

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

JAN 26 2024

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION  
ILLINOIS HEALTH FACILITIES & SERVICES REVIEW BOARD**Facility/Project Identification**

|                                                                                       |                            |                            |
|---------------------------------------------------------------------------------------|----------------------------|----------------------------|
| Facility Name: Carle Health Proctor Hospital- Discontinuation of Cardiac Cath Service |                            |                            |
| Street Address: 5409 N. Knoxville Ave.                                                |                            |                            |
| City and Zip Code: Peoria 61614                                                       |                            |                            |
| County: Peoria                                                                        | Health Service Area: HSA 2 | Health Planning Area: C-01 |

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

|                                                           |  |
|-----------------------------------------------------------|--|
| Exact Legal Name: The Carle Foundation d/b/a Carle Health |  |
| 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                             |                                              |
- o Corporations and limited liability companies must provide an **Illinois certificate of good standing**.
  - o 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    |

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

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

**Facility/Project Identification**

|                                                                                       |                            |                            |
|---------------------------------------------------------------------------------------|----------------------------|----------------------------|
| Facility Name: Carle Health Proctor Hospital- Discontinuation of Cardiac Cath Service |                            |                            |
| Street Address: 5409 N. Knoxville Ave.                                                |                            |                            |
| City and Zip Code: Peoria 61614                                                       |                            |                            |
| County: Peoria                                                                        | Health Service Area: HSA 2 | Health Planning Area: C-01 |

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

|                                                                        |  |
|------------------------------------------------------------------------|--|
| Exact Legal Name: Proctor Hospital d/b/a Carle Health Proctor Hospital |  |
| Street Address: 5409 N. Knoxville Ave.                                 |  |
| City and Zip Code: Peoria 61614                                        |  |
| Name of Registered Agent: Keith Knepp, MD                              |  |
| Registered Agent Street Address: 221 N.E. Glen Oak Ave.                |  |
| Registered Agent City and Zip Code: Peoria 61636                       |  |
| Name of Chief Executive Officer: Keith Knepp, MD                       |  |
| CEO Street Address: 221 N.E. Glen Oak Ave.                             |  |
| CEO City and Zip Code: Peoria 61636                                    |  |
| CEO Telephone Number: (309) 871-2528                                   |  |

**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: 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    |

**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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### 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       |

### Site Ownership

[Provide this information for each applicable site]

|                                                                                                                                                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Exact Legal Name of Site Owner: Proctor Hospital d/b/a Carle Health Proctor Hospital                                                                                                                                                                                                                            |
| Address of Site Owner: 5409 N. Knoxville Ave. Peoria, IL 61614                                                                                                                                                                                                                                                  |
| Street Address or Legal Description of the Site: 5409 N. Knoxville Ave. 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: Proctor Hospital d/b/a Carle Health Proctor Hospital                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                               |
| Address: 5409 N. Knoxville Ave. Peoria, IL 61614                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                               |
| <input checked="" type="checkbox"/> Non-profit Corporation<br><input type="checkbox"/> For-profit Corporation<br><input type="checkbox"/> Limited Liability Company<br><input type="checkbox"/> Other                                                                                                                                                                                                                                                            | <input type="checkbox"/> Partnership<br><input type="checkbox"/> Governmental<br><input type="checkbox"/> Sole Proprietorship |
| <ul style="list-style-type: none"> <li>o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.</li> <li>o 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>o <b>Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.</b></li> </ul> |                                                                                                                               |
| <b>APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>                                                                                                                                                                                                                                                                                                                                            |                                                                                                                               |

### Organizational Relationships

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

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

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**Narrative Description**

In the space below, provide a brief narrative description of the project. Explain **WHAT** is to be done in **State Board defined terms**, **NOT WHY** it is being done. If the project site does **NOT** have a street address, include a legal description of the site. Include the rationale regarding the project's classification as substantive or non-substantive.

Proctor Hospital d/b/a Carle Health Proctor Hospital ("CHPH") will discontinue its cardiac catheterization category of service. CHPH is currently authorized to operate one cath lab at its hospital located at 5409 N. Knoxville Ave. Peoria, IL 61641. Following the closure of CHPH's cardiac cath category of service, cardiac catheterizations that would have formerly occurred at CHPH will shift to The Methodist Medical Center of Illinois d/b/a Carle Health Methodist Hospital ("CHMH"). Both CHPH and CHMH are owned and operated by Carle Health and are located less than four miles apart.

The discontinuation will be effective at the latter of HFSRB approval or Illinois Department of Public Health approval.

There are no project costs associated with this project.

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**Project Status and Completion Schedules**

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

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

**Anticipated exemption completion date** (refer to Part 1130.570): Upon IDPH & HFSRB approval

**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.**

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**CERTIFICATION**

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

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

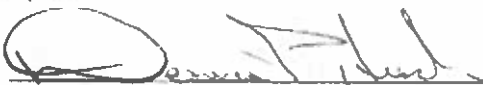
This Application is filed on the behalf of The Carle Foundation, an Illinois not-for-profit corporation.

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

James Leonard, M.D.  
PRINTED NAME

President and CEO  
PRINTED TITLE

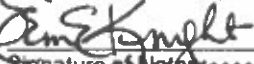
  
SIGNATURE

Dennis Hesch  
PRINTED NAME

Executive Vice President and System CFO  
PRINTED TITLE

Notarization:

Subscribed and sworn to before me  
this 23 day of January, 2024

  
Signature of Notary

Seal



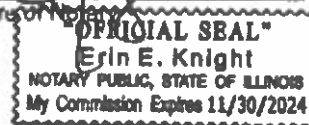
\*Insert the EXACT legal name of the applicant

Notarization:

Subscribed and sworn to before me  
this 23 day of January, 2024

  
Signature of Notary

Seal



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### CERTIFICATION

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- 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 d/b/a Carle Health 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.

Keith Knepp  
SIGNATURE

Keith Knepp, MD  
PRINTED NAME

President  
PRINTED TITLE

Jeanette Murray  
SIGNATURE

Jeanette Murray  
PRINTED NAME

Vice President, Chief of Hospital Operations  
PRINTED TITLE

Notarization:

Subscribed and sworn to before me  
this 22 day of January, 2024

Janet Lynn Henderson  
Signature of Notary

Seal

\*Insert the EXACT legal name of the applicant

Notarization:

Subscribed and sworn to before me  
this 19 day of January, 2024

Janet Lynn Henderson  
Signature of Notary

Seal

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## SECTION II. DISCONTINUATION

### Type of Discontinuation

☒ Discontinuation of a single category of service

### Criterion 1130.525 and 1110.290 - Discontinuation

READ THE REVIEW CRITERION and provide the following information:

#### GENERAL INFORMATION REQUIREMENTS

1. Identify the category of service and the number of beds, if any, that are to be discontinued.
2. Identify all of the other clinical services that are to be discontinued.
3. Provide the anticipated date of discontinuation for each identified service.
4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
5. Provide attestation that the facility provided the required notice of the category of service closure to local media that the health care facility would routinely notify about facility events. The supporting documentation shall include a copy of the notice, the name of the local media outlet, the date the notice was given, and the result of the notice, e.g., number of times broadcasted, written, or published. Only notice that is given to a local television station, local radio station, or local newspaper will be accepted.

**APPEND DOCUMENTATION AS ATTACHMENT 5, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

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**REASONS FOR DISCONTINUATION**

The applicant shall state the reasons for the discontinuation and provide data that verifies the need for the proposed action. See criterion 1110.130(b) for examples.

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

**IMPACT ON ACCESS**

1. Document whether or not the discontinuation will have an adverse effect upon access to care for residents of the facility's market area.
2. Provide copies of notification letters sent to other resources or health care facilities that provide the same services as those proposed for discontinuation. The notification letter must include at least the anticipated date of discontinuation and the total number of patients that received care or the number of treatments provided during the latest 24 months.

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

**SECTION III. BACKGROUND**

READ THE REVIEW CRITERION and provide the following required information:

**BACKGROUND OF APPLICANT**

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.
2. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application.
3. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**
4. If, during a given calendar year, an applicant submits more than one application for permit or exemption, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest that the information was previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

**APPEND DOCUMENTATION AS ATTACHMENT 8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 8.**

**SECTION IV. SAFETY NET IMPACT STATEMENT**

**SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL PROJECTS TO DISCONTINUE A CATEGORY OF SERVICE [20 ILCS 3960/5.4]:**

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

**Safety Net Impact Statements shall also include all of the following:**

1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.
2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.
3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

**A table in the following format must be provided as part of Attachment 9.**

| Safety Net Information per PA 96-0031 |      |      |      |
|---------------------------------------|------|------|------|
| CHARITY CARE                          |      |      |      |
| Charity (# of patients)               | Year | Year | Year |
| Inpatient                             |      |      |      |
| Outpatient                            |      |      |      |
| <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>                          |      |      |      |

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|                           |  |  |  |
|---------------------------|--|--|--|
| <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.

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## SECTION V. CHARITY CARE INFORMATION

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.
2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.
3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

Charity care" means care provided by a health care facility for which the provider does not expect to receive payment from the patient or a third-party payer (20 ILCS 3960/3). Charity Care **must** be provided at cost.

A table in the following format must be provided for all facilities as part of Attachment 10.

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

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

**ATTACHMENT 1**

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

1. The Carle Foundation d/b/a Carle Health;
2. Proctor Hospital d/b/a Carle Health Proctor Hospital.

File Number

2932-580-4



***To all to whom these Presents Shall Come, Greeting:***

*I, Alexi Giannoulas, 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.



***In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 13TH day of JULY A.D. 2023 .***

Authentication #: 2319402684 verifiable until 07/13/2024  
Authenticate at: <https://www.ilsos.gov>

*Alexi Giannoulas*  
SECRETARY OF STATE

Attachment 1

File Number 3779-346-9



***To all to whom these Presents Shall Come, Greeting:***

*I, Alexi Giannoulis, 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 #: 2316001886 verifiable until 06/09/2024  
Authenticate at: <https://www.sos.gov>

***In Testimony Whereof, I hereto set  
my hand and cause to be affixed the Great Seal of  
the State of Illinois, this 9TH  
day of JUNE A.D. 2023 .***

*Alexi Giannoulis*

SECRETARY OF STATE

Attachment 1

**ATTACHMENT 2**

Site Ownership

By signing the certification pages within this application, the Applicants attest that Proctor Hospital d/b/a Carle Health Proctor Hospital owns the property at 5409 N. Knoxville Ave. Peoria, IL 61614.

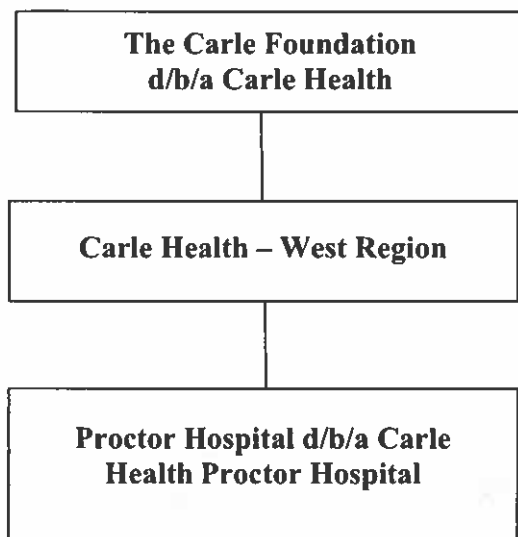
**ATTACHMENT 3**

Operating Entity/Licensee

Proctor Hospital d/b/a Carle Health Proctor Hospital is the licensee and operator of the Hospital. A certificate of good standing for Proctor Hospital is attached at Attachment-1.

**ATTACHMENT 4**

**Organizational Relationships**



## **ATTACHMENT 5**

### **Section 1110.290 Discontinuation – Review Criteria**

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

Proctor Hospital d/b/a Carle Health Proctor Hospital ("CHPH") will discontinue its cardiac catheterization category of service. CHPH is currently authorized to operate one cath lab at its hospital located at 5409 N. Knoxville Ave. Peoria, IL 61641.

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

n/a

**Provide the anticipated date of discontinuation for each identified service.**

Upon IDPH & HFSRB approval.

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

Following the closure of CHPH's cardiac cath program, CHPH plans to utilize the equipment for other clinical functions and, if not needed by Carle Health, it may re-sell some equipment. CHPH is still exploring options for the physical plant.

**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.**

The required notice relating to the cardiac cath discontinuation will run in the Peoria Journal Star newspaper on January 22, 2024. The proof of publication documentation will be promptly provided when received. The notice is attached at Attachment- 5A.

**ATTACHMENT 5A**

Carle Health intends to discontinue the cardiac catheterization category of service at Proctor Hospital, 5409 N. Knoxville Ave., Peoria, IL 61614, pending approval by the Illinois Health Facilities & Services Review Board. Going forward after the closure, patients requiring cardiac catheterization will be treated at Methodist Hospital's newly expanded state-of-the-art cath lab.  
Publication Dates  
L00000000

**ATTACHMENT 6**  
**REASONS FOR DISCONTINUATION**

Based on an assessment of the needs of the community and surrounding areas within the geographic service area, the Applicants decided to consolidate Carle Health's Peoria cardiac catheterization services at The Methodist Medical Center of Illinois d/b/a Carle Health Methodist Hospital ("CHMH"). Going forward, cardiac catheterizations that would have formerly occurred at CHPH will shift to CHMH. CHPH and CHMH are owned and operated by Carle Health and are located less than four miles apart. Since the two hospitals are integrated and utilize a common electronic medical record, clinical staff at either facility can access and utilize patients' medical records, and patients requiring a higher level of care seamlessly transition from CHPH to CHMH. Generally, patient access, care coordination, referral and scheduling are all well integrated at the current time due to the affiliation of the two hospitals. As such, the Applicants view this shift as a minor operational change.

Key benefits of consolidating Carle Health's Peoria cardiac cath cases at CHMH's state-of-the-art facility include the following:

- **Reduction in Clinician Downtime due to Travel:** The same team of clinicians has been traveling back and forth between these two hospital locations to oversee the cardiac cath services at both CHPH and CHMH. Consolidation will allow clinicians to focus their expertise at a single location.
- **Increased Efficiency:** In 2022, CHPH performed 70 cardiac cath procedures in its one cath lab, while 1,441 cardiac caths were performed at CHMH, which contains five catheterization labs and two cardiac surgery operating rooms. Given CHPH's low volume and the proximity of CHMH to CHPH, this change will improve efficiency.
- **Age of Equipment:** CHPH's cardiac cath lab equipment is over 20 years old, which results in more downtime and lower imaging quality compared to CHMH's state-of-the-art equipment.

**ATTACHMENT 7**  
**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.**

Access to care will not be adversely affected, and combining smaller programs is likely to have a positive correlation to optimal outcomes. As discussed above, Carle Health is consolidating the cardiac cath programs at its two Peoria hospitals. Both CHPH and CHMH are owned and operated by Carle Health and are located less than four miles apart. Since the two hospitals are integrated and utilize a common electronic medical record, clinical staff at either facility can access and utilize patients' medical records, and patients requiring a higher level of care seamlessly transition from CHPH to CHMH. Generally, patient access, care coordination, referral and scheduling are all well integrated at the current time due to the affiliation of the two hospitals. As such, the Applicants view this shift as a minor operational change.

- 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.**

The following hospitals within a 17-mile radius of CHPH offer cardiac catheterization services:

| Hospital                   | Street Address         | City   | Zip   | Administrator |
|----------------------------|------------------------|--------|-------|---------------|
| St. Francis Medical Center | 530 N.E. Glen Oak Ave. | Peoria | 61637 | Michael Wells |

A copy of the letter notifying this hospital of the pending closing is provided in Attachment- 7.

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
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**ATTACHMENT 7A**



January 23, 2024

Via Certified Mail

OSF St. Francis Medical Center  
530 N.E. Glen Oak Ave.  
Peoria, IL 61637  
Attn: Michael Wells

**Re: Notice of Planned COE Application for Discontinuation of Cardiac  
Catheterization Program at Carle Health Proctor Hospital**

Dear Administrator:

Carle Health Proctor Hospital ("Proctor Hospital"), part of Carle Health, is in the process of preparing a certificate of exemption application for submission to the Illinois Health Facilities and Services Review Board ("HFSRB") for the closure of the cardiac catheterization category of service at Proctor Hospital. In connection with this plan, Proctor Hospital's cardiac cath cases are shifting to Carle Health Methodist Hospital ("Methodist Hospital"). As you know, Proctor Hospital and Methodist Hospital are both owned and operated by Carle Health. They are located less than four miles apart. Since the two hospitals utilize a common medical record, this change in operations will transition seamlessly.

In accordance with applicable HFSRB rules, we are notifying hospitals with cardiac cath programs in the area to advise each program of these plans, so each provider may assess whether it believes these plans will impact its program. As these plans are an internal re-organization of services, we do not believe they will impact your program; however, you are receiving this letter based on HFSRB requirements because your hospital is located within a certain proximity of Proctor Hospital.

The closure is expected to occur immediately upon HFSRB and IDPH approval. For your information, Proctor Hospital performed 144 and 70 cardiac cath procedures in 2021 and 2022, respectively. The caseload of the program is expected to be accommodated in its entirety at Methodist Hospital going forward.

If you have any questions about Carle Health's plans, please feel free to contact Amy Hill at 309-671-5138.

Sincerely,

A handwritten signature in cursive script, appearing to read "Jeanette Murray", written in dark ink.

Jeanette Murray, RN, BSN, MBA  
Vice President of Hospital Operations  
Carle Health West Region

**ATTACHMENT 8**  
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
  - License Number: 4000025
  - Accreditation Identification Number: AAAHC #109077
- The Methodist Medical Center of Illinois
  - License Number: 001834
  - Accreditation Identification Number: Joint Commission ID # 7407
- Proctor Hospital
  - License Number: 001925
  - Accreditation Identification Number: Joint Commission ID # 7409
- Pekin Memorial Hospital
  - License Number: 001594
  - Accreditation Identification Number: Joint Commission ID # 7408

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

Carle Health also has non-controlling interests in the following health facilities.

- Central Illinois Endoscopy Center, LLC
  - License Number: 7003155
  - Accreditation Number: AAAHC Accreditation # 876E592A86339
- Renal Intervention Center
  - License Number: 371387622
  - Accreditation Number: AAAHC Accreditation # 24085

**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 within 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  
DISCONTINUATION APPLICATION FOR EXEMPTION- 09/2022 Edition

|                                                                                                                                                                                                                                                     |                                                    |                                                                                               |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-----------------------------------------------------------------------------------------------|-----------------|
|                                                                                                                                                                    |                                                    | <b>ILLINOIS DEPARTMENT OF</b><br><b>PUBLIC HEALTH</b>                                         | <b>HF128365</b> |
| <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>Sameer Vohra, MD,JD,MA</b><br><b>Director</b>                                                                                                                                                                                                    |                                                    | <small>Issued under the authority of<br/>the Illinois Department of<br/>Public Health</small> |                 |
| <small>EXPIRATION DATE</small><br><b>06/30/2024</b>                                                                                                                                                                                                 | <small>CATEGORY</small><br><b>General Hospital</b> | <small>LIC. NUMBER</small><br><b>0001925</b>                                                  |                 |
| <b>Effective: 07/01/2023</b>                                                                                                                                                                                                                        |                                                    |                                                                                               |                 |
| <b>Proctor Hospital</b><br><b>dba Carle Health Proctor Hospital</b><br><b>5409 N Knoxville Ave</b><br><br><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. 44422001 10M 3/22</small>                                                                                                           |                                                    |                                                                                               |                 |

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

**Exp. Date 06/30/2024**

**Lic Number 0001925**

**Date Printed 06/28/2023**

**Proctor Hospital**  
**dba Carle Health Proctor Hospital**  
**5409 N Knoxville Ave**  
**Peoria, IL 61614**

**FEE RECEIPT NO.**

**Attachment 8**

# Proctor Hospital UnityPoint Health - Proctor

Peoria, IL

has been Accredited by

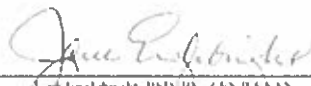


## The Joint Commission

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

November 12, 2022

Accreditation is customarily valid for up to 36 months.

  
Jane Englebright, PhD, MS, CENP, FAAN  
Chair, Board of Commissioners

ID #7409  
Print Reprint Date: 02/27/2023

  
Jonathan B. Peltin, MD, PhD, MSHA, MACP, FACME  
President and Chief Executive Officer

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 represents not the original accreditation or a duplicate has been issued. Any use of this document for a purpose other than accreditation by The Joint Commission. Please consult Quality Check on The Joint Commission's website to verify the organization's current accreditation status and for a listing of the organization's locations of care.

Attachment 8

**ATTACHMENT 9**  
**Safety Net Impact Statement**

**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.**

Each of Carle Health Proctor Hospital and Carle Health Methodist Hospital are safety net providers. Safety net services in the community will not be affected. In connection with this plan, CHPH's cardiac catheterization cases are shifting to CHMH. Both CHPH and CHMH are owned and operated by Carle Health and are located less than four miles apart. Since the two hospitals are integrated and utilize a common electronic medical record, clinical staff at either facility can access and utilize patients' medical records.

**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.**

The closure of the cardiac cath program at Carle Health Proctor Hospital shifts patient volumes from one Carle Health hospital to another Carle Health hospital and will not affect other area providers in any way including their ability 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.**

As noted above, the closure of the cardiac cath program at Carle Health Proctor Hospital shifts patient volumes from one Carle Health hospital to another Carle Health hospital and will not affect safety net providers in any way.

**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.**

**Charity Care Information- Carle Health Proctor Hospital**

| <b>Charity Care (# of patients)</b>   | <b>FY 20</b>     | <b>FY 21</b>     | <b>FY 22</b>     |
|---------------------------------------|------------------|------------------|------------------|
| Inpatient                             | 191              | 214              | 138              |
| Outpatient                            | 1,939            | 2,296            | 1,632            |
| <b>Total</b>                          | <b>2,130</b>     | <b>2,510</b>     | <b>1,770</b>     |
| <b>Charity Care (cost in dollars)</b> | <b>FY 20</b>     | <b>FY 21</b>     | <b>FY 22</b>     |
| Inpatient                             | \$226,763        | \$141,901        | \$100,579        |
| Outpatient                            | \$563,543        | \$646,180        | \$248,339        |
| <b>Total</b>                          | <b>\$790,306</b> | <b>\$788,081</b> | <b>\$348,918</b> |

**Medicaid Information- Carle Health Proctor Hospital**

| <b>Medicaid (# of patients)</b> | <b>FY 20</b>       | <b>FY 21</b>       | <b>FY 22</b>        |
|---------------------------------|--------------------|--------------------|---------------------|
| Inpatient                       | 171                | 220                | 235                 |
| Outpatient                      | 7,850              | 9,058              | 10,708              |
| <b>Total</b>                    | <b>8,021</b>       | <b>9,278</b>       | <b>10,943</b>       |
| <b>Medicaid (Revenue)</b>       | <b>FY 20</b>       | <b>FY 21</b>       | <b>FY 22</b>        |
| Inpatient                       | \$1,553,750        | \$2,316,888        | \$2,677,838         |
| Outpatient                      | \$6,218,229        | \$7,263,400        | \$8,691,001         |
| <b>Total</b>                    | <b>\$7,771,979</b> | <b>\$9,580,288</b> | <b>\$11,368,839</b> |

**Additional Information Relevant to Safety Net Services**

N/A

**ATTACHMENT 10**  
**Charity Care**

Charity care figures for Carle Health Proctor Hospital for the latest three audited fiscal years are provided in the table below:

**Carle Health Proctor Hospital**

| <b>CHARITY CARE</b>              |                |                |                |
|----------------------------------|----------------|----------------|----------------|
|                                  | <b>FY 2020</b> | <b>FY 2021</b> | <b>FY 2022</b> |
| Net Patient Revenue              | \$109,146,704  | \$138,632,693  | \$133,906,860  |
| Amount of Charity Care (charges) | \$4,933,246    | \$4,910,948    | \$2,368,438    |
| Cost of Charity Care             | \$790,306      | \$788,081      | \$348,918      |

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD**  
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After paginating the entire completed application indicate, in the chart below, the page numbers for the included attachments:

| <b>INDEX OF ATTACHMENTS</b> |                                                                                                        |  |              |
|-----------------------------|--------------------------------------------------------------------------------------------------------|--|--------------|
| <b>ATTACHMENT<br/>NO.</b>   |                                                                                                        |  | <b>PAGES</b> |
| 1                           | Applicant Identification including Certificate of Good Standing                                        |  | 14-16        |
| 2                           | Site Ownership                                                                                         |  | 17           |
| 3                           | Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership. |  | 18           |
| 4                           | Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.                  |  | 19           |
| 5                           | Discontinuation General Information Requirements                                                       |  | 20-21        |
| 6                           | Reasons for Discontinuation                                                                            |  | 22           |
| 7                           | Impact on Access                                                                                       |  | 23-24        |
| 8                           | Background of the Applicant                                                                            |  | 25-28        |
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