

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF DELAWARE**

In re:

SC HEALTHCARE HOLDING, LLC, *et al.*,

Debtors.<sup>1</sup>

Chapter 11

Case No. 24-10443 (TMH)

(Jointly Administered)

**STATEMENT OF FINANCIAL AFFAIRS FOR  
PETERSEN HEALTH QUALITY, LLC (CASE NO. 24-10545)**

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<sup>1</sup> The last four digits of SC Healthcare Holding, LLC's tax identification number are 2584. The mailing address for SC Healthcare Holding, LLC is c/o Petersen Health Care Management, LLC 830 West Trailcreek Dr., Peoria, IL 61614. Due to the large number of debtors in these Chapter 11 Cases, for which the Debtors have requested joint administration, a complete list of the Debtors and the last four digits of their federal tax identification numbers is not provided herein. A complete list of such information will be made available on a website of the Debtors' proposed claims and noticing agent at [www.kccllc.net/Petersen](http://www.kccllc.net/Petersen).



2410443240531000000000125

**Fill in this information to identify the case:**

Debtor Name: In re : Petersen Health Quality, LLC

United States Bankruptcy Court for the: District Of Delaware

Case number (if known): 24-10545 (TMH)

☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy** 04/22

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

**Part 1:** Income**1. Gross revenue from business**☐ None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year		Sources of revenue Check all that apply	Gross revenue (before deductions and exclusions)
From the beginning of the fiscal year to filing date:	From 1/1/2024 to Filing date MM / DD / YYYY	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other	\$ 58,534.00
For prior year:	From to MM / DD / YYYY MM / DD / YYYY	<input type="checkbox"/> Operating a business <input type="checkbox"/> Other	\$
For the year before that:	From to MM / DD / YYYY MM / DD / YYYY	<input type="checkbox"/> Operating a business <input type="checkbox"/> Other	\$

Debtor: Petersen Health Quality, LLC

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**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. Non-business income may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None

		Description of sources of revenue	Gross revenue from each source (before deductions and exclusions)
<b>From the beginning of the fiscal year to filing date:</b>	From _____ to Filing date MM / DD / YYYY	_____	\$ _____
<b>For prior year:</b>	From _____ to _____ MM / DD / YYYY MM / DD / YYYY	_____	\$ _____
<b>For the year before that:</b>	From _____ to _____ MM / DD / YYYY MM / DD / YYYY	_____	\$ _____

Debtor: Petersen Health Quality, LLC

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**Part 2: List Certain Transfers Made Before Filing for Bankruptcy****3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers-including expense reimbursements-to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer Check all that apply
3.1 See SOFA 3 Attachment Creditor's Name		\$	<input type="checkbox"/> Secured debt
Street			<input type="checkbox"/> Unsecured loan repayments
			<input type="checkbox"/> Suppliers or vendors
			<input type="checkbox"/> Services
City State ZIP Code			<input type="checkbox"/> Other
Country			

**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. Insiders include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None

Insider's Name and Address	Dates	Total amount or value	Reason for payment or transfer
Please reference Global Notes for additional information related to Intercompany Payments/Transfers		\$	
4.1 Insider's Name			
Street			
City State ZIP Code			
Country			
Relationship to Debtor			

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**5. Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's Name and Address	Description of the Property	Date	Value of property
5.1 Creditor's Name			\$
Street			
City State ZIP Code			
Country			

**6. Setoffs**

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's Name and Address	Description of the action creditor took	Date action was taken	Amount
6.1 Creditor's Name			\$
Street			
	Last 4 digits of account number: XXXX-		
City State ZIP Code			
Country			

Debtor: Petersen Health Quality, LLC

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**Part 3: Legal Actions or Assignments****7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None

Case title	Nature of case	Court or agency's name and address	Status of case
7.1 See SOFA 7 Attachment		Name	<input type="checkbox"/> Pending
		Street	<input type="checkbox"/> On appeal
			<input type="checkbox"/> Concluded
Case number		City State ZIP Code	
		Country	

**8. Assignments and receivership**

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Custodian's name and address	Description of the Property	Value
8.1 Custodian's name		\$
Street	Case title	Court name and address
		Name
City State ZIP Code	Case number	Street
Country	Date of order or assignment	City State ZIP Code
		Country

Debtor: Petersen Health Quality, LLC

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Name

**Part 4: Certain Gifts and Charitable Contributions**

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.1 Creditor's Name  Street  City State ZIP Code  Country			\$
Recipient's relationship to debtor			

Debtor: Petersen Health Quality, LLC

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Name

**Part 5: Certain Losses****10. All losses from fire, theft, or other casualty within 1 year before filing this case.**☐ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).	Date of loss	Value of property lost
10.1 A ransomware cyber attack which occurred in October 2023, ultimately led to the loss of large quantities of data and significant consulting fees	None	10/2023	\$ Undetermined



Debtor: Petersen Health Quality, LLC

Case number (if known): 24-10545

Name

**Part 6: Certain Payments or Transfers****11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☒ None

	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.1				\$
	<b>Address</b>			
	Street			
	City	State	ZIP Code	
	Country			
	<b>Email or website address</b>			
	<b>Who made the payment, if not debtor?</b>			

**12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.  
Do not include transfers already listed on this statement.

☒ None

	Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
12.1				\$
	<b>Trustee</b>			

Debtor: Petersen Health Quality, LLC

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Name

**13. Transfers not already listed on this statement**

List any transfers of money or other property - by sale, trade, or any other means - made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None

Who received transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1			\$
<b>Address</b>			
Street			
City	State	ZIP Code	
Country			
<b>Relationship to Debtor</b>			

Debtor: Petersen Health Quality, LLC

Case number (if known): 24-10545

Name \_\_\_\_\_

**Part 7: Previous Locations****14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

Address		Dates of occupancy	
14.1	_____	From _____	To _____
	Street _____		
	_____		
	City _____ State _____ ZIP Code _____		
	Country _____		

Debtor: Petersen Health Quality, LLC

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Name

**Part 8: Health Care Bankruptcies****15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:  
 — diagnosing or treating injury, deformity, or disease, or  
 — providing any surgical, psychiatric, drug treatment, or obstetric care?

☐ No. Go to Part 9.

☒ Yes. Fill in the information below.

Facility Name and Address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.1 Countryview Terrace Facility Name	Skilled Nursing Facility	174
52 Old Route 45 Street	Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.	How are records kept? Check all that apply: <input type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper
Louisville IL 62858 City State ZIP Code		
Country		

Debtor: Petersen Health Quality, LLC

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Name

**Part 9: Personally Identifiable Information****16. Does the debtor collect and retain personally identifiable information of customers?**☐ No.☒ Yes. State the nature of the information collected and retained. Medical and Billing Information

Does the debtor have a privacy policy about that information?

☐ No☒ Yes**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**☐ No. Go to Part 10.☒ Yes. Does the debtor serve as plan administrator?☒ No. Go to Part 10.☐ Yes. Fill in below:

Name of plan	Employer identification number of the plan
17.1 _____	EIN: _____

Has the plan been terminated?

☐ No☐ Yes

Debtor: Petersen Health Quality, LLC

Case number (if known): 24-10545

Name

**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units****18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

Financial institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1 Name  Street  City State ZIP Code  Country	XXXX-	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other		\$

**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
19.1 Name  Street  City State ZIP Code  Country			<input type="checkbox"/> No  <input type="checkbox"/> Yes

Debtor: Petersen Health Quality, LLC

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Name

**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
---------------------------	-----------------------------------	-----------------------------	----------------------------

20.1 See Global Notes

☐ No

Name

☐ Yes

Street

City

State

ZIP Code

Address

Country

Debtor: Petersen Health Quality, LLC

Case number (if known): 24-10545

Name

**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own****21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☐ None

	Owner's name and address	Location of the property	Description of the property	Value
21.1	See Global Notes			\$
	Name			
	Street			
	City	State	ZIP Code	
	Country			



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**Part 12: Details About Environmental Information**

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

**Report all notices, releases, and proceedings known, regardless of when they occurred.****22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law?** Include settlements and orders.☒ No☐ Yes. Provide details below.

Case title	Court or agency name and address	Nature of the case	Status of case
22.1	Name		<input type="checkbox"/> Pending
	Street		<input type="checkbox"/> On appeal
			<input type="checkbox"/> Concluded
<b>Case Number</b>			
	City State ZIP Code		
	Country		

**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**☒ No☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
23.1	Name		
	Street		
	City State ZIP Code		
	Country		

Debtor: Petersen Health Quality, LLC

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Name

**24. Has the debtor notified any governmental unit of any release of hazardous material?**☒ No☐ Yes. Provide details below.

24.1

Site name and address			Governmental unit name and address			Environmental law, if known	Date of notice
Name			Name				
Street			Street				
City	State	ZIP Code	City	State	ZIP Code		
Country			Country				

Debtor: Petersen Health Quality, LLC

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Name

**Part 13: Details About the Debtor's Business or Connections to Any Business****25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☒ None

Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.1		EIN:
Name		Dates business existed
Street		From To
City State ZIP Code		
Country		

**26. Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and Address	Dates of service
26a.1 Petersen Health Care Management, LLC	From To
Name	
830 West Trailcreek Dr.	
Street	
Peoria IL 61614	
City State ZIP Code	
Country	

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☐ None

Name and Address	Dates of service
26b.1 Petersen Healthcare Management, Mark Petersen	From 12/22/2011 To Present
Name	
830 West Trailcreek Dr.	
Street	
Peoria IL 61614	
City State ZIP Code	
Country	

Debtor: Petersen Health Quality, LLC

Case number (if known): 24-10545

Name

26b.2 Ginoli &amp; Company

From 2002

To Present

Name

7625 N University St.

Street

Peoria

IL

61614

City

State

ZIP Code

Country

26b.3 Clifton, Larson, Allen

From 2012

To Present

Name

301 SW Adams St.

Street

Suite 1000

Peoria

IL

61602

City

State

ZIP Code

Country

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None**Name and address****If any books of account and records are unavailable, explain why**

26c.1 Getzler Henrich and Associates

Name

295 Madison Ave

Street

Floor 20

New York

NY

10023

City

State

ZIP Code

Country

**Name and address****If any books of account and records are unavailable, explain why**

26c.2 Ginoli &amp; Company

Name

7625 N University St.

Street

Peoria

IL

61614

City

State

ZIP Code

Country

Debtor: Petersen Health Quality, LLC

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Name

**Name and address****If any books of account and records are unavailable, explain why**

26c.3 Petersen Healthcare Management, Mark Petersen

Name

830 West Trailcreek Dr.

Street

Peoria

IL

61614

City

State

ZIP Code

Country

**Name and address****If any books of account and records are unavailable, explain why**

26c.4 Clifton, Larson, Allen

Name

301 SW Adams St.

Street

Suite 1000

Peoria

IL

61602

City

State

ZIP Code

Country

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None
**Name and address**

Name

Street

City

State

ZIP Code

Country

Debtor: Petersen Health Quality, LLC

Case number (if known): 24-10545

Name

**27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of Inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
		\$
<b>Name and address of the person who has possession of inventory records</b>		
27.1		
Name		
Street		
City	State	ZIP Code
Country		

**28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.**

	Name	Address	Position and Nature of any interest	% of interest, if any
28.1	Mark B. Petersen	830 West Trailcreek Dr. , Peoria, IL 61614	Member	1%
28.2	SABL, LLC	830 West Trailcreek Dr. , Peoria, IL 61614	Manager	99%

**29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?**☒ No☐ Yes. Identify below.

	Name	Address	Position and Nature of any interest	Period during which position or interest was held
29.1				From To

Debtor: Petersen Health Quality, LLC

Case number (if known): 24-10545

Name

**30. Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☐ No☒ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1 See SOFA Question 4 Name Street City State ZIP Code Country Relationship to debtor			

**31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?**☒ No☐ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
31.1	EIN:

**32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?**☒ No☐ Yes. Identify below.

Name of the pension fund	Employer Identification number of the pension fund
32.1	EIN:

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both.

18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 05/31/2024  
MM / DD / YYYY

**x** / s / David R. Campbell \_\_\_\_\_

Printed name David R. Campbell \_\_\_\_\_

Signature of individual signing on behalf of the debtor

Position or relationship to debtor Authorized Signatory \_\_\_\_\_

**Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?**

☒ No

☐ Yes



In re: Petersen Health Quality, LLC

Case No. 24-10545

Attachment 3

Certain payments or transfers to creditors within 90 days before filing this case

Creditor's name	Address 1	Address 2	City	State	Zip	Date	Total amount or value	Reason for payment or transfer (e.g. Secured debt, Unsecured loan repayments, Suppliers or vendors, Services, or Other)
Community Support Systems	618 West Main Street		Teutopolis	IL	62467	12/20/2023	\$1,380.08	Vendor
Community Support Systems	618 West Main Street		Teutopolis	IL	62467	12/20/2023	\$1,380.08	Vendor
Community Support Systems	618 West Main Street		Teutopolis	IL	62467	2/12/2024	\$4,066.80	Vendor
Community Support Systems	618 West Main Street		Teutopolis	IL	62467	2/12/2024	\$4,066.80	Vendor

In re: Petersen Health Quality, LLC

Case No. 24-10545

Attachment 7

Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

Case Title	Case number	Nature of case	Court name	Court address 1	Court City	Court State	Court Zip	Status of case (e.g. Pending, On appeal, Concluded)
Estate of Mildred M. Downs, deceased, v. Petersen Health Quality, LLC, an Illinois Limited Liability Company d/b/a Arcola Health Care Center and Arcola HCO, LLC, an Illinois Limited Liability Company d/b/a Arcola Health Care Center	2021-L-9	NHCA - Pressure injury	6th Judicial Circuit Court of Ill	401 S. Center	Tuscola	IL	61953	Pending
Rosie Hendricks, as Independent Administrator of the Estate of Ola Williams, Deceased, v Petersen Health Quality, LLC, an Illinois Limited Liability Company d/b/a Bement Health Care Center, Petersen Health Care Management, Inc., an Illinois Corporation and Guyla Leason, RN	2019-L-101	WD/SA/NHCA pressure injuries	10th Judicial Circuit Court of Ill	324 Main St. Ste. 215	Peoria	IL	61602	
SELECT REHABILITATION, LLC PLAINTIFF V. MIDWEST HEALTH OPERATIONS, LLC; PETERSEN HEALTH CARE - FARMER CITY, LLC; PETERSEN HEALTH CARE ILLINI, LLC; PETERSEN HEALTH CARE • OZARK, LLC; PETERSEN HEALTH CARE - WESTSIDE, LLC; PETERSEN HEALTH CARE II, INC.; PETERSEN HEALTH CARE -ROSEVILLE, LLC; PETERSEN HEALTH CARE V, LLC; PETERSEN HEALTH CARE VII, LLC; PETERSEN HEALTH CARE, INC.; PETERSEN HEALTH ENTERPRISES, LLC; PETERSEN HEALTH NETWORK, LLC; PETERSEN HEALTH OPERATIONS III, LLC; PETERSEN HEALTH OPERATIONS, LLC; PETERSEN HEALTH QUALITY, LLC; PETERSEN MANAGEMENT COMPANY, LLC; SJL HEALTH SYSTEMS, INC.; ALEDO HCO, LLC; ARCOLA HCO, LLC; ASPEN HCO, LLC; BEMENT HCO, LLC; CASEY HCO, LLC; CHARL ESTON HCO, LLC; COLLINSVILLE HCO, LLC; CUMBERLAND HCO, LLC; DECATUR HCO, LLC; EASTVIEW HCO, LLC; EFFINGHAM HCO, LLC; HAVANA HCO, LLC; KEWANEE HCO, LLC; LEBANON HCO, LLC; MCLEANSBORO HCO, LLC; NORTH AURORA HCO, LLC; PETERSEN HEALTH BUSINESS, LLC; PETERSEN HEALTH JUNCTION, LLC; PETERSEN HEALTH RESOURCES, LLC; PETERSEN HEALTH & WELLNESS, LLC; PIPER HCO, LLC; PLEASANT VIEW HCO, LLC; PRAIRIE CITY HCO, LLC; ROBINGS HCO, LLC; ROSICLARE HCO, LLC; ROYAL HCO, LLC; SHAN GRI LA HCO, LLC; SHELBYVILLE HCO, LLC; SULLIVAN HCO, LLC; SWANSEA HCO, LLC; TARKIO HCO, LLC; TUSCOLA HCO, LLC; TWIN HCO; VANDALIA HCO, LLC; WATSEKA HCO, LLC; AND WESTSIDE HCO, LLC, DEFENDANTS	2024-LA-0000030	Undeterminable	10th Judicial Circuit Court of Ill	324 Main St. Ste. 215	Peoria	IL	61602	Pending

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF DELAWARE**

In re:

SC HEALTHCARE HOLDING, LLC, *et al.*,

Debtors.<sup>1</sup>

Chapter 11

Case No. 24-10443 (TMH)

(Jointly Administered)

**STATEMENT OF FINANCIAL AFFAIRS FOR  
PETERSEN HEALTH QUALITY, LLC (CASE NO. 24-10545)**

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<sup>1</sup> The last four digits of SC Healthcare Holding, LLC's tax identification number are 2584. The mailing address for SC Healthcare Holding, LLC is c/o Petersen Health Care Management, LLC 830 West Trailcreek Dr., Peoria, IL 61614. Due to the large number of debtors in these Chapter 11 Cases, for which the Debtors have requested joint administration, a complete list of the Debtors and the last four digits of their federal tax identification numbers is not provided herein. A complete list of such information will be made available on a website of the Debtors' proposed claims and noticing agent at [www.kccllc.net/Petersen](http://www.kccllc.net/Petersen).

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**Part 1:** Income**1. Gross revenue from business**☐ None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year		Sources of revenue Check all that apply	Gross revenue (before deductions and exclusions)
From the beginning of the fiscal year to filing date:	From 1/1/2024 to Filing date MM / DD / YYYY	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other	\$ 58,534.00
For prior year:	From to MM / DD / YYYY MM / DD / YYYY	<input type="checkbox"/> Operating a business <input type="checkbox"/> Other	\$
For the year before that:	From to MM / DD / YYYY MM / DD / YYYY	<input type="checkbox"/> Operating a business <input type="checkbox"/> Other	\$

Debtor: Petersen Health Quality, LLC

Case number (if known): 24-10545

Name

**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. Non-business income may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None

		Description of sources of revenue	Gross revenue from each source (before deductions and exclusions)
<b>From the beginning of the fiscal year to filing date:</b>	From _____ to Filing date MM / DD / YYYY	_____	\$ _____
<b>For prior year:</b>	From _____ to _____ MM / DD / YYYY MM / DD / YYYY	_____	\$ _____
<b>For the year before that:</b>	From _____ to _____ MM / DD / YYYY MM / DD / YYYY	_____	\$ _____

Debtor: Petersen Health Quality, LLC

Case number (if known): 24-10545

Name

**Part 2: List Certain Transfers Made Before Filing for Bankruptcy****3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers-including expense reimbursements-to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer Check all that apply
3.1 See SOFA 3 Attachment Creditor's Name		\$	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other
Street			
City	State	ZIP Code	
Country			

**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. Insiders include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None

Insider's Name and Address	Dates	Total amount or value	Reason for payment or transfer
Please reference Global Notes for additional information related to Intercompany Payments/Transfers		\$	
4.1 Insider's Name			
Street			
City	State	ZIP Code	
Country			
Relationship to Debtor			

Debtor: Petersen Health Quality, LLC

Case number (if known): 24-10545

Name

**5. Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's Name and Address	Description of the Property	Date	Value of property
5.1 Creditor's Name			\$
Street			
City State ZIP Code			
Country			

**6. Setoffs**

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's Name and Address	Description of the action creditor took	Date action was taken	Amount
6.1 Creditor's Name			\$
Street			
	Last 4 digits of account number: XXXX-		
City State ZIP Code			
Country			

Debtor: Petersen Health Quality, LLC

Case number (if known): 24-10545

Name

**Part 3: Legal Actions or Assignments****7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None

Case title	Nature of case	Court or agency's name and address	Status of case
7.1 See SOFA 7 Attachment		Name	<input type="checkbox"/> Pending
		Street	<input type="checkbox"/> On appeal
			<input type="checkbox"/> Concluded
Case number		City State ZIP Code	
		Country	

**8. Assignments and receivership**

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Custodian's name and address	Description of the Property	Value
8.1 Custodian's name		\$
Street	Case title	Court name and address
		Name
City State ZIP Code	Case number	Street
Country	Date of order or assignment	City State ZIP Code
		Country



Debtor: Petersen Health Quality, LLC

Case number (if known): 24-10545

Name

**Part 4: Certain Gifts and Charitable Contributions**

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.1 Creditor's Name  Street  City State ZIP Code  Country			\$
Recipient's relationship to debtor			

Debtor: Petersen Health Quality, LLC

Case number (if known): 24-10545

Name

**Part 5: Certain Losses****10. All losses from fire, theft, or other casualty within 1 year before filing this case.**☐ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).	Date of loss	Value of property lost
10.1 A ransomware cyber attack which occurred in October 2023, ultimately led to the loss of large quantities of data and significant consulting fees	None	10/2023	\$ Undetermined

Debtor: Petersen Health Quality, LLC

Case number (if known): 24-10545

Name

**Part 6: Certain Payments or Transfers****11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☒ None

	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.1				\$
	<b>Address</b>			
	Street			
	City	State	ZIP Code	
	Country			
	<b>Email or website address</b>			
	<b>Who made the payment, if not debtor?</b>			

**12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.  
Do not include transfers already listed on this statement.

☒ None

	Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
12.1				\$
	<b>Trustee</b>			

Debtor: Petersen Health Quality, LLC

Case number (if known): 24-10545

Name

**13. Transfers not already listed on this statement**

List any transfers of money or other property - by sale, trade, or any other means - made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None

Who received transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1			\$
<b>Address</b>			
Street			
City	State	ZIP Code	
Country			
<b>Relationship to Debtor</b>			

Debtor: Petersen Health Quality, LLC

Case number (if known): 24-10545

Name

**Part 7: Previous Locations****14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

Address		Dates of occupancy	
14.1	Street	From	To
	City	State	ZIP Code
	Country		

Debtor: Petersen Health Quality, LLC

Case number (if known): 24-10545

Name

**Part 8: Health Care Bankruptcies****15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:  
 — diagnosing or treating injury, deformity, or disease, or  
 — providing any surgical, psychiatric, drug treatment, or obstetric care?

☐ No. Go to Part 9.

☒ Yes. Fill in the information below.

Facility Name and Address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.1 Countryview Terrace Facility Name	Skilled Nursing Facility	174
52 Old Route 45 Street	Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.	How are records kept? Check all that apply: <input type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper
Louisville IL 62858 City State ZIP Code		
Country		

Debtor: Petersen Health Quality, LLC

Case number (if known): 24-10545

Name

**Part 9: Personally Identifiable Information****16. Does the debtor collect and retain personally identifiable information of customers?**☐ No.☒ Yes. State the nature of the information collected and retained. Medical and Billing Information

Does the debtor have a privacy policy about that information?

☐ No☒ Yes**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**☐ No. Go to Part 10.☒ Yes. Does the debtor serve as plan administrator?☒ No. Go to Part 10.☐ Yes. Fill in below:

Name of plan	Employer identification number of the plan
17.1 _____	EIN: _____

Has the plan been terminated?

☐ No☐ Yes

Debtor: Petersen Health Quality, LLC

Case number (if known): 24-10545

Name

**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units****18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

Financial institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1 Name  Street  City State ZIP Code  Country	XXXX-	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other		\$

**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
19.1 Name  Street  City State ZIP Code  Country			<input type="checkbox"/> No  <input type="checkbox"/> Yes



Debtor: Petersen Health Quality, LLC

Case number (if known): 24-10545

Name

**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
---------------------------	-----------------------------------	-----------------------------	----------------------------

20.1 See Global Notes

☐ No

Name

☐ Yes

Street

City

State

ZIP Code

Address

Country

Debtor: Petersen Health Quality, LLC

Case number (if known): 24-10545

Name

**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own****21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☐ None

	Owner's name and address	Location of the property	Description of the property	Value
21.1	See Global Notes			\$
	Name			
	Street			
	City	State	ZIP Code	
	Country			

Debtor: Petersen Health Quality, LLC

Case number (if known): 24-10545

Name

**Part 12: Details About Environmental Information**

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

**Report all notices, releases, and proceedings known, regardless of when they occurred.****22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law?** Include settlements and orders.☒ No☐ Yes. Provide details below.

Case title	Court or agency name and address	Nature of the case	Status of case
22.1	Name		<input type="checkbox"/> Pending
	Street		<input type="checkbox"/> On appeal
			<input type="checkbox"/> Concluded
<b>Case Number</b>			
	City State ZIP Code		
	Country		

**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**☒ No☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
23.1	Name		
	Street		
	City State ZIP Code		
	Country		

Debtor: Petersen Health Quality, LLC

Case number (if known): 24-10545

Name

**24. Has the debtor notified any governmental unit of any release of hazardous material?**☒ No☐ Yes. Provide details below.

24.1

Site name and address			Governmental unit name and address			Environmental law, if known	Date of notice
Name			Name				
Street			Street				
City	State	ZIP Code	City	State	ZIP Code		
Country			Country				

Debtor: Petersen Health Quality, LLC

Case number (if known): 24-10545

Name

**Part 13: Details About the Debtor's Business or Connections to Any Business****25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☒ None

Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.1		EIN:
Name		Dates business existed
Street		From To
City State ZIP Code		
Country		

**26. Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and Address	Dates of service
26a.1 Petersen Health Care Management, LLC	From To
Name	
830 West Trailcreek Dr.	
Street	
Peoria IL 61614	
City State ZIP Code	
Country	

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☐ None

Name and Address	Dates of service
26b.1 Petersen Healthcare Management, Mark Petersen	From 12/22/2011 To Present
Name	
830 West Trailcreek Dr.	
Street	
Peoria IL 61614	
City State ZIP Code	
Country	

Debtor: Petersen Health Quality, LLC

Case number (if known): 24-10545

Name

26b.2 Ginoli &amp; Company

From 2002

To Present

Name

7625 N University St.

Street

Peoria

IL

61614

City

State

ZIP Code

Country

26b.3 Clifton, Larson, Allen

From 2012

To Present

Name

301 SW Adams St.

Street

Suite 1000

Peoria

IL

61602

City

State

ZIP Code

Country

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None**Name and address****If any books of account and records are unavailable, explain why**

26c.1 Getzler Henrich and Associates

Name

295 Madison Ave

Street

Floor 20

New York

NY

10023

City

State

ZIP Code

Country

**Name and address****If any books of account and records are unavailable, explain why**

26c.2 Ginoli &amp; Company

Name

7625 N University St.

Street

Peoria

IL

61614

City

State

ZIP Code

Country

Debtor: Petersen Health Quality, LLC

Case number (if known): 24-10545

Name

**Name and address****If any books of account and records are unavailable, explain why**

26c.3 Petersen Healthcare Management, Mark Petersen

Name

830 West Trailcreek Dr.

Street

Peoria

IL

61614

City

State

ZIP Code

Country

**Name and address****If any books of account and records are unavailable, explain why**

26c.4 Clifton, Larson, Allen

Name

301 SW Adams St.

Street

Suite 1000

Peoria

IL

61602

City

State

ZIP Code

Country

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None
**Name and address**

Name

Street

City

State

ZIP Code

Country

Debtor: Petersen Health Quality, LLC

Case number (if known): 24-10545

Name

**27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of Inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
		\$
<b>Name and address of the person who has possession of inventory records</b>		
27.1		
Name		
Street		
City	State	ZIP Code
Country		

**28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.**

	Name	Address	Position and Nature of any interest	% of interest, if any
28.1	Mark B. Petersen	830 West Trailcreek Dr. , Peoria, IL 61614	Member	1%
28.2	SABL, LLC	830 West Trailcreek Dr. , Peoria, IL 61614	Manager	99%

**29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?**☒ No☐ Yes. Identify below.

	Name	Address	Position and Nature of any interest	Period during which position or interest was held
29.1				From To



Debtor: Petersen Health Quality, LLC

Case number (if known): 24-10545

Name

**30. Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☐ No☒ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1 See SOFA Question 4			
Name			
Street			
City	State	ZIP Code	
Country			
Relationship to debtor			

**31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?**☒ No☐ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
31.1	EIN:

**32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?**☒ No☐ Yes. Identify below.

Name of the pension fund	Employer Identification number of the pension fund
32.1	EIN:

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both.

18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 05/31/2024  
MM / DD / YYYY

**x** / s / David R. Campbell \_\_\_\_\_

Printed name David R. Campbell

Signature of individual signing on behalf of the debtor

Position or relationship to debtor Authorized Signatory

**Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?**

☒ No

☐ Yes

In re: Petersen Health Quality, LLC

Case No. 24-10545

Attachment 3

Certain payments or transfers to creditors within 90 days before filing this case

Creditor's name	Address 1	Address 2	City	State	Zip	Date	Total amount or value	Reason for payment or transfer (e.g. Secured debt, Unsecured loan repayments, Suppliers or vendors, Services, or Other)
Community Support Systems	618 West Main Street		Teutopolis	IL	62467	12/20/2023	\$1,380.08	Vendor
Community Support Systems	618 West Main Street		Teutopolis	IL	62467	12/20/2023	\$1,380.08	Vendor
Community Support Systems	618 West Main Street		Teutopolis	IL	62467	2/12/2024	\$4,066.80	Vendor
Community Support Systems	618 West Main Street		Teutopolis	IL	62467	2/12/2024	\$4,066.80	Vendor

In re: Petersen Health Quality, LLC

Case No. 24-10545

Attachment 7

Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

Case Title	Case number	Nature of case	Court name	Court address 1	Court City	Court State	Court Zip	Status of case (e.g. Pending, On appeal, Concluded)
Estate of Mildred M. Downs, deceased, v. Petersen Health Quality, LLC, an Illinois Limited Liability Company d/b/a Arcola Health Care Center and Arcola HCO, LLC, an Illinois Limited Liability Company d/b/a Arcola Health Care Center	2021-L-9	NHCA - Pressure injury	6th Judicial Circuit Court of Ill	401 S. Center	Tuscola	IL	61953	Pending
Rosie Hendricks, as Independent Administrator of the Estate of Ola Williams, Deceased, v Petersen Health Quality, LLC, an Illinois Limited Liability Company d/b/a Bement Health Care Center, Petersen Health Care Management, Inc., an Illinois Corporation and Guyla Leason, RN	2019-L-101	WD/SA/NHCA pressure injuries	10th Judicial Circuit Court of Ill	324 Main St. Ste. 215	Peoria	IL	61602	
SELECT REHABILITATION, LLC PLAINTIFF V. MIDWEST HEALTH OPERATIONS, LLC; PETERSEN HEALTH CARE - FARMER CITY, LLC; PETERSEN HEALTH CARE ILLINI, LLC; PETERSEN HEALTH CARE • OZARK, LLC; PETERSEN HEALTH CARE - WESTSIDE, LLC; PETERSEN HEALTH CARE II, INC.; PETERSEN HEALTH CARE -ROSEVILLE, LLC; PETERSEN HEALTH CARE V, LLC; PETERSEN HEALTH CARE VII, LLC; PETERSEN HEALTH CARE, INC.; PETERSEN HEALTH ENTERPRISES, LLC; PETERSEN HEALTH NETWORK, LLC; PETERSEN HEALTH OPERATIONS III, LLC; PETERSEN HEALTH OPERATIONS, LLC; PETERSEN HEALTH QUALITY, LLC; PETERSEN MANAGEMENT COMPANY, LLC; SJL HEALTH SYSTEMS, INC.; ALEDO HCO, LLC; ARCOLA HCO, LLC; ASPEN HCO, LLC; BEMENT HCO, LLC; CASEY HCO, LLC; CHARL ESTON HCO, LLC; COLLINSVILLE HCO, LLC; CUMBERLAND HCO, LLC; DECATUR HCO, LLC; EASTVIEW HCO, LLC; EFFINGHAM HCO, LLC; HAVANA HCO, LLC; KEWANEE HCO, LLC; LEBANON HCO, LLC; MCLEANSBORO HCO, LLC; NORTH AURORA HCO, LLC; PETERSEN HEALTH BUSINESS, LLC; PETERSEN HEALTH JUNCTION, LLC; PETERSEN HEALTH RESOURCES, LLC; PETERSEN HEALTH & WELLNESS, LLC; PIPER HCO, LLC; PLEASANT VIEW HCO, LLC; PRAIRIE CITY HCO, LLC; ROBINGS HCO, LLC; ROSICLARE HCO, LLC; ROYAL HCO, LLC; SHAN GRI LA HCO, LLC; SHELBYVILLE HCO, LLC; SULLIVAN HCO, LLC; SWANSEA HCO, LLC; TARKIO HCO, LLC; TUSCOLA HCO, LLC; TWIN HCO; VANDALIA HCO, LLC; WATSEKA HCO, LLC; AND WESTSIDE HCO, LLC, DEFENDANTS	2024-LA-0000030	Undeterminable	10th Judicial Circuit Court of Ill	324 Main St. Ste. 215	Peoria	IL	61602	Pending