E-028-19

ORIGINAL

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

RECEIVED
JUL 01 2019
HEALTH FACILITIES & SERVICES REVIEW BOARD

Facility/Project Identification

Facility Name: Trinity Medical Center – Discontinuation of Long-Term Nursing Care Beds
Street Address: 2701 17th Street
City and Zip Code: Rock Island, IL 61201
County: Rock Island Health Service Area: 10 Health Planning Area: C-05

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

Exact Legal Name: Iowa Health System
Street Address: 1776 West Lakes Parkway, Suite 400
City and Zip Code: West Des Moines, IA 50266
Name of Registered Agent: Elizabeth Kurt
Registered Agent Street Address: 120 NE Glen Oak Avenue Suite 101
Registered Agent City and Zip Code: Peoria, IL 61603
Name of Chief Executive Officer: Kevin Vermeer
CEO Street Address: 1776 West Lakes Parkway, Suite 400
CEO City and Zip Code: West Des Moines, IA 50266
CEO Telephone Number: 515-241-8215

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: Ginger Renkiewicz
Title: Executive Vice President, Chief Operating Officer
Company Name: Trinity Medical Center
Address: 2701 17th St. Rock Island, IL 61201
Telephone Number: (309) 779-5020
E-mail Address: Virginia.renkiewicz@unitypoint.org
Fax Number: (309) 779-2206

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD DISCONTINUATION APPLICATION FOR EXEMPTION

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City and Zip Code: Rock Island, IL 61201		
County: Rock Island	Health Service Area: 10	Health Planning Area: C-05

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

Exact Legal Name: Trinity Regional Health System
Street Address: 2701 17th St.
City and Zip Code: Rock Island, IL 61201
Name of Registered Agent: Tamara Byram
Registered Agent Street Address: 2701 17th Street
Registered Agent City and Zip Code: Rock Island, IL 61201
Name of Chief Executive Officer: John C. Sheehan
CEO Street Address: 2701 17th Street
CEO City and Zip Code: Rock Island, IL 61201
CEO Telephone Number: 309-779-2200

Type of Ownership of Applicants

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

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Street Address: 2701 17th Street		
City and Zip Code: Rock Island, IL 61201		
County: Rock Island	Health Service Area: 10	Health Planning Area: C-05

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

Exact Legal Name: Trinity Medical Center
Street Address: 2701 17th St.
City and Zip Code: Rock Island, IL 61201
Name of Registered Agent: Steven J. Gross
Registered Agent Street Address: 2701 17th Street
Registered Agent City and Zip Code: Rock Island, IL 61201
Name of Chief Executive Officer: John C. Sheehan
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Telephone Number: (309) 779-5020
E-mail Address: Virginia.renkiewicz@unitypoint.org
Fax Number: (309) 779-2206

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

Name: Janet Scheuerman
Title: Senior Consultant
Company Name: PRISM Healthcare Consulting
Address: 1808 Woodmere Drive, Valparaiso, Indiana 46383
Telephone Number: (219) 464-3969
E-mail Address: jscheuerman@consultprism.com
Fax Number: (219) 464-0027

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: Ginger Renkiewicz
Title: Executive Vice President, Chief Operating Officer
Company Name: Trinity Medical Center
Address: 2701 – 17th St. Rock Island, IL 61201
Telephone Number: (309) 779-5020
E-mail Address: Virginia.renkiewicz@unitypoint.org
Fax Number: (309) 779-2206

Site Ownership
[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Trinity Medical Center
Address of Site Owner: 2701 – 17th Street Rock Island, IL 61201
Street Address or Legal Description of the Site: 2701 – 17th Street Rock Island, IL 61201 **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:	Trinity Medical Center
Address:	2701 - 17th St. Rock Island, IL 61201

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

- Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.
- Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.
- **Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.**

APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Organizational Relationships

Provide (for each applicant) an organizational chart containing the name and relationship of any person or entity who is related (as defined in Part 1130.140). If the related person or entity is participating in the development or funding of the project, describe the interest and the amount and type of any financial contribution.
APPEND DOCUMENTATION AS ATTACHMENT 4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Narrative Description

In the space below, provide a brief narrative description of the project. Explain **WHAT** is to be done in **State Board defined terms**, **NOT WHY** it is being done. If the project site does NOT have a street address, include a legal description of the site. Include the rationale regarding the project's classification as substantive or non-substantive.

The applicants propose to discontinue the 29-bed Long-Term Nursing Care Category of Service located on the 5th Floor of Trinity Medical Center in Rock Island. Trinity has not yet determined the use of the space that will be vacated as a result of the discontinuation. The discontinuation will occur effective October 1 after issuance of an exemption by the Illinois Health Facilities and Services Review Board.

The 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 includes the discontinuation of a designated category of service.

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): _____

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.

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 Trinity Medical 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
John C. Sheehan	Tamara Byram
PRINTED NAME	PRINTED NAME
President/CEO	Secretary
PRINTED TITLE	PRINTED TITLE
Notarization: Subscribed and sworn to before me this 26 day of June, 2019	Notarization: Subscribed and sworn to before me this 24 day of June, 2019
Pamela Jo Elliott	Pamela Jo Elliott
Signature of Notary	Signature of Notary
Seal PAMELA JO ELLIOTT Official Seal Notary Public – State of Illinois My Commission Expires Jan 23, 2021	Seal PAMELA JO ELLIOTT Official Seal Notary Public – State of Illinois My Commission Expires Jan 23, 2021

*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:

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- 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 Trinity Regional Health System

_____

_____*

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

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John C. Sheehan	Tamara Byram
PRINTED NAME	PRINTED NAME
President/CEO	Secretary
PRINTED TITLE	PRINTED TITLE
Notarization: Subscribed and sworn to before me this 26 day of June, 2019	Notarization: Subscribed and sworn to before me this 24 day of June, 2019
Pamela Jo Elliott	Pamela Jo Elliott
Signature of Notary	Signature of Notary
Seal	Seal

PAMELA JO ELLIOTT
Official Seal
Notary Public – State of Illinois
My Commission Expires Jan 23, 2021

PAMELA JO ELLIOTT
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Notary Public – State of Illinois
My Commission Expires Jan 23, 2021

*Insert the EXACT legal name of the applicant

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- 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 Iowa Health System

_____

_____*

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

SIGNATURE	SIGNATURE
Kevin E. Vermeer	Dennis W. Drake
PRINTED NAME	PRINTED NAME
IHS President/CEO	IHS VP/General Counsel
PRINTED TITLE	PRINTED TITLE
Notarization: Subscribed and sworn to before me this 24th day of June, 2019	Notarization: Subscribed and sworn to before me this 24th day of June, 2019
Pamela K. Hoskins	Tina M. Patten
Signature of Notary	Signature of Notary
Seal	Seal

PAMELA K. HOSKINS NOTARIAL SEAL IOWA Commission Number 179554 My Commission Expires 2022

TINA M. PATTEN Commission Number 183262 My Commission Expires 02-14-2020

*Insert the EXACT legal name of the applicant

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.

   Iowa Health System is the sole corporate member of Trinity Regional Health System, the sole corporate member of Trinity Medical Center. Trinity Medical Center is also a member of Quad City Ambulatory Surgery Center, L.L.C., which is an Illinois health facility. Trinity Medical Center operates three hospitals, two of which are location in Illinois – Trinity Rock Island and Trinity Moline. Trinity Bettendorf is located in Bettendorf, Ia.

   Trinity Rock Island is an "assumed name" (often known as "d/b/a" for doing business as) for the hospital that is subject of this COE application. The proposed discontinuation will be on the Trinity Rock Island campus.

   The following is a listing of all health care facilities owned or operated by the applicants with applicable license numbers and accreditation information. Copies of these licenses and Joint Commission/AAAHC letters are attached.

Name and Location of Facility	***Illinois License Identification Number***	***Identification Number***
Trinity Rock Island Rock island, Illinois	*0003244*	*Joint Commission ID #7421*
Trinity Moline Moline, Illinois	*0005140*	*Joint Commission ID #7421*
Quad City Ambulatory Surgery Center, LLC Moline, Illinois	*7002520*	*AAAHC ID#12794*

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.

   By the notarized signatures on the Certification pages of this application the authorized representatives of Trinity Medical Center, Trinity Regional Health System and Iowa Health System attest that there have been no adverse actions during the three years prior to filing this application against any facility owned and/or operated by Iowa Health System by any regulatory agency which would affect its ability to operate a license entity.

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 the notarized signatures on the Certification pages of this application the authorized representatives of Trinity Medical Center, Trinity Regional Health System and Iowa Health System hereby authorize the Health Facilities and Services Review Board and the Illinois Department of Public Health to access information in order to verify any documentation or information submitted in response to the requirements of this subsection, or to obtain any documentation or information which the State Board or Department of Public Health find pertinent to this subsection.

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. This is the first certificate of need filed by Trinity Medical Center, Trinity Regional Health System, and Iowa Health System in 2019.

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

SECTION IV. SAFETY NET IMPACT STATEMENT

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

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

2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.

3. How the discontinuation of a facility or service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.

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

1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.

2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.

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

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

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	**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 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	19-22
2	Site Ownership	23-39
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	40-43
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	44-46
5	Discontinuation General Information Requirements	47-50
6	Reasons for Discontinuation	51
7	Impact on Access	52-73
8	Background of the Applicant	74-80
9	Safety Net Impact Statement	81-84
10	Charity Care Information	85-98

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Street Address: 1776 West Lakes Parkway, Suite 400
City and Zip Code: West Des Moines, IA 50266
Name of Registered Agent: Elizabeth Kurt
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CEO Street Address: 2701 17th Street
CEO City and Zip Code: Rock Island, IL 61201
CEO Telephone Number: 309-779-2200

The appended documentation includes the Illinois certificate of good standing for each applicant.

ATTACHMENT 1
APPLICANT IDENTIFICATION

File Number 6720-693-2

To all to whom these Presents Shall Come, Greeting:

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

IOWA HEALTH SYSTEM, INCORPORATED IN IOWA AND LICENSED TO CONDUCT AFFAIRS IN THIS STATE ON JUNE 15, 2010, 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 A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO CONDUCT AFFAIRS 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* 10TH *day of* JUNE *A.D.* 2019 .

Authentication #: 1916103016 verifiable until 06/10/2020
Authenticate at: http://www.cyberdriveillinois.com

Jesse White
SECRETARY OF STATE

File Number 4957-982-9

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

TRINITY MEDICAL CENTER, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 06, 1969, 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* 10TH *day of* JUNE *A.D.* 2019 .

Authentication #: 1916102846 verifiable until 06/10/2020
Authenticate at: http://www.cyberdriveillinois.com

Jesse White
SECRETARY OF STATE

File Number 5368-925-6

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

TRINITY REGIONAL HEALTH SYSTEM, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 21, 1984, 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* 10TH *day of* JUNE *A.D.* 2019 .

Authentication #: 1916102972 verifiable until 06/10/2020
Authenticate at: http://www.cyberdriveillinois.com

Jesse White
SECRETARY OF STATE

Site Ownership

Exact Legal Name of Site Owner: Trinity Medical Center
Address of Site Owner: 2701 – 17th St. Rock Island, IL 61201
Street Address or Legal Description of the Site: 2701 – 17th Street Rock Island, IL 61201

The appended documentation is proof of site ownership by Trinity Medical Center. Attachment 2 includes the Commitment for Title Insurance issued by First American Title Insurance Company from April 2, 2008. The attachment also includes the Rock Island County Abstract & Title Guaranty's invoice for the Trinity West Campus (Trinity Rock Island) dated April 14, 2008. The full invoice document is included as additional documentation.

TO:
Snyder, Park & Nelson, P.C.
Attn: Dee A. Runnels
1600 - 4th Avenue, Ste 200
P O Box 3700
Rock Island, IL 61204-3700
Ph.: 309-786-8497
Fx.: 309-786-0463

COMMITMENT FOR TITLE INSURANCE

ISSUED BY

First American Title Insurance Company

AGREEMENT TO ISSUE POLICY

We agree to issue a policy to you according to the terms of this Commitment. When we show the policy amount and your name as the proposed insured in Schedule A, this Commitment becomes effective as of the Commitment Date shown in Schedule A.

If the Requirements shown in this Commitment have not been met within six months after the Commitment Date, our obligation under this Commitment will end. Also, our obligation under this Commitment will end when the Policy is issued and then our obligation to you will be under the Policy.

Our obligation under this Commitment is limited by the following:

The Provisions in Schedule A.
The Exceptions in Schedule B.
The Conditions, Requirements and Standard Exceptions
On the other side of this page.

The Commitment is not valid without Schedule A and Schedule B.

First American Title Insurance Company

BY Parker S. Kennedy PRESIDENT

ATTEST Mark R. Arneson SECRETARY

BY COUNTERSIGNED

! UNDERWRITER - FIRST AMERICAN TITLE INSURANCE COMPANY !
! Issuing Agency: Rock Island County Abstract & Title Guaranty Company, 111 - 18th Street, Suite 300, Rock Island, Illinois 61201 Phone: 309-786-9476 !

ATTACHMENT 2
SITE OWNERSHIP DOCUMENTATION

CONDITIONS

1. DEFINITIONS
(a) "Mortgage" means mortgage, deed of trust or other security instrument. (b) "Public Record" means title records that give constructive notice of matters affecting the title according to the state law where the land is located.

2. LATER DEFECTS
The Exceptions in Schedule B may be amended to show any defects, liens or encumbrances that appear for the first time in the public records or are created or attached between the Commitment Date and the date on which all of the Requirements (a) and (c) shown below are met. We shall have no liability to you because of this amendment.

3. EXISTING DEFECTS
If any defects, liens or encumbrances existing at Commitment Date are not shown in Schedule B, we may amend schedule B to show them. If we do amend Schedule B to show these defects, liens or encumbrances, we shall be liable to you according to Paragraph 4 below unless you knew of this information and did not tell us about it in writing.

4. LIMITATION OF OUR LIABILITY
Our only obligation is to issue to you the Policy referred to in this Commitment, when you have met its Requirements. If we have any liability to you for any loss you incur because of an error in this Commitment, our liability will be limited to you actual loss caused by your relying on this Commitment when you acted in good faith to:

comply with the Requirements shown below
or
eliminate with our written consent any Exceptions shown
in Schedule B or the Standard Exceptions noted below.

We shall not be liable for more than the Policy Amount shown in Schedule A of this Commitment and our liability is subject to the terms of the Policy form to be issued to you.

5. CLAIMS MUST BE BASED ON THIS COMMITMENT
Any claim, whether or not based on negligence, which you may have against us concerning the title to the land must be based on this Commitment and is subject to its terms.

REQUIREMENTS

The following requirements must be met:

(a) Pay the agreed amounts for the interest in the land and/or the mortgage to be insured.
(b) Pay us the premiums, fees and charges for the policy.
(c) Documents satisfactory to us creating the interest in the land and/or the mortgage to be insured must be signed, delivered and recorded.
(d) You must tell us in writing the name of anyone not referred to in this Commitment who will get an interest in the land or who will make a loan on the land. We may then make additional requirements or exceptions.
(e) Proper documentation to dispose of such exceptions as you wish deleted from Schedule B or the Standard Exceptions noted below.

STANDARD EXCEPTIONS

The following Standard Exceptions will be shown on your policy:

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

| UNDERWRITER - FIRST AMERICAN TITLE INSURANCE COMPANY |
| Issuing Agency: Rock Island County Abstract & Title Guaranty Company, 211 - 18th Street, Suite 300, Rock Island, Illinois 61201 Phone: 309-786-5476 |

ATTACHMENT 2
SITE OWNERSHIP DOCUMENTATION

ALTA COMMITMENT

SCHEDULE A

COMMITMENT NO. F88-110-L

1. Commitment Date: April 2, 2008 at 8:00 a.m.

2. Policy (or policies) to be issued:

   (a) ALTA Owner's Policy — Policy Amount $TDB
   Proposed Insured:

   TBD

   (b) ALTA Loan Policy — Policy Amount $TBD
   Proposed Insured:

   TBD

3. The estate or interest in the land described or referred to in this Commitment and covered herein is a fee simple and title thereto is at the effective date hereof vested in:

   Trinity Medical Center

4. The land referred to in this Commitment is described as follows:

   See Schedule A, No. 4 - continued, attached.

Rock Island County Abstract & Title Guaranty Co.

Representative For
Lawyers Title Insurance Corporation
and
First American Title Insurance Company
Title Insurance - Abstracts - Escrow Service

211 - 18th Street, Suite 300
Rock Island, Illinois 61201

P.O. Box 3308
Rock Island, Illinois 61204-3308

email - wsharp@rcatitle.com

Phone (309) 786-6478
Fax
(309)
786-9639
Fax (309) 786-2800

Snyder, Park & Nelson, P.C.
Attn: Dee A. Runnels
1600 - 4th Avenue, Ste 200
P O Box 3700
Rock Island, IL 61204-3700
Ph.: 309-786-8497
Fx.: 309-786-0463

Date: April 14, 2008
FED ID # 36-169-4210

INVOICE

File No. F88-110-L RE: TRINITY WEST CAMPUS

Date	Services Description	Amount
April 11, 2008	Owners & Lenders Title Insurance - Commitment Fee	$250.00
	Additional Tract Searches (2 @ 100.00 each)	$200.00
	Owner's Policy Premium (liability: $TBD)	$TBD

Note: Billing does not include escrows, future updates, endorsement(s), additional policies, premiums, recording fees, document copies, document preparation, overnight deliveries, closing fees nor revenue stamps...as may be applicable.

TOTAL $450.00

Description: Commitment and invoice to above VIA EMAIL

ATTACHMENT 2
SITE OWNERSHIP DOCUMENTATION

TO:
Snyder, Park & Nelson, P.C.
Attn: Dee A. Runnels
1600 - 4th Avenue, Ste 200
P O Box 3700
Rock Island, IL 61204-3700
Ph.: 309-786-8497
Fx.: 309-786-0463

COMMITMENT FOR TITLE INSURANCE

ISSUED BY

First American Title Insurance Company

AGREEMENT TO ISSUE POLICY

We agree to issue a policy to you according to the terms of this Commitment. When we show the policy amount and your name as the proposed insured in Schedule A, this Commitment becomes effective as of the Commitment Date shown in Schedule A.

If the Requirements shown in this Commitment have not been met within six months after the Commitment Date, our obligation under this Commitment will end. Also, our obligation under this Commitment will end when the Policy is issued and then our obligation to you will be under the Policy.

Our obligation under this Commitment is limited by the following:

The Provisions in Schedule A.
The Exceptions in Schedule B.
The Conditions, Requirements and Standard Exceptions
On the other side of this page.

The Commitment is not valid without Schedule A and Schedule B.

First American Title Insurance Company

BY _____ PRESIDENT

ATTEST _____ SECRETARY

BY _____ COUNTERSIGNED

[UNDERWRITER - FIRST AMERICAN TITLE INSURANCE COMPANY]
[Issuing Agency: Rock Island County Abstract & Title Guaranty Company, 311 - 18th Street, Suite 300, Rock Island, Illinois 61201 Phone 309-786-5476]

Rock Island County Abstract & Title Guaranty Co.

Representative For
Lawyers Title Insurance Corporation
and
First American Title Insurance Company
Title Insurance - Abstracts - Escrow Service

211 - 18th Street, Suite 300
Rock Island, Illinois 61201

P.O. Box 3308
Rock Island, Illinois 61204-3308

email - wsharp@rcatitle.com

Phone (309) 786-5478
Fax
(309)
786-0039
Fax (309) 786-2598

Snyder, Park & Nelson, P.C.
Attn: Dee A Runnels
1600 - 4th Avenue, Ste 200
P O Box 3700
Rock Island, IL 61204-3700
Ph.: 309-786-8497
Fx.: 309-786-0463

Date: April 14, 2008
FED ID # 36-169-4210

INVOICE

File No. F08-110-L

RE: TRINITY WEST CAMPUS

Date	Services Description	Amount
April 11, 2008	Owners & Lenders Title Insurance - Commitment Fee	$250.00
	Additional Tract Searches (2 @ 100.00 each)	$200.00
	Owner's Policy Premium (liability: $TBD)	$TBD

Note: Billing does not include escrows, future updates, endorsement(s), additional policies, premiums, recording fees, document copies, document preparation, overnight deliveries, closing fees nor revenue stamps...as may be applicable.

TOTAL $450.00

Description: Commitment and Invoice to above VIA EMAIL

TRACT 1 - CON - SRI 5014-1
TRACT 2 - HELIPAD - SRI 251
TRACT 3 - WEST CAMPUS - SRI 252

ATTACHMENT 2
SITE OWNERSHIP DOCUMENTATION

TO:
Snyder, Park & Nelson, P.C.
Attn: Dee A. Runnels
1600 - 4th Avenue, Ste 200
P O Box 3700
Rock Island, IL 61204-3700
Ph.: 309-786-8497
Fx.: 309-786-0463

COMMITMENT FOR TITLE INSURANCE

ISSUED BY

First American Title Insurance Company

AGREEMENT TO ISSUE POLICY

We agree to issue a policy to you according to the terms of this Commitment. When we show the policy amount and your name as the proposed Insured in Schedule A, this Commitment becomes effective as of the Commitment Date shown in Schedule A.

If the Requirements shown in this Commitment have not been met within six months after the Commitment Date, our obligation under this Commitment will end. Also, our obligation under this Commitment will end when the Policy is issued and then our obligation to you will be under the Policy.

Our obligation under this Commitment is limited by the following:

The Provisions in Schedule A.
The Exceptions in Schedule B.
The Conditions, Requirements and Standard Exceptions
On the other side of this page.

The Commitment is not valid without Schedule A and Schedule B.

First American Title Insurance Company

BY PRESIDENT

ATTEST SECRETARY

COUNTERSIGNED

(UNDERWRITER - FIRST AMERICAN TITLE INSURANCE COMPANY)
(Issuing Agent: Rock Island County Abstract & Title Guaranty Company, 311 - 18th Street, Suite 200, Rock Island, Illinois 61201 Phone: 309-788-1476)

ATTACHMENT 2
SITE OWNERSHIP DOCUMENTATION

CONDITIONS

1. **DEFINITIONS**
(a) "Mortgage" means mortgage, deed of trust or other security instrument. (b) "Public Record" means title records that give constructive notice of matters affecting the title according to the state law where the land is located.

2. **LATER DEFECTS**
The Exceptions in Schedule B may be amended to show any defects, liens or encumbrances that appear for the first time in the public records or are created or attached between the Commitment Date and the date on which all of the Requirements (a) and (c) shown below are met. We shall have no liability to you because of this amendment.

3. **EXISTING DEFECTS**
If any defects, liens or encumbrances existing at Commitment Date are not shown in Schedule B, we may amend schedule B to show them. If we do amend Schedule B to show these defects, liens or encumbrances, we shall be liable to you according to Paragraph 4 below unless you knew of this information and did not tell us about it in writing.

4. **LIMITATION OF OUR LIABILITY**
Our only obligation is to issue to you the Policy referred to in this Commitment, when you have met its Requirements. If we have any liability to you for any loss you incur because of an error in this Commitment, our liability will be limited to your actual loss caused by your relying on this Commitment when you acted in good faith to:

comply with the Requirements shown below
or
eliminate with our written consent any Exceptions shown
in Schedule B or the Standard Exceptions noted below.

We shall not be liable for more than the Policy Amount shown in Schedule A of this Commitment and our liability is subject to the terms of the Policy form to be issued to you.

5. **CLAIMS MUST BE BASED ON THIS COMMITMENT**
Any claim, whether or not based on negligence, which you may have against us concerning the title to the land must be based on this Commitment and is subject to its terms.

REQUIREMENTS

The following requirements must be met:

(a) Pay the agreed amounts for the interest in the land and/or the mortgage to be insured.
(b) Pay us the premiums, fees and charges for the policy.
(c) Documents satisfactory to us creating the interest in the land and/or the mortgage to be insured must be signed, delivered and recorded.
(d) You must tell us in writing the name of anyone not referred to in this Commitment who will get an interest in the land or who will make a loan on the land. We may then make additional requirements or exceptions.
(e) Proper documentation to dispose of such exceptions as you wish deleted from Schedule B or the Standard Exceptions noted below.

STANDARD EXCEPTIONS

The following Standard Exceptions will be shown on your policy:

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

ATTACHMENT 2
SITE OWNERSHIP DOCUMENTATION

ALTA COMMITMENT

SCHEDULE A

COMMITMENT NO. F88-110-L

1. Commitment Date: April 2, 2008 at 8:00 a.m.

2. Policy (or policies) to be issued:

   (a) ALTA Owner's Policy — Policy Amount $TDB
   Proposed Insured:

   TBD

   (b) ALTA Loan Policy — Policy Amount $TBD
   Proposed Insured:

   TBD

3. The estate or interest in the land described or referred to in this Commitment and covered herein is a fee simple and title thereto is at the effective date hereof vested in:

   Trinity Medical Center

4. The land referred to in this Commitment is described as follows:

   See Schedule A, No. 4 - continued, attached.

ATTACHMENT 2
SITE OWNERSHIP DOCUMENTATION

Schedule A - continued
File No. : F88-110-L

4. **TRACT 1**

All of Lot 3 in Bailey Addition to the City of Rock Island, Illinois, EXCEPTING the following Tract, more particularly described as follows:
Commencing at the Northwest corner of said Lot 3, said point being the point of beginning;
Thence South 89 degrees 42 minutes 20 seconds East along the North line of said Lot 3, a distance of 33.55 feet;
Thence South 0 degrees 32 minutes 00 seconds West, a distance of 352.25 feet to the South line of said Lot 3;
Thence North 89 degrees 59 minutes 08 seconds West along said South line, a distance of 6.40 feet to the Southwest corner of said Lot 3;
Thence North 0 degrees 02 minutes 56 seconds East along the West line of said Lot 3, a distance of 271.81 feet;
Thence North 16 degrees 35 minutes 44 seconds West along said West line, a distance of 84.10 feet to the point of beginning;

situated in the County of Rock Island and State of Illinois.

TRACT 2

Beginning at the Northeast corner of Lot One (1) of White Oak Hill Addition to the City of Rock Island;
thence South along the East line of said Subdivision, 125 feet for a place of beginning,
thence South 45°45'30" East for a distance of 295 feet;
thence South 44°14'30" West, 295 feet, more or less to the East line of White Oak Hill Addition aforesaid;
thence Northerly along the Easterly line of White Oak Hill Addition to the City of Rock Island, 417.19 feet, more or less to the place of beginning;

situated in the County of Rock Island and State of Illinois.

TRACT 3

Part of Lots 4, 5, 6, 8 and 9 of the Assessor's Plat of 1870 in the Northeast Quarter (NE 1/4) of Section Eleven (11), Township Seventeen North (T 17 N), Range Two (2) West (R 2 W) of the Fourth Principal Meridian (4th P.M.), City of Rock Island, County of Rock Island, State of Illinois, being more particularly described as follows:
Beginning at the Northeast Corner of said Lot 8;
Thence South 0 degrees - 29 minutes - 23 seconds East along the East line of said Lot 8, a distance of 478.64 feet;
Thence South 0 degrees - 48 minutes - 57 seconds East along the East line of said Lots 8 and 9, a distance of 359.97 feet;
Thence South 0 degrees - 10 minutes - 36 seconds East along the East line of said Lot 9, a distance of 421.65 feet to the North Right-of-Way line of 31st Avenue;
Thence South 89 degrees - 57 minutes - 24 seconds West along said North Right-of-Way line, a distance of 80.00 feet;
Thence North 0 degrees - 10 minutes - 36 seconds West, a distance of 313.78 feet;
Thence North 89 degrees - 53 minutes - 2 seconds West, a distance of 569.09 feet.
Thence North 31 degrees - 8 minutes - 33 seconds East, a distance of 300.12 feet.
Thence North 46 degrees - 23 minutes - 57 seconds West, a distance of 75.00 feet;
Thence South 43 degrees - 36 minutes - 3 seconds West, a distance of 295.23 feet;
Thence along the arc of a circle concave to the Northwest, a distance of 104.37 feet, said arc has a chord bearing of South 69 degrees - 35 minutes - 59 seconds West, a distance of 100.83 feet with a radius of 115.00 feet;

ATTACHMENT 2
SITE OWNERSHIP DOCUMENTATION

Schedule A - continued
File No. : F88-110-L

Thence North 84 degrees - 23 minutes - 27 seconds West, a distance of 93.38 feet to the East line of White Oak Hill Addition;
Thence North 0 degrees - 6 minutes - 52 seconds West along said East line, a distance of 307.26 feet;
Thence North 0 degrees - 36 minutes - 18 seconds West along said East line, a distance of 29.59 feet;
Thence North 44 degrees - 23 minutes - 42 seconds East, a distance of 295.00 feet;
Thence North 45 degrees - 36 minutes - 18 seconds West, a distance of 285.00 feet to the East line of White Oak Hill Addition;
Thence North 0 degrees - 36 minutes - 18 seconds West along said East line, a distance of 125.00 feet;
Thence North 89 degrees - 50 minutes - 6 seconds West along the North line of said White Oak Hill Addition, a distance of 233.50 feet to the East Right-of-Way line of 17th Street;
Thence North 0 degrees - 9 minutes - 13 seconds West along said East Right-of-Way line, a distance of 328.02 feet;
Thence North 89 degrees - 50 minutes - 6 seconds West along said Right-of-Way line, a distance of 15.00 feet;
Thence North 0 degrees - 9 minutes - 13 seconds West along said Right-of-Way line, a distance of 50.00 feet;
Thence South 89 degrees - 50 minutes - 6 seconds East, a distance of 236.50 feet;
Thence North 0 degrees - 9 minutes - 13 seconds West, a distance of 278.02 feet to the South line of DeJaegher's Subdivision;
Thence South 89 degrees - 50 minutes - 6 seconds East along said South line, a distance of 217.09 feet;
Thence South 0 degrees - 57 minutes - 18 seconds East along said Subdivision line, a distance of 50.00 feet;
Thence South 89 degrees - 47 minutes - 31 seconds East along said Subdivision line, a distance of 660.89 feet;
Thence North 1 degree - 5 minutes - 18 seconds West along said Subdivision line, a distance of 50.00 feet to the Southwest corner of Lot 4 of Ruby E. Penny's Addition;
Thence North 89 degrees - 28 minutes - 37 seconds East along the South line of said Ruby E. Penny's Addition, a distance of 259.53 feet;
Thence South 0 degrees - 58 minutes - 24 seconds East, a distance of 255.68 feet;
Thence South 89 degrees - 50 minutes - 6 seconds East, a distance of 90.62 feet to the West Right-of-Way line of 24th Street;
Thence South 0 degrees - 21 minutes - 51 seconds East along said West Right-of-Way line, a distance of 75.00 feet;
Thence South 89 degrees - 50 minutes - 6 seconds East along said Right-of-Way line, a distance of 10.00 feet;
Thence South 0 degrees - 21 minutes - 51 seconds East along said Right-of-Way line, a distance of 210.64 feet;
Thence North 89 degrees - 49 minutes - 18 seconds West along the North line of Adolphi's 1st Addition, a distance of 365.88 feet;
Thence South 1 degree - 8 minutes - 34 seconds East along the West line of said Adolphi's 1st Addition, a distance of 109.50 feet;
Thence North 89 degrees - 56 minutes - 24 seconds East along the South line of said Adolphi's 1st Addition, a distance of 63.68 feet to the Point of Beginning.

The above described real estate contains 37.256 acres, more or less.

For the purpose of this description, the North Right-of-Way line of 31st Avenue has an assumed bearing of South 89 degrees - 57 minutes - 24 seconds West.

ATTACHMENT 2
SITE OWNERSHIP DOCUMENTATION

ALTA COMMITMENT

SCHEDULE B

COMMITMENT NO. F88-110-L

Any policy we issue will have the following exceptions unless they are taken care of to our satisfaction.

1. Taxes for the years 2007 and 2008 are liens but are not yet due or payable. Taxes for the year 2006 were assessed in the amount of $ -0-. (Tract 1 - Parcel South Rock Island 5014-1; taxpayer number 10-347-0650); (Tract 2 - Parcel South Rock Island 251; taxpayer number 10-027-0800); (Tract 3 - Parcel South Rock Island 252; taxpayer number 10-027-0850)

2. Matters shown on Plat of Bailey Addition recorded December 20, 1995 in Plat Book 47 at page 35.(Tract 1)

3. Easement given to the City of Rock Island, Illinois, for Sewer purposes shown by instrument recorded July 13, 1939 in Mortgage Book 276 at page 185. (Tract 2)

4. Restrictions as contained in Warranty Deed to Robert A. Klockau, et al, recorded April 19, 1971 in Record Book 481 at page 84 which states as follows (Tract 2):
   a) Existing sewer easements.
   b) Reservation of the right to construct a sewer to connect with the existing sewer from the property East of and adjoining the property conveyed, which new line shall be located not over 90 feet from the most Northerly corner of said tract of land.
   c) Reserving the right to grade the North 90 feet of the tract conveyed and to construct a culvert running in a Northerly and Southerly direction according to the contour of the land. The Southerly end of said culvert to be not over 90 feet from the most Northerly corner of the tract conveyed.
   d) Reserving also the right to grade the Southerly end of the tract conveyed in accordance with the grading plans for the hospital located East of and adjoining said premises.
   e) The grantee, his heirs and assigns, shall only use the premises hereby conveyed for the purpose of constructing a Medical Arts Building, not to exceed five stories in height and to be architecturally in conformity with the hospital to be erected on the tract East of and adjoining same. Said building shall be used exclusively for Doctors Offices but may include space for selling and dispensing pharmaceutical supplies. No laboratory or x-ray laboratory shall be maintained on the premises without he permission of the Owners of the premises East of and adjoining said premises.

5. Easement between Rock Island Franciscan Hospital and Robert A. Klockau and Elinor T. Moran, as shown by instrument recorded August 30, 1972 in Record Book 532 at page 77. (Tract 2)

6. Easement between Rock Island Franciscan Hospital and Robert A. Klockau and Elinor T. Moran, as shown by instrument recorded December 3, 1971 in Record Book 504 at page 114. (Tract 2)

(UNDERWRITER - FIRST AMERICAN TITLE INSURANCE COMPANY)
(Issuing Agency: Rock Island County Abstract & Title Guaranty Company, 111 - 11th Street, Suite 103, Rock Island, Illinois 61201 Phone: 309-786-5276)

ATTACHMENT 2
SITE OWNERSHIP DOCUMENTATION

7. Rights of the United States of America and the State of Illinois, or either of them to recover any public funds advanced under either or both provisions of the Hill Burton Act (Title 42 U.S.C., SS291 et seq.) or the Illinois Hospital Construction Act (Illinois Revised Statutes Chapter 23, pp. 1301 et seq.) (Tract 3)

8. Easement granted to the City of Rock Island, Illinois, for the purpose of an intercepting sewer across the premises by instrument dated July 6, 1939 and recorded in Mortgage Book 276 at page 165. (Tract 3)

9. Rights of the City of Rock Island to a sewer easement under Grant from Emma Nowack dated May 2, 1939 and recorded May 18, 1939 in Mortgage Book 274 at paged 594, to a strip 10 feet in width, as therein described. (Tract 3)

10. Perpetual Easement created by instrument dated May 9, 1939 and recorded May 18, 1939 in Mortgage Book 274 at page 608 from the County of Rock Island to the City of Rock Island, Illinois to construct, operate and maintain an intercepting Sanitary Sewerin, over and across the following described property (Tract 3):

    A strip of land 8 feet in width, the centerline of which 8 foot strip is described as follows:
    Beginning at a point on the South line of the following described property:
    The West 7 acres of Lot 5 according to the Assessor'sP lato f 1870 in the Northeast Quarter of Section 11, Township 17 North, Range 2 West of the Fourth Principal Meridian,s aid point on the South line of the aforesaid described property, being a distance of 8.5 feet West of the Southeast corner of the aforesaid described property; thence along a line having a bearing of North 5 degrees 13 minutes West, a distance of 333 feet, more or less, to a point on the North line of the aforesaid described property, said point being a distance of 40.3 feet West of the Northeast corner of the aforesaid described property.

11. Perpetual Easement created by instrument dated March 11, 1940 and recorded April 20, 1940 in Book 202 at page 151, from the County of Rock Island, Illinois, to Cam J. Replogle, to connect to an intercepting Sanitary Sewer together with the right of access to build, construct, operate and maintain said connection sewer in, over and across the following described premises (Tract 3):

    A strip of land 3 feet in width, the centerline of which 3 foot strip is described as follows:
    Beginning at a point on the East line of the West 7 acres of Lot 5 in the Northeast Quarter of Section 11, Township 17 North, Range 2 West of the Fourth Principal Meridian, Rock Island County, Illinois, a distance of 197 feet North of the Southeast corner of the West7 acreso f Lot5 aforesaid; thence Westa nd at right angles to the aforesaid last line of said West 7 acres of Lot 5, a distance of 31 feet, more or less, to the centerline of the City of Rock Island's intercepting sewer which has heretofore been installed in the West 7 acres of Lot 5 aforesaid.

12. Restrictions contained in the Deed from the County of Rock Island, Illinois to the Franciscan Sisters of the Immaculate Conception of the Order of St. Francis, an Illinois not-for-profit corporation, dated August1 , 1966 and recorded August8 , 1966 as document 638428, that the parcel in question shall be used for Hospital purposes only for a period of 50 years from the date thereof. (Tract 3)

ATTACHMENT 2
SITE OWNERSHIP DOCUMENTATION

13. Rights of City of Rock Island Illinois to construct, repair, maintain, etc., a Sanitary Sewer System across parcel in question under Grant from William L. Carson and others, dated May 1, 1939 and recorded May 18, 1939 in Mortgage Book 274 at page 616, along a line described as follows (Tract 3):

    Beginning at a point on the South line of the East 3 acres of Lot 6, 215.5 feet East of the Southwest corner thereof, thence North 9 degrees 24 minutes East, 331.1 feet to a point on the North line of said tract, at a point 257 feet East of the Northwest corner of said tract.

14. Grant of Perpetual Easement by Franciscan Sisters of the Immaculate Conception of the Order of St. Francis, an Illinois not-for-profitc orporation, to Ethel I. Fisher, for Sewer across the parcel in question dated October 25, 1966 and recorded January 3, 1967 in Record Book 327 as document 644638 over premises described as follows (Tract 3):

    A strip of land 20 feet in width, lying 10 feet on each side of a centerline, located in Section 11, Township 17 North, Range 2 West of the Fourth Principal Meridian, City of Rock Island, County of Rock Island, and State of Illinois, said centerline being described as follows:
    Commencing at the Northeast corner of said Section 11, thence South 00 degrees 00 minutes 00 seconds West, 718.18 feet along the East line of said Section 11; thence North 90 degrees 00 minutes 00 seconds West, 40.00 feet to the West right-of-way line of 24th Street; thence North 90 degrees 00 minutes 00 seconds West, 93 feet, more or less, to the East line of the land owned by the Franciscan Sisters of the Immaculate Conception of the Order of St. Francis, an Illinois not-for-profit corporation, being the point of beginning; thence North 90 degrees 00 minutes 00 seconds West, 333.00 feet, more or less, to an existing 21 inch sanitary interceptor sewer owned by the City of Rock Island; the East line of Section 11 is assumed to have a bearing of North 00 degrees 00 minutes 00 seconds; and the Covenants, Agreements and Conditions therein contained.

15. Easement affecting the portion of subject property and for purposes stated therein and incidental purposes in favor of Robert A. Klockau and Elinor T. Moran for right-of-way for Egress and Ingress over and upon Grantors premises now or hereafter designed for Parking, recorded December 3, 1971 as document 714654. (Tract 3)

16. Easement dated January 30, 1972 from Rock Island Franciscan Hospital to Robert A. Klockau and Elinor t. Moran, granting an Easement to connect to an existing underground tunnela nd a surface right-of-way for Ingress and Egress and parking of Motor Vehicles, recorded August 30, 1972 as document 726536. (Tract 3)

17. Easement for the benefit of Trinity Medical Center over land known asL ot7 , White Oak Hill Addition to the City of Rock Island, adjacent to the Southwesterly corner of the subject property resulting from the terms of a Sanitary Sewer Storage Access Basin Easement instrument filed April 26, 1991 as document 91-07003. (Tract 3)

18. Terms and conditions as to matters that appear on that ALTA Survey dated December 11, 1992 and signed by Cornelius C. Blevins for Missman, Stanley Associates, P.C. and update thereof dated June 17, 1996. (Tract 3)

19. Permanent Easement for Construction of Traffic Signal Light granted to the City of Rock Island along the East side of subject property at the entrance area on 24th Street being dated February 18, 1999 and recorded February 18, 1999 as document number 99-04855. (Tract 3)

ATTACHMENT 2
SITE OWNERSHIP DOCUMENTATION

Schedule A - continued
File No. : F68-110-L

20. Permanent Easement for Construction of Traffic Signal Light granted to the City of Rock Island along the East side of subject property at the entrance area on 24th Street being dated June 17, 1999 and recorded June 21, 1999 as document number 99-18050. (Tract 3)

21. Rights of the public, the State of Illinois, the County of Rock Island, the Township and the Municipality in and to that part of the premises in question taken or used or dedicated for roads, streets, alleys or highways. (All Tracts)

22. Rights of way for drainage ditches, drain tiles, feeders, laterals and underground pipes, if any. (All Tracts)

23. Easements for public and quasi-public utilities, if any. (All Tracts)

24. Matters which would be disclosed by a current and accurate Survey of the premises in question. (All Tracts)

25. Covenants, easements, setback lines and other matters created by platting of the premises in question.
Note: A breach or violation of said covenants and restrictions will not cause a forfeiture or reversion of title.

26. Existing Leases, if any, and rights of parties in possession. (All Tracts)

For purposes of the Lien Search, we conducted our name search for matters filed against the following specific names and spellings, to-wit: Trinity Medical Center

ATTACHMENT 2
SITE OWNERSHIP DOCUMENTATION

COMPOSITE MORTGAGE STATEMENT

STATE OF)
) ss
COUNTY OF)

Commitment No: F88-110-L

The Undersigned, being first duly sworn, hereby state(s) with respect to the land described in the above Commitment and the Mortgage covered thereby:

1. That, to the best of my knowledge, the guaranteed mortgage, note(s), or bonds and interest secured are good, valid, and free from all defenses in law and in equity ' and that this Affidavit is made for the purpose of better enabling the legal holder(s) of said securities to sell, pledge or otherwise dispose of the same at any time, so as to insure the purchaser(s) or pledgee(s) against any claim of defense by the maker(s), their heirs, personal representatives or assigns.

2. That, to the best of my knowledge, within the last ninety (90) days, no improvements or repairs have been made on the land or upon any building on said land, nor any work performed or materials furnished for which full payment has not been made: that no contract of any kind has been made or will be made in relation to said land, building or improvements, in consequence of which any lien or claim may be enforced against the land-, and that loan proceeds will not be used to pay for any labor or materials in making any improvements or repairs on the premises.

3. That no conditional bill of sale, retain title contract or security interest has been given by the undersigned, or to the knowledge of the undersigned, for or in connection with any materials, fixtures, furnishings, appliances or machinery placed upon or installed in said premises.

4. That the undersigned purchaser(s) or owner(s) is(are) in possession of said premises; that no contract has been entered into for the sale or conveyance of said premises by the undersigned or to the knowledge of the undersigned-, and that there is outstanding no unrecorded, deed, mortgage or other conveyance thereof executed by the undersigned or to the knowledge of the undersigned. (NOTE: State exceptions here: _____)

5. If the premises consists of rental property, in whole or in part, that said premises are subject only to ordinary current leases to tenants now in possession, none of which expires later than one (1) year from date hereof and none of which contains any option to purchase, right of renewal or other unusual provision.
NOTE: If there are any exceptions, state them here: _____

6. That the improvements on the subject property are within the boundary lines and set back lines, if any, of said land; that there are no encroachments by improvements on adjoining property onto the land', and that there is no known assertion, being made by either the undersigned or the owners of adjoining property against the other as to the location of boundary lines nor any dispute as to occupancy of any portion of subject property.

7. That there are either no covenants conditions or restrictions which affect the use of said property, or if there are any, there are no known violations of said Covenants, conditions or restrictions which affect said property.

SELLER(S) OR OWNERS	PURCHASERS
_____	_____
_____	_____

[illegible]

ATTACHMENT 2
SITE OWNERSHIP DOCUMENTATION

Operating Identity/Licensee

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

Exact Legal Name: Iowa Health System
Street Address: 1776 West Lakes Parkway, Suite 400
City and Zip Code: West Des Moines, IA 50266
Name of Registered Agent: Elizabeth Kurt
Registered Agent Street Address: 120 NE Glen Oak Avenue Suite 101
Registered Agent City and Zip Code: Peoria, IL 61603
Name of Chief Executive Officer: Kevin Vermeer
CEO Street Address: 1776 West Lakes Parkway, Suite 400
CEO City and Zip Code: West Des Moines, IA 50266
CEO Telephone Number: 515-241-8215

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

Exact Legal Name: Trinity Regional Health System
Street Address: 2701 17th St.
City and Zip Code: Rock Island, IL 61201
Name of Registered Agent: Tamara Byram
Registered Agent Street Address: 2701 17th Street
Registered Agent City and Zip Code: Rock Island, IL 61201
Name of Chief Executive Officer: John C. Sheehan
CEO Street Address: 2701 17th Street
CEO City and Zip Code: Rock Island, IL 61201
CEO Telephone Number: 309-779-2200

Exact Legal Name: Trinity Medical Center
Street Address: 2701 17th St.
City and Zip Code: Rock Island, IL 61201
Name of Registered Agent: Steven J. Gross
Registered Agent Street Address: 2701 17th Street
Registered Agent City and Zip Code: Rock Island, IL 61201
Name of Chief Executive Officer: John C. Sheehan
CEO Street Address: 2701 17th Street
CEO City and Zip Code: Rock Island, IL 61201
CEO Telephone Number: 309-779-2200

The appended documentation includes the Illinois certificate of good standing for each applicant.

File Number 6720-693-2

To all to whom these Presents Shall Come, Greeting:

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

IOWA HEALTH SYSTEM, INCORPORATED IN IOWA AND LICENSED TO CONDUCT AFFAIRS IN THIS STATE ON JUNE 15, 2010, 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 A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO CONDUCT AFFAIRS 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* 10TH *day of* JUNE *A.D.* 2019 .

Authentication #: 1916103016 verifiable until 06/10/2020
Authenticate at: http://www.cyberdriveillinois.com

Jesse White
SECRETARY OF STATE

File Number 4957-982-9

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

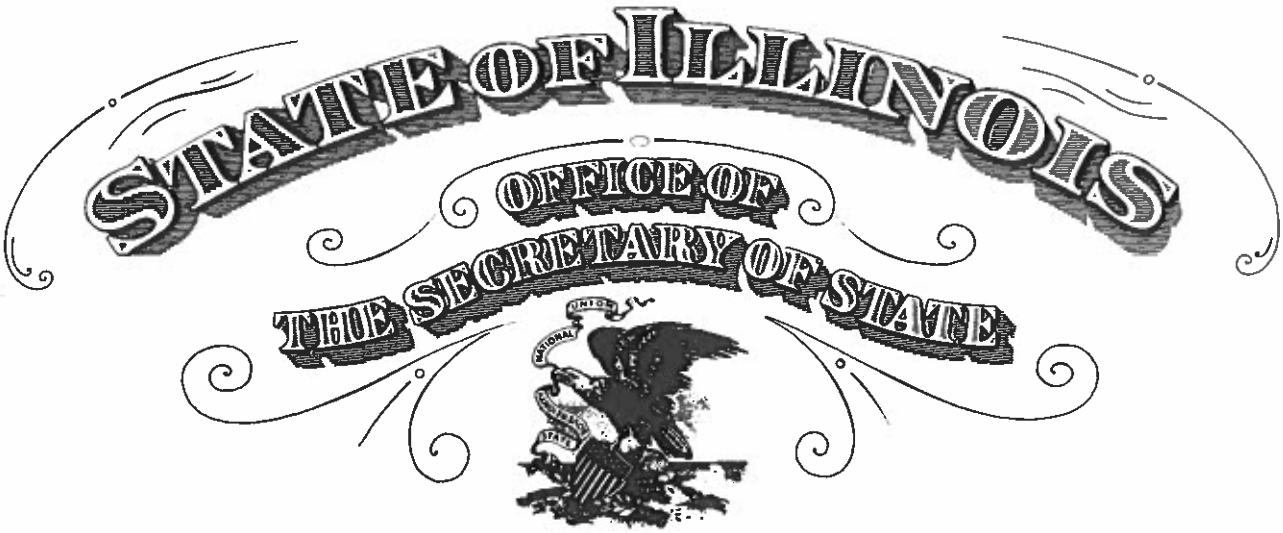
TRINITY MEDICAL CENTER, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 06, 1969, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 10TH *day of* JUNE *A.D.* 2019 .

Authentication #: 1916102846 verifiable until 06/10/2020
Authenticate at: http://www.cyberdriveillinois.com

Jesse White
SECRETARY OF STATE

File Number 5368-925-6



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

TRINITY REGIONAL HEALTH SYSTEM, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 21, 1984, 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* 10TH *day of* JUNE *A.D.* 2019 .

Authentication #: 1916102972 verifiable until 06/10/2020
Authenticate at: http://www.cyberdriveillinois.com

Jesse White
SECRETARY OF STATE

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.

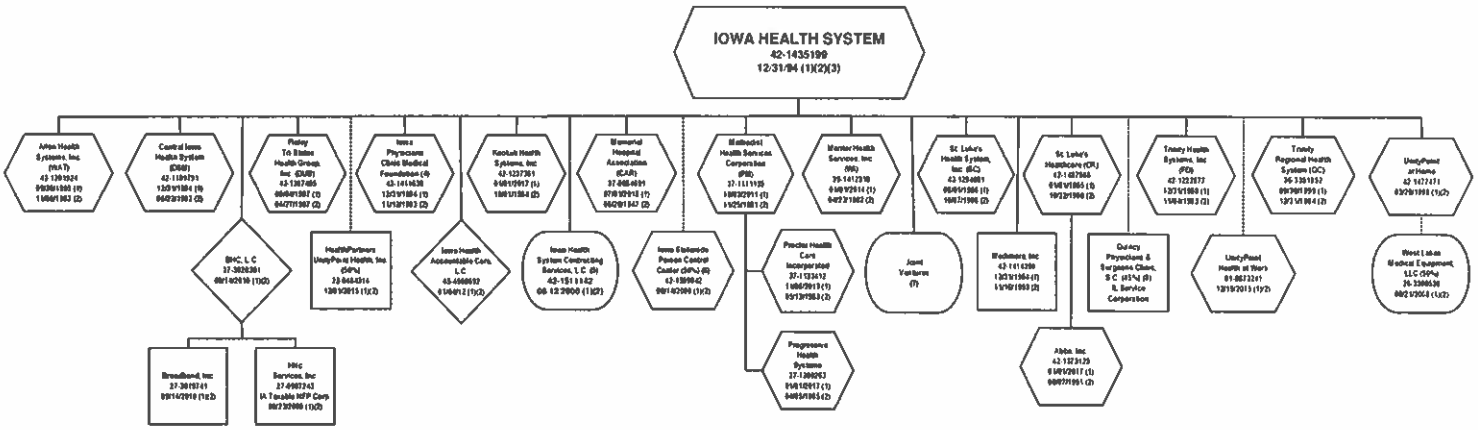
This application has three co-applicants; they are Iowa Health System, Trinity Regional Health System, and Trinity Medical Center. Iowa Health System is the sole corporate member of Trinity Regional Health System, the sole corporate member of Trinity Medical Center.

Trinity Medical Center operates three hospitals, two of which are in Illinois – Trinity Moline and Trinity Rock Island. The third hospital, Trinity Bettendorf, is in Iowa.

Trinity Rock Island is an assumed name (often known as "d/b/a"; Trinity Rock Island is an acute general hospital. The proposed discontinuation of pediatric inpatient beds will be on the Trinity Rock Island campus.

The appended document includes the organizational charts of the applicants.

IHS
Period Ending 12/31/2018
Revised 01/09/2019
Approved 01/23/2019
Prepared by IHS Tax Services for internal tax preparation and control purposes only.



NOTES:

(1) Dates are when affiliate joined Iowa Health System.

(2) Date of Incorporation Organization.

(3) Iowa Health System d b a UnityPoint Health.
Joint ventures and others as of 12/31/2017:
Gundersen Health Plan, Inc. (17.88%)
Gundersen Health Plan Minnesota (17.88% by attribution)
HealthNet connect, L.C. (9.09%)
Heritage Healthcare Innovation Fund, LP (5.96%)
Heritage Healthcare Innovation Fund II, LP (4.47%)
Physicians Plus Insurance Corporation (17.88% by attribution)
Quartz Health Solutions, Inc. (17.88% by attribution)
Quartz Holding Company (17.88%)
SEI Core Property Fund LP (5.93%)
SEI Energy Debt Fund, LP (18.24%)
SEI Global Private Assets III, LP (26.39%)
SEI Global Private Assets IV, LP (15.79%)
Unity Health Plans Insurance Corporation (17.88% by attribution)
Joint ventures and others as of 12/31/2018:
Health Catalyst, Inc. (41%)

(4) Iowa Physicians Clinic Medical Foundation d b a UnityPoint Clinic.
Joint ventures and others as of 12/31/2017:
Central Iowa Surgical Services Co-Management Company, LLC (6.67%)
Iowa Health System Contracting Services, L.C. (5.09%)

(5) Amount controlled by Iowa Health System (corp) as of 12/31/2017 is 9.96%.
Total by attribution is 100.00%.

(6) Iowa Statewide Poison Control Center d b a Iowa Poison Control Center.

(7) Percentages are system-wide ownership by attribution at 12/31/2017:
HealthNet connect, L.C. (36.36% by attribution, 9.09% separately)

(8) Quincy Physicians & Surgeons Clinic, S.C. d/b/a Quincy Medical Group.
Held through a physician designee.

KEY: Exempt Organization | Corporation | Partnership/LLC | 1-Member LLC

CHANGES FROM PRIOR YEAR:

Added:
1) Memorial Hospital Association
2) SEI Core Property Fund LP
3) SEI Energy Debt Fund, LP
4) SEI Global Private Assets III, LP
5) SEI Global Private Assets IV, LP
6) Health Catalyst, Inc.

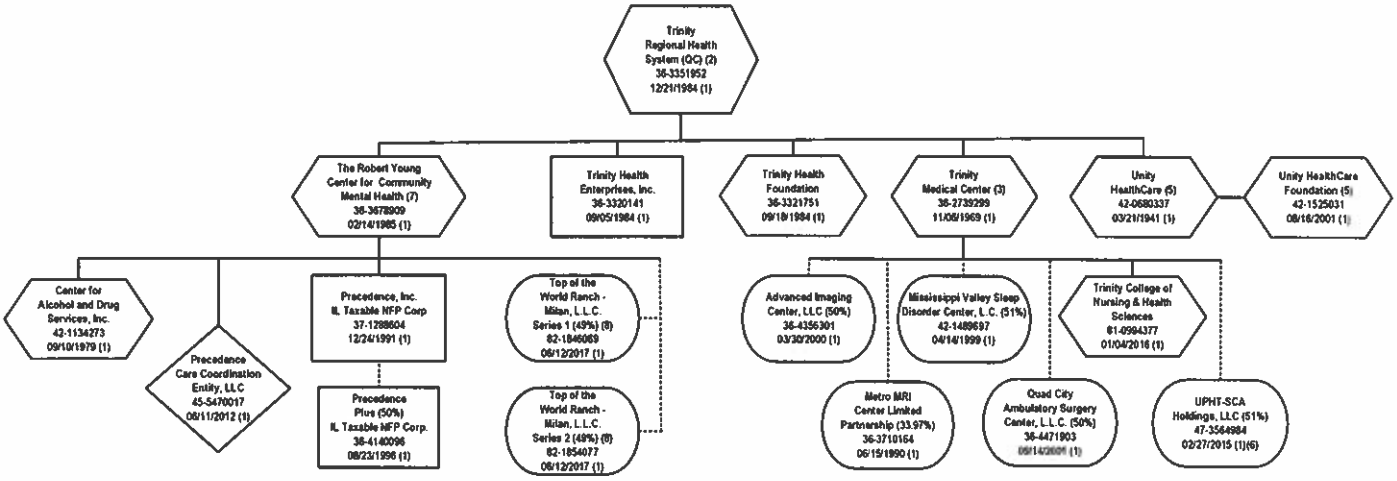
Removed:
1)
2)
3)
4)

Change in investment or affiliation presentation:
1)
2)
3)
4)

Tax Dept Jan 18 FINAL 032619.vsdx

3/26/2019

Quad Cities Region
Period Ending 12/31/2018
Revised 01/09/2019
Approved 01/23/2019
Prepared by IHS Tax Services for internal tax preparation and control purposes only.



NOTES:

(1) Date of Incorporation/Organization.

(2) Joint ventures and others as of 12/31/2017:
Iowa Health System Contracting Services, L.C. (9.09%)

(3) Trinity Medical Center d/b/a Trinity Rock Island, Trinity Moline, Trinity Bettendorf.

(4) Unity Healthcare d/b/a Trinity Muscatine. Joined System 07/01/2009.

(5) Unity Healthcare Foundation d/b/a Trinity Muscatine Foundation. Joined System 01/01/2012.

(6) Joint ventures and others as of 12/31/2017:
Mississippi Medical Plaza, L.C. (28.05%) – need 2017 K-1

(7) The Robert Young Center for Community Mental Health d/b/a Robert Young Center.

(8) Formed under Master Series LLC entity, Top of the World Ranch – Milan, L.L.C.

CHANGES FROM PRIOR YEAR:

Added:
1)
2)
3)
4)

Removed:
1) Trinity Physician Hospital Organization, LTD. – dissolved 01/12/2018
2)
3)
4)

Change in investment or affiliation presentation:
1)
2)
3)
4)

KEY Exempt Organization | Corporation | Partnership/LLC | 1-Member LLC

Tax Dept Jan 18 FINAL 032619.vsdx

3/26/2019

SECTION II. DISCONTINUATION

Criterion 1130.525 and 1110.290 - Discontinuation

GENERAL INFORMATION REQUIREMENTS

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

   Trinity Medical Center in Rock Island is proposing to discontinue its Long-Term Nursing Care Category of Service. This category of service has 29 beds.

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 October 1 after permit issuance.

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

   Trinity Medical Center is evaluating the future use of the physical space and equipment utilized for the Long-Term Nursing Care unit, but has not yet made a determination.

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 Trinity Medical 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. 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.

   Legal notices were placed in two local newspapers including The Dispatch and The Rock Island Argus on Friday, June 28, 2019 and The Quad-City Times on Monday, July 1, 2019. See attached supporting documentation including the proof of publication from The Dispatch and The Rock Island Argus. A copy of the Quad City Times legal notice is also attached and the proof of publication will be forwarded to the IHFSRB upon receipt.

NOTICE

Trinity Medical Center in Rock Island intends to close its 29 bed long-term nursing care category of service after approval to do so is issued by the Illinois Health Facilities and Services Review Board (IHFSRB). The discontinuation will occur on or around October 1, 2019. The hospital intends to submit the required Certificate of Exemption application to the IHFSRB on or around June 28, 2019. A copy of it and information about the intended discontinuation of the skilled nursing unit can be found at the IHFSRB website at hfsrb.illinois.gov. You may also contact Trinity Medical Center Director of Business Planning Pam Samuelson at (563) 742-2616.

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

Trinity Medical Center
2701 17th St
Rock Island, IL 61201
Order 27369

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 29 day Of June, 2019.

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

By Molly Cox
Publisher of his/her Authorized Agent

Date: 6/29/19

PUBLISHED ON: 6/28/2019
Total Cost: $26.07

SS.qconline.com

rtise, call 309-797-0333 or 800-562-0746, Monday - Friday 8 to 5:30 • Anytime at QCOnline.com/Sell

Estate Notices

ıre to be made with:
Clerk's Office
land Courthouse,
land, Illinois 61201

CLARK J. STOJAN
N LAW OFFICE, P.C.
/ for: Estate of
J. BENSENBERG
: 423-17th Street, #103
land, IL 61204 4300
ne: (309) 794 9400

NOTICE

CIRCUIT COURT OF THE F
ENTH JUDICIAL CIRCUIT
SLAND COUNTY, ILLINOIS

MATTER OF
TATE OF:
. FLEMING, JR.,
ed

9 P 193

CLAIM NOTICE

s given of the death of JOHN
MING, JR. Letters of office
sued on June 14, 2019, to
AS J. FLEMING, 615 W 51st
venport, IA 52806, as Inde-
Administrator of the Estate of
. FLEMING, JR., deceased,
attorney is Tara J. Miller of
. Balk, Kincaid & Olson, Ltd.,
n ST, Silvis, IL 61282.

against the estate may be
the Probate Division of the
of the Clerk of the Circuit
Rock Island County Court-
Rock Island, Illinois 61201, or
representatives, or both, on
e DECEMBER 27, 2019. Any
t filed by that date is barred.
of a claim filed with the Clerk
be mailed or delivered to the
ntatives and to the attorney
n (10) days after it has been

June 19, 2019

Miller
, Balk, Kincaid & Olson, Ltd.
n Street
nois 61282
miller@silvislaw.com
5-5096 - Phone
5-0499 - Fax

NOTICE

CIRCUIT COURT OF THE
ENTH JUDICIAL CIRCUIT
SLAND COUNTY, ILLINOIS
E DIVISION

MATTER OF
TATE OF
Y ANN ETHERIDGE,
d

P197

CLAIM NOTICE

s given to creditors of the
f BEVERLY ANN ETHER-
the 8th day of May, 2019,
f office were issued on June
, to ASHLEY ANN NEELY
REA MARIA WILLIAMS, as
nistrators, whose attorney is
aw Office, P.C., 423-17th
ock Island, Illinois 61201.

against the estate may be
o Circuit Clerk's office, Rock
County Courthouse, Rock

Foreclosure Notices

18 CH 210
1826 17TH STREET
ROCK ISLAND, IL 61201
NOTICE OF SALE PURSUANT TO
JUDGMENT OF FORECLOSURE
UNDER ILLINOIS MORTGAGE FORE-
CLOSURE ACT
PUBLIC NOTICE IS HEREBY GIVEN that pursuant to a Judgment of Foreclosure and Sale entered by the Court in the above entitled cause on June 10, 2019, the Sheriff of Rock Island County Judicial Sales Corporation will August 6, 2019, in The Rock Island Justice Center, 1317 Third Avenue, 1st Floor, Rock Island, IL 61201, at 9:00 AM, sell at public auction and sale to the highest bidder for cash, all and singular, the following described real estate mentioned in said Judgment, situated in the County of Rock Island, State of Illinois, or so much thereof as shall be sufficient to satisfy said Judgment, to wit:
THE NORTH 46 FEET 9 INCHES OF THE SOUTH HALF OF LOT #2 IN HENRY S. CASE'S SUBDIVISION, A SUBDIVISION OF LOT 7 ASSESSOR'S LOT IN THE SOUTHEAST QUARTER OF SECTION 2 IN TOWNSHIP 17 NORTH, RANGE 2 WEST OF THE FOURTH PRINCIPAL MERIDIAN, SITUATED IN ROCK ISLAND COUNTY, ILLINOIS.
TAX NO. TAX NO. 10-1001500; 1602407009
COMMONLY KNOWN AS: 1826 17th Street Rock Island, IL 61201
Description of Improvements: White aluminum siding, one story single family home, detached one car garage
The Judgment amount was $76,985.67.
Sale shall be under the following terms:
The successful bidder must deposit 10% of the successful bid balance, by certified funds, and payment of the balance of the successful bid, in certified funds, must occur within 24 hours. NO REFUNDS.
Premises will not be open for inspection and is sold AS-IS.
The subject property is subject to general real estate taxes, special assessments or special taxes levied against said real estate, water bills, etc., and is offered for sale without any representation as to quality or quantity of title and without recourse to plaintiff. The sale is further subject to confirmation by the court.
Upon payment in full of the bid amount, the purchaser shall receive a Certificate of Sale, which will entitle the purchaser to a Deed to the real estate after confirmation of the sale.
The property will NOT be open for inspection. Prospective bidders are admonished to check the court file to verify all information.
The successful purchaser has the sole responsibility/expense of evicting any tenants or other individuals presently in possession of the subject premises.
If this property is a condominium unit, the purchaser of the unit at the foreclosure sale, other than a mortgagee shall pay the assessments and the legal fees required by The Condominium Property Act, 765 ILCS 605/9(g)(1) and (g)(4).
IF YOU ARE THE MORTGAGOR (HOMEOWNER), YOU HAVE THE RIGHT TO REMAIN IN POSSESSION FOR 30 DAYS AFTER ENTRY OF AN ORDER OF POSSESSION, IN ACCORDANCE WITH SECTION 15-1701(C) OF THE ILLINOIS MORTGAGE FORECLOSURE LAW.
McCalla Raymer Leibert Pierce, LLC, Plaintiff's Attorneys, 1 N. Dearborn St. Suite 1200, Chicago, IL 60602 Tel. No. (312) 346-9088
Please refer to file #267247.
Plaintiff's attorney is not required to

Foreclosure Notices

property, other than a mortgagee, shall pay the assessments and legal fees required by subsections (g)(1) and (g)(4) of section 9 and the assessments required by subsection (g-1) of section 18.5 of the Illinois Condominium Property Act.
IF YOU ARE THE MORTGAGOR (HOMEOWNER), YOU HAVE THE RIGHT TO REMAIN IN POSSESSION FOR 30 DAYS AFTER ENTRY OF AN ORDER OF POSSESSION, IN ACCORDANCE WITH SECTION 15-1701(C) OF THE ILLINOIS MORTGAGE FORECLOSURE LAW.
You will need a photo identification issued by a government agency (driver's license, passport, etc.) in order to gain entry into our building and the foreclosure sale room in Cook County and the same identification for sales held at other county venues where The Judicial Sales Corporation conducts foreclosure sales.
For information, contact the sales department, Anselmo Lindberg & Associates, LLC, 1771 W. Diehl Road, Suite 120, NAPERVILLE, IL 60563, (630) 453-6960 For bidding instructions, visit www.AnselmoLindberg.com. Please refer to file number F18100013.
THE JUDICIAL SALES CORPORATION
One South Wacker Drive, 24th Floor, Chicago, IL 60606-4650 (312) 236-SALE
You can also visit The Judicial Sales Corporation at www.tjsc.com for a 7 day status report of pending sales.
Anselmo Lindberg & Associates, LLC
1771 W. Diehl Road, Suite 120
NAPERVILLE, IL 60563
(630) 453-6960
E-Mail: foreclosurenotice@anselmolindberg.com
Attorney File No. F18100013
Attorney ARDC No. 3126232
Case Number: 18 CH 345
TJSC#: 39-1407
NOTE: Pursuant to the Fair Debt Collection Practices Act, you are advised that Plaintiff's attorney is deemed to be a debt collector attempting to collect a debt and any information obtained will be used for that purpose.
28-5-12

NOTICE

IN THE CIRCUIT COURT OF THE
14TH JUDICIAL CIRCUIT
ROCK ISLAND COUNTY, ILLINOIS
PENNYMAC LOAN SERVICES, LLC,
PLAINTIFF,
VS.
ERIC W TOALSON A/K/A ERIC TOALSON, A/K/A ERIC WILLIAM TOALSON, SECRETARY OF HOUSING AND URBAN DEVELOPMENT, UNKNOWN OWNERS AND NON-RECORD CLAIMANTS,
DEFENDANTS.
19 CH 151
3931 15TH STREET C
MOLINE, IL 61265

NOTICE BY PUBLICATION

NOTICE IS HEREBY GIVEN TO YOU,
Eric W Toalson a/k/a Eric Toalson a/k/a Eric William Toalson
Unknown Owners and Non-Record Claimants
defendants, that this case has been commenced in this Court against you and other defendants, asking for the foreclosure of a certain Mortgage conveying the premises described as follows, to wit:
LOT NUMBER TWELVE (12) IN WYNES BLACKHAWK ADDITION TO THE CITY OF MOLINE, ILLINOIS. SITUATED IN THE COUNTY OF ROCK ISLAND AND STATE OF ILLINOIS.
Commonly known as: 3931 15th Street C Moline, IL 61265
and which said Mortgage was made by Eric W. Toalson Mortgagor(s) to

Foreclosure Notices

(e) The time and place of the sale are: August 9, 2019, at 9:00 a.m., Rock Island County Justice Center, 1317 Third Avenue-1st Floor, Rock Island, IL 61201.
(f) The terms of the sale are: Bidders must present, at the time of sale, a cashier's or certified check for 10% of the successful bid amount. The balance of the successful bid shall be paid within 24 hours, by similar funds. The subject property is offered for sale without any representation as to quality or quantity of title and without recourse to Plaintiff and in "AS IS" condition. The sale is further subject to confirmation by the Court. The property will NOT be open for inspection.
If this property is a condominium unit, the purchaser of the unit at the foreclosure sale, other than the mortgagee, shall pay the assessments and the legal fees required by the Condominium Property Act, 765 ILCS 605/9(g)(1) and (g)(4).
(g) The case title, case number and the court in which the foreclosure was filed are:
This information is shown above. The case number is 18 CH 308. The Court is the Circuit Court of the 14th Judicial Circuit, Rock Island County, Illinois.
(h) Other information ordered by the Court:
None.

BLACKHAWK BANK & TRUST,
Plaintiff
By: Allison E. Walsh
BROOKS LAW FIRM, P.C.
Its Attorneys

Allison E. Walsh
BROOKS LAW FIRM, P.C.
3725 Blackhawk Road, Suite 200
Rock Island, IL 61201
Telephone: (309) 786-4900
Facsimile: (309) 786-4940
E-Mail: aew@brookslawfirmpc.com
28-5-12

Miscellaneous Notices

NOTICE

STATE OF ILLINOIS
IN THE CIRCUIT COURT OF THE
FOURTEENTH JUDICIAL CIRCUIT
ROCK ISLAND COUNTY

Siobhan Howard
Plaintiff,
and
Kenton Benson
Defendant

No. 2004-F-381

NOTICE OF PUBLICATION

Notice is given to you,Siobhan Howard, Defendant, that this cause has been commenced against you in this Court asking for your appearance and other relief.
Unless you file your response or otherwise file your appearance in this cause in the office of the Circuit Clerk of Rock Island County, Courthouse, Rock Island, Illinois, on or before the 16th day of July, 2019, a judgement and other relief may be granted as prayed for by the Plaintiff.
/s/ Tammy R. Weikert

Miscellaneous Notices

Lincoln T. Scott
Mason & Scott, P.C.
Attorney for Plaintiff
844 15th Avenue
East Moline, IL 61244
(309) 755-3471

NOTICE

Trinity Medical Center in Rock Island intends to close its 29 bed long-term nursing care category of service after approval to do so is issued by the Illinois Health Facilities and Services Review Board (IHFSRB). The discontinuation will occur on or around October 1, 2019. The hospital intends to submit the required Certificate of Exemption application to the IHFSRB on or around June 23, 2019. A copy of it and information about the intended discontinuation of the skilled nursing unit can be found at the IHFSRB website at hfsrb.illinois.gov. You may also contact Trinity Medical Center Director of Business Planning Pam Samuelson at (563) 742-2616.

Tax Deeds

NOTICE

TAX DEED NO.: 2016TX126 P11
FILED: 05/03/2019

TO:
OCCUPANT; ROCK ISLAND COUNTY CLERK; STEVEN BARTELS; INTEGRITY INVESTMENT FUND, LLC C/O LYNDA COSTELLO, EQUABLE ASCENT FINANCIAL, LLCC/O ILLINOIS CORPORATION SERVICE COMPANY; EQUABLE ASCENT FINANCIAL, LLC; CITY OF ROCK ISLANDC/O CITY CLERK; STEVEN BARTELS; AND ALL UNKNOWN OWNERS AND PARTIES INTERESTED.

TAKE NOTICE

County of Rock Island
Date Premises Sold 12/29/2016
Certificate No. 2015-00965
Sold for General Taxes of (year) 2015
Sold for Special Assessment of (Municipality)Not Applicable
and special assessment number Not Applicable
Warrant No. Not Applicable
Inst. No. Not Applicable

THIS PROPERTY HAS BEEN SOLD FOR DELINQUENT TAXES

Property located at 1601 44 ST ROCK ISLAND IL 61201

Legal Description or Property Index No. 17-06-100-043

This notice is to advise you that the above property has been sold for delinquent taxes and that the period of redemption from the sale will expire on 11/01/2019.

The amount to redeem is subject to increase at 6 month intervals from the date of sale and may be further increased if the purchaser at the tax sale or his or her assignee pays any subsequently accruing taxes or special assessments to redeem the property from subsequent forfeitures or tax sales. Check with the county clerk as to the exact amount you owe before redeeming.

This notice is also to advise you that a petition has been filed for a tax

Customer Ad Proof

60094315 Trinity Medical Center **Order Nbr 44070**

Publication	**Quad-City Times**		
Contact	Trinity Medical Center	PO Number	
Address 1	2701 17TH ST	Rate	Legal
Address 2		Order Price	14.36
City St Zip	ROCK ISLAND IL 61201	Amount Paid	0.00
Phone	5637422616	Amount Due	14.36
Fax			
Section	Notices & Legals	Start/End Dates	07/01/2019 - 07/01/2019
SubSection		Insertions	1
Category	2520 Miscellaneous Notice	Size	18
Ad Key	44070-1	Salesperson(s)	Obits Legals O10
Keywords	PUBLIC NOTICE Trinity Medical	Taken By	Anastasia Sperling
Notes			

Ad Proof

PUBLIC NOTICE

Trinity Medical Center in Rock Island intends to close its 29 bed long-term nursing care category of service after approval to do so is issued by the Illinois Health Facilities and Services Review Board (IHFSRB). The discontinuation will occur on or around October 1, 2019. The hospital intends to submit the required Certificate of Exemption application to the IHFSRB on or around June 28, 2019. A copy of it and information about the intended discontinuation of the skilled nursing unit can be found at the IHFSRB website at hfsrb.Illinois.gov. You may also contact Trinity Medical Center Director of Business Planning Pam Samuelson at (563) 742-2616.

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.

Trinity Medical Center in Rock Island has provided quality long-term nursing care services to its patients for many years. The 29-bed long-term nursing care unit has realized declining patient volumes over the past few years. The following is a summary of our long-term care utilization for the last four calendar years. As you will note, our utilization has been declining year after year.

Long-Term Care/Skilled Nursing Utilization

Period	Beds	Admissions	Patient Days	Average Daily Census	Percent Occupancy
2018	29	341	3,522	9.6	33.3%
2017	29	342	3,653	10.0	34.5%
2016	29	408	5,874	16.3	56.3%
2015	29	447	6,388	17.5	60.3%

Source: Trinity Medical Center - Rock Island Financial records.

Employee retention and recruitment challenges have made it difficult to maintain appropriate staffing levels – capping patient capacity to 17 of its existing 29 licensed beds. The long-term nursing care unit also has experienced several leadership transitions during this time and has had difficulty in obtaining leaders with expertise in skilled nursing operations and regulations.

There are many facilities in the Illinois and Iowa Quad-Cities region that provide long-term care and the overall trend is for hospitals to focus on acute care services versus general skilled nursing beds. At a time of declining hospital utilization and workforce shortages, Trinity would be able to better focus its resources on its acute care and outpatient hospital services. Other skilled nursing facilities in the area have adequate access to provide this service to the community. In Illinois, there is an excess of long-term care beds in the community (86 in Rock Island County and 198 in Health Service Area 10). Based on the 2017 Illinois HFSRB Inventory of Health Care Facilities and Services and Need Determinations for the General Long-Term Care Category of Services (the "Inventory"), in Rock Island County alone there are 1,219 general nursing care beds at facilities other than Trinity Medical Center. In the Iowa Quad-Cities there are ten (10) long-term care facilities with a total of 1,090 beds.

The discontinuation of the Long-Term Nursing Care Category of Service at Trinity Medical Center in Rock Island will help reduce excess bedding which is consistent with the goals of HFSRB and Long-Term Care Advisory Subcommittee.

IMPACT ON ACCESS

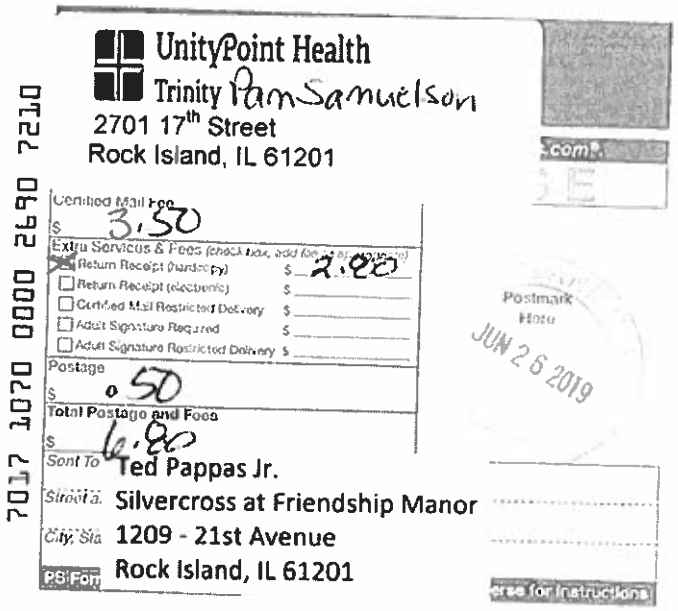
1. Document whether or not the discontinuation will have an adverse effect upon access to care for residents of the facility's market area.

   As stated in Attachment 6, there is an excess of long-term care beds in the community (86 in Rock Island County and 198 in Health Service Area 10). Based on the 2017 Illinois HFSRB Inventory of Health Care Facilities and Services and Need Determinations for the General Long-Term Care Category of Services (the "Inventory"), in Rock Island County alone there are 1,219 general nursing care beds at facilities other than Trinity Medical Center. In the Iowa Quad-Cities there are ten (10) long-term care facilities with a total of 1,090 beds. Furthermore, more detailed data in the inventory indicates that Trinity Medical Center accounted for only 1.7% to 1.8% of the total patient days from 2013 – 2015 among long-term care providers in Rock Island County. From that information it is apparent that sufficient long-term care services are available in Trinity Medical Center's market service area and the discontinuation of the Long-Term Nursing Care category of service at Trinity Medical Center will not materially or adversely affect the ability of residents of Rock Island County or the broader Trinity Medical Center market service area to obtain long-term care services.

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.

   Notification letters were sent June 26, 2019 by U.S. Post Office certified mail with return receipt requested. See attached copies along with the receipt and associated tracking numbers. Trinity Medical Center will forward to IHFSRB any responses should they be received.

UnityPoint Health
Trinity



June 26, 2019

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Ted Pappas
Silvercross at Friendship Manor
1209 - 21st Avenue
Rock Island, IL 61201

RE: Trinity Rock Island Proposed Discontinue of Long-Term Nursing Care Category of Service

Dear Ted:

In accordance with the Illinois Health Facilities and Services Review Board (IHFSRB) Certificate of Exemption application August 2018 edition, the purpose of this letter is to advise you that Unity Point Health - Trinity Medical Center in Rock Island will be filing a certificate of exemption (COE) application requesting a permit from the IHFSRB to discontinue its 29-bed long-term nursing care category of Service. Anticipated discontinuation is expected to occur effective October 1, 2019, pending the issuance of an exemption by the IHFRSB.

Over the last several months, we have been assessing our role in the provision of long-term care. Based on the outcome of this assessment, we have determined that we should discontinue this category of service based on declining volumes and staffing challenges. As part of the IHFSRB's requirements for discontinuation, we are sending you this notice of our intent; and invite you to share with us any impact this action may have on access to your facility or programs. Any impact statement received will be forwarded to the IHFSRB. If you do not respond, we will assume that the discontinuation has no impact on your facility.

The following is a summary of our long-term care utilization for the last four years. As you will note, our utilization does not support this service.

Long-Term Care/Skilled Nursing Utilization

Period	Beds	Admissions	Patient Days	Average Daily Census	Percent Occupancy
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2016	29	408	5,874	16.3	56.3%
2015	29	447	6,388	17.5	60.3%

Source: Trinity Medical Center - Rock Island financial records

If you have any questions about our plans or how we can work together to relocate patients, please call me at (309) 779-2200.

Sincerely,

John Sheehan
President/CEO

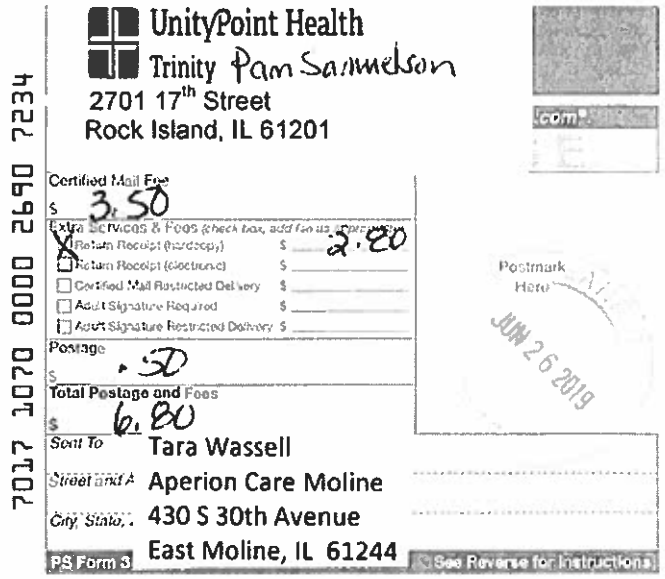
UnityPoint Health
Trinity

UnityPoint Health
Trinity Pam Sammelson
2701 17th Street
Rock Island, IL 61201

7017 1070 0000 2690 7234

Certified Mail Fee
$ 3.50
Extra Services & Fees (check box, add fee as appropriate)
X Return Receipt (hardcopy) $ 2.80
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $
Postage
$ .50
Total Postage and Fees
$ 6.80
Sent To Tara Wassell
Street and A Aperion Care Moline
City, State, 430 S 30th Avenue
East Moline, IL 61244
PS Form 3 See Reverse for Instructions

Postmark Here
JUN 26 2019



Trinity
17th St.
. 61201
9-5000
oint org

June 26, 2019

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Tara Wassell
Aperion Care Moline
430 S 30th Avenue
East Moline, IL 61244

RE: Trinity Rock Island Proposed Discontinue of Long-Term Nursing Care Category of Service

Dear Tara:

In accordance with the Illinois Health Facilities and Services Review Board (IHFSRB) Certificate of Exemption application August 2018 edition, the purpose of this letter is to advise you that Unity Point Health - Trinity Medical Center in Rock Island will be filing a certificate of exemption (COE) application requesting a permit from the IHFSRB to discontinue its 29-bed long-term nursing care category of Service. Anticipated discontinuation is expected to occur effective October 1, 2019, pending the issuance of an exemption by the IHFRSB.

Over the last several months, we have been assessing our role in the provision of long-term care. Based on the outcome of this assessment, we have determined that we should discontinue this category of service based on declining volumes and staffing challenges. As part of the IHFSRB's requirements for discontinuation, we are sending you this notice of our intent; and invite you to share with us any impact this action may have on access to your facility or programs. Any impact statement received will be forwarded to the IHFSRB. If you do not respond, we will assume that the discontinuation has no impact on your facility.

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Source: Trinity Medical Center - Rock Island financial records.

If you have any questions about our plans or how we can work together to relocate patients, please call me at (309) 779-2200.

Sincerely,

John Sheehan
President/CEO

ATTACHMENT 7
IMPACT ON ACCESS

UnityPoint Health
Trinity

UnityPoint Health
Trinity Pam Samuelson
2701 17th Street
Rock Island, IL 61201

7017 1070 0000 2690 7227

Certified Mail Fee $ 3.50
Extra Services & Fees (check box, add fee as appropriate)
X Return Receipt (hardcopy) $ 2.80
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $
Postage $ .50
Total Postage and Fees $ 6.80
Sent To Liz Webster
Street Aspen Rehab and Healthcare
City, St 1403 9th Ave
Silvis, IL 61282
PS Form

Postmark Here
JUN 26 2019

June 26, 2019

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Liz Webster
Aspen Rehab and Healthcare
1403 9th Ave
Silvis, IL 61282

RE: Trinity Rock Island Proposed Discontinue of Long-Term Nursing Care Category of Service

Dear Liz:

In accordance with the Illinois Health Facilities and Services Review Board (IHFSRB) Certificate of Exemption application August 2018 edition, the purpose of this letter is to advise you that Unity Point Health - Trinity Medical Center in Rock Island will be filing a certificate of exemption (COE) application requesting a permit from the IHFSRB to discontinue its 29-bed long-term nursing care category of Service. Anticipated discontinuation is expected to occur effective October 1, 2019, pending the issuance of an exemption by the IHFRSB.

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Source: Trinity Medical Center - Rock Island financial records.

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Sincerely,

John Sheehan
President/CEO

ATTACHMENT 7
IMPACT ON ACCESS

UnityPoint Health
Trinity

UnityPoint Health
Trinity Pam Samuelson
2701 17th Street
Rock Island, IL 61201

7017 1070 0000 2690 7241

Certified Mail Fee $ 3.50
Extra Services & Fees (check box, add fee as appropriate)
Return Receipt (hardcopy) $ 2.80
Return Receipt (electronic) $
Certified Mail Restricted Delivery $
Adult Signature Required $
Adult Signature Restricted Delivery $
Postage $ .50
Total Postage and Fees $ 6.80
Sent To Trudy Whittington
Street and Generations at Rock Island
City, State 2545 24th St.
Rock Island, IL 61201
PS Form
Reverse for Instructions

Postmark JUN 26 2019

June 26, 2019

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Trudy Whittington
Generations at Rock Island
2545 24th St.
Rock Island, IL 61201

RE: Trinity Rock Island Proposed Discontinue of Long-Term Nursing Care Category of Service

Dear Trudy:

In accordance with the Illinois Health Facilities and Services Review Board (IHFSRB) Certificate of Exemption application August 2018 edition, the purpose of this letter is to advise you that Unity Point Health - Trinity Medical Center in Rock Island will be filing a certificate of exemption (COE) application requesting a permit from the IHFSRB to discontinue its 29-bed long-term nursing care category of Service. Anticipated discontinuation is expected to occur effective October 1, 2019, pending the issuance of an exemption by the IHFRSB.

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Source: Trinity Medical Center - Rock Island financial records.

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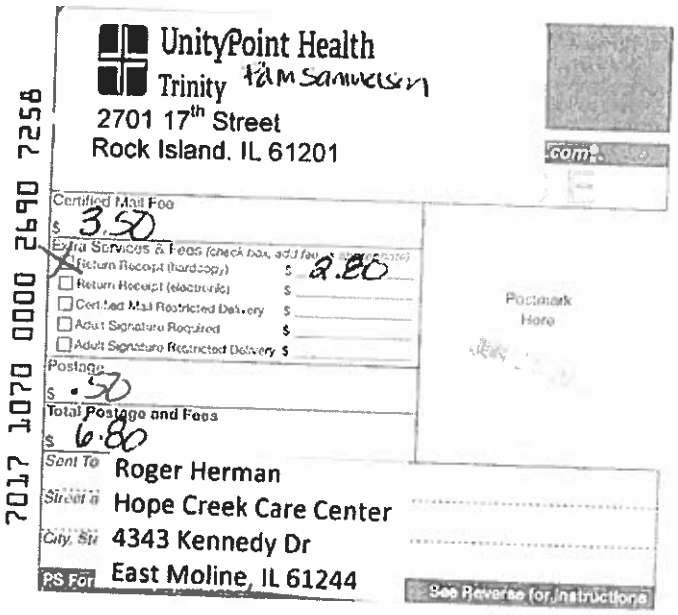
Sincerely,

John Sheehan
President/CEO

ATTACHMENT 7
IMPACT ON ACCESS

UnityPoint Health
Trinity



June 26, 2019

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Roger Herman
Hope Creek Care Center
4343 Kennedy Dr
East Moline, IL 61244

RE: Trinity Rock Island Proposed Discontinue of Long-Term Nursing Care Category of Service

Dear Roger:

In accordance with the Illinois Health Facilities and Services Review Board (IHFSRB) Certificate of Exemption application August 2018 edition, the purpose of this letter is to advise you that Unity Point Health - Trinity Medical Center in Rock Island will be filing a certificate of exemption (COE) application requesting a permit from the IHFSRB to discontinue its 29-bed long-term nursing care category of Service. Anticipated discontinuation is expected to occur effective October 1, 2019, pending the issuance of an exemption by the IHFRSB.

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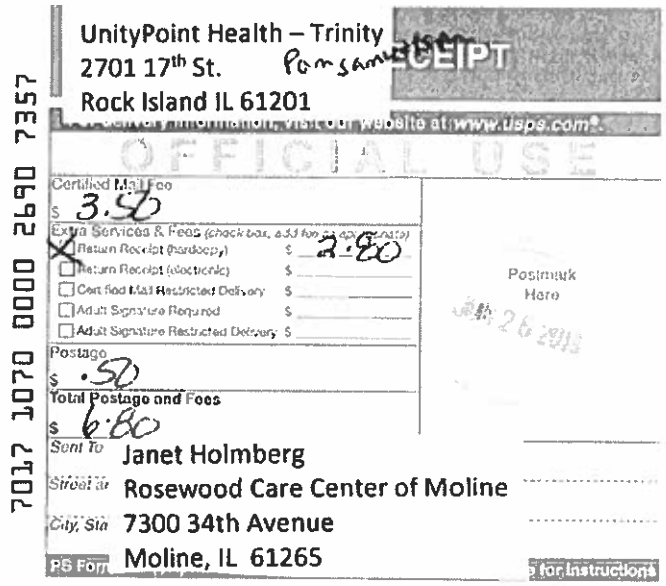
Sincerely,

John Sheehan
President/CEO

ATTACHMENT 7
IMPACT ON ACCESS

UnityPoint Health
Trinity



June 26, 2019

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Janet Holmberg
Rosewood Care Center of Moline
7300 34th Avenue
Moline, IL 61265

RE: Trinity Rock Island Proposed Discontinue of Long-Term Nursing Care Category of Service

Dear Janet:

In accordance with the Illinois Health Facilities and Services Review Board (IHFSRB) Certificate of Exemption application August 2018 edition, the purpose of this letter is to advise you that Unity Point Health - Trinity Medical Center in Rock Island will be filing a certificate of exemption (COE) application requesting a permit from the IHFSRB to discontinue its 29-bed long-term nursing care category of Service. Anticipated discontinuation is expected to occur effective October 1, 2019, pending the issuance of an exemption by the IHFRSB.

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Source: Trinity Medical Center - Rock Island financial records

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Sincerely,

John Sheehan
President/CEO

ATTACHMENT 7
IMPACT ON ACCESS

UnityPoint Health
Trinity

UnityPoint Health
Trinity
2701 17th Street
Rock Island, IL 61201

PAM STANKEVICH

7017 1070 0000 2690 7203

Certified Mail Fee $ 3.50
Extra Services & Fees (Check box, add fee as appropriate)
☒ Return Receipt (hardcopy) $ 2.80
☐ Return Receipt (electronic) $
☐ Certified Mail Restricted Delivery $
☐ Adult Signature Required $
☐ Adult Signature Restricted Delivery $
Postage $ .70
Total Postage and Fees $ 6.80
Sent To VICKI TOOMSEN Heartland of Moline
Street and Apt. No., or PO Box No. 833 - 16th Ave
City, State, ZIP+4 Moline IL 61265
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

Postmark Here JUN 26 2019

June 26, 2019

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Vicki Toomsen
Heartland of Moline
833 - 16th Avenue
Moline, IL 61265

RE: Trinity Rock Island Proposed Discontinue of Long-Term Nursing Care Category of Service

Dear Vicki:

In accordance with the Illinois Health Facilities and Services Review Board (IHFSRB) Certificate of Exemption application August 2018 edition, the purpose of this letter is to advise you that Unity Point Health - Trinity Medical Center in Rock Island will be filing a certificate of exemption (COE) application requesting a permit from the IHFSRB to discontinue its 29-bed long-term nursing care category of Service. Anticipated discontinuation is expected to occur effective October 1, 2019, pending the issuance of an exemption by the IHFRSB.

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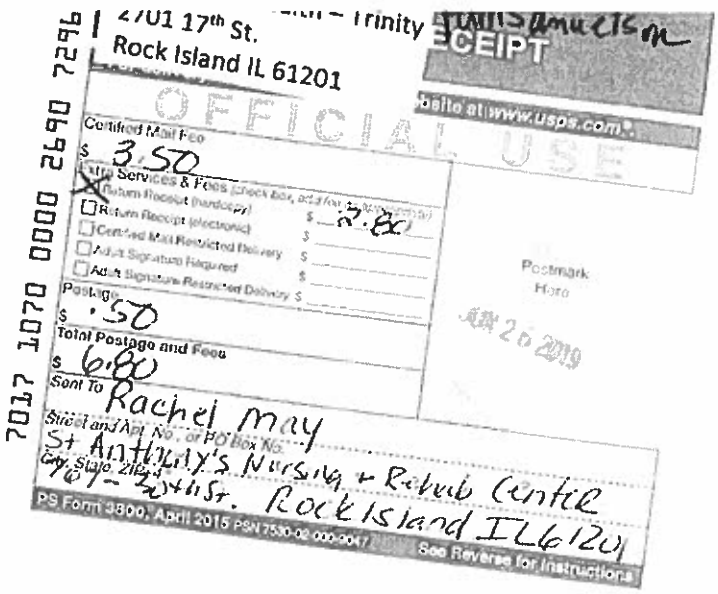
Source: Trinity Medical Center - Rock Island financial records.

If you have any questions about our plans or how we can work together to relocate patients, please call me at (309) 779-2200.

Sincerely,

John Sheehan
President/CEO



UnityPoint Health
Trinity

June 26, 2019

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Rachel May
St. Anthony's Nursing and Rehabilitation Center
767 30th Street
Rock Island, IL 61201

RE: Trinity Rock Island Proposed Discontinue of Long-Term Nursing Care Category of Service

Dear Rachel:

In accordance with the Illinois Health Facilities and Services Review Board (IHFSRB) Certificate of Exemption application August 2018 edition, the purpose of this letter is to advise you that Unity Point Health - Trinity Medical Center in Rock Island will be filing a certificate of exemption (COE) application requesting a permit from the IHFSRB to discontinue its 29-bed long-term nursing care category of Service. Anticipated discontinuation is expected to occur effective October 1, 2019, pending the issuance of an exemption by the IHFRSB.

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2015	29	447	6,388	17.5	60.3%

Source: Trinity Medical Center - Rock Island financial records.

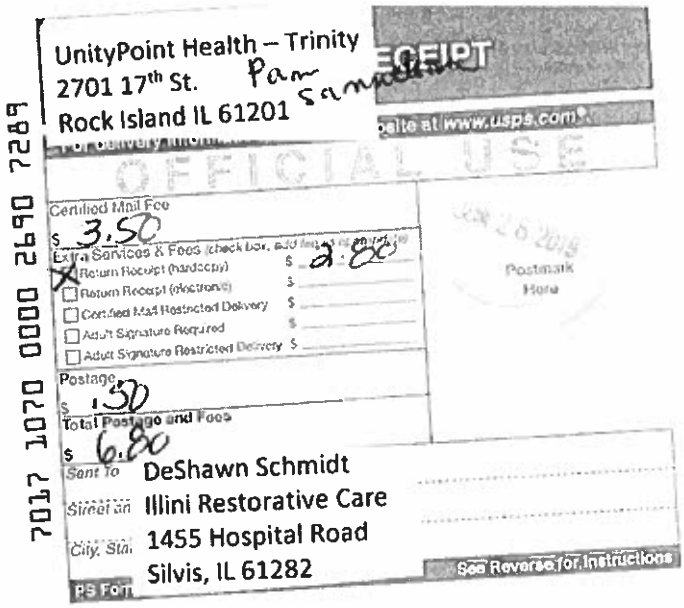
If you have any questions about our plans or how we can work together to relocate patients, please call me at (309) 779-2200.

Sincerely,

John Sheehan
President/CEO

ATTACHMENT 7
IMPACT ON ACCESS

UnityPoint Health
Trinity



June 26, 2019

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

DeShawn Schmidt
Illini Restorative Care
1455 Hospital Road
Silvis, IL 61282

RE: Trinity Rock Island Proposed Discontinue of Long-Term Nursing Care Category of Service

Dear DeShawn:

In accordance with the Illinois Health Facilities and Services Review Board (IHFSRB) Certificate of Exemption application August 2018 edition, the purpose of this letter is to advise you that Unity Point Health - Trinity Medical Center in Rock Island will be filing a certificate of exemption (COE) application requesting a permit from the IHFSRB to discontinue its 29-bed long-term nursing care category of Service. Anticipated discontinuation is expected to occur effective October 1, 2019, pending the issuance of an exemption by the IHFRSB.

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John Sheehan
President/CEO

ATTACHMENT 7
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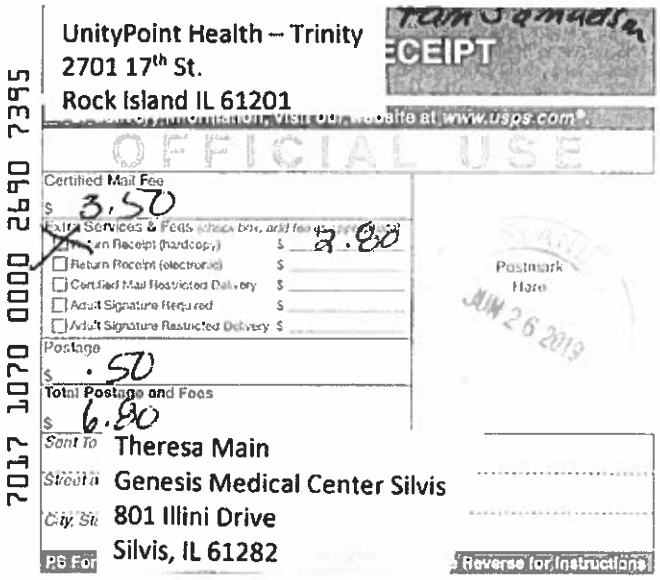
UnityPoint Health
Trinity



June 26, 2019

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

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

RE: Trinity Rock Island Proposed Discontinue of Long-Term Nursing Care Category of Service

Dear Theresa:

In accordance with the Illinois Health Facilities and Services Review Board (IHFSRB) Certificate of Exemption application August 2018 edition, the purpose of this letter is to advise you that Unity Point Health - Trinity Medical Center in Rock Island will be filing a certificate of exemption (COE) application requesting a permit from the IHFSRB to discontinue its 29-bed long-term nursing care category of Service. Anticipated discontinuation is expected to occur effective October 1, 2019, pending the issuance of an exemption by the IHFRSB.

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Source Trinity Medical Center - Rock Island financial records.

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Sincerely,

John Sheehan
President/CEO

ATTACHMENT 7
IMPACT ON ACCESS

UnityPoint Health
Trinity

7017 1070 0000 2690 7401

UnityPoint Health – Trinity
2701 17th St. - PAM Samuelson
Rock Island IL 61201

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City, St 1227 E. Rusholme
PS Form Davenport, IA 52803
See Reverse for Instructions

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JUN 26 2019

Trinity
17th St.
L 61201
79-5000
oint.org

June 26, 2019

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Jordan Voigt
Genesis Medical Center Davenport
1227 E. Rusholme
Davenport, IA 52803

RE: Trinity Rock Island Proposed Discontinue of Long-Term Nursing Care Category of Service

Dear Jordan:

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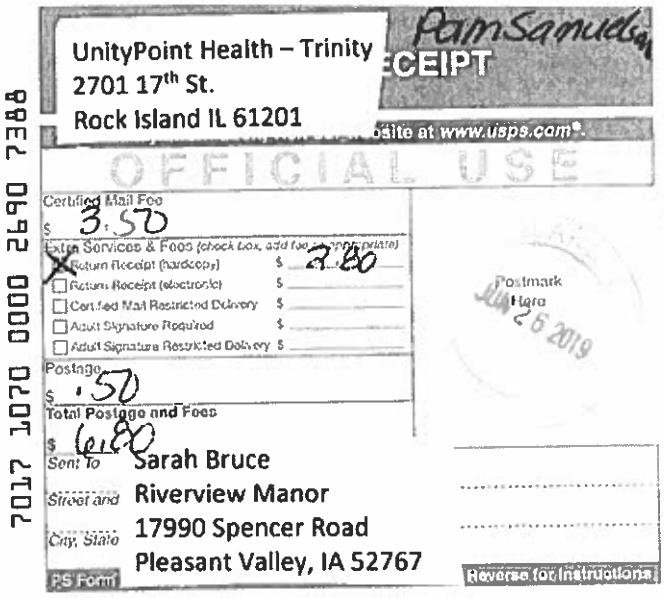
Sincerely,

John C. Sheehan

John Sheehan
President/CEO

UnityPoint Health
Trinity



– Trinity
01 17th St.
I, IL 61201
779-5000
typoint.org

June 26, 2019

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Sarah Bruce
Riverview Manor
17990 Spencer Road
Pleasant Valley, IA 52767

RE: Trinity Rock Island Proposed Discontinue of Long-Term Nursing Care Category of Service

Dear Sarah:

In accordance with the Illinois Health Facilities and Services Review Board (IHFSRB) Certificate of Exemption application August 2018 edition, the purpose of this letter is to advise you that Unity Point Health - Trinity Medical Center in Rock Island will be filing a certificate of exemption (COE) application requesting a permit from the IHFSRB to discontinue its 29-bed long-term nursing care category of Service. Anticipated discontinuation is expected to occur effective October 1, 2019, pending the issuance of an exemption by the IHFRSB.

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Sincerely,

John Sheehan
President/CEO

UnityPoint Health
Trinity

UnityPoint Health – Trinity
2701 17th St.
Rock Island IL 61201

Pam Samuelson
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Street Davenport Lutheran Home
City, St. 1130 W. 53rd St.
PS Fo Davenport, IA 52806

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June 26, 2019

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Shelly Hopp
Davenport Lutheran Home
1130 W. 53rd St.
Davenport, IA 52806

RE: Trinity Rock Island Proposed Discontinue of Long-Term Nursing Care Category of Service

Dear Shelly:

In accordance with the Illinois Health Facilities and Services Review Board (IHFSRB) Certificate of Exemption application August 2018 edition, the purpose of this letter is to advise you that Unity Point Health - Trinity Medical Center in Rock Island will be filing a certificate of exemption (COE) application requesting a permit from the IHFSRB to discontinue its 29-bed long-term nursing care category of Service. Anticipated discontinuation is expected to occur effective October 1, 2019, pending the issuance of an exemption by the IHFRSB.

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Sincerely,

John Sheehan
President/CEO

UnityPoint Health
Trinity

UnityPoint Health – Trinity
2701 17th St.
Rock Island IL 61201

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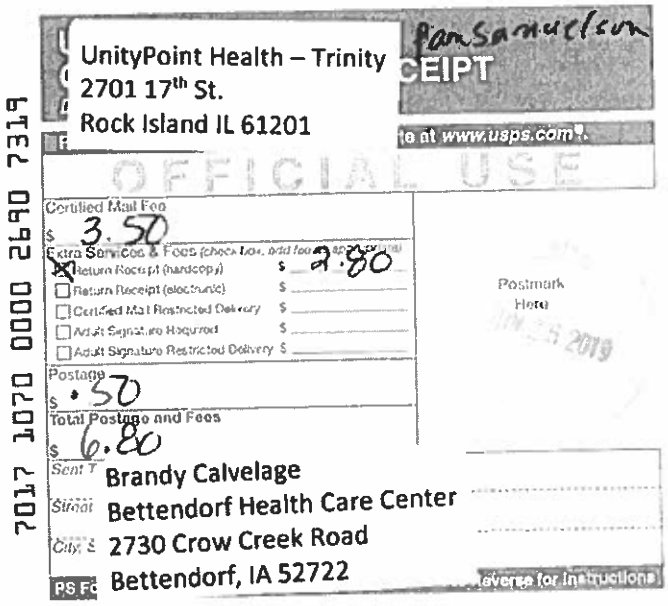
Brandy Calvelage
Bettendorf Health Care Center
2730 Crow Creek Road
Bettendorf, IA 52722



June 26, 2019

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Brandy Calvelage
Bettendorf Health Care Center
2730 Crow Creek Road
Bettendorf, IA 52722

RE: Trinity Rock Island Proposed Discontinue of Long-Term Nursing Care Category of Service

Dear Brandy:

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Sincerely,

John Sheehan
President/CEO

ATTACHMENT 7
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UnityPoint Health
Trinity

UnityPoint Health – Trinity
2701 17th St.
Rock Island IL 61201

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Paul Hmielson

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Sent To Tami Tegeler
Street Iowa Masonic Health Care Facilities
City, St. 2500 Grant St.
Bettendorf, IA 52722

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– Trinity
2701 17th St.
nd, IL 61201
9) 779-5000
nitypoint.org

June 26, 2019

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Tami Tegeler
Iowa Masonic Health Care Facilities
2500 Grant St.
Bettendorf, IA 52722

RE: Trinity Rock Island Proposed Discontinue of Long-Term Nursing Care Category of Service

Dear Tami:

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John Sheehan
President/CEO

ATTACHMENT 7
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UnityPoint Health
Trinity

UnityPoint Health
Trinity Pam Samuelson
2701 17th Street
Rock Island, IL 61201

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Street Ar Kahl Home for the Aged & Infirmed
City, Sta 6701 Jersey Ridge Road
Davenport, IA 52807
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June 26, 2019

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Kimberley Hufsey
Kahl Home for the Aged & Infirmed
6701 Jersey Ridge Road
Davenport, IA 52807

RE: Trinity Rock Island Proposed Discontinue of Long-Term Nursing Care Category of Service

Dear Kimberley:

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Sincerely,

John Sheehan
President/CEO

UnityPoint Health
Trinity

UnityPoint Health – Trinity
2701 17th St.
Rock Island IL 61201

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Pam's answer

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Sent To Anne Sieprawski
Street Manor Care Health Services - Locust St.
City, St 815 E. Locust St.
Davenport, IA 52803

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h – Trinity
2701 17th St.
ind, IL 61201
09) 779-5000
unitypoint.org

June 26, 2019

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Anne Sieprawski
Manor Care Health Services - Locust St.
815 E. Locust St.
Davenport, IA 52803

RE: Trinity Rock Island Proposed Discontinue of Long-Term Nursing Care Category of Service

Dear Anne:

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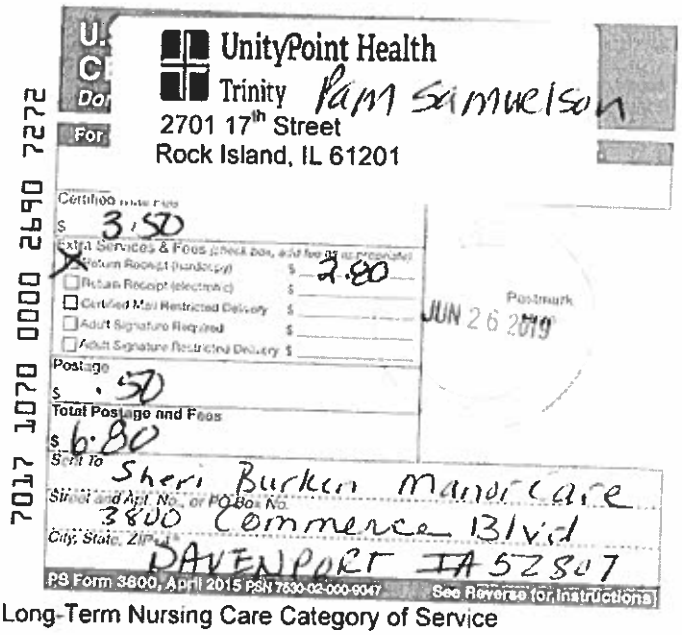
President/CEO

UnityPoint Health
Trinity



June 26, 2019

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Sheri Burken
Manor Care Health Services - Utica Ridge
3800 Commerce Blvd.
Davenport, IA 52807

RE: Trinity Rock Island Proposed Discontinue of Long-Term Nursing Care Category of Service

Dear Sheri:

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ATTACHMENT 7
IMPACT ON ACCESS

UnityPoint Health
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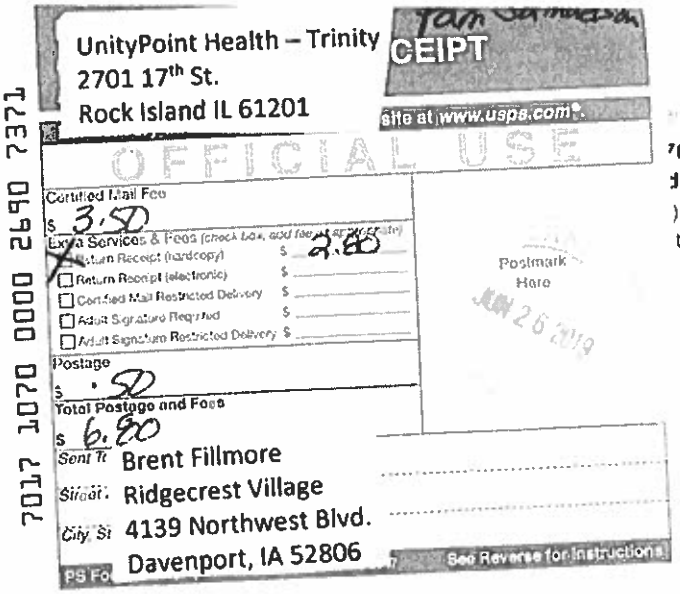

– Trinity
701 17th St.
d, IL 61201
) 779-5000
typoint org

June 26, 2019

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Brent Fillmore
Ridgecrest Village
4139 Northwest Blvd.
Davenport, IA 52806

RE: Trinity Rock Island Proposed Discontinue of Long-Term Nursing Care Category of Service

Dear Brent:

In accordance with the Illinois Health Facilities and Services Review Board (IHFSRB) Certificate of Exemption application August 2018 edition, the purpose of this letter is to advise you that Unity Point Health - Trinity Medical Center in Rock Island will be filing a certificate of exemption (COE) application requesting a permit from the IHFSRB to discontinue its 29-bed long-term nursing care category of Service. Anticipated discontinuation is expected to occur effective October 1, 2019, pending the issuance of an exemption by the IHFRSB.

Over the last several months, we have been assessing our role in the provision of long-term care. Based on the outcome of this assessment, we have determined that we should discontinue this category of service based on declining volumes and staffing challenges. As part of the IHFSRB's requirements for discontinuation, we are sending you this notice of our intent, and invite you to share with us any impact this action may have on access to your facility or programs. Any impact statement received will be forwarded to the IHFSRB. If you do not respond, we will assume that the discontinuation has no impact on your facility.

The following is a summary of our long-term care utilization for the last four years. As you will note, our utilization does not support this service.

Long-Term Care/Skilled Nursing Utilization

Period	Beds	Admissions	Patient Days	Average Daily Census	Percent Occupancy
2018	29	341	3,522	9.6	33.3%
2017	29	342	3,653	10.0	34.5%
2016	29	408	5,874	16.3	56.3%
2015	29	447	6,388	17.5	60.3%

Source: Trinity Medical Center - Rock Island financial records.

If you have any questions about our plans or how we can work together to relocate patients, please call me at (309) 779-2200.

Sincerely,

John Sheehan
President/CEO

UnityPoint Health
Trinity

UnityPoint Health – Trinity
2701 17th St.
Rock Island IL 61201

ilth – Trinity
2701 17th St.
iland, IL 61201
(309) 779-5000
unitypoint.org

7017 1070 0000 2690 7302

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Street and Apt. No.	Accordius Health of St. Mary
City, State	800 East Rusholme St
	Davenport, IA 52803

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June 26, 2019

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Dustin McDonald
Accordius Health of St. Mary
800 East Rusholme St
Davenport, IA 52803

RE: Trinity Rock Island Proposed Discontinue of Long-Term Nursing Care Category of Service

Dear Dustin:

In accordance with the Illinois Health Facilities and Services Review Board (IHFSRB) Certificate of Exemption application August 2018 edition, the purpose of this letter is to advise you that Unity Point Health - Trinity Medical Center in Rock Island will be filing a certificate of exemption (COE) application requesting a permit from the IHFSRB to discontinue its 29-bed long-term nursing care category of Service. Anticipated discontinuation is expected to occur effective October 1, 2019, pending the issuance of an exemption by the IHFRSB.

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Sincerely,

John Sheehan
President/CEO

UnityPoint Health
Trinity

UnityPoint Health – Trinity
2701 17th St.
Rock Island IL 61201

Pam Samuelson
CEIPT

7017 1070 0000 2690 7340

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JUN 26 2019

Sent T Timothy Moe
Street Good Samaritan Society
City, S 700 Waverly Road
PS Fo Davenport, IA 52804

See Reverse for Instructions

:h – Trinity
2701 17th St.
ınd, IL 61201
09) 779-5000
unitypoint org

June 26, 2019

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Timothy Moe
Good Samaritan Society
700 Waverly Road
Davenport, IA 52804

RE: Trinity Rock Island Proposed Discontinue of Long-Term Nursing Care Category of Service

Dear Timothy:

In accordance with the Illinois Health Facilities and Services Review Board (IHFSRB) Certificate of Exemption application August 2018 edition, the purpose of this letter is to advise you that Unity Point Health - Trinity Medical Center in Rock Island will be filing a certificate of exemption (COE) application requesting a permit from the IHFSRB to discontinue its 29-bed long-term nursing care category of Service. Anticipated discontinuation is expected to occur effective October 1, 2019, pending the issuance of an exemption by the IHFRSB.

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Source: Trinity Medical Center - Rock Island financial records

If you have any questions about our plans or how we can work together to relocate patients, please call me at (309) 779-2200.

Sincerely,

John Sheehan
President/CEO

ATTACHMENT 7
IMPACT ON ACCESS

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.

   Iowa Health System is the sole corporate member of Trinity Regional Health System, the sole corporate member of Trinity Medical Center. Trinity Medical Center is also a member of Quad City Ambulatory Surgery Center, L.L.C., which is an Illinois health facility. Trinity Medical Center operates three hospitals, two of which are location in Illinois – Trinity Rock Island and Trinity Moline. Trinity Bettendorf is located in Bettendorf, Ia.

   Trinity Rock Island is an "assumed name" (often known as "d/b/a" for doing business as) for the hospital that is subject of this COE application. The proposed discontinuation will be on the Trinity Rock Island campus.

   The following is a listing of all health care facilities owned or operated by the applicants with applicable license numbers and accreditation numbers. Copies of these licenses and Joint Commission/AAAHC documentation are attached.

Name and Location of Facility	***Illinois License Identification Number***	***Identification Number***
Trinity Rock Island Rock island, Illinois	*0003244*	*Joint Commission ID #7421*
Trinity Moline Moline, Illinois	*0005140*	*Joint Commission ID #7421*
Quad City Ambulatory Surgery Center, LLC Moline, Illinois	*7002520*	*AAAHC ID#12794*

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.

   By the notarized signatures on the Certification pages of this application the authorized representatives of Trinity Medical Center, Trinity Regional Health System and Iowa Health System attest that there have been no adverse actions during the three years prior to filing this application against any facility owned and/or operated by Iowa Health System by any regulatory agency which would affect its ability to operate a license entity.

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 the notarized signatures on the Certification pages of this application the authorized representatives of Trinity Medical Center, Trinity Regional Health System and Iowa Health System hereby authorize the Health Facilities and Services Review Board and the Illinois Department of Public Health to access information in order to verify any documentation or information submitted in response to the requirements of this subsection, or to obtain any documentation or information which the State Board or Department of Public Health find pertinent to this subsection.

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. This is the first certificate of need or exemption filed by Trinity Medical Center, Trinity Regional Health System, and Iowa Health System in 2019.

Trinity Medical Center

Rock Island, IL

has been Accredited by

The Joint Commission

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

Hospital Accreditation Program

May 12, 2018

Accreditation is customarily valid for up to 36 months.

Craig W. Jones, FACHE
Chair, Board of Commissioners

ID #7421
Print/Reprint Date: 05/14/2018

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

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

HF 118215

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 O. Ezike, M.D.
Director

Issued under the authority of the Illinois Department of Public Health

EXPIRATION DATE	CATEGORY	ID NUMBER
6/30/2020		0003244

General Hospital

Effective: 07/01/2019

Trinity Medical Center (West)
dba Trinity Rock Island
2701 17th Street

Rock Island, IL 61201

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

DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 6/30/2020

Lic Number 0003244

Date Printed 5/13/2019

Trinity Medical Center (West)
dba Trinity Rock Island
2701 17th Street
Rock Island, IL 61201

FEE RECEIPT NO.

HF116733

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	CATEGORY	ID NUMBER
11/28/2019		0005140

General Hospital

Effective: 11/29/2018

Trinity Medical Center - 7th St Campus
dba Trinity Moline
500 John Deere Rd, 7th St Campus

Moline, IL 61265

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Exp. Date 11/28/2019

Lic Number 0005140

Date Printed 10/12/2018

Trinity Medical Center - 7th St Campus
dba Trinity Moline
500 John Deere Rd, 7th St Campus
Moline, IL 61265

FEE RECEIPT NO.

ACCREDITATION
ASSOCIATION
for AMBULATORY HEALTH CARE, INC.

grants this

CERTIFICATE OF ACCREDITATION

to

QUAD CITY AMBULATORY SURGERY CENTER, LLC
DBA QCASC

520 VALLEY VIEW DR, SUITE 300
MOLINE, IL 61265

In recognition of its commitment to high quality of care and substantial compliance with the Accreditation Association for Ambulatory Health Care standards for ambulatory health care organizations.

12794
Organization Identification Number

AUGUST 23, 2021
The Award of Accreditation expires on the above date

ARNALDO VALEDON, MD
Chair of the Board

NOEL ADACHI, MBA
President & CEO

5250 OLD ORCHARD ROAD, SUITE 200 • SKOKIE, IL 60077
PHONE: 847/853.6060 • E-MAIL: INFO@AAAHC.ORG • WEB SITE: WWW.AAAHC.ORG

HF116759

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	CATEGORY	I.D. NUMBER
12/2/2019		7002520

Ambulatory Surgery Treatment Center

Effective: 12/03/2018

Quad City Ambulatory Surgery Center, LLC
520 Valley View Drive Suite 300
Moline, IL 61265

The face of this license has a colored background. Printed by Authority of the State of Illinois - PO, #18240 5M 5/16.

DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 12/2/2019

Lic Number 7002520

Date Printed 10/17/2018

Quad City Ambulatory Surgery Center,

520 Valley View Drive Suite 300
Moline, IL 61265-6152

FEE RECEIPT NO.

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.

   Trinity Medical Center believes that the abundant supply of long-term nursing care beds in Rock Island County, Illinois, Health Service Area 10 including Rock Island, Mercer and Henry Counties and Planning Area C-05 are sufficient to ensure that this project will not have a material impact on essential safety net services in the community. Additionally, in the Iowa Quad-Cities there are ten (10) long-term care facilities with a total of 1,090 beds.

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.

   The discontinuation of 29 long-term nursing care beds at Trinity Medical Center in Rock Island will not materially impact the ability of other providers of 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 will be positively impacted as the service 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.

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.

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

   Trinity Regional Health System has an established history of providing safety net services to its community. In 2017, Trinity provided more than $37 Million in total community benefits including more than $21 Million in charity care and uncompensated Medicaid. In all, 6% of Trinity Regional Health System's total expenses were for community benefit.

   At Trinity our community involvement and mission are both priorities for the organization and its leadership team. This commitment served as the motivation behind the creation of our Mission Effectiveness Committee (MEC). The MEC brings together employees, senior members of the organization, and members of our Board of Directors to discuss the effectiveness with which

Trinity is serving its community. Trinity also has a senior leader devoted to community advocacy and community health initiatives.

In addition to the MEC, the efforts and dedication of Trinity's community health improvement team and volunteers have been vital in this effort. The team draws on multiple disciplines, and individuals across the organization have gone through great lengths to aid in this effort. Members ranging from the executive level, to parish nurses, clinicians and student volunteers have all been integral in staffing and contributing to community events and planning initiatives.

Trinity is also a founding member of the Quad City Health Initiative (QCHI), established as a joint effort between Trinity and Genesis Health System in 1999 after they agreed that the community needed a single organization fully dedicated to its health needs. Because of QCHI, entities throughout the Quad-City community with similar goals are able to work in conjunction with one another despite their organizational differences and geographic barriers to achieve the same overarching goal. The organization was founded on the core values of coordination, collaboration, and creativity, operating across two states and counties, as well as five urban cities. Rock Island County Health Department, Scott Community Health Department and Community Health Care, a federally qualified health center, are also members of QCHI.

In 2018, QCHI completed its most recent community needs assessment. The Trinity's Vice President of Patient and Community Advocacy and its Director of Community Engagement were on the steering committee. While there were many areas of opportunity identified in this study's findings, some of the most prevalent health issues in the community were identified as mental health, heart disease, and the accessibility of healthcare services in general. This aligns with what Trinity has been experiencing in terms of utilization of Emergency Department services, Cardiac and Mental Health services. It also confirms that Trinity has been focusing its efforts appropriately to be a safety net in the community.

Trinity developed a three year Community Health Improvement Plan (CHIP) to guide our organization in meeting these identified needs. The 2016-18 CHIP has five main areas of focus to include the following:

- *Diabetes, obesity, and promoting healthy living*
- *Heart Disease & Stroke*
- *Mental Health/Behavioral Health/Substance Abuse*
- *Cancer*
- *Access to healthcare services*

It is Trinity's goal is to bring awareness to these health risks, and provide education and services to the members of our community, with the end goal of delivering on our mission of "to improve the health of the people and the communities we serve".

In response, Trinity has actively participated in multiple community collaborations to address specific community health needs in the Quad-Cities and Western Illinois counties of Rock Island, Henry, Mercer, and Whiteside. While Trinity's Community Health Improvement Plan lays out specific strategies to meet our community health needs, the following examples demonstrate Trinity's commitment to filling healthcare gaps and providing much needed services to the residents of its service area and beyond.

Access

- *Trinity provides obstetrical (OB) and neonatal care at its Moline campus. Trinity has 18 dedicated obstetrical beds, an OB Emergency Department, and a level II NSCU with neonatologists and neonatology nurse practitioners on call 24/7. The NSCU offers 11 rooms with the most technologically advanced equipment. Larger rooms also are available to accommodate twins and triplets. Trinity has a transfer agreement with OSF Healthcare/Children's Hospital of Illinois for more advanced neonatal care needs.*
- *Expand provider access and availability of care within the community through patient and community enrollment in health insurance plans offered through the Healthcare Exchange*

Marketplace and expanded Medicaid programs. Trinity employs certified application counselors (CACs) who participate in community events to educate about health care insurance options available through the Exchange and schedule appointments for confidential enrollment.

- *Trinity provides financial support for School Health Link by employing one of its health care providers. School Health Link provides year-round health care and disease prevention for school-aged children and adolescents. School Health Link collaborates with local school districts and the Rock Island County Health Department with a program goal of decreasing school absenteeism and keeping children well by preventing health risk through education. All health care services are billed on a sliding fee scale based on total household income and size.*
- *Trinity's affiliated physician clinic network, UnityPoint Clinic, has two express care clinics in Rock Island County with extended hours on evenings and weekends. The clinics provide walk-in appointments when a patient's primary care physician is not available or for community members who do not have a physician. Express care clinics are visited often by pediatric patients and families when in need of care for minor injuries and common illnesses that are not life-threatening.*
- *Trinity has 47 nurses in its Parish Nursing program which reaches a number of individuals in churches and other community forums. They participate in health fairs, provide health education and assist with disease prevention programming.*
- *Expanded consumer access to specialty medicine, behavioral health and primary care through use of telemedicine.*

Trauma Services

Trinity Rock Island is a Level II trauma center for Region 2 in the State of Illinois, as well as a designated Emergency Department Approved for Pediatrics (EDAP). At Trinity, patients seeking emergency care are treated by board certified emergency physicians who believe quality emergency care is a fundamental right and that unobstructed access to emergency services should be available to all patients who perceive the need for emergency services.

At Trinity Rock Island, the Emergency Department's payer mix is comprised of 33% Medicare, 36% Medicaid, 6% self-pay and just 25% commercially insured. With 33% of Rock Island County residents living in poverty, Trinity's Emergency Department acts as the safety net that its residents need. Emergency departments are often used by the uninsured or underinsured as an access point for primary care, minor injuries and low acuity illnesses such as ear aches, colds and sore throats.

Mental Health

Robert Young Center for Community Mental Health, a subsidiary of Trinity Regional Health System, provides a full continuum of behavioral health services for the greater Quad-Cities region and specifically for the catchment area of Rock Island and Mercer Counties in Illinois. The service continuum includes the Access Center which serves as a central intake site for behavioral health services. The Access Center also provides a 24/7 psychiatric crisis response system that functions as the primary provider of psychiatric crisis service in the Illinois Quad Cities and Eastern Iowa including regional coverage for area hospital emergency departments through the use of telepsychiatry.

The continuum also includes a full range of outpatient behavioral health services for mental health and substance abuse for adult and children. Outpatient behavioral health services are also integrated into primary care practices including the local Federally Qualified Health Center. Behavioral health assessments are available in 19 area schools and Arrowhead Ranch, a residential treatment facility serving at-risk youth aged 12-21 through the use of telemedicine. Additionally, Robert Young Center provides inpatient behavioral health services with 54 licensed beds serving adults, adolescents and children on the Trinity Rock Island campus. Trinity has six designated pediatric inpatient beds for acute mental illness. In response to the need for more pediatric inpatient beds for behavioral health, Trinity recently added a swing door in its behavioral health unit that would allow for an additional eight beds to accommodate children and adolescents. Nearly two thirds of these patients are on Medicaid.

Health Outreach and Wellness

In addition to providing free or subsidized care in accordance with Trinity's financial assistance policy, the hospital also offers programs and services that respond to the community's unique healthcare needs. Trinity sponsors outreach efforts including health and disease prevention programs such as health fairs, risk assessments, and free or low-cost screenings. Trinity also provides corporate sponsorships to many health-related events to raise awareness and funds. For instance, Trinity provided more than $327,000 in sponsorships in 2018 to benefit non-profit organizations and other community programs and events. Many of these sponsorships directly benefited children and families including:

- *March of Dimes*
- *Boys and Girls Club*
- *Family Resources*
- *Child Abuse Council*
- *Big Brothers Big Sisters*
- *Gilda's Club*
- *Make a Wish of Illinois*
- *Junior Achievement*
- *YMCA*
- *United Way*
- *Children's Therapy Center*
- *Skip-A-Long Child Development Center*
- *Girl Scouts & Boy Scouts*

Safety Net Information

The following safety net information reflects Trinity Regional Health System which includes its two hospitals in Illinois (Trinity Rock Island and Trinity Moline) and two hospitals in eastern Iowa. By the notarized signatures on the Certification pages of this application the authorized representatives of Trinity Medical Center, Trinity Regional Health System and Iowa Health System hereby provide the following safety net information which is true and accurate.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	**2016**	**2017**	**2018**
Inpatient	1,674	2,244	1,758
Outpatient	12,324	14,484	15,472
Total	**13,998**	**16,728**	**17,230**
Charity (cost in dollars)			
Inpatient	$407,000	$464,000	$404,000
Outpatient	$3,000,000	$2,992,000	$3,552,000
Total	**$3,407,000**	**$3,456,000**	**$3,956,000**
MEDICAID			
Medicaid (# of patients)	**2016**	**2017**	**2018**
Inpatient	5,412	4,993	4,866
Outpatient	71,360	79,640	85,323
Total	**76,772**	**84,633**	**90,189**
Medicaid (revenue)			
Inpatient	$69,999,000	$73,279,000	$74,148,000
Outpatient	$175,063,000	$189,600,000	$221,221,000
Total	**$245,062,000**	**$262,879,000**	**$295,369,000**

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.

   Please note that chart reflects charity care provided by Trinity Regional Health System combined facilities in Illinois (Trinity Rock Island and Trinity Moline) and its two facilities in eastern Iowa. Charity care for co-applicant Iowa Health System, which would necessarily include facilities outside the state of Illinois that are neither involved in nor relevant to this project. Please see an attached copy of the combined applicants' financial assistance policy.

TRINITY REGIONAL HEALTH SYSTEM CHARITY CARE			
	2016	**2017**	**2018**
Net Patient Revenue	**$549,168,000**	**$565,897,000**	**$573,711,000**
Amount of Charity Care (charges)	$11,579,000	$14,147,000	$14,620,000
Cost of Charity Care	$3,407,000	$3,456,000	$3,956,000

2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.

   See charts below. Please note these charts reflects charity care provided by Trinity Medical Center's two facilities in Illinois (Trinity Rock Island and Trinity Moline) and not co-applicants Trinity Regional Health System nor Iowa Health System, which would necessarily include facilities outside the state of Illinois that are neither involved in nor relevant to this project.

TRINITY ROCK ISLAND CHARITY CARE			
	2016	**2017**	**2018**
Net Patient Revenue	**$212,739,000**	**$262,903,000**	**$251,170,000**
Amount of Charity Care (charges)	$4,408,000	$5,046,000	$5,265,000
Cost of Charity Care	$1,137,000	$1,341,000	$1,406,000

TRINITY MOLINE CHARITY CARE			
	2016	**2017**	**2018**
Net Patient Revenue	**$99,538,000**	**$73,505,000**	**$72,788,000**
Amount of Charity Care (charges)	$2,551,000	$3,011,000	$2,862,000
Cost of Charity Care	$885,000	$864,000	$825,000

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.

   Not applicable.

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.

UnityPoint Health

Title: Financial Assistance – Hospital Facilities 1.BR.34

Effective Date: 09/09/05; Rev: 04/07, 12/07, 10/10, 08/11, 02/12, 01/16

POLICY: Iowa Health System, d/b/a UnityPoint Health (UPH) Hospitals and Hospital Organizations shall fulfill their charitable missions by providing emergency and other medically necessary health care services to all individuals without regard to their ability to pay. UPH Hospitals and Hospital Organizations shall provide financial assistance to eligible patients.

SCOPE: All UPH Hospitals and Hospital Organizations (referred to collectively as "UPH Hospitals") that are 501(c)(3) tax-exempt. Schedule C, attached, describes what services and provider practices are covered at UPH Hospitals.

PRINCIPLES: As charitable tax-exempt organizations under Internal Revenue Code (IRC) Section 501(c)(3), UPH Hospitals meet the medically necessary health care needs of all patients who seek care, regardless of their financial abilities to pay for services provided. Similarly, patients have an obligation to obtain insurance coverage and pay for a portion of their health care services, and UPH Hospitals have a duty to seek payment from patients.

Pursuant to Internal Revenue Code Section 501(r), in order to remain tax-exempt, each UPH Hospital is required to adopt and widely publicize its financial assistance policy.

The purpose of this policy is to outline the circumstances under which UPH Hospitals will provide discounted care to financially needy patients.

1. Definitions.

   1.1 Hospital. A facility that is required by a state to be licensed, registered, or similarly recognized as a hospital. Multiple buildings operated by a Hospital Organization under a single state license are considered to be a single Hospital.

   1.2 Hospital Organization. An organization recognized, or seeking to be recognized, as described in Section 501(c)(3) that operates one or more Hospitals. This includes any other organization that has the principal function or purpose of providing Hospital care.

   1.3 Allowed Amounts. Maximum amount of payment for covered health care services. This may be called "eligible expense," "payment allowance" or "negotiated rate."

1.4 Amounts Generally Billed to Individuals Who Have Insurance (AGB). The following method is used by Hospitals to calculate Amounts Generally Billed to Individuals Who Have Insurance in this policy.

1.4.1 AGB% = (Sum of all Allowed Amounts by Medicare Fee For Service + Sum of all Allowed Amounts by private health insurers during a prior 12-month period) / (Sum of Gross Charges For the Same Claims)

1.4.2 AGB = (Gross Charges for Medically Necessary Care or Emergency Medical Care) X (AGB %)

1.4.3 The current AGB amounts for each UPH Hospital are attached at Schedule B to this policy. The AGB amounts will be updated annually.

1.5 Medically Necessary Care. Services that are (1) consistent with the diagnosis and treatment of the patient's condition; (2) in accordance with standards of good medical practice; (3) required to meet the medical need of the patient and be for reasons other than the convenience of the patient or the patient's practitioner or caregiver; and (4) the least costly type of service which would reasonably meet the medical need of the patient.

1.6 Emergency Medical Care. As defined in the Emergency Medical Treatment and Labor Act (EMTALA), a medical condition manifesting itself by acute symptoms of sufficient severity such that the absence of immediate medical attention could reasonably be expected to result in placing the health of the patient in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ part. It also includes a pregnant woman who is having contractions.

1.7 Patient(s). Includes either the patient and/or the patient's responsible party (parent, guardian, guarantor).

1.8 FINA-Eligible Patients. Patients who follow the procedures outlined in this policy and are determined to be eligible for financial assistance under this policy.

2. Eligibility for Financial Assistance.

2.1 Financial assistance is available for only Medically Necessary Care and Emergency Medical Care provided to FINA-Eligible Patients. Financial assistance shall be based on the following guidelines, unless subject to conflicting state law requirements that will take precedence as outlined in Schedule A attached to this policy.

2.2 FINA-Eligible Patients who are below 600% of the current Federal Poverty Income Guidelines (FPIG) may be FINA-Eligible. FINA-Eligible Patients will

not be billed more than the Amounts Generally Billed to Patients who have insurance.

2.3 Hospital bills will be further reduced by the following amounts for patients in each FPIG category below:

0-200% of FPIG:	100% discount off AGB
201-225% of FPIG:	65% discount off AGB
226-250% of FPIG:	45% discount off AGB
251-300% of FPIG:	25% discount off AGB
301-400% of FPIG:	5% discount off AGB
401-600% of FPIG:	AGB only

2.4 Household income will be considered in determining whether a Patient is eligible for assistance. Household income includes but is not limited to the following: Traditional married couples, children (biological, step, or adoption) and couples living together. (Married or couples living together requires that the parties present as a couple and share expenses, whether same sex or male/female.)

2.5 In addition to household income, the Hospital will consider the extent to which the Patient's household has assets that could be used to meet his or her financial obligation. Assets may include, but are not limited to, cash, savings and checking accounts, certificates of deposit, stocks and bonds, individual retirement accounts (IRAs), trust funds, real estate (excluding the Patient's home) and motor vehicles. The Hospital will also take into account any liabilities that are the responsibility of the Patient's household.

2. 6 Information from a Patient's (or member of Patient's household) prior financial assistance applications may be used to determine current eligibility for assistance. UPH also uses third party agencies to assist with collections. If those agencies provide UPH with a statement regarding a Patient's likely FPIG level, UPH will use that information in determining the FINA-Eligibility status and the level of discount available.

2.7 Presumptive Eligibility. Patients who meet presumptive eligibility criteria under this Section may be granted financial assistance without completing the financial assistance application. Documentation supporting the Patient's qualification for or participation in a program listed below at 2.7.1 must be obtained and kept on file. Documentation may include a copy of a government issued card or other documentation listing eligibility or qualification, or print

screen of web page listing the Patient's eligibility. Unless otherwise noted, a Patient who is presumed eligible under these presumptive criteria will continue to remain eligible for six months following the date of the initial approval, unless Hospital personnel have reason to believe the Patient no longer meets the presumptive criteria.

2.7.1 Patients who qualify and are receiving benefits from the following programs may be presumed eligible for 100% financial assistance:

2.7.1.1 The U.S. Department of Agriculture Food and Nutrition Service *Food Stamp Program.*

2.7.1.2 Limited eligibility – Illegal undocumented persons/ 3-day emergency window. The Iowa Department of Human Services allows for up to three days of Medicaid benefits to pay for the cost of emergency services for undocumented persons who do not meet citizenship, alien status, or social security number requirements. The emergency services must be provided in a Hospital that can provide the required care after the emergency medical condition has occurred. Presumptive eligibility for this category will be considered valid 6 months from the date of the emergent event.

2.7.1.3 Medicaid program (excluding lock-in and/or spend-down)

2.7.1.4 Women, Infants, and Children (WIC) nutrition assistance

3. Communicating Financial Assistance Information.

3.1 Each Hospital will communicate the availability of financial assistance to all Patients and within the community. Copies of the financial assistance policy (Policy 1.BR.34), financial assistance application and Plain Language Summary will be available by mail, on each Hospital's website, and in person at each Hospital.

3.2 The UPH Central Billing Office is available by phone at (888) 343-4165 to answer questions about the policy, or Patients should go to the cashier's office at the Hospital to obtain this information.

3.3 UPH Hospitals will develop a Plain Language Summary of this policy.

3.3.1 The Plain Language Summary will be available by mail, on each Hospital's website, and in person at each Hospital.

3.3.2 The Plain Language Summary will be offered as part of the Patient intake and/or discharge process.

3.3.3 The Plain Language Summary must be included when a Patient is sent written notice that Extraordinary Collection Actions may be taken against him/her. UPH Policy 1.BR.40, Billing and Collections, contains additional detail about billing & collection practices, and may be obtained at each Hospital and on each Hospital's website.

3.4 This financial assistance policy, the Plain Language Summary, and all financial assistance forms must be available in English and in any other language in which limited English proficiency (LEP) populations constitute the lesser of 1,000 persons or more than 5% of the community served by the Hospital. These translated documents will be available by mail, on each Hospital's website, and in person at each Hospital.

3.5 These notices and documents may be provided electronically.

4. Method for Applying for Financial Assistance.

4.1 Patient Applies For Insurance Coverage or Seeks Third-Party Responsibility. In order to be considered for financial assistance, the Patient must also furnish information to identify other financial resources that may be available to pay for the Patient's health care, such as Medicaid, Medicare, third party liability, etc. Patients with valid health care coverage through non-UPH network providers are required to access their primary network before being considered for financial assistance.

4.1.1 This policy does not apply to the portion of a Patient's services that have been, or may be, paid for by a first or third party payer such as an automobile insurance company or worker's compensation. As allowed by the States of Iowa, Illinois, and Wisconsin, when a Patient presents for services following an accident or injury, the Hospital may place a hospital lien against the third party settlement.

4.2 Patient Must Complete the Financial Aid Application. To be considered for financial assistance, the Patient must furnish the Hospital with a completed financial assistance application and required supporting documentation. The application may be completed using information that is collected in writing, orally, or through a combination of both.

4.3 Patient Notified of Eligibility. After receiving the Patient's financial information, the Hospital will notify the Patient of his/her eligibility determination within a reasonable period of time.

4.3.1 If the Patient does not initially qualify for financial assistance, the Patient may reapply if there is a change in income, assets, or family responsibilities.

4.3.2 A Patient who qualifies for financial assistance must cooperate with the Hospital to establish a reasonable payment plan that takes into account available income and assets, the amount of the discounted bill(s), and any prior payments.

4.3.2.1 A Patient who qualifies for financial assistance must make a good faith effort to honor the payment plans. The Patient is responsible for communicating any change in his/her financial situation that may impact his/her ability to pay the discounted health care bills or to honor the provisions of any payment plans.

/s/ William B. Leaver

William B. Leaver
UPH President

SCHEDULE A - ILLINOIS LAWS

Hospital Uninsured Patient Discount Act*: In Illinois, the Hospital Uninsured Patient Discount Act requires all Illinois hospitals to provide discounts to uninsured Illinois patients who meet certain eligibility criteria.

Under the law, patients with a family income up to 200% FPL in urban areas and 125% in rural areas (or at critical access hospitals) will receive a 100% discount. Patients with a family income between 201-600% FPL in urban areas and 126-300% FPL in rural areas (or at critical access hospitals) will receive a discount to 135% of the hospital's cost. The act also has a maximum collectible amount of 25% of annual family income for those who meet the eligibility criteria and do not have significant assets.

These discounts only apply to medically necessary health care services that would be covered under Medicare; it does not apply to elective cosmetic surgery or non-medical services such as social and vocational services. The discount does not apply to physician services.

Patients may be required to apply for Medicare, Medicaid, AllKids, SCHIP, or other public programs if they might qualify.

**IL Public Act 95-965*

Fair Patient Billing Act*: In Illinois, the Fair Patient Billing Act also requires Illinois hospitals to provide discounts to uninsured patients who meet certain eligibility criteria.

Uninsured patients with a family income up to 200% FPL in urban areas and up to 125% in rural areas will receive a 100% charitable discount for services exceeding $300.

Uninsured patients with a family income between 201-600% FPL in urban areas and up to 126-300% in rural areas will receive a discount from charges for services exceeding $300.

This act also has a maximum collectible amount of 25% of annual family income for those who meet the eligibility criteria.

Patients may be required to apply for insurance and/or assistance in order to qualify for these discounts.

**IL Public Act 94-885*

SCHEDULE B – AMOUNTS GENERALLY BILLED

(Updated as of 01/01/2019)

	Amounts Generally Billed (AGB) as a % of Charges	AGB Discount
UnityPoint Health Carthage – Memorial Hospital	50%	50%
UnityPoint Health Cedar Rapids – St. Luke's/Jones Regional Medical Center	51%	49%
UnityPoint Health Cedar Rapids – St. Luke's Methodist Hospital	32%	68%
UnityPoint Health Des Moines – John Stoddard Cancer Center	25%	75%
UnityPoint Health Des Moines – Blank Children's Hospital	25%	75%
UnityPoint Health Des Moines – Grinnell Regional Medical Center	61%	39%
UnityPoint Health Des Moines – Iowa Lutheran Hospital	27%	73%
UnityPoint Health Des Moines – Iowa Methodist Medical Center	25%	75%
UnityPoint Health Des Moines – Methodist West Hospital	26%	74%
UnityPoint Health Dubuque – The Finley Hospital	35%	65%
UnityPoint Health Fort Dodge – Trinity Regional Medical Center	35%	65%
UnityPoint Health Keokuk – Keokuk Area Hospital	40.5%	59.5%
UnityPoint Health Madison – Meriter Hospital, Inc.	35%	65%
UnityPoint Health Peoria – Methodist Medical Center of Illinois	31%	69%
UnityPoint Health Peoria – Pekin Memorial Hospital	54%	46%
UnityPoint Health Peoria – Proctor Hospital	31%	69%
UnityPoint Health Quad Cities – Trinity Medical Center – Bettendorf	35%	65%
UnityPoint Health Quad Cities – Trinity Medical Center – Moline	32%	68%
UnityPoint Health Quad Cities – Trinity Medical Center – Rock Island	32%	68%
UnityPoint Health Quad Cities – Trinity Muscatine	39%	61%
UnityPoint Health Sioux City – St. Luke's Regional Medical Center	43%	57%
UnityPoint Health Waterloo – Allen Memorial Hospital Corporation	39%	61%
UnityPoint Health Waterloo – UnityPoint Health Marshalltown	36%	64%

SCHEDULE C – Covered Services and Provider Practices by Hospital
(Updated as of 05/24/19)

The following UnityPoint Health Hospitals and Hospital Organizations are covered under Policy 1.BR.34, Financial Assistance – Hospital Facilities. Generally, services that patients receive at these Hospitals/Hospital Organizations are covered under the policy; however, please see the separate sections by hospital below for clarification of what services a Patient may receive at a specific Hospital/Hospital Organization that are not covered under this policy. Also, as part of UPH's mission, we want to make our Hospitals/Hospital Organizations available to all providers in our communities who may or not be employed by UnityPoint Health. Providers can be physicians, nurse practitioners, physician assistants, etc. To assist in understanding which of these providers are covered under this policy the comprehensive Provider Practice Listing following the chart below details whether:

(1) Their professional services are covered under this Policy 1.BR.34, Financial Assistance – Hospital Facilities.
(2) Their professional services are covered under separate Policy 1.BR.34(a), Financial Assistance – UnityPoint Health Non-Hospital Providers.
(3) Their professional services are not covered under any UnityPoint Health financial assistance policies as they are not employees of Unity Point Health.

UnityPoint Health Hospital	Services Not Covered under Financial Assistance Policy (see separate Provider Listing below as well)
UnityPoint Health Carthage – Memorial Hospital	The physician/professional portion of services for radiology/imaging and pathology will not be covered under this financial assistance policy and be billed separately.
UnityPoint Health Cedar Rapids – St. Luke's/Jones Regional Medical Center	
UnityPoint Health Cedar Rapids – St. Luke's Methodist Hospital	The physician/professional portion of services for emergency room care, pathology, radiology/imaging, and anesthesiology will not be covered under this financial assistance policy and be billed separately.
UnityPoint Health Des Moines – John Stoddard Cancer Center	The physician/professional portion of services for pathology, radiology/imaging, and anesthesiology will not be covered

UnityPoint Health Hospital	Services Not Covered under Financial Assistance Policy (see separate Provider Listing below as well)
	under this financial assistance policy and be billed separately.
UnityPoint Health Des Moines – Blank Children's Hospital	The physician/professional portion of services for pathology, radiology/imaging, and anesthesiology will not be covered under this financial assistance policy and be billed separately.
UnityPoint Health Des Moines – Grinnell Regional Medical Center	The physician/professional portion of services for audiology, cardiology, dermatology, ENT, neurology, physiatry, podiatry, orthopedics, and radiology/imaging will not be covered under this financial assistance policy and be billed separately.
UnityPoint Health Des Moines – Iowa Lutheran Hospital	The physician/professional portion of services for pathology, radiology/imaging, and anesthesiology will not be covered under this financial assistance policy and be billed separately.
UnityPoint Health Des Moines – Iowa Methodist Medical Center	The physician/professional portion of services for pathology, radiology/imaging, and anesthesiology will not be covered under this financial assistance policy and be billed separately.
UnityPoint Health Des Moines – Methodist West Hospital	The physician/professional portion of services for pathology, radiology/imaging, and anesthesiology will not be covered under this financial assistance policy and be billed separately.
UnityPoint Health Dubuque – The Finley Hospital	United Clinical Laboratories is located in our hospital and if you receive services from them they are not covered under our policy unless you are also receiving our hospital services. The

UnityPoint Health Hospital	Services Not Covered under Financial Assistance Policy (see separate Provider Listing below as well)
	physician/professional portion of services for pathology, radiology/imaging, and anesthesiology will not be covered under this financial assistance policy and be separately billed.
UnityPoint Health Fort Dodge – Trinity Regional Medical Center	The physician/professional portion of services for pathology, radiology/imaging, and anesthesiology will not be covered under this financial assistance policy and be billed separately.
UnityPoint Health Keokuk – Keokuk Area Hospital	The physician/professional portion of services for emergency room care, pathology, and radiology will not be covered under this financial assistance policy and be billed separately.
UnityPoint Health Madison – Meriter Hospital, Inc.	The physician/professional portion of services for emergency room care, pathology, radiology/imaging, obstetrics services and anesthesiology will not be covered under this financial assistance policy and will be billed separately. Turville Bay is located within our hospital and if you receive services from them they are not covered under our policy.
UnityPoint Health Peoria – Greater Peoria Specialty Hospital	No services covered
UnityPoint Health Peoria – Methodist Medical Center of Illinois	The physician/professional portion of services for pathology, radiology/imaging, and anesthesiology will not be covered under this financial assistance policy and be billed separately.
UnityPoint Health Peoria – Pekin Memorial Hospital	The physician/professional portion of services for pathology, radiology/imaging, and anesthesiology will not be covered

UnityPoint Health Hospital	Services Not Covered under Financial Assistance Policy (see separate Provider Listing below as well)
	under this financial assistance policy and be billed separately.
UnityPoint Health Peoria – Proctor Hospital	The physician/professional portion of services for pathology, radiology/imaging, and anesthesiology will not be covered under this financial assistance policy and be billed separately. Services received at The Illinois Institute for Addiction Recovery are not covered under this financial assistance policy.
UnityPoint Health Quad Cities – Trinity Medical Center – Bettendorf	The physician/professional portion of services for radiology/imaging will not be covered under this financial assistance policy and be billed separately.
UnityPoint Health Quad Cities – Trinity Medical Center – Moline	The physician/professional portion of services for radiology/imaging will not be covered under this financial assistance policy and be billed separately.
UnityPoint Health Quad Cities – Trinity Medical Center - Rock Island	The physician/professional portion of services for radiology/imaging will not be covered under this financial assistance policy and be billed separately.
UnityPoint Health Quad Cities – Trinity Muscatine	The physician/professional portion of services for radiology/imaging will not be covered under this financial assistance policy and be billed separately.
UnityPoint Health Sioux City – St. Luke's Regional Medical Center	The physician/professional portion of services for pathology, radiology/imaging, and anesthesiology will not be covered under this financial assistance policy and be separately billed.
UnityPoint Health Waterloo – Allen Memorial Hospital Corporation	The physician/professional portion of services for pathology, radiology/imaging, and

UnityPoint Health Hospital	Services Not Covered under Financial Assistance Policy (see separate Provider Listing below as well)
	anesthesiology will not be covered under this financial assistance policy and be billed separately.
UnityPoint Health Waterloo – UnityPoint Health – Marshalltown	The physician/professional portion of services for pathology and radiology/imaging will not be covered under this financial assistance policy and be billed separately.

THE FOLLOWING PROVIDER PRACTICE LISTING IS UPDATED QUARTERLY

UnityPoint Health
Trinity

June 28, 2019

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

Dear Ms. Avery,

Enclosed please find a completed Certificate of Exemption application seeking the Health Facilities and Services Review Board's approval to discontinue its Long-Term Nursing Care Category of Service at its Trinity Medical Center location at Rock Island, Ill. I have also enclosed the filing fee in the amount of $2,500 as required.

The applicants, UnityPoint Health, Trinity Regional Health System and Trinity Medical Center d/b/a Trinity Rock Island, propose to discontinue the 29-bed Long-Term Nursing Care Category of Service located on the 5th Floor of Trinity Medical Center in Rock Island.

Trinity Medical Center in Rock Island has provided quality long-term care services to its patient for many years. The Long-Term Nursing Care Unit has realized declining patient volumes over the past few years. Employee retention and recruitment challenges have made it difficult to maintain appropriate staffing levels – capping patient capacity to 17 of its existing 29 licensed beds. TCU also has experienced several leadership transitions during this time and has had difficulty in obtaining leaders with expertise in skilled nursing operations and regulations.

Trinity Medical Center has not yet determined the use of the space that will be vacated as a result of the discontinuation. There are no associated modernization costs.

The long-term care beds will be discontinued effective October 1, 2019 after the certificate of exemption is approved by the Health Facilities and Services Review Board. Please advise if you have any questions or need additional information in regards to this Certificate of Exemption application.

Respectfully yours,

Pamela Samuelson

Pamela Samuelson, Director
Business Planning and Development

Cc: Mike Constantino, Supervisor of Project Review
Janet Scheuerman, PRISM Healthcare Consulting