

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

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Facility/Project Identification

Facility Name: Saint Joseph Medical Center – Joliet, LLC d/b/a Saint Joseph Medical Center		
Street Address: 333 N. Madison Street		
City and Zip Code: Joliet, 60435		
County: Will	Health Service Area: 009	Health Planning Area: 197, A-13

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

Exact Legal Name: Saint Joseph Medical Center – Joliet, LLC d/b/a Saint Joseph Medical Center
Street Address: 3480 E. Guasti Road
City and Zip Code: Ontario, 91761
Name of Registered Agent: Cogency Global Inc.
Registered Agent Street Address: 600 S. Second Street, Suite 404
Registered Agent City and Zip Code: Dover, 19904
Name of Interim Chief Executive Officer: Larry Coomes
Interim CEO Street Address: 301 N. Madison Street, Suite 100
Interim CEO City and Zip Code: Joliet, 60435
Interim CEO Telephone Number: 909-235-4400

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: Juan Morado, Jr. and Mark J. Silberman
Title: Partner and CON Counsel
Company Name: Benesch Friedlander Coplan & Aronoff LLP
Address: 71 S. Wacker Drive, 16th Floor, Chicago, Illinois 60606
Telephone Number: 312-212-4949
E-mail Address: jmorado@beneschlaw.com; msilberman@beneschlaw.com

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SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Facility/Project Identification

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Street Address: 333 N. Madison Street		
City and Zip Code: Joliet, Illinois 60435		
County: Will	Health Service Area: 009	Health Planning Area: 197, A-13

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

Exact Legal Name: Prime Healthcare Services, Inc.
Street Address: 3480 E. Guasti Road
City and Zip Code: Ontario, 91761
Name of Registered Agent: Cogency Global Inc.
Registered Agent Street Address: 850 New Burton Road, Suite 201
Registered Agent City and Zip Code: Dover, 19904
Name of Chief Executive Officer: Dr. Prem Reddy
CEO Street Address: 3480 E. Guasti Road
CEO City and Zip Code: Ontario, 91761
CEO Telephone Number: 909-235-4400

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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Telephone Number: 312-212-4949
E-mail Address: jmorado@beneschlaw.com; msilberman@beneschlaw.com

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

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

Post Exemption Contact [Person to receive all correspondence subsequent to exemption issuance-THIS PERSON MUST BE EMPLOYED BY THE LICENSED HEALTH CARE FACILITY AS DEFINED AT 20 ILCS 3960]

Name: Leonard Freehof Coomes
Title: Chief Executive Officer
Company Name: Prime Saint Joseph Medical Center - Joliet
Address: 333 N. Madison Street, Joliet, Illinois 60435
Telephone Number: 708-945-8310
E-mail Address: lcoomes@primehealthcare.com

Site Ownership [Provide this information for each applicable site]

Exact Legal Name of Site Owner: Saint Joseph Medical Center – Joliet, LLC
Address of Site Owner: 333 N. Madison Street, Joliet, Illinois 60435
Street Address or Legal Description of the Site: 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: Saint Joseph Medical Center, LLC – DBA Saint Joseph Medical Center
Address: 333 N. Madison Street, Joliet, Illinois 60435
☐ 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. ○ 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.

Saint Joseph Medical Center – Joliet, LLC d/b/a Saint Joseph Medical Center, located at 333 N. Madison Street in Joliet, Illinois 60435 ("Saint Joseph") is a multi-specialty general acute care hospital. Saint Joseph seeks to discontinue its 13 Pediatric beds and the category of service. Pursuant to 77 Ill. Admin. Code Section 1110.20(c)(1)(B)(ii) this project is classified as substantive.

Project Status and Completion Schedules

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

Prime Saint Francis Medical Center – Evanston Permit #26-020. The project will not be complete when the exemption that is the subject of this application is complete.

Anticipated exemption completion date (refer to Part 1130.570): December 31, 2026 or upon approval of this application.

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 Saint Joseph Medical Center – Joliet, LLC, Prime Healthcare Services, Inc. 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

Sunny Bhatia, M.D.

PRINTED NAME

President

PRINTED TITLE

SIGNATURE

Erica Reilley Swanholt

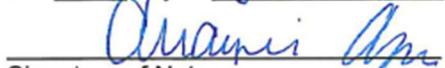
PRINTED NAME

Vice President & General Counsel

PRINTED TITLE

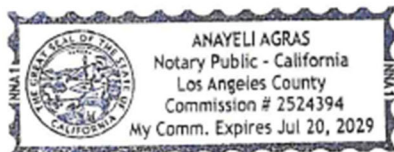
Notarization: State of California County of Los Angeles

Subscribed and sworn to before me

this 29 day of June 2026


Signature of Notary

Seal



Notarization:

Subscribed and sworn to before me

this ____ day of ____

Signature of Notary

Seal

*Insert the EXACT legal name of the applicant

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
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SIGNATURE

Sunny Bhatia, M.D.

PRINTED NAME

President

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this ____ day of ____

Signature of Notary

Seal

SIGNATURE

Erica Reilley Swanholt

PRINTED NAME

Vice President & General Counsel

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this ____ day of ____

Signature of Notary

Seal

PLEASE SEE ATTACHED
CALIFORNIA JURY

*Insert the EXACT legal name of the applicant

CALIFORNIA JURAT

GOVERNMENT CODE § 8202

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of San Bernardino

Subscribed and sworn to (or affirmed) before me on

this 29th day of June, 2026, by
Date Month Year

(1) Erica Reilley Swanholt

(and (2) None
Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence to
 be the person(s) who appeared before me.



Place Notary Seal and/or Stamp Above

Signature

*Signature of Notary Public***OPTIONAL**

*Completing this information can deter alteration of the document or
 fraudulent reattachment of this form to an unintended document.*

Description of Attached DocumentTitle or Type of Document: Certification - St Joseph Medical Center - Joliet, LLCDocument Date: 06/29/2026 Number of Pages: 3Signer(s) Other Than Named Above: Separate Notary- Sunny Bhatia

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)	2022	2023	2024
Inpatient	267	183	58
Outpatient	5,936	4,180	918
Total	6,203	4,363	976
Charity (cost in dollars)			
Inpatient	\$3,456,556	\$3,671,268	\$3,760,105
Outpatient	\$4,475,892	\$5,301,876	\$5,865,480
Total	\$7,932,448	\$8,973,144	\$9,625,585
MEDICAID			
Medicaid (# of patients)	2022	2023	2024
Inpatient	3,035	3,180	2,923
Outpatient	42,931	43,224	32,992
Total	45,966	46,404	35,915
Medicaid (revenue)			
Inpatient	\$32,950,510	\$38,482,477	\$24,852,346
Outpatient	\$34,743,259	\$45,855,039	\$38,304,545
Total	\$67,693,769	\$84,377,516	\$63,156,891

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			
	2022	2023	2024
Net Patient Revenue	\$367,936,068	\$352,670,868	\$318,353,637
Amount of Charity Care (charges)	-	-	-
Cost of Charity Care	\$7,912,448	\$8,973,144	\$9,625,585

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

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

INDEX OF ATTACHMENTS		
ATTACHMENT NO.		PAGES
1.	Applicant Identification including Certificate of Good Standing	15-17
2.	Site Ownership	18-19
3.	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership	20-21
4.	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	22
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8.	Background of the Applicant	48-52
9.	Safety Net Impact Statement	53-55
10.	Charity Care Information	56

ATTACHMENT 1
Type of Ownership of Applicant

Included with this attachment are:

1. The Certificate of Good Standing for the Applicant, Saint Joseph Medical Center – Joliet, LLC d/b/a Saint Joseph Medical Center.
2. The Certificate of Good Standing for Prime Healthcare Services, Inc.

ATTACHMENT 1
Certificate of Good Standing
Saint Joseph Medical Center – Joliet, LLC
d/b/a Saint Joseph Medical Center

File Number 1431703-1



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

SAINT JOSEPH MEDICAL CENTER - JOLIET, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON MARCH 26, 2024, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.



Authentication #: 2616102156 verifiable until 06/10/2027
 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 10TH
day of JUNE A.D. 2026 .

Alexi Giannoulis
 SECRETARY OF STATE

ATTACHMENT 1
Certificate of Good Standing
Prime Healthcare Services, Inc.

File Number 7510-599-1



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

PRIME HEALTHCARE SERVICES, INC., INCORPORATED IN DELAWARE AND LICENSED TO TRANSACT BUSINESS IN THIS STATE ON SEPTEMBER 29, 2025, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.



Authentication #: 2616102320 verifiable until 06/10/2027
 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 10TH
day of JUNE A.D. 2026 .

Alexi Giannoulas
 SECRETARY OF STATE

ATTACHMENT 2
Site Ownership

Attached is a letter of attestation of ownership of the site by Prime Healthcare Services, Inc. from the Vice President & General Counsel, Erica Reilly Swanholt.

**ATTACHMENT 2
Site Ownership**



June 29, 2026

John P. Kniery
Board Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson Street, Floor 2
Springfield, IL, 62761

RE: Attestation of Site Ownership- Saint Joseph Medical Center – Joliet, LLC

Dear Mr. Kniery,

As a representative of Saint Joseph Medical Center-Joliet, LLC, I, Erica Reilley Swanholt, hereby attest that the site of the proposed pediatrics service line discontinuation is located at 333 North Madison Street, Joliet, IL 60435. The site is owned by Saint Joseph Medical Center-Joliet, LLC whose sole member is Prime Healthcare Services, Inc.

Sincerely,

A handwritten signature in blue ink, appearing to read "Erica Swanholt", is written over the typed name and title.

Erica Reilley Swanholt
Vice President & General Counsel
Prime Healthcare Services, Inc.

ATTACHMENT 3
Operating Entity/Licensee

Saint Joseph Medical Center – Joliet, LLC is licensed by the Illinois Department of Public Health and is certified with the Centers for Medicare and Medicaid Services. Attached as evidence of the owner entity's good standing is a Certificate of Good Standing issued by Illinois Secretary of State.

ATTACHMENT 3
Operating Entity
Certificate of Good Standing – Saint Joseph Medical Center –
Joliet, LLC, d/b/a/ Saint Joseph Medical Center

File Number 1431703-1



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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

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Authentication #: 2616102156 verifiable until 06/10/2027
 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 10TH
 day of JUNE A.D. 2026 .*

Alexi Giannoulis
 SECRETARY OF STATE

ATTACHMENT 4
Organizational Chart

Saint Joseph Medical Center - Joliet, LLC
(Licensee)

|

Prime Healthcare Services, Inc.
(Maintains 100% Ownership Interest in Saint
Joseph Medical Center - Joliet, LLC)

ATTACHMENT 5 Discontinuation

General:

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

The facility seeks to discontinue the pediatric category of service and the facility's 13 licensed beds.

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

The facility does not seek discontinuation of any additional services.

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

The Applicant proposes to permanently discontinue services upon approval of the Board or by December 31, 2026.

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

The anticipated use of the beds and equipment has not been determined. The equipment utilized for these services will be reallocated for other clinical use within the facility.

5. Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued and the length of time the records will be maintained.

The medical records are in electronic format and will be maintained at an offsite secure location for a period of 10 years as required under applicable state law.

6. Provide copies of the notices that were provided to the local media that would routinely be notified about facility events.

Included in Attachment 10 is a copy of the Notice provided to the local media that would routinely be notified about the facilities events.

7. For applications involving the discontinuation of an entire facility, provide copies of the notices that were sent to the municipality in which the facility is located, the State Representative and State Senator of the district in which the health care facility is located, the Director of Public Health, and the Director of Healthcare and Family Services. These notices shall have been made at least 30 days prior to filing of the application.

Included in Attachment 10 are copies of the notices that were sent to the municipality in which the facility is located, the State Representative and State Senator of the district the health care facility is located, the Director of Public Health, and the Director of Healthcare and Family Services.

8. For applications involving the discontinuation of an entire facility, certification by an authorized representative that all questionnaires and data required by HFSRB or DPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 90 days following the date of discontinuation.

Included in Attachment 10 is a certification from the Applicant that all required data will be submitted no later than 90 days following the date of discontinuation.

ATTACHMENT 5

Discontinuation

Reasons For Discontinuation

The discontinuation sought in this application is justified by insufficient volume and lack of demand for inpatient pediatric services, together with the need to ensure high-quality, clinically appropriate care and the overall sustainability of hospital operations. As the Board knows the Pediatric category of service had been temporarily suspended due to unforeseen circumstances and that the suspension was intended to ensure high-quality care and the sustainability of Saint Joseph's operations.

The available patient data supports the conclusion that inpatient pediatric volume at Saint Joseph was insufficient to sustain the service line. The record further reflects that Saint Joseph's pediatric daily census was one or fewer patients per day, which raised concerns regarding the quality of care that could be provided in a very low-census inpatient pediatric unit. The hospital's internal pediatric transfer data further supports this conclusion. From January through May 2025, Saint Joseph recorded 61 pediatric transfers out, with monthly transfer counts of 13 in January, 5 in February, 9 in March, 11 in April, and 23 in May, for an average of approximately 12.2 pediatric transfers per month. This transfer pattern demonstrates that pediatric patients requiring services beyond Saint Joseph's inpatient pediatric capability were already being directed to other facilities for appropriate care.

Clinical leaders of the hospital have expressed that pediatric patients can improve quickly but may also deteriorate quickly, requiring access not only to pediatricians but also to pediatric subspecialists and pediatric ICU capabilities. The transfer data is consistent with that clinical concern because it shows that pediatric transfer pathways were already being used for patients requiring a higher or more specialized level of pediatric care. The proposed discontinuation is therefore intended to align pediatric care with the appropriate care setting, rather than eliminate access to pediatric evaluation or emergency stabilization.

Saint Joseph will continue to evaluate and treat pediatric patients who present to the Emergency Department. Pediatric patients requiring specialized inpatient pediatric care will continue to be transferred through the hospital's formal relationship with Edward Hospital, which has been identified as the appropriate partner for the few pediatric patients requiring specialized care offered at that facility.

The discontinuation also supports the sustainability of Saint Joseph's operations. Service line offering decisions are evaluated based on clinical quality, patient need, community access, safe care, and access. That approach is consistent with discontinuing a very low-volume inpatient pediatric service while preserving emergency access and maintaining appropriate transfer pathways for pediatric patients.

Impact on Access

The proposed discontinuation of Saint Joseph Medical Center-Joliet's Pediatric category of service is not expected to have an adverse impact on access to care for residents of the facility's market area. Saint Joseph proposes to discontinue inpatient pediatric services, but the hospital will continue to maintain physicians available in its Emergency Department to evaluate and treat pediatric patients who present for care. Saint Joseph also maintains a formal transfer agreement with Edward Hospital d/b/a Endeavor Health Edward Hospital for pediatric patients who require specialized pediatric services.

ATTACHMENT 5

Discontinuation

The proposed discontinuation is limited to inpatient pediatric services and does not involve discontinuation of Saint Joseph's Emergency Department or the hospital's ability to evaluate and treat pediatric patients who present for emergency care. Pediatric patients who require specialized inpatient pediatric care will continue to be transferred through the hospital's established relationship with Edward Hospital, which has been identified as the appropriate partner for the few pediatric patients who require specialized care offered at that facility. This structure preserves local access to emergency evaluation and stabilization while ensuring that pediatric patients requiring specialized inpatient care are directed to facilities with appropriate pediatric capabilities.

The available utilization data supports the conclusion that discontinuation will not create a practical access barrier. The pediatric unit was suspended in the context of dwindling volumes and quality, safety, and efficiency considerations. Saint Joseph's pediatric daily census was one or fewer patients per day, raising concerns regarding the quality of care that could be provided in a very low-census inpatient pediatric unit. The HFSRB inventory data similarly reflects low pediatric utilization in the applicable planning area, with 25 pediatric beds, 284 pediatric admissions, and 1,037 pediatric patient days across the pediatric category of service in 2021. Based on those patient days, the pediatric category of service in the planning area averaged approximately 2.8 pediatric patients per day across all 25 pediatric beds. The same inventory data shows that Saint Joseph accounted for 13 pediatric beds, 133 pediatric admissions, and 399 pediatric patient days in 2021, reflecting approximately 1.1 pediatric patients per day at Saint Joseph.

With respect to whether the service will continue to exist within the established radii under 77 Ill. Adm. Code 1100.510(d), the HFSRB inventory data identifies pediatric category of service capacity in the relevant service area at Morris Hospital and Health Care Center and Silver Cross Hospital and Medical Centers, in addition to Saint Joseph. The inventory data reports 4 pediatric beds at Morris Hospital and Health Care Center and 8 pediatric beds at Silver Cross Hospital and Medical Centers. The same inventory data reports pediatric utilization at those facilities, including 17 pediatric admissions and 70 pediatric patient days at Morris Hospital and 134 pediatric admissions and 568 pediatric patient days at Silver Cross. The pediatric category of service is not being eliminated from the broader geographic service area reflected in the inventory data.

With respect to whether the discontinuation will create or increase a shortage of beds or services as calculated in the HFSRB Inventory of Health Care Facilities, the uploaded inventory data reports 719 existing medical-surgical/pediatric beds and 710 adjusted beds needed in the planning area, resulting in 9 excess beds at the time of that inventory. The same inventory data reflects that pediatric utilization was very low relative to the number of authorized pediatric beds, with 1,037 pediatric patient days across 25 pediatric beds in 2021. The pediatric utilization data therefore supports the conclusion that the proposed discontinuation is not expected to create a practical shortage of pediatric inpatient services for residents of the market area.

With respect to whether the discontinuation will create a shortage of other categories of service, the project is limited to discontinuation of the Pediatric category of service and does not propose discontinuation of any other clinical service. The proposed discontinuation therefore should not create or increase a shortage of other categories of service within the market area.

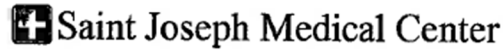
For these reasons, the proposed discontinuation is not expected to have an adverse impact on access to care for residents of Saint Joseph's market area. The project therefore does not eliminate pediatric access for the community; rather, it redirects specialized inpatient pediatric care to providers with the resources necessary to deliver that care safely and appropriately.

ATTACHMENT 5 Discontinuation Media Notice

The Applicants will publish the notice below in the Chicago Tribune, a local newspaper that routinely notifies the public about facility events. The notice below is scheduled to be published a single time in the classified ad section of the newspaper on July 3, 2026. The Chicago Tribune has a print circulation of 439,731, and an online presence. The Chicago Tribune is a newspaper of general circulation throughout the Cook and DuPage County and surrounding areas, and is a newspaper as defined by 715 ILCS 5/5.

“Saint Joseph Medical Center – Joliet, LLC, d/b/a Saint Joseph Medical Center has filed a Certificate of Need application with the Illinois Health Facilities and Services Review Board (“HFSRB”) to discontinue their pediatric services line located at 333 N. Madison Street in Joliet, Illinois 60435 in the third quarter of 2026. If you are or have been a patient at Saint Joseph Medical Center and have questions about accessing your medical records, please call 630-801-5744.”

ATTACHMENT 5
Discontinuation
Notices to Elected Officials and Agency Heads



June 24, 2026

Hon. Lawrence Walsh
 Illinois State Representative (District 86)
 121 Springfield Avenue
 Joliet, IL 60435

RE: Notice of Discontinuation of Pediatric Services - Saint Joseph Medical Center – Joliet, LLC, d/b/a Saint Joseph Medical Center

Dear Representative Walsh:

In accordance with Section 8.7(a) of the Illinois Health Facilities and Planning Act (20 ILCS 3960/8.7), I am providing this notice of our intent to file an application with the Illinois Health Facilities and Services Review Board ("HFSRB") to discontinue inpatient pediatric category of service at Saint Joseph Medical Center located at 333 North Madison St., Joliet, IL 60435.

We are aware of no adverse impact upon patient access and do not anticipate any such impact from the permanent discontinuation of the services at this location as there are numerous other facilities in the service area that can adequately serve the patient population.

Prior to the temporary suspension of the service, the facility was averaging only one pediatric patient per day. Since the temporary suspension we have entered into a successful collaboration with Endeavor Edwards Hospital for the transfer of pediatric patients who require additional inpatient and specialist care beyond the initial treatment they receive in our emergency department. Edwards Hospital is a center of excellence for pediatric care.

Pursuant to the above provision of the Health Facilities Planning Act, we are providing this notice to our State Representative, State Senator, the local mayor, the Director of Public Health and the Director of the Healthcare and Family Services.

Sincerely,


 Leonard Freehof
 Chief Executive Officer

333 Madison Street, Joliet, IL 60435 | 815-725-7133
 saintjosephjil.com | Member of Prime Healthcare

ATTACHMENT 5

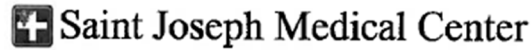
Discontinuation

Notices to Elected Officials and Agency Heads

CERTIFIED MAIL® PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.		U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
		For delivery information, visit our website at www.usps.com ®.	
		OFFICIAL USE	
		Certified Mail Fee \$ _____ Extra Services & Fees (check box, add fee as appropriate) ☐ Return Receipt (hardcopy) \$ _____ ☐ Return Receipt (electronic) \$ _____ ☐ Certified Mail Restricted Delivery \$ _____ ☐ Adult Signature Required \$ _____ ☐ Adult Signature Restricted Delivery \$ _____ Postage \$ _____ Total \$ _____	
Postmark Here		Hon. Lawrence Walsh Illinois State Representative (Dist. 86) 121 Springfield Avenue Joliet, IL 60435	
9589 0710 5270 3819 5290 80 9589 0710 5270 3819 5290 80		PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
- Complete items 1, 2, and 3. - Print your name and address on the reverse so that we can return the card to you. - Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature X	
1. Article Addressed to: Hon. Lawrence Walsh Illinois State Representative (Dist. 86) 121 Springfield Avenue Joliet, IL 60435		B. Received by (Printed Name) C. Date of Delivery	
2. Article Number (Transfer from service label) 9589 0710 5270 3819 5290 80		D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☒ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Mail Restricted Delivery		☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☒ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery	
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	

ATTACHMENT 5
Discontinuation
Notices to Elected Officials and Agency Heads



June 24, 2026

Hon. Rachel Ventura
 Illinois State Senator (District 43)
 221 Springfield Ave., Unit 3
 Joliet, IL 60435

RE: Notice of Discontinuation of Pediatric Services - Saint Joseph Medical Center – Joliet, LLC, d/b/a Saint Joseph Medical Center

Dear Senator Ventura:

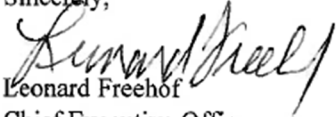
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Pursuant to the above provision of the Health Facilities Planning Act, we are providing this notice to our State Representative, State Senator, the local mayor, the Director of Public Health and the Director of the Healthcare and Family Services.

Sincerely,


 Leonard Freehof
 Chief Executive Officer

333 Madison Street, Joliet, IL 60435 | 815-725-7133
 saintjosephjil.com | Member of Prime Healthcare

ATTACHMENT 5

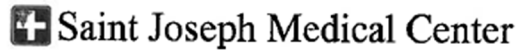
Discontinuation

Notices to Elected Officials and Agency Heads

CERTIFIED MAIL® PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE		U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
		For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE		Certified Mail Fee \$ _____ Extra Services & Fees (check box, add fee as appropriate) ☐ Return Receipt (hardcopy) \$ _____ ☐ Return Receipt (electronic) \$ _____ ☐ Certified Mail Restricted Delivery \$ _____ ☐ Adult Signature Required \$ _____ ☐ Adult Signature Restricted Delivery \$ _____ Postage \$ _____	
9589 0710 5270 3819 5290 73 9589 0710 5270 3819 5290 73		Postmark Here	
Hon. Rachel Ventura Illinois State Senator (Dist. 43) 221 Springfield Avenue, Unit 3 Joliet, IL 60435		PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: Hon. Rachel Ventura Illinois State Senator (Dist. 43) 221 Springfield Avenue, Unit 3 Joliet, IL 60435 2. Article Number (Transfer from service label) 9590 9402 9168 4225 1463 94	COMPLETE THIS SECTION ON DELIVERY A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No 3. Service Type ☐ Adult Signature ☐ Priority Mail Express® ☐ Adult Signature Restricted Delivery ☐ Registered Mail™ ☒ Certified Mail® ☐ Registered Mail Restricted Delivery ☒ Certified Mail Restricted Delivery ☒ Signature Confirmation™ ☐ Collect on Delivery ☐ Signature Confirmation Restricted Delivery ☐ Collect on Delivery Restricted Delivery Mail Restricted Delivery (over \$500)
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

ATTACHMENT 5
Discontinuation
Notices to Elected Officials and Agency Heads



June 24, 2026

Hon. Terry D'Arcy, Mayor
 City of Joliet
 150 W. Jefferson St.
 Joliet, IL 60432

RE: Notice of Discontinuation of Pediatric Services - Saint Joseph Medical Center – Joliet, LLC, d/b/a Saint Joseph Medical Center

Dear Mayor D'Arcy:

In accordance with Section 8.7(a) of the Illinois Health Facilities and Planning Act (20 ILCS 3960/8.7), I am providing this notice of our intent to file an application with the Illinois Health Facilities and Services Review Board ("HFSRB") to discontinue inpatient pediatric category of service at Saint Joseph Medical Center located at 333 North Madison St., Joliet, IL 60435.

We are aware of no adverse impact upon patient access and do not anticipate any such impact from the permanent discontinuation of the services at this location as there are numerous other facilities in the service area that can adequately serve the patient population.

Prior to the temporary suspension of the service, the facility was averaging only one pediatric patient per day. Since the temporary suspension we have entered into a successful collaboration with Endeavor Edwards Hospital for the transfer of pediatric patients who require additional inpatient and specialist care beyond the initial treatment they receive in our emergency department. Edwards Hospital is a center of excellence for pediatric care.

Pursuant to the above provision of the Health Facilities Planning Act, we are providing this notice to our State Representative, State Senator, the local mayor, the Director of Public Health and the Director of the Healthcare and Family Services.

Sincerely,


 Leonard Freehof
 Chief Executive Officer

ATTACHMENT 5

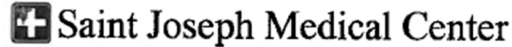
Discontinuation

Notices to Elected Officials and Agency Heads

CERTIFIED MAIL® PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.		U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
		For delivery information, visit our website at www.usps.com ®.	
		OFFICIAL USE	
		Certified Mail Fee \$ _____ Extra Services & Fees (check box, add fee as appropriate) ☐ Return Receipt (hardcopy) \$ _____ ☐ Return Receipt (electronic) \$ _____ ☐ Certified Mail Restricted Delivery \$ _____ ☐ Adult Signature Required \$ _____ ☐ Adult Signature Restricted Delivery \$ _____	
Postage \$ _____ Total Post \$ _____ Sent To _____ Street or _____ City, State _____		Postmark Here	
9589 0710 5270 2899 5547 53 9589 0710 5270 2899 5547 53		Hon. Terry D'Arcy, Mayor City of Joliet 150 W. Jefferson Street Joliet, IL 60432	
PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions			

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature X _____ ☐ Agent ☐ Addressee	
1. Article Addressed to: Hon. Terry D'Arcy, Mayor City of Joliet 150 W. Jefferson Street Joliet, IL 60432		B. Received by (Printed Name) _____ C. Date of Delivery _____	
2. Article Number (Transfer from service label) 9589 0710 5270 2899 5547 53		D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☒ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☒ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery		☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☒ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery	
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	

ATTACHMENT 5
Discontinuation
Notices to Elected Officials and Agency Heads



June 24, 2026

Sameer Vohra, M.D., J.D., M.A.
 Director
 Illinois Department of Public Health
 525 West Jefferson Street
 Springfield, IL 62761

RE: Notice of Discontinuation of Pediatric Services - Saint Joseph Medical Center – Joliet, LLC, d/b/a Saint Joseph Medical Center

Dear Director Vohra:

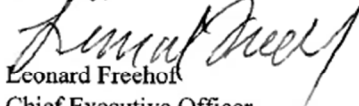
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Pursuant to the above provision of the Health Facilities Planning Act, we are providing this notice to our State Representative, State Senator, the local mayor, the Director of Public Health and the Director of the Healthcare and Family Services.

Sincerely,


 Leonard Freehof
 Chief Executive Officer

333 Madison Street, Joliet, IL 60435 | 815-725-7133
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ATTACHMENT 5

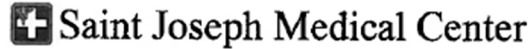
Discontinuation

Notices to Elected Officials and Agency Heads

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT <i>Domestic Mail Only</i>		For delivery information, visit our website at www.usps.com ™.	
		OFFICIAL USE	
Certified Mail Fee \$ _____		Postmark Here	
Extra Services & Fees (check box, add fee as appropriate)			
☐ Return Receipt (hardcopy) \$ _____			
☐ Return Receipt (electronic) \$ _____			
☐ Certified Mail Restricted Delivery \$ _____			
☐ Adult Signature Required \$ _____			
☐ Adult Signature Restricted Delivery \$ _____			
Postage \$ _____			
Total Pos \$ _____			
Sent To Street and City, State		Sameer Vohra, M.D., J.D., M.A. Director Illinois Department of Public Health 525 W. Jefferson Street Springfield, IL 62761	
PS Form 3800, January 2023 PSN 7530-02-000-8047 See Reverse for Instructions			

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature ☒ Agent ☐ Addressee	
1. Article Addressed to: Sameer Vohra, M.D., J.D., M.A. Director Illinois Department of Public Health 525 W. Jefferson Street Springfield, IL 62761		B. Received by (Printed Name) C. Date of Delivery	
2. Article Number (Transfer from service label) 9589 0710 5270 3819 5290 66		D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Mail Restricted Delivery (500)		☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☐ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery	
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	

ATTACHMENT 5
Discontinuation
Notices to Elected Officials and Agency Heads



June 24, 2026

Elizabeth Whitehorn
 Director
 Illinois Department of Healthcare and Family Services
 201 S. Grand Ave., East
 Springfield, IL 62763

RE: Notice of Discontinuation of Pediatric Services - Saint Joseph Medical Center – Joliet, LLC, d/b/a Saint Joseph Medical Center

Dear Director Whitehorn:

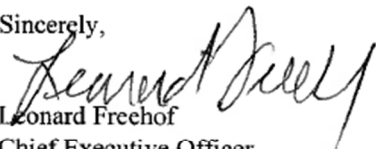
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Pursuant to the above provision of the Health Facilities Planning Act, we are providing this notice to our State Representative, State Senator, the local mayor, the Director of Public Health and the Director of the Healthcare and Family Services.

Sincerely,


 Leonard Frechhof
 Chief Executive Officer

333 Madison Street, Joliet, IL 60435 | 815-725-7133
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ATTACHMENT 5

Discontinuation

Notices to Elected Officials and Agency Heads

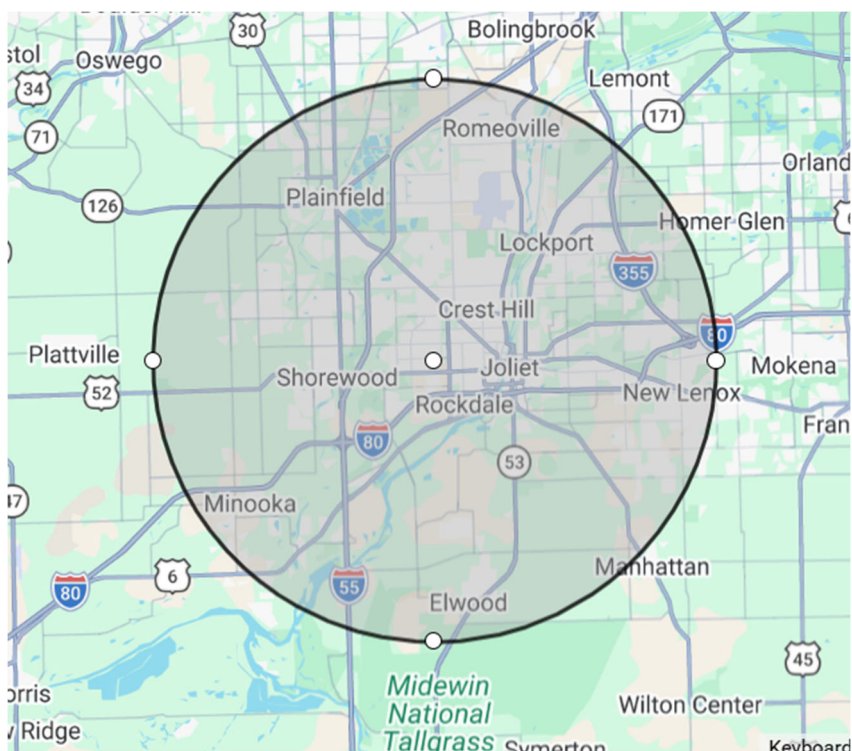
U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only For delivery information, visit our website at www.usps.com ®.		OFFICIAL USE	
Certified Mail Fee \$ _____		Extra Services & Fees (check box, add fee as appropriate)	
☐ Return Receipt (hardcopy) \$ _____		☐ Return Receipt (electronic) \$ _____	
☐ Certified Mail Restricted Delivery \$ _____		☐ Adult Signature Required \$ _____	
☐ Adult Signature Restricted Delivery \$ _____		☐ Signature Confirmation Restricted Delivery \$ _____	
Postage \$ _____		Total \$ _____	
Sent: _____ Street: _____ City: _____		Elizabeth Whitehorn Director Illinois Department of Healthcare & Family Services 201 S. Grand Avenue, East Springfield, IL 62763	
PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions			

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
- Complete items 1, 2, and 3. - Print your name and address on the reverse so that we can return the card to you. - Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to: Elizabeth Whitehorn Director Illinois Department of Healthcare & Family Services 201 S. Grand Avenue, East Springfield, IL 62763		B. Received by (Printed Name) _____ C. Date of Delivery _____	
2. Article Number (Transfer from service label) 9589 0710 5270 2899 5547 60		D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☒ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery		☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☒ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery	
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	

ATTACHMENT 5 Discontinuation Notice to Area Facilities

The following notification letters were sent to area facilities within the geographic service area as determined by the distance and drive times to the facilities. Also listed on the following pages in accordance with 77 Illinois Admin Code Section 1110.510(d) is the GSA consisting of all zip code areas that are located within a 10-mile radius of the proposed termination of pediatric services. The zip codes and areas within a 10-mile radius of the proposed service termination are listed below. We have included a map of the multi-directional travel radii of the facility.

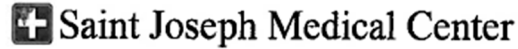
10 Mile Radius from 333 North Madison St., Joliet, IL 60435



ATTACHMENT 5
Discontinuation
Notice to Area Facilities

Facility Name	Facility Address
Silver Cross Hospital and Medical Centers	1900 Silver Cross Boulevard New Lenox, Illinois 60451
Silver Oaks Behavioral Hospital	1004 Pawlak Parkway New Lenox, Illinois 60451

ATTACHMENT 5
Discontinuation
Notice to Area Facilities



June 24, 2026

Silver Cross Hospital and Medical Centers
 1900 Silver Cross Blvd.
 New Lenox, IL 60451

Re: Notice of Discontinuation of Pediatric Services – Saint Joseph Medical Center – Joliet, LLC, d/b/a Saint Joseph Medical Center

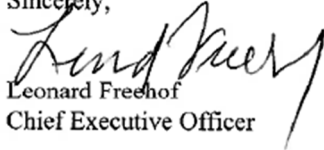
To Whom It May Concern:

This letter is to notify you that Saint Joseph Medical Center -Joliet, LLC, d/b/a Saint Joseph Medical Center, located at 333 North Madison St., Joliet, IL 60435 is filing an application with the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Facility's planned discontinuation of the inpatient pediatric category of service. The discontinuation is anticipated to occur upon approval of HFSRB, expected in the 3rd Quarter of 2026.

We are not aware of any adverse impact upon patient access and do not anticipate any such impact from the discontinuation of pediatric service at this location as there are other facilities in the region providing similar services.

Pursuant to the Health Facilities Planning Act, we are providing this notice. Please respond in writing if you anticipate an adverse impact of this proposed discontinuation on your facility.

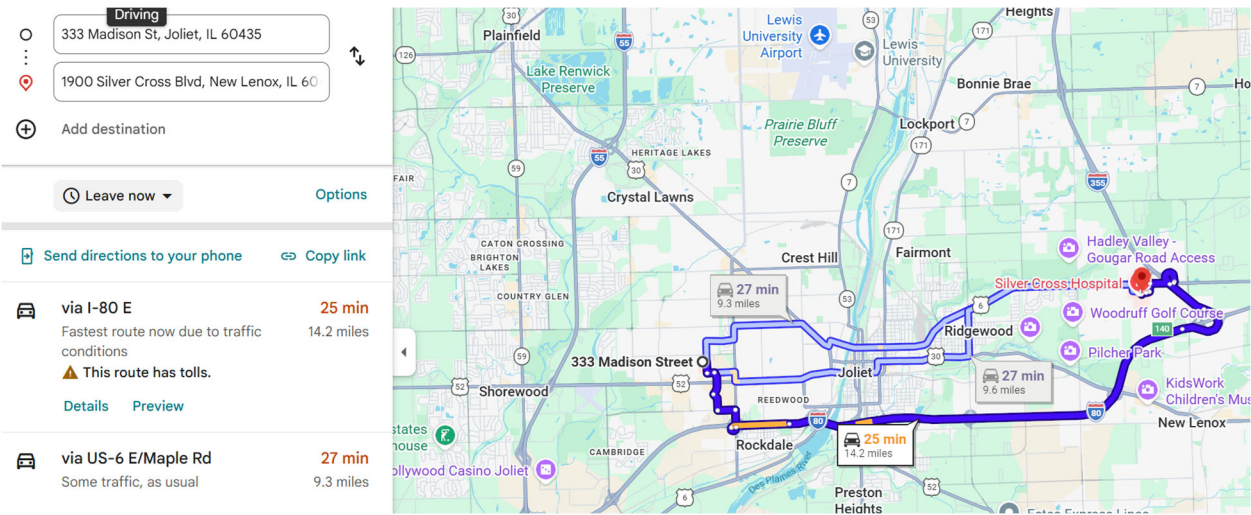
Sincerely,



Leonard Freehof
 Chief Executive Officer

333 Madison Street, Joliet, IL 60435 | 815-725-7133
 saintjosephjil.com | Member of Prime Healthcare

ATTACHMENT 5
Discontinuation
Notice to Area Facilities



ATTACHMENT 5

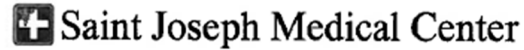
Discontinuation

Notice to Area Facilities

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Postage \$ _____ Total Price \$ _____ Sent To _____ Street & _____ City, State _____		Postmark Here	
9589 0710 5270 2899 5547 84 9589 0710 5270 2899 5547 84		Silver Cross Hospital & Medical Centers 1900 Silver Cross Blvd. New Lenox, IL 60451	
PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions			

SENDER: COMPLETE THIS SECTION ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.		COMPLETE THIS SECTION ON DELIVERY	
1. Article Addressed to: Silver Cross Hospital & Medical Centers 1900 Silver Cross Blvd. New Lenox, IL 60451		A. Signature X ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery	
2. Article Number (Transfer from service label) 9589 0710 5270 2899 5547 84		D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
3. Service Type ☐ Adult Signature ☐ Priority Mail Express® ☐ Adult Signature Restricted Delivery ☐ Registered Mail™ ☒ Certified Mail® ☐ Registered Mail Restricted Delivery ☐ Certified Mail Restricted Delivery ☒ Signature Confirmation™ ☐ Collect on Delivery ☐ Signature Confirmation Restricted Delivery ☐ Collect on Delivery Restricted Delivery ☐ Mail Restricted Delivery		PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt	

ATTACHMENT 5
Discontinuation
Notice to Area Facilities



June 24, 2026

President
Silver Oaks Behavioral Hospital
1004 Pawlak Pkwy.
New Lenox, IL 60451

Re: Notice of Discontinuation of Pediatric Services – Saint Joseph Medical Center – Joliet, LLC, d/b/a Saint Joseph Medical Center

To Whom It May Concern:

This letter is to notify you that Saint Joseph Medical Center -Joliet, LLC, d/b/a Saint Joseph Medical Center, located at 333 North Madison St., Joliet, IL 60435 is filing an application with the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Facility's planned discontinuation of the inpatient pediatric category of service. The discontinuation is anticipated to occur upon approval of HFSRB, expected in the 3rd Quarter of 2026.

We are not aware of any adverse impact upon patient access and do not anticipate any such impact from the discontinuation of pediatric service at this location as there are other facilities in the region providing similar services.

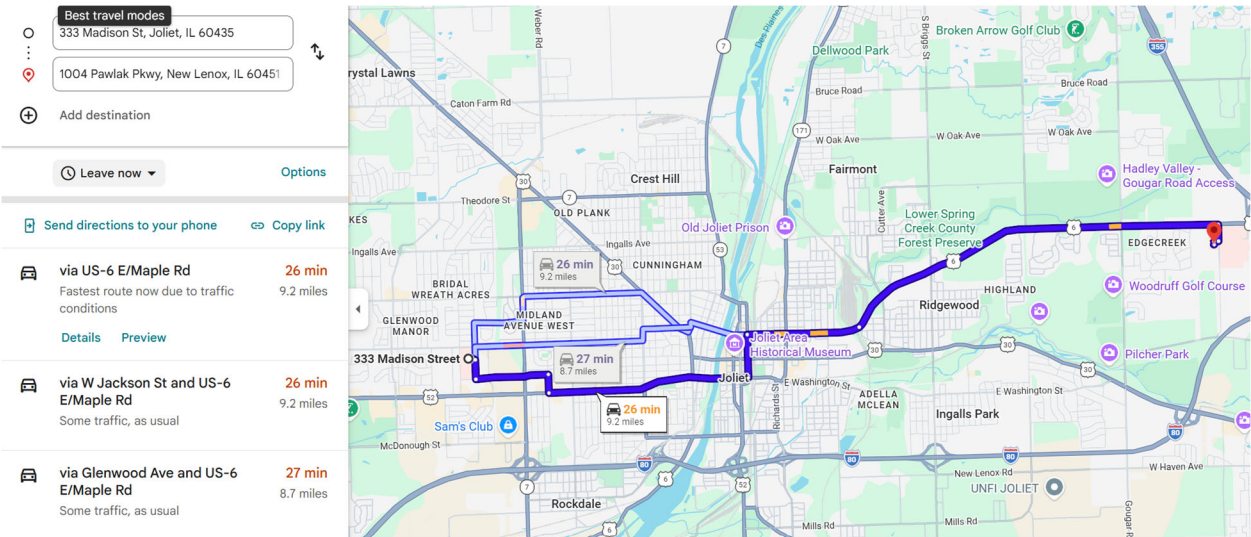
Pursuant to the Health Facilities Planning Act, we are providing this notice. Please respond in writing if you anticipate an adverse impact of this proposed discontinuation on your facility.

Sincerely,


Leonard Freehof
Chief Executive Officer

333 Madison Street, Joliet, IL 60435 | 815-725-7133
saintjosephjil.com | Member of Prime Healthcare

ATTACHMENT 5
Discontinuation
Notice to Area Facilities



ATTACHMENT 5 **Discontinuation** **Notice to Area Facilities**

		U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
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9589 0710 5270 2899 5547 77 9589 0710 5270 2899 5547 77		OFFICIAL USE	
Certified Mail Fee \$ _____ Extra Services & Fees (check box, add fee as appropriate) ☐ Return Receipt (hardcopy) \$ _____ ☐ Return Receipt (electronic) \$ _____ ☐ Certified Mail Restricted Delivery \$ _____ ☐ Adult Signature Required \$ _____ ☐ Adult Signature Restricted Delivery \$ _____		Postmark Here	
Postage \$ _____ Total \$ _____ Sent \$ _____ Street _____ City, _____		President Silver Oaks Behavioral Hospital 1004 Pawlak Pkwy New Lenox, IL 60451	
PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions			

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature X ☐ Agent ☐ Addressee	
1. Article Addressed to: President Silver Oaks Behavioral Hospital 1004 Pawlak Pkwy New Lenox, IL 60451		B. Received by (Printed Name) _____ C. Date of Delivery _____ D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
2. Article Number (Transfer from service label) 9589 0710 5270 2899 5547 77		3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☒ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Mail Restricted Delivery (over \$500)	
9590 9402 9168 4225 1464 24		☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☒ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery	
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ATTACHMENT 6

Reasons for Discontinuation

The discontinuation sought in this application is justified by insufficient volume and lack of demand for inpatient pediatric services, together with the need to ensure high-quality, clinically appropriate care and the overall sustainability of hospital operations. As the Board knows the Pediatric category of service had been temporarily suspended due to unforeseen circumstances and that the suspension was intended to ensure high-quality care and the sustainability of Saint Joseph's operations.

The available patient data supports the conclusion that inpatient pediatric volume at Saint Joseph was insufficient to sustain the service line. The record further reflects that Saint Joseph's pediatric daily census was one or fewer patients per day, which raised concerns regarding the quality of care that could be provided in a very low-census inpatient pediatric unit. The hospital's internal pediatric transfer data further supports this conclusion. From January through May 2025, Saint Joseph recorded 61 pediatric transfers out, with monthly transfer counts of 13 in January, 5 in February, 9 in March, 11 in April, and 23 in May, for an average of approximately 12.2 pediatric transfers per month. This transfer pattern demonstrates that pediatric patients requiring services beyond Saint Joseph's inpatient pediatric capability were already being directed to other facilities for appropriate care.

Clinical leaders of the hospital have expressed that pediatric patients can improve quickly but may also deteriorate quickly, requiring access not only to pediatricians but also to pediatric subspecialists and pediatric ICU capabilities. The transfer data is consistent with that clinical concern because it shows that pediatric transfer pathways were already being used for patients requiring a higher or more specialized level of pediatric care. The proposed discontinuation is therefore intended to align pediatric care with the appropriate care setting, rather than eliminate access to pediatric evaluation or emergency stabilization.

Saint Joseph will continue to evaluate and treat pediatric patients who present to the Emergency Department. Pediatric patients requiring specialized inpatient pediatric care will continue to be transferred through the hospital's formal relationship with Edward Hospital, which has been identified as the appropriate partner for the few pediatric patients requiring specialized care offered at that facility.

The discontinuation also supports the sustainability of Saint Joseph's operations. Service line offering decisions are evaluated based on clinical quality, patient need, community access, safe care, and access. That approach is consistent with discontinuing a very low-volume inpatient pediatric service while preserving emergency access and maintaining appropriate transfer pathways for pediatric patients.

ATTACHMENT 7

Impact on Access

The proposed discontinuation of Saint Joseph Medical Center-Joliet's Pediatric category of service is not expected to have an adverse impact on access to care for residents of the facility's market area. Saint Joseph proposes to discontinue inpatient pediatric services, but the hospital will continue to maintain physicians available in its Emergency Department to evaluate and treat pediatric patients who present for care. Saint Joseph also maintains a formal transfer agreement with Edward Hospital d/b/a Endeavor Health Edward Hospital for pediatric patients who require specialized pediatric services.

The proposed discontinuation is limited to inpatient pediatric services and does not involve discontinuation of Saint Joseph's Emergency Department or the hospital's ability to evaluate and treat pediatric patients who present for emergency care. Pediatric patients who require specialized inpatient pediatric care will continue to be transferred through the hospital's established relationship with Edward Hospital, which has been identified as the appropriate partner for the few pediatric patients who require specialized care offered at that facility. This structure preserves local access to emergency evaluation and stabilization while ensuring that pediatric patients requiring specialized inpatient care are directed to facilities with appropriate pediatric capabilities.

The available utilization data supports the conclusion that discontinuation will not create a practical access barrier. The pediatric unit was suspended in the context of dwindling volumes and quality, safety, and efficiency considerations. Saint Joseph's pediatric daily census was one or fewer patients per day, raising concerns regarding the quality of care that could be provided in a very low-census inpatient pediatric unit. The HFSRB inventory data similarly reflects low pediatric utilization in the applicable planning area, with 25 pediatric beds, 284 pediatric admissions, and 1,037 pediatric patient days across the pediatric category of service in 2021. Based on those patient days, the pediatric category of service in the planning area averaged approximately 2.8 pediatric patients per day across all 25 pediatric beds. The same inventory data shows that Saint Joseph accounted for 13 pediatric beds, 133 pediatric admissions, and 399 pediatric patient days in 2021, reflecting approximately 1.1 pediatric patients per day at Saint Joseph.

With respect to whether the service will continue to exist within the established radii under 77 Ill. Adm. Code 1100.510(d), the HFSRB inventory data identifies pediatric category of service capacity in the relevant service area at Morris Hospital and Health Care Center and Silver Cross Hospital and Medical Centers, in addition to Saint Joseph. The inventory data reports 4 pediatric beds at Morris Hospital and Health Care Center and 8 pediatric beds at Silver Cross Hospital and Medical Centers. The same inventory data reports pediatric utilization at those facilities, including 17 pediatric admissions and 70 pediatric patient days at Morris Hospital and 134 pediatric admissions and 568 pediatric patient days at Silver Cross. The pediatric category of service is not being eliminated from the broader geographic service area reflected in the inventory data.

With respect to whether the discontinuation will create or increase a shortage of beds or services as calculated in the HFSRB Inventory of Health Care Facilities, the uploaded inventory data reports 719 existing medical-surgical/pediatric beds and 710 adjusted beds needed in the planning area, resulting in 9 excess beds at the time of that inventory. The same inventory data reflects that pediatric utilization was very low relative to the number of authorized pediatric beds, with 1,037 pediatric patient days across 25 pediatric beds in 2021. The pediatric utilization data therefore supports the conclusion that the proposed discontinuation is not expected to create a practical shortage of pediatric inpatient services for residents of the market area.

With respect to whether the discontinuation will create a shortage of other categories of service, the project is limited to discontinuation of the Pediatric category of service and does not propose discontinuation of any other clinical service. The proposed discontinuation therefore should not create or increase a shortage of other categories of service within the market area.

ATTACHMENT 7

Impact on Access

For these reasons, the proposed discontinuation is not expected to have an adverse impact on access to care for residents of Saint Joseph's market area. The project therefore does not eliminate pediatric access for the community; rather, it redirects specialized inpatient pediatric care to providers with the resources necessary to deliver that care safely and appropriately.

ATTACHMENT 8

Background of the Applicants

The following information is provided to illustrate the qualifications, background, and character of the Applicants, and to assure the Review Board that the proposed discontinuation of services will provide a proper standard of health care services for the community.

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification, if applicable.

Prime Healthcare Services, Inc. has an ownership interest in several other hospitals and ambulatory surgical treatment centers in Illinois. A list of which is enclosed with this attachment. Saint Joseph Medical Center- Joliet, LLC maintains an ownership in the Prime Healthcare ASC- Joliet, LLC which was approved by the Board but is not licensed as the CON Permit has not been completed as of the filing of this application.

2. A listing of all health care facilities currently owned and/or operated in Illinois, by any corporate officers or directors, LLC members, partners, or owners of at least 5% of the proposed health care facility.

Prime Healthcare Services, Inc. has an ownership interest in several other hospitals and ambulatory surgical treatment centers in Illinois. A list of which is enclosed with this attachment. Saint Joseph Medical Center- Joliet, LLC maintains an ownership in the Prime Healthcare ASC- Joliet, LLC which was approved by the Board but is not licensed as the CON Permit has not been completed as of the filing of this application.

3. For the following questions, please provide information for each applicant, including corporate officers or directors, LLC members, partners, and owners of at least 5% of the proposed facility. A health care facility is considered owned or operated by every person or entity that owns, directly or indirectly, an ownership interest.

a. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant, directly or indirectly, during the three years prior to the filing of the application.

Pursuant to the certification executed with the submission of this application, the Applicant certifies that there have been no adverse actions taken against any facility owned and/or operated by the Applicant during the three years prior to filing of the application.

b. A certified listing of each applicant, identifying those individuals that have been cited, arrested, taken into custody, charged with, indicted, convicted, or tried for, or pled guilty to the commission of any felony or misdemeanor or violation of the law, except for minor parking violations; or the subject of any juvenile delinquency or youthful offender proceeding. Unless expunged, provide details about the conviction, and submit any police or court records regarding any matters disclosed.

Pursuant to the certification executed with the submission of this application, the Applicant certifies that there have been no individuals cited, arrested, taken into custody, charged with, indicted, convicted, or tried for, or pled guilty to the commission of any felony or misdemeanor or violation of the law, except for minor parking violations; or the subject of any juvenile delinquency or youthful offender proceeding.

ATTACHMENT 8

Background of the Applicants

c. A certified and detailed listing of each applicant or person charged with fraudulent conduct or any act involving moral turpitude.

Pursuant to the certification executed with the submission of this application, the Applicant certifies that no person has been charged with fraudulent conduct or any act involving moral turpitude.

d. A certified listing of each applicant with one or more unsatisfied judgements against him or her.

Pursuant to the certification executed with the submission of this application, the Applicant certifies that they do not have any unsatisfied judgments against him or her.

e. A certified and detailed listing of each applicant who is in default in the performance or discharge of any duty or obligation imposed by a judgment, decree, order or directive of any court or governmental agency.

Pursuant to the certification executed with the submission of this application, the Applicant certifies that they do not have any Applicants who are in default in the performance or discharge of any duty or obligation imposed by a judgment, decree, order or directive of any court or governmental agency.

4. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.

The Applicant permits the 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.

5. If, during a given calendar year, an applicant submits more than one application for permit, 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 can submit amendments to previously submitted information, as needed, to update and/or clarify data.

Not Applicable.

ATTACHMENT 8

Background of the Applicants

Saint Joseph Medical Center, Joliet, LLC has an ownership interest in Prime Healthcare ASC- Joliet, LLC which was approved by the Board under Permit #25-034 but is not complete at and thus not licensed at this time. Prime Healthcare Services, Inc., has an ownership interest in several healthcare facilities including:

Facility Name	IDPH Facility Number
Resurrection Medical Center (Chicago, IL)	0006031
Saint Mary of Nazareth Hospital (Chicago, IL)	0006015
Holy Family Medical Center (Des Plaines, IL)	0006023
Saint Joseph Hospital – Elgin (Elgin, IL)	0004887
Mercy Medical Center (Aurora, IL)	0004903
Prime Healthcare GI - Lakeshore, LLC	7003215
Prime Healthcare ASC - Belmont Harlem, LLC	7003131
Prime Healthcare ASC - Joliet, LLC	9022575

The healthcare facilities owned by Prime Healthcare Services have had no adverse actions to report for the past three (3) years.

ATTACHMENT 8

Background of the Applicants



Prime Healthcare Services, Inc.

June 29, 2026

John P. Kniery
Board Administrator
Illinois Health Facilities and Services Review Board
525 W Jefferson Street, Floor 2
Springfield, IL 62761

Re: Certification and Authorization Letter - Saint Joseph Medical Center - Joliet, LLC

Dear Mr. Kniery,

As a representative of Saint Joseph Medical Center - Joliet, LLC and Prime Healthcare Services, Inc., I, Erica Reilley Swanholt, give authorization to the Health Facilities and Services Review Board and the Illinois Department of Public Health ("IDPH") to access documents necessary to verify the information submitted including, but not limited to: official records of IDPH or other state agencies, the licensing or certification records of other states, and the records of nationally recognized accreditation organizations.

I further verify that Saint Joseph Medical Center, Joliet, LLC has an ownership interest in Prime Healthcare ASC- Joliet, LLC. This facility is not yet licensed and thus has had no adverse actions to report for the past three (3) years. Prime Healthcare Services, Inc., has an ownership interest in several healthcare facilities including:

- Resurrection Medical Center (Chicago, IL)
- Saint Mary of Nazareth Hospital (Chicago, IL)
- Saint Francis Hospital (Evanston, IL)
- Holy Family Medical Center (Des Plaines, IL)
- Saint Joseph Hospital - Elgin (Elgin, IL)
- Mercy Medical Center (Aurora, IL)
- Saint. Mary's Hospital - Kankakee (Kankakee, IL)
- Belmont Harlem Surgery Center (Chicago, IL)
- Prime Healthcare ASC - Joliet, LLC (Joliet, IL)- Not Licensed at this time

I further verify that the healthcare facilities owned by Prime Healthcare Services have had no adverse actions to report for the past three (3) years.



3480 E. Guasti Road, Ontario, CA 91761 | www.primehealthcare.com
909-235-4400

ATTACHMENT 8

Background of the Applicants

I hereby certify this is true and based upon my personal knowledge under penalty of perjury and in accordance with 735 ILCS 5/1-109.

Sincerely,



Erica Reilley Swannholt
Vice President & General Counsel
Prime Healthcare Services, Inc.



3480 E. Guasti Road, Ontario, CA 91761 | www.primehealthcare.com
909-235-4400

ATTACHMENT 9

Safety Net Impact Statement

*1. The project's material impact, if any, on essential safety net services in the community **including the impact on racial and health care disparities in the community**, to the extent that it is feasible for an applicant to have such knowledge.*

The proposed discontinuation of the pediatric service line is not expected to have a material adverse impact on essential safety net services in the community, including racial and health care disparities, to the extent such impact is reasonably known to the Applicant. Prime has emphasized that its Illinois hospitals serve high volumes of Medicare and Medicaid patients and that service levels and community needs remain subject to ongoing monitoring. Prime's mission is to stabilize and strengthen community hospitals so that communities continue to have access to the care they depend on.

The proposed discontinuation concerns a pediatric inpatient service line with very low utilization, rather than emergency care, charity care, Medicaid access, or other core safety-net services. The Applicant's position is that discontinuation of this low-census pediatric inpatient unit is consistent with, rather than contrary to, patient safety and equitable access principles. Accordingly, the project is not expected to reduce access to clinically appropriate pediatric care; rather, it reflects a patient-safety determination that children requiring inpatient pediatric care should be directed to facilities with the necessary pediatric specialty infrastructure.

The discontinuation also does not reflect a withdrawal from safety-net care generally. Prime has represented that its broader clinical approach evaluates services based on clinical quality, patient need, and community access, with the goal of ensuring quality, safe care and access. Prime also has identified continued investment in services that address unmet community needs, including behavioral health, and has described expansion of behavioral health services in Illinois.

For these reasons, the Applicant does not expect the project to materially worsen racial or health care disparities. The project does not eliminate Saint Joseph Medical Center's emergency department, charity care, Medicaid access, or broader safety-net role. Instead, the project aligns pediatric inpatient care with facilities that have the pediatric subspecialty and intensive-care resources necessary to provide safe, appropriate care for children.

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 project is not expected to have a material adverse impact on the ability of another provider or health care system to cross-subsidize safety net services, to the extent such impact is reasonably known to the Applicant. The service proposed for discontinuation is a very low-volume pediatric inpatient unit. Given that low census, the service line is not reasonably expected to represent a material source of commercially insured volume that other providers rely upon to subsidize safety-net services.

The Applicant's available data also indicates that pediatric patients requiring transfer were already being referred to other facilities before the proposed discontinuation. The project also should not impair Saint Joseph Medical Center's own ability to support safety-net services. Prime has described a broader operating model focused on reducing inefficiencies and unnecessary overhead, improving supply-chain and cost structure, and bringing key functions in-house where appropriate, while supporting clinical care. The discontinuation of a very low-census pediatric unit is consistent with that sustainability framework and should support, rather than undermine, the hospital's ability to maintain essential services that are more broadly used by the community.

ATTACHMENT 9

Safety Net Impact Statement

Accordingly, based on information reasonably known to the Applicant, the project should not have a material adverse impact on any other provider's or health care system's 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.

The discontinuation of the pediatric service line is not expected to have a material adverse impact on remaining safety net providers in the community, to the extent such impact is reasonably known to the Applicant. The Applicant understands that pediatric patients requiring inpatient or higher-acuity pediatric services should be referred to clinically appropriate facilities with pediatric subspecialty and pediatric ICU resources. This discontinuation will not leave pediatric patients without access to necessary care, but instead will direct those patients to the appropriate level of pediatric care.

The project should therefore have a limited incremental impact on remaining safety-net providers. Any pediatric inpatient volume associated with the discontinued service is expected to be low because the service historically operated at a census of one or fewer pediatric patients per day. In addition, because pediatric transfers were already occurring, the project is not expected to create a new regional care pathway so much as formalize the use of clinically appropriate pediatric-capable receiving facilities.

Finally, the discontinuation is part of a broader clinical strategy that prioritizes services based on community need, quality, safety, and the hospital's ability to provide care well. Prime has testified that it expands where there is unmet need and where it can provide the service well, including behavioral health, while partnering with surrounding hospitals so patients can receive the right care in the right setting. For these reasons, the Applicant does not expect the project to materially burden remaining safety-net providers in the community.

Attachment 9 Safety Net Impact Statement

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	2022	2023	2024
Inpatient	267	183	58
Outpatient	5,936	4,180	918
Total	6,203	4,363	976
Charity (cost in dollars)			
Inpatient	\$3,456,556	\$3,671,268	\$3,760,105
Outpatient	\$4,475,892	\$5,301,876	\$5,865,480
Total	\$7,932,448	\$8,973,144	\$9,625,585
MEDICAID			
Medicaid (# of patients)	2022	2023	2024
Inpatient	3,035	3,180	2,923
Outpatient	42,931	43,224	32,992
Total	45,966	46,404	35,915
Medicaid (revenue)			
Inpatient	\$32,950,510	\$38,482,477	\$24,852,346
Outpatient	\$34,743,259	\$45,855,039	\$38,304,545
Total	\$67,693,769	\$84,377,516	\$63,156,891

Attachment 10
Charity Care Information

CHARITY CARE			
	2022	2023	2024
Net Patient Revenue	\$367,936,068	\$352,670,868	\$318,353,637
Amount of Charity Care (charges)	-	-	-
Cost of Charity Care	\$7,912,448	\$8,973,144	\$9,625,585

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

INDEX OF ATTACHMENTS		
ATTACHMENT NO.		PAGES
1.	Applicant Identification including Certificate of Good Standing	15-17
2.	Site Ownership	18-19
3.	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership	20-21
4.	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	22
5.	Discontinuation General Information Requirements	23-44
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