

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
CHANGE OF OWNERSHIP APPLICATION FOR EXEMPTION- 09/2019 Edition

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
APPLICATION FOR CHANGE OF OWNERSHIP EXEMPTION**

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

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

**Facility/Project Identification**

Facility Name: Carle Danville Surgery Center		
Street Address: 2300 N. Vermilion St.		
City and Zip Code: Danville, IL 61832		
County: Vermilion	Health Service Area: HSA-4	Health Planning Area: D-3

**Legislators**

State Senator Name: Scott Bennett
State Representative Name: Mike Marron

**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
Registered Agent Street Address: 611 West Park Street
Registered Agent City and Zip Code: Urbana 61801
Name of Chief Executive Officer: James Leonard
CEO Street Address: 611 West Park Street
CEO City and Zip Code: Urbana 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

- 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: Collin Anderson
Title: Strategic Planning Coordinator II
Company Name: The Carle Foundation
Address: 611 W. Park Street Urbana, IL 61801
Telephone Number: 217-902-5521
E-mail Address: Collin.Anderson@Carle.com

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
CHANGE OF OWNERSHIP APPLICATION FOR EXEMPTION- 09/2019 Edition

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

Name: Kara Friedman
Title: Attorney
Company Name: Polsinelli PC
Address: 150 North Riverside Plaza, Suite 3000, Chicago, IL 60606
Telephone Number: (312) 873-3639
E-mail Address: Kfriedman@polsinelli.com

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

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

**Facility/Project Identification**

Facility Name: Carle Danville Surgery Center		
Street Address: 2300 N. Vermilion St.		
City and Zip Code: Danville, IL 61832		
County: Vermilion	Health Service Area: HSA-4	Health Planning Area: D-3

**Legislators**

State Senator Name: Scott Bennett
State Representative Name: Mike Marron

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

Exact Legal Name: The Carle Foundation Hospital
Street Address: 611 West Park Street
City and Zip Code: Urbana IL, 61801
Name of Registered Agent: James C. 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 C. Leonard, MD
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

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- 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: Collin Anderson
Title: Strategic Planning Coordinator II
Company Name: The Carle Foundation
Address: 611 W. Park Street Urbana, IL 61801
Telephone Number: 217-902-5521
E-mail Address: Collin.Anderson@Carle.com
Fax Number:

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

Name: Kara Friedman
Title: Attorney
Company Name: Polsinelli PC
Address: 150 North Riverside Plaza, Suite 3000, Chicago, IL 60606
Telephone Number: (312) 873-3639
E-mail Address: Kfriedman@polsinelli.com
Fax Number:

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### 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: Collin Anderson
Title: Strategic Planning Coordinator II
Company Name: Carle Health
Address: 611 West Park Street, Urbana, IL 61801
Telephone Number: (217) 902-5521
E-mail Address: Collin.Anderson@Carle.com
Fax Number:

### Site Ownership after the Project is Complete

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: The Carle Foundation
Address of Site Owner: 611 West Park Street, Urbana IL, 61801
Street Address or Legal Description of the Site: 2300 N. Vermilion St. Danville, IL 61832
<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>

### Current Operating Identity/Licensee

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

Exact Legal Name: The Carle Foundation Hospital			
Address: 611 West Park Street, Urbana IL, 61801			
<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

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
CHANGE OF OWNERSHIP APPLICATION FOR EXEMPTION- 09/2019 Edition

### Operating Identity/Licensee after the Project is Complete

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

Exact Legal Name: The Carle Foundation Hospital

Address: 611 West Park Street, Urbana, IL 61801

- |  |   |
|--|---|
| <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 organized and the name and address of each partner specifying whether each is a general or limited partner.
- **Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.**

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

### Organizational Relationships

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

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

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### Narrative Description

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

Under the current corporate structure of Carle Danville Surgery Center (the "Healthcare Facility"), The Carle Foundation, d/b/a Carle Health ("Carle Health") is the sole corporate member of (i) the Healthcare Facility and (ii) several other healthcare facilities, including Hoopeston Community Memorial Hospital and The Carle Foundation Hospital. Hoopeston Community Memorial Hospital and The Carle Foundation Hospital are each geographically proximate to the Healthcare Facility, in an area referred to as the Carle Health East Region. In order to provide a governance structure for the oversight of regional matters and align resources between and among healthcare facilities in each region where Carle Health operates healthcare facilities, including in the Carle Health East Region, Carle Health is organizing three new Illinois not-for-profit corporations, including Carle Health East Region. Carle Health East Region will be the immediate parent of the Healthcare Facility and the sole corporate member of Carle Health East Region will be Carle Health. As such, the ultimate parent of the Healthcare Facility will not change and nor will the operating entity or the position of Carle Health as the entity with ultimate control of the Healthcare Facility.

Carle Health and The Carle Foundation Hospital (the "Applicants") are filing this Certificate of Exemption application with the Illinois Health Facilities & Services Review Board ("Review Board") to allow consummation of the planned corporate restructuring. As the restructuring is being undertaken as an internal corporate reorganization with Carle Health maintaining its corporate authority as the ultimate parent of the Healthcare Facility, the restructuring constitutes a change of ownership among related persons under Review Board rules.

The restructuring is contingent upon approval from the Review Board and is anticipated to be completed on February 1, 2023 or shortly after HFSRB approval of this application for a Certificate of Exemption, whichever is later.

Note that this application is part of a series of Certificate of Exemption applications relating to the restructure. The broad corporate structure of the Carle Health organization before and following completion of the contemplated restructuring is included with this application as Attachment – 4. Note that the healthcare facilities which are planned to become part of the Carle Health system as described in COE application numbers E-054-22 through E-058-22 are already under a regional corporate entity (Methodist Health Services Corporation), and therefore, no similar restructuring will be involved when those healthcare facilities become part of Carle Health.

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
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### Related Project Costs

Provide the following information, as applicable, with respect to any land related to the project that will be or has been acquired during the last two calendar years:

Land acquisition is related to project ☐ Yes ☒ No  
Purchase Price: n/a  
Fair Market Value: n/a

### Project Status and Completion Schedules

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

CON 20-048: Carle- Danville Medical Office Building- Will not be complete prior to restructure.

CON 20-047: Carle Danville Surgery Center- Will not be complete prior to restructure.

CON 21-001: Carle Danville Surgery Center- Will not be complete prior to restructure.

**Anticipated exemption completion date** (refer to Part 1130.570): February 1, 2023 or shortly after HFSRB approval

### State Agency Submittals

Are the following submittals up to date as applicable:

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

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



ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
CHANGE OF OWNERSHIP APPLICATION FOR EXEMPTION- 09/2019 Edition

**CERTIFICATION**

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

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

This Application is filed on the behalf of 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.

James Leonard, M.D.  
SIGNATURE

James Leonard, M.D.  
PRINTED NAME

President and CEO  
PRINTED TITLE

L.J. Fallon, JD  
SIGNATURE

L.J. Fallon, JD  
PRINTED NAME

Executive Vice President and Chief Legal Officer  
PRINTED TITLE

Notarization:

Subscribed and sworn to before me  
this 9 day of January, 2023

Erin E. Knight  
Signature of Notary

Seal

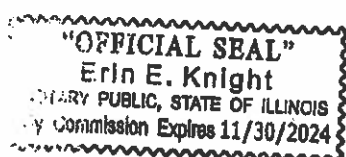
\*Insert the EXACT legal name of the applicant

Notarization:

Subscribed and sworn to before me  
this 9 day of January, 2023

Erin E. Knight  
Signature of Notary

Seal



ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
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- o in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- o in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- o in the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf of The Carle Foundation 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

James Leonard, M.D.

PRINTED NAME

President and CEO

PRINTED TITLE

SIGNATURE

L.J. Fallon, JD

PRINTED NAME

Executive Vice President and Chief Legal Officer

PRINTED TITLE

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Subscribed and sworn to before me  
this 9 day of January, 2023

Erin E. Knight

Signature of Notary

Seal

\*Insert the EXACT legal name of the applicant

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this 9 day of January, 2023

Erin E. Knight

Signature of Notary

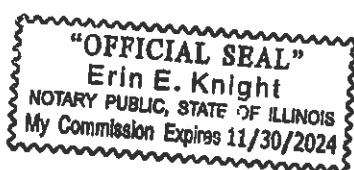
Seal

"OFFICIAL SEAL"

Erin E. Knight

NOTARY PUBLIC, STATE OF ILLINOIS

My Commission Expires 11/30/2024



**ATTACHMENT 1**

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

1. The Carle Foundation;
2. The Carle Foundation Hospital.

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
CHANGE OF OWNERSHIP APPLICATION FOR EXEMPTION- 09/2019 Edition

*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 #: 2114800768 verifiable until 06/26/2022

Authenticate at: <http://www.cyberdriveillinois.com>

***In Testimony Whereof, I hereto set***  
*my hand and cause to be affixed the Great Seal of*  
*the State of Illinois, this 26TH*  
*day of MAY A.D. 2021 .*

*Jesse White*

SECRETARY OF STATE

Attachment 1

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
CHANGE OF OWNERSHIP APPLICATION FOR EXEMPTION- 09/2019 Edition

*File Number*

5274-755-4



***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 HOSPITAL, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 28, 1982, 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 #: 2223402642 verifiable until 05/12/2023  
Authenticate at: <https://www.issos.gov>

***In Testimony Whereof, I hereto set***  
*my hand and cause to be affixed the Great Seal of*  
*the State of Illinois, this 12TH*  
*day of AUGUST A.D. 2022 .*

*Jesse White*

SECRETARY OF STATE

Attachment 1

**ATTACHMENT 2**

Site Ownership

By signing the certification pages within this application, the Applicants attest that The Carle Foundation owns the property at 2300 N. Vermilion St. Danville, IL 61832.

### **ATTACHMENT 3**

#### **Operating Entity/Licensee**

The Carle Foundation is currently the sole corporate member of The Carle Foundation Hospital, which is the licensee and operator of the Healthcare Facility. Copies of the Healthcare Facility's license and accreditation are attached at Attachment- 5.

Following completion of the contemplated restructuring, Carle Health East Region will be designated as the sole member of the Healthcare Facility, and the sole member of Carle Health East Region will be The Carle Foundation. Following restructuring, The Carle Foundation Hospital will continue to hold the license and operate the Healthcare Facility and The Carle Foundation will continue to be the ultimate parent of the Healthcare Facility with final control of the Healthcare Facility. This Certificate of Exemption application is being filed because the inclusion of Carle Health East Region as the intermediary direct member of the Healthcare Facility constitutes a change of ownership as defined in Section 1130.120 of the Review Board's rules.

**ATTACHMENT 4**

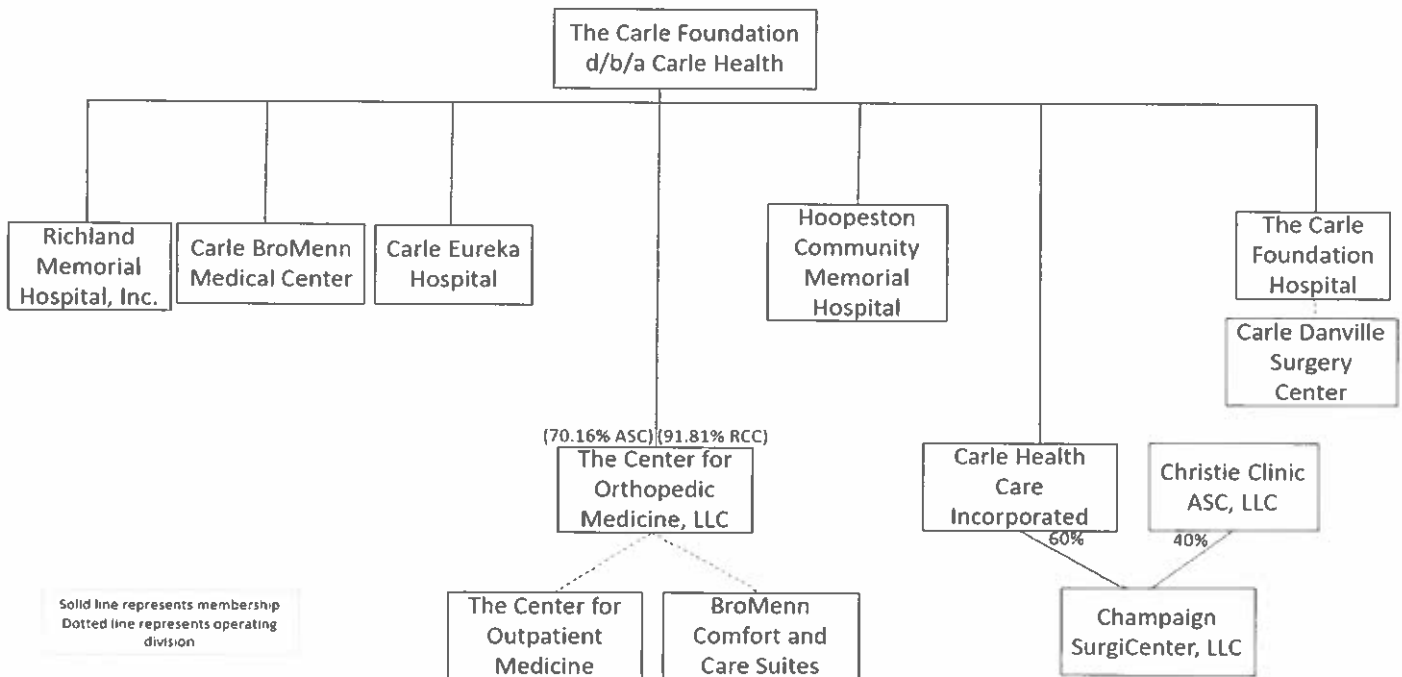
**Organizational Relationships**

The pre-closing and post-closing organizational charts for the Healthcare Facility are attached hereto at Attachment- 4.



ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
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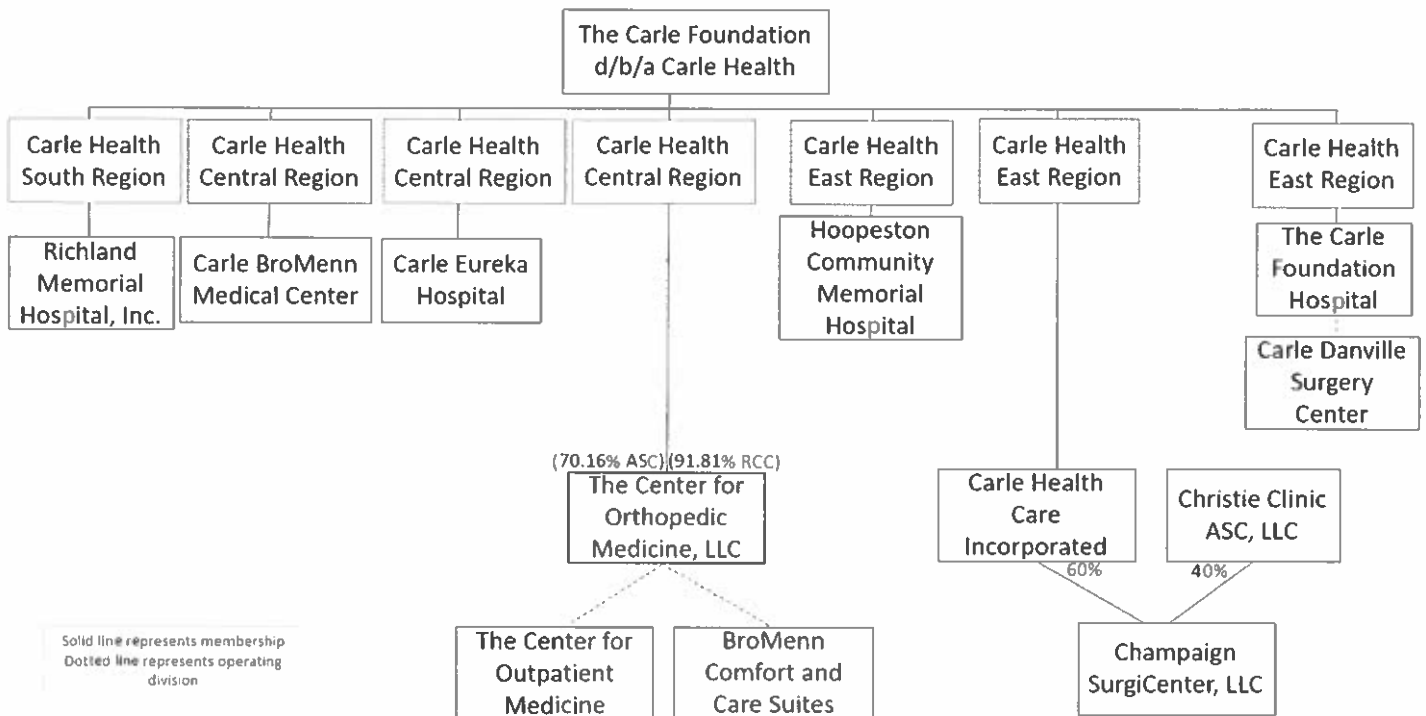
**Pre-Closing Organizational Chart**



Note: The five UnityPoint Health healthcare facilities that will become part of Carle Health will not be impacted by the restructuring, because they already have a regional entity (Methodist Health Services Corporation).

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
CHANGE OF OWNERSHIP APPLICATION FOR EXEMPTION- 09/2019 Edition

**Post-Closing Organizational Chart**



Note: The five UnityPoint Health healthcare facilities that will become part of Carle Health will not be impacted by the restructuring, because they already have a regional entity (Methodist Health Services Corporation).

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
CHANGE OF OWNERSHIP APPLICATION FOR EXEMPTION- 09/2019 Edition

## SECTION II. BACKGROUND.

### 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 listing of all health care facilities currently owned and/or operated in Illinois, by any corporate officers or directors, LLC members, partners, or owners of at least 5% of the proposed health care facility.
3. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant, directly or indirectly, during the three years prior to the filing of the application. Please provide information for each applicant, including corporate officers or directors, LLC members, partners and owners of at least 5% of the proposed facility. A health care facility is considered owned or operated by every person or entity that owns, directly or indirectly, an ownership interest.
4. 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.**
5. If, during a given calendar year, an applicant submits more than one Application, 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 5, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 5.**

**ATTACHMENT 5****Background of Applicants****1. A listing of all healthcare facilities owned or operated by Carle Health, including licensing, and certification.**

The following is a list of all Illinois healthcare facilities (as that term is defined in the Act) owned by Carle Health:

- The Carle Foundation Hospital
  - License Number: 003798
  - Accreditation Identification Number: 119139-2012-AHC-USA-NIAHO
- Richland Memorial Hospital, d/b/a Carle Richland Memorial Hospital
  - License Number: 004788
  - Accreditation Identification Number: HFAP ID: 175621
- Hoopeston Community Memorial Hospital, d/b/a Carle Hoopeston Regional Health Center
  - License Number: 004200
  - Accreditation Identification Number: 128702-2012-AHC-USA-NIAHO
- Carle BroMenn Medical Center
  - License Number: 0005645
  - Accreditation Identification Number: 189504-2018-AHC-USA-NIAHO
- Carle Eureka Hospital
  - License Number: 0005652
  - Accreditation Identification Number: 189647-2018-AHC-USA-NIAHO
- Champaign SurgiCenter, LLC
  - License Number: 7002959
  - Accreditation Identification Number: 119139-2012-AHC-USA-NIAHO
- Carle Danville Surgery Center
  - License Number: 7002439
  - Accreditation Identification Number: 119139-2012-AHC-USA-NIAHO
- The Center for Orthopedic Medicine, LLC d/b/a Center for Outpatient Medicine, LLC
  - License Number: 7002116
  - Accreditation Identification Number: AAAHC #109077
- The Center for Orthopedic Medicine, LLC d/b/a BroMenn Care and Comfort Suites

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
CHANGE OF OWNERSHIP APPLICATION FOR EXEMPTION- 09/2019 Edition

- License Number: 4000025
- Accreditation Identification Number: AAAHC #109077

**2. A listing of all health care facilities owned (at least 5%) and/or operated in Illinois by Carle Health.**

Except as provided above, Carle Health does not have a five percent (5%) or greater ownership interest in any other Illinois healthcare facilities.


**3. Attestation.**

Carle Health attests that in the last three years prior to filing of this COE application, there has been no "adverse action" (as that term is defined in 77 IAC 1130.140) against any Illinois health care facility owned and operated by Carle Health and subject to HFSRB jurisdiction.

**4. Authorization.**

HFSRB and IDPH are hereby authorized by Carle Health to access any documents necessary to verify the information submitted with this application relating to Carle Health, including, but not limited to: official records of IDPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations.

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD**  
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 **Illinois Department of PUBLIC HEALTH** HF 126532

**LICENSE, PERMIT, CERTIFICATION, REGISTRATION**

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

**Sameer Vohra, MD,JD,MA**  
**Director**

Issued under the authority of the Illinois Department of Public Health

EXPIRATION DATE <b>12/31/2023</b>	CATEGORY	LIC. NUMBER <b>0003798</b>
<b>General Hospital</b>		
<b>Effective: 01/01/2023</b>		

**The Carle Foundation Hospital**  
**611 West Park Street**  
**Urbana, IL 61801**

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

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


Exp. Date 12/31/2023

Lic Number 0003798

Date Printed 10/14/2022

The Carle Foundation Hospital  
 611 West Park Street  
 Urbana, IL 61801

FEE RECEIPT NO.

 **Illinois Department of PUBLIC HEALTH** HF 125298

**LICENSE, PERMIT, CERTIFICATION, REGISTRATION**

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

**Amaal V.E. Tokars**  
**Acting Director**

Issued under the authority of the Illinois Department of Public Health

EXPIRATION DATE <b>6/30/2023</b>	CATEGORY	LIC. NUMBER <b>0004200</b>
<b>Critical Access Hospital</b>		
<b>Effective: 07/01/2022</b>		

**Hoopeston Community Memorial Hospital**  
**dba Carle Hoopeston Regional Health Center**  
**701 E Orange St**  
**Hoopeston, IL 60942**

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

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

Exp. Date 6/30/2023

Lic Number 0004200


Date Printed 4/6/2022

Hoopeston Community Memorial Hosp  
 dba Carle Hoopeston Regional Health  
 701 E Orange St  
 Hoopeston, IL 60942

**Attachment 5**

FEE RECEIPT NO.

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD**  
**CHANGE OF OWNERSHIP APPLICATION FOR EXEMPTION- 09/2019 Edition**

 <b>Illinois Department of PUBLIC HEALTH</b>		HF 124733
<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>Ngozi O. Ezike, M.D.</b> <b>Director</b>		Issued under the authority of the Illinois Department of Public Health
EXPIRATION DATE	CATEGORY	LD NUMBER
1/31/2023		0004788
<b>General Hospital</b>  <b>Effective: 02/01/2022</b>		
<b>Richland Memorial Hospital Inc</b> <b>dba Carle Richland Memorial Hospital</b> <b>800 East Locust Street</b>  <b>Olney, IL 62450</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 9/19</small>		


← DISPLAY THIS PART IN A  
CONSPICUOUS PLACE

Exp. Date 1/31/2023  
 Lic Number 0004788

Date Printed 1/27/2022

Richland Memorial Hospital Inc  
 dba Carle Richland Memorial Hospital  
 800 East Locust Street  
 Olney, IL 62450

FEE RECEIPT NO.

 <b>Illinois Department of PUBLIC HEALTH</b>		HF 125541
<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	LD NUMBER
6/30/2023		0006189
<b>General Hospital</b>  <b>Effective: 07/01/2022</b>		
<b>Carle BroMenn Medical Center</b> <b>1304 Franklin Avenue</b> <b>Normal, IL 61761</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 9/19</small>		

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CONSPICUOUS PLACE

Exp. Date 6/30/2023  
 Lic Number 0006189

Date Printed 5/10/2022

Carle BroMenn Medical Center  
 1304 Franklin Avenue  
 Normal, IL 61761

**Attachment 5**

FEE RECEIPT NO.

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD**  
**CHANGE OF OWNERSHIP APPLICATION FOR EXEMPTION- 09/2019 Edition**

**Illinois Department of PUBLIC HEALTH** HF 125300

**LICENSE, PERMIT, CERTIFICATION, REGISTRATION**

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

**Amaal V.E. Tokars**  
**Acting Director**

Issued under the authority of the Illinois Department of Public Health

EXPIRATION DATE	CATEGORY	LD NUMBER
6/30/2023		0006171

**Critical Access Hospital**

**Effective: 07/01/2022**

**Carle Eureka Hospital**  
**101 South Major Street**  
**Eureka, IL 61530**

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**Illinois Department of PUBLIC HEALTH** HF 124690

**LICENSE, PERMIT, CERTIFICATION, REGISTRATION**

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

**Ngozi O. Ezike, M.D.**  
**Director**

Issued under the authority of the Illinois Department of Public Health

EXPIRATION DATE	CATEGORY	LD NUMBER
01/31/2023		7002959

**Ambulatory Surgery Treatment Center**

**Effective: 02/01/2022**


**Champaign Surgicenter, LLC**  
**dba Champaign Surgery Center at the Fields**  
**3103 Fields South Dr**  
**Champaign, IL 61822**


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

Attachment 5



**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
CHANGE OF OWNERSHIP APPLICATION FOR EXEMPTION- 09/2019 Edition**

 <b>Illinois Department of PUBLIC HEALTH</b>		HF 125778
<b>LICENSE, PERMIT, CERTIFICATION, REGISTRATION</b>		
<p>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.</p>		
<b>Amaal V.E. Tokars</b> <b>Acting Director</b>		Issued Under the authority of the Illinois Department of Public Health
EXPIRATION DATE	CATEGORY	ID NUMBER
7/31/2023		7002439
<b>Ambulatory Surgery Treatment Center</b>		
Effective: 08/01/2022		
Carle Surgicenter 2300 N Vermilion Danville, IL 61832		
<small>The face of this license has a colored background. Printed by Authority of the State of Illinois • PD #19-426-001 10M 9/18</small>		

 <b>Illinois Department of PUBLIC HEALTH</b>		HF 125867
<b>LICENSE, PERMIT, CERTIFICATION, REGISTRATION</b>		
<p>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.</p>		
<b>Amaal V.E. Tokars</b> <b>Acting Director</b>		Issued Under the authority of the Illinois Department of Public Health
EXPIRATION DATE	CATEGORY	ID NUMBER
8/6/2023		7002116
<b>Ambulatory Surgery Treatment Center</b>		
Effective: 08/07/2022		
The Center for Orthopedic Medicine, LLC 2502 East Empire St Ste B Bloomington, IL 61704		
<small>The face of this license has a colored background. Printed by Authority of the State of Illinois • PD #19-426-001 10M 9/18</small>		

← DISPLAY THIS PART IN A  
CONSPICUOUS PLACE

Exp Date 8/6/2023  
Lic Number 7002116

Date Printed 7/1/2022

The Center for Orthopedic Medicine, L  
2502 East Empire St Ste B  
Bloomington, IL 61704-3739

**Attachment 5**

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD**  
**CHANGE OF OWNERSHIP APPLICATION FOR EXEMPTION- 09/2019 Edition**

 <b>Illinois Department of PUBLIC HEALTH</b>		HF 125926
<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> Acting Director		<small>Issued under the authority of the Illinois Department of Public Health</small>
<small>EXPIRATION DATE</small> 8/14/2023	<small>CERT. NO.</small>	<small>NUMBER</small> 4000025
<b>Postsurgical Recovery Care Center</b>		
Licensed Beds: 3		
<b>Bromenn Care and Comfort Suites</b> 2502 B East Empire St Bloomington, IL 61704		
<small>The face of this license shall be printed hereon and printed by authority of the State of Illinois • PD 119-091-001 (04/01)</small>		

← DISPLAY THIS PART IN A  
CONSPICUOUS PLACE

Exp. Date 8/14/2023

Lic Number 4000025

Date Printed 7/5/2022

Bromenn Care and Comfort Suites

2502 B East Empire  
 Bloomington, IL 61704

FEE RECEIPT NO

Attachment 5

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
CHANGE OF OWNERSHIP APPLICATION FOR EXEMPTION- 09/2019 Edition



## HEALTHCARE CERTIFICATE

Certificate no.:  
10000467101-MSC-CMC-USA

Initial certification date:  
29 June, 2012

Valid:  
29 June, 2021 – 29 June, 2024

This is to certify that the management system of

### **Carle Foundation Hospital**

611 W. Park St., Urbana, IL, 61801, USA

has been found to comply with the requirements of the:

### **NIAHO<sup>®</sup> Hospital Accreditation Program**

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

Place and date:  
Milford, OH, 02 June, 2021



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

**Patrick Morine**  
Management Representative

Lack of fulfillment of conditions as set out in the Certification Agreement may render this Certificate invalid.  
ACCREDITED UNIT: DNV Healthcare USA Inc., 400 Techne Center Drive, Suite 100, Milford, OH, 45150, USA • TEL: +1 513-947-6343. [www.dnvhealthcare.com](http://www.dnvhealthcare.com)

Attachment 5

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
CHANGE OF OWNERSHIP APPLICATION FOR EXEMPTION- 09/2019 Edition**



# HEALTHCARE CERTIFICATE

Certificate no.:  
10000490309 AFSC-CMS USA

Initial certification date:  
19 December, 2012

Valid:  
19 December, 2021 – 19 December, 2024

This is to certify that the management system of

**Carle Hoopeston Regional Health Center**  
701 E. Orange, Hoopeston, IL 60942, USA

has been found to comply with the requirements of the:

**NIAHO® Critical Access Hospital Accreditation Program**

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

Place and date:  
Milford, OH, 30 August, 2021



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

**Patrick Morine**  
Management Representative

Loss of fulfillment of conditions as set out in the Certification Agreement may render this Certificate invalid.  
ACCREDITED UNIT: DNV Healthcare USA Inc. 400 Techno Center Drive, Suite 100, Milford, OH - 45150, USA - TEL: +1 513-647-2343 - www.dnvhealthcare.com

Attachment 5

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
CHANGE OF OWNERSHIP APPLICATION FOR EXEMPTION- 09/2019 Edition**



# HEALTHCARE CERTIFICATE

Certificate no.:  
10 000449947 MSC-CMS USA

Initial certification date:  
22 March, 2022

Valid:  
22 March, 2022 - 22 March, 2025

This is to certify that the management system of

## Carle Richland Memorial Hospital

800 E. Locust Street, Olney, IL, 62450, USA

has been found to comply with the requirements of the:

## NIAHO® Hospital Accreditation Program

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

Place and date:  
Milford, OH, 25 March, 2022



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

**Patrick Morine**  
Management Representative



Lack of fulfillment of conditions as set out in the Certification Agreement may render this Certificate invalid.  
ACCREDITED UNIT: DNV Healthcare USA Inc. 400 Techne Center Drive, Suite 100, Milford, OH, 45150, USA - TEL: +1 513-847-8343 - www.dnvhealthcare.com

Attachment 5

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
CHANGE OF OWNERSHIP APPLICATION FOR EXEMPTION- 09/2019 Edition**



## HEALTHCARE CERTIFICATE

Certificate no.:  
10000505920-MSC-CMS-USA

Initial certification date:  
07 December, 2012

Valid:  
07 December, 2021 – 07 December, 2024

This is to certify that the management system of

### **Carle BroMenn Medical Center**

1304 Franklin Avenue, Normal, IL, 61761, USA

has been found to comply with the requirements of the:

### **NIAHO® Hospital Accreditation Program**

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

date and place:  
Milford, OH, 09 November, 2021



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

Attachment 5



**Patrick Horine**  
Management Representative

lack of fulfillment of conditions as set out in the Certification Agreement may render this Certificate invalid.  
ACCREDITED UNIT: DNV Healthcare USA Inc., 400 Techne Center Drive, Suite 100, Milford, OH, 45150, USA • TEL: +1 513-947-6343 • [www.dnvhealthcare.com](http://www.dnvhealthcare.com)

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
CHANGE OF OWNERSHIP APPLICATION FOR EXEMPTION- 09/2019 Edition**



# HEALTHCARE CERTIFICATE

Certificate no.:  
10000504781 MSC-CMS-USA

Initial certification date:  
12 December, 2012

Valid:  
12 December, 2021 – 12 December, 2024

This is to certify that the management system of

## Carle Eureka Hospital

101 S. Major Street, Eureka, IL, 61530, USA

has been found to comply with the requirements of the:

## NIAHO® Critical Access Hospital Accreditation Program

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

Place and date:  
Milford, OH, 03 November, 2021



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

Patrick Morine  
Management Representative



Lack of fulfillment of conditions as set out in the Certification Agreement may render this Certificate invalid.  
ACCREDITED UNIT: DNV Healthcare USA Inc. 400 Techne Center Drive, Suite 100, Milford, OH, 45150, USA - TEL: +1 513-407-8343 - [www.dnvhealthcare.com](http://www.dnvhealthcare.com)

Attachment 5

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
CHANGE OF OWNERSHIP APPLICATION FOR EXEMPTION- 09/2019 Edition

### SECTION III. CHANGE OF OWNERSHIP (CHOW)

**Transaction Type. Check the Following that Applies to the Transaction:**

- ☐ Purchase resulting in the issuance of a license to an entity different from current licensee.
- ☐ Lease resulting in the issuance of a license to an entity different from current licensee.
- ☐ Stock transfer resulting in the issuance of a license to a different entity from current licensee.
- ☐ Stock transfer resulting in no change from current licensee.
- ☐ Assignment or transfer of assets resulting in the issuance of a license to an entity different from the current licensee.
- ☐ Assignment or transfer of assets not resulting in the issuance of a license to an entity different from the current licensee.
- ☐ Change in membership or sponsorship of a not-for-profit corporation that is the licensed entity.
- ☐ Change of 50% or more of the voting members of a not-for-profit corporation's board of directors that controls a health care facility's operations, license, certification or physical plant and assets.
- ☐ Change in the sponsorship or control of the person who is licensed, certified or owns the physical plant and assets of a governmental health care facility.
- ☐ Sale or transfer of the physical plant and related assets of a health care facility not resulting in a change of current licensee.
- ☐ Change of ownership among related persons resulting in a license being issued to an entity different from the current licensee
- ☒ Change of ownership among related persons that does not result in a license being issued to an entity different from the current licensee.
- ☐ Any other transaction that results in a person obtaining control of a health care facility's operation or physical plant and assets and explain in "Narrative Description."



ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
CHANGE OF OWNERSHIP APPLICATION FOR EXEMPTION- 09/2019 Edition

### 1130.520 Requirements for Exemptions Involving the Change of Ownership of a Health Care Facility

1. Prior to acquiring or entering into a contract to acquire an existing health care facility, a person shall submit an application for exemption to HFSRB, submit the required application-processing fee (see Section 1130.230) and receive approval from HFSRB.
2. If the transaction is not completed according to the key terms submitted in the exemption application, a new application is required.
3. READ the applicable review criteria outlined below and **submit the required documentation (key terms) for the criteria:**

APPLICABLE REVIEW CRITERIA	CHOW
1130.520(b)(1)(A) - Names of the parties	X
1130.520(b)(1)(B) - Background of the parties, which shall include proof that the applicant is fit, willing, able, and has the qualifications, background and character to adequately provide a proper standard of health service for the community by certifying that no adverse action has been taken against the applicant by the federal government, licensing or certifying bodies, or any other agency of the State of Illinois against any health care facility owned or operated by the applicant, directly or indirectly, within three years preceding the filing of the application.	X
1130.520(b)(1)(C) - Structure of the transaction	X
1130.520(b)(1)(D) - Name of the person who will be licensed or certified entity after the transaction	
1130.520(b)(1)(E) - List of the ownership or membership interests in such licensed or certified entity both prior to and after the transaction, including a description of the applicant's organizational structure with a listing of controlling or subsidiary persons.	X
1130.520(b)(1)(F) - Fair market value of assets to be transferred.	X
1130.520(b)(1)(G) - The purchase price or other forms of consideration to be provided for those assets. [20 ILCS 3960/8.5(a)]	X
1130.520(b)(2) - Affirmation that any projects for which permits have been issued have been completed or will be completed or altered in accordance with the provisions of this Section	X
1130.520(b)(3) - If the ownership change is for a hospital, affirmation that the facility will not adopt a more restrictive charity care policy than the policy that was in effect one year prior to the transaction. The hospital must provide affirmation that the compliant charity care policy will remain in effect for a two-year period following the change of ownership transaction	X
1130.520(b)(4) - A statement as to the anticipated benefits of	X

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
CHANGE OF OWNERSHIP APPLICATION FOR EXEMPTION- 09/2019 Edition**

the proposed changes in ownership to the community	
1130.520(b)(5) - The anticipated or potential cost savings, if any, that will result for the community and the facility because of the change in ownership;	X
1130.520(b)(6) - A description of the facility's quality improvement program mechanism that will be utilized to assure quality control;	X
1130.520(b)(7) - A description of the selection process that the acquiring entity will use to select the facility's governing body;	X
1130.520(b)(9)- A description or summary of any proposed changes to the scope of services or levels of care currently provided at the facility that are anticipated to occur within 24 months after acquisition.	X

**APPEND DOCUMENTATION AS ATTACHMENT 6, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**ATTACHMENT 6****1130.520. Requirements for Exemptions Involving the Change of Ownership of a Health Care Facility****Names of Parties, Post-Closing Licensee and Structure of the Transaction - (1130.520 (b)(1)(A), (b)(1)(B) and (b)(1)(C))**

Under the current corporate structure of Carle Danville Surgery Center (the "Healthcare Facility"), The Carle Foundation, d/b/a Carle Health ("Carle Health") is the sole corporate member of (i) the Healthcare Facility and (ii) several other healthcare facilities, including Hoopeston Community Memorial Hospital and The Carle Foundation Hospital. Hoopeston Community Memorial Hospital and The Carle Foundation Hospital are each geographically proximate to the Healthcare Facility, in an area referred to as the Carle Health East Region. In order to provide a governance structure for the oversight of regional matters and align resources between and among healthcare facilities in each region where Carle Health operates healthcare facilities, including in the Carle Health East Region, Carle Health is organizing three new Illinois not-for-profit corporations, including Carle Health East Region. Carle Health East Region will be the immediate parent of the Healthcare Facility and the sole corporate member of Carle Health East Region will be Carle Health. As such, the ultimate parent of the Healthcare Facility will not change and nor will the operating entity or the position of Carle Health as the entity with ultimate control of the Healthcare Facility.

Carle Health and The Carle Foundation Hospital (the "Applicants") are filing this Certificate of Exemption application with the Illinois Health Facilities & Services Review Board ("Review Board") to allow consummation of the planned corporate restructuring. As the restructuring is being undertaken as an internal corporate reorganization with Carle Health maintaining its corporate authority as the ultimate parent of the Healthcare Facility, the restructuring constitutes a change of ownership among related persons under Review Board rules.

The restructuring is contingent upon approval from the Review Board and is anticipated to be completed on February 1, 2023 or shortly after HFSRB approval of this application for a Certificate of Exemption, whichever is later.

Note that this application is part of a series of Certificate of Exemption applications relating to the restructure. The broad corporate structure of the Carle Health organization before and following completion of the contemplated restructuring is included with this application as Attachment – 4. Note that the healthcare facilities which are planned to become part of the Carle Health system as described in COE application numbers E-054-22 through E-058-22 are already under a regional corporate entity (Methodist Health Services Corporation), and therefore, no similar restructuring will be involved when those healthcare facilities become part of Carle Health.

**List of Membership Interests -1130.520(b)(1)(E)**

The Carle Foundation, d/b/a Carle Health ("Carle Health") is the sole corporate member of The Carle Foundation Hospital, which is the licensee and operator of the Healthcare Facility. Copies of the Healthcare Facility's license and accreditation are attached at Attachment- 5.

Following the completion of the contemplated restructuring, Carle Health East Region will become the sole corporate member of the Healthcare Facility. The Carle Foundation Hospital will continue to hold the license and operate the Healthcare Facility.

**Fair Market Value of Assets -1130.520(b)(1)(F)**

The fair market value of the Healthcare Facility is \$12,117,637<sup>1</sup>.

**Purchase Price -1130.520(b)(1)(G)**

N/A. This is a change of ownership among related parties.

**Affirmation regarding Outstanding CON Permits -1130.520(b)(2)**

Carle Health holds the following Certificate of Need permits:

- CON 20-048: Carle- Danville Medical Office Building
- CON 20-047: Carle Danville Surgery Center
- CON 21-001: Carle Danville Surgery Center

With the signatures in the certification section of this Certificate of Exemption application, the Applicants affirm that the above-identified projects will be completed in accordance with all applicable provisions of Section 1130 of the Review Board's rules.

**Potential Benefits and Cost Savings -1130.520(b)(4) and (b)(5)**

Carle Health believes the planned restructuring will enhance stewardship of local resources by allowing for and coordinating regional input.

**Quality Improvement Program to be Utilized– 1130.520(b)(7)**

Carle Health has a longstanding commitment to a culture of quality, safety, service and evidence-based practices. By aspiring to consistently engage in process improvement and improve consistency to meet the highest standards for quality and patient satisfaction, Carle will continue to advance its commitment to delivering care that is of the highest quality, and eliminates preventable harm.

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<sup>1</sup> The fair market value figure noted above is based on the permit amount for Project #20-047, which was approved on April 22, 2021. There will be no consideration exchanged in connection with the internal restructuring.

**Governing Body Composition/Selection Process -1130.520(b)(7)**

- The Carle Health Board and processes for appointing new members will generally remain unchanged, though in connection with the integration of the three UnityPoint hospitals, some board members from Methodist Health Services Corporation will become board members of Carle Health after the transactions associated with the pending UnityPoint Health transaction are consummated. As a general matter, members of the Carle Health Board are appointed from a broad pool.
- The composition of the new regional boards will vary by region but will generally consist of a combination of community members, physicians and two ex officio members (the president of the largest Carle Health hospital in the region and the CEO of the regional corporation). Members will be generally appointed from a pool of individuals in the respective regions with some overlap between the regional boards and the hospital boards. No Carle Health Board members are expected to be on the regional boards being created as described in this application.
- The hospital boards, their processes for appointing new members, and the scope of their authority will generally remain unchanged, but those board members will be appointed by their regional member. Hospital board members are appointed from a pool of individuals in the community primarily served by the hospital.

**Scope of Services – 1130.520(b)(9)**

There will be no changes in the Categories of Service(s) provided by the Healthcare Facility within 24 months following the consummation of the planned restructuring unless it applies for and obtains approval from the HFSRB to make any adjustments necessary to best address the healthcare needs of the communities served by the Healthcare Facility.

**SECTION IV.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 7.**

CHARITY CARE			
	Year	Year	Year
<b>Net Patient Revenue</b>			
Amount of Charity Care (charges)			
Cost of Charity Care			

**APPEND DOCUMENTATION AS ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
CHANGE OF OWNERSHIP APPLICATION FOR EXEMPTION- 09/2019 Edition

**ATTACHMENT 7**

**Charity Care Information- Carle Surgicenter (Danville)**

	2019	2020	2021
Net Patient Revenue	\$3,229,000	\$2,583,300	\$2,782,234
Amount of Charity Care (charges)	\$307,927	\$272,106	\$179,047
Cost of Charity Care	\$78,938	\$71,463	\$45,300

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD**  
**CHANGE OF OWNERSHIP APPLICATION FOR EXEMPTION- 09/2019 Edition**

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	11-13
	2	Site Ownership	14
	3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	15
	4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	16-18
	5	Background of the Applicant	20-31
	6	Change of Ownership	35-37
	7	Charity Care Information	39