

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
DISCONTINUATION APPLICATION FOR EXEMPTION- 09/2022 Edition

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
DISCONTINUATION APPLICATION FOR EXEMPTION

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

**Facility/Project Identification**

Facility Name: Memorial Hospital Association		
Street Address: 1454 North County Road 2050		
City and Zip Code: Carthage 62321		
County: Hancock	Health Service Area	Health Planning Area:

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

Exact Legal Name: Memorial Hospital Association		
Street Address: 1454 North County Road 2050 PO Box 160		
City and Zip Code: Carthage 62321		
Name of Registered Agent:		
Registered Agent Street Address:		
Registered Agent City and Zip Code:		
Name of Chief Executive Officer: Ada Bair		
CEO Street Address: 1454 North County Road 2050		
CEO City and Zip Code: Carthage 62321		
CEO Telephone Number: 217-357-8566		

**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: Ada Bair
Title: CEO
Company Name: Memorial Hospital Association
Address: 1454 North County Road 2050
Telephone Number: 217-357-8566
E-mail Address: abair@mhtlc.org
Fax Number: 217-357-8564

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

Name: Raigan Brown
Title: CNO
Company Name: Memorial Hospital Association
Address: 1454 North County Road 2050
Telephone Number: 217-357-8514
E-mail Address: rbrown@mhtlc.org
Fax Number: 217-357-8564

**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: Ada Bair
Title: CEO
Company Name: Memorial Hospital Association
Address: 1454 North County Road 2050
Telephone Number: 217-357-8566
E-mail Address: abair@mhtlc.org
Fax Number: 217-357-8564

**Site Ownership**

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Memorial Hospital Association
Address of Site Owner: 1454 North County Road 2050 PO Box 160 Carthage, IL 62321
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.
<b>APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>

**Operating Identity/Licensee**

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

Exact Legal Name: Memorial Hospital Association			
Address: 1454 North County Road 2050 PO Box 160 Carthage, IL 62321			
<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
<ul style="list-style-type: none"> <li>○ Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.</li> <li>○ 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.</li> <li>○ Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.</li> </ul>			
<b>APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>			

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**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.**

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**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.

Memorial Hospital Association will cease birthing services at Memorial Hospital located at 1454 North County Road 2050 Carthage, IL 62321. The Obstetric Unit consists of 2 LDRP beds and has averaged approximately 100 births per year over the last 5 years. Memorial Hospital will not relinquish these beds from our licensed bed capacity.

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**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.

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**Anticipated exemption completion date** (refer to Part 1130.570): \_\_\_\_\_

**State Agency Submittals [Section 1130.620(c)]**

Are the following submittals up to date as applicable:

X Cancer Registry

X APORS

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

N/A All reports regarding outstanding permits

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

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### 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 Memorial Hospital Association

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.

Ada Bais  
SIGNATURE  
Ada Bais  
PRINTED NAME  
CEO  
PRINTED TITLE

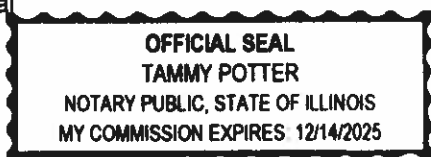
Teresa Smith  
SIGNATURE  
Teresa Smith  
PRINTED NAME  
CFO  
PRINTED TITLE

Notarization:

Subscribed and sworn to before me  
this 2 day of September

Tammy Potter  
Signature of Notary

Seal

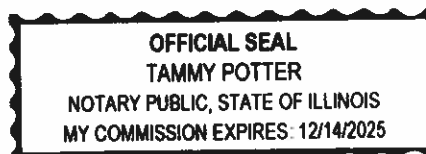


Notarization:

Subscribed and sworn to before me  
this 2nd day of September

Tammy Potter  
Signature of Notary

Seal



\*Insert the EXACT legal name of the applicant

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## 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.**



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

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

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## 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.

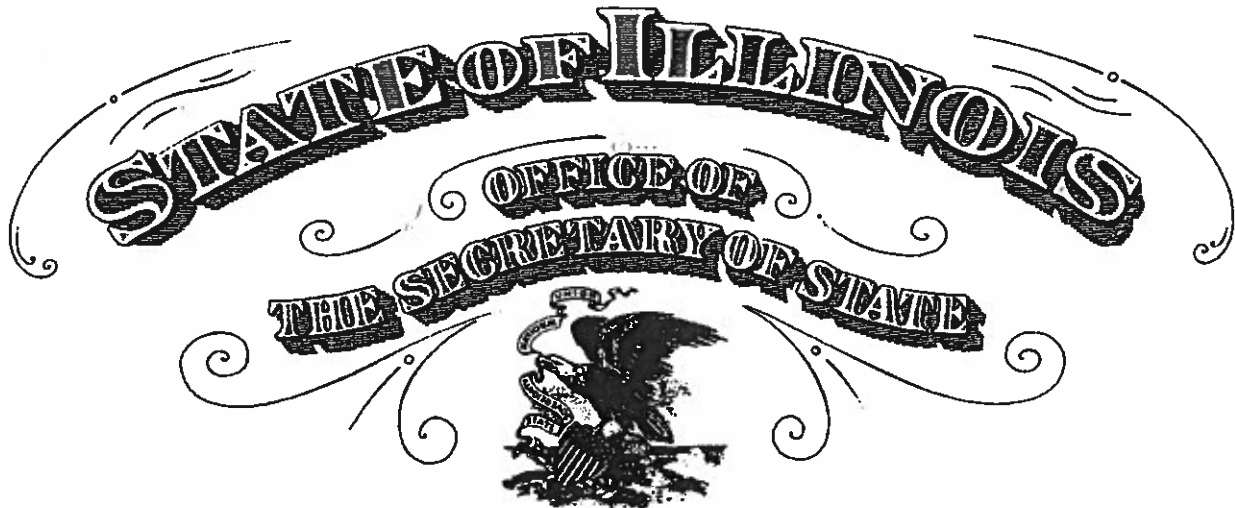
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After paginating the entire completed application indicate, in the chart below, the page numbers for the included attachments:

<b>INDEX OF ATTACHMENTS</b>			
<b>ATTACHMENT NO.</b>			<b>PAGES</b>
1	Applicant Identification including Certificate of Good Standing		15
2	Site Ownership		16 - 20
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.		21
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.		22
5	Discontinuation General Information Requirements		23 - 24
6	Reasons for Discontinuation		25
7	Impact on Access		26 - 33
8	Background of the Applicant		34
9	Safety Net Impact Statement		35 - 36
10	Charity Care Information		37

File Number

2982-629-3



***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*

MEMORIAL HOSPITAL ASSOCIATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 26, 1947, 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 31ST  
day of AUGUST A.D. 2022 .***

*Jesse White*

SECRETARY OF STATE

Authentication#: 2224303580 verifiable until 08/31/2023  
Authenticate at: <https://www.ilsos.gov>

KRISTINE M. PILKINGTON  
HANCOCK COUNTY COLLECTOR  
P.O. BOX 248  
CARTHAGE, IL 62321

HANCOCK COUNTY PROPERTY TAX BILL  
2021 TAXES PAYABLE 2022

002101

Make checks payable to: HANCOCK COUNTY COLLECTOR

LEGAL DESC

S20 T5 R6 30.82 A (SUR# 2007-3422) SE CO R NW  
CARTHAGE

NAME:

002101 - 011609

MEMORIAL HOSPITAL ASSOCIATION  
PO BOX 160  
CARTHAGE IL 62321-0160

Email Registration  
PIN #147872

TAX CODE

13006

HANCOCK COUNTY  
ITEMIZED STATEMENT

TOWNSHIP

CARTHAGE

PROPERTY INDEX NUMBER (PIN)  
13-20-176-006

PROPERTY CLASS

0021

FIRST DUE DATE

08/10/2022

TRUST

FIRST INSTALLMENT

\$836.39

TIF BASE 3.86  
1977 EQUALIZED

SECOND DUE DATE

09/02/2022

SAF BASE

SECOND INSTALLMENT

\$836.39

FAIR CASH VALUE

PRIOR TAX SOLD

NO

TOTAL ACRES 30.8  
LAND VALUE

FORFEITED

NO

BUILDING VALUE

HOME IMPROVEMENT

ASSESSED VALUE

STATE MULTIPLIER

1.000

EQUALIZED VALUE

OWNER OCCUPIED

SENIOR EXEMPT

FREEZE EXEMPTION

VETERAN EXEMPT

DISABLED EXEMPT

FARM LAND

FARM BUILDING

HIST TAXABLE VAL

TAX RATE

CURRENT TAX

ENTERPRISE ZONE

DRAINAGE

FORFEITURE BAL

TOTAL TAX DUE

\$1,672.71

Taxing Body	Prior Year Rate	Prior Year Tax	Current Rate	Current Tax	Pension Amount
CARTHAGE TIF DISTRICT	0.00000	\$1,248.32	0.00000	\$0.00	\$0.00
AMBULANCE SERVICE AREA	0.08230	\$3.18	0.08097	\$3.07	\$0.00
HANCOCK COUNTY	1.21865	\$97.02	1.16607	\$45.62	\$7.86
CARTHAGE ELEM #317	2.56223	\$98.90	2.56223	\$101.63	\$6.62
ILLINI WEST HS#307	1.92881	\$74.45	1.92881	\$74.45	\$2.23
COMM COLLEGE #518	0.63367	\$25.23	0.63367	\$25.23	\$0.00
CARTHAGE LIB. DIST	0.29017	\$10.40	0.29017	\$10.40	\$1.05
MULTI-TWP DIST F	0.03154	\$1.22	0.03005	\$1.12	\$0.00
CARTHAGE PARK DIST	0.32894	\$12.74	0.27140	\$10.48	\$0.45
CARTHAGE SANITARY	0.00000	\$0.00	0.00000	\$0.00	\$0.00
HANCOCK COUNTY SOIL / WATER CON	0.00000	\$0.00	0.00000	\$0.00	\$0.00
CARTHAGE TOWNSHIP	0.00000	\$0.00	0.00000	\$0.00	\$0.09
CARTHAGE R&B	0.00000	\$0.00	0.00000	\$0.00	\$0.00
CITY OF CARTHAGE	0.00000	\$0.00	0.00000	\$0.00	\$7.61
<b>TOTALS</b>	<b>8.79770</b>	<b>\$1,587.90</b>	<b>8.74182</b>	<b>\$1,672.78</b>	<b>\$25.91</b>

LOCATION:

Owner Name: Memorial Hospital Association

PLEASE SEE REVERSE SIDE FOR PAYMENT INFORMATION

2021 PAYABLE 2022

RETURN THIS PORTION WITH PAYMENT

FOR THE YEAR 2021	PROPERTY INDEX NUMBER (PIN) 13-20-176-006
DUE DATE 06/10/2022	FIRST INSTALLMENT \$836.39
	AMOUNT PAID

LATE PAYMENTS

AFTER: 06/10/2022 \$848.94  
AFTER: 07/10/2022 \$861.48  
AFTER: 08/10/2022 \$874.03  
AFTER: 09/10/2022 \$886.57

RETURN THIS PORTION WITH PAYMENT

FOR THE YEAR 2021	PROPERTY INDEX NUMBER (PIN) 13-20-176-006
DUE DATE 09/02/2022	SECOND INSTALLMENT \$836.39
	AMOUNT PAID

LATE PAYMENTS

AFTER: 09/02/2022 \$848.94  
AFTER: 10/02/2022 \$871.48

NAME: Memorial Hospital Association  
ADDRESS: Po Box 160

Carthage, IL 62321

NAME: Memorial Hospital Association  
ADDRESS: Po Box 160

Carthage, IL 62321

Total Tax: \$1,672.78



KERRY ASBRIDGE  
HANCOCK COUNTY RECORDER  
CARTHAGE, IL

RECORDED ON  
12/26/2007 03:12:12PM

REC FEE: 35.00  
RHSP FEE: 10.00  
PAGES: 3

*Chg & Ret - Hartzell*

**WARRANTY DEED**

Prepared By:  
Franklin M. Hartzell  
Attorney at Law  
Carthage, IL 62321

Return To:  
Same as above.

Recording Fee: \$ 45.00

Future Tax Bill Should be  
Mailed to:  
Memorial Hospital Association  
P. O. Box 160  
Carthage, Illinois 62321

THE GRANTORS, Raymond N. Rendleman and Leota D. Rendleman,  
each in his and her own right and as spouse of the other party,  
of 148 South Douglas Street, Carthage, Illinois 62321, in  
consideration of One Dollar and other good and valuable  
consideration, the receipt of which is hereby acknowledged,  
CONVEY and WARRANT to MEMORIAL HOSPITAL ASSOCIATION, an Illinois  
Not-For-Profit Corporation, P. O. Box 160, Carthage, Illinois  
62321, the following described real estate, to wit:

TRACT 1: Being a part of the Southwest Quarter of  
Section 20, Township 5 North, Range 6 West of the 4th  
P.M., Hancock County, Illinois, and being more  
particularly described as follows: Beginning at the  
Northeast Corner of the Southwest Quarter of said  
Section 20; thence North 88 degrees 41' 41" West  
(assumed bearing for this description) 2048.53 feet  
along the North line of said Southwest Quarter to a  
point on the Easterly Right of Way line of Illinois  
Route #336 as now established; thence South 32 degrees  
04' 55" West 393.04 feet along said Easterly line;  
thence South 11 degrees 23' 40" East 165.42 feet along  
said Easterly line; thence South 43 degrees 26' 20"  
West 68.49 feet; thence North 86 degrees 23' 30" West

75.55 feet along said Easterly line; thence South 26 degrees 03' 19" West 5.14 feet along said Easterly line; thence South 32 degrees 02' 47" East 482.29 feet to an existing iron marker; thence South 05 degrees 59' 20" East 391.54 feet to an existing iron marker; thence South 12 degrees 24' 12" West 323.55 feet to an existing property corner; thence North 78 degrees 38' 09" East 319.12 feet to an existing iron bar; thence South 74 degrees 29' 48" East 183.70 feet to an existing iron bar; thence South 88 degrees 35' 07" East 750.02 feet to an existing iron bar; thence South 88 degrees 34' 43" East 829.05 feet to a point on the East line of said Southwest Quarter; thence North 01 degree 51' 26" East 1638.42 feet to the point of beginning, containing 79.63 acres, more or less.

TRACT 2: Being a part of the Southwest Quarter of Section 20, Township 5 North, Range 6 West of the 4th P.M., Hancock County, Illinois, and being more particularly described as follows: Beginning at the Southeast Corner of the Southwest Quarter of said Section 20; thence North 88 degrees 34' 43" West (assumed bearing for this description) 822.41 feet along the South line of said Southwest Quarter to an existing iron bar; thence North 01 degree 30' 01" East 1065.00 feet along an existing property line to an existing iron bar; thence South 88 degrees 34' 43" East 829.05 feet to a point on the East line of said Southwest Quarter; thence South 01 degree 51' 26" West 1065.03 feet along said East line to the point of beginning, containing 20.19 acres, more or less.

There is excepted from the covenants of warranty the lien of real estate taxes for 2007, due and payable in 2008, which the Grantee herein assumes and agrees to pay.

This conveyance is expressly subject to encroachments, overlaps, boundary line disputes, and other matters which would have been disclosed by an accurate survey and inspection of the property; reservations, restrictions, or claims of easement, whether or not shown by public record; zoning regulations, if

any; building regulations, ordinances and resolutions, if any; easements for public or quasi public utilities over, across and under the property, if any; rights of the public, the State of Illinois, the County or Township, if any, in which property is located in and to that part of the property taken or used for roads or highways; and rights of way for drainage ditches, drain tiles, feeders and laterals, if any.

The above-described premises is not the homestead of the Grantors.

Dated this 26<sup>th</sup> day of December, 2007.

Raymond N. Rendleman  
Leota D. Rendleman

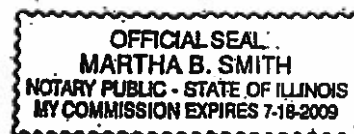
STATE OF ILLINOIS) ) SS.  
COUNTY OF HANCOCK)

I, Joseph B. Smith, a Notary Public in and for the County, and State aforesaid, do hereby certify that **RAYMOND N. RENDLEMAN** and **LEOTA D. RENDLEMAN**, each in his and her own right and as spouse of the other party, personally known to me to be the same persons whose names are subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that they signed, sealed and delivered the instrument as their free and voluntary act, for the uses and purposes therein set forth.

Given under my hand and notarial seal this twelfth day of December, 2007.

Maise B. Smith  
NOTARY PUBLIC

(NOTARIAL SEAL)



Internal Revenue Service

Department of the Treasury

District  
Director

Person to Contact: EO:TPA

MEMORIAL HOSPITAL ASSOCIATION  
S ADAMS  
CARTHAGE, IL 62321

Telephone Number: 1-800-829-1040  
312-435-1040

Refer Reply to: 91-1642

Date: May 3, 1991

RE: EXEMPT STATUS  
EIN: 37-0684691

This is in response to the letter, dated March 19, 1991, regarding your status as an organization exempt from Federal income tax.

Our records indicate that a ruling letter was issued in December, 1956, granting your organization an exemption from Federal income tax under the provisions of Section 501(c)(3) of the Internal Revenue Code of 1954. Our records also indicate that your organization is not a private foundation but one that is described in Section 509(a)(1) & 170(b)(1)(A)(iii) of the Internal Revenue Code.

Contributions made to you are deductible by donors in computing their taxable income in the manner and to the extent provided in Section 170 of the Internal Revenue Code.

If your gross receipts each year are normally \$25,000 or more, you are required to file Form 990, Return of Organizations Exempt from Income tax by the fifteenth day of the fifth month after the end of your annual accounting period.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under Section 511 of the Code. If you are subject to this tax, you must file an income tax return on F-990-T.


If any question arises with respect to your status for Federal income tax purposes, you may use this letter as evidence of your exemption.

This is an advisory letter.

Sincerely yours,

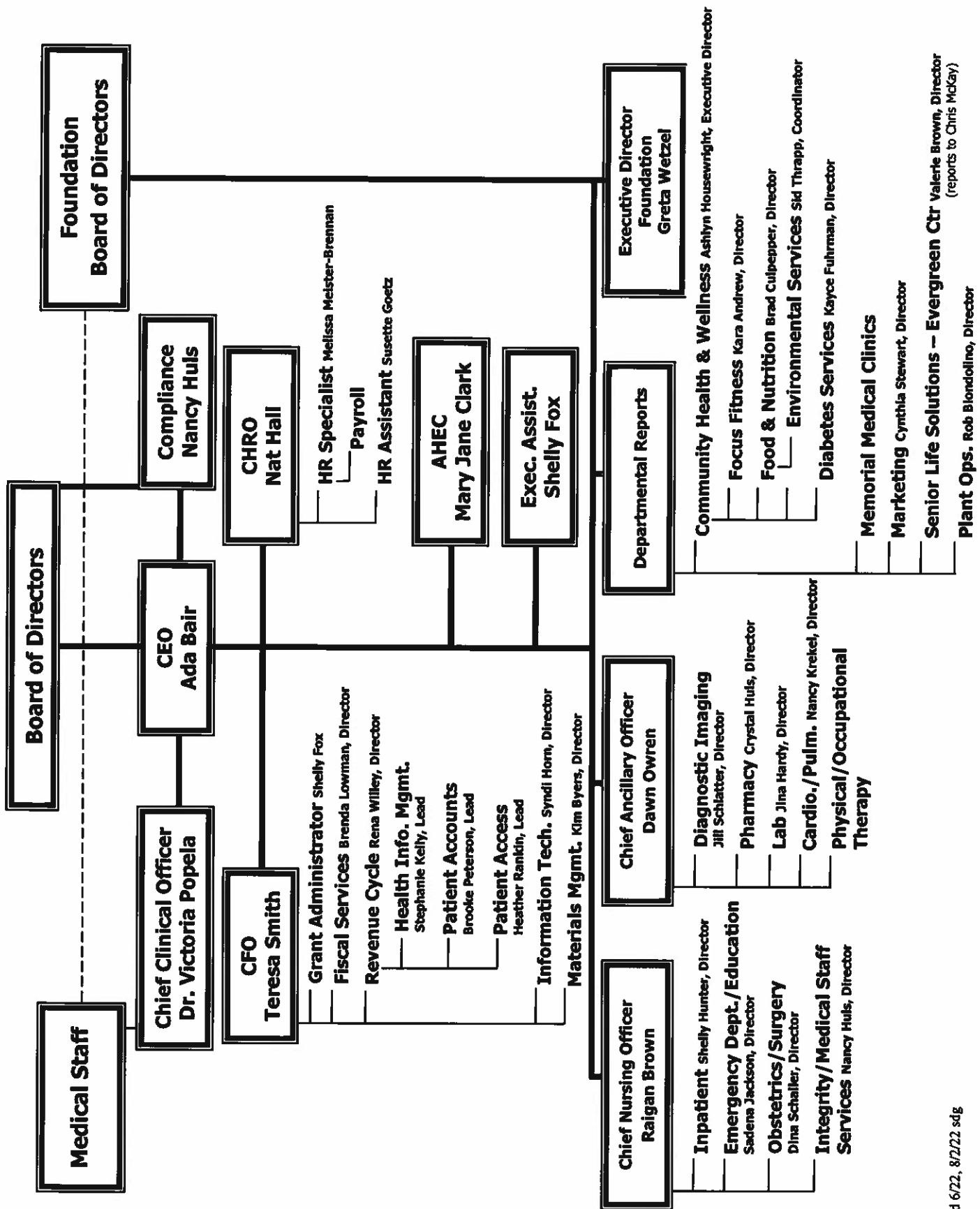


R. S. Wintrode, Jr.  
District Director

 <b>Illinois Department of PUBLIC HEALTH</b>		
<b>HF 125641</b>		
<b>LICENSE, PERMIT, CERTIFICATION, REGISTRATION</b>		
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.		
<b>Amaal V.E. Tokars</b> <b>Acting Director</b>		Issued under the authority of the Illinois Department of Public Health
EXPIRATION DATE	CATEGORY	I.D. NUMBER
<b>8/14/2023</b>		<b>0005611</b>
<b>Critical Access Hospital</b>		
<b>Effective: 08/15/2022</b>		
<b>Memorial Hospital Association</b> <b>1454 North County Road 2050 E</b> <b>Carthage, IL 62321</b>		
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		

← **DISPLAY THIS PART IN A  
CONSPICUOUS PLACE****Exp. Date 8/14/2023****Lic Number 0005611****Date Printed 6/1/2022****Memorial Hospital Association****1454 North County Road 2050 E**  
**Carthage, IL 62321****FEE RECEIPT NO.**

# MEMORIAL HOSPITAL ASSOCIATION





1454 N. Co Rd 2050 Carthage, Illinois 62321 · www.mhtlc.org · 217.357.8500

## Attachment 5

### Type of Discontinuation

Memorial Hospital Association will cease birthing services at Memorial Hospital located at 1454 North County Road 2050 Carthage, IL 62321. The Obstetric Unit consists of 2 LDRP beds and has averaged approximately 100 births per year over the last 5 years. Memorial Hospital will not relinquish those beds from our licensed bed capacity. The licensed beds will be used for acute, inpatient care overflow. The discontinuation of services is scheduled to take place December 1, 2022. There are no other clinical services to be discontinued. If extenuating circumstances arise with staffing after the announcement of closure, the obstetrics unit may be placed on diversion. The press release was submitted to the following list of media on September 6, 2022. The number of times the press release is published will be up to the media locations listed below. Memorial Hospital Administrative Team is available for follow up questions and additional clarification as requested. Memorial Hospital Marketing Dept will track the frequency of publication and/or communication from the listed media sites over the next 30 days.

Galesburg Register  
 WGEM TV  
 Camp Point Journal  
 McDonough – The Voice & The Choice  
 Daily Gate City  
 The Quincy Herald Whig  
 Fort Madison Daily Democrat  
 Hancock County Journal Pilot  
 WCAZ Radio  
 KOKX Radio  
 Liberty Bee Times  
 Nauvoo newsletter  
 Augusta Eagle  
 New Independent  
 Regional Media Macomb Radio  
 Muddy River News  
 The Hawkeye Newspaper  
 WIU News  
 KHQA TV  
 WIUM public radio  
 The Quill  
 Illinois Critical Access Hospital Network  
 Star Radio





## NEWS RELEASE

1454 N. County Road 2050 | Carthage, Illinois 62321 | [mhlc.org](http://mhlc.org)

CONTACT: Cynthia Stewart  
Marketing Director

Office: 217.357.8563  
Email: [cstewart@mhlc.org](mailto:cstewart@mhlc.org)

### MEMORIAL HOSPITAL TO CLOSE STORK STOPP

**Carthage, IL** – Tuesday, September 06, 2022 – Memorial Hospital in Carthage, Illinois, will discontinue its labor and delivery birthing services. The closure of the inpatient labor and delivery unit, called the Stork Stopp, is scheduled for Thursday, December 1, 2022.

According to the May 2022 issue of Becker's Hospital Review, the US will face a deficit of 450,000 nurses by 2025. Unfortunately, the nursing shortage has affected many health systems, including Memorial Hospital. The Stork Stopp requires labor and delivery trained nurses to be in-house, around the clock, even if there are no obstetric patients. Due to the difficulty recruiting nursing staff and the dependence on contracted agency nurses, the decision has been made to discontinue labor and delivery birthing services. While there will be employees affected by this closure, these employees have been afforded the opportunity to apply for transfer to other positions within the organization.

After December 1, birthing services will be transitioned to Blessing Hospital through the collaboration of Quincy Medical Group and Dr. Christopher Jones unless the patient chooses to deliver elsewhere. Dr. Jones and Lila Brooks Fritz, CNM, will continue to provide all of the services they currently offer at Memorial Medical Clinics, which include prenatal, post-partum, and women's health. In addition, Dr. Sente will continue to provide comprehensive pediatric services.

Expectant mothers will receive a letter of notification via mail. To further assist expectant mothers, Memorial Medical Clinics will also reach out via telephone by the end of day Friday, September 9, 2022.

"The decision to close the inpatient OB services was difficult and emotional," said Memorial Hospital CEO Ada Bair. "Our amazing team of women's health providers, and pediatric providers will continue all other services in the outpatient setting. We look forward to caring for women and children of this region," added Bair.

Memorial Hospital is dedicated to providing outstanding care, as evidenced by being awarded five stars in patient satisfaction from the Centers for Medicare and Medicaid Services (CMS) again for the third year. Memorial Hospital is a robust and financially sound organization. Memorial Hospital provides a broad scope of services, including but not limited to women's health, pediatrics, family practice, internal medicine, surgical services, nutrition counseling, pelvic floor physical therapy, orthopedics, fitness coaching, wellness, diabetic services, dermatology, and behavioral health. In addition, Memorial Hospital collaborates with Blessing Physician Services, Illinois Cancer Care, Midwest Orthopedic Specialists, Quincy Medical Group, and Springfield Clinic to provide a vast array of specialty services. This robust team of over 20 medical providers offers services in Carthage and throughout the region.

#### About Memorial Hospital

Memorial Hospital is committed to delivering outstanding healthcare. Memorial Hospital is a 501(c)(3), non-profit critical access hospital, which employs over 250 individuals, offers emergency, surgical, imaging (x-ray), laboratory, obstetrics, seven clinics throughout the region, specialty clinics, and more. Memorial Hospital has served the residents of Hancock County and surrounding areas since 1950. For more information, find us on the web at [www.mhlc.org](http://www.mhlc.org)





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## Attachment 6

### Reasons for Discontinuation

The reason for discontinuation is the inability to recruit permanent qualified staff. In addition, Memorial Hospital has experienced substantial financial hardship due to temporary staffing with contracted, agency nurses. The agency nursing rates most recently are 5 times greater than the rates of permanent staff. Currently the department is staffed at 50% with contracted, agency nurses. The long term outlook reflects no chance for improvement in those ratios of temporary to permanent staffing as we currently have no pending applications for OB nursing. We also have knowledge of the intent of additional exit of permanent staff with relocations and part time employment coming in the first quarter of 2023. With the knowledge of the above additional exit, this will move Memorial Hospital obstetrics unit to 70% contracted, agency staff.



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Attachment 7

**Impact on Access**

Memorial Hospital has had approximately 100 births on average over the last 5 years. Approximately 36% of those births have come from the Hancock County, where Memorial Hospital is located. Blessing Hospital, McDonough District Hospital and two (2) Southeast Iowa Regional Medical Centers are all within 45 miles of Memorial Hospital and each offer birthing services. Soon there will be additional birthing services provided at Quincy Medical Groups' Birthing Center and Small-Format Hospital as well. These services will also be within 45 miles of Memorial Hospital. Due to the reasons stated, it is not felt that there will be adverse effects on access to care.



1454 North County Road 2050  
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(217) 357-8500 • MHTLC.ORG

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September 6, 2022

Brian Canfield, President of Blessing Hospital  
1005 Broadway Street  
Quincy, IL 62301

Dear Mr. Canfield,

Memorial Hospital in Carthage, Illinois, will discontinue its labor and delivery services. The closure of the labor and delivery unit, called the Stork Stopp, is scheduled for Thursday, December 1, 2022. There are four birthing hospitals within 45 miles of Memorial Hospital; Blessing Hospital, McDonough District Hospital, and two (2) Southeast Iowa Regional Medical Centers. After December 1, birthing services will be transitioned to Blessing Hospital through the collaboration of Quincy Medical Group and Dr. Christopher Jones, OB/GYN, unless the patient chooses to deliver elsewhere.

Blessing Hospital has always been the hospital of choice with our residents who do not deliver locally. I wanted you to be aware of the volumes we have been seeing over the past couple of years because we do expect a significant percentage of these patients will choose to deliver in Quincy. In the past twenty-four months, Memorial Hospital has had the following deliveries; in 2020, there were 128; in 2021, there were 97; in the first six months of 2022, we have delivered 40 of the expected 95.

Prenatal and post-partum care will remain at our location with Dr. Jones, who has been with Memorial Hospital for 17 years, is a member of the Memorial Hospital Governing Board, and is already engaged in this transitional plan. Memorial Medical Clinics will additionally continue to provide pediatric care.

Please feel free to call me at 217-357-8566 with any questions you and your team might have.

Sincerely,

Ada Bair, CEO

CC  
Maureen Kahn, President and CEO of Blessing Health Systems





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---

September 6, 2022

Brian Dietz, President/CEO of McDonough District Hospital  
525 East Grant Street  
Macomb, IL 61455

Dear Brian,

Memorial Hospital in Carthage, Illinois, will discontinue its labor and delivery services. The closure of the labor and delivery unit, called the Stork Stopp, is scheduled for Thursday, December 1, 2022. There are four birthing hospitals within 45 miles of Memorial Hospital; Blessing Hospital, McDonough District Hospital, and two (2) Southeast Iowa Regional Medical Centers. After December 1, birthing services will be transitioned to Blessing Hospital through the collaboration of Quincy Medical Group and Dr. Christopher Jones unless the patient chooses to deliver elsewhere.

Prenatal and post-partum care will remain at our location with Dr. Jones, OB/GYN, who has been with Memorial Hospital for 17 years, is a member of the Memorial Hospital Governing Board, and is already engaged in this transitional plan. Memorial Medical Clinics will additionally continue to provide pediatric care.

While we do not anticipate a significant impact to your organization, some of our expectant mothers may choose your facility for delivery. If patients choose to deliver at your facility, Dr. Jones and staff will ensure an easy transition of care. In the past twenty-four months, Memorial Hospital has had the following deliveries; in 2020, there were 128; in 2021, there were 97; in the first six months of 2022, we have delivered 40 of the expected 95.

Please feel free to call me at 217-357-8566 with any questions you and your team might have.

Sincerely,

Ada Bair, CEO





1454 North County Road 2050  
P.O. Box 160 • Carthage, IL 62321  
(217) 357-8500 • MHTLC.ORG

---

September 6, 2022

Matt Wenzel, President and CEO of Southeast Iowa Regional Medical Center  
1221 South Gear Ave  
West Burlington IA 52655

Dear Mr. Wenzel,

Memorial Hospital in Carthage, Illinois, will discontinue its labor and delivery services. The closure of the labor and delivery unit, called the Stork Stopp, is scheduled for Thursday, December 1, 2022. There are four birthing hospitals within 45 miles of Memorial Hospital; Blessing Hospital, McDonough District Hospital, and two (2) Southeast Iowa Regional Medical Centers. After December 1, birthing services will be transitioned to Blessing Hospital through the collaboration of Quincy Medical Group and Dr. Christopher Jones unless the patient chooses to deliver elsewhere.

Prenatal and post-partum care will remain at our location with Dr. Jones, OB/GYN, who has been with Memorial Hospital for 17 years, is a member of the Memorial Hospital Governing Board, and is already engaged in this transitional plan. Memorial Medical Clinics will additionally continue to provide pediatric care.

While we do not anticipate a significant impact to your organization, some of our expectant mothers may choose your facility for delivery. If patients choose to deliver at your facility, Dr. Jones and staff will ensure an easy transition of care. In the past twenty-four months, Memorial Hospital has had the following deliveries; in 2020, there were 128; in 2021, there were 97; in the first six months of 2022, we have delivered 40 of the expected 95.

Please feel free to call me at 217-357-8566 with any questions you and your team might have.

Sincerely,

Ada Bair, CEO





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September 2, 2022

Karen Senger  
Division of Health Care Facilities and Programs  
Illinois Department of Public Health  
525 West Jefferson St., 4<sup>th</sup> Floor  
Springfield, IL 62761

Dear Ms. Senger:

Memorial Hospital Association Board of Directors made the difficult decision to cease birthing services at Memorial Hospital as of December 1, 2022; due to the inability to recruit qualified staff and the financial hardship caused by contracting with agency nursing. Memorial Hospital has averaged approximately 100 births per year over the last 5 years. Memorial Hospital currently has (2) rooms related to Labor, Delivery and Post-Partum care. Memorial Hospital does not have an OR suite specific to C-Section use. It is the intent of Memorial Hospital to utilize the (2) rooms as overflow acute, inpatient space.

Prenatal and post-partum care will remain at our location with an employed OB/GYN, who has been with Memorial Hospital for 17 years, is a member of the Memorial Hospital Governing Board and is already engaged in this transitional plan. The Pediatrician who has been providing care, as well as, the OB/GYN who is providing call coverage, are already informed of this decision. The birthing services will take place at Blessing Hospital or another hospital of patient choice. Care Coordination will be involved in getting the care transferred and patients' records to the appropriate receiving facility. There are 4 birthing hospitals within 45 miles from Memorial Hospital; Blessing Hospital, McDonough District Hospital, and two (2) Southeast Iowa Regional Medical Centers.

Current patients will be notified of the discontinuation of birthing services by getting a letter via mail and a personal phone call from Memorial Medical Clinic staff. OSF- Peoria, our regional perinatal center, other regulatory bodies and our local EMS will be notified on September 6, 2022 when our formal announcement is made. A press release will be sent to the press on September 6, 2022 with notification of intent to cease birthing services as of December 1, 2022.

As part of the Illinois Provider Trust group, Memorial Hospital's Emergency Department staff has been educated on prenatal, laboring and post-partum emergencies over the last few years and more education is scheduled for fall of 2022. The education required by Illinois Provider Trust, will ensure at minimum, at hire and annual education will be completed by Providers and Nursing Staff. The Emergency Department today has a delivery kit and providers and nursing are familiar with that kit. The



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Emergency Department has a laboring bed and an infant warmer available for their use as well. As with any other emergency, the plan for the Critical Access Hospital ED is to stabilize and treat or stabilize and transfer, as appropriate.

Sincerely,



Ada Bair, CEO  
Memorial Hospital  
1454 North County Road 2050  
Carthage, IL 62321

CC:

Mike Constantino – IDPH Planning Board  
Ed Holzhauer – Senior Vice President & COO – Illinois Provider Trust



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September 2, 2022

C. Susie Swain  
Perinatal Outreach Manager  
OSF HealthCare Saint Francis Medical Center  
Perinatal Network Administrator  
North Central Perinatal Network  
530 N.E. Glen Oak Avenue  
Peoria, IL 61637

Dear Ms. Swain:

Memorial Hospital Association Board of Directors made the difficult decision to cease birthing services at Memorial Hospital as of December 1, 2022; due to the inability to recruit qualified staff and the financial hardship caused by contracting with agency nursing. Memorial Hospital has averaged approximately 100 births per year over the last 5 years. Memorial Hospital currently has (2) rooms related to Labor, Delivery and Post-Partum care. Memorial Hospital does not have an OR suite specific to C-Section use. It is the intent of Memorial Hospital to utilize the (2) rooms as overflow acute, inpatient space.

Prenatal and post-partum care will remain at our location with an employed OB/GYN, who has been with Memorial Hospital for 17 years, is a member of the Memorial Hospital Governing Board and is already engaged in this transitional plan. The Pediatrician who has been providing care, as well as, the OB/GYN who is providing call coverage, are already informed of this decision. The birthing services will take place at Blessing Hospital or another hospital of patient choice. Care Coordination will be involved in getting the care transferred and patients' records to the appropriate receiving facility. There are 4 birthing hospitals within 45 miles from Memorial Hospital; Blessing Hospital, McDonough District Hospital, and two (2) Southeast Iowa Regional Medical Centers.

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Emergency Department has a laboring bed and an infant warmer available for their use as well. As with any other emergency, the plan for the Critical Access Hospital ED is to stabilize and treat or stabilize and transfer, as appropriate.

We acknowledge that we are unable to meet the contractual termination clause of 180 day notification. Due to the nature of the staffing issue, we feel that our perinatal outreach partners will understand.

Sincerely,

Ada Bair, CEO  
Memorial Hospital  
1454 North County Road 2050  
Carthage, IL 62321



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Attachment 8

Background

1. Memorial Hospital Association (the "Hospital") is a not-for-profit corporation incorporated in 1947 under the laws of the State of Illinois, and is a tax-exempt charitable organization under Section 501 (c)(3) of the Internal Revenue Code of 1986, as amended (the "Code"), exempt from federal income taxation under Section 501 (a) of the Code. The Hospital is located in the city of Carthage, Illinois. The Hospital also owns and operates seven clinics in various locations throughout the surrounding communities. These clinics all operate under the hospital license.
  - Two RHCs are located in Carthage, one on the main campus 1450 N County Road 2050, and one located at 630 Locust Street;
  - One RHC is located 15 miles away at 209 E 5<sup>th</sup> Street, Bowen
  - One RHC is located 25 miles away at 1370 Mulholland Street, Nauvoo;
  - One RHC is located 20 miles away at 501 E Main Street, LaHarpe;
  - One RHC is located 20 miles away at 110 E Market Street, Colchester;
  - One FFS clinic is located 13 miles away at 1471 Keokuk Street, Hamilton.
2. Memorial Hospital Association has had no adverse actions taken against the organization in the previous three years.
3. Memorial Hospital authorizes 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.
4. Memorial Hospital is submitting this request as a first time application for this calendar year and all attachments are included.



SIGNATURE

Ada Bair

PRINTED NAME

Chief Executive Officer

PRINTED TITLE



SIGNATURE

Teresa Smith

PRINTED NAME

Chief Financial Officer

PRINTED TITLE



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Attachment 9

**Safety Net Impact**

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

a. Due to our proximity to other birthing services, there will not be a material impact.

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.

a. Prenatal, post-partum and pediatric services will remain in our community. Because of the proximity to other four (4) other birthing facilities within 45 miles, it is not felt that there will be a material impact on our patients having an appropriate birthing experience.

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

a. Over the last 5 years, Memorial Hospital has had approximately 100 births per year and average an approximate 45% Medicaid population. Given these facts, it is not felt that there will be a material impact as there are four (4) other birthing facilities within 45 miles of Memorial Hospital.

I, Teresa Smith, as Chief Financial Officer of Memorial Hospital Association, certify that the following information attached hereto, is true and accurate information as it pertains to:

1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The charity care reported in the below table relates to all services, rather than just relating to the service being requested for discontinuation.
2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid Patients.
3. There is no additional information to provide.



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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 2019	Year 2020	Year 2021
Inpatient	34	43	23
Outpatient	445	598	357
<b>Total</b>	<b>479</b>	<b>641</b>	<b>380</b>
Charity (cost in dollars)			
Inpatient	29,161	79,982	15,858
Outpatient	175,839	328,018	158,849
<b>Total</b>	<b>205,000</b>	<b>408,000</b>	<b>174,707</b>
MEDICAID			
Medicaid (# of patients)	Year 2019	Year 2020	Year 2021
Inpatient	146	112	97
Outpatient	2,578	2,553	3,621
<b>Total</b>	<b>2,724</b>	<b>2,665</b>	<b>3,781</b>
Medicaid (revenue) gross			
Inpatient	1,253,470	1,300,738	1,824,840
Outpatient	10,662,835	10,306,743	15,070,214
<b>Total</b>	<b>11,916,305</b>	<b>11,607,481</b>	<b>16,895,054</b>



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Attachment 10

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.
  - a. See the table below for the consolidated charity report.
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.
  - a. The information shared below is for Memorial Hospital Association and its clinic locations due to the consolidated audited financials. Since no one location is being discontinued, the information is being shown on the consolidated basis.
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.
  - a. N/A

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.

CHARITY CARE			
	Year 2019	Year 2020	Year 2021
Net Patient Revenue	26,265,960	29,278,525	39,331,486
Amount of Charity Care (charges)	396,724	887,741	407,068
Cost of Charity Care	205,000	408,000	175,000
Charity Care as % to Net Patient Revenue	.78%	1.39%	.44%