

E-033-17

**ORIGINAL**

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
APPLICATION FOR PERMIT**

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

**RECEIVED**

**This Section must be completed for all projects.**

AUG 01 2017

**Facility/Project Identification**

Facility Name: <b>Proctor Community Hospital</b>		<b>HEALTH FACILITIES &amp; SERVICES REVIEW BOARD</b>
Street Address: 5409 N. Knoxville Ave.		
City and Zip Code: Peoria 61614		
County: Peoria	Health Service Area: 2	Health Planning Area: C-1

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

Exact Legal Name: Methodist Health Services Corporation
Street Address: 221 NE Glen Oak Avenue
City and Zip Code: Peoria 61636
Name of Registered Agent: Deborah Simon
Registered Agent Street Address: 221 NE Glen Oak Avenue
Registered Agent City and Zip Code: Peoria 61636
Name of Chief Executive Officer: Deborah Simon
CEO Street Address: 221 NE Glen Oak Avenue
CEO City and Zip Code: Peoria 61636
CEO Telephone Number: 309-672-5929

**Type of Ownership of Applicants**

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

- 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.**

**See Attachment 1**

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

Name: Terry Waters
Title: Vice President, Strategy and Development
Company Name: Methodist Health Services Corporation
Address: 221 NE Glen Oak Avenue
Telephone Number: 309-672-4521
E-mail Address: Terry.Waters@unitypoint.org
Fax Number: 309-672-5952

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

Name: N/A
Title:
Company Name:
Address:
Telephone Number:
E-mail Address:
Fax Number:

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
APPLICATION FOR PERMIT**

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

**This Section must be completed for all projects.**

**Facility/Project Identification**

Facility Name: <b>Proctor Community Hospital</b>		
Street Address: 5409 N. Knoxville Ave.		
City and Zip Code: Peoria 61614		
County: Peoria	Health Service Area: 2	Health Planning Area: C-1

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

Exact Legal Name: Proctor Health Care Incorporated
Street Address: 5409 N. Knoxville Avenue
City and Zip Code: Peoria 61614
Name of Registered Agent: Deborah Simon
Registered Agent Street Address: 221 NE Glen Oak Avenue
Registered Agent City and Zip Code: Peoria 61636
Name of Chief Executive Officer: Deborah Simon
CEO Street Address: 221 NE Glen Oak Avenue
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<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental	
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other

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 Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner.

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Name: Terry Waters
Title: Vice President, Strategy and Development
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Address: 221 NE Glen Oak Avenue
Telephone Number: 309-672-4521
E-mail Address: Terry.Waters@unitypoint.org
Fax Number: 309-672-5952

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

Name: N/A
Title:
Company Name:
Address:
Telephone Number:
E-mail Address:
Fax Number:

**Post Permit Contact**

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

Name: Keith Knepp, M.D.
Title: President
Company Name: Proctor Community Hospital
Address: 5409 N. Knoxville Ave.
Telephone Number: 309-672-2528
E-mail Address: Keith.Knepp@unitypoint.org
Fax Number: 309-672-5952

**Site Ownership**

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Proctor Community Hospital
Address of Site Owner: 5409 N. Knoxville Avenue, Peoria, IL 61614
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 checked="" type="checkbox"/> Non-profit Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> For-profit Corporation <input type="checkbox"/> Governmental <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other
<ul style="list-style-type: none"> <li>o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.</li> <li>o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.</li> <li>o <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>

**See Attachment 3**

**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.**

**See Attachment 4**

**Flood Plain Requirements – N/A (Discontinuation of Service)**

[Refer to application instructions.]

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

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

**Historic Resources Preservation Act Requirements – N/A (Discontinuation of Service)**

[Refer to application instructions.]

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

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

**DESCRIPTION OF PROJECT****1. Project Classification**

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

Part 1110 Classification:

- Substantive  
 Non-substantive

## 2. Narrative Description

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

**Methodist Health Services Corporation (MHSC) and Proctor Health Care Incorporated (Proctor) are proposing to discontinue pediatric services at Proctor Community Hospital. The discontinuation will take effect immediately upon State Board approval.**

**Proctor Hospital is licensed for 8 pediatric beds and 218 total beds. In 2016, Proctor served zero pediatric patients.**

**Proctor is located at 5409 N. Knoxville Avenue in Peoria, just 3.75 miles away from The Methodist Medical Center of Illinois. Methodist and Proctor serve the same geographic region and population. Methodist has the capacity to accommodate the pediatric needs of both campuses.**

**Pursuant to Section 1110.40 of the Illinois Administrative Code, this project is considered "non-substantive." This project is solely for discontinuation and does not involve an expenditure of capital. Therefore, Section 1120 of the Illinois Administrative Code is not applicable.**

**Project Costs and Sources of Funds – N/A (Discontinuation of Service)**

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

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

**Related Project Costs – N/A (Discontinuation of Service)**

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

Land acquisition is related to project  Yes  No  
 Purchase Price: \$ \_\_\_\_\_  
 Fair Market Value: \$ \_\_\_\_\_

The project involves the establishment of a new facility or a new category of service  
 Yes  No

If yes, provide the dollar amount of all **non-capitalized** operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.

Estimated start-up costs and operating deficit cost is \$ \_\_\_\_\_.

**Project Status and Completion Schedules – N/A (Discontinuation of Service)**

**For facilities in which prior permits have been issued please provide the permit numbers.**

Indicate the stage of the project's architectural drawings:

None or not applicable  Preliminary  
 Schematics  Final Working

Anticipated project completion date (refer to Part 1130.140): \_\_\_\_\_

Indicate the following with respect to project expenditures or to financial commitments (refer to Part 1130.140):

Purchase orders, leases or contracts pertaining to the project have been executed.  
 Financial commitment is contingent upon permit issuance. Provide a copy of the contingent "certification of financial commitment" document, highlighting any language related to CON Contingencies  
 Financial Commitment will occur after permit issuance.

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

**State Agency Submittals [Section 1130.620(c)] – N/A (Discontinuation of Service)**

Are the following submittals up to date as applicable:

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

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

**Cost Space Requirements – N/A (Discontinuation of Service)**

Provide in the following format, the **Departmental Gross Square Feet (DGSF)** or the **Building Gross Square Feet (BGSF)** and cost. The type of gross square footage either **DGSF** or **BGSF** must be identified. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the department's or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
<b>REVIEWABLE</b>							
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical							
<b>NON REVIEWABLE</b>							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
<b>TOTAL</b>							
APPEND DOCUMENTATION AS <u>ATTACHMENT 9</u> , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.							

**Facility Bed Capacity and Utilization**

Complete the following chart, as applicable. Complete a separate chart for each facility that is a part of the project and insert the chart after this page. Provide the existing bed capacity and utilization data for the latest **Calendar Year for which data is available**. Include **observation days in the patient day totals for each bed service**. Any bed capacity discrepancy from the Inventory will result in the application being deemed **Incomplete**.

FACILITY NAME: Proctor Community Hospital		CITY: Peoria, Illinois			
REPORTING PERIOD DATES: From: 1/1/2016 to: 12/31/2016					
Category of Service	Authorized Beds	Admissions	Patient Days	Bed Changes	Proposed Beds
Medical/Surgical	151	2,900	11,452	0	151
Obstetrics	0	0	0	0	0
Pediatrics	8	0	0	-8	-8
Intensive Care	16	327	1,391	0	16
Comprehensive Physical Rehabilitation	0	0	0	0	0
Acute/Chronic Mental Illness	18	303	4,190	0	18
Neonatal Intensive Care	0	0	0	0	0
General Long Term Care	25	397	6,324	0	25
Specialized Long Term Care	0	0	0	0	0
Long Term Acute Care	0	0	0	0	0
Other ((identify))	0	0	0	0	0
<b>TOTALS:</b>	<b>218</b>	<b>3,927</b>	<b>23,357</b>	<b>-8</b>	<b>210</b>

**CERTIFICATION**

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

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

This Application is filed on the behalf of Proctor Community Hospital \* 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.

Deborah Blasia  
SIGNATURE

Deborah R Simon  
PRINTED NAME

Regional Pres/CEO  
PRINTED TITLE

[Signature]  
SIGNATURE

Robert A. Owen  
PRINTED NAME

Secretary/Treasurer  
PRINTED TITLE

Notarization:  
Subscribed and sworn to before me  
this 10<sup>th</sup> day of July, 2017

Notarization:  
Subscribed and sworn to before me  
this 10<sup>th</sup> day of July, 2017

Gwendolyn J. Nash  
Signature of Notary

Seal

**"OFFICIAL SEAL"**  
Gwendolyn J Nash  
Notary Public, State of Illinois  
My Commission Expires 10/20/2019

Gwendolyn J. Nash  
Signature of Notary

Seal

**"OFFICIAL SEAL"**  
Gwendolyn J Nash  
Notary Public, State of Illinois  
My Commission Expires 10/20/2019

\*Insert the EXACT legal name of the applicant

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

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

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

Deborah R Siman  
SIGNATURE

Deborah R Siman  
PRINTED NAME

Regional Pres/CEO  
PRINTED TITLE

[Signature]  
SIGNATURE

Robert A. Junn  
PRINTED NAME

Secretary/Treasurer  
PRINTED TITLE

Notarization:  
Subscribed and sworn to before me  
this 10th day of July, 2017

Notarization:  
Subscribed and sworn to before me  
this 10th day of July, 2017

Gwendolyn J Nash  
Signature of Notary

Seal

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Notary Public, State of Illinois  
My Commission Expires 10/20/2019

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Signature of Notary

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- o in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- o in the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf of Proctor Health Care Incorporated \*  
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.

Deborah Medina  
SIGNATURE  
Deborah R. Simon  
PRINTED NAME  
Regional Pres / CEO  
PRINTED TITLE

[Signature]  
SIGNATURE  
Robert A. Quir  
PRINTED NAME  
Secretary / Treasurer  
PRINTED TITLE

Notarization:  
Subscribed and sworn to before me  
this 10<sup>th</sup> day of July, 2017

Notarization:  
Subscribed and sworn to before me  
this 10<sup>th</sup> day of July, 2017

Gwendolyn J. Nash  
Signature of Notary  
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Signature of Notary  
Seal  
"OFFICIAL SEAL"  
Gwendolyn J Nash  
Notary Public, State of Illinois  
My Commission Expires 10/20/2019

\*Insert the EXACT legal name of the applicant

**SECTION II. DISCONTINUATION**

This Section is applicable to the discontinuation of a health care facility maintained by a State agency.

**NOTE:** If the project is solely for discontinuation and if there is no project cost, the remaining Sections of the application are not applicable.

**Criterion 1110.130 – Discontinuation (State-Owned Facilities and Relocation of ESRD's)**

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 is 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, 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.

**REASONS FOR DISCONTINUATION**

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

**IMPACT ON ACCESS**

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

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

See Attachment 10

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

\* Include the percentage (%) of space for circulation

**D. Projected Operating Costs**

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

**E. Total Effect of the Project on Capital Costs**

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

APPEND DOCUMENTATION AS ATTACHMENT 37, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**SECTION X. SAFETY NET IMPACT STATEMENT**

**SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL SUBSTANTIVE PROJECTS AND PROJECTS TO DISCONTINUE STATE-OWNED HEALTH CARE FACILITIES [20 ILCS 3960/5.4]:**

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

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

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

regarding teaching, research, and any other service.

A table in the following format must be provided as part of Attachment 38.

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 38, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

See Attachment 38

**SECTION XI. CHARITY CARE INFORMATION**

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

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three, **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.
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 39.**

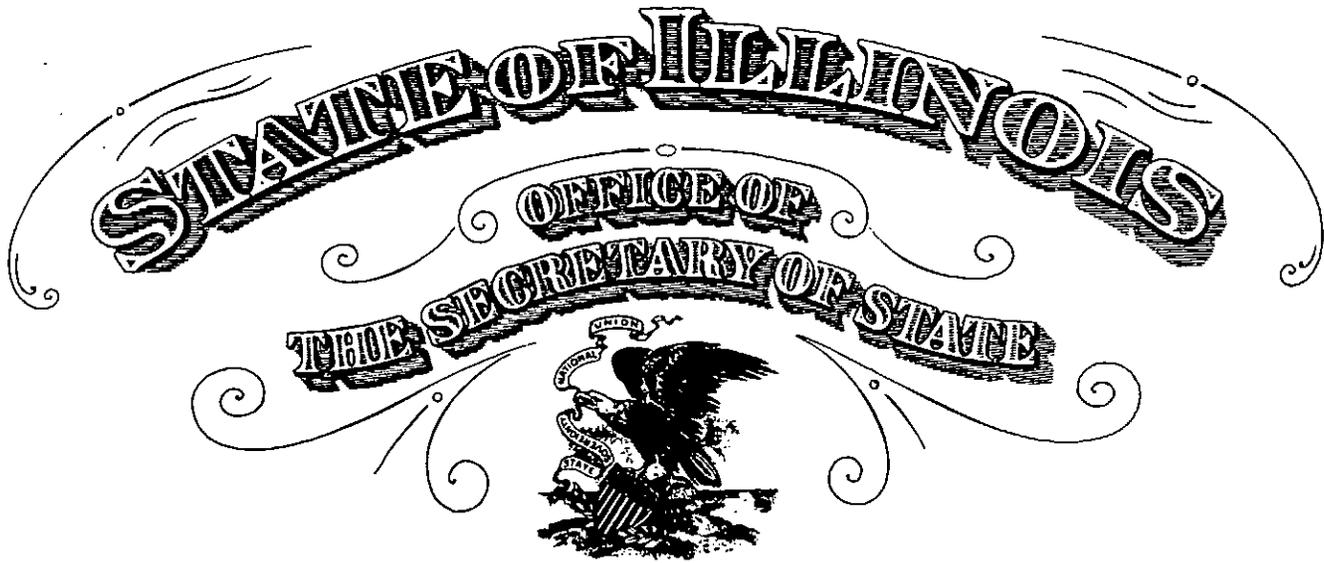
CHARITY CARE			
	Year	Year	Year
Net Patient Revenue			
Amount of Charity Care (charges)			
Cost of Charity Care			

**APPEND DOCUMENTATION AS ATTACHMENT 39, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**See Attachment 39**

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

<b>INDEX OF ATTACHMENTS</b>		
<b>ATTACHMENT NO.</b>		<b>PAGES</b>
1	Applicant Identification including Certificate of Good Standing	18-20
2	Site Ownership	21-36
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	37-41
5	Flood Plain Requirements	
6	Historic Preservation Act Requirements	
7	Project and Sources of Funds Itemization	
8	Financial Commitment Document if required	
9	Cost Space Requirements	
10	Discontinuation	42-64
11	Background of the Applicant	
12	Purpose of the Project	
13	Alternatives to the Project	
14	Size of the Project	
15	Project Service Utilization	
16	Unfinished or Shell Space	
17	Assurances for Unfinished/Shell Space	
18	Master Design Project	
	<b>Service Specific:</b>	
19	Medical Surgical Pediatrics, Obstetrics, ICU	
20	Comprehensive Physical Rehabilitation	
21	Acute Mental Illness	
22	Open Heart Surgery	
23	Cardiac Catheterization	
24	In-Center Hemodialysis	
25	Non-Hospital Based Ambulatory Surgery	
26	Selected Organ Transplantation	
27	Kidney Transplantation	
28	Subacute Care Hospital Model	
29	Community-Based Residential Rehabilitation Center	
30	Long Term Acute Care Hospital	
31	Clinical Service Areas Other than Categories of Service	
32	Freestanding Emergency Center Medical Services	
33	Birth Center	
	<b>Financial and Economic Feasibility:</b>	
34	Availability of Funds	
35	Financial Waiver	
36	Financial Viability	
37	Economic Feasibility	
38	Safety Net Impact Statement	65-68
39	Charity Care Information	69-71



**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*

PROCTOR HOSPITAL, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 19, 1958, 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 18TH day of APRIL A.D. 2017 .***



Authentication #: 1710802704 verifiable until 04/18/2018

Authenticate at: <http://www.cyberdriveillinois.com>

*Jesse White*



**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*

METHODIST HEALTH SERVICES CORPORATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 25, 1981, 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 29TH day of DECEMBER A.D. 2016 .***

*Jesse White*

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SECRETARY OF STATE

ATTACHMENT 1



**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*

PROCTOR HEALTH CARE INCORPORATED, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 13, 1983, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

***In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 26TH day of MAY A.D. 2016 .***



Authentication #: 1614701530 verifiable until 05/26/2017

Authenticate at: <http://www.cyberdriveillinois.com>

*Jesse White*

SECRETARY OF STATE

ATTACHMENT 1

## Site Ownership

Attached is a copy of the original warranty deed from December 1955 as well as a Title Policy issued on July 12, 3013.



# ALTA COMMITMENT FOR TITLE INSURANCE

Issued By:



CHICAGO TITLE INSURANCE COMPANY

Commitment Number:

5245-1300164

CHICAGO TITLE INSURANCE COMPANY, a Nebraska corporation ("Company"), for a valuable consideration, commits to issue its policy or policies of title insurance, as identified in Schedule A, in favor of the Proposed Insured named in Schedule A, as owner or mortgagee of the estate or interest in the land described or referred to in Schedule A, upon payment of the premiums and charges and compliance with the Requirements; all subject to the provisions of Schedules A and B and to the Conditions of this Commitment.

This Commitment shall be effective only when the identity of the Proposed Insured and the amount of the policy or policies committed for have been inserted in Schedule A by the Company.

All liability and obligation under this Commitment shall cease and terminate ninety (90) days after the Effective Date or when the policy or policies committed for shall issue, whichever first occurs, provided that the failure to issue the policy or policies is not the fault of the Company.

The Company will provide a sample of the policy form upon request.

This Commitment shall not be valid or binding until countersigned by a validating officer or authorized signatory.

IN WITNESS WHEREOF, CHICAGO TITLE INSURANCE COMPANY has caused its corporate name and seal to be affixed by its duly authorized officers on the date shown in Schedule A.

Chicago Title Insurance Company

By:

President

Attest:

Secretary

Countersigned By:

Authorized Officer or Agent



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ALTA Commitment (06/17/2006)

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ATTACHMENT 2

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ISSUING OFFICE	FOR SETTLEMENT INQUIRIES CONTACT
Title Officer: Thomas Hayes  Phone: (309)673-0536 Fax: (309)673-9878 Email: hayesth@ctt.com	

**SCHEDULE A**

**ORDER NO. 5245-1300164**

1. Effective Date: July 12, 2013 at 05:00PM
2. Policy or (Policies) to be issued:
  - a. ALTA Owner's Policy 2006  
 Proposed Insured: OSF Healthcare System, an Illinois not-for-profit corporation  
 Policy Amount: To Be Determined
3. The estate or interest in the land described or referred to in this Commitment is:  
 Fee Simple
4. Title to the Fee Simple estate or interest in land is at the Effective Date vested in:  
 Proctor Hospital, an Illinois not-for-profit corporation
5. The land referred to in this Commitment is described as follows:  
 SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

**END OF SCHEDULE A**

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**EXHIBIT "A"**  
Legal Description

For APN/Parcel ID(s): 14-21-101-023, 14-21-103-014, 14-21-101-004, 14-21-101-003, 14-21-101-002  
and 14-21-101-019

A part of the Northwest Quarter of Section 21; Lot 5 in Endres Heights, being a subdivision of the South Half of the Northwest Quarter of Section 21; Lots 15 and 16 and a part of Lots 13 and 14, all in Hillis' Subdivision, being a part of Section 16 and part of Section 21; all in Township 9 North, Range 8 East of the Fourth Principal Meridian, being more particularly described as follows:

Commencing at the Northwest corner of Lot 4 of Belcrest Court Subdivision, being a subdivision of Lot 10 and a part of Lots 11 and 14 of said Hillis' Subdivision, as the Point of Beginning of the tract to be described; thence South 0 degrees 10 minutes 05 seconds East along the West line of said Belcrest Court Subdivision, a distance of 538.68 feet to the Northwest corner of Lot 13 of Belcrest Court Extended, a subdivision of part of the Northeast Quarter of the Northwest Quarter of said Section 21; thence South 0 degrees 04 minutes 05 seconds East along the West line of Lot 13 of said Belcrest Court Extended, a distance of 125 feet to the Southwest corner of Lot 13 of said Belcrest Court Extended; thence South 88 degrees 54 minutes 05 seconds East along the South line of Lot 13 of said Belcrest Court Extended, a distance of 50 feet to a point on the West line of said Belcrest Court Extended; thence South 0 degrees 04 minutes 05 seconds East along the West line of said Belcrest Court Extended, a distance of 330 feet to the Southwest corner of said Belcrest Court Extended; thence South 89 degrees 11 minutes 05 seconds East along the South line of said Belcrest Court Extended, a distance of 599.9 feet to a point on the West R.O.W. line of Knoxville Avenue (Federal Aid Route 646-State Route No. 88); thence South 0 degrees 18 minutes 37 seconds East along the West R.O.W. line of Knoxville Avenue (Federal Aid Route 646-State Route No. 88); a distance of 169.45 feet; thence South 21 degrees 29 minutes 27 seconds West along the West R.O.W. line of Knoxville Avenue (Federal Aid Route 646-State Route No. 88), a distance of 53.85 feet; thence South 0 degrees 18 minutes 37 seconds East along the West R.O.W. line of Knoxville Avenue (Federal Aid Route 646-State Route No. 88), a distance of 60 feet; thence North 89 degrees 41 minutes 23 seconds East, a distance of 20 feet; thence South 0 degrees 18 minutes 37 seconds East along the West R.O.W. line of Knoxville Avenue (Federal Aid Route 646-State Route No. 88), a distance of 50 feet to the Northeast corner of said Lot 5 in Endres Heights Subdivision; thence continuing South 0 degrees 18 minutes 37 seconds East along the West R.O.W. line of Knoxville Avenue (Federal Aid Route 646-State Route No. 88), a distance of 165.00 feet to the Southeast corner of said Lot 5; thence North 89 degrees 07 minutes 34 seconds West along the South line of said Lot 5, a distance of 469.60 feet to the Southwest corner of said Lot 5; thence North 0 degrees 02 minutes 59 seconds West along the West line of said Lot 5, a distance of 165.00 feet to a point on the South line of Lot 13 of said Hillis' Subdivision; said point being also the Northwest corner of said Lot 5; thence North 89 degrees 07 minutes 34 seconds West along the South line of Lots 13, 14, 15 and 16 of said Hillis' Subdivision, a distance of 1170.11 feet to the Southwest corner of Lot 16 of said Hillis' Subdivision; thence North 0 degrees 00 minutes 57 seconds East along the West line of Lot 16 of said Hillis' Subdivision, a distance of 666.22 feet to the Northeast corner of Lot 19 of Richwoods Park Section 2, being a subdivision of part of the Northwest Quarter of said Section 21; thence North 88 degrees 54 minutes 44 seconds West along the North line of

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**EXHIBIT "A"**  
Legal Description

said Richwoods Park Section 2 and Richwoods Park, being a part of the Northwest Quarter of said Section 21, a distance of 825.80 feet to a point lying 123.67 feet Easterly of the East R.O.W. line of Sheridan Road; thence North 0 degrees 08 minutes 07 seconds West, a distance of 210 feet; thence North 88 degrees 54 minutes 52 seconds West, a distance of 123.67 feet to a point on the East R.O.W. line of Sheridan Road; thence North 0 degrees 08 minutes 07 seconds West along the East R.O.W. line of Sheridan Road, a distance of 375 feet; thence South 88 degrees 54 minutes 52 seconds East, a distance of 103.67 feet; thence South 38 degrees 21 minutes 55 seconds East, a distance of 32.40 feet; thence South 0 degrees 12 minutes 52 seconds East, a distance of 95 feet; thence South 39 degrees 57 minutes 26 seconds East, a distance of 87.59 feet; thence South 73 degrees 00 minutes 04 seconds East, a distance of 125 feet; thence South 67 degrees 06 minutes East, a distance of 168.90 feet; thence North 73 degrees 05 minutes 08 seconds East, a distance of 190 feet; thence North 47 degrees 05 minutes 08 seconds East, a distance of 130 feet; thence North 1 degree 05 minutes 08 seconds East, a distance of 225 feet to a point on the North line of the Northwest Quarter of said Section 21; thence South 88 degrees 54 minutes 52 seconds East along the North line of the Northwest Quarter of said Section 21, a distance of 1195.59 feet to the Point of Beginning, situate, lying and being in the County of Peoria and State of Illinois;

EXCEPTING THEREFROM a part of Lots 15 and 16 of Hillis' Subdivision, being a part of Section 16 and a part of Section 21, all in Township 9 North, Range 8 East of the Fourth Principal Meridian, being more particularly described as follows:

Commencing at the Southwest corner of Lot 13 of said Belcrest Court Extended; thence South 83 degrees 53 minutes 34 seconds West, a distance of 444.29 feet to the Point of Beginning of the tract to be described; thence South 88 degrees 21 minutes West, a distance of 39.02 feet; thence South 21 degrees 39 minutes East, a distance of 119.06 feet; thence South 0 degrees 04 minutes 53 seconds West, a distance of 15.39 feet; thence South 68 degrees 21 minutes West, a distance of 118.90 feet; thence North 21 degrees 39 minutes West, a distance of 100 feet; thence South 68 degrees 21 minutes West, a distance of 153.95 feet; thence North 21 degrees 39 minutes West, a distance of 125 feet; thence North 68 degrees 21 minutes East, a distance of 217.37 feet; thence North 21 degrees 39 minutes West, a distance of 75.28 feet; thence North 68 degrees 21 minutes East, a distance of 14.75 feet; thence North 21 degrees 39 minutes West, a distance of 144.44 feet; thence South 68 degrees 21 minutes West, a distance of 27 feet; thence North 21 degrees 39 minutes West, a distance of 33.53 feet; thence North 68 degrees 09 minutes 40 seconds East, a distance of 128.25 feet; thence South 21 degrees 39 minutes East, a distance of 30.94 feet; thence North 68 degrees 21 minutes East a distance of 70.08 feet; thence South 21 degrees 39 minutes East, a distance of 133.42 feet; thence South 2 degrees 37 minutes 41 seconds West, a distance of 9.92 feet; thence South 68 degrees 21 minutes West, a distance of 81.81 feet; thence South 21 degrees 39 minutes East, a distance of 171.92 feet to the Point of Beginning; situate, lying and being in the County of Peoria and State of Illinois.

EXCEPTING THEREFROM A part of Lot 5 in ENDRES HEIGHTS, being a subdivision of the South Half

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**EXHIBIT "A"**  
Legal Description

of the Northwest Quarter of Section 21, and part of Lot 13 in HILLIS' SUBDIVISION, being a part of Section 16 and part of Section 21, all in Township 9 North, Range 8 East of the Fourth Principal Meridian, being more particularly described as follows:

Commencing at the Southwest corner of Lot 13 of Belcrest Court Extended, a Subdivision of part of the Northeast Quarter of the Northwest Quarter of said Section 21; thence South 88 degrees 54 minutes 05 seconds East, along the South line of Lot 13 of said Belcrest Court Extended, a distance of 50.00 feet to a point on the West line of said Belcrest Court Extended; thence South 0 degrees 04 minutes 05 seconds East along the West line of said Belcrest Court Extended, a distance of 330.00 feet to the Southwest corner of said Belcrest Court Extended, said point being the Point of Beginning of the tract to be described; thence South 89 degrees 11 minutes 05 seconds East along the South line of said Belcrest Court Extended, a distance of 599.9 feet to a point on the West R.O.W. line of Knoxville Avenue (Illinois Route No. 40); thence South 0 degrees 18 minutes 37 seconds East along the West R.O.W. line of Knoxville Avenue (Illinois Route No. 40), a distance of 169.45 feet; thence South 21 degrees 29 minutes 27 seconds West along the West R.O.W. line of Knoxville Avenue (Illinois Route No. 40), a distance of 53.85 feet; thence South 0 degrees 18 minutes 37 seconds East along the West R.O.W. line of Knoxville Avenue (Illinois Route No. 40), a distance of 60.00 feet; thence North 89 degrees 41 minutes 23 seconds East, a distance of 20.00 feet; thence South 0 degrees 18 minutes 37 seconds East along the West R.O.W. line of Knoxville Avenue (Illinois Route No. 40), a distance of 50.00 feet to the Northeast corner of said Lot 5 in Endres Heights Subdivision; thence continuing South 0 degrees 18 minutes 37 seconds East along the West R.O.W. line of Knoxville Avenue (Illinois Route No. 40), a distance of 165.00 feet to the Southeast corner of said Lot 5; thence North 89 degrees 07 minutes 43 seconds West along the South line of said Lot 5, a distance of 469.60 feet to the Southwest corner of said Lot 5; thence North 0 degrees 02 minutes 59 seconds West, along the West line of said Lot 5, a distance of 165.00 feet to a point on the South line of said Lot 13 of said Hillis' Subdivision, said point being also the Northwest corner of said Lot 5; thence North 89 degrees 07 minutes 34 seconds West along the South line of Lot 13 of said Hillis' Subdivision, a distance of 132.45 feet to the Southwest corner of Lot 13 of said Hillis' Subdivision, thence North 0 degrees 04 minutes 05 seconds West along the West line of Lot 13 of said Hillis' Subdivision, a distance of 328.62 feet to the Point of Beginning, situate, lying and being in the County of Peoria and State of Illinois.

EXCEPTING THEREFROM Commencing at the Northwest Corner of Lot 20 of Richwoods Park Section Two, then East along the Northern boundary line of said Lot 20 and Lot 19 of Richwoods Park, Section Two, to the Northeast corner of Lot 19, then North 50 feet, then West to a point that is 50 feet due North of the Point of Beginning, then South 50 feet to the Point of Beginning, situated in the Northwest Quarter of Section 21, Township 9 North, Range 8 East of the Fourth Principal Meridian, located in Peoria County, Illinois.

EXCEPTING THEREFROM Commencing at the Northwest Corner of Lot 23 of Richwoods Park, Section Two, then East to the Northeast Corner of Lot 23, then North 50 feet, then West to a point that is 50 feet

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**EXHIBIT "A"**  
Legal Description

due North of the Northwest corner of Lot 23, then South 50 feet to the Northwest Corner of Lot 23, (the Point of Beginning), situated in the Northwest Quarter of Section 21, Township 9 North, Range 8 East of the Fourth Principal Meridian, located in Peoria County, Illinois.

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ALTA Commitment (06/17/2006)

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ATTACHMENT 2

**SCHEDULE B**

Schedule B of the policy or policies to be issued will contain exceptions to the following matters unless the same are disposed of to the satisfaction of the Company:

**GENERAL EXCEPTIONS**

1. RIGHTS OR CLAIMS OF PARTIES IN POSSESSION NOT SHOWN BY PUBLIC RECORD.
2. ANY ENCROACHMENT, ENCUMBRANCE, VIOLATION, VARIATION, OR ADVERSE CIRCUMSTANCE AFFECTING THE TITLE THAT WOULD BE DISCLOSED BY AN ACCURATE AND COMPLETE LAND SURVEY OF THE LAND.
3. EASEMENTS, OR CLAIMS OF EASEMENTS, NOT SHOWN BY THE PUBLIC RECORDS.
4. ANY LIEN, OR RIGHT TO A LIEN, FOR SERVICES, LABOR OR MATERIAL HERETOFORE OR HEREAFTER FURNISHED, IMPOSED BY LAW AND NOT SHOWN BY THE PUBLIC RECORDS.
5. TAXES OR SPECIAL ASSESSMENTS WHICH ARE NOT SHOWN AS EXISTING LIENS BY THE PUBLIC RECORDS.

**SCHEDULE B OF THE POLICY OR POLICIES TO BE ISSUED WILL CONTAIN EXCEPTIONS TO THE FOLLOWING MATTERS UNLESS THE SAME ARE DISPOSED OF TO THE SATISFACTION OF THE COMPANY.**

**NOTE FOR INFORMATION: THE COVERAGE AFFORDED BY THIS COMMITMENT AND ANY POLICY ISSUED PURSUANT HERETO SHALL NOT COMMENCE PRIOR TO THE DATE ON WHICH ALL CHARGES PROPERLY BILLED BY THE COMPANY HAVE BEEN FULLY PAID.**

6. DEFECTS, LIENS, ENCUMBRANCES, ADVERSE CLAIMS OR OTHER MATTERS, IF ANY, CREATED, FIRST APPEARING IN THE PUBLIC RECORDS OR ATTACHING SUBSEQUENT TO THE EFFECTIVE DATE HEREOF BUT PRIOR TO THE DATE THE PROPOSED INSURED ACQUIRES FOR VALUE OF RECORD THE ESTATE OR INTEREST OR MORTGAGE THEREON COVERED BY THIS COMMITMENT.
7. AN ALTA LOAN POLICY WILL BE SUBJECT TO THE FOLLOWING EXCEPTIONS (A) AND (B), IN THE ABSENCE OF THE PRODUCTION OF DATA AND OTHER ESSENTIAL MATTERS DESCRIBED IN OUR STATEMENT REQUIRED FOR THE ISSUANCE OF ALTA OWNERS AND LOAN POLICIES (ALTA STATEMENT). (A) ANY LIEN, OR RIGHT TO A LIEN, FOR SERVICES, LABOR, OR MATERIAL HERETOFORE OR HEREAFTER FURNISHED, IMPOSED BY LAW AND NOT SHOWN BY THE PUBLIC RECORDS; (B) CONSEQUENCES OF THE FAILURE OF THE LENDER TO PAY OUT PROPERLY THE WHOLE OR ANY PART OF THE LOAN SECURED BY THE MORTGAGE DESCRIBED IN SCHEDULE A, AS AFFECTING; (I) THE VALIDITY OF THE LIEN OF SAID MORTGAGE; AND (II) THE PRIORITY OF THE LIEN OVER ANY OTHER RIGHT, CLAIM, LIEN OR ENCUMBRANCE WHICH HAS OR MAY BECOME SUPERIOR TO THE LIEN OF SAID MORTGAGE BEFORE THE DISBURSEMENT OF THE ENTIRE PROCEEDS OF THE LOAN.

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ATTACHMENT 2

**SCHEDULE B**  
(continued)

8. Taxes for the years 2012 SECOND INSTALLMENT & 2013.

Taxes for the year 2012 are payable in two installments.

PIN: 14-21-101-023

Taxes for the year 2012 are EXEMPT.

PIN: 14-21-103-014

Taxes for the year 2012 are EXEMPT.

PIN: 14-21-101-004

The first installment amounting to \$339.86 is paid of record.

The second installment amounting to \$339.86 is not delinquent before September 4, 2013.

PIN: 14-21-101-003

The first installment amounting to \$311.62 is paid of record.

The second installment amounting to \$311.62 is not delinquent before September 4, 2013.

PIN: 14-21-101-002

Taxes for the year 2012 are EXEMPT.

PIN: 14-21-101-019

Taxes for the year 2012 are EXEMPT.

Taxes for the year 2013 are not yet due and payable.

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**SCHEDULE B**  
(continued)

9. A mortgage to secure an indebtedness as shown below

Amount: \$1,000,000.00  
 Dated: May 1, 2006  
 Mortgagor: PROCTOR HOSPITAL, AN ILLINOIS NOT FOR PROFIT CORPORATION  
 Mortgagee: J.P. MORGAN TRUST COMPANY, NATIONAL ASSOCIATION  
 Loan No.: NOT STATED  
 Recording Date: May 11, 2006  
 Recording No: 06-14691

10. Easement(s) for the purpose(s) shown below and rights incidental thereto as set forth in a document:

In favor of: Central Illinois Light Company and Illinois Bell Telephone Company  
 Purpose: Utility and Phone  
 Recording No: Book 1276, page 489

Subordination of Surface Rights

Recording Date: November 2, 1978  
 Recording No: 78-26596

Subordination of Surface Rights

Recording Date: November 2, 1978  
 Recording No: 78-26597

11. Easement(s) for the purpose(s) shown below and rights incidental thereto as set forth in a document:

In favor of: Greater Peoria Sanitary and Sewage Disposal District  
 Purpose: Sanitary and Sewer  
 Recording No: 70-03023

Subordination of Surface Rights

Recording Date: November 2, 1978  
 Recording No: 78-26598

12. Easement(s) for the purpose(s) shown below and rights incidental thereto as set forth in a document:

In favor of: Greater Peoria Sanitary and Sewage Disposal District  
 Purpose: Sanitary and Sewer  
 Recording No: 74-09724

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## SCHEDULE B

(continued)

13. Easement(s) for the purpose(s) shown below and rights incidental thereto as set forth in a document:
- In favor of: Central Illinois Light Company  
 Purpose: Utility  
 Recording No: 78-05771
14. Easement(s) for the purpose(s) shown below and rights incidental thereto as set forth in a document:
- In favor of: Central Illinois Light Company and Illinois Bell Telephone Company  
 Purpose: Utility and Phone  
 Recording No: Book 1079, page 682
15. Terms, provisions and conditions contained in Setback Encroachment Agreement recorded April 29, 1980 as document no. 80-06450.
16. Easement(s) for the purpose(s) shown below and rights incidental thereto as set forth in a document:
- In favor of: Central Illinois Light Company  
 Purpose: Utility  
 Recording No: 84-02794
17. Rights of the public, the State of Illinois and the municipality in and to that part of the Land:
- A; Grant recorded June 18, 1946 in Book 673, page 315;  
 B: Grant recorded June 18, 1946 in Book 673, page 321;  
 C: Dedication recorded February 14, 1948 in Book 737; page 271;  
 D: If any, taken or used for road purposes.
18. Easement(s) for the purpose(s) shown below and rights incidental thereto as set forth in a document:
- In favor of: Central Illinois Light Company and Illinois Bell Telephone Company  
 Purpose: Utility and Phone  
 Recording No: Book 1269, page 214
19. Easement(s) for the purpose(s) shown below and rights incidental thereto as set forth in a document:
- In favor of: Central Illinois Light Company  
 Purpose: Utility  
 Recording No: 90-01058

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ATTACHMENT 2

**SCHEDULE B**

(continued)

20. Easement(s) for the purpose(s) shown below and rights incidental thereto as set forth in a document:
- In favor of: Central Illinois Light Company  
Purpose: Utility  
Recording No: 90-18630
21. Easement(s) for the purpose(s) shown below and rights incidental thereto as set forth in a document:
- In favor of: Illinois Bell Telephone Company  
Purpose: Phone  
Recording No: 90-21197
22. Easement(s) for the purpose(s) shown below and rights incidental thereto as set forth in a document:
- In favor of: Illinois American Water Company  
Purpose: Water  
Recording No: 90-29228
23. Terms, provisions and conditions contained in the Exclusive Easement in favor of Lots 19 and 20 in Richwoods Park Section 2 to preserve and maintain the existing vegetation and to improve the existing vegetation on part of premises described in schedule A as created by instrument recorded December 28, 1990 as document no. 90-30382.
24. Terms, provisions and conditions contained in the Exclusive Easement for the benefit of Lot 23 in Richwoods Park Section 2 for the purpose of preserving and maintaining the existing vegetation and improving the existing vegetation on part of premises described in schedule A as created by instrument recorded December 28, 1990 as document no. 90-30384.
25. Easement(s) for the purpose(s) shown below and rights incidental thereto as set forth in a document:
- In favor of: Central Illinois Light Company and Illinois Bell Telephone Company  
Purpose: Utility and Phone  
Recording No: Book 1276, page 489
26. Terms, provisions and conditions contained in the Setback Encroachment Agreement recorded December 9, 1991 as document no. 91-29358.
27. Rights of way for drainage tiles, ditches, feeders, laterals and underground pipes, if any.

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**SCHEDULE B**  
(continued)

28. Terms, provisions and conditions contained in the Notice of Federal Interest recorded December 8, 2003 as document no. 03-59914, which does not contain a reversionary or forfeiture clause.
29. Easement(s) for the purpose(s) shown below and rights incidental thereto as set forth in a document:
- In favor of: SBC Ameritech Illinois  
Purpose: Phone  
Recording No: 03-26777
30. Easement(s) for the purpose(s) shown below and rights incidental thereto as set forth in a document:
- In favor of: Central Illinois Light Company  
Purpose: Utility  
Recording No: 98-21615
31. Easement(s) for the purpose(s) shown below and rights incidental thereto as set forth in a document:
- In favor of: Central Illinois Light Company  
Purpose: Utility  
Recording No: 04-21017
32. Easement(s) for the purpose(s) shown below and rights incidental thereto as set forth in a document:
- In favor of: Greater Peoria Sanitary and Sewage Disposal District  
Purpose: Sanitary and Sewer  
Recording No: 04-31951
33. Terms, provisions and conditions contained in Agreement recorded January 30, 1991 as document no. 91-02770.
34. Terms, provisions and conditions contained in Access Easement recorded April 6, 2004 as document no. 04-12451.  
Amendment thereto recorded May 24, 2004 as document no. 04-19562.
35. A financing statement as follows:
- Debtor: Proctor Hospital  
Secured Party: J.P. Morgan Trust Company, National Association  
Recording Date: May 11, 2006  
Recording No: 0001016775
36. Easement(s) for the purpose(s) shown below and rights incidental thereto as set forth in a document:
- In favor of: Comcast of Illinois/Indiana/Ohio, LLC  
Purpose: Cable  
Recording No: 2009027399

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**SCHEDULE B**  
(continued)

- 37. Existing unrecorded leases and all rights thereunder of the lessees and of any person or party claiming by, through or under the lessees.
- 38. The Company will require the following documents for review prior to the issuance of any title assurance predicated upon a conveyance or encumbrance by the corporation named below.

Name of Corporation: Proctor Hospital

- a) A Copy of the corporation By-laws and Articles of Incorporation
- b) An original or certified copy of a resolution authorizing the transaction contemplated herein. Said resolution should evidence the authority of the person(s) executing the conveyance or mortgage.
- c) If the Articles and/or By-laws require approval by a 'parent' organization, a copy of the Articles and By-laws of the parent.

The Company reserves the right to add additional items or make further requirements after review of the requested documentation.

- 39. The "Good Funds" section of the Title Insurance Act (215 ILCS 155/26) is effective January 1, 2010. This Act places limitations upon our ability to accept certain types of deposits into escrow. Please contact your local Chicago Title office regarding the application of this new law to your transaction.
- 40. Note: The Land lies within Peoria County, Illinois, all of which is subject to the Predatory Lending Database Program Act (765 ILCS 77/70 et seq. as amended) (The Act). On and after July 1, 2008, a Certificate of Compliance with the Act or a Certificate of Exemption must be obtained at time of closing in order for the Company to record any insured mortgage. If the closing is not conducted by the Company, a Certificate of Compliance or Certificate of Exemption must be attached to any mortgage to be recorded.

END OF SCHEDULE B

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35

## CONDITIONS

1. The term mortgage, when used herein, shall include deed of trust, trust deed, or other security instrument.
2. If the proposed Insured has or acquired actual knowledge of any defect, lien, encumbrance, adverse claim or other matter affecting the estate or interest or mortgage thereon covered by this Commitment other than those shown in Schedule B hereof, and shall fail to disclose such knowledge to the Company in writing, the Company shall be relieved from liability for any loss or damage resulting from any act of reliance hereon to the extent the Company is prejudiced by failure to so disclose such knowledge. If the proposed Insured shall disclose such knowledge to the Company, or if the Company otherwise acquires actual knowledge of any such defect, lien, encumbrance, adverse claim or other matter, the Company at its option may amend Schedule B of this Commitment accordingly, but such amendment shall not relieve the Company from liability previously incurred pursuant to paragraph 3 of these Conditions.
3. Liability of the Company under this Commitment shall be only to the named proposed Insured and such parties included under the definition of Insured in the form of policy or policies committed for and only for actual loss incurred in reliance hereon in undertaking in good faith (a) to comply with the requirements hereof, or (b) to eliminate exceptions shown in Schedule B, or (c) to acquire or create the estate or interest or mortgage thereon covered by this Commitment. In no event shall such liability exceed the amount stated in Schedule A for the policy or policies committed for and such liability is subject to the insuring provisions and Conditions and the Exclusions from Coverage of the form of policy or policies committed for in favor of the proposed Insured which are hereby incorporated by reference and are made a part of this Commitment except as expressly modified herein.
4. This Commitment is a contract to issue one or more title insurance policies and is not an abstract of title or a report of the condition of title. Any action or actions or rights of action that the proposed Insured may have or may bring against the Company arising out of the status of the title to the estate or interest or the status of the mortgage thereon covered by this Commitment must be based on and are subject to the provisions of this Commitment.
5. *The policy to be issued contains an arbitration clause. All arbitrable matters when the Amount of Insurance is \$2,000,000 or less shall be arbitrated at the option of either the Company or the Insured as the exclusive remedy of the parties. You may review a copy of the arbitration rules at <http://www.alta.org>.*

## END OF CONDITIONS

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ALTA Commitment (08/17/2008)

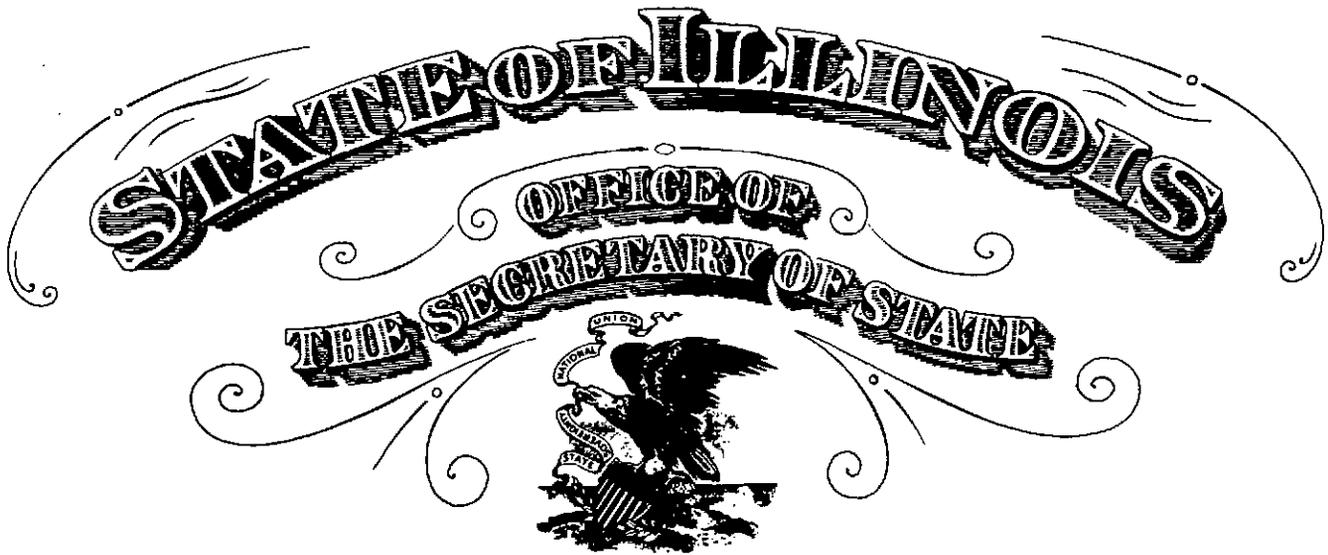
Page 14 of 14

Printed: 07.16.13 @ 11:04AM  
—SPS-1-13-5245-1300164

AMERICAN  
LAND TITLE  
ASSOCIATION



36  
ATTACHMENT 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*

PROCTOR HOSPITAL, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 19, 1958, 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 18TH day of APRIL A.D. 2017 .***



*Jesse White*

Authentication #: 1710802704 verifiable until 04/18/2018

Authenticate at: <http://www.cyberdriveillinois.com>

SECRETARY OF STATE

ATTACHMENT 3



**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*

METHODIST HEALTH SERVICES CORPORATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 25, 1981, 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 29TH day of DECEMBER A.D. 2016 .***



Authentication #: 1636402254 verifiable until 12/29/2017

Authenticate at: <http://www.cyberdriveillinois.com>

*Jesse White*

SECRETARY OF STATE



**To all to whom these Presents Shall Come, Greeting:**

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

PROCTOR HEALTH CARE INCORPORATED, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 13, 1983, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

***In Testimony Whereof, I hereto set***

*my hand and cause to be affixed the Great Seal of the State of Illinois, this 26TH day of MAY A.D. 2016 .*



*Jesse White*

Authentication #: 1614701530 verifiable until 05/26/2017

Authenticate at: <http://www.cyberdriveillinois.com>

SECRETARY OF STATE

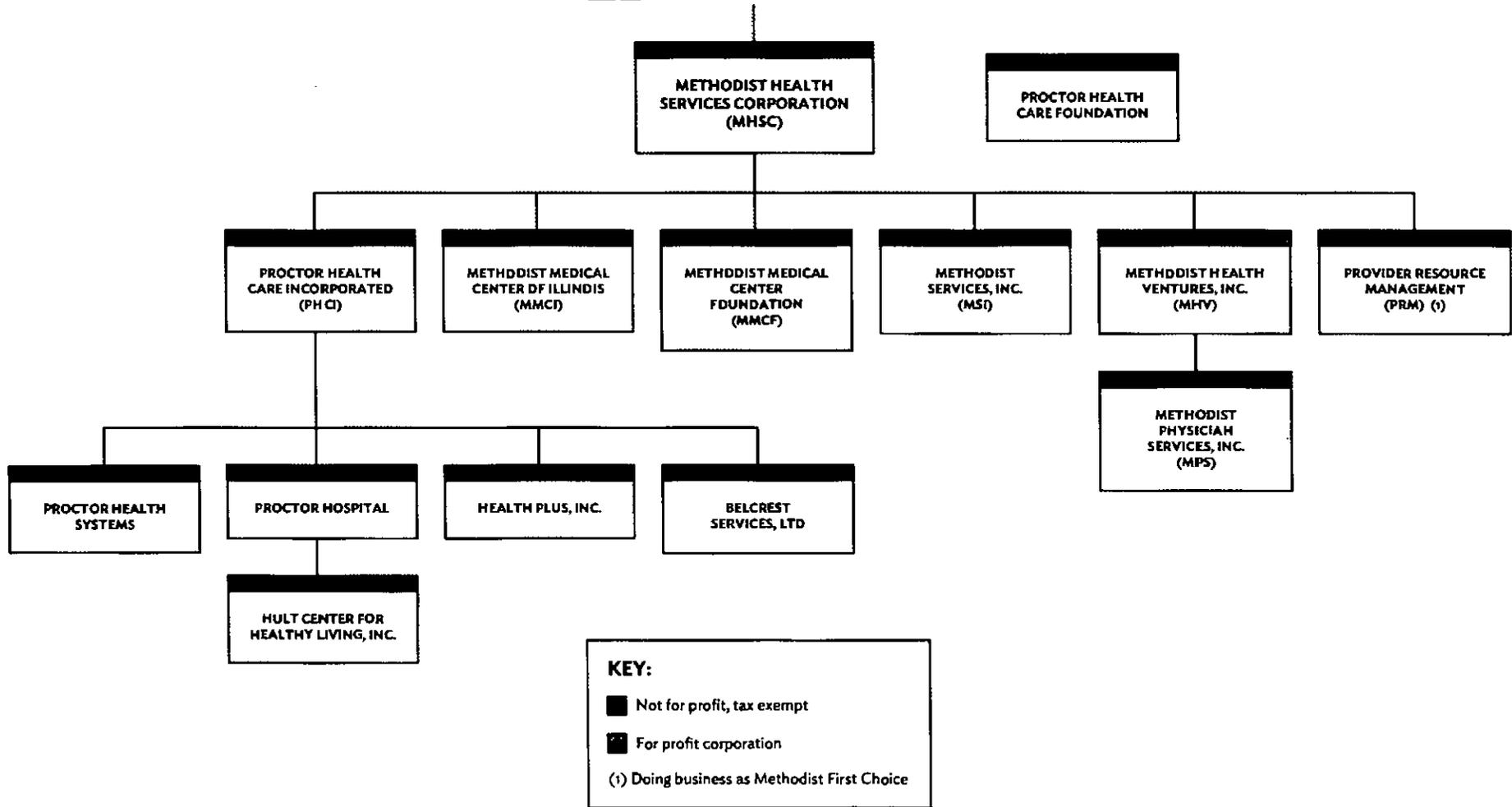
ATTACHMENT 3

## **Organizational Relationships**

Proctor Community Hospital is a subsidiary corporation of Methodist Health Services Corporation. An organizational chart showing the relationship of the two entities is attached. As the parent corporation, MHSC is financially and legally responsible for the programs and services offered at Proctor Community Hospital. The proposed discontinuation of obstetrics does not require any type of funding or financial contribution.

# Methodist Health Services Corporation

## Major Operating Entities



41

ATTACHMENT 4

## SECTION II. DISCONTINUATION

### General Information Requirements

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

Answer: The category of service to be discontinued is pediatrics. Proctor is approved to operate eight (8 beds).

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

Answer: None

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

Answer: On the date of Illinois Health Facilities and Services Review Board approval.

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

Answer: The pediatric program is located on the fourth floor of the hospital. The space will be used to provide physical therapy.

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.

Answer: Medical records will be maintained onsite or at Iron Mountain for the length of time as specified by 210 ILCS 85/6.17 that is not less than 10 years from the date of service or until minor reaches 22 years of age.

6. For applications involving the discontinuation of an entire facility, 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 60 days following the date of discontinuation.

Answer: N/A, the entire facility is not being discontinued.

### Reason for the Discontinuation

Proctor Community Hospital is proposing to discontinue the inpatient pediatric unit because there has been no demand for the service. There have been zero pediatric admissions to the Proctor pediatric unit for the last three years.

### Impact on Access

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

Answer: The discontinuation of the Proctor pediatric unit will not impact access. Because the unit has set empty for three years, its closure is more of a formality than a material change. The service area does have more than adequate pediatric bed capacity to meet the needs of the population. The table below summarizes the average daily census and bed availability at each hospital offering pediatric care. In total, there are 86 beds available within 45 minute drive time serving an average daily population of 35.4.

### 2015 Pediatric Capacity

Hospital	Beds	Avg Daily Census	Available Beds
Saint Francis	40	32.8	7.2
Methodist	12	1.6	10.4
Pekin	10	1.0	9
<b>TOTAL</b>	<b>86</b>	<b>35.4</b>	<b>26.6</b>

Source: IDPH Hospital Profiles

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

Answer: There are three hospitals that offer pediatric services within 45-minute drive time of Proctor Hospital: Saint Francis Medical Center, The Methodist Medical Center of Illinois, Pekin Hospital. Copies of the letters sent to each facility are attached. Methodist and Pekin are affiliates of Proctor Community Hospital and as such, there was not a need to send ourselves a certified letter. Galesburg Cottage Hospital, Advocate BroMenn Medical Center and St. Joseph Medical Center are all outside the 45-minute's drive time parameter. Google MapQuest's are included in ATTACHMENT-10.

3. Provide copies of impact statements received from other resources of health care facilities located within 45 minutes travel time, that indicate the extent to which the applicant's workload will be absorbed without conditions, limitations or discrimination.

Answer: Proctor's pediatric unit has not admitted any patients for three years. Its closure, therefore, will not have an impact on any other facility providing pediatric care. Each of the hospitals providing pediatric care has excess bed capacity, and is equipped to meet the pediatric needs of the service area. Copies of the letters received are attached.



UnityPoint Health  
Methodist

221 Northeast Glen Oak Avenue  
Peoria, IL 61636-0002  
(309) 672-5522

May 9, 2017

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

RE: CON Application to Discontinue Pediatric Services at Proctor Community Hospital

Dear Ms. Avery:

I am writing to express my support for the Certificate of Need application submitted by Proctor Community Hospital to discontinue its Pediatric program. In accordance with the requirements of 77 Ill. Adm Code 1110.130(c)(3), The Methodist Medical Center of Illinois falls within the 45-mile travel time and currently offers pediatric services. Methodist Medical Center has more than sufficient pediatric capacity and does not have any restrictions, limitations or discriminatory practices that would preclude serving Proctor's patient population.

If you have any questions I can be reached at 309-672-5929.

Sincerely,

Deborah R. Simon  
President & CEO



# SAINT FRANCIS MEDICAL CENTER

May 17, 2017

Terry Waters  
Vice President, Strategy & Development  
UnityPoint Health – Methodist  
221 NE Glen Oak Avenue  
Peoria, IL 61636-0002

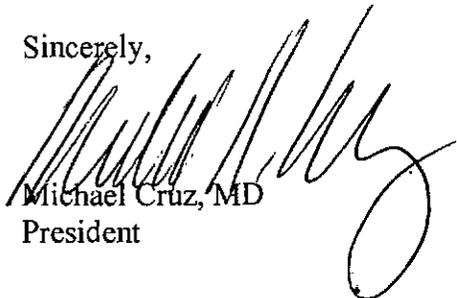
RE: Impact Statement from OSF Saint Francis Medical Center  
Regarding UnityPoint Health-Proctor Pediatric Program

Dear Mr. Waters:

OSF Saint Francis Medical Center and Children's Hospital of Illinois would be able to accommodate the pediatric population upon closure of the UnityPoint-Proctor pediatric program without any substantive impact.

Should you need additional information, please contact me at (309) 655-2439.

Sincerely,



Michael Cruz, MD  
President

46

---



PEKIN HOSPITAL

May 9, 2017

Terry Waters  
Vice President, Strategy & Development  
UnityPoint Health – Methodist  
221 NE Glen Oak Avenue  
Peoria, IL 61636-0002

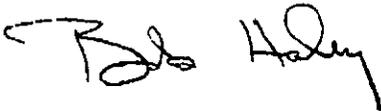
RE: Request for Impact Statement

This correspondence is in response to your request dated May 5, 2017 in regards to the closure of Proctor Hospital's pediatric services.

Pekin Hospital has the capacity to accommodate additional pediatric patients and does not have any restrictions or limitations that would adversely limit patient access.

The closure of this Unit will not have an adverse effect on Pekin Hospital.

Sincerely,



Bob J. Haley  
President  
Pekin Hospital



**UnityPoint Health**  
**Methodist | Proctor**

221 Northeast Glen Oak Avenue  
 Peoria, IL 61636-0002  
 (309) 672-5522

5409 N. Knoxville Avenue  
 Peoria, IL 61614-5094  
 (309) 691-1000

[www.unitypoint.org/peoria](http://www.unitypoint.org/peoria)

May 5, 2017

Michael A. Cruz, M.D.  
 President  
 OSF Saint Francis Medical Center  
 530 N.E. Glen Oak Avenue  
 Peoria, IL 61637

RE: Request for Impact Statement

In accordance with the requirements of 77 Ill Adm Code 110.130(c)(3), UnityPoint Health – Proctor is requesting an impact statement from OSF St. Francis Medical Center regarding the closure of the hospital’s pediatric services. The code requires contact with all approved healthcare facilities providing pediatric services within 45 minutes travel time. For your reference, pediatric statistics for the last three years at Proctor are provided in the table below.

	<u>Pediatrics</u>	
	<u>Admits</u>	<u>Days</u>
2014	0	0
2015	0	0
2016	0	0

Please provide the following information with respect to the impact of the closure of Proctor’s pediatric program.

- Your Hospital’s capacity to accommodate a portion or all of Proctor’s pediatric caseload;
- An explanation of any restrictions, limitations, or discrimination that would preclude OSF St. Francis Medical Center from serving the patient population historically served by Proctor’s pediatric program.

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

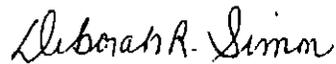
Responses should be directed to the following:

Terry Waters  
 Vice President, Strategy & Development  
 UnityPoint Health – Methodist  
 221 NE Glen Oak Avenue  
 Peoria, IL 61636-0002

Michael A. Cruz, M.D., President  
Page Two  
May 5, 2017

I appreciate your attention to this matter. Should you have a question, please contact Terry Waters at 309-672-4521.

Sincerely,

A handwritten signature in cursive script that reads "Deborah R. Simon".

Deborah R. Simon  
President & CEO

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Return Receipt (hardcopy) \$ \_\_\_\_\_

Return Receipt (electronic) \$ \_\_\_\_\_

Certified Mail Restricted Delivery \$ \_\_\_\_\_

Adult Signature Required \$ \_\_\_\_\_

Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

Total Postage and Fees \$ \_\_\_\_\_

Postmark  
Here

5/9

Sent Michael Cruz

Street and Apt. No., or PO Box No. OST St. Francis

City, State, ZIP+4® Roma, IL 61637

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
Michael Cruz, M.D.  
President  
OST St. Francis Med. Ctr.  
530 N.E. Glen Oak Ave.  
Roma, IL 61637



9590 9402 1286 5246 1317 64

2. Article Number (Transfer from service label)

7015 3010 0000 0637 5927

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Ann McClain  Agent  Addressee

B. Received by (Printed Name) \_\_\_\_\_

C. Date of Delivery 5-15-17

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

3. Service Type

Adult Signature  Priority Mail Express®

Adult Signature Restricted Delivery  Registered Mail™

Certified Mail®  Registered Mail Restricted Delivery

Certified Mail Restricted Delivery  Return Receipt for Merchandise

Collect on Delivery  Signature Confirmation™

Insured Mail  Signature Confirmation Restricted Delivery

Insured Mail Restricted Delivery (over \$500)

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt



221 Northeast Glen Oak Avenue  
Peoria, IL 61636-0002  
(309) 672-5522

5409 N. Knoxville Avenue  
Peoria, IL 61614-5094  
(309) 691-1000

[www.unitypoint.org/peoria](http://www.unitypoint.org/peoria)

May 5, 2017

Mr. Bob Haley  
President & CEO  
Pekin Hospital  
600 S. 13<sup>th</sup> Street  
Pekin, IL 61554

RE: Request for Impact Statement

In accordance with the requirements of 77 Ill Adm Code 110.130(c)(3), UnityPoint Health – Proctor is requesting an impact statement from Pekin Hospital regarding the closure of the hospital’s pediatric services. The code requires contact with all approved healthcare facilities providing pediatric services within 45 minutes travel time. For your reference, pediatric statistics for the last three years at Proctor are provided in the table below.

	<u>Pediatrics</u>	
	<u>Admits</u>	<u>Days</u>
2014	0	0
2015	0	0
2016	0	0

Please provide the following information with respect to the impact of the closure of Proctor’s pediatric program.

- Your Hospital’s capacity to accommodate a portion or all of Proctor’s pediatric caseload;
- An explanation of any restrictions, limitations, or discrimination that would preclude Pekin Hospital from serving the patient population historically served by Proctor’s pediatric program.

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

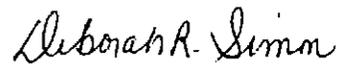
Responses should be directed to the following:

Terry Waters  
Vice President, Strategy & Development  
UnityPoint Health – Methodist  
221 NE Glen Oak Avenue  
Peoria, IL 61636-0002

Mr. Bob Haley  
Page Two  
May 5, 2017

I appreciate your attention to this matter. Should you have a question, please contact Terry Waters at 309-672-4521.

Sincerely,

A handwritten signature in cursive script that reads "Deborah R. Simon".

Deborah R. Simon  
President & CEO

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Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$

Postmark  
Here

5/9

Sent To: Bob Haley  
 Street and Apt. No., or PO Box No. \_\_\_\_\_  
 City, State, ZIP+4® \_\_\_\_\_

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:  
Bob Haley  
President  
Rekin Hospital  
600 S. 13th Street  
Peekin, IA 61554



9590 9402 1286 5246 1317 33

2. Article Number (Transfer from service label)  
 7015 3010 0000 0637 5958

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature [Signature]  Agent  Addressee

B. Received by (Printed Name) Matt Shane C. Date of Delivery 5-11

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

3. Service Type
- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                               | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery           | <input type="checkbox"/> Registered Mail™                           |
| <input checked="" type="checkbox"/> Certified Mail®                    | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery            | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                           | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery       | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                                  |   |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |   |

PS Form 3811, July 2015 PSN 7530-02-000-9053

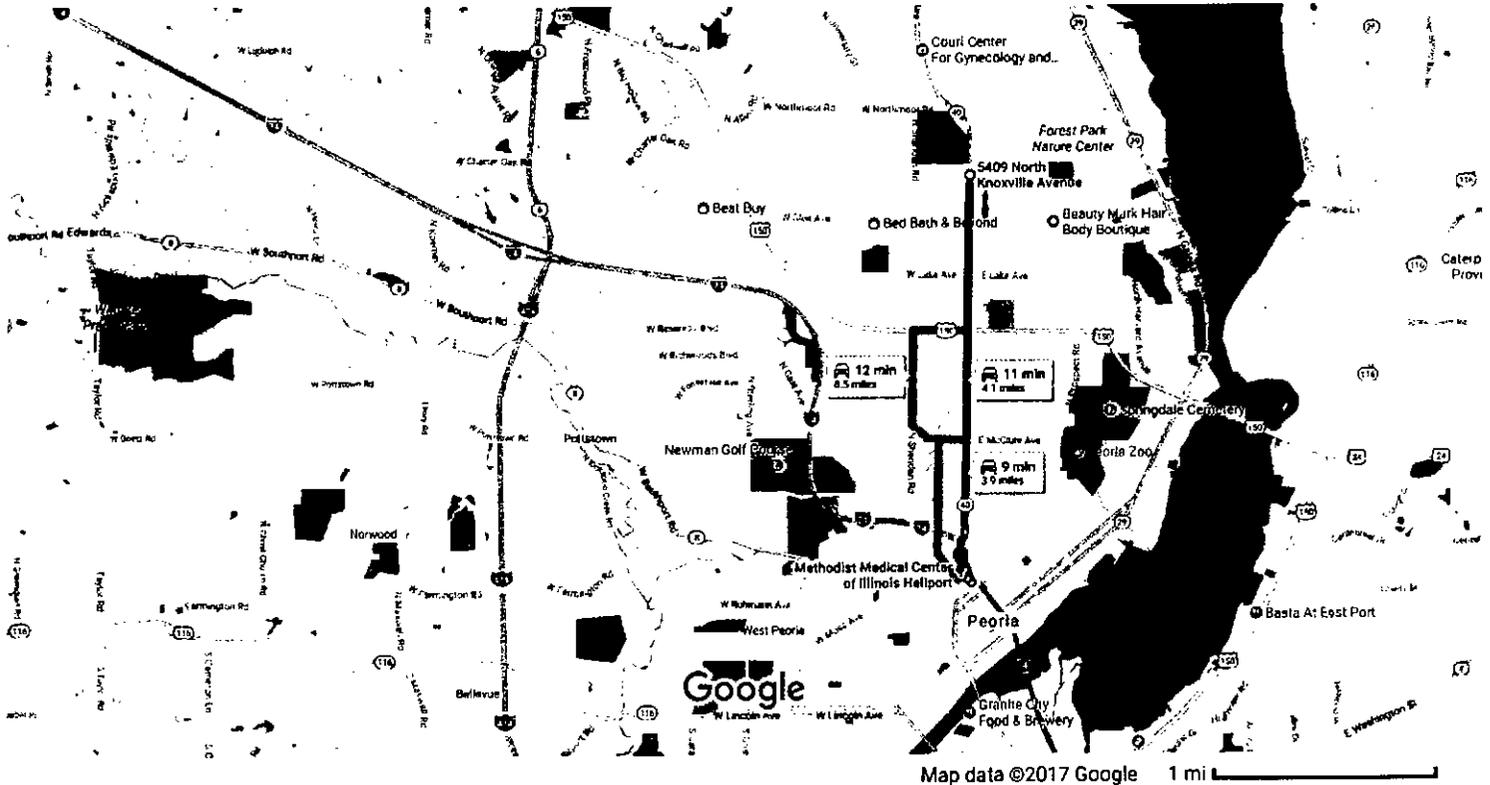
Domestic Return Receipt

Google Maps

5409 N Knoxville Ave, Peoria, IL 61614 to Methodist Medical Center of Illinois Heliport

Drive 3.9 miles, 9 min

From Proctor Hospital to Methodist Medical Center of Illinois



### 5409 N Knoxville Ave

Peoria, IL 61614

- ↑ 1. Head south on N Knoxville Ave toward E Cherry Ridge Rd 3.3 mi
  - ↗ 2. Use the middle 2 lanes to take the ramp to N Knoxville Ave 0.2 mi
  - ➡ 3. Keep right to continue on N Knoxville Ave 0.2 mi
  - ↑ 4. Continue onto Fayette St 0.1 mi
  - ➡ 5. Turn right 82 ft
  - ➡ 6. Turn right 302 ft
  - ↶ 7. Turn left 335 ft
- 📍 Destination will be on the right

### Methodist Medical Center of Illinois Heliport

221 NE Glen Oak Ave, Peoria, IL 61636

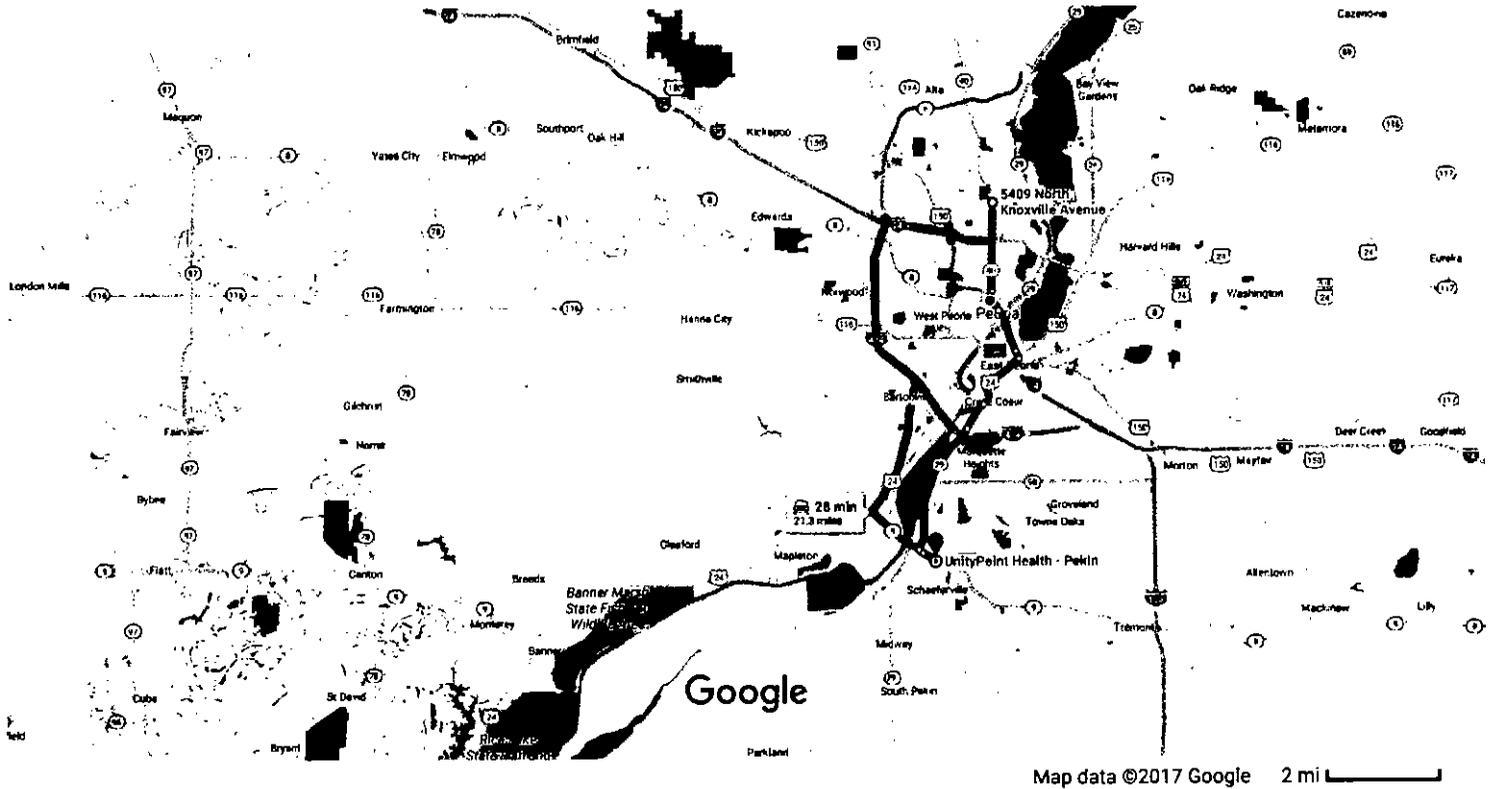
54

ATTACHMENT-10

Google Maps

5409 N Knoxville Ave, Peoria, IL 61614 to UnityPoint Health - Pekin Drive 15.2 miles, 26 min

From Proctor Hospital to Pekin Hospital



### 5409 N Knoxville Ave

Peoria, IL 61614

Take N Knoxville Ave, I-74, N Main St and IL-29 S to S 13th St in Pekin

27 min (15.1 mi)

- ↑ 1. Head south on N Knoxville Ave toward E Cherry Ridge Rd 3.3 mi
- ⤴ 2. Use the 2nd from the left lane to take the ramp to I-74 0.2 mi
- ↩ 3. Keep left, follow signs for I-74 E/Bloomington and merge onto I-74 0.6 mi
- ↩ 4. Keep left to stay on I-74 1.6 mi
- ↘ 5. Use the right lane to take exit 95A for US-150 W/IL-116/N Main St 0.3 mi
- ↘ 6. Use the right 2 lanes to turn right onto IL-116 W/US-150 E/E Caterpillar Trail/N Main St  
 ● Continue to follow N Main St 2.4 mi
- ↑ 7. Continue straight to stay on N Main St 1.1 mi

- ↩ 8. Keep left to continue on IL-29 S/S Main St
  - 📍 Continue to follow IL-29 S 4.9 mi
- ↩ 9. Turn left onto Margaret St 0.2 mi
- ↑ 10. Continue onto Court St 0.5 mi

**Continue on S 13th St to your destination**

- ↪ 11. Turn right onto S 13th St 29 s (315 ft)
- ↩ 12. Turn left 246 ft
- ↪ 13. Turn right 43 ft
  - 📍 Destination will be on the right 26 ft

### UnityPoint Health - Pekin

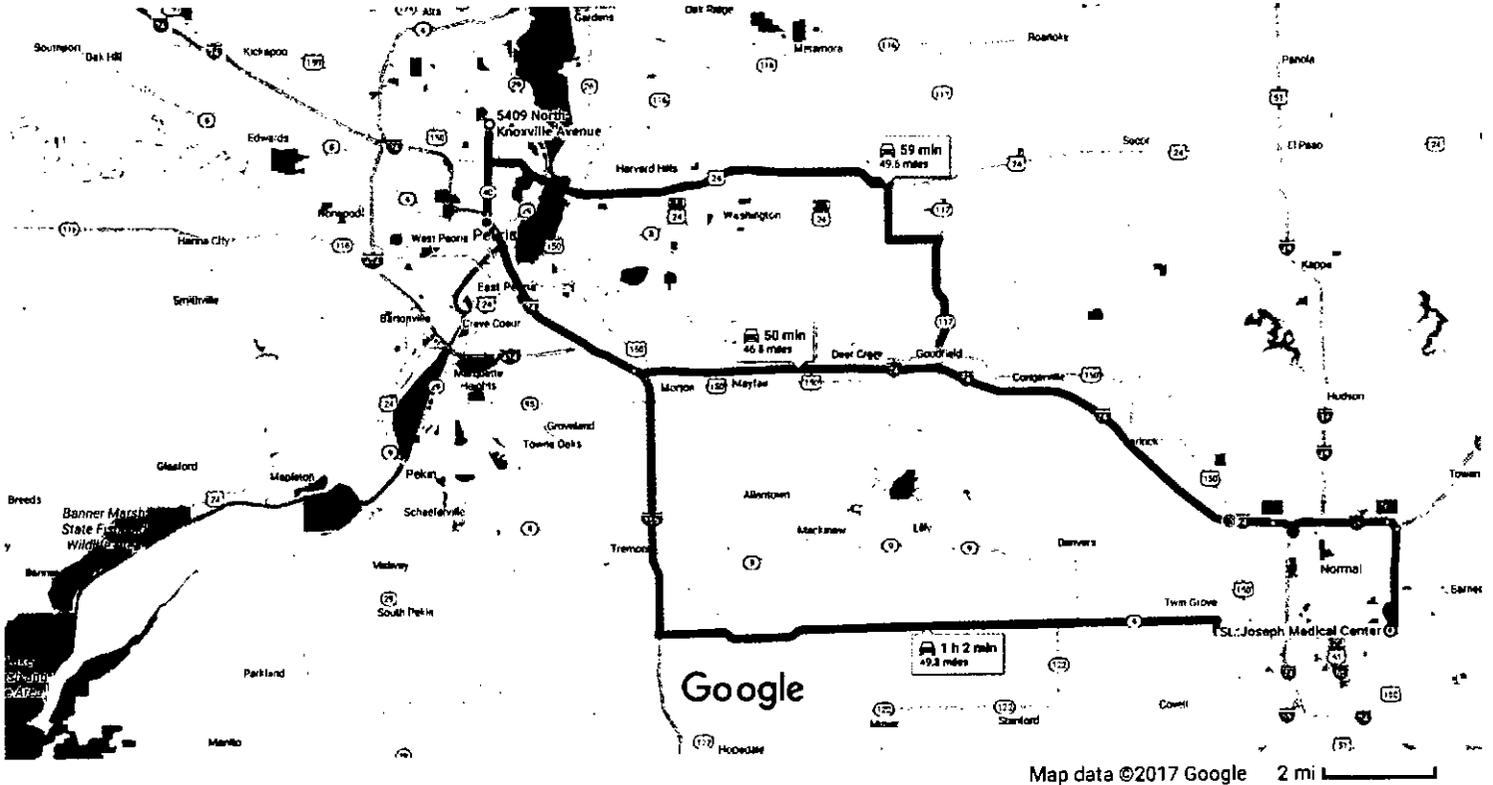
600 S 13th St, Pekin, IL 61554

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Google Maps

5409 N Knoxville Ave, Peoria, IL 61614 to St. Joseph Medical Center, Bloomington, IL

Proctor Hospital to St. Joseph Medical Center



5409 N Knoxville Ave

Peoria, IL 61614

Get on I-74

- ↑ 1. Head south on N Knoxville Ave toward E Cherry Ridge Rd 8 min (3.6 mi)
- ↗ 2. Use the 2nd from the left lane to take the ramp to I-74 3.3 mi
- ↙ 3. Keep left, follow signs for I-74 E/Bloomington and merge onto I-74 0.2 mi
- ↙ 3. Keep left, follow signs for I-74 E/Bloomington and merge onto I-74 0.2 mi

Continue on I-74 to Normal Township. Take exit 167 from I-55 N

- ↗ 4. Merge onto I-74 34 min (39.1 mi)
- ↙ 5. Keep left to stay on I-74 0.4 mi
- ↙ 5. Keep left to stay on I-74 7.6 mi
- ↙ 6. Keep left to stay on I-74 25.6 mi

- 7. Use the left lane to take exit 127 to merge onto I-55 N toward Chicago 5.0 mi
- 8. Take exit 167 for I-55 Loop S/Veterans Pkwy 0.5 mi

**Follow I-55BL/Historic U.S. 66 W/Veterans Pkwy to St Joseph Dr in Bloomington**

9 min (4.0 mi)

- 9. Use the right 2 lanes to turn right onto I-55BL/Historic U.S. 66 W/Veterans Pkwy 3.8 mi
- 10. Turn right onto E Washington St 482 ft
- 11. Turn right at the 1st cross street onto St Joseph Dr 0.1 mi
- 12. Continue straight to stay on St Joseph Dr 177 ft
  - Destination will be on the left

### St. Joseph Medical Center

Bloomington, IL 61701

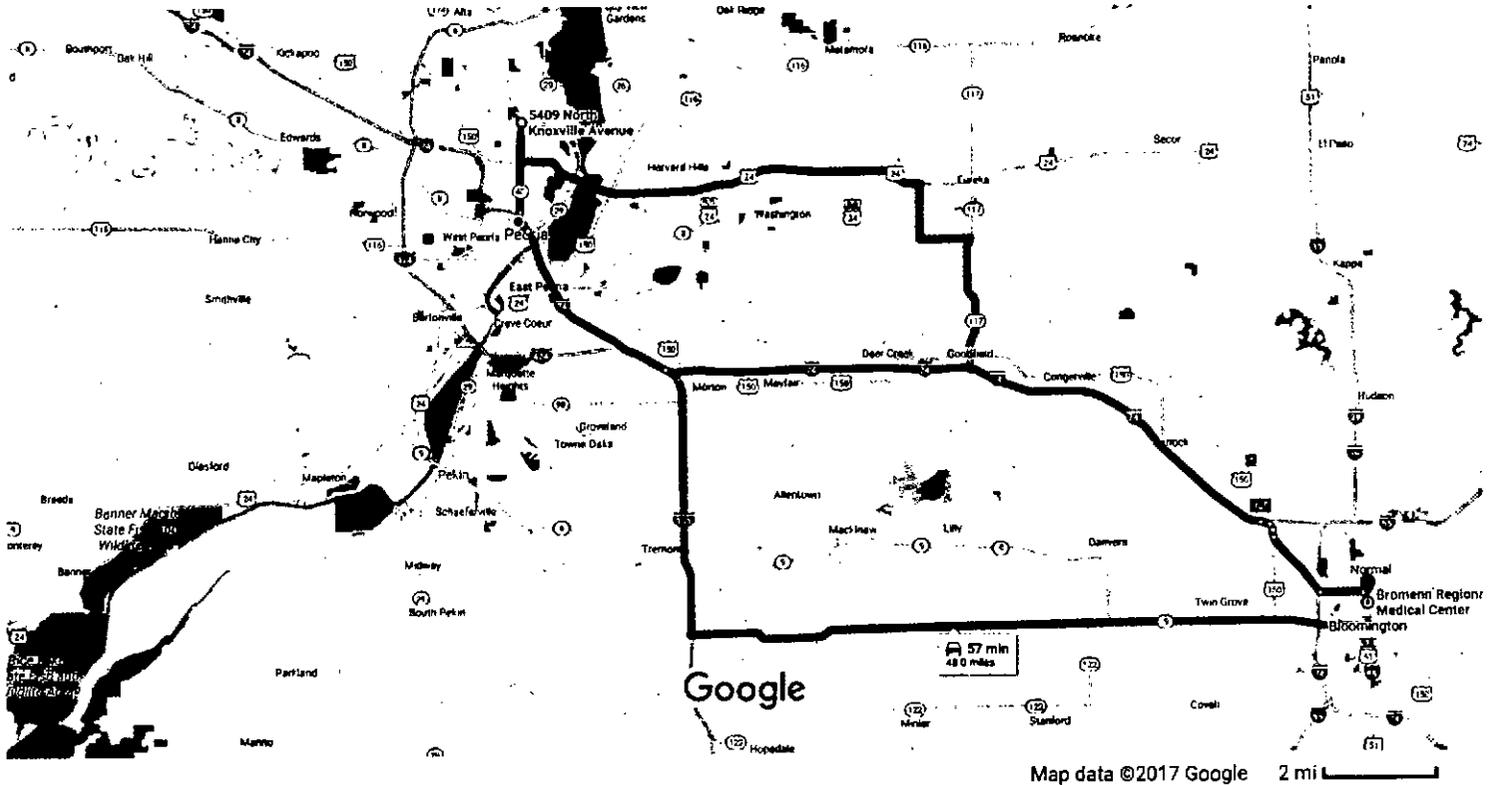
These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Google Maps

5409 N Knoxville Ave, Peoria, IL 61614 to Bromenn Regional Medical Center

Drive 41.6 miles, 46 min

From Proctor Hospital to Bromenn Regional Medical Center



Map data ©2017 Google 2 mi

5409 N Knoxville Ave

Peoria, IL 61614

Get on I-74

- ↑ 1. Head south on N Knoxville Ave toward E Cherry Ridge Rd 8 min (3.6 mi)
- ⤴ 2. Use the 2nd from the left lane to take the ramp to I-74 3.3 mi
- ⤴ 3. Keep left, follow signs for I-74 E/Bloomington and merge onto I-74 0.2 mi
- ⤴ 3. Keep left, follow signs for I-74 E/Bloomington and merge onto I-74 0.2 mi

Follow I-74 to US-150 E in Dry Grove Township. Take exit 125 from I-74

- ⤴ 4. Merge onto I-74 28 min (32.4 mi)
- ⤴ 4. Merge onto I-74 0.4 mi
- ⤴ 5. Keep left to stay on I-74 7.6 mi
- ⤴ 6. Keep left to stay on I-74 24.0 mi

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ATTACHMENT-10

- 7. Take exit 125 for US-150 toward Mitsubishi/Motorway 0.4 mi

**Take White Oak Rd and W Hovey Ave to S Main St in Normal**

11 min (5.5 mi)

- 8. Turn right onto US-150 E (signs for Mitsubishi Motorway) 0.2 mi
- 9. Turn right at the 1st cross street onto Mabel Rd 0.3 mi
- 10. Continue onto White Oak Rd 2.7 mi
- 11. Turn left onto W Hovey Ave 1.6 mi
- 12. Turn right onto S Center St/Kingsley St 0.5 mi
  - Continue to follow S Center St
- 13. Turn left onto W Division St 279 ft
- 14. Turn left at the 1st cross street onto S Main St 0.1 mi
  - Destination will be on the right

**Bromenn Regional Medical Center**

1322 S Main St A, Normal, IL 61761

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

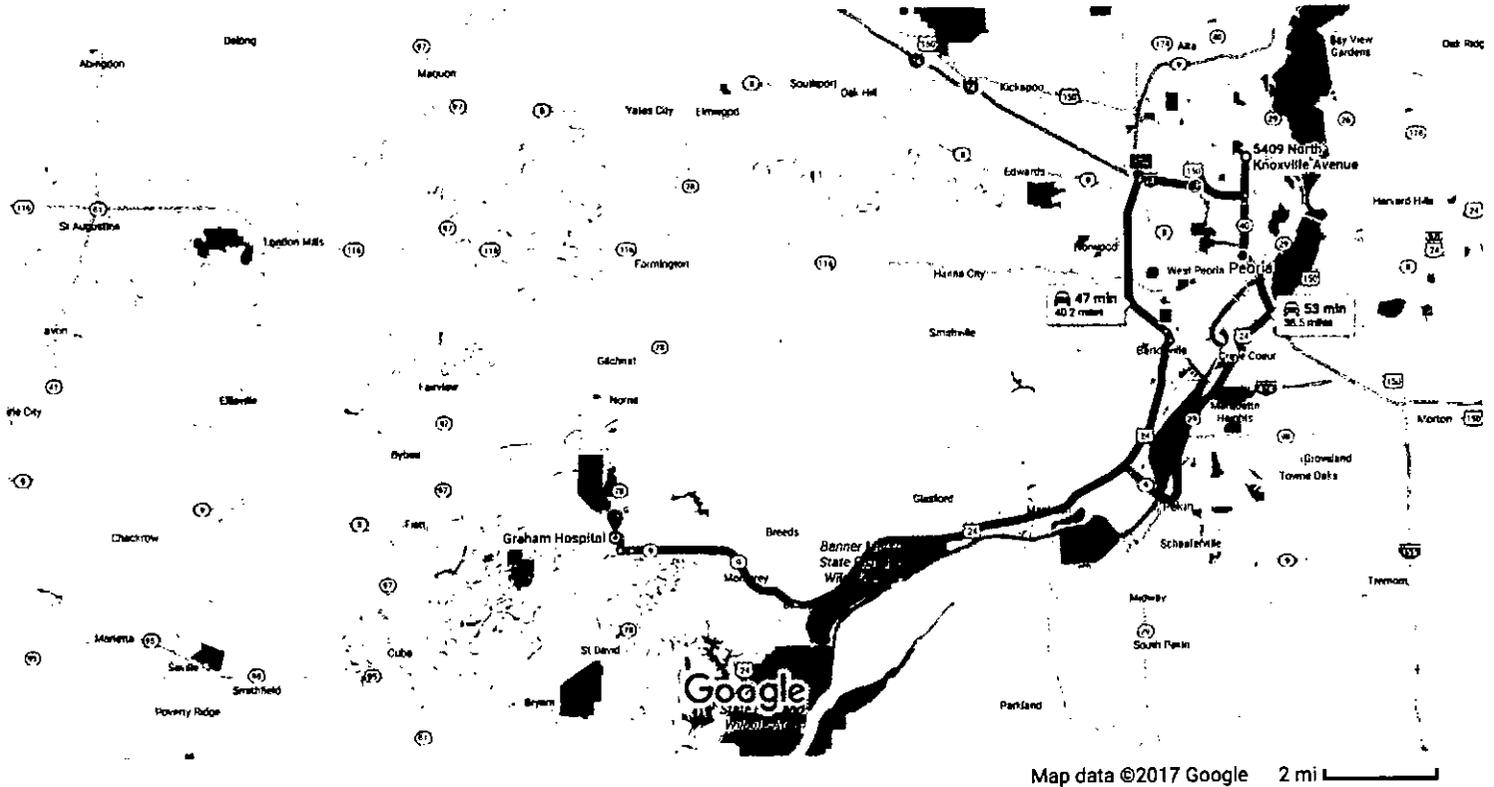
60

Google Maps

5409 N Knoxville Ave, Peoria, IL 61614 to Graham Hospital

Drive 40.2 miles, 47 min

From Proctor Hospital to Graham Hospital, Canton



5409 N Knoxville Ave

Peoria, IL 61614

- ↑ 1. Head south on N Knoxville Ave toward E Cherry Ridge Rd 3 min (1.4 mi)
- Take I-474 E and US-24 W to IL-9 W/W Valleyview Dr in Banner 34 min (30.7 mi)
- 2. Turn right onto W War Memorial Dr 1.8 mi
- ⤴ 3. Use the right lane to take the I-74 W ramp 0.7 mi
- ⤴ 4. Merge onto I-74 2.1 mi
- 5. Take exit 87A to merge onto I-474 E toward Indianapolis 0.6 mi
- 6. Keep left to stay on I-474 E 6.3 mi
- 7. Take exit 6 for US 24/Adams St toward Bartonville 0.4 mi

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ATTACHMENT-10

- ↻ 8. Turn right onto US-24 W/SW Adams St/McKinley St (signs for Bartonville)
  - i Continue to follow US-24 W
 18.9 mi

**Continue on IL-9 W. Drive to W Walnut St in Canton**

12 min (8.1 mi)

- ↑ 9. Continue straight onto IL-9 W/W Valleyview Dr
  - i Continue to follow IL-9 W
 7.0 mi
- ↑ 10. Continue straight onto E Linn St
 0.4 mi
- ↻ 11. Turn right onto S Main St
 0.5 mi
- ↶ 12. Turn left onto W Walnut St
  - i Destination will be on the left
 0.2 mi

### Graham Hospital

210 W Walnut St, Canton, IL 61520

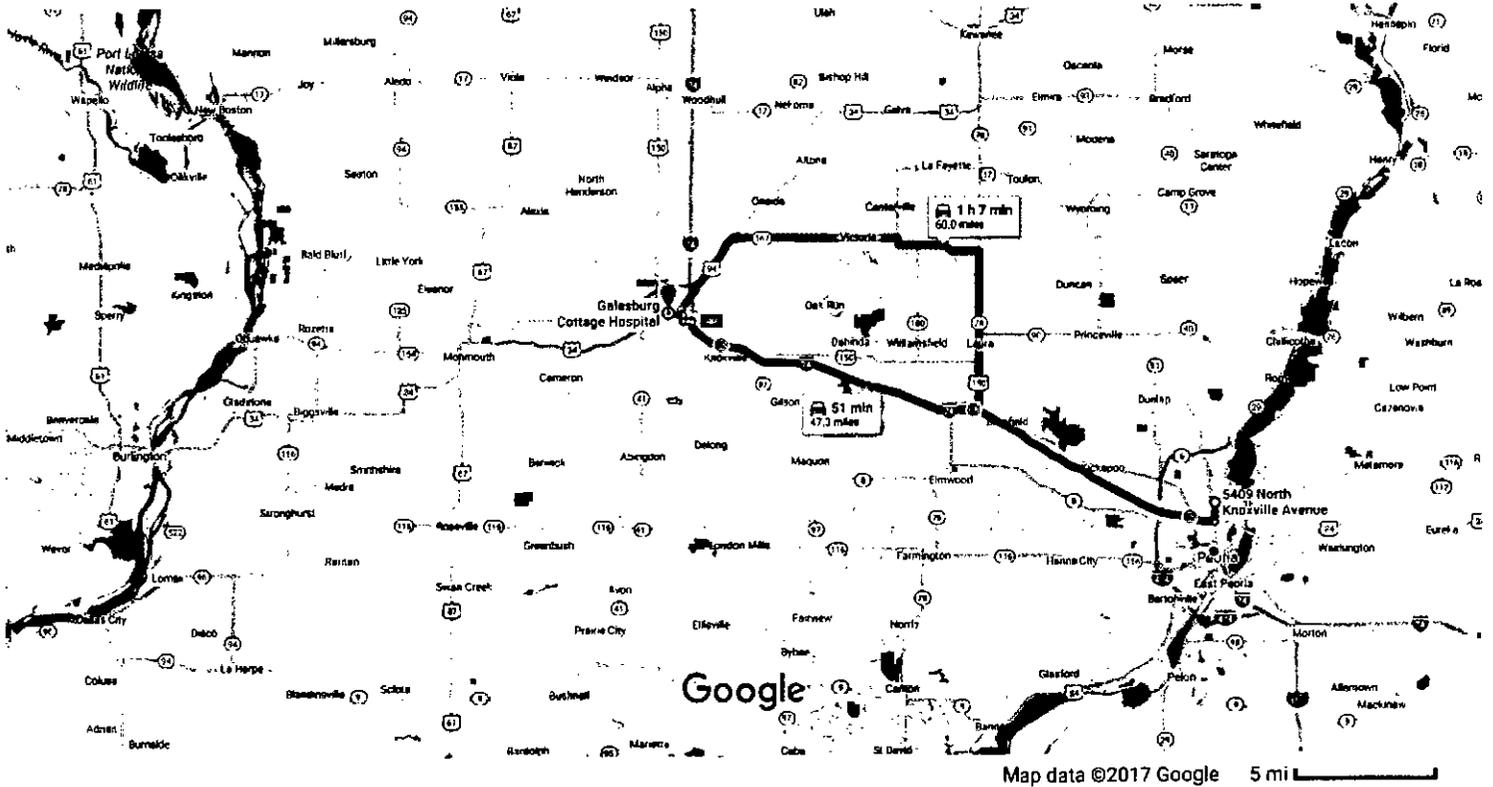
These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

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Google Maps

5409 N Knoxville Ave, Peoria, IL 61614 to Galesburg Cottage Hospital Drive 47.3 miles, 51 min

Proctor Hospital to Galesburg Cottage Hospital



### 5409 N Knoxville Ave

Peoria, IL 61614

#### Get on I-74

- ↑ 1. Head south on N Knoxville Ave toward E Cherry Ridge Rd 7 min (3.9 mi)
- ↘ 2. Turn right onto W War Memorial Dr 1.4 mi
- ↘ 3. Use the right lane to take the I-74 W ramp 1.8 mi
- ↘ 4. Use the right lane to take the I-74 W ramp 0.7 mi

#### Follow I-74 to E Main St in Galesburg. Take exit 48A from I-74

- ↘ 4. Merge onto I-74 36 min (41.1 mi)
- ↘ 5. Take exit 48A toward Galesburg 40.8 mi
- ↘ 6. Take exit 48A toward Galesburg 0.3 mi

#### Follow E Main St, N Farnham St and E Losey St to N Kellogg St

6 min (2.3 mi)

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ATTACHMENT-10

- 6. Merge onto E Main St 0.3 mi
- 7. Continue straight to stay on E Main St 0.4 mi
- 8. Turn right onto N Farnham St 0.5 mi
- 9. Turn left onto E Losey St 1.1 mi
- 10. Turn right onto N Kellogg St 0.1 mi
  - Destination will be on the right

### Galesburg Cottage Hospital

695 N Kellogg St, Galesburg, IL 61401

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

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## SECTION XI – SAFETY NET IMPACT STATEMENT

Safety net impact statement that describes all substantive and discontinuation projects.

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.

ANSWER: The discontinuation of pediatrics at Proctor is not expected to have any impact on safety net services. Proctor did not have any pediatric patients in 2016. Methodist Medical Center operates a 12 bed pediatric unit and has capacity to accommodate additional volume. Additionally, both Saint Francis and Pekin have excess pediatric capacity which serves the public without restrictions or limitations.

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

ANSWER: The request to discontinue pediatrics is not expected to have an impact on any other provider. Moreover, UnityPoint Health, the parent of Methodist Health Services Corporation, has an AA- rated bond rating demonstrating more than sufficient financial capacity to provide charity care should the need arise.

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.

ANSWER: Discontinuation of pediatric services will not have a material impact on any other provider. Methodist Medical Center has the capacity and desire to serve the patient population affected by the proposed discontinuation.

### **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.

ANSWER: Please see Chart in ATTACHMENT-38

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.

ANSWER: Please see Chart in ATTACHMENT-38

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

ANSWER: Not Applicable.

XI – SAFETY NET IMPACT INFORMATION

PROCTOR COMMUNITY HOSPITAL

CHARITY CARE			
<b>Charity (# of patients)</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
Inpatient	146	117	138
Outpatient	<u>709</u>	854	<u>1,196</u>
<b>Total</b>	855	971	1,334
<b>Charity (cost in dollars)</b>			
Inpatient	\$146,865	\$58,330	\$81,621
Outpatient	<u>\$244,161</u>	<u>\$140,862</u>	<u>\$287,050</u>
<b>Total</b>	\$391,026	\$199,192	\$368,671
<b>Medicaid (# of patients)</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
Inpatient	267	193	184
Outpatient	<u>5,471</u>	<u>7,033</u>	<u>8,435</u>
<b>Total</b>	5,738	7,226	8,619
<b>Medicaid (revenue)</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
Inpatient	\$2,392,162	\$2,061,530	\$1,996,788
Outpatient	<u>\$1,742,838</u>	<u>\$4,312,871</u>	<u>\$5,293,952</u>
<b>Total</b>	\$4,135,000	\$6,374,401	\$7,290,740

XI – SAFETY NET IMPACT INFORMATION

METHODIST MEDICAL CENTER OF ILLINOIS

CHARITY CARE			
<b>Charity (# of patients)</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
Inpatient	483	676	922
Outpatient	<u>3,736</u>	<u>4,846</u>	<u>5,540</u>
<b>Total</b>	<b>4,219</b>	<b>5,522</b>	<b>6,462</b>
<b>Charity (cost in dollars)</b>			
Inpatient	\$1,944,413	\$803,352	\$689,084
Outpatient	<u>\$1,811,413</u>	<u>\$1,405,192</u>	<u>\$1,472,523</u>
<b>Total</b>	<b>\$3,755,826</b>	<b>\$2,208,544</b>	<b>\$2,161,607</b>
<b>Medicaid (# of patients)</b>			
<b>2014</b>	<b>2015</b>	<b>2016</b>	
Inpatient	3,584	4,027	3,751
Outpatient	<u>51,419</u>	<u>55,194</u>	<u>57,391</u>
<b>Total</b>	<b>55,003</b>	<b>59,221</b>	<b>61,142</b>
<b>Medicaid (revenue)</b>			
<b>2014</b>	<b>2015</b>	<b>2016</b>	
Inpatient	\$30,878,131	\$30,731,576	\$34,368,916
Outpatient	<u>\$28,332,100</u>	<u>\$36,369,198</u>	<u>\$40,126,990</u>
<b>Total</b>	<b>\$59,210,231</b>	<b>\$67,100,774</b>	<b>\$75,495,906</b>

## XII – CHARITY CARE INFORMATION

Charity Care information MUST be furnished for ALL projects.

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.

ANSWER: See Chart in ATTACHMENT-39

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.

ANSWER: See Chart in ATTACHMENT-39

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.

ANSWER: Not Applicable.

**XII – CHARITY CARE INFORMATION**

**PROCTOR COMMUNITY HOSPITAL**

<b>CHARITY CARE</b>			
	<b>2014</b>	<b>2015</b>	<b>2016</b>
<b>Net Patient Revenue</b>	\$83,274,075	\$89,191,663	\$100,720,439
<b>Amount of Charity Care (charges)</b>	\$2,800,688	\$920,895	\$1,907,133
<b>Cost of Charity Care</b>	\$391,026	\$199,192	\$368,671

**XII – CHARITY CARE INFORMATION**

**METHODIST MEDICAL CENTER OF ILLINOIS**

<b>CHARITY CARE</b>			
	<b>2014</b>	<b>2015</b>	<b>2016</b>
<b>Amount of Charity Care (charges)</b>	\$12,803,103	\$7,552,878	\$7,195,113
<b>Cost of Charity Care</b>	\$3,755,826	\$2,208,544	\$2,161,607

*Original*

## ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

## CERTIFICATE OF NEED PERMIT APPLICATION

FEBRUARY 2017 EDITION

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ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
 525 WEST JEFFERSON STREET, 2nd FLOOR  
 SPRINGFIELD, ILLINOIS 62761  
 (217) 782-3516

## INSTRUCTIONS

## GENERAL

- The application for permit (Application) must be completed for all proposed projects that are subject to the permit requirements of the Illinois Health Facilities Planning Act (Planning Act), including those involving the establishment, expansion, modernization and certain discontinuations of a service or facility.
- The persons preparing the application for permit are advised to refer to the Planning Act, as well as the rules promulgated there under (77 Ill. Adm. Codes 1100, 1110, 1120 and 1130) for more information.
- **The Application does not supersede any of the above-cited rules and requirements.**
- The Application is organized into several sections, involving information requirements that coincide with the Review Criteria in 77 Ill. Adm. Code 1110 (Processing, Classification Policies and Review Criteria) and 1120 (Financial and Economic Feasibility).
- Questions concerning completion of this form may be directed to Health Facilities and Services Review Board staff at (217) 782-3516.
- Copies of the Application form are available on the Health Facilities and Services Review Board Website [www.hfsrb.illinois.gov](http://www.hfsrb.illinois.gov).

## SPECIFIC

- Use the Application as written and formatted.
- Complete and submit **ONLY** those Sections along with the required attachments that are applicable to the type of project proposed.
- **ALL APPLICABLE CRITERIA** for each applicable section must be addressed. If a criterion is **NOT APPLICABLE**, label it as such and state the reason why.
- For all applications for which time and distance documentation is required, submit copies of all MapQuest printouts that indicate the distance and time to or from the proposed facility.
- **ALL PAGES ARE TO BE NUMBERED CONSECUTIVELY BEGINNING WITH PAGE 1 OF THE APPLICATION. DO NOT INCLUDE INSTRUCTIONS AS PART OF THE APPLICATION OR IN NUMBERING THE PAGES IN THE APPLICATION.**
- Unless otherwise stated, attachments for each Section should be appended after the last page of the Application.
- Begin each attachment on a separate 8 1/2" x 11" sheet of paper and print or type the attachment identification in the lower right-hand corner of each attached page.
- Include documents such as MapQuest printouts, physician referral letters, impact letters, and documentation of receipt as appendices after the last attachment. Label as Appendices 1, 2, etc.
- For all applications that require physician referrals, the following must be provided: a summary of the total number of patients by zip code and a summary (number of patients by zip code) for each facility the physician referred patients to in the past 12 or 24 months, whichever is applicable.
- Information to be considered must be included with the applicable Section attachments. References to appended material not included within the appropriate Section will **NOT** be considered.
- The Application must be signed by the authorized representative(s) of each applicant entity.
- Provide an original Application and one copy, both **unbound**. Label the copy that contains the original signatures **original** (put the label on the Application).

**Failure to follow these requirements WILL result in the Application being declared incomplete. In addition, failure to provide certain required information (e.g., not providing a site for the proposed project or having an invalid entity listed as the applicant) may result in the Application being declared null and void. Applicants are advised to read Part 1130 with respect to completeness (1130.620(c)).**

**ADDITIONAL REQUIREMENTS****FLOOD PLAIN REQUIREMENTS**

Before an application for permit involving construction will be deemed **COMPLETE**, the applicant must **attest** that the project **is or is not in a flood plain** and that the location of the proposed project complies with the Flood Plain Rule under **Illinois Executive Order #2006-5**.

**HISTORIC PRESERVATION REQUIREMENTS**

In accordance with the requirements of the Illinois State Agency Historic Resources Preservation Act (Preservation Act), the Health Facilities Services and Review Board is required to advise the Historic Preservation Agency (HPA) of any projects that could affect historic resources. Specifically, the Preservation Act provides for a review by the Historic Preservation Agency to determine if certain projects may impact historic resources. These types of projects include:

1. Projects involving demolition of any structures;
2. Construction of new buildings; or
3. Modernization of existing buildings.

The applicant must submit the following information to the HPA so that known or potential cultural resources within the project area can be identified and the project's effects on significant properties can be evaluated:

1. General project description and address;
2. Topographic or metropolitan map showing the general location of the project;
3. Photographs of any standing buildings/structure within the project area; and
4. Addresses for buildings/structures, if present.

The HPA will provide a determination letter concerning the applicability of the Preservation Act. Include the determination letter or comments from HPA with the application for permit.

Information concerning the Preservation Act may be obtained by calling (217) 785-7930 or writing the Illinois Historic Preservation Agency, Preservation Services Division, 1 Old State Capitol Plaza, Springfield, Illinois 67201-1507.

**SAFETY NET IMPACT STATEMENT**

A SAFETY NET IMPACT STATEMENT must be submitted for **ALL SUBSTANTIVE AND DISCONTINUATION PROJECTS**. SEE SECTION X OF THE APPLICATION FOR PERMIT.

**CHARITY CARE INFORMATION**

CHARITY CARE INFORMATION must be provided for **ALL** projects. SEE **SECTION XI** OF THE APPLICATION FOR PERMIT.

**FEE**

An application-processing fee (refer to Part 1130.230 to determine the fee) must be submitted with most applications. If a fee is applicable, an initial fee of \$2,500 **MUST** be submitted with the application. HFSRB staff will inform applicants of the amount of the fee balance, if any, that must be submitted. **The application will not be deemed complete and review will not be initiated until the entire processing fee is submitted. Payment may be made by check or money order and must be made payable to the Illinois Department of Public Health.**

**APPLICATION SUBMISSION**

**Submit an original and one copy of all Sections** of the application, including all necessary attachments. **The original must contain original signatures in the certification portions of this form.** Submit all copies to:

**Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761**