E-001-19

[ORIGINAL]

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

RECEIVED
JAN 23 2019
HEALTH FACILITIES & SERVICES REVIEW BOARD

Facility/Project Identification

Facility Name:	Vibra Hospital of Springfield
Street Address:	701 North Walnut Street
City and Zip Code:	Springfield, IL 62702
County: Sangamon	Health Service Area III Health Planning Area: E-01

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

Exact Legal Name:	Vibra Hospital of Springfield, LLC
Street Address:	701 North Walnut Street
City and Zip Code:	Springfield, IL 62702
Name of Registered Agent:	Illinois Corporation Service C
Registered Agent Street Address:	801 Adlai Stevenson Drive
Registered Agent City and Zip Code:	Springfield, IL 62703
Name of Chief Executive Officer:	Brad Hollinger
CEO Street Address:	4600 Lena Drive
CEO City and Zip Code:	Mechanicsburg, PA 17055
CEO Telephone Number:	717/591-5700

Type of Ownership of Applicants

- ☐ Non-profit Corporation
- ☐ For-profit Corporation
- X Limited Liability Company
- ☐ Partnership
- ☐ Governmental
- ☐ 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:	Jacob M. Axel
Title:	President
Company Name:	Axel & Associates, Inc.
Address:	675 North Court Suite 210 Palatine, IL 60067
Telephone Number:	847/776-7101
E-mail Address:	jacobmaxel@msn.com
Fax Number:	847/776-7004

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
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Facility/Project Identification

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Street Address:	701 North Walnut Street
City and Zip Code:	Springfield, IL 62702
County: Sangamon	Health Service Area III Health Planning Area: E-01

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

Exact Legal Name:	Vibra Healthcare, LLC
Street Address:	4600 Lena Drive
City and Zip Code:	Mechanicsburg, PA 17055
Name of Registered Agent:	Illinois Corporation Service C
Registered Agent Street Address:	801 Adlai Stevenson Drive
Registered Agent City and Zip Code:	Springfield, IL 62703
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City and Zip Code:	Springfield, IL 62702
County: Sangamon	Health Service Area III Health Planning Area: E-01

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

Exact Legal Name:	Vibra Healthcare II, LLC
Street Address:	4600 Lena Drive
City and Zip Code:	Mechanicsburg, PA 17055
Name of Registered Agent:	Illinois Corporation Service C
Registered Agent Street Address:	801 Adlai Stevenson Drive
Registered Agent City and Zip Code:	Springfield, IL 62703
Name of Chief Executive Officer:	Brad Hollinger
CEO Street Address:	4600 Lena Drive
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X Limited Liability Company
☐ Partnership
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Street Address:	701 North Walnut Street
City and Zip Code:	Springfield, IL 62702
County: Sangamon	Health Service Area III Health Planning Area: E-01

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

Exact Legal Name:	Hollinger Holding Company, LLC
Street Address:	4600 Lena Drive
City and Zip Code:	Mechanicsburg, PA 17055
Name of Registered Agent:	Illinois Corporation Service C
Registered Agent Street Address:	801 Adlai Stevenson Drive
Registered Agent City and Zip Code:	Springfield, IL 62703
Name of Chief Executive Officer:	Brad Hollinger
CEO Street Address:	4600 Lena Drive
CEO City and Zip Code:	Mechanicsburg, PA 17055
CEO Telephone Number:	717/591-5700

Type of Ownership of Applicants

☐	Non-profit Corporation	☐	Partnership		
☐	For-profit Corporation	☐	Governmental		
X	Limited Liability Company	☐	Sole Proprietorship	☐	Other

- Corporations and limited liability companies must provide an **Illinois certificate of good standing.**
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Title:	President
Company Name:	Axel & Associates, Inc.
Address:	675 North Court Suite 210 Palatine, IL 60067
Telephone Number:	847/776-7101
E-mail Address:	jacobmaxel@msn.com
Fax Number:	847/776-7004

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

Name:	none
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:	Douglas C. Yohe
Title:	General Counsel
Company Name:	Vibra Healthcare, LLC
Address:	4600 Lena Drive Mechanicsburg, PA 17055
Telephone Number:	717/591-5737
E-mail Address:	dyohe@vibrahealth.com
Fax Number:	

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:	Welltower, Inc., f/k/a HEALTH CARE REIT, INC.
Address of Site Owner:	4500 Dorr Street Toledo, OH 43615

Street Address or Legal Description of the Site: 701 North Walnut Street Springfield, IL 62702

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:	Vibra Hospital of Springfield, LLC
Address:	701 North Walnut Street Springfield, IL 62702

☐	Non-profit Corporation	☐	Partnership		
☐	For-profit Corporation	☐	Governmental		
X	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 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.

Vibra Hospital of Springfield is a Long Term Acute Care Hospital ("LTACH") acquired by the applicants in 2013. The LTACH is approved to operate 50 beds. The hospital's average daily census in 2015 was 25.2 patients, in 2016 23.7 patients and in 2017 22.4 patients. The 2018 average daily census, through December 18th, was 17.6 patients.

Through this proposed Certificate of Exemption ("COE") application, the applicants propose the discontinuation of the hospital, with formal discontinuation to occur within sixty (60) days of receipt of the requested COE, and following the discharge of all patients.

Notice of a suspension of admissions, effective December 18, 2018 was sent to the HFSRB and IDPH via FedEX on December 14, 2018.

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 60 days of COE approval____

State Agency Submittals [Section 1130.620(c)]

Are the following submittals up to date as applicable:

X Cancer Registry

N/A APORS

X All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted

N/A 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 __Vibra Hospital of Springfield, LLC___ 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	SIGNATURE
Michael Thomas	Clint FIGAN
PRINTED NAME	PRINTED NAME
Vice President	Secretary
PRINTED TITLE	PRINTED TITLE
Notarization: Subscribed and sworn to before me this 14th day of January, 2019	Notarization: Subscribed and sworn to before me this 14th day of January, 2019
Signature of Notary	Signature of Notary
Seal	Seal
COMMONWEALTH OF PENNSYLVANIA NOTARIAL SEAL Amy C. Tome, Notary Public Lower Allen Twp, York County My commission expires July 05, 2021	COMMONWEALTH OF PENNSYLVANIA NOTARIAL SEAL Amy C. Tome, Notary Public Lower Allen Twp, York County My commission expires July 05, 2021

*Insert the EXACT legal name of the applicant

CERTIFICATION

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- 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 __Vibra Healthcare, LLC___ 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

Michael Thomas

PRINTED NAME

Vice President

PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 14th day of January, 2019

Amy C Tome

Signature of Notary

Seal

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Amy C. Tome, Notary Public
Lower Allen Twp, York County
My commission expires July 05, 2021

SIGNATURE

Clint Fegan

PRINTED NAME

Secretary

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- 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 __Vibra Healthcare II, LLC___
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

Michael Thomas
PRINTED NAME

Vice President
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 14th day of January, 2019

Amy C Tome
Signature of Notary

Seal

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My commission expires July 05, 2021

*Insert the EXACT legal name of the applicant

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- 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 __Hollinger Holding Company, LLC___ 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	SIGNATURE
Brad E. Hollinger	
PRINTED NAME	PRINTED NAME
Manager	
PRINTED TITLE	PRINTED TITLE
Notarization: Subscribed and sworn to before me this 14th day of January, 2019	Notarization: Subscribed and sworn to before me this _____ day of _____
Signature of Notary	Signature of Notary
Seal	Seal

*Insert the EXACT legal name of the applicant

SECTION II. DISCONTINUATION

Type of Discontinuation

X Discontinuation of an Existing Health Care Facility

☐ Discontinuation of a 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 categories 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 or for the entire facility.
4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
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.
6. For applications involving the discontinuation of an entire facility, provide 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.
7. Provide attestation that the facility provided the required notice of the facility or 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 HEALTH CARE FACILITY OR CATEGORY OF SERVICE [20 ILCS 3960/5.4]:

1. The project's material impact, if any, on essential safety net services 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 facility or 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)	**2015**	2016	2017
Inpatient	0	0	0
Outpatient	0	0	0
Total	**0**	**0**	**0**
Charity (cost in dollars)			
Inpatient	0	0	0
Outpatient	0	0	0
Total	**0**	**0**	**0**
MEDICAID			
Medicaid (# of patients)			
Inpatient	2	4	17
Outpatient	0	0	0
Total	2	4	17
Medicaid (revenue)			
Inpatient	$206,583	$95,177	$439,850
Outpatient	0	0	0
Total	$206,583	$95,177	$439,850

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			
	2015	2016	2017
Net Patient Revenue	**$15,271,227**	**$29,364,982**	**$14,615,131**
Amount of Charity Care (charges)	$0	$0	$0
Cost of Charity Care	$0	$0	$0

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

File Number 0430267-2

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

VIBRA HOSPITAL OF SPRINGFIELD, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON APRIL 30, 2013, 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.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 3RD *day of* OCTOBER *A.D.* 2018 .

Authentication #: 1827601826 verifiable until 10/03/2019
Authenticate at: http://www.cyberdriveillinois.com

Jesse White
SECRETARY OF STATE

ATTACHMENT 1

File Number 0429160-3

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

VIBRA HEALTHCARE II, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON MAY 03, 2013, 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.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 3RD *day of* OCTOBER *A.D.* 2018 .

Authentication #: 1827601850 verifiable until 10/03/2019
Authenticate at: http://www.cyberdriveillinois.com

Jesse White
SECRETARY OF STATE

ATTACHMENT 1

File Number 0430474-8

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

VIBRA HEALTHCARE, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON MAY 06, 2013, 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.

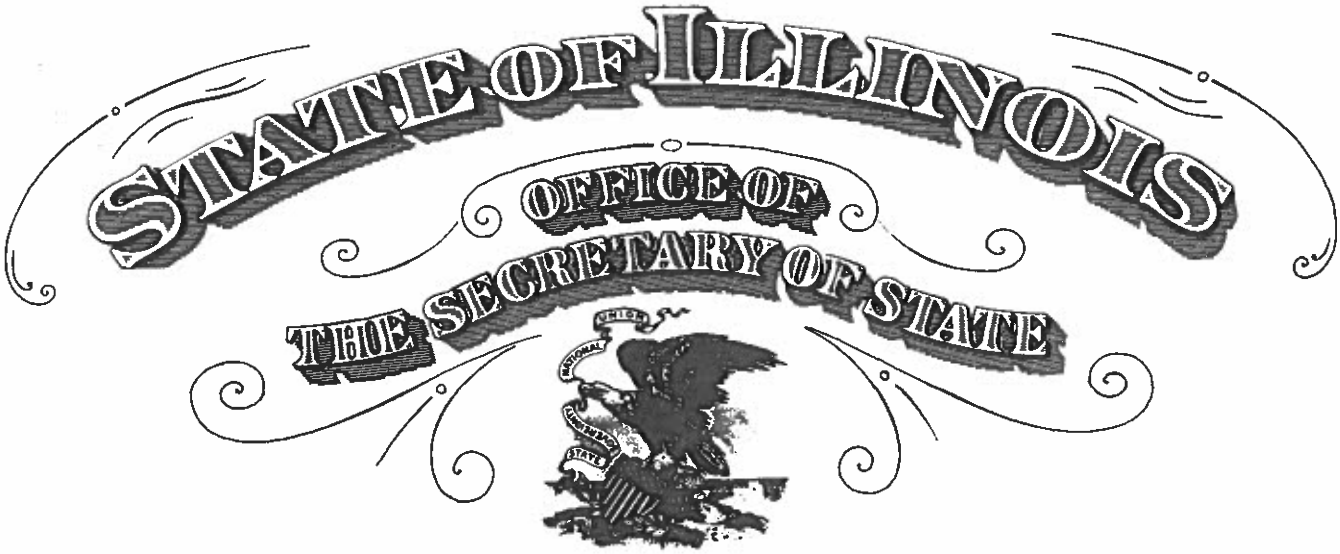
In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 3RD *day of* OCTOBER *A.D.* 2018 .

Authentication #: 1827601836 verifiable until 10/03/2019
Authenticate at: http://www.cyberdriveillinois.com

Jesse White
SECRETARY OF STATE

ATTACHMENT 1

File Number 0430267-2



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

VIBRA HOSPITAL OF SPRINGFIELD, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON APRIL 30, 2013, 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.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 3RD *day of* OCTOBER *A.D.* 2018 .

Authentication #: 1827601826 verifiable until 10/03/2019
Authenticate at: http://www.cyberdriveillinois.com

Jesse White
SECRETARY OF STATE

ATTACHMENT 1

File Number 0429175-1

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

HOLLINGER HOLDING COMPANY, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON MAY 03, 2013, 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.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 28TH *day of* DECEMBER *A.D.* 2018 .

Authentication #: 1836202056 verifiable until 12/28/2019
Authenticate at: http://www.cyberdriveillinois.com

Jesse White
SECRETARY OF STATE

ATTACHMENT 1

January 14, 2019

Illinois Health Facilities and
Services Review Board
Springfield, IL

To Whom It May Concern:

I hereby certify that WELLTOWER, formerly know as Health Care REIT, Inc. owns the site of a building housing Vibra Hospital of Springfield, located at 701 North Walnut Street in Springfield, Illinois.

Sincerely,

Douglas C. Yohe
General Counsel

ATTACHMENT 2

File Number 0430267-2

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

VIBRA HOSPITAL OF SPRINGFIELD, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON APRIL 30, 2013, 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.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 3RD *day of* OCTOBER *A.D.* 2018 .

Authentication #: 1827601826 verifiable until 10/03/2019
Authenticate at: http://www.cyberdriveillinois.com

Jesse White
SECRETARY OF STATE

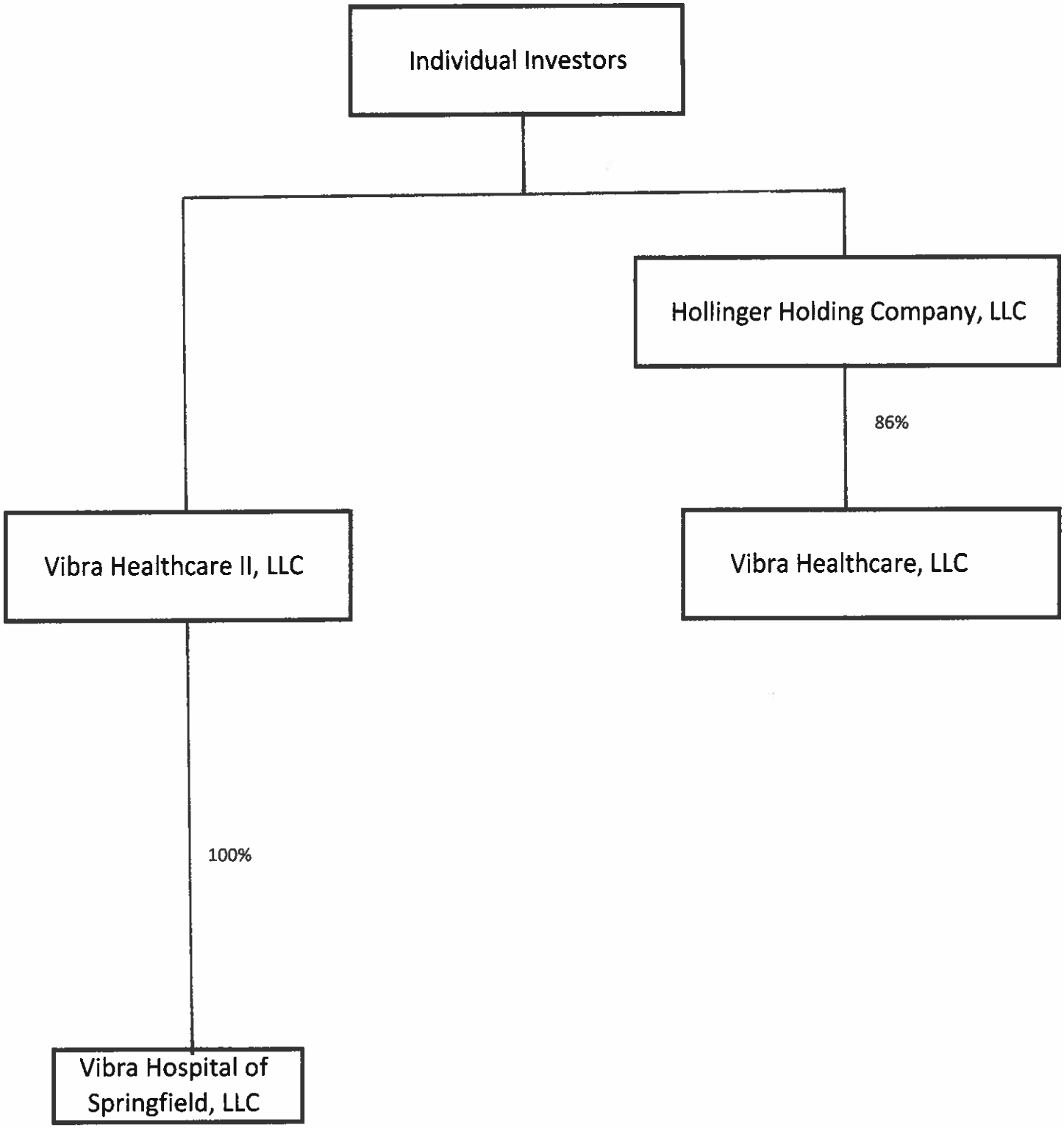
ATTACHMENT 3

OPERATING ENTITY/LICENSEE

Mr. Brad E. Hollinger holds an 80% interest in the licensee. Mr. Hollinger's address is 4600 Lena Drive, Mechanicsburg, Pennsylvania 17055.

ATTACHMENT 3

ORGANIZATIONAL CHART FOR ILLINOIS HOSPITAL



ATTACHMENT 4

DISCONTINUATION

1. Categories of Service

The hospital's fifty (50) approved long term acute care beds will be discontinued through the proposed Certificate of exemption ("COE").

2. Other Clinical Services

With the proposed discontinuation, the hospital's single general radiology/fluroscopy unit and its respiratory therapy, short-term dialysis, ventilator weaning, physical therapy, speech therapy and IV therapy programs will be discontinued.

3. Anticipated Date of Discontinuation

The hospital's discontinuation will occur within sixty (60) days of the approval of the requested COE, but not before all patients are discharged, consistent with clinical appropriateness and the hospital's normal discharge practices. On December 14, 2018 the applicants notified the HFSRB and IDPH of their intent to suspend admissions to the hospital, effective December 18, 2018. A copy of that notification is attached. As of January 4, 2019 all hospital patients have been discharged.

4. Anticipated Use of Physical Plant and Equipment

The hospital operates in a building owned by Welltower, Inc. formerly known as HEALTH CARE REIT, Inc., under a lease agreement. The applicants intend to honor that lease

expires. It is not known by the applicants what the future use of the facility may me. The equipment located in the building, depending on its condition and value, will be either used at other facilities owned by the applicants, sold, donated, or otherwise disposed of.

5. Retention of Medical Records

The vast majority of patients' health records are in electronic form, and, along with patient records that are in paper form, will be retrievable through a request to Vibra's corporate office.

6. HFSRB and IDPH Reporting

Attached is a certification by the applicants that all questionnaires, reports and data applicable to Vibra Hospital of Springfield and this COE process will be submitted no longer than sixty (60) days following the hospital's discontinuation.

7. Public Notification of Discontinuation

With the signatures on the Certification pages of this COE application, the applicants certify that appropriate notice of the intended discontinuation was published in *The State Journal-Register,* a newspaper of general circulation in Springfield, Illinois, on January 4, 2019. A copy of the notice is attached.

Douglas C. Yohe, General Counsel
Direct Line: (717) 591-5737
Email: dyohe@vibrahealthcare.com

December 14, 2018

Via FedEx
Ms. Courtney Avery
Administrator
Illinois Health Facilities and
Services Review Board
525 West Jefferson
Springfield, IL 62761

RE: Suspension of Service

Dear Ms. Avery:

Please be advised that, effective Tuesday, December 18, 2018, Vibra Hospital of Springfield, LLC will suspend admissions to its long term care hospital (the "Hospital").

It is anticipated that a Certificate of exemption ("COE") application addressing the discontinuation of the Hospital will be filed within sixty (60) days following the suspension of admissions. It is further anticipated that the patients receiving care in the Hospital at the time of the above-described suspension of admissions will either be cared for at the Hospital until discharge is clinically warranted, or transferred to another facility providing long term acute care services.

The suspension of services is the result of staffing difficulties, the desire to continue to staff the Hospital with appropriately trained individuals, and a low patient census.

Should any additional information be required, please do not hesitate to contact me.

Sincerely

Douglas C. Yohe
General Counsel

cc: Karen Senger (via FedEx)

ATTACHMENT 5

AFFP
1/4; Legal Notice

Affidavit of Publication

STATE OF ILLINOIS } SS
COUNTY OF SANGAMON }

GateHouse Media Illinois Holdings, Inc., being duly sworn, says:

That she is Barbara Lovekamp of the Springfield Journal-Register, a daily newspaper of general circulation, printed and published in Springfield, Sangamon County, Illinois; that the publication, a copy of which is attached hereto,

January 04, 2019

Legal Notice
Vibra Hospital of Springfield, LLC intends to discontinue Vibra Hospital of Springfield after approval to do so is issued by the Illinois Health Facilities and Services Review Board (IHFSRB). Vibra Hospital of Springfield, LLC intends to file the required Certificate of Exemption application with the IHFSRB on or approximately on January 18, 2019. A copy of the application will be available on the IHFSRB website (www2.illinois.gov/sites/hfsrb) after the application has been deemed complete by the IHFSRB.

That said newspaper was regularly issued and circulated on those dates.
SIGNED:

Barbara Lovekamp

Subscribed to and sworn to me this 4th day of January 2019.

Suzanne Winkler, Public Notary, Sangamon County, Illinois
My commission expires: June 22, 2022

SUZANNE WINKLER
Official Seal
Notary Public - State of Illinois
My Commission Expires Jun 22, 2022

00009822 00017652

PAID JAN 04 2019

Douglas C. Yohe
Vibra Healthcare, LLC L*
4600 Lena Drive
Mechanicsburg, PA 17055

ATTACHMENT 5

Legal Invoice

SJR Media Group

SJ-R, Lincoln Courier, Springfield Shopper
PO Box 219, Springfield, IL 62705

Phone: 217-788-1330

URL: classified.sj-r.com

Douglas C. Yohe
Vibra Healthcare, LLC L*
4600 Lena Drive
Mechanicsburg, PA 17055

Acct #: 00009824
Phone: (717)591-5737
Date: 01/04/2019
Ad #: 00017652
Salesperson: Legal Ad Taker: sbeelow

Class: 1310

Ad Notes:

Description	Start	Stop	Ins.	Cost/Day	Extras	Amount
1/4; Legal Notice	01/04/2019	01/04/2019	1	43.40	0.00	43.40

Ad Text:

Legal Notice
Vibra Hospital of Springfield, LLC intends to discontinue Vibra Hospital of Springfield after approval to do so is issued by the Illinois Health Facilities and Services Review Board (IHFSRB). Vibra Hospital of Springfield, LLC intends to file the required Certificate of Exemption application with the IHFSRB on or approximately on January 18, 2019. A copy of the application will be available on the IHFSRB website (www2.illinois.gov/sites/hfsrb) after the application has been deemed complete by the IHFSRB.

Payment Reference:

Credit Card #2455 $-43.40

PAID JAN 04 2019

Total:	43.40
Tax:	0.00
Net:	43.40
Prepaid:	-43.40
Total Due	**0.00**

ATTACHMENT 5

31

January 14, 2019

Illinois Health Facilities and
Services Review Board
Springfield, Illinois

To Whom It May Concern:

I hereby attest and certify that:

1. The attached Legal Notice was published in *The State Journal-Register* on January 4, 2019.
2. All questionnaires, reports and data applicable to Vibra Hospital of Springfield and this COE process will be submitted no longer than sixty (60) days following the hospital's discontinuation.

Sincerely,

Douglas C. Yohe
General Counsel

Sworn to and Subscribed before me
this 14th day of January, 2019.

Notary

(SEAL)

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Amy C. Tome, Notary Public
Lower Allen Twp, York County
My commission expires July 05, 2021

ATTACHMENT 5

REASONS FOR DISCONTINUATION

The applicants propose to discontinue Vibra Hospital of Springfield for two reasons.

First, the demand for long term acute care hospital ("LTACH") services projected by ownership has not materialized to the level envisioned at the time of acquisition, and as a result, the hospital is not financially viable. The hospital was acquired on September 1, 2013 from Kindred Healthcare, and since that time, the annual occupancy rate has not exceeded 50.1%, with the 2017 occupancy rate being 44.7%, equating to an average daily census of 22.4 patients. Utilization further diminished in 2018, with the occupancy rate being 35.2%, through December 18, the date on which the admitting of patients was suspended.

Second, the hospital has experienced significant difficulty in the recruitment and retention of the clinical personnel required to operate the facility. As of the hospital's suspension of admissions, the hospital had employment vacancies and was having difficulty in recruitment in the following areas: respiratory therapy, nursing (aides), pharmacy, and dialysis technicians.

ATTACHMENT 6

IMPACT ON ACCESS

Due to the specialized nature of long term acute care hospitals ("LTACHs"), and with the exception of major metropolitan areas such as Chicago, residents of any given community typically need to travel significant distances for admission to an LTACH. The closest LTACH to Springfield is Kindred Hospital-Peoria. Other alternatives for residents of the Springfield area do, however, exist. The admission rate experienced by the applicant hospital would suggest that the services typically provided in the LTACH setting are being provided at the area acute care hospitals and/or long term care facilities; and those settings will continue to be available to area residents.

Because there are no other LTACHs located within seventeen miles of Springfield, notification letters consistent with Section 1110.290.d) could not be sent.

LISTING OF ILLINOIS FACILITIES

Vibra Hospital of Springfield (IDPH license #0005900) is the only licensed health care facility owned and/or operated in Illinois by an applicant.

ATTACHMENT 8

January 14, 2019

Illinois Health Facilities
And Services review Board
Springfield, IL

To Whom It May Concern:

In accordance with Section III of the Discontinuation Certificate of Exemption Application, Background of the Applicant, we are submitting this letter assuring the Illinois Health Facilities and Services Review Board that:

1. Neither Vibra Healthcare, LLC nor any related entity (jointly hereafter referred to as Vibra) has had any adverse actions against any facility owned and operated by the applicant during the three (3) year period prior to the filing of this application, and
2. Vibra authorizes the State Board and Agency access to information to verify documentation or information submitted, relating to the discontinuation of Vibra Hospital of Springfield or to obtain any documentation or information which the State Board or Agency finds pertinent to this application.

If we can in any way provide assistance to your staff regarding these assurances or any other issue relative to this application, please do not hesitate to call me.

Sincerely,

Douglas C. Yohe, General Counsel

Date: January 14, 2019

Sworn to and Subscribed before me
this 14th day of January, 2019.

Notary

(SEAL)

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Amy C. Tome, Notary Public
Lower Allen Twp, York County
My commission expires July 05, 2021

ATTACHMENT 8

SAFETY NET STATEMENT

Vibra Hospital of Springfield ("the hospital") is a long-term acute care hospital ("LTACH"), and as such, it does not provide traditional "safety net" services, as would be anticipated to be provided at short-term acute care hospitals. The volume of admissions to the hospital has not, in any of its years of operation, met the volume anticipated by the applicants, based on the hospital's service area demographics. As a result, the applicants believe that a significant portion of the long-term acute care services provided to residents of the service area are being provided through short-term acute care hospitals and skilled nursing facilities. It is anticipated by the applicants that, following the discontinuation of the hospital, those patients who would have otherwise been admitted to the hospital will either receive their care at the local short-term acute care hospitals and skilled nursing facilities, or be admitted to the LTACH in Peoria.

The hospital has not provided charity care consistent with the definition of charity care contained in the Illinois Community Benefits Act. During 2017, 5.1% of the patients admitted to the hospital were Medicaid recipients, and 67.2% were Medicare recipients.

ATTACHMENT 9

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

INDEX OF ATTACHMENTS

ATTACHMENT NO.		PAGES
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2	Site Ownership	23
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	24
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	26
5	Discontinuation General Information Requirements	27
6	Reasons for Discontinuation	33
7	Impact on Access	34
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10	Charity Care Information	17

Axel & Associates, Inc.

MANAGEMENT CONSULTANTS

by FedEX

January 18, 2019

Ms. Courtney Avery
Administrator
Illinois Health Facilities and
Services Review Board
525 West Jefferson
Springfield, IL 62761

Dear Ms. Avery:

Enclosed please find two copies of a Certificate of Exemption ("COE") application addressing the discontinuation of Vibra Hospital of Springfield.

The application is accompanied by a check, in the amount of $2,500.00, as a filing fee.

Should any additional information be required, please do not hesitate to contact me.

Sincerely,

Jacob M. Axel
President

enclosures

675 North Court, Suite 210
Palatine, Illinois 60067

Phone (847) 776-7101
Fax (847) 776-7004