[ORIGINAL] E-021-17

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR EXEMPTION PERMIT

RECEIVED
MAY 02 2017
HEALTH FACILITIES & SERVICES REVIEW BOARD

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: OSF Saint Anthony's Health Center-Discontinuation of Long-Term Care, Rehabilitation and Pediatric Categories of Service		
Street Address: #1 Saint Anthony's Way		
City and Zip Code: Alton 62002		
County: Madison	Health Service Area 11	Health Planning Area: F-01

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

Exact Legal Name: OSF Healthcare System d/b/a OSF Saint Anthony's Health Center
Street Address: 800 N.E. Glen Oak Avenue
City and Zip Code: Peoria, IL 61603
Name of Registered Agent: Sister Theresa Ann Brazeau, OSF
Registered Agent Street Address: 1175 Saint Francis Lane
Registered Agent City and Zip Code: East Peoria 61611
Name of Chief Executive Officer: Kevin D. Schoeplein
CEO Street Address: 800 N.E. Glen Oak Avenue
CEO City and Zip Code: Peoria 61603
CEO Telephone Number: 309-655-2850

Type of Ownership of Applicants

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

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

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

Primary Contact [Person to receive ALL correspondence or inquiries]

Name: Mark Hohulin
Title: Senior Vice President, Healthcare Analytics
Company Name: OSF Healthcare System
Address: 800 N.E. Glen Oak Avenue Peoria, IL 61603
Telephone Number: 309-308-9656
E-mail Address: mark.e.hohulin@osfhealthcare.org
Fax Number: 309-308-0530

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

Name: Mathew Hanley
Title: Vice President, Chief Financial Officer
Company Name: OSF Saint Anthony's Health Center
Address: #1 Saint Anthony's Way Alton, IL 62002
Telephone Number: 618-463-5611
E-mail Address: mathew.s.hanley@osfhealthcare.org
Fax Number: 618-463-5643

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: Mark Hohulin
Title: Senior Vice President, Healthcare Analytics
Company Name: OSF Healthcare System
Address: 800 N.E. Glen Oak Avenue Peoria, IL 61603
Telephone Number: 309-308-9656
E-mail Address: mark.e.hohulin@osfhealthcare.org
Fax Number: 309-308-0530

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: OSF Healthcare System
Address of Site Owner: 800 N.E. Glen Oak Avenue Peoria, IL 61603
Street Address or Legal Description of the Site: #1 Saint Anthony's Way Alton, IL 62202 **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: OSF Healthcare System d/b/a OSF Saint Anthony's Health Center
Address: 800 N.E. Glen Oak Avenue Peoria, IL 61603
☒ Non-profit Corporation ☐ Partnership ☐ For-profit Corporation ☐ Governmental ☐ Limited Liability Company ☐ Sole Proprietorship ☐ 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 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 – Not Applicable, No Construction

[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**)**.

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

Historic Resources Preservation Act Requirements – Not Applicable

[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.

OSF Saint Anthony's Health Center holds one license with the State of Illinois covering two campuses: OSF Saint Anthony's Health Center (main acute care campus) and OSF Saint Clare's campus (secondary post-acute care campus).

The applicant proposes to discontinue the thirty (30) bed Long-Term Care Unit and twenty eight (28) bed Inpatient Rehab Unit located on the 1st Floor of OSF Saint Clare's campus. OSF Saint Anthony's Health Center has not yet determined the use of the space that will be vacated as a result of the discontinuation. Remaining on the OSF Saint Clare's campus will be hospital-based outpatient services, and stand-by emergency services.

The application also proposes the discontinuation of five (5) Pediatric Unit Beds at OSF Saint Anthony's Health Center (main acute care campus). Pediatric patients will continue to be cared for at OSF Saint Anthony's Health Center by utilizing existing medical/surgical beds.

The discontinuation described above will occur after the issuance of an exemption by the Illinois Health Facilities and Services Review Board, but no later than December 31, 2017.

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

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

Project Costs and Sources of Funds

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. **Not applicable. There are no project costs.**

Project Costs and Sources of Funds			
USE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Preplanning Costs	-0-	-0-	-0-
Site Survey and Soil Investigation	-0-	-0-	-0-
Site Preparation	-0-	-0-	-0-
Off Site Work	-0-	-0-	-0-
New Construction Contracts	-0-	-0-	-0-
Modernization Contracts	-0-	-0-	-0-
Contingencies	-0-	-0-	-0-
Architectural/Engineering Fees	-0-	-0-	-0-
Consulting and Other Fees	-0-	-0-	-0-
Movable or Other Equipment (not in construction contracts)	-0-	-0-	-0-
Bond Issuance Expense (project related)	-0-	-0-	-0-
Net Interest Expense During Construction (project related)	-0-	-0-	-0-
Fair Market Value of Leased Space or Equipment	-0-	-0-	-0-
Other Costs To Be Capitalized	-0-	-0-	-0-
Acquisition of Building or Other Property (excluding land)	-0-	-0-	-0-
TOTAL USES OF FUNDS	-0-	-0-	-0-
SOURCE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Cash and Securities	-0-	-0-	-0-
Pledges	-0-	-0-	-0-
Gifts and Bequests	-0-	-0-	-0-
Bond Issues (project related)	-0-	-0-	-0-
Mortgages	-0-	-0-	-0-
Leases (fair market value)	-0-	-0-	-0-
Governmental Appropriations	-0-	-0-	-0-
Grants	-0-	-0-	-0-
Other Funds and Sources	-0-	-0-	-0-
TOTAL SOURCES OF FUNDS	-0-	-0-	-0-
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 ☐ Yes ☒ No
Purchase Price: $_____
Fair Market Value: $_____

The project involves the establishment of a new facility or a new category of service
☐ Yes ☒ 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 $ N/A.

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:

☒ None or not applicable ☐ Preliminary

☐ Schematics ☐ Final Working

Anticipated project completion date (refer to Part 1130.140): on or before December 31, 2017

Indicate the following with respect to project expenditures or to financial commitments (refer to Part 1130.140): **Not applicable. There are no project costs.**

☐ Purchase orders, leases or contracts pertaining to the project have been executed. ☐ 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

☐ 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:

☒ Cancer Registry
☒ APORS
☒ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
☒ All reports regarding outstanding permits

Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.

CERTIFICATION

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

- in the case of a corporation, any two of its officers or members of its Board of Directors;
- in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
- in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

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

SIGNATURE	SIGNATURE
Kevin Schoeplein	Kenneth J. Natzke
PRINTED NAME	PRINTED NAME
Chief Executive Officer	Chief Executive Officer, Eastern Region
PRINTED TITLE	PRINTED TITLE
Notarization: Subscribed and sworn to before me this 10th day of April 2017	Notarization: Subscribed and sworn to before me this 10th day of April
Signature of Notary	Signature of Notary
Seal: OFFICIAL SEAL TONDA L. STEWART Notary Public - State of Illinois My Commission Expires 8/26/2020	Seal: OFFICIAL SEAL PAULA DAHN NOTARY PUBLIC STATE OF ILLINOIS My Commission Expires 01-13-2018

*Insert the EXACT legal name of the applicant

CERTIFICATION

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

- in the case of a corporation, any two of its officers or members of its Board of Directors;
- in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
- in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

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SIGNATURE

Kenneth Natzke
PRINTED NAME

Chief Executive Officer, Eastern Region
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 6th day of April

Paula Dahn
Signature of Notary

Seal
OFFICIAL SEAL
PAULA DAHN
NOTARY PUBLIC STATE OF ILLINOIS
My Commission Expires 01-13-2018

SIGNATURE

Ajay Pathak
PRINTED NAME

President/CEO
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 6th day of April

Paula Dahn
Signature of Notary

Seal
OFFICIAL SEAL
PAULA DAHN
NOTARY PUBLIC STATE OF ILLINOIS
My Commission Expires 01-13-2018

*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

- ☐ Discontinuation of an Existing Health Care Facility
- ☒ 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 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)			
Inpatient			
Outpatient			
Total			
MEDICAID			
Medicaid (# of patients)	**Year**	**Year**	**Year**
Inpatient			
Outpatient			
Total			
Medicaid (revenue)			
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
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File Number 0107-414-8

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

OSF HEALTHCARE SYSTEM, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 02, 1880, ADOPTED THE ASSUMED NAME OSF SAINT ANTHONY'S HEALTH CENTER ON JULY 11, 2014, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 16TH *day of* MARCH *A.D.* 2017 .

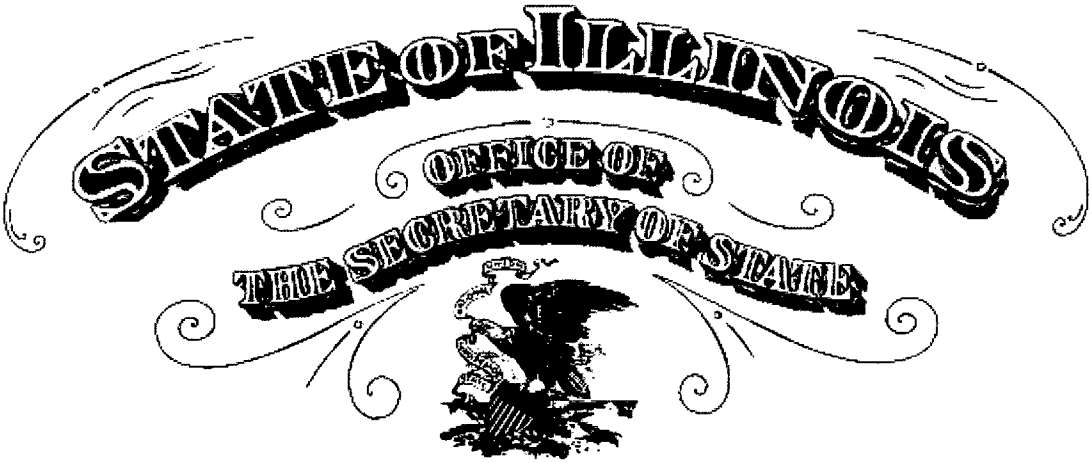
Authentication #: 1707501457 verifiable until 03/16/2018.
Authenticate at: http://www.cyberdriveillinois.com

Jesse White

SECRETARY OF STATE

ATTACHMENT 1

File Number 0107-414-8



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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

OSF HEALTHCARE SYSTEM, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 02, 1880, 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* 19TH *day of* OCTOBER *A.D.* 2016 .

Authentication #: 1629302252 verifiable until 10/19/2017
Authenticate at: http://www.cyberdriveillinois.com

Jesse White
SECRETARY OF STATE

ATTACHMENT 1

PROOF OF SITE OWNERSHIP

April 7, 2017

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

Dear Avery,

OSF Healthcare System hereby certifies that it is the owner of the site on which the St. Clare's campus of OSF Saint Anthony's Health Center is located.

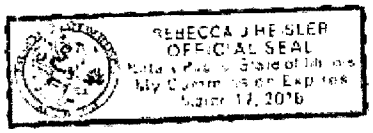
Enclosed please also find the applicable file-stamped Articles of Merger and Alta Survey showing OSF ownership.

Sincerely,

Michael Henderson
Corporate Counsel
OSF Healthcare System

Subscribed and sworn to before me this 7 day of April, 2017.

Rebecca J Hesler
Notary Public



enclosure

OFFICE OF THE SECRETARY OF STATE

JESSE WHITE • Secretary of State

OCTOBER 31, 2014 0107-414-8

SISTER THERESA ANN BRAZEAU OSF
1175 ST FRANCIS LANE
EAST PEORIA, IL 61611-1299

RE OSF HEALTHCARE SYSTEM

DEAR SIR OR MADAM:

ENCLOSED YOU WILL FIND ARTICLES OF MERGER REGARDING THE ABOVE CORPORATION.

THE FILING FEE HAS BEEN RECEIVED AND CREDITED.

SINCERELY,

Jesse White

JESSE WHITE
SECRETARY OF STATE
DEPARTMENT OF BUSINESS SERVICES
CORPORATION DIVISION
TELEPHONE (217) 782-6961

ATTACHMENT 2

FORM **NFP 111.25** (rev. Dec. 2003)
ARTICLES OF MERGER
OR CONSOLIDATION
General Not For Profit Corporation Act

Jesse White, Secretary of State
Department of Business Services
501 S. Second St., Rm. 350
Springfield, IL 62756
Telephone (217) 782-6961
www.cyberdriveillinois.com

Remit payment in the form of a check or money order payable to the Secretary of State.

FILED

OCT 31 2014

JESSE WHITE
SECRETARY OF STATE

File # 0107-414-8 Filing Fee: $25.00 Approved: JX

——————Submit in duplicate——————Type or Print clearly in black ink——————Do not write above this line——————

NOTE: Strike inapplicable word in items 1, 3 and 4.

1. Names of the corporations proposing to ~~consolidate~~ merge, and the state or country of their incorporation are:

Name of Corporation	State or Country of Incorporation	File Number
OSF Healthcare System	Illinois	01074146
Saint Anthony's Health System	Illinois	55526036

2. The laws of the state or country under which each corporation is incorporated permit such merger or consolidation.

3. The name of the ~~new~~ surviving corporation: OSF Healthcare System

   and it shall be governed by the laws of: Illinois

4. The plan of ~~consolidation~~ merger is as follows:

(If space is insufficient, attach additional pages size 8 1/2 x 11.)

ATTACHMENT 2

PROOF OF SITE OWNERSHIP CONTINUED

1. At the Effective Date (defined below), Saint Anthony's Health System shall be merged with and into OSF Healthcare System pursuant to the provisions of Article 11 of the Illinois General Not for Profit Corporation Act of 1986.
2. At the Effective Date the separate existence of Saint Anthony's Health System will cease to exist, OSF Healthcare System shall be the surviving corporation in the merger (the "Surviving Corporation"), and the Surviving Corporation shall succeed, without other transfer, to all of the rights and property of Saint Anthony's Health System and shall be subject to all of the debts and liabilities of Saint Anthony's Health System in the same manner as if the Surviving Corporation had itself incurred them. All rights of creditors and all liens upon the property of each corporation shall be preserved unimpaired.
3. The Articles of Incorporation and Bylaws of the Surviving Corporation in effect as of the Effective Date shall be the Articles of Incorporation and Bylaws of the Surviving Corporation until amended.
4. The merger shall be effective on November 1, 2014 (the "Effective Date").

5. The plan of ~~consolidation~~ merger was approved, (a) as to each corporation not incorporated in Illinois, in compliance with the laws of the state under which it is incorporated, and (b) as to each Illinois corporation, as follows:

(Please indicate the manner by which the plan was approved by inserting the comparable letter in the box following each corporate name.)

A. By the affirmative vote of a majority of the directors in office, at a meeting of the board of directors. (§ 111.15)

B. By written consent, signed by all the directors in office, in compliance with Section 108.45 of this Act. (§ 108.45 & § 111.15)

C. At a meeting of members by the affirmative vote of members having not less than the minimum number of votes necessary to adopt the plan, as provided by this Act, the articles of incorporation or the bylaws (§ 111.20)

D. By written consent, signed by members having not less than the minimum number of votes necessary to adopt the plan, as provided by this Act, the articles of incorporation or the bylaws, in compliance with Section 107.10 of this Act. (§ 107.10 & § 111.20)

NAME OF CORPORATION	MANNER
OSF Healthcare System	A and C
Saint Anthony's Health System	A and C

ATTACHMENT 2

PROOF OF SITE OWNERSHIP CONTINUED

6. *(Not applicable if surviving or new corporation is an Illinois corporation)*

   It is agreed that, upon and after the issuance of a certificate of merger or consolidation by the Secretary of State of the State of Illinois:

   a. The surviving or new corporation may be served with process in this state in any proceeding for the enforcement of any obligation of any domestic corporation which is party to such merger or consolidation.

   b. The Secretary of State of the State of Illinois shall be and hereby is irrevocably appointed as the agent of the surviving or new corporation to accept service of process in any such proceeding.

7. The undersigned corporations have caused these articles to be signed by their duly authorized officers, each of whom affirms, under penalties of perjury, that the facts stated herein are true. (All signatures must be in **BLACK INK**.)

Dated October 27, 2014
(Month & Day) (Year)

OSF Healthcare System
(Exact Name of Corporation)

Sister Diane Marie McGrew, OSF
(Any Authorized Officer's Signature)

SISTER DIANE MARIE McGREW, OSF PRESIDENT
(Type or Print Name and Title)

Dated October 24, 2014
(Month & Day) (Year)

Saint Anthony's Health System
(Exact Name of Corporation)

Sister Mikele Meidl
(Any Authorized Officer's Signature)

Sr M Mikele Meidl President CEO
(Type or Print Name and Title)

Dated _____, _____
(Month & Day) (Year)

_____
(Exact Name of Corporation)

_____
(Any Authorized Officer's Signature)

_____
(Type or Print Name and Title)

ATTACHMENT 2

OFFICE OF THE SECRETARY OF STATE

JESSE WHITE • Secretary of State

OCTOBER 31, 2014 0107-414-8

SISTER THERESA ANN BRAZEAU OSF
1175 ST FRANCIS LANE
EAST PEORIA, IL 61611-1299

RE OSF HEALTHCARE SYSTEM

DEAR SIR OR MADAM:

ENCLOSED YOU WILL FIND ARTICLES OF MERGER REGARDING THE ABOVE CORPORATION.

THE FILING FEE HAS BEEN RECEIVED AND CREDITED.

SINCERELY,

Jesse White

JESSE WHITE
SECRETARY OF STATE
DEPARTMENT OF BUSINESS SERVICES
CORPORATION DIVISION
TELEPHONE (217) 782-6961

ATTACHMENT 2

FORM **NFP 111.25** (rev. Dec. 2003)
ARTICLES OF MERGER
OR CONSOLIDATION
General Not For Profit Corporation Act

Jesse White, Secretary of State
Department of Business Services
501 S. Second St., Rm. 350
Springfield, IL 62756
Telephone (217) 782-6961
www.cyberdriveillinois.com

Remit payment in the form of a check or money order payable to the Secretary of State.

FILED

OCT 31 2014

JESSE WHITE
SECRETARY OF STATE

File # 0107-414-8 Filing Fee: $25.00 Approved: JK

----------Submit in duplicate---------Type or Print clearly in black ink---------Do not write above this line----------

NOTE: Strike inapplicable word in items 1, 3 and 4.

1. Names of the corporations proposing to ~~consolidate~~ merge, and the state or country of their incorporation are:

Name of Corporation	State or Country of Incorporation	File Number
OSF Healthcare System	Illinois	01074148
Saint Anthony's Health Center	Illinois	18085305

2. The laws of the state or country under which each corporation is incorporated permit such merger or consolidation.

3. The name of the ~~new~~ surviving corporation: OSF Healthcare System

   and it shall be governed by the laws of: Illinois

4. The plan of ~~consolidation~~ merger is as follows:

(If space is insufficient, attach additional pages size 8 1/2 x 11.)

ATTACHMENT 2

PROOF OF SITE OWNERSHIP CONTINUED

1. At the Effective Date (defined below), Saint Anthony's Health Center shall be merged with and into OSF Healthcare System pursuant to the provisions of Article 11 of the Illinois General Not for Profit Corporation Act of 1986
2. At the Effective Date the separate existence of Saint Anthony's Health Center will cease to exist, OSF Healthcare System shall be the surviving corporation in the merger (the "Surviving Corporation"), and the Surviving Corporation shall succeed, without other transfer, to all of the rights and property of Saint Anthony's Health Center and shall be subject to all of the debts and liabilities of Saint Anthony's Health Center in the same manner as if the Surviving Corporation had itself incurred them. All rights of creditors and all liens upon the property of each corporation shall be preserved unimpaired.
3. The Articles of Incorporation and Bylaws of the Surviving Corporation in effect as of the Effective Date shall be the Articles of Incorporation and Bylaws of the Surviving Corporation until amended.
4. The merger shall be effective on November 1, 2014 (the "Effective Date").

5. The plan of ~~consolidation~~ merger was approved, (a) as to each corporation not incorporated in Illinois, in compliance with the laws of the state under which it is incorporated, and (b) as to each Illinois corporation, as follows:

(Please indicate the manner by which the plan was approved by inserting the comparable letter in the box following each corporate name.)

A. By the affirmative vote of a majority of the directors in office, at a meeting of the board of directors. (§ 111.15)

B. By written consent, signed by all the directors in office, in compliance with Section 108.45 of this Act. (§ 108.45 & § 111.15)

C. At a meeting of members by the affirmative vote of members having not less than the minimum number of votes necessary to adopt the plan, as provided by this Act, the articles of incorporation or the bylaws (§ 111.20)

D. By written consent, signed by members having not less than the minimum number of votes necessary to adopt the plan, as provided by this Act, the articles of incorporation or the bylaws, in compliance with Section 107.10 of this Act. (§ 107.10 & § 111.20)

NAME OF CORPORATION	MANNER
OSF Healthcare System	A and C
Saint Anthony's Health Center	A and D

ATTACHMENT 2

PROOF OF SITE OWNERSHIP CONTINUED

6. *(Not applicable if surviving or new corporation is an Illinois corporation)*

   It is agreed that, upon and after the issuance of a certificate of merger or consolidation by the Secretary of State of the State of Illinois:

   a. The surviving or new corporation may be served with process in this state in any proceeding for the enforcement of any obligation of any domestic corporation which is party to such merger or consolidation.

   b. The Secretary of State of the State of Illinois shall be and hereby is irrevocably appointed as the agent of the surviving or new corporation to accept service of process in any such proceeding.

7. The undersigned corporations have caused these articles to be signed by their duly authorized officers, each of whom affirms, under penalties of perjury, that the facts stated herein are true. (All signatures must be in **BLACK INK**.)

Dated 10-27 (Month & Day), 2014 (Year)

OSF Healthcare System
(Exact Name of Corporation)

Sister Diane Marie McGrew, OSF
(Any Authorized Officer's Signature)

SISTER DIANE MARIE McGREW, OSF PRESIDENT
(Type or Print Name and Title)

Dated 10-24 (Month & Day), 14 (Year)

Saint Anthony's Health Center
(Exact Name of Corporation)

Sister M Mikela Meidl
(Any Authorized Officer's Signature)

Sister M Mikela Meidl President CEO
(Type or Print Name and Title)

Dated _____ (Month & Day), _____ (Year)

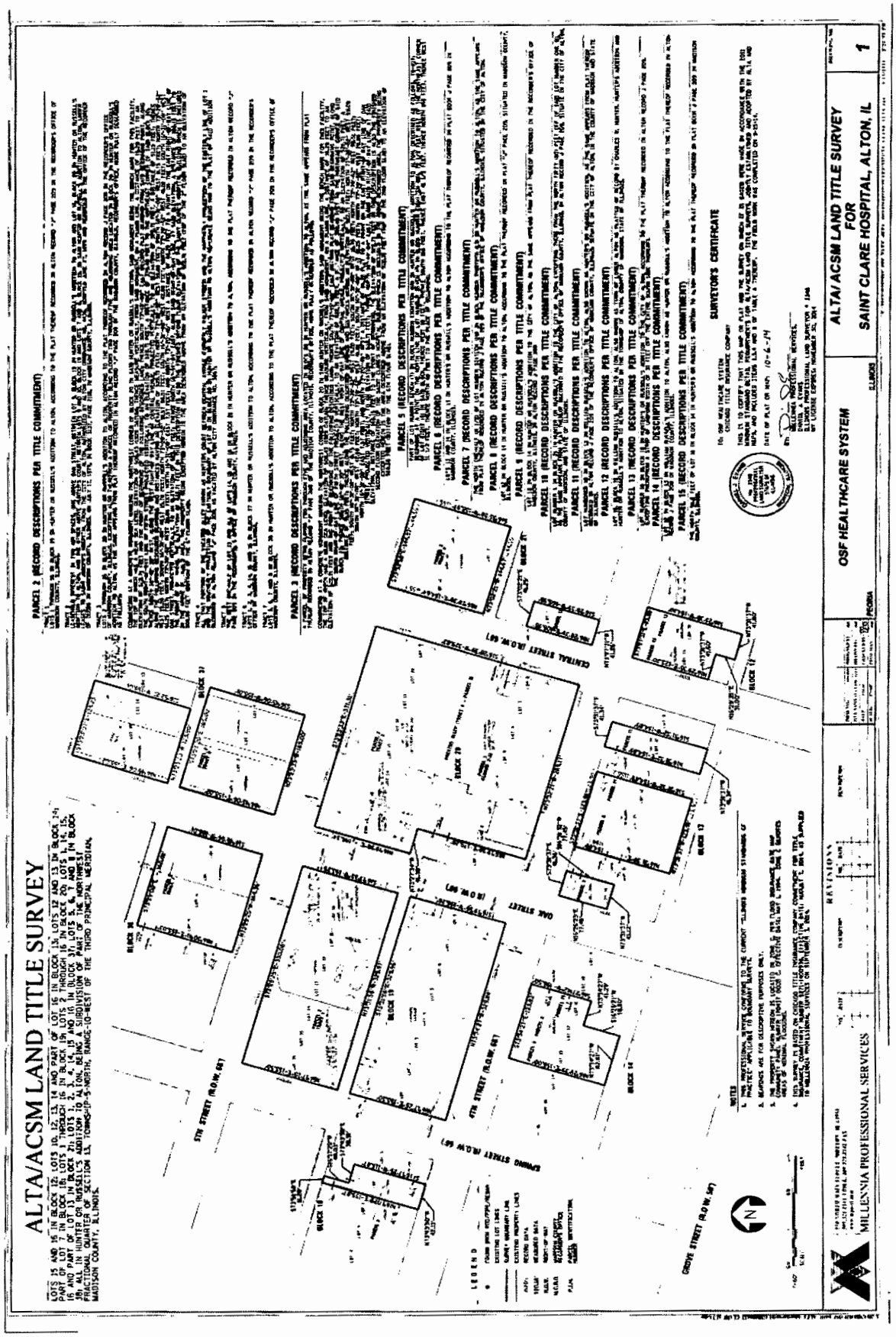
_____
(Exact Name of Corporation)

_____
(Any Authorized Officer's Signature)

_____
(Type or Print Name and Title)

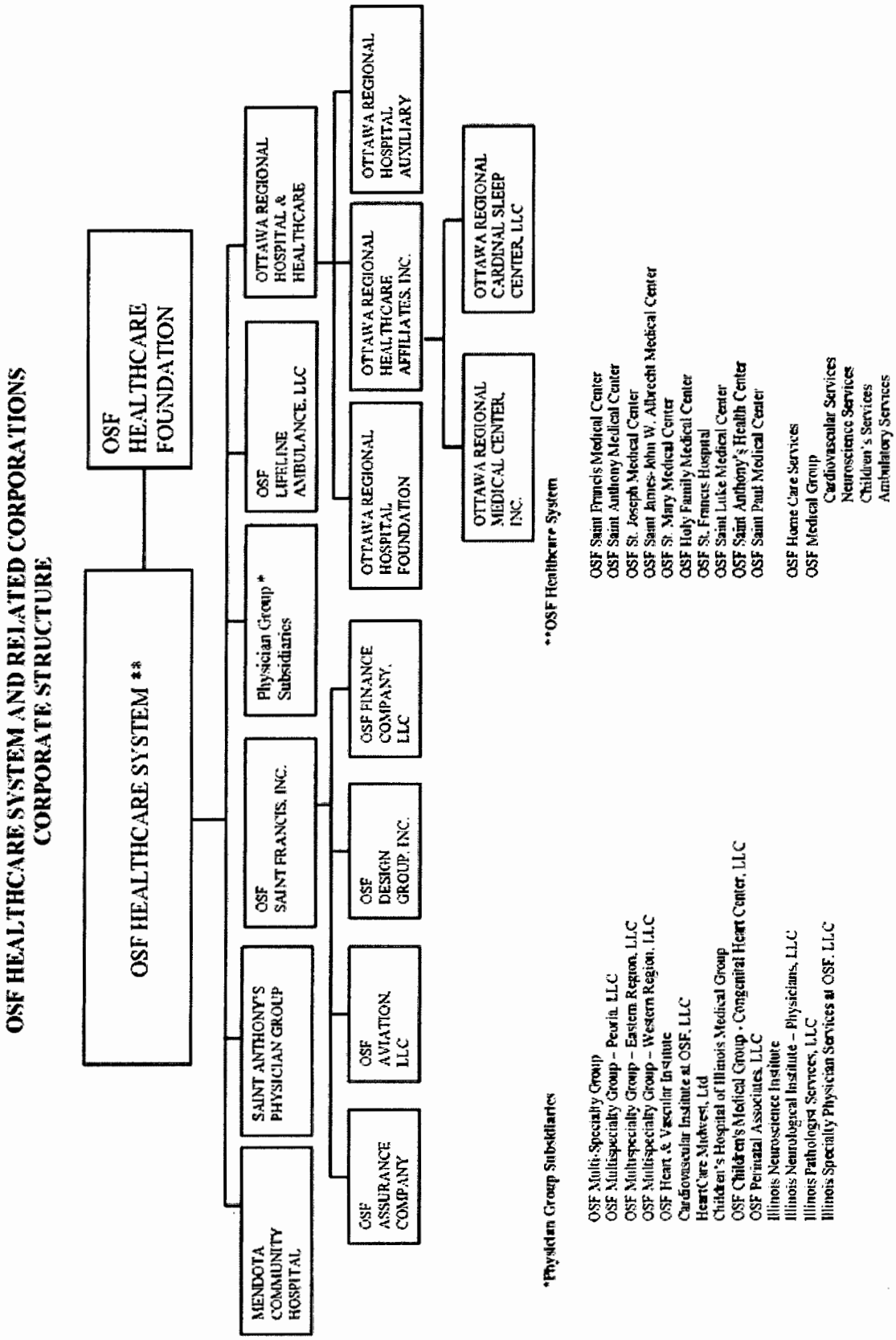
ATTACHMENT 2

PROOF OF SITE OWNERSHIP CONTINUED



ATTACHMENT 2

ORGANIZATIONAL CHART



ATTACHMENT 4

DISCONTINUATION

GENERAL INFORMATION REQUIREMENTS

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

   OSF Saint Anthony's Health Center which also operates OSF Saint Clare's campus as a separate location under OSF Saint Anthony's Health Center license is proposing to discontinue thirty (30) Long-Term Care Beds and twenty eight (28) Inpatient Rehab Beds at OSF Saint Clare's campus. OSF Saint Anthony's Health Center also proposes the discontinuation of five (5) Pediatric Beds at OSF Saint Anthony's Health Center.

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

   No other clinical services will be discontinued as part of this project.

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

   The discontinuation will occur after the issuance of an exemption by the Illinois Health Facilities and Services Review Board, but no later than December 31, 2017.

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

   OSF Saint Anthony's Health Center is evaluating the future use of the physical space and equipment utilized for Long-Term Care and Inpatient Rehab. Out-patient Services and stand-by emergency treatment services will remain at OSF Saint Clare's campus. Pediatric patients will be cared for at OSF Saint Anthony's Health Center, by utilizing existing Medical/Surgical beds.

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.

   All medical records will be maintained at OSF Saint Anthony's Health Center in accordance with its standard health information policies, and in accordance with all applicable legal and regulatory requirements.

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. .

   Not applicable.

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.

   Not applicable.

DISCONTINUATION CONTINUED

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.

   OSF Saint Anthony's Health Center distributed a press release to the Alton Telegraph on April 16, 2017. A copy of the notice is provided in Attachment 10.

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.

OSF Saint Anthony's Health Center has provided quality long-term care and inpatient rehab services to its patients for many years. However, utilization of those services has declined over the past several years to the point that it no longer appears the services are necessary, and are being provided elsewhere in the community. There are several other facilities offering long-term/skilled nursing and inpatient rehab in the area, and the overall trend is for hospitals to focus on acute services, versus general skilled nursing and inpatient rehab beds. Also, as regulations change regarding utilization of long-term care and inpatient rehab the financial viability of the programs continue to become more difficult. OSF Saint Anthony's Health Center has been monitoring the decline of these services for several years. The Long-Term Care unit has a decline in daily occupancy of 15% from 2011 to 2016, with a daily census of 14 in fiscal year 2017 (October 2016 to February 2017). The Inpatient Rehab unit has a decline in daily occupancy of 25% from 2011 to 2016, with a daily census of 6 in fiscal year 2017. With the availability of other service providers in the area, it is clear the discontinuation of the two units will have no impact on access to Long-Term Care or Inpatient Rehab services within the market. With the discontinuation of Long-Term Care and Inpatient Rehab services, OSF Saint Anthony's Health Center will be better able to focus its resources on its core services of acute care hospital services, and will allow those Long-Term Care and Inpatient Rehab facilities in the area with capacity, to serve these patients going forward. There is an abundance of Long-Term Care Beds in the community (2,212 in Madison County and 5,070 in HSA 11). Based on the HFSRB Inventory of Healthcare Facilities and Services and Needs Determinations for the General Long-Term Care Category of Service (the "Inventory"), in Alton, Illinois alone there are 451 general nursing care beds at facilities other than OSF Saint Anthony's Health Center. Inpatient Rehab Beds are also prevalent and available in the community (62 in Madison County and 78 in HSA 11).

The discontinuation of the Long-Term/Skilled Nursing and Inpatient Rehab Unit at OSF Saint Clare's campus will help reduce this excess of over-bedding, which is consistent with the goals of the HFSRB and the Long Term Care Advisory Subcommittee.

As mentioned above, the Pediatric patients will be cared for in the Medical/Surgical beds at OSF Saint Anthony's Health. Therefore, OSF Saint Anthony's Health Center would like to discontinue Pediatric designated beds to ensure compliance with future licensing standards.

ATTACHMENT 10

Press Release

ANNOUNCEMENTS

OSF Saint Anthony's Health Center (OSF SAHC) in Alton, Illinois, which includes OSF Saint Clare's Campus, also in Alton, intends to discontinue the licensed bed "category of service" for its thirty (30) bed Skilled Nursing/Long Term Care Unit, twenty eight (28) bed Inpatient Rehab Unit, and five (5) bed Pediatric Unit after approval to do so is issued by the Illinois Health Facilities and Services Review Board (HFSRB). Pediatric patients will continue to be cared for at OSF SAHC utilizing existing medical/surgical beds. The discontinuation will occur after approval is granted by the HFSRB, but no later than December 31, 2017. OSF SAHC intends to submit the required Certificate of Exemption application to the HFSRB on or around April 24th, 2017, and a copy of it can be found after the application is submitted on the HFSRB website at Illinois.gov/sites/hfsrb. For further information, please contact Mat Hanley at (618) 463-5611 at OSF SAHC.

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Miscellaneous

LINCOLN'S CHALLENGE ACADEMY We are accepting applications for Admission to our class which starts in July. If you are 16 to 18 years old, visit us at lincolnschallenge.org for more information.

CLASSIFIEDS

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Hiring
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Bethalto, IL 62010

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Please Send Resume To
rjensencaw@aol.com

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Weekend Only Option
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NEW CONSTRUCTION
308 Lee Street
Bethalto $129,900

1,144 sq ft Spacious Bungalow, Vinyl Sided, 3 Bdrms, 2 Baths, Well Insulated w/ Stainless Steel Appliances, 5'x11' Pantry off Kitchen, Hardwood Flooring in Kitchen & Living Room, 2 Car Garage & Large Wooden Deck, Level Lot
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So many bargains!

For Sale By Owner

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Like New 6 Year Old Ranch home in The Seasons off Pierce Lane. 3 bedroom 2.5 baths, many amenities with screened in porch. Well landscaped.
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MARK II
SOLD
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MUST SEE!!!
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3 Bedroom (3rd Bdrm Upstairs Loft), Central Air, New Laminate, New Paint, New Lights, Side Deck, Newly Landscaped on Double Lot
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Tuesday, April 18th, 4:30pm
For: C. Bankston, S. Moyer, J. Lindsey
98 Lincoln Navigator, 1976 Yellowstone 23' hunting camper, 99 6x12 utility trailer, 12' V bottom boat, 16' canoe, cub cadet 10 54 VT hydro yard machine 13 hp, jd 165 hydro & other riding & push mowers, husky 7.25 EXI log splitter, cub low boy 154 (nr), brush cutter, chain saws, ladders, shop carts & shelving, commercial work benches, large floating boat dock,

ATTACHMENT 10

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.

   As stated above, according to the most recent HFSRB Inventory, there is an excess of long-term/skilled nursing beds (388 in Madison County and 810 in HSA 11). Furthermore, more detailed data in the inventory indicates that OSF Saint Anthony's Health Center Long-Term Care Unit accounted for only 5% and 1% of the total patient days in 2015 among long-term care providers in the city of Alton and Madison County respectively. For comprehensive rehab, there is an excess of 29 beds in HSA 11 and three other service providers within a 45 minute drive time in Illinois. Not applicable to this application but worth mentioning is the abundance of service providers directly across the Mississippi River located in St. Louis, Missouri.

   From that information and data, it is apparent that sufficient Long-Term Care and Inpatient Rehab services are available in OSF Saint Anthony's Health Center market area and that the discontinuation of the Long-Term Care and Inpatient Rehab Unit at OSF Saint Clare's campus will not materially or adversely affect the ability of the residents of Alton, Illinois or broader Madison county area to obtain Long-Term Care or Inpatient Rehab Services.

   Pediatric patients will be cared for in the Medical/Surgical beds at OSF Saint Anthony's Health Center. There is no adverse impact to the community.

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 Appendices 1-19.

   Impact statement requests were sent to facilities within a 45 minute travel time from OSF Saint Anthony's Health Center, on April 13, 2017 (see Appendices). We have not received the signed, return receipt from a few of the facilities, but have included those impact letters and the certified mail receipt in the appendices. We will send the signed, return receipts once we have received them all.

ATTACHMENT 10

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.

   OSF Saint Anthony's Health Center believes that the abundant supply of long-term care and inpatient rehab beds in Alton, Illinois, the Madison County Planning Area, and Health Service Area 11 are sufficient 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.

   Given that OSF Saint Anthony's Health Center served relatively small number of residents in Alton, Illinois and the Madison County Planning Area for the past several years, and in light of the amount of charity care and Medicaid revenue relating to Long-Term Care and Inpatient Rehab that is the subject of this project historically, OSF Saint Anthony's Health Center 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.

   We believe given the excess of beds in the area, other providers of Long-Term Care and Inpatient Rehab will be positively impacted, as the services will be less diluted.

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 safety net chart below. Note that the chart in this Attachment 20 indicates the amount of charity care provided by OSF Saint Anthony's Health Center relating to Long-Term Care, Inpatient Rehab and Pediatrics that is the subject of this discontinuation project. Charity care information pertaining to OSF Saint Anthony's Health Center and OSF Healthcare System as a whole are included in Attachment 21.

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 safety net chart below. Note that the chart in this Attachment 20 indicates the amount of Medicaid care provided by OSF Saint Anthony's Health Center relating to Long-Term Care, Inpatient Rehab and Pediatrics 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.

   OSF Saint Anthony's Health Center believes that the plentiful supply of Long-Term Care and Inpatient Rehab beds in Alton, Illinois, the Madison County Planning Area, and the Health Service Area 11 are sufficient to ensure that residents of these areas will continue to have access to these services.

ATTACHMENT 20

Inpatient Rehab Services

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	**FY14**	**FY15**	**FY16**
Inpatient	10	13	3
Outpatient	-	-	-
Total	**10**	**13**	**3**
Charity (cost in dollars)			
Inpatient	2,246	29,908	7,452
Outpatient	-	-	-
Total	**2,246**	**29,908**	**7,452**
MEDICAID			
Medicaid (# of patients)	**FY14**	**FY15**	**FY16**
Inpatient	17	15	22
Outpatient	-	-	-
Total	**17**	**15**	**22**
Medicaid (revenue)			
Inpatient	93,566	157,496	132,295
Outpatient	-	-	-
Total	**93,566**	**157,496**	**132,295**

Long-Term Care

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	**FY14**	**FY15**	**FY16**
Inpatient	39	21	6
Outpatient	-	-	-
Total	**39**	**21**	**6**
Charity (cost in dollars)			
Inpatient	62,379	4,780	2,932
Outpatient	-	-	-
Total	**62,379**	**4,780**	**2,932**
MEDICAID			
Medicaid (# of patients)	**FY14**	**FY15**	**FY16**
Inpatient	-	1	2
Outpatient	-	-	-
Total	**-**	**1**	**2**
Medicaid (revenue)			
Inpatient	-	2,906	2,664
Outpatient	-	-	-
Total	**-**	**2,906**	**2,664**

ATTACHMENT 20

Pediatrics

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	**FY14**	**FY15**	**FY16**
Inpatient	32	38	0
Outpatient	-	-	0
Total	**32**	**38**	**0**
Charity (cost in dollars)			
Inpatient	10,667	14,091	0
Outpatient	-	-	0
Total	**10,667**	**14,091**	**0**
MEDICAID			
Medicaid (# of patients)	**FY14**	**FY15**	**FY16**
Inpatient	142	189	0
Outpatient			0
Total	**142**	**189**	**0**
Medicaid (revenue)			
Inpatient	42,128	68,302	0
Outpatient			0
Total	**42,128**	**68,302**	**0**

ATTACHMENT 20

Charity Care

OSF SAINT ANTHONY'S HEALTH CENTER CHARITY CARE			
	2014	**2015**	**2016**
Net Patient Revenue	55,524,113	71,846,989	72,856,853
Amount of Charity Care (charges)	9,696,400	9,045,839	5,302,094
Cost of Charity Care	2,074,060	2,045,264	1,063,070

OSF HEALTHCARE SYSTEM CHARITY CARE			
	2014	**2015**	**2016**
Net Patient Revenue	1,800,620,959	1,917,020,581	1,970,497,456
Amount of Charity Care (charges)	221,417,876	123,694,713	131,815,716
Cost of Charity Care	45,062,165	24,351,000	25,170,596

ATTACHMENT 21

OSF

SAINT ANTHONY'S HEALTH CENTER

April 13, 2017

David Braasch
ALTON MEMORIAL HOSPITAL
ALTON MEMORIAL HOSPITAL – Hatch Unit
One Memorial Drive
Alton, IL 62002

Mr. Braasch,

In accordance with the requirements of 77 Ill. Adm Code 1110.130 C)3), OSF Saint Anthony's Health Center is requesting an impact statement from your organization regarding the discontinuation of the Health Center's licensed beds under the Long-Term Care, Rehabilitation, and Pediatric bed categories effective end of 2017. The code requires contact with all existing or approved health care facilities, providing the same services as those proposed for discontinuation, which are located within 45 minutes travel time of the requesting facility.

For your reference, OSF Saint Anthony's Health Center/ Saint Clare's Hospital reported the following admissions on the IDPH Annual Hospital Questionnaire:

	2014	2015	2016
Long-Term Care	315	291	280
Rehabilitation	249	243	165
Pediatric	308	279	0

Please note that Pediatric patients will continue to be cared for at OSF Saint Anthony's Health Center by utilizing existing medical/surgical beds.

Please provide, as applicable, the following information with your impact statement:

- Capacity to accommodate a portion or all of OSF Saint Anthony's Health Center's experienced caseload.
- Explanation of any restrictions or limitations precluding providing services to the residents of OSF Saint Anthony's Health Center's market area.

If a response is not received within 15 days from the date of delivery, the Health Center will assume that the discontinuation will not have an adverse impact on your organization.

Please direct your response to the following:
OSF Saint Anthony's Health Center
Ajay Pathak, President/CEO
#1 Saint Anthony's Way
Alton, IL 62002

I greatly appreciate your assistance regarding this requirement and the continuation of Long-Term Care and Rehabilitation services in our area. If you have any questions, please direct them to my attention at 618-474-4690 or email ajay.pathak@osfhealthcare.org.

Sincerely,

Ajay Pathak
President/CEO

1 Saint Anthony's Way, Alton, Illinois 62002 Phone (618) 465-2571 www.osfsaintanthonys.org
The Sisters of the Third Order of St. Francis

Appendices 1

7010 0290 0001 6317 1781

U.S. Postal Service

CERTIFIED MAIL RECEIPT

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OFFICIAL USE

Postage $

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Postmark Here

Total

David Braasch
ALTON MEMORIAL HOSPITAL
ALTON MEMORIAL HOSPITAL – Hatch Unit
One Memorial Drive
Alton, IL 62002

PS Form 3800, August 2006 — See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

David Braasch
ALTON MEMORIAL HOSPITAL
ALTON MEMORIAL HOSPITAL – Hatch Unit
One Memorial Drive
Alton, IL 62002

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☒ Agent ☐ Addressee

B. Received by (Printed Name) Paul J Kellek

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from service label)

7010 0290 0001 6317 1781

PS Form 3811, February 2004 — Domestic Return Receipt — 102595-02-M-1540

Appendices 1

OSF

SAINT ANTHONY'S HEALTH CENTER

April 13, 2017

Keith Page
ANDERSON HOSPITAL
6800 State Route 162
Maryville, IL 62062

Mr. Page,

In accordance with the requirements of 77 Ill. Adm Code 1110.130 C)3), OSF Saint Anthony's Health Center is requesting an impact statement from your organization regarding the discontinuation of the Health Center's licensed beds under the Long-Term Care, Rehabilitation, and Pediatric bed categories effective end of 2017. The code requires contact with all existing or approved health care facilities, providing the same services as those proposed for discontinuation, which are located within 45 minutes travel time of the requesting facility.

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OSF Saint Anthony's Health Center
Ajay Pathak, President/CEO
#1 Saint Anthony's Way
Alton, IL 62002

I greatly appreciate your assistance regarding this requirement and the continuation of Long-Term Care and Rehabilitation services in our area. If you have any questions, please direct them to my attention at 618-474-4690 or email ajay.pathak@osfhealthcare.org.

Sincerely,

Ajay Pathak
President/CEO

1 Saint Anthony's Way Alton, Illinois 62002 Phone 618-465-2571 www.osfsaintanthonys.org
The Sisters of the Third Order of St. Francis

Appendices 2

7010 0290 0001 6317 1620

U.S. Postal Service

CERTIFIED MAIL RECEIPT

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OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	

Postmark Here

Sent To: ANDERSON HOSPITAL
Keith Page

Street, Apt. No.; or PO Box No.: 6800 STATE ROUTE 162

City, State, ZIP+4: MARYVILLE, IL 62062

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

ANDERSON HOSPITAL
Keith Page
6800 STATE ROUTE 162
MARYVILLE, IL 62062

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X Linda S Mall ☒ Agent ☐ Addressee

B. Received by (Printed Name): Linda S Mall C. Date of Delivery: 4-15-17

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label): 7010 0290 0001 6317 1620

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

Appendices 2

Anderson Hospital

April 19, 2017

Mr. Ajay Pathak, President/CEO
OSF Saint Anthony's Health Center
#1 Saint Anthony's Way
Alton, IL 62002

Mr. Pathak:

I am in receipt of your letter dated April 13, 2017 regarding your plans to discontinue Long-Term Care, Pediatric and Rehabilitation beds. Anderson Hospital does not operate Long-Term Care or Pediatric beds but does operate a 20 bed Rehabilitation Unit.

Madison County residents are well served by three Children's Hospitals located in St. Louis, Missouri while many Long-Term Care facilities are located in Madison County. I do not believe the accessibility of these services will be significantly impacted by the discontinuation of these beds at OSF Saint Anthony's Health Center. Anderson Hospital's average daily census in its Rehabilitation unit in 2016 was 12; therefore there is an ability to accommodate additional patients from the Alton area.

Anderson Hospital supports OSF Saint Anthony's application for the discontinuation of Long-Term Care, Pediatric and Rehabilitation beds.

Sincerely,

Keith A. Page, FACHE
President & CEO

KAP:bac

6800 State Route 162
Maryville, Illinois 62062
618-288-5711

OSF

SAINT ANTHONY'S HEALTH CENTER

April 13, 2017

Sue Campbell
COMMUNITY MEMORIAL HOSPITAL
400 Caldwell Street
Staunton, IL 62088

Ms. Campbell,

In accordance with the requirements of 77 Ill. Adm Code 1110.130 C)3), OSF Saint Anthony's Health Center is requesting an impact statement from your organization regarding the discontinuation of the Health Center's licensed beds under the Long-Term Care, Rehabilitation, and Pediatric bed categories effective end of 2017. The code requires contact with all existing or approved health care facilities, providing the same services as those proposed for discontinuation, which are located within 45 minutes travel time of the requesting facility.

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OSF Saint Anthony's Health Center
Ajay Pathak, President/CEO
#1 Saint Anthony's Way
Alton, IL 62002

I greatly appreciate your assistance regarding this requirement and the continuation of Long-Term Care and Rehabilitation services in our area. If you have any questions, please direct them to my attention at 618-474-4690 or email ajay.pathak@osfhealthcare.org.

Sincerely,

Ajay Pathak
President/CEO

1 Saint Anthony's Way, Alton, Illinois 62002 Phone 618-465-2571 www.osfsaintanthonys.org
The Sisters of the Third Order of St. Francis

7010 0290 0001 6317 1644

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OFFICIAL USE

Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Postmark Here

To **COMMUNITY MEMORIAL HOSPITAL**
Sue Campbell
400 CALDWELL STREET
Street, Apt. No.; or PO Box No. **STAUNTON, IL 62088**
City, State, ZIP+4

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1 Article Addressed to:

COMMUNITY MEMORIAL HOSPITAL
Sue Campbell
400 CALDWELL STREET
STAUNTON, IL 62088

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☒ Agent
☐ Addressee

B. Received by (Printed Name)
C. Date of Delivery 4-17-1

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4 Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7010 0290 0001 6317 1644

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1

SAINT ANTHONY'S HEALTH CENTER

April 13, 2017

Mark Jeffries
Eunice C. Smith Nursing Home
1251 College Avenue
Alton, IL 62002

Mr. Jeffries,

In accordance with the requirements of 77 Ill. Adm Code 1110.130 C)3), OSF Saint Anthony's Health Center is requesting an impact statement from your organization regarding the discontinuation of the Health Center's licensed beds under the Long-Term Care, Rehabilitation, and Pediatric bed categories effective end of 2017. The code requires contact with all existing or approved health care facilities, providing the same services as those proposed for discontinuation, which are located within 45 minutes travel time of the requesting facility.

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Ajay Pathak, President/CEO
#1 Saint Anthony's Way
Alton, IL 62002

I greatly appreciate your assistance regarding this requirement and the continuation of Long-Term Care and Rehabilitation services in our area. If you have any questions, please direct them to my attention at 618-474-4690 or email ajay.pathak@osfhealthcare.org.

Sincerely,

Ajay Pathak
President/CEO

1 Saint Anthony's Way, Alton, Illinois 62002 Phone (618) 463-2571 www.osfsaintanthonys.org
The Sisters of the Third Order of St. Francis

7010 0290 0001 6317 1798

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Mark Jeffries
Eunice C. Smith Nursing Home
1251 College Avenue
Alton, IL 62002

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mark Jeffries
Eunice C. Smith Nursing Home
1251 College Avenue
Alton, IL 62002

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Kathy A. Stew ☒ Agent ☐ Address

B. Received by (Printed Name) Kathy A. Stew
C. Date of Delivery 4-14-06

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☒ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7010 0290 0001 6317 1798

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1

SAINT ANTHONY'S HEALTH CENTER

April 13, 2017

Chris Cox
Granite Nsg & Rehab Center
3500 Century Drive
Granite City, IL 62040-0000

Mr. Cox,

In accordance with the requirements of 77 Ill. Adm Code 1110.130 C)3), OSF Saint Anthony's Health Center is requesting an impact statement from your organization regarding the discontinuation of the Health Center's licensed beds under the Long-Term Care, Rehabilitation, and Pediatric bed categories effective end of 2017. The code requires contact with all existing or approved health care facilities, providing the same services as those proposed for discontinuation, which are located within 45 minutes travel time of the requesting facility.

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Ajay Pathak, President/CEO
#1 Saint Anthony's Way
Alton, IL 62002

I greatly appreciate your assistance regarding this requirement and the continuation of Long-Term Care and Rehabilitation services in our area. If you have any questions, please direct them to my attention at 618-474-4690 or email ajay.pathak@osfhealthcare.org.

Sincerely,

Ajay Pathak
President/CEO

1 Saint Anthony's Way Alton, Illinois 62002 Phone 618-465-9571 www.osfsaintanthonys.org
The Sisters of the Third Order of St. Francis

7010 0290 0001 6317 1675

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Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total

Postmark Here

Granite Nsg & Rehab Center
Chris Cox
3500 Century Drive
Granite City, IL 62040-0000

PS Form 3800, April 2002

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Granite Nsg & Rehab Center
Chris Cox
3500 Century Drive
Granite City, IL 62040-0000

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7010 0290 0001 6317 1675

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SAINT ANTHONY'S HEALTH CENTER

April 13, 2017

Ashley Cline
Integrity Healthcare of Alton
3523 Wickenhauser
Alton, IL 62002-0000

Ms. Cline,

In accordance with the requirements of 77 Ill. Adm Code 1110.130 C)3), OSF Saint Anthony's Health Center is requesting an impact statement from your organization regarding the discontinuation of the Health Center's licensed beds under the Long-Term Care, Rehabilitation, and Pediatric bed categories effective end of 2017. The code requires contact with all existing or approved health care facilities, providing the same services as those proposed for discontinuation, which are located within 45 minutes travel time of the requesting facility.

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Ajay Pathak, President/CEO
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Alton, IL 62002

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Sincerely,

Ajay Pathak
President/CEO

1 Saint Anthony's Way, Alton, Illinois 62002 Phone (618) 465-2571 www.osfsaintanthonys.org
The Sisters of the Third Order of St. Francis

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7010 0290 0001 6317 1705

To Integrity Healthcare of Alton
Ashley Cline
3523 Wickenhauser
Alton, IL 62002-0000

PS Form 3800, August 2006 — See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Integrity Healthcare of Alton
Ashley Cline
3523 Wickenhauser
Alton, IL 62002-0000

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X [illegible] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 1/14/17

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7010 0290 0001 6317 1705

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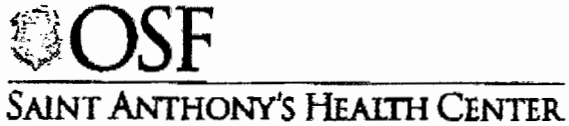

April 13, 2017

Michelle Pannier
Integrity Healthcare of Wood River
393 Edwardsville Road
Wood River, IL 62095-0000

Ms. Pannier,

In accordance with the requirements of 77 Ill. Adm Code 1110.130 C)3), OSF Saint Anthony's Health Center is requesting an impact statement from your organization regarding the discontinuation of the Health Center's licensed beds under the Long-Term Care, Rehabilitation, and Pediatric bed categories effective end of 2017. The code requires contact with all existing or approved health care facilities, providing the same services as those proposed for discontinuation, which are located within 45 minutes travel time of the requesting facility.

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Alton, IL 62002

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Sincerely,

Ajay Pathak
President/CEO

1 Saint Anthony's Way, Alton, Illinois 62002 Phone 618-463-6571 www.osfsaintanthonys.org
The Sisters of the Third Order of St. Francis

7010 0290 0001 6317 1668

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Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
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Sent To
Integrity Healthcare of Wood River
Michelle Pannier
393 Edwardsville Road
Wood River, IL 62095-0000

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Integrity Healthcare of Wood River
Michelle Pannier
393 Edwardsville Road
Wood River, IL 62095-0000

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name)
C. Date of Delivery
4-17-

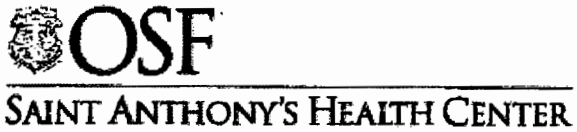
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from service label) 7010 0290 0001 6317 1668

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1



SAINT ANTHONY'S HEALTH CENTER

April 13, 2017

Suzanne Boston
Jerseyville Nsg & Rehab Center
1001 South State Street
Jerseyville, IL 62052-0000

Ms. Boston,

In accordance with the requirements of 77 Ill. Adm Code 1110.130 C)3), OSF Saint Anthony's Health Center is requesting an impact statement from your organization regarding the discontinuation of the Health Center's licensed beds under the Long-Term Care, Rehabilitation, and Pediatric bed categories effective end of 2017. The code requires contact with all existing or approved health care facilities, providing the same services as those proposed for discontinuation, which are located within 45 minutes travel time of the requesting facility.

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#1 Saint Anthony's Way
Alton, IL 62002

I greatly appreciate your assistance regarding this requirement and the continuation of Long-Term Care and Rehabilitation services in our area. If you have any questions, please direct them to my attention at 618-474-4690 or email ajay.pathak@osflicalthcare.org.

Sincerely,

Ajay Pathak
President/CEO

1 Saint Anthony's Way, Alton, Illinois 62002 Phone (618) 465-2571 www.osfsaintanthony's.org
The Sisters of the Third Order of St. Francis

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Sent To
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City, State, ZIP+4

Jerseyville Nsg & Rehab Center
Suzanne Boston
1001 South State Street
Jerseyville, IL 62052-0000

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

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1. Article Addressed to:

Jerseyville Nsg & Rehab Center
Suzanne Boston
1001 South State Street
Jerseyville, IL 62052-0000

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Katie Woelfel ☐ Agent ☐ Addressee

B. Received by (Printed Name) Katie Woelfel
C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
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4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7010 0290 0001 6317 1736

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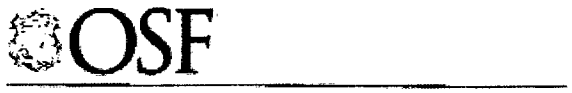

SAINT ANTHONY'S HEALTH CENTER

April 13, 2017

Sarah Burch
Meridian Village
101 Evergreen Lane
Glen Carbon, IL 62034

Ms. Burch,

In accordance with the requirements of 77 Ill. Adm Code 1110.130 C)3), OSF Saint Anthony's Health Center is requesting an impact statement from your organization regarding the discontinuation of the Health Center's licensed beds under the Long-Term Care, Rehabilitation, and Pediatric bed categories effective end of 2017. The code requires contact with all existing or approved health care facilities, providing the same services as those proposed for discontinuation, which are located within 45 minutes travel time of the requesting facility.

For your reference, OSF Saint Anthony's Health Center/ Saint Clare's Hospital reported the following admissions on the IDPH Annual Hospital Questionnaire:

	2014	2015	2016
Long-Term Care	315	291	280
Rehabilitation	249	243	165
Pediatric	308	279	0

Please note that Pediatric patients will continue to be cared for at OSF Saint Anthony's Health Center by utilizing existing medical/surgical beds.

Please provide, as applicable, the following information with your impact statement:

- Capacity to accommodate a portion or all of OSF Saint Anthony's Health Center's experienced caseload.
- Explanation of any restrictions or limitations precluding providing services to the residents of OSF Saint Anthony's Health Center's market area.

If a response is not received within 15 days from the date of delivery, the Health Center will assume that the discontinuation will not have an adverse impact on your organization.

Please direct your response to the following:

OSF Saint Anthony's Health Center
Ajay Pathak, President/CEO
#1 Saint Anthony's Way
Alton, IL 62002

I greatly appreciate your assistance regarding this requirement and the continuation of Long-Term Care and Rehabilitation services in our area. If you have any questions, please direct them to my attention at 618-474-4690 or email ajay.pathak@osfhealthcare.org.

Sincerely,

Ajay Pathak
President/CEO

1 Saint Anthony's Way, Alton, Illinois 62002 Phone 618-465-2571 www.osfhealthcare.org
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Sent To **Meridian Village**
Sarah Burch
Street, Apt. No.; or PO Box No. **101 Evergreen Lane**
City, State, ZIP+4 **Glen Carbon, IL 62034**

PS Form 3800, August 2006 See Reverse for Instructions

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- Print your name and address on the reverse so that we can return the card to you.
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1. Article Addressed to:

Meridian Village
Sarah Burch
101 Evergreen Lane
Glen Carbon, IL 62034

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
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4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7010 0290 0001 6317 1750

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SAINT ANTHONY'S HEALTH CENTER

April 13, 2017

Susie Shaw
Robing's Manor RHC
502 North Main
Brighton, IL 62012-0000

Ms. Shaw,

In accordance with the requirements of 77 Ill. Adm Code 1110.130 C)3), OSF Saint Anthony's Health Center is requesting an impact statement from your organization regarding the discontinuation of the Health Center's licensed beds under the Long-Term Care, Rehabilitation, and Pediatric bed categories effective end of 2017. The code requires contact with all existing or approved health care facilities, providing the same services as those proposed for discontinuation, which are located within 45 minutes travel time of the requesting facility.

For your reference, OSF Saint Anthony's Health Center/ Saint Clare's Hospital reported the following admissions on the IDPH Annual Hospital Questionnaire:

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Please direct your response to the following:
OSF Saint Anthony's Health Center
Ajay Pathak, President/CEO
#1 Saint Anthony's Way
Alton, IL 62002

I greatly appreciate your assistance regarding this requirement and the continuation of Long-Term Care and Rehabilitation services in our area. If you have any questions, please direct them to my attention at 618-474-4690 or email ajay.pathak@osfhealthcare.org.

Sincerely,

Ajay Pathak
President/CEO

1 Saint Anthony's Way, Alton, Illinois 62002 Phone (618) 465-2571 www.osfsaintanthonys.org
The Sisters of the Third Order of St. Francis

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Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees

Postmark Here

Sent To
Robing's Manor RHC
Susie Shaw
Street, Apt. No.; or PO Box No.
502 North Main
City, State, ZIP+4
Brighton, IL 62012-0000

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Robing's Manor RHC
Susie Shaw
502 North Main
Brighton, IL 62012-0000

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Sharon Taylor
☐ Agent
☐ Addressee

B. Received by (Printed Name)
Sharon Taylor

C. Date of Delivery
4-17-17

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No
Po Box 787
Brighton, IL 62012

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7010 0290 0001 6317 1743

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OSF

SAINT ANTHONY'S HEALTH CENTER

April 13, 2017

Kenya O'Neal
Stearns Nursing & Rehab Center
3900 Stearns Avenue
Granite City, IL 62040-0000

Ms. O'Neal,

In accordance with the requirements of 77 Ill. Adm Code 1110.130 C)3), OSF Saint Anthony's Health Center is requesting an impact statement from your organization regarding the discontinuation of the Health Center's licensed beds under the Long-Term Care, Rehabilitation, and Pediatric bed categories effective end of 2017. The code requires contact with all existing or approved health care facilities, providing the same services as those proposed for discontinuation, which are located within 45 minutes travel time of the requesting facility.

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Please direct your response to the following:

OSF Saint Anthony's Health Center
Ajay Pathak, President/CEO
#1 Saint Anthony's Way
Alton, IL 62002

I greatly appreciate your assistance regarding this requirement and the continuation of Long-Term Care and Rehabilitation services in our area. If you have any questions, please direct them to my attention at 618-474-4690 or email ajay.pathak@osfhealthcare.org.

Sincerely,

Ajay Pathak
President/CEO

1 Saint Anthony's Way Alton, Illinois 62002 Phone 618-465-2571 www.osfsaintanthony.org
The Sisters of the Third Order of St. Francis

Appendices 11

7010 0290 0001 6317 1682

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Restricted Delivery Fee (Endorsement Required)	
Total P	

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Sent To: Stearns Nursing & Rehab Center
Kenya O'Neal
Street, A or PO B: 3900 Stearns Avenue
City, Sta: Granite City, IL 62040-0000

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Stearns Nursing & Rehab Center
Kenya O'Neal
3900 Stearns Avenue
Granite City, IL 62040-0000

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7010 0290 0001 6317 1682

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OSF

SAINT ANTHONY'S HEALTH CENTER

April 13, 2017

Cathy Lietz
University Nursing & Rehab
1095 University Drive
Edwardsville, IL 62025-0000

Ms. Lietz,

In accordance with the requirements of 77 Ill. Adm Code 1110.130 C)3), OSF Saint Anthony's Health Center is requesting an impact statement from your organization regarding the discontinuation of the Health Center's licensed beds under the Long-Term Care, Rehabilitation, and Pediatric bed categories effective end of 2017. The code requires contact with all existing or approved health care facilities, providing the same services as those proposed for discontinuation, which are located within 45 minutes travel time of the requesting facility.

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Pediatric	308	279	0

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Please direct your response to the following:

OSF Saint Anthony's Health Center
Ajay Pathak, President/CEO
#1 Saint Anthony's Way
Alton, IL 62002

I greatly appreciate your assistance regarding this requirement and the continuation of Long-Term Care and Rehabilitation services in our area. If you have any questions, please direct them to my attention at 618-474-4690 or email ajay.pathak@osfhealthcare.org.

Sincerely,

Ajay Pathak
President/CEO

1 Saint Anthony's Way Alton, Illinois 62002 Phone 618-465-2571 www.osfsaintanthony.org
The Sisters of the Third Order of St. Francis

Appendices 12

7010 0290 0001 6317 1774

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Sent To
University Nursing & Rehab
Cathy Lietz
Street, Apt. No.; or PO Box No.
1095 University Drive
City, State, ZIP+4
Edwardsville, IL 62025-0000

PS Form 3800, August 2006 See Reverse for Instructions

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- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

University Nursing & Rehab
Cathy Lietz
1095 University Drive
Edwardsville, IL 62025-0000

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Susan Anderson
☐ Agent
☐ Addressee

B. Received by (Printed Name)
Susan Anderson
C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
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4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from service label) 7010 0290 0001 6317 1774

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

Appendices 12

UNIVERSITY

April 19, 2017

OSF Saint Anthony's Health Center
Ajay Pathak, President/CEO
#1 Saint Anthony's Way
Alton, IL. 62002

Mr. Pathak,

Thank you for reaching out to us in regard to the discontinuation of the Health Centers licensed Long Term Care and Rehabilitation beds. It is unfortunate to hear of the discontinuation of services but we are happy to hear that the pediatric patients will continue to receive your excellent care.

With the ever increasing vacancy rate in Nursing homes as a result of an increase in Home and Community based services as well as the state promoting alternative services to cut Medicare and Medicaid cost we have seen a slight decrease in our census. We would be pleased to assist you with the relocation of your Long Term and Rehabilitation residents. We currently can accommodate 5 Rehabilitation admissions and 15 Long Term Care admissions. We accept Medicare, Medicaid, Medicaid pending, Essence & UHC. We are a skilled nursing facility and as such we can meet most of your patient's needs, however we cannot take a patient who is ventilated or has a Trach that is less than a year old. The Facility is also not licensed to take patients under 55 with a psych dx.

I would be pleased to assist you in anyway during this transition. Feel free to contact me if I can be of service.

Sincerely,

Melissa Bailey
Community Liaison Director

Appendices 12

OSF

SAINT ANTHONY'S HEALTH CENTER

April 13, 2017

Peggy Sebastian
ST. ELIZABETH S HOSPITAL
211 S. Third Street
Belleville, IL 62220

Ms. Sebastian,

In accordance with the requirements of 77 Ill. Adm Code 1110.130 C)3), OSF Saint Anthony's Health Center is requesting an impact statement from your organization regarding the discontinuation of the Health Center's licensed beds under the Long-Term Care, Rehabilitation, and Pediatric bed categories effective end of 2017. The code requires contact with all existing or approved health care facilities, providing the same services as those proposed for discontinuation, which are located within 45 minutes travel time of the requesting facility.

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Please direct your response to the following:
OSF Saint Anthony's Health Center
Ajay Pathak, President/CEO
#1 Saint Anthony's Way
Alton, IL 62002

I greatly appreciate your assistance regarding this requirement and the continuation of Long-Term Care and Rehabilitation services in our area. If you have any questions, please direct them to my attention at 618-474-4690 or email ajay.pathak@osfhealthcare.org.

Sincerely,

Ajay Pathak
President/CEO

1 Saint Anthony's Way Alton, Illinois 62002 Phone 618-465-2571 www.osfsaintanthony.org
The Sisters of the Third Order of St. Francis

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Sent To
Street A or PO B
City, St

ST. ELIZABETH S HOSPITAL
Peggy Sebastian
211 S. 3RD STREET
BELLEVILLE, IL 62220

PS Form 3800, August 2006 — See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

ST. ELIZABETH S HOSPITAL
Peggy Sebastian
211 S. 3RD STREET
BELLEVILLE, IL 62220

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Bryan Riebeling ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
Bryan Riebeling 11-17-17

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7010 0290 0001 6317 1637

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OSF

SAINT ANTHONY'S HEALTH CENTER

April 13, 2017

Mark Turner
MEMORIAL HOSPITAL
4500 Memorial Drive
Belleville, IL 62226

Mr. Turner,

In accordance with the requirements of 77 Ill. Adm Code 1110.130 C)3), OSF Saint Anthony's Health Center is requesting an impact statement from your organization regarding the discontinuation of the Health Center's licensed beds under the Long-Term Care, Rehabilitation, and Pediatric bed categories effective end of 2017. The code requires contact with all existing or approved health care facilities, providing the same services as those proposed for discontinuation, which are located within 45 minutes travel time of the requesting facility.

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OSF Saint Anthony's Health Center
Ajay Pathak, President/CEO
#1 Saint Anthony's Way
Alton, IL 62002

I greatly appreciate your assistance regarding this requirement and the continuation of Long-Term Care and Rehabilitation services in our area. If you have any questions, please direct them to my attention at 618-474-4690 or email ajay.pathak@osfhealthcare.org.

Sincerely,

Ajay Pathak
President/CEO

1 Saint Anthony's Way, Alton, Illinois 62002 Phone 618, 465-2571 www.osfsaintanthonys.org
The Sisters of the Third Order of St. Francis

Appendices 14

7010 0290 0001 6317 1651

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Total

MEMORIAL HOSPITAL
Mark Turner
4500 MEMORIAL DRIVE
BELLEVILLE, IL 62226

OSF

SAINT ANTHONY'S HEALTH CENTER

April 13, 2017

Kara Buttry
Integrity Healthcare of Godfrey
1623 West Delmar
Godfrey, IL 62035-0000

Ms. Buttry,

In accordance with the requirements of 77 Ill. Adm Code 1110.130 C)3), OSF Saint Anthony's Health Center is requesting an impact statement from your organization regarding the discontinuation of the Health Center's licensed beds under the Long-Term Care, Rehabilitation, and Pediatric bed categories effective end of 2017. The code requires contact with all existing or approved health care facilities, providing the same services as those proposed for discontinuation, which are located within 45 minutes travel time of the requesting facility.

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Ajay Pathak, President/CEO
#1 Saint Anthony's Way
Alton, IL 62002

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Sincerely,

Ajay Pathak
President/CEO

1 Saint Anthony's Way, Alton, Illinois 62002 Phone 618-465-2571 www.osfsaintanthonys.org
The Sisters of the Third Order of St. Francis

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Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total	

Postmark Here

Sent To
Integrity Healthcare of Godfrey
Kara Buttry
Street, Apt. No.; or PO Box No.
1623 West Delmar
City, State, ZIP+4
Godfrey, IL 62035-0000

PS Form 3800, August 2006 See Reverse for Instructions

OSF

SAINT ANTHONY'S HEALTH CENTER

April 13, 2017

Kim Cornell
Rosewood Care Center of Alton
3490 Humbert Road
Alton, IL 62002-0000

Ms. Cornell,

In accordance with the requirements of 77 Ill. Adm Code 1110.130 C)3), OSF Saint Anthony's Health Center is requesting an impact statement from your organization regarding the discontinuation of the Health Center's licensed beds under the Long-Term Care, Rehabilitation, and Pediatric bed categories effective end of 2017. The code requires contact with all existing or approved health care facilities, providing the same services as those proposed for discontinuation, which are located within 45 minutes travel time of the requesting facility.

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Alton, IL 62002

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Sincerely,

Ajay Pathak
President/CEO

1 Saint Anthony's Way, Alton, Illinois 62002 Phone 618, 465-2571 www.osfsaintanthony's.org
The Sisters of the Third Order of St. Francis

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OSF

SAINT ANTHONY'S HEALTH CENTER

April 13, 2017

Linda Daniels
Bethalto Care Center
815 S. Prairie Street
Bethalto, IL 62010-0000

Ms. Daniels,

In accordance with the requirements of 77 Ill. Adm Code 1110.130 C)3), OSF Saint Anthony's Health Center is requesting an impact statement from your organization regarding the discontinuation of the Health Center's licensed beds under the Long-Term Care, Rehabilitation, and Pediatric bed categories effective end of 2017. The code requires contact with all existing or approved health care facilities, providing the same services as those proposed for discontinuation, which are located within 45 minutes travel time of the requesting facility.

For your reference, OSF Saint Anthony's Health Center/ Saint Clare's Hospital reported the following admissions on the IDPH Annual Hospital Questionnaire:

	2014	2015	2016
Long-Term Care	315	291	280
Rehabilitation	249	243	165
Pediatric	308	279	0

Please note that Pediatric patients will continue to be cared for at OSF Saint Anthony's Health Center by utilizing existing medical/surgical beds.

Please provide, as applicable, the following information with your impact statement:

- Capacity to accommodate a portion or all of OSF Saint Anthony's Health Center's experienced caseload.
- Explanation of any restrictions or limitations precluding providing services to the residents of OSF Saint Anthony's Health Center's market area.

If a response is not received within 15 days from the date of delivery, the Health Center will assume that the discontinuation will not have an adverse impact on your organization.

Please direct your response to the following:
OSF Saint Anthony's Health Center
Ajay Pathak, President/CEO
#1 Saint Anthony's Way
Alton, IL 62002

I greatly appreciate your assistance regarding this requirement and the continuation of Long-Term Care and Rehabilitation services in our area. If you have any questions, please direct them to my attention at 618-474-4690 or email ajay.pathak@osfhealthcare.org.

Sincerely,

Ajay Pathak
President/CEO

1 Saint Anthony's Way, Alton, Illinois 62002 Phone (618) 465-2571 www.osfsaintanthonys.org
The Sisters of the Third Order of St. Francis

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To: Bethalto Care Center
Linda Daniels
Sent: 815 S. Prairie Street
Street, Apt. No.; or PO Box No.: Bethalto, IL 62010-0000
City, State, ZIP+4:

OSF

SAINT ANTHONY'S HEALTH CENTER

April 13, 2017

Sara McMahan
Rosewood Care-Edwardsville
6277 Center Grove Road
Edwardsville, IL 62025-0000

Ms. McMahan,

In accordance with the requirements of 77 Ill. Adm Code 1110.130 C)3), OSF Saint Anthony's Health Center is requesting an impact statement from your organization regarding the discontinuation of the Health Center's licensed beds under the Long-Term Care, Rehabilitation, and Pediatric bed categories effective end of 2017. The code requires contact with all existing or approved health care facilities, providing the same services as those proposed for discontinuation, which are located within 45 minutes travel time of the requesting facility.

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Sincerely,

Ajay Pathak
President/CEO

1 Saint Anthony's Way, Alton, Illinois 62002 Phone 618-465-2571 www.osfsaintanthonys.org
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Appendices 18

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Sara McMahan
6277 Center Grove Road
Edwardsville, IL 62025-0000

Appendices 18

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SAINT ANTHONY'S HEALTH CENTER

April 13, 2017

Edward Cunningham
Gateway Regional Medical Center
Gateway Regional Medical Center – SNF
2100 Madison Avenue
Granite City, IL 62040

Mr. Cunningham,

In accordance with the requirements of 77 Ill. Adm Code 1110.130 C)3), OSF Saint Anthony's Health Center is requesting an impact statement from your organization regarding the discontinuation of the Health Center's licensed beds under the Long-Term Care, Rehabilitation, and Pediatric bed categories effective end of 2017. The code requires contact with all existing or approved health care facilities, providing the same services as those proposed for discontinuation, which are located within 45 minutes travel time of the requesting facility.

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Ajay Pathak, President/CEO
#1 Saint Anthony's Way
Alton, IL 62002

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Sincerely,

Ajay Pathak
President/CEO

1 Saint Anthony's Way, Alton, Illinois 62002 Phone 618) 465-2571 www.osfsaintanthony.org
The Sisters of the Third Order of St. Francis

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Sent To: Edward Cunningham
Gateway Regional Medical Center

Street, Apt. No.; or PO Box No.: Gateway Regional Medical Center – SNF
2100 Madison Avenue

City, State, ZIP+4: Granite City, IL 62040

PS Form 3800, August 2006 — See Reverse for Instructions

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HEALTH FACILITIES &
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May 1, 2017

Ms. Courtney Avery, Administrator
Illinois Health Facilities and Service Review Board
525 W. Jefferson Street, 2nd Floor
Springfield, IL 62761

RE: Certificate of Exemption (COE) Application for OSF Saint Anthony's Health Center Discontinuation of Category of Services

Dear Ms. Avery:

Enclosed is the Application for Certificate of Exemption to discontinue Long-Term Care, Rehabilitation, and Pediatric categories of services at OSF Saint Anthony's Health Center and the filing fee of $2,500.00.

If you have any questions, do not hesitate to contact me at 309-308-9656 or mak.e.hohulin@osfhealthcare.org.

Sincerely,

Mark Hohulin

Mark Hohulin
Senior Vice-President

MH/ts

Enclosures

c: Mike Constantino