ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION Facility/Project Identification

Facility Name: St. Elizabeth's Hospital of the Hospital Sisters of the Third Order of St. Francis; discontinue 16-bed Acute Rehabilitation Category of Service
Street Address: 1 St. Elizabeth's Boulevard
City and Zip Code: O'Fallon, 62269

County: St. Clair Health Service Area: 11 Health Planning Area: F-01

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

Exact Legal Name: Hospital Sisters Health System
Street Address: 4936 LaVerna Road
City and Zip Code: Springfield, 62707
Name of Registered Agent: Amy Bulpitt
Registered Agent Street Address: 4936 LaVerna Road
Registered Agent City and Zip Code: Springfield, 62707
Name of Chief Executive Officer: Mary Starmann-Harrision
CEO Street Address: 4936 LaVerna Road
CEO City and Zip Code: Springfield, 62707
CEO Telephone Number: (217) 788-6288

Type of Ownership of Applicants

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

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

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

Primary Contact [Person to receive ALL correspondence or inquiries]

Name: Amy Bulpitt
Title: Vice President & General Counsel
Company Name: Hospital Sisters Health System
Address: 4936 LaVerna Road, Springfield, IL 62707
Telephone Number: (217) 492-9617
E-mail Address: amy.bulpitt@hshs.org
Fax Number: (217) 523-0542

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

Name: Alison Tindall
Title: Director of Business Development
Company Name: St. Elizabeth's Hospital of the Hospital Sisters of the Third Order of St. Francis
Address: 1 St. Elizabeth's Boulevard, O'Fallon, IL 62269
Telephone Number: (618) 234-2120 ext 31332
E-mail Address: alison.tindall@hshs.org
Fax Number:

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

Name: Jill Tomich
Title: Strategic Planning Manager
Company Name: Hospital Sisters Health System
Address: 4936 LaVerna Road, Springfield, IL 62707
Telephone Number: (217) 492-6156
E-mail Address: jill.tomich@hshs.org
Fax Number: (217) 523-0542

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

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Street Address: 4936 LaVerna Road
City and Zip Code: Springfield, 62707
Name of Registered Agent: Amy Bulpitt
Registered Agent Street Address: 4936 LaVerna Road
Registered Agent City and Zip Code: Springfield, 62707
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CEO Street Address: 4936 LaVerna Road
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E-mail Address: alison.tindall@hshs.org
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Street Address: 1 St. Elizabeth's Boulevard
City and Zip Code: O'Fallon, 62269

County: St. Clair Health Service Area: 11 Health Planning Area: F-01

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

Exact Legal Name: St. Elizabeth's Hospital of the Hospital Sisters of the Third Order of St. Francis
Street Address: 1 St. Elizabeth's Boulevard
City and Zip Code: O'Fallon, 62269
Name of Registered Agent: J. Nicole Lewer-Holst
Registered Agent Street Address: 224 W. Garfield
Registered Agent City and Zip Code: Belleville, 62220
Name of Chief Executive Officer: Patricia Fischer
CEO Street Address: 1 St. Elizabeth's Boulevard
CEO City and Zip Code: O'Fallon, 62269
CEO Telephone Number: (618) 234-2120 x31054

Type of Ownership of Applicants

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

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

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

Primary Contact [Person to receive ALL correspondence or inquiries]

Name: Amy Bulpitt
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Name: Jill Tomich
Title: Strategic Planning Manager
Company Name: Hospital Sisters Health System
Address: 4936 LaVerna Road, Springfield, IL 62707
Telephone Number: (217) 492-6156
E-mail Address: jill.tomich@hshs.org
Fax Number: (217) 523-0542

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: St. Elizabeth's Hospital of the Hospital Sisters of the Third Order of St. Francis
Address of Site Owner: 1 St. Elizabeth's Boulevard, O'Fallon, IL 62269
Street Address or Legal Description of the Site: **Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease, or a lease.**
APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee

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

Exact Legal Name: St. Elizabeth's Hospital of the Hospital Sisters of the Third Order of St. Francis (License # 0006064)
Address: 1 St. Elizabeth's Boulevard, O'Fallon, IL 62269
☒ Non-profit Corporation ☐ Partnership ☐ For-profit Corporation ☐ Governmental ☐ Limited Liability Company ☐ Sole Proprietorship ☐ Other o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner. o **Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.**
APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Organizational Relationships

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

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.

St. Elizabeth's Hospital of the Hospital Sisters of the Third Order of St. Francis, 1 St. Elizabeth's Boulevard, O'Fallon, Illinois, 62246, proposes to discontinue its sixteen (16) bed acute rehabilitation Category of Service effective January 1, 2020. The beds will be redesignated to twelve (12) medical/surgical beds and four (4) intensive care beds.

This project is substantive under section 1110.20 because it proposes to discontinue a bed category of service. (Section 1110.20 (c)(1)(B) (ii)

Project Status and Completion Schedules

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

1. 16-053 – HSHS St. John's Hospital Women's and Children's Health Center Building, Springfield
2. 17-067 – HSHS St. John's Hospital, Springfield – 5th Floor Renovation Project
3. 18-021 – St. Elizabeth's Hospital Radiation Oncology Clinic – O'Fallon
4. E-012-19 – HSHS St. John's Hospital NICU Development, Springfield
5. E-036-19 – HSHS Holy Family Hospital, Greenville – Discontinuation of OBGYN Category of Service
6. E-035-19 – HSHS St. John's Hospital, Springfield – Discontinuation Acute Mental Illness Unit
7. 19-042 – HSHS St. John's Hospital, Springfield – Modernization and expansion of Medical/surgical and ICU beds

Anticipated exemption completion date (refer to Part 1130.570): January 1, 2020

State Agency Submittals [Section 1130.620(c)]

Are the following submittals up to date as applicable:

☒ Cancer Registry

☒ APORS

☒ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted

☒ All reports regarding outstanding permits

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

CERTIFICATION

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

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

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

Sister Gertrude O'Connor, OSF.
SIGNATURE

Sister Gertrude O'Connor, OSF.
PRINTED NAME

Secretary
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 19 day of September

Alyssa Henson
Signature of Notary

Seal

OFFICIAL SEAL
ALYSSA HENSON
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:11/13/23

Ann M. Carr
SIGNATURE

Ann M. Carr
PRINTED NAME

Treasurer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 19 day of September 2019

Melinda M. Manci
Signature of Notary

Seal

MELINDA M MANCI
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
October 26, 2020

Hospital Sisters Health System

*Insert the EXACT legal name of the applicant

CERTIFICATION

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

- p in the case of a corporation, any two of its officers or members of its Board of Directors;
- p 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);
- p 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);
- p in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- p in the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf of Hospital Sisters Services, Inc. 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.

Sister Gertrude O'Connor, OSF
SIGNATURE

Sister Gertrude O'Connor, OSF
PRINTED NAME

Secretary
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 19 day of September

Alyssa Henson
Signature of Notary

Seal

OFFICIAL SEAL
ALYSSA HENSON
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:11/13/23

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Notarization:
Subscribed and sworn to before me
this 19 day of September 2019

Melinda M. Manci
Signature of Notary

Seal

MELINDA M MANCI
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
October 26, 2020

Hospital Sisters Services, Inc.

*Insert the EXACT legal name of the applicant

CERTIFICATION

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

- q in the case of a corporation, any two of its officers or members of its Board of Directors;
- q 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);
- q 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);
- q in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- q in the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf of St. Elizabeth's Hospital of the Hospital Sisters of the Third Order of St. Francis 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.

Patti Fischer
SIGNATURE

Patti Fischer
PRINTED NAME

CEO, HSHS St. Elizabeth's Hospital
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 19th day of September

Cathy Ann Bunn
Signature of Notary

Seal

OFFICIAL SEAL
CATHY ANN BUNN
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:01/28/23

Ann M. Carr
SIGNATURE

Ann M. Carr
PRINTED NAME

Treasurer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 19 day of September 2019

Melinda M. Manci
Signature of Notary

Seal

MELINDA M MANCI
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
October 26, 2020

St. Elizabeth's Hospital of the Hospital Sisters of the Third Order of St. Francis

*Insert the EXACT legal name of the applicant

SECTION II. DISCONTINUATION

Type of Discontinuation

☒ Discontinuation of a single category of service

Criterion 1130.525 and 1110.290 - Discontinuation

READ THE REVIEW CRITERION and provide the following information:

GENERAL INFORMATION REQUIREMENTS

1. Identify the category of service and the number of beds, if any, that are to be discontinued.
2. Identify all of the other clinical services that are to be discontinued.
3. Provide the anticipated date of discontinuation for each identified service.
4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
5. Provide attestation that the facility provided the required notice of the category of service closure to local media that the health care facility would routinely notify about facility events. The supporting documentation shall include a copy of the notice, the name of the local media outlet, the date the notice was given, and the result of the notice, e.g., number of times broadcasted, written, or published. Only notice that is given to a local television station, local radio station, or local newspaper will be accepted.

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

REASONS FOR DISCONTINUATION

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

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

IMPACT ON ACCESS

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

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

SECTION III. BACKGROUND

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

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

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

SECTION IV. SAFETY NET IMPACT STATEMENT

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

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

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

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

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

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

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

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

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

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

Inpatient			
Outpatient			
Total			

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

SECTION V. CHARITY CARE INFORMATION

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

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

3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

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

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

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

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

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

INDEX OF ATTACHMENTS

ATTACHMENT NO.		PAGES
1	Applicant Identification including Certificate of Good Standing	24-26
2	Site Ownership	27-28
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	29
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	30
5	Discontinuation General Information Requirements	31-33
6	Reasons for Discontinuation	34-35
7	Impact on Access	36-47
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10	Charity Care Information	56

Attachments

Attachment 1 -Certificate of Good Standing Hospital Sisters Health System

File Number 5163-355-5

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

HOSPITAL SISTERS HEALTH SYSTEM, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 26, 1978, 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.

Authentication # 1917902238 verifiable until 06/28/2020
Authenticate at http://www.cyberdrivelinois.com

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 28TH *day of* JUNE *A.D.* 2019 .

Jesse White

SECRETARY OF STATE

Attachment 1

Attachment 1 -Certificate of Good Standing Hospital Sisters Services, Inc.

File Number 5325-639-2

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

HOSPITAL SISTERS SERVICES, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 04, 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.

Authentication #: 1918100318 verifiable until 06/30/2020
Authenticate at http://www.cyberdriveillinois.com

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 30TH *day of* JUNE *A.D.* 2019 .

Jesse White

SECRETARY OF STATE

Attachment 1

Attachment 1 - Certificate of Good Standing HSHS St. Elizabeth's Hospital of the Hospital Sisters of the Third Order of St. Francis

File Number 3515-860-0

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

ST. ELIZABETH'S HOSPITAL OF THE HOSPITAL SISTERS OF THE THIRD ORDER OF ST. FRANCIS, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 11, 1955, 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* 11TH *day of* SEPTEMBER *A.D.* 2019 .

Authentication #: 1925402830 verifiable until 09/11/2020
Authenticate at: http://www.cyberdriveillinois.com

Jesse White
SECRETARY OF STATE

Attachment 1

Attachment 2 – Site Ownership – Corporate Warranty Deed

Ret St Elizabeths Hosp
211 S. Third St
Belleville Il. 62220
Attn: Joan Mattingly

A02467202
MICHAEL T. COSTELLO
RECORDER OF DEEDS
ST. CLAIR COUNTY
BELLEVILLE, IL
08/28/2015 08:53:11AM
RHSP FEE: 9.00
TOTAL FEE: $49.25
PAGES: 14

RECORDER'S STAMP

This Instrument prepared by and,
after recording, return to:

Andrew Dick
Hall, Render, Killian, Heath & Lyman, P.C.
One American Square, Suite 2000
Box 82064
Indianapolis, IN 46282

CORPORATE WARRANTY DEED

THIS INDENTURE WITNESSETH, That HOSPITAL SISTERS HEALTH SYSTEM, an Illinois not-for-profit corporation, whose principal office is located at 4936 LaVerna Road, Springfield, Illinois 62707 ("Grantor"), CONVEYS AND WARRANTS to ST. ELIZABETH'S HOSPITAL OF THE HOSPITAL SISTERS OF THE THIRD ORDER OF ST. FRANCIS, an Illinois not-for-profit corporation, whose principal address is 211 South Third Street, Belleville, Illinois 62220 ("Grantee"), for no consideration, that real estate situated in St. Clair County, State of Illinois, which is more particularly described in EXHIBIT A attached hereto, but specifically excluding the real estate described in EXHIBIT B attached hereto. The foregoing conveyance is subject to those matters described in EXHIBIT C attached hereto.

The undersigned person executing this deed on behalf of Grantor represents and certifies that she is a duly elected officer of Grantor and has been fully empowered, by proper resolution of the Board of Directors of Grantor, to execute and deliver this deed, that Grantor has full capacity to convey the real estate described herein; and that all necessary action for the making of such conveyance has been taken and done.

Attachment 2

Attachment 2 – Site Ownership – Corporate Warranty Deed

GRANTOR:

HOSPITAL SISTERS HEALTH SYSTEM,
an Illinois not-for-profit corporation

By: Mary Starmann-Harrison
Mary Starmann-Harrison
President & CEO

STATE OF ILLINOIS)
) SS: ACKNOWLEDGMENT
COUNTY OF _____)

Before me, a Notary Public in and for said County and State, personally appeared Mary Starmann-Harrison, the President and Chief Executive Officer of Hospital Sisters Health System, who acknowledged the execution of the foregoing Warranty Deed, and who, having been duly sworn, stated that any representations therein contained are true.

Witness my hand and Notarial Seal this 11 day of Aug, 2015.

My Commission Expires: Jun 21, 2018 Donna J Chase
Notary Public

OFFICIAL SEAL
DONNA J CHASE
Notary Public - State of Illinois
My Commission Expires Jun 21, 2018

DONNA J CHASE
Printed

Resident of Sangamon County

This deed is exempt from the Real Estate Transfer Tax under 35 ILCS 200/31-45(e); therefore, no deed stamps are attached.

By: Mary Starmann-Harrison
Mary Starmann-Harrison
President & CEO
Hospital Sisters Health System

Mail tax statements to Grantee at: 211 South Third Street, Belleville, Illinois 62220.

178844v2

Attachment 2

Attachment 3 - Operating Identity/Licensee

File Number 3515-860-0

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

ST. ELIZABETH'S HOSPITAL OF THE HOSPITAL SISTERS OF THE THIRD ORDER OF ST. FRANCIS, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 11, 1955, 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.

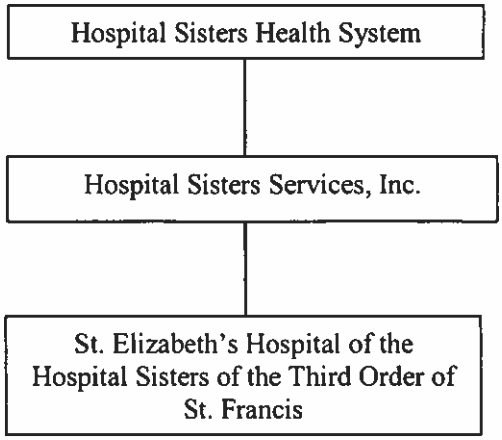
In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 11TH *day of* SEPTEMBER *A.D.* 2019 .

Authentication #: 1925402830 verifiable until 09/11/2020
Authenticate at: http://www.cyberdriveillinois.com

Jesse White
SECRETARY OF STATE

Attachment 3

Attachment 4 – Organizational Relationships



Attachment 5 – Discontinuation General Information Requirements

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

   St. Elizabeth's Hospital of the Hospital Sisters of the Third Order of St. Francis proposes to discontinue its sixteen (16) Acute Rehabilitation Category of Service.

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

   No other clinical service lines will be discontinued as a result of this Certificate of Exemption.

3. **Provide the anticipated date of discontinuation for each identified service.**

   The Acute Rehabilitation bed category of service will be discontinued on January 1, 2020 assuming Illinois Health Facilities and Services Review Board approval is obtained at its regularly scheduled December 10, 2019 meeting.

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

   The 16 acute rehabilitation beds will be redesignated as with 12 medical surgical beds and 4 intensive care beds.

5. **Provide attestation that the facility provided the required notice of the category of service closure to local media that the health care facility would routinely notify about facility events. The supporting documentation shall include a copy of the notice, the name of the local media outlet, the date the notice was given, and the result of the notice, e.g., number of times broadcasted, written, or published. Only notice that is given to a local television station, local radio station, or local newspaper will be accepted.**

   See attestation below.

Attachment 5 – Discontinuation General Information Requirements

September 19, 2019

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

Dear Ms. Avery:

Please accept this attestation that HSHS St. Elizabeth's Hospital, O'Fallon, Illinois, will the following public notice in the O'Fallon Progress Newspaper, a weekly publication, in accordance with the Illinois Health Facilities and Services Review Board requirements.

PUBLIC NOTICE

HSHS St. Elizabeth's Hospital

Discontinue sixteen (16) Bed Acute Rehabilitation Category of Service

In accordance with the requirements of the Illinois Health Facilities and Services Review Board (State Agency) Certificate of Exemption (COE) permit application process, notice is given that HSHS St. Elizabeth's Hospital, in O'Fallon, Illinois, proposes to discontinue its sixteen (16) bed inpatient Acute Rehabilitation Unit Category of Service effective January 1, 2020, pending approval by the Illinois Health Facilities and Services Review Board. With this discontinuation, the hospital will re-designate the sixteen (16) acute rehabilitation beds as twelve (12) Medical/Surgical and four (4) ICU beds.

HSHS St. Elizabeth's Hospital will first published the required discontinuation public notice on September 26, 2019 with subsequent publication dates planned on October 3, 2019 and October 10, 2019, thereby meeting the three (3) consecutive date criterion. The notice will be published in the O'Fallon Progress Newspaper, a weekly publication. Proof of publication will be submitted following the publication of the notice.

One St. Elizabeth's Boulevard
O'Fallon, IL 62269
618-234-2120
steliz.org

An Affiliate of
Hospital Sisters
Health System

If you have any questions, I can be reached at 618-234-2120, extension 31054 or by e-mail at Patti.Fischer@hshs.org.

Sincerely,

Patti Fischer, President and CEO
HSHS St. Elizabeth's Hospital

CC: Mike Constantino, Supervisor, Project Review Section
Amy Bulpitt, Vice President and General Counsel, Hospital Sisters Health System

Notarization:

Subscribed and sworn to before me
this 9th day of September

Cathy Ann Bunn

Signature of Notary

Cathy Ann Bunn

Printed Name

Seal

Seal

Attachment 5

Attachment 6 – Reasons for Discontinuation

HSHS St. Elizabeth's Hospital has a need to redistribute existing bed capacity to allow for additional beds in its highly utilized ICU and medical/surgical services. With the recent approval of the 34-bed inpatient rehab facility of Anderson Hospital, combined with St. Elizabeth's expectation of declining admissions to its own inpatient rehab unit, the circumstances presented an opportunity for St. Elizabeth's to address its medical/surgical and ICU capacity issues by discontinuing the 16-bed rehab unit and redesignating those beds as medical/surgical and ICU without cost and without the time lag of construction. Moreover, the existing St. Elizabeth's Hospital could not easily accommodate an expansion project to add additional beds, so the redesignation of existing beds in existing space presented a better and more cost-efficient alternative.

HSHS St. Elizabeth's Hospital ICU and medical/surgical units have experienced high admission rates and continued levels of peak census since moving to O'Fallon in November 2017. As a result, there is a need for additional inpatient beds in these services to improve patient throughput, maximize capacity for inpatients, and increase patient and provider satisfaction. Currently, the hospitals ICU and Medical/Surgical units are consistently operating at capacity. As seen in figure 1 below, in FY19 the 16-bed ICU has operated at 106% occupancy (including observation patients) with an ADC of 16.86 and the 100 bed Medical/Surgical unit has operated at 91% occupancy (including observation patients) with an ADC of 79.60. In addition, there is no available space in the hospital to expand medical/surgical and ICU capacity. Although the percent occupancy for the Acute Rehabilitation Unit has grown, it is anticipated that the ADC will decrease due to the upcoming changes in the acute rehabilitation market.

Figure 1. St. Elizabeth's Hospital of the Hospital Sisters of the Third Order of St. Francis CY18 and CY19 to date Bed Utilization

St. Elizabeth's Hospital of the Hospital Sisters of the Third Order of St. Francis: Bed Utilization Calendar Year 2018					
Category	**CY18 Beds**	**CY18 % Occupancy**	**CY18 % Occupancy including obs**	**CY18 patient Days**	**CY18ADC**
Med Surg	100	69%	93%	25,188	62.05
OB	12	58%	58%	2,526	6.22
Peds	0	0%	0%	0	0.00
ICU	16	93%	93%	5,452	13.83
Rehab	16	78%	78%	4,575	11.99
Total	144	60%	64%	37,741	103.40

St. Elizabeth's Hospital of the Hospital Sisters of the Third Order of St. Francis: Bed Utilization Calendar Year 2019 (January 2019-August 2019)**					
Category	**CY19 Beds**	**CY19 % Occupancy**	**CY19 % Occupancy including obs**	**CY19 patient Days**	**CY19ADC**
Med Surg	100	80%	91%	19,343	79.60
OB	12	58%	59%	1,692	6.96
Peds	0	0%	0%	0	0.00
ICU	16	105%	106%	4,097	16.86
Rehab	16	83%	83%	3,225	13.27
Total	144	81%	85%	28,357	116.70

***CY19 data through August 2019

On September 17th, 2019 Anderson Hospital in Maryville was granted approval from the IHFSRB to move their 20-bed acute rehabilitation unit to a freestanding acute rehabilitation facility, as well as add an additional 14 acute rehabilitation beds to create a 34-bed freestanding rehabilitation hospital located in Edwardsville, IL.

Anderson anticipates that this facility will open on October 31, 2021 and plans to provide rehabilitation services in their 20-bed hospital based acute rehabilitation unit until November 1, 2021. The addition of an acute rehabilitation hospital in close proximity of HSHS St. Elizabeth's Hospital would have a significant impact on acute rehabilitation market share and volumes.

The Inventory of Health Care Facilities and Services and Need Determination dated September 1, 2019 shows that the planning area has an excess of one bed in the comprehensive physical rehabilitation category of service. The Review Board action on September 17, 2019 to approve Anderson Hospital's new 34-bed rehab hospital and discontinue its existing 20-bed inpatient rehab unit would result in a net increase of 14 beds and result in an excess of 15 beds in the planning area. The discontinuation of St. Elizabeth's 16-bed unit would result in a planning area need of only one bed. However, it is important to note that neither Anderson Hospital's existing 20-bed unit nor St. Elizabeth's 16-bed have operated at target utilization in recent years so that there will be available bed capacity in the planning area following the discontinuation of St. Elizabeth's unit. The Hospital Profiles for Calendar Years 2015 through 2017 show that Anderson's 20-bed rehab unit operated at 60.7%, 59.0% and 60.7%, respectively. The 16-bed rehab unit at St. Elizabeth's Hospital in O'Fallon opened in November 2017 and its CY 2018 utilization was 78%. Target utilization for comprehensive physical rehabilitation units is 85%. *See* 77 Ill. Adm. Code 1100.550(c). The Inventory and Need Determination for Comprehensive Physical Rehabilitation beds for HSA 11 and the Hospital Profiles for Anderson Hospital are included with this Attachment.

HSHS St. Elizabeth's Hospital has taken into consideration both the anticipated changes in the acute rehabilitation market as well as the need to add additional inpatient bed capacity for its medical/surgical and ICU services in the decision to discontinue the hospitals 16-bed acute rehabilitation unit and redesignate the 16 beds with an increase of 12 medical surgical beds and 4 intensive care beds.

Figure 2. The Inventory of Health Care Facilities and Services and Needs Determination (9/1/19)

INVENTORY OF HEALTH CARE FACILITIES AND SERVICES AND NEED DETERMINATIONS

Illinois Health Facilities and Services Review Board Illinois Department of Public Health — 9 1 2019

COMPREHENSIVE PHYSICAL REHABILITATION Category of Service — Page D 10

Comprehensive Physical Rehabilitation Planning Area: HSA 11

Hospital	City	Beds	2017 Utilization Admissions	2017 Utilization Patient Days
Anderson Hospital	Maryville	20	343	1,131
Gateway Regional Medical Center	Granite City	0	52	484
4 4 2018 E-013 18 Approved to discontinue 14 bed Rehabilitation category of service.				
OSF Saint Anthony's Health Center	Alton	0	16	720
6 15 2017 E 022 17 Facility approved to discontinue 28 bed Rehabilitation category of service on St. Clare's campus.				
St. Elizabeth's Hospital - O'Fallon	O'Fallon	16	396	4,155
11 4 2017 14 043 Facility licensed for operation.				
	Planning Area Totals	36	837	10,120

2017 State Total Rehab Patient Days	Estimated 2017 State Population	2017 State Rehab Use Rate	60% State Use Rate	2017 Area Rehab Use Rate	Projected 2022 Area Population	Projected Rehab Patient Days	Days in Year 2022	Average Daily Census	Rehab Target Occupancy Rate	Projected Rehab Bed Need	Excess Beds
379,675	12,802,600	0.0297	0.0178	0.0169	605,400	10,772	365	29.5	0.85	35	1

Figure 3. Anderson Hospital Rehabilitation Utilization CY15-CY17

Anderson Hospital Acute Rehabilitation Utilization			
	CY2015	CY2016	CY2017
% Occupancy Rate	60.7%	59%	60.7%

Source: AHQ Data

Attachment 6

Attachment 7 – Impact on Access

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

   This discontinuation is not anticipated to have an impact on access to acute rehabilitation care primarily due to the approval of Andersons's 34-bed Rehabilitation Hospital in the HSHS market area that will increase the number of acute rehabilitation beds in the market.

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

   Please see attached list of notification letter recipients and letters:

   - List of Notification Recipients
   - Discontinuation Notification Letters

Attachment 7 – List of Notification Recipients
Contact Notification List
Acute Rehabilitation Category of Service Discontinuation
COE Permit Application

Providers of Acute Rehabilitation within 50 miles of St. Elizabeth's Hospital of the Hospital Sisters of the Third Order of St. Francis
September 19, 2019

The Rehabilitation Institute of St. Louis
Mark Dwyer
445 Duncan Ave.
St Louis, MO 63110

10 Hospital Drive
St. Louis, Mo 63376

SSM Health Rehabilitation Hospital – Bridgeton
Patti Finnegan
12380 DePaul Drive
Bridgeton, MO 63044

SSM Health Rehabilitation Hospital – Richmond Heights
Brenda Hughes
1027 Bellevue Avenue, 3rd Floor
St. Louis, MO 63117

SSM Health Rehabilitation Hospital – Lake Saint Louis
John Grubbs
100 Medical Plaza, 5th Floor
Lake Saint Louis, MO 63367

Mercy Rehabilitation Hospital
Jerald Rumph
14561 N Outer 40 Rd
Chesterfield, MO 63017

Anderson Hospital
Keith Page
6800 State Route 162, IL-162
Maryville, IL 62062

Mercy Hospital South
Sean Hogan
10010 Kennerly Rd
St. Louis, MO 63128

Kindred Hospital St. Louis
Kevin Shrake
4930 Lindell Blvd
St. Louis, Mo 63108

St. Luke's Rehabilitation Hospital
Donald Foster
14709 Olive Blvd
Chesterfield, MO 63017

Date

Keith Page

Anderson Hospital
6800 State Route 162, IL-162
Maryville, IL 62062

Dear Keith Page,

In accordance with the Illinois Health Facilities and Services Review Board (IHFSRB) requirements, the purpose of this letter is to advise you that HSHS St. Elizabeth's Hospital of the Hospital Sisters of the Third Order of St. Francis, located in O'Fallon, will be filing a COE permit application to discontinue its sixteen (16) bed Acute Rehabilitation category of service. The anticipated discontinuation date is January 1, 2020 pending approval by the IHFSRB.

As part of the IHFSRB requirements for discontinuation, we are sending you this notification letter. Please advise us of any impact this change may have on your facility or programs. The following table summarizes our Acute Rehabilitation Bed category of service utilization for CY18 and CY19 to date.

St. Elizabeth's Hospital of the Hospital Sisters of the Third Order of St. Francis: Bed Utilization					
Category	Beds	Admissions	% Occupancy	Patient Days	ADC
CY18	16	400	78%	4,575	11.99
CY19TD	16	298	83%	3,225	13.27

In the past 20 months, HSHS St. Elizabeth's Acute Rehabilitation Unit has experienced an average daily census (ADC) of 13 days with 698 admissions. It is anticipated that this discontinuation, which allows for redesignation of existing beds to other highly utilized existing inpatient services, will better utilize existing bed capacity, increase throughput, and increase the care that we are able to provide to the community.

If you have any questions, please feel free to contact me at 618-234-2120, extension 31054

Sincerely,

One St. Elizabeth's Boulevard
O'Fallon, IL 62269
618-234-2120
steliz.org

An Affiliate of
Hospital Sisters
Health System

Patti Fischer
President and CEO

Attachment 7

Date

Mark Dwyer

The Rehabilitation Institute of St. Louis
445 Duncan Ave.
St Louis, MO 63110

Dear Mark Dwyer,

In accordance with the Illinois Health Facilities and Services Review Board (IHFSRB) requirements, the purpose of this letter is to advise you that HSHS St. Elizabeth's Hospital of the Hospital Sisters of the Third Order of St. Francis, located in O'Fallon, will be filing a COE permit application to discontinue its sixteen (16) bed Acute Rehabilitation category of service. The anticipated discontinuation date is January 1, 2020 pending approval by the IHFSRB.

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An Affiliate of
Hospital Sisters
Health System

Patti Fischer

President and CEO

Attachment 7

Date

Mark Dwyer

The Rehabilitation Institute of St. Louis
10 Hospital Drive
St. Louis, Mo 63376

Dear Mark Dwyer,

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Health System

Patti Fischer

President and CEO

Attachment 7

Date

Patti Finnegan

SSM Health Rehabilitation Hospital – Bridgeton
12380 DePaul Drive
Bridgeton, MO 63044

Dear Patti Finnegan,

In accordance with the Illinois Health Facilities and Services Review Board (IHFSRB) requirements, the purpose of this letter is to advise you that HSHS St. Elizabeth's Hospital of the Hospital Sisters of the Third Order of St. Francis, located in O'Fallon, will be filing a COE permit application to discontinue its sixteen (16) bed Acute Rehabilitation category of service. The anticipated discontinuation date is January 1, 2020 pending approval by the IHFSRB.

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Sincerely,

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O'Fallon, IL 62269
618-234-2120
steliz.org

An Affiliate of
Hospital Sisters
Health System

Patti Fischer

President and CEO

Attachment 7

Date

Brenda Hughes

SSM Health Rehabilitation Hospital – Richmond Heights
1027 Bellevue Avenue, 3rd Floor
St. Louis, MO 63117

Dear Brenda Hughes,

In accordance with the Illinois Health Facilities and Services Review Board (IHFSRB) requirements, the purpose of this letter is to advise you that HSHS St. Elizabeth's Hospital of the Hospital Sisters of the Third Order of St. Francis, located in O'Fallon, will be filing a COE permit application to discontinue its sixteen (16) bed Acute Rehabilitation category of service. The anticipated discontinuation date is January 1, 2020 pending approval by the IHFSRB.

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An Affiliate of Hospital Sisters Health System

Patti Fischer

President and CEO

Attachment 7

Date

John Grubbs

SSM Health Rehabilitation Hospital – Lake Saint Louis
100 Medical Plaza, 5th Floor
Lake Saint Louis, MO 63367

Dear John Grubbs,

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Patti Fischer

President and CEO

Attachment 7

Date

Jerald Rumph

Mercy Rehabilitation Hospital
14561 N Outer 40 Rd
Chesterfield, MO 63017

Dear Jerald Rumph,

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steliz.org

An Affiliate of
Hospital Sisters
Health System

Patti Fischer

President and CEO

Attachment 7

Date

Sean Hogan

Mercy Hospital South
10010 Kennerly Rd
St. Louis, MO 63128

Dear Sean Hogan,

In accordance with the Illinois Health Facilities and Services Review Board (IHFSRB) requirements, the purpose of this letter is to advise you that HSHS St. Elizabeth's Hospital of the Hospital Sisters of the Third Order of St. Francis, located in O'Fallon, will be filing a COE permit application to discontinue its sixteen (16) bed Acute Rehabilitation category of service. The anticipated discontinuation date is January 1, 2020 pending approval by the IHFSRB.

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Patti Fischer

President and CEO

Attachment 7

Date

Kevin Shrake

Kindred Hospital St. Louis
4930 Lindell Blvd
St. Louis, Mo 63108

Dear Kevin Shrake,

In accordance with the Illinois Health Facilities and Services Review Board (IHFSRB) requirements, the purpose of this letter is to advise you that HSHS St. Elizabeth's Hospital of the Hospital Sisters of the Third Order of St. Francis, located in O'Fallon, will be filing a COE permit application to discontinue its sixteen (16) bed Acute Rehabilitation category of service. The anticipated discontinuation date is January 1, 2020 pending approval by the IHFSRB.

As part of the IHFSRB requirements for discontinuation, we are sending you this notification letter. Please advise us of any impact this change may have on your facility or programs. The following table summarizes our Acute Rehabilitation Bed category of service utilization for CY18 and CY19 to date.

St. Elizabeth's Hospital of the Hospital Sisters of the Third Order of St. Francis: Bed Utilization					
Category	**Beds**	**Admissions**	**% Occupancy**	**Patient Days**	**ADC**
CY18	16	400	78%	4,575	11.99
CY19TD	16	298	83%	3,225	13.27

In the past 20 months, HSHS St. Elizabeth's Acute Rehabilitation Unit has experienced an average daily census (ADC) of 13 days with 698 admissions. It is anticipated that this discontinuation, which allows for redesignation of existing beds to other highly utilized existing inpatient services, will better utilize existing bed capacity, increase throughput, and increase the care that we are able to provide to the community.

If you have any questions, please feel free to contact me at 618-234-2120, extension 31054

Sincerely,

One St. Elizabeth's Boulevard
O'Fallon, IL 62269
618-234-2120
steliz.org

An Affiliate of
Hospital Sisters
Health System

Patti Fischer

President and CEO

Attachment 7

Date

Donald Foster

St. Luke's Rehabilitation Hospital
14709 Olive Blvd
Chesterfield, MO 63017

Dear Donald Foster,

In accordance with the Illinois Health Facilities and Services Review Board (IHFSRB) requirements, the purpose of this letter is to advise you that HSHS St. Elizabeth's Hospital of the Hospital Sisters of the Third Order of St. Francis, located in O'Fallon, will be filing a COE permit application to discontinue its sixteen (16) bed Acute Rehabilitation category of service. The anticipated discontinuation date is January 1, 2020 pending approval by the IHFSRB.

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steliz.org

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Hospital Sisters
Health System

Patti Fischer

President and CEO

Attachment 7

Attachment 8 – Background of the Applicant

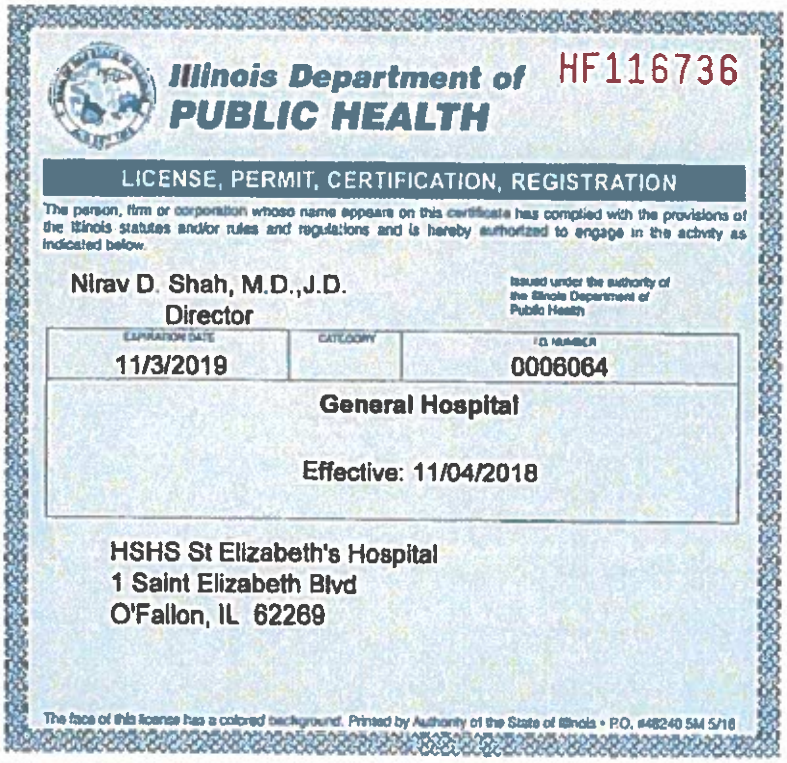
The following is a list of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.

Facility	Location	Illinois License Number	Expiration Date	Joint Commission Accreditation Number
HSHS St. John's Hospital	Springfield	0002451	6/30/19	ID# 7432
HSHS St. Elizabeth's Hospital	O'Fallon	0006064	11/03/19	ID# 7242
HSHS St. Anthony's Memorial Hospital	Effingham	0002279	12/31/19	ID# 7335
HSHS St. Joseph's Hospital	Highland	0005892	8/22/19	ID# 2825
HSHS St. Francis Hospital	Litchfield	0002386	12/31/19	ID# 7374
HSHS St. Joseph's Hospital	Breese	0002527	6/30/19	ID# 7250
HSHS St. Mary's Hospital	Decatur	0002592	6/30/19	ID# 4605
HSHS Holy Family Hospital	Greenville	0005355	10/25/19	*ID# 189268
HSHS Good Shepherd Hospital	Shelbyville	0002154	6/30/19	**

* Accredited by HFAP (Health Facilities Accreditation Program)
** NIAHO Hospital Accreditation Program Certificate Number 151512 – 2014 – AHC – USA - NIAHO

- St. Elizabeth's Hospital Illinois Department of Public Health Hospital License is included as Exhibit 1
- St. Elizabeth's Hospital Joint Commission Accreditation is included as Exhibit 2
- An attestation letter regarding adverse actions and permission to access documents is included as Exhibit 3

Attachment 8 – Exhibit 1 – St. Elizabeth's Hospital Illinois Department of Public Health Hospital License



Illinois Department of PUBLIC HEALTH

HF116736

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

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

Issued under the authority of the Illinois Department of Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
11/3/2019		0006064

General Hospital

Effective: 11/04/2018

HSHS St Elizabeth's Hospital
1 Saint Elizabeth Blvd
O'Fallon, IL 62269

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

DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp Date 11/3/2019

Lic Number 0006064

Date Printed 10/12/2018

HSHS St Elizabeth's Hospital

1 Saint Elizabeth Blvd
O'Fallon, IL 62269

FEE RECEIPT NO.

Attachment 8 – Exhibit 2 – St. Elizabeth's Hospital Joint Commission Accreditation

June 19, 2018

Re: # 7242
CCN: #140187
Program: Hospital
Accreditation Expiration Date: October 15, 2019

Patti Fischer
President/CEO
St. Elizabeth's Hospital of the Hospital Sisters of the Thir
1 St. Elizabeth's Boulevard
O Fallon, Illinois 62269

Dear Ms. Fischer:

This letter confirms that your March 27, 2018 - March 28, 2018 unannounced extension survey was conducted for the purposes of assessing compliance with the Medicare conditions for hospitals through The Joint Commission's deemed status survey process.

Based upon the submission of your evidence of standards compliance on May 25, 2018, The Joint Commission is granting your organization an accreditation decision of Accredited with an effective date of March 29, 2018.

The Joint Commission is also recommending your organization for continued Medicare certification effective March 29, 2018. Please note that the Centers for Medicare and Medicaid Services (CMS) Regional Office (RO) makes the final determination regarding your Medicare participation and the effective date of participation in accordance with the regulations at 42 CFR 489.13. Your organization is encouraged to share a copy of this Medicare recommendation letter with your State Survey Agency.

This recommendation applies to the following location(s):

St. Elizabeth's Hospital of the Hospital Sisters of the Thir
d/b/a HSHS St. Elizabeth's Hospital
1 St. Elizabeth's Boulevard, O Fallon, IL, 62269

Please be assured that The Joint Commission will keep the report confidential, except as required by law or court order. To ensure that The Joint Commission's information about your organization is always accurate and current, our policy requires that you inform us of any changes in the name or ownership of your organization or the health care services you provide.

Sincerely,

www.jointcommission.org

Headquarters
One Renaissance Boulevard
Oakbrook Terrace, IL 60181
630 792 5000 Voice

Attachment 8

Mark Pelletier

Mark G. Pelletier, RN, MS
Chief Operating Officer
Division of Accreditation and Certification Operations

cc: CMS/Central Office/Survey & Certification Group/Division of Acute Care Services
CMS/Regional Office 5 /Survey and Certification Staff

Attachment 8

Attachment 8 – Exhibit 2 – St. Elizabeth's Hospital Joint Commission Accreditation

June 19, 2018

Patti Fischer, RN, MBA, FAACHE
President/CEO
St. Elizabeth's Hospital of the Hospital Sisters of the Thir
1 St. Elizabeth's Boulevard
O Fallon , IL 62269

Joint Commission ID #: 7242
Program: Hospital Accreditation
Accreditation Activity: 60-day Evidence of Standards Compliance
Accreditation Activity Completed : 6/19/2018

Dear Ms. Fischer:

The Joint Commission is pleased to grant your organization an accreditation decision of Accredited for all services surveyed under the applicable manual(s) noted below:

- Comprehensive Accreditation Manual for Hospital

This accreditation cycle is effective beginning October 15, 2016 and is customarily valid for up to 36 months. Please note, The Joint Commission reserves the right to shorten or lengthen the duration of the cycle.

Should you wish to promote your accreditation decision, please view the information listed under the 'Publicity Kit' link located on your secure extranet site, The Joint Commission Connect.

The Joint Commission will update your accreditation decision on Quality Check®.

Congratulations on your achievement.

Sincerely,

Mark Pelletier

Mark G.Pelletier, RN, MS
Chief Operating Officer
Division of Accreditation and Certification Operations

Attachment 8 – Exhibit 3- Attestation letter regarding adverse actions and permission to access documents

Breese, IL
HSHS St. Joseph's Hospital

Decatur, IL
HSHS St. Mary's Hospital

Effingham, IL
HSHS St. Anthony's Memorial Hospital

Greenville, IL
HSHS Holy Family Hospital

Highland, IL
HSHS St. Joseph's Hospital

Litchfield, IL
HSHS St. Francis Hospital

O'Fallon, IL
HSHS St. Elizabeth's Hospital

Shelbyville, IL
HSHS Good Shepherd Hospital

Springfield, IL
HSHS St. John's Hospital

Chippewa Falls, WI
HSHS St. Joseph's Hospital

Eau Claire, WI
HSHS Sacred Heart Hospital

Green Bay, WI
HSHS St. Mary's Hospital Medical Center
HSHS St. Vincent Hospital

Oconto Falls, WI
HSHS St. Clare Memorial Hospital

Sheboygan, WI
HSHS St. Nicholas Hospital

HSHS Medical Group

Prairie Cardiovascular

P.O. Box 19456
Springfield, Illinois 62794-9456
P: 217-523-4747
F: 217-523-0542
www.hshs.org
Sponsored by
Hospital Sisters Ministries

September 19, 2019

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

Dear Ms. Avery,

I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedures, 735 ILCS 5/1-109 that no adverse action has been taken against any facility owned or operated by the Hospital Sisters Health System during the three years prior to filing this COE permit application.

To the best of my knowledge, neither Hospital Sisters Health System nor any of its corporate officers or directors:

- have been cited, arrested, taken into custody, charged with, indicted, convicted or tried for, or pled guilty to the commission of (1) any felony or misdemeanor or violation of the law, except for minor parking violations or (2) the subject of any juvenile delinquency or youthful offender proceeding; or
- has been charged with fraudulent conduct or any act involving moral turpitude; or
- has any unsatisfied judgments against him or her; or
- is in default in the performance or discharge of any duty or obligation imposed by a judgment, decree, order, or directive of any court or governmental agency.

Additionally, pursuant to 77 Ill. Admin. Code § 1110.1540(b)(3)(J), I hereby authorize the Health Facilities and Services Review Board ("HFSRB") and the Illinois Department of Public Health ("IDPH") access to any documents necessary to verify information submitted as part of this application. I further authorize HFSRB and IDPH to obtain any additional information or documents from other government agencies which HFSRB or IDPH deem pertinent to process this application.

Sincerely,

Sister Gertrude O'Connor OSF

Sister Gertrude O'Connor, OSF
Secretary of the HSHS Board of Directors

Notarization:

Subscribed and sworn to before me

this 19 day of September

Alyna Henson
Signature of Notary

Attachment 9 – Safety net Impact Statement

ALL PROJECTS TO DISCONTINUE A CATEGORY OF SERVICE [20 ILCS 3960/5.4]:

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

St. Elizabeth's Hospital of the Hospital Sisters of the Third Order of St. Francis believes that this project will not materially impact the safety net services in the community.

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

St. Elizabeth's Hospital of the Hospital Sisters of the Third Order of St. Francis believes that this project will not materially impact the ability of other providers or health care systems to subsidize safety net services.

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

St. Elizabeth's Hospital of the Hospital Sisters of the Third Order of St. Francis believes that this project will not impact the remaining safety net providers in the community.

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

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

See the following table.

5. 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.

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

See the following table

Attachment 9 – Safety Net Impact Statement

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	**2016**	**2017**	**2018**
Inpatient	182	279	268
Outpatient	2,526	3,920	1,709
Total	2,708	4,199	1,977
Charity (cost In dollars)			
Inpatient	$1,337,048	$1,160,821	$1,673,637
Outpatient	$2,561,684	$2,304,117	$2,295,102
Total	$3,898,732	$3,464,938	$3,968,740
MEDICAID			
Medicaid (# of patients)	**2016**	**2017**	**2018**
Inpatient	1,623	1,277	1,208
Outpatient	44,961	32,396	14,936
Total	46,584	33,623	16,144
Medicaid (revenue)			
Inpatient	$10,664,834	$13,245,152	$12,833,834
Outpatient	$4,177,467	$3,909,278	$4,175,069
Total	$14,842,301	$17,154,430	$17,008,903

Attachment 10 – Charity Care Information

CHARITY CARE St. Elizabeth's Hospital of the Hospital Sisters of the Third Order of St. Francis			
	FY2016	**FY2017**	**FY2018**
Net Patient Revenue	**$152,401,065**	**$150,960,228**	**$160,972,146**
Amount of Charity Care (charges)	$15,563,802	$3,636,118	$14,484,146
Cost of Charity Care	$3,898,732	$3,464,938	$3,968,740

CHARITY CARE Hospital Sisters Health System			
	FY2016	**FY2017**	**FY2018**
Net Patient Revenue	**$1,027,791,000**	**$1,089,209,000**	**$1,122,527,807**
Amount of Charity Care (charges)	$59,886,591	$52,040,415	$52,343,771
Cost of Charity Care	$16,672,211	$15,165,565	$14,726,976

#E-046-19

CERTIFICATE OF EXEMPTION (COE)

RECEIVED
SEP 20 2019
HEALTH FACILITIES &
SERVICES REVIEW BOARD

FOR
DISCONTINUATION
OF
ACUTE REHABILITATION BED CATEGORY
OF SERVICE

at

St. Elizabeth's Hospital of the Hospital Sisters of the
Third Order of St. Francis
O'Fallon, Illinois

On behalf of

St. Elizabeth's Hospital of the Hospital Sisters of the
Third Order of St. Francis

and

Hospital Sister Health System
and
Hospital Sisters Services, Inc.