

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2021

Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization COMMUNITY STROKE AND REHABILITATION CENTER, INC.	Employer identification number 82 0854709
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Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	✓	
1b If "Yes," was it a written policy?	✓	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free care</i> ? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____%	✓	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted care</i> ? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____%	✓	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	✓	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	✓	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		✓
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
6a Did the organization prepare a community benefit report during the tax year?		✓
b If "Yes," did the organization make it available to the public?		

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)	0	7	1,363	0	1,363	0.01
b Medicaid (from Worksheet 3, column a)	0	2,203	1,384,426	934,462	449,964	1.94
c Costs of other means-tested government programs (from Worksheet 3, column b)	0	0	0	0	0	0.00
d Total. Financial Assistance and Means-Tested Government Programs	0	2,210	1,385,789	934,462	451,327	1.94
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	8	218	81,618	0	81,618	0.35
f Health professions education (from Worksheet 5)	16	111	28,357	0	28,357	0.12
g Subsidized health services (from Worksheet 6)	4	13,326	3,321,068	2,796,775	524,293	2.26
h Research (from Worksheet 7)	0	0	0	0	0	0.00
i Cash and in-kind contributions for community benefit (from Worksheet 8)	7	0	4,445	0	4,445	0.02
j Total. Other Benefits	35	13,655	3,435,488	2,796,775	638,713	2.75
k Total. Add lines 7d and 7j	35	15,865	4,821,277	3,731,237	1,090,040	4.69

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50192T

Schedule H (Form 990) 2021

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing					0	0.00
2 Economic development					0	0.00
3 Community support					0	0.00
4 Environmental improvements					0	0.00
5 Leadership development and training for community members					0	0.00
6 Coalition building					0	0.00
7 Community health improvement advocacy					0	0.00
8 Workforce development					0	0.00
9 Other					0	0.00
10 Total	0	0	0	0	0	0.00

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

- 1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? **1** Yes No
- 2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount **2** 183,025
- 3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit. **3** 1,830
- 4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

- 5 Enter total revenue received from Medicare (including DSH and IME) **5** 16,447,555
- 6 Enter Medicare allowable costs of care relating to payments on line 5 **6** 15,704,996
- 7 Subtract line 6 from line 5. This is the surplus (or shortfall) **7** 742,559
- 8 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:
 Cost accounting system Cost to charge ratio Other

Section C. Collection Practices

- 9a Did the organization have a written debt collection policy during the tax year? **9a** Yes No
- b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI **9b** Yes No

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
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11				
12				
13				

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year? 1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

1 **COMMUNITY STROKE & REHAB CENTER, INC.**
10215 BROADWAY, CROWN POINT, IN 46307
HTTPS://WWW.COMHS.ORG/ABOUT-US/COMMUNITY
-STROKE-AND-REHABILITATION-CENTER STATE
LICENSE NO. : 22-014278-1

Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
✓								REHAB HOSPITAL	

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group COMMUNITY STROKE & REHAB CENTER, INC.

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		✓
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		✓
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	✓	
If "Yes," indicate what the CHNA report describes (check all that apply):			
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>22</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	✓	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	✓	
6b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		✓
7	Did the hospital facility make its CHNA report widely available to the public?	✓	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>(SEE STATEMENT)</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	✓	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>22</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	✓	
a	If "Yes," (list url): <u>(SEE STATEMENT)</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		✓
12b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group COMMUNITY STROKE & REHAB CENTER, INC.

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	✓	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>2</u> <u>0</u> <u>0</u> % and FPG family income limit for eligibility for discounted care of <u>3</u> <u>0</u> <u>0</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance status		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	✓	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	✓	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	✓	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group COMMUNITY STROKE & REHAB CENTER, INC.

		Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	✓	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
f	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?		✓
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a	<input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
b	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
c	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
d	<input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
e	<input type="checkbox"/> Other (describe in Section C)		
f	<input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	✓	
If "No," indicate why:			
a	<input checked="" type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

Name of hospital facility or letter of facility reporting group COMMUNITY STROKE & REHAB CENTER, INC.

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a	<input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d	<input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	23	✓
	If "Yes," explain in Section C.		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	24	✓
	If "Yes," explain in Section C.		

Supplemental Information. Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 3E - THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY</p>	<p>TOP 10 SIGNIFICANT SYSTEM HEALTH NEEDS IDENTIFIED:</p> <p>ACCESS TO CARE, HEART DISEASE & STROKE, ALCOHOL AND DRUG USE, MENTAL HEALTH AND MENTAL DISORDERS, CANCER, OLDER ADULTS, MATERNAL & CHILDREN'S HEALTH, PHYSICAL ACTIVITY, DIABETES, WEIGHT STATUS (UNDERWEIGHT, OVERWEIGHT, OBESE)</p> <p>RESULTS OF PRIORITIZATION ACTIVITY AND APPROVED HEALTH NEEDS - TOP 6 NEEDS PRIORITIZED:</p> <ol style="list-style-type: none"> 1. MATERNAL & CHILDREN'S HEALTH 2. MENTAL HEALTH & MENTAL DISORDERS 3. ACCESS TO HEALTHCARE 4. DIABETES 5. HEART DISEASE & STROKE 6. CANCER
<p>SCHEDULE H, PART V, SECTION B, LINE 6A - CHNA CONDUCTED WITH ONE OR MORE OTHER HOSPITAL FACILITIES</p>	<p>Facility Name: COMMUNITY STROKE AND REHABILITATION CENTER</p> <p>Description: COMMUNITY HOSPITAL IN MUNSTER, IN ST. CATHERINE HOSPITAL, INC. IN EAST CHICAGO, IN ST. MARY MEDICAL CENTER, INC. IN HOBART, IN</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 7 - HOSPITAL FACILITY'S WEBSITE (LIST URL)</p>	<p>HTTPS://WWW.COMHS.ORG/ABOUT-US/PATIENT-RESOURCES/FINANCIAL-ASSISTANCE-PROGRAM</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 10 - IF "YES", (LIST URL)</p>	<p>HTTPS://WWW.COMHS.ORG/ABOUT-US/PATIENT-RESOURCES/FINANCIAL-ASSISTANCE-PROGRAM</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>Facility Name: COMMUNITY STROKE AND REHABILITATION CENTER</p> <p>Description: DIABETES CSRC WILL PROVIDE DIABETES EDUCATION AND TRAINING OPPORTUNITIES TO PUBLIC AND STAFF MEMBERS. CSRC WILL OFFER COMMUNITY HEALTH FAIRS INCLUDING A1C AND DIABETES MELLITUS (DM) RISK ASSESSMENTS AND WILL PARTICIPATE IN COMMUNITY BASED EVENTS PROVIDING SCREENINGS/EDUCATION. HEART DISEASE AND STROKE CSRC WILL INCREASE AWARENESS OF HEART DISEASE AND STROKE RISK FACTORS BY INCREASING THE NUMBER OF INDIVIDUALS PARTICIPATING IN STROKE PREVENTION PROGRAMS BY 25% BY JUNE 2025. CSRC WILL OFFER FREE OR DISCOUNTED SCREENINGS THROUGH STROKE PREVENTION AWARENESS EVENTS AT A MINIMUM OF 3 SITES (ROTATING) TO REACH EACH HOSPITAL DEMOGRAPHIC. CSRC WILL OFFER STROKE PATIENT SUPPORT GROUPS AND WORKSHOPS, WILL DEVELOP AND DISTRIBUTE EDUCATIONAL MATERIALS TO PATIENTS TO INCREASE AWARENESS (3 X PER YEAR), AND WILL CONDUCT STROKE RISK ASSESSMENTS TO DETERMINE AND ELEVATE THE KNOWLEDGE LEVEL OF THE COMMUNITY (INPATIENT & HEALTH FAIRS) ON STROKE AND STROKE PREVENTION. CANCER CSRC WILL PROVIDE MULTIPLE EDUCATIONAL OPPORTUNITIES TO THE PUBLIC BY PLANNING, IMPLEMENTING, AND OFFERING PHYSICIAN SYMPOSIUMS, WORKSHOPS, ETC. FOR THE COMMUNITY AND WILL WORK TO INCREASE THE NUMBER OF PARTICIPANTS ATTENDING EVENTS FOR THE COMMUNITY.</p> <p>COMMUNITY HEALTH NEEDS: AREAS NOT ADDRESSED</p> <p>THE COMMUNITY HEALTH NEEDS ASSESSMENT CONDUCTED BY THE HOSPITALS OF THE COMMUNITY HEALTHCARE SYSTEM IDENTIFIED AREAS OF CONCERN NOT IDENTIFIED IN THE HOSPITAL'S IMPLEMENTATION PLAN. THESE AREAS INCLUDE: COMMUNITY STROKE AND REHABILITATION HOSPITAL SERVICE AREAS: . ALCOHOL AND DRUG USE . OLDER ADULTS . PHYSICAL ACTIVITY . WEIGHT STATUS</p> <p>MANY OF THESE AREAS ARE BEING ADDRESSED BY THE HOSPITALS OF THE COMMUNITY HEALTHCARE SYSTEM AS WELL AS BY OTHER COMMUNITY ORGANIZATIONS. FOR EXAMPLE, ONE OF THE FOUR HOSPITALS IN THE COMMUNITY HEALTHCARE SYSTEM HAS A WEIGHT STATUS PROGRAM, WHILE ANOTHER SPECIFICALLY ADDRESSES PHYSICAL ACTIVITY.</p> <p>AS THE HOSPITAL FOCUSES ON LIFESTYLE, EDUCATION, PREVENTION AND ACCESS TO CARE ISSUES SURROUNDING ITS FOCUSED AREAS, POSITIVE OUTCOMES WILL LIKELY HAVE POSITIVE EFFECTS ON THE HEALTH NEEDS NOT ADDRESSED. TO HAVE THE GREATEST IMPACT, HOWEVER, THE HOSPITAL HAS CHOSEN TO FOCUS ON THE MOST SERIOUS DISEASES AND THE RELATED LIFESTYLE ISSUES FACING OUR COMMUNITY AS WELL AS INVESTING IN THE HEALTH OF NEWBORNS - THE MOST VULNERABLE RESIDENTS.</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 16A - FAP AVAILABLE WEBSITE</p>	<p>HTTPS://WWW.COMHS.ORG/ABOUT-US/PATIENT-RESOURCES/FINANCIAL-ASSISTANCE-PROGRAM</p>

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 16B - FAP APPLICATION FORM WEBSITE	HTTPS://WWW.COMHS.ORG/ABOUT-US/PATIENT-RESOURCES/FINANCIAL-ASSISTANCE-PROGRAM
SCHEDULE H, PART V, SECTION B, LINE 16C - PLAIN LANGUAGE FAP SUMMARY WEBSITE	HTTPS://WWW.COMHS.ORG/ABOUT-US/PATIENT-RESOURCES/FINANCIAL-ASSISTANCE-PROGRAM

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 0

Name and address	Type of Facility (describe)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 2, 3, 4, 8 and 9b.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

Return Reference - Identifier	Explanation
SCHEDULE H, PART I, LINE 3C - FACTORS OTHER THAN FPG USED TO DETERMINE FAP ELIGIBILITY	IN ADDITION TO FPG, THE CRITERIA OF ASSET LEVEL, MEDICAL INDIGENCY, INSURANCE STATUS, AND UNDERINSURANCE STATUS WERE USED IN DETERMINING ELIGIBILITY FOR FREE OR DISCOUNTED CARE.
SCHEDULE H, PART I, LINE 6A - NAME OF RELATED ORGANIZATION THAT PREPARED COMMUNITY BENEFIT REPORT	COMMUNITY FOUNDATION OF NORTHWEST INDIANA
SCHEDULE H, PART I, LINE 6A - WAS A COMMUNITY BENEFIT REPORT PREPARED	THE STATE OF INDIANA ACCEPTS FORM 990 SCHEDULE H IN LIEU OF A COMMUNITY BENEFIT REPORT. COMMUNITY STROKE & REHABILITATION CENTER, INC. MAKES ITS 990 AVAILABLE TO THE PUBLIC.
SCHEDULE H, PART I, LINE 7 - FINANCIAL ASSISTANCE & OTHER COMMUNITY BENEFITS AT COST	COST ACCOUNTING SYSTEM WAS USED FOR COMPUTATIONS. BAD DEBT IS EXCLUDED FROM THE CALCULATION. MEDICAID DIRECT OFFSETTING REVENUE INCLUDES THE INCREASED HAF REIMBURSEMENT AND DSH. THE EXPENSE INCLUDES THE HAF FEE.
SCHEDULE H, PART I, LINE 7, COL (F) - BAD DEBT EXPENSE EXCLUDED FROM FINANCIAL ASSISTANCE CALCULATION	651,338
SCHEDULE H, PART I, LINE 7G - SUBSIDIZED HEALTH SERVICES	NONE OF THE EXPENSES REPORTED ON PART I, LINE 7G ARE ATTRIBUTABLE TO PHYSICIAN CLINICS.
SCHEDULE H, PART III, LINE 2 - METHODOLOGY USED TO ESTIMATE BAD DEBT AT COST	THE COST TO CHARGE RATIO PER THE S-10 WORKSHEET OF THE MEDICARE COST REPORT IS USED TO ESTIMATE BAD DEBT AT COST.
SCHEDULE H, PART III, LINE 3 - BAD DEBT EXPENSE ATTRIBUTABLE TO FAP ELIGIBLE PATIENTS	WE ESTIMATE 1% OF THE BAD DEBT EXPENSE TO BE ATTRIBUTABLE TO PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE.
SCHEDULE H, PART III, LINE 4 - BAD DEBT EXPENSE FOOTNOTE FROM AUDIT	PATIENT SERVICE REVENUE, NET OF CONTRACTUAL ALLOWANCES AND DISCOUNTS, IS REDUCED BY THE PROVISION FOR BAD DEBTS, AND NET ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS. THE PROVISION FOR BAD DEBTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS, TAKING INTO CONSIDERATION THE TRENDS IN HEALTH CARE COVERAGE, ECONOMIC TRENDS, AND OTHER COLLECTION INDICATORS. MANAGEMENT REGULARLY ASSESSES THE ADEQUACY OF THE ALLOWANCES BASED UPON HISTORICAL WRITE-OFF EXPERIENCE BY MAJOR PAYOR CATEGORY AND AGING BUCKET. THE RESULTS OF THE REVIEW ARE THEN UTILIZED TO MAKE MODIFICATIONS, AS NECESSARY, TO THE PROVISION FOR BAD DEBTS TO PROVIDE FOR AN APPROPRIATE ALLOWANCE FOR BAD DEBTS. A SIGNIFICANT PORTION OF THE HOSPITALS' UNINSURED PATIENTS WILL BE UNABLE OR UNWILLING TO PAY FOR SERVICES PROVIDED, AND A SIGNIFICANT PORTION OF THE HOSPITALS' INSURED PATIENTS WILL BE UNABLE OR UNWILLING TO PAY FOR CO-PAYMENTS AND DEDUCTIBLES. THUS, THE HOSPITALS RECORD A SIGNIFICANT PROVISION FOR BAD DEBTS RELATED TO UNINSURED PATIENTS IN THE PERIOD THE SERVICES ARE PROVIDED. AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IN ACCORDANCE WITH CFNI'S POLICY, ACCOUNTS RECEIVABLE ARE WRITTEN OFF AND CHARGED AGAINST THE ALLOWANCE FOR BAD DEBTS.
SCHEDULE H, PART III, LINE 8 - WHY MEDICARE SHORTFALL SHOULD BE COMMUNITY BENEFIT	WE PROVIDE NECESSARY SERVICES REGARDLESS OF THE PATIENT'S ABILITY TO PAY FOR THE SERVICE PROVIDED OR THE REIMBURSEMENT RECEIVED FROM MEDICARE, QUALIFYING THE SHORTFALL AS A COMMUNITY BENEFIT. THE MEDICARE ALLOWABLE COSTS OF CARE WERE CALCULATED BY USING INFORMATION FROM THE COST ACCOUNTING SYSTEM.

Return Reference - Identifier	Explanation
SCHEDULE H, PART III, LINE 9B - COLLECTION PRACTICES FOR QUALIFYING FA PATIENTS	COLLECTION POLICIES ARE THE SAME FOR ALL PATIENTS. PATIENTS ARE SCREENED FOR ELIGIBILITY FOR FINANCIAL ASSISTANCE BEFORE COLLECTION PROCEDURES BEGIN. IF AT ANY POINT IN THE COLLECTION PROCESS, DOCUMENTATION IS RECEIVED THAT INDICATES THE PATIENT IS POTENTIALLY ELIGIBLE FOR FINANCIAL ASSISTANCE BUT HAS NOT APPLIED FOR IT, THE ACCOUNT IS REFERRED BACK FOR A FINANCIAL ASSISTANCE REVIEW.
SCHEDULE H, PART VI, LINE 2 - NEEDS ASSESSMENT	<p>2. NEEDS ASSESSMENT THE MOST RECENT COMMUNITY HEALTHCARE SYSTEM CHNA WAS CONDUCTED IN 2019 AND IS AVAILABLE ON THE FOLLOWING WEBSITE: HTTPS://WWW.COMHS.ORG/ABOUT-US/COMMUNITY-HEALTH-NEEDS-ASSESSMENT</p> <p>COMMUNITY STROKE & REHABILITATION WASN'T PART OF THIS CHNA BECAUSE IT DIDN'T OPEN UNTIL JULY 2019, HOWEVER, THE SERVICE AREA DATA WAS USED AND WE CONTINUALLY ASSESS THE HEALTHCARE NEEDS OF THE COMMUNITIES IT SERVES. THIS IS AN ONGOING ENDEAVOR IN WHICH WE RELY HEAVILY UPON INPUT FROM OUR COMMUNITY LEADERS. WE ALSO CONDUCT MANY HEALTHCARE RELATED EVENTS THROUGHOUT THE YEAR WITHIN THE COMMUNITY. THIS CAN VARY FROM EDUCATIONAL CLASSES TO SPECIFIC DISEASE SCREENINGS. WE HAVE ALSO FOUND THAT A GOOD DATA SOURCE IS OUR PATIENTS. WE FREQUENTLY SURVEY OUR PATIENTS TO OBTAIN THIS INFORMATION.</p>
SCHEDULE H, PART VI, LINE 3 - PATIENT EDUCATION	<p>3. PATIENT EDUCATION PATIENTS WHO ARE ADMITTED WITHOUT INSURANCE ARE DIRECTED TO THE HOSPITAL'S FINANCIAL COUNSELORS. THE FINANCIAL COUNSELORS PERFORM AN INTERVIEW WITH THE PATIENTS TO EXPLAIN TO THEM THE PROCESS NECESSARY TO RECEIVE FINANCIAL ASSISTANCE. THIS PROCESS INCLUDES APPLYING FOR MEDICAID OR OTHER GOVERNMENT AID. THE APPLICANT THEN MUST FILL OUT A FINANCIAL INFORMATION WORKSHEET AND SUBMIT VARIOUS INFORMATION TO DETERMINE IF THEY QUALIFY FOR FINANCIAL ASSISTANCE IN ACCORDANCE WITH THE FINANCIAL ASSISTANCE POLICY. THE POLICY IS POSTED IN THE OUTPATIENT AND INPATIENT WAITING AREAS, ALONG WITH THE REGISTRATION AND CASHIER AREAS. THE INFORMATION IS ALSO AVAILABLE ON OUR WEBSITE.</p>
SCHEDULE H, PART VI, LINE 4 - COMMUNITY INFORMATION	<p>4. COMMUNITY INFORMATION LOCATED IN CROWN POINT, INDIANA, THE COMMUNITY SERVED INCLUDES NORTHWEST INDIANA. LATEST U.S. CENSUS BUREAU DEMOGRAPHIC INFORMATION COMPARING CROWN POINT TO THE STATE OF INDIANA:</p> <p>CROWN POINT INDIANA PERSONS UNDER 18 YEARS PERCENT 2021 24.0% 23.3%</p> <p>PERSONS 65 YEARS AND OVER PERCENT 2021 17.4% 16.4%</p> <p>WHITE ALONE, PERCENT, 2021 (A) 84.9% 84.2%</p> <p>BLACK OR AFRICAN AMERICAN ALONE PERCENT, 2021 (A) 6.3% 10.2%</p> <p>HISPANIC OR LATINO PERCENT, 2021 (B) 11.0% 7.7%</p> <p>WHITE ALONE, NOT HISPANIC OR LATINO PERCENT, 2021 78.7% 77.5%</p> <p>HIGH SCHOOL GRADUATED OR HIGHER, AGE 25+, 2016-2020 91.6% 89.3%</p> <p>BACHELOR'S DEGREE OR HIGHER AGE 25+, 2016-2020 32.1% 27.2%</p> <p>MEDIAN HOUSEHOLD INCOME 2016-2020 \$82,222 \$58,235</p> <p>PERSONS IN POVERTY PERCENT, 2016-2020 6.5% 11.6%</p> <p>(A) INCLUDES PERSONS REPORTING ONLY ONCE RACE (B) HISPANICS MAY BE OF ANY RACE, SO ALSO ARE INCLUDED IN APPLICABLE RACE CATEGORIES</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH</p>	<p>5. PROMOTION OF COMMUNITY HEALTH COMMUNITY STROKE & REHABILITATION CENTER IN CROWN POINT IS A 40-BED SPECIALTY HOSPITAL THAT PROVIDES NORTHWEST INDIANA WITH EXCEPTIONAL CARE THAT IS CONVENIENT AND CLOSE TO HOME. THE FOUR STORY 129,000 SQUARE-FOOT MULTISPECIALTY FACILITY IN CROWN POINT FEATURES INPATIENT REHABILITATION TREATMENT ALONG WITH PHYSICIAN PRACTICES, OUTPATIENT SERVICES, AND IMMEDIATE CARE FOR FAMILY HEALTH AND WELLNESS. MISSION, VISION AND VALUES</p> <p>MISSION: COMMUNITY HEALTHCARE SYSTEM IS COMMITTED TO PROVIDE THE HIGHEST QUALITY CARE IN THE MOST COST-EFFICIENT MANNER, RESPECTING THE DIGNITY OF THE INDIVIDUAL, PROVIDING FOR THE WELL-BEING OF THE COMMUNITY AND SERVING THE NEEDS OF ALL PEOPLE, INCLUDING THE POOR AND DISADVANTAGED.</p> <p>VISION: COMMUNITY HEALTHCARE SYSTEM IS ONE MEDICAL PROVIDER ORGANIZED ACROSS FOUR HOSPITAL CAMPUSES. IT LINKS FOUR INDIANA HOSPITALS - COMMUNITY HOSPITAL IN MUNSTER; ST. CATHERINE HOSPITAL IN EAST CHICAGO; ST. MARY MEDICAL CENTER IN HOBART; AND COMMUNITY STROKE & REHABILITATION CENTER IN CROWN POINT - AND MANY OUTPATIENT CLINICS AND PHYSICIAN OFFICES. THE SYSTEM IS DEDICATED TO MAINTAIN THE CATHOLIC TRADITION OF ST. CATHERINE HOSPITAL AND ST. MARY MEDICAL CENTER AS WELL AS THE NON-SECTARIAN FOUNDATION OF COMMUNITY HOSPITAL. COMMUNITY HEALTHCARE SYSTEM WILL BECOME THE PROMINENT, INTEGRATED HEALTHCARE SYSTEM IN NORTHWEST INDIANA. THROUGH INTEGRATION, THE SYSTEM WILL CAPITALIZE ON OPPORTUNITIES TO INCREASE OVERALL GROWTH, IMPROVE OPERATING EFFICIENCY, AND REALIZE CAPITAL TO BETTER SERVE OUR PATIENTS, PHYSICIANS, AND EMPLOYEES.</p> <p>VALUES:</p> <p>DIGNITY - WE VALUE THE DIGNITY OF HUMAN LIFE, WHICH IS SACRED AND DESERVING OF RESPECT AND FAIRNESS THROUGHOUT ITS STAGES OF EXISTENCE.</p> <p>COMPASSIONATE CARE - WE VALUE COMPASSIONATE CARE, TREATING THOSE WE SERVE AND ONE ANOTHER WITH PROFESSIONALISM, CONCERN AND KINDNESS, EXCEEDING EXPECTATIONS.</p> <p>COMMUNITY - WE VALUE MEETING THE VITAL RESPONSIBILITIES IN THE COMMUNITY WE SERVE, AND TAKE A LEADERSHIP ROLE IN ENHANCING THE QUALITY OF LIFE AND HEALTH, STRIVING TO REDUCE THE INCIDENCE OF ILLNESS THROUGH CLINICAL SERVICES, EDUCATION AND PREVENTION.</p> <p>QUALITY - WE VALUE QUALITY AND STRIVE FOR EXCELLENCE IN ALL WE DO, WORKING TOGETHER COLLABORATIVELY AS THE POWER OF OUR COMBINED EFFORTS EXCEEDS WHAT EACH OF US CAN ACCOMPLISH ALONE.</p> <p>STEWARDSHIP - WE VALUE TRUSTWORTHY STEWARDSHIP AND ADHERENCE TO THE HIGHEST ETHICAL STANDARDS THAT JUSTIFY PUBLIC TRUST AND PROTECT WHAT IS OF VALUE TO THE SYSTEM - ITS HUMAN RESOURCES, MATERIAL AND FINANCIAL ASSETS.</p> <p>THE DESIGNATED POPULATION THAT COMMUNITY STROKE & REHABILITATION CENTER IS FOCUSING ON INCLUDES THOSE INDIVIDUALS WHOSE LIFE-STYLE BEHAVIORS PUT THEM AT RISK FOR DISEASE AND ILLNESS. OUR PRIMARY FOCUS THIS YEAR IS ON DISEASES THAT HAVE BEEN IDENTIFIED AS HEALTH DISCREPANCIES IN LAKE COUNTY, INDIANA - DIABETES, HEART DISEASE & STROKE, AND MATERNAL INFANT & CHILD HEALTH. THE INCIDENCE OF THESE DISEASES IN OUR REGION SURPASSED STATE AND NATIONAL AVERAGES, AND THEREFORE DEMANDED OUR PRIMARY FOCUS. ALL OF THESE AREAS HAVE A COMMON LINK TO MODIFIABLE LIFESTYLE RISK FACTORS, EDUCATION, PREVENTION AND ACCESS TO MEDICAL SERVICES. COMMUNITY STROKE & REHABILITATION CENTER HAS INVESTED GREATLY IN TREATMENT AND EDUCATION PROGRAMS AND IN OFFERING PATIENTS ACCESS TO TREATMENTS NOT AVAILABLE ELSEWHERE IN THE COUNTY. WE ARE EXPANDING BEST PRACTICE EFFORTS THROUGH THE PRIMARY CARE SETTING, IN PARTICULAR OUR EMPLOYED PHYSICIANS GROUP. THE FOCUS OF OUR COMMUNITY BENEFIT IS TO USE RESOURCES TO REACH BEYOND THE TREATMENT OF THESE DISEASES TO HELP EDUCATE, SUPPORT AND EMPOWER INDIVIDUALS TO LOWER THEIR RISKS.</p> <p>COMMITMENT TO QUALITY AND CARE COMMUNITY STROKE & REHABILITATION CENTER PROVIDES A COMPREHENSIVE EXPERIENCE THAT ALLOWS PATIENTS WHO HAVE BEEN DISABLED BY INJURY OR ILLNESS TO IMPROVE THEIR FUNCTIONAL ABILITIES AND TRANSITION TO A BETTER QUALITY OF LIFE AT HOME. INTERDISCIPLINARY TEAMS ARE LED BY LICENSED REHABILITATION SPECIALISTS, WHO PROVIDE PERSONALIZED TREATMENT AND COORDINATE CARE WITH CASE MANAGERS, REHABILITATION NURSES AND PHYSICAL, OCCUPATIONAL AND SPEECH THERAPISTS. THERAPY REGIMENS IN ACUTE REHABILITATION CONSIST OF AT LEAST THREE HOURS OF PHYSICAL, OCCUPATIONAL OR SPEECH SESSIONS, OR ANY COMBINATION OF THESE, FIVE DAYS A WEEK. THE REHABILITATION TEAM PUTS THE PATIENT AT THE CENTER OF CARE, ACKNOWLEDGING PEOPLE'S INDIVIDUAL NEEDS. THE TEAM PROVIDES SUPPORT AND RESOURCES TO HELP EACH PATIENT ACHIEVE AND MAINTAIN HIS OR HER GOALS.</p> <p>NATIONAL INDICATORS OF OVERALL PATIENT OUTCOMES ARE RATED BY THE PROGRAM EVALUATION MODEL (PEM) SCORE. THIS SCORE RATES OVERALL PATIENT OUTCOMES FOR MORE THAN 800 INPATIENT REHABILITATION PROGRAMS NATIONWIDE. METRICS INCLUDE IMPROVEMENT IN SELF-CARE AND MOBILITY SKILLS, ALONG WITH THE PERCENTAGE OF PATIENTS WHO ARE DISCHARGED IN A TIMELY MANNER. METRICS ARE CONSOLIDATED INTO ONE SCORE AND A NATIONAL PERCENTILE RANK. THE INPATIENT REHABILITATION UNITS OF COMMUNITY HEALTHCARE SYSTEM SCORED WITHIN THE 85TH TO 99TH PERCENTILE FOR THE MEDICARE FISCAL YEAR ENDING IN SEPTEMBER 2021. THESE HIGH-RANKING RESULTS ILLUSTRATE COMMITMENT ACROSS COMMUNITY HEALTHCARE SYSTEM REHABILITATION UNITS TO IMPROVE THE FUNCTIONAL STATUS AND MOBILITY OF OUR PATIENTS TO ENSURE THEY TRANSITION TO A SAFE, STRUCTURED ENVIRONMENT AT HOME.</p> <p>AWARDS AND RECOGNITION FOLLOWING IS A SYNOPSIS OF SIGNIFICANT ACCREDITATIONS AND DISTINCTIONS GRANTED TO COMMUNITY STROKE & REHABILITATION CENTER DURING THE CALENDAR YEAR 2021. *PROGRAM EVALUATION MODEL (PEM) SCORE 94TH PERCENTILE RANK *NEWSWEEK BEST REHABILITATION CENTERS, 2021 AND 2022</p>

Return Reference - Identifier	Explanation
	<p>COMMUNITY OUTREACH COMMUNITY STROKE & REHABILITATION CENTER UNDERSTANDS THAT THE IMPORTANT JOB OF IMPROVING AND MAINTAINING ONE'S HEALTH AND WELLNESS EXPANDS BEYOND THE FACILITY. THE HOSPITAL IS RELATIVELY NEW, HAVING OPENED IN 2019. A COMMUNITY OUTREACH PLAN WAS DEVELOPED. HOWEVER, THE OPPORTUNITY TO BE FULLY ENGAGED IN OUTREACH ACTIVITIES WAS STIFLED IN 2020 AND 2021 BECAUSE OF THE COVID-19 PANDEMIC. DURING THAT TIME, VIRTUAL EDUCATION PROGRAMS WERE OFFERED ON A VARIETY OF TOPICS, INCLUDING STROKE EDUCATION, EARLY HEART ATTACK CARE (EHAC) AND SAFE EXERCISE. IN-PERSON OPPORTUNITIES INCREASED IN LATE 2021 AS THE CENTERS FOR DISEASE CONTROL AND PREVENTION'S COVID-19 RECOMMENDED SAFETY PRECAUTIONS EASED. STROKE SUPPORT GROUP MEETINGS RESUMED, AND BREAST CANCER AND PROSTATE CANCER SUPPORT GROUPS WERE FORMED. SCREENINGS FOR THE PUBLIC OFFERED AT THIS FACILITY INCLUDE BALANCE ISSUES AND FALL RISK, PERIPHERAL ARTERIAL DISEASE AND ATRIAL FIBRILLATION. OPPORTUNITIES FOR STAFF TO PARTICIPATE IN LOCAL EVENTS AND HEALTH FAIRS HAVE INCREASED TO INCLUDE THE CANCER SURVIVORS DAY CELEBRATION, BACK-TO-SCHOOL EVENTS AND MORE</p>
<p>SCHEDULE H, PART VI, LINE 6 - DESCRIPTION OF AFFILIATED GROUP</p>	<p>6. AFFILIATED HEALTH CARE SYSTEM COMMUNITY STROKE & REHABILITATION CENTER IS PART OF AN AFFILIATED SYSTEM. EACH HOSPITAL IN THE SYSTEM PROVIDES MEDICAL SERVICES TO THEIR COMMUNITIES AND ADJOINING COMMUNITIES. EACH ENTITY'S PURPOSE IS TO PROVIDE HEALTH CARE TO THOSE WHO NEED IT, INCLUDING THE UNINSURED OR UNDERINSURED.</p>
<p>SCHEDULE H, PART VI, LINE 7 - STATE FILING OF COMMUNITY BENEFIT REPORT</p>	<p>IN</p>