

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

**SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION**

**Facility/Project Identification**

Facility Name: Proctor Hospital			
Street Address: 5409 North Knoxville			
City and Zip Code: Peoria 61614			
County: Peoria	Health Service Area	HSA 2	Health Planning Area: HSA 2

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

Exact Legal Name: Methodist Health Services Corporation
Street Address: 221 N.E. Glen Oak Avenue
City and Zip Code: Peoria IL, 61636
Name of Registered Agent: Keith Knepp, M.D.
Registered Agent Street Address: 221 N.E. Glen Oak Avenue
Registered Agent City and Zip Code: Peoria IL, 61636
Name of Chief Executive Officer: Keith Knepp, M.D.
CEO Street Address: 221 N.E. Glen Oak Avenue
CEO City and Zip Code: Peoria, 61636
CEO Telephone Number: 309-671-2528

**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: Amelia Boyd
Title: VP Strategy and Planning
Company Name: UnityPoint Health – Central Illinois
Address: 221 N.E. Glen Oak Avenue Peoria, IL 61636
Telephone Number: 309-671-2163
E-mail Address: amelia.boyd@unitypoint.org
Fax Number: 309-672-5952

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

Name:
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: Amelia Boyd
Title: VP Strategy and Planning
Company Name: UnityPoint Health – Central Illinois
Address: 221 N.E. Glen Oak Avenue, Peoria IL, 61636
Telephone Number: 309-671-2163
E-mail Address: amelia.boyd@unitypoint.org
Fax Number: 309-672-5952

**Site Ownership**

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Proctor Hospital
Address of Site Owner: 5409 N. Knoxville Avenue, Peoria IL, 61614
Street Address or Legal Description of the Site: 5409 N. Knoxville Avenue, Peoria IL, 61614
<b>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>
<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: Methodist Health Services Corporation		
Address: 221 N.E. Glen Oak Avenue, Peoria 61636		
<input checked="" type="checkbox"/> Non-profit Corporation <input type="checkbox"/> For-profit Corporation <input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Partnership <input type="checkbox"/> Governmental <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><b>Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.</b></li> </ul>		

**APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

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

### SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

#### Facility/Project Identification

Facility Name: Proctor Hospital			
Street Address: 5409 North Knoxville			
City and Zip Code: Peoria IL 61614			
County: Peoria	Health Service Area	HSA 2	Health Planning Area: HSA 2

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

Exact Legal Name: Proctor Hospital	
Street Address: 5409 North Knoxville	
City and Zip Code: Peoria IL 61614	
Name of Registered Agent: Keith Knepp, M.D.	
Registered Agent Street Address: 221 N.E. Glen Oak Avenue	
Registered Agent City and Zip Code: Peoria IL 61636	
Name of Chief Executive Officer: Keith Knepp, M.D.	
CEO Street Address: 221 N.E. Glen Oak Avenue, Peoria IL, 61636	
CEO City and Zip Code: Peoria IL 61636	
CEO Telephone Number: 309-671-2528	

#### Type of Ownership of Applicants

<input checked="checked" type="checkbox"/> Non-profit Corporation <input type="checkbox"/> For-profit Corporation <input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Partnership <input type="checkbox"/> Governmental <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other
<ul style="list-style-type: none"> <li>○ Corporations and limited liability companies must provide an <b>Illinois certificate of good standing</b>.</li> <li>○ 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.</li> </ul>	
<b>APPEND DOCUMENTATION AS ATTACHMENT 1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>	

#### Primary Contact [Person to receive ALL correspondence or inquiries]

Name: Amelia Boyd
Title: VP Strategy and Planning
Company Name: UnityPoint Health – Central Illinois
Address: 221 N.E. Glen Oak Avenue, Peoria IL, 61636
Telephone Number: 309-671-2163
E-mail Address: amelia.boyd@unitypoint.org
Fax Number: 309-672-5952

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

Name:
Title:
Company Name:
Address:
Telephone Number:
E-mail Address:
Fax Number:

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

### SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

**This Section must be completed for all projects.**

#### Facility/Project Identification

Facility Name: Proctor Hospital		
Street Address: 5409 North Knoxville		
City and Zip Code: Peoria 61614		
County: Peoria	Health Service Area: 2	Health Planning Area: HSA 2

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

Exact Legal Name: Iowa Health System d/b/a UnityPoint Health
Street Address: 1776 West Lakes Parkway Suite 400
City and Zip Code: West Des Moines, IA 50266
Name of Registered Agent: URS Agents, LLC
Registered Agent Street Address: 30 N. LaSalle St., STE 1510
Registered Agent City and Zip Code: Chicago, 60602
Name of Chief Executive Officer: Clay Holderman
CEO Street Address: 1776 West Lakes Parkway Suite 400
CEO City and Zip Code: West Des Moines, IA 50266
CEO Telephone Number: (515) 241-8215

#### Type of Ownership of Applicants

<input checked="" type="checkbox"/> Non-profit Corporation <input type="checkbox"/> For-profit Corporation <input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Partnership <input type="checkbox"/> Governmental <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other
<ul style="list-style-type: none"> <li>○ Corporations and limited liability companies must provide an <b>Illinois certificate of good standing</b>.</li> <li>○ 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.</li> </ul>	
<b>APPEND DOCUMENTATION AS ATTACHMENT 1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>	

#### Primary Contact [Person to receive ALL correspondence or inquiries]

Name: Amelia Boyd
Title: VP Strategy & Planning
Company Name: UnityPoint Health – Central Illinois
Address: 221 N.E. Glen Oak Avenue, Peoria, IL 61636
Telephone Number: 309-671-2163
E-mail Address: Amelia.Boyd@unitypoint.org
Fax Number: 309-672-5952

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

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD**  
**DISCONTINUATION APPLICATION FOR EXEMPTION- 09/2022 Edition**  
Proctor Hospital Long-Term Care Discontinuation

Name:
Title:
Company Name:
Address:
Telephone Number:
E-mail Address:
Fax Number:

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

**SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION**

**This Section must be completed for all projects.**

**Facility/Project Identification**

Facility Name: Proctor Hospital		
Street Address: 5409 North Knoxville		
City and Zip Code: Peoria IL 61614		
County: Peoria	Health Service Area: HSA 2	Health Planning Area: HSA 2

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

Exact Legal Name: The Carle Foundation
Street Address: 611 West Park Street
City and Zip Code: Urbana 61801
Name of Registered Agent: James Leonard, MD
Registered Agent Street Address: 611 West Park Street
Registered Agent City and Zip Code: Urbana IL 61801
Name of Chief Executive Officer: James Leonard
CEO Street Address: 611 West Park Street
CEO City and Zip Code: Urbana IL 61801
CEO Telephone Number: (217) 383-3311

**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
<ul style="list-style-type: none"> <li>○ Corporations and limited liability companies must provide an <b>Illinois certificate of good standing</b>.</li> <li>○ 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.</li> </ul>	
<p><b>APPEND DOCUMENTATION AS ATTACHMENT 1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b></p>	

**Primary Contact** [Person to receive ALL correspondence or inquiries]

Name: Amelia Boyd
Title: VP Strategy & Planning
Company Name: UnityPoint Health-Central Illinois
Address: 221 N.E. Glen Oak Drive, Peoria, IL 61636
Telephone Number: 309-671-2163
E-mail Address: Amelia.Boyd@unitypoint.org

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

Name:
Title:
Company Name:



**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD**  
**DISCONTINUATION APPLICATION FOR EXEMPTION- 09/2022 Edition**  
Proctor Hospital Long-Term Care Discontinuation

Address:
Telephone Number:
E-mail Address:

**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.

Proctor Hospital is proposing to discontinue all Long-Term Care ("LTC") beds (43) located on the 4th floor of Proctor Hospital, contingent upon the approval of both a Certificate of Exemption ("COE") application simultaneously filed to discontinue the Comprehensive Physical Rehabilitation services currently provided at Methodist Medical Center of Illinois ("MMCI") and a Certificate of Need ("CON") permit application simultaneously filed to establish inpatient Comprehensive Physical Rehabilitation beds at Proctor Hospital.

To maintain continuity of care in the community and avoid confusion, the discontinuation of services at both MMCI and Proctor Hospital will be carefully coordinated between the two hospitals following receipt of State Board approval of the CON permit application to establish the Comprehensive Physical Rehabilitation service at Proctor Hospital and will not occur until after the Comprehensive Physical Rehabilitation unit at Proctor Hospital is ready to open.

If the CON permit application to establish the Comprehensive Physical Rehabilitation service at Proctor Hospital is not approved by the State Board, this COE application will be relinquished or withdrawn.

Proctor Hospital is currently licensed for 43 LTC beds and 228 beds in total. If both Certificates of Exemption and the Certificate of Need permit application to establish Comprehensive Physical Rehabilitation at Proctor are approved, Proctor Hospital will have a total of 205 beds.

Under Sections 1110.20 and 1130.140 of the Illinois Administrative Code, this project is considered substantive because it proposes discontinuing a designated category of service within an existing healthcare facility.

Importantly, approval of this application, in conjunction with the discontinuation of Comprehensive Physical Rehabilitation beds at MMCI and relocation to Proctor will result in an overall reduction of the State-calculated excess beds in HSA 2 for both LTC and Comprehensive Physical Rehabilitation.

This project is anticipated to be complete in March of 2023.

This project is solely to discontinue the LTC category of service at Proctor and does not include any construction, demolition, or modernization of any existing buildings. There are no project costs associated with the discontinuation.

### Project Status and Completion Schedules

**Outstanding Permits:** Does the facility have any projects for which the State Board issued a permit that is not complete? **Yes** X. 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.

22-017 The Methodist Medical Center of Illinois d/b/a Young Minds Institute - No

**Anticipated exemption completion date** (refer to Part 1130.570): 3/31/2023

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

Are the following submittals up to date as applicable:

- ☒ Cancer Registry
- ☒ APORS
- ☒ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
- ☒ All reports regarding outstanding permits

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

**CERTIFICATION**

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

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

This Application is filed on the behalf of Methodist Health Services Corporation.

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

  
SIGNATURE

Keith Knepp, MD  
PRINTED NAME

Chief Executive Officer  
PRINTED TITLE

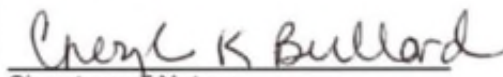
  
SIGNATURE

John Peters  
PRINTED NAME

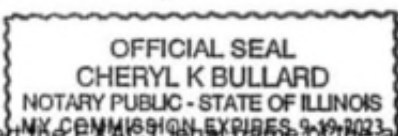
Chief Financial Officer  
PRINTED TITLE

Notarization:

Subscribed and sworn to before me  
this 3 day of NOV, 2022

  
Signature of Notary

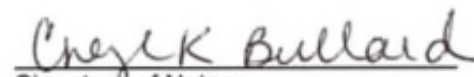
Seal



\*Insert the EXACT legal name of the applicant

Notarization:

Subscribed and sworn to before me  
this 3 day of NOV, 2022

  
Signature of Notary

Seal



**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 Proctor 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.

  
SIGNATURE

Keith Knepp, MD  
PRINTED NAME

Chief Executive Officer  
PRINTED TITLE

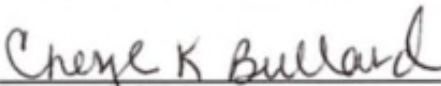
  
SIGNATURE

John Peters  
PRINTED NAME

Chief Financial Officer  
PRINTED TITLE

Notarization:

Subscribed and sworn to before me  
this 3 day of NOV, 2022

  
Signature of Notary

Seal

OFFICIAL SEAL  
CHERYL K BULLARD  
NOTARY PUBLIC - STATE OF ILLINOIS  
MY COMMISSION EXPIRES 9-19-2023

\*Insert the EXACT legal name of the applicant

Notarization:

Subscribed and sworn to before me  
this 3 day of NOV, 2022

  
Signature of Notary

Seal

OFFICIAL SEAL  
CHERYL K BULLARD  
NOTARY PUBLIC - STATE OF ILLINOIS  
MY COMMISSION EXPIRES 9-19-2023



**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 Iowa Health System d/b/a UnityPoint Health.

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

SIGNATURE

SIGNATURE

Scott Kizer

Dan Carpenter

PRINTED NAME

PRINTED NAME

SVP, Chief Legal Officer &amp; General Counsel

Senior VP &amp; Chief Strategy Officer

PRINTED TITLE

PRINTED TITLE

Notarization:

Notarization:

Subscribed and sworn to before me  
this 11th day of November, 2022Subscribed and sworn to before me  
this 11th day of November, 2022

Signature of Notary

Signature of Notary

Seal

Seal

\*Insert the EXACT legal name of the applicant

**CERTIFICATION**

**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

This Application is filed on the behalf of The Carle Foundation, an Illinois not-for-profit corporation.

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

SIGNATURE

SIGNATURE

James Leonard, M.D.

Dennis Hesch

PRINTED NAME

PRINTED NAME

President and CEO

Executive Vice President and CFO, CSO

PRINTED TITLE

PRINTED TITLE

Notarization:

Notarization:

Subscribed and sworn to before me  
this 7th day of November, 2022

Subscribed and sworn to before me  
this 7th day of November, 2022

Ann E. Beyers  
Signature of Notary

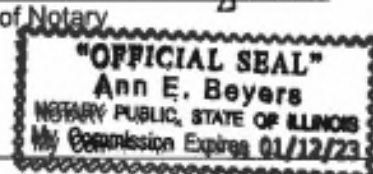
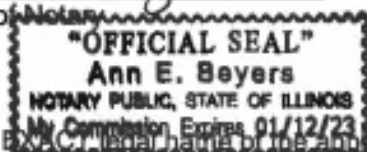
Ann E. Beyers  
Signature of Notary

Signature of Notary

Signature of Notary

Seal

Seal



\*Insert the EX-100 label here by 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 **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			
<b>Total</b>			
Charity (cost In dollars)	Year	Year	Year
Inpatient			
Outpatient			
<b>Total</b>			
MEDICAID			
Medicaid (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
<b>Total</b>			

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
DISCONTINUATION APPLICATION FOR EXEMPTION- 09/2022 Edition  
Proctor Hospital Long-Term Care Discontinuation

	<b>Medicaid (revenue)</b>				
	Inpatient				
	Outpatient				
	<b>Total</b>				

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
<b>Net Patient Revenue</b>			
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.**

INDEX OF ATTACHMENTS			
ATTACHMENT NO.			PAGES
1	Applicant Identification, including Certificate of Good Standing		24-28
2	Site Ownership		29
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.		30-32
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.		33-36
5	Discontinuation General Information Requirements		37-40
6	Reasons for Discontinuation		41-44
7	Impact on Access		45-46
8	Background of the Applicant		47-48
9	Safety Net Impact Statement		49-50
10	Charity Care Information		51

### **Type of Ownership of Applicants**

Attached hereto as Attachment 1 are Good Standing Certificates issued by the Illinois Secretary of State for:

1. Methodist Health Services Corporation,
2. Proctor Hospital,
3. Iowa Health System d/b/a UnityPoint Health, and
4. The Carle Foundation.

**Attachment 1**



File Number 5257-769-1



***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*

METHODIST HEALTH SERVICES CORPORATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 25, 1981, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 2133602936 verifiable until 12/02/2022  
Authenticate at: <http://www.ilsos.gov>

***In Testimony Whereof, I hereto set***  
*my hand and cause to be affixed the Great Seal of*  
*the State of Illinois, this 2ND*  
*day of DECEMBER A.D. 2021 .*

*Jesse White*

SECRETARY OF STATE

**Attachment 1**

File Number 3779-346-9



***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*

PROCTOR HOSPITAL, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 19, 1958, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 2229001358 verifiable until 10/17/2023  
Authenticate at: <https://www.ilsos.gov>

***In Testimony Whereof, I hereto set***  
*my hand and cause to be affixed the Great Seal of*  
*the State of Illinois, this 17TH*  
*day of OCTOBER A.D. 2022 .*

*Jesse White*

SECRETARY OF STATE

**Attachment 1**

File Number 6720-693-2



**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*

IOWA HEALTH SYSTEM, INCORPORATED IN IOWA AND LICENSED TO CONDUCT AFFAIRS IN THIS STATE ON JUNE 15, 2010, 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 A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO CONDUCT AFFAIRS IN THE STATE OF ILLINOIS.



Authentication #: 2210803174 verifiable until 04/18/2023  
Authenticate at: <http://www.isos.gov>

***In Testimony Whereof, I hereto set  
my hand and cause to be affixed the Great Seal of  
the State of Illinois, this 18TH  
day of APRIL A.D. 2022 .***

*Jesse White*

SECRETARY OF STATE

**Attachment 1**



File Number 2932-580-4



**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*

THE CARLE FOUNDATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 06, 1946, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 2231102122 verifiable until 11/07/2023  
Authenticate at: <https://www.ilsos.gov>

**In Testimony Whereof, I hereto set**  
*my hand and cause to be affixed the Great Seal of*  
*the State of Illinois, this 7TH*  
*day of NOVEMBER A.D. 2022 .*

*Jesse White*

SECRETARY OF STATE

### Site Ownership


By signing the certification pages within this application, the Applicants attest that Proctor Hospital ("Proctor") owns the property at 5409 North Knoxville Avenue, Peoria, IL 61614.

**Attachment 2**

### **Operating Identity/Licensee**

A Certificate of Good Standing for Proctor is included in Attachment 1. Copies of Proctor's general acute care hospital license and accreditation with The Joint Commission are attached. The owner of Proctor is Methodist Health Services Corporation ("MHSC"). See organizational chart in Attachment 4.

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD**  
**DISCONTINUATION APPLICATION FOR EXEMPTION- 09/2022 Edition**  
 Proctor Hospital Long-Term Care Discontinuation

 <b>Illinois Department of PUBLIC HEALTH</b>			HF 125477
<b>LICENSE, PERMIT, CERTIFICATION, REGISTRATION</b>			
<small>The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.</small>			
<b>Amaal V.E. Tokars</b> <b>Acting Director</b>		<small>Issued under the authority of the Illinois Department of Public Health</small>	
<small>EXPIRATION DATE</small> <b>6/30/2023</b>	<small>CATEGORY</small> <b>General Hospital</b>	<small>LD NUMBER</small> <b>0001925</b>	
<b>Effective: 07/01/2022</b>			
<b>Proctor Community Hospital</b> <b>5409 N Knoxville Ave</b> <b>Peoria, IL 61614</b>			
<small>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</small>			

← **DISPLAY THIS PART IN A  
CONSPICUOUS PLACE**

Exp. Date 6/30/2023

Lic Number 0001925

Date Printed 5/3/2022

Proctor Community Hospital

5409 N Knoxville Ave  
Peoria, IL 61614

**FEE RECEIPT NO.**

**Attachment 3**

# Proctor Hospital UnityPoint Health - Proctor

Peoria, IL

has been Accredited by



## The Joint Commission

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

September 26, 2019

Accreditation is customarily valid for up to 36 months.

*David H. Perrott*

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

ID #7409

Print/Reprint Date: 02/06/2020

*Mark R. Chassin*

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

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



This reproduction of the original accreditation certificate has been issued for use in regulatory/payer agency verification of accreditation by The Joint Commission. Please consult Quality Check on The Joint Commission's website to confirm the organization's current accreditation status and for a listing of the organization's locations of care.

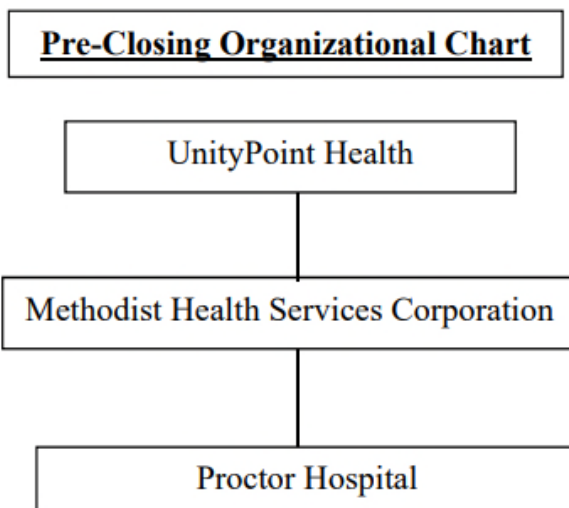
**Attachment 3**



### Organizational Relationships

Proctor is a subsidiary of MHSC. An organizational chart showing the relationship between Proctor, MHSC, and UnityPoint Health is attached. The project does not require any funding or financial contribution.

Following the completion of the contemplated transaction referenced in Project No. E-056-22, The Carle Foundation will become the sole corporate member of MHSC. Proctor will remain a subsidiary of MHSC, and Proctor will continue to hold the Proctor hospital license and operate the hospital. See attached pre- and post-closing organizational charts.

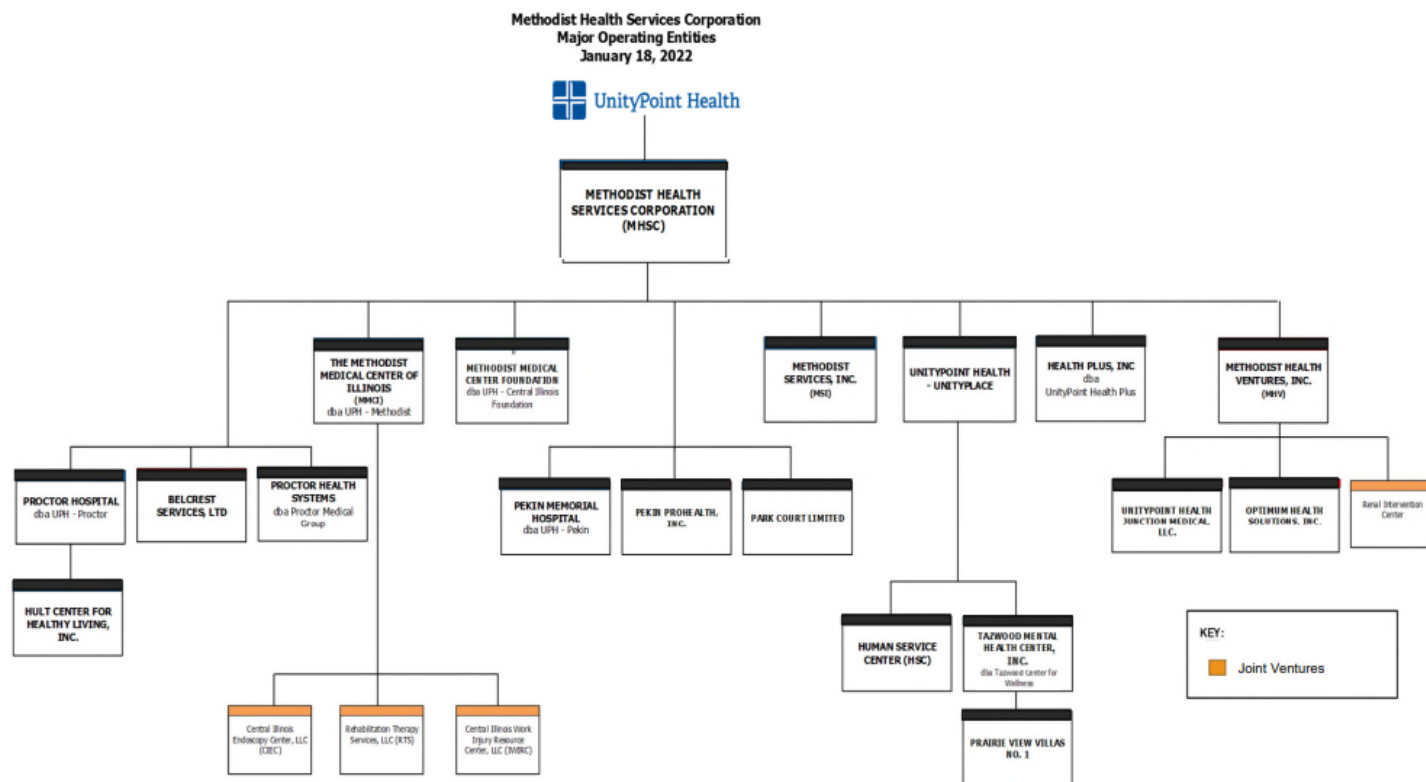


**Key:**

Solid line represents membership

This represents the Organizational Chart Pre-Closing of the anticipated transaction referenced by COE #E-56-22

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD**  
**DISCONTINUATION APPLICATION FOR EXEMPTION- 09/2022 Edition**  
 Proctor Hospital Long-Term Care Discontinuation



**Post-Closing Organizational Chart**

The Carle Foundation

Methodist  
Health  
Services  
Corporation

Proctor  
Hospital

**Key:**

Solid line represents membership

This represents the Organizational Chart  
Post-Closing of the anticipated transaction  
referenced by COE #E-56-22

**Attachment 4**

## Criterion 1130.525 and 1110.290 - DISCONTINUATION

### General Information Requirements

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

**Answer: The category of service to be discontinued is Long-Term Care. Proctor is currently approved to operate 43 beds and proposed to discontinue all 43 beds.**

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

**Answer: No other clinical services at Proctor will be discontinued as part of this project.**

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

**Answer: To maintain continuity of care in the community and avoid confusion, the proposed discontinuation will not occur unless the CON permit application for the establishment of the Comprehensive Physical Rehabilitation service at Proctor (application filed simultaneously with this COE application) is approved and only after the new Comprehensive Physical Rehabilitation at Proctor is ready to open. This is expected to occur by March 31, 2023. If the CON permit application to establish the Comprehensive Physical Rehabilitation service at Proctor is not approved by the State Board, this COE application will be relinquished or withdrawn.**

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

**Answer: A significant amount of the space (11,985 sq. ft.) where the LTC unit is currently located will be utilized to establish a Comprehensive Physical Rehabilitation service at Proctor. For a more detailed explanation as to the anticipated use of the space, see the Applicants' CON permit application to establish the Comprehensive Physical Rehabilitation service, filed concurrently with this application.**

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.

**Answer: Please see attached attestation.**

**State of Illinois**

**Peoria County**

**Verification by Certification**

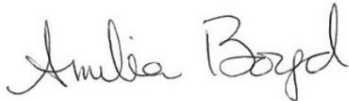
I, Amelia Boyd, certify, pursuant to §1-109 of the Illinois Code of Civil Procedure (735 IL. CS 5/1-109), as follows:

1. I am the Vice President of Strategy & Planning for UnityPoint Health-Central Illinois and am authorized to present this attestation.
2. I attest that the required public notice will be published before opening the Proctor Comprehensive Physical Rehabilitation Unit and is contingent upon the approval of the CON application being filed concurrently.
3. The public notice will include the following information:

“UnityPoint Health Proctor Hospital in Peoria intends to close its 43-bed long-term care category of service after approval to do so is issued by the Illinois Health Facilities and Services Review Board (HFSRB). The discontinuation will occur after permit issuance and project completion, which is scheduled to be completed on or around March 1, 2023. A copy of the COE and information about the intended discontinuation of the long-term care beds can be found on the HFSRB website at [hfsrb.illinois.gov](http://hfsrb.illinois.gov). You may also contact Amelia Boyd, VP of Strategy & Planning, at (309) 671-2163.”

4. The public notice will be published in the Peoria Journal Star; a copy of the notice is enclosed with our application, and the notice will be published one time on March 1, 2023.

Under penalties as provided by law under §1-109 of the Code of Civil Procedure, the undersigned certifies that the statements outlined in this instrument are true and correct, except as to matter therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that she verily believes the same to be true.



(Signature)

11/1/2022

(Date)

**Attachment 5**

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD**  
**DISCONTINUATION APPLICATION FOR EXEMPTION- 09/2022 Edition**  
 Proctor Hospital Long-Term Care Discontinuation

**Customer Ad Proof****LOCALiQ**JournalStar | Journal-Standard  
Rockford Register Star**Order Confirmation**

Not an Invoice

Account Number:	634764
Customer Name:	Unitypoint Health - Methodist Proctor
Customer Address:	Unitypoint Health - Methodist Proctor PO BOX 5048 #5026-9052600 ROCK ISLAND IL 61204-5048
Contact Name:	Unitypoint Health - Methodist Pr
Contact Phone:	3095892684
Contact Email:	
PO Number:	

Date:	11/03/2022
Order Number:	8018044
Prepayment Amount:	\$ 0.00

Column Count:	1.0000
Line Count:	21.0000
Height in Inches:	0.0000

**Print**

Product	#insertions	Start - End	Category
PEO Journal Star	1	02/02/2023 - 02/02/2023	Public Notices
PEO pjstar.com	1	02/02/2023 - 02/02/2023	Public Notices

<b>Total Order Confirmation</b>	<b>\$21.00</b>
---------------------------------	----------------

1/2

Page 1 of 1

UnityPoint Methodist Medical Center of Illinois in Peoria intends to close its long-term care category of service after approval to do so is issued by the Illinois Health Facilities and Services Review Board (HFSRB). The discontinuation will occur after permit issuance, which is scheduled to be completed on or around March 1, 2023. A copy of the COE and information about the intended discontinuation of the long-term care beds can be found on the HFSRB website at [hsrb.illinois.gov](https://hsrb.illinois.gov). You may also contact Amelia Boyd, VP of Strategy & Planning, at (309) 671-2153.

**Attachment 5**



### Criterion 1130.525 and 1110.290 - Reason for the Discontinuation

Proctor is proposing to discontinue all LTC beds (43) located on the 4th floor of Proctor, contingent upon the approval of a COE application simultaneously filed to discontinue Comprehensive Physical Rehabilitation services currently provided at Methodist Medical Center of Illinois ("MMCI") and a CON permit application simultaneously filed to establish an inpatient Comprehensive Physical Rehabilitation service at Proctor.

Proctor Hospital is located just 4.3 miles away from MMCI. Proctor and MMCI serve the same geographic region and population. The affiliation of these two hospitals provides an opportunity to create value through efficiencies, improved quality, and patient experience.

In August 2022, Proctor temporarily suspended LTC services to evaluate the needs of the community and efficiencies within the organization. The most recent inventory of LTC beds in the Peoria County Planning Area, dated October 25, 2021, listed a State-calculated excess of 366 beds. Heddington Oaks recently relinquished its 214 LTC beds in 2022 when the LTC facility was discontinued, reducing the count to a State-calculated excess of 152 beds.

There is also a State-calculated excess of 241 beds in neighboring Tazewell County Planning Area, which is located within the Primary Service Area of Proctor, along with a State-calculated excess of 51 beds exists in the Woodford County Planning Area, which is also located within Proctor's Primary Service Area and HSA 2.

The table below shows the historical utilization of the LTC Unit at Proctor. The unit was temporarily suspended in August 2022.

Period	Beds	Staffed Beds	Admissions	Patient Days	ADC	Licensed Occupancy	Staffed Occupancy
2021	43	30	291	5,600	15.3	35.7%	51.1%
2020	43	30	457	8,980	24.5	57.1%	81.8%
2019	43	30	576	9,687	26.5	61.7%	88.5%
2018	43	30	654	9,446	25.9	60.2%	86.3%
2017	25	20	409	6,278	17.2	68.8%	86.0%

Source: Methodist Medical Center of Illinois Annual Hospital Questionnaires, as reported in HFSRB Profiles; UnityPoint – Central Illinois Finance

Admissions and occupancy in the LTC unit have fluctuated over the last 5 ½ years. Employee retention and recruitment challenges have also made it difficult to maintain appropriate staffing levels, which has resulted in capping patient capacity at various times, especially during the COVID pandemic. With the staffing challenges in Peoria County and a State-calculated excess of 152 beds, the competition for trained leadership and staff positions has been extreme.

The following charts show the facilities in Woodford, Peoria, and Tazewell Counties, along with their bed need calculation. These counties make up Proctor's Primary Service Area and contribute the largest volumes to the LTC unit. The total State-calculated excess beds in all 3 counties/Planning Areas (within Proctor's Primary Service Area) results in a total of 444 State-calculated excess beds.

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD**  
**DISCONTINUATION APPLICATION FOR EXEMPTION- 09/2022 Edition**  
 Proctor Hospital Long-Term Care Discontinuation

## INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS

Illinois Health Facilities and Services Review Board  
 Illinois Department of Public Health

## General Long-Term Care Category of Service

10/25/2021  
 Page A-29

Planning Area: Woodford			General Nursing Care					
Facility Name	City	County/Area	Beds	2019 Patient Days				
APOSTOLIC CHRISTIAN - EUREKA	EUREKA	Woodford County	100	32,540				
APOSTOLIC CHRISTIAN - ROANOKE	ROANOKE	Woodford County	60	16,431				
EL PASO HEALTH CARE CENTER	EL PASO	Woodford County	123	33,914				
EUREKA HOSPITAL (SWING BEDS)	EUREKA	Woodford County	0	1,196				
HERITAGE MANOR - EL PASO	EL PASO	Woodford County	65	21,119				
HERITAGE MANOR - MINONK	MINONK	Woodford County	49	11,695				
LOFT REHABILITATION & NURSING	EUREKA	Woodford County	92	23,284				
SNYDER VILLAGE	METAMORA	Woodford County	106	34,295				
7/25/2019 Bed Change	Facility added 2 Nursing Care beds; facility now has 106 Nursing Care beds.							
Planning Area Totals			595	174,474				
HEALTH SERVICE AREA	AGE GROUPS	2019 Patient Days	2019 Population	2019 Use Rates (Per 1,000)	2019 Minimum Use Rates	2019 Maximum Use Rates		
002	0-64 Years Old	309,814	517,500	598.7	359.2	957.9		
	65-74 Years Old	308,215	78,000	3,951.5	2,370.9	6,322.4		
	75+ Years Old	1,266,133	57,700	21,943.4	13,166.0	35,109.4		
	2019 PSA Patient Days	2019 PSA Estimated Populations	2019 PSA Use Rates (Per 1,000)	2019 HSA Minimum Use Rates	2019 HSA Maximum Use Rates	2024 PSA Planned Use Rates	2024 PSA Projected Populations	2024 PSA Planned Patient Days
0-64 Years Old	27,099	30,900	877.0	359.2	957.9	877.0	31,500	27,625
65-74 Years Old	19,304	4,400	4,387.3	2,370.9	6,322.4	4,387.3	4,800	21,059
75+ Years Old	128,071	3,300	38,809.4	13,166.0	35,109.4	35,109.4	3,700	129,905
Planning Area Totals			178,589	489.3	544			
				Planned Average Daily Census	Planned Bed Need (90% Occ.)	Excess Beds		

## INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS

Illinois Health Facilities and Services Review Board  
 Illinois Department of Public Health

## General Long-Term Care Category of Service

10/25/2021  
 Page A-27

Planning Area: Peoria			General Nursing Care					
Facility Name	City	County/Area	Beds	2019 Patient Days				
APERION CARE PEORIA HEIGHTS	PEORIA HEIGHTS	Peoria County	110	28,935				
APOSTOLIC CHRISTIAN SKYLINES	PEORIA	Peoria County	62	19,666				
7/20/2021 Bed Change Facility added 5 Nursing Care beds. Facility now has 62 Nursing Care beds.								
CHRISTIAN BUEHLER MEM HOME	PEORIA	Peoria County	78	19,224				
CORNERSTONE REHABILITATION & HEALTHCARE	PEORIA HEIGHTS	Peoria County	94	14,947				
GENERATIONS AT PEORIA	PEORIA	Peoria County	144	41,610				
HEDDINGTON OAKS	PEORIA	Peoria County	214	52,315				
HERITAGE HEALTH - CHILLICOTHE	CHILLICOTHE	Peoria County	106	29,152				
JOHN C PROCTOR ENDOW HOME	PEORIA	Peoria County	59	17,287				
MANOR COURT OF PEORIA	PEORIA	Peoria County	50	11,973				
PROCTOR MEMORIAL HOSPITAL	PEORIA	Peoria County	43	9,687				
RIVER CROSSING OF PEORIA	PEORIA	Peoria County	120	22,235				
2/1/2020 Name Change Formerly Rosewood Care Center of Peoria.								
6/1/2021 Name Change Formerly University Rehab at Northmoor								
SHARON HEALTH CARE ELMS	PEORIA	Peoria County	98	27,416				
SHARON HEALTH CARE PINES	PEORIA	Peoria County	116	36,143				
SHARON HEALTH CARE WILLOWS	PEORIA	Peoria County	218	53,157				
THE LUTHERAN HOME	PEORIA	Peoria County	107	29,112				
6/10/2019 14-045 Project completed and licensed bed capacity increased to 107.								
Planning Area Totals			1,619	412,859				
HEALTH SERVICE AREA	AGE GROUPS	2019 Patient Days	2019 Population	2019 Use Rates (Per 1,000)	2019 Minimum Use Rates	2019 Maximum Use Rates		
002	0-64 Years Old	309,814	517,500	598.7	359.2	957.9		
	65-74 Years Old	308,215	78,000	3,951.5	2,370.9	6,322.4		
	75+ Years Old	1,266,133	57,700	21,943.4	13,166.0	35,109.4		
	2019 PSA Patient Days	2019 PSA Estimated Populations	2019 PSA Use Rates (Per 1,000)	2019 HSA Minimum Use Rates	2019 HSA Maximum Use Rates	2024 PSA Planned Use Rates	2024 PSA Projected Populations	2024 PSA Planned Patient Days
0-64 Years Old	110,840	145,800	760.2	359.2	957.9	760.2	142,800	108,559
65-74 Years Old	62,487	19,900	3,140.1	2,370.9	6,322.4	3,140.1	19,100	59,975
75+ Years Old	239,532	13,900	17,232.5	13,166.0	35,109.4	17,232.5	14,100	242,979
			Planning Area Totals		411,513	1,127.4	1,253	366
					Planned Average Daily Census		Planned Bed Need (90% Occ.)	Excess Beds

**Illinois Health Facilities and Services Review Board  
Illinois Department of Public Health**

10/25/2021  
Page 1/26

### General Long-Term Care Category of Service

Other contributing factors to the decision to discontinue include:

- Patient Flow issues brought on by COVID and vaccination status
  - Red, green and yellow hallways were designated to identify the status of patients in relationship to vaccination and COVID status
  - The same staff had to always remain in the red hallway to care for those patients which limited the number of staff available to the unit.
  - Unvaccinated patients had to shelter in their rooms for 14 days, and full PPE had to be worn by the staff caring for them.
  - All of the above created the requirement to isolate patients in their rooms for therapy.
- Visitor Restrictions created excessive demands on staff time
  - Initially family visits had to be done outside accompanied by staff which limited the number of staff available on the unit
  - When inside visits occurred, they had to be prescheduled, required screening upon arrival, and visitors had to be accompanied to the patient's room by an employee.

- Significant Staff Testing Requirements

**Table 2: Routine Testing Intervals Vary by Community COVID-19 Activity Level**

Community COVID-19 Activity	County Positivity Rate in the past week	Minimum Testing Frequency
Low	<5%	Once a month
Medium	5% - 10%	Once a week*
High	>10%	Twice a week*

\*This frequency presumes availability of Point of Care testing on-site at the nursing home or where off-site testing turnaround time is <48 hours.

- Routine testing is listed above and is based on community spread and county positivity rate.
- Outbreak Testing
  - Requirement the testing of ALL staff and patients when an outbreak is identified
  - Patients and staff will continue to be tested every 3-7 days following the identification of an outbreak until testing identifies no new cases among healthcare workers for 14 days since the most recent positive result.

All the above activities took healthcare workers from the bedside which caused the unit to be unable to staff the full complement of beds on a regular basis.



## **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.**

The Applicants do not believe the discontinuation will have an adverse effect upon access to care for residents in the area.

As previously noted, there is a State-calculated excess of LTC beds in HSA 2 and historic volumes at Proctor have been decreasing. Proctor temporarily suspended LTC services in August 2022 to determine if the needs of the community were being met. The most recent inventory of LTC beds in Peoria County Planning Area, dated October 25, 2021, lists a State-calculated excess of 366 beds. Heddington Oaks recently relinquished its 214 LTC beds in 2022 following discontinuation of the facility, reducing the count to reflect an excess of 152 beds. Additionally, there is a State-calculated excess of 241 beds in neighboring Tazewell County Planning Area, which is located within Proctor's Primary Service Area and a State-calculated excess of 51 beds in Woodford County Planning Area, which is also located within Proctor's Primary Service Area and HSA 2.

The table below shows the historic utilization of the LTC unit at Proctor, reflecting the temporary suspension of services in August 2022.

Period	Beds	Staffed Beds	Admissions	Patient Days	ADC	Licensed Occupancy	Staffed Occupancy
<b>2021</b>	43	30	291	5,600	15.3	35.7%	51.1%
<b>2020</b>	43	30	457	8,980	24.5	57.1%	81.8%
<b>2019</b>	43	30	576	9,687	26.5	61.7%	88.5%
<b>2018</b>	43	30	654	9,446	25.9	60.2%	86.3%
<b>2017</b>	25	20	409	6,278	17.2	68.8%	86.0%

Source: Methodist Medical Center of Illinois Annual Hospital Questionnaires, as reported in HFSRB Profiles; UnityPoint – Central Illinois Finance

Currently, there are multiple other LTC providers in HSA 2 with underutilized LTC beds. Based on the number of available providers in HSA 2 and the declining volumes in Proctor's LTC unit, the Applicants do not believe that the discontinuation will have an adverse effect on access to LTC services in the market area.

The discontinuation of the LTC category of service at Proctor will be carefully coordinated to maintain continuity of care and avoid confusion.

- 2. Provide copies of notification letters sent to other resources or healthcare 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.**

To maintain continuity of care in the community and avoid confusion, the proposed discontinuation will not occur unless and until the Applicants' CON permit application to establish a Comprehensive Physical Rehabilitation service at Proctor is approved (application filed simultaneously with this COE application) and the Comprehensive Physical Rehabilitation unit ready to open. If the CON permit application to establish Comprehensive Physical Rehabilitation services at Proctor is not approved by the State Board, this COE application will be relinquished or withdrawn.

Upon approval of this application, the CON permit application to establish the Comprehensive Physical Rehabilitation service at Proctor, and the Applicants' COE application to discontinue the Comprehensive Physical Rehabilitation service at MMCI, Proctor will notify area LTC providers of the discontinuation of LTC beds in March of 2023.

### SECTION III. BACKGROUND

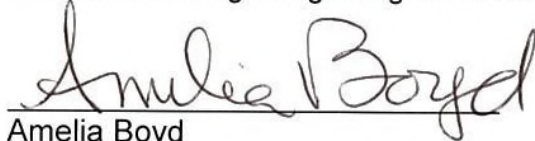
The applicants supplied the information and documentation requested by this criterion in Project No E-56-22. See attached attestation.

**BACKGROUND OF APPLICANT**

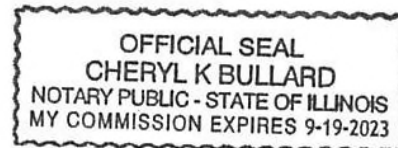
The applicants supplied the information and documentation requested by this criterion in Project No E-56-22. See attached attestation.

**ATTESTATION**

To the best of my knowledge, the project complies with the requirements of Criterion 1110.110(a) – Background of the Applicant as the applicant submitted an application for a permit during the current calendar year (Project No. E-56-22) and the documentation provided contains no changes regarding the information provided.

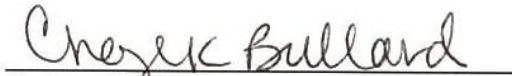


Amelia Boyd  
Vice President, Strategy & Planning



Subscribed and sworn to before me this

27 day of October, 2022



Notary Public

My Commission expires 9-19-2023



#### SECTION IV. SAFETY NET IMPACT STATEMENT

Proctor Hospital seeks to discontinue its 43 LTC beds and establish a Comprehensive Physical Rehabilitation unit in the space that will be vacated if this COE application is approved.

Discontinuation of the LTC category of service and subsequent establishment of a Comprehensive Physical Rehabilitation service will contribute to the right sizing of both the Comprehensive Physical Rehabilitation and LTC service categories in HSA 2 while developing a more efficient, patient-friendly service at Proctor.

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.

**Answer:** Proctor believes that the discontinuation of its 43 LTC beds will not have a material impact on essential safety net services in the community. Currently, there are multiple other LTC providers in HSA 2 and a total State-calculated excess of 444 LTC beds. Based on the number of other available providers in HSA 2, the underutilized beds in the area, and the declining volumes in Proctor's unit, the discontinuation of Proctor's LTC unit will not have an adverse effect on access to care for LTC services in the community or on essential safety net services in the community.

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.

**Answer:** The discontinuation of 43 LTC beds at Proctor will not materially impact the ability of other providers or health care systems to subsidize safety net services. Currently, there are multiple other LTC providers in HSA 2 with underutilized beds and a total State-calculated excess of 444 LTC beds. Based on the number of available providers and underutilized beds in HSA 2 and the declining volumes in Proctor's unit, the discontinuation will not have an adverse effect on access to care for LTC services in the market area or the ability of another provider or health care system to cross-subsidize safety net services.

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

**Answer:** Proctor believes that the discontinuation of its 43 LTC beds will not have a material impact on other safety net providers in the community. Currently, there are multiple other LTC providers in HSA 2 with underutilized LTC units and a total State-calculated excess of 444 LTC beds. Based on the number of other available LTC providers in HSA 2 with underutilized LTC units and the declining volumes in Proctor's unit, the discontinuation will not have an adverse impact on the remaining safety net providers of LTC services in the community.

See below Charity Care and Medicaid information for MMCI and Proctor. Proctor has an established history of providing safety net services to its community.

Methodist Medical Center of Illinois Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	2019	2020	2021
Inpatient	813	838	567
Outpatient	6,424	5,235	4,701
<b>Total</b>	<b>7,237</b>	<b>6,073</b>	<b>5,268</b>
Charity (cost in dollars)			
Inpatient	1,229,208	960,209	590,939
Outpatient	1,873,557	1,397,660	1,074,971
<b>Total</b>	<b>3,102,765</b>	<b>2,357,869</b>	<b>1,665,910</b>
MEDICAID			
Medicaid (# of patients)	2019	2020	2021
Inpatient	3,436	3,646	3,847
Outpatient	46,199	57,744	70,561
<b>Total</b>	<b>49,635</b>	<b>61,390</b>	<b>74,408</b>
Medicaid (revenue)			
Inpatient	35,046,782	36,827,621	38,865,560
Outpatient	30,162,544	37,452,897	44,860,245
<b>Total</b>	<b>65,209,326</b>	<b>74,280,518</b>	<b>83,725,805</b>

PROCTOR HOSPITAL Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	2019	2020	2021
Inpatient	220	191	214
Outpatient	1,830	1,939	2,296
<b>Total</b>	<b>2,050</b>	<b>2,130</b>	<b>2,510</b>
Charity (cost in dollars)			
Inpatient	<b>157,790</b>	<b>226,763</b>	<b>141,901</b>
Outpatient	414,772	563,543	646,180
<b>Total</b>	<b>572,562</b>	<b>790,306</b>	<b>788,081</b>
MEDICAID			
Medicaid (# of patients)	2019	2020	2021
Inpatient	178	171	220
Outpatient	7,705	7,850	9,058
Outpatient	5,196,594	6,218,229	7,263,400
<b>Total</b>	<b>7,237,076</b>	<b>7,771,979</b>	<b>9,580,288</b>

**METHODIST HOSPITAL**

<b>CHARITY CARE</b>			
	<b>2019</b>	<b>2020</b>	<b>2021</b>
Net Patient Revenue	362,950,357	347,969,258	390,234,161
Amount of Charity Care (charges)	12,278,449	11,807,058	9,533,798
Cost of Charity Care	2,451,942	2,063,133	1,665,910

**PROCTOR HOSPITAL**

<b>CHARITY CARE</b>			
	<b>2019</b>	<b>2020</b>	<b>2021</b>
Net Patient Revenue	106,405,304	109,146,705	138,632,693
Amount of Charity Care (charges)	3,881,302	4,933,246	4,910,948
Cost of Charity Care	621,6217	791,660	788,081

**PEKIN HOSPITAL**

<b>CHARITY CARE</b>			
	<b>2019</b>	<b>2020</b>	<b>2021</b>
Net Patient Revenue	53,207,269	46,687,279	59,669,167
Amount of Charity Care (charges)	1,649,359	2,782,520	2,786,171
Cost of Charity Care	240,726	322,967	323,391