



STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

525 WEST JEFFERSON ST. • SPRINGFIELD, ILLINOIS 62761 • (217) 782-3516 • FAX: 217) 785-4111

BOARD MEETING: July 21, 2026	PROJECT NO: 26-019	PROJECT COST:
FACILITY NAME: Advocate Christ Medical Center	CITY: Oak Lawn	Original: \$40,011,558
TYPE OF PROJECT: Non-Substantive		HSA: VII

PROJECT DESCRIPTION: The Applicants (Advocate Health and Hospitals Corporation d/b/a Advocate Christ Medical Center, Advocate Aurora Health, Inc., and Advocate Health, Inc.) propose adding 22 Medical/Surgical (Med/Surg) beds and relocating three ancillary services within Advocate Christ Medical Center in Oak Lawn, Illinois. The total cost of the project is approximately \$40,011,558, and the completion date is October 31, 2028.

EXECUTIVE SUMMARY

PROJECT DESCRIPTION:

- The Applicants (Advocate Health and Hospitals Corporation d/b/a Advocate Christ Medical Center, Advocate Aurora Health, Inc., and Advocate Health, Inc.) propose adding 22 Med/Surg beds to its existing 437-bed complement at Advocate Christ Medical Center in Oak Lawn. The total cost of the project is approximately \$40,011,558, and the completion date is October 31, 2028.
- The project involves the establishment of a 22-bed all-private Med/Surg unit on the fourth floor of the South Tower at Advocate Christ Medical Center, in space recently vacated by three ancillary patient service departments (Cardio-diagnostics, Inpatient Dialysis, and Inpatient Nuclear Medicine), which will be relocated to the ground floor of the South Tower.
- The proposed project will increase the Med/Surg bed count from 437 to 459 and increase the overall bed count at the hospital from 794 to 816.

WHY THE PROJECT IS BEFORE THE STATE BOARD:

- The project is before the State Board because the project exceeds the FY 2026 Capital Expenditure Minimum of \$18,321,164 and does not qualify to have the beds added under the “20-bed/10% rule”.

PURPOSE OF THE PROJECT:

- *“This project to add 22 medical/surgical capacity at APMC will provide needed access for inpatient services. Additional med/surg beds will help manage patient flow from admission to discharge. An increased number of beds will help move patients out of the emergency room, create capacity in the ED, and ease bypass restrictions. Additional beds will also provide appropriate medical/surgical capacity for patients prepared for transition from more complex units, such as the ICU. The demand for inpatient services continues to increase, resulting in patients boarding in the Emergency Department. The inpatient boarding census averaged 45 inpatients in 2025. The relocation of inpatient cardio-diagnostics, inpatient dialysis, and nuclear medicine to the former cafeteria, which will include both construction and the replacement of the nuclear medicine department equipment. These relocated departments will benefit from a complete redesign and updated equipment.”*

PUBLIC HEARING/COMMENT:

- The State Board Staff conducted a public hearing on June 10, 2026. The International Union of Operating Engineers (IUOE) Local 399 opposed the project and requested a public hearing. Of the 42 registered attendees, 28 supported the project, and 13 opposed it. One claimed neutrality. Of the 11 individuals who registered to speak at the hearing, 5 spoke in support of the project, and 6 spoke in opposition. No letters of support or opposition were submitted regarding this project.

SUMMARY:

- The Applicants propose to add twenty-two Medical/Surgical beds to their bed complement at Advocate Christ Medical Center, Oak Lawn. The proposed transaction is not eligible for the “20-bed/10%” option for adding beds due to the proposed number of beds exceeding 20. The Applicants addressed a total of 14 criteria and have not met the following:

Criterion	Reasons for Non-Compliance
77 Ill. Adm. Code 1110.120 – Projected Services Utilization	The Applicants did not supply sufficient historical/projected utilization data to justify the operational need for three Nuclear Medicine units. (See Table Five)
77 Ill. Adm. Code 1110.270 - Clinical Services Other than Categories of Service	The review criterion for Nuclear Medicine fails to justify sufficient projected operational need for three Nuclear Medicine units. (See Table Eleven)



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STATE BOARD STAFF REPORT Project #26-019 Advocate Christ Medical Center

APPLICATION/SUMMARY CHRONOLOGY	
Applicant(s)	Advocate Health and Hospitals Corporation d/b/a Advocate Christ Medical Center, Advocate Aurora Health, Inc., and Advocate Health, Inc.
Facility Name	Advocate Christ Medical Center
Location	4440 West 95 th Street, Oak Lawn
Permit Holder	Advocate Health and Hospitals Corporation d/b/a Advocate Christ Medical Center
Operating Entity/Licensee	Advocate Health and Hospitals Corporation d/b/a Advocate Christ Medical Center
Owner of Site	Advocate Health and Hospitals Corporation d/b/a Advocate Christ Medical Center
Application Received	April 13, 2026
Application Deemed Complete	April 21, 2026
Anticipated Completion Date	October 31, 2028
Review Period Ends	June 20, 2026
Review Period Extended by the State Board Staff?	No
Can the Applicants request a deferral?	Yes

I. Project Description

The Applicants (Advocate Health and Hospitals Corporation d/b/a Advocate Christ Medical Center, Advocate Aurora Health, Inc., and Advocate Health, Inc.) propose establishing a Med/Surg unit consisting of 22 all-private rooms on the fourth floor of the South Tower of Advocate Christ Medical Center in Oak Lawn. The total cost of the project is \$40,011,558, and the completion date is October 31, 2028.

II. Summary of Findings

- A. State Board Staff finds the proposed project is **not** in conformance with all relevant provisions of Part 1110 (77 Ill. Adm. Code 1110).
- B. State Board Staff finds the proposed project is in conformance with all relevant provisions of Part 1120 (77 Ill. Adm. Code 1120).

III. General Information

The Applicants are Advocate Health and Hospitals Corporation d/b/a Advocate Christ Medical Center, Advocate Aurora Health, Inc., and Advocate Health, Inc. Advocate Health is the third-largest nonprofit, integrated health system in the United States, formed in December 2022 by the merger of Advocate Aurora Health and Atrium Health. Table One shows the Advocate Hospitals in Illinois, their Medicare Star Ratings, Leapfrog Ratings, service categories, and the number of beds per service category.

TABLE ONE Advocate Hospitals in Illinois: Bed Categories and Number of Beds											
Hospital	City	Leap Frog ⁽¹⁾	Star Rating	AMI	ICU	M/S	NEO	OB	Ped	Rehab	Totals
Advocate Christ Hospital & Medical Ctr.	Oak Lawn	B	3		170	437	61	44	45	37	794
Advocate Lutheran General Hospital	Park Ridge	A	4	55	85	370	54	51	48	45	708
Advocate Illinois Masonic Medical Ctr.	Chicago	C	3	34	37	187	22	24		22	326
Advocate Good Samaritan Hospital	Downers Grove	B	4	41	44	172	20	36			313
Advocate Condell Medical Center	Libertyville	A	4		32	217		26			275
Advocate Sherman Hospital	Elgin	A	5		30	197		28			255
Advocate South Suburban Hospital	Hazel Crest	A	3	27	20	197					244
Advocate Good Shepherd Hospital	Barrington	A	4		32	120		24			176
Advocate Trinity Hospital	Chicago	B	2		4	36					40
1. The Leapfrog Hospital Safety Grade is a public rating system that assigns letter grades—A, B, C, D, or F—to nearly 3,000 general acute-care hospitals across the United States. Updated twice annually in the fall and spring, it is the only national rating program focused exclusively on hospital safety, specifically how well a											

TABLE ONE
Advocate Hospitals in Illinois: Bed Categories and Number of Beds

Hospital	City	Leap Frog ⁽¹⁾	Star Rating	AMI	ICU	M/S	NEO	OB	Ped	Rehab	Totals
facility protects patients from preventable errors, accidents, injuries, and infections. The grade is determined using up to 32 evidence-based national measures of patient safety. These measures are divided into two main categories, each accounting for 50% of the total score: Process and Structural Measures: These evaluate the systems a hospital has in place to prevent harm, such as: • Computerized Physician Order Entry (CPOE): Systems to catch prescribing errors. • Bar Code Medication Administration (BCMA): Ensuring the right patient gets the right medication. • Staffing & Practices: Hand hygiene, ICU physician staffing, and nurse communication. Outcome Measures: These look at the actual results of care, including: • Healthcare-Associated Infections (HAIs): Such as MRSA, C. diff, and bloodstream infections. • Surgical Complications: Including foreign objects left in patients or accidental punctures. • Safety Incidents: Rates of patient falls or bedsores. (Source: Leapfrog Website)											

IV. Health Service Area

Advocate Christ Medical Center is in the A-04 Hospital Planning Area ("HPA"). The hospital's service area includes a mix of City of Chicago community areas and Cook County townships. This includes Chicago Community Areas of West Pullman, Riverdale, Hegewisch, Ashburn, Auburn Gresham, Beverly, Washington Heights, Mount Greenwood, and Morgan Park, and Cook County Townships of Bremen, Thornton, Bloom, Rich, Orland, Palos, Worth, Stickney, Calumet, Lyons, and Lemont. Key surrounding Municipalities include Hazel Crest, South Holland, Tinley Park, Oak Forest, Harvey, and Homewood. There are seven hospitals in the A-04 HPA (see Table Two).

The population in the A-04 HPA is approximately 1.3 million in 2025 and is estimated to decline by approximately 2% by 2030, or 1.1 million.

TABLE TWO Hospitals in the A-04 Hospital Planning Area			
Hospitals	City	Medicare Star Rating	Miles
Advocate Christ Hospital & Medical Center	Oak Lawn	3	0
OSF Little Company of Mary Medical Center	Evergreen Park	2	2.3
Palos Community Hospital	Palos Heights	4	7.2
Ingalls Memorial Hospital	Harvey	2	11.7
UChicago Medicine AdventHealth	LaGrange	5	12.5
Advocate South Suburban Hospital	Hazel Crest	N/A	13.7
Franciscan Health-Olympia Fields	Olympia Fields	3	18.4

V. Project Details

Advocate Christ Medical Center ("ACMC") needs to expand its Med/Surg bed capacity to accommodate its growing patient caseload and to support its role as the region's tertiary/quaternary referral center. ACMC has the only Level I trauma center in Advocate Chicago's southland service area, offering immediate access to general surgeons and prompt availability of care for traumas such as open-heart surgeries, transplant procedures, traumatic brain injuries, blunt force trauma, gunshot/stab wounds, and automobile accidents. The immediate availability of these services increases the need for additional bed space to accommodate patient flow as patients stabilize and leave these critical care environments. These additional beds will not only support smooth patient convalescence and healing but also help alleviate overcrowding in the hospital Emergency Department. The Applicants propose to vacate space on the fourth floor of the hospital's South Tower to accommodate a 22-bed Med/Surg unit, containing all private rooms. The relocated services include cardio-diagnostics, inpatient dialysis, and inpatient nuclear medicine. These services will be moved to the ground floor of the South Tower, in the space formerly occupied by the hospital's food service section (cafeteria and kitchen). The relocation of these services will be essential to improving access to them.

VI. Project Uses and Sources of Funds

The Applicants are funding this project with \$13,543,555 in cash/securities, and \$26,468,003 from bond proceeds (see Table Three).

TABLE THREE				
Project Uses and Sources of Funds				
Use of Funds	Clinical	Non-Clinical	Total	% of Total
Modernization Contracts	\$17,524,000	\$3,844,000	\$21,368,000	53.4%
Contingencies	\$2,229,350	\$770,650	\$3,000,000	7.5%
A& E Fees	\$1,595,339	\$551,482	\$2,146,821	5.4%
Consulting and Other Fees	\$919,235	\$317,765	\$1,237,000	3.0%
Movable or Other Equipment	\$7,475,755	\$2,584,245	\$10,060,000	25.1%
Bond Issuance Expense	\$256,571	\$70,194	\$326,765	0.8%
Net Interest Expense During Construction	\$454,600	\$124,372	\$578,972	1.5%
Other Costs to be Capitalized	\$961,593	\$332,407	\$1,294,000	3.3%
TOTALS	\$31,416,443	\$8,595,115	\$40,011,558	100.00%
Source of Funds				
Cash and Securities	\$10,634,185	\$2,909,370	\$13,543,555	33.8%
Bond Issues	\$20,782,258	\$5,685,745	\$26,468,003	66.2%
TOTALS	\$31,416,443	\$8,595,115	\$40,011,558	100.00%

VI. **Background of the Applicant, Purpose of Project, Safety Net Impact Statement, and Alternatives – Information Requirements**

- A. 77 Ill. Adm. Code 1110.110 (a) – Background of the Applicants
- B. 77 Ill. Adm. Code 1110.110 (b) – Purpose of the Project
- C. 77 Ill. Adm. Code 1110.110 (c) – Safety Net Impact Statement
- D. 77 Ill. Adm. Code 1110.110 (d) – Alternatives to the Project

A) Background of Applicant

1) An applicant must demonstrate that it is fit, willing, and able, and has the qualifications, background, and character to adequately provide a proper standard of health care service for the community. [20 ILCS 3960/6] In evaluating the qualifications, background and character of the applicant, HFSRB shall consider

whether adverse action has been taken against the applicant, including corporate officers or directors, LLC members, partners, and owners of at least 5% of the proposed health care facility, or against any health care facility owned or operated by the applicant, directly or indirectly, within 3 years preceding the filing of the application. A health care facility is considered "owned or operated" by every person or entity that owns, directly or indirectly, an ownership interest. If any person or entity owns any option to acquire stock, the stock shall be considered to be owned by that person or entity (see 77 Ill. Adm. Code 1100 and 1130 for definitions of terms such as "adverse action", "ownership interest", and "principal shareholder").

ACMC has a **three-star overall quality rating** from the Medicare Compare website. The Applicants attest that no adverse action was taken against the Applicants' facility during the three years before the filing of this application. The Applicants authorize HFSRB and IDPH to access any documents necessary to verify the information submitted, including, but not limited to, official records of IDPH or other State agencies, licensing or certification records of other states, when applicable, and records of nationally recognized accreditation organizations. The Applicants have demonstrated that they are fit, willing, and able and possess the necessary qualifications, background, and character to provide proper healthcare services to the community.

B) Purpose of the Project – Information Requirements

The applicant shall document that the project will provide health services that improve the health care or well-being of the population of the market area to be served. The applicant shall define the planning area, market area, or other area as the applicant deems appropriate.

The Applicants state: "This project to add 22 medical/surgical capacity at ACMC will provide needed access for inpatient services. Additional med/surg beds will help manage patient flow from admission to discharge. An increased number of beds will help move patients out of the emergency room, create capacity in the ED, and ease bypass restrictions. Additional beds will also provide appropriate medical/surgical capacity for patients prepared for transition from more complex units, such as the ICU. The demand for inpatient services continues to increase, resulting in patients boarding in the Emergency Department. The inpatient boarding census averaged 45 inpatients in 2025. The relocation of inpatient cardio-diagnostics, inpatient dialysis, and nuclear medicine to the former cafeteria, which will include both construction and the replacement of the nuclear medicine department equipment. These relocated departments will benefit from a complete redesign and updated equipment."

C) Safety Net Impact Statement – Information Requirements

All health care facilities, except for skilled and intermediate long-term care facilities licensed under the Nursing Home Care Act, must provide a safety net impact statement, which should be filed with an application for a substantive project (see Section 1110.40). Safety net services are offered by health care providers or organizations that serve individuals facing barriers to mainstream health care due to lack of insurance, inability to pay, special needs, ethnic or cultural traits, or geographic isolation. [20 ILCS 3960/5.4]

This is a non-substantive project. A Safety Net Impact/Charity Care Statement has been provided at the end of this report (see Table Seven).

D) Alternatives to the Proposed Project – Information Requirements

The applicant shall document that the proposed project is the most effective or least costly alternative for meeting the health care needs of the population to be served.

The Applicants considered two alternatives to the proposed project.

Alternative #1: Maintain the Status Quo.

Alternative #2: Establish a new Med/Surg Unit in a newly constructed space on the Campus of ACMC.

The **First Alternative** would be to maintain the 437 Med/Surg beds and the overall bed complement of 794 beds. The Applicants note that ACMC is a tertiary referral center and teaching hospital, and the only Level I trauma center in the south Chicagoland service area. The Med/Surg service category at ACMC has been operating above the State standard for the last five years, and occupancy projections indicate continued growth. The Applicants rejected this alternative due to the projected adverse outcomes, including continued high occupancy of its existing Med/Surg beds, and inadequate patient flow from the Emergency Department and Intensive Care units. No costs were identified for this alternative.

This **Second Alternative** to establish a new Med/Surg unit on the ACMC campus would entail vertical expansion on top of the existing East Tower. While this would ensure the same operational outcomes as the option chosen, the project cost (\$173,570,000) and the disruption in operations on the lower floors of the East Tower made this option infeasible, and we found the option of relocating the three diagnostic and therapy services to be more feasible, with less project cost.

The chosen alternative will reduce project costs and stage the relocated services (Inpatient Dialysis, Inpatient Nuclear Medicine, and Cardio-Diagnostics) on the ground floor, improving patient flow and access. This option will result in appropriately sized Med/Surg rooms and is the most fiscally responsible to pursue.

VII. Project Scope and Size, Utilization, and Unfinished/Shell Space – Review Criteria

- A) Ill. Adm. Code 1110.120 – Size of the Project
- B) Ill. Adm. Code 1110.120 – Projected Services Utilization

A) Size of Project – Review Criteria

1) The applicant shall document that the physical space proposed for the project is necessary and appropriate. The proposed square footage cannot deviate from the square footage range indicated in Appendix B or exceed the square footage standard in Appendix B if the standard is a single number, unless square footage can be justified by documenting, as described in subsection (a)(2).

The Applicants identified 14,000 GSF, or 637 GSF per bed, for the 22-bed Med/Surg unit, and 4,800 GSF for the three-room Nuclear Medicine unit. The State Board does not have a standard for inpatient dialysis or cardio-diagnostics. The total spatial configuration is illustrated in Table Four.

TABLE FOUR				
Size of Project				
Clinical Space				
Dept./Service/(# of Units)	Proposed DGSF	State Standard	Difference	Standard Met?
Clinical Space				
Med/Surg Beds (22)	14,000 dgsf (636 dgsf/unit)	14,520 dgsf (660 dgsf/unit)	(520 dgsf)	Yes
Inpatient Hemodialysis (12)	5,000 dgsf (416 dgsf/unit)	N/A	N/A	N/A
Cardio-diagnostics (5)	4,000 dgsf (800 dgsf/unit)	N/A	N/A	N/A
Nuclear Medicine (3)	4,800 dgsf (1,600 dgsf/unit)	4,800 dgsf (1,600 dgsf/unit)	0 dgsf	Yes
Total Clinical	27,800 dgsf			
Non-Clinical Space				
General Circulation	8,000 dgsf	N/A	N/A	N/A
Administration	500 dgsf	N/A	N/A	N/A

Public Waiting	150 dgsf	N/A	N/A	N/A
Staff Lounge/Respite	550 dgsf	N/A	N/A	N/A
EVS	100 dgsf	N/A	N/A	N/A
Electrical	160 dgsf	N/A	N/A	N/A
IS	150 dgsf	N/A	N/A	N/A
Total Non-Clinical	9,610 dgsf			
TOTAL	37,410 dgsf			

B) Project Services Utilization – Review Criterion

The applicant shall document that, by the end of the second year of operation, the annual utilization of the clinical service areas or equipment shall meet or exceed the utilization standards specified in Appendix B. The number of years projected shall not exceed the number of historical years documented. If the applicant does not meet the utilization standards in Appendix B, or if service areas do not have utilization standards in 77 Ill. Adm. Code 1100, the applicant shall justify its own utilization standard by providing published data or studies, as applicable and available from a recognized source.

The Applicants propose to increase the number of Med/Surg beds from 437 to 459, an increase of 22 beds, increase the number of inpatient dialysis stations from 11 to 12, relocate the three inpatient nuclear medicine units from the fourth floor to the ground floor, and relocate the five cardio diagnostic units (2 TEE, 3 stress test) to the ground floor as well. Med/Surg and Nuclear Medicine are the only services proposed with utilization standards, and it appears the Applicants are compliant with this criterion. Table Five shows the historical utilization of the clinical services subject to this application over the last four years, with projected utilization during the first and second years after project completion (2028-2029). The projected utilization indicates modest growth in these services, except for Nuclear Medicine, which shows a decline and is projected to be below the State standard. The Applicants do not appear to meet the requirements of this criterion.

TABLE FIVE Historical/Projected Utilization of Clinical Services Advocate Christ Medical Center								
	2022	2023	2024	2025	2027	2028	2029	Change 2022- 2025
Med/Surg Days	154,100	156,309	157,912	169,075	171,726	173,444		12.0%
IP Dialysis	9,857	9,796	10,335	10,574		10,641	10,696	7.3%
Nuclear Medicine	2,610	2,314	2,154	2,307		2,352	2,370	(11.6%)
Cardio- Diagnostics	103,031	108,689	115,584	122,509		128,144	129,425	18.9%
State standards: Medical/Surgical: 88% (439 beds) Nuclear Medicine: 2,000 visits per unit Inpatient Dialysis: N/A Cardio-Diagnostics: N/A								

VIII. Service Specific Review Criteria- Medical/Surgical, Obstetric, Pediatric, Intensive Care

77 Ill. Adm. 1110.200(b)(2) – Service to Planning Area Residents

77 Ill. Adm. 1110.200(b)(4) – Expansion of Existing Category of Service

A) Need Determination – Expansion

The applicant shall describe how the need for the proposed establishment was determined by documenting the following:

1) Service to the Planning Area Residents

A) Either:

i) The primary purpose of the proposed project is to provide care to the residents of the planning area in which the proposed service will be physically located; or

ii) If the applicant service area includes a primary and secondary service area that expands beyond the planning area boundaries, the applicant shall document that the primary purpose of the project is to provide care to residents of the service area; and

B) Documentation shall consist of strategic plans or market studies conducted, indicating the historical and projected incidence of disease or health conditions, or use rates of the population. The number of years projected shall not exceed the number of

historical years documented. Any projections and/or trend analyses shall not exceed 10 years.

The 22-bed Med/Surg unit will consist entirely of private rooms and will address the current overutilization of the existing Med/Surg bed units at ACHC. The hospital has experienced high operational volume in its Med/Surg units over the last five years, and utilization is expected to grow steadily in the future (See Tables Six and Seven). This historic and projected growth is attributed to the hospital's status as the only Level I trauma center in the Chicago Southland region and its designation as the region's tertiary/quaternary referral center. These designations increase the need for additional Med/Surg beds, allowing patients to convalesce at a lower-acuity level of care. These additional Med/Surg beds will also provide beds for patients admitted through the Emergency Department, which has also experienced issues with timely bed placement after admission. The Applicants note that 93% of the Med/Surg patient admissions originate from within the hospital's service area.

TABLE SIX							
Historical Utilization of Medical Surgical Beds, Advocate Christ Medical Center							
	2021	2022	2023	2024	2025	% Change 2021- 2025	Compound Annual Growth Rate
Med/Surg Days	150,973	154,100	156,309	157,912	169,075	12.0%	2.9%

TABLE SEVEN				
Projected Utilization of Medical/Surgical Service Advocate Christ Medical Center				
2026	2027	2028	2029	Projected Growth
170,026	171,726	173,444	175,178	1.0%

IX. Service Specific Review Criteria – Clinical Services Other than Categories of Service

- 77 Ill. Adm. 1110.270(c)(1) Deteriorated Facilities
- 77 Ill. Adm. 1110.270(c)(3) Necessary Expansion

In this section, the expansion of Inpatient Hemodialysis, Inpatient Nuclear Medicine, and Cardio-Diagnostics is examined for compliance with State standards. State Board Staff

notes that of these three services, only Nuclear Medicine has an identified State standard for utilization.

Inpatient Hemodialysis

The impetus for this project is the need to vacate space to create an all-private 22-bed Med/Surg patient unit. It also involves relocating its 11-station inpatient dialysis unit to the ground floor and adding one dialysis unit, for a total of 12 modernized/relocated dialysis stations. The 65+ population demographic is identified as having a higher predominance of kidney disease and is expected to grow by 8% in the service area over the next five years. These stations are necessary to support patients requiring hemodialysis during their inpatient stay for other comorbidities. The Applicants provided historical and projected utilization data (see Tables Eight and Nine), which reflects an increased need for these services. There are no State size/utilization standards for inpatient dialysis services.

TABLE EIGHT					
Historical Utilization of Inpatient Dialysis Advocate Christ Medical Center					
	2022	2023	2024	2025	% Change 2022-2025
Inpatient Dialysis	150,973	154,100	156,309	157,912	12.0%

TABLE NINE		
Projected Utilization of Inpatient Dialysis Advocate Christ Medical Center		
Dept./Service	2028-Year One	2029-Year Two
Inpatient Dialysis	171,726	173,444

Nuclear Medicine

The Applicants note the Nuclear Medicine service at ACMC provides critical imaging services to its inpatient population. Outpatient Nuclear Medicine will continue to be provided at its pavilion, using separate equipment not included in this project. The relocation of this service entails replacing three Nuclear Medicine cameras with three new units (2 SPECT/CT and 1 SPECT), which will integrate the latest technology to deliver this service and increase the overall quality of services provided through this modality. Nuclear Medicine has applicable State standards for utilization (2,000 visits per unit), and the projected utilization data in Table Eleven do not indicate sufficient operational capacity for three units. However, the Applicants attest that the use of three Nuclear Medicine units will enable optimal scheduling and minimize exam complexity. The three Nuclear

Medicine units will also enable efficiencies in multiphase studies and support preventative maintenance and anticipated growth in service needs.

TABLE TEN					
Historical Utilization of Nuclear Medicine at Advocate Christ Medical Center					
	2022	2023	2024	2025	% Change 2022-2025
Nuclear Medicine	2,610	2,314	2,154	2,307	(11.6%)

TABLE ELEVEN		
Projected Utilization of Nuclear Medicine Advocate Christ Medical Center		
Dept./Service	2028-Year One	2029-Year Two
Nuclear Medicine	2,352	2,370

Cardio-Diagnostics

It is noted that nearly 50% of Americans have some form of cardiovascular disease, and this population grows in incidence, prevalence, and complexity. The increased prevalence of this disease is a significant determinant of inpatient admissions. It is expected to result in a 10% increase in cardiovascular volume over the next five years and a 20% increase over ten years. The inpatient cardio-diagnostics service at APMC will continue to provide services exclusively for inpatients, leaving outpatient cardio-diagnostic services to be performed at locations not subject to this project/application. TEE and Stress Testing will be performed at this location, as well as Transesophageal Echocardiograms (TEE) and Cardioversions. Tables Twelve and Thirteen show a steady increase in utilization, with a 18.9% increase in historical utilization and a 1% projected growth in this service.

TABLE TWELVE					
Historical Utilization of Cardio-Diagnostics Advocate Christ Medical Center					
	2022	2023	2024	2025	% Change 2022-2025
Cardio-Diagnostics	103,031	108,689	115,584	122,509	18.9%

TABLE THIRTEEN		
Projected Utilization of Cardio-Diagnostics Advocate Christ Medical Center		
Dept./Service	2028-Year One	2029-Year Two
Cardio-Diagnostics	128,144	129,425

Despite the increased utilization of Medical/Surgical, Inpatient Dialysis, and Cardio-Diagnostics, the Applicants provided substandard historical and projected utilization data for Nuclear Medicine, resulting in a negative finding for this criterion.

IX. Financial Viability and Economic Feasibility

- A) Criterion 1120.110 – Availability of Funds
- B) Criterion 1120.120 – Financial Viability
- C) Criterion 1120.140 (a) – Reasonableness of Financing Arrangements
- D) Criterion 1120.140 (b) – Conditions of Debt Service
- E) Criterion 1120.140 (c) – Reasonableness of Project Costs
- F) Criterion 1120.140 (d) – Projected Operating Costs
- G) Criterion 1120.140 (e) – Effect of the Project on Capital Costs

A) Availability of Funds

Applicants shall document that financial resources will be available and be equal to or exceed the estimated total project cost plus any related project costs by providing evidence of sufficient financial resources.

The Applicants are funding this project with cash/securities of \$13,643,555, and \$26,468,003 from bond proceeds. Advocate Health (including legacy Advocate Aurora Health and Atrium Health) maintains high investment-grade bond ratings (“A” or better bond rating) from the three agencies listed below. These ratings reflect the system's massive scale, strong market share in the Midwest and Southeast, and robust liquidity following its 2022 merger (Source: Fitch Ratings).

Current Bond Ratings			
Agency	Long-Term Rating	Outlook	Last Review / Action
Moody’s	Aa2	Stable	Upgraded from Aa3 in Oct 2025
S&P Global	AA	Stable	Affirmed in Sept 2025
Fitch Ratings	AA	Stable	Affirmed in Oct 2025

Because of the “A” or better bond rating, the Applicants have qualified for the financial waiver and the reasonableness of financing arrangements.

TABLE SIX Advocate Aurora Health December 31st Audited (in thousands)		
	2025	2024
Cash	\$304,990	\$733,229
Current Assets	\$5,201,034	\$4,008,211
Total Assets	\$37,896,655	\$32,557,572
Current Liabilities	\$4,682,365	\$3,772,322
Total Liabilities	\$20,042,293	\$17,008,760
Total Net Assets	\$17,854,362	\$15,548,812
Net Patient Revenue	\$15,490,841	\$14,127,471
Total Revenue	\$18,246,369	\$16,861,499
Operating Expenses	\$17,666,676	\$16,483,632
Operating Income	\$579,693	\$377,867
Nonoperating Income	\$1,687,062	\$895,154
Revenue in Excess of Expenses	\$2,200,581	\$1,204,220

C) Conditions of Debt Financing – Review Criterion

Applicants with projects involving debt financing shall document that the conditions of debt financing are reasonable by submitting a notarized statement signed by an authorized representative that attests to the following, as applicable:

- 1) That the selected form of debt financing for the project will be at the lowest net cost available.
- 2) That the selected form of debt financing will not be at the lowest net cost available but is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs, and other factors.
- 3) That the project involves (in total or in part) the leasing of equipment or facilities and that the expenses incurred with leasing a facility or equipment are less costly than constructing a new facility or purchasing new equipment.

Based on its strong "AA" bond ratings (which are higher than "A"), affirmed by agencies such as Fitch and S&P in 2025, Advocate Health (formerly Advocate Aurora Health) secures competitive interest rates on its debt, often in the 3% to 5% range for long-term fixed bonds. Fitch affirmed Advocate Aurora Health's long-

term rating at "AA" with a stable outlook in October 2025, highlighting their strong financial profile and leading market position. An “AA” rating allows Advocate to borrow at lower interest costs than lower-rated bond issuers (A or BBB).

- **Examples of Bond Interest Rates:**
 - **3.829% Coupon:** Bonds maturing 08/15/2028.
 - **3.008% Coupon:** Bonds maturing 06/15/2050.
 - **3.387% Coupon:** Bonds maturing 10/15/2049.
- **Other Costs:** The high rating also helps them secure low-cost short-term debt (Commercial Paper) with an 'F1+' rating from Fitch

D) Reasonableness of Project and Related Costs – Review Criterion

The applicant must demonstrate that the estimated project costs are reasonable and must also document compliance with the following:

Modernization Costs are \$17,524,000, or \$630.35 per GSF. This complies with the State Board Standard of \$707.47 per GSF.

Contingency Costs are \$2,229,350, which is 12.7% of modernization costs. This appears reasonable compared to the State Board Standard of 10%-15%.

Architectural/Engineering Fees total \$1,595,339, representing 8% of modernization and contingency costs. This appears reasonable compared with the State Board Standard of 5.74%- 8.62%.

The State Board does not have a standard for the costs listed below.

Consulting and Other Fees	\$919,235
Movable or Other Equipment (not in construction contracts)	\$7,475,755
Bond Issuance Expense	\$256,571
Net Interest Expense During Construction	\$454,600
Other Costs to Be Capitalized	\$961,953

E) Projected Operating Costs

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

F) Total Effect of the Project on Capital Costs

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

The Applicants estimate the direct operating cost of \$6,039 per equivalent patient day and the capital cost of \$239 per equivalent patient day. The State Board does not have standards for these two costs.

Safety Net Services

Advocate Christ Medical Center (ACMC) takes great pride in providing high-quality, compassionate care and offers 95 subspecialties to residents of Chicago's far south suburbs. Advocate Christ is a Level I trauma center, providing emergency care to more than 105,000 patients annually. A premier teaching institution and nationally ranked center for cardiology and heart surgery, Advocate Christ is also a major referral hospital in the Midwest for cancer care, heart/kidney transplantation, neurosciences, orthopedics, and women's health. The hospital has strong relationships with the neighborhood, communities, organizations, and the agencies it serves.

2024 Community Benefits Summary: This report does not include other expenses accrued by ACMC, reportable for community benefit, such as bad debt, cost of unreimbursed Medicaid, and Medicare, charity care, and other reportable expenses as documented by Advocate Health's Tax and Finance team. Below outlines other community services provided by ACMC in 2024 that are relevant to safety net services, including the following:

Advocate Christ Medical Center- 2024 Community Benefits

Language Services \$916,249

In-Kind Donations \$78,000

Volunteer Services \$243,755

Health Professional Education \$5,948,294

Subsidized Health Services (events, screenings, programs, subsidized health services, and community health operations) \$2,352,437

TABLE SEVEN			
Advocate Christ Medical Center			
Safety Net Information per PA 96-0031			
Year	2022	2023	2024
Net Patient Revenue	\$1,372,696,815	\$1,499,785,407	\$1,634,888,319
Charity # of patients			
Inpatient	867	1,144	660
Outpatient	4,875	5,484	4,208
Total	5,742	6,628	4,868
Charity Costs			
Inpatient	\$3,809,882	\$5,384,932	\$6,512,630
Outpatient	\$3,138,046	\$4,098,413	\$3,892,212
Total	\$6,947,928	\$9,483,345	\$10,404,842
% of Net Revenue	.5%	.63%	.63%
Medicaid # of patients			
Inpatient	10,893	10,990	10,622
Outpatient	85,433	89,356	88,202
Total	96,326	100,346	98,824
Medicaid Revenue			
Inpatient	\$264,230,277	\$265,657,510	\$276,507,133
Outpatient	\$42,600,859	\$103,272,930	\$111,998,369
Total	\$306,831,136	\$368,930,440	\$388,505,502
% of Net Revenue	22.35%	24.59%	23.76%

SEAN CASTEN
6TH DISTRICT, ILLINOIS

WASHINGTON, DC OFFICE
2440 Rayburn House Office Building
Washington, DC 20515
(202) 225-4561



HOUSE SCIENCE, SPACE, AND TECHNOLOGY
COMMITTEE

HOUSE FINANCIAL SERVICES COMMITTEE
Subcommittee On Capital Markets
Subcommittee On Financial Institutions And Monetary Policy
Subcommittee On Digital Assets, Financial Technology, And Inclusion

Congress of the United States
House of Representatives
Washington, DC 20515-1306

June 29, 2026

Ms. Debra Savage, Chairwoman
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

RE: Letter of Support – Advocate Christ Medical Center (CON Project #26-019)

Dear Chairwoman Savage,
I am reaching out to respectfully request approval of Project #26-019 at Advocate Christ Medical Center (ACMC), which would increase ACMC's capacity to serve patients in our region.

ACMC is one of the busiest Level I trauma centers in Illinois and is home to numerous highly ranked specialty programs, as well as a nationally recognized intensive care unit. Its service area includes my district. Demand for medical-surgical beds has continued to grow due to the increasing complexity of specialty care patients. This modernization project would increase the number of Certificate of Need (CON)-authorized medical-surgical beds from 437 to 459 and increase the total number of hospital beds to 816, helping ACMC absorb this demand while preserving access to care across the region.

Additional medical-surgical beds are critical to addressing capacity constraints that affect patient flow and access to care more broadly. They are especially important during seasonal surges, public health emergencies, and unexpected increases in patient volume. Expanding medical-surgical bed capacity will help ensure that patients receive the appropriate level of care when they need it and will support the overall stability and resilience of the healthcare system.

I urge the Illinois Health Facilities and Services Review Board to approve this project application so that ACMC can continue to meet the growing healthcare needs of our community.

Sincerely,

A handwritten signature in black ink, appearing to read "SCasten", with a long horizontal flourish extending to the right.

Congressman Sean Casten
U.S. House of Representatives
6th District, Illinois

June 29, 2026

Ms. Debra Savage, Chairwoman
Illinois Health Facilities and Services Review Board
525 West Jefferson Street Second Floor
Springfield, IL 62761

Dear Ms. Savage,

I am writing to express my strong support for the proposed new medical-surgical unit at Advocate Christ Medical Center (ACMC), which will add 22 private medical-surgical beds and significantly enhance the hospital's capacity to provide high-quality patient care. Having proudly served on the ACMC medical staff for more than 13 years, I have witnessed firsthand the organization's unwavering commitment to delivering exceptional, patient-centered care to the communities we serve.

As a board-certified general surgeon with a specialized focus on cancer care, and in my role as Medical Director of the Cancer Institute, I understand the critical importance of timely access to inpatient services and the value of providing patients with a safe, comfortable, and healing environment. The addition of these private beds will strengthen ACMC's ability to meet the growing healthcare needs of our region while further enhancing the patient experience, clinical outcomes, and operational efficiency.

As the only tertiary and quaternary referral center and Level I Trauma Center serving the South Chicagoland area, ACMC is uniquely positioned to care for the most critically ill and medically complex patients. Expanding inpatient capacity will not only alleviate existing demand pressures but also support the integration of modern, state-of-the-art technologies and care delivery models that will further advance quality, safety, and efficiency.

The additional private patient rooms will support enhanced patient privacy, infection prevention efforts, and a more healing-focused environment for patients and their families. I strongly believe this expansion is a vital investment in the future of healthcare delivery and will enable ACMC to continue providing outstanding care to patients and families for generations to come.

Thank you for your thoughtful consideration and support of this important initiative.

Sincerely,



Marc Mesleh, MD
Medical Director PSA Integrated Network Cancer Program – South Chicago





INTERNATIONAL UNION OF OPERATING ENGINEERS • AFL-CIO

LOCAL 399

July 1, 2026

Chairwoman Debra Savage
Illinois Health Facilities and Services Review Board
525 W. Jefferson St., Second Floor
Springfield, IL 62761

Dear Chairwoman Savage:

IUOE Local 399 writes in opposition to Advocate Health Care's Certificate of Need application seeking approval of a \$40 million medical surgical inpatient unit at Advocate Christ Medical Center in Oak Lawn (project # 26-019).

The Christ Medical Center expansion comes while Advocate is engaged in an ongoing labor dispute with skilled maintenance workers represented by the International Union of Operating Engineers Local 399 at multiple Chicagoland facilities – including an Unfair Labor Practice charge this project site. These workers, who are responsible for critical building systems, infection control infrastructure, life-safety equipment, and more, lawfully exercised their right to form a union. Rather than engaging in good-faith bargaining, Advocate is under federal investigation for alleged retaliation, intimidation, and repeated violations of labor law.

Because skilled maintenance workers are essential to safe hospital operations, this instability has direct implications for patient care. These workers ensure that ventilation systems maintain proper pressurization in operating rooms and isolation areas, that humidity and temperature controls protect immunocompromised patients, that plumbing systems function safely, and that backup power systems are ready during emergencies.

We have received reports from maintenance staff across Advocate facilities of moisture issues, air pressurization concerns, heating and cooling failures, plumbing backups, and deferred infrastructure repairs. Workers have raised these issues internally and provided recommendations for corrective action, only to see those recommendations delayed or disregarded. Advocate has not demonstrated that it can stabilize and retain the skilled workforce necessary to operate and maintain its existing facilities – let alone a new inpatient unit.

At the same time, Advocate is experiencing high turnover among skilled maintenance personnel. Workers report unfair and unpredictable scheduling, wages well below industry standards, and working conditions that lead to burnout and attrition. As a result, Advocate is losing experienced engineers left and right. Expanding physical capacity without first resolving workforce instability raises serious concerns about long-term reliability, infection control, and patient safety.

The Board's mandate includes evaluating not only service need and financial feasibility, but also whether a project will support safe, effective delivery of care. Local 399 has spoken with legislators, state agencies, and community members who are deeply concerned about Advocate's ongoing labor dispute, and the effect it may have on patient care.

Before approving additional capacity at Christ Medical Center, the Board should require Advocate to demonstrate that it can do the following:

1. Stabilize and retain a qualified skilled maintenance workforce;
2. Resolve its labor disputes through good-faith bargaining;
3. Address reported infrastructure concerns; and
4. Ensure current facilities consistently meet the highest safety and infection control standards.

Until these steps are taken, proceeding with a \$40 million expansion at Christ Medical Center heightens operational strain and could undermine patient confidence. Local 399 appreciates this opportunity to share our concerns with the Board, and we welcome opportunities to discuss this further.

Sincerely,

A handwritten signature in black ink that reads "Patrick J. Kelly". The signature is written in a cursive, flowing style.

Patrick J. Kelly
President & Business Manager
IUOE Local 399

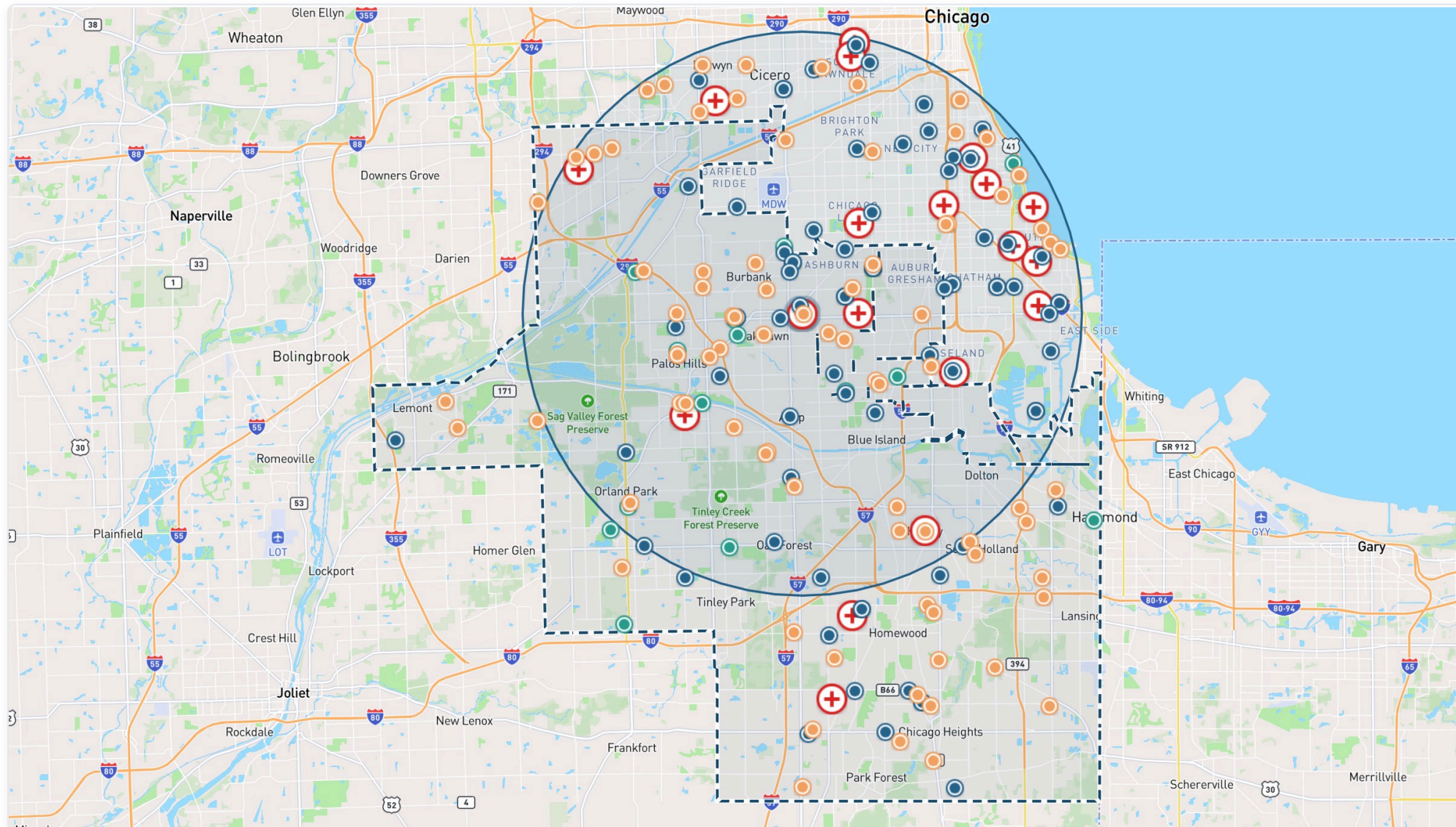


CON Radius & HPA Analysis Report

Geographic inventory of hospital, ASTC, ESRD, long-term care facilities — statutory radius and Health Planning Area shown together

Advocate Christ Medical Center | add 22 authorized beds in the Medical-Surgical category of service

CENTER POINT	COUNTY	CLASSIFICATION	STATUTORY RADIUS	HPA	HSA
41.7223°N, 87.7315°W	Cook	Chicago Metropolitan (10-mile radius)	10 miles	A-04	7 - Suburban Cook/DuPage





Supply Comparison — Radius vs HPA

Cook County · Chicago Far South + South Cook Suburbs

HSA 7 · Suburban Cook/DuPage

HPA A-04

RADIUS 10 miles

DATA YEAR 2024

HOSPITALS

	RADIUS	HPA
Facilities	18	7
Total beds	5,193	2,603
M-S	3,288	1,754
ICU	618	350
OB / GYN	267	122
Pediatric	183	45
NICU	149	61
AMI	479	156
Rehab	209	115

ASTCS

	RADIUS	HPA
Facilities	11	13
Class C cases	15,254	23,737
Submissions on file	7	9

ESRD

	RADIUS	HPA
Facilities	58	41
Authorized stations	992	724
CMS-certified	992	724
In-center treatments	272,528	173,212
Year-end patients	2,869	2,127

LONG-TERM CARE

	RADIUS	HPA
Facilities	56	59
Licensed beds	6,954	6,736
Beds set-up	5,660	5,911
Beds occupied	5,368	5,129
Occupancy	94.8%	86.8%

Radius: totals from facilities within the 10-mile statutory radius around the center point. **HPA:** totals from every active facility whose Health Planning Area is A-04, regardless of distance. **Source:** 2024 HFSRB annual surveys.

Demographic Profile — Radius · HPA · Illinois · USA

Cook County · Chicago Far South + South Cook Suburbs · ACS 2020–2024 5-year estimates

HSA7 · Suburban Cook/DuPage

HPAA-04

RADIUS10 miles

SOURCEACS 5-year

STATUTORY RADIUS (10 MI)
Area-weighted tract interpolation

1,779,517 ± 15,081
Population **HIGH RELIABILITY**

HEALTH PLANNING AREA A-04
Area-weighted (sub-county polygons)

1,122,825 ± 10,644
Population **HIGH RELIABILITY**

Benchmarks — Illinois: 12,694,798 · United States: 334,922,499 (official published ACS statewide / national aggregates, same vintage)

POPULATION & AGE				
	RADIUS	HPA	ILLINOIS	USA
Total population	1,779,517	1,122,825	12,694,798	334,922,499
Median age†	38.4	40.5	39.0	38.9
Under 18	22.8%	23.5%	21.8%	22.0%
Age 65+	16.3%	18.1%	17.0%	17.2%
Age 75+	6.6%	7.3%	7.0%	7.0%
Female	51.2%	51.5%	50.6%	50.5%

RACE & ETHNICITY				
	RADIUS	HPA	ILLINOIS	USA
White alone	28.9%	42.3%	61.0%	61.0%
Black alone	34.9%	36.5%	13.6%	12.2%
Asian alone	3.4%	2.1%	6.0%	6.0%
AIAN / NHPI / Other	18.6%	9.4%	8.6%	8.2%
Two or more races	14.2%	9.7%	10.9%	12.6%
Hispanic / Latino	35.2%	19.3%	18.8%	19.3%

INCOME & POVERTY				
	RADIUS	HPA	ILLINOIS	USA
Median household income†	\$68,801	\$82,517	\$83,390	\$80,734
Per-capita income	\$34,304	\$39,660	\$46,406	\$44,673
Below poverty	18.0%	13.7%	11.8%	12.5%
Age 65+ below poverty	15.7%	13.1%	11.3%	11.9%

HEALTH COVERAGE				
	RADIUS	HPA	ILLINOIS	USA
Uninsured (all ages)	10.5%	7.6%	6.9%	8.4%
Uninsured under 19	4.0%	3.8%	3.3%	5.5%
Uninsured 65+	1.4%	0.9%	0.9%	0.8%

DISABILITY & ACCESS				
	RADIUS	HPA	ILLINOIS	USA
With a disability	13.5%	12.9%	12.1%	13.3%
Disability, age 65+	35.8%	32.2%	31.5%	32.9%
Households w/o vehicle	18.2%	9.0%	11.0%	8.4%
Limited-English households	7.6%	3.7%	4.4%	4.3%

HOUSEHOLDS & EDUCATION				
	RADIUS	HPA	ILLINOIS	USA
Households	677,774	427,590	5,036,449	129,227,496
Avg. household size	2.58	2.60	2.46	2.53
Renter-occupied	42.1%	26.6%	32.9%	34.8%
Median home value†	\$267,839	\$267,343	\$263,300	\$332,700
High school grad+	83.6%	90.1%	90.5%	89.6%
Bachelor's+	26.4%	30.5%	37.8%	35.7%

Radius / HPA = ACS 2020–2024 5-year, area-weighted census-tract interpolation; **Illinois / USA** = exact published ACS aggregates. † Radius/HPA medians are weighted approximations (tract medians can't be re-summed); IL/USA medians are exact. Percentages recomputed from aggregated counts; scope reliability = combined population MOE (90% CI).



Facility Inventory

Hospitals and ambulatory surgical treatment centers within 10 miles of Cook County — 20 Hospitals, 14 ASTCs

COUNTY **Cook** | HSA **7· Suburban Cook/DuPage** | HPA **A-04** | RADIUS **10 miles** | DATA YEAR **2024**

#	TYPE	FACILITY NAME	CITY	DIST	M-S	ICU	OB	PED	NICU	AMI	REH	TOTAL
1	HOSP	Advocate Health and Hospitals Corporation - DBA Advocate Christ Medical Center	Oak Lawn	0.0	437	170	44	45	61	—	37	794
2	HOSP	OSF Little Company of Mary Medical Center	Evergreen Park	2.0	228	29	17	—	—	—	—	274
3	ASTC	NovaMed Surg Center of Oak Lawn, LLC - DBA EyeSouth Surgery Center at Oak Lawn	Oak Lawn	2.4	—	—	—	—	—	—	—	—
4	ASTC	Oak Lawn IL Endoscopy ASC LLC - DBA Oak Lawn Endoscopy Center	Oak Lawn	2.4	—	—	—	—	—	—	—	—
5	ASTC	Southwestern Medical Center, LLC - DBA Magna Surgical Center	Bedford Park	2.5	—	—	—	—	—	—	—	—
6	ASTC	Premier Cardiac Surgery Center, PLLC	Merrionette Park	3.2	—	—	—	—	—	—	—	—
7	HOSP	Holy Cross Hospital	Chicago	3.8	204	20	—	—	—	24	—	248
8	ASTC	Vascular Access Centers of Illinois at Morgan Park, LLC	Chicago	4.1	—	—	—	—	—	—	—	—
9	ASTC	Palos Hills Surgery Center	Palos Hills	4.7	—	—	—	—	—	—	—	—
10	ASTC	Palos Surgicenter, LLC	Palos Heights	4.8	—	—	—	—	—	—	—	—
11	HOSP	Palos Community Hospital	Palos Heights	5.6	294	48	28	—	—	36	—	406
12	HOSP	Roseland Community Hospital	Chicago	5.8	77	10	17	—	—	30	—	134
13	ASTC	Willow Springs Surgery Center, LTD - DBA Willow Springs Surgery Center	Justice	6.2	—	—	—	—	—	—	—	—
14	HOSP	St. Bernard Hospital	Chicago	6.4	104	10	—	—	—	60	—	174
15	HOSP	Jackson Park Hospital	Chicago	7.9	144	8	—	1	—	83	—	236
16	HOSP	The University of Chicago Medical Center	Chicago	8.0	570	162	42	60	53	—	—	887
17	HOSP	Gottlieb Community Health Services Corporation - DBA MacNeal Hospital	Berwyn	8.2	217	26	25	10	—	68	16	362
18	HOSP	Provident Hospital of Cook County	Chicago	8.2	79	6	—	—	—	—	—	85
19	HOSP	Advocate Southland Health Network - DBA Advocate Trinity Hospital	Chicago	8.5	158	24	23	—	—	—	—	205
20	HOSP	South Shore Hospital	Chicago	8.6	114	8	—	—	—	15	—	137
21	ASTC	Ingalls Same Day Surgery Center, LP	Tinley Park	8.7	—	—	—	—	—	—	—	—
22	HOSP	Ingalls Memorial Hospital	Harvey	8.9	300	25	21	—	—	93	46	485
23	HOSP	La Rabida Children's Hospital	Chicago	9.1	—	—	—	49	—	—	—	49
24	ASTC	Hyde Park Surgical Center, LLC	Chicago	9.3	—	—	—	—	—	—	—	—
25	ASTC	Preferred SurgiCenter, LLC	Orland Park	9.3	—	—	—	—	—	—	—	—
26	HOSP	Saint Anthony Hospital	Chicago	9.3	56	15	20	18	—	42	—	151
27	HOSP	Adventist Midwest Health - DBA UChicago Medicine AdventHealth La Grange	La Grange	9.5	141	27	—	—	—	—	18	186
28	HOSP	Schwab Rehabilitation Hospital and Care Network	Chicago	9.8	—	—	—	—	—	—	92	92
29	HOSP	Mt. Sinai Hospital Medical Center	Chicago	9.8	165	30	30	—	35	28	—	288
Total — 20 Hospitals, 14 ASTCs					3642	669	279	183	149	506	223	5,651

#	TYPE	FACILITY NAME	CITY	DIST	M-S	ICU	OB	PED	NICU	AMI	REH	TOTAL
30	ASTC	Palos Health Surgery Center, LLC	Orland Park	10.3	—	—	—	—	—	—	—	—
31	HOSP	Advocate Southland Health Network - DBA Advocate South Suburban Hospital	Hazel Crest	10.9	197	20	—	—	—	27	—	244
32	ASTC	Midwest Eye Center, SC	Calumet City	12.8	—	—	—	—	—	—	—	—
33	ASTC	Advocate Southwest Ambulatory Surgery Center, LLC - DBA Tinley Woods Surgery Center	Tinley Park	12.8	—	—	—	—	—	—	—	—
34	HOSP	Franciscan Alliance, Inc. - DBA Franciscan Health-Olympia Fields	Olympia Fields	13.8	157	31	12	—	—	—	14	214
Total — 20 Hospitals, 14 ASTCs					3642	669	279	183	149	506	223	5,651



Bed Utilization Analysis

Authorized capacity compared to State Health Plan need formulas for the Health Planning Area and Health Service Area.

COUNTY **Cook** | HSA **7 · Suburban Cook/DuPage** | HPA **A-04** | RADIUS **10 miles** | DATA YEAR **2024**

HEALTH PLANNING AREA · HPA A-04

Chicago Far South + South Cook Suburbs

BED CATEGORY	AUTHORIZED	NEED	GAP	% OF NEED
Med-Surg/Pediatric	1,799	1,664	+135	108.1%
Obstetrics	122	97	+25	125.8%
Intensive Care Unit	350	360	(10)	97.2%
Acute Mental Illness	156	125	+31	124.8%
Total	2,427	2,246	+181	108.1%

HEALTH SERVICE AREA · HSA 7

Suburban Cook/DuPage

BED CATEGORY	AUTHORIZED	NEED	GAP	% OF NEED
Rehabilitation	498	395	+103	126.1%
Total	498	395	+103	126.1%

Statutory radius: Per 77 Ill. Adm. Code 1100, radius follows county classification — 10 miles (Cook, DuPage, Kane, Lake, Will), 17 miles (mid-size), 21 miles (rural). **Gap analysis:** Positive values indicate surplus; parentheses indicate shortage. Need calculated per State Health Plan formulas. **Source:** 2024 Annual Hospital Survey responses submitted to HFSRB.

Surgical Volume Analysis

Combined hospital and ASTC operating-room volume within 10 miles of Cook County.

COUNTY **Cook** | HSA **7 • Suburban Cook/DuPage** | HPA **A-04** | RADIUS **10 miles** | DATA YEAR **2024**

140,140
TOTAL SURGICAL CASES

18
HOSPITALS

10
ASTCS

115,450
HOSPITAL CASES

24,690
ASTC CASES

VOLUME BY SURGICAL SPECIALTY

Within 10-mile radius of Cook County

SURGICAL SPECIALTY	HOSPITALS	ASTCS	TOTAL CASES
General	30,223	1,253	31,476
Orthopedic	23,049	3,664	26,713
Ophthalmology	9,377	11,510	20,887
OB/GYN	10,612	234	10,846
Urology	10,566	158	10,724
Gastroenterology	5,711	1,725	7,436
Otolaryngology	6,266	1,142	7,408
Cardiovascular	6,115	2	6,117
Plastic Surgery	4,978	262	5,240
Pain Management	0	4,427	4,427
Podiatry	3,161	253	3,414
Neurosurgery	2,719	0	2,719
Thoracic	1,431	0	1,431
Oral/Maxillofacial	1,242	23	1,265
Neurological	0	37	37
Laser Eye	0	0	0
Total	115,450	24,690	140,140

TOP FACILITIES BY VOLUME

Ranked by total surgical cases (2024)

#	FACILITY	TYPE	CASES
1	The University of Chicago Medical Center	HOSP	28,240
2	Advocate Health and Hospitals Corporation - DBA Advocate Christ Medical Center	HOSP	23,998
3	Palos Community Hospital	HOSP	9,077
4	Adventist Midwest Health - DBA UChicago Medicine AdventHealth La Grange	HOSP	8,058
5	Gottlieb Community Health Services Corporation - DBA MacNeal Hospital	HOSP	6,786
6	Advocate Southland Health Network - DBA Advocate South Suburban Hospital	HOSP	6,640
7	Mt. Sinai Hospital Medical Center	HOSP	6,446
8	Advocate Southwest Ambulatory Surgery Center, LLC - DBA Tinley Woods Surger...	ASTC	6,033
9	Palos Surgicenter, LLC	ASTC	4,217
10	Saint Anthony Hospital	HOSP	3,735
11	OSF Little Company of Mary Medical Center	HOSP	3,639
12	Ingalls Same Day Surgery Center, LP	ASTC	3,508
13	Franciscan Alliance, Inc. - DBA Franciscan Health-Olympia Fields	HOSP	3,479
14	Ingalls Memorial Hospital	HOSP	3,432
15	St. Bernard Hospital	HOSP	2,961

Hospital cases: combined inpatient and outpatient surgical cases from the 2024 Hospital Annual Survey. **ASTC cases:** Class C operating-room cases (general/regional anesthesia) from the 2024 ASTC Annual Survey.
Specialties: 14 standard surgical specialty categories tracked by HFSRB for both facility types.



ESRD Facility Inventory

Dialysis facilities within 10 miles of Cook County — 74 facilities.

COUNTY **Cook** | HSA **7 • Suburban Cook/DuPage** | HPA **A-04** | RADIUS **10 miles** | DATA YEAR **2024**

74

ESRD FACILITIES

1,264

AUTHORIZED STATIONS

1,264

CMS-CERTIFIED

337,263

IN-CENTER TREATMENTS

3,709

YEAR-END PATIENTS

#	FACILITY NAME	CITY	DIST	AUTH STNS	CMS CERT	IN-CTR TX	EOY PTS
1	Dialysis Care Center of Oak Lawn	Oak Lawn	0.3	14	14	240	72
2	Davita Oak Meadows Dialysis	OAK LAWN	0.8	12	12	210	25
3	DaVita Ford City	CHICAGO	1.6	12	12	240	31
4	Dialysis Care Center Evergreen Park	EVERGREEN PARK	1.7	16	16	240	58
5	Fresenius Medical Care Evergreen Park	EVERGREEN PARK	1.7	30	30	10,887	78
6	USRC Scottsdale	CHICAGO	1.9	36	36	240	69
7	USRC Dan Ryan	CHICAGO	1.9	—	—	—	—
8	FMC Dialysis Services - Burbank	BURBANK	2.3	26	26	8,890	58
9	Stony Creek Dialysis	OAK LAWN	2.3	16	16	210	52
10	Mt. Greenwood Dialysis	Chicago	2.4	16	16	210	30
11	Fresenius Kidney Care Southside	Chicago	2.8	39	39	19,742	140
12	West Lawn Dialysis	CHICAGO	3.0	12	12	210	58
13	Dialysis Care Center Beverly	CHICAGO	3.0	16	16	240	81
14	Fresenius Medical Care Beverly Ridge	CHICAGO	3.0	16	16	3,991	29
15	Beverly Dialysis	CHICAGO	3.0	—	—	—	—
16	Fresenius Medical Care Merrionette Park	MERRIONETTE PARK	3.2	24	24	16,033	104
17	Alsip Dialysis Center	ALSIP	3.7	20	20	8,121	55
18	Davita Chicago Ridge	Worth	3.7	16	16	310	36
19	Blue Island Dialysis Ctr	BLUE ISLAND	4.4	28	28	11,684	79
20	Fresenius Medical Care Marquette Park	CHICAGO	4.4	16	16	8,103	60
21	Fresenius Medical Care - Midway	CHICAGO	4.5	12	12	6,290	44
22	US Renal Care Hickory Hills	HICKORY HILLS	4.6	13	13	210	42
23	DaVita Park Washington Heights	CHICAGO	4.8	16	16	210	—
24	Fresenius Medical Care Chatham	CHICAGO	5.2	16	16	9,617	70
25	Fresenius Medical Care of Chicago - West	CHICAGO	5.5	13	13	210	63
26	Fresenius Medical Care of Roseland	CHICAGO	5.8	12	12	7,652	53
27	Dialysis Center of America - Crestwood	CRESTWOOD	5.9	24	24	8,513	61
28	Fresenius Medical Care Summit	Summitt	6.1	14	14	7,950	60
Total — 74 facilities				1,264	1,264	337,263	3,709

#	FACILITY NAME	CITY	DIST	AUTH STNS	CMS CERT	IN-CTR TX	EOY PTS
29	Brighton Park	CHICAGO	6.2	16	16	210	36
30	FMC New City	CHICAGO	7.0	16	16	9,037	50
31	Mount Greenwood Dialysis	CHICAGO	7.0	28	28	11,973	87
32	Greenwood Dialysis Center	CHICAGO	7.0	—	—	—	—
33	Grand Crossing Dialysis	CHICAGO	7.1	—	—	—	—
34	RCG Garfield	CHICAGO	7.3	22	22	8,002	58
35	DaVita - Stony Island Dialysis	CHICAGO	7.6	32	32	3	43
36	Jackson Park Dialysis	CHICAGO	7.8	24	24	8,529	70
37	Davita- Woodlawn	CHICAGO	7.8	32	32	317	41
38	Emerald Dialysis	CHICAGO	7.9	24	24	210	15
39	Palos Park Dialysis	ORLAND PARK	8.0	12	12	189	12
40	DaVita Cicero Dialysis	CICERO	8.0	20	20	15,919	103
41	Fresenius Medical Care Cicero	CICERO	8.0	—	—	—	—
42	Provident Hospital of Chicago	CHICAGO	8.2	12	12	240	53
43	Fresenius Medical Care Oak Forest	OAK FOREST	8.2	12	12	9,677	68
44	Fresenius Medical Care Bridgeport	CHICAGO	8.6	27	27	10,773	70
45	Davita Lawndale	CHICAGO	8.7	16	16	210	64
46	Fresenius Medical Care South Shore	CHICAGO	8.8	16	16	7,223	51
47	DaVita Park Manor Dialysis	CHICAGO	8.9	16	16	210	—
48	Fresenius Medical Care South Deering	CHICAGO	9.0	20	20	6,655	42
49	Fresenius Medical Care South Holland	SOUTH HOLLAND	9.1	24	24	17,245	127
50	RCG-South Holland	SOUTH HOLLAND	9.1	—	—	—	—
51	FMC Berwyn	BERWYN	9.1	30	30	14,556	103
52	Kenwood Dialysis	CHICAGO	9.2	32	32	220	32
53	South Side Dialysis Center	CHICAGO	9.2	36	36	20,227	126
54	Fresenius Medical Care South Chicago	CHICAGO	9.2	—	—	—	—
55	Little Village Dialysis	CHICAGO	9.3	16	16	210	63
56	Country Hills Diaylsis	COUNTRY CLUB HILLS	9.4	24	24	240	47
57	Northwestern Mem. Hosp.	CHICAGO	9.8	—	—	—	—
58	Mt. Sinai Hospital Med Ctr	CHICAGO	9.8	—	—	—	—
59	Fresenius Medical Care Orland Park	ORLAND PARK	10.0	18	18	7,460	50
60	DaVita South Holland Renal Center	South Holland	10.1	27	27	240	90
61	Davita Tinley Park	TINLEY PARK	10.3	14	14	210	52
62	Harvey Dialysis	HARVEY	10.6	18	18	220	35
63	Fresenius Medical Care Hazel Crest	HAZEL CREST	10.8	16	16	8,274	59
64	Hazel Crest Dialysis	HAZEL CREST	10.8	—	—	—	—
65	Calumet City Dialysis	CALUMET CITY	11.4	18	18	213	71
66	Dialysis Care Center Hazel Crest	HAZEL CREST	11.5	12	12	240	71
67	Dialysis Care Center of Olympia Fields	OLYMPIA FIELDS	13.6	24	24	9,692	68
68	Dialysis Care Center Vollmer	Chicago Heights	14.0	16	16	9,518	73
69	Chicago Heights Dialysis	CHICAGO HEIGHTS	14.5	16	16	300	7
70	Fresenius Medical Care Chicago Heights	CHICAGO HEIGHTS	14.5	12	12	7,186	48
Total — 74 facilities				1,264	1,264	337,263	3,709

#	FACILITY NAME	CITY	DIST	AUTH STNS	CMS CERT	IN-CTR TX	EOY PTS
71	Olympia Fields Dialysis Center	MATTESON	15.0	24	24	230	57
72	Fresenius Medical Care Lemont	LEMONT	15.2	12	12	3,481	31
73	Fresenius Medical Care South Suburban	OLYMPIA FIELDS	15.2	27	27	11,553	83
74	Fresenius Medical Care Steger	STEGER	17.8	18	18	5,918	45
Total — 74 facilities				1,264	1,264	337,263	3,709

Stations: authorized and CMS-certified counts are taken from the most recent measurement in the survey year (end-of-year preferred). **Treatments:** in-center treatments are the annual total; year-end patients is the 12/31 census. **Source:** 2024 ESRD Facility Annual Survey. **Suppressed columns:** set-up & staffed stations, isolation stations, nocturnal shift — no values reported across this result set.



Long-Term Care Facility Inventory

Nursing and long-term care facilities within 10 miles of Cook County — 81 facilities.

COUNTY **Cook** | HSA **7·Suburban Cook/DuPage** | HPA **A-04** | RADIUS **10 miles** | DATA YEAR **2024**

81

LTC FACILITIES

9,789

LICENSED BEDS

8,034

BEDS SET UP

7,433

BEDS OCCUPIED

92.5%

OCCUPANCY

7,663

RESIDENTS (12/31)

#	FACILITY NAME	CITY	DIST	LIC.	SET UP	OCC.	%	GEN. NURSING	ICF/DD	RESID.
1	WARREN BARR OAK LAWN	OAK LAWN	0.0	122	122	106	86.9%	122	—	106
2	MERCY CIRCLE	CHICAGO	1.2	23	23	23	100.0%	23	—	23
3	BURBANK REHABILITATION CENTER	BURBANK	1.5	163	134	101	75.4%	163	—	101
4	OAK LAWN RESPIRATORY & REHAB	OAKLAWN	1.6	143	124	64	51.6%	143	—	64
5	AVANTARA EVERGREEN PARK	EVERGREEN PARK	1.8	242	184	164	89.1%	242	—	164
6	ALIYA ON 87TH	CHICAGO	2.0	—	—	—	—	—	—	—
7	ALIYA OF OAK LAWN	OAK LAWN	2.4	192	165	150	90.9%	192	—	150
8	APERION CARE BURBANK	BURBANK	2.5	56	56	50	89.3%	56	—	50
9	APERION CARE OAK LAWN	OAK LAWN	2.5	134	133	127	95.5%	134	—	127
10	BRIA OF FOREST EDGE	CHICAGO	3.1	—	—	—	—	—	—	—
11	AVANTARA CHICAGO RIDGE	CHICAGO RIDGE	3.2	203	183	159	86.9%	203	—	159
12	SMITH VILLAGE	CHICAGO	3.6	—	—	—	—	—	—	—
13	CHICAGO RIDGE SNF	CHICAGO RIDGE	3.6	231	231	205	88.7%	231	—	205
14	MIDWAY NEUROLOGICAL/REHAB CTR	BRIDGEVIEW	3.7	404	380	355	93.4%	404	—	355
15	BELHAVEN NURSING & REHAB CTR	CHICAGO	3.7	—	—	—	—	—	—	—
16	PAVILION OF BRIDGEVIEW,THE	BRIDGEVIEW	3.8	146	146	137	93.8%	146	—	137
17	SOUTHPOINT NRSG & REHAB CTR	CHICAGO	4.3	—	—	—	—	—	—	—
18	HICKORY VLG NRSG & RHB	HICKORY HILLS	4.5	—	—	—	—	—	—	—
19	BRIA OF PALOS HILLS - INACTIVE CHOW	PALOS HILLS	4.7	207	207	171	82.6%	207	—	171
20	Nexus at Palos	PALOS HILLS	4.7	—	—	—	—	—	—	—
21	ELEVATE CARE PALOS HEIGHTS	PALOS HEIGHTS	4.7	111	196	93	47.4%	111	—	93
22	MORGAN PARK HEALTHCARE	CHICAGO	5.0	—	—	—	—	—	—	—
23	Aliya of Crestwood	CRESTWOOD	5.1	193	193	123	63.7%	193	—	123
24	CRESTWOOD TERRACE	CRESTWOOD	5.1	126	126	97	77.0%	126	—	97
25	AVANTARA PALOS HEIGHTS	PALOS HEIGHTS	5.3	184	170	137	80.6%	184	—	137
26	HARMONY PALOS	PALOS HEIGHTS	5.4	130	130	93	71.5%	130	—	93
27	ROSARY HILL HOME	JUSTICE	5.9	29	29	27	93.1%	29	—	58
28	PRINCETON REHAB & HCC	CHICAGO	6.1	225	—	174	77.3%	225	—	174
Total — 81 facilities				9,789	8,034	7,433	92.5%	9763	26	7,663

#	FACILITY NAME	CITY	DIST	LIC.	SET UP	OCC.	%	GEN. NURSING	ICF/DD	RESID.
29	WENTWORTH REHAB & HCC	CHICAGO	6.1	300	—	177	59.0%	300	—	177
30	CRESTWOOD REHABILITATION CTR	CRESTWOOD	6.2	—	—	—	—	—	—	—
31	ARCHER HEIGHTS HEALTHCARE	CHICAGO	6.2	249	249	193	77.5%	249	—	193
32	APERION CARE INTERNATIONAL	CHICAGO	6.3	218	217	196	90.3%	218	—	196
33	APERION CARE MIDLOTHIAN	MIDLOTHIAN	7.7	91	91	85	93.4%	91	—	85
34	ALDEN TOWN MANOR REHAB & HCC	CICERO	8.0	249	235	174	74.0%	249	—	174
35	ZAHAV OF BERWYN	BERWYN	8.1	145	145	124	85.5%	145	—	124
36	PARKSHORE ESTATES NRSG & REHAB	CHICAGO	8.3	315	289	228	78.9%	315	—	228
37	CALIFORNIA TERRACE	CHICAGO	8.4	—	—	—	—	—	—	—
38	COMMUNITY CARE NURSING CENTER	CHICAGO	8.5	—	—	—	—	—	—	—
39	CHILDREN'S HABILITATION CTR	HARVEY	8.5	67	67	61	91.0%	67	—	61
40	LITTLE VILLAGE NRSG & RHB CTR	CHICAGO	8.8	106	106	97	91.5%	106	—	97
41	HEATHER HEALTH CARE CENTER	HARVEY	8.9	—	—	—	—	—	—	—
42	MEADOWBROOK MANOR LAGRANGE	LAGRANGE	9.0	197	—	154	78.2%	197	—	306
43	CITY VIEW MULTICARE CENTER	CICERO	9.1	—	—	—	—	—	—	—
44	KENWOOD VLGE NRSG AND RHB CTR	CHICAGO	9.1	155	155	119	76.8%	155	—	119
45	SOUTH SHORE REHABILITATION	CHICAGO	9.1	248	239	166	69.5%	248	—	166
46	WARREN BARR ORLAND PARK	ORLAND PARK	9.1	275	215	173	80.5%	275	—	173
47	MONTGOMERY PLACE	CHICAGO	9.2	—	—	—	—	—	—	—
48	Elevate Care Windsor Park	CHICAGO	9.2	—	—	—	—	—	—	—
49	BRIAR PLACE NURSING	INDIAN HEAD PARK	9.4	232	232	209	90.1%	232	—	209
50	KENSINGTON PLACE NRSG & REHAB	CHICAGO	9.5	155	155	127	81.9%	155	—	127
51	RYZE ON THE AVENUE	CHICAGO	9.5	302	—	232	76.8%	302	—	232
52	SCOTTISH HOME, THE	RIVERSIDE	9.5	—	—	—	—	—	—	—
53	PAVILION OF SOUTH SHORE	CHICAGO	9.5	118	118	108	91.5%	118	—	108
54	AHVA CARE OF STICKNEY	STICKNEY	9.5	268	215	189	87.9%	268	—	189
55	BRITISH HOME, THE	BROOKFIELD	9.7	—	—	—	—	—	—	—
56	BELLA TERRA LAGRANGE	LAGRANGE	9.8	—	—	—	—	—	—	—
57	PRAIRIE OASIS	SOUTH HOLLAND	10.1	135	—	100	74.1%	135	—	100
58	ALIYA OF PALOS PARK	PALOS PARK	10.2	129	129	121	93.8%	129	—	121
59	KING BRUWAERT HOUSE	BURR RIDGE	10.2	—	—	—	—	—	—	—
60	APERION CARE DOLTON	DOLTON	10.4	88	88	77	87.5%	88	—	77
61	ELEVATE CARE SOUTH HOLLAND	SOUTH HOLLAND	10.6	171	117	117	100.0%	171	—	117
62	COUNTRYSIDE NRSG & REHAB CTR	DOLTON	10.9	197	197	150	76.1%	197	—	150
63	BRIA OF RIVER OAKS	BURNHAM	11.0	309	288	248	86.1%	309	—	232
64	ALDEN ESTATES OF ORLAND PARK	ORLAND PARK	11.1	201	193	161	83.4%	201	—	161
65	PINE CREST HEALTH CARE	HAZEL CREST	11.3	199	180	152	84.4%	199	—	152
66	ELEVATE CARE COUNTRY CLUB HILL	CNTRY CLUB HILLS	11.4	200	200	151	75.5%	200	—	151
67	ALIYA OF HOMEWOOD	HOMEWOOD	11.6	132	128	111	86.7%	132	—	111
68	FLOSSMOOR TERRACE	FLOSSMOOR	12.3	4	4	4	100.0%	—	4	4
69	SOUTH HOLLAND MANOR HTH & RHB	SOUTH HOLLAND	12.7	216	206	117	56.8%	216	—	117
Total — 81 facilities				9,789	8,034	7,433	92.5%	9763	26	7,663

#	FACILITY NAME	CITY	DIST	LIC.	SET UP	OCC.	%	GEN. NURSING	ICF/DD	RESID.
70	LEMONT NRSG & REHAB CENTER	LEMONT	13.0	173	168	125	74.4%	173	—	125
71	FRANCISCAN VILLAGE	LEMONT	13.1	127	106	101	95.3%	127	—	101
72	Ryze at Homewood	HOMEWOOD	13.3	—	—	—	—	—	—	—
73	TRI-STATE VILLAGE NRSG & RHB	LANSING	13.3	84	84	78	92.9%	84	—	78
74	PRAIRIE MANOR NRSG & REHAB CTR	CHICAGO HEIGHTS	14.2	—	—	—	—	—	—	—
75	Aliya of Glenwood	GLENWOOD	14.4	—	—	—	—	—	—	—
76	BROADWAY TERRACE	CHICAGO HEIGHTS	14.7	16	16	13	81.3%	—	16	13
77	GENERATIONS AT APPLEWOOD	MATTESON	14.9	154	154	154	100.0%	154	—	119
78	APERION CARE CHICAGO HEIGHTS	CHICAGO HEIGHTS	15.7	—	—	—	—	—	—	—
79	LYNWOOD TERRACE	LYNWOOD	16.6	6	6	6	100.0%	—	6	6
80	BRIA OF CHICAGO HEIGHTS	SO CHICAGO HTS	16.6	—	—	—	—	—	—	98
81	LANDMARK OF RICHTON PARK	RICHTON PARK	16.9	294	110	79	71.8%	294	—	79
Total — 81 facilities				9,789	8,034	7,433	92.5%	9763	26	7,663

Bed counts: licensed, set-up, and occupied beds are summed across all reported levels of care. Occupancy uses set-up beds as the denominator when available, otherwise licensed beds. **Source:** 2024 LTC Annual Survey. Em-dash indicates no submission on file. **Suppressed columns:** facility type, nursing-sheltered beds, skilled beds for residents under 22 — no values reported across this result set.