ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD DISCONTINUATION APPLICATION FOR EXEMPTION

#E-035-22

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Facility/Project Identification

Facility Name: OSF St. Joseph N Service	Medical Center-Discontinuation of I	Long Term Care Category of
Street Address: 2200 E. Washin	ngton Street	
City and Zip Code: Bloomington	61701	
County: McLean	Health Service Area 4	Health Planning Area: D-02

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

Exact Legal Name: OSF Healthcare System d/b/a OSF St. Joseph Medical Center
Street Address: 2200 E. Washington Street
City and Zip Code: Bloomington 61701
Name of Registered Agent: Danielle McNear
Registered Agent Street Address: 124 S.W. Adams Street
Registered Agent City and Zip Code: Peoria, IL 61602
Name of Chief Executive Officer: Robert C. Sehring
CEO Street Address: 124 S.W. Adams Street
CEO City and Zip Code: Peoria 61602
CEO Telephone Number: 309-655-2850

Type of Ownership of Applicants

	Non-profit Corporation For-profit Corporation Limited Liability Company		Partnership Governmental Sole Proprietorship		Other
0	Corporations and limited liability comp standing.	oanies mu	ust provide an Illinois ce	rtificate	of good
0	Partnerships must provide the name of and address of each partner specifyin	of the stat g whethe	e in which they are orga r each is a general or lin	nized an nited par	id the name tner.

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: Mark Hohulin	
Title: Senior Vice President, Healthcare Analytics	
Company Name: OSF Healthcare System	
Address: 124 S.W. Adams Street Peoria 61602	
Telephone Number: 309-308-9656	
E-mail Address: mark.e.hohulin@osfhealthcare.org	
Fax Number: 309-308-0530	

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

Name: Michael Henderson	
Title: Senior Corporate Counsel	
Company Name: OSF Healthcare System	
Address: 124 S.W. Adams Street Peoria 61602	
Telephone Number: 309-655-2590	
E-mail Address: michael.b.henderson@osfhealthcare.org	
Fax Number: 309-655-4847	

Post Exemption Contact

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

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: OSF Healthcare System

Address of Site Owner: 124 S.W. Adams Street Peoria 61602

Street Address or Legal Description of the Site: 530 N.E. Glen Oak Avenue Peoria, IL 61637 Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease, or a lease.

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

Operating Identity/Licensee

[Provie	de this information for each applicable facility and insert after this page.]
Exact	Legal Name: OSF Healthcare System d/b/a St. Joseph Medical Center
Addre	ss: 2200 E. Washington Street Bloomington 61701
	Non-profit CorporationPartnershipFor-profit CorporationGovernmentalLimited Liability CompanySole ProprietorshipOther
0	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.
0	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.
APPE THE L	ND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER AST 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 <u>ATTACHMENT 4,</u> IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Narrative Description

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

OSF Healthcare St. Joseph Medical Center (SJMC), 2200 E. Washington Street, Bloomington, IL 61701 proposes to discontinue its twelve (12) bed, Long Term Care unit. There is no capitalized project cost associated with the proposed Long Term Care Category of Service discontinuation. This closure is expected to take place after approval of this application.

OSF Healthcare St. Joseph Medical Center repurposed the Long Term Care unit on August 11, 2021 to accommodate a surge in COVID patients. This change has enabled SJMC to care for the increased number of patients with COVID-19 as well as the other non-COVID related admissions. SJMC had anticipated that they would be able to transition back to a Long Term Care unit, but the census has remained high and continue to see a significant number of patients with COVID-19 that necessitate an extended length of stay.

At the time of the inpatient Long Term Care unit's closure, the Hospital will reallocate the 12 long term care beds to serve as medical-surgical beds. There will be no change in the total number of authorized beds.

OSI	F St. Joseph Med Bloomingte			
Service Current Beds Proposed Beds Difference				
Medical/Surgical	106	118	+12	
Pediatric	5	5	0	
Intensive Care	14	14	0	
Obstetrics/Gynecology	12	12	0	
Long Term Care	12	0	-12	
Total	149	149	0	

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

Project Status and Completion Schedules

Outstanding Permits: Does the facility have any projects for which the State Board issued a permit that is not complete? Yes X No ____. If yes, indicate the projects by project number and whether the project will be complete when the exemption that is the subject of this application is complete.

19-057 OSF Saint Francis Medical Center-Comprehensive Cancer Center/Proton Beam – No 21-014 OSF Healthcare/Greater Peoria Specialty Hospital - Establishment of Rehab Services/Modernization – No

E-009-21 OSF Saint Francis Medical Center-Discontinuation of Physical Rehabilitation Category of Service – No

22-016 OSF Saint Francis Medical Center-Comprehensive Cancer Center 3rd Floor Build Out

Anticipated exemption completion date (refer to Part 1130.570): Upon approval from IHFSRB

State Agency Submittals [Section 1130.620(c)]

Are the following submittals up to date as applicable:

Cancer Registry

APORS

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

All reports regarding outstanding permits

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

CERTIFICATION

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

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

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

SIGNATURE

Robert C. Sehring PRINTED NAME

Chief Executive Officer PRINTED TITLE

Notarization:	
Subscribed and swo	m to before me
this by day of	m to before me

Signa TONDA L. STEWART Seal **OFFICIAL SEAL** Notary Public - State of Illinois My Commission Expires Sep 18, 2024 *Insert the EXACT legal name of the applicant

Mike A. Cruz, M.D PRINTED NAME

Chief Operating Officer PRINTED TITLE

Notarization: Subscribed and sworn to before me this 10 day of 1100000000

Signature of Notary

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

Seal

CERTIFICATION

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

- o 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
- o in the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf of <u>OSF St. Joseph Medical Center</u>* 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

ATURE

Chad E. Boore PRINTED NAME

Chief Executive Officer, Eastern Region PRINTED TITLE

Notarization: Subscribed and sworn to before me this Bth day of Churc

angre **SUDU** NN

Signature of Notary



*Insert the EXACT legal name of the applicant

Lynn A. Fulton PRINTED NAME

President PRINTED TITLE

Notarization: Subscribed and sworn to before me this Stop day of

mound 11/2/14

Signature of Notary

Seal



SECTION II. DISCONTINUATION

Type of Discontinuation

Discontinuation of a single category of service

Criterion 1130.525 and 1110.290 - Discontinuation

READ THE REVIEW CRITERION and provide the following information: GENERAL INFORMATION REQUIREMENTS

- 1. Identify the category of service and the number of beds, if any, that are to be discontinued.
- 2. Identify all of the other clinical services that are to be discontinued.
- 3. Provide the anticipated date of discontinuation for each identified service.
- 4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
- 5. Provide attestation that the facility provided the required notice of the category of service closure to local media that the health care facility would routinely notify about facility events. The supporting documentation shall include a copy of the notice, the name of the local media outlet, the date the notice was given, and the result of the notice, e.g., number of times broadcasted, written, or published. Only notice that is given to a local television station, local radio station, or local newspaper will be accepted.

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

REASONS FOR DISCONTINUATION

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

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

IMPACT ON ACCESS

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

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

SECTION III. BACKGROUND

READ THE REVIEW CRITERION and provide the following required information: BACKGROUND OF APPLICANT

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

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

SECTION IV. SAFETY NET IMPACT STATEMENT

SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for <u>ALL</u> <u>PROJECTS TO DISCONTINUE</u> A CATEGORY OF SERVICE [20 ILCS 3960/5.4]:

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

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

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

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

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

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

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

A table in the following format must be provided as part of Attachment 9.

Safety Net I	nformation p	er PA 96-0031	
	CHARITY CA	RE	
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 DOCUME	NTATION AS ATTACHMENT 9 1	N NUMERIC SEOLIE	NTIAL ORDER A	ETER THE LAST DAG	

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

SECTION V. CHARITY CARE INFORMATION

- 1. All applicants and co-applicants shall indicate the amount of charity care for the latest three <u>audited</u> 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 <u>must</u> be provided at cost.

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

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

APPEND DOCUMENTATION AS <u>ATTACHMENT 10,</u> 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		
ATTACHN NO.	IEN'	T	PAGES	
	1	Applicant Identification including Certificate of Good Standing	14-15	
	2	Site Ownership	16	1
	3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	17	
	4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	18	
	5	Discontinuation General Information Requirements	19-22	1
	6	Reasons for Discontinuation	23	
	7	Impact on Access	24-34	1
	8	Background of the Applicant	35-40	
	9	Safety Net Impact Statement	41-42	
	10	Charity Care Information	43	

Certificate of Good Standing for OSF St. Joseph Medical Center



To all to whom these Presents Shall Come, Greeting:

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

Business Services. I certify that

OSF HEALTHCARE SYSTEM. A DOMESTIC CORPORATION. INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 02, 1880. ADOPTED THE ASSUMED NAME OSF ST. JOSEPH MEDICAL CENTER. BLOOMINGTON ON NOVEMBER 18, 2020. APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE. AND AS OF THIS DATE. IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #1 2212302112 verifies e until 65/03/2023 Authenticate at: http://www.lisos.gov

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 MAY A.D. 2022 .

Lesse

SECRETARY OF STATE

Attachment 1

Page 14

Certificate of Good Standing for OSF Healthcare System



To all to whom these Presents Shall Come, Greeting:

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

Business Services. I certify that

OSF HEALTHCARE SYSTEM. A DOMESTIC CORPORATION. INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 02, 1880. APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE. AND AS OF THIS DATE. IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, 1 hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 15TH day of SEPTEMBER A.D. 2021 .

Authentication #1 2125501025 verifiable until 09/15/2022 Authenticate at: http://www.isos.gov

Desse White

SECRETARY OF STATE

Attachment 1

Page 15

#E-035-22

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

Dear Chair Savage:

My name is Robert C. Sehring. As Chief Executive Officer, OSF HealthCare System, I certify that OSF HealthCare System owns the site located at 2200 East Washington Street, Bloomington, Illinois 61701.

Sincerely,

Polent C. Schring

Robert C. Sehring Chief Executive Officer OSF HealthCare System

Subscribed and swo	rn to me	
Subscribed and swo This <u><u>b</u> day of</u>	LOOMQ	, 2022
, ·· ·	Par	

Notary Public

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

Certificate of Good Standing for OSF St. Joseph Medical Center



To all to whom these Presents Shall Come, Greeting:

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

Business Services. I certify that

OSF HEALTHCARE SYSTEM. A DOMESTIC CORPORATION. INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 02, 1880. ADOPTED THE ASSUMED NAME OSF ST. JOSEPH MEDICAL CENTER. BLOOMINGTON ON NOVEMBER 18, 2020. APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE. AND AS OF THIS DATE. IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



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 MAY A.D. 2022.

Jesse W Thite,

SECRETARY OF STATE

Attachment 3

Authentication #: 2212303112 verified e until 05/05/2023 Authenticate at: http://www.isos.gov

Organizational Chart



DISCONTINUATION

GENERAL INFORMATION REQUIREMENTS

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

OSF St. Joseph Medical Center proposes to discontinue the twelve (12) bed Long Term Care category of service.

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

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

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

Upon approval from IHFSRB

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

At the time of the LTC unit's closure, OSF St. Joseph Medical Center will reallocate the twelve (12) beds into the Medical/Surgical category of service.

OSI	F St. Joseph Med Bloomingto		
Service	Current Beds	Proposed Beds	Difference
Medical/Surgical	106	118	+12
Pediatric	5	5	0
Intensive Care	14	14	0
Obstetrics/Gynecology	12	12	0
Long Term Care	12	0	-12
Total	149	149	0

5. Provide attestation that the facility provided the required notice of the category of service closure to local media that the health care facility would routinely notify about facility events. The supporting documentation shall include a copy of the notice, the name of the local media outlet, the date the notice was given, and the result of the notice, e.g., number of times broadcasted, written, or published. Only notice that is given to a local television station, local radio station, or local newspaper will be accepted.

OSF St. Joseph Medical Center distributed a classified ad to the Pantagraph. The classified ad was published May 23-25, 2022. See attestation and copy of the notice in Attachment 5.

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

Public Notice/Classifieds

OSF HealthCare St. Joseph Medical (OSF SJMC) in Bloomington, Illinois intends to discontinue the Long Term Care licensed bed "category of service" for its twelve (12) bed inpatient longterm care unit after approval to do so is issued by the Illinois Health Facilities and Services Review Board (IHFSRB). OSF HealthCare intends to submit the required Certificate of Exemption application to the IHFSRB in the near future and a copy of it can be found, after the application is deemed complete, on the IHFSRB website at https://www2.illinois.gov/sites/hfsrb/Projects/Pages/CompApps.aspx.

For further information, please contact Lynn Fulton at 309-665-5772 at OSF HealthCare St. Joseph Medical Center.

Fulton, President

Subscribed and sworn to before me

2022 This

Notary Public

<seal>



Attachment 5

Page 20

Classified Ad - Published May 23-25, 2022

N7.0 4486-634-64 1138				In Laderante	laundar fiche an 2022 BB
Walk of the Partness	Part & Sayper	Crispes Hearings	Lagrana	Light leave	Legitear
	Anfeiter unter bei reifen un		THE REAL PROPERTY	10.001.021 (AUD - 9.000) 2.017 (2.000011)	ALL MAR STORE OF
100 M	Constant Constant	The second se		STATISTICS AND STREET	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2.000	A Decision of the	COM. IS GUESS	ALL ALL & Colored Measurer	CT BT BUS LITERAN
WANTED	- CHALS.	Co. All	2012 (101 a) a 102.22 (1-5	ter an fei bat fante	
1000 100 have	1 M 1 3 3	Contraction and		The car is matching with	The short of a be free
		All Active	Tar Danie Braten	Conf. Conference of the second	LT I'LL AMPLEA W
The second second	Section of the sectio	and the second second	NATE OF ANY AND	Alternative to an other in the second	अटल से स्थल है। से
Auf all approximate	All Thomas in the	the street will and	States 1 and	A REAL PROPERTY AND A REAL	Stern C arrest
Amagen Catacolina	poor h Ber	Contrate .	The second of the Life	The second secon	THIS MALIN. Very
	1		A STATE OF	Laking rimes	ALS MALL LAND
	Printers and		STR. PAT	Anter and an anter an	Report Inter August
HILLING CONTRACTOR	SERVICE OF			A CALL CONTRACTOR OF A CALL CO	
	17-120-00	and the state of the state of the		AN CONTRACTOR	100 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Wener-Andre	的政治学校学校			Sanger and Sange	17.57×16.5
	1. 1 State 1	1 23.25	of the line surprise of a state	Total and and a state	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
Statistics	A CONTRACTOR OF THE OWNER OWNE	P 14		Pro Celler V, dec Ser Super-	And a standard of a standard o
Pen II-Sugalu	and the strength		An example of the second secon	The state of the s	1449 8///22
1	10 A 10 A 10	Sec. Sec. a	2 WWW (4877) 1475-19 1/3 5 Sciller Ave	AND AND ADDRESS IN CALMANN	SCARE EDATE SALE
andergen in selling of the selling better I Maria Sala and Talan and Talanda and Sala Andre Salaman and Salaman a		The part of the	Pite Sprite agent at	The standard sector of the last standard sector of the standard sector of the standard sector of the standard sector of the standard se	And Constants of the second
A 127 17 19 24		A	1725 2 40 Att 1 1 21	Applaquert de grunder an bes	fer berten in ber berten
or Briddlands Body for the second sec	He same and the	B	-11-M 935 NOUSED. 11 PC	193 Block West 1 (\$12.50	No WAR WERE BUT PLA
ers INTE STOLANT				Anter and the second se	The second s
1631 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0.000	denter A - Plant 10 and	Carlor Starting L	10018-04-04	
A COLOR OF THE AVENUE AND THE AVENUE	100			PRIVILENT D. (Date 4	View of the second seco
I THE SAME AT 250	64.00	1.1.1.	THE CONTRACTOR	TALL SOTES	mathad on he as pass on h
		COLUMN TO AND A	in a set of a set of the set		Hard In the second second
	the de	200 C	-deal of separate of sectors		
		LEAST CL		Co Patran Property	-TTAL
			the second	The shall do you mind	a she and the second
1 100 0-000 - 100 2001 (117) 1072, 011 100 2010 01 10 101, 011 100 2010 01 10 101, 011 101 101	the state of the second	T. WERE		Par met & best of the tast	AN CONCEPCT NO. A CONCEPCT NO. A CONCEPCT NO. AND CONCEPCT NO. CONCEPCT NO. CONCE
100 100		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	the state of the state	12 mil ant ban is an e	THE ALLES THE
1.0	And the second process	The second second	AMALE OF BALLARY CARE	You should be at the Last to the set of the last to the set of the	is Linkt an Maker
	-790,083.081,	And the last of the	Stand State	(2) A Start Sta	The second secon
1.01.00	de Na Charles a publication de la companya de la co		ad its at a star at	1	Not a variat of a too to
THE OF	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	CIAST PREPAR	Constraints and the same of the second se	state in the set of the set	
and the second	Service for the lot of	Section of the sectio	1. Solution of the second s	THE SECTOR AND A STATE	me teter bit ten er gan anna
a set of	******	The Ship Lands 1920		The second second	
And A True The same	A TRANSPORT	Photo is a provide the second		A CALL AND	to when the to the terms
	S M A	1.2	The second secon	1400 W200 F 15 Safety & Kougest webland Explore Strategy	
And the second second	5-4.15	and the second	to "21 of the research	ALL REAL OF	
	Sec. 1	Contraction of the	CONTRACTOR OF THE PARTY OF THE	AND HAVELON BILLS	China and Street
10000		Sergetin ift ber berent	fr tatt tate finde mit fur farten for in	The a string of the day	Core .
in the first	Ant of Balance Sing Indented and a sector of the formation of the formatio		ATTACK OF ALL AND A TACK	The rest of sources prove	Logil Cale Paler
14 Sre	La la ser al Color Hi	100	arten, to be the for panel of stage		
	1000 1000	5.0	t warf an tel awither	Giref Barring P. Manur Conta Termination - Manur Manufactoria	Bitte Ber Land, samte
	LA STA	and the second s	the face of a face or grant, for construct the face of the state of grant is first the state of state information grant the state		1:39 5430, 139 7440 4
1.56.51	18.18	1966 ELTER B.A. PHE Bar Bars Contractor	Landade an are ho for		And the ball of the set
er - Statistical	Contraction of the local division of the loc		Table and all the second life of the second second second second second of the second second second second		- Nor "1
	The second second second	IL AND THE	The second s	And a second second second	the Spinster, Spinster
	1. 1. A. A. A. A. A.	Street Read	Sura & Guana.us	IAI SECTION	FTE SEF ICC
an a	to deter the second of the	Photo I.	ALTERNAL ALTERNAL	141	Control of the second s
0	at a second second	Stand Street of	All and start start	alper astronation	an er far bereite bie er er
2	And Aller	1	Annel and a star and and Annel and an and an and an a	AND	the sector succession in the
	108 - 120.003	0.	500 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	AND AND AND	Horn the solar she -
S. 10.	10% St. 10%	1000	Con the second start	AND AND MAN	and the other has serve
5 6 8	19 201	and the second	the subsyste of same and an an	G IST Deals	
A. 10	and the second se	and the state of	And the second second second		
N.	v de se binne se sta	Ameriyana ATA-Sol Caris	E. SHERE		To Cat To shared you
SHI BR. F	1117 11. 1791 1471.	TRANSPORT	rettit e terme das en		the state of the state of the
Nuclear And And A	With and have to be to be the second	ALL AND	to maintain a final	25	thef and find aging
	Linger 141	A STATE	See Service and to a	COLD 1: 1944	time the set of the set
the state of the	Prop p SA stages	MACONE,	Sale Calification	0°	
	The second lines of second sec	1 - 24 Is 10		State Land S	***
	Tall and the set			a view	
	Balls Assessed to	10 10 10 AT	the strike with the	Call Bas in Trees	Parties Section Inden and
a della des anno a marine della d	(144) Dire of the state of the	weershy		Stad Talliners all the thing to	Control Construction of the
to definite an and antiparts of the states o	1 mm gim mbar verte ut		41	sate? I sate	CONCERNMENT ON DALL

The second secon

#E-035-22

Customer Ad Proof

PO Number Rate

Order Price

Amount Paid

Amount Due

Start/End Dates

Salesperson(s)

insertions

Taken By-

Sice

Open

237.00

237.00

05/23 2022 - 05/25/2022

0.00

3

25

Legals Rep

Akilah Saunders

111-60083573 OSF Healthcare

Order Nbr 130959

Publication	BLM Pantagraph
Contact	OSF Healthcare
Address 1	124 S.W. ADAMS
Address 2	
Cit, St Zip	PEORIA IL 61602-1320
Phone	3096554818
Fax	
Section	Legals
SubSection	
Category	0991 Legal Inside
Ad Key	120959-1
Keywords	PUBLIC NOTICE

Notes

Ad Proof

PUBLIC NOTICE OSF HealthCare S1. Joseph Medical Center in Bloomington, Illinois intends to discontrue the Long Term Care transed bed 'category of service' for its twetve (12) bed inpatient longterm care unit after approval to do so is issued by the Illinois Health Facilities and Services Review Board (IHFSRB), OSF HealthCare intends to submit the required Cartificate of Exemption application to the IHFSRB in the near future and a copy of it can be found, after the application is deemed complete. on the IHFSRB website at https://www2.illinois gov/sites/Infsrb/rojects/Pages Complace. Jone HefSRB website ST/S2 at OSF Heatth Care S1. Joseph Medical Center. 5/23. 5/24. 5/25. 130959

REASONS FOR DISCONTINUATION

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

OSF Healthcare St. Joseph Medical Center repurposed the Long Term Care unit on August 11, 2021 to accommodate a surge in COVID patients. This change has enabled SJMC to care for the increased number of patients with COVID-19 as well as the other non-COVID related admissions. SJMC had anticipated that they would be able to transition back to a Long Term Care unit, but the census has remained high and continue to see a significant number of patients with COVID-19 that necessitate an extended length of stay.

At the time of the inpatient Long Term Care unit's closure, the Hospital will reallocate the 12 long term care beds to serve as medical-surgical beds. There will be no change in the total number of authorized beds.

OSI	F St. Joseph Med Bloomingte		
Service	Current Beds	Proposed Beds	Difference
Medical/Surgical	106	118	+12
Pediatric	5	5	0
Intensive Care	14	14	0
Obstetrics/Gynecology	12	12	0
Long Term Care	12	0	-12
Total	149	149	0

IMPACT ON ACCESS

1. Document whether or not the discontinuation will have an adverse effect upon access to care for residents of the facility's market area.

There will not be an adverse effect upon access to care since there are many providers and excess beds in the community available to care for patients needing LTC services.

Based on the Inventory of Healthcare Facilities and Services Need Determination in Health Service Area D-04, there are 232 excess beds, prior to the closure of St. Joseph Medical Center's long term care beds. The closure will lower the excess amount of LTC beds in HAS-D04 from 232 to 220.

	2018	2019	2020	2021
LTC Admissions	190	146	166	19

 Provide copies of notification letters sent to other resources or health care facilities that provide the same services as those proposed for discontinuation. The notification letter must include at least the anticipated date of discontinuation and the total number of patients that received care or the number of treatments provided during the latest 24 months.

Impact notification letters were sent to facilities, with Long Term Care beds, within D-02 Hospital Planning Area and near OSF St. Joseph Medical Center on May 18, 2022.

See Attachment 7.

Impact Letters of Notification



VIA CERTIFIED MAIL **RETURN RECEIPT REQUESTED**

Arcadia Care Bloomington **David Seitler, CEO** 1509 N. Calhoun St. Bloomington, IL 61701

Dear Mr. Seitler:

Per Section 1110.110 of Title 77 of the Illinois Administrative Code, we are sending this impact letter to inform you that OSF HealthCare St. Joseph Medical Center plans to file a Certificate of Exemption (COE) with the Illinois Health Facilities and Review Board (IIIfSRB) for discontinuation of our 12-bed Long Term Care entegory of service. OSF HealthCare intends to submit the required COE application to the IHFSRB in the near future. The discontinuation will occur after the approval is granted by the IHFSRB.

For your reference, OSF HealthCare SL Joseph Medical Center reported the following admissions on the iDPH Annual Hospital Questionnaire:

1947-0410-0	2018	2019	2020	2021
LTC Admissions	190	146	166	19

- Please provide, as applicable, the following information with your impact statement:
 Capacity to accommodate a portion or all of OSF HealthCare St. Joseph Medical Center's LTC patients as needed.
 - Explanation of any restrictions or limitations precluding providing LTC services to the residents of OSF HealthCare St. Joseph Medical Center's market area.

If a response is not received within 15 days from the date of delivery, the Medical Center will assume that the discontinuation of LTC beds will not have an adverse impact on your organization.

Please direct your response to the following: OSF Healthcare St. Joseph Medical Center

- Lynn Fulton, President 2200 East Washington Street
- Bloomington, IL 61701

I greatly appreciate your assistance regarding this requirement and the continuation of LTC services in our area. If you have any questions, please direct them to my attention at 309-665-5772 or email ir ma nasra perelamination g

Sincerely,

Synahafton

Lynn A. Fulton, President OSF HealthCare St. Joseph Medical Center

1.0

OSF FealthCare St. Joseph Medical Center. 2200 b. Washington St. 8 connington, 15no s 61701 (309) 662-3311

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELMERY		
Complete Items 1, 2, and 2. Also complete Item 3 3 Restricted Delivery is desited. Frint your name and address on the neurose so that we can return the card to you. Attach this card to the back of the malpicce, or on the front if space permits. Article Addressed for Arcadia Care Bloomington David Seitler, CEO 1509 N. Calhoun St.	A Signature X Addresses B. Roophyce by (Prince Name) D. Sala of Dol ver D. So calivery address different from Tem 17 D. So calivery address different from Tem 17 D. So calivery address below: D. Yes, enter delivery opdress below: D. No		
Bloomington, IL 61701	Service Type Contined Mail Express Mar Registered resured Mail Co.0.0.		
	4. Restricted Delivery? Extra Fee I Yas		
^{2.} ; 7204 Liet 6001 1245	12522		
PS Form 3811, February 2004 Domestic 7	Return Beneint transferorette		

#F-035-22



May 31, 2022

OSF Healthcare St. Joseph Medical Center Lynn Fulton President 2200 Hast Washington Street Bloomington, fl. 61701

Dear Ms. Fulton,

This letter is in response to the impact letter dated May 18, 2022 discussing the intention to file a COE for the 12 bed long term care service currently provided by OSF Healthcare St. Joseph Medical Center

Arcadia Care currently owns and operates 6 SNF facilities throughout Illinois as well as 2 Mental Health facilities. Some of our services include Independent Living, rehab to home, long term services, wound care, respiratory, hospice, respite, perifoneal dialysis and trach care.

At our facilities we pride ourselves for providing an exceptionally high level of care where our residents feel right at home. At Arcadia Care we have the unique environment of a major healthcare operation while maintaining a personalized care approach. Our compassionate nurses provide your loved ones with gracious care while maintaining close relationships and being there for their every need.

Areadia Care Bloomington has 115 licensed beds and is able to accommodate admissions from OSF Healthcare St. Joseph Medical Center's LTC patients. There are no identified fimitations precluding providing LTC services to the residents of OSF Healthcare St. Joseph Medical Center's market area.

David Seitler

David Seitler Chief Executive Officer

ARCADIA CARE 4655 W Chase Ave Lincolnwood IL 60712

PHONE 847.262.3800 ARCADIALTC.COM



VIA CERTIFIED MAIL RETURN RECEIPT REQUESTED

Bioomington Rehab Healthcare Center Jeff Stultz, CEO 1925 S. Main Street Bioomington, IL 61704

Dear Mr. Stultz:

Per Section 1110.110 of Title 77 of the Illinois Administrative Code, we are sending this impact letter to inform you that OSF HealthCare SL Joseph Medical Center plans to file a Certificate of Exemption (COE) with the Illinois Health Facilities and Review Board (INFSRB) for discontinuation of our 12-bed Long Term Care entegory of service. OSF HealthCare intends to submit the required COE application to the IHPSRB in the near future. The discontinuation will occur after the approval is granted by the IIIFSRB.

For your reference, OSF HealthCare St. Joseph Medical Center reported the following admissions on the IDPH Annual Hospital Questionnaire:

	2018	2019	2020	2021	
LTC Admissions	190	146	166	19	

Please provide, as applicable, the following information with your impact statement:

- Capacity to accommodate a portion or all of OSF HealthCare St. Joseph Medical Center's LTC patients as needed.
- Explanation of any restrictions or limitations precluding providing LTC services to the residents of OSF HealthCare St. Joseph Medical Center's market area.

If a response is not received within 15 days from the date of delivery, the Medical Center will assume that the discontinuation of LTC beds will not have an adverse impact on your organization.

Please direct your response to the following:

OSF Healthcare St. Joseph Medical Center Lynn Fulton, President 2200 East Washington Street Bloomington, 11. 61701

I greatly appreciate your assistance regarding this requirement and the continuation of LTC services in our area. If you have any questions, please direct them to my attention at 309-665-5772 or email the interface of the service o

Sincerely,

ì

Jonalia How

Lynn A. Fulton, President OSF HealthCare St. Joseph Medical Center

OSF HealthCore St. Joseph Medical Contor. 2209 E. Washington St., Blaconington, Illinois 61701 : (309) 662-3311

ENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DEL	IVERY	
Complete items 1, 2, and 5, Also complete han 4 if Rostricted Delivery is coared. Print your name and address on the reverse so that we can return the card to you. Altach this card to the back of the mainplete, or on the form if space permits.	A. Signaluga X B. Russivial by (Printed Name)	C. Data et Debvery	
Attle Addressed to: Bioomington Rehab Healthcare Center (Jeff Stultz, / EO 1925 S. Main Street	D. In delivery address different from term 17 D Yes If YES, enter delivery address below:		
Bloomington, IL 61704	Servico Type Contified Ma1 Registered Registered Insured Ma1 C 0.0,	8 Hipt for Marchandise	
	4. Restricted Delivery? (Extra Fac)	C Yes	



VIA CERTIFIED MAIL RETURN RECEIPT REQUESTED

Heritage Operations Group, Inc. Benjamin Hart, President & Chief Executive Officer 115 W. Jefferson, Unit 401 Bloomington, IL 61701

Dear Mr. Hart:

Per Section 1110.110 of Title 77 of the Illinois Administrative Code, we are sending this impact letter to inform you that OSF HealthCare St. Joseph Medical Center plans to file a Certificate of Exemption (COE) with the Illinois Health Facilities and Review Board (IHFSRB) for discontinuation of our 12-bed Long Term Care category of service. OSF HealthCare intends to submit the required COE application to the IHFSRB in the near future. The discontinuation will occur after the approval is granted by the IHFSRB.

For your reference, OSF HealthCare St. Joseph Medical Center reported the following admissions on the IDPH Annual Hospital Questionnaire:

	2018	2019	2020	2021
LTC Admissions	190	146	166	19

Please provide, as applicable, the following information with your impact statement:

- Capacity to accommodate a portion or all of OSF HealthCare St. Joseph Medical Center's LTC patients as needed.
- Explanation of any restrictions or limitations precluding providing UTC services to the residents of OSF HealthCare St. Joseph Medical Center's market area.

If a response is not received within 15 days from the date of delivery, the Medical Center will assume that the discontinuation of LTC beds will not have an adverse impact on your organization.

Please direct your response to the following:

OSF Healthcare St. Joseph Medical Center Lynn Fulton, President 2200 East Washington Street Bloomington, IL 61701

I greatly appreciate your assistance regarding this requirement and the continuation of LTC services in our area. If you have any questions, please direct them to my attention at 309-665-5772 or email spatial factors are as a second second

Sincerely,

ł

Synahonfton

Lynn A. Fulton, President OSF HealthCare St. Joseph Medical Center

OSE HealthCare St. Juseph Medical Center 2200 E. Washington St., Bloomington, Timois 61701 1 (309) 662-3311

M 7554 1160 2006 とさ4: のた 7554 1160 2006 とさ4: 8 Form 3811, February 2004 Demosto R	Insured Masi C.C.D. Restricted Detwory? (Extra Fuo)	tor Merchandbo		
	C Registered (Roturn Reco	ipt for Merchandise		
	Registered Return Rece			
Heritage Operations Group, Inc. Benjamin Hart, President & Chief Execut 115 W. Jefferson, Unit 401 Bloomington, IL 61701	ter delivery address today			
Attach this cord to the back of the malipiece, or on the forth if apace permits.	Is dealered. So the province of the malpices, its. addense different from term addense			
Item 4 if Restricted Delivery is dealed. Print your name and address on the reverse so that we can return the card to you.		C Agent		
Complete Items 1, 2, and 2, Alex executes				
SENDER: COMPLETE THIS SECTION Complete Items 1, 2, and 3. Also complete	COMPLETE THIS SECTION ON DEL	1/17/02		

Attachment 7

Page 28



VIA CERTIFIED MAIL RETURN RECEIPT REQUESTED

Loft Rehab & Nursing of Normal Jeremy LaKosh, CEO, CFO 510 Broadway Normal, IL 61761

Dear Mr. LaKosh:

Per Section 1110.110 of Title 77 of the Illinois Administrative Code, we are sending this impact letter to inform you that OSP HealthCare St. Joseph Medical Center plans to file a Certificate of Exemption (COE) with the Illinois Ilealth Facilities and Review Board (IHFSRB) for discontinuation of our 12-bed Long Term Care category of service. OSF HealthCare Intends to submit the required COE application to the HIFSRB in the near future. The discontinuation will occur after the approval is granted by the IIIFSRB.

For your reference, OSF HealthCare St. Joseph Medical Center reported the following admissions on the IDPH Annual Hospital Questionnaire:

	2018	2019	2020	2021	1
LTC Admissions	190	146	166	19	j.

Please provide, as applicable, the following information with your impact statement:

 Capacity to accommodate a portion or all of OSF HealthCure St. Joseph Medical Center's LTC patients as needed.

 Explanation of any restrictions or limitations precluding providing LTC services to the residents of OSF HealthCare St. Joseph Medical Center's market area.

If a response is not received within 15 days from the date of delivery, the Medical Center will assume that the discontinuation of LTC beds will not have an adverse impact on your organization.

Please direct your response to the following:

OSF Healthcare St. Joseph Medical Center Lynn Fulton, President 2200 East Washington Street Bloomington, II. 61701

I greatly appreciate your assistance regarding this requirement and the continuation of LTC services in our area. If you have any questions, please direct them to my attention at 309-665-5772 or email [5 middle or model as there aga.

Sincerely,

Implica How

Lynn A. Fulton, President OSF HealthCare St. Joseph Medical Center

OSF HealthCare St. Joseph Medical Center. 2200 E. Washington St., Moomington, Minors 61701 1 (309) 662 33(1)



VIA CERTIFIED MAIL RETURN RECEIPT REQUESTED

Luther Oaks Doug Rutter, Executive Director 601 Lutz Road Bloomington, IL 61704

Dear Mr. Rutter:

Per Section 1110.110 of Title 77 of the Illinois Administrative Code, we are sending this impact letter to inform you that OSF HealthCare St. Joseph Medical Center plans to file a Certificate of Exemption (COE) with the Illinois Health Facilities and Review Board (IHFSRB) for discontinuation of our 12-bed Long Term Care category of service. OSF HealthCare intends to submit the required COE application to the IHFSRB in the near future. The discontinuation will occur after the approval is granted by the IHFSRB,

For your reference, OSF HealthCare St. Joseph Medical Center reported the following admissions on the IDPH Annual Hospital Questionnaire:

	2018	2019	2020	2021	i.
LTC Admissions	190	146	166	19	

Please provide, as applicable, the following information with your impact statement:

- Capacity to accommodate a portion or all of OSI' ilealthCare St. Joseph Medical Center's LTC patients as needed.
 - Explanation of any restrictions or limitations precluding providing LTC services to the residents of OSF HealthCare St. Joseph Modical Center's market area.

If a response is not received within 15 days from the date of delivery, the Medical Center will assume that the discontinuation of LTC beds will not have an adverse impact on your organization.

Please direct your response to the following:

OSF Healthcarc St. Joseph Medical Center Lynn Fulton, President 2200 East Washington Street Bloomington, IL 61701

I greatly appreciate your assistance regarding this requirement and the continuation of LTC services in our area. If you have any questions, please direct them to my attention at 309-665-5772 or email period table and emerged.

Sincerely,

Symphiliton

Lynn A. Fulton, President OSF HealthCare St. Joseph Medical Center

OSF HeakliCare St. Joseph Medical Center, 2203 E. Wilshington, St., Biophington, Illinois 61701 1 (309) 662-3311

COMPLETE THIS SECTION ON BELIVERY	
A. Signature	
B. Racelved by (Printed Name) C. Date of Delivery	
D. le defvery address different fram item 17 D Yos If YES, enter de?very address below: No	
S. Service Type Certified Mod Express Mail Registered Service Met C.0.0.	
4. Restricted Delivery? (Extra Fee)	
5 5565	



VIA CERTIFIED MAIL RETURN RECEIPT REQUESTED

McLean County Nursing Home Tim Wiley, Administrator 901 N. Main Street Normal, IL 61761

Dear Mr. Wiley:

Per Section 1110.110 of Title 77 of the Illinois Administrative Code, we are sending this impact letter to inform you that OSF HealthCare St. Joseph Medical Center plans to file a Certificate of Exemption (COE) with the Illinois Health Facilities and Review Board (IHFSRB) for discontinuation of our 12-bed Long Term Care category of service. OSF HealthCare intends to submit the required COE application to the IHFSRB in the near future. The discontinuation will occur after the approval is granted by the IIHFSRB.

For your reference, OSF HealthCare St. Joseph Medical Center reported the following admissions on the IDPH Annual Hospital Questionnaire:

	2018	2019	2020	2021
LTC Admissions	190	146	166	19

Please provide, as applicable, the following information with your impact statement:

- Capacity to accommodate a portion or all of OSF HealthCare St. Joseph Medical Center's LTC patients as needed.
- Explanation of any restrictions or limitations precluding providing 1.TC services to the residents of OSF HealthCare St. Joseph Medical Center's market area.

If a response is not received within 15 days from the date of delivery, the Medical Center will assume that the discontinuation of LTC beds will not have an adverse impact on your organization.

Please direct your response to the following:

OSF Healthcare St. Joseph Medical Center Lynn Fulton, President 2200 East Washington Street Bloomington, IL 61701

I greatly appreciate your assistance regarding this requirement and the continuation of LTC services in our area. If you have any questions, please direct them to my attention at 309-665-5772 or email gate a fide more stability or e.g.

Sincerely,

Synahitation

Lynn A. Fulton, President OSF HealthCare St. Joseph Medical Center

OSE HeathCam St. Joseph Medical Contor. 2200 E. Washington St., Bloomington, Illinois 61701 J. (309) 662-3311.

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DE	LIVERY
Complete Items 1, 2, and 3. Also complete them 4 if Restricted Delivery is desired. Print your name and address on the revene so that we can notwit the card to you. Attach this card to the back of the mellolece, or on the front it space permits.	A. Signature X. U.: 2 B. Receptably (Printed Norma) C. L. deSvery address different from 2 2 YES, enter deEvory address bol	
Tim Wiley, Administrator 901 Ni Main Street Normal, IL 61761	3. Service Type Certified Mail D Express M Registered D Registered D Reserved Mail D C.O.D.	
im Wyzy, Administrator 901 NJ-Main Street Normal, IL 61761	Certified Mail CErpress M	
1 m Wiley, Administrator 901 N-Main Street	Certified Mail Express M Registered Roturn Red 3 Insured Mail C.O.D. 4. Resplicted DeCrary? (Entry Free)	celpt for Merchandise



VIA CERTIFIED MAIL RETURN RECEIPT REQUESTED

The Village at Mercy Creek Holly Hall, Executive Director 1501 Mercy Creek Drive Normal, IL 61761

Dear Ms. Hall:

Per Section 1110.110 of Title 77 of the Illinois Administrative Code, we are scading this impact letter to inform you that OSF HealthCare St. Joseph Medical Center plans to file a Certificate of Exemption (COE) with the Illinois Ilcalth Facilities and Review Board (IHFSRB) for discontinuation of our 12-bed Long Term Care category of sorvice. OSF HealthCare intends to submit the required COE application to the IHFSRB in the near future. The discontinuation will occur after the approval is granted by the IHFSRB.

For your reference, OSF HealthCare St. Joseph Medical Center reported the following admissions on the IDPH Annual Hospital Questionnaire:

	2018	2019	2020	2021
LTC Admissions	190	146	166	19

Please provide, as applicable, the following information with your impact statement:

- Capacity to accommodate a portion or all of OSF HealthCare St. Joseph Medical Center's LTC patients as needed.
 - Explanation of any restrictions or limitations precluding providing LTC services to the residents of OSF HealthCare St. Joseph Medical Center's market area.

If a response is not received within 15 days from the date of delivery, the Medical Center will assume that the discontinuation of LTC beds will not have an adverse impact on your organization.

Please direct your response to the following:

OSF Healthcare St. Joseph Medical Center Lynn Fulton, President 2200 East Washington Street Bloomington, IL 61701

I greatly appreciate your assistance regarding this requirement and the continuation of LTC services in our area. If you have any questions, please direct them to my attention at 309-665-5772 or email group descent and the access.

Sincerely,

Synaliza How

Lynn A. Fulton, President OSF HealthCare St. Joseph Medical Center

OSF HealthCare St. Joseph Medical Center, 2200 F. Washington St., Bloomington, Tine s 61701 1 (309) 662-3311

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
Complete items 1, 2, and 3. Also complete item 4 if Restricted Dethrony is desired. Print your name and address on the memore so that we can return the card to you. Attach this card to the back of the matplece, or on the front if space permits.	A Signature D Agenal X / C Date of Castor B. Received by (Phinted Hama) C. Date of Calvery		
1. Article Addressed to: The Village at Mercy Creek	In delivery address of Starest from som 17 Vita Vitas Vitas Vitas Vitas Vitas Vitas Vitas Vitas Vitas Vitas		
Holly Hall, Executive Director			
	Service Type Service Type Service Type Service Type Service Type Registered Service Max Co.O.		
Holiy Hall, Executive Director 1501 Mercy Creek Drive	Contribut (23) Centrose Mail		



VIA CERTIFIED MAIL RETURN RECEIPT REQUESTED

Westminister Village Barbära Nathan, CEO 2025 East Lincoln Street Bloomington, IL 61701

Dear Ms. Nathan:

Per Soction 1110.110 of Title 77 of the Illinois Administrative Code, we are sending this impact letter to inform you that OSF HeathCare St. Joseph Medical Center plans to file a Certificate of Exemption (COE) with the Illinois Health Facilities and Review Board (IIIFSRB) for discontinuation of our 12-bed Long Term Care category of service. OSF HeathCare intends to submit the required COE application to the IHFSRB in the near future. The discontinuation will occur after the approval is granted by the IHFSRB.

For your reference. OSF HealthCare St. Joseph Medical Center reported the following admissions on the IDPH Annual Hospital Questionnaire:

	2018	2019	2020	2021
LTC Admissions	190	146	166	19

Please provide, as applicable, the following information with your impact statement:

- Capacity to accommodate a portion or all of OSF HealthCare St. Joseph Medical Center's LTC patients as needed.
- Explanation of any restrictions or limitations precluding providing LTC services to the residents of OSF HealthCare St. Joseph Medical Center's market area.

If a response is not received within 15 days from the date of delivery, the Medical Center will assume that the discontinuation of LTC beds will not have an adverse impact on your organization.

Please direct your response to the following:

OSF Healthcare St. Joseph Medical Center Lynn Fulton, President 2200 East Washington Street Bloomington, IL 61701

I greatly appreciate your assistance regarding this requirement and the continuation of LTC services in our area. If you have any questions, please direct them to my attention at 309-665-5772 or email

ly anan'n'i sa georgeadhachtan an agu

Sincerely,

Frankin

Lynn A. Fulton, President OSF HealthCare St. Joseph Medical Center

OSF HealthCine St. Joseph Medical Center. 2200 E. Washington St., Bloomington, Illinois 6(70) 1 (309) 662 3311

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete Itoms 1, 2, and 3. Also complete Itom 4 if Restricted Delivery Is desirod. Privit your mame and address on the reverse so that we can roturn the card to you. Attach this card to the back of the malpices, or on the front if space permits. Article Addressed to: Westminister Village Barbara Nathan, CEO 2025 East Lincoln Street Bioomington, IL 61701	A Signature A Signatu
	4. Restricted Delivery? (Entra Fee)
	a, manufator over en la fertitet and
2.A 7004 1160 0005 6245	



May 31, 2022

Lynn Fulton, President OSF Healthcare. St. Joseph Medical Center 2200 E. Washington Street Bloomington. IL 61701

Dear Ms. Fulton,

We have received your impact letter informing us that OSF Healthcare St. Joseph Medical Center intends to discontinue its 12-bed long term care category of service. We appreciate you sending with this the volume of admissions for the last four years.

Westminster Village, through it's skilled and long term care department known as Martin Health Center, will have the capacity to accommodate St. Joseph Medical Center's long term care patients in accordance with our admission policies.

We do not see any adverse impact on our organization from OSF St. Joseph's discontinuation of the long term care beds and are committed to meeting the needs of their patients as they arise.

Sincerely.

to and for the

Barbara J. Nathan CEO

2026 Basi Lindo'r Smeet, Eleundig on (16170) 1309 1663-6474 - www.weard randingefiniadar

BACKGROUND OF APPLICANT

- 1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable. See Attachment 8
- 2. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application. See Attachment 8
- 3. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB. See Attachment 8.
- 4. If, during a given calendar year, an applicant submits more than one application for permit or exemption, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest that the information was previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

#E-035-22

Background of Applicant

OSF Healthcare System List of Facilities in Illinois

OSF HealthCare Holy Family Medical Center

1000 W. Harlem Avenue Monmouth, Illinois 61462 License #: 0005439, Expiration 4/11/23 Joint Commission: Critical Access Hospital-no Joint Commission Certificate

OSF HealthCare Saint Francis Medical Center

530 NE Glen Oak Avenue Peoria, Illinois 61637 License #: 0002394, Expiration 12/31/22 Joint Commission: 2/1/20, 36 months

OSF HealthCare Saint Anthony's Health Center

One Saint Anthony's Way Alton, Illinois 62002-0340 License #: 0005942, Expiration 10/31/22 Joint Commission: 5/7/21, 36 months

OSF HealthCare Saint James-John W. Albrecht Medical Center

2500 W. Reynolds Street Pontiac, Illinois 61764 License #: 0005264, Expiration 3/2/23 Joint Commission: 12/20/2019, 36 months

OSF HealthCare St. Joseph Medical Center

2200 E. Washington Street Bloomington, Illinois 61701 License #: 0002535, Expiration 12/31/22 Joint Commission: 12/14/19, 36 months

OSF HealthCare Saint Anthony Medical Center

5666 E. State Street Rockford, Illinois 61108-2472 License #: 0002253, Expiration 12/31/22 Joint Commission: 11/23/19, 36 months

OSF HealthCare Saint Luke Medical Center

1051 West South Street Kewanee, Illinois 61443 License #: 0005926, Expiration 3/31/23 Joint Commission: Critical Access Hospital-no Joint Commission Certificate

OSF HealthCare Saint Elizabeth Medical Center

1100 E. Norris Drive Ottawa, Illinois 61350 License #: 0005520, Expiration 5/14/23 Joint Commission: 7/17/20, 36 months

#E-035-22

OSF HealthCare St. Mary Medical Center

3333 N. Seminary Street Galesburg, Illinois 61401 License #: 0002675, Expiration 12/31/22 Joint Commission: 11/1/2019, 36 months

OSF HealthCare Saint Paul Medical Center

1401 E. 12th Street Mendota, Illinois 61342 License #: 0005819, Expiration 12/6/22 Joint Commission: Critical Access Hospital-no Joint Commission Certificate

OSF Healthcare Sacred Heart Medical Center

812 N. Logan Avenue Danville, Illinois 61832 License #: 0006072, Expiration 2/1/23 Joint Commission: 2/28/20, 36 months

OSF HealthCare Heart of Mary Medical Center

1400 W. Park Street Urbana, Illinois 61801 License #: 0006080, Expiration 2/1/23 Joint Commission: 2/11/21, 36 months:

OSF Saint Elizabeth Medical Center Freestanding Emergency Center

111 Spring Street Streator, Illinois 61364 License #: 22006, Expiration 8/8/22 Joint Commission: 7/17/20, 36 months (included with Saint Elizabeth Medical Center)

OSF Little Company of Mary Medical Center

2800 W. 95th Street Evergreen Park, Illinois 60805 License #: 0006163, Expiration 1/31/23 Joint Commission: 4/27/19, 36 months

OSF Saint Clare Medical Center

530 Park Avenue East Princeton, IL 61356 License #: 006254, Expiration 6/30/23 Joint Commission: Critical Access Hospital-no Joint Commission Certificate

Background of Applicant

St. Joseph Medical Center 2200 E Washington Street Bloomington, IL 61701	
Effective:	01/01/2022
General	Hospital
12/31/2022	0002535
	14 MARRY
Ngozi O. Ezike, M.D.	tensionet unichter stan anatzionethe ub 1946 Alexand Diepaterbeisset sel 1946 Handler
Environment terrente environmenten veronmenten en oppendente op troe Klenole anatorien anstroe and oppendente anvi- enciedated below.	
LICENSE, PERMIT, CERTIF!	
THE REAL PROPERTY AND A DESCRIPTION OF A	
PUBLIC HEA	LTH
// Illinois Departr	ment of HF 123998

Background of Applicant

OSF St. Joseph Medical Center

Bloomington, IL

has been Accredited by



The Joint Commission

Which has surveyed this organization and found it to meet the requirements for the

Hospital Accreditation Program

December 14, 2019 Accreditation is customarily valid for up to 36 months.

David Perrott, MD, DDS, MBA, FACS Chair, Board of Commissioners

ID #7248 Print/Reprint Date: 06/15/2020

Mark R. Chassin, MD, FACP, MPP, MPH President

The Joint Commission is an independent, not-for-profit national body that oversees the safety and quality of health care and other services provided in accredited organizations. Information about accredited organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding accreditation and the accreditation performance of individual organizations can be obtained through The Joint Commission's web site at www.jointcommission.org.

AMAN

All

#E-035-22

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

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

C. Selemy Robert C. Sehring, CEO

Subscribed and sworn to before me

1n This day of 2021

Notary Public

<seal>



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

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

OSF St. Joseph Medical Center believes that there will not be an impact on essential safety net services in the community when we discontinue services. There are many providers and excess beds in the community available to care for patients needing LTC services.

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

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

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

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

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

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. Nonhospital applicants shall report charity care, at cost, in accordance with an appropriate methodology
specified by the Board.

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

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

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

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

OSF St. Joseph Medical believes that the available supply of Long Term Care Beds near Bloomington, Illinois, McLean County Planning Area, and the Health Service Area 4 are sufficient to ensure that residents of these areas will continue to have access to these services.

Safety Net Information per PA 96-0031 For OSF St. Joseph Medical Center						
CHARITY CARE						
Charity (# of patients)	2019	2020	2021			
Inpatient	113	112	96			
Outpatient	2,807	3,112	3,784			
Total	2,920	3,224	3,880			
Charity (cost in dollars)						
Inpatient	1,438,825	1,246,476	1,622,060			
Outpatient	1,572,950	1,946,132	1,780,359			
Total	3,011,775	3,192,608	3,402,419			
	MEDICAID					
Medicaid (# of patients)	2019	2020	2021			
Inpatient	875	745	823			
Outpatient	32,298	25,336	33,296			
Total	33,173	26,081	34,119			
Medicaid (revenue)						
Inpatient	10,229,476	9,898,644	12,563,764			
Outpatient	11,138,474	11,624,148	12,034,933			
Total	21,367,950	21,522,792	24,598,697			

Charity Care

CHARITY CARE – OSF Healthcare System				
	2019	2020	2021	
Net Patient Revenue	\$2,410,772,560	\$2,383,901,200	\$2,978,991,756	
Amount of Charity Care (charges)	\$180,316,461	\$201,864,109	\$195,002,654	
Cost of Charity Care	\$36,706,092	\$41,284,835	\$40,569,889	

CHARITY CARE – OSF St. Joseph Medical Center				
	2019	2020	2021	
Net Patient Revenue	182,343,707	200,307,720	242,165,268	
Amount of Charity Care (charges)	14,947,519	16,108,010	17,779,404	
Cost of Charity Care	3,011,775	3,192,608	3,402,419	

#E-035-22

