

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Facility/Project Identification

Facility Name: Blessing Care Corporation d/b/a Illini Community Hospital			
Street Address: 640 West Washington			
City and Zip Code: Pittsfield 62363			
County: Pike	Health Service Area: 3	Health Planning Area: E4	

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

Exact Legal Name: Blessing Corporate Services, Inc.	
Street Address: 1005 Broadway	
City and Zip Code: Quincy 62301	
Name of Registered Agent: Maureen A Kahn	
Registered Agent Street Address: 1005 Broadway	
Registered Agent City and Zip Code: Quincy 62301	
Name of Chief Executive Officer: Maureen A Kahn	
CEO Street Address: 1005 Broadway	
CEO City and Zip Code: Quincy 62301	
CEO Telephone Number: 217-223-8400 ext 6807	

Exact Legal Name: Blessing Care Corporation d/b/a Illini Community Hospital	
Street Address: 640 West Washington	
City and Zip Code: Pittsfield 62362	
Name of Registered Agent: Maureen A Kahn	
Registered Agent Street Address: 1005 Broadway	
Registered Agent City and Zip Code: Quincy 62301	
Name of Chief Executive Officer: Maureen A Kahn	
CEO Street Address: 1005 Broadway	
CEO City and Zip Code: Quincy 62301	
CEO Telephone Number: 217-223-8400 ext 6807	

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: Diane Jacoby
Title: Chief Legal Officer
Company Name: Blessing Corporate Services
Address: 1005 Broadway
Telephone Number: 217-223-1200 ext 6816
E-mail Address: diane.jacoby@blessinghealth.org
Fax Number: 217-223-6891

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

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

Post Exemption Contact

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

Name: Kathleen E Hull
Title: Chief of Small Rural Hospitals
Company Name: Blessing Corporate Services
Address: 640 West Washington, Pittsfield, IL 62363
Telephone Number: 217-285-2113 ext 3803
E-mail Address: Kathy.hull@blessinghealth.org
Fax Number: 217-285-2989

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Blessing Care Corporation
Address of Site Owner: 640 West Washington, Pittsfield, IL 62363
Street Address or Legal Description of the Site:
Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease, or a lease.
APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee

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

Exact Legal Name: Blessing Care Corporation d/b/a Illini Community Hospital	
Address: 640 West Washington, Pittsfield, IL 62366	
<input checked="" type="checkbox"/> Non-profit Corporation <input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Partnership <input type="checkbox"/> Governmental

<input type="checkbox"/> Limited Liability Company Other	<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 ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.		

Organizational Relationships

Provide (for each applicant) an organizational chart containing the name and relationship of any person or entity who is related (as defined in Part 1130.140). If the related person or entity is participating in the development or funding of the project, describe the interest and the amount and type of any financial contribution.
APPEND DOCUMENTATION AS ATTACHMENT 4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Narrative Description

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

Blessing Care Corporation d/b/a Illini Community Hospital is proposing discontinuation of a category of service within an existing health care facility. Illini is requesting the discontinuation of the ten (10) bed psychiatric distinct part unit that was opened in October 2015. Average daily census in 2021 was 4.2 and in 2020 was 4.5. No other clinical services outside of the psychiatric inpatient beds are being requested.

Project Status and Completion Schedules

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

Anticipated exemption completion date (refer to Part 1130.570): July 18, 2022

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.

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition

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;
- o 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);
- o 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);
- o 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

Blessing Care Corporation d/b/a Illini Community Hospital

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

Kathy Hull

SIGNATURE

Kathy Hull

PRINTED NAME

Chief of Small Rural Hospitals

PRINTED TITLE

Maurice A. Kahn

SIGNATURE

Maurice A. Kahn

PRINTED NAME

President/CEO

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 30th day of June, 2022

Sandra E. McElhoe

Signature of Notary

Seal

OFFICIAL SEAL
SANDRA E. MCELHOE
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 2-26-25

Notarization:

Subscribed and sworn to before me
this 30th day of June, 2022

Sandra E. McElhoe

Signature of Notary

Seal

OFFICIAL SEAL
SANDRA E. MCELHOE
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 2-26-25

Blessing Care Corporation d/b/a Illini Community Hospital

*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 ATTACHMENT 9, 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			

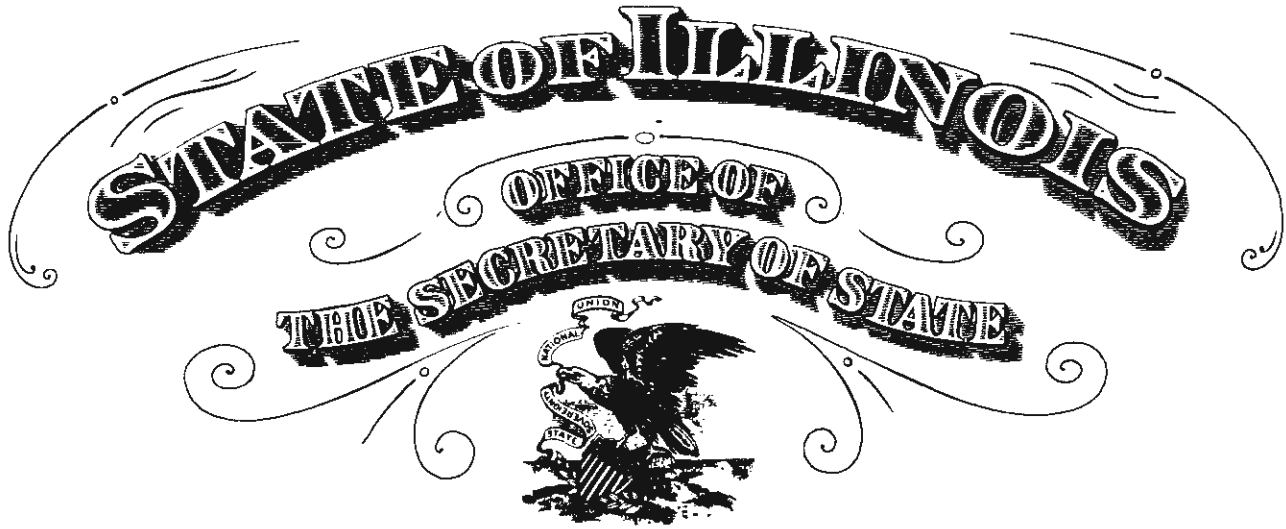
APPEND DOCUMENTATION AS ATTACHMENT 10, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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		15
2	Site Ownership		16 - 22
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.		23
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.		24
5	Discontinuation General Information Requirements		25 - 27
6	Reasons for Discontinuation		28 - 30
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File Number

6086-465-9



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

BLESSINGCARE CORPORATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 20, 2000, ADOPTED THE ASSUMED NAME ILLINI COMMUNITY HOSPITAL ON DECEMBER 16, 2002, 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 23RD
day of SEPTEMBER A.D. 2021 .***

Jesse White

SECRETARY OF STATE

Authentication #: 2126601992 verifiable until 09/23/2022

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

File Number 6086-465-9

FILED
ADAMS COUNTY
STATE OF ILLINOIS

097976

2000 FEB -4 A 10:48

VOLUME 28
OF Corps.
PAGE 421
COUNTY RECORDER

Schmiedeskamp, Robertson

State of Illinois

Office of The Secretary of State

Whereas, ARTICLES OF INCORPORATION OF
BLESSINGCARE CORPORATION
INCORPORATED UNDER THE LAWS OF THE STATE OF ILLINOIS HAVE BEEN
FILED IN THE OFFICE OF THE SECRETARY OF STATE AS PROVIDED BY THE
GENERAL NOT FOR PROFIT CORPORATION ACT OF ILLINOIS, IN FORCE
JANUARY 1, A.D. 1987.

Now Therefore, I, Jesse White, Secretary of State of the State of Illinois, by virtue of the powers vested in me by law, do hereby issue this certificate and attach hereto a copy of the Application of the aforesaid corporation.



C-2123

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, at the City of Springfield, this 20TH day of JANUARY A.D. 2000 and of the Independence of the United States the two hundred and 24TH



Secretary of State

NFP-102.10

(Rev. Jan. 1998)

FILED
http://www.state.il.us

JAN 20 2000

JESSE WHITE
SECRETARY OF STATE
TO: JESSE WHITE, Secretary of State**ARTICLES OF INCORPORATION**

(Do Not Write in This Space)

Payment must be made by certified check, cashier's check, Illinois attorney's check, Illinois C.P.A.'s check or money order, payable to "Secretary of State."

DO NOT SEND CASH!Date 1-20-00

Filing Fee \$50

Approved [Signature]

Pursuant to the provisions of "The General Not For Profit Corporation Act of 1988," the undersigned incorporator(s) hereby adopt the following Articles of Incorporation.

Article 1. The name of the corporation is: BlessingCare Coroooration

Article 2: The name and address of the initial registered agent and registered office are:

Registered Agent	<u>Lawrence</u>	<u>L.</u>	<u>Swearingen</u>
	First Name	Middle Name	Last Name
Registered Office	<u>1005</u>	<u>Broadway</u>	
	Number	Street	(Do not use P.O. Box)
	<u>Quincy</u>	<u>IL 62301</u>	<u>Adams</u>
	City	ZIP Code	County

Article 3: The first Board of Directors shall be 3 in number, their names and residential addresses being as follows: (Not less than three)

Director's Names	Number	Street	Address City	State
Lawrence L. Swearingen		2905 Windrush Road	Quincy, IL	62301
James E. Waterkotte		2718 Kings Pointe	Quincy, IL	62301
B. Bradford Billings		2829 Cheswick Road	Quincy, IL	62301

Article 4. The purposes for which the corporation is organized are:

See Exhibit A attached hereto.Is this corporation a Condominium Association as established under the Condominium Property Act?
☐ Yes ☒ No (Check one)Is this corporation a Cooperative Housing Corporation as defined in Section 216 of the Internal Revenue Code of 1954? ☐ Yes ☒ No (Check one)Is this a Homeowner's Association which administers a common-interest community as defined in subsection (c) of Section 9-102 of the code of Civil Procedure? ☐ Yes ☒ No

Article 5. Other provisions (please use separate page):

See Exhibit B attached hereto.Attachment 2
Page 17

P.03 13:55 Dec 20 '00

Fax: 217-222-3100 SCHMIDTKE&KAMP

Article 6.

NAMES & ADDRESSES OF INCORPORATORS.

The undersigned incorporator(s) hereby declare(s), under penalties of perjury, that the statements made in the foregoing Articles of Incorporation are true.

Dated January 19, 2000
(Month & Day) (Year)

SIGNATURES AND NAMES

POST OFFICE ADDRESS

1. <u>Harold B. Oakley</u> Signature Harold B. Oakley Name (please print)	1. _____ Street _____ City/Town State ZIP
2. _____ Signature _____ Name (please print)	2. _____ Street _____ City/Town State ZIP
3. _____ Signature _____ Name (please print)	3. _____ Street _____ City/Town State ZIP
4. _____ Signature _____ Name (please print)	4. _____ Street _____ City/Town State ZIP
5. _____ Signature _____ Name (please print)	5. _____ Street _____ City/Town State ZIP

(Signatures must be in **BLACK INK** on original document. Carbon copied, photocopied or rubber stamped signatures may only be used on the true copy.)

- If a corporation acts as incorporator, the name of the corporation and the state of incorporation shall be shown and the execution shall be by its President or Vice-President and verified by him, and attested by its Secretary or an Assistant Secretary.
- The registered agent cannot be the corporation itself.
- The registered agent may be an individual, resident in this State, or a domestic or foreign corporation, authorized to act as a registered agent.
- The registered office may be, but need not be, the same as its principal office.
- A corporation which is to function as a club, as defined in Section 1-3.24 of the "Liquor Control Act" of 1934, must insert in its purpose clause a statement that it will comply with the State and local laws and ordinances relating to alcoholic liquors.

FOR INSERTS - USE WHITE PAPER - SIZE 8 1/2 x 11

File No.

FORM NFP-102.10

ARTICLES OF INCORPORATION

under the

GENERAL NOT-FOR-PROFIT

CORPORATION ACT

of

11

SECRETARY OF STATE
DEPARTMENT OF BUSINESS SERVICES

CORPORATION DIVISION

SPRINGFIELD, ILLINOIS 62756

TELEPHONE (217) 782-8522

782-9523

(These Articles Must Be Executed and Filed
in Duplicate)

Filing Fee \$50

C-157.11

Attachment 2
Page 18

Fax: 217-223-6100

SCHMIDESKAMP

EXHIBIT A

Articles of Incorporation
ofBlessingCare Corporation
an Illinois Not for Profit Corporation

4. The purposes for which the corporation is organized are exclusively charitable, educational or scientific within the meaning of section 501(c)(3) of the Internal Revenue Code and, in furtherance of those purposes the corporation may:

(a) own, operate, maintain, manage and/or conduct the affairs of one or more hospitals and other health care facilities and facilities and programs incidental thereto.

(b) sponsor, develop, promote and encourage public participation in public services and programs in the general area of west-central Illinois, or in a larger area if feasible, which are charitable, scientific or educational.

(c) own or operate facilities or own other assets for public use and the public's health and welfare.

(d) solicit support for the corporation's activities from the public generally.

(e) promote, by donation, loan or otherwise, the interests of any not for profit and federally tax-exempt organization which is affiliated with the corporation, the purposes of which are not inconsistent with those of the corporation.

(f) own, lease or otherwise deal with all property, real and personal, to be used in furtherance of these purposes.

(g) contract with other organizations, for profit and not for profit, with individuals, and with governmental agencies in furtherance of these purposes.

(h) otherwise operate exclusively for charitable, scientific or educational purposes within the meaning of section 501(c)(3) of the Internal Revenue Code in the course of which operation:

(i) no part of the income, net earnings or net profits of the corporation shall inure to the benefit of, or be distributable to, its members, trustees, officers, or other persons, other than to a member organization which is exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth herein;

(ii) no substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate

in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office except as authorized under the Internal Revenue Code;

(iii) notwithstanding any other provisions of these articles, the corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code or (b) by a corporation, contributions to which are deductible under section 170(c)(2) of the Internal Revenue Code.

(i) exercise all powers which a corporation, organized under the General Not For Profit Corporation Act, as amended, possesses.

EXHIBIT B
to
Articles of Incorporation
of
BlessingCare Corporation
an Illinois Not for Profit Corporation

6. The membership of the corporation shall be as follows:

There shall be a sole member, namely, Blessing Corporate Services, Inc., an Illinois not for profit corporation. The sole member shall:

(a) Appoint and/or remove all the trustees of the corporation.

(b) Nominate to the corporation's board of trustees all candidates for selection as the corporation's president.

(c) Approve expressly all amendments to the corporation's articles of incorporation and bylaws before they may become effective.

(d) Approve capital and operating budgets, long-term debt, long-range plans, the sale or purchase of real estate, and contracts entered into by the corporation, the reasonable value of which exceeds an amount specified in the bylaws of the member.

7. Dissolution shall be as follows:

In the event of the dissolution of the corporation, the board of trustees, after paying or making provision for the payment of all the liabilities of the corporation, shall dispose of all of the assets of the corporation to Blessing Corporate Services, Inc., if then in existence and if qualified under section 501(c)(3) of the Internal Revenue Code, otherwise in such manner; or to such organization or organizations organized and operated exclusively for charitable, educational or scientific purposes to benefit the inhabitants of the general area of west-central Illinois including Quincy, Illinois, as shall at the time qualify as an exempt organization or organizations under section 501(c)(3) of the Internal Revenue Code as the board of trustees shall determine. Any such assets not so disposed of shall be disposed of by a court of competent jurisdiction of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said court shall determine, which are organized and operated exclusively for such purposes.

8. The power to change these articles of incorporation shall be as follows:

CORPORATE BYLAWS
OF
BLESSINGCARE CORPORATION

Adopted: April 4, 2000

Amended and Restated: April 26, 2006

File Number

6086-465-9



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

BLESSINGCARE CORPORATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 20, 2000, ADOPTED THE ASSUMED NAME ILLINI COMMUNITY HOSPITAL ON DECEMBER 16, 2002, 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 23RD
day of SEPTEMBER A.D. 2021 .***

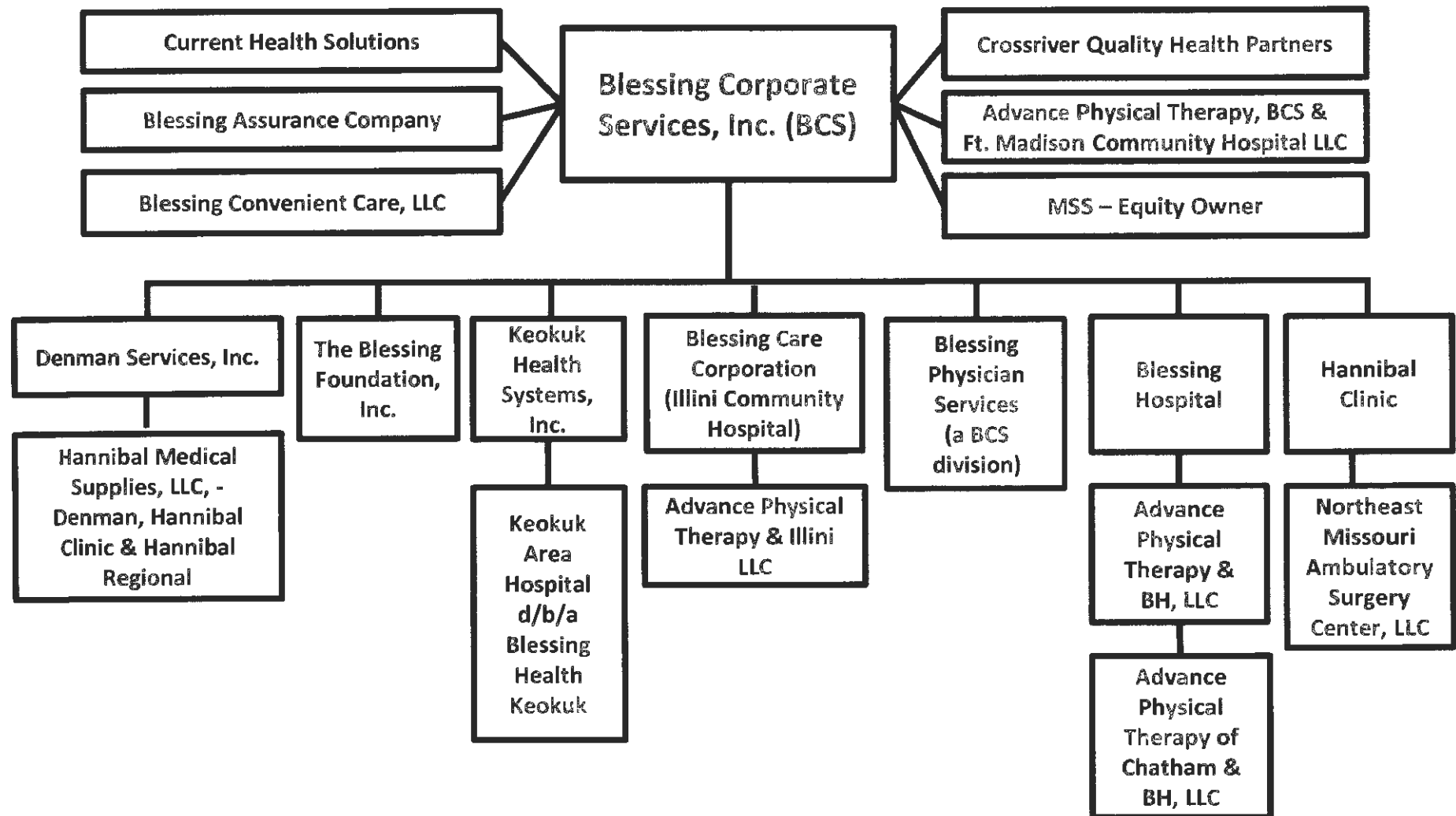
Jesse White

SECRETARY OF STATE

Authentication #: 2126601992 verifiable until 09/23/2022

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

Blessing Corporate Services Organizational Chart



As of 12-21-21

1. Geriatric Psychiatric Unit Distinct Part Unit Service is requested to be discontinued. This service consists of 10 inpatient beds.
2. No other clinical services are being discontinued at this time.
3. This unit has been suspended since December 8th due to the COVID pandemic. IDPH was notified December 10th of the suspension due to staffing and the need to transition existing staff to care for COVID patients. The unit will be formally discontinued within three weeks of the issuance of the requested Certificate of Exemption.
4. As a current licensed provider of swing bed services, this space, equipment, and staff will be utilized to care for swing bed patients in a more home like environment. The swing bed service does not require the level and specialty of staffing needed to care for psychiatric inpatients. Equipment will be evaluated for future use and potentially shared with other inpatient psychiatric units within the organization.
5. I attest that Illini Community Hospital provided the required notice of the category of service closure to Pike Express newspaper beginning April 21, 2022 in 2 publications. The notice submitted to the newspaper is attached in 5-1.

Signature: 
Kathy Hull
Chief of Small Rural Hospitals
Blessing Corporate Service/Illini Community Hospital

Illini Community Hospital
640 West Washington
Pittsfield, IL 62363

To Whom it may Concern;

Blessing Care Corporation d/b/a Illini Community Hospital temporarily closed the Geripsych Unit on December 8, 2021 due to the COVID pandemic. IDPH was notified December 10th of the closure due to staffing and the need to transition existing staff to care for COVID inpatients.

After much research to determine the impact to the local market, it was identified that in the past 24 months, 13.7 % of admissions were within the 35 mile radius. Most admissions are coming from greater than 50 miles from Illini Community Hospital.

Illini is now requesting full discontinuation of the service from the Illinois Health Facility Review Board, as a result of the continued lack of sufficient staffing. Permanent discontinuation is anticipated late spring/early summer.

Please feel free to reach out with questions or concerns.

Sincerely,

A handwritten signature in black ink, appearing to read "Kathy Hull", written in a cursive style.

Kathy Hull

Chief of Small Rural Hospitals

Blessing Corporate Services/Illini Community Hospital

Public Notice

PUBLICATION NOTICE Assumed Name Business

Public Notice is hereby given that on April 25, 2022, a certificate was filed in the office of County Clerk of Pike County, Illinois, setting forth names and post-office addresses of all the persons owning, conducting and transacting the business known as

Elevated Memories & Designs
located at 100 N. Industrial Park Dr., IL 62363
Dated this 25th day of April, 2022

Natalie Roseberry
Pike County Clerk

PUBLICATION NOTICE Assumed Name Business

Public Notice is hereby given that on April 21, 2022, a certificate was filed in the office of County Clerk of Pike County, Illinois, setting forth names and post-office addresses of all the persons owning, conducting and transacting the business known as

Westside Salon

located at 1235 W. Washington St., Pittsfield, IL 62312
Dated this 21st day of April, 2022

Natalie Roseberry
Pike County Clerk

ADVERTISEMENT FOR CITY OF PITTSFIELD PITTSFIELD, ILLINOIS WELL NO. 4

Sealed Bids for the construction of the Project at the Pittsfield's City Hall located at [Address], until May 25, 2022, at 10:00 a.m. The time the Bids received will be publicly opened. The Project includes the following Work: This project is for the drilling, development of Well #4 and relocating well pump from Well #2, along with raw waterline. This project also includes the abandonment of Well #4 is brought on-line.

Bids are requested for the following (610-111)

The Project has an expected duration of [Duration]. The Issuing Office for the Bidding Documents is MECO Engineering Company, Inc., 1301 Washington Street, Pittsfield, IL 62363

[documents can be available for [Address]]

Prospective Bidders may obtain or Documents at the Issuing Office on Monday between the hours of 8 a.m. to 4 p.m. copies of the Bidding Documents from as described below. Partial sets of Bidding Documents will not be available from the Issuing Office. The Engineer will be responsible for full or Documents, including addenda, if any other than the Issuing Office.

Printed copies of the Bidding Documents from the Issuing Office by paying a fee of \$150.00 for each set. Make payment of Bidding Documents payable to MECO Engineering Company, Inc. Bidding Documents also may be obtained from the Issuing Office via flash drive or electronic format. The charge for electronic format Bidding Documents is \$150.00 per set. Bidding Documents are available for purchase in the following

FORMAT

Bidding Documents – Hard Copy
Bidding Documents – Electronic Copy
Bidding Documents – Flash Drive Copy

There will be no pre-bid conference. All Contracts for the construction of the Project shall be subject to the Illinois Prevailing Wage Act (Section 746 of Title VII of the Code of 2017 (Division A - Agriculture, Food and Drug Administration, Appropriations Act, 2017) and subsequent

Pike County Concrete



285-5548

Locally Owned & Operated

Call Today For All Your Concrete Needs

Shelter is here for you.



NOTICE

Blessing Care Corporation d/b/a Illini Community Hospital temporarily closed the GeriPsych Unit on December 8, 2021 due to the COVID pandemic. IDPH was notified December 10th of the closure due to staffing and the need to transition existing staff to care for COVID inpatients.

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Please feel free to reach out with questions or concerns.

Sincerely,
Kathy Hull
Chief of Small Rural Hospitals
Blessing Corporate Services/Illini Community Hospital

IN THE CIRCUIT COURT OF THE EIGHTH
JUDICIAL CIRCUIT
PIKE COUNTY, ILLINOIS

IN THE MATTER OF THE ESTATE OF)

REASONS FOR DISCONTINUATION

In accordance with discontinuation review criteria, lack of sufficient staff to adequately provide the service is the contributing factor for the request to discontinue the service.

- 6.1 HR data shows the length of time positions have been open for geriatric psych service.
- 6.2 HR data also shows staff turnover data for geriatric psych service.

Title	Department	Dept Code	Job Code	Contact	Req Number	Status	Date Posted	Date Off	FTE
DIR, GERIATRIC PSYCH SERVICES	GERIPSYCH	60511	94024	Becky Myers	13359	Canceled	10/18/2017	12/29/2020	
PSYCHIATRIC TECH-ILLNI	GERIPSYCH	60511	67998	Becky Myers	18841	Filled	7/23/2020	1/20/2021	A9 - .9
PSYCHIATRIC TECH-ILLNI	GERIPSYCH	60511	67998	Becky Myers	18842	Filled	7/23/2020	1/19/2021	A9 - .9
LPN	GERIPSYCH	60511		Becky Myers	18923	Filled	7/22/2020	10/19/2020	A9 - .9
PSYCHIATRIC TECH-ILLNI	GERIPSYCH	60511	67998	Becky Myers	19403	Canceled	9/3/2020	1/20/2021	A9 - .9
ACTIVITES COORD-ILLINI	GERIPSYCH	60511	78021	Becky Myers	19849	Filled	11/17/2020	1/5/2021	AF - 1.0
PSYCHIATRIC TECH-ILLNI	GERIPSYCH	60511	67998	Becky Myers	20261	Filled	1/7/2021	3/31/2021	AP - Per Diem
CARE MANAGER	GERIPSYCH	60511	78072	Becky Myers	20785	Filled	3/25/2021	4/1/2021	AF - 1.0
PSYCHIATRIC TECH-ILLNI	GERIPSYCH	60511	67998	Becky Myers	20881	Filled	5/13/2021	6/16/2021	A9 - .9
PSYCHIATRIC TECH-ILLNI	GERIPSYCH	60511	67998	Becky Myers	20882	Filled	4/21/2021	5/13/2021	A9 - .9
LICENSED PRACTICAL NURSE (LPN) - ILLINI	GERIPSYCH	60511	78002	Becky Myers	21097	Canceled	5/6/2021	3/9/2022	A6 - .6
ACTIVITES COORD-ILLINI	GERIPSYCH	60511	78021	Becky Myers	21230	Filled	6/7/2021	6/15/2021	AF - 1.0
PSYCHIATRIC TECH-ILLNI	GERIPSYCH	60511	67998	Becky Myers	21453	Filled	6/30/2021	8/31/2021	AP - Per Diem
LPN	GERIPSYCH	60511		Becky Myers	21454	Filled	6/30/2021	8/17/2021	AP - Per Diem
PSYCHIATRIC TECH-ILLNI	GERIPSYCH	60511	67998	Becky Myers	21500	Filled	6/30/2021	6/30/2021	A9 - .9
PSYCHIATRIC TECH-ILLNI	GERIPSYCH	60511	67998	Becky Myers	21516	Filled	6/30/2021	8/17/2021	A9 - .9
PSYCHIATRIC TECH-ILLNI	GERIPSYCH	60511	67998	Becky Myers	21576	Filled	7/16/2021	1/3/2022	A9 - .9
LPN	GERIPSYCH	60511		Becky Myers	21624	Canceled	7/16/2021	3/9/2022	A9 - .9
LPN	GERIPSYCH	60511		Becky Myers	22071	Filled	9/20/2021	9/20/2021	AP - Per Diem
REGISTERED NURSE - ILLINI	GERIPSYCH	60511	78003	Becky Myers	22182	Canceled	9/29/2021	3/9/2022	A9 - .9
LPN	GERIPSYCH	60511		Becky Myers	22701	Canceled	10/20/2021	3/9/2022	A9 - .9
PSYCHIATRIC TECH-ILLNI	GERIPSYCH	60511	67998	Becky Myers	23307	Filled	12/21/2021	1/26/2022	A9 - .9
PSYCHIATRIC TECH-ILLNI	GERIPSYCH	60511	67998	Becky Myers	23329	Canceled	12/21/2021	3/9/2022	A9 - .9
REGISTERED NURSE - ILLINI	GERIPSYCH	60511	78003	Becky Myers	23419	On Hold	1/4/2022	4/13/2022	A9 - .9
LICENSED PRACTICAL NURSE (LPN) - ILLINI	GERIPSYCH	60511	78002	Becky Myers	23493	Canceled	1/12/2022	3/9/2022	A9 - .9

#E-037-22

People Pillar KPI

Retention Analysis for jonesho for 4/1/21 - 3/31/22

Report Parameters		
Ethnicity	All	
Facility	ILLNI	
Job Group	All	
Department	60511 - GERI..	
Job Name	All	
Level	All	
End Date	3/31/2022	

115.4% Turnover

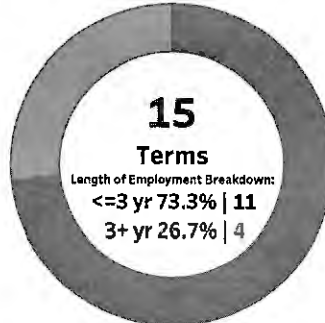
15 / 13 = 115.4%
for the period of 4/1/2021 - 3/31/2022

13

Avg Employee Count

17 employees as of 4/1/2021

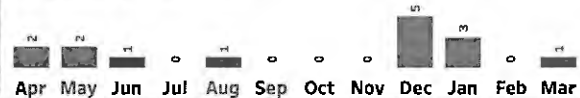
9 employees as of 3/31/2022



Monthly Terms - Key Takeaways

Dec 21 had 33.3% of the annual terms with 5 terms
 Jan 22 had 20.0% of the annual terms with 3 terms
 Apr 21 had 13.3% of the annual terms with 2 terms
 May 21 had 13.3% of the annual terms with 2 terms

Monthly Terms



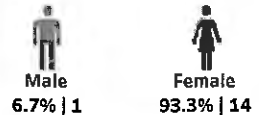
How Long Were They Here?

< 90 days	20.0% 3
90-364 days	33.3% 5
1-3 years	20.0% 3
3-5 years	20.0% 3
5-10 years	6.7% 1
10+ years	

Length of Stay - Key Takeaways

 20.0% of terms were here < 90 days
 20.0% of terms were here 1-3 years
 Avg Length of Employment: 1.9 years

Which Gender Is Leaving?



How Old Were They?

< 18	
18-25	46.7% 7
26-35	20.0% 3
36-45	6.7% 1
46-55	13.3% 2
56+	13.3% 2

Age Group - Key Takeaways

46.7% of terms were 18-25
 20.0% of terms were 26-35
 13.3% of terms were 46-55
 13.3% of terms were 56+
 Avg Age: 44.27

Did They Choose To Leave?



Which Depts Are They Leaving?

60511 - GERIPSYCH	100.0% 15
-------------------	-------------

What Positions Are Leaving?

67998 - PSYCHIATRIC TECH-ILLNI	53.3% 8
78002 - LICENSED PRACTICAL NURSE	13.3% 2
78003 - REGISTERED NURSE - ILLINI	13.3% 2
78021 - ACTIVITIES COORD-ILLINI	13.3% 2
94033 - CLINICAL SOCIAL WORKER-LCSW	6.7% 1

Who Is Leaving?

60511 - GERIPSYCH | 67998 - PSYCHIATRIC TECH-ILLNI | BURDICK, KAYLA | LOS: 0.5 yr | Term Date: December 29, 2021
 60511 - GERIPSYCH | 67998 - PSYCHIATRIC TECH-ILLNI | CLENDENNY, SYDNEY | LOS: 0.4 yr | Term Date: December 07, 2021
 60511 - GERIPSYCH | 78021 - ACTIVITIES COORD-ILLINI | EDWARDS, KAYLEIGH | LOS: 1.9 yr | Term Date: March 18, 2022
 60511 - GERIPSYCH | 78003 - REGISTERED NURSE - ILLINI | ELLIOTT, JANET | LOS: 3.9 yr | Term Date: January 17, 2022
 60511 - GERIPSYCH | 67998 - PSYCHIATRIC TECH-ILLNI | ELMORE, MICHAEL | LOS: 0.4 yr | Term Date: December 22, 2021
 60511 - GERIPSYCH | 94033 - CLINICAL SOCIAL WORKER-LCSW | FLACHS, SHELLEY | LOS: 3.5 yr | Term Date: January 31, 2022

IMPACT ON ACCESS

1. The proposed discontinuation will not have a significant impact of access to geropsychiatry services. Local nursing homes were contacted prior to the temporary closure date to inform them of the change in the service. Since December 8th, 2021, zero (0) patients have presented to Illini Community Hospital Emergency Department that would have qualified for admission for inpatient geriatric psychiatric treatment. In the past 24 months, only 13.7 % of admissions were within the 35-mile radii local market. Most admissions are coming from greater than 50 miles from Illini Community Hospital.

7.1 The notification letter that was sent out to other health care facilities that provide the same services. Any response will be forwarded to the Health Facilities Services Review Board.

7.2 List of health care facilities that were sent notification letters on April 21, 2022 and May 2, 2022.

April 21, 2022

To Whom it may Concern;

Blessing Care Corporation d/b/a Illini Community Hospital temporarily closed the Geripsych Unit on December 8, 2021 due to the COVID pandemic. IDPH was notified December 10th of the closure due to staffing and the need to transition existing staff to care for COVID inpatients.

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Please feel free to reach out with questions or concerns.

Sincerely,



Kathy Hull
Chief of Small Rural Hospitals
Blessing Corporate Services/Illini Community Hospital
640 West Washington
Pittsfield, IL 62363

A MEMBER OF BLESSING HEALTH SYSTEM

Blessing Hospital • Illini Community Hospital • Blessing Health Keokuk • Blessing Physician Services • Hannibal Clinic
Denman Services • Blessing-Rieman College of Nursing & Health Sciences • Blessing Foundation • Blessing Corporate Services

May 2, 2022

To Whom it may Concern;

Blessing Care Corporation d/b/a Illini Community Hospital sent a notification letter to your facility about requesting full discontinuation of our Geriatric Psychiatric Unit from the Illinois Health Facility Review Board. In the initial letter, it was inadvertently left out that Illini Community Hospital had 205 inpatient psychiatric admissions in 2021 and 217 in 2020.

Please feel free to reach out with questions or concerns.

Sincerely,



Kathy Hull
Chief of Small Rural Hospitals
Blessing Corporate Services/Illini Community Hospital
640 West Washington
Pittsfield, IL 62363

A MEMBER OF BLESSING HEALTH SYSTEM

Blessing Hospital • Illini Community Hospital • Blessing Health Keokuk • Blessing Physician Services • Hannibal Clinic
Denman Services • Blessing-Rieman College of Nursing & Health Sciences • Blessing Foundation • Blessing Corporate Services

Psych Referral List**Advocate Christ Medical Center (no minors)**

4440 W 95th St
 Oak Lawn, IL 60453
 Phone: 708-684-5272
 Time called:
 Documented: Y or N

Advocate Lutheran General Hospital

1775 Dempster St
 Park Ridge, IL 60068
 Phone: 847-723-8080
 Time called:
 Documented: Y or N

Alexian Brothers Behavioral Health Hospital

1650 Moon Lake BLVD
 Hoffman Estates, IL 60194
 Phone: 1-800-432-5005
 Time called:
 Documented: Y or N

Amita Facilities

Phone: 888-325-1570

Ann & Robert H Lurie Children's Hospital of Chicago (minors ONLY)

225 E Chicago Ave.
 Chicago, IL 60611
 Phone: 312-227-6030
 Time called:
 Documented: Y or N

Behavioral Health Service of Central DuPage

27W350 High Lake Rd
 Winfield, IL 60190
 Phone: 630-933-6405
 Time called:
 Documented: Y or N

Blessing Behavioral Inpatient

1005 Broadway St
 Quincy, IL 62301
 Phone: 217-224-4453 ext 6875

Centrega Behavioral Health (No Minors)

527 W South St
 Woodstock, IL 60098
 Phone: 800-765-9999
 Time called:
 Documented: Y or N

Chicago Behavioral Hospital (No Minors)

555 Wilson Ln
 Des Plaines, IL 60016
 Phone: 847-768-5430
 Time called:
 Documented: Y or N

Evanston Hospital (No minors)

2650 Ridge Ave
 Evanston, IL 60201
 Phone: 847-570-2845
 Time called:
 Documented: Y or N

Garfield Park Hospital

520 N Ridgeway Ave
 Chicago, IL 60624
 Phone: 773-265-3700
 Time called:
 Documented: Y or N

Gateway Regional Medical Center (No minors)

2100 Madison Ave
 Granite City, IL 62040
 Phone: 618-798-3000
 Time called:
 Documented: Y or N

Hartgrove Hospital

5730 W Roosevelt Rd
 Chicago, IL 60644
 Phone: 773-413-1720
 Time called:
 Documented: Y or N

March 2022

Psycn Referra 'list**Highland Park Hospital**

5730 W Roosevelt Rd
Chicago, IL 60644
Phone: 847-480-3708
Time called:
Documented: Y or N

Lake Behavioral Hospital

2615 Washington St
Waukegan, IL 60085
Phone: 847-249-3900
Time called:
Documented: Y or N

HSBS St. Mary's (Voluntary only)

1800 E Lake Shore Dr
Decatur, IL 62521
Phone: 217-464-2410
Time called:
Documented: Y or N

Lincoln Prairie Behavioral Health

5230 S 6th St
Springfield, IL 62703
Phone: 217-585-1180
Time called:
Documented: Y or N

Ingalls Memorial Hospital (No minors)

1 Ingalls Dr
Harvey, IL 60426
Phone: 708-915-6411
Time called:
Documented: Y or N

Loretto Hospital (No minors)

645 S Central Ave
Chicago, IL 60644
Phone: 773-854-5635
Time called:
Documented: Y or N

Jackson Park Hospital (No minors)

7531 S Stony Island Ave
Chicago, IL 60649
Phone: 773-947-7666
Time called:
Documented: Y or N

Mercy Hospital & Med Center (No minors)

2525 S Michigan Ave
Chicago, IL 60616
Phone: 312-567-2446
Time called:
Documented: Y or N

Kenneth Hall Regional Hospital (No minors)

129 N 8th St
East St. Louis, MO 62201
Phone: 618-274-1900
Time called:
Documented: Y or N

Methodist Hospital of Chicago (No minors)

5025 N Paulina St
Chicago, IL 60640
Phone: 773-989-1445
Time called:
Documented: Y or N

Kindred Hospital (No minors)

2544 W Montrose Ave
Chicago, IL 60618
Phone: 773-706-8291
Time called:
Documented: Y or N

Mt. Sinai Hospital (No minors)

1500 S California Ave
Chicago, IL 60608
Phone: 773-257-6031
Time called:
Documented: Y or N

March 2022

Psych Referral List**Northwest Community Hospital**

800 W Central Rd
Arlington Heights, IL 60005
Phone: 847-618-4150
Time called:
Documented: Y or N

Riverside Medical Center

350 N Wall St
Kankakee, IL 60901
Phone: 815-935-7528
Time called:
Documented: Y or N

Northwestern Memorial Hospital (No minors)

251 E Huron St
Chicago, IL 60611
Phone: 312-694-8760
Time called:
Documented: Y or N

Roseland Community Hospital

45 W 111th St
Chicago, IL 60628
Phone: 773-995-3000
Time called:
Documented: Y or N

NorthWestern Medicine

Central Dupage: 630-933-4000
Norman & Ida Stone: 312-926-8200
Lake Forest Hospital: 847-535-6489
Woodstock: 815-334-5090
Palos (no minors): 708-923-5775

Rush Northshore Medical Center

9701 Knox Ave
Skokie, IL
Phone: 847-425-6400
Time called:
Documented: Y or N

The Pavilion

809 W Church St
Champaign, IL 61820
Phone: 217-373-1700
Time called:
Documented: Y or N

Rush University Medical Center (No minors)

1650 W Harrison St
Chicago, IL 60612
Phone: 312-942-5375
Time called:
Documented: Y or N

OSF

Saint Elizabeth's: 815-433-3100
Heart of Mary: 217-337-2000

Silver Cross Hospital

1200 Maple Rd
Joliet, IL 60432
Phone: 844-580-5000
Time called:
Documented: Y or N

Riveredge Hospital (No DCFS/Youthincare)

8311 W Roosevelt Rd
Forest Park, IL 61030
Phone: 708-771-7000
Time called:
Documented: Y or N

Silver Oaks (No DCFS minors)

1004 Pawlak Pkwy
New Lenox, IL
Phone: 815-215-3225
Time called:
Documented: Y or N

March 2022

St. Anthony Hospital (No minors)

2875 W 19th St
Chicago, IL 60623
Phone: 773-484-4035
Time called:
Documented: Y or N

St. Bernard Hospital (No minors)

326 W 64th St
Chicago, IL 60621
Phone: 773-962-3900
Time called:
Documented: Y or N

St. Mary of Nazareth Hospital (No minors)

2233 W Division St
Chicago, IL 60622
Phone: 618-436-8030
Time called:
Documented: Y or N

Streamwood Behavioral Hospital

1400 E Irving Park Rd
Streamwood, IL 60107
Phone: 630-540-3700
Time called:
Documented: Y or N

Swedish American Hospital

1401 E State St
Rockford, IL 61104
Phone: 779-696-4123
Time called:
Documented: Y or N

Unity Point Health Methodist Proctor

221 N Glen Oak Avenue
Peoria, IL 61636
Phone: 309-672-4150
Time called:
Documented: Y or N

March 2022

BACKGROUND OF APPLICANT

1. Blessing Corporate Services is the owner of Blessing Care Corporation d/b/a Illini Community Hospital, Blessing Hospital, and Blessing Health Keokuk Hospital.
 - 8.1 Illini Community Hospital IDPH License
 - 8.2 Illini Hospital DNV Certificate of Accreditation
 - 8.3 Blessing Hospital IDPH License
 - 8.4 Blessing Hospital DNV Certificate of Accreditation
 - 8.5 Blessing Health Keokuk Hospital Iowa Department of Inspections and Appeals License
 - 8.6 Blessing Health Keokuk DNV Certificate of Accreditation

2. I certify there have been no adverse actions taken against the facilities owned and/or operated by the applicant during the three (3) years prior to the filing of the application.

Signature: _____



Kathy Hull
Chief of Small Rural Hospitals
Blessing Corporate Services

3. I authorize 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.

Signature: _____



Maureen Kahn
President/ CEO
Blessing Corporate Services

4. No applications have been submitted in the previous year.



**Illinois Department of
PUBLIC HEALTH**

HF 124777

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

Ngozi O. Ezike, M.D.
Director

Issued under the authority of
the Illinois Department of
Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
4/30/2023		0005132
Critical Access Hospital		
Effective: 05/01/2022		

Blessing Care Corporation
dba Illini Community Hospital
640 W Washington St

Pittsfield, IL 62363

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #19-493-001 10M 9/18

#E-037-22

CERTIFICATE OF ACCREDITATION

Certificate No.:
242060-2020-AHC-USA-NIAHO

Initial date:
6/13/2020

Valid until:
6/13/2023

This is to certify that:

Illini Community Hospital

640 West Washington, Pittsfield, IL 62363

has been found to comply with the requirements of the:

NIAHO® Hospital Accreditation Program

Pursuant to the authority granted to DNV GL Healthcare USA, Inc. by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, this organization is deemed in compliance with the Medicare Conditions of Participation for Critical Access Hospitals (42 C.F.R. §485).

This certificate is valid for a period of three (3) years from the Effective Date of Accreditation.

For the Accreditation Body:
DNV GL - Healthcare
Katy, TX



Patrick Horine
Chief Executive Officer



Lack of continual fulfillment of the conditions set out in the Certification/Accreditation Agreement may render this Certificate invalid.

DNV GL Healthcare, 400 TechniCenter Drive, Suite 1100, Milford, OH, 45150 Tel: 513 947 8343

www.dnvglhealthcare.com

#E-037-22

← DISPLAY THIS PART IN A
CONSPICUOUS PLACE

OCT 26 2021

Exp. Date 12/31/2022


Lic Number 0000141

Date Printed 10/12/2021

Blessing Hospital

1005 Broadway St
PO BOX 7005
Quincy, IL 62301

FEE RECEIPT NO.

 Illinois Department of PUBLIC HEALTH		
HF 123988		
LICENSE, PERMIT, CERTIFICATION, REGISTRATION		
The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.		
Ngozi O. Ezike, M.D.		Issued under the authority of the Illinois Department of Public Health
Director		
EXPIRATION DATE	CATEGORY	LIC. NUMBER
12/31/2022		0000141
General Hospital		
Effective: 01/01/2022		
Blessing Hospital 1005 Broadway St PO BOX 7005 Quincy, IL 62301		
The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #19-493-001 10M 9/18		

CERTIFICATE OF ACCREDITATION

Certificate No.:
241858-2020-AHC-USA-NIAHO

Initial date:
6/8/2020

Valid until:
6/8/2023

This is to certify that:

Blessing Hospital

1005 Broadway, Quincy, IL 62301

has been found to comply with the requirements of the:

NIAHO® Hospital Accreditation Program

Pursuant to the authority granted to DNV GL Healthcare USA, Inc. by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, this organization is deemed in compliance with the Medicare Conditions of Participation for Hospitals (42 C.F.R. §482).

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For the Accreditation Body:
DNV GL - Healthcare
Katy, TX



Patrick Horine
Chief Executive Officer



Lack of continual fulfillment of the conditions set out in the Certification/Accreditation Agreement may render this Certificate invalid.

DNV GL - Healthcare, 400 Techne Center Drive, Suite 100, Milford OH, 45150. Tel: 513-947-8343

www.dnvglhealthcare.com

POST IN CONSPICUOUS PLACE

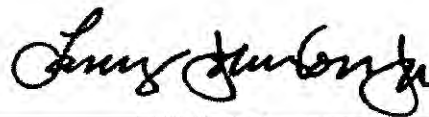
NONTRANSFERABLE

STATE OF IOWA
IOWA DEPARTMENT OF INSPECTIONS AND APPEALS
DES MOINES

Keokuk Area Hospital
1600 Morgan Street
Keokuk, Iowa 52632-3497
License Number: 560054H

This is to certify that a license is hereby granted to the above-named facility to operate a General Hospital in accordance with Iowa Code chapter 135B and the rules and regulations promulgated thereunder. This license shall not be transferable or assignable, except with the written approval of the Health Facilities Division of the Iowa Department of Inspections and Appeals, and shall be subject to suspension or revocation for failure to comply with Iowa Code chapter 135B or the rules or minimum standards adopted pursuant to chapter 135B.

ISSUE DATE: January 1, 2022
EXPIRATION DATE: December 31, 2022



Director



#E-037-22



DNV

HEALTHCARE CERTIFICATE

Certificate no.:
10000491179-MS-CMS-USA

Initial certification date:
24 May, 2022

Valid:
24 May, 2022 – 24 May, 2025

This is to certify that the management system of

Blessing Health Keokuk

1600 Morgan St., Keokuk, IA, 52632, USA

has been found to comply with the requirements of the:

NIAHO® Hospital Accreditation Program

Pursuant to the authority granted to DNV Healthcare USA Inc. by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, this organization is deemed in compliance with the Medicare Conditions of Participation for Hospitals (42 C.F.R. §482).

Place and date:
Milford, OH, 06 June, 2022



For the issuing office:
DNV Healthcare USA Inc.
400 Techne Center Drive, Suite 100,
Milford, OH, 45150, USA



Kelly Proctor
Management Representative

Lack of fulfilment of conditions as set out in the Certification Agreement may render this Certificate invalid.
ACCREDITED UNIT: DNV Healthcare USA Inc., 400 Techne Center Drive, Suite 100, Milford, OH, 45150, USA - TEL: +1 513-947-8343. www.dnvhealthcare.com

Safety Net Impact Statement

The proposed discontinuation will not have a material impact on the essential safety net services in the community, or on the ability of other providers or health systems to cross-subsidize safety net services. Illini will continue to provide the same level of Medicaid and Charity care services for the local population. Inpatient geropsychiatry services will continue to be provided within the Blessing Health System.

Safety Net Information per PA 96-0031			
CHARITY CARE			
	2019	2020	2021
Charity (# of patients)			
Inpatient	6	10	8
Outpatient	709	623	566
Total	715	633	574
Charity (cost in dollars)			
Inpatient	32,944	85,447	45,052
Outpatient	516,547	502,138	486,889
Total	549,491	587,585	531,941
MEDICAID			
	2019	2020	2021
Medicaid (# of patients)			
Inpatient	83	87	74
Outpatient	5,957	5,928	7,534
Total	6,040	6,015	7,608
Medicaid (net revenue)			
Inpatient	240,055	297,290	243,458
Outpatient	3,034,948	2,960,026	2,993,000
Total	3,275,003	3,257,316	3,236,458

BLESSING HOSPITAL			
Charity Care			
	FY 2019	FY 2020	FY 2021
Net Patient Revenue	422,125,106	443,738,739	500,878,517
Amount of Charity Care (charges)	39,674,863	32,620,033	28,974,034
Cost of Charity Care	9,133,153	6,696,893	5,793,967

ILLINI COMMUNITY HOSPITAL			
Charity Care			
	FY 2019	FY 2020	FY 2021
Net Patient Revenue	29,653,210	28,988,120	31,465,684
Amount of Charity Care (charges)	1,319,307	1,390,733	1,294,544
Cost of Charity Care	549,491	587,585	531,941