

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION**

COPY

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Facility/Project Identification

Facility Name: OSF St. Joseph Medical Center—Discontinuation of Long Term Care Category of Service		
Street Address: 2200 E. Washington 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

- | | |
|--|---|
| <input checked="" type="checkbox"/> Non-profit Corporation | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> For-profit Corporation | <input type="checkbox"/> Governmental |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other |
- Corporations and limited liability companies must provide an **Illinois certificate of good standing**.
 - Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner.

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

Primary Contact [Person to receive ALL correspondence or inquiries]

Name: 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**]

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

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

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

Exact Legal Name: OSF Healthcare System d/b/a St. Joseph Medical Center		
Address: 2200 E. Washington Street Bloomington 61701		
<input checked="" type="checkbox"/> Non-profit Corporation <input type="checkbox"/> For-profit Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Other	<input type="checkbox"/> Partnership <input type="checkbox"/> Governmental <input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/>
<ul style="list-style-type: none"> ○ Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. ○ Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner. ○ Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership. 		
APPEND DOCUMENTATION AS <u>ATTACHMENT 3</u>, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.		

Organizational Relationships

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

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

Narrative Description

In the space below, provide a brief narrative description of the 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.

OSF St. Joseph Medical Center Bloomington			
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

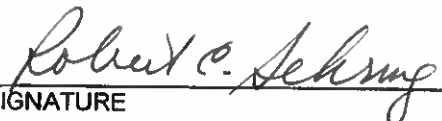
Failure to be up to date with these requirements will result in the Application being deemed incomplete.

CERTIFICATION

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

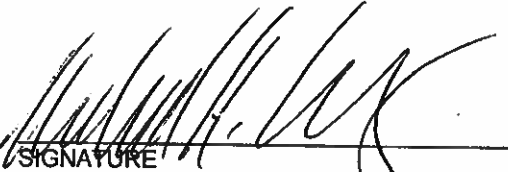
- in the case of a corporation, any two of its officers or members of its Board of Directors;
- in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
- in the case of a partnership, two of its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

This Application is filed on the behalf of **OSF Healthcare System*** 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

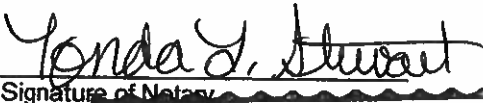

SIGNATURE

Mike A. Cruz, M.D.
PRINTED NAME

Chief Operating Officer
PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 16th day of June 2022


Signature of Notary

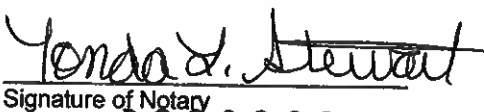
Seal

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

*Insert the EXACT legal name of the applicant

Notarization:

Subscribed and sworn to before me
this 16th day of June 2022


Signature of Notary

Seal


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

CERTIFICATION

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

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

This Application is filed on the behalf of **OSF St. Joseph Medical Center*** 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

Chad E. Boore
PRINTED NAME

Chief Executive Officer, Eastern Region
PRINTED TITLE

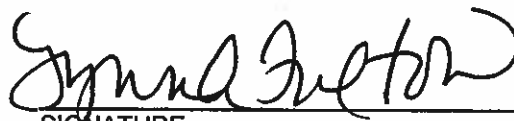
Notarization:

Subscribed and sworn to before me
this 8th day of June


Signature of Notary

Seal





SIGNATURE

Lynn A. Fulton
PRINTED NAME

President
PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 8th day of June


Signature of Notary

Seal



*Insert the EXACT legal name of the applicant

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 ATTACHMENT 5, 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 ATTACHMENT 6, 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 ATTACHMENT 7, 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 ATTACHMENT 8, 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 ALL PROJECTS TO DISCONTINUE 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 Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			
Charity (cost in dollars)	Year	Year	Year
Inpatient			
Outpatient			
Total			
MEDICAID			
Medicaid (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			
Medicaid (revenue)	Year	Year	Year
Inpatient			
Outpatient			

	Total				
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 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 10.

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

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

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

INDEX OF ATTACHMENTS			
ATTACHMENT NO.			PAGES
1	Applicant Identification including Certificate of Good Standing		14-15
2	Site Ownership		16
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
6	Reasons for Discontinuation		23
7	Impact on Access		24-34
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

File Number

0107-414-8

***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 #: 2212302112 verifiable until 05/03/2023
 Authenticate at: <http://www.ilisps.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 .

Jesse White

SECRETARY OF STATE

Attachment 1

Certificate of Good Standing for OSF Healthcare System

File Number

0107-414-8

**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, 1980, 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 15TH
day of SEPTEMBER A.D. 2021 .

Jesse White

SECRETARY OF STATE

Authentication #: 2125501026 verifiable until 08/15/2022

Authenticate at: <http://www.sos.gov>

Attachment 1

Proof of Site of Ownership

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,



Robert C. Sehring
Chief Executive Officer
OSF HealthCare System

Subscribed and sworn to me
This 16th day of June, 2022



Notary Public



Attachment 2

Certificate of Good Standing for OSF St. Joseph Medical Center

File Number

0107-414-8

**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 #: 2212303112 verifiable until 05/03/2023

Authenticate at: <http://www.isds.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 .

Jesse White

SECRETARY OF STATE

Attachment 3

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.

OSF St. Joseph Medical Center Bloomington			
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 long-term 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.


Lynn A. Fulton, President

Subscribed and sworn to before me

This 8th day of June, 2022


Notary Public

<seal>



Attachment 5

CONTINUED ON B-3

Customer Ad Proof

111-60083573 OSF Healthcare

Order Nbr 130959

Publication **BLM Pantagraph**Contact **OSF Healthcare**Address 1 **124 S.W. ADAMS**

Address 2

City, St Zip **PEORIA IL 61602-1320**Phone **3098554618**

Fax

Section **Legals**

SubSection

Category **0591 Legal Inside**Ad Key **130959-1**Keywords **PUBLIC NOTICE**

Notes

PO Number

Rate **Open**Order Price **237.00**Amount Paid **0.00**Amount Due **237.00**Start/End Dates **05/23/2022 - 05/25/2022**Insertions **3**Size **25**Salesperson(s) **Legals Rep**Taken By **Akilah Saunders**

Ad Proof

PUBLIC NOTICE
 OSF HealthCare St. Joseph Medical Center in Bloomington, Illinois intends to discontinue the Long Term Care licensed bed "category of service" for its twelve (12) bed inpatient long-term 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 309-865-5772 at OSF HealthCare St. 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.

OSF St. Joseph Medical Center Bloomington			
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

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.

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.



May 18, 2022

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTEDArcadia Care Bloomington
David Seidler, CEO
1509 N. Calhoun St.
Bloomington, IL 61701

Dear Mr. Seidler:

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 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 lynn.fulton@osfhealthcare.org.

Sincerely,

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

OSF HealthCare St. Joseph Medical Center, 2200 E. Washington St., Bloomington, Illinois 61701 (309) 665-5311

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? Extra Fee <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Arcadia Care Bloomington David Seidler, CEO 1509 N. Calhoun St. Bloomington, IL 61701</p>	

PS Form 3811, February 2004

Domestic Return Receipt

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Attachment 7



May 31, 2022

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

Arcadia 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 limitations precluding providing LTC services to the residents of OSF Healthcare St. Joseph Medical Center's market area.

David Seidler

David Seidler

Chief Executive Officer

ARCADIA CARE
4655 W Chase Ave
Lincolnwood IL 60712

PHONE 847.282.3800
ARCADIALTC.COM

Attachment 7



May 18, 2022

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTEDBloomington Rehab Healthcare Center
Jeff Stultz, CEO
1925 S. Main Street
Bloomington, 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 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 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 lynn.fulton@osfhealthcare.org.

Sincerely,

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

OSF HealthCare St. Joseph Medical Center, 2200 E. Washington St., Bloomington, Illinois 61701 • (309) 662-3311

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>Article Addressed to:</p> <p>Bloomington Rehab Healthcare Center Jeff Stultz, CEO 1925 S. Main Street Bloomington, IL 61704</p>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery </p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

Attachment 7



May 18, 2022

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 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 lynn.fulton@osfhealthcare.org.

Sincerely,

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

OSF HealthCare St. Joseph Medical Center: 2200 E. Washington St., Bloomington, Illinois 61701 | (309) 662-3311

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>Heritage Operations Group, Inc. Benjamin Hart, President & Chief Executive Officer 115 W. Jefferson, Unit 401 Bloomington, IL 61701</p>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>address different from Item 1? <input type="checkbox"/> Yes or delivery address below <input type="checkbox"/> No</p> <p> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. </p> <p>4 Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>1. At _____</p> <p>2. On _____</p> <p>3. Form 3811, February 2004 Domestic Return Receipt</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

Attachment 7



May 18, 2022

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 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:

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

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- 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 309-662-5772 or email lynn.fulton@osfhealthcare.org.

Sincerely,

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

OSF HealthCare St. Joseph Medical Center 2200 E. Washington St., Bloomington, Illinois 61701 | (309) 662-3311

Attachment 7



May 18, 2022

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTEDLuther 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:

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- 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 lynn.fulton@osfhealthcare.org.

Sincerely,

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

OSF HealthCare St. Joseph Medical Center 2200 E. Washington St., Bloomington, Illinois 61701 | (309) 662-3311

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: _____</p>	
<p>1. Article Addressed to:</p> <p> Luther Oaks Doug Rutter, Executive Director 601 Lutz Road Bloomington, IL 61704</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article (from) 7004 1160 0006 6245 6565</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	

PS Form 3811, February 2004

Domestic Return Receipt

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Attachment 7



May 18, 2022

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTEDMcLean 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 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 lynn.fulton@osfhealthcare.org.

Sincerely,

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

OSF HealthCare St. Joseph Medical Center, 2200 E Washington St., Bloomington, Illinois 61701 | (309) 662-3311

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature X <i>Wiley</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>JA</i> C. Date of Delivery <i>5/25/22</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to: McLean County Nursing Home Tim Wiley, Administrator 901 N. Main Street Normal, IL 61761</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. AZ (#) 7004 2460 0006 6245 6576</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

PS Form 3811, February 2004

Domestic Return Receipt

125895-02-04-1543

Attachment 7



May 18, 2022

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTEDThe 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 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:

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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 lynn.fulton@osfhealthcare.org.

Sincerely,

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

OSF HealthCare St. Joseph Medical Center, 2200 E. Washington St., Bloomington, Illinois 61701 | (309) 662-3311

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>The Village at Mercy Creek Holly Hall, Executive Director 1501 Mercy Creek Drive Normal, IL 61761</p>	<p>A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery® (Extra Fee) <input type="checkbox"/> Yes </p>
<p>2. 7034 1160 0006 6743 6583</p>	

PS Form 3811, February 2004

Domestic Return Receipt

12586-02-10-160

Attachment 7



May 18, 2022

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTEDWestminster Village
Barbara Nathan, CEO
2025 East Lincoln Street
Bloomington, IL 61701

Dear Ms. Nathan:

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:

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LTC Admissions	190	146	166	19

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- 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 lynna.fulton@osfhealthcare.org.

Sincerely,

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

OSF HealthCare St. Joseph Medical Center 2200 E. Washington St., Bloomington, Illinois 61701 | (309) 662-3311

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Westminster Village Barbara Nathan, CEO 2025 East Lincoln Street Bloomington, IL 61701</p>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X </p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery <input type="checkbox"/></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: <input type="checkbox"/></p> <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>2. A 7004 1160 0006 6245 6570</p>	

PS Form 3811, February 2004

Domestic Return Receipt

100595-C2-A3-1540

Attachment 7



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 its 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,


Barbara J. Nathan
CEO

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.

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

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

 Illinois Department of PUBLIC HEALTH		HF 123998
LICENSE, PERMIT, CERTIFICATION, REGISTRATION		
<small>The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and is hereby authorized to engage in the activity as indicated below.</small>		
Ngozi O. Ezike, M.D. Director		<small>Issued under the authority of the Illinois Department of Public Health</small>
12/31/2022	0002535	
General Hospital		
Effective: 01/01/2022		
St. Joseph Medical Center 2200 E Washington Street Bloomington, IL 61701		

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 H. Perrott

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

ID #7248

Print/Reprint Date: 06/15/2020

Mark R. Chassin

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.



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Attachment 8

Background of Applicant

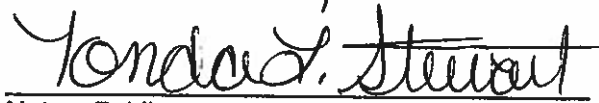
OSF Healthcare System does hereby attest no adverse action, as that term is defined in the rules of the Illinois Health Facilities and Services Review Board, has been taken against it in the three (3) years preceding this application.

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


Robert C. Sehring, CEO

Subscribed and sworn to before me

This 16th day of June, 2021



Notary Public

<seal>



Attachment 8

SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL SUBSTANTIVE PROJECTS AND PROJECTS TO DISCONTINUE STATE-OWNED HEALTH CARE FACILITIES [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:

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.

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.

Attachment 9

Safety Net Information

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

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OSF HEALTHCARE SYSTEM
124 SW ADAMS ST
PEORIA IL 61602

BANK OF AMERICA

0050407140

Two Thousand Five Hundred Dollars And No Cents

Date 06/08/2022

2-3/710 IL

Pay Amount \$2,500.00***

PAY TO THE ORDER OF IL DEPT OF PUBLIC HEALTH
525 W JEFFERSON ST 2ND FLOOR
SPRINGFIELD, IL 62761

*Sister Judith Ann
Dunne, O.S.F.*

THE BACK OF THIS DOCUMENT HAS AN OSF HEALTHCARE LOGO PRINTED IN WHITE INK IN MULTIPLE POSITIONS - HOLD AT AN ANGLE TO VIEW - VOID IF NOT PRESENT

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