

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR CHANGE OF OWNERSHIP EXEMPTION**

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name:	Harrisburg Medical Center		
Street Address:	100 Dr. Warren Tuttle Drive		
City and Zip Code:	Harrisburg 62946-2718		
County:	Saline	Health Service Area:	5
		Health Planning Area:	F-05

Legislators

State Senator Name:	Sen. Dale Fowler
State Representative Name:	Rep. Patrick Windhorst

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

Exact Legal Name:	Southern Illinois Hospital Services
Street Address:	1239 E. Main Street, P.O. Box 3988
City and Zip Code:	Carbondale 62902-3988
Name of Registered Agent:	Mr. John R. Daly
Registered Agent Street Address:	1239 E. Main Street, P.O. Box 3988
Registered Agent City and Zip Code:	Carbondale 62902-3988
Name of Chief Executive Officer:	Mr. Rex P. Budde, President & Chief Executive Officer
CEO Street Address:	1239 E. Main Street, P.O. Box 3988
CEO City and Zip Code:	Carbondale 62902-3988
CEO Telephone Number:	618-457-5200 X67100

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:	Mr. Philip L. Schaefer, FACHE
Title:	Senior Vice President, Ambulatory Services & Chief Care Network Officer
Company Name:	Southern Illinois Healthcare
Address:	1239 E. Main Street, P.O. Box 3988, Carbondale, IL 62902-3988
Telephone Number:	618-457-5200 X67961
E-mail Address:	phil.schaefer@sih.net
Fax Number:	618-529-0568

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
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State Senator Name:	Sen. Dale Fowler
State Representative Name:	Rep. Patrick Windhorst

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

Exact Legal Name:	Harrisburg Medical Center, Inc.
Street Address:	100 Dr. Warren Tuttle Drive
City and Zip Code:	Harrisburg 62946-2718
Name of Registered Agent:	Mr. Donald Hutson, FACHE
Registered Agent Street Address:	100 Dr. Warren Tuttle Drive
Registered Agent City and Zip Code:	Harrisburg 62946-2718
Name of Chief Executive Officer:	Mr. Donald Hutson, FACHE, President & Chief Executive Officer
CEO Street Address:	100 Dr. Warren Tuttle Drive
CEO City and Zip Code:	Harrisburg 62946-2718
CEO Telephone Number:	618-253-7671 X 10288

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

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Exact Legal Name:	Southern Illinois Healthcare Enterprises, Inc.
Street Address:	1239 E. Main Street, P.O. Box 3988
City and Zip Code:	Carbondale 62902-3988
Name of Registered Agent:	Mr. John R. Daly
Registered Agent Street Address:	1239 E. Main Street, P.O. Box 3988
Registered Agent City and Zip Code:	Carbondale 62902-3988
Name of Chief Executive Officer:	Mr. Rex P. Budde, President & Chief Executive Officer
CEO Street Address:	1239 E. Main Street, P.O. Box 3988
CEO City and Zip Code:	Carbondale 62902-3988
CEO Telephone Number:	618-457-5200 X67100

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

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☐ 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.

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ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
CHANGE OF OWNERSHIP APPLICATION FOR EXEMPTION- 04/2021 Edition

Additional Contact [Person who is also authorized to discuss the Application]

Name:	Ms. Cathy Blythe
Title:	System Director, Strategic Services
Company Name:	Southern Illinois Healthcare
Address:	1239 E. Main Street, P.O. Box 3988, Carbondale, IL 62902-3988
Telephone Number:	618-457-5200 X67963
E-mail Address:	cathy.blythe@sih.net
Fax Number:	618-529-0568

Additional Contact [Person who is also authorized to discuss the Application]

Name:	Ms. Andrea R. Rozran
Title:	President
Company Name:	Diversified Health Resources, Inc.
Address:	1209 N. Astor St., Chicago, IL 60610-2655
Telephone Number:	312-266-0466
E-mail Address:	arozran@diversifiedhealth.net
Fax Number:	N/A

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:	Ms. Cathy Blythe
Title:	System Director, Strategic Services
Company Name:	Southern Illinois Healthcare
Address:	1239 E. Main Street, P.O. Box 3988, Carbondale, IL 62902-3988
Telephone Number:	618-457-5200 X67963
E-mail Address:	cathy.blythe@sih.net
Fax Number:	618-529-0568

Site Ownership after the Project is Complete

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:	Harrisburg Medical Center, Inc.
Address of Site Owner:	100 Dr. Warren Tuttle Drive, Harrisburg, IL 62946-2718
Street Address or Legal Description of the Site:	Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease, or a lease.
APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

Current Operating Identity/Licensee

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

Exact Legal Name:	Harrisburg Medical Center, Inc.		
Address:	100 Dr. Warren Tuttle Drive, Harrisburg, IL 62946-2718		
<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"/>	
<input type="checkbox"/> Other			

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Operating Identity/Licensee after the Project is Complete

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

Exact Legal Name: Harrisburg Medical Center, Inc.	
Address: 100 Dr. Warren Tuttle Drive, Harrisburg, IL 62946-2718	
<input checked="" type="checkbox"/> Non-profit Corporation <input type="checkbox"/> For-profit Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Other	<input type="checkbox"/> Partnership <input type="checkbox"/> Governmental <input type="checkbox"/> Sole Proprietorship
<ul style="list-style-type: none"> 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 change of ownership. 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.

This transaction is a change in membership of Harrisburg Medical Center, Inc., a not-for-profit corporation that is the licensed entity of Harrisburg Medical Center, a 77-bed general hospital in Harrisburg, Illinois.

Harrisburg Medical Center, Inc., an Illinois not-for-profit corporation, is affiliating with and becoming part of Southern Illinois Hospital Services, an Illinois not-for-profit corporation, which is the controlling member or shareholder of certain affiliated healthcare organizations in Southern Illinois.

As part of this affiliation, Southern Illinois Hospital Services will honor and extend its mission and values to the communities served by Harrisburg Medical Center, Inc.

When this transaction is completed, Southern Illinois Hospital Services will become the sole corporate member of Harrisburg Medical Center, Inc. Southern Illinois Healthcare Enterprises, Inc., an Illinois not-for-profit corporation, is the sole corporate member of Southern Illinois Hospital Services.

Harrisburg Medical Center, Inc., is the sole corporate member of Harrisburg Medical Center (the hospital), the Harrisburg Medical Center Foundation, and other related health care businesses. No changes in ownership or liabilities will occur as a result of this affiliation.

As a result of this affiliation, the bylaws of Harrisburg Medical Center, Inc., will be amended to include at least two (2) board members from Southern Illinois Hospital Services, and the bylaws of Southern Illinois Hospital Services will be amended to include at least one (1) board member who is a resident of Harrisburg Medical Center's service area, nominated by its Board of Directors, and appointed by Southern Illinois Hospital Services.

The purchase price of this transaction will be \$0.

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Related Project Costs

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

Land acquisition is related to project ☐ Yes ☒ No
Purchase Price: \$ _____
Fair Market Value: \$ _____

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 X_. 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.

Anticipated exemption completion date (refer to Part 1130.570): The transaction will close by June 30, 2021, unless the Certificate of Exemption has not been approved and a new license, if required, has not been issued by that date.
If the Certificate of Exemption is not approved and a new license, if required, has not been issued by June 30, 2021, the transaction will close within 7 days after the applicants are notified of those approvals.

State Agency Submittals

Are the following submittals up to date as applicable:

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

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 Southern Illinois Hospital Services

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

Rex P. Budde
PRINTED NAME

President & CEO
PRINTED TITLE



SIGNATURE

Michael Kasser
PRINTED NAME

SVP/CFO/Treasurer
PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 25th day of May 2021



Signature of Notary

Seal

"OFFICIAL SEAL"
Valerie K Cawvey
Notary Public, State of Illinois
My Commission Expires 11/9/21
*Insert the Official Seal of the Applicant

Notarization:

Subscribed and sworn to before me
this 25th day of May 2021



Signature of Notary

Seal

"OFFICIAL SEAL"
Valerie K Cawvey
Notary Public, State of Illinois
My Commission Expires 11/9/21

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- 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 Harrisburg Medical Center, 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.

Dennis Murphy
SIGNATURE

DENNIS MURPHY
PRINTED NAME

CHAIRMAN OF BOARD
PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 1st day of June 2021

Angela S. Young
Signature of Notary

Seal 

*Insert the EXACT legal name of the applicant

Michael Williams
SIGNATURE

SIGNATURE

Michael Williams
PRINTED NAME

Secretary
PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 1st day of June 2021

Angela S. Young
Signature of Notary

Seal 

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 Southern Illinois Healthcare Enterprises, Inc.

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



SIGNATURE

Rex P. Budde

PRINTED NAME

President & CEO

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 25th day of May 2021



Signature of Notary

Seal

"OFFICIAL SEAL"
Valerie K Cawvey
Notary Public, State of Illinois
My Commission Expires 11/9/21

*Insert the EXACT legal name of the applicant



SIGNATURE

Michael Kasser

PRINTED NAME

SVP/CFO/Treasurer

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 25th day of May 2021



Signature of Notary

Seal

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Valerie K Cawvey
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SECTION II. BACKGROUND.

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 listing of all health care facilities currently owned and/or operated in Illinois, by any corporate officers or directors, LLC members, partners, or owners of at least 5% of the proposed health care facility.
3. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant, directly or indirectly, during the three years prior to the filing of the application. Please provide information for each applicant, including corporate officers or directors, LLC members, partners and owners of at least 5% of the proposed facility. A health care facility is considered owned or operated by every person or entity that owns, directly or indirectly, an ownership interest.
4. 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.**
5. If, during a given calendar year, an applicant submits more than one Application, 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 5, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 5.

SECTION III. CHANGE OF OWNERSHIP (CHOW)**Transaction Type. Check the Following that Applies to the Transaction:**

- ☐ Purchase resulting in the issuance of a license to an entity different from current licensee.
- ☐ Lease resulting in the issuance of a license to an entity different from current licensee.
- ☐ Stock transfer resulting in the issuance of a license to a different entity from current licensee.
- ☐ Stock transfer resulting in no change from current licensee.
- ☐ Assignment or transfer of assets resulting in the issuance of a license to an entity different from the current licensee.
- ☐ Assignment or transfer of assets not resulting in the issuance of a license to an entity different from the current licensee.
- ☒ Change in membership or sponsorship of a not-for-profit corporation that is the licensed entity.
- ☐ Change of 50% or more of the voting members of a not-for-profit corporation's board of directors that controls a health care facility's operations, license, certification or physical plant and assets.
- ☐ Change in the sponsorship or control of the person who is licensed, certified or owns the physical plant and assets of a governmental health care facility.
- ☐ Sale or transfer of the physical plant and related assets of a health care facility not resulting in a change of current licensee.
- ☐ Change of ownership among related persons resulting in a license being issued to an entity different from the current licensee
- ☐ Change of ownership among related persons that does not result in a license being issued to an entity different from the current licensee.
- ☐ Any other transaction that results in a person obtaining control of a health care facility's operation or physical plant and assets and explain in "Narrative Description."

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1130.520 Requirements for Exemptions Involving the Change of Ownership of a Health Care Facility

1. Prior to acquiring or entering into a contract to acquire an existing health care facility, a person shall submit an application for exemption to HFSRB, submit the required application-processing fee (see Section 1130.230) and receive approval from HFSRB.
2. If the transaction is not completed according to the key terms submitted in the exemption application, a new application is required.
3. READ the applicable review criteria outlined below and **submit the required documentation (key terms) for the criteria:**

APPLICABLE REVIEW CRITERIA	CHOW
1130.520(b)(1)(A) - Names of the parties	X
1130.520(b)(1)(B) - Background of the parties, which shall include proof that the applicant is fit, willing, able, and has the qualifications, background and character to adequately provide a proper standard of health service for the community by certifying that no adverse action has been taken against the applicant by the federal government, licensing or certifying bodies, or any other agency of the State of Illinois against any health care facility owned or operated by the applicant, directly or indirectly, within three years preceding the filing of the application.	X
1130.520(b)(1)(C) - Structure of the transaction	X
1130.520(b)(1)(D) - Name of the person who will be licensed or certified entity after the transaction	
1130.520(b)(1)(E) - List of the ownership or membership interests in such licensed or certified entity both prior to and after the transaction, including a description of the applicant's organizational structure with a listing of controlling or subsidiary persons.	X
1130.520(b)(1)(F) - Fair market value of assets to be transferred.	X
1130.520(b)(1)(G) - The purchase price or other forms of consideration to be provided for those assets. [20 ILCS 3960/8.5(a)]	X
1130.520(b)(2) - Affirmation that any projects for which permits have been issued have been completed or will be completed or altered in accordance with the provisions of this Section	X
1130.520(b)(3) - If the ownership change is for a hospital, affirmation that the facility will not adopt a more restrictive charity care policy than the policy that was in effect one year prior to the transaction. The hospital must provide affirmation that the compliant charity care policy will remain in effect for a two-year period following the change of ownership transaction	X

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APPLICABLE REVIEW CRITERIA	CHOW
1130.520(b)(4) - A statement as to the anticipated benefits of the proposed changes in ownership to the community	X
1130.520(b)(5) - The anticipated or potential cost savings, if any, that will result for the community and the facility because of the change in ownership;	X
1130.520(b)(6) - A description of the facility's quality improvement program mechanism that will be utilized to assure quality control;	X
1130.520(b)(7) - A description of the selection process that the acquiring entity will use to select the facility's governing body;	X
1130.520(b)(9)- A description or summary of any proposed changes to the scope of services or levels of care currently provided at the facility that are anticipated to occur within 24 months after acquisition.	X
APPEND DOCUMENTATION AS ATTACHMENT 6, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

SECTION IV.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 7.

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

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

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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		17
2	Site Ownership		21
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.		50
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.		52
5	Background of the Applicant		55
6	Change of Ownership		60
7	Charity Care Information		74

**ATTACHMENT 1
CO-APPLICANTS'
CERTIFICATES OF GOOD STANDING**

File Number

2877-076-6



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

SOUTHERN ILLINOIS HOSPITAL SERVICES, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 15, 1946, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 24TH
day of MAY A.D. 2021 .

Jesse White

SECRETARY OF STATE

Authentication #: 2114402894 verifiable until 05/24/2022
Authenticate at: <http://www.cyberdriveillinois.com>

File Number

5053-602-5



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

HARRISBURG MEDICAL CENTER, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON OCTOBER 18, 1974, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 24TH
day of MAY A.D. 2021 .

Jesse White

SECRETARY OF STATE

Authentication #: 2114402842 verifiable until 05/24/2022
Authenticate at: <http://www.cyberdriveillinois.com>

File Number

5313-710-5

***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

SOUTHERN ILLINOIS HEALTHCARE ENTERPRISES, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JULY 06, 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.



In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 24TH
day of MAY A.D. 2021 .

Jesse White

SECRETARY OF STATE

Authentication #: 2114402956 verifiable until 05/24/2022

Authenticate at: <http://www.cyberdriveillinois.com>

**ATTACHMENT 2
SITE OWNERSHIP**

I.
Site Ownership After the Project is Complete

Harrisburg Medical Center, Inc., currently owns the sites of the hospital and related entities and will continue to do so after this project is completed.

This Attachment includes a number of deeds and ordinances of the City of Harrisburg as proof of ownership of the hospital site by Harrisburg Medical Center.

GEORGE E. COLE
LEGAL FORMSNO. 321
OCTOBER, 1967

QUIT CLAIM DEED

Statutory (ILLINOIS)

(Corporation to Corporation)

536 628 845 No. 2962

FILED 3-19-75

BOOK 536 PAGE 628 629

MAYNARD CANNON, Recorder
SALINE COUNTY, ILL.

(The Above Space For Recorder's Use Only)

THE GRANTOR Doctors Hospital of Harrisburg, Inc.a corporation created and existing under and by virtue of the laws of the State of Illinois
and duly authorized to transact business in the State of Illinois for the consideration
of Ten DOLLARS,

and other good and valuable consideration.

in hand paid, and pursuant to authority given by the Board of Directors of said corporation
CONVEYS and QUIT CLAIMS unto Harrisburg Medical Center, Inc.17 Country Club Court, Harrisburg, Illinois
a corporation organized and existing under and by virtue of the laws of the State of Illinois
having its principal office in the City of Harrisburg County of Saline
and State of Illinois all interest in the following described Real Estate situated in the County of
Saline and State of Illinois, to wit:The Real Estate described in Exhibit A attached
hereto and made a part hereof.In Witness Whereof, said Grantor has caused its corporate seal to be hereto affixed, and has caused its name
to be signed to these presents by its Chairman of the Board and attested by its
Secretary this 14th day of March, 1975.Doctors Hospital of Harrisburg, Inc.

(NAME OF CORPORATION)

IMPRESS
CORPORATE SEAL
HEREBY R. C. Read Chairman of the BoardATTEST: Robert O. Case SecretaryState of Illinois, County of Cook ss. I, the undersigned, a Notary Public, in and for the
County and State aforesaid, DO HEREBY CERTIFY that Ralph C. Read
personally known to me to be the Chairman President of the Doctors Hospital of
Harrisburg, Inc.corporation, and Robert O. Case personally known to me to be
the Secretary of said corporation, and personally known to me
to be the same persons whose names are subscribed to the foregoing instru-
ment, appeared before me this day in person and severally acknowledged that as
such Chairman President and Secretary, they signed
and delivered the said instrument as Chairman President and
Secretary of said corporation, and caused the corporate seal of said corporation
to be affixed thereto, pursuant to authority, given by the Board of Directors
of said corporation as their free and voluntary act, and as the free and voluntary
act and deed of said corporation, for the uses and purposes therein set forth.Given under my hand and official seal, this 14th day of March, 1975Commission expires May 24 1976 Deberta Mohl
NOTARY PUBLIC[This instrument prepared by Amos J. Coffman, Jr.
104 S. Michigan Ave., Chicago, Ill.]

ADDRESS OF PROPERTY:

MAIL TO:

Name
Address
City, State and Zip

THE ABOVE ADDRESS IS FOR STATISTICAL PURPOSES
ONLY AND IS NOT A PART OF THIS DEED

SEND SUBSEQUENT TAX BILLS TO:

Name

Address

Or

RECORDER'S OFFICE BOX NO.

023

AFFIX RIDERS OR REVENUE STAMPS HERE

DOCUMENT NUMBER

EXHIBIT A

TRACT NO. 1 Beginning at the Southwest Corner of Lot Twenty-one in John Elder Choisser Country Club Court Sub-Division, being a part of the Northeast Quarter of the Northeast Quarter of the Northeast Quarter of Section 22, Township 9 South, Range 6 East of the Third Principal Meridian, Harrisburg, Illinois; thence Westerly a distance of 6.74 feet to the Northeast Corner of Block Forty-one of George Gaskins' Third Addition of Outlots to the City of Harrisburg; thence Northerly on the East Line of the said George Gaskins' Third Addition of Outlots with an interior angle of $88^{\circ}43'30''$, a distance of 234.56 feet to the South Line of George Gaskins' Fifth Addition of Outlots to the City of Harrisburg; thence Easterly on the said South Line of the said George Gaskins' Fifth Addition of Outlots with an interior angle of $90^{\circ}39'36''$, a distance of 12.08 feet to the West Line of the said John Elder Choisser Country Club Court Sub-Division; thence Southerly on the said West Line of John Elder Choisser Country Club Court Sub-Division with an interior angle of $88^{\circ}02'13''$, a distance of 234.61 feet to the point of beginning. Containing 0.05 acres, more or less.

TRACT NO. 2 That part of vacated Clark Street lying South of Lots Nine, Ten and Eleven and North of Lots Twelve, Thirteen and Fourteen in Block Thirty-six of Charles and Emma Gaskin's Sub-Division of Blocks Thirty-six and Fifty-three of George Gaskins' Third Addition of Outlots to the City of Harrisburg, Saline County, Illinois.

TRACT NO. 3 The East one-half of the vacated alley lying West of Lots Nine and Fourteen and West of that part of vacated Clark Street lying South of Lots Nine, Ten and Eleven and North of Lots Twelve, Thirteen and Fourteen in Block Thirty-six of Charles and Emma Gaskins' Sub-Division of Blocks Thirty-six and Fifty-three of George Gaskins' Third Addition of Outlots to the City of Harrisburg, Saline County, Illinois.

BOOK 536 PAGE 629

024

GEORGE E. COLE*
LEGAL FORMSNO. 801
OCTOBER 1967

WARRANTY DEED

Statutory (ILLINOIS)

(Corporation to Corporation)

536 630

846 No. 2963

FILED 3-19-75

BOOK 536 PAGE 630-632

MAYNARD CANNON, Recorder
SALINE COUNTY, ILL.

(The Above Space For Recorder's Use Only)

THE GRANTOR Doctors Hospital of Harrisburg, Inc.a corporation created and existing under and by virtue of the laws of the State of Illinois
and duly authorized to transact business in the State of Illinois for and in consideration
of Ten DOLLARS,

and other good and valuable consideration,

in hand paid, and pursuant to authority given by the Board of Directors of said corporation
CONVEY and WARRANT to Harrisburg Medical Center, Inc.a corporation organized and existing under and by virtue of the laws of the State of Illinois
having its principal office in the City of Harrisburg County of Saline
and State of Illinois the following described Real Estate situated in the County of
Saline and State of Illinois, to wit:

The Real Estate described in Exhibit A, attached hereto
and made a part hereof, subject to the items set forth
in Exhibit B, attached hereto and made a part hereof.

Grantee's Address: 17 Country Club Court, Harrisburg, Illinois

Exempt under provision of Paragraph 8(4)
Section 14-1.5 of the Ill. Rev. Stat. and
Section 14-1.5 of the Ill. Rev. Stat. and
Section 14-1.5 of the Ill. Rev. Stat. and

3/14/75 Ralph C. Read
Date Buyer, Seller or Representative

In Witness Whereof, said Grantor has caused its corporate seal to be hereto affixed, and has caused its name
to be signed to these presents by its Chairman of the Board, President, and attested by its
Secretary, this 1st day of March, 1975.

Doctors Hospital of Harrisburg, Inc.

(NAME OF CORPORATION)

IMPRESS
CORPORATE SEAL
HERE

BY R C Read Chairman of the BoardATTEST Robert O. Case Sec. SECRETARY

State of Illinois, County of Cook ss. I, the undersigned, a Notary Public, in and for the
County and State aforesaid, DO HEREBY CERTIFY that Ralph C. Read
personally known to me to be the Chairman President of the Doctors Hospital of
Harrisburg, Inc.

corporation, and Robert O. Case personally known to me to be
the Secretary of said corporation, and personally known to
me to be the same persons whose names are subscribed to the foregoing instru-
ment, appeared before me this day in person and severally acknowledged that as
such Chairman President and Secretary, they signed
and delivered the said instrument as Chairman President and
Secretary of said corporation, and caused the corporate seal of said corporation
to be affixed thereto, pursuant to authority, given by the Board of Directors
of said corporation as their free and voluntary act, and as the free and voluntary
act and deed of said corporation, for the uses and purposes therein set forth.

Given under my hand and official seal, this 14th day of March, 1975Commission expires May 24 1976 Roberta Muhl
NOTARY PUBLIC

[This instrument prepared by Amos J. Coffman, Jr.,
104 S. Michigan Ave., Chicago, Ill. 60603] ADDRESS OF PROPERTY:

MAIL TO

(Name)
(Address)
(City, State and Zip)

OR

RECORDER'S OFFICE BOX NO.

025

THE ABOVE ADDRESS IS FOR STATISTICAL PURPOSES
ONLY AND IS NOT A PART OF THIS DEEDSEND SUBSEQUENT TAX BILLS TO
Harrisburg Medical Center, Inc.17 Country Club CourtHarrisburg, Illinois 62946

AFFIX "RIDERS" OR REVENUE STAMPS HERE

DOCUMENT NUMBER

EXHIBIT A

TRACT NO. 1 Lots Three and Four in Block Eighty-three in George Gaskins' Fifth Addition to Gaskins City, now in the City of Harrisburg, being a part of the SE $\frac{1}{4}$ of the SE $\frac{1}{4}$ of Section 15, Township 9 South, Range 6 East of the Third P. M., except the coal and minerals underlying said premises.

TRACT NO. 2 Lots Nine, Ten, Eleven, Twelve, Thirteen and Fourteen in Block Thirty-six of Charles and Emma Gaskins' Sub-Division of Blocks Thirty-six and Fifty-three of George Gaskins' Third Addition of Outlots to the City of Harrisburg, Saline County, Illinois, except the coal and minerals underlying said premises, together with the right to mine and remove the same, excepting from said tract that part dedicated or conveyed to the City of Harrisburg for public street.

TRACT NO. 3 Lot Twenty-seven in J. W. Mitchell's Addition to the Town, now City of Harrisburg, being a part of the SW $\frac{1}{4}$ of the NW $\frac{1}{4}$ of Section 15, Township 9 South, Range Six East of the Third Principal Meridian, Saline County, Illinois.

TRACT NO. 4 Lots 17, 18, 19, 20 and 21 in John Elder Choisser Country Club Court Addition to the City of Harrisburg, being a part of the NE $\frac{1}{4}$ of the NE $\frac{1}{4}$ of Section 22, Township 9 South, Range 6 East of the 3rd P. M., except coal, oil, gas and all other minerals underlying said premises, together with the right to mine and remove the same, Saline County, Illinois.

TRACT NO. 5 Lots One, Two, Three, Four and Five in Block Eighteen in the West Harrisburg Addition of Harrisburg, Illinois, being a subdivision of the SW $\frac{1}{4}$ of the SW $\frac{1}{4}$ and West 26 Acres of the NW $\frac{1}{4}$ of the SW $\frac{1}{4}$ of Section 16, Township 9 South, Range 6 East of the Third P. M., except the coal, oil, gas and other minerals in and under the above described lots, together with the right to mine and remove the same, Saline County, Illinois.

TRACT NO. 6 All of Block Ninety-two(92) of George Gaskins' Fifth Addition of Outlots to (and now in) the City of Harrisburg, Saline County, Illinois, except the coal, oil, gas and other minerals underlying said premises together with the right to mine and remove the same.

TRACT NO. 7 The South Twenty Feet of Lots One and Two in Block Eighty-three in George Gaskins' Fifth Addition of Outlots to the City of Harrisburg, and now within the corporate limits of the City of Harrisburg, being a part of the SW $\frac{1}{4}$ of the SE $\frac{1}{4}$ of Section Fifteen, Township Nine South, Range Six East of the Third Principal Meridian, Saline County, Illinois, except the coal lying under and beneath the surface thereof, together with the right to mine and remove the same.

BOOK 536 PAGE 632

EXHIBIT B

The Real Estate conveyed by this Warranty Deed is conveyed subject to special taxes and assessments for improvements not yet completed; general taxes for 1974 and subsequent years; installments not due at March 20, 1975 of any special tax or assessment for improvements heretofore completed; building lines of record; zoning and building laws and ordinances and covenants and restrictions of record as to use and occupancy; private, public and utility easements and public roads and highways; such imperfections of title, if any, as are not in the aggregate substantial in character, amount or extent as applied to said Real Estate, and do not in the aggregate materially detract from the value or interfere with the present or contemplated future use of such of said Real Estate as is subject thereto or affected thereby, or otherwise materially impair the business operations conducted upon said Real Estate; the usual and standard exceptions to title contained in the usual title policy issued by Pioneer National Title Insurance Company; and any mortgage or trust deed placed upon said Real Estate by Harrisburg Medical Center, Inc. or its successors or assigns.

BOOK 542 PAGE 638

Document No. 6521 State of Illinois Saline County: SS.
 This instrument was filed for record at 2:50 o'clock A.M. Sept 29 1975
 Recorded in Book No. 542 of 638 Page.
QUIT CLAIM DEED Waymond Cannon Recorder of Deeds.

The Grantor

REES TURNER, Harrisburg, Illinois

of the City of Harrisburg in the County of Saline
 and State of Illinois for the consideration of One Dollar and other valuable
consideration

CONVEY and QUIT-CLAIM to Harrisburg Medical Center, Incorporated

of the City of Harrisburg County of Saline
 and State of Illinois all interest in the following described Real Estate:

Lot Four (4) in Block Eighty Two (82) in George Gaskins
 Fifth Addition to the Village of Gaskins City, now a part
 of the City of Harrisburg.

 No. _____
 FILED _____
 BOOK _____ PAGE _____
 MA D CA 04, Recorder
 SALINE COUNTY, ILL.

Exempt Under Provisions of
 Paragraph 2, Section 4,
 Real Estate Transfer Tax Act.
 Date 9-29-75
Rees Turner
 Buyer, Seller or Representative

situated in the County of Saline, in the State of Illinois, hereby releasing and waiving
 a' rights under and by virtue of the Homestead Exemption Laws of this State.

Dated this 29th day of September A. D. 19 75
 _____ (SEAL) Rees Turner (SEAL)
 _____ (SEAL) _____ (SEAL)
 _____ (SEAL) _____ (SEAL)
 _____ (SEAL) _____ (SEAL)

STATE OF ILLINOIS,

Saline

County,

I, Frances W. Tucker

do hereby certify that

Rees Turner

personally known to me to be the same person whose name is subscribed
 to the foregoing instrument, appeared before me this day in person, and acknowledged
 that he signed, sealed and delivered the said instrument as his free
 and voluntary act for the uses and purposes therein set forth, including the release
 and waiver of the right of homestead.

Given under my hand and Notarial seal this 29th day of
September A. D. 19 75

My Commission Expires 9-519 78

Fee _____

No. 41

Form No 722

This Instrument was Prepared by
Don Scott, Attorney at Law
19 East Poplar St., Harrisburg, Ill. 62946

This Indenture, Witnesseth, That the Grantor^s,

ALFRED M. HILL, JR. AND JUANITA HILL, HIS WIFE,

of the CITY of SCOTTSDALE in the County of MARICOPA
 and State of ARIZONA for and in consideration of the sum of
 FIVE THOUSAND AND NO/100----- DOLLARS,
 (\$5,000.00)
 in hand paid, CONVEY and WARRANT to HARRISBURG MEDICAL CENTER, INC.

of the CITY of HARRISBURG County of SALINE
 and State of ILLINOIS the following described Real Estate, to-wit:

The Surface only of Lot Three (3) in Block Eighty-two (82) in George Gaskins
 Fifth Addition to the Village of Gaskins City, now in the corporate limits of
 the City of Harrisburg

2:06 No. 6757
 FILED 10-8-75
 BOOK 544 PAGE 60-61
 MAYNARD CANNON, Recorder
 SALINE COUNTY, ILL.



situated in the County of Saline
 in the State of Illinois hereby releasing and waiving all rights under and
 by virtue of the Homestead Exemption Laws of this State.

Taxes are Prorated as of date of sale

DATED this 29th

day of September

A. D., 19 75

THIS INSTRUMENT PREPARED BY
 Michael J. Henshaw
 Attorney at Law
 Harrisburg, Il. 62946

Alfred M. Hill Jr. (SEAL)
 Alfred M. Hill, Jr.
Juanita Hill (SEAL)
 Juanita Hill
 _____ (SEAL)
 _____ (SEAL)

BOOK 544 PAGE 60

029

STATE OF *Arizona*County of *Maricopa*

ss.

I, *SANDY KUKA*

In and for, and residing in said County, in the State aforesaid,
DO HEREBY CERTIFY, that *Alfred M. Hill, Jr. and Juanita Hill,*
his wife,



personally known to me to be the same persons whose names subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that they signed, sealed and delivered the said instrument as their free and voluntary act for the uses and purposes therein set forth, including the release and waiver of the right of homestead.

GIVEN under my hand and notarial seal, this 29th day of September
A. D., 1975

Sandy Kuka

My Commission Expires

19

My Commission Expires Feb. 6, 1979

STATE OF

County of

ss.

I,

a Notary Public, in and for, and residing in said County, in the State aforesaid,
DO HEREBY CERTIFY, that

personally known to me to be the same person whose name subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that he signed, sealed and delivered the said instrument as free and voluntary act for the uses and purposes therein set forth, including the release and waiver of the right of homestead.

GIVEN under my hand and Notarial Seal, this _____ day of _____
A. D., 19 _____

My Commission Expires

19 _____

Warranty Deed

ALFRED M. HILL, JR. AND JUANITA HILL

TO

HARRISBURG MEDICAL CENTER, INC.

BOOK 544 PAGE 61

030

WARRANTY DEED

THE GRANTOR, EFFIE CUMMINS, a widow who has not remarried,

BOOK 638 PAGE 300

for and in consideration of THIRTY THOUSAND AND 00/100 -----
(\$30,000.00) DOLLARS in hand paid, CONVEY S AND WARRANT S TO
HARRISBURG MEDICAL CENTER, INC., an Illinois not-
for-profit corporation,

2:22 No. 60053
FILED 6-6-84
BOOK 638 PAGE 300
DAVID D. PHELPS, RECORDER
SALINE COUNTY, ILL.

This space for Recorder use only

the following described real estate:

Lots One (1) and Two (2) in Block Eighty-Three (83) in George Gaskins' Fifth Addition of Outlots to the City of Harrisburg, and now within the corporate limits of said City of Harrisburg, and except the South Twenty (20) feet of Lots One (1) and Two (2) of Block Eighty-Three (83), and except the coal, oil, gas and other minerals underlying said lots, together with the right to mine and remove the same, said lots being a part of the Southeast Quarter (SE $\frac{1}{4}$) of the Southeast Quarter (SE $\frac{1}{4}$) of Section Fifteen (15), Township Nine (9) South, Range Six (6) East of the Third Principal Meridian, Saline County, Illinois.

Subject to the 1983 and 1984 general real estate taxes.

Reserving unto the grantor the right to live on said real estate until the earlier to occur of July 6, 1984, or her death.

*Exempt Per 4(b) Real Estate Transfer Tax Act
Turn 4466-84*

situated in the County of SALINE, in the State of Illinois, hereby releasing and waiving all rights under and by virtue of the Homestead Exemption Laws of this State.

Dated June 6, 19 84

Effie Cummins (SEAL) _____ (SEAL)
EFFIE CUMMINS _____ (SEAL)
_____ (SEAL) _____ (SEAL)

STATE OF ILLINOIS,
COUNTY OF SALINE } ss.

I, the undersigned, Notary Public, in and for said County,
in the State aforesaid, do hereby certify that EFFIE CUMMINS, a widow who has not remarried,

personally known to me to be the same person whose name is
subscribed to the foregoing instrument, appeared before me this day in person
and acknowledged that she signed, sealed and delivered the said instrument
as her free and voluntary act, for the uses and purposes
therein set forth, including the release and waiver of the right of homestead.

Given under my hand and official notarial seal,
on June 6, 19 84

Elizabeth Evans
(Signature)

NOTARY PUBLIC
(Official Title)

MAIL SUBSEQUENT TAX BILLS TO:

DEED PREPARED BY:

HARRISBURG MEDICAL CENTER, INC.

THOMAS J. WOLE, JR., P.C.

17 COUNTRY CLUB COURT

ATTORNEY AT LAW

505 HARRISBURG NATIONAL BANK

HARRISBURG, ILLINOIS 62946

HARRISBURG, ILLINOIS 62946

(Exempt)

031

3:42 No 106421
 FILED 7-11-90
 BOOK 863 PAGE 350
 JIM FOWLER, RECORDER
 SALINE COUNTY ILL.

WARRANTY DEED

This Indenture Witnesseth, that the Grantors, EUGENE WILLARD GIBBS and DORIS DALE GIBBS, Husband and Wife, in consideration of (\$27,000.00) TWENTY-SEVEN THOUSAND DOLLARS, in hand paid, CONVEY and WARRANT to HARRISBURG MEDICAL CENTER, INC., an Illinois not-for-profit corporation, the following described Real Estate to-wit:

Lots One (1) and Two (2) in Block Eighty-Two (82) in George Gaskins Fifth Addition to the Village of Gaskins City, now in the City of Harrisburg, Saline County, Illinois, except the coal, oil, gas, and all other minerals underlying the surface of said lots, together with the right to mine and remove the same.

Subject to the 1989 and 1990 general real estate taxes.

Thomas J. Wolf, Jr., P.C., as preparer of this deed, has made no investigation concerning any possible violations of any environmental laws or regulations, including, but not limited to, the Illinois Responsible Property Transfer Act; and the parties to this deed, by virtue of their execution, delivery and acceptance, acknowledge that they have read the foregoing and acknowledge that Thomas J. Wolf, Jr., P.C. has not been asked to represent and/or advise them in any way concerning such laws and regulations; and further acknowledge that should this real estate be governed by, or subject to, such laws and regulations, that such could yield very substantial damages and penalties to the parties.

situated in the County of Saline, in the State of Illinois, hereby releasing and waiving all rights under and by virtue of the Homestead Exemption Laws of this State.

Dated: July, 10, 1990.

Eugene Willard Gibbs
 EUGENE WILLARD GIBBS

(SEAL)

Doris Dale Gibbs
 DORIS DALE GIBBS

(SEAL)

STATE OF ILLINOIS)
)
 COUNTY OF SALINE)

" OFFICIAL SEAL "
 BILL G. PARKS
 NOTARY PUBLIC, STATE OF ILLINOIS
 MY COMMISSION EXPIRES 11/17/93

SALINE COUNTY
 REAL ESTATE TRANSFER
 STAMP 7-11-90 \$13.50

I, the undersigned, Notary Public, in and for said County and State, DO HEREBY CERTIFY that EUGENE WILLARD GIBBS and DORIS DALE GIBBS, Husband and Wife, personally known to me to be the same persons whose names are subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that they signed and delivered the said instrument as their free and voluntary act, for the uses and purposes therein set forth, including the release and waiver of the right of homestead.

Given under my hand and seal this 10 day of July, 1990.

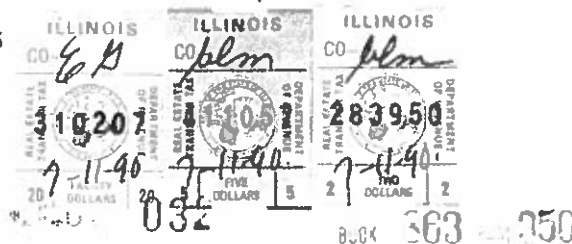
Bill G. Parks
 NOTARY PUBLIC

PREPARED BY:

THOMAS J. WOLF, JR., P.C.
 ATTORNEY AT LAW
 617 EAST CHURCH STREET
 P.O. BOX 467
 HARRISBURG, ILLINOIS 62946
 (618) 252-8355

SUBSEQUENT TAX BILLS TO:

HARRISBURG MEDICAL CENTER, INC.
 17 COUNTRY CLUB COURT
 HARRISBURG, ILLINOIS 62946



FILED No. 12623

FILED 9-23-93

BOOK 1002 PAGE 328-329
JIM FOWLER, RECORDER
SAVING COUNTY, IL.ORDINANCE NO. 1196

AN ORDINANCE VACATING ALLEY

BE IT ORDAINED BY THE COUNCIL OF THE CITY OF HARRISBURG, ILLINOIS, AS FOLLOWS:

SECTION ONE: It is hereby determined and declared that the public interest will be served by vacating an alley hereinafter described on the conditions hereinafter expressed, and the same is hereby vacated.

SECTION TWO: The alley to be vacated is described as follows:
That part of the alley lying between Block Eighty-Three (83) and Block Eighty-Two (82) in Gaskins Fifth Addition of Outlots to the City of Harrisburg, Illinois.

SECTION THREE: It is hereby determined and declared that the benefits and damages to adjoining lands and the owners of said lands is offsetting and the City shall waive and release all claims for benefits against said lands and the owners concurrently with the waiver and release by said owners of all claims for damages resulting from said vacation.

SECTION FOUR: As part of the consideration of such vacation, HARRISBURG MEDICAL CENTER, INC. has heretofore represented to the City Council of the City of Harrisburg that it is the owner of all the land surrounding the alley and have filed an agreement releasing and waiving unto the City of Harrisburg all damages and injury, and claims for damage and injury, to said Owner or its individual properties caused by or resulting from such vacation.

SECTION FIVE: The City Clerk is directed to file a certified copy of this ordinance with the Recorder of Deeds of Saline

SECTION SIX: The vacation of said alley shall be duly noted on the official map of the City of Harrisburg.

SECTION SEVEN: This ordinance shall be in full force and effect upon its passage by the affirmative vote of at least three-fourths of its board members now holding office.

PASSED this 21 day of Sept, 1993, on roll call vote as follows: 3 Ayes; _____ Nays;

Abstain.

APPROVED this 21 day of Sept, 1992.

John D. Cummins
John D. Cummins, Mayor

Attest:

Toni Abraham
Toni Abraham, City Clerk

Prepared by:

Wilson And Cape

P. O. Box 544

105 S. Commercial

Harrisburg, Illinois 62946

10:09 No. 122-232
FILED 9-23-93
BOOK 1222 PAGE 332-333
JIM FOWLER, RECORDER
SAUNDERS COUNTY, IL

ORDINANCE NO. 1197

AN ORDINANCE VACATING ALLEY

BE IT ORDAINED BY THE COUNCIL OF THE CITY OF HARRISBURG,
ILLINOIS, AS FOLLOWS:

SECTION ONE: It is hereby determined and declared that the public interest will be served by vacating an alley hereinafter described on the conditions hereinafter expressed, and the same is hereby vacated.

SECTION TWO: The alley to be vacated is described as follows:

That part of the alley lying between Block Eighty-Two (82) in George Gaskins Fifth Addition of Outlots to the City of Harrisburg, Illinois, and Block Forty-Nine (49) in George Gaskins Third Addition of Outlots to the City of Harrisburg, Illinois, excepting and reserving unto the City of Harrisburg an easement for utility purposes on and across the property vacated.

SECTION THREE: It is hereby determined and declared that the benefits and damages to adjoining lands and the owners of said lands is offsetting and the City shall waive and release all claims for benefits against said lands and the owners concurrently with the waiver and release by said owners of all claims for damages resulting from said vacation.

SECTION FOUR: As part of the consideration of such vacation, HARRISBURG MEDICAL CENTER, INC. has heretofore represented to the City Council of the City of Harrisburg that it is the owner of all the land surrounding the alley and have filed an agreement releasing and waiving unto the City of Harrisburg all damages and injury, and claims for damage and injury, to said Owner or its individual properties caused by or resulting from such vacation.

SECTION FIVE: The City Clerk is directed to file a certified copy of this ordinance with the Recorder of Deeds of Saline County, Illinois.

SECTION SIX: The vacation of said alley shall be duly noted on the official map of the City of Harrisburg.

SECTION SEVEN: This ordinance shall be in full force and effect upon its passage by the affirmative vote of at least three-fourths of its board members now holding office.

PASSED this 21st day of Sept., 1993, on roll call vote as follows: 3 Ayes; _____ Nays; _____ Abstain.

APPROVED this 21st day of Sept., 1992.

John D. Cummins
John D. Cummins, Mayor

Attest:

Toni Abraham
Toni Abraham, City Clerk

Prepared by:
Wilson and Cape
P. O. Box 544
105 S. Commercial
Harrisburg, Illinois 62946

FILED 10.07 No. 12 31
 9-23-93
 BOOK 1202 PAGE 330-331
 JIM FOWLER, RECORDER
 SALINE COUNTY, ILL.

ORDINANCE NO. 1198

**AN ORDINANCE VACATING A PORTION
 OF STREET AND RIGHT OF WAY**

BE IT ORDAINED BY THE COUNCIL OF THE CITY OF HARRISBURG,
 ILLINOIS, AS FOLLOWS:

SECTION ONE: It is hereby determined and declared that the
 public interest will be subserved by vacating a portion of the street
 hereinafter described on the conditions hereinafter expressed, and the
 same is hereby vacated.

SECTION TWO: The portion of the Street to be vacated is
 described as follows:

That part of Missouri Street lying between Block Ninety-Two
 (92) and Block Eighty-Three (83) in George Gaskins Fifth
 Addition of Outlots to the City of Harrisburg, Illinois,
 excepting and reserving unto the City of Harrisburg an
 easement for utility purposes on and across the property
 vacated.

SECTION THREE: It is hereby determined and declared that
 the benefits and damages to adjoining lands and the owners of said
 lands are mutually offsetting and the City shall waive and release all
 claims for benefits against said lands and the owner concurrently with
 the waiver and release by said owner of all claims for damages
 resulting from said vacation, excepting and reserving an easement
 across the property vacated for utility purposes for the City of
 Harrisburg and its assigns.

SECTION FOUR: As part of the consideration of such
 vacation, HARRISBURG MEDICAL CENTER, INC., has heretofore represented
 to the City Council of the City of Harrisburg that it is the owner of
 all the land adjacent to the street to be vacated and has filed an

damages and injury, and claims for damage and injury, to said Owner or its individual property caused by or resulting from such vacation.

SECTION FIVE: The City Clerk is directed to file a certified copy of this ordinance with the Recorder of Deeds of Saline County, Illinois.

SECTION SIX: The vacation of said portion of Street shall be duly noted on the official map of the City of Harrisburg.

SECTION SEVEN: This ordinance shall be in full force and effect upon its passage by the affirmative vote of at least three-fourths of its City Council now holding office.

PASSED this 21st day of September, 1993, on roll call

vote as follows: 3 Ayes; _____ Nays;

Abstain.

APPROVED this 21st day of September, 1993.

John D. Cummings
John D. Cummings, Mayor

Toni Horaban
Toni Horaban, City Clerk

Prepared by:
Wilson and Cape
105 S. Commercial
Harrisburg, Illinois 62946

8607 1002 14:33

105 No. 131244
FILED 9-6-94
BOOK 1042 PAGE 109
JIM FOWLER, RECORDER
SALINE COUNTY, IL

WARRANTY DEED

THE GRANTORS, WALTER TALANDIS, JR., also known as WALTER TALANDIS, JUNIOR, and JUDITH LANE TALANDIS, husband and wife, for and in consideration of Forty-Two Thousand Five Hundred and No/100 Dollars (\$42,500.00), in hand paid, CONVEY AND WARRANT to HARRISBURG MEDICAL CENTER, INC., an Illinois Not-For-Profit Corporation, the following described real estate:

Lot Four (4) in Block Eighty-Four (84) in George Gaskin's Fifth (5th) Addition of Outlots to the City of Harrisburg, Excepting the Coal, Oil, Gas and all other minerals underlying said premises, together with the right to mine and remove the same, situated in the County of Saline and State of Illinois.

situated in the County of Saline, in the State of Illinois, hereby releasing and waiving all rights under and by virtue of the Homestead Exemption Laws of this State.

Grant Cape of Wilson & Cape, as preparer of this deed, has made no investigation concerning the condition of title to the property or any possible violations of any environmental laws or regulations, including, but not limited to, the Illinois Responsible Property Transfer Act; and the parties to this deed, by virtue of their execution, delivery and acceptance acknowledge that they have read the foregoing and acknowledge that Grant Cape of Wilson & Cape has not been asked to review the condition of title to the property or represent and/or advise them in any way concerning any environmental laws and regulations; and further acknowledge that should this real estate be governed by, or subject to, such laws and regulations, that such could yield very substantial damages and penalties to the parties.

Dated: 7-1-94



Walter Talandis, Jr.
Walter Talandis, Jr.
Judith Lane Talandis
Judith Lane Talandis

State of IL
County of Saline ss.

SALINE COUNTY
REAL ESTATE TRANSFER
STAMP #21-13 gm

I, the undersigned, Notary Public, in and for said County, in the State aforesaid, do hereby certify that WALTER TALANDIS, JR. and JUDITH LANE TALANDIS, personally known to me to be the same persons whose names are subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that they signed, sealed, and delivered the said instrument as their free and voluntary act, for the uses and purposes therein set forth, including the release and waiver of the right of homestead.

Given under my hand and notarial seal this 1st day of Sept, 1994.



Paul He Herron
Notary Public
Printed Name of Notary Public

My Commission Expires:
10-2-97

MAIL SUBSEQUENT TAX BILLS TO:
Harrisburg Medical Center, Inc.,
an Illinois Not-For-Profit Corp.
17 Country Club Court
Harrisburg, IL 62946

DEED PREPARED BY:

Wilson & Cape
Attorneys at Law
P.O. Box 544
Harrisburg, IL 62946
(618) 252-5302

(JR9)HOSPITAL.WD

BOOK 1042 PAGE 109

035

Lot 4
Block 84
was
pole farm
off
Missouri St
230 E. Walnut

WARRANTY DEED

This Indenture Witnesseth, that the Grantor, BLANCHE JONES, for the consideration of SEVENTEEN THOUSAND FIVE HUNDRED DOLLARS (\$17,500.00), CONVEYS AND WARRANTS unto HARRISBURG MEDICAL CENTER, INC., an Illinois not for profit corporation, the following described real estate, to-wit:

The East Three-Fourths (E 3/4) of Block Eighty-Five (85) in George Gaskins 5th Addition of Outlots to the City of Harrisburg, Saline County, Illinois, EXCEPT the coal and mineral rights underlying said premises, together with the right to mine and remove the same.

This is not homestead property.

Situated in the County of Saline, in the State of Illinois, hereby releasing and waiving all rights under and by virtue of the Homestead Exemption Laws of this State.

12:44 No 163248
FILED 8-28-98
BOOK 1280 PAGE 125-126
JIM FOWLER, RECORDER
SALINE COUNTY, ILL.

EXEMPT UNDER PARAGRAPH 4(b):

Thomas J. Wolf, Jr.
THOMAS J. WOLF, JR.
Attorney for Grantee

DATED: August 28, 1998

Blanche Jones
BLANCHE JONES

DATED: August 28, 1998

STATE OF ILLINOIS)
)
COUNTY OF WILLIAMSON)

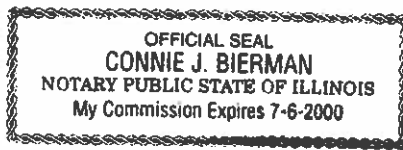
I, the undersigned, Notary Public, in and for said County, in the State aforesaid, do hereby certify that BLANCHE JONES, personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that she signed, sealed and delivered the said instrument as her free and voluntary act, for the uses and purposes therein set forth, including the release and waiver of the right of homestead.

Given under my hand and seal this 28th day of August, 1998.

046

125

T. Wolf
15.12



Connie J. Bierman
Notary Public

MAIL SUBSEQUENT TAX BILLS TO:

HARRISBURG MEDICAL CENTER, INC.
100 HOSPITAL DRIVE
P.O. BOX 428
HARRISBURG, IL 62946

DEED PREPARED BY:

THOMAS J. WOLF, JR., P.C.
ATTORNEY AT LAW
POST OFFICE BOX 400
400 TOWER SQUARE
MARION, IL 62959
(618) 998-1122

DATA\HAR05\9 12A\HARRDEED.JOH

0011280 126

041



Am
555100
4-24-2000

Am
364767
4-24-2000

1:42 to 173620
FILED 4-24-2000
BOOK 1384-268-269
Willie McClusky, Recorder
SALINE COUNTY, IL

WARRANTY DEED

SALINE COUNTY
REAL ESTATE TRANSFER
STAMP 19.0 *Am*

THE GRANTOR,

MARILYN MONTGOMERY of Marion, Illinois, individually and as attorney-in-fact for JOANN CURTIS, MARSHA LA BUWI, MARY E. WILLIAMS and LISA MAY, pursuant to a Power Of Attorney set forth in Family Settlement Agreement of the Heirs of Joseph and Anna Marie Wentzel recorded in Book 1378, Pages 295-299 *AW*

for and in consideration of Thirty-eight Thousand Dollars (\$38,000.00), in hand paid, CONVEYS and WARRANTS TO

HARRISBURG MEDICAL CENTER, INC., of Harrisburg, Illinois,

the following described real estate, to wit:

Lots One (1) and Two (2) in Block Eighty-four (84) in George W. Gaskins 5th Addition to Gaskins City, now Harrisburg, Saline County, Illinois. EXCEPT the Coal, Oil, Gas and other Minerals.

situated in the County of Saline, in the State of Illinois, hereby releasing and waiving all rights under and by virtue of the Homestead Exemption Laws of this State.

Subject to all outstanding easements, rights-of-way, mineral leases, mineral reservations and mineral conveyances of record.

General real estate taxes for 1999 and 2000 due and payable in 2000 and 2001 respectively shall be prorated between the parties as to the date of closing and Grantor's portion shall be deducted from the purchase price.

GRANTOR hereby represents that to the best of her knowledge and belief, the transfer of property intended by this deed does not require a disclosure document as provided for in the Illinois Responsible Property Transfer Act of 1988 as amended.

Dated this 19 day of April, 2000.

Joann Curtis
JOANN CURTIS

Marilyn Montgomery
MARILYN MONTGOMERY, Individually

BY: Marilyn Montgomery
MARILYN MONTGOMERY, her
Attorney-In-Fact

Marsha La Buwi
MARSHA LA BUWI

Mary E. Williams
MARY E. WILLIAMS

BY: Marilyn Montgomery
MARILYN MONTGOMERY, her
Attorney-In-Fact

BY: Marilyn Montgomery
MARILYN MONTGOMERY, her
Attorney-In-Fact

Lisa May
LISA MAY

BY: Marilyn Montgomery
MARILYN MONTGOMERY, her
Attorney-In-Fact

STATE OF ILLINOIS)
COUNTY OF Saline) SS

I, the undersigned, notary public, in and for said County, in the State aforesaid, do hereby certify that MARILYN MONTGOMERY, individually, as attorney-in-fact for Joann Curtis, Marsha LaBuwi, Mary E. Williams and Lisa May, personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that she signed, sealed and delivered the said instrument as her free and voluntary act, for the uses and purposes therein set forth, including the release and waiver of right of homestead.

Given under my hand and notarial seal, on April 19, 2000.

OFFICIAL SEAL
JEFFREY S KOTNER
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 06/28/02

Jeffrey S Kotner
NOTARY PUBLIC

MAIL SUBSEQUENT TAX BILLS TO:
HARRISBURG MEDICAL CENTER, INC.
100 Hospital Drive
Harrisburg, IL. 62946

DEED PREPARED BY:
LAW OFFICES OF WATSON AND MURPHY
1333 Locust Street, P.O. Box 59
Eldorado, Illinois 62930

TITLE NOT EXAMINED NOR TRANSACTION CLOSED BY PREPARER OF DEED.

1C:\24\MONTGOMERY\HBMEDCNTR.POA

VOL 1334 PAGE 269

043

WARRANTY DEED

Prepared by:
 Nina Brown
 Attorney at Law
 15 East Poplar Street
 Harrisburg, IL 62946

Return to:
 Harrisburg Medical Center, Inc.
 100 Hospital Drive
 P.O. Box 428
 Harrisburg, IL 62946

SALINE COUNTY
 REAL ESTATE TRANSFER
 STAMP \$ 21.00 *gm*

Tax bills to:
 Harrisburg Medical Center, Inc.
 100 Hospital Drive
 P.O. Box 428
 Harrisburg, IL 62946

8:21 NO. 202253
 12-10-2004
 1751 PAGE 247-248
 De McClusky, Record
 SALINE COUNTY, IL

THE GRANTOR, LINDA D. GHENT, a married person, for and in consideration of Ten Dollars (\$10.00) and other good and valuable consideration in hand paid, **CONVEYS AND WARRANTS** to **HARRISBURG MEDICAL CENTER, INC.**, an Illinois Corporation, the following described real estate:

Lot 3 in Block 84 in George Gaskins Addition #5 to Gaskins City, Illinois; Excepting all coal and other minerals underlying said premises.

situated in the County of Saline, State of Illinois, hereby releasing and waiving all rights under and by virtue of the Homestead Exemption Laws of this State.

This is non-homestead property.

The Grantor represents to the Grantee that no insurance claims have been paid to the Grantor for mine subsidence in regard to the foregoing real estate, as referenced in 765 ILCS 95/3.

NINA BROWN, AS PREPARER OF THIS DEED, HAS MADE NO INVESTIGATION CONCERNING ANY POSSIBLE VIOLATIONS OF ANY ENVIRONMENTAL LAWS OR REGULATIONS INCLUDING, AND THE PARTIES OF THIS DEED, BY VIRTUE OF THEIR EXECUTION, DELIVERY AND/OR ACCEPTANCE, ACKNOWLEDGE THAT THEY HAVE READ THE FOREGOING AND ACKNOWLEDGE THAT NINA BROWN, HAS NOT BEEN



1751 247

044

SA
 31.00

ASKED TO REPRESENT AND/OR ADVISE THEM IN ANY WAY CONCERNING SUCH LAWS AND REGULATIONS; AND FURTHER ACKNOWLEDGE THAT SHOULD THIS REAL ESTATE BE GOVERNED BY, OR SUBJECT TO, SUCH LAWS AND REGULATIONS, THAT SUCH COULD YIELD VERY SUBSTANTIAL DAMAGES AND PENALTIES TO THE PARTIES.

Dated: December 8, 2004

Linda D. Ghent
LINDA D. GHENT

STATE OF ILLINOIS)
)
COUNTY OF SALINE) ss.

I, Bruce Tolley, Notary Public, in and of said County, in the State aforesaid, do hereby certify that **LINDA D. GHENT**, personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that she signed, sealed and delivered the said instrument as her free and voluntary act, for the uses and purposes set forth, including the release and waiver of the right of homestead.

Given under my hand and Notarial seal this 8th day of December, 2004.



[Signature]
Notary Public

TITLE NOT EXAMINED BY PREPARER OF DEED. LEGAL DESCRIPTION PROVIDED.

F:\WINA\GhentHMCwd.doc

10:03 NO. 217156
 FILED 12-22-2006
 BOOK 1894 PAGE 27-28
 Willie McClusky, Recorder
 SALINE COUNTY, IL
 RHSP SURCHARGE \$ 10.00

WARRANTY DEED

This Indenture Witnesseth, that the Grantors, JOHN L. WRIGHT and CAROLYN L. WRIGHT, Husband and Wife, for the consideration of TWELVE THOUSAND DOLLARS (\$12,000.00), CONVEY AND WARRANT unto HARRISBURG MEDICAL CENTER, INC., the following described real estate, to-wit:



The West One-Half (W ½) of the West One-Half (W ½) of Block Number Eighty-Five (85) in George Gaskins' Fifth Addition of Outlots to Harrisburg, Illinois, being part of the Southwest Quarter of the Southeast Quarter of Section Fifteen (15), Township Nine (9) South, Range Six (6) East of the Third Principal Meridian, Saline County, Illinois. EXCEPT any interest that may exist in the coal, oil, gas and all other minerals underlying said premises together with the right to mine and remove the same.

SALINE COUNTY
 REAL ESTATE TRANSFER
 STAMP \$6.00 YKS

Subject to the 2006 general real estate taxes prorated to the date of sale.

The Grantors represent to the Grantee that no insurance claims have been paid to the Grantors for mine subsidence in regard to the foregoing real estate, as referenced in 765 ILCS 95/3.

The preparer of this deed has made no examination of the title to the captioned property.

Situated in the County of Saline, in the State of Illinois, hereby releasing and waiving all rights under and by virtue of the Homestead Exemption Laws of this State.

DATED: DEC. 18, 2006.

John L. Wright
 JOHN L. WRIGHT

Carolyn L. Wright
 CAROLYN L. WRIGHT

=====

STATE OF ILLINOIS)
)
 COUNTY OF SALINE)

BOOK 1894 PAGE 27


046

Signed
 41-

I, the undersigned, Notary Public, in and for said County, in the State aforesaid, do hereby certify that JOHN L. WRIGHT and CAROLYN L. WRIGHT, personally known to me to be the same persons whose names are subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that they signed, sealed and delivered the said instrument as their free and voluntary act, for the uses and purposes therein set forth, including the release and waiver of the right of homestead.

Given under my hand and seal this 18th day of December, 2006.




Notary Public

MAIL SUBSEQUENT TAX BILLS TO:

Harrisburg Medical Center, Inc.
100 Dr. Warren Tuttle Drive
Harrisburg, IL 62946

DEED PREPARED BY:

THOMAS J. WOLF, JR., P.C.
ATTORNEY AT LAW
400 TOWER SQUARE
P. O. BOX 400
MARION, IL 62959
(618) 998-1122

FILED AT HARRISBURG, ILLINOIS, DECEMBER 18, 2006

WARRANTY DEED**MAIL TAX STATEMENTS TO:**

Harrisburg Medical Center, Inc.
P.O. Box 428
Harrisburg, IL. 62946

Image# 001165780002 Type: WARRANTY
Recorded: 04/09/2009 at 12:45:50 PM
Total Amt: \$63.50 Page 1 of 2
IL Rental Housing Fund: \$10.00
Saline County Clerk and Recorder
Willie McClusky
File# 228006
BK **1954** PG **151-152**

THIS INDENTURE WITNESSETH, That the Grantor, **HAL DEWAYNE WHITLOCK**, for and in consideration of **TEN DOLLARS (\$10.00) AND OTHER VALUABLE CONSIDERATION** in hand paid, **CONVEYS** and **WARRANTS** to **HARRISBURG MEDICAL CENTER, INC.**, all interest in the following described Real Estate, to-wit:

Lot One (1) in Block Eighty (80) in George Gaskins Fifth (5th) Addition to Gaskins City, now in the City of Harrisburg, and except any interest that may exist in the coal, oil, gas and all other minerals underlying said premises together with the right to mine and remove the same.

situated in the County of Saline, in the State of Illinois, hereby releasing and waiving all rights under and by virtue of the Homestead Exemption Laws of this State.

Dated this 9th day of APRIL, 2009.



Hal Dewayne Whitlock
HAL DEWAYNE WHITLOCK

**SALINE COUNTY
REAL ESTATE TRANSFER
STAMP** # 7-26-2009

BOOK 1954 PAGE 0151

048

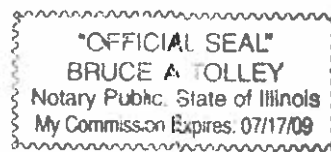
ST

State of ILLINOIS)
) ss.
County of STARK)

The foregoing instrument was acknowledged before me this 9th day of APRIL, 2009, by **HAL DEWAYNE WHITLOCK**.



Notary Public



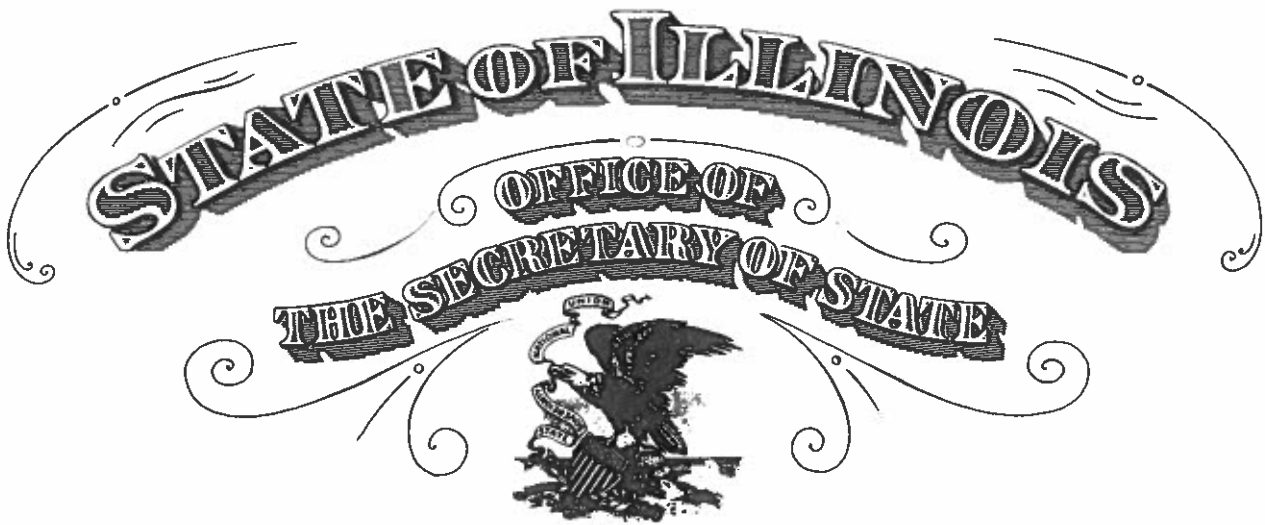
This Deed Prepared By:
DAVID W. HAUPTMANN
Attorney at Law
617 East Church Street, #3
Harrisburg, IL 62946
Telephone: (618) 253-7373

Title not examined by preparer.
Information furnished.

ATTACHMENT 3
LICENSEE'S CERTIFICATE OF GOOD STANDING

File Number

5053-602-5



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

HARRISBURG MEDICAL CENTER, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON OCTOBER 18, 1974, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 24TH
day of MAY A.D. 2021 .

Jesse White

SECRETARY OF STATE

Authentication #: 2114402842 verifiable until 05/24/2022

Authenticate at: <http://www.cyberdriveillinois.com>

ATTACHMENT 4
ORGANIZATIONAL RELATIONSHIPS

I.
Organizational Relationships

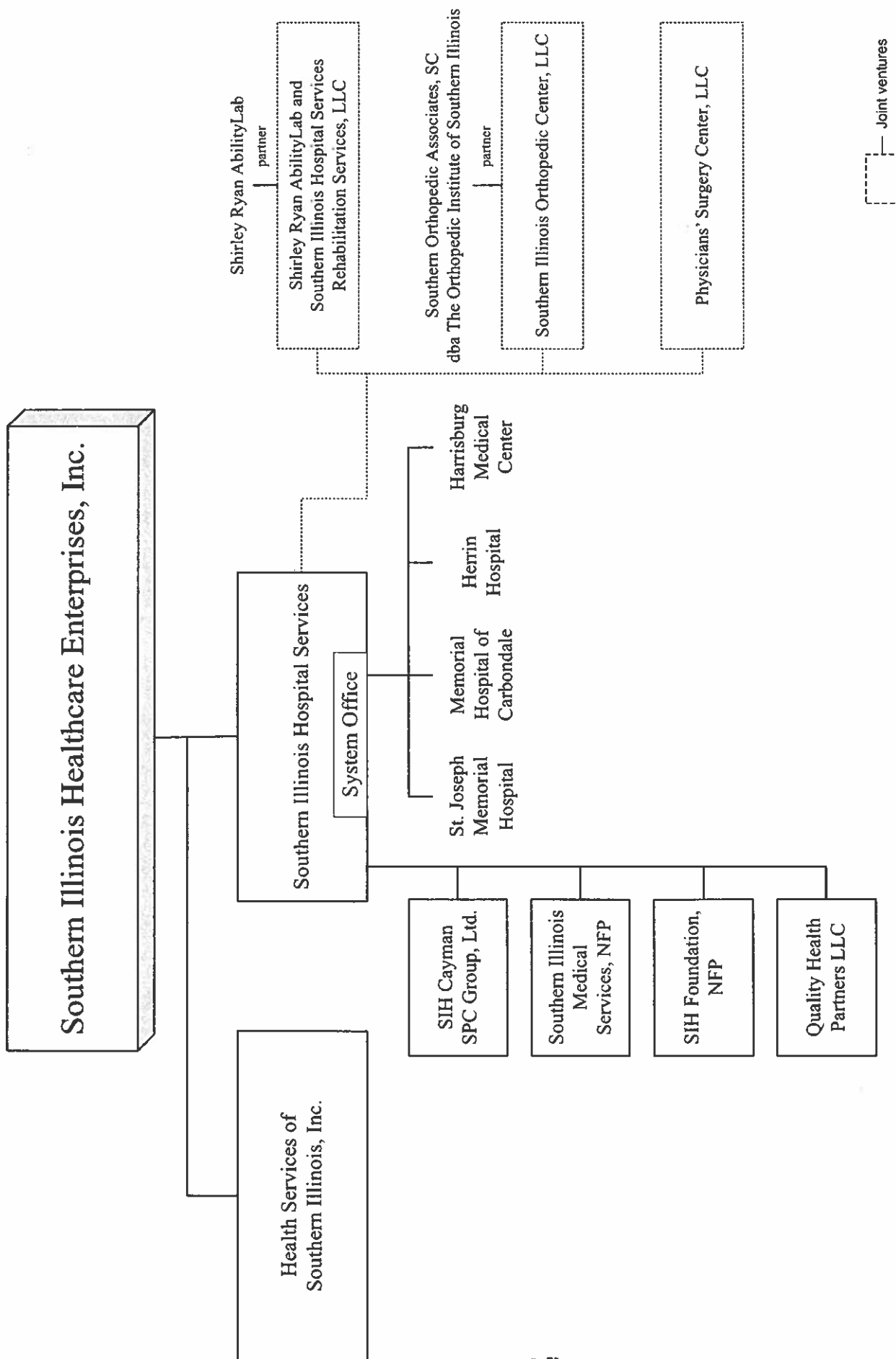
This project has 3 co-applicants: Southern Illinois Hospital Services; Southern Illinois Healthcare Enterprises, Inc.; and Harrisburg Medical Center, Inc.

The Organizational Chart that appears on the following page and is discussed in Attachment 5 identifies the following organizational relationships.

This project proposes the affiliation of Southern Illinois Hospital Services and Harrisburg Medical Center, Inc., due to a change of membership of Harrisburg Medical Center, Inc. As a result of this transaction, Southern Illinois Hospital Services will become the sole corporate member of Harrisburg Medical Center, Inc.

Southern Illinois Healthcare Enterprises, Inc., is the sole corporate member of Southern Illinois Hospital Services.

The project cost is \$0.



ATTACHMENT 5
BACKGROUND OF THE CO-APPLICANTS

II.

Background of the Applicant

1. This application seeks approval of a Certificate of Exemption (COE) for the Change of Ownership of Harrisburg Medical Center due to a change of membership of Harrisburg Medical Center, Inc., a not-for-profit corporation. As a result of this transaction, Southern Illinois Hospital Services will become the sole corporate member of Harrisburg Medical Center.

Harrisburg Medical Center's Illinois Hospital License ID Number is 0521, and its Joint Commission ID Number is 7353.

Southern Illinois Hospital Services currently owns or operates the following health care facilities, whose identification numbers are listed below.

<u>Name and Location of Facility</u>	<u>Identification Numbers</u>
Memorial Hospital of Carbondale, Carbondale	Illinois Hospital License ID# 0000513 The Joint Commission ID# 7252
Herrin Hospital, Herrin	Illinois Hospital License ID# 0000935 The Joint Commission ID# 7357
St. Joseph Memorial Hospital, Murphysboro (Critical Access Hospital)	Illinois Hospital License ID# 0004614
Physicians Surgery Center, LLC, Carbondale	Illinois Ambulatory Surgical Treatment Center License ID# 7003128 Accreditation Association for Ambulatory Health Care, Inc. Accreditation ID# 4398
Southern Illinois Orthopedic Center, LLC, d/b/a Ambulatory Orthopedic Surgery Center, Herrin (49% ownership)	Illinois Ambulatory Surgical Treatment Center License ID# 7002421 Accreditation Association for Ambulatory Health Care, Inc. Accreditation ID#22592

2. This information is provided under Item 1. above, as all health care facilities currently owned and/or operated by Southern Illinois Hospital Services are located in Illinois.

3. This Attachment includes a certification letter from Southern Illinois Healthcare, the sole corporate member of Southern Illinois Hospital Services, documenting that health care facilities owned or operated by Southern Illinois Hospital Services have not had any adverse action taken against them during the past three years.
4. The certification letter referenced in Item 3. above authorizes the Illinois Health Facilities and Services Review Board and Illinois Department of Public Health to access any documents necessary to verify the information submitted in response to this subsection.
5. This item is not applicable to this application because the requested materials are being submitted as part of this application.



Administration

t 618.457.5200

f 618.529.0568

May 25, 2021

Ms. Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson Second Floor
Springfield, Illinois 62761

Dear Ms. Avery:

Southern Illinois Hospital Services, Southern Illinois Healthcare Enterprises, Inc., and Harrisburg Medical Center, Inc., are seeking approval of a Certificate of Exemption for the Change of Ownership of Harrisburg Medical Center, Inc., a not-for-profit corporation.

As a result of this transaction, Southern Illinois Hospital Services (SIHS) will become the sole member of Harrisburg Medical Center.

SIHS owns and operates the following health care facilities, as defined under the Illinois Health Facilities Planning Act (20 ILCS 3960/3).

Herrin Hospital, Herrin;
Memorial Hospital of Carbondale, Carbondale;
St. Joseph Memorial Hospital, Murphysboro;
Physicians' Surgery Center, LLC, Carbondale.

In addition, SIHS owns thirty-four percent (49%) of Southern Illinois Orthopedic Center, LLC, which is located in Herrin, Illinois.

Southern Illinois Healthcare Enterprises, Inc., is the sole corporate member of Southern Illinois Hospital Services (SIHS), an Illinois not for profit corporation.

We hereby certify that there has been no adverse action taken against any health care facility owned and/or operated by SIHS during the three years prior to the filing of this application.

This letter is also authorizes the Illinois Health Facilities and Services Review Board and the Illinois Department of Public Health (IDPH) to access any documents necessary to verify the information submitted, including but not limited to the following: official records of IDPH or other state agencies; the licensing or certification records of other states, where applicable; and the records of nationally recognized accreditation organizations, as identified in the requirements specified in 77 Ill. Adm. Code 1110.230.a).

Sincerely,

Rex P. Budde
President and CEO
Southern Illinois Hospital Services

058

OFFICIAL SEAL
SUSAN J. MORGAN
Notary Public, State of Illinois
My Commission Expires 09-20-2024

sih.net



P.O. Box 428
100 Dr. Warren Tuttle Drive
Harrisburg, Illinois 62946
618-253-7671

June 1, 2021

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson Second Floor
Springfield, Illinois 62761

Dear Ms. Avery:

Southern Illinois Hospital Services, Southern Illinois Healthcare Enterprises, Inc., and Harrisburg Medical Center, Inc., are seeking approval of a Certificate of Exemption for the Change of Ownership of Harrisburg Medical Center, Inc., a not-for-profit corporation.

As a result of this transaction, Southern Illinois Hospital Services will become the sole member of Harrisburg Medical Center.

Harrisburg Medical Center, Inc., owns and operates the following health care facility, as defined under the Illinois Health Facilities Planning Act (20 ILCS 3960/3): Harrisburg Medical Center.

We hereby certify that there has been no adverse action taken against Harrisburg Medical Center during the three years prior to the filing of this application.

This letter is also authorizes the Illinois Health Facilities and Services Review Board and the Illinois Department of Public Health (IDPH) to access any documents necessary to verify the information submitted, including but not limited to the following: official records of IDPH or other state agencies; the licensing or certification records of other states, where applicable; and the records of nationally recognized accreditation organizations, as identified in the requirements specified in 77 Ill. Adm. Code 1110.230.a).

Sincerely,

A handwritten signature in black ink that reads "Dennis Murphy".

Dennis Murphy Chairman, Board of Directors
Harrisburg Medical Center, Inc.

Notarization: Subscribed and sworn to before me this 1st day of June 2021

A handwritten signature in black ink that reads "Angela S. Young".
Signature of Notary



Advancing Healthcare in our community... everyday 59

ATTACHMENT 6
RESPONSES TO APPLICABLE REVIEW CRITERIA
FOR EXEMPTIONS INVOLVING THE
CHANGE OF OWNERSHIP OF A HEALTH CARE FACILITY

III.

Change of Ownership: 1130.520 Requirements for Exemptions Involving the Change of Ownership of a Health Care Facility

1. 1130.520(b)(1)(A) - Names of the Parties

In accordance with 77 Ill. Adm. Code 1130.220(a), which identifies the necessary parties for projects to change the ownership of health care facilities, this application includes the following co-applicants.

Harrisburg Medical Center, Inc. – the current license holder for Harrisburg Medical Center as well as the license holder for Harrisburg Medical Center after this transaction is completed

Southern Illinois Hospital Services – the sole corporate member of the Board of Directors of Harrisburg Medical Center, Inc., after this transaction is completed

Southern Illinois Healthcare Enterprises, Inc. – the sole corporate member of Southern Illinois Hospital Services, an Illinois not-for-profit corporation

2. 1130.520(b)(1)(B) - Background of the parties, which shall include proof that the applicant is fit, willing, able, and has the qualifications, background and character to adequately provide a proper standard of health service for the community by certifying that no adverse action has been taken against the applicant by the federal government, licensing or certifying bodies, or any other agency of the State of Illinois against any health care facility owner or operated by the applicant, directly or indirectly, within three years preceding the filing of the application

Attachment 5 includes background information on each of the co-applicants and the required certifications by each.

3. 1130.520(b)(1)(C) - Structure of the transaction

This transaction is a change in the membership of Harrisburg Medical Center, Inc., which is the licensed entity for Harrisburg Medical Center.

As a result of this transaction, Southern Illinois Hospital Services will become the sole corporate member of Harrisburg Medical Center, Inc.

4. 1130.520(b)(1)(D) - Name of the person who will be licensed or certified entity after the transaction

Harrisburg Medical Center will be the licensed entity after the transaction is completed.

5. 1130.520(b)(1)(E) - List of the ownership or membership interests in such licensed or certified entity both prior to and after the transaction, including a description of the applicant's organizational structure with a listing of controlling or subsidiary persons

As a result of this transaction, Southern Illinois Hospital Services will become the sole corporate member of Harrisburg Medical Center, Inc.

The licensed health care facilities that Southern Illinois Hospital Services currently owns or operates are identified in Attachment 5 of this application and are listed below.

Memorial Hospital of Carbondale, Carbondale
 Herrin Hospital, Herrin
 St. Joseph Memorial Hospital, Murphysboro
 Physicians Surgery Center, LLC, Carbondale
 Southern Illinois Orthopedic Center, LLC,
 d/b/a Ambulatory Orthopedic Surgery Center, Herrin
 (49% ownership)

The only change that will occur after this transaction is completed is that Harrisburg Medical Center will be added to this list of facilities.

The organization structure of Southern Illinois Healthcare Enterprises, Inc., the sole corporate member of Southern Illinois Hospital Services, and Southern Illinois Hospital Services after this transaction is completed is found in Attachment 4 of this application.

6. 1130.520(b)(1)(F) - Fair market value of assets to be transferred

The fair market value of the assets of Harrisburg Medical Center, Inc., has been estimated by H2C to be in the range of \$15.5 million to \$19.3 million.

Harrisburg Medical Center, Inc., will continue to own those assets after this transaction is completed, since this transaction is for the change in membership of Harrisburg Medical Center, Inc., an Illinois not-for-profit corporation that is the licensed entity.

7. 1130.520(b)(1)(G) - The purchase price or other forms of consideration to be provided for those assets [20 ILCS 3960/8.5(a)]

The purchase price is \$0.

As a result of the proposed transaction, Southern Illinois Hospital Services (SIHS) will become the sole corporate member of Harrisburg Medical Center, Inc.

As a result of this affiliation, the bylaws of Harrisburg Medical Center, Inc., (HMC) will be amended to include at least two (2) members from SIHS on the Board of Directors of HMC, and the bylaws of SIHS will be amended to include at least one (1) director of SIHS who is a resident of the HMC service area, nominated by the HMC Board and appointed by SIHS.

8. 1130.520(b)(2) - Affirmation that any projects for which permits have been issued have been completed or will be completed or altered in accordance with the provisions of this Section

This criterion does not apply to this transaction because there are no projects at Harrisburg Medical Center for which permits have been issued.

Southern Illinois Hospital Services affirms that any projects at its current facilities have been completed or will be completed or altered in accordance with the provisions of this section.

9. 1130.520(b)(3) – If the ownership change is for a hospital, affirmation that the facility will not adopt a more restrictive charity care policy than the policy that was in effect one year prior to the transaction. The hospital must provide affirmation that the compliant charity care policy will remain in effect for a two-year period following the change of ownership transaction

The co-applicants affirm that Harrisburg Medical Center will not adopt a more restrictive charity care policy than the policy that was in effect one year prior to the transaction.

Harrisburg Medical Center's charity care information for the latest three audited fiscal years (FY18 through FY20) is provided in Attachment 7 of this application.

In addition, the compliant charity care policy will remain in effect for a two-year period following the change of ownership transaction.

10. 1130.520(b)(4) - A statement as to the anticipated benefits of the proposed changes in ownership to the community

The proposed transaction will improve the manner in which health care services are provided to residents of Saline County, the county in which Harrisburg Medical Center's hospital is located, and the region that is served by its other facilities. The service area for Harrisburg Medical Center (HMC) includes Saline, Gallatin, Hardin, Pope and White Counties in southeastern Illinois.

In addition to the hospital, HMC operates clinics in Harrisburg and Eldorado, as well as a primary care clinic and a behavioral health clinic in Williamson County and two (2) mine clinics in Williamson and Hamilton Counties.

This transaction will strengthen the existing relationship between Harrisburg Medical Center and Southern Illinois Hospital Services (SIHS) and better streamline the clinical, financial and technological needs of patients in southeastern Illinois.

Residents of Harrisburg Medical Center's service area will benefit from the regional and tertiary care services that are provided at Southern Illinois Hospital Services' facilities. As part of a larger system, HMC will be able to strengthen the depth and breadth of services through increased access to specialists, resources, and advanced medical technologies. Enhancements in care coordination and clinical standardization will lead to improved quality of care and more effective delivery of healthcare services.

As the leading healthcare provider in southern Illinois, Southern Illinois Healthcare (SIH) is committed to improving health outcomes, addressing healthcare needs, and maintaining community-based care for the region served by HMC.

11. 1130.520(b)(5) - The anticipated or potential cost savings, if any, that will result for the community and the facility because of the change in ownership

As a result of this transaction, numerous opportunities for cost savings will be achieved.

HMC's information technology and software will be transitioned to SIH's platform, leading to increased efficiencies, improved revenue cycle, and lower cost.

Becoming part of a larger health system will drive down HMC's costs through economies of scale and reduction of overhead, as well as the ability to access more competitive pricing for supplies, drugs, and other services.

Refinancing HMC's debt under SIH's stronger credit rating will generate material annual savings.

This transaction will improve HMC's financial performance and improve its ability to meet its community's healthcare needs. HMC's utilization declined due to the pandemic, and volumes have been slow to return, which has significantly impacted its financial performance. On a stand-alone basis, HMC would not be able to generate positive financial margins, which would jeopardize its future as well as the community's access to care.

12. 1130.520(b)(6) - A description of the facility's quality improvement program mechanism that will be utilized to assure quality control

A copy of Harrisburg Medical Center's Quality Assurance Performance Improvement Plan, which was last revised in March, 2021, and is scheduled for revision annually, is appended to this Attachment and will be found at the end of this narrative section.

13. 1130.520(b)(7) - A description of the selection process that the acquiring entity will use to select the facility's governing body

In accordance with the Affiliation Agreement between Harrisburg Medical Center, Inc. (HMC) and Southern Illinois Hospital Services (SIHS), the bylaws of each corporation will be amended to include designees from each corporation as members of the other's board.

The process of selecting members of the government board of each corporation is discussed in the Affiliation Agreement.

The members of the Board of Directors of HMC immediately preceding the closing date for this transaction will continue to serve as members of the HMC Board unless they decline to continue to serve by resigning.

The bylaws of HMC will be amended to provide that SIHS may only remove members of the HMC Board for "cause," as defined in the Affiliation Agreement.

In addition, the amended HMC Bylaws will specify that the HMC Board will include at least two (2) members from SIHS.

The Affiliation Agreement also states that the bylaws of SIHS will be amended to include at least one (1) director of SIHS who is a resident of the HMC service area, nominated by the HMC Board and appointed by SIHS. The HMC Nominating Committee shall propose at least two (2) candidates for SIHS' consideration for this position. The amended SIHS Bylaws will provide that such director is subject to SIHS' customary board member credentialing and approval process and that such director will be afforded opportunities to serve on SIHS Board committees consistent with the process for all SIHD Board members.

14. 1130.520(b)(9) - A description or summary of any proposed changes to the scope of services or levels of care currently provided at the facility that are anticipated to occur within 24 months after acquisition

No changes to the scope of services or levels of care currently provided at Harrisburg Medical Center are anticipated to occur within 24 months after this transaction closes.

Current Status: Active

PolicyStat ID: 9427438



Origination:	08/2018
Effective:	03/2021
Approved:	03/2021
Last Revised:	03/2021
Due For Revision:	03/2022
Author:	Leslie Ferrell: VP / CNO
Area:	Hospital Wide Standards
Tags:	Hospital Standards - Plans of care & PI

PI Plan 2021

HARRISBURG MEDICAL CENTER QUALITY ASSURANCE PERFORMANCE IMPROVEMENT PLAN 2021

I. PURPOSE

The purpose of this plan is Harrisburg Medical Center's information and performance measurement program and to provide a guide for the application of Quality Assessment. Performance Improvement (QAPI) philosophy to performance and management of information throughout the organization. Quality in healthcare is defined by the Institute of Medicine as "the degree to which healthcare services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.

Performance has multiple dimensions that help to direct individual and team thinking about how to design, measure, assess and improve processes and outcomes. The dimensions of performance that will be tied into all improvement efforts and monitoring and evaluation functions on a department and system wide level are:

Appropriateness - the degree to which the care/intervention provided is relevant to the patient's clinical needs, given the current state of knowledge.

Availability - the degree to which the appropriate care/intervention is available to meet the needs of the patient served.

Continuity - the degree to which the care/intervention for the patient is coordinated among practitioners, between organizations, and across time.

Effectiveness - the degree to which the care/intervention is provided in the correct manner, given the current state of knowledge, in order to achieve the desired/projected outcome(s) for the patient.

Efficiency - the ratio of the outcomes (results of care/intervention) for a patient to the resources used to deliver the care.

Respect and Caring - the degree to which a patient, or designee, is involved in his or her own care decisions, and that those providing the services do so with sensitivity and respect for his or her needs and expectations and individual differences.

Safety - the degree to which the risk of an intervention and the risk in the care environment are reduced for the patient and others, including the health care provider.

Timeliness - the degree to which the care/intervention is provided to the patient at the time it is most beneficial or necessary.

These dimensions can be grouped into "doing the right things" such as appropriateness, availability, and efficacy, and doing things well such as continuity, effectiveness, efficiency, respect and caring, safety and timeliness.

Harrisburg Medical Center, Inc. is committed to continuously improve the quality of patient care and services. This commitment will be incorporated throughout the organization, appearing in strategic planning, resource allocation, role definitions, reward systems, performance evaluations, and the Organization's role in the community. The organization realizes that improving organizational performance is evolutionary. This plan strives to set the guidelines to lead the organization into a continuous improvement approach to quality of care and services. This plan will be reviewed and/or revised every year and on an as needed basis.

Quality Assurance/Quality Control refers to identification, assessment, monitoring, and correction of important aspects of patient care or systems to ensure proper functioning.

This plan incorporates principles and techniques that foster continuous improvement in performance and quality and is constructed around several principles:

- A. Quality improvement cannot succeed without the commitment and involvement of the organization's leaders, clinical and managerial.
- B. Performance is best improved by focusing on systems and processes rather than on individuals.
- C. Valuing employees' contributions - as individuals and in teams - is at the core of the quality improvement philosophy. PI is integrated into the everyday work life.
- D. Feedback is solicited from patients/significant others on a regular basis and in a timely manner to assist in improving organizational performance.
- E. Performance improvement has a customer focus - both internal and external.
- F. Quality assessment and improvement activities should be organized around the flow of patient care and be coordinated across disciplines and departments.
- G. Education and training are essential.
- H. Performance improvement is not the responsibility of a single department but rather it requires active participation of everyone in the organization.
- I. Understanding and reducing the variability of processes is the key to improved quality.
- J. Performance improvement requires use of objective data and statistical tools
 1. Prevention should be emphasized
 2. The improvement cycle is continuous
- K. Quality assessment and performance improvement are integrated concepts.

II. SCOPE OF THE FACILITY MEASUREMENT, ASSESSMENT AND IMPROVEMENT ACTIVITIES

All employees, contracted services, and Medical Staff of Harrisburg Medical Center participate in the overall quality assurance and performance improvement activities in one form or another. Participation may be found in individual department initiatives, participation in team activities, provision of feedback on processes, satisfaction or safety surveys, or other means.

III. HOSPITAL/QUALITY MISSION

In support of the hospital's mission to "maintain and improve the health of the communities we serve", the hospital's quality mission is to continuously improve the quality of care and services provided by knowing, meeting, and exceeding internal and external customer expectations and by increasing the values of services.

The Quality Assurance and Performance Improvement Plan supports the hospital mission by ensuring that the principles and processes, the metrics and teams developed, and the training/education of the participants closely aligns with that mission.

IV. METHODOLOGY

A. QUALITY IMPROVEMENT APPROACHES

In order for Harrisburg Medical Center, Inc. to achieve quality mission, goals, and objectives, all components of organization must participate and cooperate. A coordinated/integrated approach is essential to attain an effective, efficient performance improvement system.

Harrisburg Medical Center, Inc. will use approaches for improvement which may include:

1. Systems PI
2. Structural method
3. Individual traditional assessment activities and peer review

B. PDSA MODEL



Plan- Identify a potential improvement and plan the improvement or solution based on continuous quality improvement techniques and tools

Do- Start applying the improvement or solution. Select and implement corrective actions

Study- Measure and analyze results of the improvement. Decide if it was successful and determine if it accomplished the desired results. Determine if additional changes are needed

Act- To hold the gain or improvement in place. Repeat the cycle if additional gains can be made. Begin again at the planning phase if not successful. Provide for education / training to assure "hardwiring" of process

V. GOALS

- A. To develop strategic plan for implementing continuous performance improvement
- B. To continuously improve the effectiveness of the QA-PI system
- C. To continuously improve participation in performance improvement at all levels of the organization
- D. To improve organization-wide understanding of all performance improvement activities, their interrelationships, and need for coordination of these activities

VI. OBJECTIVES

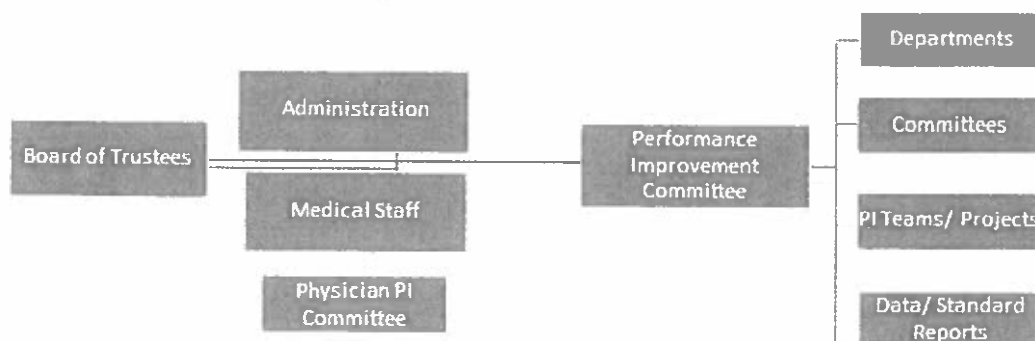
The objectives of the Performance Improvement program are to:

- A. Emphasize the role of HMC Leadership, Medical Staff, and Employees in the quality process.
- B. Provide timely and useful feedback and status reports to HMC Employees, Leadership, Medical Staff, and the Board of Trustees.
- C. Focus on important processes rather than solely on individual performances
- D. Establish integrated and coordinated data measurement systems for quality, utilization, and risk review activities.

- E. Fulfill the requirements of regulatory and accrediting agencies related to quality management and performance measurement and improvement.
- F. Focus on continued PI education identified through employee feedback and encourage increased participation in all personnel in the PI process.
- G. Encourage the development of PI Teams when opportunities for collaborative process improvements have been identified.
- H. Focus on opportunities to improve the processes and outcomes of hospital services, patient care and treatment, systematically and collaboratively utilizing PI tools and methodology.
- I. Provide a framework for communication and collaboration throughout the organization.
- J. Merge business strategies with quality efforts as directed by corporate goals, strategies, and initiatives.
- K. Organize quality assessment and performance improvement activities around the flow of patient care and coordinate across disciplines and departments.
- L. Facilitate collaboration between individual departments in an effort to reduce duplication of: data gathering, data aggregation, and reporting to internal and external databases.

VII. QUALITY OVERSIGHT/COMMITTEE STRUCTURE

A tiered committee infrastructure provides oversight and support for Performance Improvement and Quality Assurance include:



- A. Individual departments provide periodic reports to the PI Committee. Department leadership will collect QA data within the department; should a metric fall outside of established parameters and cannot be brought back to compliance using established policy/protocols, the data will forward to the PI Committee for review and comment. Committees (e.g. Utilization Review Subcommittee, Safety, Infection Control Committee, etc) report via their minutes or summaries. PI Teams and/or Projects will provide reports and summaries until the completion of their activities. Standard Reports and other data reviewed by the PI Committee include but are not limited to: Mortalities, Hospital Statistics, OPO reports, Blood Utilization, patient satisfaction, public-reported data, medication safety, sentinel event review, accreditation reports.

A separate committee focused on physician activities related to performance improvement reports directly to the Medical Staff. Aggregate reports may be provided to the PI Committee from the

Physician PI Committee as needed (e.g. Mortality cases reviewed in depth may be aggregated in a mortality report to the PI Committee).

B. Roles and Responsibilities:

1. Board of Trustees

The Harrisburg Medical Center's Board of Trustees has ultimate responsibility for improving organization performance. The Board has delegated the implementation for improving organization performance to the Chief Executive Officer and the administrative staff, department directors, and the elected and/or appointed leaders of the Medical Staff. Harrisburg Medical Center, Inc. realizes that leadership involvement is the key to achieving an organization-wide commitment to improve quality and to assure that performance improvement is given high priority among the organization's activities.

Responsibility for the oversight of the performance improvement system has been delegated to the hospital-wide Performance Improvement Committee.

2. Hospital Administration/Leadership Team

Administration/ Leadership Team is responsible for:

- a. Oversight of the design of a performance improvement system
- b. Fostering organization-wide commitment to performance improvement
- c. Establishing performance improvement priorities
- d. Allocating resources for improvement
- e. Assuring staff training in QA-PI theory and methods.
- f. Improving communication of performance improvement activities
- g. Analyzing their own effectiveness in performance improvement
- h. The CMO holds a unique position to act as liaison between the Medical Staff, Board of Trustees, and Hospital Administration.

3. Department Leadership

Department directors may assign responsibility for the specific duties related to intra/ interdepartmental monitoring and evaluation and team participation. Department Leadership is responsible for:

- a. Identifying elements requiring quality assurance monitoring or performance improvement activity
- b. Analyzing departmental data according to the dimensions of performance
- c. Identifying potential performance improvement indicators, PI projects, or team improvement efforts
- d. Collecting data at the departmental level for quality assurance or improvement purposes
- e. Ensuring timely reporting of efforts to the appropriate committee oversight
- f. Participating in education, training, and feedback of department staff for purposes of quality assurance and/or performance improvement activities

4. Medical Staff Leadership

The Medical Executive Committee, Medical Staff Department Chairs and other Medical Staff leadership has oversight of Medical Staff performance improvement activities including peer

review. The Medical Staff shows leadership responsibilities in:

- a. Approving performance measures, evaluation triggers, criteria, and standards
- b. Incorporating PI activities as an integral part of the Medical Staff reappointment process and delineation of privileges.
- c. Assuring one level of care for patients with the same health care needs.
- d. Reviewing the appropriate dimensions of performance for the important functions, prioritizing aspects of care, product lines, or committee facilitation.
- e. Sharing PI results and information with Medical Staff departmental staff.
- f. Encouraging and providing for the utilization of appropriate process improvement tools and problem-solving principles and tools.
- g. Collaborating with other Medical Staff or Hospital departments in PI Teams to measure outcomes and processes.
- h. Receiving reports on the status of clinical and nonclinical performance of the organization
- i. Making recommendations to the PI Committee regarding clinical and nonclinical performance improvement activities and the mechanism used to conduct, evaluate, and revise such activities.
- j. Making recommendations to the Board of Trustees regarding the clinical and nonclinical performance activities and the mechanism used to conduct, evaluate, and revise such activities.

VIII. DEPARTMENT SCOPE OF SERVICE and PERFORMANCE IMPROVEMENT PLANS

- a. Scope of Service: Each department will compile an inventory of the activities performed within the department. Such an inventory will be based on the review of the:
 - types and age of patients served
 - range of conditions and diagnoses treated
 - range of activities involved in serving patients (including activities other than direct patient care)
 - types of staff carrying out these activities
 - sites where care and service are provided
 - times when care and service are provided
- b. Quality Assessment/Performance Improvement Plan: Department Leaders should use the Scope of Services to develop an individualized Quality Assurance Performance Improvement (QA PI) Plan. Identifying important aspects of care/service, selecting from among the delineated services and functions those that are high volume, high risk, and/or problem prone to identify aspects of care that are important enough to warrant continuous monitoring or performance improvement. These indicators will be measurable, specific, objective events which will provide information useful in assessing the quality of important aspects of care or service. Department directors may assign responsibility for the specific duties related to intra/interdepartmental monitoring and evaluation and team participation.
 - i. Establish priorities In addition to the aspects of care/service and key functions identified by the organization's leaders for ongoing monitoring, the department directors will assist their departments in identifying high priority aspects, key functions, processes, treatments, activities and so forth to monitor. these monitored activities can be found in each department's QA/QI plan.

- ii. Utilize sources such as literature, practice guidelines, staff experience, other hospitals with similar services, professional organizations and/or professional standards in setting goals or benchmarks for chosen indicators.
- iii. Individual committees and departments will evaluate, review, and revise their performance improvement activities and plans annually as part of the organization-wide review.
- iv. Results of activities will be sent to the PI Committee for review.

IX. EDUCATION, TRAINING, AND COMPETENCY

Education for quality awareness, team leader/facilitator skills, statistical process control and other courses are suggested to provide input and leadership for the hospital-wide PI committee. It is noted that consultants also provide courses to update and build on current knowledge necessary to apply continuous improvement methodology.

Training in principles of quality assurance and performance improvement are integrated into the initial onboarding of new employees and included in specified annual education opportunities. Education and training may be formal in nature or "just in time" training.

X. CONFIDENTIALITY AND IMMUNITY FROM LIABILITY

Confidentiality is the safekeeping of data/information as restricted to individuals who have need, reason, and permission for access to such data/information. A security system is designed to protect the data from intentional and unintentional destruction, modification, disclosure.

XI. ANNUAL PROGRAM/PLAN EVALUATION

The quality assessment and improvement system and plan will be reviewed annually and revised as necessary. A summary of evaluation results will be presented to the PI committee, the Medical Staff, Administration, and the Board of Trustees. The Medical Director of PI is responsible for coordinating the presentation of the annual review to HMC Leadership. This annual review will assess the objectives, scope, organization, effectiveness, and appropriateness of the program. Topics for review will include but not be limited to:

- A. Determining whether areas for improvement were identified, acted upon, and patient care and services improved.
- B. Evaluating the monitoring, evaluation, and improvement process to determine the scope, effectiveness and appropriateness of the process.
- C. Comparing the written plan with the PI activities that were performed and adapting the plan as needed to accurately reflect the evolving process.
- D. Assessing that documentation is being maintained on the entire process.
- E. Determining whether PI information was communicated accurately and in a timely fashion to the appropriate persons, teams, leaders and/or committees.

Revision, Review, and Approval 3/2021

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
	Leslie Ferrell: VP / CNO	03/2021

ATTACHMENT 7
CHARITY CARE INFORMATION

IV.
Charity Care Information

1. The amount of charity care for the last 3 audited fiscal years for Harrisburg Medical Center, the cost of charity care, and the ratio of that charity care cost to net patient revenue are presented below.

HARRISBURG MEDICAL CENTER

	FY2018	FY2019	FY2020
Net Patient Revenue	\$65,083,544	\$58,124,160	\$52,470,812
Amount of Charity Care (charges)	\$2,970,551	\$1,975,655	\$2,160,838
Cost of Charity Care	\$1,025,298	\$803,145	\$738,255
Ratio of Cost of Charity Care to Net Patient Revenue	1.6%	1.4%	1.4%

2. This chart reports data for Harrisburg Medical Center.

The information provided is only for Harrisburg Medical Center and is not consolidated with any other entities.

3. Because Harrisburg Medical Center is an existing facility, the data are reported for the latest three audited fiscal years.