

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 AMI 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

☒ Non-profit Corporation	☐ Partnership
☐ For-profit Corporation	☐ Governmental
☐ Limited Liability Company	☐ Sole Proprietorship
☐ 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: 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: Kfriedman@agdgllaw.com

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
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SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Facility/Project Identification

Facility Name: Carle Health Proctor Hospital- Discontinuation of AMI 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: 5409 N. Knoxville Ave.	
Registered Agent City and Zip Code: Peoria 61614	
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

☒ Non-profit Corporation	☐ Partnership
☐ For-profit Corporation	☐ Governmental
☐ Limited Liability Company	☐ Sole Proprietorship
☐ 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.

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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
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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: Kfriedman@agdgllaw.com

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
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.
APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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	
☒ Non-profit Corporation ☐ For-profit Corporation ☐ Limited Liability Company ☐ Other	☐ Partnership ☐ Governmental ☐ Sole Proprietorship
○ Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. ○ Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner. ○ Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	
APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

Organizational Relationships

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

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

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 Acute Mental Illness ("AMI") category of service. CHPH is currently authorized to operate 18 AMI beds at its hospital located at 5409 N. Knoxville Ave. Peoria, IL 61641.

Following the closure of CHPH's AMI category of service, acute mental illness admissions that would have formerly occurred at CHPH will shift as follows:

- Most admissions will shift to Carle Health Methodist Hospital ("CHMH") located at 221 NE Glen Oak Ave, Peoria, IL 61636.
 - Both CHPH and CHMH are owned and operated by Carle Health and are located less than four miles apart.
 - CHMH offers a more comprehensive behavioral health environment with a broader range of specialty and subspecialty support. This transition will help ensure that patients who require inpatient AMI care can receive it in a setting equipped and staffed for optimal outcomes.
- Meadowview Behavioral Hospital, which is expected to open in June 2026 pursuant to CON Permit #23-008, will, beyond its general inpatient AMI program offer a subspecialty program for older adults. This hospital will also be located nearby at 9014 North Wood Sage Road, Peoria, IL 61615.

The discontinuation is expected to be effective within 120 days after the latter of HFSRB approval and Illinois Department of Public Health approval.

There are no capital 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.

Anticipated exemption completion date (refer to Part 1130.570): Within 120 days after the latter of HFSRB approval and Illinois Department of Public Health 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.

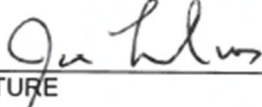
CERTIFICATION

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 d/b/a Carle Health.

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


SIGNATURE

James Leonard, M.D.
PRINTED NAME

President and CEO
PRINTED TITLE

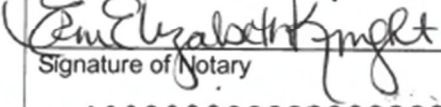

SIGNATURE

Dennis Hesch
PRINTED NAME

Executive Vice President and System CFO
PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 12th day of May, 2020

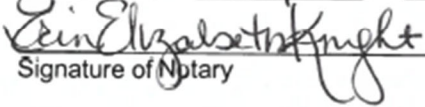

Signature of Notary

Seal



Notarization:

Subscribed and sworn to before me
this 12th day of May, 2020


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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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.

SIGNATURE

James Leonard, M.D.

PRINTED NAME

President and CEO

PRINTED TITLE

SIGNATURE

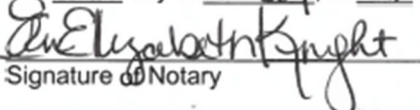
Dennis Hesch

PRINTED NAME

Executive Vice President and System CFO

PRINTED TITLE

Notarization:

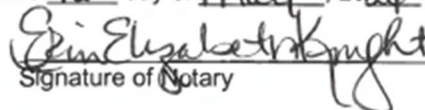
Subscribed and sworn to before me
this 12th day of May, 2024

Signature of Notary

Seal

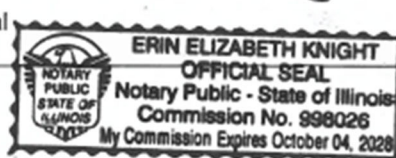
*Insert Notary Seal in the space provided for the applicant



Notarization:

Subscribed and sworn to before me
this 12th day of May, 2024

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			
Total			
Charity (cost in dollars)	Year	Year	Year
Inpatient			
Outpatient			
Total			
MEDICAID			
Medicaid (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			

	Medicaid (revenue)				
	Inpatient				
	Outpatient				
	Total				

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
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 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, ADOPTED THE ASSUMED NAME CARLE HEALTH ON DECEMBER 16, 2019, 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 #: 2523200978 verifiable until 08/20/2026
Authenticate at: <https://www.ilsos.gov>

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 20TH day of AUGUST A.D. 2025 .

Alexi Giannoulis
SECRETARY OF STATE

Attachment 1

File Number

3779-346-9



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

PROCTOR HOSPITAL, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 19, 1958, ADOPTED THE ASSUMED NAME CARLE HEALTH PROCTOR 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.



Authentication #: 2535204344 verifiable until 12/18/2026

Authenticate at: <https://www.ilsos.gov>

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 18TH day of DECEMBER A.D. 2025 .

Alexi Giannoulas
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.

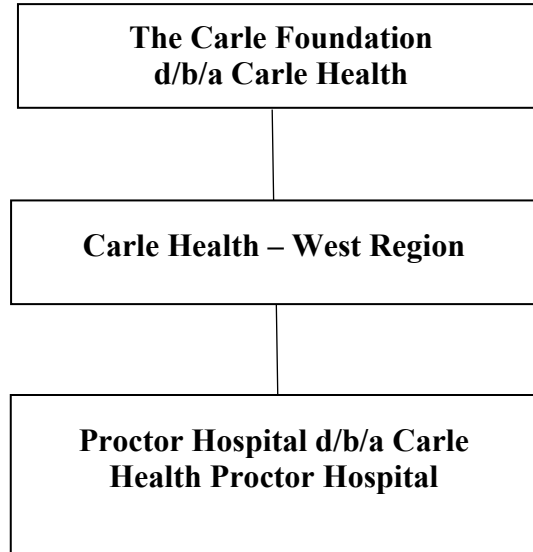
ATTACHMENT 3

Operating Entity/Licensee

Proctor Hospital d/b/a Carle Health Proctor Hospital is the licensee and operator of the Hospital. The hospital license for Proctor Hospital d/b/a Carle Health Proctor 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.

Proctor Hospital d/b/a Carle Health Proctor Hospital (“CHPH”) will discontinue its Acute Mental Illness (“AMI”) category of service. CHPH is currently authorized to operate 18 AMI beds 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.

Within 120 days after the latter of HFSRB approval and Illinois Department of Public Health approval.

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

The future use of physical space currently housing the CMPH inpatient AMI unit is currently being evaluated for repurposing to meet evolving patient needs that have not yet been determined. This assessment ensures the facility remains a vital asset to the regional healthcare landscape. Multiple projects and clinical disciplines are being reviewed to determine the most effective space utilization to benefit the community.

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 May 18, 2026.

ATTACHMENT 5A**Job Details**

Order Number:

LIL S0521073

Classification:

Public Notices

Package:

General Package

Additional Options:

1 Affidavit \$5.00

Base amount:

\$39.00

Service fee:

\$1.56

Cash/Check/ACH

☐

Discount:

-\$0.00

Total payment:

\$40.56

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

Carle Health

3310 Fields S Dr,

CHAMPAIGN, IL 61822

618-558-4147

Anna.Blackledge@carle.com

Carle Health

Credit Card - visa *****

Schedule for ad number LIL S05210730

Mon May 18, 2026

Peoria Journal Star

All Zones

Pending approval from the Illinois Health Facilities and Services Review Board, the Carle Health Greater Peoria region is centralizing inpatient adult behavioral health services and will discontinue Carle Health Proctor Hospital's (CHPH) 18-bed inpatient Acute Mental Illness (AMI) category of service. The AMI patient admissions that would have formerly occurred at CHPH will generally shift to Carle Health Methodist Hospital (CHMH), which is located less than four miles from CHPH, with all employed staff also shifting locations. As a larger program, CHMH offers a more comprehensive behavioral health care program with a broader range of specialty and subspecialty support. This transition will create an advanced care environment bringing together the collective specialization of the full region and should not result in any disruption to care.

May 18 2026

LILS0521073

ATTACHMENT 6

REASONS FOR DISCONTINUATION

According to the most recent Illinois Health Facilities and Services Review Board inventory of health care facilities and services and need determinations, there is an existing excess of 161 AMI beds in HSA 2. Based on an assessment of the needs of the community and surrounding areas within the geographic service area, the Applicants decided to consolidate Peoria-area adult behavioral health services as follows:

- Most Carle Health Proctor Hospital (“CHPH”) AMI admissions will shift to Carle Health Methodist Hospital (“CHMH”) located at 221 NE Glen Oak Ave, Peoria, IL 61636.
 - Both CHPH and CHMH are owned and operated by Carle Health and are located less than four miles apart.
 - CHMH offers a more comprehensive behavioral health environment with a broader range of specialty and subspecialty support. This transition will help ensure that patients who require inpatient AMI care can receive it in a setting equipped and staffed for optimal outcomes.
- Meadowview Behavioral Hospital, which is expected to open in June 2026 pursuant to CON Permit #23-008, will, beyond its general inpatient AMI program offer a subspecialty program for older adults. This hospital will also be located nearby at 9014 North Wood Sage Road, Peoria, IL 61615.

With the opening of CHMH’s Young Minds Center (CON Permit #22-017) in October 2024, CHMH’s child and adolescent AMI admissions shifted from the CHMH campus to the Young Minds Center campus. This shift freed up inpatient AMI capacity on the CHMH campus, which will accommodate the AMI admissions that will shift from CHPH. Following the discontinuation of CHPH’s AMI category of service, Carle Health’s regional adult AMI services will operate exclusively at CHMH. 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. Peoria residents seeking inpatient AMI care from Carle Health already access these services at CHMH, and CHPH patients requiring inpatient AMI 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.

The consolidation of services is driven by the low volume at CHPH and its close proximity to CHMH. In 2024, CHPH recorded 301 AMI admissions and 3,169 inpatient days across 18 rooms, resulting in an average daily census of 8.6 patients. In contrast, CHMH managed 2,367 admissions and 19,328 inpatient days in its 103 AMI beds maintaining an average daily census of 52.9 patients. Consolidating Peoria-area AMI services offers several key benefits:

Support Services:

CHMH provides a more robust array of support services than those available at CHPH. These include:

- Academic Affiliation: Partnership with the University of Illinois College of Medicine provides essential support from Psychiatry and Behavioral Health Medicine residents and faculty.
- Modernized Facilities: A specialty behavioral health unit (5 ED stations) in the Emergency Department (renovated in March 2026) and a fully updated AMI unit on 6 West (renovated in 2025).
- Enhanced Safety: The environment includes ligature-resistant fixtures, a more advanced duress system, and six security officers compared to CHPH's two security officers. CHMH also utilizes a weapons detection system not available at CHPH.
- Dedicated Staffing: Access to a newly created admission nurse role for a more empathetic intake process and dedicated discharge planners to ensure high quality continuity of care.

Specialization and Expertise:

By consolidating units, Carle Health can facilitate higher proficiency in treating complex cases and allow for greater clinical specialization among staff and providers.

Improved Workflows and Standardization:

The higher patient volumes at CHMH support the optimization of workflows and the standardization of processes. This leads to more effective coordination, a reduction in potential errors, and faster treatment times for patients.

Community Capacity:

- In addition to CHMH's AMI beds, a new 100-bed AMI Hospital, Meadowview Behavioral Hospital, is on the verge of opening (expected June 2026). This facility will provide comprehensive inpatient and outpatient psychiatric care for depression, anxiety, trauma, and substance use disorders and other psychiatric disorders, allowing for additional access within the immediate community.
- To ensure a comprehensive continuum of care, Carle Health continues to offer outpatient behavioral health services in Peoria. These services include essential follow-up, ensuring that the transition from inpatient care at CHMH to the outpatient setting remains seamless for the Peoria community.

Future Utilization:

The future of the Proctor physical space is currently being evaluated for repurposing to meet evolving patient needs that have not yet been determined. This assessment ensures the facility remains a vital asset to the regional healthcare landscape. Multiple projects and clinical disciplines are being reviewed to determine the most effective space utilization to benefit the community.

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 more robust and larger programs will optimize outcomes. As discussed above, both CHPH and CHMH are owned and operated by Carle Health and are located less than four miles apart. Since the two hospitals are well-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 of care to CHMH 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 adult AMI 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.

ATTACHMENT 7A

May 14, 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 Acute Mental
Illness Unit 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 Acute Mental Illness ("AMI") category of service at Proctor Hospital. In connection with this plan, Proctor Hospital's AMI cases will generally shift to Carle Health Methodist Hospital ("Methodist Hospital"). As you know, Proctor Hospital and Methodist Hospital, which are proximate to one another, are both owned and operated by Carle Health. Since the two hospitals utilize a common medical record and 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 adult AMI 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. We expect most patients to be served at Methodist Hospital. We also met with Sarah Friend, Chief Executive Officer of Meadowview Behavioral Hospital, who supports this change and noted that Meadowview plans to admit Senior Behavioral Health inpatients, providing an additional care option for our community.

The closure is expected to occur shortly after HFSRB and IDPH approval. For your information, Proctor Hospital's AMI unit had 208 admissions and 2,337 inpatient days in 2023, and 301 admissions and 3,169 inpatient days in 2024. The caseload of the program is expected to be accommodated at Methodist Hospital going forward.

If you have any questions about Carle Health's plans, please feel free to contact me at 309-672-4611.

Sincerely,

Jill Dodaro, MSN, MBA, NEA-BC, MEDSURG-BC
Vice President, Patient Care & Chief Nursing Officer
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

 ILLINOIS DEPARTMENT OF PUBLIC HEALTH			HF133486
LICENSE, PERMIT, CERTIFICATION, REGISTRATION			
The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.			
Sameer Vohra, MD,JD,MA Director		Issued under the authority of the Illinois Department of Public Health	
EXPIRATION DATE	CATEGORY	I.D. NUMBER	
6/30/2026		0001925	
General Hospital			
Effective: 07/01/2025			
Proctor Hospital dba Carle Health Proctor Hospital 5409 N Knoxville Ave Peoria, IL 61614			
The face of this license has a colored background. • Printed by Authority of the State of Illinois • P.O. #4024001 2M 4/24			

← DISPLAY THIS PART IN A
CONSPICUOUS PLACE

Exp. Date 6/30/2026

Lic Number 0001925

Date Printed 4/16/2025

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

FEE RECEIPT NO.

Attachment 8



HEALTHCARE CERTIFICATE

Certificate no.:
C744772

Initial certification date:
16 May, 2025

Valid:
16 May, 2025 – 16 May, 2028

This is to certify that the management system of

Carle Health Proctor Hospital

5409 North Knoxville Avenue, Peoria, IL, 61614, 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 May, 2025



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



Kelly Proctor
Management Representative

Attachment 8

Lack of fulfillment of conditions as set out in the Certification Agreement may render this Certificate Invalid.
ACCREDITED UNIT: DNV Healthcare USA Inc., 1400 Ravello Drive, Katy, TX 77449, USA - TEL: +1-281-396-1000. www.dnvhealthcare.com

ATTACHMENT 9
Safety Net Impact Statement

The discontinuation of CHPH's AMI 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 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 to consolidate Carle Health's West Region's adult AMI services at CHMH, CHPH AMI cases will shift 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 AMI unit at Carle Health Proctor Hospital will not affect the ability of other area providers to cross-subsidize safety net services. The planned discontinuation will shift patient volumes from one Carle Health hospital to another Carle Health hospital and to the soon-to-open Meadowview Behavioral Hospital. Both facilities can accommodate the anticipated volumes without any impact on 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 AMI unit at Carle Health Proctor Hospital shifts patient volumes from one Carle Health hospital to another Carle Health hospital and to Meadowview Behavioral Hospital. It will positively impact safety net providers by increasing patient volumes.

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

Charity Care (# of patients)	FY 23	FY 24	FY 25
Inpatient	126	81	134
Outpatient	1,289	958	1,609
Total	1,415	1,039	1,743
Charity Care (cost in dollars)	FY 23	FY 24	FY 25
Inpatient	\$164,279	\$65,728	\$295,056
Outpatient	\$366,580	\$250,461	\$711,933
Total	\$530,859	\$316,189	\$1,006,989

Medicaid Information- Carle Health Proctor Hospital

Medicaid (# of patients)	FY 23	FY 24	FY 25
Inpatient	207	251	301
Outpatient	10,484	5,408	9,272
Total	10,691	5,659	9,272
Medicaid (Revenue)	FY 23	FY 24	FY 25
Inpatient	\$3,972,640	\$1,844,732	\$2,771,302
Outpatient	\$8,454,256	\$3,472,725	\$8,838,061
Total	\$12,426,896	\$5,317,457	\$11,609,363

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

	2023	2024	2025
Net Patient Revenue	\$133,857,977	\$167,676,476	\$163,161,032
Amount of Charity Care (charges)	\$3,404,671	\$1,820,381	\$5,797,486
Cost of Charity Care	\$530,859	\$316,189	\$1,006,989

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

INDEX OF ATTACHMENTS			
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