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ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

APPLICATION FOR PERMIT- 01/2017 Edition
HEALTH FACILITIES &
SERVICES REVIEW BOARD

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR EXEMPTION PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

| | | |
|--|------------------------|----------------------------|
| Facility Name: HSHS St. John's Hospital- Discontinue Long Term Care Unit | | |
| Street Address: 800 E. Carpenter Street | | |
| City and Zip Code: Springfield, 62769 | | |
| County: Sangamon | Health Service Area: 3 | Health Planning Area: E-01 |

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

| | | |
|---|--|--|
| Exact Legal Name: St. John's Hospital of the Hospital Sisters of the Third Order of Saint Francis | | |
| Street Address: 800 E. Carpenter Street | | |
| City and Zip Code: Springfield, 62769 | | |
| Name of Registered Agent: Amy K. Bulpitt | | |
| Registered Agent Street Address: 800 E. Carpenter Street | | |
| Registered Agent City and Zip Code: Springfield, 62769 | | |
| Name of Chief Executive Officer: Dr. Charles Lucore | | |
| CEO Street Address: 800 E. Carpenter Street | | |
| CEO City and Zip Code: Springfield, 62769 | | |
| CEO Telephone Number: (217) 535-3989 | | |

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: Clare Connor Ranalli |
| Title: Partner |
| Company Name: McDermott Will & Emery LLP |
| Address: 227 W. Monroe Street, Chicago, IL 60606 |
| Telephone Number: (312) 984-3365 |
| E-mail Address: Cranalli@mwe.com |
| Fax Number: (312) 277-2964 |

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

| |
|---------------|
| Name: NONE |
| Title: |
| Company Name: |

| |
|-------------------|
| Address: |
| Telephone Number: |
| E-mail Address: |
| Fax Number: |

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| City and Zip Code: Springfield, 62769 | | |
| County: Sangamon | Health Service Area: 3 | Health Planning Area: E-01 |

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

| |
|---|
| Exact Legal Name: Hospital Sisters Services, Inc. |
| Street Address: 4936 Laverna Road |
| City and Zip Code: Springfield, 62707 |
| Name of Registered Agent: Amy K. Bulpitt |
| Registered Agent Street Address: 4936 Laverna Road |
| Registered Agent City and Zip Code: Springfield, 62707 |
| Name of Chief Executive Officer: Mary Starmann-Harrison |
| CEO Street Address: 4936 Laverna Road |
| CEO City and Zip Code: Springfield, 62707 |
| CEO Telephone Number: (217) 788-6288 |

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.

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| Telephone Number: (312) 984-3365 |
| E-mail Address: Cranalli@mwe.com |
| Fax Number: (312) 277-2964 |

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

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|-------------------|
| Name: NONE |
| Title: |
| Company Name: |
| Address: |
| Telephone Number: |
| E-mail Address: |
| Fax Number: |

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION**This Section must be completed for all projects.****Facility/Project Identification**

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| Facility Name: HSHS St. John's Hospital- Discontinue Long Term Care Unit | | |
| Street Address: 800 E. Carpenter Street | | |
| City and Zip Code: Springfield, 62769 | | |
| County: Sangamon | Health Service Area: 3 | Health Planning Area: E-01 |

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

| | | |
|---|--|--|
| Exact Legal Name: Hospital Sisters Health System | | |
| Street Address: 4936 Laverna Road | | |
| City and Zip Code: Springfield, 62707 | | |
| Name of Registered Agent: Amy K. Bulpitt | | |
| Registered Agent Street Address: 4936 Laverna Road | | |
| Registered Agent City and Zip Code: Springfield, 62707 | | |
| Name of Chief Executive Officer: Mary Starmann-Harrison | | |
| CEO Street Address: 4936 Laverna Road | | |
| CEO City and Zip Code: Springfield, 62707 | | |
| CEO Telephone Number: (217) 788-6288 | | |

Type of Ownership of Applicants

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

Corporations and limited liability companies must provide an Illinois certificate of good standing.
 Partnerships must provide the name of the state in which 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]

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| Name: Clare Connor Ranalli |
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| Telephone Number: (312) 984-3365 |
| E-mail Address: Cranalli@mwe.com |
| Fax Number: (312) 277-2964 |

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

| |
|-------------------|
| Name: NONE |
| Title: |
| Company Name: |
| Address: |
| Telephone Number: |
| E-mail Address: |
| Fax Number: |

Post Exemption Permit Contact

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

| |
|---|
| Name: Amy Bulpitt |
| Title: Senior Vice President and General Counsel |
| Company Name: Hospital Sisters Health System |
| Address: 800 E. Carpenter Street, Springfield, IL 62769 |
| Telephone Number: (217) 814-8336 |
| E-mail Address: Amy.Bulpitt@hshs.org |
| Fax Number: |

Site Ownership

[Provide this information for each applicable site]

| |
|--|
| Exact Legal Name of Site Owner: HSHS St. John's Hospital |
| Address of Site Owner: 800 E. Carpenter Street, Springfield, IL 62769 |
| 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: St. John's Hospital of the Hospital Sisters of the Third Order of Saint Francis |
| Address: 800 E. Carpenter Street, Springfield, IL 62769 |
| <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 |
| <ul style="list-style-type: none"> 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 organized and the name and address of each partner specifying whether each is a general or limited partner. o 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. |
|---|

Flood Plain Requirements**N/A-Discontinuation**

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2006-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements, please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at www.FEMA.gov or www.illinoisfloodmaps.org. This map must be in a readable format. In addition, please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2006-5 ([http:// www.illinois.gov/sites/hfsrb](http://www.illinois.gov/sites/hfsrb)).

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

Historic Resources Preservation Act Requirements**N/A Discontinuation**

[Refer to application instructions.]

Provide documentation regarding compliance with the requirements of the Historic Resources Preservation Act.

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

DESCRIPTION OF PROJECT**1. Project Classification**

[Check those applicable - refer to Part 1110.40 and Part 1120.20(b)]

Part 1110 Classification:

- Change of Ownership
- Discontinuation of an Existing Health Care Facility or of a category of service
- Establishment or expansion of a neonatal intensive care or beds

2. 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.

HSHS St. John's Hospital proposes the discontinuation of its 13-bed skilled nursing unit. The discontinuation will be effective shortly after approval by the Illinois Health Facilities and Services Review Board. The area where the unit is currently located will be used for medical surgical beds with no increase in licensed bed capacity.

This project does not include the construction, demolition, or modernization of any existing buildings and there are no project costs associated.

This is a substantive project because it proposes the discontinuation of a designated category of service.

Project Costs and Sources of Funds (Neonatal Intensive Care Services only)

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-reviewable components that are not related to the provision of health care, complete the second column of the table below. Note, the use and sources of funds must be equal.

| Project Costs and Sources of Funds | | | |
|---|-----------------|--------------------|--------------|
| USE OF FUNDS | CLINICAL | NONCLINICAL | TOTAL |
| Preplanning Costs | N/A | N/A | N/A |
| Site Survey and Soil Investigation | N/A | N/A | N/A |
| Site Preparation | N/A | N/A | N/A |
| Off Site Work | N/A | N/A | N/A |
| New Construction Contracts | N/A | N/A | N/A |
| Modernization Contracts | N/A | N/A | N/A |
| Contingencies | N/A | N/A | N/A |
| Architectural/Engineering Fees | N/A | N/A | N/A |
| Consulting and Other Fees | N/A | N/A | N/A |
| Movable or Other Equipment (not in construction contracts) | N/A | N/A | N/A |
| Bond Issuance Expense (project related) | N/A | N/A | N/A |
| Net Interest Expense During Construction (project related) | N/A | N/A | N/A |
| Fair Market Value of Leased Space or Equipment | N/A | N/A | N/A |
| Other Costs To Be Capitalized | N/A | N/A | N/A |
| Acquisition of Building or Other Property (excluding land) | N/A | N/A | N/A |
| TOTAL USES OF FUNDS | N/A | N/A | N/A |
| SOURCE OF FUNDS | CLINICAL | NONCLINICAL | TOTAL |
| Cash and Securities | N/A | N/A | N/A |
| Pledges | N/A | N/A | N/A |
| Gifts and Bequests | N/A | N/A | N/A |
| Bond Issues (project related) | N/A | N/A | N/A |
| Mortgages | N/A | N/A | N/A |
| Leases (fair market value) | N/A | N/A | N/A |
| Governmental Appropriations | N/A | N/A | N/A |
| Grants | N/A | N/A | N/A |
| Other Funds and Sources | N/A | N/A | N/A |
| TOTAL SOURCES OF FUNDS | N/A | N/A | N/A |
| NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. | | | |

Related Project Costs

Provide the following information, as applicable, with respect to any land related to the project that will be or has been acquired during the last two calendar years:

| | | |
|--|------------------------------|--|
| Land acquisition is related to project | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Purchase Price: \$ | _____ | |
| Fair Market Value: \$ | _____ | |
| The project involves the establishment of a new facility or a new category of service | | |
| | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| If yes, provide the dollar amount of all non-capitalized operating start-up costs (including operating deficits through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100. | | |
| Estimated start-up costs and operating deficit cost is \$ <u>N/A</u> . | | |

Project Status and Completion Schedules

| | |
|--|--|
| For facilities in which prior permits have been issued please provide the permit numbers. | |
| Indicate the stage of the project's architectural drawings: | |
| <input checked="" type="checkbox"/> None or not applicable | <input type="checkbox"/> Preliminary |
| <input type="checkbox"/> Schematics | <input type="checkbox"/> Final Working |
| Anticipated project completion date (refer to Part 1130.140): <u>Within (30) days from Exemption Approval</u> | |
| Indicate the following with respect to project expenditures or to financial commitments (refer to Part 1130.140): <u>N/A</u> | |
| <input type="checkbox"/> Purchase orders, leases or contracts pertaining to the project have been executed. <input type="checkbox"/> Financial commitment is contingent upon permit issuance. Provide a copy of the contingent "certification of financial commitment" document, highlighting any language related to CON Contingencies <input type="checkbox"/> Financial Commitment will occur after permit issuance. | |
| APPEND DOCUMENTATION AS ATTACHMENT 8 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. | |

State Agency Submittals [Section 1130.620(c)]

| |
|--|
| Are the following submittals up to date as applicable: |
| <input checked="" type="checkbox"/> Cancer Registry |
| <input checked="" type="checkbox"/> APORS |
| <input checked="" type="checkbox"/> All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted |
| <input checked="" type="checkbox"/> All reports regarding outstanding permits |
| Failure to be up to date with these requirements will result in the application for permit 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 St. John's Hospital of the Hospital Sisters of the Third Order of St. Francis* 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.

Charles Lucore
SIGNATURE

Charles Lucore, M.D.
PRINTED NAME

CEO
PRINTED TITLE

Patricia Allen
SIGNATURE

Patricia Allen
PRINTED NAME

VP Finance
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 13th day of April, 2017

Notarization:
Subscribed and sworn to before me
this 13th day of April, 2017

Tammy Gaspar
Signature of Notary

Seal **TAMMY G CASPAR**
Official Seal
Notary Public - State of Illinois
My Commission Expires Mar 22, 2020
*Insert the EXACT legal name of the applicant

Tammy Gaspar
Signature of Notary

Seal **TAMMY G CASPAR**
Official Seal
Notary Public - State of Illinois
My Commission Expires Mar 22, 2020

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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);
- 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 Hospital Sisters 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.

Mary Starmann-Harrison
SIGNATURE

Mary Starmann-Harrison
PRINTED NAME

CEO
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 17 day of April

Amy K. Bulpitt
SIGNATURE

Amy K. Bulpitt
PRINTED NAME

Vice President and General Counsel
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 17 day of April

Alyssa Henson
Signature of Notary
Seal
ALYSSA HENSON
Official Seal
Notary Public - State of Illinois
My Commission Expires Nov 13, 2019

Alyssa Henson
Signature of Notary
Seal
ALYSSA HENSON
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Notary Public - State of Illinois
My Commission Expires Nov 13, 2019

*Insert the EXACT legal name of the applicant

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- 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 Hospital Sisters Health System* 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.

Mary Starmann-Harrison
SIGNATURE

Mary Starmann-Harrison
PRINTED NAME

CEO
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 17 day of April

Amy K. Bulpitt
SIGNATURE

Amy K. Bulpitt
PRINTED NAME

Vice President and General Counsel
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 17 day of April

Alyssa Henson
Signature of Notary

Seal
ALYSSA HENSON
Official Seal
Notary Public - State of Illinois
My Commission Expires Nov 13, 2019

Alyssa Henson
Signature of Notary

Seal
ALYSSA HENSON
Official Seal
Notary Public - State of Illinois
My Commission Expires Nov 13, 2019

*Insert the EXACT legal name of the applicant

SECTION II. DISCONTINUATION

This Section is applicable to the discontinuation of a health care facility maintained by a State agency. **NOTE:** If the project is solely for discontinuation and if there is no project cost, the remaining Sections of the application are not applicable.

Type of Discontinuation

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> | Discontinuation of an Existing Health Care Facility |
| <input checked="" type="checkbox"/> | Discontinuation of a category of service |

Criterion 1110.130 - 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. Upon a finding that an application to close a health care facility is complete, the State Board shall publish a legal notice on 3 consecutive days in a newspaper of general circulation in the area or community to be affected and afford the public an opportunity to request a hearing. If the application is for a facility located in a Metropolitan Statistical Area, an additional legal notice shall be published in a newspaper of limited circulation, if one exists, in the area in which the facility is located. If the newspaper of limited circulation is published on a daily basis, the additional legal notice shall be published on 3 consecutive days. The legal notice shall also be posted on the Health Facilities and Services Review Board's web site and sent to the State Representative and State Senator of the district in which the health care facility is located. In addition, the health care facility shall provide notice of closure to the local media that the health care facility would routinely notify about facility events.
8. 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.

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.

IMPACT ON ACCESS

1. Document that the discontinuation of each service or of the entire facility and whether or not it will have an adverse effect upon access to care for residents of the facility's market area.
2. Document that a written request for an impact statement was received by all existing or approved health care facilities (that provide the same services as those being discontinued) located within 45 minutes travel time of the applicant facility.

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

SECTION III. BACKGROUND, PURPOSE OF THE PROJECT, AND ALTERNATIVES **- INFORMATION REQUIREMENTS**

This Section is applicable to all projects except those that are solely for discontinuation with no project costs. **N/A-Discontinuation**

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, 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 11. IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 11.

Criterion 1110.230 – Purpose of the Project, and Alternatives (Not applicable to Change of Ownership) N/A-Discontinuation

PURPOSE OF PROJECT

1. Document that the project will provide health services that improve the health care or well-being of the market area population to be served.
2. Define the planning area or market area, or other relevant area, per the applicant's definition.
3. Identify the existing problems or issues that need to be addressed as applicable and appropriate for the project.
4. Cite the sources of the documentation.
5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.
6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to

achieving the stated goals as appropriate.

For projects involving modernization, describe the conditions being upgraded, if any. For facility projects, include statements of the age and condition of the project site, as well as regulatory citations, if any. For equipment being replaced, include repair and maintenance records.

NOTE: Information regarding the "Purpose of the Project" will be included in the State Board Report.

APPEND DOCUMENTATION AS ATTACHMENT 12 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-6) MUST BE IDENTIFIED IN ATTACHMENT 12.

ALTERNATIVES N/A Discontinuation

- 1) Identify ALL of the alternatives to the proposed project:

Alternative options must include:

- A) Proposing a project of greater or lesser scope and cost;
 - B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;
 - C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and
 - D) Provide the reasons why the chosen alternative was selected.
- 2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality and financial benefits in both the short-term (within one to three years after project completion) and long-term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED, THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**
- 3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

APPEND DOCUMENTATION AS ATTACHMENT 13 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION IV. SERVICE SPECIFIC REVIEW CRITERIA (Neonatal Intensive Care Services Only) N/A

Criterion 1130.531 Requirements for Exemptions for the Establishment or Expansion of Neonatal Intensive Care Service and Beds

This Section is applicable to all projects proposing the establishment, or expansion of Neonatal Intensive Care Service that are subject to CON review, as provided in the Illinois Health Facilities Planning Act [20 ILCS 3960]. It is comprised of information requirements, as well as charts for the service, indicating the review criteria that must be addressed for each action (establishment, expansion and modernization). **APPLICABLE TO THE CRITERIA THAT MUST BE ADDRESSED:**

A. Criterion 1130.531 - Neonatal Intensive Care Services N/A

1. Applicants proposing to establish, expand and/or modernize the Neonatal Intensive Care categories of service must submit the following information:
2. Indicate bed capacity changes by Service: Indicate # of beds changed by action(s):

| Category of Service | # Existing Beds | # Proposed Beds |
|--|-----------------|-----------------|
| <input type="checkbox"/> Neonatal Intensive Care | | |

3. READ the applicable review criteria outlined below and submit the required documentation for the criteria:

| APPLICABLE REVIEW CRITERIA | Establish | Expand |
|--|-----------|--------|
| 1130.531(a) - A description of the project that identifies the location of the neonatal intensive care unit and the number of neonatal intensive care beds proposed; | X | X |
| 1130.531(b) - Verification that a final cost report will be submitted to the Agency no later than 90 days following the anticipated project completion date; | X | X |
| 1130.531(c) - Verification that failure to complete the project within the 24 months after the Board approved the exemption will invalidate the exemption. | X | X |

APPEND DOCUMENTATION AS ATTACHMENT 14, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM

SECTION V. CHANGE OF OWNERSHIP (CHOW) N/A**1130.520 Requirements for Exemptions Involving the Change of Ownership of a Health Care Facility**

1. Prior to acquiring or entering into a contract to acquire an existing health care facility, a person shall submit an application for exemption to HFSRB, submit the required application-processing fee (see Section 1130.230) and receive approval from HFSRB.
2. If the transaction is not completed according to the key terms submitted in the exemption application, a new application is required.
3. READ the applicable review criteria outlined below and submit the required documentation (key terms) for the criteria:

| APPLICABLE REVIEW CRITERIA | CHOW |
|--|-------------|
| 1130.520(b)(1)(A) - Names of the parties | X |
| 1130.520(b)(1)(B) - Background of the parties, which shall include proof that the applicant is fit, willing, able, and has the qualifications, background and character to adequately provide a proper standard of health service for the community by certifying that no adverse action has been taken against the applicant by the federal government, licensing or certifying bodies, or any other agency of the State of Illinois against any health care facility owned or operated by the applicant, directly or indirectly, within three years preceding the filing of the application. | X |
| 1130.520(b)(1)(C) - Structure of the transaction | X |
| 1130.520(b)(1)(D) - Name of the person who will be licensed or certified entity after the transaction | |
| 1130.520(b)(1)(E) - List of the ownership or membership interests in such licensed or certified entity both prior to and after the transaction, including a description of the applicant's organizational structure with a listing of controlling or subsidiary persons. | X |
| 1130.520(b)(1)(F) - Fair market value of assets to be transferred. | X |
| 1130.520(b)(1)(G) - The purchase price or other forms of consideration to be provided for those assets. [20 ILCS 3960/8.5(a)] | X |
| 1130.520(b)(2) - Affirmation that any projects for which permits have been issued have been completed or will be completed or altered in accordance with the provisions of this Section | X |
| 1130.520(b)(2) - If the ownership change is for a hospital, affirmation that the facility will not adopt a more restrictive charity care policy than the policy that was in effect one year prior to the transaction. The hospital must provide affirmation that the compliant charity care policy will remain in effect for a two-year period following the change of ownership transaction | X |
| 1130.520(b)(2) - A statement as to the anticipated benefits of | X |

| | |
|---|---|
| the proposed changes in ownership to the community | |
| 1130.520(b)(2) - The anticipated or potential cost savings, if any, that will result for the community and the facility because of the change in ownership; | X |
| 1130.520(b)(2) - A description of the facility's quality improvement program mechanism that will be utilized to assure quality control; | X |
| 1130.520(b)(2) - A description of the selection process that the acquiring entity will use to select the facility's governing body; | X |
| 1130.520(b)(2) - A statement that the applicant has prepared a written response addressing the review criteria contained in 77 Ill. Adm. Code 1110.240 and that the response is available for public review on the premises of the health care facility | X |
| 1130.520(b)(2)- A description or summary of any proposed changes to the scope of services or levels of care currently provided at the facility that are anticipated to occur within 24 months after acquisition. | X |

Application for Change of Ownership Among Related Persons N/A

When a change of ownership is among related persons, and there are no other changes being proposed at the health care facility that would otherwise require a permit or exemption under the Act, the applicant shall submit an application consisting of a standard notice in a form set forth by the Board briefly explaining the reasons for the proposed change of ownership. [20 ILCS 3960/8.5(a)]

APPEND DOCUMENTATION AS ATTACHMENT 15, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

VI. 1120.120 - AVAILABILITY OF FUNDS (Neonatal Intensive Care Services only)

The applicant shall document that financial resources shall be available and be equal to or exceed the estimated total project cost plus any related project costs by providing evidence of sufficient financial resources from the following sources, as applicable [Indicate the dollar amount to be provided from the following sources]: **N/A**

| | | |
|--|----|---|
| | a) | Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to: <ol style="list-style-type: none"> 1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and 2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion; |
| | b) | Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience. |
| | c) | Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts; |
| | d) | Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including: <ol style="list-style-type: none"> 1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated; 2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate; 3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.; 4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment; 5) For any option to lease, a copy of the option, including all terms and conditions. |
| | e) | Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent; |
| | f) | Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt; |
| | g) | All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project. |
| | | TOTAL FUNDS AVAILABLE |

APPEND DOCUMENTATION AS ATTACHMENT 16, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION VII. 1120.130 - FINANCIAL VIABILITY N/A-No project costs

All the applicants and co-applicants shall be identified, specifying their roles in the project funding or guaranteeing the funding (sole responsibility or shared) and percentage of participation in that funding.

Financial Viability Waiver

The applicant is not required to submit financial viability ratios if:

1. "A" Bond rating or better
2. All of the projects capital expenditures are completely funded through internal sources
3. The applicant's current debt financing or projected debt financing is insured or anticipated to be insured by MBIA (Municipal Bond Insurance Association Inc.) or equivalent
4. The applicant provides a third party surety bond or performance bond letter of credit from an A rated guarantor.

See Section 1120.130 Financial Waiver for information to be provided

APPEND DOCUMENTATION AS ATTACHMENT 17, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

The applicant or co-applicant that is responsible for funding or guaranteeing funding of the project shall provide viability ratios for the latest three years for which audited financial statements are available and for the first full fiscal year at target utilization, but no more than two years following project completion. When the applicant's facility does not have facility specific financial statements and the facility is a member of a health care system that has combined or consolidated financial statements, the system's viability ratios shall be provided. If the health care system includes one or more hospitals, the system's viability ratios shall be evaluated for conformance with the applicable hospital standards.

| | Historical 3 Years | | | Projected |
|--|-----------------------|--|--|-----------|
| Enter Historical and/or Projected Years: | | | | |
| Current Ratio | | | | |
| Net Margin Percentage | | | | |
| Percent Debt to Total Capitalization | | | | |
| Projected Debt Service Coverage | | | | |
| Days Cash on Hand | | | | |
| Cushion Ratio | | | | |

Provide the methodology and worksheets utilized in determining the ratios detailing the calculation and applicable line item amounts from the financial statements. Complete a separate table for each co-applicant and provide worksheets for each.

2. Variance

Applicants not in compliance with any of the viability ratios shall document that another organization, public or private, shall assume the legal responsibility to meet the debt obligations should the applicant default.

APPEND DOCUMENTATION AS ATTACHMENT 18, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION VIII. 1120.140 - ECONOMIC FEASIBILITY N/A-No project costs

This section is applicable to all projects subject to Part 1120.

A. Reasonableness of Financing Arrangements

The applicant shall document the reasonableness of financing arrangements by submitting a notarized statement signed by an authorized representative that attests to one of the following:

- 1) That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or
- 2) That the total estimated project costs and related costs will be funded in total or in part by borrowing because:
 - A) A portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order to maintain a current ratio of at least 2.0 times for hospitals and 1.5 times for all other facilities; or
 - B) Borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

B. Conditions of Debt Financing

This criterion is applicable only to projects that involve debt financing. The applicant shall document that the conditions of debt financing are reasonable by submitting a notarized statement signed by an authorized representative that attests to the following, as applicable:

- 1) That the selected form of debt financing for the project will be at the lowest net cost available;
- 2) That the selected form of debt financing will not be at the lowest net cost available, but is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs and other factors;
- 3) That the project involves (in total or in part) the leasing of equipment or facilities and that the expenses incurred with leasing a facility or equipment are less costly than constructing a new facility or purchasing new equipment.

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

1. Identify each department or area impacted by the proposed project and provide a cost and square footage allocation for new construction and/or modernization using the following format (insert after this page).

| COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE | | | | | | | | | |
|---|------------------------------|---|--------------------------------|---|---------------------------------|---|----------------------|--------------------|--------------------------|
| Department (list below) | A | B | C | D | E | F | G | H | Total Cost (G + H) |
| | Cost/Square Foot New Mod. | | Gross Sq. Ft. New Circ.* | | Gross Sq. Ft. Mod. Circ.* | | Const. \$ (A x C) | Mod. \$ (B x E) | |
| | | | | | | | | | |
| Contingency | | | | | | | | | |
| TOTALS | | | | | | | | | |

* Include the percentage (%) of space for circulation

D. Projected Operating Costs

The applicant shall provide the projected direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year at target utilization but no more than two years following project completion. Direct cost means the fully allocated costs of salaries, benefits and supplies for the service.

E. Total Effect of the Project on Capital Costs

The applicant shall provide the total projected annual capital costs (in current dollars per equivalent patient day) for the first full fiscal year at target utilization but no more than two years following project completion.

APPEND DOCUMENTATION AS ATTACHMENT 19, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION IX. SAFETY NET IMPACT STATEMENT (DISCONTINUATION ONLY)

SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL SUBSTANTIVE PROJECTS AND PROJECTS TO DISCONTINUE STATE-OWNED HEALTH CARE FACILITIES [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 40.

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

APPEND DOCUMENTATION AS ATTACHMENT 20, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION X. CHARITY CARE INFORMATION (CHOW ONLY)

Charity Care Information **MUST** be furnished for **ALL** projects [1120.20(c)].

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 41.

| CHARITY CARE | | | |
|----------------------------------|------|------|------|
| | Year | Year | Year |
| Net Patient Revenue | | | |
| Amount of Charity Care (charges) | | | |
| Cost of Charity Care | | | |

APPEND DOCUMENTATION AS ATTACHMENT 21 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 | 27-29 |
| 2 | Site Ownership | 30-41 |
| 3 | Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership. | N/A |
| 4 | Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc. | 42-43 |
| 5 | Flood Plain Requirements | N/A |
| 6 | Historic Preservation Act Requirements | N/A |
| 7 | Project and Sources of Funds Itemization | N/A |
| 8 | Financial Commitment Document if required | N/A |
| 9 | Cost Space Requirements | N/A |
| 10 | Discontinuation | 44-45 |
| 11 | Background of the Applicant | N/A |
| 12 | Purpose of the Project | N/A |
| 13 | Alternatives to the Project | N/A |
| | Service Specific: | |
| 14 | Neonatal Intensive Care Services | N/A |
| 15 | Change of Ownership | N/A |
| | Financial and Economic Feasibility: | |
| 16 | Availability of Funds | N/A |
| 17 | Financial Waiver | N/A |
| 18 | Financial Viability | N/A |
| 19 | Economic Feasibility | N/A |
| 20 | Safety Net Impact Statement | 46-47 |
| 21 | Charity Care Information | 48 |

Attachment 1- Applicant Identification Including Certificate of Good Standing

Hospital Sisters Health System

File Number 5163-355-5



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

HOSPITAL SISTERS HEALTH SYSTEM, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 26, 1978, 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 3RD day of AUGUST A.D. 2016 .

Jesse White

SECRETARY OF STATE

Authentication #: 1021602348 verifiable until 08/03/2017
Authenticate at: <http://www.cyberdriveillinois.com>

Attachment 1- Applicant Identification Including Certificate of Good Standing

Hospital Sisters Services, Inc.,

File Number 5325-639-2



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

HOSPITAL SISTERS SERVICES, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 04, 1983, 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 3RD day of AUGUST A.D. 2016 .



Authentication #: 16216022172 verifiable until 08/03/2017
Authenticate at: <http://www.cyberdriveillinois.com>

Jesse White

SECRETARY OF STATE

Attachment 1- Applicant Identification Including Certificate of Good Standing

St. John's Hospital of The Hospital Sisters of The Third Order of St. Francis

File Number 3528-156-8



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

ST. JOHN'S HOSPITAL OF THE HOSPITAL SISTERS OF THE THIRD ORDER OF ST. FRANCIS, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JUNE 03, 1955, 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 3RD day of AUGUST A.D. 2016 .



Authentication #: 1621602382 verifiable until 08/02/2017
Authenticate at: <http://www.cyberArk.com>

Jesse White

SECRETARY OF STATE

Attachment 2- Site Ownership

JUN. 17. 2009 10:07AM CHICAGO TITLE

NO. 533 P. 2

ALTA Form - 1966

Commitment

American Land Title Association

**REVISED****Chicago Title Insurance Company***Providing Title Related Services Since 1847*

CHICAGO TITLE INSURANCE COMPANY, a Nebraska corporation, herein called the Company, for a valuable consideration, hereby commits to issue its policy/ies of title insurance, as identified in Schedule A (which policy or policies cover title risks and are subject to the Exclusions from Coverage and the Conditions and Stipulations as contained in said policy/ies) in favor of the Proposed Insured named in Schedule A, as owner or mortgagee of the estate or interest in the land described or referred to in Schedule A, upon payment of the premiums and charges therefor, all subject to the provisions of Schedules A and B hereof and to the "American Land Title Association Commitment - 1966" Conditions and Stipulations which are hereby incorporated by reference and made a part of this Commitment. A complete copy of the Commitment Conditions and Stipulations is available upon request and include, but are not limited to, the proposed Insured's obligation to disclose, in writing, knowledge of any additional defects, liens, encumbrances, adverse claims or other matters which are not contained in the Commitment; provisions that the Company's liability shall in no event exceed the amount of the policy/ies as stated in Schedule A hereof, must be based on the terms of this Commitment, shall be only to the proposed Insured and shall be only for actual loss incurred in good faith reliance on this Commitment; and provisions relating to the General Exceptions, to which the policy/ies will be subject unless the same are disposed of to the satisfaction of the Company.

This Commitment shall be effective only when the identity of the proposed Insured and the amount of the policy or policies committed for have been inserted in Schedule A hereof by the Company, either at the time of the issuance of this Commitment or by issuance of a Revised Commitment.

This Commitment is preliminary to the issuance of such policy or policies of title insurance and all liability and obligations hereunder shall cease and terminate six months after the effective date hereof or when the policy or policies committed for shall issue, whichever first occurs, provided that the failure to issue such policy or policies is not the fault of the Company.

This Commitment is based upon a search and examination of Company records and/or public records by the Company. Utilization of the information contained herein by an entity other than the Company for the purpose of issuing a title commitment or policy or policies shall be considered a violation of the proprietary rights of the Company of its search and examination work product.

This commitment shall not be valid or binding until signed by an authorized signatory.

Issued By:

CHICAGO TITLE INSURANCE COMPANY
1043 SOUTH FIFTH STREET
SPRINGFIELD, IL 62703

Refer Inquiries To:
(217) 789-9863

Fax Number:
(217) 789-9898



CHICAGO TITLE INSURANCE COMPANY

By

Authorized Signatory

Commitment No.:

710104374

Attachment 2- Site Ownership (Continued)

JUN.17.2008 10:07AM

CHICAGO TITLE

NO.533 P.3

CHICAGO TITLE INSURANCE COMPANY
COMMITMENT FOR TITLE INSURANCE
SCHEDULE A

YOUR REFERENCE:

ORDER NO.: 1271 710104374 SPR

EFFECTIVE DATE: JUNE 2, 2008

1. POLICY OR POLICIES TO BE ISSUED:

| | |
|-------------------|---|
| OWNER'S POLICY: | ALTA OWNERS 2006 |
| AMOUNT: | TO COME |
| PROPOSED INSURED: | St. John's Hospital of the Hospital Sisters of the Third Order of St. Francis |

2. THE ESTATE OR INTEREST IN THE LAND DESCRIBED OR REFERRED TO IN THIS COMMITMENT AND COVERED HEREIN IS A FEE SIMPLE UNLESS OTHERWISE NOTED.

3. TITLE TO SAID ESTATE OR INTEREST IN SAID LAND IS AT THE EFFECTIVE DATE VESTED IN:

St. John's Hospital of the Hospital Sisters of the Third Order of St. Francis

4. MORTGAGE OR TRUST DEED TO BE INSURED:

NONE

Attachment 2- Site Ownership (Continued)

JUN.17.2009 10:07AM

CHICAGO TITLE

NO.533 P.4

CHICAGO TITLE INSURANCE COMPANY
 COMMITMENT FOR TITLE INSURANCE
 SCHEDULE A (CONTINUED)

ORDER NO.: 1271 710104374 SPR

5. THE LAND REFERRED TO IN THIS COMMITMENT IS DESCRIBED AS FOLLOWS:

Parcel I:

The property bounded on the North by the South line of Carpenter Street, on the South by the North line of Mason Street, on the West by the East line of Seventh Street and on the East by the West line of Ninth Street, legally described as:

All of Blocks 5 & 6 of J. Adams Addition lying South of the South line of Carpenter Street.

Lots 1, 2, 3 and 4 of J. Leber's Addition.

Block 2 of J. Mitchell's Addition.

Lots 6, 7, 8, 9, 10 and 11 of Block 1 of J. Mitchell's Addition.

Lots 1, 2, 3, 4, 5, 6, 12, 13, 14, 15 and 16 of Block 13 of Wells and Peck's Addition.

Block 3 of J. Mitchell's Addition, (except leased portion per tax assessment bill).

Block 4 of J. Mitchell's Addition and Lots 1, 2, 3, 4, 5, 12, 13, 14, 15 and 16 of Block 13 of Wells and Peck's Addition, in Springfield, Sangamon County, Illinois.

Parcel II:

The property bounded on the North by the North line of Mason Street, on the South by the North line of Madison Street, on the West by the East line of Seventh Street and on the East by the West line of Ninth Street, legally described as follows:

Lots 5, 6, 7, 8, 9, 10, 11 and 12 of Block 5 of J. Mitchell's Addition and Lots 1, 2, 3, 4, 5, 12, 13, 14, 15 and 16 of Block 13 of Wells and Peck's Addition, including the vacated alley lying therein.

All of the lots of Block 5 of J. Mitchell's Addition, in Springfield, Sangamon County, Illinois, (except 16 $\frac{1}{2}$ of land value and office area as per tax assessor bill), including the vacated alley lying therein.

Parcel III:

The property bounded on the North by Reynolds, on the South by Madison, on the East by 7th Street and on the West by 6th Street, legally described as:

All of the lots of Block 1 of E. Mitchell's Addition, including the vacated alley lying within.

All of the lots of Block 2 of E. Mitchell's Addition, (except 24 $\frac{1}{2}$ taxable portion

CONTINUED ON NEXT PAGE

Attachment 2- Site Ownership (Continued)

JUL 17 2008 10:08AM

CHICAGO TITLE

NO.533 P.5

**CHICAGO TITLE INSURANCE COMPANY
COMMITMENT FOR TITLE INSURANCE
SCHEDULE A (CONTINUED)**

ORDER NO.: 1271 710104374 SPR

as per real property tax assessment bill).

Parcel IV:

Block 11 of Wells and Peck's Addition.

Lots 5, 6, 7, 8, 9, 10, 11 and 12 of Block 16 of Wells and Peck's Addition.

Lots 4, 5, 6, 7, 8, 9, 10, 11, 12 and 13 of Block 17 of Wells and Peck's Addition.

Lots 1, 2, 3, 4, 13, 14, 15 and 16 of Block 3 of J. Whitney's Addition, in Springfield, Sangamon County, Illinois.

Parcel V:

St. John's Centrum North - Tract A: (Parcel I and II) The North 50 feet of Lot 4, the South 10 feet of Lot 5 and the North 70 feet of Lot 5, all in John Taylor's Northwest Addition to the City of Springfield, according to the plat thereof recorded August 15, 1833 in Plat Book 6 on page 100. Also, that part of the East 9 feet of Lot 49 in Assessor's Subdivision of part of the West Half of Section 27 and part of the East Half of Section 28, according to the plat thereof recorded October 7, 1868 in Plat Book 8 on page 20, lying South of the Westerly extension of the North line of Lot 5 in said John Taylor's Northwest Addition and lying North of the Westerly extension of the North line of the South 10 feet of said Lot 5, being in Township 16 North, Range 5 West of the Third Principal Meridian, Sangamon County, Illinois, and more particularly described as follows:

Commencing at the Southeast corner of Lot 1 of said John Taylor's Northwest Addition; thence North 00 degrees 11 minutes 32 seconds East along the East line of said John Taylor's Northwest Addition, 271.15 feet the Southeast corner of the North 50 feet of said Lot 4, said point being the point of beginning; thence South 89 degrees 52 minutes 18 seconds West along the South line of the North 50 feet of said Lot 4, 161.02 feet to the Southwest corner of the North 50 feet of said Lot 4; thence North 00 degrees 11 minutes 44 seconds East along the West line of said John Taylor's Northwest Addition, 60.00 feet to Northwest corner of the South 10 feet of said Lot 5; thence South 89 degrees 52 minutes 18 seconds West along the North line of the South 10 feet of said Lot 5 extended, 9.00 feet; thence North 00 degrees 13 minutes 44 seconds East along the West line of the East 9 feet of said Lot 49, 70.19 feet to a point on the North line of said Lot 5 extended; thence North 89 degrees 50 minutes 23 seconds East along said North line, 9.00 feet to the Northwest corner of said Lot 5; thence North 89 degrees 50 minutes 23 seconds East along the North line of said Lot 5, 160.94 feet to the Northeast corner of said Lot 5; thence South 00 degrees 11 minutes 32 seconds West along the East line of said John Taylor's Northwest Addition, 130.29 feet to the point of beginning.

Parcel VI:

St John's North - Lots 1, 2, 3 and 4 of Assessors Sub of 1914; Lots 11, 12 and 13 of Block 5, Lots Wells and Peck Addition; Lots 9 and 10 of J. Adams Addition, Block 4.

Parcel VII:

Lots 3, 4, 5, 6, 7 and 8 of Block 2 of J. Adams.

Parcel IX:

Attachment 2- Site Ownership (Continued)

JUL 17 2008 10:08AM

CHICAGO TITLE

NO.533 P.6

**CHICAGO TITLE INSURANCE COMPANY
COMMITMENT FOR TITLE INSURANCE
SCHEDULE A (CONTINUED)**

ORDER NO.: 1271 710104374 SFR

Reynolds Street, between Seventh Street and Ninth Street, Eighth Street between Carpenter Street and the South side of Reynolds Street, Mason Street between the East line of Seventh Street and the West line of Ninth Street and Eighth Street between the North line of Mason Street and the North line of Madison Street have been vacated and thus is the property of St. John's Hospital (Mason Street Vacation Ordinance 124-2-86).

Parcel X:

Lot 1 James Adams Addition;

Lots 1, 2, 4, 5 and 6, 7 and 8 and the South 40 feet of Lot 3 E. Mitchell's Addition;

Lot 2 of Assessor's Subdivision of part of the South Half of Section 27 and of the North Half of Section 34.

Parcel XI:

Lots 1, 2, 3, 4, 13, 14, 15, 16 and part of a vacated alley in Block 14 of Wells and Peck's Addition.

Parcel XII:

Air rights lease as per ordinance 124-2-86 providing for an elevated, enclosed pedestrian walkway across 7th Street between Parcels III and Parcel II, all conditions pertaining thereto.

All parcels located in Sangamon County, Illinois.

Attachment 2- Site Ownership (Continued)

JUN 17 2008 10:03AM

CHICAGO TITLE

NO.533 P.7

CHICAGO TITLE INSURANCE COMPANY
 COMMITMENT FOR TITLE INSURANCE
 SCHEDULE B

ORDER NO.: 1271 710104374 SPR

GENERAL EXCEPTIONS

The owner's policy will be subject to the following exceptions:

- (1) rights or claims of parties in possession not shown by the public records;
- (2) encroachments, overlaps, boundary line disputes and any matters which would be disclosed by an accurate survey and inspection of the premises;
- (3) easements, or claims of easements, not shown by the public records;
- (4) any lien, or right to a lien, for services, labor, or material heretofore or hereafter furnished, imposed by law and not shown by the public records;
- (5) taxes or special assessments which are not shown as existing liens by the public records.

SCHEDULE B

Schedule B of the policy or policies to be issued will not insure against loss or damage (and the Company will not pay costs, attorneys' fees or expenses) which arise by reason of those matters appearing on the commitment jacket, the applicable General Exceptions (see above), etc. if on owner's policy is to be issued, the encumbrance, if any, shown in Schedule A, and exceptions to the following matters unless the same are disposed of to the satisfaction of the Company:

1. Defects, liens, encumbrances, adverse claims or other matters, if any, created, first appearing in the public records or attaching subsequent to the effective date hereof but prior to the date the Proposed Insured acquires for value of record the estate or interest or mortgage thereon covered by this Commitment.
2. An ALTA Loan Policy will be subject to the following exceptions (a) and (b), in the absence of the production of the data and other essential matters described in our Form 3735:
 - (a) Any lien, or right to a lien, for services, labor, or material heretofore or hereafter furnished, imposed by law and not shown by the public records;
 - (b) Consequences of the failure of the lender to pay out properly the whole or any part of the loan secured by the mortgage described in Schedule A, as affecting:
 - (i) the validity of the lien of said mortgage, and
 - (ii) the priority of the lien over any other right, claim, lien or encumbrance which has or may become superior to the lien of said mortgage before the disbursement of the entire proceeds of the loan.
3. Taxes for the years 2008, not yet due and payable.
 Taxes for the year 2007 are as follows:
 - I.
 - 14-27-337-032 (exempt)
 - 14-27-337-034 (exempt)
 - 14-27-409-011 (exempt)
 - 14-27-413-001 (exempt)
 - 14-27-413-003 (exempt)

JUN 17 2008 10:28:44

Attachment 2- Site Ownership (Continued)

CHICAGO TITLE

NO. 533 P. 8

CHICAGO TITLE INSURANCE COMPANY
 COMMITMENT FOR TITLE INSURANCE
 SCHEDULE B (CONTINUED)

ORDER NO.: 1271 710104374 SPR

14-27-413-011 (exempt)

II.

14-27-337-031 (exempt)

14-27-337-033 (exempt)

14-27-378-012 (exempt)

14-27-378-014 (exempt)

III.

14-27-336-003 (exempt)

14-27-336-004 (exempt)

14-27-336-014 (exempt)

14-27-336-015 (exempt)

14-27-377-011 (exempt)

IV.

14-27-410-009 (exempt)

14-27-410-020 (exempt)

14-27-414-016 (exempt)

14-27-451-021 (exempt)

14-27-451-022 (exempt)

V.

14-27-308-020 2007 taxes \$43,278.00 and are ONE HALF PAID. (\$21,639.00)

14-27-308-033 2007 taxes \$ 1,525.34 and are ONE HALF PAID. (\$ 762.67)

14-27-308-037 2007 taxes \$ 70.60 and are ONE HALF PAID. (\$ 35.30)

VI.

14-27-333-008 (exempt)

VII.

14-27-328-009 (exempt)

14-27-328-010 (exempt)

IX.

14-27-337-032 (Part) (exempt)

14-27-337-033 (Part) (exempt)

X.

14-27-335-022 (exempt)

14-27-335-005 (exempt)

14-27-335-006 (exempt)

14-27-335-007 (exempt)

14-27-335-008 (exempt)

14-27-335-009 (exempt)

14-27-335-010 (exempt)

14-27-335-015 (exempt)

14-27-335-017 (exempt)

14-27-335-021 (exempt)

XI.

14-27-414-012 (exempt)

4. At customer request, we have examined the following alleyways and state an

Attachment 2- Site Ownership (Continued)

JUN.17.2009 10:09AM

CHICAGO TITLE

NO.533 P.9

CHICAGO TITLE INSURANCE COMPANY
 COMMITMENT FOR TITLE INSURANCE
 SCHEDULE B (CONTINUED)

ORDER NO.: 1271 710104374 SFR

follows:

- A. Alleyway running North and South, mid-block, between Sixth Street and Seventh Street, Reynolds Street and Mason Street, designated "4A" on the map attached as "Alleyways": We find no recorded document vacating said alley. The properties lying on both sides and adjacent to said alley are owned by St. John's Hospital of the Hospital Sisters of the Third Order of St. Francis.
- B. Alleyway running North and South, mid-block, between Sixth Street and Seventh Street, Carpenter Street and Reynolds Street, designated "4B" on the map attached as "Alleyways": We find no recorded document vacating said alley. The properties lying to the East and adjacent to said alley are owned by St. John's Hospital of the Hospital Sisters of the Third Order of St. Francis. The properties lying to the West and adjacent to said alley are owned by St. John's Hospital of the Hospital Sisters of the Third Order of St. Francis (as to the Southern portion, lots 14-27-335-005, 006, 007, 008, 009 & 010) and owned by the Salvation Army (as to the Northern portion, lots 14-27-335-001, 002, 003 & 004).
- C. Alleyway running East and West, mid-block off of 19th Street, between Reynolds Street and Mason Street (vacated), designated "4C" on the map attached as "Alleyways": We find said alley to have been vacated pursuant to document recorded as Doc. #483035.
- D. Alleyway running East and West, mid-block between 9th Street and 10th Street, Reynolds Street and Mason Street (vacated), designated "4D" on the map attached as "Alleyways": We find no recorded document vacating said alley. The properties lying on both sides and adjacent to said alley are owned by St. John's Hospital of the Hospital Sisters of the Third Order of St. Francis.
- E. Alleyway running East and West, mid-block between 9th Street & 10th Street, Mason Street (vacated) and Madison Street, designated "4E" on the map attached as "Alleyways": We find no recorded document vacating said alley. The properties lying on both sides and adjacent to said alley are owned by St. John's Hospital of the Hospital Sisters of the Third Order of St. Francis.

5. At customer's request, we have examined the foregoing parcels and state as follows:

A. On Reynolds Street, between Sixth & Seventh Streets, the properties lying on both sides of Reynolds Street are owned by St. John's Hospital of the Hospital Sisters of the Third Order of St. Francis, comprising the following:

North Side:
 14-27-335-009
 14-27-335-010
 14-27-335-021

South Side:
 14-27-336-014
 14-27-336-003
 14-27-336-004

B. On Reynolds Street, between Ninth Street and the railroad tracks, the properties lying on both sides of Reynolds Street are owned by St. John's Hospital of the Hospital Sisters of the Third Order of St. Francis, comprising the following:

North Side:
 14-27-410-009

Attachment 2- Site Ownership (Continued)

JUN. 17. 2009 10:03AM

CHICAGO TITLE

NO. 533 P. 10

CHICAGO TITLE INSURANCE COMPANY
 COMMITMENT FOR TITLE INSURANCE
 SCHEDULE B (CONTINUED)

ORDER NO.: 1271 710104374 SPR

14-27-410-020

South Side:

14-27-414-012

14-27-414-016.

Said parcels are noted on the map attached as "Reynolds Street Vacation".

- 25 6. Lease recorded April 12, 2005 as document 2005R13750 by St. John's Hospital to Subway Real Estate. (Affects Parcel I).
- 20 7. Reservation by the Illinois Central Gulf Railroad Company of the right for continued maintenance, replacement and use of all existing conduits, sewer, water mains, gas lines, electric power lines, wires and other utilities and easements on said premises whether or not of record including the repair, reconstruction and replacement thereof and Grantee agrees not to interfere with the rights herein reserved or any facilities used pursuant thereto, as disclosed by Quit Claim Deed recorded December 22, 1975 in Book 690 of Deeds at page 503 as Document Number 374430. (For further particulars, see record.) (Affects Parcel V).
- 25 8. NOTE: Concerning the removal of minerals under the North 50 feet of the Lot 4 and the South 10 feet of Lot 5, we find the following in a Quit Claim Deed recorded December 22, 1975 in Book 690 at page 503 as Document Number 374430 running from Illinois Central Gulf Railroad Co. to Martin Tisckos and Marinilla Tisckos: "Grantor will release for itself, its successors or assigns, the Grantor, its successors or assigns, from any liability for any damages attributable to removing said minerals and this release shall run with the land. (For further particulars, see record.) (Affects Parcel V).
- 20 9. Reservation contained in Quit Claim Deed dated September 30, 1986 and recorded October 15, 1986 as Document Number 41294, made by Illinois Central Gulf Railroad Company, a Delaware corporation, Grantor, to Peter Albanese, as follows:
 Grantor reserves for itself, its successors and assigns, all coal, oil, gas, ores, and any other minerals whether similar or dissimilar or now known to exist or hereafter discovered of every kind in, on or under said premises, together with the right at any time to explore, drill for, mine, remove and market all such products in any manner which will not damage structures on the surface of the premises. Grantee will release itself, its successors or assigns for any damages attributable to removing said minerals and this release shall run with the land. (Affects Parcel V).
- 25 10. Encroachment of improvement from Tract A over and across the West line of Tract A as shown on unrecorded survey dated May 14, 1996 by Vanzanellas Engineering Corporation being Job No. 490-951 (being shown therein as "Detail C"). (Affects Parcel V).
- 25 11. Terms, provisions, conditions and limitations contained in the Parking, Ingress and Egress Easement dated May 24, 1996 and recorded May 24, 1996 as Document Number 96-21015. (For further particulars, see record.) (Affects

Attachment 2- Site Ownership (Continued)

JUN. 17. 2008 10:09AM

CHICAGO TITLE

NO. 533 F. 11

CHICAGO TITLE INSURANCE COMPANY
 COMMITMENT FOR TITLE INSURANCE
 SCHEDULE B (CONTINUED)

ORDER NO.: 1271 710104374 6FR

Parcel V).

- ar 12. Rights of other parties to the Parking and Ingress and Egress Agreement recorded May 24, 1996 as Document Number 96-21015 to the concurrent use thereof, as specified in said agreement. (For further particulars, see record.) (Affects Parcel V).
- as 13. We find no conveyance of title to Lots 9 and 10 of Block 4, although the Tax Assessment billing indicates that ownership lies with St. John's Hospital. (Affects Parcel VI).
- ax 14. Note: The following item, while appearing on this commitment/policy, is provided solely for your information.
 The following environmental disclosure document(s) for transfer of real property appear of record which include a description of the land insured or a part thereof:
 Document Number: 90J011341 Date of Recording: May 3, 1990
 Document Number: 92054679 recorded December 30, 1992.
 (Affects Parcel XI).
- al 15. Illinois EPA Letter of Remediation recorded July 5, 2005 as Document 2005R26804. (Affects Parcel XI).
- az 16. Terms, conditions and provisions contained in an air rights lease as provided in Ordinance 124-2-86. (Affects Parcels II, III and XIII).
- aw 17. Confirmed special assessments, if any, constructive note of which is not imparted by the records of the Recorder of Deeds.

NOTE: Drainage assessments, drainage taxes, water rentals and water taxes are included in General Exception (5) herein before shown and should be considered when dealing with the land.

Financing Statements, if any.

Rights of the public, the State of Illinois, the county, the township and the municipality in and to that part of the premises in question taken, used or dedicated for roads or highway.

Rights of way for drainage ditches, drain tiles, feeders, laterals and underground pipes, if any.

Rights of parties in possession, encroachments, overlaps, boundary line disputes, and any such matters as would be disclosed by an accurate survey and inspection of the land, and easements or claims of easements not shown by the public records.

- so 18. Note: It appears that the amount of insurance stated in Schedule A may be less than 80 percent of the lesser of: (1) the value of the insured estate or

Attachment 2- Site Ownership (Continued)

JUL 17 2008 10:10AM

CHICAGO TITLE

NO.533 F.12

**CHICAGO TITLE INSURANCE COMPANY
COMMITMENT FOR TITLE INSURANCE
SCHEDULE B (CONTINUED)**

ORDER NO.: 1271 710104374 SPR

interest or (2) the full consideration paid for the land. Your attention is directed to those provisions of paragraph 7(b) of the conditions and stipulations of the owner's policy which provide that in such case, the company may only be obligated to pay part of any loss insured against under the terms of the policy.

The above note is shown for your information with respect to the owner's policy only and will not appear on such policy. Nevertheless, such omission should not be construed to mean that such policy is not subject to those provisions of Paragraph 7(b) of the conditions and stipulations referred to in the note. If, however, the note is stamped "waived" on the face of this commitment, such waiver shall be deemed an acknowledgment by the company that the amount of insurance stated in schedule a herein is, for the purposes of said paragraph 7(b), not less than 80 percent of the lesser of the value of the insured estate or interest or the full consideration paid for the land.

- 20 19. We note reference to the possible vacation of the alley running North and South through Block 3 of E. Mitchell's Addition to the City of Springfield, in favor of St. John's Hospital. We find no evidence of said vacation at this time. (Affects Parcel X).
- 21 20. Easement Agreement for Ingress and Egress recorded August 23, 2005 as Document 2005R34346, by and between St. John's Hospital and The Salvation Army, providing for use by the Salvation Army of an easement lying within Parcel X herein.
- 22 21. NOTE: Do to time constraints and parameters established by the Owner, the search results and examination conducted herein are preliminary, and cannot be relied upon for the issuance of an Owners or Lenders Policy at this time.
- 23 22. Copies of the commitment have been sent to:

Graham And Graham
1201 South 8th Street
Springfield, Illinois 62703
Richard Wilderson

Graham And Graham
1201 South 8th Street
Springfield, Illinois 62703
Nancy Martin

Attachment 2- Site Ownership (Continued)

JUL 17 2008 10:10AM CHICAGO TITLE

NO. 533 P. 13

Effective Date: May 1, 2008

Fidelity National Financial, Inc.
Privacy Statement

Fidelity National Financial, Inc. and its subsidiaries ("FNF") respect the privacy and security of your non-public personal information ("Personal Information") and protecting your Personal Information is one of our top priorities. This Privacy Statement explains FNF's privacy practices, including how we use the Personal Information we receive from you and from other specified sources, and to whom it may be disclosed. FNF follows the privacy practices described in the Privacy Statement and, depending on the business performed, FNF companies may share information as described herein.

Personal Information Collected

- We may collect Personal Information about you from the following sources:
 - Information we receive from you on applications or other forms, such as your name, address, social security number, tax identification number, asset information and income information;
 - Information we receive from you through our Internet websites, such as your name, address, Internet Protocol address, the website links you used to get to our websites, and your activity while using or reviewing our websites;
 - Information about your transactions with or services performed by us, our affiliates, or others, such as information concerning your policy, premiums, payment history, information about your home or other real property; information from lenders and other third parties involved in such transactions, account balances, and credit card information; and
 - Information we receive from our insurer or other reporting agencies and publicly recorded.

Disclosure of Personal Information

- We may provide your Personal Information (excluding information we receive from our consumer or other credit reporting agencies) to various individuals and companies, as permitted by law, without obtaining your prior authorization. Such laws do not allow consumers to restrict these disclosures. Disclosures may include, without limitation, the following:
 - To insurance agents, brokers, representatives, support organizations, or others to provide you with services you have requested, and to enable us to detect or prevent criminal activity, fraud, material misrepresentation, or nondisclosure in connection with an insurance transaction;
 - To third-party contractors or service providers for the purpose of determining your eligibility for an insurance benefit or payment and/or providing you with services you have requested;
 - To an insurance regulatory, or law enforcement or other governmental authority, in a civil action, in connection with a subpoena or a governmental investigation;
 - To companies that perform marketing services on our behalf or to other financial institutions with which we have had joint marketing agreements and/or
 - To lenders, lien holders, judgment creditors, or other parties claiming an encumbrance or an interest in title whose claim or interest must be determined, settled, paid or released prior to a title or escrow closing.

We may also disclose your Personal Information to others when we believe, in good faith, that such disclosure is reasonably necessary to comply with the law or to protect the safety of our customers, employees, or property and/or to comply with a judicial proceeding, court order or legal process.

Disclosures to Affiliated Companies - We are permitted by law to share your name, address and facts about your transaction with other FNF companies, such as insurance companies, agents, and other real estate service providers to provide you with services you have requested, for marketing or product development research, or to market products or services to you. We do not, however, disclose information we collect from consumer or credit reporting agencies with our affiliates or others without your consent, in conformity with applicable law, unless such disclosure is otherwise permitted by law.

Disclosures to Nonaffiliated Third Parties - We do not disclose Personal Information about our customers or former customers to nonaffiliated third parties, except as outlined herein or as otherwise permitted by law.

Confidentiality and Security of Personal Information

We restrict access to Personal Information about you to those employees who need to know that information to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulation to guard Personal Information.

Access to Personal Information/**Requests for Correction, Amendment, or Deletion of Personal Information**

As required by applicable law, we will afford you the right to access your Personal Information, under certain circumstances to find out to whom your Personal Information has been disclosed, and request correction or deletion of your Personal Information. However, FNF's current policy is to maintain customers' Personal Information for no less than your state's required record retention requirements for the purpose of handling future coverage claims.

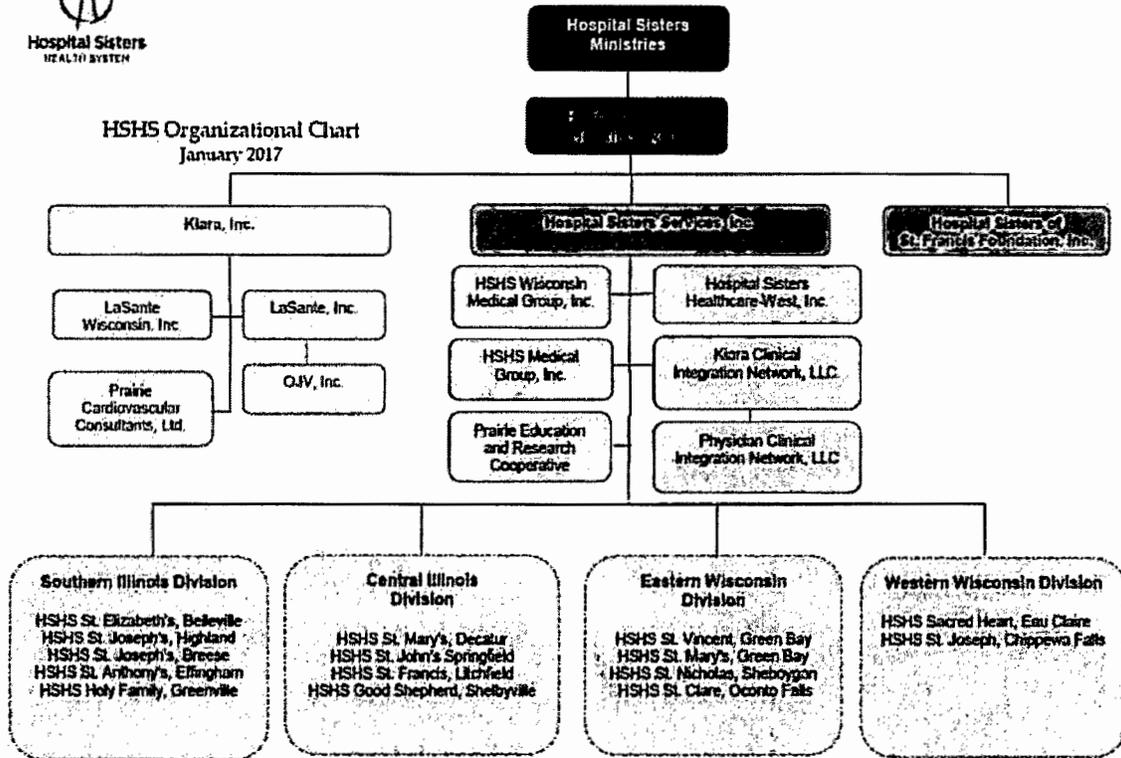
For your protection, all requests made under this section must be in writing and must include your returned signature to confirm your identity. Where permitted by law we may charge a reasonable fee to cover the costs incurred in responding to such requests. Please send requests to:

Chief Privacy Officer
Fidelity National Financial, Inc.
801 Riverside Avenue
Jacksonville, FL 32204

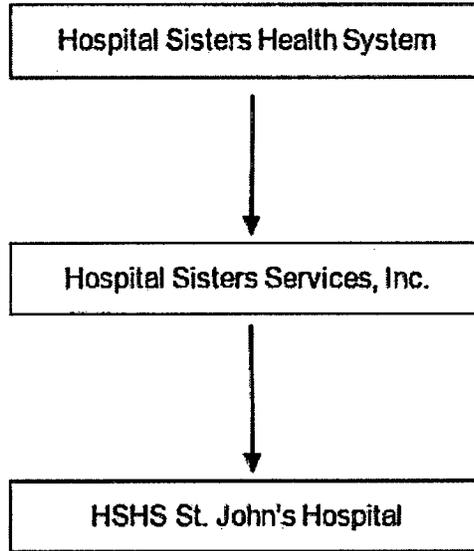
Changes to this Privacy Statement

This Privacy Statement may be amended from time to time consistent with applicable privacy laws. When we amend this Privacy Statement, we will post a notice of such changes on our website. The effective date of this Privacy Statement, as stated above, indicates the last time this Privacy Statement was revised or materially changed.

Attachment 4- Organizational Relationships (Organizational Chart)



Attachment 4- Organizational Relationships



Attachment 10- Discontinuation**GENERAL INFORMATION REQUIREMENTS**

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

Hospital licensed long-term care beds- 13 beds.

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

No other clinical services will be discontinued.

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

Shortly after approval by HFSRB, which along with IDPH, will be notified of exact date of discontinuation.

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

The space will be used for medical surgical beds with no increase in licensed bed capacity.

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 will be maintained by St. John's Hospital.

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. **N/A**

7. Upon a finding that an application to close a health care facility is complete, the State Board shall publish a legal notice on 3 consecutive days in a newspaper of general circulation in the area or community to be affected and afford the public an opportunity to request a hearing. If the application is for a facility located in a Metropolitan Statistical Area, an additional legal notice shall be published in a newspaper of limited circulation, if one exists, in the area in which the facility is located. If the newspaper of limited circulation is published on a daily basis, the additional legal notice shall be published on 3 consecutive days. The legal notice shall also be posted on the Health Facilities and Services Review Board's web site and sent to the State Representative and State Senator of the district in which the health care facility is located. In addition, the health care facility shall provide notice of closure to the local media that the health care facility would routinely notify about facility events. **N/A**

8. 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.

See Appendix A.

Attachment 10- Discontinuation (Continued)**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.

St. John's Hospital has provided quality long term care (skilled nursing) services to its patients for several years. However, over the past 5 years the utilization of those services has declined steadily to the point that keeping the LTC Unit open in a hospital-based setting no longer appears to be necessary. There are over 35 providers that offer long term care services within a 45-minute radius of the hospital and the overall healthcare trend shows that there has been a transition to patients preferring community-based long term care. With the discontinuation of the Unit, St. John's Hospital will be better able to focus its resources on acute care services.

IMPACT ON ACCESS

1. Document that the discontinuation of each service or of the entire facility and whether or not it will have an adverse effect upon access to care for residents of the facility's market area.

Given the low volume of the service and the ample providers of long term care/skilled nursing, we do not believe there will be any impact on the availability of the service to area residents.

2. Document that a written request for an impact statement was received by all existing or approved health care facilities (that provide the same services as those being discontinued) located within 45 minutes travel time of the applicant facility.

See Appendix A.

Attachment 20- Safety Net Impact Statement

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.

St. John's Hospital believes that there is an abundant supply of long term care beds in Springfield, IL, Sangamon County, IL and Health Service Areas 3 and 4. The abundance of beds is sufficient enough to ensure that this project will not have a material impact on essential safety net services in the community.

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.

St. John's Hospital believes that this project will not materially impact the ability of other providers or health care systems to subsidize safety net services.

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.

St. John's Hospital believes that this discontinuation will have a positive impact on the remaining safety net providers as a transition to community-based care develops.

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.

See attached table below. Note that the table in this attachment indicates the amount of Charity Care provided by St. John's Hospital relating to the Long Term Care/Skilled Unit that is the subject of this discontinuation project.

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.

See attached table below. Note that the table in this attachment indicates the amount of care provided to Medicaid patients by St. John's Hospital relating to the Long Term Care/Skilled Unit that is the subject of this discontinuation project.

3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

St. John's Hospital believes that there are many long-term care providers in the area and that residents will continue to have access to long term care services.

A table in the following format must be provided as part of Attachment 40.

St. John's Hospital*

| Safety Net Information per PA 96-0031 | | | |
|---------------------------------------|-------------------|-------------------|-------------------|
| CHARITY CARE | | | |
| Charity (# of patients) | Year 2014 | Year 2015 | Year 2016 |
| Inpatient | 12 | 9 | 11 |
| Outpatient | N/A | N/A | N/A |
| Total | 12 | 9 | 11 |
| Charity (cost In dollars) | | | |
| Inpatient | \$ 102,459 | \$ 49,453 | \$ 65,843 |
| Outpatient | N/A | N/A | N/A |
| Total | \$ 102,459 | \$ 49,453 | \$ 65,843 |
| MEDICAID | | | |
| Medicaid (# of patients) | Year 2014 | Year 2015 | Year 2016 |
| Inpatient | 39 | 64 | 56 |
| Outpatient | N/A | N/A | N/A |
| Total | 39 | 64 | 56 |
| Medicaid (revenue) | | | |
| Inpatient | \$ 15,553 | \$ 117,480 | \$ 152,026 |
| Outpatient | N/A | N/A | N/A |
| Total | \$ 15,553 | \$ 117,480 | \$ 152,026 |

*Long Term Care Unit only

Attachment 21- Charity Care Information

Charity Care information MUST be furnished for ALL projects [1120.20(c)].

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.

See table below. This table reflects charity care provided by the co-applicant Hospital Sisters Health System (Illinois only). For charity care information for St. John's Hospital, please see the previous attachment.

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.

See table below. This table reflects charity care provided by the co-applicant Hospital Sisters Health System (Illinois only). Apart from St. John's Hospital, other facilities under HSHS are neither involved nor relevant to this discontinuation. For charity care information for St. John's Hospital, please see the previous attachment.

4. 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.

N/A-Existing

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 41.

Hospital Sisters Health System*

| CHARITY CARE | | | |
|---|-------------------------|-------------------------|-------------------------|
| | Year 2014 | Year 2015 | Year 2016 |
| Net Patient Revenue | \$ 1,021,229,534 | \$ 1,262,757,958 | \$ 1,042,340,668 |
| Amount of Charity Care (charges) | \$ 76,826,472 | \$ 49,555,376 | \$ 59,665,591 |
| Cost of Charity Care | \$ 21,820,899 | \$ 20,025,778 | \$ 16,672,211 |

*Illinois Hospitals Only

Appendix A

Legal Notices

IN THE CIRCUIT COURT OF THE SEVENTH JUDICIAL CIRCUIT SANGAMON COUNTY, ILLINOIS IN THE MATTER OF THE ESTATE OF: HILDA M. MICHELETTI, Deceased.

NO. 2017-P-150 CLAIM NOTICE AND NOTICE TO UNKNOWN HEIRS

Notice is given to creditors of the death of HILDA M. MICHELETTI. Letters of Office were issued to FRANK B. MICHELETTI, whose address is 9872 Brentwood Drive, Santa Ana, CA 92705, as Independent Executor, whose attorney of record is Roger L. Rutherford, Rutherford Law Office, 2621 Montega Drive, Suite C, Springfield, Illinois 62704. Claims against the estate may be filed in the Circuit Clerk's office, Sangamon County Complex, Springfield, Illinois, 62701, or with the representative, or both, on or before the 15th day of September, 2017, or if mailing or delivery of a notice from the representative is required by 755 ILCS 5/18-3, the date stated in that notice. Any claim not filed on or before that date is barred. Copies of a claim filed with the Clerk must be mailed or delivered by the claimant to the representative and to the attorney within ten (10) days after it has been filed.

Notice is further given to Unknown Heirs, who are heirs of HILDA M. MICHELETTI in the above proceeding. FRANK B. MICHELETTI Independent Executor for the ESTATE of HILDA M. MICHELETTI Deceased

By: Roger L. Rutherford
 RUTHERFORD LAW OFFICE
 Attorney for Independent Executor
 2621 Montega Dr, Suite D
 Springfield, IL 62704
 Telephone:
 (217) 546-6060

IN THE CIRCUIT COURT OF THE SEVENTH JUDICIAL CIRCUIT SANGAMON COUNTY, ILLINOIS IN THE MATTER OF THE ESTATE OF MARK L. STARK, Deceased

NO. 2017-P-00180 DEATH AND CLAIM NOTICE

Notice is given to claimants of the Estate of Mark L. Stark, Deceased. Letters of Office were issued on March 22, 2017 to Kathy J. Stark, 5 Birch Drive, Chatham, IL 62629 as Independent Administrator, whose attorney is Gregory P. Sgro, Sgro, Hanrahan, Durr, Rabin & Bruce, LLP, 1119 S. Sixth Street, Springfield, IL 62703. Claims against the Estate may be filed in the Office of the Clerk of the Circuit Court, Sangamon County Complex, 200 S. Ninth Street, Springfield, IL 62701, or with the Representative, or both, on or before the 2nd day of October, 2017 or three months from the date the Representative mailed or delivered a Notice to Creditor, whichever is later. Any claim not filed within that period is barred. Copies of a claim filed with the Clerk must be mailed or delivered to the Representative and to the attorney within 10 days after it has been filed.

Dated this 22nd day of March, 2017.
 SGRO, HANRAHAN, DURR RABIN, & BRUCE, LLP
 Gregory P. Sgro
 1119 South Sixth Street
 Springfield, IL 62703
 217-789-1200

Dammyl
 2 x 0.4 (5.64705)

Legal Notices

IN THE CIRCUIT COURT FOR THE SEVENTH JUDICIAL CIRCUIT SANGAMON COUNTY, ILLINOIS IN THE MATTER OF THE PETITION OF DAVID PAUL ALLEN, TO ADOPT GRADY SANDERSON RAYMOND, a minor

NO. 2017-AD-000022 ADOPTION NOTICE

TO: Keith Alan Rieckeiman, All Unknown Persons, and All Whom It May Concern:
 Take notice that a petition was filed in the Circuit Court of Sangamon County, Illinois, for the adoption of a child named Grady Sanderson Raymond. Now, therefore, unless you, all whom it may concern, file your answer to the petition in the action or otherwise file your appearance therein, in the said Circuit Court of Sangamon County, Sangamon County Complex, 200 South Ninth Street, Springfield, Illinois 62701, on or before the 17th day of April, 2017, a default may be entered against you at any time after that day and a judgment entered in accordance with prayer of said petition.
 Dated this 10th day of March, 2017.

Paul Palazzolo - Circuit Clerk
 Brittany Klink Toigo - 06306334
 Barber, Segatto, Hoffee, Wilke & Cate, LLP
 Attorneys for Petitioner
 P.O. Box 79
 Springfield, IL 62705
 (217) 544-4868
 bk@barberlaw.com

IN THE CIRCUIT COURT FOR THE SEVENTH JUDICIAL CIRCUIT SANGAMON COUNTY, ILLINOIS

Estate of:
 LAUREN A. COE, Deceased.

NO. 2017-P-165 CLAIM NOTICE

Notice is given of the death of Lauren A. Coe of Springfield, Sangamon County, Illinois. Letters of Office were issued on March 13, 2017, to David A. Coe, 215 Felmley Drive, Normal, Illinois 61761, as Executor, whose attorneys are Barber, Segatto, Hoffee, Wilke & Cate, LLP, P.O. Box 79, Springfield, Illinois 62705.

Claims against the estate may be filed in the office of the Clerk of the Circuit Court at the Sangamon County Complex, 200 South Ninth Street, Springfield, Illinois 62701, or with the representative or both, on or before September 20, 2017, and any claim not filed on or before that date is barred. Copies of a claim filed with the Clerk must be mailed or delivered to the representative and to the attorney within 10 days after it has been filed.
 Dated this 13th day of March, 2017.
 Bernard G. Segatto, III - 06190753
 Barber, Segatto, Hoffee, Wilke & Cate, LLP

P.O. Box 79
 Springfield, IL 62705
 (217) 544-4868
 bsegatto@barberlaw.com

St. John's Hospital in Springfield intends to close its 13 bed skilled nursing unit after approval to do so is issued by the Illinois Health Facilities and Services Review Board (HFSRB). The discontinuation will occur around May 31, 2017. The Hospital intends to submit the required Certificate of Exemption on or around April 24, 2017 and a copy of it and information about the intended discontinuation of the skilled nursing unit can be found on the HFSRB website at illinois.gov/sites/hfsrb. You may also contact Ann Derick at (217) 757-6580 at St. John's Hospital.

Legal Notices

STATE OF ILLINOIS IN THE CIRCUIT COURT OF THE SEVENTH JUDICIAL CIRCUIT SANGAMON COUNTY IN RE: THE ESTATE OF: KATHLEEN POTEET, Deceased.

No. 16-P-718 CLAIM NOTICE

Notice is given of the death of KATHLEEN POTEET of Riveron, Illinois. Letters of Administration were issued on February 28, 2017, to TERESA EBKEN, 3783 Pet Cemetery Road, Springfield, Illinois 62707 as Independent executor of the Estate of Kathleen Poteet.

Claims against the estate may be filed in the Office of the Circuit Clerk, Sangamon County Courthouse, Springfield, Illinois 62701, or with the representative, or both, within six (6) months from the date of first publication of this Notice. If a claim notice is personally mailed or delivered to a creditor of the above estate, then claims must be filed in the above entitled cause within three months from the date of mailing or delivery, whichever is later. Any claims not filed within the above periods are barred.

Copies of a claim filed with the Clerk must be mailed or delivered to the Representative within ten (10) days after it has been filed.

PAUL PALAZZOLO, CLERK OF THE SEVENTH JUDICIAL CIRCUIT SANGAMON COUNTY, ILLINOIS

ANNUAL TOWN MEETING NOTICE IS HEREBY GIVEN

To the legal residents of this Town of Woodside Township in the County of Sangamon and State of Illinois, that the ANNUAL MEETING of said Town will take place on TUESDAY, APRIL 11, 2017, being the second Tuesday of said month.

The Town Meeting for the transaction of miscellaneous business of said Town will be held at the hour of 6:01 o'clock P.M.* on said day at Woodside Township Office, 490 North Street, Springfield, IL 62704 and a Moderator having been elected, will proceed to hear and consider reports of officers and decide on such measures as may, in pursuance of law, come before the meeting; and especially to consider and decide the following: Required and permitted annual Township business.
 Dated at Springfield, IL this 27 day of March, 2017

Brad Miller
 Town Clerk



ON YOUR GARAGE SALE
 Planning a garage sale?
 Boost your profits with an ad in the **marketplace**
 It's an easy and affordable way to bring more business to your door!
 Place your ad (217) 788-1330.



March 16, 2017

**VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Aperion Care Springfield
525 S. Martin Luther King Drive
Springfield, IL 62703

RE: Discontinuation of 13 Hospital Licensed Long Term Care (Skilled Nursing) Beds

Dear Director:

I am writing to request an impact statement from you concerning the planned discontinuation of our licensed long term care unit (the "Unit"). We anticipate closing the Unit after approval by the Illinois Health Facilities and Services Review Board, and hope we will receive such approval on or before June 1, 2017. In 2016, the Unit had a total of 682 inpatients and 37 SNF beds. In December 2016, 24 beds were discontinued and volumes have declined since this time. We are now seeking HFSRB approval to discontinue the remaining 13 beds in the Unit.

We are interested in your facility's ability to accommodate a portion or all of our previous patients and whether your facility has any restrictions or limitations which would preclude it from providing the service to our patients in the area. If you do not respond, we will assume the discontinuation has no impact on your facility.

Thank you.

Sincerely,

A handwritten signature in black ink that reads "Charles L. Lucore".

Charles L. Lucore, M.D., MBA
President & CEO

800 East Carpenter Street
Springfield, Illinois 62769
217-544-6464
www.st-johns.org

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Hospital Sisters
Health System

Page 51



March 16, 2017

**VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Auburn Rehab & Healthcare Center
304 West Maple Ave.
Auburn, IL 62615

RE: Discontinuation of 13 Hospital Licensed Long Term Care (Skilled Nursing) Beds

Dear Director:

I am writing to request an impact statement from you concerning the planned discontinuation of our licensed long term care unit (the "Unit"). We anticipate closing the Unit after approval by the Illinois Health Facilities and Services Review Board, and hope we will receive such approval on or before June 1, 2017. In 2016, the Unit had a total of 682 inpatients and 37 SNF beds. In December 2016, 24 beds were discontinued and volumes have declined since this time. We are now seeking HFSRB approval to discontinue the remaining 13 beds in the Unit.

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Page 52



March 16, 2017

**VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Bridge Care Suites
3089 Old Jacksonville Rd.
Springfield, IL 62704

RE: Discontinuation of 13 Hospital Licensed Long Term Care (Skilled Nursing) Beds

Dear Director:

I am writing to request an impact statement from you concerning the planned discontinuation of our licensed long term care unit (the "Unit"). We anticipate closing the Unit after approval by the Illinois Health Facilities and Services Review Board, and hope we will receive such approval on or before June 1, 2017. In 2016, the Unit had a total of 682 inpatients and 37 SNF beds. In December 2016, 24 beds were discontinued and volumes have declined since this time. We are now seeking HFSRB approval to discontinue the remaining 13 beds in the Unit.

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Page 53



**HSHS
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Hospital**

March 16, 2017

**VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

The Mosaic Of Springfield
555 West Carpenter St.
Springfield, IL 62702

RE: Discontinuation of 13 Hospital Licensed Long Term Care (Skilled Nursing) Beds

Dear Director:

I am writing to request an impact statement from you concerning the planned discontinuation of our licensed long term care unit (the "Unit"). We anticipate closing the Unit after approval by the Illinois Health Facilities and Services Review Board, and hope we will receive such approval on or before June 1, 2017. In 2016, the Unit had a total of 682 inpatients and 37 SNF beds. In December 2016, 24 beds were discontinued and volumes have declined since this time. We are now seeking HFSRB approval to discontinue the remaining 13 beds in the Unit.

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Page 54



March 16, 2017

**VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Concordia Village
4101 W Iles Ave.
Springfield, IL 62711

RE: Discontinuation of 13 Hospital Licensed Long Term Care (Skilled Nursing) Beds

Dear Director:

I am writing to request an impact statement from you concerning the planned discontinuation of our licensed long term care unit (the "Unit"). We anticipate closing the Unit after approval by the Illinois Health Facilities and Services Review Board, and hope we will receive such approval on or before June 1, 2017. In 2016, the Unit had a total of 682 inpatients and 37 SNF beds. In December 2016, 24 beds were discontinued and volumes have declined since this time. We are now seeking HFSRB approval to discontinue the remaining 13 beds in the Unit.

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page 55



March 16, 2017

**VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Heritage Health - Springfield
900 N. Rutledge St.
Springfield, IL 62702

RE: Discontinuation of 13 Hospital Licensed Long Term Care (Skilled Nursing) Beds

Dear Director:

I am writing to request an impact statement from you concerning the planned discontinuation of our licensed long term care unit (the "Unit"). We anticipate closing the Unit after approval by the Illinois Health Facilities and Services Review Board, and hope we will receive such approval on or before June 1, 2017. In 2016, the Unit had a total of 682 inpatients and 37 SNF beds. In December 2016, 24 beds were discontinued and volumes have declined since this time. We are now seeking HFSRB approval to discontinue the remaining 13 beds in the Unit.

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Hospital

March 16, 2017

**VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Illinois Presbyterian Home
2005 W. Lawrence Ave.
Springfield, IL 62703

RE: Discontinuation of 13 Hospital Licensed Long Term Care (Skilled Nursing) Beds

Dear Director:

I am writing to request an impact statement from you concerning the planned discontinuation of our licensed long term care unit (the "Unit"). We anticipate closing the Unit after approval by the Illinois Health Facilities and Services Review Board, and hope we will receive such approval on or before June 1, 2017. In 2016, the Unit had a total of 682 inpatients and 37 SNF beds. In December 2016, 24 beds were discontinued and volumes have declined since this time. We are now seeking HFSRB approval to discontinue the remaining 13 beds in the Unit.

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Page 57



March 16, 2017

**VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Lewis Mem Christian Village
3400 West Washington St.
Springfield, IL 62711

RE: Discontinuation of 13 Hospital Licensed Long Term Care (Skilled Nursing) Beds

Dear Director:

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page 58



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March 16, 2017

**VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Oak Terrace Care Center
1750 West Washington St.
Springfield, IL 62702

RE: Discontinuation of 13 Hospital Licensed Long Term Care (Skilled Nursing) Beds

Dear Director:

I am writing to request an impact statement from you concerning the planned discontinuation of our licensed long term care unit (the "Unit"). We anticipate closing the Unit after approval by the Illinois Health Facilities and Services Review Board, and hope we will receive such approval on or before June 1, 2017. In 2016, the Unit had a total of 682 inpatients and 37 SNF beds. In December 2016, 24 beds were discontinued and volumes have declined since this time. We are now seeking HFSRB approval to discontinue the remaining 13 beds in the Unit.

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Page 59



**HSHS
St. John's
Hospital**

March 16, 2017

**VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Regency Care
2120 West Washington St.
Springfield, IL 62702

RE: Discontinuation of 13 Hospital Licensed Long Term Care (Skilled Nursing) Beds

Dear Director:

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Health System

Page 60



March 16, 2017

**VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

St. Joseph's Home For Aged
3306 S. Sixth St. Rd.
Springfield, IL 62703

RE: Discontinuation of 13 Hospital Licensed Long Term Care (Skilled Nursing) Beds

Dear Director:

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Health System

Page 61



**HSHS
St. John's
Hospital**

March 16, 2017

**VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Villa Health Care East
100 Marian Parkway
Sherman, IL 62684

RE: Discontinuation of 13 Hospital Licensed Long Term Care (Skilled Nursing) Beds

Dear Director:

I am writing to request an impact statement from you concerning the planned discontinuation of our licensed long term care unit (the "Unit"). We anticipate closing the Unit after approval by the Illinois Health Facilities and Services Review Board, and hope we will receive such approval on or before June 1, 2017. In 2016, the Unit had a total of 682 inpatients and 37 SNF beds. In December 2016, 24 beds were discontinued and volumes have declined since this time. We are now seeking HFSRB approval to discontinue the remaining 13 beds in the Unit.

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An Affiliate of
Hospital Sisters
Health System

Page 62



HSHS
St. John's
Hospital

March 16, 2017

**VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Aperion Care Jacksonville
1021 N. Church Street
Jacksonville, IL 62650

RE: Discontinuation of 13 Hospital Licensed Long Term Care (Skilled Nursing) Beds

Dear Director:

I am writing to request an impact statement from you concerning the planned discontinuation of our licensed long term care unit (the "Unit"). We anticipate closing the Unit after approval by the Illinois Health Facilities and Services Review Board, and hope we will receive such approval on or before June 1, 2017. In 2016, the Unit had a total of 682 inpatients and 37 SNF beds. In December 2016, 24 beds were discontinued and volumes have declined since this time. We are now seeking HFSRB approval to discontinue the remaining 13 beds in the Unit.

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An Affiliate of
Hospital Sisters
Health System



**HSHS
St. John's
Hospital**

March 16, 2017

**VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Heritage Health - Jacksonville
873 Grove Street
Jacksonville, IL 62650

RE: Discontinuation of 13 Hospital Licensed Long Term Care (Skilled Nursing) Beds

Dear Director:

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President & CEO

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An Affiliate of
Hospital Sisters
Health System

Page 64



March 16, 2017

**VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Jacksonville Skilled Nurs & Rehab
1517 W. Walnut St.
Jacksonville, IL 62650

RE: Discontinuation of 13 Hospital Licensed Long Term Care (Skilled Nursing) Beds

Dear Director:

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Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "Charles L. Lucore".

Charles L. Lucore, M.D., MBA
President & CEO

800 East Carpenter Street
Springfield, Illinois 62769
217-544-6464
www.st-johns.org

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March 16, 2017

**VIA CERTIFIED MAIL
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Prairie Village Healthcare Center
1024 West Walnut
Jacksonville, IL 62650

RE: Discontinuation of 13 Hospital Licensed Long Term Care (Skilled Nursing) Beds

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March 16, 2017

**VIA CERTIFIED MAIL
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Sunny Acres Nursing Home
19130 Sunny Acres Road
Petersburg, IL 62675

RE: Discontinuation of 13 Hospital Licensed Long Term Care (Skilled Nursing) Beds

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**VIA CERTIFIED MAIL
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Pleasant Hill Healthcare
1010 West North Street
Girard, IL 62640

RE: Discontinuation of 13 Hospital Licensed Long Term Care (Skilled Nursing) Beds

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Sunrise Skilled Nursing & Rehab
333 S. Wrightsman Street
Virden, IL 62690

RE: Discontinuation of 13 Hospital Licensed Long Term Care (Skilled Nursing) Beds

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Abraham Lincoln Hospital
200 Stahlhut Drive
Lincoln, IL 62656

RE: Discontinuation of 13 Hospital Licensed Long Term Care (Skilled Nursing) Beds

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Page 70



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**VIA CERTIFIED MAIL
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Christian Nursing Home
1507 7th St.
Lincoln, IL 62656

RE: Discontinuation of 13 Hospital Licensed Long Term Care (Skilled Nursing) Beds

Dear Director:

I am writing to request an impact statement from you concerning the planned discontinuation of our licensed long term care unit (the "Unit"). We anticipate closing the Unit after approval by the Illinois Health Facilities and Services Review Board, and hope we will receive such approval on or before June 1, 2017. In 2016, the Unit had a total of 682 inpatients and 37 SNF beds. In December 2016, 24 beds were discontinued and volumes have declined since this time. We are now seeking HFSRB approval to discontinue the remaining 13 beds in the Unit.

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Page 71



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H & J Von Der Lieth Living Center
1120 N. Topper Drive
Mount Pulaski, IL 62548

RE: Discontinuation of 13 Hospital Licensed Long Term Care (Skilled Nursing) Beds

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St. Clara's Manor
200 5th Street
Lincoln, IL 62656

RE: Discontinuation of 13 Hospital Licensed Long Term Care (Skilled Nursing) Beds

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Page 73



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Symphony Of Lincoln
2202 Kickapoo St.
Lincoln, IL 62656

RE: Discontinuation of 13 Hospital Licensed Long Term Care (Skilled Nursing) Beds

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Page 74



March 16, 2017

**VIA CERTIFIED MAIL
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Meadow Manor Skilled Nurs & Rehab
800 McAdam Drive
Taylorville, IL 62568

RE: Discontinuation of 13 Hospital Licensed Long Term Care (Skilled Nursing) Beds

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Taylorville Care Center
600 S. Houston St.
Taylorville, IL 62568

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Page 76



March 16, 2017

**VIA CERTIFIED MAIL
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Taylorville Memorial Hospital
201 East Pleasant Street
Taylorville, IL 62568

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800 East Carpenter Street
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page 77



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March 16, 2017

**VIA CERTIFIED MAIL
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Walker Nursing Home
530 E. Beardstown St.
Virginia, IL 62691

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page 78



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March 16, 2017

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Mason City Area Nursing Home
520 N. Price Avenue
Mason City, IL 62664

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March 16, 2017

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Aperion Care Decatur
2650 N Monroe St.
Decatur, IL 62526

RE: Discontinuation of 13 Hospital Licensed Long Term Care (Skilled Nursing) Beds

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**VIA CERTIFIED MAIL
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Decatur Rehab & Healthcare Center
136 S. Dipper Ln.
Decatur, IL 62522

RE: Discontinuation of 13 Hospital Licensed Long Term Care (Skilled Nursing) Beds

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Eastern Star At Macon
9890 Star Ln.
Macon, IL 62544

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March 16, 2017

**VIA CERTIFIED MAIL
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Fair Havens Christian Home
1790 S Fairview Ave
Decatur, IL 62521

RE: Discontinuation of 13 Hospital Licensed Long Term Care (Skilled Nursing) Beds

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Heartland Of Decatur
444 W Harrison Ave
Decatur, IL 62526

RE: Discontinuation of 13 Hospital Licensed Long Term Care (Skilled Nursing) Beds

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Hickory Point Christian Village
565 W Marion Ave
Forsyth, IL 62535

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Imboden Creek Living Center
105 W. Imboden Drive
Decatur, IL 62521

RE: Discontinuation of 13 Hospital Licensed Long Term Care (Skilled Nursing) Beds

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McKinley Court
500 West McKinley Ave.
Decatur, IL 62526

RE: Discontinuation of 13 Hospital Licensed Long Term Care (Skilled Nursing) Beds

Dear Director:

I am writing to request an impact statement from you concerning the planned discontinuation of our licensed long term care unit (the "Unit"). We anticipate closing the Unit after approval by the Illinois Health Facilities and Services Review Board, and hope we will receive such approval on or before June 1, 2017. In 2016, the Unit had a total of 682 inpatients and 37 SNF beds. In December 2016, 24 beds were discontinued and volumes have declined since this time. We are now seeking HFSRB approval to discontinue the remaining 13 beds in the Unit.

We are interested in your facility's ability to accommodate a portion or all of our previous patients and whether your facility has any restrictions or limitations which would preclude it from providing the service to our patients in the area. If you do not respond, we will assume the discontinuation has no impact on your facility.

Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "Charles L. Lucore".

Charles L. Lucore, M.D., MBA
President & CEO

800 East Carpenter Street
Springfield, Illinois 62769
217-544-6464
www.st-johns.org

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Page 87



**HSHS
St. John's
Hospital**

March 16, 2017

**VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

St. Mary's Hospital
1800 E. Lake Shore Drive
Decatur, IL 62521

RE: Discontinuation of 13 Hospital Licensed Long Term Care (Skilled Nursing) Beds

Dear Director:

I am writing to request an impact statement from you concerning the planned discontinuation of our licensed long term care unit (the "Unit"). We anticipate closing the Unit after approval by the Illinois Health Facilities and Services Review Board, and hope we will receive such approval on or before June 1, 2017. In 2016, the Unit had a total of 682 inpatients and 37 SNF beds. In December 2016, 24 beds were discontinued and volumes have declined since this time. We are now seeking HFSRB approval to discontinue the remaining 13 beds in the Unit.

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Page 88



HSHS
St. John's
Hospital

March 16, 2017

**VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Symphony Of Decatur
2530 N. Monroe St.
Decatur, IL 62526

RE: Discontinuation of 13 Hospital Licensed Long Term Care (Skilled Nursing) Beds

Dear Director:

I am writing to request an impact statement from you concerning the planned discontinuation of our licensed long term care unit (the "Unit"). We anticipate closing the Unit after approval by the Illinois Health Facilities and Services Review Board, and hope we will receive such approval on or before June 1, 2017. In 2016, the Unit had a total of 682 inpatients and 37 SNF beds. In December 2016, 24 beds were discontinued and volumes have declined since this time. We are now seeking HFSRB approval to discontinue the remaining 13 beds in the Unit.

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Page 89

March 28, 2017

Charles L. Lucore
HSHS St. John's Hospital
800 East Carpenter Street
Springfield, Illinois 62769

RE: Discontinuation of 13 Hospital Licensed Long Term Care (Skilled Nursing) Beds

Dear Dr. Lucore,

I received yesterday your correspondence from March 16th regarding discontinuation of the long term care beds at St. John's. You may be aware that in the Fall of 2016 we opened a 20 bed short term care wing for skilled nursing care and often do have availability to take residents you would normally have kept in your skilled beds. Our rooms are all private rooms with their own bath and shower, a dining area specifically for our GracePoint guests and the therapy gym in close proximity to their rooms.

We have very few restrictions although we are not a ventilator unit. All referrals are reviewed in a case by case basis to ensure we have the equipment and expertise to manage the care successfully. We additionally have two bariatric beds designed to care for residents up to 450 pounds.

If you should require any further information, please do not hesitate to contact me at 217-871-4642.

Respectfully,



Jo Hilliard, LNHA
Administrator

*Forwarded to
Anna D
Julie Goebel*

Page 90

**HomeLife at Oak Terrace
1750 West Washington Street
Springfield, IL 62702**

Charles L. Lucore, M.D., MBA
President and CEO
St. Johns Hospital
800 East Carpenter Street
Springfield, IL 62769

March 28, 2017

Dear Dr. Lucore,

HomeLife at Oak Terrace receive a letter from you regarding the hospitals decision to decrease the beds in your licensed long term care unit. We are certified for 78 intermediate beds in our living community. HomeLife would welcome the opportunity to work with the hospital on a transition plan to appropriately relocate residents from your organization to our community.

Please contact us to start working on this transitional plan. We will offer on site evaluation of residents and support your Team in this difficult transition.

Please contact me for future planning meetings and evaluations of residents. I can be contacted at 216-244-2923 or terri@homelifecompanies.com.

Sincerely,

Terri Durkin Williams

Terri Durkin Williams, RN, NLHA
Chief Operation Offer, Health Care Division
HomeLife Companies

*Send to
Julie Goebel
Ann D*



HERITAGE HEALTH

Therapy & Senior Care

HeritageOfCare.com/jacksonville

March 21, 2017

Mr. Charles L. Lucore
President and CEO
HSHS St. John's Hospital
800 East Carpenter Street
Springfield, IL 62769

RE: Discontinuation of Long Term Care Beds

Dear Mr. Lucore:

Heritage Health, located in Jacksonville, does have the capability to accommodate patients who have a skilled/long term care need and who would be affected by the discontinuation of St. John's Long Term Care Unit.

Should you have any further questions, do not hesitate to contact me.

Sincerely,

Michael J. Schneider
Administrator

Page 92