ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: Monroe County Surgical Center, LLC
Street Address: 501 Hamacher St.
City and Zip Code: Waterloo, IL 62298
County: Monroe Health Service Area: 011 Health Planning Area: 133

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

Exact Legal Name: Monroe County Surgical Center, LLC
Street Address: 501 Hamacher St.
City and Zip Code: Waterloo, IL 62298
Name of Registered Agent: CT Corporation
Registered Agent Street Address: 208 S. LaSalle St, Suite 814
Registered Agent City and Zip Code: Chicago, IL 60604
Name of Chief Executive Officer: Jennifer Babb, Administrator
CEO Street Address: 501 Hamacher St.
CEO City and Zip Code: Waterloo, IL 92298
CEO Telephone Number: 618-939-1001

Type of Ownership of Applicants

☐	Non-profit Corporation	☐	Partnership		
☐	For-profit Corporation	☐	Governmental		
☒	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: Jennifer Babb
Title: Administrator
Company Name: Monroe County Surgical Center, LLC
Address: 501 Hamacher St., Waterloo, IL 62298
Telephone Number: 618-939-1001
E-mail Address: JBabb@qhcus.com
Fax Number: N/A

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

Name: Daniel J. Lawler
Title: Partner
Company Name: Barnes & Thornburg LLP
Address: One North Wacker Drive, Suite 4400, Chicago IL 60606-2833
Telephone Number: (312) 214-4861
E-mail Address: Daniel.Lawler@btlaw.com
Fax Number: (312) 759-5646

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: Monroe County Surgical Center, LLC
Street Address: 501 Hamacher St.
City and Zip Code: Waterloo, IL 62298
County: Monroe Health Service Area: 011 Health Planning Area: 133

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

Exact Legal Name: Red Bud Illinois Hospital Company, LLC d/b/a Red Bud Regional Hospital
Street Address: 325 Spring St.
City and Zip Code: Red Bud, IL 62278-1105
Name of Registered Agent: CT Corporation
Registered Agent Street Address: 208 S. LaSalle St, Suite 814
Registered Agent City and Zip Code: Chicago, IL 60604
Name of Chief Executive Officer: Shane Watson
CEO Street Address: 325 Spring St.
CEO City and Zip Code: Red Bud, IL 62278-1105
CEO Telephone Number: 618-282-5107

Type of Ownership of Applicants

☐	Non-profit Corporation	☐	Partnership		
☐	For-profit Corporation	☐	Governmental		
☒	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: Shane Watson
Title: CEO
Company Name: Red Bud Illinois Hospital Company, LLC d/b/a Red Bud Regional Hospital
Address: 325 Spring St., Red Bud, IL 62278-1105
Telephone Number: 618-282-5107
E-mail Address: swatson@qhcus.com
Fax Number: 618-282-6101

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

Name: Daniel J. Lawler
Title: Partner
Company Name: Barnes & Thornburg LLP
Address: One North Wacker Drive, Suite 4400, Chicago IL 60606-2833
Telephone Number: (312) 214-4861
E-mail Address: Daniel.Lawler@btlaw.com
Fax Number: (312) 759-5646

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: Monroe County Surgical Center, LLC
Street Address: 501 Hamacher St.
City and Zip Code: Waterloo, IL 62298
County: Monroe Health Service Area: 011 Health Planning Area: 133

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

Exact Legal Name: Quorum Health Corporation
Street Address: Address: 1573 Mallory Lane, Suite 100
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: Robert Fish
CEO Street Address : 1573 Mallory Lane, Suite 100
CEO City and Zip Code: Brentwood, TN 37027
CEO Telephone Number: (615) 221-1400

Type of Ownership of Applicants

☐ Non-profit Corporation ☐ Partnership
☒ For-profit Corporation ☐ Governmental
☐ 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: Rick Charbonneau
Title: Senior Vice President, Managed Care and Business Development
Company Name: Quorum Health Corporation
Address: 1573 Mallory Lane, Brentwood, TN 37027
Telephone Number: (615) 221-3626
E-mail Address: rcharbonneau@qhcus.com
Fax Number: N/A

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

Name: Daniel J. Lawler
Title: Partner
Company Name: Barnes & Thornburg LLP
Address: One North Wacker Drive, Suite 4400, Chicago IL 60606-2833
Telephone Number: (312) 214-4861
E-mail Address: Daniel.Lawler@btlaw.com
Fax Number: (312) 759-5646

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

Name: Rick Charbonneau
Title: Senior Vice President, Managed Care and Business Development
Company Name: Quorum Health Corporation
Address: 1573 Mallory Lane, Brentwood, TN 37027
Telephone Number: (615) 221-3626
E-mail Address: rcharbonneau@qhcus.com
Fax Number: N/A

Site Ownership
[Provide this information for each applicable site]

Exact Legal Name of Site Owner: GAHC3 Waterloo IL Surgery Center, LLC
Address of Site Owner: 18194 Von Karman Ave, Irvine CA 92612
Street Address or Legal Description of the Site: 501 Hamacher St., Waterloo, IL 62298 **Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease, or a lease.**
APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee
[Provide this information for each applicable facility and insert after this page.]

Exact Legal Name: Monroe County Surgical Center, LLC
Address: 501 Hamacher St., Waterloo, IL 62298

☐ Non-profit Corporation ☐ Partnership
☐ For-profit Corporation ☐ Governmental
☒ 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.

Flood Plain Requirements

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2006-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements, please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at **www.FEMA.gov** or **www.illinoisfloodmaps.org**. **This map must be in a readable format**. In addition, please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2006-5 (**http://www.hfsrb.illinois.gov**). **NOTE:** A SPECIAL FLOOD HAZARD AREA AND 500-YEAR FLOODPLAIN DETERMINATION FORM has been added at the conclusion of this Application for Permit that must be completed to deem a project complete.

APPEND DOCUMENTATION AS ATTACHMENT 5, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

Provide documentation regarding compliance with the requirements of the Historic Resources Preservation Act.

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

DESCRIPTION OF PROJECT

1. Project Classification

[Check those applicable - refer to Part 1110.20 and Part 1120.20(b)]

Part 1110 Classification :

☒ Substantive

☐ Non-substantive

2. Narrative Description

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

The applicant Monroe County Surgical Center is located at 501 Hamacher Street, Waterloo, Illinois. The applicant proposes to discontinue its facility as an ambulatory surgical treatment center. The facility was temporarily suspended in 2020 due to the pandemic and has not been operational since. The facility has two operating rooms and eight recovery stations.

There are no costs associated with the discontinuation.

The facility is wholly owned by Red Bud Regional Hospital which is a co-applicant on this application.

The project is classified as substantive because it is the discontinuation of a health care facility.

Project Costs and Sources of Funds N/A: No costs are associated with the discontinuation.

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-reviewable components that are not related to the provision of health care, complete the second column of the table below. Note, the use and sources of funds must be equal.

Project Costs and Sources of Funds			
USE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts			
Contingencies			
Architectural/Engineering Fees			
Consulting and Other Fees			
Movable or Other Equipment (not in construction contracts)			
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment			
Other Costs to Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS			
SOURCE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Cash and Securities			
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS			

NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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

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

The project involves the establishment of a new facility or a new category of service
☐ Yes ☒ No

If yes, provide the dollar amount of all **non-capitalized** operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the targe utilization specified in Part 1100.

Estimated start-up costs and operating deficit cost is $ _____.

Project Status and Completion Schedules

For facilities in which prior permits have been issued please provide the permit numbers.

Indicate the stage of the project's architectural drawings:

☒ None or not applicable ☐ Preliminary
☐ Schematics ☐ Final Working

Anticipated project completion date (refer to Part 1130.140): December 31, 2020

Indicate the following with respect to project expenditures or to financial commitments (refer to Part 1130.140): **No costs are associated with the discontinuation.**

☐ Purchase orders, leases or contracts pertaining to the project have been executed.
☐ Financial commitment is contingent upon permit issuance. Provide a copy of the contingent "certification of financial commitment" document, highlighting any language related to CON Contingencies
☐ Financial Commitment will occur after permit issuance.

APPEND DOCUMENTATION AS ATTACHMENT 8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

State Agency Submittals [Section 1130.620(c)]

Are the following submittals up to date as applicable?
☒ Cancer Registry
☒ APORS
☒ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
☒ All reports regarding outstanding permits
Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.

Cost Space Requirements: N/A: There are no costs associated with the project.

Provide in the following format, the **Departmental Gross Square Feet (DGSF)** or the **Building Gross Square Feet** (**BGSF)** and cost. The type of gross square footage either **DGSF** or **BGSF** must be identified. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the department's or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

Not Reviewable Space [i.e. non-clinical]: *means an area for the benefit of the patients, visitors, staff or employees of a health care facility and not directly related to the diagnosis, treatment, or rehabilitation of persons receiving services from the health care facility. "Non-clinical service areas" include, but are not limited to, chapels; gift shops; newsstands; computer systems; tunnels, walkways, and elevators; telephone systems; projects to comply with life safety codes; educational facilities; student housing; patient, employee, staff, and visitor dining areas; administration and volunteer offices; modernization of structural components (such as roof replacement and masonry work); boiler repair or replacement; vehicle maintenance and storage facilities; parking facilities; mechanical systems for heating, ventilation, and air conditioning; loading docks; and repair or replacement of carpeting, tile, wall coverings, window coverings or treatments, or furniture. Solely for the purpose of this definition, "non-clinical service area" does not include health and fitness centers.* [20 ILCS 3960/3]

		Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
Dept. / Area	**Cost**	**Existing**	**Proposed**	**New Const.**	**Modernized**	**As Is**	**Vacated Space**
REVIEWABLE							
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical							
NON-REVIEWABLE							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL							

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

Facility Bed Capacity and Utilization

Complete the following chart, as applicable. Complete a separate chart for each facility that is a part of the project and insert the chart after this page. Provide the existing bed capacity and utilization data for the latest **Calendar Year for which data is available. Include observation days in the patient day totals for each bed service.** Any bed capacity discrepancy from the Inventory will result in the application being deemed **incomplete**.

FACILITY NAME: Monroe County Surgical Center		**CITY: Waterloo**			
REPORTING PERIOD DATES:		**From: Jan. 1, 2020 to December 31, 2020**			
Category of Service	**Authorized Beds (Operating Rooms)**	**Admissions (Surgeries)**	**Patient Days (Hours)**	**Bed Changes (Operating Rooms)**	**Proposed Beds (Operating Rooms)**
Medical/Surgical					
Obstetrics					
Pediatrics					
Intensive Care					
Comprehensive Physical Rehabilitation					
Acute/Chronic Mental Illness					
Neonatal Intensive Care					
General Long-Term Care					
Specialized Long-Term Care					
Long Term Acute Care					
Other (Operating Rooms)	2	45	41.9	-2	0
TOTALS:	**2**	**45**	**41.9**	**-2**	**0**

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*:

Monroe County Surgical Center, 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

Scott Raplee
PRINTED NAME

President ~~Sole Member of Monroe County Surgical Center, LLC~~
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 12 day of January 2022

Rachel Conrad
Signature of Notary

Seal

SIGNATURE

Donald R. Esposito Jr.
PRINTED NAME

Secretary
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 26th day of January

Rochelle D Payne
Signature of Notary

Seal

*Insert the EXACT legal name of the applicant

CERTIFICATION

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

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

This Application is filed on the behalf of*:

Red Bud Illinois Hospital Company, LLC d/b/a Red Bud Regional Hospital *

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

Scott Raplee
PRINTED NAME

President
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 12th day of January 2022

Rachel Conrad
Signature of Notary

Seal

SIGNATURE

Donald R. Esposito Jr.
PRINTED NAME

Secretary
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 26th day of January

Rochelle D Payne
Signature of Notary

Seal

*Insert the EXACT legal name of the applicant

CERTIFICATION

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

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

This Application is filed on the behalf of*:

Quorum Health Corporation *

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

Scott Raptee
PRINTED NAME

EVP & Chief Operating Officer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 12th day of January 2022

Rachel Conrad
Signature of Notary

Seal

RACHEL CONRAD
STATE OF TENNESSEE
NOTARY PUBLIC
WILLIAMSON COUNTY

SIGNATURE

Donald R. Esquivel Jr.
PRINTED NAME

Secretary
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 26th day of January

Rochelle D. Payne
Signature of Notary

Seal

ROCHELLE D. PAYNE
TENNESSEE
NOTARY
PUBLIC
COUNTY OF WILLIAMSON

*Insert the EXACT legal name of the applicant

SECTION II. DISCONTINUATION

This Section is applicable to the discontinuation of a health care facility or the discontinuation of more than one category of service in a 6-month period. If the project is solely for a discontinuation of a health care facility the **Background of the Applicant(s) and Purpose of Project MUST** be addressed. **A copy of the Notices listed in Item 7 below MUST be submitted with this Application for Discontinuation** **https://www.ilga.gov/legislation/ilcs/documents/002039600K8.7.htm**

Criterion 1110.290 – Discontinuation

READ THE REVIEW CRITERION and provide the following information:

GENERAL INFORMATION REQUIREMENTS

1. Identify the categories of service and the number of beds, if any that are to be discontinued.
2. Identify all the other clinical services that are to be discontinued.
3. Provide the anticipated date of discontinuation for each identified service or for the entire facility.
4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
5. Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued and the length of time the records will be maintained.
6. Provide copies of the notices that were provided to the local media that would routinely be notified about facility events.
7. **For applications involving the discontinuation of an entire facility, provide copies of the notices that were sent to the municipality in which the facility is located, the State Representative and State Senator of the district in which the health care facility is located, the Director of Public Health, and the Director of Healthcare and Family Services. These notices shall have been made at least 30 days prior to filing of the application.**
8. For applications involving the discontinuation of an entire facility, certification by an authorized representative that all questionnaires and data required by HFSRB or DPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 90 days following the date of discontinuation.

REASONS FOR DISCONTINUATION

The applicant shall state the reasons for the discontinuation and provide data that verifies the need for the proposed action. See criterion 1110.290(b) for examples.

IMPACT ON ACCESS

1. Document whether the discontinuation of each service or of the entire facility will have an adverse effect upon access to care for residents of the facility's market area.
2. Document that a written request for an impact statement was received by all existing or approved health care facilities (that provide the same services as those being discontinued) located within the **geographic service area**.

Or

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

SECTION III. BACKGROUND, PURPOSE OF THE PROJECT, AND ALTERNATIVES - INFORMATION REQUIREMENTS

N/A: Project is a discontinuation with no costs.

This Section is applicable to all projects except those that are solely for discontinuation with no project costs.

1110.110(a) – Background of the Applicant

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.

2. A 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. For the following questions, 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.

    a. 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.

    b. A certified listing of each applicant, identifying those individuals that have been cited, arrested, taken into custody, charged with, indicted, convicted or tried for, or pled guilty to the commission of any felony or misdemeanor or violation of the law, except for minor parking violations; or the subject of any juvenile delinquency or youthful offender proceeding. Unless expunged, provide details about the conviction and submit any police or court records regarding any matters disclosed.

    c. A certified and detailed listing of each applicant or person charged with fraudulent conduct or any act involving moral turpitude.

    d. A certified listing of each applicant with one or more unsatisfied judgements against him or her.

    e. A certified and detailed listing of each applicant who is in default in the performance or discharge of any duty or obligation imposed by a judgment, decree, order or directive of any court or governmental agency.

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 for permit, 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 can submit amendments to previously submitted information, as needed, to update and/or clarify data.

APPEND DOCUMENTATION AS ATTACHMENT 11, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 11.

SECTION IX. SAFETY NET IMPACT STATEMENT: SEE ATTACHMENT 37

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

1. The project's material impact, if any, on essential safety net services in the community, ***including the impact on racial and health care disparities in the community,*** to the extent that it is feasible for an applicant to have such knowledge.
2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.
3. How the discontinuation of a facility or service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.

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

1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.
2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.
3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

A table in the following format must be provided as part of Attachment 37.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	**Year**	**Year**	**Year**
Inpatient			
Outpatient			
Total			
Charity (cost in dollars)			
Inpatient			
Outpatient			
Total			
MEDICAID			
Medicaid (# of patients)	**Year**	**Year**	**Year**
Inpatient			
Outpatient			
Total			
Medicaid (revenue)			
Inpatient			
Outpatient			
Total			

APPEND DOCUMENTATION AS ATTACHMENT 37, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION X. CHARITY CARE INFORMATION: SEE ATTACHMENT 38

Charity Care information MUST be furnished for ALL projects [1120.20(c)].

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 39.

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

APPEND DOCUMENTATION AS ATTACHMENT 38, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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

INDEX OF ATTACHMENTS

ATTACHMENT NO.		PAGES
1	Applicant Identification including Certificate of Good Standing	19-22
2	Site Ownership	23
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	24-25
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	26
10	Discontinuation	27-45
37	Safety Net Impact Statement	46-47
38	Charity Care Information	48-50

ATTACHMENT 1

TYPE OF OWNERSHIP OF APPLICANTS

Included with this attachment are Certificates of Good Standing for the applicants:

1. Monroe County Surgical Center.
2. Red Bud Illinois Hospital Company, LLC d/b/a Red Bud Regional Hospital.
3. Quorum Health Corporation.

File Number 0205853-7

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

MONROE COUNTY SURGICAL CENTER, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JANUARY 09, 2007, 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* 2ND *day of* AUGUST *A.D.* 2021 .

Authentication #: 2121401952 verifiable until 08/02/2022
Authenticate at: http://www.cyberdriveillinois.com

Jesse White
SECRETARY OF STATE

ATTACHMENT 1

File Number 0055642-4

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

RED BUD ILLINOIS HOSPITAL COMPANY, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MAY 23, 2001, 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* 3RD *day of* APRIL *A.D.* 2020 .

Authentication #: 2009405348 verifiable until 04/03/2021
Authenticate at: http://www.cyberdriveillinois.com

Jesse White

SECRETARY OF STATE

ATTACHMENT 1

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "QUORUM HEALTH CORPORATION" 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 TWENTY-FIRST DAY OF FEBRUARY, A.D. 2018.

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

5792308 8300

SR# 20181195758

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

Authentication: 202188010

Date: 02-21-18

ATTACHMENT 1

ATTACHMENT 2

SITE OWNERSHIP

The undersigned is an authorized representative of the applicant Red Bud Illinois Hospital Company, LLC d/b/a Red Bud Regional Hospital which wholly owns Monroe County Surgical Center, LLC ("the facility") and attests that the facility's site is owned by GAHC3 Waterloo IL Surgery Center, LLC18194 Von Karman Ave, Irvine CA 92612.

1-12-22

Vincent Green
Interim Chief Executive Officer
Red Bud Illinois Hospital Company, LLC d/b/a Red Bud Regional Hospital*

*Sole Member of Monroe County Surgical Center, LLC

ATTACHMENT 3
OPERATING ENTITY/LICENSEE

Included with this Attachment is the licensee's Certificate of Good Standing. All direct owners of a 5% or more interest in the applicant facility are identified in the organizational chart included with Attachment 4.

File Number 0205853-7

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

MONROE COUNTY SURGICAL CENTER, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JANUARY 09, 2007, 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* 2ND *day of* AUGUST *A.D.* 2021 .

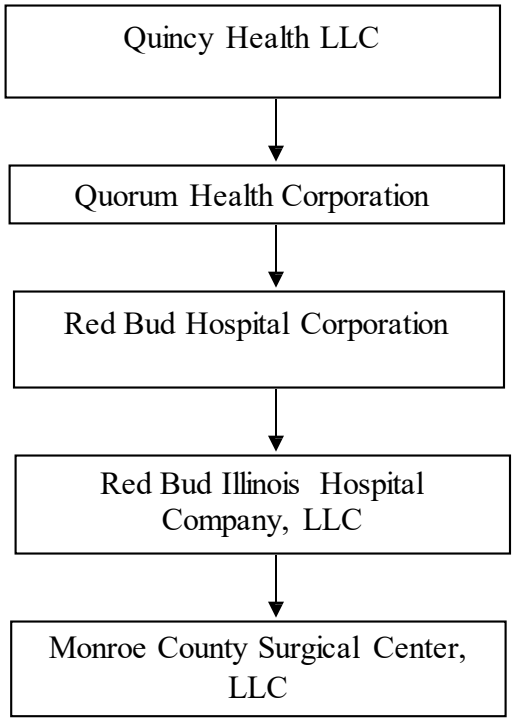
Authentication #: 2121401952 verifiable until 08/02/2022
Authenticate at: http://www.cyberdriveillinois.com

Jesse White
SECRETARY OF STATE

ATTACHMENT 3

ATTACHMENT 4

ORGANIZATIONAL CHART



ATTACHMENT 10
DISCONTINUATION

GENERAL INFORMATION REQUIREMENTS

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

The category of service to be discontinued is Ambulatory Surgical Treatment Center.

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

The clinical services to be discontinued are two operating rooms, one exam room and eight Stage 1 recovery stations.

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

The facility has been temporarily suspended since 2020 due to the pandemic. The applicant proposes to permanently discontinue the service upon approval of this application, which is anticipated by December 31, 2021

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

The anticipated use of the physical plant has not been determined. The usable medical equipment will be transferred to Red Bud Regional Hospital which owns the facility.

5. Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued and the length of time the records will be maintained.

The medical records will be maintained in Red Bud Regional Hospital's medical records system for a period of 10 years.

6. Provide copies of the notices that were provided to the local media that would routinely be notified about facility events.

Included with this Attachment 10 is a copy of the notice provided to the local media that would routinely be notified about facility events.

7. For applications involving the discontinuation of an entire facility, provide copies of the notices that were sent to the municipality in which the facility is located, the State Representative and State Senator of the district in which the health care facility is located, the Director of Public Health, and the Director of Healthcare and

Family Services. These notices shall have been made at least 30 days prior to filing of the application.

Included with this Attachment 10 are copies of the notices that were sent to the municipality in which the facility is located, the State Representative and State Senator of the district in which the health care facility is located, the Director of Public Health, and the Director of Healthcare and Family Services.

8. For applications involving the discontinuation of an entire facility, certification by an authorized representative that all questionnaires and data required by HFSRB or DPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 90 days following the date of discontinuation.

Included with this Attachment 10 is the Applicants' certification that all questionnaires and data required by HFSRB or DPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 90 days following the date of discontinuation.

REASONS FOR DISCONTINUATION

The reasons for discontinuation are: (1) insufficient volume and demand for the service and (2) the service is not economically feasible.

Insufficient Volume: Prior to the temporary suspension of its OB services in 2020, the facility performed only 38 surgeries in 2020 with total hours of 24.65. The 2019 ASTC Profile shows that the facility had 309.6 total hours of surgery, which averaged 154.8 hours per operating room and representing only 10.3% utilization compared to the State target utilization rate of 1,500 hours per operating room. In 2018, the ASTC Profile shows 687.54 total hours of surgery, which was 22.9% utilization.

Not Economically Feasible: The low utilization of the facility did not allow for efficient and cost effective operation of the facility. As indicated in the Planning Policies in Part 1100 of its regulations, the target utilization rates are "a measure of service capability and efficient operation" and that facilities "should operate at or above the prescribed utilization targets. 77 Ill. Adm. Code 1100.370(a) and (b).

IMPACT ON ACCESS

1. Document whether the discontinuation of each service or of the entire facility will have an adverse effect upon access to care for residents of the facility's market area.

The discontinuation will not have an adverse effect upon access to care for residents of the facility's market area. The facility has been temporarily suspended since 2020, and no adverse

effect on area residents have manifested. In addition, after the discontinuation, there will be ample surgical capacity in the area to address the area need.

There are three other surgical facilities within the 17-mile geographic service area of Monroe County Surgical Center. They are: (1) Red Bud Regional Hospital in Waterloo; (2) Bel-Clair Ambulatory Surgical Treatment Center in Belleville, and; (3) Physicians' Surgical Center in O'Fallon. These facilities all have excess capacity as reflected in the Table below.

Facility	ORs	Total Hours	Target Utilization	Actual Utilization
Red Bud Reg'l Hospital	2	317	6,000	5.3%
Bel-Air ASTC	2	139.16	6,000	2.3%
Physicians' Surgical Ctr.	1	0	3,000	0%

Sources: 2020 Hospital Profile and 2020 ASTC Profiles

2. Document that a written request for an impact statement was received by all existing or approved health care facilities (that provide the same services as those being discontinued) located within the geographic service area.

Included with this Attachment 10 are copies of the notification letters sent to area facilities within the geographic service area and maps indicating the distance and drive times to the facilities.

ATTACHMENT 10

DISCONTINUATION

Media Notice

ILLINOIS PRESS ASSOCIATION
Serving newspapers since 1865

Official Certificate of Publication as Required by State Law and IPA By-Laws

Certificate of the Publisher

Republic-Times LLC certifies that it is the publisher of the Republic-Times. Republic-Times is a secular newspaper, has been continuously published weekly for more than fifty (50) weeks prior to the first publication of the attached notice, is published in the City of Waterloo, County of Monroe, State of Illinois, is of general circulation throughout that county and surrounding area, and is a newspaper as defined by 715 ILCS 5/5.

A notice, a true copy of which is attached, was published 1 times in the Republic-Times, namely one time per week for 1 successive weeks. The first publication of the notice was made in the newspaper, dated and published on 10/13/2021, and the last publication of the notice was made in the newspaper dated and published on 10/13/2021. The notice was also placed on a statewide public notice website as required by 715 ILCS 5/2.1.

In witness, the Republic-Times has signed this certificate by Kermit Constantine, its publisher, at Waterloo, Illinois, on 10/06/2021.

Republic-Times LLC

By: Amber Vogel

Kermit Constantine/acv
Publisher

(Note: Unless otherwise ordered, notarization of this document is **not** required.)

Publication Price - $24.90

Red Bud, IL —In accordance with the requirements of the Illinois Health Facilities and Services Review Board ("HFSRB") notice is given that Monroe County Surgical Center, located at 501 Hamacher St., Waterloo, Illinois, proposes to discontinue its ambulatory surgical treatment center service subject to and after approval by HFSRB. The service was temporarily suspended and out of service since 2020 due to the pandemic. After submission of the application to discontinue the service to HFSRB, information about the proposed discontinuation may be found on the HFSRB website at / www2.illinois.gov/sites/hfsrb/Pages/default.aspx. (10/13)

ATTACHMENT 10

DISCONTINUATION

Notices to Elected Officials and Agency Heads

Following this page are copies of the notices that were sent to the municipality in which the facility is located, the State Representative and State Senator of the district in which the health care facility is located, the Director of Public Health, and the Director of Healthcare and Family Services. These notices were made at least 30 days prior to filing of the application.

MONROE COUNTY SURGICAL CENTER

501 Hamacher Street
Waterloo, IL 62298
(618) 282-5182

July 27, 2021

Senator Terri Bryant
58th District
1032 W. Industrial Park Rd.
Murphysboro, IL 62966

Dear Senator Bryant,

Notice of Discontinuation of ASTC – Monroe County Surgical Center, Waterloo

In accordance with Section 8.7(a) of the Illinois Health Facilities Planning Act (20 ILCS 3960/8.7), I am providing this notice of our intent to file an application with the Illinois Health Facilities and Services Review Board ("HFSRB") to discontinue the ambulatory surgical treatment center, Monroe County Surgical Center, located at 501 Hamacher Street, Waterloo, Illinois 62298 ("Facility"). Please be aware that facility's services were suspended during the pandemic in 2020 and the facility has remained non-operational since that time.

We are aware of no adverse impacts upon patient access during the suspension of services and do not anticipate any such impact from the permanent discontinuation of the service as other area facilities had sufficient capacity to accept patients. Historically, Monroe County Surgery Center has had very low utilization with its two operating rooms utilized at only 10.3% capacity in 2019 and 22.9% capacity in 2018. These low volumes, combined with the severe effects of the pandemic, rendered the facility no longer financially viable and resulted in our decision to apply for permanent discontinuation.

Pursuant to the above provision of the Health Facilities Planning Act, we are providing this notice to our State Representative and State Senator of the district in which the facility is located, the Health Facilities and Services Review Board, the Director of Public Health, and the Director of Healthcare and Family Services.

Sincerely,

Jen Babb

Jen Babb, Administrator
Monroe County Surgical Center

MONROE COUNTY SURGICAL CENTER

501 Hamacher Street
Waterloo, IL 62298
(618) 282-5182

July 27, 2021

Mayor Tom Smith
City Hall
100 West 4th St.
Waterloo, IL 62298

Dear Mayor Smith,

Notice of Discontinuation of ASTC – Monroe County Surgical Center, Waterloo

In accordance with Section 8.7(a) of the Illinois Health Facilities Planning Act (20 ILCS 3960/8.7), I am providing this notice of our intent to file an application with the Illinois Health Facilities and Services Review Board ("HFSRB") to discontinue the ambulatory surgical treatment center, Monroe County Surgical Center, located at 501 Hamacher Street, Waterloo, Illinois 62298 ("Facility"). Please be aware that facility's services were suspended during the pandemic in 2020 and the facility has remained non-operational since that time.

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Pursuant to the above provision of the Health Facilities Planning Act, we are providing this notice to our State Representative and State Senator of the district in which the facility is located, the Health Facilities and Services Review Board, the Director of Public Health, and the Director of Healthcare and Family Services.

Sincerely,

Jen Babb

Jen Babb, Administrator
Monroe County Surgical Center

501 Hamacher Street
Waterloo, IL 62298
(618) 282-5182

July 27, 2021

Theresa Eagleson, Director
Department of Healthcare & Family Services
201 South Grand Ave., East
Springfield, IL 62763

Dear Ms. Eagleson,

Notice of Discontinuation of ASTC – Monroe County Surgical Center, Waterloo

In accordance with Section 8.7(a) of the Illinois Health Facilities Planning Act (20 ILCS 3960/8.7), I am providing this notice of our intent to file an application with the Illinois Health Facilities and Services Review Board ("HFSRB") to discontinue the ambulatory surgical treatment center, Monroe County Surgical Center, located at 501 Hamacher Street, Waterloo, Illinois 62298 ("Facility"). Please be aware that facility's services were suspended during the pandemic in 2020 and the facility has remained non-operational since that time.

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Pursuant to the above provision of the Health Facilities Planning Act, we are providing this notice to our State Representative and State Senator of the district in which the facility is located, the Health Facilities and Services Review Board, the Director of Public Health, and the Director of Healthcare and Family Services.

Sincerely,

Jen Babb

Jen Babb, Administrator
Monroe County Surgical Center

MONROE COUNTY SURGICAL CENTER

501 Hamacher Street
Waterloo, IL 62298
(618) 282-5182

July 27, 2021

Representative David Friess
142 S. Main Street
Red Bud, IL 62278

Dear Representative Friess,

Notice of Discontinuation of ASTC – Monroe County Surgical Center, Waterloo

In accordance with Section 8.7(a) of the Illinois Health Facilities Planning Act (20 ILCS 3960/8.7), I am providing this notice of our intent to file an application with the Illinois Health Facilities and Services Review Board ("HFSRB") to discontinue the ambulatory surgical treatment center, Monroe County Surgical Center, located at 501 Hamacher Street, Waterloo, Illinois 62298 ("Facility"). Please be aware that facility's services were suspended during the pandemic in 2020 and the facility has remained non-operational since that time.

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Pursuant to the above provision of the Health Facilities Planning Act, we are providing this notice to our State Representative and State Senator of the district in which the facility is located, the Health Facilities and Services Review Board, the Director of Public Health, and the Director of Healthcare and Family Services.

Sincerely,

Jen Babb

Jen Babb, Administrator
Monroe County Surgical Center

MONROE COUNTY SURGICAL CENTER

501 Hamacher Street
Waterloo, IL 62298
(618) 282-5182

July 27, 2021

Ngozi O. Ezike, MD, Director
Illinois Department of Public Health
525-535 West Jefferson Street
Springfield, IL, 62761

Dear Ngozi O. Ezike, MD,

Notice of Discontinuation of ASTC – Monroe County Surgical Center, Waterloo

In accordance with Section 8.7(a) of the Illinois Health Facilities Planning Act (20 ILCS 3960/8.7), I am providing this notice of our intent to file an application with the Illinois Health Facilities and Services Review Board ("HFSRB") to discontinue the ambulatory surgical treatment center, Monroe County Surgical Center, located at 501 Hamacher Street, Waterloo, Illinois 62298 ("Facility"). Please be aware that facility's services were suspended during the pandemic in 2020 and the facility has remained non-operational since that time.

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Pursuant to the above provision of the Health Facilities Planning Act, we are providing this notice to our State Representative and State Senator of the district in which the facility is located, the Health Facilities and Services Review Board, the Director of Public Health, and the Director of Healthcare and Family Services.

Sincerely,

Jen Babb

Jen Babb, Administrator
Monroe County Surgical Center

501 Hamacher Street
Waterloo, IL 62298
(618) 282-5182

July 27, 2021

Courtney Avery, Administrator
Health Facilities & Services Review Board
525 West Jefferson St., Second Floor
Springfield, IL 62761

Dear Ms. Avery,

Notice of Discontinuation of ASTC – Monroe County Surgical Center, Waterloo

In accordance with Section 8.7(a) of the Illinois Health Facilities Planning Act (20 ILCS 3960/8.7), I am providing this notice of our intent to file an application with the Illinois Health Facilities and Services Review Board ("HFSRB") to discontinue the ambulatory surgical treatment center, Monroe County Surgical Center, located at 501 Hamacher Street, Waterloo, Illinois 62298 ("Facility"). Please be aware that facility's services were suspended during the pandemic in 2020 and the facility has remained non-operational since that time.

We are aware of no adverse impacts upon patient access during the suspension of services and do not anticipate any such impact from the permanent discontinuation of the service as other area facilities had sufficient capacity to accept patients. Historically, Monroe County Surgery Center has had very low utilization with its two operating rooms utilized at only 10.3% capacity in 2019 and 22.9% capacity in 2018. These low volumes, combined with the severe effects of the pandemic, rendered the facility no longer financially viable and resulted in our decision to apply for permanent discontinuation.

Pursuant to the above provision of the Health Facilities Planning Act, we are providing this notice to our State Representative and State Senator of the district in which the facility is located, the Health Facilities and Services Review Board, the Director of Public Health, and the Director of Healthcare and Family Services.

Sincerely,

Jen Babb

Jen Babb, Administrator
Monroe County Surgical Center

ATTACHMENT 10

DISCONTINUATION

Applicant's Certification

On behalf of the applicant Monroe County Surgical Center, LLC, I hereby certify that all questionnaires and data required by the Health Facilities and Services Review Board and IDPH (e.g., annual questionnaires, capital expenditure surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 90 days following the date of discontinuation.

Vincent Green
Interim Chief Executive Officer
Red Bud Illinois Hospital Company, LLC d/b/a Red Bud Regional Hospital*

*Sole Member of Monroe County Surgical Center, LLC

ATTACHMENT 10

DISCONTINUATION

Notice to Area Facilities

The following notification letters were sent to area facilities within the geographic service area as determined by the distance and drive times to the facilities.

501 Hamacher Street
Waterloo, IL 62298
Phone: (618) 282-5182

VIA CERTIFIED MAIL – RETURN RECEIPT REQUESTED

Vince Green
Interim Chief Executive Officer
Red Bud Regional Hospital
325 Spring St.
Red Bud, IL 62278

RE: Discontinuation of Services – Monroe County Surgical Center

Dear Mr. Green,

This letter is to notify you that Monroe County Surgical Center, located at 501 Hamacher Street, Waterloo, Illinois (the "Facility") is filing an application to the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Facility's planned discontinuation of all services. The discontinuation is anticipated upon HFSRB approval which is anticipated by December 31, 2021.

The facility's services were suspended during the pandemic in 2020 and the facility has remained non-operational since that time. We are aware of no adverse impacts upon patient access during the suspension of services and do not anticipate any such impact from the permanent discontinuation of services, as other area facilities have sufficient capacity to accept patients.

Because of the prior suspension of services, the Facility has treated no patients in 2021, and a limited number of patients in 2020. During calendar years 2019 and 2020, the Facility's surgical volume is set forth below:

Year	Total Surgeries	Total Surgery Time
2020	45	41.9 hours
2019	323	309.1 hours

Please respond to me in writing if you anticipate an adverse impact of this proposed discontinuation on your facility. Thank you for your attention to this matter.

Sincerely,

Jennifer Babb

Jennifer Babb
Administrator
Monroe County Surgical Center

501 Hamacher Street
Waterloo, IL 62298
Phone: (618) 282-5182

VIA CERTIFIED MAIL – RETURN RECEIPT REQUESTED

David R. Horace
Administrator
Bel-Clair Ambulatory Surgical Treatment Center
325 West Lincoln St.
Belleville, IL 62220

RE: Discontinuation of Services – Monroe County Surgical Center

Dear Mr. Horace,

This letter is to notify you that Monroe County Surgical Center, located at 501 Hamacher Street, Waterloo, Illinois (the "Facility") is filing an application to the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Facility's planned discontinuation of all services. The discontinuation is anticipated upon HFSRB approval which is anticipated by December 31, 2021.

The facility's services were suspended during the pandemic in 2020 and the facility has remained non-operational since that time. We are aware of no adverse impacts upon patient access during the suspension of services and do not anticipate any such impact from the permanent discontinuation of services, as other area facilities have sufficient capacity to accept patients.

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Year	Total Surgeries	Total Surgery Time
2020	45	41.9 hours
2019	323	309.1 hours

Please respond to me in writing if you anticipate an adverse impact of this proposed discontinuation on your facility. Thank you for your attention to this matter.

Sincerely,

Jennifer Babb

Jennifer Babb
Administrator
Monroe County Surgical Center

501 Hamacher Street
Waterloo, IL 62298
Phone: (618) 282-5182

VIA CERTIFIED MAIL – RETURN RECEIPT REQUESTED

Laurie Craig
Administrator
Physicians Surgical Center
311 West Lincoln St. Suite 300
Belleville, IL 62220

RE: Discontinuation of Services – Monroe County Surgical Center

Dear Ms. Craig,

This letter is to notify you that Monroe County Surgical Center, located at 501 Hamacher Street, Waterloo, Illinois (the "Facility") is filing an application to the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Facility's planned discontinuation of all services. The discontinuation is anticipated upon HFSRB approval which is anticipated by December 31, 2021.

The facility's services were suspended during the pandemic in 2020 and the facility has remained non-operational since that time. We are aware of no adverse impacts upon patient access during the suspension of services and do not anticipate any such impact from the permanent discontinuation of services, as other area facilities have sufficient capacity to accept patients.

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2020	45	41.9 hours
2019	323	309.1 hours

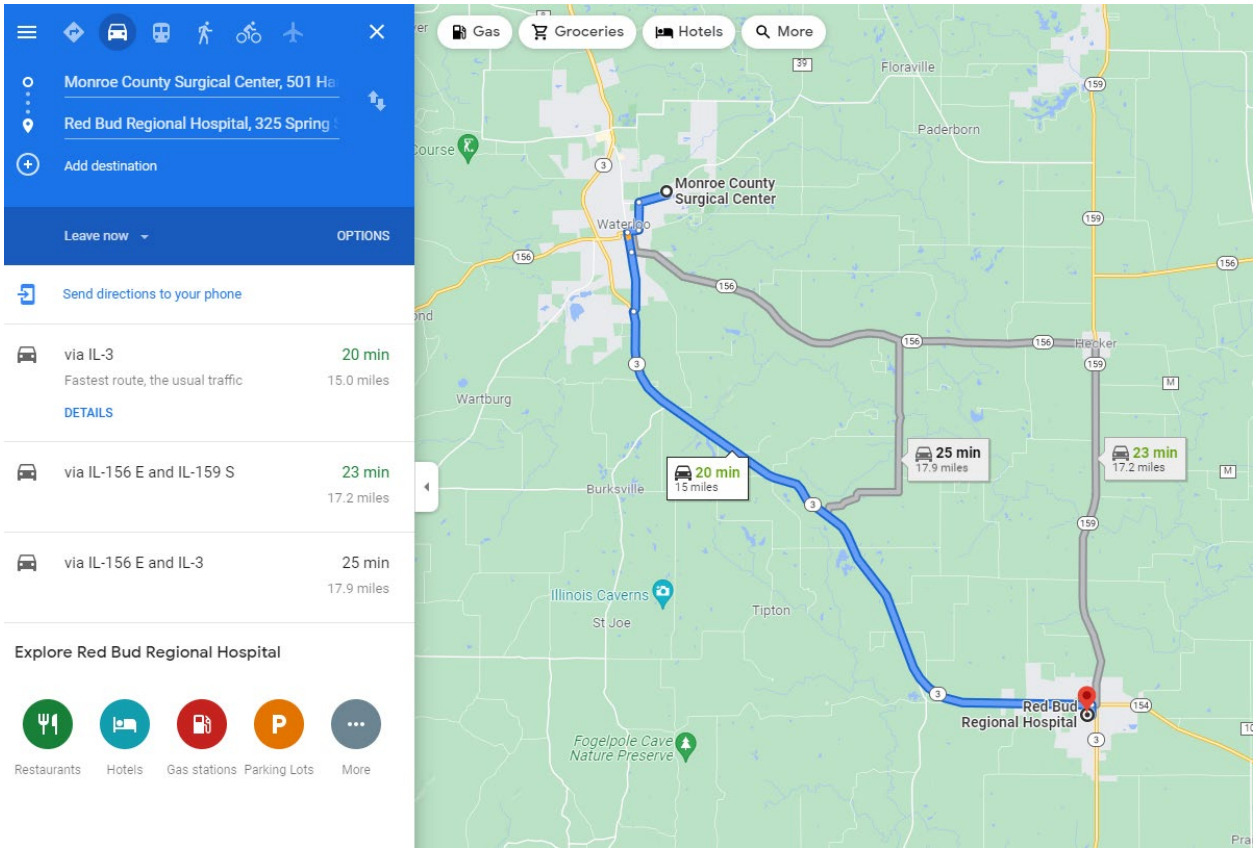
Please respond to me in writing if you anticipate an adverse impact of this proposed discontinuation on your facility. Thank you for your attention to this matter.

Sincerely,

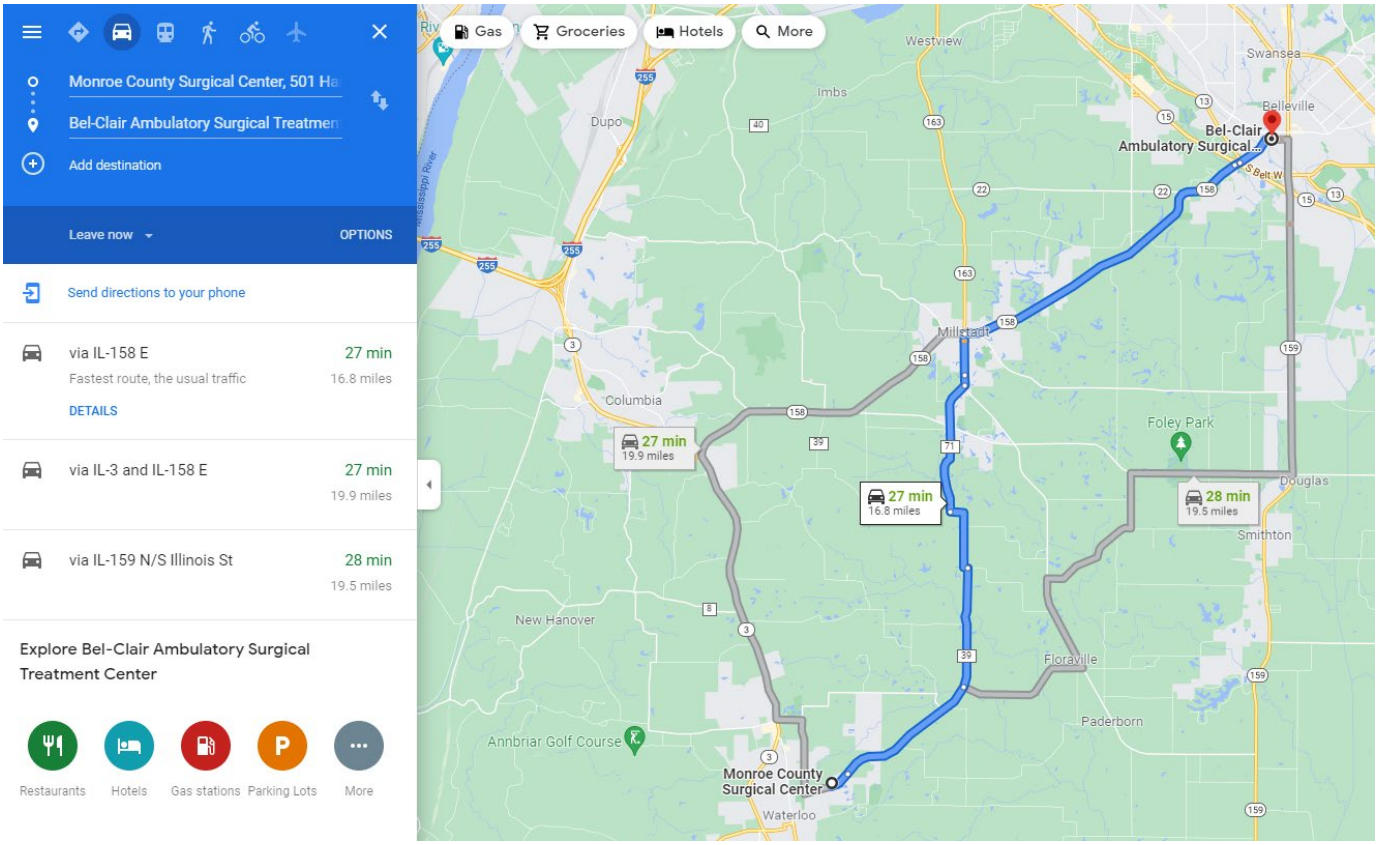
Jennifer Babb

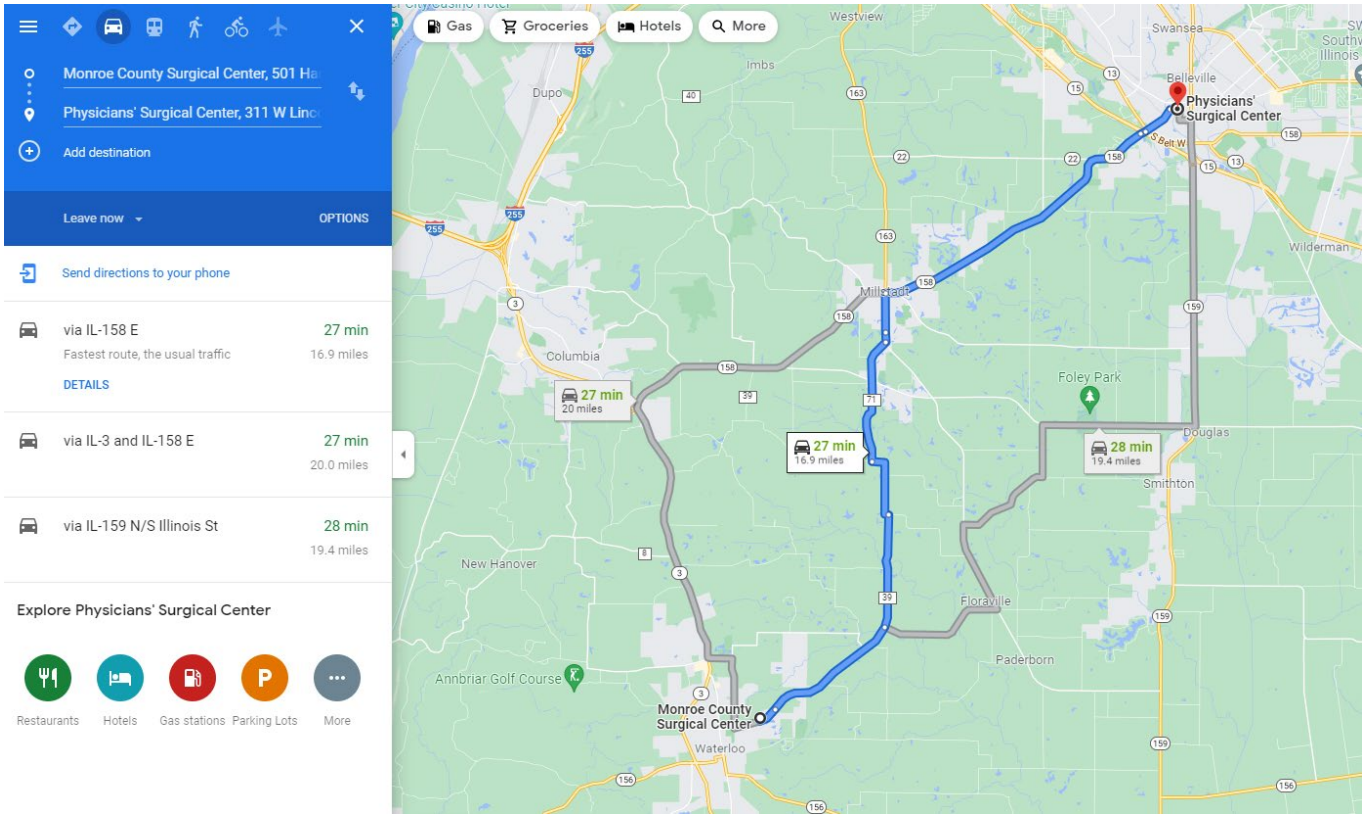
Jennifer Babb
Administrator
Monroe County Surgical Center

ATTACHMENT 10



ATTACHMENT 10


Monroe County Surgical Center, 501 Ha
Bel-Clair Ambulatory Surgical Treatmen
Add destination
Leave now
OPTIONS
Send directions to your phone
via IL-158 E
27 min
Fastest route, the usual traffic
16.8 miles
DETAILS
via IL-3 and IL-158 E
27 min
19.9 miles
via IL-159 N/S Illinois St
28 min
19.5 miles
Explore Bel-Clair Ambulatory Surgical Treatment Center
Restaurants
Hotels
Gas stations
Parking Lots
More
Gas
Groceries
Hotels
More
Westview
Swansea
Belleville
Imbs
Dupo
Bel-Clair Ambulatory Surgical...
Columbia
Foley Park
Douglas
Smithton
New Hanover
Floraville
Paderborn
Annbriar Golf Course
Monroe County Surgical Center
Waterloo
27 min
19.9 miles
27 min
16.8 miles
28 min
19.5 miles



ATTACHMENT 10

ATTACHMENT 37

SAFETY NET IMPACT STATEMENT

A. The Project will not have a material impact on Safety Net Services.

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

Monroe County Surgical Center was not a provider of essential safety net service and, therefore, the discontinuation of its facility will not materially impact existing providers. Monroe County Surgical Center provided no Medicaid services in 2021 or 2020. In addition, the facility has not been in operation since 2020, and the applicants are aware of no resulting material impact on existing safety net providers.

2. **The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.**

The impact of the discontinuation on area providers of safety net services, if any, would be positive to the extent that elective surgical procedures which would otherwise be performed at the facility have a positive margin that would contribute to cross-subsidizing safety net services if performed at existing area providers.

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

As noted above, the discontinuation of Monroe County Surgical Center will not adversely impact area safety net providers because the facility was not a provider of safety net services, and has not been operational since 2020, with no known adverse impact on existing facilities. Moreover, the transfer of the elective surgical procedures otherwise performed on Monroe County Surgical Center to other area providers would improve those providers' ability to cross-subsidize safety net services.

B. Charity Care and Medicaid Services

The applicant facility's Charity Care and Medicaid services for the last three years are shown in the table immediately following this page.

Monroe County Surgical Center's Charity Care and Medicaid Information

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	**2018**	**2019**	**2020**
Inpatient	0	0	0
Outpatient	0	0	0
Total	**0**	**0**	**0**
Charity (cost in dollars)			
Inpatient	0	0	0
Outpatient	0	0	0
Total	**0**	**0**	**0**
MEDICAID			
Medicaid (# of patients)	**2018**	**2019**	**2020**
Inpatient	0	0	0
Outpatient	11	1	0
Total	11	1	0
Medicaid (revenue)			
Inpatient	0	0	0
Outpatient	18,485	950	0
Total	18,485	950	0

ATTACHMENT 37

ATTACHMENT 38

CHARITY CARE INFORMATION

The amount of charity care provided by the applicant facility and of Quorum Health Corporation's other affiliated Illinois hospitals and ambulatory surgical treatment centers are included in the tables below.

MONROE COUNTY SURGICAL CENTER, Waterloo			
	2017	**2018**	**2019**
Net Patient Revenue ($)	**1,259,556**	**1,227,717**	**422,721**
Amount of Charity Care (charges)	0	0	0
Cost of Charity Care ($)	0	0	0

GATEWAY REGIONAL MEDICAL CENTER, Granite City			
	2017	**2018**	**2019**
Net Patient Revenue ($)	**131,930,854**	**119,853,104**	**131,644,070**
Amount of Charity Care (charges)	0.2% of net patient revenue	0.6% of net patient revenue	0.2% of net patient revenue
Cost of Charity Care ($)	318,364	662,943	268,232

CROSSROADS COMMUNITY HOSPITAL, Mt. Vernon			
	2017	**2018**	**2019**
Net Patient Revenue ($)	**42,975,140**	**47,837,708**	**51,135,047**
Amount of Charity Care (charges)	0.5% of net patient revenue	0.2% of net patient revenue	0.2% of net patient revenue
Cost of Charity Care ($)	204,594	92,907	77,176

HEARTLAND REGIONAL MEDICAL CENTER, Marion			
	2017	**2018**	**2019**
Net Patient Revenue ($)	**107,493,477**	**122,956,140**	**108,538,922**
Amount of Charity Care (charges)	1.1% of net patient revenue	1.1% of net patient revenue	0.1% of net patient revenue
Cost of Charity Care ($)	1,223,011	72,702	96,346

RED BUD REGIONAL HOSPITAL, Red Bud			
	2017	**2018**	**2019**
Net Patient Revenue ($)	**25,232,661**	**28,080,998**	**30,328,846**
Amount of Charity Care (charges)	0.3% of net patient revenue	0.3% of net patient revenue	0.5% of net patient revenue
Cost of Charity Care ($)	80,088	90,677	138,053

UNION COUNTY HOSPITAL, Anna			
	2017	**2018**	**2019**
Net Patient Revenue ($)	**24,855,974**	**23,749,436**	**23,622,462**
Amount of Charity Care (charges)	0.3% of net patient revenue	0.3% of net patient revenue	0.03% of net patient revenue
Cost of Charity Care ($)	77,416	65,422	8,068

VISTA MEDICAL CENTER, Waukegan			
	2017	**2018**	**2019**
Net Patient Revenue ($)	**171,104,147**	**189,423,688**	**193,507,563**
Amount of Charity Care (charges)	0.5% of net patient revenue	0.3% of net patient revenue	0.1% of net patient revenue
Cost of Charity Care ($)	886,957	550,384	159,356

EDWARDSVILLE AMBULATORY SURGERY CENTER, Glen Carbon			
	2017	**2018**	**2019**
Net Patient Revenue ($)	**9,449,802**	**9,375,547**	**2,532,194**
Amount of Charity Care (charges)	0	0	0
Cost of Charity Care ($)	0	0	0

LINDENHURST SURGERY CENTER, Lindenhurst*			
	2017	**2018**	**2019**
Net Patient Revenue ($)	**5,707,523**	**3,655,308**	**2,532,194**
Amount of Charity Care (charges)	0	0	0
Cost of Charity Care ($)	0	0	0

*Quorum Health now indirectly holds a minority 20% interest Lindenhurst Surgery Center following a change of ownership approved in Exemption #E-021-21.