

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

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Facility/Project Identification

Facility Name: OSF Saint Francis Medical Center–Discontinuation of Rehabilitation Category of Service		
Street Address: 530 N.E. Glen Oak Avenue		
City and Zip Code: Peoria 61637		
County: Peoria	Health Service Area 2	Health Planning Area: C-01

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

Exact Legal Name: OSF Healthcare System d/b/a OSF Saint Francis Medical Center
Street Address: 530 N.E. Glen Oak Avenue
City and Zip Code: Peoria 61637
Name of Registered Agent: Sister Theresa Ann Brazeau, OSF
Registered Agent Street Address: 1175 Saint Francis Lane
Registered Agent City and Zip Code: East Peoria 61611
Name of Chief Executive Officer: Robert C. Sehring
CEO Street Address: 800 N.E. Glen Oak Avenue
CEO City and Zip Code: Peoria 61603
CEO Telephone Number: 309-655-2850

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: Mark Hohulin
Title: Senior Vice President, Healthcare Analytics
Company Name: OSF Healthcare System
Address: 800 N.E. Glen Oak Avenue Peoria 61603
Telephone Number: 309-308-9656
E-mail Address: mark.e.hohulin@osfhealthcare.org
Fax Number: 309-308-0530

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

Name: Michael Henderson

Title: Senior Corporate Counsel

Company Name: OSF Healthcare System

Address: 800 N.E. Glen Oak Avenue Peoria, IL 61603

Telephone Number: 309-655-2590

E-mail Address: michael.b.henderson@osfhealthcare.org

Fax Number: 309-655-4847

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: Mark Hohulin

Title: Senior Vice President, Healthcare Analytics

Company Name: OSF Healthcare System

Address: 800 N.E. Glen Oak Avenue Peoria 61603

Telephone Number: 309-308-9656

E-mail Address: mark.e.hohulin@osfhealthcare.org

Fax Number: 309-308-0530

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: OSF Healthcare System

Address of Site Owner: 800 N.E. Glen Oak Avenue Peoria, IL 61603

Street Address or Legal Description of the Site: 530 N.E. Glen Oak Avenue Peoria, IL 61637

Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease, or a lease.

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

Operating Identity/Licensee

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

Exact Legal Name: OSF Healthcare System d/b/a Saint Francis Medical Center

Address: 800 N.E. Glen Oak Avenue Peoria, IL 61603



Non-profit Corporation



For-profit Corporation



Limited Liability Company



Other



Partnership



Governmental



Sole Proprietorship



- Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.
- Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.
- **Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.**

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

Organizational Relationships

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

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

Narrative Description

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

OSF Healthcare Saint Francis Medical Center (SFMC), 530 N.E. Glen Oak Avenue, Peoria, Illinois, 61637, proposes to discontinue its twenty-seven (27) bed, in-patient Comprehensive Physical Rehabilitation unit. There is no capitalized project cost associated with the proposed Comprehensive Physical Rehabilitation Category of Service discontinuation.

The Comprehensive Physical Rehabilitation beds will be transitioned and established at the Greater Peoria Specialty Hospital upon approval of the additional CON application that has been recently submitted.

The co-applicants request that this Certificate of Exemption for discontinuation be coordinated with the review of, and contingent upon the approval of, the Certificate of Need permit application to establish a Comprehensive Physical Rehabilitation unit at Greater Peoria Specialty Hospital. The Comprehensive Physical Rehabilitation category of service will be discontinued upon the completion of modernization/construction and opening of the new unit at Greater Peoria Specialty Hospital on or before September 2022.

This is a substantive project in that it proposes discontinuation of a Bed Category of Service.

Project Status and Completion Schedules

Outstanding Permits: Does the facility have any projects for which the State Board issued a permit that is not complete? Yes 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.

18-032 OSF Little Company of Mary Medical Center – ED Renovation – Yes

19-057 OSF Saint Francis Medical Center-Comprehensive Cancer Center/Proton Beam - No

E-004-21 OSF Healthcare System/Julia Rackley Perry Memorial Hospital Change of Ownership - Yes

Anticipated exemption completion date (refer to Part 1130.570): on or before September 2022

State Agency Submittals [Section 1130.620(c)]

Are the following submittals up to date as applicable:

☒ Cancer Registry

☒ APORS

☒ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted

☒ All reports regarding outstanding permits

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

CERTIFICATION

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

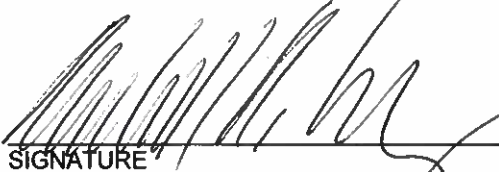
- in the case of a corporation, any two of its officers or members of its Board of Directors;
- in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
- in the case of a partnership, two of its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

This Application is filed on the behalf of **OSF Healthcare 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.


SIGNATURE

Robert C. Sehring
PRINTED NAME

Chief Executive Officer
PRINTED TITLE


SIGNATURE

Michael A. Cruz
PRINTED NAME

Central Region, Chief Executive Officer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 15th day of April 2021


Signature of Notary

Seal

*Insert the EXACT legible seal of the applicant
TONDA L. STEWART
Notary Public - State of Illinois
My Commission Expires Sep 18, 2024

Notarization:
Subscribed and sworn to before me
this 15th day of April 2021


Signature of Notary

Seal

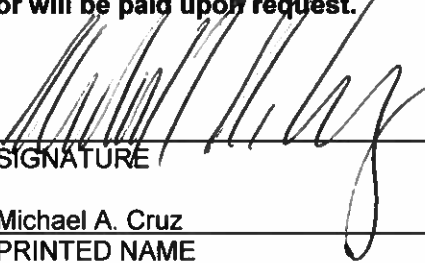
TONDA L. STEWART
OFFICIAL SEAL
Notary Public - State of Illinois
My Commission Expires Sep 18, 2024

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 OSF Saint Francis Medical Center* 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
 Michael A. Cruz
 PRINTED NAME


Central Region, Chief Executive Officer
 PRINTED TITLE


 SIGNATURE
 Robert G. Anderson
 PRINTED NAME

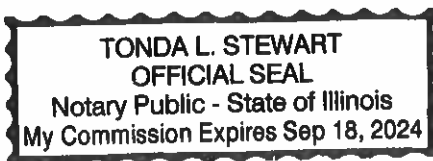
President
 PRINTED TITLE

Notarization:

Subscribed and sworn to before me
 this 15th day of April, 2021



 Signature of Notary

Seal

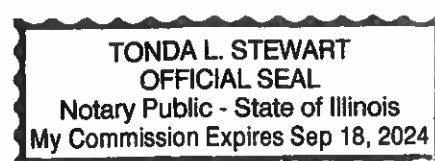


Notarization:

Subscribed and sworn to before me
 this 12th day of April, 2021


 Signature of Notary

Seal



*Insert the EXACT legal name of the applicant

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.

REASONS FOR DISCONTINUATION

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

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

IMPACT ON ACCESS

1. Document whether or not the discontinuation will have an adverse effect upon access to care for residents of the facility's market area.
2. Provide copies of notification letters sent to other resources or health care facilities that provide the same services as those proposed for discontinuation. The notification letter must include at least the anticipated date of discontinuation and the total number of patients that received care or the number of treatments provided during the latest 24 months.

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

SECTION III. BACKGROUND

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.
2. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application.
3. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**
4. If, during a given calendar year, an applicant submits more than one application for permit or exemption, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest that the information was previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

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

SECTION IV. SAFETY NET IMPACT STATEMENT

SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL PROJECTS TO DISCONTINUE A 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
Inpatient			
Outpatient			
Total			

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

SECTION V. CHARITY CARE INFORMATION

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

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

A table in the following format must be provided for all facilities as part of Attachment 10.

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

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

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

INDEX OF ATTACHMENTS			
ATTACHMENT NO.			PAGES
1	Applicant Identification including Certificate of Good Standing		14-15
2	Site Ownership		16
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.		17
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.		18
5	Discontinuation General Information Requirements		19-21
6	Reasons for Discontinuation		22
7	Impact on Access		23-24
8	Background of the Applicant		25-30
9	Safety Net Impact Statement		31-32
10	Charity Care Information		33

Certificate of Good Standing for OSF Saint Francis Medical Center

File Number

0107-414-8



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

OSF HEALTHCARE SYSTEM, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 02, 1880, ADOPTED THE ASSUMED NAME OSF SAINT FRANCIS MEDICAL CENTER ON APRIL 16, 2020, 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 #: 2106100382 verifiable until 03/02/2022
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 2ND
day of MARCH A.D. 2021 .**

Jesse White

SECRETARY OF STATE

Certificate of Good Standing for OSF Healthcare System

File Number

0107-414-8



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

OSF HEALTHCARE SYSTEM, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 02, 1880, 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 #: 2018801020 verifiable url: 07/06/2021

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 6TH day of JULY A.D. 2020 .

A handwritten signature in cursive script that reads "Jesse White".

SECRETARY OF STATE

Proof of Site of Ownership

I, Robert C. Sehring, do hereby attest the site of OSF Saint Francis Medical Center, which is located at 530 N.E. Glen Oak Avenue, Peoria, Illinois is owned by OSF Healthcare System.



Robert C. Sehring, CEO
OSF Healthcare System

Certificate of Good Standing for OSF Saint Francis Medical Center

File Number

0107-414-8



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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

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Authentication #: 2106100382 verifiable until 03/02/2022
Authenticate at: <http://www.cyberdriveillinois.com>

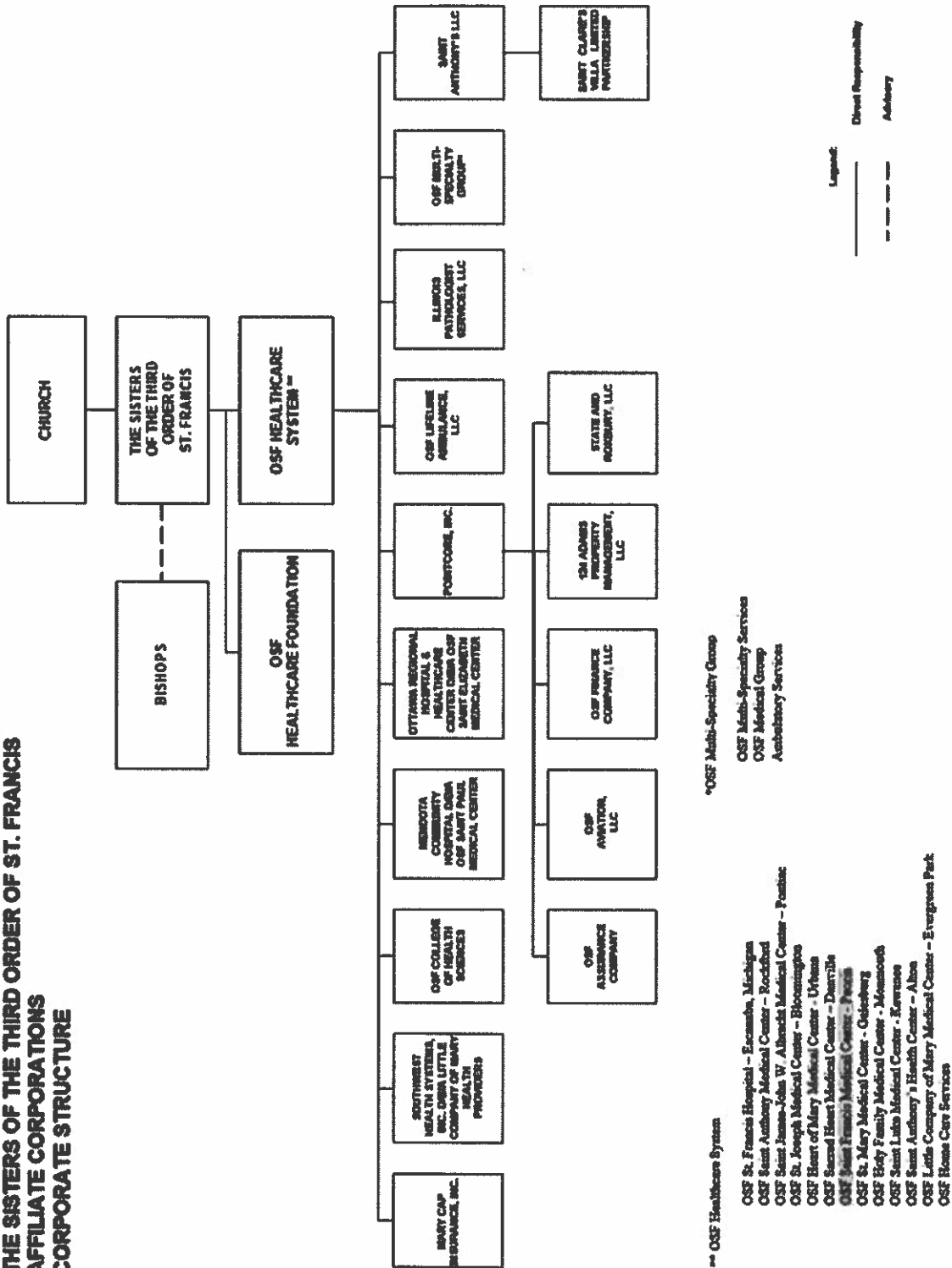
In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 2ND day of MARCH A.D. 2021 .

Jesse White

SECRETARY OF STATE

Organizational Chart

THE SISTERS OF THE THIRD ORDER OF ST. FRANCIS
AFFILIATE CORPORATIONS
CORPORATE STRUCTURE



DISCONTINUATION**GENERAL INFORMATION REQUIREMENTS**

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

OSF Saint Francis Medical Center proposes to discontinue the twenty-seven (27) bed Comprehensive Physical Rehabilitation category of service and will transition and be established at the Greater Peoria Specialty Hospital contingent upon the approval of the Certificate of Need permit application to establish a Comprehensive Physical Rehabilitation unit at Greater Peoria Specialty Hospital.

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

No other clinical services will be discontinued as part of this project.

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

On or before September 2022.

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

OSF Saint Francis Medical Center is evaluating the change in operations. At this time, OSF Saint Francis Medical Center is exploring the need for additional private med/surg beds within our current licensed beds available and/or observation beds in this location.

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.


OSF Saint Francis Medical Center distributed a classified ad to the Peoria Journal Star. The classified ad was published April 1-3, 2021. See attestation and copy of the notice in Attachment 5.

OSF Healthcare System d/b/a OSF Saint Francis Medical Center does hereby attest that the required notice of the category of service discontinuation/relocation (see below) was sent to the Peoria Journal Star and published for three (3) consecutive dates.

Public Notice/Classifieds


OSF Saint Francis Medical (OSF SFMC) in Peoria, Illinois intends to discontinue the Comprehensive Physical Rehabilitation licensed bed "category of service" for its twenty-seven (27) bed inpatient Comprehensive Physical Rehabilitation unit after approval to do so is issued by the Illinois Health Facilities and Services Review Board (IHFSRB). OSF intends to submit the required Certificate of Exemption application to the IHFSRB in the near future and a copy of it can be found, after the application is deemed complete, on the IHFSRB website at <https://www2.illinois.gov/sites/hfsrb/Projects/Pages/CompApps.aspx>. The OSF SFMC Comprehensive Physical Rehabilitation unit will be transitioned and established at the Greater Peoria Specialty Hospital located at 500 West Romeo B. Garrett Avenue, in Peoria Illinois upon approval of a Certificate of Need application by the IHFSRB. Anticipated discontinuation of the OSF SFMC Comprehensive Physical Inpatient Rehabilitation service is expected to occur after completion of construction/renovation at the Greater Peoria Specialty Hospital location, which would be no later than September, 2022.

For further information, please contact Robert Anderson at 309-655-7796 at OSF Saint Francis Medical Center.

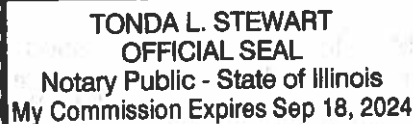

Robert G. Anderson, President

Subscribed and sworn to before me

This 12th day of April, 2021


Notary Public

<seal>



Classified Ad – Published April 1, 2, 3, 2021

Online Version

Peoria Area Classifieds

Local listings from: Journal Star, Pekin Times, Chillicothe Times Bulletin, East Peoria Times Courier, Woodford Times, Washington Times, Morton Times News, Pontiac Daily Leader



OSF Saint Francis Medical (OSF SFMC) in Peoria, Illinois intends to discontinue the Comprehensive Physical Rehabilitation licensed bed category of service for its twenty-seven (27) bed inpatient Comprehensive Physical Rehabilitation unit after approval to do so is issued by the Illinois Health Facilities and Services Review Board (IHFSRB). OSF intends to submit the required Certificate of Exemption application to the IHFSRB in the near future and a copy of it can be found, after the application is deemed complete, on the IHFSRB website at <https://www2.illinois.gov/sites/hfsrb/Projects/Pages/CompApps.aspx>. The OSF SFMC Comprehensive Physical Rehabilitation unit will be transitioned and established at the Greater Peoria Specialty Hospital located at 500 West Romeo B. Garrett Avenue, in Peoria Illinois upon approval of a Certificate of Need application by the IHFSRB. Anticipated discontinuation of the OSF SFMC Comprehensive Physical Inpatient Rehabilitation service is expected to occur after completion of construction/renovation at the Greater Peoria Specialty Hospital location, which would be no later than September, 2022. For further information, please contact Robert Anderson at 309-655-7796 at OSF Saint Francis Medical Center.

Post Date: 04/01 12:00 AM

Refcode: stjstar.com 4721687 Print



Paper Version

Legal Notices		
Legal Notice	Legal Notice	Legal Notice
<p>OSF Saint Francis Medical (OSF SFMC) in Peoria, Illinois intends to discontinue the Comprehensive Physical Rehabilitation licensed bed "category of service" for its twenty-seven (27) bed inpatient Comprehensive Physical Rehabilitation unit after approval to do so is issued by the Illinois Health Facilities and Services Review Board (IHFSRB). OSF intends to submit the required Certificate of Exemption application to the IHFSRB in the near future and a copy of it can be found, after the application is deemed complete, on the IHFSRB website at https://www2.illinois.gov/sites/hfsrb/Projects/Pages/CompApps.aspx. The OSF SFMC Comprehensive Physical Rehabilitation unit will be transitioned and established at the Greater Peoria Specialty Hospital located at 500 West Romeo B. Garrett Avenue, in Peoria Illinois upon approval of a Certificate of Need application by the IHFSRB. Anticipated discontinuation of the OSF SFMC Comprehensive Physical Inpatient Rehabilitation service is expected to occur after completion of construction/renovation at the Greater Peoria Specialty Hospital location, which would be no later than September, 2022. For further information, please contact Robert Anderson at 309-655-7796 at OSF Saint Francis Medical Center.</p>		

Attachment 5

REASONS FOR DISCONTINUATION

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

The OSF Saint Francis Medical Center Comprehensive Physical Rehabilitation unit will be transitioned and established at the Greater Peoria Specialty Hospital located at 500 West Romeo B. Garrett Avenue, in Peoria Illinois upon approval of a Certificate of Need application by the IHFSRB.

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.

There will not be an adverse effect upon access to care since the service being discontinued at OSF Saint Francis Medical Center will be transitioned and available at Greater Peoria Specialty Hospital in the same community. Subject to approval by the Health Facilities and Services Review Board, the unit being established at Greater Peoria Specialty Hospital will be a 29 bed unit. Accordingly, there is no reduction of services due to the discontinuation of the service at OSF Saint Francis Medical Center. The service at OSF Saint Francis Medical Center will not be closed until the opening of the new unit at Greater Peoria Specialty Hospital.

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.

Impact notification letters were sent to facilities, with Comprehensive Physical Rehabilitation beds, within C-01 Hospital Planning Area and near OSF Saint Francis Medical Center on March 29, 2021.

See Attachment 7.

Impact Letter of Notification



March 29, 2021

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Keith Knepp, MD
Regional President and CEO
UnityPoint Methodist Medical Center
221 Northeast Glen Oak Avenue
Peoria, IL 61636

Dear Dr. Knepp:

Per Section 1110.110 of Title 77 of the Illinois Administrative Code, we are sending this impact letter to inform you that OSF Saint Francis Medical Center plans to file a Certificate of Exemption (COE) with the Illinois Health Facilities and Review Board (IHFSRB) for discontinuation of our 27-bed Comprehensive Physical Inpatient Rehabilitation beds category of service. OSF intends to submit the required COE application to the IHFSRB in the near future. The OSF SFMC Comprehensive Physical Rehabilitation unit will be transitioned and established at the Greater Peoria Specialty Hospital located at 500 West Romeo B. Garrett Avenue, in Peoria Illinois upon approval of a Certificate of Need application by the IHFSRB. Anticipated discontinuation of the OSF SFMC Comprehensive Physical Inpatient Rehabilitation service is expected to occur after completion of construction/renovation at the Greater Peoria Specialty Hospital location, which would be no later than September, 2022.

If you have any questions, please direct them to my attention at 309-655-7796 or email Robert.G.Anderson@osfhealthcare.org.

Sincerely,

Robert Anderson
President

OSF HealthCare Saint Francis Medical Center | 530 NE Glen Oak Avenue, Peoria, IL 61637 | (309) 655-2000

<p>RECEIVED COMPLETE TO THIS SECTION</p> <p>1. Complete items 1, 2, and 3. 2. Print your name and address on the reverse so that we can return the card to you. 3. Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>4. Attach to mailpiece as:</p> <p>Keith Knepp, MD Regional President & CEO UnityPoint Methodist Medical Center 221 Northeast Glen Oak Avenue Peoria, IL 61636</p> <p>0600 8403 0038 5163 0001 16</p> <p>5. Address Number (Separate from service label) 7014 2870 0000 9489 4074</p> <p>PS Form 3811, April 2016 PSN 7530-02-000-9003</p>		<p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature <i>[Signature]</i> B. Date 3/31/21</p> <p>C. Agent <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>E. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Certified Mail Signature <input type="checkbox"/> Certified Mail Signature Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery <input type="checkbox"/> Registered Mail <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Registered Mail Signature <input type="checkbox"/> Registered Mail Signature Restricted Delivery <input type="checkbox"/> Signature Confirmation <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p>F. Return Receipt for Mailpiece <input type="checkbox"/> Return Receipt for Mailpiece <input type="checkbox"/> Return Receipt for Mailpiece with Signature</p> <p>Domestic Return Receipt</p>
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Attachment 7

BACKGROUND OF APPLICANT

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable. **See Attachment 8**
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. **See Attachment 8**
3. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB. **See Attachment 8.**
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.

Background of Applicant**OSF Healthcare System List of Facilities in Illinois****OSF HealthCare Holy Family Medical Center**

1000 W. Harlem Avenue
 Monmouth, Illinois 61462
 License #: 0005439, Expiration 4/11/22
 JCAHO: Critical Access Hospital-no JCAHO Certificate

OSF HealthCare Saint Francis Medical Center

530 NE Glen Oak Avenue
 Peoria, Illinois 61637
 License #: 0002394, Expiration 12/31/21
 JCAHO: 2/1/20, 36 months:

OSF HealthCare Saint Anthony's Health Center

One Saint Anthony's Way
 Alton, Illinois 62002-0340
 License #: 0005942, Expiration 10/31/21
 JCAHO: 12/2/17, 36 months: Due to Pandemic, has not been surveyed.

OSF HealthCare Saint James-John W. Albrecht Medical Center

2500 W. Reynolds Street
 Pontiac, Illinois 61764
 License #: 0005264, Expiration 3/2/22
 JCAHO: 12/20/2019, 36 months

OSF HealthCare St. Joseph Medical Center

2200 E. Washington Street
 Bloomington, Illinois 61701
 License #: 0002535, Expiration 12/31/21
 JCAHO: 12/14/19, 36 months

OSF HealthCare Saint Anthony Medical Center

5666 E. State Street
 Rockford, Illinois 61108-2472
 License #: 0002253, Expiration 12/31/21
 JCAHO: 11/23/19, 36 months

OSF HealthCare Saint Luke Medical Center

1051 West South Street
 Kewanee, Illinois 61443
 License #: 0005926, Expiration 3/31/22
 JCAHO: Critical Access Hospital-no JCAHO Certificate

OSF HealthCare Saint Elizabeth Medical Center

1100 E. Norris Drive
 Ottawa, Illinois 61350
 License #: 0005520, Expiration 5/14/22
 JCAHO: 7/17/20, 36 months

OSF Healthcare System List of Facilities in Illinois Continued**OSF HealthCare St. Mary Medical Center**

3333 N. Seminary Street
Galesburg, Illinois 61401
License #: 0002675, Expiration 12/31/21
JCAHO: 11/1/2019, 36 months

OSF HealthCare Saint Paul Medical Center

1401 E. 12th Street
Mendota, Illinois 61342
License #: 0005819, Expiration 12/6/21
JCAHO: Critical Access Hospital-no JCAHO Certificate

OSF Healthcare Sacred Heart Medical Center

812 N. Logan Avenue
Danville, Illinois 61832
License #: 0006072, Expiration 2/1/22
JCAHO: 2/28/20, 36 months

OSF HealthCare Heart of Mary Medical Center

1400 W. Park Street
Urbana, Illinois 61801
License #: 0006080, Expiration 2/1/22
JCAHO: 6/3/17, 36 months: Due to Pandemic, has not been surveyed.


OSF Saint Elizabeth Medical Center Freestanding Emergency Center

111 Spring Street
Streator, Illinois 61364
License #: 22006, Expiration 8/8/21
JCAHO: 7/17/20, 36 months (included with Saint Elizabeth Medical Center)

OSF Little Company of Mary Medical Center

2800 W. 95th Street
Evergreen Park, Illinois 60805
License #: 0006163, Expiration 1/31/22
JCAHO: 4/27/19, 36 months

Background of Applicant

 Illinois Department of HF 121516 PUBLIC HEALTH		
LICENSE, PERMIT, CERTIFICATION, REGISTRATION		
<p>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.</p>		
Ngozi O. Ezike, M.D. Director		Issued under the authority of the Illinois Department of Public Health
EXPIRATION DATE	CATEGORY	LIZ NUMBER
12/31/2021		0002394
General Hospital Effective: 01/01/2021		
Saint Francis Medical Center 530 North East Glen Oak Ave Peoria, IL 61637		
<small>The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #19-463-001 10/19/18</small>		

Background of Applicant



March 5, 2021

Robert Anderson, MS, MT (FACHE)
President
OSF HealthCare Saint Francis Medical Center
530 NE Glen Oak Avenue
Peoria, IL 61637

Joint Commission ID #: 7410
Program: Hospital Accreditation
Accreditation Activity: Unannounced Medicare Deficiency
Survey
Accreditation Activity Completed : 2/24/2021

Dear Mr. Anderson:

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 February 1, 2020 and is customarily valid for up to 36 months. Please note, The Joint Commission reserves the right to shorten the duration of the cycle.

Please note, if your survey was conducted off-site (virtually): Your organization may be required to undergo an on-site survey once The Joint Commission has determined that conditions are appropriate to conduct on-site survey activity.

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,

A handwritten signature in dark ink, appearing to read "Mark Pelletier".

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

Background of Applicant

OSF Healthcare System does hereby attest no adverse action, as that term is defined in the rules of the Illinois Health Facilities and Services Review Board, has been taken against it in the three (3) years preceding this application.

In addition, it authorizes the HFSRB and IDPH to access information necessary to verify information submitted in this application.


Robert C. Sehring, CEO

Subscribed and sworn to before me

This 15th day of April, 2021


Notary Public

<seal>



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

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

OSF Saint Francis Medical Center believes that there will not be an impact on essential safety net services in the community when we discontinue services. When we discontinue the Comprehensive Physical Rehabilitation service, the same service and beds will be transitioned to another facility in the community upon approval of another CON.

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.

OSF Saint Francis Medical Center believes that this project will not 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.

OSF Saint Francis Medical Center believes that this project will not impact the ability of other providers or health care systems to subsidize safety net services.

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

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

See safety net chart below. Note that the chart in this Attachment 9 indicates the amount of charity care provided by OSF Saint Francis Medical Center. Charity care information pertaining to OSF Saint Francis Medical Center and OSF Healthcare System as a whole are included in Attachment 10.

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

See safety net chart below. Note that the chart in this Attachment 9 indicates the amount of Medicaid care provided by OSF Saint Francis Medical Center.

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

OSF Saint Francis Medical believes that the available supply of Comprehensive Physical Rehabilitation Beds near Peoria, Illinois, Peoria County Planning Area, and the Health Service Area 2 are sufficient to ensure that residents of these areas will continue to have access to these services.

Safety Net Information

Safety Net Information per PA 96-0031 For OSF Saint Francis Medical Center			
CHARITY CARE			
Charity (# of patients)	2018	2019	2020
Inpatient	513	439	480
Outpatient	5,413	6,526	6,875
Total	5,926	6,965	7,355
Charity (cost in dollars)			
Inpatient	\$8,138,124	\$9,026,663	\$10,032,763
Outpatient	\$5,842,609	\$6,509,545	\$7,723,004
Total	\$13,980,733	\$15,536,208	\$17,755,767
MEDICAID			
Medicaid (# of patients)	2018	2019	2020
Inpatient	7,729	7,521	5,928
Outpatient	143,832	143,696	106,633
Total	151,561	151,217	112,561
Medicaid (revenue)			
Inpatient	\$172,203,812	\$157,354,486	\$173,054,135
Outpatient	\$53,004,931	\$79,777,112	\$47,868,670
Total	\$225,208,743	\$237,131,598	\$220,922,805

Charity Care

CHARITY CARE – OSF Healthcare System			
	2018	2019	2020
Net Patient Revenue	\$2,321,396,516	\$2,410,772,560	\$2,383,901,200
Amount of Charity Care (charges)	\$145,025,489	\$180,316,461	\$201,864,109
Cost of Charity Care	\$30,452,288	\$36,706,092	\$41,284,835

CHARITY CARE – OSF Saint Francis Medical Center			
	2018	2019	2020
Net Patient Revenue	\$1,134,041,090	\$1,165,697,011	\$1,105,603,908
Amount of Charity Care (charges)	\$72,068,503	\$80,086,733	\$92,237,752
Cost of Charity Care	\$13,980,733	\$15,536,208	\$17,755,767