

**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 Pekin Hospital- Discontinuation of ICU Service		
Street Address: 600 S. 13 <sup>th</sup> St.		
City and Zip Code: Pekin 61554		
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	<input type="checkbox"/>

- 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: Carle Health
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: Aronberg Goldgehn
Address: 225 W. Washington St. Suite 2800 Chicago, IL 60606
Telephone Number: (312) 755-3157
E-mail Address: <a href="mailto:Kfriedman@agdgllaw.com">Kfriedman@agdgllaw.com</a>

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
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Street Address: 600 S. 13 <sup>th</sup> St.		
City and Zip Code: Pekin 61554		
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: Pekin Memorial Hospital dba Carle Health Pekin Hospital
Street Address: 600 S. 13 <sup>th</sup> St.
City and Zip Code: Pekin, IL 61554
Name of Registered Agent: Keith Knepp, MD
Registered Agent Street Address: 600 S. 13 <sup>th</sup> St.
Registered Agent City and Zip Code: Pekin 61554
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	<input type="checkbox"/>

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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.

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

Name: Collin Anderson
Title: Strategic Planning Coordinator II
Company Name: Carle Health
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: Aronberg Goldgehn
Address: 225 W. Washington St. Suite 2800 Chicago, IL 60606
Telephone Number: (312) 755-3157
E-mail Address: <a href="mailto:Kfriedman@agdgllaw.com">Kfriedman@agdgllaw.com</a>

### 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: Pekin Memorial Hospital dba Carle Health Pekin Hospital
Address of Site Owner: 600 S. 13th St. Pekin, IL 61554
Street Address or Legal Description of the Site: 600 S. 13th St. Pekin, IL 61554
<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: Pekin Memorial Hospital dba Carle Health Pekin Hospital	
Address: 600 S. 13th St. Pekin, IL 61554	
<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	<input type="checkbox"/>
<ul style="list-style-type: none"><li>○ Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.</li><li>○ Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.</li><li>○ <b>Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.</b></li></ul>	
<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.

<b>APPEND DOCUMENTATION AS ATTACHMENT 4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>
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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.

Pekin Memorial Hospital dba Carle Health Pekin Hospital ("CHPH") will discontinue its Intensive Care Unit ("ICU") category of service. CHPH is currently authorized to operate 8 ICU beds at its hospital located at 600 S. 13th St. Pekin, IL 61554. Following the closure of CHPH's ICU category of service, intensive care admissions 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 12 miles apart. CHMH offers a more comprehensive critical care environment, with 24-hour intensivist coverage and a broader range of specialty and subspecialty support. This transition will help ensure that patients who require the highest level of medical care can receive it in a setting equipped and staffed for optimal outcomes.

The discontinuation will be effective within 90 days after the latter of HFSRB approval and Illinois Department of Public Health approval.

There are no project costs associated with this project.

### Project Status and Completion Schedules

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

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**Anticipated exemption completion date** (refer to Part 1130.570): Within 90 days of 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.**

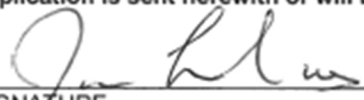
### CERTIFICATION

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

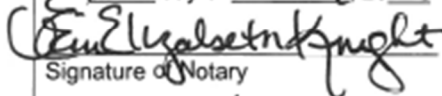
  
SIGNATURE

Dennis Hesch  
PRINTED NAME

Executive Vice President and System CFO  
PRINTED TITLE

Notarization:

Subscribed and sworn to before me  
this 20<sup>th</sup> day of January, 2026

  
Signature of Notary

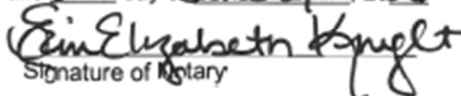
Seal

\*Insert Seal of Notary Public Here



Notarization:

Subscribed and sworn to before me  
this 20<sup>th</sup> day of January, 2026

  
Signature of Notary

Seal



## CERTIFICATION

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

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

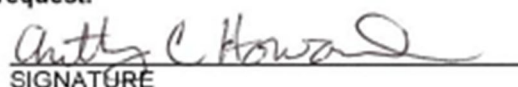
This Application is filed on the behalf of Pekin Memorial Hospital dba Carle Health Pekin Hospital.

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

  
SIGNATURE

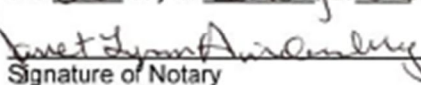
Keith Knepp, MD  
PRINTED NAME

Regional President  
PRINTED TITLE

  
SIGNATURE

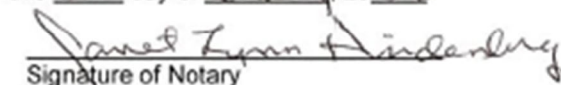
Anthony Howard  
PRINTED NAME

Administrator, Carle Health Pekin Hospital  
PRINTED TITLE

Notarization:  
Subscribed and sworn to before me  
this 20 day of January 2026  
  
Signature of Notary

Seal  
\*Insert the EXACT legal name of the applicant



Notarization:  
Subscribed and sworn to before me  
this 20 day of January 2026  
  
Signature of Notary

Seal





## SECTION II. DISCONTINUATION

### Type of Discontinuation

☒ Discontinuation of a single category of service

### Criterion 1130.525 and 1110.290 - Discontinuation

READ THE REVIEW CRITERION and provide the following information:

#### **GENERAL INFORMATION REQUIREMENTS**

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

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



**REASONS FOR DISCONTINUATION**

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

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

**IMPACT ON ACCESS**

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

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

### SECTION III. BACKGROUND

READ THE REVIEW CRITERION and provide the following required information:

#### **BACKGROUND OF APPLICANT**

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

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

## SECTION IV. SAFETY NET IMPACT STATEMENT

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

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

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

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

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

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
<b>Total</b>			
Charity (cost in dollars)	Year	Year	Year
Inpatient			
Outpatient			
<b>Total</b>			
MEDICAID			
Medicaid (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
<b>Total</b>			

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

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

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

## SECTION V. CHARITY CARE INFORMATION

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

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

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

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

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

**ATTACHMENT 1**

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

1. The Carle Foundation;
2. Pekin Memorial Hospital dba Carle Health Pekin Hospital

*File Number*

2932-580-4



***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*

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 #: 2426203228 verifiable until 09/18/2025  
Authenticate at: <https://www.isos.gov>

***In Testimony Whereof, I hereto set***  
*my hand and cause to be affixed the Great Seal of*  
*the State of Illinois, this 18TH*  
*day of SEPTEMBER A.D. 2024 .*

  
SECRETARY OF STATE

Attachment 1



*File Number*

1250-952-9



***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***

PEKIN MEMORIAL HOSPITAL, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JUNE 25, 1913, ADOPTED THE ASSUMED NAME CARLE HEALTH PEKIN HOSPITAL ON APRIL 03, 2023, 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 18TH day of DECEMBER A.D. 2025 .***

Authentication #: 2535204288 verifiable until 12/18/2026  
Authenticate at: <https://www.ilsos.gov>

*Alexi Giannoulis*  
SECRETARY OF STATE

Attachment 1

## **ATTACHMENT 2**

### Site Ownership

By signing the certification pages within this application, the Applicants attest that Pekin Memorial Hospital dba Carle Health Pekin Hospital owns the property at 600 S. 13th St. Pekin, IL 61554.

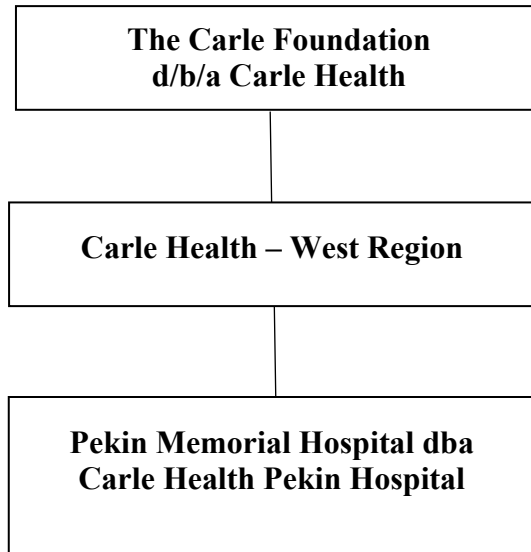
### **ATTACHMENT 3**

#### Operating Entity/Licensee

Pekin Memorial Hospital dba Carle Health Pekin Hospital is the licensee and operator of the Hospital. The hospital license for Pekin Memorial Hospital dba Carle Health Pekin Hospital is attached at Attachment-8.

## **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.**

Pekin Memorial Hospital dba Carle Health Pekin Hospital (“CHPH”) plans to discontinue its Intensive Care Unit (“ICU”) category of service. CHPH is currently authorized to operate 8 ICU beds at its hospital located at 600 S. 13th St. Pekin, IL 61554.

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

n/a

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

Within 90 days of the latter of IDPH and HFSRB approval.

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

Following the closure of the ICU Category of Service, CHPH will evaluate future renovations to satisfy code requirements to allow the rooms currently designated for ICU care to be used as medical/surgical overflow during times of high census. The existing equipment and furniture will remain on the unit.

**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.**

Documentation that the facility provided the required notice of the category of service discontinuation to local media is attached at Attachment- 5A. The notice will run in the Peoria Journal Star newspaper on January 26, 2026.

## **ATTACHMENT 5A**

### **Job Details**

Order Number:

**LILS0446823**

Classification:

Public Notices

Package:

General Package

Additional Options:

1 Affidavit \$5.00

Base amount:

\$34.00

Service fee:

\$1.36

Cash/Check/ACH



Discount:

-\$0.00

Total payment:

\$35.36

As an incentive for customers, we

provide a discount off the total

order cost equal to the 3.99%

service fee if you pay with

Cash/Check/ACH. Pay by

Cash/Check/ACH and save! In no

event are service fees refundable.

Payment Type:

visa

### **Account Details**

Anna Blackledge

3310 Fields S Dr,

CHAMPAIGN, IL 61822

618-558-4147

[Anna.Blackledge@carle.com](mailto:Anna.Blackledge@carle.com)

Carle Health

Credit Card - visa

\*\*\*\*\*1341

Schedule for ad number LILS04468230

Mon Jan 26, 2026

Peoria Journal Star

All Zones

Pending approval from the Illinois Health Facilities and Services Review Board, Carle Health Pekin Hospital (CHPK) will discontinue its eight-bed intensive care unit (ICU) category of service. ICU admissions that would have formerly occurred at CHPK will shift to Carle Health Methodist Hospital, which is located less than 12 miles from CHPK. Carle Health Methodist offers a more comprehensive critical care environment, with 24-hour intensivist coverage and a broader range of specialty and subspecialty support. This transition will help ensure that patients who require the highest level of medical care can receive it in a setting equipped and staffed for optimal outcomes.

January 26 2026

LILS0446823

## **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 regional ICU services at The Methodist Medical Center of Illinois d/b/a Carle Health Methodist Hospital ("CHMH"). Going forward, ICU admissions 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 12 miles apart. The two hospitals are clinically integrated, utilize a common electronic medical record, and clinical staff at either facility can access and utilize patients' medical records. Pekin-area residents requiring a higher level of care most typically already accesses higher acuity services in Peoria, and CHPH patients requiring a higher level of care already seamlessly transition from CHPH to CHMH. Patient access, care coordination, referrals, and scheduling are all well integrated due to the affiliation of the two hospitals. As such, the Applicants view this shift as a minor operational change.

Given CHPH's low volume and its proximity to CHMH, this change will improve efficiency and care quality. In 2024, CHPH had 223 ICU admissions and 645 ICU inpatient days in its 8 ICU rooms, while CHMH had 1,756 ICU admissions and 6,561 ICU inpatient days in its 38 ICU rooms. Below are benefits of consolidating CHPH's ICU patients at CHMH:

- **Support Services:** CHMH has a large array of support services that are not available at CHPH. For example, 24-hour intensivist physician coverage, cardiac catheterization, surgical specialties (e.g. neurosurgery, cardiac surgery, and oral/maxillofacial surgery), comprehensive emergency department, level II Trauma Center, PET scanner, linear accelerator, high-dose brachytherapy, and breast MRI imaging. The more comprehensive services offered at CHMH will improve patient care and outcomes for ICU patients. Meanwhile, more stable acute illnesses that can be managed on med/surg units and emphasize observation and treatment, like pneumonia, COPD exacerbations, urinary tract infections or cellulitis will continue to be admitted to CHPH.
- **Specialization and Expertise:** Consolidating ICUs will facilitate improved proficiency in treating complex patients as well as additional specialization among providers and staff.
- **Improved Workflows and Standardization:** High patient volumes allow for optimizing workflows and standardizing processes, potentially leading to better coordination, reduced errors, and faster treatment times.



## **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 the smaller program into a more robust and larger program will optimize outcomes. As discussed above, both CHPH and CHMH are owned and operated by Carle Health and are located less than 12 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. Patient access, care coordination, referrals, and scheduling are all well integrated 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 non-Carle Health hospital within a 17-mile radius of CHPH offers ICU services:

<b>Hospital</b>	<b>Street Address</b>	<b>City</b>	<b>Zip</b>	<b>Administrator</b>
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.

**ATTACHMENT 7A**



*January 20, 2026*

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 Intensive Care  
Unit at Carle Health Pekin Hospital**

Dear Administrator:

Carle Health Pekin Hospital ("Pekin 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 Intensive Care Unit ("ICU") category of service at Pekin Hospital. In connection with this plan, Pekin Hospital's ICU cases are shifting to Carle Health Methodist Hospital ("Methodist Hospital"). As you know, Pekin Hospital and Methodist Hospital are both owned and operated by Carle Health. They are located less than 12 miles apart. Since the two hospitals utilize a common medical record and Pekin-area residents requiring a higher level of care already receive services at Methodist Hospital, this change in operations will transition seamlessly.

In accordance with applicable HFSRB rules, we are notifying hospitals with ICU 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 reorganization 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 Pekin Hospital.

The closure is expected to occur shortly after HFSRB and IDPH approval. For your information, Pekin Hospital's ICU had 137 admissions and 443 inpatient days in 2023, and 223 admissions and 645 inpatient days in 2024. 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 me at 309-671-2968.

Sincerely,

A handwritten signature in black ink that reads "Anthony Howard". The signature is fluid and cursive, with the first name "Anthony" and last name "Howard" clearly distinguishable.

Anthony Howard  
Administrator, Carle Health Pekin Hospital

## **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
- Hoopston Community Memorial Hospital, d/b/a Carle Hoopston 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.

		
<b>ILLINOIS DEPARTMENT OF PUBLIC HEALTH</b>		
<b>HF134902</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>		
<small>Issued under the authority of the Illinois Department of Public Health</small>		
<small>EXPIRATION</small>	<small>CATEGORY</small>	<small>I.D. NUMBER</small>
<b>12/31/2026</b>		<b>0001834</b>
<b>General Hospital</b>		
<b>Effective: 01/01/2026</b>		
<b>Pekin Memorial Hospital</b> <b>dba Carle Health Pekin Hospital</b> <b>600 S 13th Street</b> <b>Pekin, IL 61554</b>		
<small>The face of this license has a colored background. • Printed by Authority of the State of Illinois • P.O. #4025001 2M 4/25</small>		

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

**Exp. Date 12/31/2026**

**Lic Number 0001834**

**Date Printed 10/8/2025**

**Validation Num**

**Pekin Memorial Hospital**  
**dba Carle Health Pekin Hospital**  
**600 S 13th Street**  
**Pekin, IL 61554**

**FEE RECEIPT NO.**

Attachment 8



# HEALTHCARE CERTIFICATE

Certificate no.:  
C744790

Initial certification date:  
23 April, 2025

Valid:  
23 April, 2025 – 23 April, 2028

This is to certify that the management system of

## **Carle Health Pekin Hospital**

600 S 13TH ST, Pekin, IL, 61554-4936, 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:  
Katy, TX, 29 April, 2025



For the issuing office:  
**DNV Healthcare USA Inc.**  
1400 Ravello Drive, Katy, TX, 77449, USA



A handwritten signature in black ink, appearing to read "Kelly Proctor".

**Kelly Proctor**  
Management Representative

Attachment 8



## **ATTACHMENT 9**

### **Safety Net Impact Statement**

The discontinuation of CHPH's intensive care unit will not have any adverse impact on safety net services in the area or on the ability of any other healthcare providers to cross-subsidize safety net services.

This Safety Net Impact Statement addresses the following requirements:

**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 Pekin 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 ICU cases are shifting to CHMH. Both CHPH and CHMH are owned and operated by Carle Health and are located less than 12 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 ICU at Carle Health Pekin 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 ICU at Carle Health Pekin 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 Pekin Hospital

<b>Charity Care (# of patients)</b>	<b>FY 22</b>	<b>FY 23</b>	<b>FY 24</b>
Inpatient	91	53	59
Outpatient	1,269	719	1,301
Total	1,360	772	1,360
<b>Charity Care (cost in dollars)</b>	<b>FY 22</b>	<b>FY 23</b>	<b>FY 24</b>
Inpatient	\$70,996	\$127,235	\$52,297
Outpatient	\$110,211	\$290,862	\$171,173
Total	\$181,207	\$418,097	\$223,470

#### Medicaid Information- Carle Health Pekin Hospital

<b>Medicaid (# of patients)</b>	<b>FY 22</b>	<b>FY 23</b>	<b>FY 24</b>
Inpatient	189	306	1,241
Outpatient	17,731	16,749	23,530
Total	17,920	17,055	24,771
<b>Medicaid (Revenue)</b>	<b>FY 22</b>	<b>FY 23</b>	<b>FY 24</b>
Inpatient	\$3,719,836	\$4,279,558	\$606,071
Outpatient	\$9,968,127	\$8,842,777	\$5,046,513
Total	\$13,687,963	\$13,122,335	\$5,652,584

#### Additional Information Relevant to Safety Net Services

N/A

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

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

**Carle Health Pekin Hospital**

	2022	2023	2024
Net Patient Revenue	\$55,462,792	\$54,156,693	\$59,540,979
Amount of Charity Care (charges)	\$1,516,539	\$1,137,451	\$1,477,814
Cost of Charity Care	\$181,207	\$418,097	\$223,470

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

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