#E-022-21

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:	Kindred Hospital Chicago Northlake		
Street Address:	365 East North Avenue		
City and Zip Code:	Northlake, IL 60164		
County: Cook	Health Service Area: 7	Health Planning Area: A-06	

Legislators

State Senator Name:	Laura Ellman
State Representative Name:	Don Harmon

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

Exact Legal Name:	Kindred Healthcare, LLC
Street Address:	680 South Fourth Street
City and Zip Code:	Louisville, KY 40202
Name of Registered Agent:	CT Corporation System
Registered Agent Street Address:	208 South LaSalle St. Suite 814
Registered Agent City and Zip Code:	Chicago, IL 60604
Name of Chief Executive Officer:	Benjamin A. Breier
CEO Street Address:	680 South Fourth Street
CEO City and Zip Code:	Louisville, KY 40202
CEO Telephone Number:	502/596-7300

Type of Ownership of Applicants

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

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

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

Primary Contact [Person to receive ALL correspondence or inquiries]

Name:	Jacob M. Axel
Title:	President
Company Name:	Axel & Associates, Inc.
Address:	675 North Court, Suite 210 Palatine, IL 60067
Telephone Number:	847/779-7101
E-mail Address:	jacobmaxel@msn.com
Fax Number:	

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

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Facility/Project Identification

Facility Name:	Kindred Hospital Chicago Northlake		
Street Address:	365 East North Avenue		
City and Zip Code:	Northlake, IL 60164		
County: Cook	Health Service Area: 7	Health Planning Area: A-06	

Legislators

State Senator Name:	Laura Ellman
State Representative Name:	Don Harmon

This Section must be completed for all projects.

Legislators

State Senator Name:	David Koehler
State Representative Name:	Jehan Gordon-Booth

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

Exact Legal Name:	Kindred Chicago Northlake, LLC
Street Address:	680 South Fourth Street
City and Zip Code:	Louisville, KY 40202
Name of Registered Agent:	CT Corporation System
Registered Agent Street Address:	208 South LaSalle St. Suite 814
Registered Agent City and Zip Code:	Chicago, IL 60604
Name of Chief Executive Officer:	Benjamin A. Breier
CEO Street Address:	680 South Fourth Street
CEO City and Zip Code:	Louisville, KY 40202
CEO Telephone Number:	502/596-7300

Type of Ownership of Applicants

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

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

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

Primary Contact [Person to receive ALL correspondence or inquiries]

Name:	Jacob M. Axel
Title:	President
Company Name:	Axel & Associates, Inc.
Address:	675 North Court, Suite 210 Palatine, IL 60067
Telephone Number:	847/779-7101
E-mail Address:	jacobmaxel@msn.com
Fax Number:	

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

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Facility/Project Identification

Facility Name:	Kindred Hospital Chicago Northlake		
Street Address:	365 East North Avenue		
City and Zip Code:	Northlake, IL 60164		
County: Cook	Health Service Area: 7	Health Planning Area: A-06	

Legislators

State Senator Name:	Laura Ellman
State Representative Name:	Don Harmon

This Section must be completed for all projects.

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

Exact Legal Name:	Knight Health Holdings LLC
Street Address:	330 Seven Springs Way
City and Zip Code:	Brentwood, TN 37027
Name of Registered Agent:	The Corporation Trust Company
Registered Agent Street Address:	Corporation Trust Center 1209 Orange Street
Registered Agent City and Zip Code:	Wilmington, DE 19801
Name of Chief Executive Officer:	Robert Jay
CEO Street Address:	330 Seven Springs Way
CEO City and Zip Code:	Brentwood, TN 37027
CEO Telephone Number:	615/920-7000

Type of Ownership of Applicants

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

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

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

Primary Contact [Person to receive ALL correspondence or inquiries]

Name:	Jacob M. Axel
Title:	President
Company Name:	Axel & Associates, Inc.
Address:	675 North Court, Suite 210 Palatine, IL 60067
Telephone Number:	847/779-7101
E-mail Address:	jacobmaxel@msn.com
Fax Number:	

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

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Facility/Project Identification

Facility Name:	Kindred Hospital Chicago Northlake		
Street Address:	365 East North Avenue		
City and Zip Code:	Northlake, IL 60164		
County: Cook	Health Service Area: 7	Health Planning Area: A-06	

Legislators

State Senator Name:	Laura Ellman
State Representative Name:	Don Harmon

This Section must be completed for all projects.

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

Exact Legal Name:	Knight Health LLC
Street Address:	330 Seven Springs Way
City and Zip Code:	Brentwood, TN 37027
Name of Registered Agent:	The Corporation Trust Company
Registered Agent Street Address:	Corporate Trust Center 1209 Orange Street
Registered Agent City and Zip Code:	Wilmington, DE 19801
Name of Chief Executive Officer:	Robert Jay
CEO Street Address:	330 Seven Springs Way
CEO City and Zip Code:	Brentwood, TN 37027
CEO Telephone Number:	615-920-7000

Type of Ownership of Applicants

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

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

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

Primary Contact [Person to receive ALL correspondence or inquiries]

Name:	Jacob M. Axel
Title:	President
Company Name:	Axel & Associates, Inc.
Address:	675 North Court, Suite 210 Palatine, IL 60067
Telephone Number:	847/779-7101
E-mail Address:	jacobmaxel@msn.com
Fax Number:	

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:	Kindred Hospital Chicago Northlake		
Street Address:	365 East North Avenue		
City and Zip Code:	Northlake, IL 60164		
County: Cook	Health Service Area: 7	Health Planning Area: A-06	

Legislators

State Senator Name:	Laura Ellman
State Representative Name:	Don Harmon

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

Exact Legal Name:	LifePoint Health, Inc.
Street Address:	330 Seven Springs Way
City and Zip Code:	Brentwood, TN 37027
Name of Registered Agent:	The Corporation Trust Company
Registered Agent Street Address:	1209 Orange Street
Registered Agent City and Zip Code:	Wilmington, DE 19801
Name of Chief Executive Officer:	David Dill
CEO Street Address:	330 Seven Springs Way
CEO City and Zip Code:	Brentwood, TN 37027
CEO Telephone Number:	615/920-7000

Type of Ownership of Applicants

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

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

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

Primary Contact [Person to receive ALL correspondence or inquiries]

Name:	Jacob M. Axel
Title:	President
Company Name:	Axel & Associates, Inc.
Address:	675 North Court, Suite 210 Palatine, IL 60067
Telephone Number:	847/779-7101
E-mail Address:	jacobmaxel@msn.com
Fax Number:	

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

Name:	none
Title:	
Company Name:	
Address:	
Telephone Number:	
E-mail Address:	
Fax Number:	

Post Exemption Contact

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

Name:	Barbara N. Lankford
Title:	Division Vice President, Market Development
Company Name:	Kindred Healthcare, LLC
Address:	680 South Fourth Street Louisville, KY 40202-2407
Telephone Number:	502-596-7801
E-mail Address:	Barbara.Lankford@kindred.com
Fax Number:	

Site Ownership after the Project is Complete

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:	Ventas Realty, Limited Partnership
Address of Site Owner:	10350 Ormsby Park Place Suite 300 Louisville, KY 40223

Street Address or Legal Description of the Site: 365 E. North Ave. Northlake, IL 60164

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:	Kindred Chicago Northlake, LLC
Address:	680 South Fourth Street Louisville, KY 40202

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

Operating Identity/Licensee after the Project is Complete

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

Exact Legal Name:	Kindred Chicago Northlake, LLC
Address:	680 South Fourth Street Louisville, KY 40202

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

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

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

Organizational Relationships

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

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

Narrative Description

In the space below, provide a brief narrative description of the 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 Certificate of Exemption ("COE") application is limited to the change of ownership and control of Kindred Hospital Chicago Northlake ("Hospital"), a 94-bed long term acute care hospital located in Northlake. This change of ownership is part of a larger acquisition, addressing approximately sixty long term acute care hospitals, approximately 25 inpatient rehabilitation facilities, and over 100 outpatient rehabilitation and mental health facilities, controlled by subsidiaries of Kindred Healthcare, LLC. or a related entity, jointly referred to in this COE application as "Kindred". Similar COE applications are being filed with the HFSRB addressing the change of ownership and control of three other Kindred hospitals, also part of the larger acquisition noted above.

On June 18, 2021, LifePoint Health, Inc. ("LifePoint") entered into a Securities Purchase Agreement (the "Agreement") with a group of sellers comprised of affiliates of TPG Capital, Welsh, Carson, Anderson & Stowe, Port-aux-Choix Private Investments and certain other holders of Kentucky Hospital Holdings JV, LP (the "Partnership"), the great-great-great-great-grandparent of a 100% interest in the Hospital. LifePoint is a provider of community based acute care hospitals, post-acute care inpatient facilities, and outpatient facilities/providers in 22 states. Based on terms in the Agreement, an affiliate of LifePoint under common ownership, Knight Health LLC, ("Knight") will acquire, directly or indirectly through its wholly owned subsidiary Kentucky Hospital Holdings JV GP LLC, all of the outstanding equity of the Partnership. Organizational charts demonstrating the pre-closing and post-closing structures are set forth on Attachment 4. The transaction is expected to close in the fourth quarter of 2021.

The applicants do not anticipate any changes to the day-to-day operation of the facility, resulting from the proposed change of ownership and control, that would be apparent to patients or the population traditionally served; and the IDPH license holder will remain unchanged, and will remain responsible for the day-to-day operations and management of the Hospital. There will be no change in the EIN/tax ID, organizing documents, offered services, service area, name, address, officers, or directors of the Hospital. The Management of the Hospital's operations will not change, the number of beds provided will not change, and employees will retain full credit for Kindred employment, retain current positions, and maintain seniority. Furthermore, the Transaction does not constitute a change of ownership for Medicare purposes.

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: $_____ Included in identified acquisition cost

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): __December 31, 2021_____

State Agency Submittals

Are the following submittals up to date as applicable:

X Cancer Registry

X APORS

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

X All reports regarding outstanding permits

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

CERTIFICATION

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

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

This Application is filed on the behalf of Kindred Healthcare, LLC* 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

Joseph L. Landenwich
PRINTED NAME

General Counsel and Corporate Secretary
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 13th day of July, 2021

Signature of Notary
Notary ID 598199
Seal

SIGNATURE

Joel W. Day
PRINTED NAME

Chief Financial Officer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 13th day of July, 2021

Signature of Notary
Notary ID 598199
Seal

*Insert the EXACT legal name of the applicant

CERTIFICATION

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

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

This Application is filed on the behalf of Kindred Chicago Northlake, LLC* 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

Joseph L. Landenwich
PRINTED NAME

General Counsel and Corporate Secretary
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 13th day of July 2021

Signature of Notary
Notary ID 598199
Seal

SIGNATURE

Joel W. Day
PRINTED NAME

Chief Financial Officer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 13th day of July 2021

Signature of Notary
Notary ID 598199
Seal

*Insert the EXACT legal name of the applicant

CERTIFICATION

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

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

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

_____ SIGNATURE	Robert Jay SIGNATURE
_____ PRINTED NAME	ROBERT JAY PRINTED NAME
_____ PRINTED TITLE	CEO and President PRINTED TITLE
Notarization: Subscribed and sworn to before me this _____ day of _____	Notarization: Subscribed and sworn to before me this 14th day of July
_____ Signature of Notary	Miriam Danielle Black Signature of Notary
Seal	Seal

*Insert the EXACT legal name of the applicant

MIRIAM DANIELLE BLACK
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY
My Commission Expires Oct 5, 2023

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 _____Knight Health, LLC___ 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	SIGNATURE
Daniel J Brzezynski	
PRINTED NAME	PRINTED NAME
Secretary & Treasurer	
PRINTED TITLE	PRINTED TITLE
Notarization: Subscribed and sworn to before me this 14th day of July	Notarization: Subscribed and sworn to before me this _____ day of _____
Miriam-Danielle Black	
Signature of Notary	Signature of Notary
Seal	Seal

*Insert the EXACT legal name of the applicant

MIRIAM DANIELLE BLACK
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY
My Commission Expires OCT 2, 2023

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 _____Knight Health Holdings LLC___ 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	SIGNATURE
PRINTED NAME	PRINTED NAME
PRINTED TITLE	PRINTED TITLE
Notarization: Subscribed and sworn to before me this _____ day of _____	Notarization: Subscribed and sworn to before me this 14th day of July
Signature of Notary	Signature of Notary
Seal	Seal

*Insert the EXACT legal name of the applicant

MIRIAM DANIELLE BLACK
STATE OF TENNESSEE NOTARY PUBLIC

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 _____Knight Health Holdings LLC___ 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.

D. J. Brywczynski
SIGNATURE

Daniel J Brywczynski
PRINTED NAME

Secretary & Treasurer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 14th day of July

Miriam-Danielle Black
Signature of Notary

Seal

SIGNATURE

PRINTED NAME

PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this ____ day of _____

Signature of Notary

Seal

*Insert the EXACT legal name of the applicant

MIRIAM DANIELLE BLACK
NOTARY PUBLIC
STATE OF TENNESSEE
DAVIDSON COUNTY
My Commission Expires OCT 2, 2023

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 _____LifePoint Health, 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

Jennifer C. Peters
PRINTED NAME

Executive Vice President General Counsel
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 9 day of September, 2021

Gretchen E Catron
Signature of Notary

Seal

GRETCHEN E. CATRON
STATE OF TENNESSEE
NOTARY PUBLIC
WILLIAMSON COUNTY
My Commission Expires 09-14-2024

SIGNATURE

Kathy Teague
PRINTED NAME

AVP, Assistant Secretary
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 9 day of September, 2021

Gretchen E Catron
Signature of Notary

Seal

GRETCHEN E. CATRON
STATE OF TENNESSEE
NOTARY PUBLIC
WILLIAMSON COUNTY
My Commission Expires 09-14-2024

*Insert the EXACT legal name of the applicant

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.
- X 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."

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

APPLICABLE REVIEW CRITERIA	CHOW
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.

Kindred Hospital Chicago Northlake

CHARITY CARE			
	2017	**2018**	**2019**
Net Patient Revenue	**$31,003,277**	**$25,187,606**	**$23,380,029**
Amount of Charity Care (charges)*	$0	$0	$0
Cost of Charity Care*	$0	$0	$0

*per HFSRB definition

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

#E-022-21

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KINDRED HEALTHCARE, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTH DAY OF MARCH, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

2875922 8300

SR# 20210804180

Authentication: 202655895

Date: 03-04-21

You may verify this certificate online at corp.delaware.gov/authver.shtml

File Number 0820924-3

STATE OF ILLINOIS
OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

KINDRED CHICAGO NORTHLAKE, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JANUARY 03, 2020, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY 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* 15TH *day of* JULY *A.D.* 2021 .

Authentication #: 2119601372 verifiable until 07/15/2022
Authenticate at: http://www.cyberdriveillinois.com

Jesse White
SECRETARY OF STATE

ATTACHMENT 1

#E-022-21

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KNIGHT HEALTH LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF JULY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KNIGHT HEALTH LLC" WAS FORMED ON THE TWELFTH DAY OF JULY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Jeffrey W. Bullock, Secretary of State

6074359 8300

SR# 20212683035

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203652686

Date: 07-12-21

ATTACHMENT 1

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KNIGHT HEALTH HOLDINGS LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF JULY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KNIGHT HEALTH HOLDINGS LLC" WAS FORMED ON THE TWELFTH DAY OF JULY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Jeffrey W. Bullock Secretary of State

6074352 8300

SR# 20212683034

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203652685

Date: 07-12-21

ATTACHMENT 1

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LIFEPOINT HEALTH, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF SEPTEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

4706332 8300

SR# 20213193615

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204110076

Date: 09-08-21

ATTACHMENT 1

SITE OWNERSHIP

With the signatures provided on the Certification pages of this Certificate of Exemption ("COE") application, the applicants attest that the site of the licensed health care facility addressed in this COE application is owned by Ventas Realty, Limited Partnership.

#E-022-21

File Number 0820924-3

STATE OF ILLINOIS
OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

KINDRED CHICAGO NORTHLAKE, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JANUARY 03, 2020, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY 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* 15TH *day of* JULY *A.D.* 2021 .

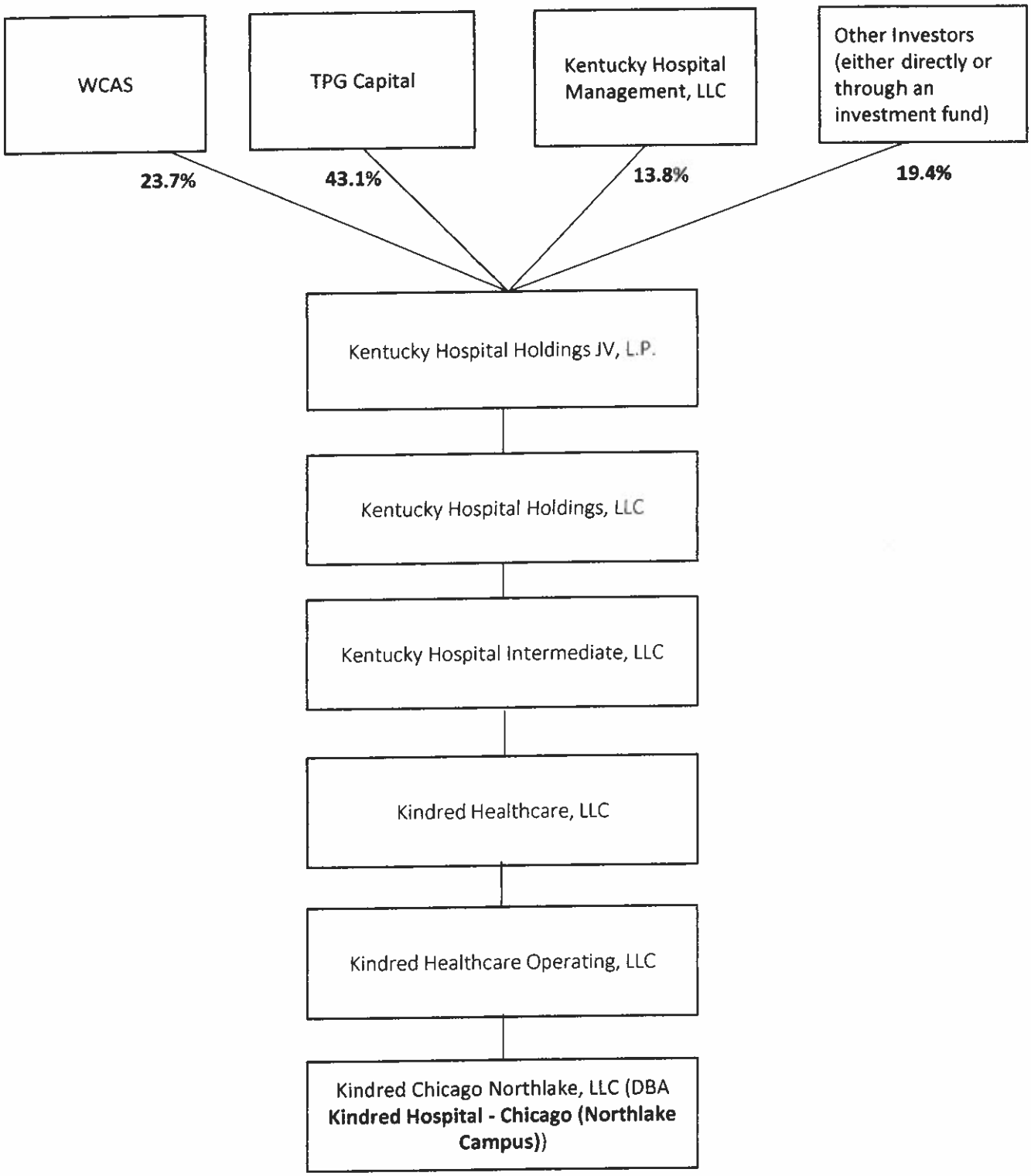
Authentication #: 2119601372 verifiable until 07/15/2022
Authenticate at: http://www.cyberdriveillinois.com

Jesse White
SECRETARY OF STATE

ATTACHMENT 3

Pre-Transaction Structure

Kindred Hospital - Chicago (Northlake Campus)

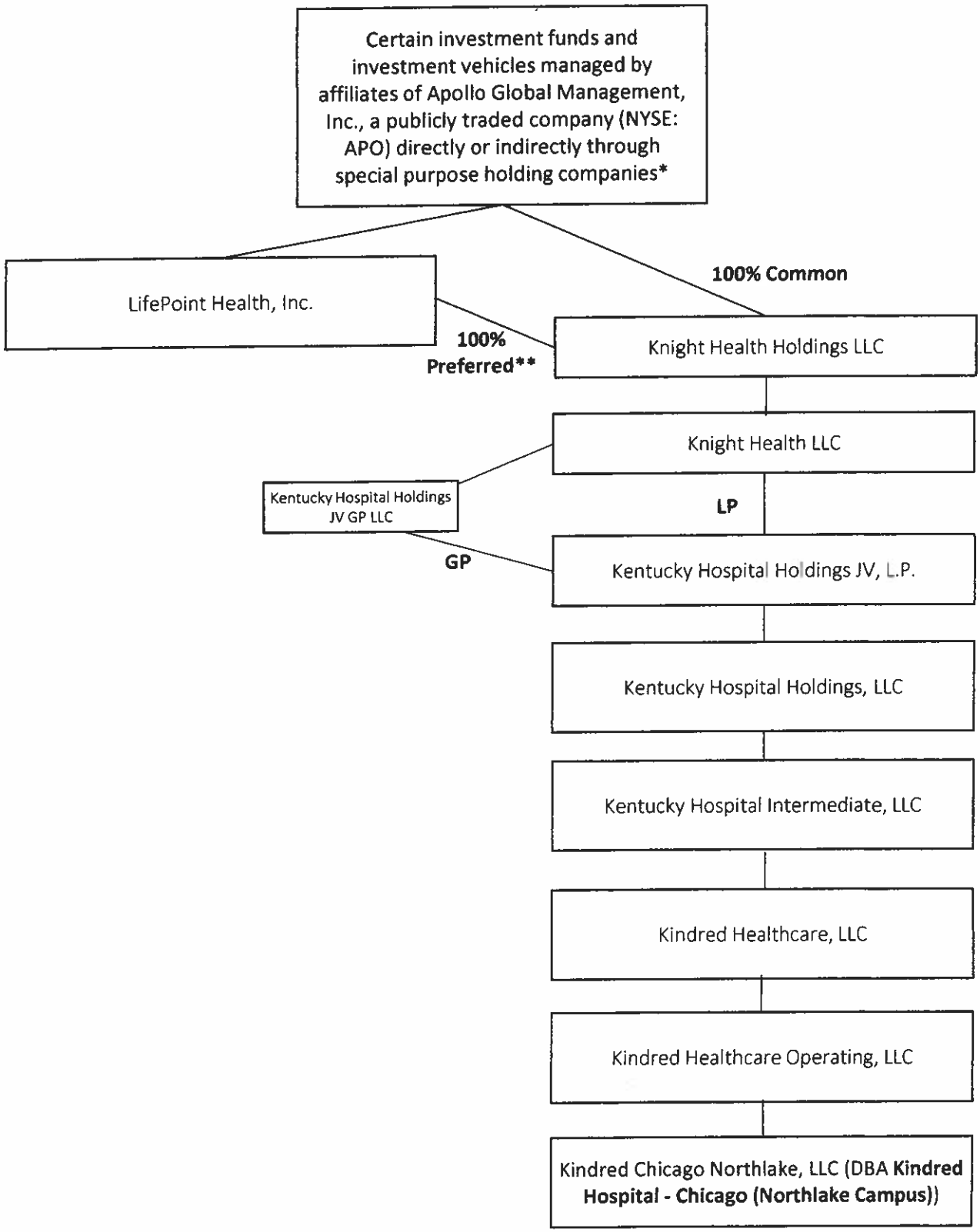


Note: All ownership percentages are 100% unless specifically noted otherwise.

ATTACHMENT 4

Post-Transaction Structure

Kindred Hospital - Chicago (Northlake Campus)



Note: All ownership percentages are 100% unless specifically noted otherwise.

****Officers, directors, employees and consultants hold less than 10% ownership interest in the aggregate, and no such individual holds more than 1% individually.***

*****Represents a non-voting and non-participating preferred security interest.***

ATTACHMENT 4

BACKGROUND OF APPLICANT

Applicant Kindred Healthcare, LLC holds final control over the following licensed health care facilities in Illinois:

1. Kindred Hospital- Sycamore, a Long-Term Acute Care Hospital
   Sycamore, Illinois
   IDPH License # 0004945
   Licensee: Kindred Sycamore, LLC

2. Kindred Hospital – Chicago, a Long-Term Acute Care Hospital
   Chicago, Illinois
   IDPH License #0004937
   Licensee: Kindred THC Chicago, LLC

3. Kindred Hospital – Northlake, a Long-Term Acute Care Hospital
   Northlake, Illinois
   IDPH License #0004952
   Licensee: Kindred Chicago Northlake, LLC

4. Kindred Hospital – Peoria, a Long-Term Acute Care Hospital
   Peoria, Illinois
   IDPH License #0005777

5. Kindred Chicago- Lakeshore, a Subacute Care Hospital Demonstration Program
   Chicago, Illinois
   IDPH License #4000014
   Licensee: Kindred THC North Shore, LLC

The licensee of the above-identified IDPH-licensed facilities will be unchanged following the completion of the change of ownership and control addressed in this Certificate of Exemption application.

Attached is a letter, addressing adverse actions and the resolution of the two related issues applicable to facilities operated by Kindred Healthcare, LLC, or a subsidiary thereof. Neither Knight Health Holdings LLC nor Knight Health LLC currently own and/or operate health care facilities.

ATTACHMENT 5

The structure of the proposed transaction is addressed in ATTACHMENT 6 to this COE application.

Kindred Healthcare

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

Dear Chair Savage:

In accordance with Review Criterion 1110.110.a, Background of the Applicant. I am submitting this letter assuring the Illinois Health Facilities and Services Review Board of the following:

1. Kindred Hospital Chicago North received a CMS survey citation in December 2020 which was abated on site. A plan of correction was submitted January 2021 and the citation was cleared April 2021.

2. Kindred Chicago Lakeshore received a survey citation in February 2021. The plan of correction was submitted and accepted in February 2021.

3. I hereby certify that no other adverse actions have been taken against any health care facility owned or operated by subsidiaries of Kindred Healthcare, LLC in the State of Illinois, directly or indirectly, within three years prior to the filing of this application. For the purpose of this letter, the term "adverse action" has the meaning given to it in the Illinois Administrative Code, Title 77, Section 1130.

Additionally, pursuant to 77 Ill. Admin. Code § 1110.110(a)(2)(J), I hereby authorize the Health Facilities and Services Review Board ("HFSRB") and the Illinois Department of Public Health ("IDPH") access to any documents necessary to verify information submitted as part of this application for exemption. I further authorize HFSRB and IDPH to obtain any additional information or documents from other government agencies which HFSRB or IDPH deem pertinent to process this application for exemption.

Sincerely,

Print Name: Joseph L. Landenwich
Its: General Counsel and Corporate Secretary
Kindred Healthcare, LLC

Subscribed and sworn to me
This 15th day of July, 2021

Cindy S. Johnson
Notary Public Notary ID 602524

CINDY S. JOHNSON
NOTARY PUBLIC
State at Large, Kentucky
My Commission Expires
June 17, 2022

ATTACHMENT 5

Kindred Healthcare Facility Listing
As of:6/30/2021

Type	Name	Street Address	City	State	Zip Code
IRF	Dignity Health East Valley Rehabilitation Hospital	1515 West Chandler Boulevard	Chandler	AZ	85224-6141
IRF	Palomar Rehabilitation Institute	2181 Citricado Parkway	Escondido	CA	92029
LTACH	Kindred Hospital Paramount	16453 Colorado Avenue	Paramount	CA	90723-5011
LTACH	Kindred Hospital Baldwin Park	14148 E. Francisquito Avenue	Baldwin Park	CA	91706-6120
LTACH	Kindred Hospital Riverside	2224 Medical Center Drive	Perris	CA	92571-2638
LTACH	Kindred Hospital South Bay	1246 W. 155th Street	Gardena	CA	90247-4011
LTACH	Kindred Hospital Rancho	10841 White Oak Avenue	Rancho Cucamor	CA	91730-3811
LTACH	Kindred Hospital - Brea	875 North Brea Boulevard	Brea	CA	92821-2606
LTACH	Kindred Hospital - Ontario	550 North Monterey Avenue	Ontario	CA	91764-3318
LTACH	Kindred Hospital - San Francisco Bay Area	2800 Benedict Drive	San Leandro	CA	94577-6840
LTACH	Kindred Hospital - La Mirada	14900 E. Imperial Highway	La Mirada	CA	90638-2172
LTACH	Kindred Hospital - San Gabriel Valley	845 North Lark Ellen	West Covina	CA	91791-1069
LTACH	Kindred Hospital - Santa Ana	1901 N. College Avenue	Santa Ana	CA	92706-2334
LTACH	Kindred Hospital Westminster	200 Hospital Circle	Westminster	CA	92683-3910
LTACH	Kindred Hospital - San Diego	1940 El Cajon Boulevard	San Diego	CA	92104-1005
LTACH	Kindred Hospital - Los Angeles	5525 West Slauson Avenue	Los Angeles	CA	90056-1047
SAU	Kindred Hospital - Brea	875 North Brea Boulevard	Brea	CA	92821-2606
LTACH	Kindred Hospital - Denver	1920 High Street	Denver	CO	80218-1213
LTACH	Kindred Hospital Aurora	700 Potomac St., 2nd Floor	Aurora	CO	80011-6846
LTACH	Kindred Hospital Ocala	1500 SW 1st Avenue, 5th Floor	Ocala	FL	34471-6504
LTACH	Kindred Hospital The Palm Beaches	5555 W. Blue Heron Boulevard	Riviera Beach	FL	33418-7813
LTACH	Kindred Hospital - South Florida - Coral Gables	5190 Southwest 8th Street	Coral Gables	FL	33134-2476
LTACH	Kindred Hospital - Bay Area St. Petersburg	3030 6th Street South	St. Petersburg	FL	33705-3720
ARU	Kindred Hospital - Bay Area St. Petersburg	3030 6th Street South	St. Petersburg	FL	33705-3720
LTACH	Kindred Hospital - Bay Area - Tampa	4555 South Manhattan Avenue	Tampa	FL	33611-2305
LTACH	Kindred Hospital - South Florida Ft. Lauderdale	1516 East Las Olas Boulevard	Ft. Lauderdale	FL	33301-2346
ARU	Kindred Hospital - South Florida Ft. Lauderdale	1516 East Las Olas Boulevard	Ft. Lauderdale	FL	33301-2346
LTACH	Kindred Hospital - North Florida	801 Oak Street	Green Cove Spri	FL	32043-4317
ARU	Kindred Hospital - North Florida	801 Oak Street	Green Cove Spri	FL	32043-4317
LTACH	Kindred Hospital - Central Tampa	4801 North Howard Avenue	Tampa	FL	33603-1411
LTACH	Kindred Hospital Melbourne	765 West Nasa Boulevard	Melbourne	FL	32901-1815
LTACH	Kindred Hospital - South Florida - Hollywood	1859 Van Buren Street	Hollywood	FL	33020-5127
SAU	Kindred Hospital - South Florida - Hollywood	1859 Van Buren Street	Hollywood	FL	33020-5127
IRF	Mercy Rehabilitation Hospital	1401 Campus Drive	Clive	IA	50325-6500
IRF	Mercy Iowa City Rehabilitation Hospital	2801 Heartland Drive	Coralville	IA	52241
LTACH	Kindred Hospital - Sycamore	225 Edward Street	Sycamore	IL	60178-2137
LTACH	Kindred Hospital - Chicago (North Campus)	2544 West Montrose Avenue	Chicago	IL	60618-1537
LTACH	Kindred Hospital - Chicago (Northlake Campus)	365 East North Avenue	Northlake	IL	60164-2628
LTACH	Kindred Hospital Peoria	500 West Romeo B. Garrett Avenue	Peoria	IL	61605-2301
LTACH	Kindred - Chicago - Lakeshore	6130 North Sheridan Road	Chicago	IL	60660-2830
IRF	Community Health Network Rehabilitation Hospital	7343 Clearvista Drive	Indianapolis	IN	46256-4602
IRF	Community Health Network Rehabilitation Hospital South	607 Greenwood Springs Drive	Greenwood	IN	46143-6377
LTACH	Kindred Hospital Indianapolis North	8060 Knue Road	Indianapolis	IN	46250-1976
LTACH	Kindred Hospital - Indianapolis	1700 West 10th Street	Indianapolis	IN	46222-3802
LTACH	Kindred Hospital Northwest Indiana	5454 Hohman Avenue, 5th Fl.	Hammond	IN	46320-1931
LTACH	Kindred Hospital - Louisville at Jewish Hospital	200 Abraham Flexner Way, 2nd Fl Frazier I	Louisville	KY	40202-2878
LTACH	Kindred Hospital - Louisville	1313 St. Anthony Place	Louisville	KY	40204-1740
SAU	Kindred Hospital - Louisville	1313 St. Anthony Place	Louisville	KY	40204-1740
IRF	Mercy Rehabilitation Hospital Springfield	5904 S. Southwood Road	Springfield	MO	65804-5234
IRF	Mercy Rehabilitation Hospital St. Louis	14561 North Outer Forty Road	Chesterfield	MO	63017-5703
LTACH	Kindred Hospital St. Louis South	10018 Kennerly Road, 3rd Floor, Hyland Bl	St. Louis	MO	631282106
LTACH	Kindred Hospital - St. Louis	4930 Lindell Boulevard	St. Louis	MO	63108-1510
LTACH	Kindred Hospital Northland	500 NW 68th Street	Kansas City	MO	64118-2455
IRF	Rehabilitation Hospital of Montana	3572 Hesper Road	Billings	MT	59102-6891
LTACH	Kindred Hospital - Greensboro	2401 Southside Boulevard	Greensboro	NC	27406-3311
SAU	Kindred Hospital - Greensboro	2401 Southside Boulevard	Greensboro	NC	27406-3311
IRF	Atlantic Rehabilitation Institute	200 Madison Avenue	Madison	NJ	07940-1016
LTACH	Kindred Hospital New Jersey - Morris County	400 W. Blackwell Street	Dover	NJ	07801-2525
LTACH	Kindred Hospital New Jersey - Rahway	865 Stone Street, 4th Floor	Rahway	NJ	07065-2742
LTACH	Kindred Hospital - East New Jersey	350 Boulevard, 5th Floor West	Passaic	NJ	07055
LTACH	Kindred Hospital - Albuquerque	700 High Street, N.E.	Albuquerque	NM	87102-2565
LTACH	Kindred Hospital - Las Vegas (Sahara Campus)	5110 West Sahara Avenue	Las Vegas	NV	89146-3406
LTACH	Kindred Hospital Las Vegas - Flamingo Campus	2250 East Flamingo Road	Las Vegas	NV	89119-5170
IRF	University Hospitals Rehabilitation Hospital	23333 Harvard Road	Beachwood	OH	44122-6232
IRF	University Hospitals Avon Rehabilitation Hospital	37900 Chester Road	Avon	OH	44011-1044
LTACH	Kindred Hospital - Dayton	707 S. Edwin C. Moses Boulevard	Dayton	OH	45417-3462
LTACH	Kindred Hospital Lima	730 West Market Street	Lima	OH	45801-4602
IRF	Mercy Rehabilitation Hospital Oklahoma City	5401 W. Memorial Road	Oklahoma City	OK	73142-2026
IRF	Mercy Rehabilitation Hospital Oklahoma City South	7900 Mid-America Blvd	Oklahoma City	OK	73135
IRF	Lancaster Rehabilitation Hospital	675 Good Drive	Lancaster	PA	17601-2426

LTACH: Long-Term Acute Care Hospital
IRF: Inpatient Rehabilitation Facility
SAU: Subacute Unit
ARU: Acute Rehabilitation Unit

Kindred Healthcare Facility Listing
As of:6/30/2021

Type	Name	Street Address	City	State	Zip Code
IRF	St. Mary Rehabilitation Hospital	1208 Langhorne Newtown Road	Langhorne	PA	19047-1234
LTACH	Kindred Hospital Philadelphia - Havertown	2000 Old West Chester Pike	Havertown	PA	19083-2712
LTACH	Kindred Hospital - Philadelphia	6129 Palmetto Street	Philadelphia	PA	19111-5729
IRF	Rehabilitation Hospital of Rhode Island	116 Eddie Dowling Highway	North Smithfield	RI	02896
IRF	Baptist Memorial Rehabilitation Hospital	1240 South Germantown Road	Germantown	TN	38138-2226
IRF	Knoxville Rehabilitation Hospital	1250 Tennova Medical Way	Knoxville	TN	37909-3120
LTACH	Kindred Hospital - Chattanooga	709 Walnut Street	Chattanooga	TN	37402-1916
IPF	WellBridge Healthcare Greater Dallas	4301 Mapleshade Lane	Plano	TX	75093
IPF	WellBridge Healthcare Fort Worth	6200 Overton Ridge Blvd	Fort Worth	TX	76132
IRF	Methodist Rehabilitation Hospital	3020 W. Wheatland Road	Dallas	TX	75237-3537
IRF	Texas Rehabilitation Hospital of Arlington	900 West Arbrook Blvd.	Arlington	TX	76015-4314
IRF	Texas Rehabilitation Hospital of Fort Worth	425 Alabama Avenue	Fort Worth	TX	76104-1022
LTACH	Kindred Hospital - San Antonio Central	111 Dallas Street, 4th Floor	San Antonio	TX	78205-1201
IRF	Texas Rehabilitation Hospital of Keller	791 S. Main Street	Keller	TX	76248
LTACH	Kindred Hospital - San Antonio	3636 Medical Drive	San Antonio	TX	78229-2183
LTACH	Kindred Hospital - Tarrant County (Arlington Campus)	1000 North Cooper Street	Arlington	TX	76011-5540
LTACH	Kindred Hospital - Tarrant County (Fort Worth Southwest	7800 Oakmont Boulevard	Fort Worth	TX	76132-4203
LTACH	Kindred Hospital Houston NW	11297 Fallbrook Drive	Houston	TX	77065-4230
LTACH	Kindred Hospital Houston Medical Center	6441 Main Street	Houston	TX	77030-1502
ARU	Kindred Hospital Houston Medical Center	6441 Main Street	Houston	TX	77030-1502
LTACH	Kindred Hospital Sugar Land	1550 First Colony Blvd.	Sugar Land	TX	77479-4000
ARU	Kindred Hospital Sugar Land	1550 First Colony Blvd.	Sugar Land	TX	77479-4000
LTACH	Kindred Hospital Dallas Central	8050 Meadow Road	Dallas	TX	75231-3406
IRF	Central Texas Rehabilitation Hospital	700 West 45th Street	Austin	TX	78751-2800
LTACH	Kindred Hospital El Paso	1740 Curie Drive	El Paso	TX	79902-2901
LTACH	Kindred Hospital Clear Lake	350 Blossom Street	Webster	TX	77598-4206
IRF	CHI Franciscan Rehabilitation Hospital	815 S. Vassault Street	Tacoma	WA	98465-2008
LTACH	Kindred Hospital Seattle - First Hill	1334 Terry Avenue	Seattle	WA	98101-2747
IRF	UW Health Rehabilitation Hospital	5115 N. Biltmore Lane	Madison	WI	53718-2161
IRF	Rehabilitation Hospital of Wisconsin	1625 Coldwater Creek Drive	Waukesha	WI	53188-8028

ATTACHMENT 5

LTACH: Long-Term Acute Care Hospital
IRF: Inpatient Rehabilitation Facility
SAU: Subacute Unit
ARU: Acute Rehabilitation Unit

LifePoint Health, Inc. has an ownership interest in the below-listed facilities.

Name of Facility and Address
HOSPITALS
Andalusia Health Community Hospital of Andalusia, LLC. DBA Andalusia Health 849 South Three Notch Street Andalusia, AL 36420 TIN: 62-1081822 Provider #: 010036
Ashley Regional Medical Center Ashley Valley Medical Center, LLC DBA Ashley Regional Medical Center 151 W. 200 N Vernal, UT 84078 TIN: 62-1762532 Provider #: 460030
Bluegrass Community Hospital Woodford Hospital, LLC DBA Bluegrass Community Hospital 360 Amsden Avenue Versailles KY 40383 TIN: 52-2260534 Provider #: 181308
Bolivar Medical Center PHC-Cleveland, Inc. DBA Bolivar Medical Center 901 East Sunflower Road Cleveland, MS 38732 TIN: 62-1812558 Provider #: 250093
Bourbon Community Hospital Bourbon Community Hospital, LLC DBA Bourbon Community Hospital 9 Linville Drive Paris, KY 40361 TIN: 62-1757924 Provider #: 180046
Canyon Vista Medical Center RCHP-Sierra Vista, Inc. DBA Canyon Vista Medical Center 5700 E. Highway 90 Sierra Vista, AZ 85635-9110 TIN: 90-0942222 Provider #: 030043
Carolina Pines Regional Medical Center Hartsville, LLC d/b/a Carolina Pines Regional Medical Center 1304 West Bobo Newsom Highway Hartsville, SC 29550-4710 TIN: 57-1029438 Provider #: 420010
Castleview Hospital Castleview Hospital, LLC DBA Castleview Hospital 300 N. Hospital Drive Price, UT 84501 TIN: 62-1762357 Provider #: 460011

Name of Facility and Address
Central Carolina Hospital DLP Central Carolina Medical Center, LLC d/b/a Central Carolina Hospital 1135 Carthage Street Sanford, NC 27330 TIN: 81-0691912 Provider #: 340020
Clark Memorial Health RHN Clark Memorial Hospital, LLC DBA Clark Memorial Health 1220 Missouri Avenue Jeffersonville, IN 47130 TIN: 47-4000401 Provider #: 150009
Clark Regional Medical Center Kentucky Hospital, LLC DBA Clark Regional Medical Center 175 Hospital Drive Winchester, KY 40391 TIN: 62-1772321 Provider #: 180092
Clinch Valley Medical Center Clinch Valley Medical Center, Inc. DBA Clinch Valley Medical Center 6801 Gov. G. C. Peery Highway Richlands, VA 24641 TIN: 54-1058953 Provider #: 490060
Clinton Memorial Hospital RCHP-Wilmington, LLC DBA Clinton Memorial Hospital 610 W. Main St. Wilmington, OH 45177-2125 TIN: 27-3633811 Provider #: 360175
Colorado Plains Medical Center PHC-Fort Morgan, Inc. DBA Colorado Plains Medical Center 1000 Lincoln Street, CS 4200 Ft. Morgan, CO 80701 TIN: 27-0113173 Provider #: 060044
Community Medical Center RCHP Billings-Missoula, LLC DBA Community Medical Center 2827 Fort Missoula Road Missoula, MT 59804-7408 TIN: 61-1744940 Provider #: 270023
Conemaugh Memorial Medical Center DLP Conemaugh Memorial Medical Center, LLC DBA Conemaugh Memorial Medical Center 1086 Franklin Street Johnstown, PA 15905 TIN: 61-1739000 Provider #: 390110
Conemaugh Meyersdale Medical Center DLP Conemaugh Meyersdale Medical Center, LLC DBA Conemaugh Meyersdale Medical Center 200 Hospital Drive Meyersdale, PA 15552-1249 TIN: 36-4787404 Provider #: 391302

ATTACHMENT 5

Name of Facility and Address
Conemaugh Miners Medical Center DLP Conemaugh Miners Medical Center, LLC DBA Conemaugh Miners Medical Center 290 Haida Avenue Hastings, PA 16646-0689 TIN: 32-0442133 Provider #: 391317
North Alabama Medical Center RCHP-Florence, LLC DBA North Alabama Medical Center 541 W. College St. Florence, AL TIN: 27-2451336 Provider #: 010006
Ennis Regional Medical Center PRHC-Ennis, L.P. DBA Ennis Regional Medical Center 2201 West Lampasas Street Ennis, TX 75119 TIN: 62-1789402 Provider #: 450833
Fauquier Health Fauquier Medical Center, LLC DBA Fauquier Health 500 Hospital Drive Warrenton, VA 20186 TIN: 46-3107896 Provider #: 490023
Fleming County Hospital Fleming Medical Center LLC DBA Fleming County Hospital 55 Foundation Drive Flemingburg, KY 41041 TIN: 47-3937528 Provider #: 181332
Frye Regional Medical Center DLP Frye Regional Medical Center, LLC d/b/a Frye Regional Medical Center 420 North Center Street Hickory, NC 28601 TIN: 35-2547114 Provider #: 340116
Georgetown Community Hospital Georgetown Community Hospital, LLC DBA Georgetown Community Hospital 1140 Lexington Road Georgetown, KY 40324 TIN: 62-1757921 Provider #: 180101
Harris Regional Hospital DLP Harris Regional Hospital, LLC DBA Harris Regional Hospital 68 Hospital Drive Sylva, NC 28779-2772 TIN: 38-3932775 Provider#: 340016
Havasu Regional Medical Center Havasu Regional Medical Center, LLC DBA Havasu Regional Medical Center 101 Civic Center Lane Lake Havasu City, AZ 86403 TIN: 20-5220956 Provider #: 030069

ATTACHMENT 5

Name of Facility and Address
Haywood Regional Medical Center DLP Haywood Regional Medical Center, Inc. DBA Haywood Regional Medical Center 262 Leroy George Drive Clyde, NC 28721-7430 TIN: 30-0830918 Provider#: 340184
Jackson Purchase Medical Center PineLake Regional Hospital, LLC DBA Jackson Purchase Medical Center 1099 Medical Center Circle Mayfield, KY 42066-1099 TIN: 62-1757927 Provider #: 180116
Kershaw Health Kershaw Hospital, LLC DBA Kershaw Health 1315 Roberts St. Camden, SC 29020-3737 TIN: 47-4121273 Provider #: 420048
Lake Cumberland Regional Hospital Lake Cumberland Regional Hospital, LLC DBA Lake Cumberland Regional Hospital 305 Langdon Street Somerset, KY 42501 TIN: 62-1757920 Provider #: 180132
Livingston Regional Hospital Livingston Regional Hospital, LLC DBA Livingston Regional Hospital 315 Oak Street Livingston, TN 38570 TIN: 62-1762419 Provider #: 440187
Logan Memorial Hospital Logan Memorial Hospital, LLC DBA Logan Memorial Hospital 1625 Nashville Street Russellville, KY 42276 TIN: 62-1757917 Provider #: 180066
Logan Regional Medical Center Logan General Hospital, LLC DBA Logan Regional Medical Center 20 Hospital Drive Logan WV 25601 TIN: 05-0539357 Provider #: 510048
Los Alamos Medical Center PHC-Los Alamos, Inc. DBA Los Alamos Medical Center 3917 West Road Los Alamos, NM 87544 TIN: 03-0390794 Provider #: 320033
Lourdes Counseling Center Lourdes Hospital, LLC DBA Lourdes Counseling Center 1175 Carondelet Dr. Richland, WA 99352 TIN: 36-4850536 Provider #: 504008

ATTACHMENT 5

Name of Facility and Address
Lourdes Medical Center Lourdes Hospital, LLC DBA Lourdes Medical Center 520 N. 4th St. Pasco, WA 99301-5257 TIN: 36-4850536 Provider #: 501337
Maria Parham Health DLP Maria Parham Medical Center, LLC DBA Maria Parham Health 566 Ruin Creek Road Henderson, NC 27536 TIN: 45-2743520 Provider #: 340132
Meadowview Regional Medical Center Meadowview Regional Medical Center, LLC DBA Meadowview Regional Medical Center 989 Medical Park Drive Maysville, KY 41056 TIN: 62-1757929 Provider #: 180019
Memorial Medical Center of Las Cruces PHC-Las Cruces, Inc. DBA Memorial Medical Center of Las Cruces 2450 Telshor Blvd. Las Cruces, NM 88011 TIN: 27-0085482 Provider #: 320018
Conemaugh Nason Medical Center Nason Medical Center, LLC DBA Conemaugh Nason Medical Center 105 Nason Drive Roaring Spring, PA 16673-1202 TIN: 47-2546387 Provider #: 390062
National Park Medical Center Hot Springs National Park Hospital Holdings, LLC DBA National Park Medical Center 1910 Malvern Ave. Hot Springs, AR 71901-7752 TIN: 62-1769635 Provider #: 040078
Northeastern Nevada Regional Hospital PHC-Elko, Inc. DBA Northeastern Nevada Regional Hospital 2001 Errecart Blvd. Elko, NV 89801 TIN: 62-1740235 Provider #: 290008
Ottumwa Regional Health Center RCHP-Ottumwa, LLC DBA Ottumwa Regional Health Center 1001 Pennsylvania Ave. Ottumwa, IA 52501-2186 TIN: 27-2200283 Provider #: 160089
Palestine Regional Medical Center Palestine Principal Healthcare Limited Partnership DBA Palestine Regional Medical Center 2900 South Loop 256 Palestine, TX 75801 TIN: 74-2791525 Provider #: 450747

ATTACHMENT 5

Name of Facility and Address
Paris Regional Medical Center Essent PRMC, LP DBA Paris Regional Medical Center 865 Deshong Dr. Paris, TX 75460-9313 TIN: 33-1073948 Provider #: 450196
Parkview Regional Hospital Mexia Principal Healthcare Limited Partnership DBA Parkview Regional Hospital 600 South Bonham Street Mexia, TX 76667 TIN: 62-1692446 Provider #: 450400
Person Memorial Hospital DLP Person Memorial Hospital, LLC DBA Person Memorial Hospital 615 Ridge Road Rexboro, NC 27573 TIN: 45-2909143 Provider #: 340159
Providence Health (Downtown Campus) Providence Hospital, LLC d/b/a Providence Health 2435 Forest Drive Columbia, SC 29204 (Northeast Campus) 120 Gateway Corporate Boulevard Columbia, SC 29203 TIN: 35-2546435 Provider #: 420026
St. Francis Hospital St. Francis Health, LLC d/b/a St. Francis Hospital 2122 Manchester Expressway Columbus, GA 31904 TIN: 47-5259919 Provider #: 110129
Trios Health RCCH Trios Health, LLC DBA Trios Health 3810 Plaza Way Kennewick, WA 99338-2722 TIN: 82-3962056 Provider #: 500053
UP Health System Bell Acquisition Bell Hospital, LLC DBA UP Health System Bell 901 Lakeshore Drive Ishpeming, MI 49849-1367 TIN: 80-0935981 Provider #: 231321
UP Health System Marquette DLP Marquette General Hospital, LLC DBA UP Health System Marquette 420 West Magnetic Street Marquette, MI 49855 TIN: 80-0818718 Provider # 230054
UP Health System Portage Portage Hospital, LLC DBA UP Health System Portage 500 Campus Drive Hancock, MI 49930-1569 TIN: 90-0998484 Provider #: 230108

ATTACHMENT 5

Name of Facility and Address
Raleigh General Hospital Raleigh General Hospital, LLC DBA Raleigh General Hospital 1710 Harper Rd. Beckley, WV 25801-3397 TIN: 55-0261260 Provider #: 510070
Riverview Regional Medical Center Riverview Medical Center, LLC DBA Riverview Regional Medical Center 158 Hospital Drive Carthage, TN 37030 TIN: 62-1762469 Provider #: 441307
Rutherford Regional Health System DLP Rutherford Regional Health System, LLC DBA Rutherford Regional Health System 288 S. Ridgecrest Avenue Rutherfordton, NC 28139 TIN: 30-0811171 Provider #: 340013
SageWest Health Care - Riverton and **SageWest Health Care - Lander** Riverton Memorial Hospital, LLC DBA SageWest Health Care - Riverton and DBA SageWest Health Care - Lander (Main Campus) 2100 W. Sunset Dr. Riverton, WY 82501 (Lander Campus) 1320 Bishop Randall Drive Lander, WY 82520 TIN: 62-1762468 Provider #: 530008
Saint Mary's Regional Medical Center Russellville Holdings, LLC DBA Saint Mary's Regional Medical Center 1808 West Main Russellville, AR 72801-2724 TIN: 62-1771866 Provider #: 040041
Saline Hospital Saline Hospital, LLC DBA Saline Hospital 1 Medical Park Dr. Benton, AR 72015-3353 TIN: 81-2816675 Provider #: 040084
Scott Memorial Health RHN Scott Memorial Hospital, LLC DBA Scott Memorial Health 1451 N. Gardner Street Scottsburg, IN 47170-7751 TIN: 46-1113518 Provider # 151334
Shoals Hospital RCHP-Florence, LLC DBA Shoals Hospital 201 W. Avalon Ave. Muscle Shoals, AL 35661-2805 TIN: 27-2451336 Provider #: 010157

ATTACHMENT 5

Name of Facility and Address
Southern Tennessee Regional Health System Lawrenceburg Crockett Hospital, LLC DBA Southern Tennessee Regional Health System Lawrenceburg US Highway 43 South Lawrenceburg, TN 38464 TIN: 62-1762364 Provider #: 440175
Southern Tennessee Regional Health System Pulaski Hillside Hospital, LLC DBA Southern Tennessee Regional Health System Pulaski 1265 East College St. Pulaski, TN 38478 TIN: 62-1762382 Provider #: 440020
Southern Tennessee Regional Health System Winchester and Southern Tennessee Regional Health System Sewanee, A Campus of Southern Tennessee Regional Health System Winchester Southern Tennessee Medical Center, LLC DBA Southern Tennessee Regional Health System Winchester and DBA Southern Tennessee Regional Health System Sewanee, A Campus of Southern Tennessee Regional Health System Winchester (Main Campus) 185 Hospital Road Winchester, TN 37398 (EHH Campus) 1260 University Avenue Sewanee, TN 37375 TIN: 62-1762535 Provider #: 440058
Southwestern Medical Center Southwestern Medical Center, LLC DBA Southwestern Medical Center 5602 SW Lee Blvd. Lawton, OK 73505-9635 TIN: 62-1757662 Provider #: 370097
SOVAH Health Danville Regional Medical Center, LLC DBA SOVAH Health Danville and SOVAH Health Martinsville (Main Campus) **SOVAH Health Danville** 142 South Main Street Danville VA 24541 (Martinsville Campus) **SOVAH Health Martinsville** 320 Hospital Drive Martinsville, VA 24112 TIN: 20-2028539 Provider #: 490075
Spring View Hospital Spring View Hospital, LLC DBA Spring View Hospital 320 Loretto Road Lebanon, KY 40033 TIN: 20-0155414 Provider #: 180024
St. Joseph Regional Medical Center St. Joseph Hospital, LLC DBA St. Joseph Regional Medical Center 415 6th Street Lewiston, ID 83501 TIN: 36-4851166 Provider #:130003

ATTACHMENT 5

Name of Facility and Address
Starr Regional Medical Center Athens and Starr Regional Medical Center Etowah Athens Regional Medical Center, LLC DBA Starr Regional Medical Center Athens and Starr Regional Medical Center Etowah (Main Campus) 1114 West Madison Ave Athens, TN 37303 (Etowah Campus) 886 Highway 411 North Etowah, TN 37331 TIN: 62-1866028 Provider #: 440068
Sumner Regional Medical Center Sumner Regional Medical Center, LLC DBA Sumner Regional Medical Center 555 Hartsville Pike Gallatin, TN 37066 TIN: 27-2618766 Provider #: 440003
Swain County Hospital DLP Swain County Hospital, LLC d/b/a Swain County Hospital 45 Plateau Street Bryson City, NC 28713-4200 TIN: 32-0441929 Provider#: 341305
Trousdale Medical Center Trousdale Medical Center, LLC DBA Trousdale Medical Center 500 Church Street Hartsville, TN 37074 TIN: 27-2618876 Provider #: 441301
Twin County Regional Healthcare DLP Twin County Regional Healthcare, LLC DBA Twin County Regional Healthcare 200 Hospital Drive Galax, VA 24333-2227 TIN: 45-4601843 Provider # 490115
Valley View Medical Center PHC- Fort Mohave, Inc. DBA Valley View Medical Center 5330 South Hwy. 95 Ft. Mohave, AZ 86426 TIN: 32-0063628 Provider #: 030117
Vaughan Regional Medical Center Vaughan Regional Medical Center, LLC DBA Vaughan Regional Medical Center 1015 Medical Center Prkwy. Selma, AL 36701 TIN: 62-1864231 Provider #: 010118
Watertown Regional Medical Center Watertown Medical Center, LLC DBA Watertown Regional Medical Center 125 Hospital Drive Watertown, WI 53098 TIN: 47-3937421 Provider #:520116

ATTACHMENT 5

Name of Facility and Address
Western Plains Medical Complex Dodge City Healthcare Group, LLC DBA Western Plains Medical Complex 3001 Avenue A Dodge City, KS 67801 TIN: 61-1275266 Provider #: 170175
Willamette Valley Medical Center Willamette Valley Medical Center, LLC DBA Willamette Valley Medical Center 2700 SE Straus Ave. McMinnville, OR 97128-6255 TIN: 62-1762552 Provider #: 380071
Wilson Medical Center DLP Wilson Medical Center, LLC DBA Wilson Medical Center 1705 Tarboro St SW Wilson NC 27893-3428 TIN: 46-4317222 Provider #: 340126
Wythe County Community Hospital Wythe County Community Hospital, LLC DBA Wythe County Community Hospital 600 West Ridge Road Wytheville, VA 24382 TIN: 20-2468795 Provider #: 490111
RURAL HEALTH CLINICS
Auburn Community Health Clinic Logan Physician Practices LLC DBA Auburn Community Health Clinic 128 Sugar Maple Dr. Auburn, KY 42206 TIN: 62-1824635 Provider #: 188929
Conemaugh Physician Group - Davidsville DLP Conemaugh Physician Practices, LLC DBA Conemaugh Health Initiatives Rural Health Clinic 207 Woodstown Hwy. Hollsopple, PA 15935-7119 TIN: 32-0442710 Provider #: 393923
Conemaugh Physician Group - Portage DLP Conemaugh Physician Practices, LLC DBA Portage Health Center RHC 3670 Portage Street Suite 105 Portage, PA 15946-6546 TIN: 32-0442710 Provider #: 393909
Conemaugh Physician Group - St. Benedict DLP Conemaugh Physician Practices, LLC DBA Saint Benedict Rural Health Center 564 Theatre Road Carrolltown, PA 15722-7702 TIN: 32-0442710 Provider #: 393907

ATTACHMENT 5

Name of Facility and Address
Emory Medical Center Castleview Hospital, LLC DBA Emory Medical Center 90 West Main Street Castle Dale, UT 84513 TIN: 62-1762357 Provider #: 463985
Family Health Care Meyersdale RHC DLP Conemaugh Meyersdale Medical Center, LLC DBA Family Health Care Meyersdale RHC 7160 Mason Dixon Highway Meyersdale, PA 15552 TIN: 36-4787404 Provider #: 393410
Loretto Family Care ECM Health Group, LLC DBA Loretto Family Care 722 N. Military St. Loretto, TN 38469-2336 TIN: 61-1661796 Provider #: 448964
Marion Clinic Vaughan Regional Medical Center, LLC DBA Marion Clinic Route 2, Box 4D Highway 45 South Marion, AL 36756 TIN: 62-1864231 Provider #: 013982
Mountain Medical Clinic AMG-Southern Tennessee LLC DBA Southern Tennessee Primary Care - Mountain Medical Clinic 21 1st St Monteagle, TN 37356 TIN: 62-1763648 Provider #: 448912
Paris Health Clinic Essent PRMC, LP DBA Paris Health Clinic 2224 Bonham St. Paris, TX 75460-3790 TIN: 33-1073948 Provider #: 458639
Parkview Regional Medical Clinic Mexia Principal Healthcare Limited Partnership DBA Parkview Regional Medical Clinic 600 South Bonham Street Mexia, TX 76667 TIN: 62-1692446 Provider #: 673999
Spring View Clinic Spring View Hospital LLC DBA Spring View Clinic 137 W. Main St. Springfield, KY 40069 TIN: 20-0155414 Provider # 183474
AMBULATORY SURGICAL CENTERS
Lake Cumberland Surgery Center Lake Cumberland Surgery Center, LP DBA Lake Cumberland Surgery Center 301 Langdon Street Somerset, KY 42503 TIN: 62-1864099 Provider #: ASC1034

ATTACHMENT 5

Name of Facility and Address
Lohman Endoscopy Center Lohman Endoscopy Center, LLC DBA Lohman Endoscopy Center 4381 E. Lohman Ave. Las Cruces, NM 88011-8255 TIN: 27-1432797 Provider #: NMB2511
South Central Endoscopy National Park Endoscopy Center, LLC DBA South Central Endoscopy 124 Sawtooth Oak St. Hot Springs, AR 71901-7160 TIN: 90-0881332 Provider #: 564603
The Surgery Center of Athens Athens Surgery Center, LLC DBA The Surgery Center of Athens 105 N. Meadows Dr. Athens, TN 37303-4172 TIN: 80-0812776 Provider #: 103G496076
SKILLED NURSING FACILITIES
Clark Regional Medical Center Kentucky Hospital, LLC DBA Clark Regional Medical Center 175 Hospital Drive Winchester, KY 40391-9591 TIN: 62-1772321 Provider #: 185428
Clinch Valley Medical Center Clinch Valley Medical Center, Inc. DBA Clinch Valley Medical Center - SNF Unit 6801 Governor GC Peery Hwy. Richlands, VA 24641-2194 TIN: 54-1058953 Provider #: 491581
Conemaugh Memorial Medical Center Transitional Care Unit DLP Conemaugh Medical Center, LLC DBA Conemaugh Memorial Medical Center Transitional Care Unit 320 Main Street Johnstown, PA 15901-1601 TIN: 61-1739000 Provider #: 396102
Fauquier Health Rehabilitation And Nursing Center Fauquier Long-Term Care, LLC DBA Fauquier Health Rehabilitation and Nursing Center 360 Hospital Drive Warrenton, VA 20186 TIN: 46-3168620 Provider #: 495233
Havasu Regional Medical Center Havasu Regional Medical Center, LLC DBA Havasu Regional Medical Center 1811 Mesquite Avenue Lake Havasu City, AZ 86403 TIN: 20-5220956 Provider # 035287
Lake Cumberland Regional Hospital - Skilled Nursing Unit Lake Cumberland Regional Hospital, LLC DBA Lake Cumberland Regional Hospital - Skilled Nursing Unit 305 Langdon Street Somerset, KY 42503-2750 TIN: 62-1757920 Provider #: 185407

ATTACHMENT 5

Name of Facility and Address
Starr Regional Health & Rehabilitation Athens Regional Medical Center, LLC DBA Starr Regional Health & Rehabilitation 886 Highway 411 N. Etowah, TN 37331-1912 TIN: 62-1866028 Provider #: 445277
Person Memorial Hospital DLP Person Memorial Hospital, LLC DBA Person Memorial Hospital 615 Ridge Road Roxboro, NC 27573-4629 TIN: 45-2909143 Provider #: 345004
PortagePointe Portage Hospital, LLC DBA PortagePointe 520 Campus Drive Hancock, MI 49930-1569 TIN: 90-0998484 Provider #: 235624
Southern Tennessee Regional Health System Winchester - Skilled Facility Southern Tennessee Medical Center, LLC DBA Southern Tennessee Regional Health System Winchester - Skilled Facility 185 Hospital Road Winchester, TN 37398-2404 TIN: 62-1762535 Provider #: 445222
Wilson Rehabilitation and Nursing Center DLP WilMed Nursing Care and Rehabilitation Center, LLC d/b/a Wilson Rehabilitation and Nursing Center 1705 Tarboro St SW Wilson NC 27893-3428 TIN: 35-2491141 Provider #: 345423
Wythe County Community Hospital - Skilled Nursing Facility Wythe County Community Hospital, LLC DBA Wythe County Community Hospital - Skilled Nursing Facility 600 W. Ridge Road Wytheville, VA 24382-1044 TIN: 20-2468795 Provider #: 495167
END STAGE RENAL DISEASE
UP Health System Portage Dialysis Center Portage Hospital, LLC DBA UP Health System Portage Dialysis Center 500 Campus Drive Hancock, MI 49930 TIN: 90-0998484 Provider #: 232347
HOME HEALTH AGENCIES
KershawHealth Home Health Kershaw Hospital, LLC DBA KershawHealth Home Health 1165 Highway 1 S Lugoff, SC 29078-8966 TIN: 47-4121273 Provider #: 427046
HOSPICES

ATTACHMENT 5

Name of Facility and Address
KershawHealth Hospice Kershaw Hospital, LLC DBA KershawHealth Hospice 1165 Highway 1 S Lugoff, SC 29078-8966 TIN: 47-4121273 Provider #: 421519

ATTACHMENT 5

REQUIREMENTS FOR EXEMPTIONS INVOLVING
THE CHANGE OF OWNERSHIP OF A HEALTH CARE FACILITY
SECTION 1130.520

Criterion 1130.520(b)(1)(A) Names of the parties
The parties named as an applicant are:

Kindred Chicago Northlake, LLC the current and proposed licensee
Kindred Healthcare, LLC, which currently holds 'final control" of the licensee
Knight Health LLC, which will hold "final control" over the licensee
Knight Health Holdings LLC, which will hold "final control" over the licensee
LifePoint Health, Inc., as holder of non-voting and non-participating preferred security interest as set forth in ATTACHMENT 4

Criterion 1130.520(b)(1)(B) Background of the parties
Provided in ATTACHMENT 1 are Certificates of Good Standing for each applicant identified above. Provided in ATTACHMENT 5 are:

1. A listings of each applicant's (or related entity's) licensed health care facilities
2. A listing of each applicant's licensed health care facilities in Illinois, including an identification of each facility's licensee
3. The applicants' authorization permitting HFSRB, the State Agency, and IDPH access to documents necessary to verify the information submitted
4. A letter addressing adverse actions, and the resolution of related issues

Criterion 1130.520(b)(1)(C) Structure of transaction

On June 18, 2021, LifePoint Health, Inc. ("LifePoint") entered into a Securities Purchase Agreement (the "Agreement") with a group of sellers comprised of affiliates of TPG Capital, Welsh, Carson, Anderson & Stowe, Port-aux-Choix Private Investments and certain other holders of Kentucky Hospital Holdings JV, LP (the "Partnership"), the great-great-great-great-grandparent of a 100% interest in the Hospital. Based on terms in the Agreement, an affiliate of LifePoint under common ownership, Knight Health LLC, ("Knight") will acquire, directly or indirectly through its wholly owned subsidiary Kentucky Hospital Holdings JV GP LLC, all of the outstanding equity of the Partnership. The transaction is expected to close in the fourth quarter of 2021.

Criterion 1130.520(b)(1)(D) Name of the person who will be licensed or certified entity after the transaction
Please see Criterion 1130.520(b)(1)(A), above.

Criterion 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 organization structure with a listing of controlling or subsidiary persons.

As of the filing of this Certificate of Exemption ("COE") application, applicant Kindred Healthcare, LLC and/or related entities maintain a "non-controlling" interest in Anderson Rehabilitation Institute, LLC (f/k/a Anderson Rehabilitation Hospital, LLC), currently under development (Permit 19-026).

Additionally, as of the filing of this COE application, applicant Kindred Healthcare, LLC and/or related entities indirectly hold a 100% interest, and will hold a 25% interest in Kindred Hospital-Peoria upon the approval of COE application E-008-21, currently under HFSRB review. Please refer to that application for additional desired information.

Current and proposed organizational charts are provided in ATTACHMENT 4.

Criterion 1130.520(b)(1)(F) Fair market value of assets to be transferred

The health care facility's value, per its December 31, 2020 balance sheet is $5,380,397. This amount is identified as the facility's fair market value for purposes of this Certificate of Exemption application, exclusively.

Criterion 1130.520(b)(1)(G) The purchase price or other forms of consideration to be provided for those assets

The Kindred facilities to be acquired through the proposed transaction addressed in part in this COE application's Narrative Description include four facilities located in Illinois. Those four facilities have a total of 430 beds and an estimated purchase price of approximately $56M or $130,232.56 per bed. The purchase price for Kindred Hospital Chicago Northlake, which is approved to operate 94 beds, was estimated at $1M by applying a market earnings multiple to estimated normalized earnings, and is subject to customary adjustments.

Criterion 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.

By its respective signatures on the Certification Pages of this Certificate of Exemption application, the applicants affirm that none of the applicants hold COEs or Certificate of Need ("CON") Permits that have not been completed.

Criterion 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 charity care 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.

Kindred facilities are committed to providing high quality, comprehensive health care services to patients. Eligibility for charity care may be considered for those individuals who provide documentation of ineligibility and/or denial of coverage, including government sponsored

programs. Further, with the signatures on the Certification pages of this COE application, the applicants affirm that more restrictive charity care practices than were in place a year prior to this COE application's filing will not be adopted, and that for a period of no less than two years following the proposed transaction, more restrictive charity care practices will not be implemented.

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

The hospital operations-related applicants enjoy reputations of providing high quality services to their patients. As a result, and with no patient care-related changes anticipated as a result of the proposed transaction, no appreciable benefits currently realized, or detriments to the community, are anticipated.

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

To date, no anticipated savings have been quantified by the applicants.

Criterion 1130.520(b)(6) A description of the facility's quality improvement mechanism that will be utilized to ensure quality control

The hospital operates consistent with a detailed *Strategic Quality Operational Plan*, addressing a variety of quality assurance initiatives. Following the proposed transaction, Kindred will maintain responsibility for the day-to-day operation of the facility addressed in this COE application, and will continue to operate the facility under the *Plan.* A copy of the *Plan* is attached as an APPENDIX to this application.

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

It is not anticipated that membership in the governing body will change as a result of the proposed transaction.

Criterion 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.

None are currently anticipated.

Strategic Quality Operational Plan

APPENDIX

TABLE OF CONTENTS

APPENDIX

SECTION I

Commitment to Quality

Kindred's commitment to key quality indicators are aligned with and driven by our Mission, Vision, Values, Critical Success Factors, and our Management Philosophy. The Strategic Quality plan incorporates research and evidence from a variety of sources including the Institute for Healthcare Improvement (IHI), the Agency for Healthcare Research and Quality, the National Quality Forum and others.

Our Mission

Kindred Healthcare's mission is to promote healing, provide hope, preserve dignity and produce value for each patient, resident, family member, customer, employee and shareholder we serve.

Our Vision

Kindred Hospital Division's Vision is to be the hospitol company of choice in the post-acute hospital setting and to provide a level of service ond quality that is unequaled in the field.

Our Values

- Give your best
- Respect individuality to create team
- Be kinder than expected
- Do the right thing
- Treat others the way they want to be treated
- Create fun in all that you do
- Stay focused on the patient
- Take responsibility for every action you make

Critical Success Factors

- Manage Capital Wisely
- Be Efficient
- Grow
- Take Care of our People
- Organizational excellence through performance improvement
- Take care of our patients and customers

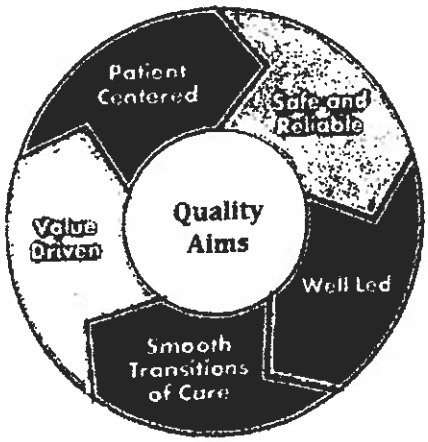
Kindred Management Philosophy

Focus on our people, on quality and customer service, ond our business results will follow

Quality Aims

Our Strategic Quality Plan is the roadmap to excellence. The foundational underpinnings to Quality at Kindred are based on 5 Quality AIMS, adapted from the Institute of Medicine's (IOM) landmark report *Crossing the Quality Chasm*, the Institute for Healthcare Improvement's (IHI) Triple Aims, and Agency for Healthcare Research and Quality's (AHRQ) National Quality Strategy:

I. Patient Centered
II. Well Led
III. Safe and Reliable
IV. Smooth Transitions of care
V. Value Driven



Implementation of the Strategic Quality Plan is a strategy to mold the culture into one that values the Quality AIMS. Clinical programs, patient care processes and practices are evidence-based and focus on reducing variation and improving outcomes.

AIM I - Patient Centered Care

AIM One is an unwavering focus on patient's needs and expectations

- Care that is coordinated, informed and grounded in respectful interactions with care providers that are consistent with the patient's values, expectations and care decisions
- Care is efficient through appropriate use of resources at the least expense to the patient, provider and care setting
- Care is timely and provided without delay to mitigate any harm to a patient

Patient-centered care requires regular re-examination of the "Voice of the Customer" to gain ongoing feedback and insight about the effectiveness of processes critical to the patient.

AIM II - Safe, Reliable, Predictable and Regulatory Compliant

AIM Two is to provide care, which is safe, reliable and meets regulatory standards

- Delivery of care in a manner that minimizes the risk of harm to a patient
- Effective and reliable through use of evidence-based practices
- Ongoing compliance with regulatory and accreditation standards'
- Monitoring and Self-Assessment to ensure a continued state of survey readiness
- Compliance with mandatory reporting requirements

APPENDIX

It is a core operational responsibility for every executive and every person providing and supporting care in our hospitals to ensure an environment where care is safe, effective and centered on patients' needs.

AIM III - Well-Led

AIM Three is to be well led with a bias towards action by clinical and operational leaders to achieve quality and safety objectives.

- Leaders set direction by aligning and coordinating strategic priorities and key initiatives
- Leaders build the foundation for execution by hiring, mentoring and retaining competent, quality-driven key leaders.
- Leaders who are quality driven effectively identifying issues, allocating resources, ensuring accountability and leading the execution of operational processes to maintain quality
- Leaders are visible conducting leadership rounding that ensures an understanding of needs, barriers and expectations of patients, families, and staff.

Leaders set expectations for continuous improvement by never being satisfied with anything less than the best.

AIM IV - Smooth Transitions of Care

AIM Four is to ensure smooth transitions of care during the hospital stay and to the next site of care. A standardized approach to key meetings ensures a safe, smooth and effective patient-centric approach during all transition of care (Appendix D: Data Reporting Procedures)

- Interdisciplinary Team (IDT) meetings ensure care planning begins upon admission and includes the development of discharge plans for each patient.
- IDT meetings are focused on "completing the care" to assure patients receive the right care at the right time and in the right place. The team utilizes a quality crosswalk (see APPENDIX C for location of IDT Quality Crosswalk) to ensure outcomes are viewed and discussed in "real time."
- Daily Transitions meetings track progress in order to maintain continuity of care and services needed to achieve treatment goals, eliminate barriers and facilitate the transition to the next level of care.

Identifying preventable delays that may prolong the hospital stay enhances patient satisfaction and continually creates patient value.

AIM V - Value-Driven

AIM Five is to provide care that is patient centered while adding patient value, conserving resources and avoiding waste.

- Resource utilization decisions, particularly in terms of additional new resources, should be evaluated as to the value added to the patient.
- Process improvement efforts work to eliminate non-value added steps hence improving performance and reducing cost.

APPENDIX

- Hospital performance is compared to other hospitals within Kindred and external organizations or benchmarks, to achieve a best in class standard of excellence.

The leadership team must align all improvement activities with the strategic AIMS for the organization and identify gaps in activities and infrastructure that would be barriers to reaching goals.

- Clarify accountability for processes and outcomes throughout the organization
- Build the infrastructure for regular review and alignment of new and on-going initiatives, through data collection, analysis and reporting structures
- Create and publish a hospital-wide view of how key improvement activities and strategies throughout the organization align with strategic goals and aims. Make the Balanced Scorecard visible!
- Create reward and recognition systems for attainment of goals aligned with the strategic aims, assuring that the systems contribute to gain for the whole organization

SECTION II

Scope, Authority and Responsibilities

The Strategic Quality Plan provides the structure and processes for identifying, responding to, and implementing opportunities to fulfill our commitment to organizational excellence and the achievement of our Quality Aims. This quality plan is the central performance improvement plan in the organization and encompasses the inter-related functions and processes of clinical care, governance, operational and support services. Leaders foster performance improvement through planning, educating, setting priorities, providing appropriate time and resources and by constantly focusing on the primary tenets of the Strategic Quality Plans Quality Aims.

The Committee Structure is standardized to ensure consistent, transparent and effective implementation and oversight. The structured process:

- Facilitates a consistent unified structure to meet Strategic Quality Plan goals and objectives.
- Ensures an effective process for implementing the Hospital's QAPI program.
- Promotes transparent communication to the Quality Council, Medical Executive Committee and Governing Board.

The standardized Committee Structure, which includes standardized committee dashboards, provides a transparent method for data collection, aggregation, analysis and review of quality of care and safety concerns at the primary committee level. Utilization of the committee standardization process facilitates integration of quality and patient safety throughout the hospital through self-identification of issues, development of interdisciplinary action plans, to include physicians, and monitoring for rapid cycle improvement. The leadership of the facility, Quality Council, Medical Executive Committee, and Governing Board has the ultimate responsibility for monitoring and oversight of the effectiveness of the QAPI process. (See Section VI)

Governing Body

The ultimate responsibility for performance improvement rests with the Hospital Governing Board. The authority and responsibility for the day-to-day operations and performance improvement activity is delegated to the Hospital Quality Council and hospital leadership, including the leadership of the Medical Executive Committee.

Quality Council

The Hospital Quality Council is the central coordinating body for all performance improvement and patient safety activities within the hospital. The Quality Council meets regularly to ensure oversight of quality activities within the hospital. The President of the Medical Staff (or designee) shall serve as Chairperson and the Chief Executive Officer shall serve as Vice-Chairperson. Membership includes representation from both Medical Staff and various leadership positions; Medical Staff Members must be present (telephonically, if necessary).

The Quality Council coordinates the performance improvement process by:

- Establishing a planned, systematic, organization-wide approach to performance measurement, analysis and improvement.
- Utilizing Quality Council (QC) Committee structure that supports the implementation of the hospital-wide improvement process to include the following:
  - Planning the process of improvement activity to meet quality patient safety goals
  - Determining the scope and focus of measurement
  - Setting priories for improvement
  - Systematically measuring, analyzing and directing performance improvement
  - Implementing improvement activities based on assessment conclusions
  - Maintaining achieved improvements
- Standardized dashboards are utilized to ensure all performance improvement activities are reviewed in the appropriate QC Committee prior to review at Quality Council meetings. Committee configurations may vary according to size of facility, but standard dashboards covering established functions will be followed.
- Setting expectations for leadership and staff participation in interdisciplinary and interdepartmental performance improvement and patient safety activities.
- Allocating resources for the hospital's performance improvement and safety activities. Commissions/convenes performance improvement teams and approval of project selection for specific improvement efforts and monitors its progress.
- Ensuring that processes for identifying and managing serious and sentinel patient safety events are defined and implemented.
- Implementing and monitoring compliance with the National Patient Safety Goals (NPSG).
- Evaluating the effectiveness of the Strategic Quality Operational Plan and the effectiveness of leadership's contributions to performance improvement and patient safety at least annually. (See Appendix C for location of Quality Council Evaluation)

APPENDIX

First Level Working Committees (also see Section VI)

First level working committees report to the Quality Council using specified dashboards with established meeting frequencies (minimum meeting frequency is quarterly). The first level working committees ensure substantive analysis of data and action planning occurs prior to review at Quality Council. These committees work to conduct data review and analysis as well as action planning and tracking and trending of action plans effectiveness on results.

This continuous flow of information and feedback ensures that quality of care and safety concerns are brought forth and addressed by the appropriate individuals and committees responsible for quality assurance and improvement activities.

The Medical Staff

The medical staff has a leadership role in organizational performance improvement and patient safety activities, particularly when a process is dependent primarily on the activities of individuals with clinical privileges. The Medical Staff Bylaws describe the expectations of members of the Medical Staff and allied health practitioners (AHPs) and their roles in quality improvement. The Medical Staff Rules and Regulations are expected to conform to the Medical Staff Bylaws.

The medical staff provides leadership in the areas of performance improvement and patient safety including though not limited to:

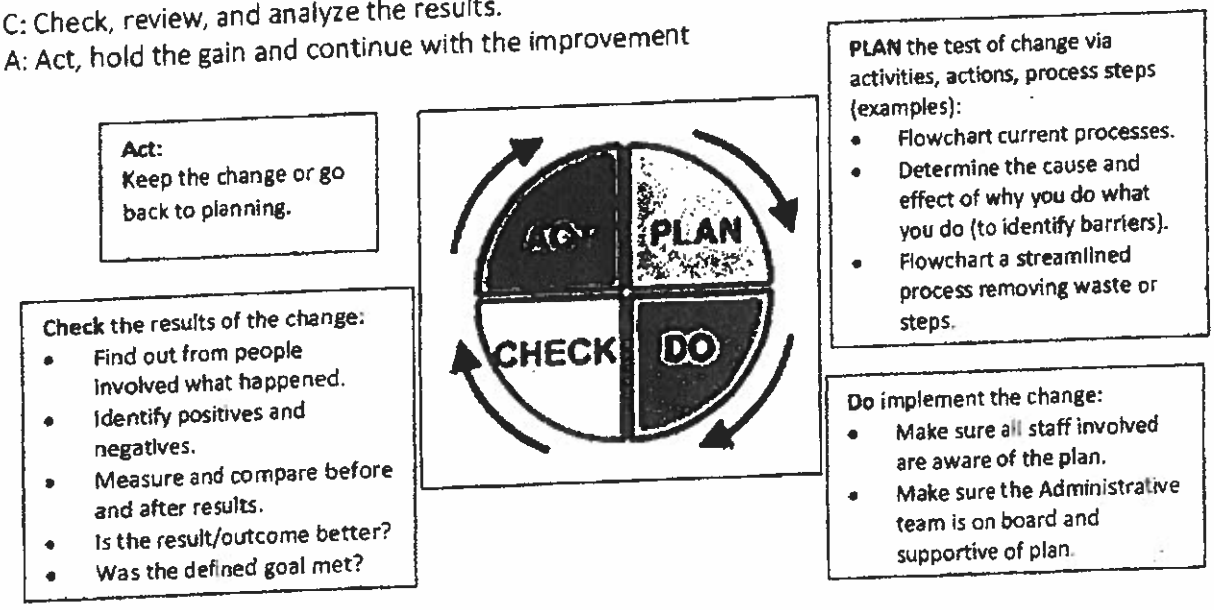
- Medical assessment and treatment of patients.
- Use of medications including safe ordering, transcription, dispensing and administration of medications.
- Outcomes related to resuscitative services
- Utilization of services and clinical products (i.e. operative and other procedure(s), blood products)
- Appropriateness and significant departures from established patterns of clinical practice
- Accurate, timely, and legible completion of patients' medical records
- Other activities as specified in the Medical Staff By-Laws

SECTION III

Quality Framework

Integrating Performance Improvement methodologies and tools is essential to a systematic approach to continuous process improvement. Continuous improvement is an ongoing effort to improve products, services or processes. These efforts can seek "incremental" improvement over time or "breakthrough" improvement all at once. PDCA is used to coordinate improvement efforts through emphasis on planning. The PDCA cycle goes from problem identification to implementation of the solution.

P: Plan, determine what the improvement will be and the method for data collection.
D: Do, implement the plan.
C: Check, review, and analyze the results.
A: Act, hold the gain and continue with the improvement



PDCA should be repeated for continuous improvement. If the solution does not improve the process, it is removed and the cycle is repeated with a different plan. If the solution does improve the process, it is standardized and the new process system knowledge is used to implement new improvements, beginning the cycle again.

Performance Improvement Teams (PIT) are convened when specific hospital-wide or interdepartmental issues are identified. The purpose of the PIT is to perform intensive analysis using a planned, systematic, organization-wide approach that facilitates designing, measuring, assessing and improving performance, using the PDCA methodology. Dependent upon the complexity of the process for improvement or design, other models may be selected such as process re-engineering, Rapid Cycle Improvement methods, etc.

APPENDIX

Telling Your Quality Story through Data Visualization

Aggregation and analyses transform data into information that can be used to plan, change or monitor care. Performance is compared against industry standards, internal benchmarks, comparable external organizations and best practices in order to determine patterns and trends. Information from data analyses, process review and performance improvement efforts are used to make changes that improve performance, increase safety and reduce risk of a sentinel event occurring.

The utilization of statistical tools and methods in the analysis process is an expectation. Their use allows us to display data in different ways to uncover specific kinds of information, such as performance over time and performance depending on certain variables. When data is organized in a chart format, trends, patterns and relationships emerge. Charts give us a way to summarize large amounts of data at a quick glance. Different tools are designed for different purposes but all are generally designed to help us better understand our processes and the variation inherent in them. By understanding the type and cause of variation through the use of statistical tools and methods, the organization can focus its attention and resources on making improvements to the processes that will result in better outcomes.

The main goal of data visualization is to clearly and effectively communicate the information and performance through graphical means. When telling the story, the focus should be on providing visual analysis of data sets and communicating key aspects in an intuitive way. Example tools used to tell the story include:

Flow Charts: Flow charts show all steps in a process and give people a visual of the "big picture" so they see how each step is related to the next. Flow charts also help identify the most efficient way to complete a task or process:

Pareto Charts: Pareto charts are bar graphs that show in descending order how often a situation occurs. They identify consistent or frequent problems, and they help the team decide where to begin the improvement process.

Scatter Diagrams: Scatter diagrams show relationships between occurrences, situations, or actions. They allow the team to identify variables and the ways these variables affect the outcome.

Fishbone Diagrams: Fishbone diagrams are visuals used to show cause and effect. They help people explore what, when, and why therapy went wrong (or right).

Control Charts: Control charts, also known as Shewhart charts, are tools used to determine if a process is in a state of statistical control. Data are plotted in time order. It always has a central line for the average, an upper line for the upper control limit and a lower line for the lower control limit. These lines are determined from historical data.

Trend lines: A trend line visually identifies both trends and random variations in data. The more points used to draw the trend line, the more validity attached to the direction represented by the trend line.

APPENDIX

SECTION IV

Using Outcomes to Drive Performance

Quality Assurance and Performance Improvement (QAPI) is a philosophy that encourages all members of a facility to identify new and better ways to do their job. The single best indicator of the effectiveness of the QAPI is the ability of a hospital to self-identify quality issues. Integrating self-assessment methodologies into everyday work processes makes for an efficient way to collect data and identify where systems are failing short, to make corrective adjustments, and to track outcomes.

The following Kindred processes are examples of concurrent ***self-assessment*** activities performed to evaluate compliance to regulatory and accreditation standards as well as key internal policies and procedures.

Examples of Self-Assessment Activities:

Tracers: Tracers are designed to "trace" the care experiences that a patient had while at Kindred or "trace" one specific process within the organization (i.e., complaint/grievance process). It is a way to analyze the system or process using actual patients as the framework for assessing compliance. While individual tracers follow a patient through his or her course of care, the system tracer evaluates the system or process, including the integration of related processes, and the coordination and communication among disciplines and departments in those processes. The results of tracers are used to formulate an action plan to address any identified deficiencies or issues.

Leadership Rounding: Rounding for outcomes is one of the skills used to better serve our patients, physicians and staff. Leaders round to build relationships, assess employee morale, harvest wins and identify and remove barriers that prevent staff from doing their jobs. Leadership rounding brings a different set of eyes and ears to the patient's bedside on a regular basis. As a result it presents an opportunity for service recovery, allows for gathering of information for staff reward and recognition, and helps connect leaders to our mission of serving patients.

Complaint and Grievance Process: A process to timely review, investigate, and resolve a patient's dissatisfaction. In addition to meeting regulatory requirements, a complaint and grievance process is an essential part of the quality program through identification of trends and patterns within the clinical and customer service program.

Quality Assurance (QA)/Quality Control (QC) Audits: QA audits may be a systematic review of care against explicit criteria (prevention of "defects"). QC audits are used to identify "defects" (temperatures, lab QCs, etc.). Departments use audits specific to their own PI goals. Regulatory audits may be specific to State and Federal expectations. The results of QA audits are often used to calculate rates for benchmark and other key performance indicators.

Quality and Regulatory Review (QRR) and Survey Readiness Visits (SRVs): The Division (through regional clinical operations and plant operations contract partners conducts formal onsite and offsite reviews to determine survey readiness in meeting The Joint Commission (TJ

standards and Centers for Medicare/Medicaid Services' (CMS) Hospital Conditions of Participation. QRRs rely heavily on patient and system tracers to evaluate the organization's potential performance during a survey.

Interdisciplinary Team (SQP/IDT crosswalk): The interdisciplinary team oversight and discussion of quality of care services, risk reduction and prevention opportunities, resource appropriateness and efficiency, and patient & family education allows for rapid cycle improvement opportunities. It also facilitates a concurrent review for accurate clinical documentation as a way to provide a clear story of each patient's care.

Flash/Daily Transitions/Care Plan Management Meetings: Daily Flash meeting is a CEO led interdisciplinary forum for daily evaluation of operations (e.g., staffing, patient change of conditions, equipment needs, plant issues, etc.). Daily Transitions meetings is a CCO led interdisciplinary forum for daily evaluation of 1) details related to timely follow up of patient care plan needs and 2) safe, organized transitions to next levels of care. These meetings allow for a concurrent evaluation of multiple performance indicators.

Failure Modes and Effects Analysis (FMEA): A proactive step-by-step approach for identifying all possible failures in a design, process, or a product or service. "Failure modes" means the ways, or modes, in which something might fail. Failures are any errors or defects, especially ones that affect the customer, and can be potential or actual.

Hazard Vulnerability Analysis (HVA): Provides a systematic approach to documenting potential threats that may affect demand for the hospitals services or its ability to provide those services. It is an essential component to a risk assessment, particularly related to emergency operations in a disaster.

Satisfaction Surveys: Patient, Employee and Physician feedback allow for identification of what your customers think is important, what they want, and where you need to improve. Patient safety culture surveys evaluate whether quality and safety are core values in the organization.

Annual Plans: This scheduled activity provides a consistent evaluation that highlights the achievements and continued challenges facing specific clinical programs such as Infection Prevention and Control, Risk Management, Environment of Care and Education.

Event/Error and Near Misses Analysis: Reporting of errors in a just culture environment allows individuals to report errors or near misses without fear of reprimand or punishment. This allows for identifying and addressing systems issues that lead individuals to engage in unsafe behaviors, while maintaining individual accountability by establishing zero tolerance for reckless behavior. Analysis with or without event calls can lead to identification of process change needs.

Clinical and Service Indices: A composite of several indicators into a single measure. Provides a quick self-assessment of several key division indicators.

Mortality Review: Review of patient deaths to evaluate clinical practice patterns and identify significant departure from established patterns of clinical practice.

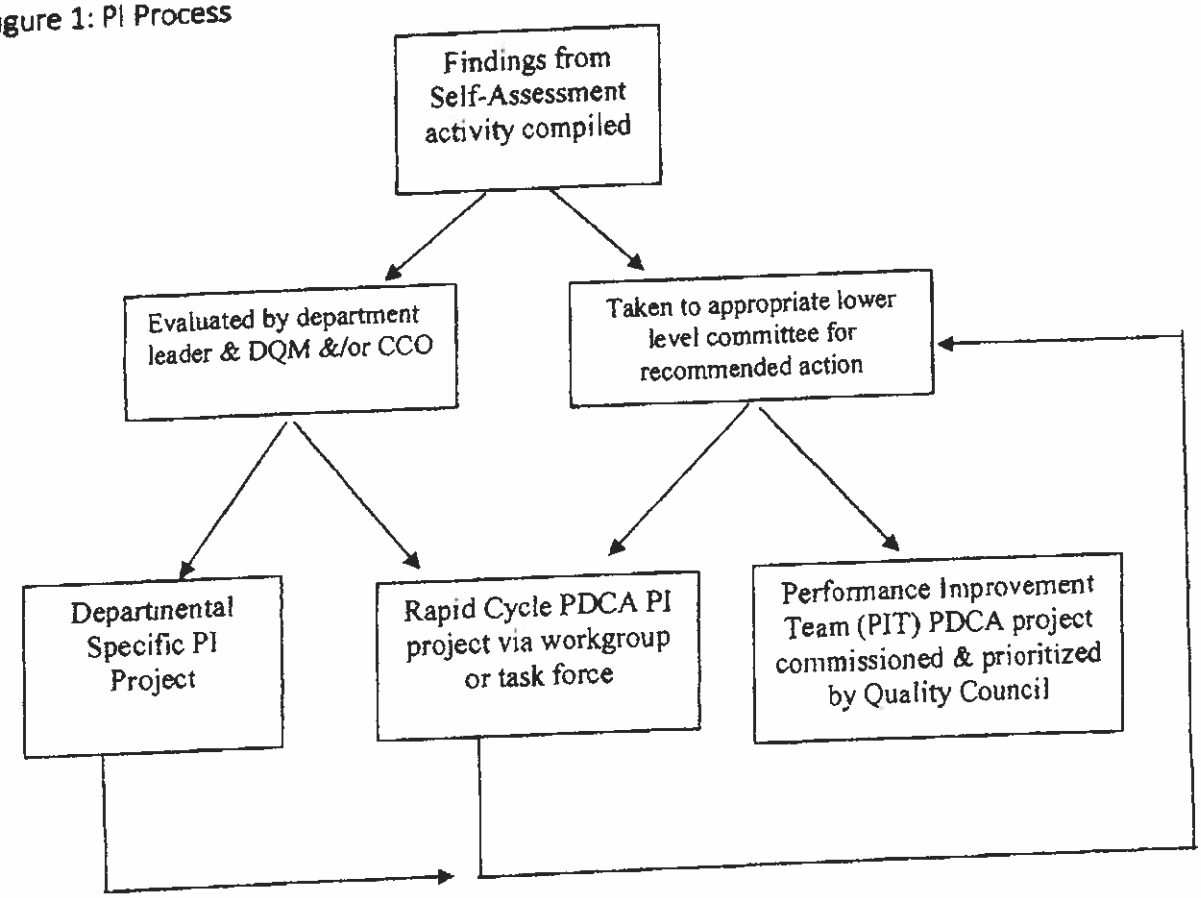
Findings from the above (and other) self-assessment strategies trigger the performance improvement methodology used to drive change. The flow diagram depicted in Figure 1 is the typical process used. In summary, the process is such that self-assessment results are either evaluated by a department leader or DQM, and in collaboration with the CCO, who determine an appropriate PI project plan. If the results involve clinicians from more than a single department a decision is made to commission a PDCA project, either via a rapid cycle process or a more traditional Quality Council sanctioned Performance Improvement Team (PIT) project.

Rapid cycle is applying the recurring sequence of PDCA in a brief period of time to solve a problem or issue facing the team that will achieve breakthrough or continuous improvement results quickly.

If the results are to be reviewed and analyzed for committee recommended actions, Quality Council would commission and prioritize a formal PIT PDCA project. These QC sanctioned PIT projects typically include those improvements that are more organization-wide oriented (involves multiple departments), may require input from outside subject matter experts, and just generally command more time and human resources making the process slower and more methodical. Additionally, the Quality Council determines the prioritization of the performance improvement teams needed based on specific criteria. Performance Improvement Teams report progress and/or results through the Quality Council committee structure.

A PI project may begin as rapid cycle but evolve to a formal QC sanctioned PIT because of additional information obtained and a necessity to have more organizational level oversight.

Figure 1: PI Process



This same process is used when improvement opportunities are identified from external agencies (e.g., complaint survey, triennial accreditation survey, health department inspection). The goal, however, is to integrate an ample number of the right kind of self-assessments that provide a satisfactory sampling of current processes that are considered to be high risk, problem prone, low volume, etc.

See Appendix C for Location of Example PI Tools:

SECTION V

Quality Indicators

Quality indicators (or measures) are important as a way to document the outcomes of care, treatment and services provided and to identify opportunities for improvement. Kindred Hospitals annually determine the indicators it will use to measure performance as well as set corresponding goals. This process is done via one of two mechanisms:

a) Key Quality Indicators are those measures hard-wired on the agendas/dashboards of the first level working quality committees. These indicators are not optional and must be measured and reported on a frequency established by the quality committee (generally tracked monthly, reported quarterly). These indicators are often a condition of a regulatory or accreditation requirement but can also include items that are important to the patient population served.

- A subsection of the key quality indicators are those core measures which all Kindred hospitals track with the expectation that the results will be compared to other Kindred Hospitals as well as national comparative benchmarks or databases. These key indicators are chosen as a result of an evidence-based look at the patient population served and are determined to have the greatest influence on outcomes of care.

- Key quality indicators also include those areas that assess compliance with federally-mandated measures such as CMS' Quality Reporting Program (QRP) reporting requirements or IMPACT Act Requirements for 2018 (new/worsened PW).

Key quality indicators are expected to be measured and reported despite level of compliance. Goals are set by the hospital unless the dashboard includes a goal or threshold that is expected to be used (Appendix B identifies the goals/thresholds set by the hospital and which are set as a common goal to be used by all hospitals).

b) Hospital-Specific Quality Indicators are chosen by the facility due to the significance related to one of its own key success factors, results of self-assessment activities, quality control processes, other high-risk high/low volume, problem-prone, or patient safety issues.

- Department-specific performance indicators are chosen based on a process or system that department(s) want to improve.
- Self-assessment activity findings may trigger a need to add an indicator to one of the first level working quality committee agendas in order to draw attention to an improvement needed. A rapid cycle PDCA or QC commissioned PIT PDCA project may be warranted.
- Critical check list findings (CEO and CCO checklists) and quality control results may trigger a need to add an indicator to one of the first level working quality committee agendas in order to draw attention to an improvement needed. A rapid cycle PDCA or QC commissioned PIT PDCA project may be warranted.

APPENDIX

Once sustained compliance is achieved dota collection and reporting on that indicator may conclude. Goals or thresholds are set by the hospital.

- In the case of department-specific indicators, the indicator that has achieved sustained compliance should be replaced with another improvement indicator.
- Self-assessment findings (including CEO & CCO checklists) or external agency deficiency findings that have been corrected with sustained compliance do not need to be replaced with another quality indicator.

Refer to the Appendix B for a complete library of Key Quality Indicators. Hospital-specific quality indicators can be added to the list locally or kept separately.

There are no specific requirements for a total number of indicators. A single indicator may fulfill the obligation for several categories (CLABSI is a key indicator on the Balanced Score Card, a CMS-QRP metric and meets the TJC requirement for monitoring infection control practices). Hospitals achieving desired performance targets, specifications or thresholds on hospital-specific measures may choose to change measures at any time, once performance levels are achieved and sustained.

Compliance to quality indicators is documented and presented to committee one of three ways:

1. Numeric Goal: A numeric goal includes a numerator and denominator. The numerator and denominator need to be explicit with regard to what is included or excluded in the measurement. For example, the numerator of mortality rate is total number of deaths for a month. The denominator is total number of discharges for that month. That definition must be followed exactly as written to ensure data validity. For example, changing the denominator to include only all non-hospice discharges would significantly change the result.

2. Summary Report: Those goals that are not numeric in nature are best evaluated through a summary report that demonstrates trends and patterns in outcomes achieved. For example, a Code Blue summary report allows for presentation of multiple elements included in that quality indicator. Some of the elements might be numeric, others might be non-numeric targets. The summary format allows for inclusion of key anecdotal notes, qualitative characteristics, and general observations, etc.

3. Existing Report: The Balanced Score Card and Benchmark Report are examples of static reports or queries available from the Business Warehouse (BW) that can be presented to a committee meeting as is. Analysis and action plans are added to these reports to demonstrate appropriate oversight and management of the data.

SECTION VI

Committee Structure

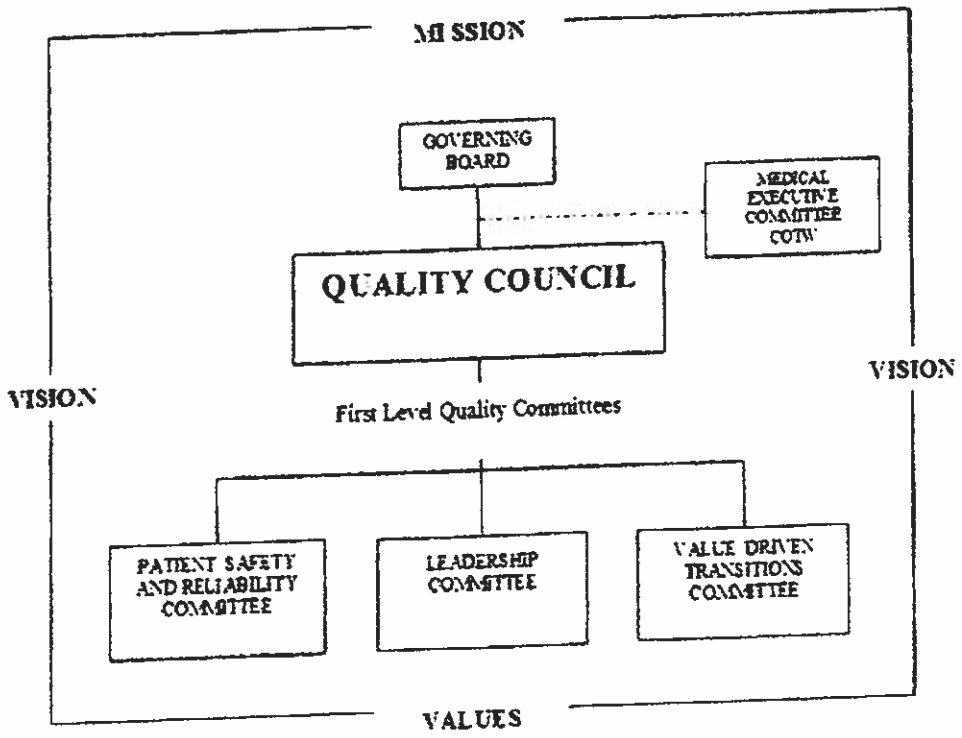
The Quality Council is the coordinating body for all hospital-wide quality assurance and performance improvement activities and processes. The Quality Council's Committee Structure supports implementation of the Quality Plan utilizing first level working quality committees with specified agendas, standardized dashboards and minimum meeting frequencies to ensure substantive analysis occurs prior to review at Quality Council. First level working committees report findings, analyses, recommendations, actions and follow up specific to the individual committee's functions.

Three first level working quality committees support the work of the Quality Council and cover all or parts of the following functions:

- Patient Safety and Reliability Committee
  - Pharmacy Nutrition and Therapeutics (PNT)
    - Antibiotic Stewardship
  - Infection Prevention and Control (IP&C)
  - Patient Care & Safety (including Critical Care, Operative & Invasive Procedures)
  - Laboratory / Radiology
- Leadership Committee
  - Leadership
  - Environment of Care (EOC)
  - Ethics
- Value Driven Transitions Committee
  - Utilization Management (UM)
  - Health Information Management (HIM)

Standardized Dashboards are utilized to help organize, track and trend key and hospital-specific quality indicators, monitoring activities and improvement efforts. Data are collected and reported on a frequency established by the first level committee (generally reviewed monthly and reported quarterly) to the designated first level committee. Subcommittees (often functional subcommittees such as PNT or HIM) may be designated to support the collection, aggregation, analyses and monitoring activities of a first level committee. Subcommittee summary forms are included in the Dashboard workbooks for documentation of subcommittee work that occurs between the quarterly first level committees. Hospital-specific quality indicators or performance improvement activities can be added to a specific dashboard at any time at the discretion of the hospital.

Credentialing activities may warrant more frequent meetings than quarterly to expedite applications and reapplications. The subcommittee summary form should be used to document discussions and recommendations between quarterly MEC meetings as well as for ad hoc (tele board) Governing Board approval activities.



When committee or monitoring findings fall outside of the parameters of expected or desired performance, an action plan is developed at the committee level. The PDCA process is utilized and clear responsibilities assigned. Proven strategies for prevention such as the Institute for Healthcare Improvement (IHI) Ventilator-Associated Pneumonia, Blood-Stream Infection and Catheter-Associated Urinary Tract Infection Bundles serve as the foundation for relevant improvement plans.

The Quality Council may determine additional actions or requirements are needed and redirect such actions to the working committees. Performance Improvement Teams may be convened by the Quality Council for significant and/or hospital-wide performance issues. Performance Improvement Teams will report progress and results to the Quality Council. The Quality Council will monitor compliance of the action plans and timelines as necessary.

This continuous flow of information and feedback encourages involvement from the individuals who are closest to the work and the committees they represent while having appropriate oversight by the leaders who are ultimately accountable for the quality assurance and improvement activities and program.

SECTION VII

Appendices

Appendix A: Terms / Definitions

Aggregate
A process for displaying data in a spreadsheet to provide results over time. Patterns and trends related to performance and/or compliance are identified and can then be analyzed.

Analysis
A process of interpretation and summarization of the data for a specific time period. The time frame may be determined based on the indicator or previous findings.

Clinical Quality Index
A composite of two or more indicators into a single metric used to measure performance in clinical care and outcomes.

Control Chart
A graphic display of data in the order they occur with statistically determined upper and lower control limits of expected common-cause variation.

Balanced Scorecard
Kindred Healthcare's key success factors scorecard. The indicators are reviewed with targets set on an annual basis.

Benchmark
A standard or point of reference against which things may be compared or assessed. Benchmarking is the process of comparing processes and performance metrics to best practices from other companies.

Benchmark Report
The title of one set of quality indicator data that is housed in Business Warehouse (such as Vent Admits, Vent Days, Restraint Days, CVL Days etc.).

Business Warehouse (BW)
Kindred Healthcare's Data Repository. Software that integrates, manages and stores data within the company from various data sources. Allows for business planning and analysis through data mining and visualization. Data entry is performed monthly for those elements that are not able to be compiled automatically.

CARE Data Set (Continuity Assessment Record and Evaluation)
A standardized patient assessment tool developed for use at acute hospital discharge and at post-acute care admission and discharge. The CARE Data Set is designed to standardize assessment of patients' medical, functional, cognitive, and social support status across acute and post-acute settings, including long-term care hospitals (LTCHs), inpatient rehabilitation facilities (IRFs), skilled nursing facilities (SNFs), and home health agencies (HHAs).

Daily Flash Meeting
A CEO led interdisciplinary forum for daily evaluation of operations (e.g., staffing, patient change of conditions, equipment needs, plant issues, etc.).

Daily Transitions Meeting
A CCO led interdisciplinary forum for daily evaluation of 1) details related to timely follow up of patient care plan needs and 2) safe, organized transitions to next levels of care.

Dashboard
Standardized tools utilized throughout the quality council reporting structure to help organize, track and trend key and hospital-specific quality indicators, monitoring activities and improvement efforts.

Data
Un-interpreted material, facts, or clinical observations.

Failure Mode, Effects, and Analysis (FMEA)
A systematic approach for identifying the ways that a process can fail, the potential effects of such a failure and the seriousness of that effect, resulting in a process or system redesign to minimize the risk of failure.

GAP analysis
Comparison of actual performance with potential or desired performance.

IMPACT Act
On September 18, 2014, Congress passed the *Improving Medicare Post-Acute Care Transformation Act of 2014* (the IMPACT Act). The Act requires the submission of standardized patient assessment data related to quality measures, resource use, and other measures. The data elements are standardized across post-acute settings to facilitate coordinated care and improve Medicare beneficiary outcomes.

Indicator
A measure used to determine, over time, an organization's performance of functions, processes, and outcomes. Therapists rate patients' abilities to complete specific functional tasks as part of assessments in both LTAC and Nursing Centers.

Performance Improvement (PI)
The continuous study and adaptation of a health care organization's functions and processes to increase the probability of achieving desired outcomes and to better meet the needs of individuals and other users of services.

Performance Measure
A quantitative tool generally defined as regular measurement of outcome results which generates reliable data on effectiveness and efficiency of a specified process.

Patient Safety Index
A composite of two or more indicators into a single metric used to measure performance in areas important to Patient Safety.

Patient Satisfaction Index
A composite of two or more indicators into a single metric used to measure performance in customer service or satisfaction.

Plan of Correction (POC)
Specific, clearly defined steps or plans developed to eliminate identified root causes or implement new processes.

Quality Control (QC)
Quality control (QC) is a procedure or set of procedures intended to ensure that a product or performed service adheres to a defined set of quality criteria or meets the requirements of the customer. QC is similar, but not identical to, quality assurance (QA).

Quality Regulatory Review (QRR)
A hospital division program designed to determine survey readiness in meeting The Joint Commission (TJC) accreditation standards and Centers for Medicare/Medicaid Services' (CMS) conditions of Participation.

Quality Reporting Program (QRP)
The IMPACT Act of 2014 requires the specification of quality measures for the LTCH QRP, including such areas as skin integrity, functional status, such as mobility and self-care, as well as incidence of major falls. Beginning in FY 2014, the applicable annual update for any LTCH that did not submit the required data to CMS was reduced by two percentage points.

Root Cause Analysis
A process for identifying the basic or causal factor(s) that underlie variation in performance, including the occurrence or possible occurrence of a sentinel event.

Sentinel Event
An unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or function. The phrase, "or the risk thereof" includes any process variation for which a recurrence would carry a significant chance

APPENDIX

of a serious adverse outcome. Such events are called "sentinel" because they signal the need for immediate investigation and response.

Tracer Methodology

A method used to "trace" a patient's care experience or a process using actual patients as the framework for assessing compliance. Individual Patient Tracers follow a patient through his or her course of care. System Tracers evaluate the systems or processes, including the integration of related processes, and the coordination and communication among disciplines and departments in those processes.

Appendix B: Key Quality Indicators Definitions, Formulas and Targets

(Target = Expected Goal, Threshold = Minimum Expectation, Comparative Reference = A reference to use for goal setting)

KEY QUALITY INDICATOR	FORMULA / DEFINITION	Target / Threshold / Comp Ref
1. Mortality Rate	$\frac{\text{Number of deaths}}{\text{Total number of discharges for month}} \times 100$	Comparative Reference: Kindred HD 2016 = 14.51%
2. Wean Rate	$\frac{\text{Number of discharges for the month who were admitted* on a vent and were weaned for > 72 hours during the admission**}}{\text{Total number of patients discharged who were admitted on the ventilator***}} \times 100$ * Admitted on a vent = All patients admitted on a ventilator or placed on a ventilator within 7 days of admission. ** Only the 1st successful wean episode counts. *** As determined by daily vent charges that are dropped (use of drilldown on Benchmark report will indicate a 'N' for each patient that is excluded from the denominator (no vent charge) and a 'Y' for each patient that is included in the denominator (vent charge). For example, *BiPAP vio vent* is not expected to count in the denominator yet since a vent is in use a charge may drop inadvertently adding this patient to the denominator count. In this case, incorrect charges must be corrected by the facility prior to the 8th of the month in order for Calculated Wean Rates to be correct Patients who are transferred out of our hospital for < 72 hours for a procedure/treatment at another hospital is not considered a discharge for the purposes of this indicator. Please Note: Although the successful wean is "counted" at the time of discharge, it makes no difference if the patient is on or off the ventilator at the time of discharge. If the patient was successfully weaned (off the ventilator for > 72 hours) once during the admission, it counts as a wean. If a patient is subsequently placed back on the ventilator at any time during the admission, it will not be counted, in the numerator or the denominator, again. Inclusions Numerator: Patients off vent >72 hours and placed on Trach collar or T-piece is a wean. Exclusions Numerator: Nocturnal vent is not a wean. Denominator: NIPPV is not a vent episode. Excludes all patients going on the vent > 7 days of admission. Weans that later die are successful weans. Ignore repeated episodes of ventilation. *NO exclusions for chronic vent admissions.* NOTE: Risk-adjusted outcome algorithms may vary slightly from above.	Comparative Reference: Kindred HD 2016 = 49.78%

APPENDIX

KEY QUALITY INDICATOR	FORMULA / DEFINITION	Target / Threshold / Comp Ref
3. Infection-Related Ventilator-Associated Event (VAE)	NHSN Definition-01/2016 (http://www.cdc.gov/nhsn/pdfs/pscmanual/10-vae_final.pdf) # Episodes of IVAC in ventilated patient / Total number Ventilator days X 1000 Ventilator-Associated Condition (VAC) Patient has a baseline period of stability or improvement on the ventilator, defined by ≥ 2 calendar days of stable or decreasing daily minimum* FiO2 or PEEP values. The baseline period is defined as the 2 calendar days immediately Preceding the first day of increased daily minimum PEEP or FiO2. *Daily minimum defined by lowest value of FiO2 or PEEP during a calendar day that is maintained for at least 1 hour. After a period of stability or improvement on the ventilator, the patient has at least one of the following indicators of worsening oxygenation: 1) Minimum daily FiO2 values increase ≥ D.2D (20 points) over baseline & remain at or above that increased level for ≥2 calendar days. 2) Minimum daily PEEP values increase ≥ 3 cmH2O over baseline and remain at or above that increased level for ≥2 calendar days. NOTE: It is important to use the date the patient was placed on the ventilator when entering in NHSN. DO NDT use the date of admission unless that is the day the patient was intubated. If the patient comes to Kindred and you cannot get the date of first ventilation you can estimate the date. Infection-related Ventilator-Associated Complication (IVAC) On or after calendar day 3 of mechanical ventilation and within 2 calendar days before or after the onset of worsening oxygenation, the patient meets both of the following criteria: 1) Temperature > 38 °C (1DD.4F) or < 36°C (96.8F), OR white blood cell (WBC) count ≥12,000 or ≤4,0D0 cells/mm3. AND 2) A new antimicrobial agent(s) is started, and is continued for ≥ 4 calendar days. Possible Ventilator- Associated Pneumonia (PVAP) (Possible and Probable VAP combined) On or after calendar day 3 of mechanical ventilation and within 2 calendar days before or after the onset of worsening oxygenation, ONE of the following criteria is met (taking into account organism exclusions specified in the protocol): □ Criterion 1: Positive culture of one of the following specimens, meeting quantitative or semi- quantitative thresholds as outlined in protocol, without requirement for purulent respiratory secretions: • Endotracheal aspirate, ≥ 10^5 CFU/ml or corresponding semi-quantitative result • Bronchoalveolar lavage, ≥ 10^4 CFU/ml or corresponding semi-	Comparative Reference: Kindred HD 2016 VAC = 0.55 per 1000 ventilator days Comparative Reference: NHSN = As of 12/2016 NHSN has not published VAE data

APPENDIX

7L

	quantitative result • Lung tissue, ≥ 10^4 CFU/g or corresponding semi-quantitative result • Protected specimen brush, ≥ 10^3 CFU/ml or corresponding semi-quantitative result □ Criterion 2: Purulent respiratory secretions (defined as secretions from the lungs, bronchi, or trachea that contain >25 neutrophils and <10 squamous epithelial cells per low power field [lpf, x100])† plus a positive culture of one of the following specimens (qualitative culture, or quantitative/semi-quantitative culture without sufficient growth to meet criterion #1): • Sputum • Endotracheal aspirate • Bronchoalveolar lavage • Lung tissue • Protected specimen brush † If the laboratory reports semi-quantitative results, those results must correspond to the above quantitative thresholds. See additional instructions for using the purulent respiratory secretions criterion in the VAE Protocol. □ Criterion 3: One of the following positive tests: • Pleural fluid culture (where specimen was obtained during thoracentesis or initial placement of chest tube and NOT from an indwelling chest tube) • Lung histopathology, defined as: 1) abscess formation or foci of consolidation with intense Neutrophil accumulation in bronchioles and alveoli; 2) evidence of lung parenchyma invasion by fungi (hyphae, pseudo hyphae or yeast forms); 3) evidence of infection with the viral pathogens listed below based on results of immunohistochemical assays, cytology, or microscopy performed on lung tissue • Diagnostic test for Legionella species • Diagnostic test on respiratory secretions for influenza virus, respiratory syncytial virus, adenovirus, parainfluenza virus, rhinovirus, human metapneumovirus, coronavirus Inclusions: Patients on BiPAP via Tracheostomy Exclusions: Skilled Nursing Units (SNU) and Subacute Units (SAU) PLEASE REFER TO THE CENTRAL LINE ASSOCIATED BLOOD STREAM INFECTION DECISION TREE LOCATED IN THE CLNICAL RESOURCE LIBRARY or the NHSN DEFINITIONS at: http://www.cdc.gov/nhsn/PDFs/pscManual/pcsManual_current.pdf	
4. New or worsening Pressure Ulcers	Patients with Pressure Ulcers That Are New or Worsened on Discharge CARE Assessments / Number of Discharge CARE Assessments X 100	Comparative Reference: Kindred HD 2016 = 2.29 LTRAX Nation 2016 = 1.67

	Measures "Percent of Patients with Pressure Ulcers that are New or Worsened" following CMS QRP reporting rules. Excludes expired patient discharge CARE Assessments.	
KEY QUALITY INDICATDR	FORMULA / DEFINITION	Target / Threshold / Comp Ref
5. Central Line Associated Blood Stream Infection (CLABSI) Rate	NHSN Definition-1/2016 (http://www.cdc.gov/nhsn/pdfs/pscmanual/4psc_clabscurrent.pdf) Episodes of CLABSI in CVL X 1000 Total number of central line days Blood Stream infection must meet one of the following criteria: 1. Patient has a pathogen (not a common commensal) cultured from one or more blood cultures and organism cultured is not related to infection at another site. 2. Patient has a common commensal cultured from the blood culture (See note below) a. Patient has at least one of the following signs and symptoms: fever (>38C or > 100.4F), chills, or hypotension. AND b. Positive laboratory results and signs and symptoms are not related to an infection at another site. AND c. Common skin contaminant is cultured from two or more blood cultures drawn on separate occasions. NOTE: * Cultures positive with "common commensals" must be identified in at least one bottle of each set to be worked up as a CLABSI * Catheter tip cultures are not used to determine whether a patient has a primary BSI. * Lines can be removed without blood culture based on site inflammation. Line days: *Day of admission or insertion is Day 1 *Patients with 1 or more central lines will be counted as 1 line-day per hospital day. Line days should be counted at the same time of the day, 7 days per week. **Risk factor is line-days, not days of a given line.* Inclusion Numerator: Episodes of bacteremia as described above, in presence of a Central Line (An Intravascular catheter that terminates at or close to the heart or in one of the great vessels which is used for infusion, withdrawal of blood or hemodynamic monitoring.) Denominator: All non-midline catheters including non-tunneled (non-cuffed/temporary) or surgically-placed (cuffed/permanent catheters.	Comparative Reference: Kindred HD • 2016 = 1.61/1000 line days • 2017 Target: = TBD National SIR Apr 2015 – Mar 2016 = • CMS .905 • Kindred 1.235 (National benchmark =1.0) APPENDIX

	Exclusion Numerator: Automatic exclusion if occurs within 3 calendar days before admission, date of admission and 3 calendar days after admission. Blood cultures drawn after the date of the catheter removal are excluded. Denominator: Catheters that do not terminate at or above the superior vena cava (i.e. Midline Catheters) and Hemodialysis reliable outflow dialysis catheters (HeRO). Present on Admission (POA): 2 calendar days prior to the date of admission, Hospital day 1 and Hospital day 2. Hospital day 3= HAI Infection Window Period (first positive diagnostic test, 3 days before and 3 days after). Repeat Infection Timeframe (RIT) - (14 day timeframe where date of event = day 1) If a RIT you must go back to the 1st event in NHSN and enter the new organism if the organism changed. PLEASE REFER TO THE CENTRAL LINE ASSOCIATED BLOOD STREAM INFECTION (CLABSI) DECISION TREE LOCATED IN THE CLNICAL RESOURCE LIBRARY	
KEY QUALITY INDICATOR	FORMULA / DEFINITION	Target / Threshold / Comp Ref
6. Central Line Utilization Ratio	Central Line Days Patient Days The Central Line Utilization Ratio is calculated by dividing the number of central line days by the number of patient days. Exclusion: Implanted ports are not counted as a central line day until it is accessed. Once accessed (even if flushed or used for blood draw) it is counted as a line day until discharged or the port is removed.	2017 Target: HD = TBD Comparative Reference: •
7. Patient Satisfaction	Patient Satisfaction HCAHPS Discharge Survey questions: • #4 During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it? • #14 During this hospital stay, how often did the hospital staff do everything they could to help you with your pain? • #22 Would you recommend this hospital to your family and friends? Percent "Top Box" Scores: Total Top Responses X 100 Total Responses *#4 Call Button "Top Box" response = "Always* *#14 Help With Pain "Top Box" response = "Always"* *#22 Would you Recommend "Top Box" response = "Definitely Yes"*	2017 Targets: #4: HD = TBD #14: HD = TBD #22: HD = TBD APPENDIX

KEY QUALITY INDICATOR	FORMULA / DEFINITION	Target / Threshold / Comp Ref
8. Employee Turnover Rate	Total number of resignations/terminations X 100 Total number of monthly filled positions Numerator is a rolling 12 month # of terminations for full-time AND part-time employees Denominator - Average number of beginning active FT and PT employees for the last 12 months	2017 Target: HD = TBD
9. Patient Falls with Injury	Total number of falls with injury X 1000 Total number of patient days Fall with injury: Any fall resulting in injury and requiring more than first aid and an alteration in treatment. Includes falls with fractures, lacerations, changes in level of consciousness due to the fall. *Example* – Fall requiring an X-ray (positive for fracture) and surgical intervention. Note: *Does not include falls requiring first aid only or minor treatment* CMS (QRP) Definition: (Reporting begins April 1, 2016) CMS def. = bone fracture, joint dislodgement, closed head injury with altered consciousness, subdural hematoma.	Comparative Reference: Kindred HD 2016 = 0.27 per 1000 pt. days
10. Patient Falls without Injury	Total number of falls without injury X 1000 Total number of patent days Fall without injury: A fall where no change in treatment is required. *Example* – A patient has a fall with no lacerations, minor pain and negative x-ray. *Note:* A fall requiring basic first aid treatment (i.e., Band-Aid or ice pack) is considered a Level 2 fall without injury. *A patient assisted to the floor is considered a fall.* CMS (QRP) Definition: (Reporting begins April 1, 2016) CMS def. = superficial bruising, hematomas, sprains or any fall related injury that causes the patient to complain of pain.	Comparative Reference: Kindred HD 2016 = 3.91 per 1000 pt. days
11. Restraint Rate	Number of patients each day in restraints, during the month X 1000 Total number of patient days • Restraint days are determined by the number of patients reported in restraints for any part of the prior 24 hours. • Four side rails, Freedom Splints and mitts (tied or untied), Fingerless positioning devices/mitts are counted as a restraint • Patients in restraints will be identified through direct observation rather than chart review.	2017 Target: HD = TBD

APPENDIX

12. Catheter – Associated Urinary Tract Infection (CAUTI) Rate	NHSN Definition 1/2016 (http://www.cdc.gov/nhsn/pdfs/pscmanual/7psccauticurrent.pdf) Number of patient episodes during the month which develop newly diagnosed urinary catheter associated UTI X 1000 Total number of indwelling catheter days for the month. Symptomatic UTI (SUTI) 1A Patient must meet 1, 2, and 3 below: 1. Patient has an indwelling urinary catheter in place for the entire day on the date of event and such catheter had been in place for >2 calendar days, on that date (day of device placement = Day 1) 2. Patient has at least one of the following signs or symptoms: • fever (>38.0°C or 100.4°F) • suprapubic tenderness* • costovertebral angle pain or tenderness* • urinary urgency ^ • urinary frequency ^ • dysuria ^ 3. Patient has a urine culture with no more than two species of organisms, at least one of which is a bacteria of $\geq 10^5$ CFU/ml. All elements of the UTI criterion must occur during the Infection Window Period (See Definition Chapter 2 Identifying HAIs in NHSN) NOTE: ^ These symptoms cannot be used when a catheter is in place. * With no other recognized cause Asymptomatic Bacteremic UTI (ABUTI) Patient must meet 1, 2, and 3 below: 1. Patient with* or without an indwelling urinary catheter has no signs or symptoms of SUT1 according to age (NOTE: Patients > 65 years of age with a non-catheter associated ABUTI may have a fever and still meet the ABUTI Criterion) 2. Patient has a urine culture with no more than two species of organisms identified, at least one of which is a bacterium of $\geq 10^5$CFU/ml 3. Patient has organism identified** from blood specimen with at least one matching bacterium identified in the urine specimen. NOTE: * Patient had an indwelling urinary catheter in place for > 2 calendar days, with day of device placement being Day 1, and catheter was in place on the date of the event or the day before. ** Organisms identified by culture or non-culture based microbiologic testing method which is performed for purposes of clinical diagnosis or treatment. Asymptomatic Bacteremic Urinary Tract Infection is not considered a CAUTI in patients *without* a urinary catheter.	Comparative Reference: Kindred HD Dec. YTD • 2016 = 1.73/1000 catheter days • 2017 Target: = TBD National SIR Apr 2015 – Mar 2016 = • CMS .887 • Kindred .929 (National benchmark = 1.0)

APPENDIX

	Inclusion Numerator: Episodes of UTI as described above, in presence of indwelling catheter (*see below) Denominator: Indwelling urinary catheter days Exclusion Numerator: Positive Urine cultures that are positive only for yeast, mold, dimorphic fungi, or parasites are excluded. If urine culture is positive for those exclusions and there is positive blood culture then the CLABSI definition should be followed. Patients who meet the Infection Window Period of first diagnostic test, 3 calendar days before, and 3 calendar days after. More than two microorganisms indicate a dirty" / contaminated specimen and not an infection. Denominator: Suprapubic catheters and nephrostomy tubes are not included in this definition, only catheters that enter through the urethra. *NOTE: Present on Admission (POA): 2 calendar days prior to the date of admission, Hospital day 1 and Hospital day 2. Hospital day 3=HAI Infection Window Period (first positive diagnostic test, 3 days before and 3 days after) Repeat Infection Timeframe (RIT) - (14 day timeframe where date of event = day 1) If a RIT you must go back to the 1st event in NHSN and enter the new organism if the organism changed. *PLEASE REFER TO THE CATHETER-ASSOCIATED URINARY TRACT INFECTION DECISION TREE LOCATED IN THE CLNICAL RESOURCE LIBRARY*	
KEY QUALITY INDICATOR	FORMULA / DEFINITION	Target / Threshold / Comp Ref
13. Urinary Catheter Utilization Ratio	Urinary Catheter Days / Patient Days The Urinary Catheter Utilization Ratio is calculated by dividing the number of urinary catheter days by the number of patient days.	2017 Target: HD = TBD Comparative Reference: NHSN 2013 = • ICU: 0-51 • Adult Ward: 0.43
14. Return to Acute Care within 30 Days of Admission (RTA-30 days)	Number of discharges in the month with Discharge disposition equals "Return to STAC" within 30 days of admission / Total number of discharges for the month X 100	2017 Target: HD = TBD
15. Finger Stick (FS) Blood Glucose	Total number of finger sticks resulting in Glucose measure between 80 and 180 mg/dl / Total number of finger sticks X 100 Percent of glucose measures between 80 and 180 mg/dl. This does not constitute "tight control" or even "normal", but rather physiologic for a sick patient where low glucose is higher risk than high glucose.	2017 Target: HD = TBD APPENDIX

	Method: Finger sticks collected electronically now. No exceptions. We accept that for a given patient, when glucoses are out of range, more repeat testing is ordered, at a frequency proportional to the number out of range, i.e., "keep checking until it is back in range."	
KEY QUALITY INDICATOR	FORMULA / DEFINITION	Target / Threshold / Comp Ref
16. Successful Intubations	Number of "Successful" Intubations / Total number of patients with intubation episodes X 100 "Successful" is defined as within 3 attempts	2017 Target: HD = TBD
17. Multi-Drug Resistant Organisms (MDRO) LabID Reporting	Report the NHSN components MDRO and CDI Module for facility wide inpatient (FacWidIN) MDRO Laboratory Identification Events that are reported as Methicillin Resistant Staphylococcus Aureus (MRSA) and Clostridium Difficile (C-Diff). MRSA: All blood cultures positive for MRSA will be entered in the NHSN system regardless of when it was identified during the inpatient stay. Numerator: Patient Events reported in the NHSN Denominator: Patient Days Total Facility Wide and Total Number of Admissions C-Diff: All stool cultures positive for C-Diff will be entered in the NHSN system regardless of when it was identified during the inpatient stay. Numerator: Patient Events reported in the NHSN Denominator: Patient Days Total Facility Wide and Total Number of Admissions NOTE: Do Not enter more than one event in NHSN within a 14-day period.	New for 2015. As of 12/2016 NHSN has not published data.
KEY QUALITY INDICATOR	FORMULA / DEFINITION	Target / Threshold / Comp Ref
20. Healthcare Personnel Influenza	NHSN Definition 08/2014 (http://www.cdc.gov/nhsn/pdfs/hps-manual/vaccination/hps-flu-vaccine-protocol.pdf) Influenza season is defined by NHSN as October 1st through March 31st or sooner if the vaccinations become available. Each hospital is required to enter a reporting for at least one month during the reporting period. Summary data required is total number of employees on payroll (full time, part-time and PRN employees are included) that worked at least one day during the defined influenza period. Inclusions: Also included are all physicians, licensed independent practitioners, advanced practice nurses, physician assistants, adult students/trainees	Incremental increase in compliance according to the Joint Commission and Healthy People 2020.

APPENDIX

	and volunteers. Exclusions: All contract workers are excluded (JLL, Pharmerica, Rehab Care, etc). When answering the six (6) questions in the summary, questions 2-6 must equal question one (1). The formatted questions can be found in the link listed in this document. Annual Vaccination Survey is not required but highly recommended it be completed prior to entering you summary data.	
21. Clinical Index	Comprised of the 3 clinical measures: CLABSI, CAUTI and Restraint Rate. The individual rates are divided by their individual *base* rates to get the individual index. The individual indexes are <u>summed</u> to calculate the overall Clinical Index: Example: CLABSI = 1.64 divided by base rate of 2.33 = 0.70 Restraint = 65.00 divided by base rate of 70.00 = 0.93 CAUTI = 1.89 divided by base rate of 3.06 = <u>0.62</u> 2.25 (sum) Overall Clinical Index = 2.25 *NOTE: The base rates are standard across all facilities and do not change from year to year. Base rates were established in year 2010.*	2017 Target: HD =TBD

22. Service Index	Comprised of 3 Patient Satisfaction HCAHPS discharge survey questions: #4 During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it? #14 During this hospital stay, how often did the hospital staff do everything they could to help you with your pain? #22 Would you recommend this hospital to your family and friends? The percentage of "top box" responses are <u>averaged</u> to calculate the overall Service Index: Example: Question #4 % Always = 85% Question #14 % Always = 90% Question #22 % Definitely Yes = <u>90%</u> 88.33% (average) **Overall Service Index = 88.33%**	2017 Target: HD = Index Measure on Hold due to change to vendor change in 2016 (Press Ganey) 2017 Target: Call Light Response only- HD = TBD
23. Patient Safety Index	Comprised of the 4 clinical measures: % Reposition Orders Executed, % Wound Dressing Completed, % Consistent Braden Scores and % Wound Education Completed The percentage scores are <u>averaged</u> to calculate the overall Patient Safety Index. Example: % Reposition Orders Executed = 82% % Wound Dressing Completed = 75% % Consistent Braden Scores = 93% % Wound Education Completed = <u>95%</u> 86.25% (average) **Overall Patient Safety Index = 86.25%**	2017 Target: HD = TBD
24. Reputation.com	Composite Score based on six components: Star Average, Volume, Recentness, Length, Spread, and Visibility. Reputation BSC Indicator Information.	2017 Target: HD = TBD

APPENDIX

Leadership Committee Indicators (not already listed in 1-24 above)		
KEY QUALITY INDICATOR	DESCRIPTION OF INFORMATION TO BE REVIEWED/ANALYZED	ADDITIONAL INFO
Regulatory / Survey Activity	See HELP document included in Leadership Committee Dashboard for details on content to be included in summary report.	See Dashboard HELP document for examples
Regulatory Plan of Correction Update	See HELP document included in Leadership Committee Dashboard for details on content to be included in summary report.	See Dashboard HELP document for examples
Patient Satisfaction Survey Summary Report	See HELP document included in Leadership Committee Dashboard for details on content to be included in summary report.	See Dashboard HELP document for examples
Complaints / Grievances Summary Report	See HELP document included in Leadership Committee Dashboard for details on content to be included in summary report.	See Dashboard HELP document for examples
Contract Services Oversight	See HELP document included in Leadership Committee Dashboard for details on content to be included in summary report.	See Dashboard HELP document for examples
Competency Evaluations	See HELP document included in Leadership Committee Dashboard for details on content to be included in summary report.	See Dashboard HELP document for examples
Licensure Verifications	See HELP document included in Leadership Committee Dashboard for details on content to be included in summary report.	See Dashboard HELP document for examples
Employee Satisfaction	See HELP document included in Leadership Committee Dashboard for details on content to be included in summary report.	See Dashboard HELP document for examples
KHAT Utilization	See HELP document included in Leadership Committee Dashboard for details on content to be included in summary report.	See Dashboard HELP document for examples
Ethics Case Review Summary	See HELP document included in Leadership Committee Dashboard for details on content to be included in summary report.	See Dashboard HELP document for examples
Termination of Life Support	See HELP document included in Leadership Committee Dashboard for details on content to be included in summary report.	See Dashboard HELP document for examples
Organ/Tissue Donation	See HELP document included in Leadership Committee Dashboard for details on content to be included in summary report.	See Dashboard HELP document for examples
Occupational Incidents Analysis (Loss Prevention) & RCA trends	See HELP document included in Leadership Committee Dashboard for details on content to be included in summary report.	See Dashboard HELP document for examples
Patient / Visitor Event Summary (related to EOC)	See HELP document included in Leadership Committee Dashboard for details on content to be included in summary report.	See Dashboard HELP document for examples
Safety Management	See HELP document included in Leadership Committee Dashboard for details on content to be included in summary report.	See Dashboard HELP document for examples
Security Incidents Summary	See HELP document included in Leadership Committee Dashboard for details on content to be included in summary report.	See Dashboard HELP document for examples
Hazardous Materials/Waste Summary	See HELP document included in Leadership Committee Dashboard for details on content to be included in summary report.	See Dashboard HELP document for examples
Fire-Safety Summary	See HELP document included in Leadership Committee Dashboard for details on content to be included in summary report.	See Dashboard HELP document for examples
Medical Equipment Management Summary	See HELP document included in Leadership Committee Dashboard for details on content to be included in summary report.	See Dashboard HELP document for examples
Utility Systems Management Summary	See HELP document included in Leadership Committee Dashboard for details on content to be included in summary report.	See Dashboard HELP document for examples
CEO Physical Environment Compliance Oversight Checklist Review	See HELP document included in Leadership Committee Dashboard for details on content to be included in summary report.	See Dashboard HELP document for examples

APPENDIX

Environmental Tour Report	See HELP document included in Leadership Committee Dashboard for details on content to be included in summary report.	See Dashboard HELP document for examples

Patient Safety and Reliability Committee Indicotors (not already listed in 1-24 above)		
KEY QUALITY INDICATOR	DESCRIPTION OF INFORMATION TO BE REVIEWED/ANALYZED	ADDITIONAL INFO
Code Blue Reviews / Outcomes	See HELP document included in Leadership Committee Dashboard for details on content to be included in summary report.	See Dashboard HELP document for examples
Rapid Response Events / Outcomes	See HELP document included in Leadership Committee Dashboard for details on content to be included in summary report.	See Dashboard HELP document for examples
Decannulation Summary Report	See HELP document included in Leadership Committee Dashboard for details on content to be included in summary report.	See Dashboard HELP document for examples
Consent to Treat Summary Report	See HELP document included in Leadership Committee Dashboard for details on content to be included in summary report.	See Dashboard HELP document for examples
Change of Condition Summary Report	See HELP document included in Leadership Committee Dashboard for details on content to be included in summary report.	See Dashboard HELP document for examples
Mortality Reviews	See HELP document included in Leadership Committee Dashboard for details on content to be included in summary report.	See Dashboard HELP document for examples
Hospital Acquired Pressure Wound RCA Summary Report	See HELP document included in Leadership Committee Dashboard for details on content to be included in summary report.	See Dashboard HELP document for examples
Fall RCA Summary Report	See HELP document included in Leadership Committee Dashboard for details on content to be included in summary report.	See Dashboard HELP document for examples
Surgical Program / Invasive Procedures	See HELP document included in Leadership Committee Dashboard for details on content to be included in summary report.	See Dashboard HELP document for examples
Critical Results-Read Back (General Tests & ABG Tests)	See HELP document included in Leadership Committee Dashboard for details on content to be included in summary report.	See Dashboard HELP document for examples
Critical Results-Timeliness of Reporting (General Lab and ABG)	See HELP document included in Leadership Committee Dashboard for details on content to be included in summary report.	See Dashboard HELP document for examples
Cross-Match / Transfusion Ratio	See HELP document included in Leadership Committee Dashboard for details on content to be included in summary report.	See Dashboard HELP document for examples
Transfusion Appropriateness	See HELP document included in Leadership Committee Dashboard for details on content to be included in summary report.	See Dashboard HELP document for examples
Infusion Timeliness	See HELP document included in Leadership Committee Dashboard for details on content to be included in summary report.	See Dashboard HELP document for examples
Blood Bank Testing Log	See HELP document included in Leadership Committee Dashboard for details on content to be included in summary report.	See Dashboard HELP document for examples
Blood Product Transfusion Paperwork	See HELP document included in Leadership Committee Dashboard for details on content to be included in summary report.	See Dashboard HELP document for examples
RCA completed on all suspected blood transfusion reactions	See HELP document included in Leadership Committee Dashboard for details on content to be included in summary report.	See Dashboard HELP document for examples
Radiology Dashboard	See HELP document included in Leadership Committee Dashboard for details on content to be included in summary report.	See Dashboard HELP document for examples
Event Reporting System Trends Report	See HELP document included in Leadership Committee Dashboard for details on content to be included in summary report.	See Dashboard HELP document for examples

APPENDIX

Restraint Summary Report	See HELP document included in Leadership Committee Dashboard for details on content to be included in summary report.	See Dashboard HELP document for examples
Sentinel Event/Near Misses/Sentinel Event Alerts Summary Report	See HELP document included in Leadership Committee Dashboard for details on content to be included in summary report.	See Dashboard HELP document for examples
FMEA Report	See HELP document included in Leadership Committee Dashboard for details on content to be included in summary report.	See Dashboard HELP document for examples

Value Driven Transitions Committee Indicators		
KEY QUALITY INDICATOR	OESCRIPTION OF INFORMATION TO BE REVIEWED/ANALYZED	ADDITIONAL INFO
Hospital Performance Opportunity Trend Report. 3 Indicators: a) ALOS; b) Stay type percentages; c) CMI	1) All Payer types to be reviewed; 2) HD Common Goal for Combined Medicare & Medicare Mgd ALOS of >=25 but may be additional specificity based on patient historical data of population types (ex: high volume complex, vent patients may result in anticipated avg LOS well over 25) 3) Hospital-Specific Goals and/or analysis of trends for all other indicators.	See Dashboard HELP document for examples
Care Management Barriers/Avoidable Delay Occurrences: 4 categories of "avoidable delay occurrences" collected and trended: a) physician-related; b) external causes; c) internal causes; d) patient/family-related. Also discuss trends with "barriers" identified through preadmission (barrier to admission) and/or daily flash meetings	1) All Payer types to be reviewed; 2) No HD or hospital-specific goals - but universal goal is to decrease trends/causes in all categories. 3) CMs to adhere to H-ML 09-020 policy when collecting, reporting and analyzing the data.	See Dashboard HELP document for examples
Clinical Coordination and Documentation Improvement: 6 categories: a) Top 10 DRGs b) Focus DRG Analysis c) Tier Rates; d) IDT Assessment Results (two metrics: "Role-Specific" and "IDT Overall Functioning" scores; e) Physician Snap Shot	1) All Payer types to be reviewed with additional report for Medicare Top DRGs and Tier Rates; 2) Common hospital goals: a. Reduce/eliminate presence of filter DRG in top 10; percent tier rate of ALL DRGs is hospital-specific with goal of continued increased trend; b. Top 10 DRGs at highest tier; c. IDT	See Dashboard HELP document for examples APPENDIX

Report; f) Documentation Opportunity Trends		
KEY QUALITY INDICATOR	DESCRIPTION OF INFORMATION TO BE REVIEWED/ANALYZED	ADDITIONAL INFO
Transition Disposition Rates and Analysis 8 categories: a) expiration; b) STAC (RTA); c) Acute Rehab; d) SNF/NH; e) Hospice; f) Home w/HH; g) Home w/o HH; h) Other	1) All payers; 2) Individual hospital goals for RTA rate	See Dashboard HELP document for examples
Denial Management Tracking: 2 categories: a) Reasons for denials; b) Trends in reviewer/payer types	Indicator Parameters: Informational only. Calculate denials by total denials received during the month in Payer category. Report PI plans on any medical necessity/auth/LOC denials and reasons.	See Dashboard HELP document for examples
Medical Necessity Reviews: 2 categories: a) Physician Advisor Referral Review; b) High Cost Outlier Oversight	1)All payers for PA referrals; 2)Medicare & Medicare Mgd patients for HCO review	See Dashboard HELP document for examples
Case Management Quality Monitoring: 3 categories: a) Case Management Documentation Audit (Admission, Continued Stay, Discharge); b) Resource Utilization Trends/ Opportunities; c) Departmental PI Activities	Case Mgmt Proficiency parameters: Ensure "proficiency" rates (90% or higher), "acceptable" rates (80%-89%) and "unacceptable rates" (<80%) are discussed and action plans proposed as per policy; 2)Resource Utilization Trends/Opportunities - parameters to be hospital-specific; 3)Departmental PI Activities - focuses on process improvement initiatives specific to CM and/or CCDI functions within a hospital based on trends.	See Dashboard HELP document for examples
TJC/CMS/State Regulatory updates/changes related to Utilization Management	Indicator Parameters: Awareness for updates that require compliance/monitoring	See Dashboard HELP document for examples APPENDIX

KEY QUALITY INDICATOR	DESCRIPTION OF INFORMATION TO BE REVIEWED/ANALYZED	ADDITIONAL INFO
Consultation Summary Report • Timeliness of Consultations • Timeliness of Consultation Reports	Summary Report of Consultation Reviews.	See Dashboard HELP document for examples
Medical Record Delinquencies Report Summary (Overall Delinquent Numbers / Percentage and Late H&Ps)	Summary Report. HIM Rep provides the data in an aggregated format with analysis of trends. Data reported from monthly HIM statistics worksheet. H-IM 04-010A	See Dashboard HELP document for examples
Operative / Invasive Reports	Summary Report. HIM Rep provides the data in an aggregated format with analysis of trends. H-SIP 02-011 and H-SIP 02-011 PRO	See Dashboard HELP document for examples
Order Entry and Usage - Verbal & Telephone Orders	Summary Report. HIM Rep provides the data in an aggregated format with analysis of trends. See policies H-IM 02-020 (Concurrent Analysis of Orders) & H-IM 02-021 (Differentiation between Verbal and Written Orders). H-IM 02-021 PRO	See Dashboard HELP document for examples
Order Entry and Usage - Verbal & Telephone Orders	Summary Report. HIM Rep provides the data in an aggregated format with analysis of trends. See policies H-IM 02-020 (Concurrent Analysis of Orders) & H-IM 02-021 (Differentiation between Verbal and Written Orders). H-IM 02-021 PRO	See Dashboard HELP document for examples

Appendix C: Performance Improvement Tools

Item		Location
Annual Plans	CRL Path	Knect\Hospital Division\ClinicalResourceLibrary\Quality Management\ Annual Plan and Review ToolBox
Audit Tools	CRL Path	Knect\Hospital Division\ClinicalResourceLibrary\Quality Management\Audit Tools
CCO Checklist	CRL Path	Knect\Hospital Division\ClinicalResourceLibrary\Quality Management\CEO-CCO Checklists\CCO Checklist
CEO Checklist	CRL Path	Knect\Hospital Division\ClinicalResourceLibrary\ Quality Management\ CEO-CCO Checklists\CEO Checklist
Dashboard training webinars	CRL Path	Knect\Hospital Division\ClinicalResourceLibrary\Quality Management\Committee Standardization\2016 Dashboard Training Sessions
HVA Form	CRL Path	Knect\HospitalDivision\ClinicalResourceLibrary\Physical Environment\Emergency Management\Standardized Emergency Management Tools
ISMP Newsletters	CRL Path	Knect\HospitalDivision\ClinicalResourceLibrary\Pharmacy – Medication Mgmt\Medication Safety
PIT Documentation Template	CRL Path	Knect\HospitalDivision\ClinicalResourceLibrary\QualityManagement\Strategic Quality Plan\PIT Documentation
PIT Commission / Charter Template	CRL Path	Knect\HospitalDivision\ClinicalResourceLibrary\QualityManagement\Strategic Quality Plan\PIT Documentation
PIT Prioritization Grid	CRL Path	Knect\Hospital Division\ClinicalResourceLibrary\Quality Management\Quality Council\PIT Documentation
PIT Progress Report Template	CRL Path	Knect\HospitalDivision\ClinicalResourceLibrary\QualityManagement\Strategic Quality Plan\PIT Documentation
QC Evaluation Form	CRL Path	Knect\HospitalDivision\ClinicalResourceLibrary\QualityManagement\AnnualPlanandReviewToolBox\Strategic Quality Plan
RCA Form	Policy	Policy H-PC 05-002C
IDT Evaluation Form	CRL Path	Knect\Hospital Division\ClinicalResourceLibrary\Quality Management\IDT\Master IDT Assessment Tool
IDT Follow-Up Form	CRL	Knect\Hospital Division\ClinicalResourceLibrary\Quality Management\IDT Follow Up Form
IDT Quality Crosswalk	CRL	Knect\Hospital Division\ClinicalResourceLibrary\Quality Management\IDT Crosswalk
Tracers	CRL Path	Knect\HospitalDivision\ClinicalResourceLibrary\Tracers
Trend line chart template	CRL Path	Knect\HospitalDivision\ClinicalResourceLibrary\QualityManagement\Committee Standardization \Departmental PI Forms

APPENDIX

APPENDIX D: Data Reporting Procedures

Data Reporting Procedures	Procedures
Reporting for Benchmark Report (BW) • Submission: • Corrections/Revisions	Benchmark data must be entered into the Data Entry Application in the Business Warehouse by the 8th of the month. After the 8th you will no longer have access to key your data. Contact Roxann Walker or Chastity Dailey at the Support Center if you are unable to key your data in order to receive further instructions. **TIPS WHEN SUBMITTING YOUR BENCHMARK DATA** 1. Once you have keyed your data, ALWAYS double check your numbers. 2. If you are a NON-ProTouch facility entering Wound Initial/Difference scores, make sure your numbers match your Wound Care Initiative Sheet. Requests to correct previously reported data must be submitted via e-mail addressed to either Chastity Dailey or Roxann Walker.
Patient Satisfactian Surveys	All surveys results will be aggregated in the month in which they are received by our 3rd party vendor, Press Ganey. For example: Jan surveys must be received at Press Ganey processing center by Jan 31st to be credited to January. If the last day of the month falls on a weekend or holiday, surveys must be received at Press Ganey on the last open business day prior. It is strongly recommended that you send completed surveys to Press Ganey on a weekly basis. If you send your surveys once monthly and miss the deadline, you will have 0 surveys posted for that month. Reports are available via the Press Ganey Portal.
NHSN Reporting	Events are entered monthly. NHSN submits quarterly (120 days after the end of the quarter) to CMS. Each hospital is required to enter their monthly reporting plans, summary data related to CLABSI, CAUTI, VAE, MRSA Blood Lab ID and Clostridium difficile (C-Diff) LabID data and patient specific events in the NHSN website by the 8th of the following month. Following the submission of data the hospital should run the CMS reports in the NHSN website to validate that data has been reported. Healthcare Personnel (HCP) Influenza data is also entered each year by the May 15th reporting deadline in NHSN. HCP includes all staff including students, volunteers, physicians and allied

	health professionals that were employed or credentialed in the facility for 1 day during the October 1st to March 31st influenza reporting period. *This requirement does not include contract workers at this time.* Influenza reporting also requires that a survey be completed by each hospital annually when the annual summary is completed. Each year the facility is to complete the NHSN Annual Survey with hospital specific information in the NHSN website by the end of February the following year.
CMS CARE Data Submissions (Quality Reporting Program)	Admissions Assessments: CMS requires an admission CARE Data Set record to be submitted no later than the 15th calendar day of the patient's admission for all patients admitted to a Long Term Care Hospital (LTCH) regardless of payer type. Discharge Assessments: CMS requires a discharge CARE Data Set record to be submitted for all patients discharged from the LTCH no later than 13 days (discharge date counts as day 1) post discharge regardless of payer type. This includes discharge assessments for all discharge types: Planned, Unplanned and Expired. Interrupted Stays: For purposes of the QRP, an Interrupted Stay is when a patient is transferred to a short-term acute hospital and returns to the LTCH within 3 calendar days (discharge day is day 1). Patients that return after Day 4 must have a Discharge Assessment completed for the discharge to STAC and a new Admission CARE Assessment completed for the "new admission." Following submission of Admission and Discharge CARE Data Set Records, a CASPER Validation report must be retrieved from the CMS site and reviewed to ensure all records were Accepted. Accepted records are documented as such in the LTRAX database. Records not accepted must be corrected and resubmitted to CMS. The CASPER Validation report must be stored in the secure CMS CARE Data Set Documents folder located on the Kindred Network. Information on mapping to the secure CMS Care Data Set Documents folder can be found in the Clinical Resource Library (CRL/CMS/CMS Mandatory Quality Reporting/CARE Assessment Process).