

E-026-19

ORIGINAL

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

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Facility/Project Identification

RECEIVED

Facility Name: Genesis Medical Center, Silvis			
Street Address: 801 Illini Drive			
City and Zip Code: Silvis, Illinois 61282			
County: Rock Island	Health Service Area: 10	Health Planning Area: C-05	

JUN 27 2019

HEALTH FACILITIES &
SERVICES REVIEW BOARD

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

Exact Legal Name: Genesis Health System, d/b/a Genesis Medical Center, Silvis, an Illinois not-for-profit corporation	
Street Address: 801 Illini Drive	
City and Zip Code: Silvis, Illinois 61282	
Name of Registered Agent: L & W Agents Inc.	
Registered Agent Street Address: 3551 17 th Street, #110	
Registered Agent City and Zip Code: Moline, IL 61265	
Name of Chief Executive Officer: Douglas Cropper	
CEO Street Address: 1227 East Rusholme Street	
CEO City and Zip Code: Davenport 52803	
CEO Telephone Number: 563-421-6510	

Type of Ownership of Applicants

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

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

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

Primary Contact [Person to receive ALL correspondence or inquiries]

Name: Joe Ourth
Title: Attorney
Company Name: Saul Ewing Arnstein & Lehr LLP
Address: 161 North Clark Street, Suite 4200, Chicago, IL 60601
Telephone Number: 312-876-7815
E-mail Address: joe.ourth@saul.com
Fax Number: 312-876-6215

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

Name: Paul Bollinger
Title: Vice President of Legal Affairs/General Counsel
Company Name: Genesis Health System
Address: 1227 East Rusholme Street, Davenport, IA 52803
Telephone Number: 563-421-6516
E-mail Address: bollingerp@genesishealth.com
Fax Number: 563-421-6500

Post Exemption Contact

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

Name: Paul Bollinger
Title: Vice President of Legal Affairs, General Counsel
Company Name: Genesis Health System
Address: 1227 East Rusholme Street
Telephone Number: 563-421-6516
E-mail Address: bollingerp@genesishealth.com
Fax Number: 563-421-6500

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Illini Hospital District
Address of Site Owner: Illini Hospital District Board, c/o Luis Puentes, Chair, 531 41 Avenue, East Moline, IL 61244
Street Address or Legal Description of the Site: 801 Illini Drive, Silvis, IL 61282
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: Genesis Health System d/b/a Genesis Medical Center, Silvis, an Illinois not-for-profit corporation
Address: 801 Illini Drive, Silvis, IL 61282
<input checked="" type="checkbox"/> Non-profit Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> For-profit Corporation <input type="checkbox"/> Governmental <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other
<ul style="list-style-type: none"> o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner. o Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.
APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Organizational Relationships

Provide (for each applicant) an organizational chart containing the name and relationship of any person or entity who is related (as defined in Part 1130.140). If the related person or entity is participating in the development or funding of the project, describe the interest and the amount and type of any financial contribution.

APPEND DOCUMENTATION AS ATTACHMENT 4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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.

Genesis Health System, an Illinois not-for-profit corporation, d/b/a Genesis Medical Center, Silvis proposes the discontinuation of the pediatric category of service at Genesis Medical Center, Silvis ("GMC Silvis"), 801 Illini Drive, Silvis.

GMC Silvis ceased operating the pediatric unit as a separate unit on March 21, 2019. The pediatric unit consisted of eight (8) licensed beds.

Under the Board's rules, a discontinuation of a category of service would be a substantive project were it not an exemption.

Project Status and Completion Schedules

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

Anticipated exemption completion date (refer to Part 1130.570): September 1, 2019 pending approval by the Illinois Health Facilities and Services Review Board.

State Agency Submittals [Section 1130.620(c)]

Are the following submittals up to date as applicable:

- Cancer Registry*
 - APORS
 - All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
 - All reports regarding outstanding permits
- Failure to be up to date with these requirements will result in the Application being deemed incomplete.**

*As of the date of submission of this Application, the Cancer Registry is not currently up to date. Representatives from the Applicant have contacted the Illinois State Cancer Registry to advise it of the status of the Registry and to discuss a plan of action for bringing the registry current.

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 Genesis Health System d/b/a Genesis Medical Center, Silvis, an Illinois not-for-profit corporation.

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

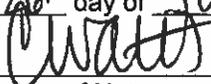
Theresa Main
PRINTED NAME

President, Genesis Medical Center, Silvis
PRINTED TITLE


SIGNATURE

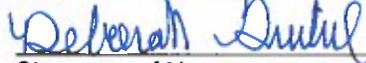
Douglas Cropper
PRINTED NAME

Chief Executive Officer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 26th day of June

Signature of Notary

Seal



Notarization:
Subscribed and sworn to before me
this 26th day of June

Signature of Notary

Seal



*Insert the EXACT legal name of the applicant:

Genesis Health System, d/b/a Genesis Medical Center, Silvis, an Illinois not-for-profit corporation

SECTION II. DISCONTINUATION

Type of Discontinuation

- Discontinuation of an Existing Health Care Facility
- Discontinuation of a category of service

Criterion 1130.525 and 1110.290 - Discontinuation

READ THE REVIEW CRITERION and provide the following information:

GENERAL INFORMATION REQUIREMENTS

1. Identify the categories of service and the number of beds, if any, that are to be discontinued.
2. Identify all of the other clinical services that are to be discontinued.
3. Provide the anticipated date of discontinuation for each identified service or for the entire facility.
4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
5. Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued, and the length of time the records will be maintained.
6. For applications involving the discontinuation of an entire facility, provide certification by an authorized representative that all questionnaires and data required by HFSRB or DPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 90 days following the date of discontinuation.
7. Provide attestation that the facility provided the required notice of the facility or category of service closure to local media that the health care facility would routinely notify about facility events. The supporting documentation shall include a copy of the notice, the name of the local media outlet, the date the notice was given, and the result of the notice, e.g., number of times broadcasted, written, or published. Only notice that is given to a local television station, local radio station, or local newspaper will be accepted.

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

REASONS FOR DISCONTINUATION

The applicant shall state the reasons for the discontinuation and provide data that verifies the need for the proposed action. See criterion 1110.130(b) for examples.

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

IMPACT ON ACCESS

1. Document whether or not the discontinuation will have an adverse effect upon access to care for residents of the facility's market area.
2. Provide copies of notification letters sent to other resources or health care facilities that provide the same services as those proposed for discontinuation. The notification letter must include at least the anticipated date of discontinuation and the total number of patients that received care or the number of treatments provided during the latest 24 months.

APPEND DOCUMENTATION AS ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION III: BACKGROUND

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.
2. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application.
3. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**
4. If, during a given calendar year, an applicant submits more than one application for permit or exemption, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest that the information was previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

APPEND DOCUMENTATION AS ATTACHMENT 8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 8.

SECTION IV. SAFETY NET IMPACT STATEMENT

SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL PROJECTS TO DISCONTINUE A HEALTH CARE FACILITY OR CATEGORY OF SERVICE [20 ILCS 3960/5.4]:

1. The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible for an applicant to have such knowledge.
2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.
3. How the discontinuation of a facility or service might impact the remaining safety net providers in a given community, if reasonably known by the applicant. **From our stand point, there is no impact.**

Safety Net Impact Statements shall also include all of the following:

1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.
2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.
3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

A table in the following format must be provided as part of Attachment 9.

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

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2018 Edition**

Total			
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APPEND DOCUMENTATION AS ATTACHMENT 9, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION V. CHARITY CARE INFORMATION

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.
2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.
3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

Charity care" means care provided by a health care facility for which the provider does not expect to receive payment from the patient or a third-party payer (20 ILCS 3960/3). Charity Care must be provided at cost.

A table in the following format must be provided for all facilities as part of Attachment 10.

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

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

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

INDEX OF ATTACHMENTS		
ATTACHMENT NO.		PAGES
1	Applicant Identification including Certificate of Good Standing	14-16
2	Site Ownership	17-18
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	19-21
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	22
5	Discontinuation General Information Requirements	23-25
6	Reasons for Discontinuation	26
7	Impact on Access	27-33
8	Background of the Applicant	34-39
9	Safety Net Impact Statement	40-41
10	Charity Care Information	42

ATTACHMENT 1 TYPE OF OWNERSHIP OF APPLICANTS

The applicant is Genesis Health System d/b/a Genesis Medical Center, Silvis, an Illinois not-for-profit corporation.

GMC Silvis is not separately incorporated but instead is an assumed name of Genesis Health System ("GHS"), an Illinois not-for-profit corporation.

Please see the attached Illinois certificates of good standing for:

- 1) Genesis Health System d/b/a Genesis Medical Center, Silvis, an Illinois not-for-profit corporation (d/b/a certificate)
- 2) Genesis Health System, an Illinois not-for-profit corporation

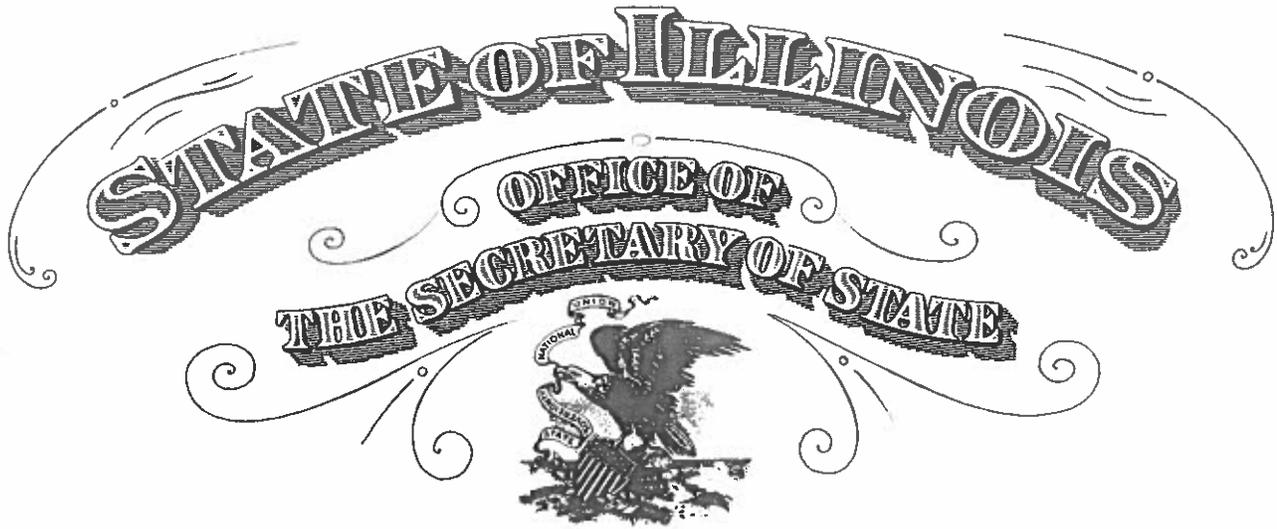
GMC Silvis refers to a Hospital in Silvis, Illinois.

GHS has four assumed names:

- 1) Genesis Health System d/b/a Genesis Medical Center, Silvis (a hospital)
- 2) Genesis Health System d/b/a Illini Restorative Care (a long-term care facility)
- 3) Genesis Health System d/b/a Crosstown Square (a senior living facility)
- 4) Genesis Health System d/b/a Integrative Wellness Center. This facility is no longer in operation.

GHS is also the sole member of Genesis Medical Center, Aledo, an Illinois not-for-profit corporation ("GMC Aledo"). GMC Aledo is a hospital location.

GHS was the sole member of Genesis Senior Living, Aledo, an Illinois not-for-profit corporation, until May 31, 2019, when Genesis Senior Living, Aledo sold to TLM Holdings LLC. This facility was a long term care facility.



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

GENESIS HEALTH SYSTEM, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 22, 1988, ADOPTED THE ASSUMED NAME GENESIS MEDICAL CENTER, SILVIS ON JULY 25, 2016, 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 24TH day of JUNE A.D. 2019 .



Authentication #: 1917502514 verifiable until 06/24/2020
Authenticate at: <http://www.cyberdriveillinois.com>

Jesse White

SECRETARY OF STATE



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

GENESIS HEALTH SYSTEM, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 22, 1988, 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 24TH day of JUNE A.D. 2019 .



Authentication #: 1917502498 verifiable until 06/24/2020
Authenticate at: <http://www.cyberdriveillinois.com>

Jesse White

SECRETARY OF STATE

**ATTACHMENT 2
SITE OWNERSHIP**

Please see attached notarized statement.

Genesis Health System, Illinois leases the site where the hospital known as Genesis Medical Center, Silvis is located from the Illini Hospital District, a hospital district organized under the Illinois Hospital District law, 70 ILCS 910/2.

Attachment 2
Site Ownership Statement

I, Theresa Main, certify that Genesis Health System, Illinois leases the site where the hospital known as Genesis Medical Center, Silvis is located from the Illini Hospital District, a hospital district organized under the Illinois Hospital District law.

Dated June 26, 2019



Theresa Main
President, Genesis Medical Center, Silvis

STATE OF ILLINOIS)

) SS:

COUNTY OF ROCK ISLAND)

On this 26th day of June 2019, before me, the undersigned, a Notary Public in and for said State, personally appeared Theresa Main, to me known to be the identical person named in and who executed the foregoing instrument, and acknowledged that she executed the same as her voluntary act and deed.



Notary Public in and for said
County and State

(Notarial Seal)



**ATTACHMENT 3
OPERATING IDENTITY/LICENSEE**

Please see the attached Illinois certificates of good standing for:

- 1) Genesis Health System d/b/a Genesis Medical Center, Silvis, an Illinois not-for-profit corporation (d/b/a certificate)
- 2) Genesis Health System, an Illinois not-for-profit corporation

Genesis Health System, an Illinois not-for-profit corporation owns 100% of Genesis Health System d/b/a Genesis Medical Center, Silvis.



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

GENESIS HEALTH SYSTEM, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 22, 1988, ADOPTED THE ASSUMED NAME GENESIS MEDICAL CENTER, SILVIS ON JULY 25, 2016, 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 24TH day of JUNE A.D. 2019 .



Authentication #: 1917502514 verifiable until 06/24/2020
Authenticate at: <http://www.cyberdriveillinois.com>

Jesse White

SECRETARY OF STATE

20

Attachment 3



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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

GENESIS HEALTH SYSTEM, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 22, 1988, 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 24TH day of JUNE A.D. 2019 .



Authentication # 1917502498 verifiable until 06/24/2020
Authenticate at <http://www.cyberdriveillinois.com>

Jesse White

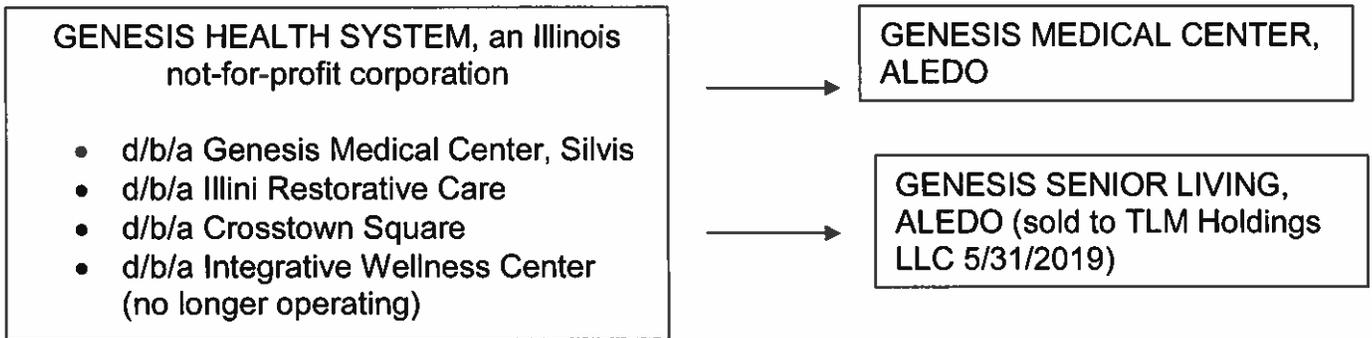
SECRETARY OF STATE

Attachment 3

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**ATTACHMENT 4
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.



Genesis Health System, an Illinois not-for-profit corporation, is referred to as Genesis Health System, Illinois.

Genesis Health System, Illinois is the sole member of Genesis Medical Center, Aledo.

Genesis Health System, Illinois was the sole member of Genesis Senior Living, Aledo, until Genesis Senior Living, Aledo was sold on May 31, 2019 to TLM Holdings.

Genesis Health System, Illinois has a sister entity, Genesis Health System, an Iowa not-for-profit corporation which operates health care services in Iowa. The two entities have identical governing boards and can act jointly, but neither entity has control over the other. Consequently, Genesis Health System in Iowa need not be a co-applicant, but is discussed here for informational purposes.

ATTACHMENT 5 GENERAL INFORMATION REQUIREMENTS

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

Genesis Medical Center, Silvis ("GMC Silvis") has ceased operating its pediatric unit as a distinct unit as of March 21, 2019. The pediatric unit consisted of eight (8) beds.

GMC Silvis will continue to provide pediatric emergency services in its emergency department. Pediatric patients admitted through the emergency department requiring surgery will continue to be admitted to the intensive care unit ("ICU") as medical overflow patients. All ICU nurses have the required Pediatric Advanced Life Support (PALS) certification.

GMC Silvis also will continue to provide outpatient pediatric services. (Used to be a locked entrance. Be let in, with own desk and nurses station).

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

The dedicated pediatric unit is the only unit that was discontinued.

Outpatient and emergency services to pediatric patients will continue.

Pediatric patients can be admitted as inpatients if they are surgical candidates able to be admitted by a general surgeon. Otherwise pediatric patients may be transferred to other Genesis facilities for inpatient services.

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

GMC Silvis ceased operating the pediatric unit as a separate unit on March 21, 2019. GMC Silvis has contacted the Review Board's general counsel and is committed to addressing any possible compliance issues.

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

The physical space will be used for a cancer clinic. Some of the pediatric unit equipment was kept at GMC Silvis for the continued treatment of pediatric patients while other equipment was sent to other facilities within Genesis Health System.

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

The medical records will be retained by the health system as required by licensure and accreditation requirements as well as contemporary medical records retention practices.

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. 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.

Notice was sent to the Dispatch/Rock Island Argus.

The notice was published on Tuesday, June 25, 2019.

A copy of the notice and proof of publication is attached.

PROOF OF PUBLICATION

STATE OF ILLINOIS
COUNTY OF ROCK ISLAND
CITY OF EAST MOLINE

The undersigned, hereby certifies that Lee Enterprises, Incorporated is a corporation, existing and doing business under the laws of the State of Delaware, licensed to do business in the State of Illinois, is Publisher of The Dispatch/Rock Island Argus, and further certifies That the public notice attached hereto, was printed and published in Said newspaper 1 time(s) in each week for 1 successive week (s), for publication dates as listed below

LANE & WATERMAN
220 N MAIN ST SUITE 600
Davenport, IA 52801
Order 27131

The undersigned, further certifies that The Dispatch/Rock Island Argus is now and has been for more than one year continuously a Daily secular newspaper of general circulation published in the City of East Moline, County of Rock Island, State of Illinois and further Certifies that said newspaper has been continuously published at a Regular interval of more than once each week with more than a Minimum of fifty issues per year for more than one year prior to the First publication of the notice, and further certifies that The Dispatch/Rock Island Argus is a newspaper as defined by the Statutes Of the State of Illinois in such cases made and provided, and further Hereby certifies that the annexed notice is a true copy, and has been Regularly published in said paper.

IN WITNESSETH WHEREOF, Lee Enterprises, Incorporated has Signed this Certificate by Deb Anselm, Publisher of The Dispatch/Rock Island Argus, or by her authorized agent this 25 day Of June, 2019.

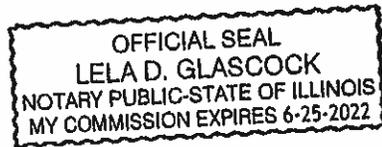
LEE ENTERPRISES, INCORPORATED
d/b/a THE DISPATCH/ROCK ISLAND ARGUS

By Mally Cox
Publisher of his/her Authorized Agent

Date: 6/25/19

PUBLISHED ON: 6/25/19
Total Cost: \$35.84

NOTICE
PUBLIC NOTICE
Genesis Medical Center, Silvis, located at 801 Illini Drive, Silvis, Illinois, ceased operating its pediatric unit as a distinct unit on March 21, 2019. Genesis Medical Center, Silvis expects to officially discontinue the unit upon receiving approval from the Illinois Health Facilities and Services Review Board (IHFSRB). Genesis Medical Center, Silvis intends to submit the required Certificate of Exemption application to the IHFSRB on approximately June 28, 2019, and a copy of it will be available after the application is deemed complete on the IHFSRB website, available at <https://www2.illinois.gov/sites/hfsrb/Projects/Pages/CompApps.aspx>. Genesis Medical Center, Silvis is still providing emergency and outpatient services for its pediatric patients. For questions please contact Mike Byrne at 563-333-8627.



Lela D. Glascock

Attachment 5

**ATTACHMENT 6
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.

Genesis Medical Center, Silvis (GMC Silvis) has discontinued the dedicated pediatric as a separate unit for the following reasons:

1. Our pediatric average daily census has declined from 2.38 in FY 2015 to 1.63 projected for FY 2019. As the majority of pediatric surgery and medical care has moved from inpatient to outpatient care settings, the need for a dedicated pediatric unit has decreased.
2. The declining availability of nurses with the required Pediatric Advance Life (PALS) certification for a 24/7 pediatric unit. GMC Silvis lacked sufficient staff who had the PALS certification to continue operations.

ATTACHMENT 7 IMPACT ON ACCESS

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

The discontinuation of the dedicated pediatric unit (8 beds) as a separate unit will not have an adverse impact on access to care for the residents of the Genesis Medical Center, Silvis (GMC Silvis) market area.

Pediatric patients will still receive the care they need, when they need it, based on the following:

- a. Pediatric patients that are admitted through the emergency department for a surgical procedure will be admitted to the GMC Silvis intensive care unit ("ICU"). All nurses in the ICU have the required Pediatric Advanced Life Support (PALS) certification.
- b. Patients that require inpatient care will be transferred to Genesis Medical Center, Davenport for their more acute care needs. Genesis Medical Center, Davenport is 11 miles from GMC Silvis.
- c. Pediatric patients that currently require the level of inpatient care that is beyond the scope of GMC, Silvis or any of the local hospitals will be transferred to OSF Saint Francis Medical Center in Peoria, Illinois, which is a customary referral location for these types of patients.

2. Provide copies of notification letters sent to other resources or health care facilities that provide the same services as those proposed for discontinuation. The notification letter must include at least the anticipated date of discontinuation and the total number of patients that received care or the number of treatments provided during the latest 24 months.

Genesis Medical Center Silvis sent notification letters to the chief executives of Trinity in Rock Island and OSF St. Francis Medical Center in Peoria (see attached copies).



June 26, 2019

Via Federal Express

Jennifer Hopwood
VP of Patient Care, Chief Nursing Officer
OSF St. Francis Medical Center
530 NE Glen Oak Avenue
Peoria, IL 61637

Re: Filing of Certificate of Exemption
Discontinuation of Pediatrics Category of Service

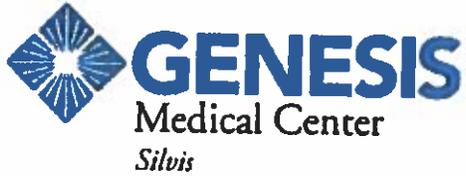
Greetings:

Genesis Medical Center, Silvis determined that it must discontinue operating its pediatrics category of service as a district unit.

In accordance with 77 Ill. Admin. Code §1110.110, we are sending this impact letter to inform you of our plans to file a Certificate of Exemption (COE) with the Illinois Health Facilities and Services Review Board (Review Board) to discontinue our pediatrics category of service. We intend to submit its COE application to the Review Board on or around June 27, 2019. We ceased pediatrics as a distinct unit on March 21 and will formally discontinue after approval is granted by the Review Board.

For your reference, we reported the following number of inpatient days for pediatrics on the Annual Questionnaire filed with the Review Board:

	2015	2016	2017
Inpatient Days	249	1,086	1,232



If you wish to provide information about the impact of discontinuation please provide, as applicable, the following information with your impact statement;

- your capacity to accommodate a portion or all of our pediatrics caseload;
- on explanation of any restrictions or limitations you would have that precluded your providing services to the residents of GHS's service area.

Any timely information we receive from you we will provided to the Review Board. Please direct any response to me at the address below.

Theresa Main, President
Genesis Medical Center, Silvis
801 Illini Drive, Silvis, 61282

If you have any questions, please contact me at 309-281-5146.

Very truly yours,

A handwritten signature in black ink, appearing to read "Theresa Main".

Theresa Main, President
Genesis Medical Center, Silvis



FedEx Office

Address: 4730 ELMORE AVE
 DAVENPORT
 IA 52807
 Location: MLIK
 Device ID: -BTC02
 Transaction: 930235013601

FedEx Express Saver
 788135534978 0.1 lbs. (S) 8.10
 Declared Value 0

Recipient Address:
 Melissa Wood, Chief of Nursing
 Executive, Trinity Rock Island
 2701 17TH ST
 ROCK ISLAND, IL 61201-5351
 0000000000

Scheduled Delivery Date 7/1/2019

Pricing option:
 ONE RATE

Package Information:
 FedEx Envelope

FedEx Express Saver
 788135572122 0.1 lbs. (S) 8.10
 Declared Value 0

Recipient Address:
 Jennifer Hopwood
 OSF St. Francis Medical Center
 530 NE GLEN OAK AVE
 PEORIA, IL 61637-0001
 0000000000

Scheduled Delivery Date 7/1/2019

Pricing option:
 ONE RATE

Package Information:
 FedEx Envelope

Shipment subtotal: \$16.20

Total Due: \$16.20

(S) CreditCard: \$16.20

*****8716



June 26, 2019

Via Federal Express

Melissa Wood, Chief Nursing Executive
Trinity Rock Island
2701 17th Street
Rock Island, IL 61201

Re: Filing of Certificate of Exemption
Discontinuation of Pediatrics Category of Service

Greetings:

Genesis Medical Center, Silvis determined that it must discontinue operating its pediatrics category of service as a district unit.

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Theresa Main, President
Genesis Medical Center, Silvis



FedEx OfficeSM

Address: 4/30 ELMORE AVE
 DAVENPORT
 IA 52807
 Location: MLIK
 Device ID: -BTC02
 Transaction: 930235013601

FedEx Express Saver
 788135534978 0.1 lbs. (S) 8.10
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Package Information:
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 788135572122 0.1 lbs. (S) 8.10
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Recipient Address:
 Jennifer Hopwood
 OSF St. Francis Medical Center
 530 NE GLEN OAK AVE
 PEORIA, IL 61637-0001
 0000000000

Scheduled Delivery Date 7/1/2019

Pricing option:
 ONE RATE

Package Information:
 FedEx Envelope

Shipment subtotal: \$16.20

Total Due: \$16.20

(S) CreditCard: \$16.20
 *****8716

ATTACHMENT 8

Background of the Applicant

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

Applicant Genesis Health System, an Illinois not-for-profit corporation owns the following:

1. Genesis Health System d/b/a Genesis Medical Center, Silvis, an Illinois not-for-profit corporation
2. Genesis Health System d/b/a Illini Restorative Care, an Illinois not-for-profit corporation
3. Genesis Medical Center, Aledo, an Illinois not-for-profit corporation.

See attached licenses.

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

See attached listing. There has been 1 adverse action taken against a licensed facility owned and operated by Genesis Health System, Illinois. This facility is not the applicant.

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

By their signatures to the Certification pages to this application, each of the Applicants authorize HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: (i) official records of DPH or other State agencies; (ii) the licensing or certification records of other states, when applicable; and (iii) the records of nationally recognized accreditation organizations.

4. **If, during a given calendar year, an applicant submits more than one application for permit or exemption, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest that the information was previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.**

Not applicable.

← DISPLAY THIS PART IN A CONSPICUOUS PLACE

**Illinois Department of
PUBLIC HEALTH**



HF 118227

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

Ngozi O. Ezike, M.D.
Director

Issued under the authority of
the Illinois Department of
Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
6/30/2020	General Hospital	0005413

Effective: 07/01/2019

Genesis Health System
dba Genesis Medical Center - Silvis
801 Illini Dr

Silvis, IL 61282

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #19-493-001 10M 9/18

Exp. Date 6/30/2020
Lic Number 0005413

Date Printed 5/13/2019

Genesis Health System
dba Genesis Medical Center - Silvis
801 Illini Dr
Silvis, IL 61282

FEE RECEIPT NO.

← DISPLAY THIS PART IN A CONSPICUOUS PLACE

HF 115882

**Illinois Department of
PUBLIC HEALTH**



LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

Nirav D. Shah, M.D., J.D.
Director

Issued under the authority of
the Illinois Department of
Public Health

EXPIRATION DATE 6/30/2019	CATEGORY General Hospital	ID NUMBER 0005413
Effective: 07/01/2018		

**Genesis Health System
dba Genesis Medical Center - Silvis
801 Illini Drive
Silvis, IL 61282**

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #48240 5M 5/16

Exp. Date 6/30/2019
Lic Number 0005413

Date Printed 5/15/2018

**Genesis Health System
dba Genesis Medical Center - Silvis
801 Illini Drive
Silvis, IL 61282**

FEE RECEIPT NO.

36

Attachment 8



**Illinois Department of
PUBLIC HEALTH**

HF117124

← DISPLAY THIS PART IN A
CONSPICUOUS PLACE

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

Nirav D. Shah, M.D., J.D.
Director

Issued under the authority of
the Illinois Department of
Public Health

EXPIRATION DATE	CATEGORY	ID NUMBER
1/31/2020		0005868
Critical Access Hospital		
Effective: 02/01/2019		

Exp. Date 1/31/2020

Lic Number 0005868

Date Printed 12/11/2018

Genesis Medical Center Aledo
409 Northwest 9th Ave
Aledo, IL 61231

Genesis Medical Center Aledo
409 Northwest 9th Ave
Aledo, IL 61231

The face of this license has a colored background. Printed by Authority of the State of Illinois • PO. #48240 5M 5/16

FEE RECEIPT NO.

37

Attachment 8

DISPLAY THIS PART IN A CONSPICUOUS PLACE

State of Illinois Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

Ngozi Ezike, M.D.
Director

Issued under the authority of
The State of Illinois
Department of Public Health

<small>EXPIRATION DATE</small>		<small>I.D. NUMBER</small>	
06/11/2020		0048264	
LONG TERM CARE LICENSE	CATEGORY	BGBE	
SKILLED	92 SHELTERED	28	
UNRESTRICTED	120 TOTAL BEDS		

**BUSINESS ADDRESS
LICENSEE**

GENESIS HEALTH SYSTEM

**ILLINI RESTORATIVE CARE
1455 HOSPITAL ROAD
SILVIS IL 61282
EFFECTIVE DATE: 06/12/19**

The face of this license has a colored background. Printed by Authority of the State of Illinois • 5/16

Listing of Adverse Action

Number of Adverse Actions in the Past 3 Years: 1 Type A Violation

Illini Restorative Care

The Illinois Department of Public Health (“IDPH”) conducted an investigation at Illini Restorative Care, which is a facility under Genesis Health System, an Illinois not-for-profit corporation (“IRC”), on September 26, 2017.

A Certified Nursing Assistant took a picture of a male resident who was undressed from the waist up. The picture was accidentally posted on a social media website, called SnapChat.

IDPH issued a Level A deficiency.

A plan of correction was implemented and approved by IDPH.

On November 8, 2017, IDPH issued a letter stating the facility was in substantial compliance.

ATTACHMENT 9 SAFETY NET IMPACT STATEMENT

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

The discontinuation of the dedicated pediatric unit as a separate unit will not, in the opinion of the applicant, have any material impact on access to 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.**

Unknown.

- 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.**

The discontinuation of the dedicated pediatric unit as a separate unit will not, in the opinion of the applicant, have any material impact on safety net providers.

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.**

See table below for charity care and the amount of care provided to Medicaid patients.

Safety Net Information per PA 96-0031			
Genesis Medical Center Silvis			
CHARITY CARE			
Charity (# of patients)	CY 2015	CY 2016	CY 2017
Inpatient	344	284	288
Outpatient	2,264	1,802	1,822
Total	2,608	2,086	2,110
Charity (cost In dollars)			
Inpatient	\$481,960	\$345,479	\$400,270
Outpatient	\$821,263	\$637,685	\$751,094
Total	\$1,393,223	\$983,164	\$1,151,364
MEDICAID			
Medicaid (# of patients)	CY 2015	CY 2016	CY 2017
Inpatient	1133	1,101	1,043
Outpatient	27059	28,775	30,217
Total	28,192	29,876	31,260
Medicaid (revenue)			
Inpatient	\$2,669,850	\$2,902,253	\$3,168,556
Outpatient	\$4,361,240	\$4,665,882	\$5,194,535
Total	\$7,031,090	\$7,568,135	\$8,363,091

Source: Health Facilities and Services Review Board, Hospital Profiles CY 2015, CY 2016 and CY 2017

ATTACHMENT 10
Charity Care Information

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.
2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.
3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

Charity care" means care provided by a health care facility for which the provider does not expect to receive payment from the patient or a third-party payer (20 ILCS 3960/3). Charity Care must be provided at cost.

A table in the following format must be provided for all facilities as part of Attachment 10.

CHARITY CARE – GMC Silvis			
	FY 2015	FY 2016	FY 2017
Net Patient Revenue	\$76,660,176	\$81,930,333	\$88,566,462
% of Charity Care	1.7%	1.2%	1.3%
Cost of Charity Care	\$1,303,223	\$983,164	\$1,151,364

CHARITY CARE – GMC Aledo			
	FY 2015	FY 2016	FY 2017
Net Patient Revenue	\$14,054,000	\$13,297,779	\$13,891,864
% of Charity Care)	1.1%	0.9%	2.2%
Cost of Charity Care	\$154,594	\$119,690	\$305,621