Springfield Clinic, LLP. Additional Items for Application:

1. Page 1 with Springfield Clinic LLP as an Applicant: Page 2-3

2. With regard to Springfield Clinic Health Services, LLC, SC Health Services, LLC is a wholly-owned affiliate of Springfield Clinic, LLP. It's Good Standing certificate was submitted in error and it should not be considered an "Applicant" for the COE.

3. Provide a certificate of good standing for Springfield Clinic LLP. Page 4

4. Purchase of the real estate change of ownership information: Page 5-10

5. Charity care information for Peoria Day Surgery Center, LTD and for Springfield Clinic LLP: Page 11-12

6. Quality Improvement Program: Page 13-15

INSTRUCTIONS

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: Peoria Day Surgery Center, Ltd. (as "Debtor" and "Seller")
Street Address: 7309 North Knoxville Avenue
City and Zip Code: Peoria, IL 61614
County: Peoria Health Service Area: 2 Health Planning Area: C-01/143

Legislators

State Senator Name: David Koehler (46th District)
State Representative Name: Jehan Gordon-Booth (District 92)

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

Exact Legal Name: Springfield Clinic, LLP. "Buyer"
Street Address: 1025 S. 6th Street
City and Zip Code: Springfield, IL 62703
Name of Registered Agent:
Registered Agent Street Address:
Registered Agent City and Zip Code:
Name of Chief Executive Officer: Ray Williams
CEO Street Address: 1025 S. 6th Street
CEO City and Zip Code: Springfield, IL 62703
CEO Telephone Number: 217-528-7541

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 <u>ATTACHMENT 1</u> IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Primary Contact [Person to receive ALL correspondence or inquiries]

Name: Ray Williams
Title: CEO
Company Name: Springfield Clinic, LLP.
Address: 1025 S. 6th Street Springfield, IL 62703
Telephone Number: 217-528-7541
E-mail Address: raywilliams@springfieldclinic.com
Fax Number: 217-528-7294

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

Name: Jennifer Boyer
Title: VP of Operations
Company Name: Springfield Clinic, LLP
Address: 1025 South 6th Street Springfield, IL 62703
Telephone Number: 217-528-7541
E-mail Address: jboyer@springfieldclinic.com
Fax Number:217-528-7294

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

Name: Tom Fitch
Title: VP of Facilities
Company Name: Springfield Clinic, LLP
Address: 1025 South 6th Street Springfield, IL 62703
Telephone Number: 217-528-7541
E-mail Address: tfitch@springfieldclinic.com
Fax Number: 217-528-7294

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

Name: Cal Thomas
Title: Chief Development Officer
Company Name: Springfield Clinic, LLP
Address: 1025 South 6th Street Springfield, IL 62703
Telephone Number: 217-528-7541
E-mail Address: cthomas@springfieldclinic.com
Fax Number: 217-528-7294

3.

File Number 002-259

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

SPRINGFIELD CLINIC, LLP, HAVING FILED A STATEMENT OF QUALIFICATION IN THE STATE OF ILLINOIS ON DECEMBER 01, 2009, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE UNIFORM PARTNERSHIP ACT (1997) OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY PARTNERSHIP IN THE STATE OF ILLINOIS, HAVING FULFILLED ALL REQUIREMENTS OF SAID ACT.

SEAL OF THE STATE OF ILLINOIS
AUG. 26TH 1818

Authentication #: 2200500820
Authenticate at: https://www.ilsos.gov

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 5TH *day of* JANUARY *A.D.* 2022 .

Jesse White

SECRETARY OF STATE

4.

INSTRUCTIONS
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: Peoria Day Surgery Center, Ltd.
Street Address: 7309 North Knoxville Avenue
City and Zip Code: Peoria, IL 61614
County: Peoria Health Service Area: 2 Health Planning Area: C-01/143

Legislators

State Senator Name: Win Stoller (37th Senate District)
State Representative Name: Ryan Spain (73rd Representative District)

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

Exact Legal Name: Peoria Urological Investment Group, LLC, an Illinois limited liability company
Street Address: 7309 N Knoxville Ave.
City and Zip Code: Peoria, IL 61614
Name of Registered Agent: Mark D. Walton
Registered Agent Street Address: 416 Main St., Ste 1125
Registered Agent City and Zip Code: Peoria, IL 61602
Authorized Manager: Bryan Zowin
Authorized Manager Street Address: 7309 N Knoxville Ave.
Authorized Manager City and Zip Code: Peoria, IL 61614
Authorized Manager Telephone Number: (309) 340-3731

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 <u>ATTACHMENT 1</u> IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Primary Contact [Person to receive ALL correspondence or inquiries] Attorney for Springfield Clinic authorized to discuss purchase of real estate

Name: Daniel L. Hamilton
Title: Attorney
Company Name: Brown, Hay & Stephens, LLP
Address: 205 S. 5th Street, Suite 1000, Springfield, IL 62701
Telephone Number: (217) 544-8491
E-mail Address: dhamilton@bhslaw.com

Fax Number: (217) 544-9609

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

Name: Jennifer Boyer
Title: VP of Operations
Company Name: Springfield Clinic, LLP
Address: 1025 South 6th Street Springfield, IL 62703
Telephone Number: 217-528-7541
E-mail Address: jboyer@springfieldclinic.com
Fax Number:217-528-7294

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

Name: Tom Fitch
Title: VP of Facilities
Company Name: Springfield Clinic, LLP
Address: 1025 South 6th Street Springfield, IL 62703
Telephone Number: 217-528-7541
E-mail Address: tfitch@springfieldclinic.com
Fax Number: 217-528-7294

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

Name: Cal Thomas
Title: Chief Development Officer
Company Name: Springfield Clinic, LLP
Address: 1025 South 6th Street Springfield, IL 62703
Telephone Number: 217-528-7541
E-mail Address: cthomas@springfieldclinic.com
Fax Number: 217-528-7294

Additional Contact [Attorney for Seller of real estate]

Name: Mark D. Walton
Title: Attorney
Company Name: Miller, Hall & Triggs, LLC
Address: 416 Main Street, Suite 1125, Peoria, IL 61602
Telephone Number: (309) 671-9600
E-mail Address: mark.walton@mhtlaw.com
Fax Number: (309) 671-9616

Site Ownership Status

PEORIA UROLOGICAL INVESTMENT GROUP, LLC, an Illinois limited liability company ("PUIG"), is the current owner of the following described real estate:

Legal Description:
UNIT 1 OF THE 7309 N. KNOXVILLE CONDOMINIUM ACCORDING TO THE DECLARATION OF CONDOMINIUM DATED OCTOBER 18, 1999, AND RECORDED IN THE OFFICE OF THE RECORDER OF PEORIA COUNTY, ILLINOIS, ON DECEMBER 7, 1999, AS DOCUMENT NUMBER 99-44658, TOGETHER WITH THE UNDIVIDED INTEREST IN THE COMMON ELEMENTS AS SET FORTH IN EXHIBIT B OF SAID DECLARATION OF CONDOMINIUM.

Common Address: 7309 North Knoxville Avenue, Unit 1, Peoria, Illinois 61614

PIN: 14-08-294-001
(hereinafter, the "Real Estate")

A printout from the website provided by Peoria County, Illinois providing verification of PUIG's ownership of the Real Estate (http://propertytax.peoriacounty.org/parcel/view/1408294001/2021) is attached hereto.

PEORIA DAY SURGERY CENTER, LTD. ("PDSC"), is the current holder of a Certificate of Need associated with the Ambulatory Surgery Treatment Center (IDPH License Number 7001449) and Post-Surgical Recovery Care Center (IDPH License Number 4000016) located on the Real Estate. PDSC holds a possessory interest in the Real Estate pursuant to a lease with PUIG.

Pursuant to this Application for Change of Ownership Exemption, SPRINGFIELD CLINIC, LLP, an Illinois limited liability partnership ("Springfield Clinic"), is seeking authorization to operate said treatment centers on the Real Estate upon completion of an acquisition of the assets of PDSC.

In order to obtain ownership and control of the Real Estate, Springfield Clinic entered into a Contract for the Sale of Real Estate ("Contract") with PUIG on January 4, 2022 for the purchase of the Real Estate by Springfield Clinic from PUIG. The Contract contemplates a closing occurring contemporaneously with Springfield Clinic's acquisition of the assets of PDSC. The closing is anticipated to occur in February or March of 2022. The Contract is contingent upon title verification, a survey of the Real Estate, standard real estate inspections, environmental inspections, zoning use verifications, approval by applicable parties including the building condominium board, assignments of leases for those Real Estate tenants other than PDSC, and other commercially reasonable matters arising by virtue of the nature of this transaction.

Springfield Clinic is diligently pursuing the purchase of the Real Estate and has engaged professionals to conduct the inspection activities contemplated by the Contract. Pursuant to the information available at this time, Springfield Clinic anticipates that the closing of the transaction will occur as contemplated by the Contract.

1/6/22, 12:50 PM Parcel Details for 1408294001

Property Information

Parcel Number 14-08-294-001	**Site Address** 7309 N KNOXVILLE AVE PEORIA, IL 61614	**Owner Name & Address** PEORIA UROLOGICAL INVESTMENT GROUP LLC 7309 N KNOXVILLE AVE PEORIA, IL, 61614
Tax Year 2021 (Payable 2022)		
Sale Status None		
Property Class 0060 - Improved Commercial	**Tax Code** 001 -	**Tax Status** Taxable
Net Taxable Value 0	**Tax Rate** Unavailable	**Total Tax** Unavailable Print Tax Bill
Township City of Peoria	**Acres** 0.0000	**Mailing Address**

Legal Description
7309 N KNOXVILLE CONDO NE 1/4 SEC 8-9N-8E UNIT 1 (EXC FORMER COMMON ELEMENTS DESC AS BEG SE COR LOT 7 VERSAILLES GARDENS: TH S 54.8' W 190' N 40.1' W 32.9' N 14.7' E 222.9' TO POB (283-006))

Parcel Owner Information

Name	Tax Bill	Address
PEORIA UROLOGICAL INVESTMENT GROUP LLC	Y	7309 N KNOXVILLE AVE PEORIA, IL, 61614

Property Information

Parcel Number 14-08-294-001	**Site Address** 7309 N KNOXVILLE AVE PEORIA, IL 61614	**Owner Name & Address** PEORIA UROLOGICAL INVESTMENT GROUP LLC 7309 N KNOXVILLE AVE PEORIA, IL, 61614
Tax Year 2021 (Payable 2022)		
Sale Status None		
Property Class 0060 - Improved Commercial	**Tax Code** 001 -	**Tax Status** Taxable
Net Taxable Value 0	**Tax Rate** Unavailable	**Total Tax** Unavailable Print Tax Bill
Township City of Peoria	**Acres** 0.0000	**Mailing Address**

Legal Description
7309 N KNOXVILLE CONDO NE 1/4 SEC 8-9N-8E UNIT 1 (EXC FORMER COMMON ELEMENTS DESC AS BEG SE COR LOT 7 VERSAILLES GARDENS: TH S 54.8' W 190' N 40.1' W 32.9' N 14.7' E 222.9' TO POB (283-006))

Parcel Owner Information

Name	Tax Bill	Address
PEORIA UROLOGICAL INVESTMENT GROUP LLC	Y	7309 N KNOXVILLE AVE PEORIA, IL, 61614

1/6/22, 12:50 PM Parcel Details for 1408294001

Property Information

Parcel Number 14-08-294-001	**Site Address** 7309 N KNOXVILLE AVE PEORIA, IL 61614	**Owner Name & Address** PEORIA UROLOGICAL INVESTMENT GROUP LLC 7309 N KNOXVILLE AVE PEORIA, IL, 61614
Tax Year 2021 (Payable 2022)		
Sale Status None		
Property Class 0060 - Improved Commercial	**Tax Code** 001 -	**Tax Status** Taxable
Net Taxable Value 0	**Tax Rate** Unavailable	**Total Tax** Unavailable Print Tax Bill
Township City of Peoria	**Acres** 0.0000	**Mailing Address**

Legal Description
7309 N KNOXVILLE CONDO NE 1/4 SEC 8-9N-8E UNIT 1 (EXC FORMER COMMON ELEMENTS DESC AS BEG SE COR LOT 7 VERSAILLES GARDENS: TH S 54.8' W 190' N 40.1' W 32.9' N 14.7' E 222.9' TO POB (283-006))

Parcel Owner Information

Name	Tax Bill	Address
PEORIA UROLOGICAL INVESTMENT GROUP LLC	Y	7309 N KNOXVILLE AVE PEORIA, IL, 61614

File Number 0118615-9

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

PEORIA UROLOGICAL INVESTMENT GROUP, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MAY 18, 2004, 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* 6TH *day of* JANUARY *A.D.* 2022 .

Authentication #: 2200601768 verifiable until 01/06/2023
Authenticate at: http://www.ilsos.gov

Jesse White
SECRETARY OF STATE

5.

SECTION IV.CHARITY CARE INFORMATION

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.

2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.

3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

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

A table in the following format must be provided for all facilities as part of Attachment 7.

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

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

Charity Care Information

(Source: Published ASTC profiles, IDPH)

CHARITY CARE - Peoria Day Surgery Center, Ltd.			
	2018	2019	2020
Net Patient Revenue	$ 1,267,292.00	$ 1,534,008.00	$ 921,477.00
Amount of Charity Care (charges)	0	0	0
Cost of Charity Care	0	0	0

CHARITY CARE - Springfield Clinic, LLP			
	2018	2019	2020
Net Patient Revenue	$ 44,333,584.00	$ 46,593,756	$ 140,098,322.00
Amount of Charity Care (charges)	0	0	0
Cost of Charity Care	0	0	0

6.

Performance Improvement 2019

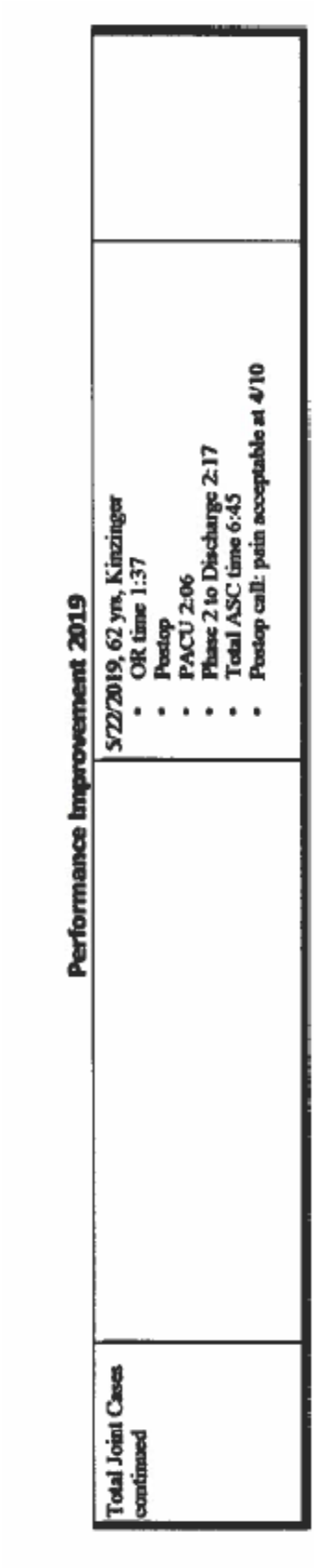
PI Projects	Date/Discussion	Date/Outcomes	Point Person/Team
EMR upgrade	2020. Planning team with Simplify for Practice Management module development. This will design quality and productivity reports that will be useful to the PI process. Team will determine priorities and submit requests per Simplify. New reports will be tested and reviewed by team	Update: delay in moving forward with the PM module. Projected timeline is now October or December 2019. Project has been set for April 2020.	Tanya Rengel Betty Cruz Debbie Oman Kristen Beadles
Normothermia	All 2019. As new requirements for normothermia were instituted, staff education was provided and measures to assure patient temperatures were normothermic within 15 mins of arrival to PACU1. Both East and West locations are included in summary data. Data will be spit out for 2020 to list East and West cases separately.	Data collected in 4thQuarter 2018 was 2/132 or 1.5% of cases had the opportunity to improve. Noted on data collection that times were inconsistent and different devices to record time were being used. Team reviewed and discussed data and education was taken to all staff as well as anesthesia providers to use computer time for admission to PACU and discharge from OR. Will continue to monitor 2019. East and West site included in data collections. Plan for review in March of 2019. January 82 cases 0 below 96.8 February 32 cases (partial) 0 below 96.8 March 39 cases 0 below 96.8 April 47 cases 0 below 96.8 May 31 cases 0 below 96.8 June 27 cases 0 below 96.8 July 25 cases 2 below 96.8 August 29 cases 0 below 96.8 September 31 cases 0 below 96.8 October 50 cases 0 below 96.8 November 41 cases 0 below 96.8 December 52 cases 0 below 96.8	Jan-Dec 2019 Tanya Betty
Medication Safety	All of 2019. Medication labeling is a concern for our Pre-post area and Intra-op setting due to the number of solutions and medications prepared in a repetitive manner. (NPSG) Pre-post consistently performs with minimal deviations. Team agreed to narrow focus to intra-op, anesthesia and ophthalmology medications and solutions as they are high volume and rapid turnover. Will be monitored through QA and reported to PI.	Review at Fourth quarter and consider new project if numbers below 90% 1st quarter—30 cases/ 1 solution not labeled 3% 2nd quarter—30 cases/ 1 syringe pre-labeled 3% 3rd quarter—30 cases/ 0 issues identified 3% 4th quarter —30 cases/0 issues identified	Tanya Betty

PI charts and graphs are posted on PI Board in the Employee Break Room.

Performance Improvement 2019

Use of MKO melts for cataract patients	April/May 2019 The use of MKO melts for (Sublingual procedural sedation prior to cataract surgery) was introduced and approved for use at the CFHASC April Board Meeting. To assess safety and effectiveness of this medication, a trial with Dr. Edward Hu and his patients was stared on May 1st. B.Cruz coordinated education of nurses and prechek process. T.Fengel will provide additional education for staff. Measures to be monitored during the trial with results shared with Administrative team, pharmacist, surgeon and Medical director. 1. Use of additional Versed needed for patients during OR time? 2. Length of time patient is in Phase 2 post op 3. Did patient have fall or prevented fall by staff or caregiver during the post op period (consider 8 hours after the medication was given) 4. If second cataract surgery, how did the different sedation compare?	A comprehensive review of the three day trial was completed. Patient data collected from time MKO melt given to post op day 1 phone call. Total of 50 patients received MKO melts. Results based on measures identified were as follows: 1. No Versed was used in addition to the MKO melt. The MKO melt actually increased the sedation in the patient and some reported not being able to reposition themselves in the OR 2. Length of time in the PACU and OR actually increased on average with the use of MKO melt. 3. There were no falls during the trial that were reported at the ASC or at home by the patient. 4. Patients reported liking the MKO melts as they provided more sedation and a feeling of relaxation. Upon further review of the medication it was concerning that the Ketamine did not have a reversal agent and it was determined that it will no longer be used in the ASC.	May 2019

Total Joint Cases	Proposed 2020
	Evidence Based Outcome Measures:
	1. Transfer to hospital
	2. Canceled due to pre-admission check list not complete
	3. Post discharge pain score on post op call (based on patient feedback of "if tolerable"
	4. Post op gap from multidisciplinary team Radiology, PT, HME
		• FY 2019 Case summaries:
		Three sample cases:
		4/10/19, 61yrs, Kinzinger
		• OR time 1:37
		• Postop
		  • PACU 2:28
		  • Phase 2 to discharge 1:57
		• total time 6:28
		• Postop call: Pain acceptable at 1/10. No complaints
		5/8/2019, 41yrs, Kinzinger
		• OR time 1:45
		• Postop
		  • PACU 2:30
		  • Phase 2 to discharge 3:01*
		• Total ASC time 8:25
		• Postop call: pain acceptable at 5/10
			Betty 2019-2020



Performance Improvement 2019

Total Joint Cases continued		5/22/2019, 62 yrs, Kinzinger • OR time 1:37 • Postop • PACU 2:06 • Phase 2 to Discharge 2:17 • Total ASC time 6:45 • Postop call: pain acceptable at 4/10	