            |
|                                  | 2015       | 2016       | 2017       | 2018       |
| <b>Net Patient Revenue</b>       | 57,840,604 | 61,080,220 | 62,400,926 | 58,428,110 |
| Amount of Charity Care (charges) | 2,013,088  | 2,766,269  | 2,580,892  | 2,619,823  |
| Cost of Charity Care             | 782,331    | 1,021,212  | 955,189    | 948,599    |

| CHARITY CARE Hospital Sisters Health System Illinois Hospitals |                 |                 |                 |
|----------------------------------------------------------------|-----------------|-----------------|-----------------|
|                                                                | 2016            | 2017            | 2018            |
| <b>Net Patient Revenue</b>                                     | \$1,027,791,000 | \$1,090,209,000 | \$1,122,527,807 |
| 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  
INTENSIVE CARE UNIT (ICU)  
BED CATEGORY OF SERVICE

at

HSHS St. Joseph's Hospital, Breese  
Breese, Illinois

On behalf of

HSHS St. Joseph's Hospital, Breese, Illinois  
and  
Hospital Sisters Health System  
and  
Hospital Sisters Services, Inc.

October 11, 2019