

E-031-19

**ORIGINAL**

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

**SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION**

**RECEIVED**

**Facility/Project Identification**

JUL 10 2019

Facility Name: <u>Warner Hospital and Health Services</u>		
Street Address: <u>422 West White Street</u>		
City and Zip Code: <u>Clinton 61727</u>		
County: <u>DeWitt</u>	Health Service Area	Health Planning Area:
<u>DeWitt County</u>		

**HEALTH FACILITIES &  
SERVICES REVIEW BOARD**

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

Exact Legal Name: <u>City of Clinton d/b/a Warner Hospital and Health Services</u>
Street Address: <u>422 West White Street</u>
City and Zip Code: <u>Clinton 61727</u>
Name of Registered Agent: <u>Stephen R. Myers</u>
Registered Agent Street Address: <u>202 West Adams Street</u>
Registered Agent City and Zip Code: <u>Clinton 61727</u>
Name of Chief Executive Officer: <u>Paul P. Skowron</u>
CEO Street Address: <u>14229 Hempstead Drive</u>
CEO City and Zip Code: <u>Orland Park 60462</u>
CEO Telephone Number: <u>708-359-1923</u>

**Type of Ownership of Applicants**

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

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

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

**Primary Contact [Person to receive ALL correspondence or inquiries]**

Name: <u>Paul P. Skowron</u>
Title: <u>CEO</u>
Company Name: <u>Warner Hospital and Health Services</u>
Address: <u>422 West White Street Clinton, IL 61727</u>
Telephone Number: <u>217-935-9571 x3201</u>
E-mail Address: <u>paul.skowron@warnerhospital.org</u>
Fax Number: <u>217-937-5295</u>

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

Name: <u>None</u>
Title:
Company Name:
Address:
Telephone Number:
E-mail Address:
Fax Number:

**Post Exemption Contact**

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

Name: <u>Paul P. Skowron</u>
Title: <u>CEO</u>
Company Name: <u>Warner Hospital and Health Services</u>
Address: <u>422 West White Street Clinton, IL 61727</u>
Telephone Number: <u>217-935-9571 x3201</u>
E-mail Address: <u>paul.skowron@warnerhospital.org</u>
Fax Number: <u>217-937-5295</u>

**Site Ownership**

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: <u>City of Clinton</u>
Address of Site Owner: <u>118 W Washington Street Clinton, IL 61727</u>
Street Address or Legal Description of the Site: <b>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.</b>
<b>APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>

**Operating Identity/Licensee**

[Provide this information for each applicable facility and insert after this page.]

Exact Legal Name:
Address:
<input type="checkbox"/> Non-profit Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> For-profit Corporation <input checked="" type="checkbox"/> Governmental <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other
<ul style="list-style-type: none"> <li>○ Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.</li> <li>○ 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.</li> <li>○ <b>Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.</b></li> </ul>
<b>APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>

**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. **Not Applicable, No related parties.**

**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 ICU unit at Warner Hospital and Health Services at 422 West White Street in Clinton, Il is comprised of two beds of the twenty five authorized beds at this Critical Access Hospital per the Hospital Profile filed annually with IDPH.

It is proposed that the two ICU beds at Warner Hospital and Health Services would be discontinued due to the fact that only three patients in the last 24 months have used the ICU. All other ICU type patients have been transferred to other area hospitals in the last 24 months. As a result, the project is considered non-substantive to the community and has no impact on area hospitals.

The ICU space will not be used for patient beds, as described in Attachment 5, and as a result, the total authorized beds would be reduced to 23.

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**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 \_\_\_\_\_  
Warner Hospital and Health Services

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.

Paul P Skowron  
SIGNATURE

\_\_\_\_\_  
SIGNATURE

Paul P. Skowron

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
PRINTED NAME

CEO  
PRINTED TITLE

\_\_\_\_\_  
PRINTED TITLE

Notarization:  
Subscribed and sworn to before me  
this 16th day of July 2019

Notarization:  
Subscribed and sworn to before me  
this \_\_\_\_ day of \_\_\_\_\_

Emily Christine Bryant  
Signature of Notary

\_\_\_\_\_  
Signature of Notary

Seal



Seal

\*Insert the EXACT legal name of the applicant

[Empty box for applicant name]



## SECTION II. DISCONTINUATION

### Type of Discontinuation

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

### Criterion 1130.525 and 1110.290 - Discontinuation

READ THE REVIEW CRITERION and provide the following information:

#### GENERAL INFORMATION REQUIREMENTS

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

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

**REASONS FOR DISCONTINUATION**

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

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

**IMPACT ON ACCESS**

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

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



### SECTION III. BACKGROUND

READ THE REVIEW CRITERION and provide the following required information:

#### **BACKGROUND OF APPLICANT**

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

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

**SECTION IV. SAFETY NET IMPACT STATEMENT**

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

1. The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible for an applicant to have such knowledge.
2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.
3. How the discontinuation of a facility or service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.

**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			
<b>Total</b>			
Charity (cost In dollars)	Year	Year	Year
Inpatient			
Outpatient			
<b>Total</b>			
MEDICAID			
Medicaid (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
<b>Total</b>			
Medicaid (revenue)	Year	Year	Year
Inpatient			
Outpatient			

<b>Total</b>				
--------------	--	--	--	--

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.**

<b>CHARITY CARE</b>			
	<b>Year</b>	<b>Year</b>	<b>Year</b>
<b>Net Patient Revenue</b>			
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	N/A
2	Site Ownership	16
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	N/A
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	N/A
5	Discontinuation General Information Requirements	17-19
6	Reasons for Discontinuation	20-21
7	Impact on Access	22-25
8	Background of the Applicant	26-27
9	Safety Net Impact Statement	28-29
10	Charity Care Information	30

**ATTACHMENT 2**  
**CERTIFICATE OF OWNERSHIP**

1. I am the City Administrator of the City of Clinton, Illinois, a Municipal Corporation.
2. Warner Hospital and Health Services "Hospital" is a municipal hospital owned and operated by the City of Clinton.
3. The Hospital is located at 422 W. White Street, Clinton, Illinois, on property legally described as:

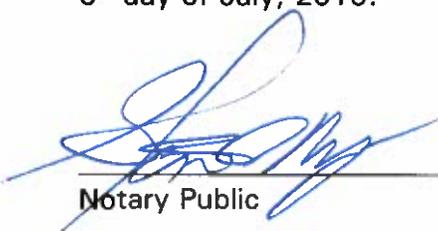
Outblock 26 of the Original Town, Now City of Clinton, situated in the County of DeWitt and State of Illinois.

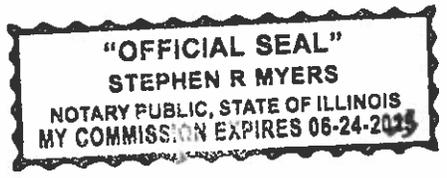
4. The City of Clinton, Illinois, owns the site upon which the Hospital is located.

Dated the 3<sup>rd</sup> day of July, 2019.

  
 \_\_\_\_\_  
 Tim Followell

Signed before me this  
3<sup>rd</sup> day of July, 2019.

  
 \_\_\_\_\_  
 Notary Public



## **General Information Requirements**

- 1) **Category of Service to be discontinued – ICU unit consisting of two beds.**
- 2) **There are no other services to be discontinued.**
- 3) **The anticipated date of discontinuation of the ICU beds is 10/31/2019.**
- 4) **The anticipated use of the physical space of the existing ICU beds is a new expanded pharmacy space. The existing pharmacy is in the lower level and is not enough space to add the required compounding space required in the USP 800 regulations. Outside architects have determined that the ICU space equals the square footage necessary to comply with both the area needed and the ventilation requirements of USP 800.**
- 5) **The medical records for ICU patients will remain housed with all medical records maintained by Health Information Department on the Meditech electronic health record system. There are only three patients in the ICU unit in the last twenty four months. Hospital policy on retaining medical records states a ten year period of storage.**
- 6) **Not applicable because this is not the discontinuation of an entire facility.**
- 7) **WHOW radio interviewed the CEO on June 26, 2019, regarding the anticipated closure of the ICU unit. The interview was posted on the daily electronic version of the radio show on DeWitt Daily News.com and also was heard on WHOW multiple times during the day of Friday June 28, 2019. See page 2 and 3 of Attachment 5.**

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Clinton: 72°F 91°F

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**State Farm** **Jason Frantz, Agent** 602 W. Side Sq Clinton, IL 61727 **Contact Me**

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## LOCAL NEWS

ATTACHMENT 5 PAGE 2 of 3

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Superintendent Curt Nettles indicates his relationship with Conner was one of being a school board member and Nettles indicates Conner's legacy as being about the kids was certainly the driver behind his decisions on the board.

Conner served as principal from 1994-2012. He has been on the Clinton Board of Education since 2015 and served on the IHSA Board of Directors as well as the HRC Board.

Conner was a veteran of the United States Marine Corps from '72-'73.

A time to celebrate with Ron's family will be 4 - 7 PM Saturday, June 29, 2019, at the Clinton Community High School gymnasium.

[Comment / ShareThis \(//dewittdailynews.com/local-news/449124\)](#)

0 comments



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### Warner Hospital Relocating Pharmacy, Discontinuing ICU

**(//dewittdailynews.com/local-news/449021)**

Posted 2019-06-27 16:15:00

The space at Warner Hospital that is now the ICU will soon become the pharmacy.

CEO Paul Skowron tells Regional Radio News, the hospital has had only two ICU patients in the last two years and have two ICU units. Because of that, they will discontinue the service and utilize the space for the pharmacy.

Hospital administration will have to submit their intentions and plans to the State for review and approval. Skowron anticipates that happening towards the end of the summer and the transition process in their facility taking a couple of months.

The government has passed down a regulation that hospitals have to adjust their pharmacies and Skowron indicates this actually helps the hospital in that effort that has to be complete by December 31 of this year.

What happens to the current pharmacy is still being decided on.

[Comment / ShareThis \(//dewittdailynews.com/local-news/449021\)](#)

0 comments

ATTACHMENT 5 PAGE 3 OF 3

## Reasons for Discontinuation

In the last 24 months, the ICU has had a total of 3 patients, not a very cost efficient use of space. The reason is because the ER transfers almost all patients that need higher acuity care and patients with life threatening conditions to the larger hospitals which are within 30 minutes of Warner Hospital and Health Services. Yet we are required to staff the floor with ICU qualified nurses.

This space is better utilized for the expansion of the pharmacy which is required by December 31, 2019, to comply with federal USP 800 compounding requirements.

See data provided by the Patient Business Services Manager on page 2 of Attachment 6.

(21)

**Paul P. Skowron**

---

**From:** Chris Bryant  
**Sent:** Tuesday, July 2, 2019 9:07 AM  
**To:** Paul P. Skowron; Donna Wisner  
**Subject:** RE: Number of ICU patients in the last 24 months

I checked with Julie Kelly as she has that information in the month end reports. Chris

FY2018 5/1/17 – 4/30/18 = 3 patients  
FY2019 5/1/18 – 4/30/19 = 0 patients

Chris Bryant  
Patient Business Services Manager  
Warner Hospital & Health Services  
422 W White  
Clinton, IL 61727  
P: 217-935-9571 x3211  
F: 217-937-5262  
[chris.bryant@warnerhospital.org](mailto:chris.bryant@warnerhospital.org)

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ATTACHMENT 6

PAGE 2 OF 2

## Impact on Access

- 1) The discontinuation of the two ICU beds will not have an adverse effect upon access to care as evidenced by the fact that only three patients in twenty four months ever used the ICU at Warner Hospital and Health Services, as detailed in Attachment 6. The ER doctors have transferred 99% of the patients in the market area to larger hospitals that are relatively close in distance.
  
- 2) Notification letters have been sent to the three CEO's that currently receive almost all the ER transfers of ICU type patients: Decatur Memorial Hospital in Decatur, OSF St. Joseph Hospital in Bloomington, and HSHS St. Mary's Hospital in Decatur. The letters, which we sent via Certified Mail, are attached as Attachment 7, pages 2, 3, and 4.

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# WARNER HOSPITAL & Health Services

422 W. White Street - Clinton, IL 61727 (217) 935-9571

**Via Certified Mail**

July 2, 2019

OSF St. Joseph Medical Center  
Attn: Lynn Fulton  
CEO and President  
2200 E Washington Street  
Bloomington, IL 61701

**RE: Discontinuation of two ICU beds at Warner Hospital and Health Services**

Dear Ms. Fulton,

Warner Hospital and Health Services is a Critical Access Hospital in Clinton, and we have had exactly three patients in our ICU in the last 24 months. The ICU includes two beds. As a result, we are applying for a COE through the Illinois Health Facilities and Service Review Board to discontinue the use of the ICU on approximately October 1, 2019, and instead use that space to expand our pharmacy. As an Impact Statement requirement, we are notifying local hospitals of this change.

If you have any concerns or questions, please call me at 217-935-9571 x 3201.

Thanks.

Sincerely,

Paul P. Skowron CEO FACHE

*To provide our community with quality, compassionate care close to home.  
www.warnerhospital.org*

ATTACHMENT ?  
Page 2 of 4

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**WARNER HOSPITAL**  
*& Health Services*

422 W. White Street - Clinton, IL 61727 (217) 935-9571

**Via Certified Mail**

July 2, 2019

Decatur Memorial Hospital  
Attn: Timothy D. Stone Jr.  
CEO and President  
2300 N. Edward Street  
Decatur, IL 62526

**RE: Discontinuation of two ICU beds at Warner Hospital and Health Services**

Dear Mr. Stone,

Warner Hospital and Health Services is a Critical Access Hospital in Clinton, and we have had exactly three patients in our ICU in the last 24 months. The ICU includes two beds. As a result, we are applying for a COE through the Illinois Health Facilities and Service Review Board to discontinue the use of the ICU on approximately October 1, 2019, and instead use that space to expand our pharmacy. As an Impact Statement requirement, we are notifying local hospitals of this change.

If you have any concerns or questions, please call me at 217-935-9571 x 3201.

Thanks.

Sincerely,

Paul P. Skowron CEO FACHE

ATTACHMENT ?  
PAGE 3 OF 4



**WARNER HOSPITAL**  
*& Health Services*

422 W. White Street - Clinton, IL 61727 (217) 935-9571

**Via Certified Mail**

July 2, 2019

HSHS St. Mary's Hospital  
Attn: Michael Hicks President and CEO  
1800 E. Lake Shore Drive  
Decatur, IL 62521

**RE: Discontinuation of two ICU beds at Warner Hospital and Health Services**

Dear Mr. Hicks:

Warner Hospital and Health Services is a Critical Access Hospital in Clinton, and we have had exactly three patients in our ICU in the last 24 months. The ICU includes two beds. As a result, we are applying for a COE through the Illinois Health Facilities and Service Review Board to discontinue the use of the ICU, on approximately October 1, 2019, and instead use that space to expand our pharmacy. As an Impact Statement requirement, we are notifying local hospitals of this change.

If you have any concerns or questions, please call me at 217-935-9571 x 3201.

Thanks.

Sincerely,

Paul P. Skowron CEO FACHE

ATTACHMENT ?  
PAGE 4 OF 4

### Section III. Background of Applicant

- 1) Warner Hospital and Health Services is a single municipal hospital owned by the City of Clinton. The license is attached as Attachment 8 page 2, and indicates the category of Critical Access Hospital. The hospital does not own or operate any satellite facilities off campus. The hospital is not accredited by any private organization and is certified for Medicare by IDPH.
- 2) There are no adverse actions taken against Warner Hospital and Health Services by any regulatory body in the last three years.
- 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 is hereby authorized by the CEO Paul Skowron whose signature is provided herewith:

Paul P Skowron CEO FACHE

*Paul P Skowron*

- 4) The applicant, Warner Hospital and Health Services, has not submitted any other permit or exemption application in the last four years.



**Illinois Department of  
PUBLIC HEALTH**

HF 118247

**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.**

Issued under the authority of  
the Illinois Department of  
Public Health

<b>Director</b>	<b>CATEGORY</b>	<b>I.D. NUMBER</b>
6/30/2020		0001164
<b>Critical Access Hospital</b>		
<b>Effective: 07/01/2019</b>		

**Warner Hospital and Health Services  
422 W White St  
Clinton, IL 61727**

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #19-483-001 10M 9/18

ATTACHMENT 8 PAGE 2 OF 2

**Section IV. Safety Net Impact Statement**

- 1) The volume of ICU patients is so low over the last two years, 3 patients, that it could not possibly have a negative impact on the safety net services provided at Warner Hospital and Health Services.
- 2) The volume of all other ICU patients besides the 3 patients seen in the last two years has all gone to primarily three area hospitals and these patients were never denied service due to payer type, therefore , there is no safety net impact to other providers.
- 3) Since all but three patients have gone to other area hospitals in the last two years, there will be no discernible difference to other safety net providers.

Certification of the amount of charity care and the amount of care provided to Medicaid patients is presented in the format required per PA 96-0031 on Attachment 9 page 2.

Attachment 9

Safety Net Information per PA 96-0031			
Charity Care			
Charity (# of patients)	2017	2018	2019
Inpatient	5	4	5
Outpatient	140	147	236
<b>Total</b>			
Charity (cost in dollars)			
Inpatient	29,730	9,476	17021
Outpatient	103,358	166,610	197359
<b>Total</b>	<b>133,088</b>	<b>176,086</b>	<b>214,380</b>
Medicaid			
Medicaid (# of patients)	2017	2018	2019
Inpatient	14	10	9
Outpatient	3,945	3,552	3,499
<b>Total</b>			
Medicaid (revenue)			
Inpatient	116,750	107,959	102,023
Outpatient	2,590,967	2,614,027	2,708,532
<b>Total</b>	<b>2,707,717</b>	<b>2,721,986</b>	<b>2,810,555</b>

A ATTACHMENT 9  
Page 2 of 2

**Section V. Charity Care Information**

Warner Hospital and Health Services only owns one facility. As a result, there is one Charity Care table presented in Attachment 10 representing the latest three years of audited fiscal years that end April 30.

Attachment 10

<b>Charity Care</b>			
<b>Net Patient Revenue</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>
<b>Amount of Charity Care (Charges)</b>	173,127.08	242,758.42	201,804.00
<b>Cost of Charity Care</b>	94,131.48	133,088.12	176,086.94