

RECEIVED

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

8 2020

HEALTH FACILITIES AND SERVICES REVIEW BOARD

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Facility/Project Identification

Facility Name:	Touchette Regional Hospital, Inc.--discontinuation of obstetrics category of service		
Street Address:	5900 Bond Avenue		
City and Zip Code:	Centreville, IL 62207		
County:	St. Clair	Health Service Area	11 Health Planning Area: F-01

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

Exact Legal Name:	Touchette Regional Hospital, Inc
Street Address:	5900 Bond Avenue
City and Zip Code:	Centreville, IL 62207
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:	Larry McCulley
CEO Street Address:	5900 Bond Avenue
CEO City and Zip Code:	Centreville, IL 62207
CEO Telephone Number:	618/332-3060

Type of Ownership of Applicants

<input checked="" type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship
<input type="checkbox"/> Other	

- o Corporations and limited liability companies must provide an **Illinois certificate of good standing**.
- o Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner.

APPEND DOCUMENTATION AS ATTACHMENT 1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Primary Contact [Person to receive ALL correspondence or inquiries]

Name:	Jacob M. Axel
Title:	President
Company Name:	Axel & Associates, Inc.
Address:	675 North Court, Suite 210
Telephone Number:	Palatine, IL 60067
E-mail Address:	jacobmaxel@msn.com
Fax Number:	847/776-7004

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

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Facility/Project Identification

Facility Name:	Touchette Regional Hospital, Inc.---discontinuation of obstetrics category of service		
Street Address:	5900 Bond Avenue		
City and Zip Code:	Centreville, IL 62207		
County:	St. Clair	Health Service Area	11 Health Planning Area: F-01

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

Exact Legal Name:	Southern Illinois Healthcare Foundation, Inc.
Street Address:	2041 Goose Lake Road
City and Zip Code:	Sauget, IL 62206
Name of Registered Agent:	Pete Themas
Street Address:	2041 Goose Lake Road
City and Zip Code:	Sauget, IL 62206
Name of Chief Executive Officer:	Larry McCulley
CEO Street Address:	2041 Goose Lake Road
CEO City and Zip Code:	Sauget, IL 62206
CEO Telephone Number:	618/332-0694

Type of Ownership of Applicants

<input checked="" type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/>
<input type="checkbox"/> Other	

- o Corporations and limited liability companies must provide an **Illinois certificate of good standing**.
- o Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner.

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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
Telephone Number:	Palatine, IL 60067
E-mail Address:	jacobmaxel@msn.com
Fax Number:	847/776-7004

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

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:	Larry McCulley
Title:	Chief Executive Officer & President
Company Name:	Touchette Regional Hospital, Inc.
Address:	5900 Bond Avenue Centreville, IL 62207
Telephone Number:	618/332-3060
E-mail Address:	LMcCulley@sihf.org
Fax Number:	

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:	Touchette Regional Hospital, Inc.
Address of Site Owner:	5900 Bond Avenue Centreville, IL 62207
Street Address or Legal Description of the Site:	5900 Bond Avenue Centreville, IL 62207
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:	Touchette Regional Hospital, Inc.		
Address:	5900 Bond Avenue Centreville, IL 62207		
<input checked="" type="checkbox"/>	Non-profit Corporation	<input type="checkbox"/>	Partnership
<input type="checkbox"/>	For-profit Corporation	<input type="checkbox"/>	Governmental
<input type="checkbox"/>	Limited Liability Company	<input type="checkbox"/>	Sole Proprietorship
<input type="checkbox"/>	Other		<input type="checkbox"/>
<ul style="list-style-type: none"> ○ 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. 			

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.

The proposed project is limited to the discontinuation of the 33-bed obstetrics category of service and associated support areas ("the service") at Touchette Regional Hospital, Inc., ("TRH") located in Centreville, Illinois. The discontinuation will occur within thirty days following approval of this Certificate of Exemption application.

Inpatient gynecologic services will continue to be provided at the hospital, with those patients occupying medical/surgical beds.

A full range of obstetrics services are available at a number of area hospitals located in Belleville, Shiloh, and O'Fallon, Illinois, as well as numerous hospitals immediately across the Mississippi River in Missouri.

The applicant hospital has been in communication with Memorial Hospital-Belleville, 6.4 miles away, concerning its intent to discontinue obstetrical services. Southern Illinois Health Care Foundation OBGYN providers currently serving women in the service area will continue to do so, with deliveries heretofore performed at TRH being performed at Memorial Hospital-Belleville. The OBGYN providers currently providing services at TRH also provide services at Memorial Hospital-Belleville. As a result, the impact on accessibility to OBGYN services in the area will be minimal. A letter of confirmation from Memorial Hospital is attached.

The IDPH Office of Women's Health and Family Services, the IDPH Division of Healthcare Facilities, as well as the Regional Perinatal Network have been informed by letter of TRH's intent.

This is a "substantive" project, because it addresses the discontinuation of a HFSRB-designated category of service.



PART OF THE MEMORIAL NETWORK

January 30, 2020

Sulbrena Day, Ph.D.
Chief Operating Officer
Touchette Regional Medical Center
5900 Bond Avenue
Centreville, Illinois 62207

Dear Dr. Day:

Memorial Hospital acknowledges Touchette Regional Medical Center's plan to better coordinate obstetrical services in the region. Memorial has been working closely with Touchette and Southern Illinois Healthcare Foundation (SIHF) administration and OB/GYN providers on a plan to collaborate on the most effective means to use scarce resources for labor and delivery patients.

Through this collaboration Memorial Hospital and Memorial East are able to accommodate and provide an enhanced level of care for the labor and delivery needs of the region. We look forward to working with Touchette and SIHF in the provision of labor and delivery services for these patients.

Sincerely,

A handwritten signature in black ink, appearing to read 'Mike McManus', written over a horizontal line.

Mike McManus
Chief Operating Officer

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 30 days of the approval of the COE application _____

State Agency Submittals [Section 1130.620(c)]

Are the following submittals up to date as applicable:

- X Cancer Registry
 - X APORS
 - X All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
 - X 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:

- o in the case of a corporation, any two of its officers or members of its Board of Directors;
- o 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);
- o 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);
- o in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- o in the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf of Touchette Regional Hospital, 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]
SIGNATURE

Larry McCulley
PRINTED NAME

CEO
PRINTED TITLE

[Signature]
SIGNATURE

Pete Themas
PRINTED NAME

Corp. Director of Compliance
PRINTED TITLE

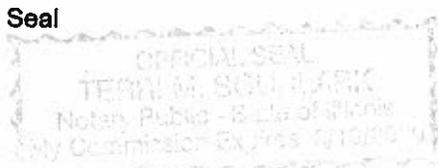
Notarization:
Subscribed and sworn to before me
this 11th day of FEB, 2020
[Signature]
Signature of Notary

Seal



Notarization:
Subscribed and sworn to before me
this 11th day of FEB, 2020
[Signature]
Signature of Notary

Seal



*Insert the EXACT legal name of the applicant

[Handwritten mark]

CERTIFICATION

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

- o in the case of a corporation, any two of its officers or members of its Board of Directors;
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- o in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
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[Signature]
SIGNATURE

Larry McCulley
PRINTED NAME

CEO
PRINTED TITLE

[Signature]
SIGNATURE

Pete Thomas
PRINTED NAME

Corp. Director of Compliance
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 11th day of FEB, 2020
[Signature]
Signature of Notary



Notarization:
Subscribed and sworn to before me
this 11th day of FEB, 2020
[Signature]
Signature of Notary



*Insert the EXACT legal name of the applicant

SECTION II. DISCONTINUATION

Type of Discontinuation

<input checked="" type="checkbox"/> Discontinuation of a single category of service

Criterion 1130.525 and 1110.290 - Discontinuation

READ THE REVIEW CRITERION and provide the following information:

<p>GENERAL INFORMATION REQUIREMENTS</p> <ol style="list-style-type: none">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.
<p>APPEND DOCUMENTATION AS ATTACHMENT 5, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</p>

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, 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)	2019	2018	2017
Inpatient	147	114	63
Outpatient	1,989	1,868	1,506
Total	2,136	1,982	1,569
Charity (cost In dollars)			
Inpatient	1,308,322	1,455,567	695,015
Outpatient	2,206,867	2,166,162	1,639,961
Total	\$3,515,189	\$3,621,729	\$2,394,976
MEDICAID			
Medicaid (# of patients)	2019	2018	2017
Inpatient	1,216	1,534	1,523
Outpatient	24,721	24,895	25,995
Total	25,937	26,429	27,518
Medicaid (revenue)			
Inpatient	7,874,935	9,784,001	8,573,791
Outpatient	26,596,094	28,202,407	30,928,030
Total	\$34,471,029	\$37,986,408	\$39,501,821

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			
	2019	2018	2017
Net Patient Revenue	\$54,929,824	\$58,167,599	\$61,125,188
Amount of Charity Care (charges)	\$3,515,189	\$3,621,729	\$2,334,976
Cost of Charity Care	\$2,674,707	\$2,755,774	\$1,773,603

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

File Number

5710-868-1



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

TOUCHETTE REGIONAL HOSPITAL, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 18, 1992, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 27TH day of JANUARY A.D. 2020 .



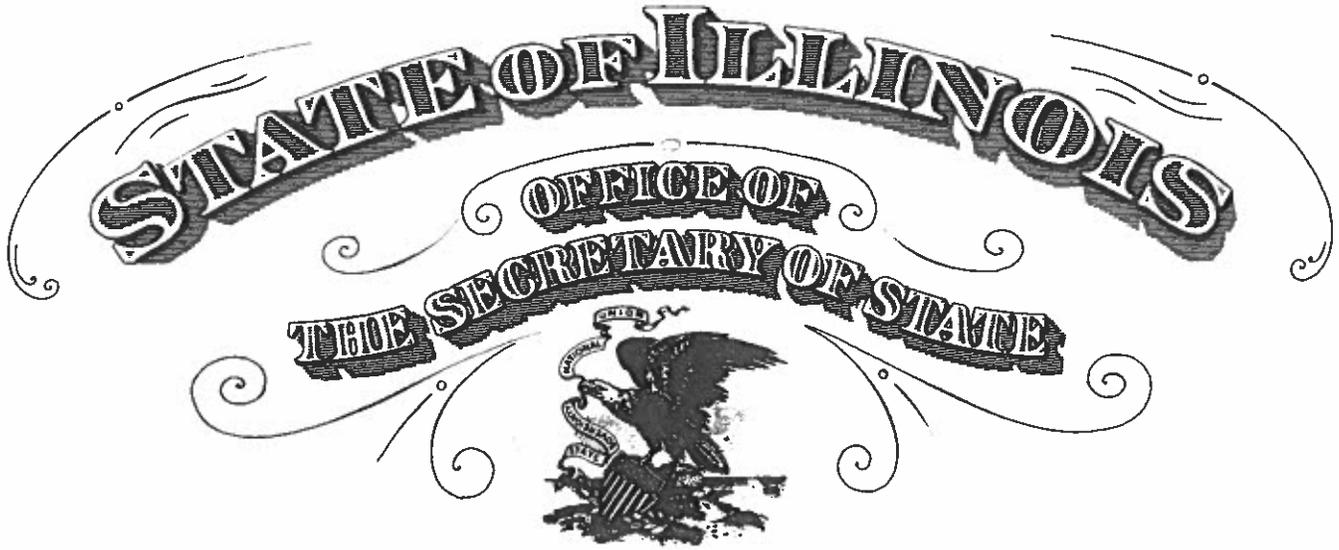
Jesse White

SECRETARY OF STATE

ATTACHMENT 1

File Number

5328-855-3



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

SOUTHERN ILLINOIS HEALTH CARE FOUNDATION, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 09, 1983, ADOPTED THE ASSUMED NAME SOUTHERN ILLINOIS HEALTHCARE FOUNDATION, INC. ON JULY 10, 2014, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 27TH day of JANUARY A.D. 2020 .



Jesse White

SECRETARY OF STATE

ATTACHMENT 1

Authentication #: 2002701332 verifiable until 01/27/2021

Authenticate at: <http://www.cyberdriveillinois.com>

A01229687

BC0.2979 PAGE 486

STATE OF ILLINOIS
ST. CLAIR COUNTY

ISS, MAY 26 PH 2: 17

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RECORDER

QOI'1' CLAXM DEED

THIS INDENTURE WITNESSETH that the Grantor, CENTREVILLE TOWNSHIP HOSPITAL, a Municipal Corporation of st. Clair County, Illinois, for and in consideration of the sum of one Dollar (\$1.00) and other good and valuable consideration, the receipt and sufficiency of which has been in hand paid, Convey and Quit Claim to TOUCHETTE REGIONAL HOSPITAL, INC., an Illinois Not-For-Profit Corporation, 5900 Bond Avenue, Centreville, Illinois 62207, the following described real estate located in St. Clair County, Illinois, to-wit:

PARCEL 1

Lot No. 32 of the Cahokia Commonfields, reference being had to the plat thereof recorded in the Recorder's Office of St. Clair County, Illinois, in Book of Plats "E" on pages 16, 17.

Permanent Parcel No: 07-05-200-001

PARCEL 2

That part of Lot 33, a part of U.S. Surveys 117, 118, 119, 120, 121, 122, and 123, Commonfields of Cahokia, described as follows: Commencing at a pipe in the Northeasterly line of Lot 33, said pipe being on the line between Lots 9 and 10 of William Ridgeway's Subdivision No. 1, reference being had to the plat thereof recorded in the Recorder's Office of St. Clair County, Illinois, in Book of Plats "39" on page 15, thence in a Southwesterly direction along a line that makes a right angle with the Northeasterly line of Lot 33, a distance of 573.75 feet to a pipe in the Southwesterly line of Lot 33; thence in a Northwesterly direction along the Southwesterly line of Lot 33, making an interior angle of 90 degrees 20 minutes with the last described line, a distance of 548.48 feet to the stone that marks the most Westerly corner of Lot 33; thence in a Northeasterly direction along the Northwesterly line of Lot 33; said line making an interior angle of 91 degrees 10 minutes with the Southwesterly line of Lot 33, a distance of 577.2 feet to a stake in the Northeasterly line of Lot 33, thence in a Southeasterly direction along the Northeasterly line of Lot 33 a distance of 563.55 feet to the point of beginning, containing 7.37 acres, more or less.

Permanent Parcel No: 07-04-0-104-028 - (t

PARCEL 3

Lot No. 8 of "Wm. Ridgeway Subdivision No. 1, being a Subdivision of Lot No. 41 of the Commonfields of Cahokia, St. Clair County, Illinois," reference being had to the plat thereof recorded in the Recorder's Office of St. Clair County, Illinois, in Book of Plats "39" on page 15.

07-04-0-104-028

unon.11 PPING & PLANNING
Director
IU:UW

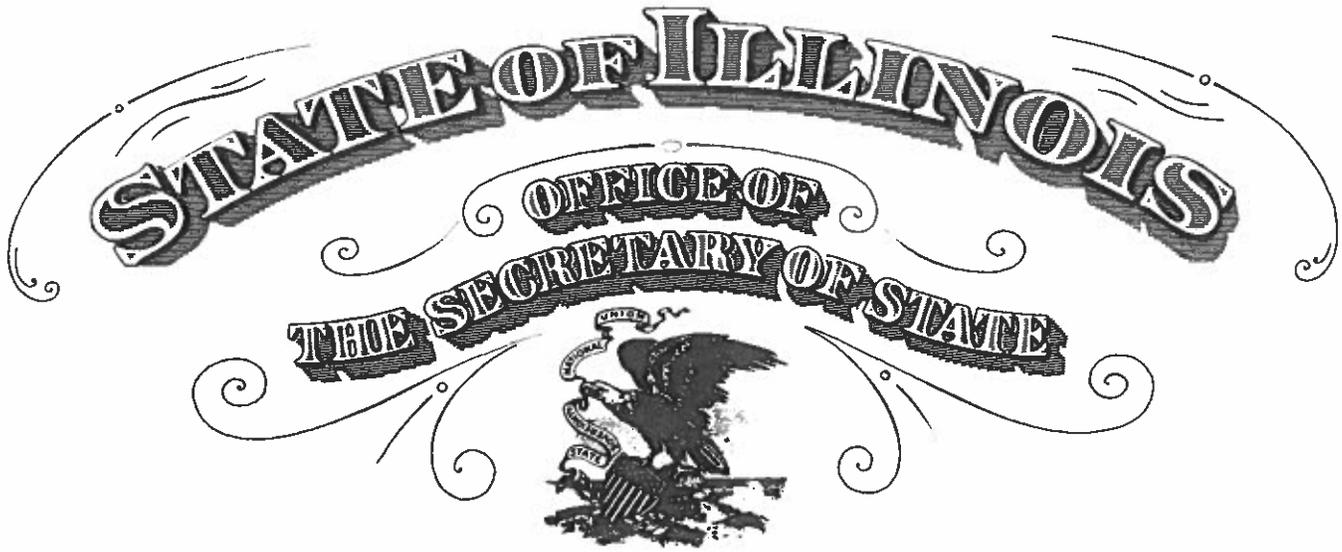
6)

Page 17 - A

Attachment 2

J.

17



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

TOUCHETTE REGIONAL HOSPITAL, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 18, 1992, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 27TH day of JANUARY A.D. 2020 .



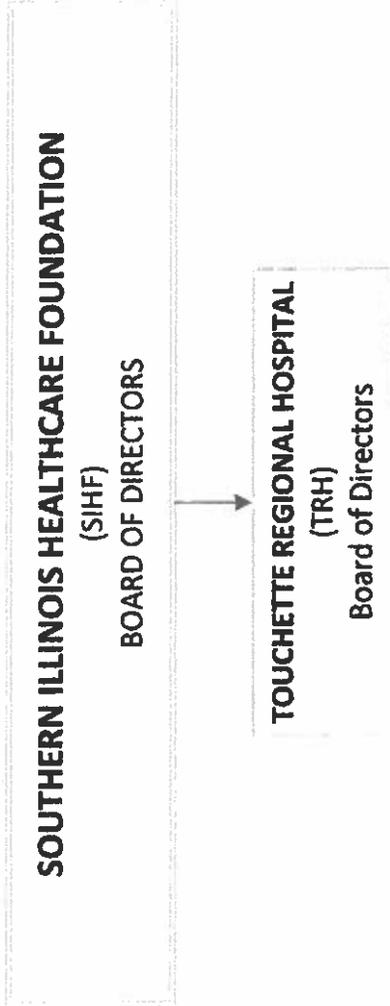
Jesse White

SECRETARY OF STATE

ATTACHMENT 3

SOUTHERN ILLINOIS HEALTHCARE FOUNDATION

Corporate Board Structure



SIHF: Southern Illinois Healthcare Foundation is a private, not-for-profit, 501(c)(3) corporation.
TRH: Touchette Regional Hospital is a private, not-for-profit, 501(c)(3) corporation, a controlled affiliate of SIHF.

ATTACHMENT 4

#E-009-20

DISCONTINUATION

1. This Certificate of Exemption (“COE”) application addresses the discontinuation of the applicant hospital’s obstetrics category of service, which includes 33 authorized beds. Gynecologic services will continue to be provided at the hospital.
2. The following clinical areas/services, each of which is associated with obstetrics care, will also be discontinued:
 - two labor-delivery-recovery rooms (“LDRs”)
 - 33 patient beds
 - two C-Section rooms
 - a Level I nursery
3. All of the clinical services identified in items 1 and 2, above, will be discontinued within 30 days following receipt of the requested COE Permit. Discontinuation will occur via formal notification to the HFSRB, IDPH and the perinatal network. (These three entities have been informed of the hospital’s intent.)
4. As of the filing of this COE application, it is the applicant hospital’s intent to utilize the vacated space to support the hospital’s multi-specialty outpatient programs. Six of the 33 beds will be converted to acute mental illness beds, and relocated, with minor renovation, to the hospital’s mental health unit. The remaining 27 beds will be removed from the hospital’s approved bed inventory, reducing that number to a total of 110 beds. The 15.3FTEs allocated to the Obstetrical services either have, or will be offered other positions at the hospital. Equipment will be used in other areas of the hospital, as appropriate, sold, or discarded.

5. The medical records of past patients will be retained by the hospital, consistent with licensure and accreditation requirements, as well as contemporary medical records retention practices.
6. This COE application is limited to the discontinuation of a category of service.
7. The required legal notice was published in the *Belleville News-Democrat* on February 5, 2020. Proof of publication is attached.



BELLEVILLE NEWS-DEMOCRAT

O'Fallon Progress • Command Post • The Legal Reporter
The Highland News Leader • Highland Advertiser Direct

CERTIFICATE OF PUBLICATION

Account #	Ad Number	Identification	PO	Amount	Cols	Lines
787508	0004553899	LEGAL NOTICE Touchette Regional Hospital into	Touchette cease obstetrics	\$47.36	1	18

Attention:

SIHF HEALTHCARE
2041 GOOSE LAKE RD.
EAST SAINT LOUIS, IL 62208

LEGAL NOTICE

Touchette Regional Hospital intends to cease the operations of its obstetrics program following receipt of approval to do so from the Illinois Health Facilities and Services Review Board (IHFSRB). It is anticipated that the discontinuation will occur before May 1, 2020. The hospital intends to file the required Certificate of Exemption application with the IHFSRB by March 1, 2020; after which time additional information relating to the proposed discontinuation can be found on the IHFSRB website at www.ihfsrb.org.

L-4553899 (Feb. 5)

STATE OF ILLINOIS)
COUNTIES OF
MADISON, MONROE & ST. CLAIR) .SS

This is to certify that the undersigned Jeffrey Couch is the Editor and General Manager of the Belleville News-Democrat, in MADISON, MONROE & ST. CLAIR COUNTIES, a public and English secular newspaper of general circulation, which has been regularly published daily in the cities of Belleville, Waterloo, Collinsville & Highland, Counties of Madison, Monroe & St. Clair, State of Illinois, for at least one year prior to the first publication of the notice hereinafter mentioned, and that a notice of which the annexed is a true printed copy, has been published in said newspaper, issues of:

1 Insertions

February 05, 2020

JEFFRY COUCH

Editor and General Manager

By

Julie Ambrey

His Authorized Agent

ATTACHMENT 5

REASONS FOR DISCONTINUATION

The inpatient obstetrics category of service (beds) at Touchette Regional Hospital is proposed to be discontinued primarily as the result of low utilization, and the availability of easily accessible providers of obstetrics services, including Memorial Hospital in Belleville (6.4 miles), St. Elizabeth's Hospital in O'Fallon (15.2 miles) and Memorial Hospital-Shiloh (17.2 miles). During 2019, only 34 babies were born at the hospital. As such, the applicants do not believe that the proposed discontinuation will result in an unreasonable diminishment of accessibility to the service.

In recent years, both the number of births at the hospital as well as the associated number of patient days of care provided to maternity patients has diminished drastically, as presented in the table below:

	Births	Maternity Days
2016	211	546
2017	123	310
2018	34	93
2019	34	79

IMPACT ON ACCESS

The proposed discontinuation of obstetrical services at Touchette Regional Hospital (“the hospital”) will have minimal impact on access to that service for residents in the communities and neighborhoods surrounding the hospital, because of the ability for patients to access other obstetrical programs in the area.

The following three Illinois providers of obstetrical services are located within seventeen miles of the hospital: Memorial Hospital in Belleville (6.4 miles), Memorial Hospital-East in Shiloh (13.6 miles) and HSHS St. Elizabeth’s Hospital in O’Fallon (15.2 miles). In addition, there are numerous hospitals in Missouri, located within seventeen miles of Touchette Regional Hospital.

Notifications of the proposed discontinuation and requests for impact statements have been sent to the two Illinois hospitals identified above. Copies of any responses received will be forwarded to HFSRB Staff.

Attached are copies of the letters used to notify the above-listed hospitals of the proposed discontinuation and request an impact statement, as well as proof of delivery.



February 3, 2020

**VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Memorial Hospital
Attn: Mr. Mark Turner, President & CEO
4500 Memorial Drive
Belleville, IL 62226-5399

**RE: Touchette Regional Hospital
Proposed Discontinuation of Obstetrics Category of Service**

Dear Mr. Turner:

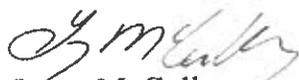
This letter, addressing the subject above, is being sent in order to provide you an opportunity to submit an impact statement, should you choose to do so.

Touchette Regional Hospital intends to file a Certificate of Exemption ("COE") application within the next thirty days, seeking approval from the Illinois Health Facilities and Services Review Board (IHFSRB) to discontinue the hospital's 33-bed obstetrics category of service, and the formal discontinuation of that service will occur within thirty days following the IHFSRB's approval of that application.

During the 24-month period ending December 31, 2019, a total of 172 obstetrical patient days of care were provided, and 68 live births took place at the hospital.

If you do elect to provide an impact statement, please include whether or not your hospital has any admission restrictions or limitations which would preclude it from providing obstetrical services to residents from our service area. Any impact statement received will be forwarded to the IHFSRB. If you do not respond, we will assume that the discontinuation has no impact on your hospital.

Sincerely,


Larry McCulley
President and CEO



February 3, 2020

**VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

HSHS St. Elizabeth's Hospital
Attn: Ms. Patti Fischer, President & CEO
1 St. Elizabeth's Boulevard
O'Fallon, IL 62269

**RE: Touchette Regional Hospital
Proposed Discontinuation of Obstetrics Category of Service**

Dear Ms. Fischer:

This letter, addressing the subject above, is being sent in order to provide you an opportunity to submit an impact statement, should you choose to do so.

Touchette Regional Hospital intends to file a Certificate of Exemption ("COE") application within the next thirty days, seeking approval from the Illinois Health Facilities and Services Review Board (IHFSRB) to discontinue the hospital's 33-bed obstetrics category of service, and the formal discontinuation of that service will occur within thirty days following the IHFSRB's approval of that application.

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Sincerely,

A handwritten signature in black ink, appearing to read "Larry McCulley", is written over the typed name.

Larry McCulley
President and CEO



February 3, 2020

**VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Memorial Hospital
Attn: Mr. Mark Turner, President & CEO
1404 Cross Street
Shiloh, IL 62226

**RE: Touchette Regional Hospital
Proposed Discontinuation of Obstetrics Category of Service**

Dear Mr. Turner:

This letter, addressing the subject above, is being sent in order to provide you an opportunity to submit an impact statement, should you choose to do so.

Touchette Regional Hospital intends to file a Certificate of Exemption ("COE") application within the next thirty days, seeking approval from the Illinois Health Facilities and Services Review Board (IHFSRB) to discontinue the hospital's 33-bed obstetrics category of service, and the formal discontinuation of that service will occur within thirty days following the IHFSRB's approval of that application.

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Sincerely,

A handwritten signature in black ink, appearing to read "Larry McCulley".

Larry McCulley
President and CEO

BACKGROUND OF APPLICANT

Touchette Regional Hospital, Inc. is the only IDPH-licensed facility owned and/or operated by applicant Southern Illinois Healthcare Foundation, Inc.

An "adverse action" letter is attached.

← DISPLAY THIS PART IN A CONSPICUOUS PLACE



Illinois Department of PUBLIC HEALTH HF 118222

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

Ngozi O. Ezike, M.D.
Director

Issued under the authority of the Illinois Department of Public Health

EXPIRATION DATE	CLASSIFICATION	LIC NUMBER
6/30/2020		0004523

General Hospital

Effective: 07/01/2019

Touchette Regional Hospital, Inc.
dba Touchette Regional Hospital
5900 Bond Avenue
Centreville, IL 62207

The face of this license has expired. For additional information, contact the Illinois Department of Public Health, P.O. Box 493, 101 10th St., Springfield, IL 62762-0493.

Exp. Date 6/30/2020

Lic Number 0004523

Date Printed 5/13/2019

Touchette Regional Hospital, Inc.
dba Touchette Regional Hospital
5900 Bond Avenue
Centreville, IL 62207

FEE RECEIPT NO.

Touchette Regional Hospital

Centreville, IL

has been Accredited by

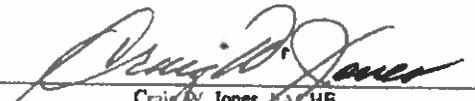


The Joint Commission

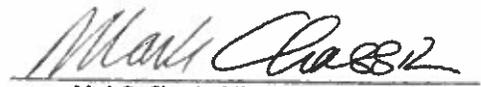
Which has surveyed this organization and found it to meet the requirements for the
Hospital Accreditation Program

October 24, 2018

Accreditation is customarily valid for up to 36 months.


Craig W. Jones, FACHE
Chair, Board of Commissioners

ID #7332
Print/Reprint Date: 02/14/2019


Mark R. Chassin, MD, FACP, MPP, MPH
President

The Joint Commission is an independent, not-for-profit national body that oversees the safety and quality of health care and other services provided in accredited organizations. Information about accredited organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding accreditation and the accreditation performance of individual organizations can be obtained through The Joint Commission's web site at www.jointcommission.org.





February 3, 2020

Illinois Health Facilities and
Services Review Board
Springfield, Illinois

To Whom It May Concern:

I hereby certify that no adverse action has been taken against Southern Illinois Healthcare Foundation, Inc., or Touchette Regional Hospital, Inc., directly or indirectly, within three (3) years prior to the filing of this Application. For the purposes of this letter, the term "adverse action" has the meaning given to it in the Illinois Administrative Code, Title 77, Section 1130.

I hereby authorize HFSRB and IDPH to access any documents which it finds necessary to verify any information submitted, including, but not limited to: official records of IDPH or other State agencies and the records of nationally recognized accreditation organizations.

Sincerely,

Larry McCulley
Chief Executive Officer
and President

Notarized:



SAFETY NET STATEMENT

Southern Illinois Healthcare Foundation (“SIHF”), and its wholly-owned hospital, Touchette Regional Hospital (“TRH”) are primary providers of a broad variety of safety net services in the MetroEast region. In addition to the hospital, SIHF operates 30 health care centers, including four Federally-Qualified Health Care Centers (“FQHC”), in 22 communities.

TRH provides a broad spectrum of inpatient and outpatient programs used by and for the benefit of MetroEast residents, with approximately 60% of the patient encounters at TRH (inpatient and outpatient) involving Medicaid recipients. Among the services provided by SIHC, both on the hospital campus, as well as through it’s 30 health care centers are:

- Family Medicine
- A health care management program, designed to guide clients through the health care delivery process
- Breast health programming
- Broad-based vaccination program, including free vaccinations for children
- Pediatric primary care
- A free *Healthy Start* program for St. Clair County residents
- Pediatric chronic disease management
- Inpatient and outpatient mental health programs
- School and sports physicals
- 24-hour pediatric nurse triage program
- Pediatric programs designed to provide care to children in the foster care system
- Opioid dependence control programming
- HIV case management
- Dental care

In addition to the above-identified programs, both applicants are sponsors of and participants in the community health fairs and health education programs offered throughout the MetroEast region.