



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: 26-001	PROJECT COST:
FACILITY NAME: Eye Surgery Specialists LLC	CITY: Shiloh	Original: \$5,048,737
TYPE OF PROJECT: Substantive		HSA: XI

PROJECT DESCRIPTION: The Applicant (Eye Surgery Specialists, LLC) proposes to establish an Ambulatory Surgical Treatment Center (“ASTC”) located at 847 North Green Mount Road, Shiloh, Illinois. The cost of the project is \$5,048,737. The expected completion date is July 1, 2027.

EXECUTIVE SUMMARY

PROJECT DESCRIPTION:

- The Applicant (Eye Surgery Specialists, LLC) proposes establishing a single-specialty ASTC at 847 North Green Mount Road, Shiloh, Illinois. The cost of the project is \$5,048,737, and the facility will provide Ophthalmologic surgical services exclusively. The expected completion date is December 31, 2027.

WHY THE PROJECT IS BEFORE THE STATE BOARD:

- The project is before the State Board under a Certificate of Need Permit Application (“CON Application”) because the proposed project proposes to establish a healthcare facility as set out in the Illinois Health Facilities Planning Act (“Planning Act”) [20 ILCS 3960/].

PURPOSE OF THE PROJECT

- The Applicants state: *“The proposed ASTC will improve access to healthcare, quality, and patient well-being in the GSA by increasing local access to specialized Ophthalmologic surgical care. By creating a facility dedicated to eye surgery, patients will no longer need to travel long distances for subspecialty services such as advanced glaucoma surgery, corneal transplantation, and oculoplastic procedures. Despite a significant and growing population with eye disease, the GSA currently lacks sufficient local surgical capacity for specialized Ophthalmologic procedures. While routine cataract care is available, access to advanced corneal, glaucoma, and oculoplastic surgical services requires patients to travel outside the GSA, often to the St. Louis metropolitan area. Currently, there is only one oculoplastic surgeon practicing within the GSA. The lack of a dedicated Ophthalmology-specific ASTC within the GSA limits the capacity for efficient, cost-effective surgical delivery. Hospital rooms are less accessible for routine and subspecialty Ophthalmologic cases due to competing surgical priorities and scheduling limitations, resulting in longer wait times for surgery and greater reliance on distant surgical facilities. Furthermore, the facility intends to recruit a full-time cornea specialist to provide advanced corneal care, including corneal transplantation and other complex anterior segment procedures. This specialist will supplement the limited part-time corneal coverage currently available across the entire Metro-East region and substantially enhance local access to specialized corneal services otherwise unavailable within the GSA.*

PUBLIC HEARING/COMMENT:

- There were no requests for a public hearing. The State Board received two letters in support and one letter opposing this project.

SUMMARY:

- There are 8 ASTCs and 8 hospitals within the 17-mile geographical service area (“GSA”) with sufficient surgical capacity to accommodate the demand identified by the Applicants. The Applicants addressed a total of nine criteria and have not met the following:

Criterion	Non-Compliant
77 Ill. Adm. Code 110.235(c)(2) – Service to GSA Residents	Ophthalmologic surgical services are available at existing facilities in the 17-mile service area. Six of the eight ASTCs and six of the eight hospitals in the service area have the capacity to accommodate the proposed services (See Tables Four and Five).
77 Ill. Adm. Code 110.235(c)(6) – Service Accessibility	Ophthalmologic surgical services are available at existing facilities in the 17-mile service area. Six of the eight ASTCs and six of the eight hospitals in the service area have the capacity to accommodate the proposed services (See Tables Four and Five).
77 Ill. Adm. Code 110.235(c)(7) - Unnecessary Duplication of Service	There are 6 hospitals in the 17-mile service area and 3 ASTCs that either perform the proposed surgical services or can perform them, which would contribute to existing maldistribution/unnecessary duplication in the service area.



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Project #26-001

Eye Surgery Specialists, LLC

APPLICATION/CHRONOLOGY/SUMMARY	
Applicant(s)	Eye Surgery Specialists, LLC
Facility Name	Eye Surgery Specialists, LLC
Location	847 North Green Mount Road, Shiloh, IL
Permit Holder(s)	Eye Surgery Specialists, LLC
Licensee/Operating Entity	Eye Surgery Specialists, LLC
Owner of Site	BWCJ Properties, LLC
Application Received	January 2, 2026
Application Deemed Complete	January 20, 2026
Review Period Ends	May 20, 2026
Project Completion Date	July 1, 2027
Review Period Extended by the State Board Staff?	No
Can the Applicant request a deferral?	Yes

I. The Proposed Project

The Applicant (Eye Surgery Specialists, LLC) proposes establishing a limited-specialty ASTC at 847 North Green Mount Road, Shiloh, Illinois. The cost of the project is \$5,048,737. The expected completion date is July 1, 2027.

II. Summary of Findings

- A. The State Board Staff finds the proposed project is **not** in conformance with the provisions of Part 1110.
- B. The State Board Staff finds the proposed project is in substantial conformance with provisions of Part 1120.

III. General Information

The Applicant is Eye Surgery Specialists, LLC. Eye Surgery Specialists, LLC is wholly owned by Dr. Whitney TK Marlow, M.D. (100%). The ASTC will be classified as a single specialty, providing Ophthalmologic Surgery services. The facility will entail 7,504 GSF of space (4,973 GSF clinical/2,531 GSF non-clinical) and contain two operating/procedure rooms. This is a substantive project, subject to 1110 and 1120 review criteria.

IV. Project Uses and Sources of Funds

The Applicants are funding this project with \$150,000 in cash/securities and a mortgage totaling \$4,898,737.

TABLE ONE				
Project Uses and Sources of Funds				
Project Uses of Funds	Reviewable	Non-Reviewable	Total	% of Costs
New Construction Contracts	\$2,240,459	\$1,140,278	\$3,380,737	67%
Contingencies	\$215,000	\$113,000	\$328,000	6.4%
Architectural/Engineering Fees	\$215,000	\$150,000	\$365,000	7.2%
Consulting and Other Fees	\$50,000	\$50,000	\$100,000	2%
Movable or Other Equipment	\$500,000	\$300,000	\$800,000	16%
Net Interest During Construction (project-related)	\$50,000	\$25,000	\$75,000	1.4%
Total	\$3,270,459	\$1,778,278	\$5,048,737	100.00%
Sources of Funds				
Cash/Securities	\$100,000	\$50,000	\$150,000	3%
Mortgages	\$3,170,459	\$1,728,278	\$4,898,737	97%
Total	\$3,270,459	\$1,778,278	\$5,048,737	100%

V. Background of the Applicant, Purpose of Project, Safety Net Impact Statement, Alternatives to the Project

- A) 77 Ill. Adm. Code 1110.110(a) – Background of the Applicant
- 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 the Applicant

An applicant shall document the *qualifications, background, character, and financial resources to provide proper service to the community and demonstrate that the project promotes the orderly and economic development of health care facilities in the State of Illinois, avoiding unnecessary duplication of facilities or services.* [20 ILCS 3960/2]

The Applicant is Eye Surgery Specialists, LLC. Eye Surgery Specialists, LLC is wholly owned by Dr. Whitney TK Marlow, M.D. (100%), who will also serve as Medical Director for the ASTC. Dr. Marlow is a Board-certified Ophthalmologist from the American Board of Ophthalmology and is a member of the American Academy of Ophthalmology and the American Society of Cataract and Refractive Surgeons. In addition to cataract surgery, Dr. Marlow proposes to provide minimally invasive Glaucoma surgery (MIGS), corneal procedures, and oculoplastic procedures. Eye Surgery Specialists, LLC was established as a Limited Liability Company in April 2025 and has supplied a Certificate of Good Standing (application, p. 24). The Applicant attests that there is no ownership interest in any other

healthcare facility in the State and has provided sufficient authorization for the HFSRB and IDPH to access records to verify the information contained in this application.

B) Purpose of the Project

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

The Applicants state: *“The proposed ASTC will improve access to healthcare, quality, and patient well-being in the GSA by increasing local access to specialized Ophthalmologic surgical care. By creating a facility dedicated to eye surgery, patients will no longer need to travel long distances for subspecialty services such as advanced glaucoma surgery, corneal transplantation, and oculoplastic procedures. Despite a significant and growing population with eye disease, the GSA currently lacks sufficient local surgical capacity for specialized Ophthalmologic procedures. While routine cataract care is available, access to advanced corneal, glaucoma, and oculoplastic surgical services requires patients to travel outside the GSA, often to the St. Louis metropolitan area. Currently, there is only one oculoplastic surgeon practicing within the GSA. The lack of a dedicated Ophthalmology-specific ASTC within the GSA limits the capacity for efficient, cost-effective surgical delivery. Hospital rooms are less accessible for routine and subspecialty Ophthalmologic cases due to competing surgical priorities and scheduling limitations, resulting in longer wait times for surgery and greater reliance on distant surgical facilities. Furthermore, the facility intends to recruit a full-time cornea specialist to provide advanced corneal care, including corneal transplantation and other complex anterior segment procedures. This specialist will supplement the limited part-time corneal coverage currently available to the entire Metro-East region and will substantially enhance local access to specialized corneal services that are otherwise unavailable within the GSA.”*

C) Safety Net Impact Statement

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

According to the Applicants, Eye Surgery Specialists, LLC is a newly formed LLC and has no historical data to provide for this section. The Applicants note that establishing the proposed ASTC will positively impact essential safety-net services in the community. The proposed ASTC will expand access to Ophthalmologic services for residents in the GSA, including populations that have historically faced barriers to said services due to transportation issues, economic constraints, and limited availability of specialized Ophthalmologic services. The proposed project will not adversely affect the ability of other providers or health care systems in the community to cross-subsidize safety-net services.

D) Alternatives to the Proposed Project

The Applicants considered three alternatives to the proposed project.

1. Maintain Status Quo/Do Nothing (no additional costs)
2. Expand Hospital-Based Outpatient Surgical Capacity (no additional costs)
3. Use Existing Multi-Specialty Ambulatory Surgical Centers (no additional costs)
4. Renovate/Lease Existing Space for Partial Services
(option chosen, cost: 5,048,737)

The **first alternative** was rejected because it would perpetuate the continued provision of ophthalmologic surgical services through hospital outpatient departments and ASTCs both in and outside of the service area, which has resulted in limited operating room availability, extended wait times for surgery, and reliance on facilities outside of the service area for subspecialty ophthalmologic care. There were no project costs associated with this alternative.

The **second alternative** was rejected because the hospital operating rooms in the service area are subject to competing demands from higher-acuity and multi-specialty cases, limiting their availability for routine subspecialty ophthalmologic procedures. The Applicant also notes that hospital outpatient services entail higher costs for cataract and other ophthalmologic surgeries, resulting in increased provider expenditures and higher out-of-pocket costs for patients.

The **third alternative** was rejected because multi-specialty ASTCs often lack dedicated equipment, specialized infrastructure, and personnel adequately trained to perform or assist with advanced ophthalmologic procedures, particularly subspecialty glaucoma and corneal surgeries. It is also noted that ophthalmologic surgery requires specific instrumentation, dedicated equipment, and trained personnel to perform eye-specific surgical workflows. Reliance on existing multi-specialty surgery centers would not improve access or reduce wait times for ophthalmologic surgical services.

The **fourth alternative** (project as proposed) was determined to be most conducive to establishing a single-specialty ASTC that would provide cataract surgery and a wide range of ophthalmologic subspecialty procedures. The centralization of ophthalmologic surgical services into a single-specialty ASTC will enable the provision of specialized care by staff who consistently train in and perform specialty ophthalmologic surgeries, using specialized instrumentation to deliver optimal care and improve surgical outcomes. Project cost: \$5,048,737.

VI. Project Scope and Size, Utilization

- A) 77 Ill. Adm. Code 1110.120(a) - Size of Project & Section 1110.Appendix B
- B) 77 Ill. Adm. Code 1110.120(b) - Project Services Utilization
- C) 77 Ill. Adm. Code 1110.120(e) - Assurances

A) The Size of the Project

- 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).
- 2) If the square footage is outside the standards in Appendix B, the applicant shall submit architectural floor plans (see HFSRB NOTE) of the project, identifying all clinical service areas and those clinical service areas or components of those areas that do not conform to the standards.

The proposed project includes 4,973 departmental gross square feet (“DGSF”) of clinical space, which will accommodate two surgical suites, amounting to 2,487 DGSF per OR. The State Standard for ORs is 2,750 DGSF per room, or 5,500 DGSF for the project, and the Applicant is compliant with the State standard. The project also includes 2,531 DGSF of non-clinical space, totaling 7,504 GSF of newly constructed/built-out space. The Applicants have met the requirements of this criterion.

B) Project Services Utilization

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 projected years shall not exceed the number of documented historical years. 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 utilization standard by providing published data or studies, as applicable and available from a recognized source.

The Applicant proposes to establish a single-specialty ASTC consisting of two Operating rooms (ORs) that provide exclusively Ophthalmologic surgical services. The Applicant supplied both historical and projected utilization data in a referral letter from Dr. Whitney TK Marlow, MD. (Application, p.86). In the letter, Dr. Marlow identified the number of cases performed in the 12 months preceding the application's submission, the average time per procedure, and the projected number of procedures to be performed in the two years after project completion. This data is illustrated in Table Two. The Applicant supplied a list of zip codes within the service area, and page 90 of the application shows that all projected referrals will originate from within this service area. The Applicant has met the requirements of this criterion.

TABLE TWO			
Historical/Projected Utilization Data Eye Surgery Specialists, LLC			
M.D. Name	# of Procedures in Last 12 Months	Proposed Surgical Procedures/Hours: Year One	Proposed Surgical Procedures/Hours: Year Two
Whitney TK Marlow, M.D.*	10,496	2,399/1,839	2,471/1,894
Average Procedure Time: 46 minutes 1,500 hours of operation = 80% operational capacity *At least 50% of this physician’s historic referral volume originated from within the 10-mile GSA			

VII. Establishment of Ambulatory Surgical Treatment Center 77 Ill. Adm. Code 1110.235(c)

- A) Formula Calculation
- B) (c)(2)(B)(i) & (ii) – Service to GSA Residents
- C) (c)(3)(A) & (B) or (C) – Service Demand – Establishment
- D) (c)(5)(A) & (B) - Treatment Room Need Assessment
- E) (c)(6) - Service Accessibility
- F) (c)(7)(A) through (C) - Unnecessary Duplication Maldistribution
- G) (c)(8)(A) & (B) – Staffing
- H) (c)(9) - Charge Commitment
- I) (c)(10)(A) & (B) – Assurance

A) Geographic Service Area Need

The applicant shall document that the ASTC services and the number of surgical/treatment rooms to be established, added, or expanded are necessary to serve the planning area's population, based on the following:

A) 77 Ill. Adm. Code 1100 (Formula Calculation)

As stated in 77 Ill. Adm. Code 1100: No formula is needed to determine the number of ASTCs, and the number of surgical/treatment rooms in a geographic service area has been established. Need shall be established pursuant to the applicable review criteria of this Part.

The State Board does not have a need methodology for establishing an ASTC.

B) Service to Geographic Service Area Residents

The applicant shall document that the primary purpose of the project will be to provide necessary health care to the residents of the geographic service area (GSA) in which the proposed project will be physically located.

- i) The applicant shall provide a list of zip code areas (in total or in part) that comprise the GSA. The GSA is the area comprising all ZIP Code areas within the established radii outlined in 77 Ill. Adm. Code 1100.510(d) of the project's site.
- ii) The applicant shall provide patient origin information by zip code for all admissions for the last 12-month period, verifying that at least 50% of admissions were residents of the GSA. Patient origin information shall be based on the patient's legal residence (other than a health care facility) for the six months immediately preceding admission.

The GSA for a project in St. Clair County is a 17-mile radius. The Applicants identified 35 ZIP Codes and 337,302 residents living within the 17-mile GSA. The Applicant provided a referral letter from Dr. Whitney TK Marlow, M.D. (See Table Two). In the referral letter, Dr. Marlow provided sufficient historical referral data demonstrating that at least 50% of their historical referral volume originated within the 35 zip codes comprising the general service area (GSA). The Applicants are compliant with this criterion's requirements.

C) Service Demand – Establishment of an ASTC Facility

The applicant shall document that the proposed project is necessary to accommodate the applicant's annual service demand over the most recent 2-year period, as evidenced by historical and projected referrals. The applicant shall document the information required by subsection (c)(3) and either subsection (c)(3)(B) or (C):

A) Historical Referrals

The applicant shall provide physician referral letters that attest to the physician's total number of treatments for each ASTC service referred to existing IDPH-licensed ASTCs or hospitals located in the GSA during the 12 months preceding the application submission. The documentation of physician referrals shall include the following information:

- i) patient origin by zip code of residence.
 - ii) name and specialty of referring physician.
 - iii) name and location of the recipient hospital or ASTC; and
 - iv) number of referrals to other facilities for each proposed ASTC service for each of the last 2 years.
- B) **Projected Service Demand**
 The applicant shall provide the following documentation:
 - i) Physician referral letters that attest to the physician's total number of patients (by zip code of residence) who have received care at existing IDPH-licensed ASTCs, or hospitals located in the GSA during the 12 months before submission of the application.
 - ii) Documentation demonstrating that the projected patient volume, as evidenced by the physician referral letters, is from within the GSA defined under subsection (c)(2)(B).
 - iii) An estimated number of treatments the physician will refer annually to the applicant facility within 24 months after project completion. The anticipated number of referrals cannot exceed the physician's experienced caseload. The percentage of projected referrals used to justify the proposed establishment cannot exceed the historical percentage of applicant market share within 24 months after project completion.
 - iv) Referrals to health care providers other than IDPH-licensed ASTCs or hospitals will not be included in determining projected patient volume.
 - v) Each physician referral letter shall contain the notarized signature, the typed or printed name, the office address, and the specialty of the physician; and
 - vi) Verification by the physician that the patient referrals have not been used to support another pending or approved CON application for the subject services.

The Applicant proposes to refer 2,399 patients for services in the first year after project completion, amounting to 1,839 hours of surgical service, and 2,471 patients/1,894 hours of surgical services by the second year, which meets the State standard for two surgical suites. A referral letter was provided as required, and the data are documented in Table Two.

D) Treatment Room Need Assessment

- A) The applicant shall document that the proposed number of surgical/treatment rooms for each ASTC service is necessary to service the projected patient volume. The number of rooms shall be justified based on an annual minimum utilization of 1,500 hours per room, as established in 77 Ill. Adm. Code 1100.
- B) For each ASTC service, the applicant shall provide the number of patient treatments/sessions, the average time (including setup and cleanup time) per patient treatment/session, and the methodology used to establish the average time per patient treatment/session (e.g., experienced historical caseload data, industry norms, or special studies).

The Applicant proposes two ORs for the ASTC and estimates providing 1,910 hours of Ophthalmologic Surgery services, which will justify the proposed two ORs.

E) Service Accessibility

The proposed ASTC services, if established or added, are necessary to improve access for GSA residents. The applicant shall document that at least one of the following conditions exists in the GSA:

- A) There are no other IDPH-licensed ASTCs within the identified GSA of the proposed project.
- B) The other IDPH-licensed ASTC and hospital surgical/treatment rooms used for those ASTC services proposed by the project within the identified GSA are utilized at or above the utilization level specified in 77 Ill. Adm. Code 1100.
- C) The ASTC services or specific types of procedures or operations that are components of an ASTC service are not currently available in the GSA, or those existing underutilized services in the GSA have restrictive admission policies.
- D) The proposed project is a cooperative venture sponsored by two or more persons, at least one of whom operates an existing hospital. Documentation shall provide evidence that:

- i) The existing hospital is currently providing outpatient services to the population of the subject GSA.
- ii) The existing hospital has sufficient historical workload to justify the number of surgical/treatment rooms at the existing hospital and at the proposed ASTC, based upon the treatment room utilization standard specified in 77 Ill. Adm. Code 1100.
- iii) The existing hospital agrees not to increase its surgical/treatment room capacity until the proposed project's surgical/treatment rooms are operating at or above the utilization rate specified in 77 Ill. Adm. Code 1100 for a period of at least 12 consecutive months; and
- iv) The proposed charges for comparable procedures at the ASTC will be lower than those of the existing hospital.

The Applicant proposes two ORs for the ASTC and estimates providing 1,894 hours of Ophthalmologic Surgery services for the second year of operation. (see Table Two). There are 8 ASTCs and 8 hospitals within the 17-mile GSA (see Tables Four and Five). Of the ASTCs identified, 2 are at the State Board's target occupancy of 1500 Hours of operation per room. Of the 6 hospitals that provide surgical services, all operate below the standard hours of operation (1,500 hours/per unit). The procedures being performed by the Applicant consist of Ophthalmologic Surgery, which is provided in the 17-mile GSA. Thus, the Applicants have not met the requirements of this criterion.

TABLE FOUR
ASTCs in the 17-mile GSA

Facility	City	Surgical Specialties	Medicaid/ Charity	Operating/ Procedure	Hours	State Standard Met
Skin Cancer Surgery Center	O'Fallon	Dermatology	No/No	0/1	32.75	Yes
O'Fallon Surgical Center	O'Fallon	Ophthalmology , Orthopedics, Pain Management	No/No	0/2	1,457.75	No
Eye Surgery Center	Swansea	Laser Eye Procedures	Yes/Yes	0/2	1,032.9	No
Metroeast Endoscopic Surgery Center	Fairview Heights	General Surgery, Urology, Gastrointestinal Procedures	Yes/No	0/2	949.25	No
Bel-Clair Ambulatory Surgery Treatment Center	Belleville	Gastroenterology	No/No	2/0	436	No
Eye Surgery Center of Maryville, LLC	Maryville	Laser Eye Surgery, Cataract Extraction, Retina, Glaucoma, Cornea/Pterygium repair	Yes/No	0/1	675.46	Yes
Anderson Surgery Center, LLC	Edwardsville	General Surgery, OB/Gynecology, Orthopedic, Otolaryngology, Pain Management, Plastic, Podiatry	Yes/Yes	2/1	1,078.7	No
Edwardsville Ambulatory Surgery Center, LLC	Glen Carbon	Oral/Maxillofacial, Ophthalmology , Orthopedic, Otolaryngology, Pain Management, Podiatry	Yes/No	2/1	816.5	No
TOTAL				6/10	6,479.31	
1. Information from 2025 ASTC Survey. 2. Utilization based upon 1,875 total hours per operating/procedure room per year. The State Board Standard is 80% of 1,875 hours, which equals 1,500 hours per operating/procedure room.						

TABLE FIVE Hospitals in the 17-mile GSA					
Hospital	City	Medicaid/ Charity Care	Operating /Procedure Rooms	Hours	Standard Met?
Rehabilitation Institute of Southern Illinois*	Shiloh	Yes/Yes	0/0	0	N/A
HSHS St. Elizabeth's Hospital	O'Fallon	Yes/Yes	10/4	16,690	No
Memorial Hospital-Belleville	Belleville	Yes/Yes	38/15	14,066.8	No
Memorial Hospital-Shiloh	Shiloh	Yes/Yes	4/2	4,673	No
Touchette Regional Hospital	Cahokia Heights	Yes/Yes	3/3	1,186	No
Anderson Hospital	Maryville	Yes/Yes	9/2	10,104	No
Gateway Regional Medical Center	Granite City	Yes/Yes	0/0	0	No
Anderson Rehabilitation Institute*	Edwardsville	Yes/No	0/0	N/A	N/A
TOTAL			64/26	47,019.8	
1. Information from 2025 Hospital Survey 2. *Rehabilitation Hospital, No surgical service 3. NOTE: None of the abovementioned hospitals provided Ophthalmologic surgical services for 2025.					

F) Unnecessary Duplication/Maldistribution

A) The applicant shall document that the project will not result in unnecessary duplication. The applicant shall provide the following information for the proposed GSA zip code areas identified in subsection (c)(2)(B)(i):

- i) the total population of the GSA (based upon the most recent population numbers available for the State of Illinois); and
- ii) the names and locations of all existing or approved health care facilities located within the GSA that provide the ASTC services that are proposed by the project.

B) The applicant shall document that the project will not result in maldistribution of services. Maldistribution exists when the GSA has an excess supply of facilities and ASTC services characterized by such factors as, but not limited to:

- i) a ratio of surgical/treatment rooms to population that exceeds one and one-half times the State average.
- ii) historical utilization (for the latest 12-month period before submission of the application) for existing surgical/treatment rooms for the ASTC services proposed by the project that are below the utilization standard specified in 77 Ill. Adm. Code 1100; or
- iii) insufficient population to provide the volume or caseload necessary to utilize the surgical/treatment rooms proposed by the project at or above the utilization standards specified in 77 Ill. Adm. Code 1100.

- C) The applicant shall document that, within 24 months after project completion, the proposed project:
- i) will not lower the utilization of other area providers below the utilization standards specified in 77 Ill. Adm. Code 1100; and
 - ii) will not lower, to a further extent, the utilization of other GSA facilities that are currently (during the latest 12-month period) operating below the utilization standards.

There are 106 operating/procedure rooms within the relevant 17-mile GSA, which has approximately 10,493 residents. The State of Illinois has 2,850 operating/procedure rooms with a population of roughly 12.6 million residents. The ratio of operating/procedure rooms in the relevant 17-mile GSA is 1 room per 99 residents. The ratio of operating/procedure rooms in the State of Illinois is 1 room per 4,403 residents. Based on these ratios, there is no surplus of operating procedure rooms in the relevant 17-mile GSA.

	Population	Operating/Procedure Rooms	Ratio	
GSA	10,493	106	1:99	Yes
State of Illinois	12,549,689	2,850	1:4,403	

As noted above, there are existing ASTCs and hospitals that provide the Ophthalmologic surgical specialties. Despite the uniqueness of the care to be provided, establishing the ASTC, as proposed in the CON Application, will result in unnecessary duplication of services. The Applicants have not appropriately addressed this criterion.

G) Staffing

A) Staffing Availability

The applicant shall document that the relevant clinical and professional staffing needs for the proposed project were considered and that the staffing requirements of licensure and The Joint Commission, or other nationally recognized accrediting bodies, can be met. In addition, the applicant shall document that the necessary staffing is available by providing letters of interest from prospective staff members, completed employment applications, or a narrative explaining how the proposed staffing will be achieved.

B) Medical Director

It is recommended that the procedures performed for each ASTC service be under the direction of a physician who is board-certified or board-eligible by the appropriate professional standards organization or entity that credentials or certifies the health care worker for competency in that service category.

The Applicants state that the proposed ASTC will operate in accordance with State staffing guidelines, and anticipate no difficulty recruiting skilled staff to fill the positions required for the facility's safe operation. The Medical Director of the proposed ASTC will be Dr. Whitney TK Marlow, M.D. The Medical Director's curriculum vitae is on page 46 of the CON Application. The Applicants have addressed the requirements of this criterion.

H) Charge Commitment

To meet the objectives of the Act, which are *to improve the financial ability of the public to obtain necessary health services; and to establish an orderly and comprehensive health care delivery system that will guarantee the availability of quality health care to the general public; and cost containment and support for safety net services must continue to be central tenets of the Certificate of Need process* [20 ILCS 3960/2], the applicant shall submit the following:

- A) a statement of all charges, except for any professional fee (physician charge); and
- B) a commitment that these charges will not increase, at a minimum, for the first 2 years of operation unless a permit is first obtained pursuant to 77 Ill. Adm. Code 1130.310(a).

The Applicants provided a listing of proposed charges at the ASTC on pages 116-122 of the application. The Applicants state that the charges will not be modified for at least the first two (2) years after the opening of the proposed ASTC. (CON Application, page 97) The Applicants have suitably addressed this criterion.

I) Assurances

A) The applicant shall attest that a peer review program exists or will be implemented that evaluates whether patient outcomes are consistent with quality standards established by professional organizations for the ASTC services, and if outcomes do not meet or exceed those standards, a quality improvement plan will be initiated.

B) The applicant shall document that, in the second year of operation after the project completion date, the annual utilization of the surgical/treatment rooms will meet or exceed the utilization standard specified in 77 Ill. Adm. Code 1100. Documentation shall include, but not be limited to, historical utilization trends, population growth, expansion of professional staff or programs (demonstrated by signed contracts with additional physicians), and the provision of new procedures that would increase utilization.

The Applicants documented that, by the second year of operation after project completion (application, p. 103), the proposed ASTC will meet or exceed the State Board's utilization standard. The Applicants have addressed the requirements of this criterion.

VIII. Financial Viability

- 77 Ill. Adm. Code 1120.120 – Availability of Funds
- 77 Ill. Adm. Code 1120.130 – Financial Viability
- 77 Ill. Adm. Code 1120.140 (a) – Reasonableness of Financing Arrangements
- 77 Ill. Adm. Code 1120.140 (b) – Terms of Debt Financing
- 77 Ill. Adm. Code 1120.140 (c) – Reasonableness of Project Costs
- 77 Ill. Adm. Code 1120.140 (d) – Projected Operating Costs
- 77 Ill. Adm. Code 1120.140 (e) – Effect of the Project on Capital Costs

A) **Section 1120.120 - Availability of Funds – Review Criteria**

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

The Applicant is funding this project with \$150,000 in cash/securities and a mortgage totaling \$4,898,737. The Applicant provided a pro forma balance sheet and projected Financial Viability Ratios, stating that the Applicant has sufficient cash resources to fund the cash/securities portion of the project. (See Tables Six and Seven).

TABLE SIX Financial Viability Ratios Eye Surgery Specialists, LLC		
Financial Ratio	State Standard	Year 2
Current Ratio	>1.5	7.655
Net Margin %	>3.5	33.29%
LTD to Capitalization	<80%	73%
Projected Debt Service	>1.75	6.44
Days Cash on Hand	>45 days	132
Cushion Ratio	>3.0	6.44

TABLE SEVEN Pro Forma Balance Sheet Eye Surgery Specialists, LLC	
Assets	
Total Current Assets	\$850,000
Furniture & Equipment	\$875,000
TOTAL ASSETS	\$1,725,000
Liabilities/Equity	
Current Loan Payable	\$111,044
Total Current Liabilities	\$111,044
Loan Payable	\$1,146,456
Total Long Term Liabilities	\$1,146,456
Total Liabilities	\$1,257,700
Equity	
Members Equity	\$467,500
Total Equity	\$467,500
Total Liabilities and Equity	\$1,725,500
Income	
Operating Revenue	\$3,586,220
Total Income	\$3,586,220

Operating Expenses	
Medical Supplies	\$835,175
Total Operating Expenses	\$835,175
Gross Profit	\$2,751,045
Overhead Expenses	
Total Overhead Expenses	\$1,557,241
Net Operating Income	\$1,193,804

The Applicant supplied proof of site ownership for the building located at 847 North Green Mount Road, Shiloh (Application, p. 26). The building owner/landlord is BWCI Properties, LLC, which Dr. Marlow wholly owns.

B) Financial Viability – Review Criteria

a) Financial Viability Waiver

The applicant is NOT required to submit financial viability ratios if:

1) all project capital expenditures, including capital expenditures expended through a lease, are entirely funded through internal resources (cash, securities, or received pledges); or

HFSRB NOTE: Documentation of internal resources availability shall be available as of the date the application is deemed complete.

2) the applicant's current debt financing or projected debt financing is insured or anticipated to be insured by Municipal Bond Insurance Inc. (MBIA) or its equivalent; or

HFSRB NOTE: MBIA Inc. is a holding company whose subsidiaries provide financial guarantee insurance for municipal bonds and structured financial projects. MBIA coverage is used to enhance creditworthiness, as MBIA would pay the bond issuer's debt (both principal and interest) in the event of default.

3) The applicant provides a third-party surety bond or performance bond letter of credit from an A-rated guarantor (insurance company, bank, or investing firm) guaranteeing project completion within the approved financial and project criteria.

b) Viability Ratios

Applicants that are responsible for funding or guaranteeing funding of the project shall provide viability ratios for the latest three years for which audited financial statements are available and for the first full fiscal year at target utilization, but no more than two years following project completion. When the applicant's facility does not have facility-specific financial statements and the facility is a member of a health care system that has combined or consolidated financial statements, the system's viability ratios shall be provided. If the health care system includes one or more hospitals, the system's viability ratios shall be evaluated for conformance with the applicable hospital standards.

The Applicant is funding the proposed project with mortgages and cash/securities. Financial Viability Ratios and Projected Statements of Financial Position were provided for the Applicant, who is also the building owner/Landlord. Based on the data in Tables Six and Seven, the Applicant appears to have sufficient financial resources to fund this project.

IX. Economic Feasibility

A) Reasonableness of Financing Arrangements

B) Conditions of Debt Financing

The Applicant is funding this project with mortgages (\$4,898,737) and cash/securities (\$150,000). The Applicant supplied a statement attesting to the possession of sufficient funds to meet the cash/securities funding commitment.

C) Reasonableness of Project and Related Costs

The applicant shall document that the estimated project costs are reasonable and that compliance with the State Board Standards is demonstrated.

New Construction Costs are \$2,240,459, or \$450.52 per gross square foot (“GSF”) ($\$2,240,459 / 4,973 = \450.52). These costs meet the reasonableness criterion based on the State Board Standard of \$510.27. (2027 project mid-point).

Contingency Costs are \$215,000, or 9.6% of new construction costs (\$2,240,459). These costs meet the reasonableness criteria based on the State Board Standard of 10%.

Architectural/Engineering Costs are \$215,000, representing 8.7% of the construction/contingency costs, totaling \$2,455,459. This complies with the Board's standard of 7.06%- 10.6%.

Movable Other Equipment Costs are \$500,000. These costs meet the reasonableness criteria, as set by the State Board Standard of \$1,240,787. (2027 mid-point with 2 ORs)

NOTE: The State Board does not have standards for the following criteria:

Net Interest Expense During Construction: \$50,000.

Consulting & Other Fees: \$50,000

D) Projected Operating Costs

The projected direct annual operating costs for the first full year at target utilization are \$690.61 per patient day. There is no State standard for these criteria.

E) Total Effect of the Project on Capital Costs

The Applicants supplied projected annual capital costs at target utilization, totaling \$92.52 per patient-day. The State Board does not have standards for these criteria.

April 14, 2026

John Kniery
Board Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Re: Support for Certificate of Need Application – Eye Surgery Specialists, LLC, Shiloh, Illinois

Dear Mr. Kniery:

I serve as Program Coordinator of the Southwestern Illinois College Surgical Technology Program, and am submitting this letter in support of the Certificate of Need (CON) application to establish a single-specialty ophthalmology focused Ambulatory Surgical Treatment Center (“ASTC”) in Shiloh, Illinois.

The Surgical Technology program has communicated with Dr. Whitney Marlow and the surgeons of Ideal Eye Surgery regarding educational opportunities for our surgical technologist students at Southwestern Illinois College. We have a shared goal of helping local students to develop their surgical skillsets in order to achieve successful and fulfilling careers in healthcare. While hospitals are often capable of absorbing learners into their facilities, this new ambulatory surgical treatment center (“ASTC”) would be a unique opportunity for our students to experience the workflow of the ASTC setting.

Maximizing the breadth and variety of surgical settings for the surgical technology students is essential to versatility in the operating room. As cataract surgery is the most commonly performed surgery in the United States, a thorough understanding of the surgical instruments and management of the phacoemulsification machine is important for any surgical technologist entering the workforce.

The new ASTC in Shiloh would expand access to include subspecialty care, including cornea, glaucoma, and oculoplastic surgeries, subsequently providing our students an immersive experience in ophthalmologic subspecialty surgeries. Training on specific equipment utilized in implanting drainage devices for glaucoma or handling of donor tissue in corneal transplant procedures is an educational experience not available at other surgical facilities in the area. Confidence in these techniques would allow a newly certified surgical technologist to be a highly competitive applicant immediately upon graduation.

The level of detail and comfort with handling microscopic instruments and suture materials will not only benefit students pursuing employment in a facility which provides ophthalmologic surgical care, but will also apply broadly to specialties such as plastic surgery, dermatology, and otolaryngology.

Due to the significant benefits to our learners, I respectfully encourage the Illinois Health Facilities and Services Review Board to approve this CON application.

Sincerely,

A handwritten signature in black ink that reads "Tammy Santarelli". The signature is written in a cursive style with a large, stylized "S" for the last name.

Tammy Santarelli, B.S., CST
Program Coordinator
Surgical Technology
Southwestern Illinois College
Sam Wolf Granite City campus

March 11, 2026

John Knierly
Board Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Re: Support for Certificate of Need Application – Eye Surgery Specialists, LLC, Shiloh, Illinois

Dear Mr. Knierly:

On behalf of the Clinton County Health Department and the Clinton County Board of Health, we submit this letter in firm support of the Certificate of Need (CON) application to establish a single-specialty ophthalmology focused Ambulatory Surgical Treatment Center (“ASTC”) in Shiloh, Illinois.

As part of our recently completed 2026–2031 Illinois Project for Local Assessment of Needs (iPLAN), the Board identified expanding access to care as one of its top three public health priorities, with a specific emphasis on increasing the availability of specialty medical services for residents of Clinton County. The proposed ASTC directly advances this priority.

Access to ophthalmologic specialty care including cornea and glaucoma services remains a significant gap within our county. Current wait times for these specialty appointments routinely exceed six months, and many residents must travel to St. Louis to receive care. This creates substantial barriers for rural residents, older adults, and individuals without the resources or ability to navigate high-traffic urban corridors. This is outmigration that could be solved with a new local facility.

The new ASTC in Shiloh would place these essential specialty services within a 20–30 minute drive for most Clinton County residents, dramatically improving both accessibility and continuity of care while reducing travel burdens and safety risks associated with longer, multi-state trips for routine and time-sensitive ophthalmologic conditions.

Importantly, the ASTC’s operations will not negatively affect Clinton County hospitals. Dr. Marlow will continue providing cataract surgery at St. Joseph’s Hospital in Breese, and these surgical cases will not be redirected to the proposed ASTC. As such, the facility introduces new regional capacity without diminishing existing local hospital volume. For these reasons, we believe the proposed ASTC will materially improve specialty care access, strengthen regional health equity, and support the long-term public health objectives established in Clinton County’s 2026–2031 iPLAN.

We respectfully urge the Illinois Health Facilities and Services Review Board to approve this CON application.

Sincerely,

A handwritten signature in black ink, appearing to read "Chris Leidel". The signature is fluid and cursive, with the first name "Chris" written in a larger, more prominent script than the last name "Leidel".

Chris Leidel
Administrator
Clinton County Health Department

A handwritten signature in black ink, appearing to read "Dr. Brian Klostermann". The signature is fluid and cursive, with the first name "Brian" written in a larger, more prominent script than the last name "Klostermann".

Dr. Brian Klostermann
Chair
Clinton County Board of Health

May 12, 2026

Via Federal Express and E-Mail

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

RE: Opposition Letter: Eye Surgery Specialists (Project 26-001)

Dear Mr. Kniery:

O'Fallon Surgical Center opposes Eye Surgery Specialists' (the "Applicant") pending CON application to establish an ambulatory surgical treatment center ("ASTC") proposed at 847 North Green Mount Road, Shiloh, Illinois (the "Project"). The Project squarely fails the Illinois Health Facilities and Services Review Board's ("State Board") standards for need, maldistribution, and availability of resources. It would actively destabilize an already fragile provider workforce in the Metroeast region and pull all the eye surgery cases away from our existing ASTC which comprises the vast majority of our surgical volume at O'Fallon Surgical Center. The proposed ASTC is just two miles from our existing surgery center, which is well equipped to continue to provide surgical services to the Ideal Eye Surgery physicians and their patients.

There is no need for an ASTC in the proposed Project's 17-mile geographic service area (the "GSA"). The proposed ASTC will result in a duplication of services pulling cases away from the O'Fallon Surgical Center despite having adequate capacity for Ideal Eye Surgery physicians' volumes. It is O'Fallon Surgical Center which is the main site for this practice in the O'Fallon/Shiloh community. Further, it is also important to note that there will soon be another large ASTC licensed also just two miles from the proposed site of this proposed ASTC as HSHS has a CON permit for an ASTC with four operating rooms and two procedure rooms.

1. Eye Surgery Specialists' Application Fails the State Board Need Criteria

The Applicant's assertion that another ASTC is 'necessary to improve access' is directly contradicted by the objective utilization data for every ASTC in the GSA. It is patently false that the proposed construction of another ASTC is necessary to improve access to eye surgery due to utilization and operational limitations at existing facilities. Currently, there are six ASTCs approved for ophthalmology surgical procedures within the Project's GSA, plus a facility is under construction by one of the area health systems. One of the existing and underutilized centers is O'Fallon Surgical Center where Ideal Eye Surgery currently performs surgical procedures. As shown in the table on the following page, average utilization of these surgery centers in 2024 was barely one-third of the State Board's standard of 1,500 hours per room, and no surgery center is

close to State Board standard of 1,500 hours per operating/procedure room, demonstrating that existing capacity is significantly underutilized. While we do not question the judgement of the State Board in approving the HSHS ASTC despite adequate options for surgical care in the GSA, adding more capacity does not make sense.

Three of these ASTCs, O'Fallon Surgery Center, Metroeast Endoscopic Surgery Center, and Eye Surgery Center, are approved for ophthalmology and are less than 5 miles from the location of the proposed Project. Accordingly, there is sufficient capacity within the GSA to accommodate Ideal Eye Surgery's projected volume.

Ambulatory Surgical Treatment Centers	Operating Rooms¹	Cases	Surgical Hours	Average Hours per Operating Room
Anderson Surgery Center	2	404	266	133
Edwardsville Ambulatory Surgery Center	2	1,213	1,081	540
Eye Surgery Center of Maryville	1	2,288	758	758
Eye Surgery Center	2	2,412	1,030	515
Metroeast Endoscopic Surgery Center	2	2,977	1,091	1,091
O'Fallon Surgical Center	2	3,100	1,301	650
St. Elizabeth Hospital ASTC	6	0	0	0
Total	11	12,394	5,526	553

Importantly, Ideal Eye Surgery accounts for substantially all of the surgical volume of O'Fallon Surgical Center. As stated in the application's referral letter, during the 12-months prior to filing its CON application,² Ideal Eye Surgery performed 3,330 surgical cases at O'Fallon Surgery Center. As shown in the table above, 3,100 total surgical cases were performed at O'Fallon Surgical Center in 2024, of those cases 3,074 (or 99%) were ophthalmology.³ If the State Board approves this Project, Ideal Eye Surgery will shift cases away from O'Fallon Surgical Center despite its representation that only distant hospitals and surgery centers would be impacted. It seems clear that this Applicant expects to raid O'Fallon Surgical Center's case volume and may lead to its closure. Particularly with HSHS's new ASTC, it would be extremely difficult for our facility to replace the volume of cases currently performed by Ideal Eye Surgery.

The Applicant claim the surgery center is warranted due to the "lack of a dedicated ophthalmology-specific ASTC in the GSA"⁴ is a material misrepresentation. As previously noted, there are six ASTC's in the GSA approved for ophthalmology. O'Fallon Surgical Center is primarily dedicated to eye surgery, and two other ASTCs, Eye Surgery Center and Eye Surgery

¹ Operating/Procedure rooms dedicated to a specific specialty excluded.

² December 2024 – November 2025

³ Illinois Health Facilities and Services Review Board, 2024 AST Data Explorer *available at* <https://hfsrb.illinois.gov/inventories-data.html> (last visited May 11, 2026).

⁴ See Application p 49.

Center of Maryville, are solely dedicated to ophthalmology. The claim of a ‘lack of a dedicated ophthalmology-specific ASTC’ is simply false as a matter of fact and should be rejected outright. Importantly, O’Fallon Surgical Center performs oculoplastic, cataract, glaucoma, and has the capability to perform LASIK procedures, the same types of procedures as the proposed Eye Surgery Specialists’ ASTC.

2. The Project Will Not Serve GSA Residents

The Applicant states the “primary purpose of the project is to provide necessary health care services to the residents of the [GSA] in which the ASTC will be physically located”⁵ and without providing any analysis states more than 50 percent of the patients receiving ophthalmologic services during the most recent twelve-month period resided in the GSA. This is demonstrably false. As shown in the table below, only 30% of the 10,496 patients listed in the referral letter reside within the proposed location’s GSA.

Zip Code of Residence of Patients within Eye Surgery Specialists GSA	
Zip Code	Patient Count
63107	1
63103	1
63118	2
62240	4
62090	4
62207	5
62060	5
63101	3
62201	4
62204	10
63111	11
63104	12
62205	13
62239	21
62203	21
62206	31
62236	67
62040	75
62234	84
62298	92
62260	108
62208	181
62223	219

⁵ Eye Surgery Specialists Certificate of Need Application 82.

Zip Code of Residence of Patients within Eye Surgery Specialists GSA	
Zip Code	Patient Count
62266	4
62061	4
62289	7
62281	11
62062	25
62232	40
62264	43
62034	44
62294	69
62285	74
62254	92
62243	93
62293	95
62258	134
62220	213
62226	322
62221	324
62269	550
Total	3,118

3. The Referral Letter Does Not Meet the State Board's Requirements

An applicant must demonstrate the proposed project is necessary to accommodate its annual service demand. Importantly, the letter must: (1) attest to *the physician's total number of patients* (by zip code of residence) who have received care at existing IDPH-licensed ASTCs or hospitals located in the GSA during the 12-month period prior to submission of the application, and (2) estimate number of cases the physician will refer annually to the applicant facility within a 24-month period after project completion.⁶ While the letter submitted by Dr. Marlow attests to the number patients who have received care within the 12 month prior to submission of the application, it neither identifies the physicians referring surgical cases nor provides a breakdown of the number of cases referred by each member of her physician group. Accordingly, the letter does not comply with the State Board's requirements.

Moreover, it is disingenuous for the Applicant to claim it will only pull 700 cases from O'Fallon Surgical Center.⁷ Importantly, the initial referral letter filed with the CON application noted Ideal Eye Surgery would not pull ANY surgical volume from O'Fallon Surgical Center and all ophthalmology surgical volume would come from facilities 50 to over 100 miles away. More

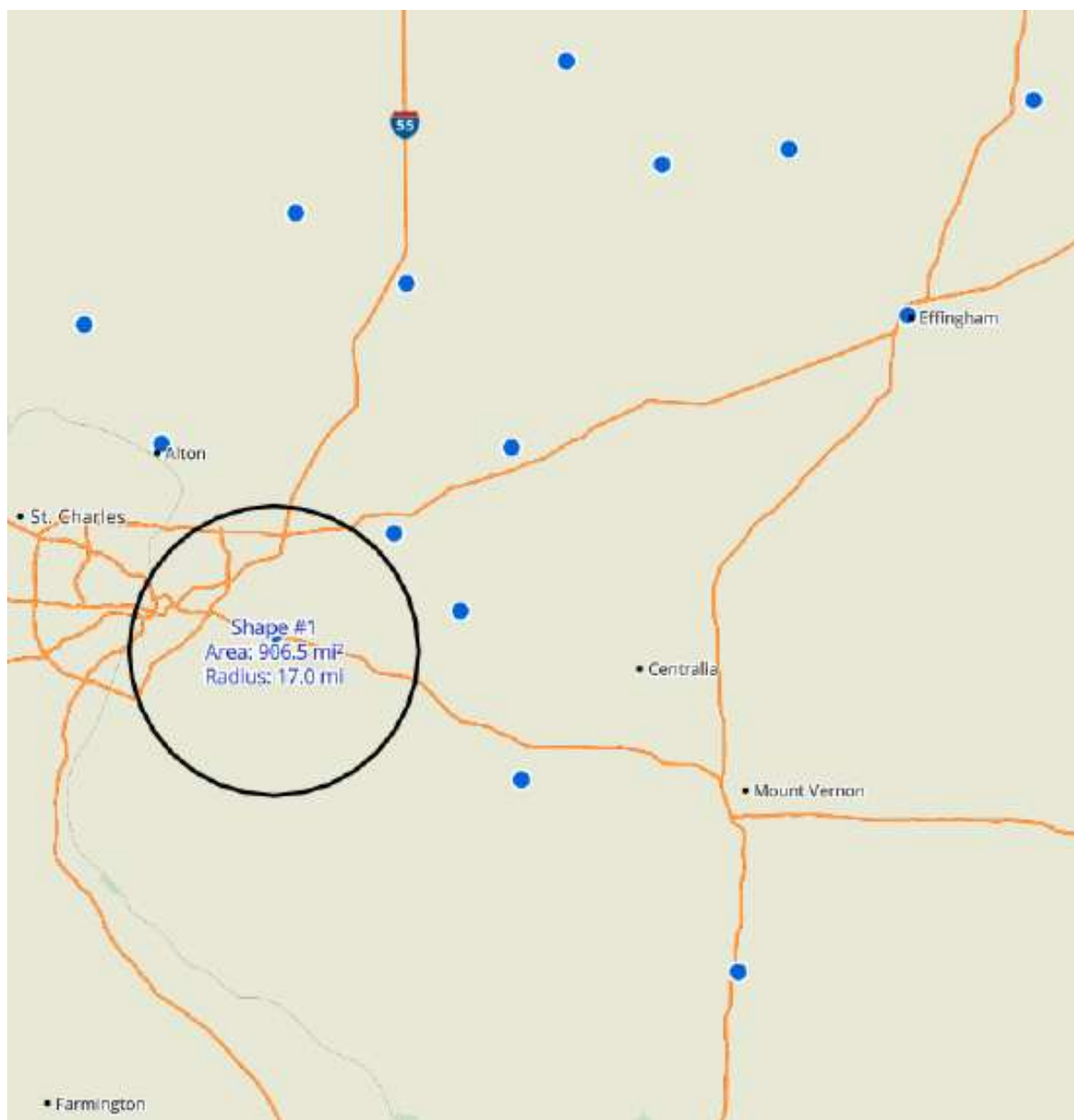
⁶ 77 Ill. Admin. Code § 1110.235(3)(b).

⁷ Eye Surgery Specialists revised referral letter 1.

recently, Ideal Eye Surgery submitted a revised referral letter showing 700 cases would be pulled from O'Fallon Surgical Center. This is patently false misrepresentation of where the Applicant plans to pull cases. Is the State Board to believe over 1,900 patients are willing to travel in excess of 25 miles, and some well over 100 miles, from distant communities to have an ophthalmology procedure performed at its proposed surgery center in Shiloh rather than at their local hospital? This is not credible and because Dr. Marlow is not an owner in O'Fallon Surgical Center, it is clear that her real intent is to pull all her cases from our facility despite it being state of the art and never receiving any complaints about the services and staffing it provides.

As shown in the table below and on the map on the following page, ***O'Fallon Surgical Center is the only IDPH licensed health care facility identified in the referral letter that lies within the Eye Surgery Specialists GSA.*** Accordingly, there is a strong inference that the 3,118 patients residing within the GSA are currently served at O'Fallon Surgical Center, and the 3,293 projected referrals will come entirely from O'Fallon Surgical Center. If the State Board approves this project, it will be catastrophic to O'Fallon Surgical Center. We are purely an ophthalmology ASTC and would not be able to replace the volume lost to Eye Surgery Specialists.

Facility Name	Address	City	Distance
O'Fallon Surgical Center	741 Insight Avenue	O'Fallon	2.3
HSHS St. Joseph's Hospital	9515 Holy Cross Lane	Breese	25.6
HSHS St. Joseph's Hospital	12866 Troxler Avenue	Highland	25.9
OSF St. Anthony's Health Center	1 St. Anthony's Way	Alton	37.3
Washington County Hospital	705 South Grand Street	Nashville	39.7
HSHS Holy Family Hospital	200 Health Care Drive	Greenville	46.6
Jersey Community Hospital	400 Maple Summit Road	Jerseyville	54.0
HSHS St. Francis Hospital	1215 Franciscan Drive	Litchfield	59.2
Carlinville Area Hospital	20733 North Broad Street	Carlinville	64.7
Franklin Hospital	201 Bailey Lane	Benton	83.1
Pana Community Hospital	101 East 9th Street	Pana	91.9
Taylorville Memorial Hospital	201 East Pleasant Street	Taylorville	94.1
HSHS Saint Anthony Hospital	503 North Maple Street	Effingham	96.0
HSHS Good Shepherd Hospital	201 South Pine Street	Shelbyville	110.0
Sarah Bush Lincoln Health Center	1000 Health Center Drive	Mattoon	127.0



4. The Project will Cause Unnecessary Duplication and Maldistribution

O'Fallon Surgical Center has sufficient capacity to accommodate Ideal Eye Surgery's projected patients. Currently, the group utilizes one of our two operating rooms three to four days per week.⁸ Additionally, our sister facility, Metroeast Endoscopic Surgery Center, which is approved for ophthalmology, also has capacity for these surgical procedures. To improve utilization at our ASTCS, we contacted Ideal Eye Surgery numerous times about increasing their utilization at O'Fallon Surgical Center and separately invited them to bring cases to Metroeast Endoscopic Surgery Center; however, Ideal Eye Surgery declined those invitations. We have the requisite equipment and specialized staff to perform ophthalmology procedures at O'Fallon, and

⁸ O'Fallon Surgical Center operates 5 days per week.

for the record, Ideal Eye Surgery has never raised concerns about patient care, quality, safety, or operations standards with our medical director or administration and consistently operates there without any complaints. Moreover, the cost to obtain the necessary ophthalmology equipment at Metroeast Endoscopic Surgery Center would be a substantially lower cost option to establishing another ASTC in a significantly underutilized area. The Applicant is well aware of the substantial unused capacity in the area. They disingenuously claim another surgery center is warranted to accommodate unmet demand, intentionally ignoring our ASTCs as viable options despite the fact we are ready, willing, and able to accommodate their projected volume.

Approval of this Project would epitomize the very ‘unnecessary duplication’ and ‘maldistribution’ that the CON program is designed to prevent and would be detrimental to O’Fallon Surgical Center. The applicant states the proposed ASTC will not result in unnecessary duplication or maldistribution of services in the GSA. The applicant’s attempt to discount O’Fallon Surgical Center on the basis of Medicaid volume is misleading. O’Fallon stands ready to serve Medicaid beneficiaries; it is the physicians—including Ideal Eye Surgery—who have chosen not to utilize this lower-cost setting for their Medicaid patients.^{9,10} O’Fallon Surgical Center has capacity and is willing to accept Ideal Eye Surgery’s Medicaid patients. Accordingly, there is not merely ‘sufficient’ capacity; there is substantial excess ophthalmology surgical capacity in the GSA, and the Project would strain even more of that existing investment.

5. Project will worsen an already critical clinical staffing shortage

Throughout Illinois and across all practice settings there is a nursing shortage, which is anticipated to grow in the coming years. According to data from the Illinois Department of Financial and Professional Regulation, there are approximately 170,000 licensed registered nurses in Illinois. This amounts to an estimated shortage of 15,000 registered nurses, and that number is expected to grow as 27% of registered nurses plan to retire in the next five years with only 8,000 nurses graduating each year to replace them.¹¹ Establishment of the proposed surgery center will exacerbate the nursing shortage as well as recruiting and retention challenges. Accordingly, it will negatively impact the stability of the Metroeast health care market.

The applicant is effectively asking the State Board to reward a pattern of underutilizing existing capacity by granting new capacity that will be filled by shifting cases away from fully capable existing providers. By the applicant’s own submission, nearly all O’Fallon’s volume is attributable to Ideal Eye Surgery, confirming that any alleged access problem is physician-created, not facility-driven. For these reasons, the Project is classic unnecessary duplication and should be denied.

⁹ See Application p 94.

¹⁰ See Application p 86 showing 3,330 surgical cases performed at O’Fallon Surgical Center in the most recent 12-month period compared to 3,100 surgical cases reported O’Fallon Surgical Center in 2024.

¹¹ American Nurses Association – Illinois, *WORKFORCE SHORTAGE/WORKFORCE DATA available at <https://www.il-nurses.com/workforce-shortage-workforce-data/>* (last visited Apr. 20, 2026).

Thank you for your attention to this matter. I appreciate your commitment to ensuring health care projects meet the needs of our communities.

Sincerely,

A handwritten signature in black ink, appearing to read 'Shakeel Ahmed', with a stylized flourish at the end.

Shakeel Ahmed, M.D.
President
O'Fallon Surgical Center



Aronberg Goldgehn Davis & Garmisa
225 W. Washington St., Suite 2800
Chicago, Illinois 60606
TEL: 312-828-9600
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Anne Cooper
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acooper@agdglaw.com

OUR FILE NUMBER: 106659-000200

May 20, 2026

Via E-Mail

Mr. John Kniery
Administrator
Illinois Health Facilities and Services
Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: Eye Surgery Specialists CON Permit Application (Proj. No. 26-001)
Technical Comment to State Board Report

Dear Mr. Kniery:

This office represents O'Fallon Surgical Center, LLC. In this capacity, we are writing in response to the Illinois Health Facilities and Services Review Board's (the "State Board") findings on Eye Surgery Specialists application for certificate of need to establish an ambulatory surgical treatment center ("ASTC") to be located at 847 North Green Mount Road, Shiloh, Illinois (the "Project"). Specifically, we request the State Board Report be updated to reflect the Project's three negative findings.

1. Service Accessibility

For this criterion, the State Board found "the Applicants have not met the requirements for this criterion" due to the fact six ASTCs and 8 hospitals within the Project's 17-mile geographic service area (the "GSA") operate below the State Board standard. Accordingly, there is sufficient access to ophthalmological procedures within the GSA. (See Application pp 10-11). Importantly, this negative finding is not reflected in the summary of project findings. We request the State Board revise the table on page 3 of the State Board Report to reflect this additional finding.

Mr. John Kniery
May 20, 2026
Page 2

2. Service to Geographic Service Area Residents

This criterion requires an applicant to document the primary purpose of the project will be to provide necessary health care to the residents of the GSA where the project will be physically located by documenting that at least 50% of the historical admissions were residents of the GSA. In making a positive finding for the criterion, the State Board relied on Dr. Marlow's assertion that 50% of the patients identified in the referral letter reside within the GSA. As documented in Dr. Shakeel Ahmed's letter dated May 12, 2026, only 30% of the patients identified in the referral letter reside within the proposed ASTC's GSA. Accordingly, we request the State Board revise its finding to show the Project does not comply with this criterion.

Moreover, approval of this application would be detrimental to O'Fallon Surgical Center. As noted in its referral letter, Ideal Eye Surgery projects it will pull at least 700 cases (or approximately 540 surgical hours) from O'Fallon Surgical Center. Assuming this was true, O'Fallon's utilization would decline by over one-third. As noted in the State Board Report, O'Fallon Surgical Center significantly operates below the State Board's utilization standard, and approval of Eye Surgical Specialists' application would exacerbate this low utilization.

I mentioned above that if approved the Project would pull *at least* 700 surgical cases to the proposed ASTC. But as detailed in Dr. Ahmed's letter, O'Fallon Surgical Center is the only IDPH-licensed ASTCs within the Project's GSA. Importantly, nearly all of O'Fallon's surgical volume is attributed to Ideal Eye Surgery. It is not a stretch to assume, if the Project is approved, Ideal Eye Surgery will shift cases away from O'Fallon Surgical Center despite its dubious representation that only distant hospitals and surgery centers would be impacted. The State Board should not be led to believe patients will travel 60 to 100 miles for ophthalmology surgery when they are well served in their own communities. If the main medical practice operating at O'Fallon Surgical Center opens a competing ASTC, we believe it intends to shift its entire case volume to the proposed ASTC. This would likely lead to the O'Fallon Surgical Center's closure, as it would be a nearly insurmountable task to replace Ideal Eye Surgery's surgical volume, particularly with HSHS's new ASTC, which is expected to open early next year.

Thank you for your consideration of O'Fallon Surgical Center's response to the State Board Report.

Sincerely,


Anne M. Cooper



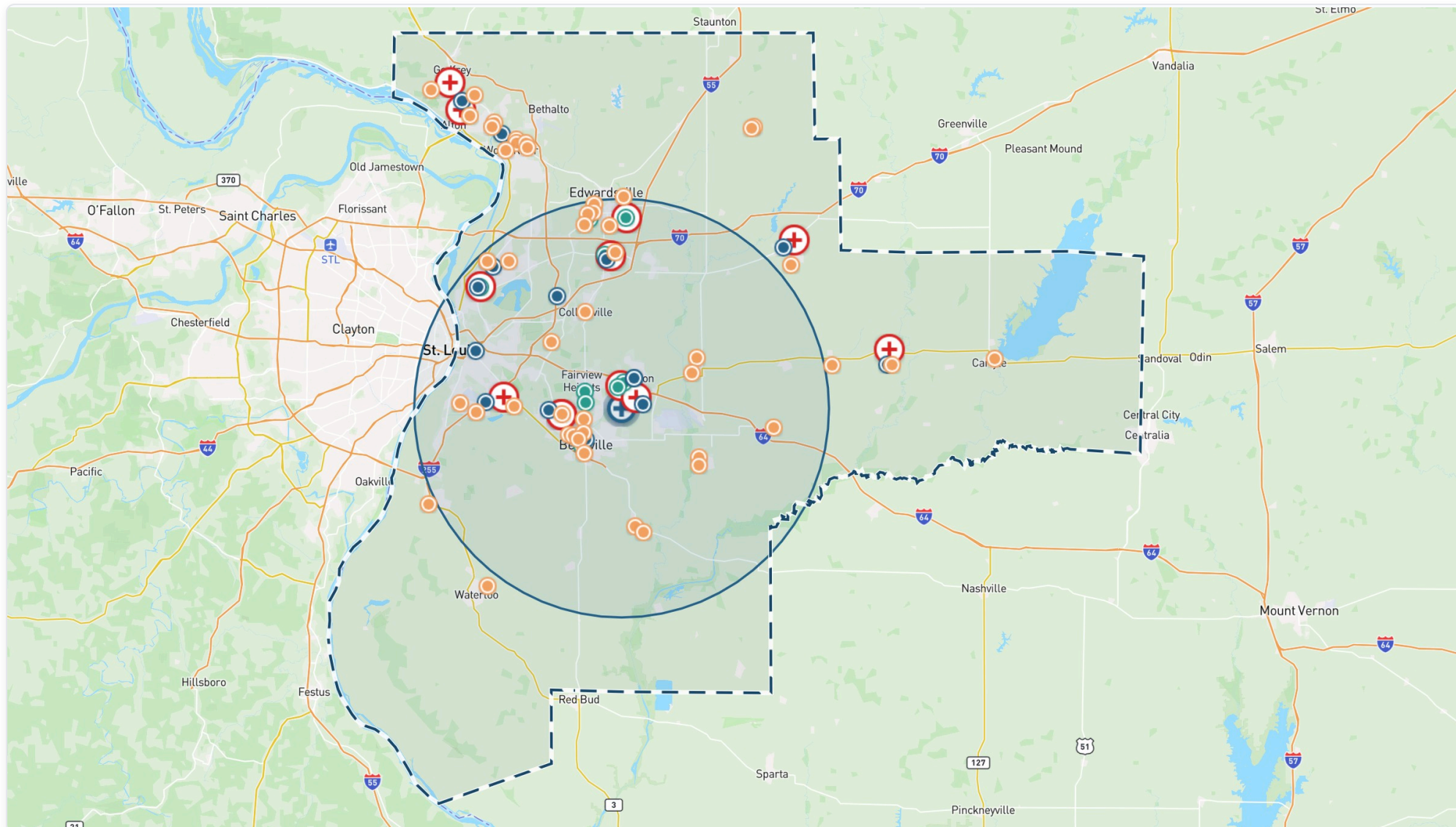
CON Radius & HPA Analysis Report

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

Eye Surgery Specialists, LLC

Establish Ophthalmology ASTC facility

CENTER POINT	COUNTY	CLASSIFICATION	STATUTORY RADIUS	HPA	HSA
38.5564°N, 89.9298°W	St. Clair	Mid-size County (17-mile radius)	17 miles	F-01	11 - Metro East





Supply Comparison — Radius vs HPA

St. Clair County · Metro East

HSA 11 · Metro East | HPA F-01 | RADIUS 17 miles | DATA YEAR 2024

HOSPITALS

	RADIUS	HPA
Facilities	8	12
Total beds	1,099	1,404
M-S	732	968
ICU	70	93
OB / GYN	53	89
Pediatric	0	10
NICU	0	0
AMI	170	170
Rehab	74	74

ASTCS

	RADIUS	HPA
Facilities	9	4
Class C cases	5,396	1,617
Submissions on file	4	2

ESRD

	RADIUS	HPA
Facilities	11	13
Authorized stations	189	195
CMS-certified	189	195
In-center treatments	19,995	25,792
Year-end patients	589	597

LONG-TERM CARE

	RADIUS	HPA
Facilities	28	30
Licensed beds	2,516	2,196
Beds set-up	1,878	1,597
Beds occupied	1,596	1,365
Occupancy	85.0%	85.5%

Radius: totals from facilities within the 17-mile statutory radius around the center point. **HPA:** totals from every active facility whose Health Planning Area is F-01, regardless of distance. **Source:** 2024 HFSRB annual surveys.

Demographic Profile — Radius · HPA · Illinois · USA

St. Clair County · Metro East · ACS 2020–2024 5-year estimates

HSA 11 · Metro East

HPA F-01

RADIUS 17 miles

SOURCE ACS 5-year

STATUTORY RADIUS (17 MI)
Area-weighted tract interpolation

397,565 ± 5,447
Population **HIGH RELIABILITY**

HEALTH PLANNING AREA F-01
County sum + partial-county interpolation

586,697 ± 6,205
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	397,565	586,697	12,694,798	334,922,499
Median age†	39.8	40.5	39.0	38.9
Under 18	22.8%	22.1%	21.8%	22.0%
Age 65+	17.4%	18.1%	17.0%	17.2%
Age 75+	6.9%	7.2%	7.0%	7.0%
Female	51.3%	51.1%	50.6%	50.5%

RACE & ETHNICITY				
	RADIUS	HPA	ILLINOIS	USA
White alone	67.6%	74.4%	61.0%	61.0%
Black alone	21.0%	15.8%	13.6%	12.2%
Asian alone	1.4%	1.2%	6.0%	6.0%
AIAN / NHPI / Other	2.2%	1.8%	8.6%	8.2%
Two or more races	7.8%	6.9%	10.9%	12.6%
Hispanic / Latino	5.4%	4.5%	18.8%	19.3%

INCOME & POVERTY				
	RADIUS	HPA	ILLINOIS	USA
Median household income†	\$82,242	\$82,027	\$83,390	\$80,734
Per-capita income	\$40,500	\$41,032	\$46,406	\$44,673
Below poverty	12.2%	11.6%	11.8%	12.5%
Age 65+ below poverty	11.5%	10.6%	11.3%	11.9%

HEALTH COVERAGE				
	RADIUS	HPA	ILLINOIS	USA
Uninsured (all ages)	5.0%	4.7%	6.9%	8.4%
Uninsured under 19	2.8%	2.6%	3.3%	5.5%
Uninsured 65+	0.3%	0.3%	0.9%	0.8%

DISABILITY & ACCESS				
	RADIUS	HPA	ILLINOIS	USA
With a disability	15.0%	15.1%	12.1%	13.3%
Disability, age 65+	33.7%	33.9%	31.5%	32.9%
Households w/o vehicle	6.8%	6.2%	11.0%	8.4%
Limited-English households	0.6%	0.6%	4.4%	4.3%

HOUSEHOLDS & EDUCATION				
	RADIUS	HPA	ILLINOIS	USA
Households	159,818	238,198	5,036,449	129,227,496
Avg. household size	2.44	2.41	2.46	2.53
Renter-occupied	29.6%	27.3%	32.9%	34.8%
Median home value†	\$203,423	\$201,585	\$263,300	\$332,700
High school grad+	93.7%	93.8%	90.5%	89.6%
Bachelor's+	32.7%	31.6%	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 17 miles of St. Clair County — 12 Hospitals, 9 ASTCs

COUNTY **St. Clair** | HSA **11·Metro East** | HPA **F-01** | RADIUS **17 miles** | DATA YEAR **2024**

#	TYPE	FACILITY NAME	CITY	DIST	M-S	ICU	OB	PED	NICU	AMI	REH	TOTAL
1	HOSP	The Rehabilitation Institute of Southern Illinois, LLC	Shiloh	1.5	—	—	—	—	—	—	40	40
2	ASTC	Skin Cancer Surgery Center, LLC - DBA Dermatology & Skin Cancer Surgery Center	O'Fallon	1.8	—	—	—	—	—	—	—	—
3	HOSP	HSBS St Elizabeth's Hospital	O'Fallon	1.9	112	20	12	—	—	—	—	144
4	ASTC	O'Fallon Surgical Center, LLC	O'Fallon	2.1	—	—	—	—	—	—	—	—
5	ASTC	Eye Surgery Center, LLC	Swansea	3.0	—	—	—	—	—	—	—	—
6	ASTC	Metroeast Endoscopic Surgery Center	Fairview Heights	3.3	—	—	—	—	—	—	—	—
7	ASTC	Bel-Clair Ambulatory Surgical Treatment Center	Belleville	4.5	—	—	—	—	—	—	—	—
8	HOSP	Protestant Memorial Medical Center, Inc. - DBA Memorial Hospital-Belleville	Belleville	5.0	—	—	—	—	—	—	—	0
9	HOSP	Memorial Hospital Shiloh	Shiloh	5.0	264	26	17	—	—	—	—	307
10	HOSP	Touchette Regional Hospital, Inc. - DBA Touchette Regional Hospital	Cahokia Heights	9.7	82	—	—	—	—	50	—	132
11	HOSP	Anderson Hospital	Maryville	12.5	108	12	24	—	—	—	—	144
12	ASTC	Eye Surgery Center of Maryville, LLC	Maryville	12.6	—	—	—	—	—	—	—	—
13	HOSP	American Healthcare Systems Illinois, LLC - DBA Gateway Regional Medical Center	Granite City	15.2	166	12	—	—	—	120	—	298
14	ASTC	Hope Clinic for Women, Ltd., The	Granite City	15.2	—	—	—	—	—	—	—	—
15	ASTC	Anderson Surgery Center LLC	Edwardsville	15.5	—	—	—	—	—	—	—	—
16	HOSP	Anderson Rehabilitation Institute, LLC - DBA Anderson Rehabilitation Institute	Edwardsville	15.5	—	—	—	—	—	—	34	34
17	ASTC	Edwardsville Ambulatory Surg Ctr, LLC	Glen Carbon	15.7	—	—	—	—	—	—	—	—
18	HOSP	St Joseph's Hospital	Highland	19.7	25	—	—	—	—	—	—	25
19	HOSP	St. Joseph's Hospital	Breese	22.4	40	—	6	6	—	—	—	52
20	HOSP	OSF Saint Anthony's Health Center	Alton	27.7	38	11	—	—	—	—	—	49
21	HOSP	Alton Memorial Hospital - DBA BJC Outpatient Center at Godfrey	Godfrey	30.0	133	12	30	4	—	—	—	179
Total — 12 Hospitals, 9 ASTCs					968	93	89	10	—	170	74	1,404

Bed Utilization Analysis

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

COUNTY **St. Clair** | HSA **11 • Metro East** | HPA **F-01** | RADIUS **17 miles** | DATA YEAR **2024**

HEALTH PLANNING AREA • HPA F-01

Metro East

BED CATEGORY	AUTHORIZED	NEED	GAP	% OF NEED
Med-Surg/Pediatric	978	482	+496	202.9%
Obstetrics	89	44	+45	202.3%
Intensive Care Unit	93	86	+7	108.1%
Total	1,160	612	+548	189.5%

HEALTH SERVICE AREA • HSA 11

Metro East

BED CATEGORY	AUTHORIZED	NEED	GAP	% OF NEED
Rehabilitation	74	33	+41	224.2%
Acute Mental Illness	170	65	+105	261.5%
Total	244	98	+146	249.0%

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 17 miles of St. Clair County.

COUNTY **St. Clair** | HSA **11·Metro East** | HPA **F-01** | RADIUS **17 miles** | DATA YEAR **2024**

38,131
TOTAL SURGICAL CASES

9
HOSPITALS

4
ASTCS

32,735
HOSPITAL CASES

5,396
ASTC CASES

VOLUME BY SURGICAL SPECIALTY			
Within 17-mile radius of St. Clair County			
SURGICAL SPECIALTY	HOSPITALS	ASTCS	TOTAL CASES
General	9,008	5	9,013
Orthopedic	8,302	124	8,426
Ophthalmology	704	3,495	4,199
Urology	4,171	1	4,172
OB/GYN	3,875	7	3,882
Otolaryngology	1,431	475	1,906
Podiatry	1,376	78	1,454
Plastic Surgery	1,014	163	1,177
Cardiovascular	1,176	0	1,176
Gastroenterology	248	694	942
Neurosurgery	916	0	916
Oral/Maxillofacial	240	113	353
Thoracic	274	0	274
Pain Management	0	241	241
Total	32,735	5,396	38,131

TOP FACILITIES BY VOLUME			
Ranked by total surgical cases (2024)			
#	FACILITY	TYPE	CASES
1	Memorial Hospital Shiloh	HOSP	9,378
2	HSBS St Elizabeth's Hospital	HOSP	7,267
3	Anderson Hospital	HOSP	6,107
4	Alton Memorial Hospital - DBA BJC Outpatient Center at Godfrey	HOSP	4,802
5	O'Fallon Surgical Center, LLC	ASTC	3,085
6	OSF Saint Anthony's Health Center	HOSP	1,864
7	St. Joseph's Hospital	HOSP	1,247
8	Edwardsville Ambulatory Surg Ctr, LLC	ASTC	1,213
9	American Healthcare Systems Illinois, LLC - DBA Gateway Regional Medical Center	HOSP	930
10	St Joseph's Hospital	HOSP	849
11	Bel-Clair Ambulatory Surgical Treatment Center	ASTC	694
12	Anderson Surgery Center LLC	ASTC	404
13	Touchette Regional Hospital, Inc. - DBA Touchette Regional Hospital	HOSP	291

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 17 miles of St. Clair County — 15 facilities.

COUNTY **St. Clair** | HSA **11·Metro East** | HPA **F-01** | RADIUS **17 miles** | DATA YEAR **2024**

15

ESRD FACILITIES

229

AUTHORIZED STATIONS

229

CMS-CERTIFIED

32,260

IN-CENTER TREATMENTS

688

YEAR-END PATIENTS

#	FACILITY NAME	CITY	DIST	AUTH STNS	CMS CERT	IN-CTR TX	EOY PTS
1	Shiloh Dialysis	Shiloh	1.8	16	16	210	62
2	O'Fallon Dialysis	O'Fallon	2.7	16	16	210	59
3	Fresenius Medical Care Regency Park	O'Fallon	2.7	20	20	9,081	59
4	Metro-East Dialysis	Belleville	3.9	34	34	210	95
5	Fresenius Medical Care Belleville	BELLEVILLE	6.0	12	12	6,288	46
6	DaVita Collinsville Dialysis	COLLINSVILLE	10.6	12	12	210	30
7	Sauget Dialysis	SAUGET	11.2	22	22	180	45
8	Maryville Dialysis	MARYVILLE	12.2	16	16	210	52
9	DaVita Edgemont Dialysis	East St. Louis	12.8	12	12	210	46
10	Fresenius Medical Care Madison County	GRANITE CITY	15.4	9	9	2,946	23
11	Granite City Dialysis	GRANITE CITY	15.6	20	20	240	72
12	Davita Northgrove Dialysis	HIGHLAND	18.7	12	12	210	18
13	Fresenius Medical Care Breese	BREESE	22.0	8	8	2,494	15
14	Fresenius Medical Care Southwestern Illinois	East Alton	24.4	20	20	9,561	66
15	Alton Dialysis	ALTON	28.2	—	—	—	—
Total — 15 facilities				229	229	32,260	688

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 17 miles of St. Clair County — 47 facilities.

COUNTY **St. Clair** | HSA **11·Metro East** | HPA **F-01** | RADIUS **17 miles** | DATA YEAR **2024**

47

LTC FACILITIES

3,427

LICENSED BEDS

2,729

BEDS SET UP

2,276

BEDS OCCUPIED

83.4%

OCCUPANCY

2,281

RESIDENTS (12/31)

#	FACILITY NAME	CITY	DIST	LIC.	SET UP	OCC.	%	GEN. NURSING	ICF/DD	RESID.
1	EverVella of Swansea	SWANSEA	3.2	120	120	75	62.5%	120	—	75
2	Evercare of Swansea	SWANSEA	3.7	—	—	—	—	—	—	—
3	ST PAUL'S SENIOR COMMUNITY	BELLEVILLE	4.3	108	108	100	92.6%	108	—	116
4	Nexus Pavilion at Belleville	BELLEVILLE	4.5	180	180	116	64.4%	180	—	112
5	HELIA SOUTHBELT HEALTHCARE	BELLEVILLE	4.8	156	156	99	63.5%	156	—	99
6	BRIA OF BELLEVILLE	BELLEVILLE	4.8	—	—	—	—	—	—	—
7	MEMORIAL CARE CENTER	BELLEVILLE	4.9	82	—	57	69.5%	82	—	57
8	CEDAR RIDGE HEALTH & REHAB CTR	LEBANON	6.5	116	116	98	84.5%	116	—	0
9	Evercare of Lebanon	LEBANON	7.4	90	90	54	60.0%	90	—	54
10	Nexus at Mascoutah	MASCOUTAH	7.5	55	55	47	85.5%	55	—	47
11	Mascoutah Rehab and Nursing	MASCOUTAH	7.9	—	—	—	—	—	—	—
12	CASEYVILLE NURSING & REHAB CTR	CASEYVILLE	7.9	—	—	—	—	—	—	—
13	Evercare of Collinsville	COLLINSVILLE	8.4	98	90	69	76.7%	98	—	69
14	DAMMERT GERIATRIC CENTER	BELLEVILLE	8.8	57	57	46	80.7%	57	—	78
15	FREEBURG TERRACE	FREEBURG	9.7	16	16	16	100.0%	—	16	16
16	FREEBURG CARE CENTER	FREEBURG	10.2	118	101	95	94.1%	118	—	95
17	BRIA OF CAHOKIA	CAHOKIA	11.9	133	133	108	81.2%	133	—	108
18	CLINTON MANOR LIVING CENTER	NEW BADEN	12.6	547	86	77	89.5%	37	510	50
19	MANOR COURT OF MARYVILLE	MARYVILLE	12.7	132	132	118	89.4%	132	—	118
20	AUTUMN MEADOWS OF CAHOKIA	CAHOKIA	13.3	—	—	—	—	—	—	—
21	EDEN VILLAGE CARE CENTER	GLEN CARBON	14.9	107	107	54	50.5%	107	—	54
22	Evercare at Stearns	GRANITE CITY	15.1	109	109	105	96.3%	109	—	105
23	MERIDIAN VILLAGE CARE CENTER	GLEN CARBON	15.3	70	—	62	88.6%	70	—	62
24	EDWARDSVILLE TERRACE	EDWARDSVILLE	16.1	16	16	15	93.8%	—	16	15
25	LA BELLA OF EDWARDSVILLE	EDWARDSVILLE	16.1	120	120	108	90.0%	120	—	108
26	GRANITE NSG & REHAB CENTER (Inactive)	GRANITE CITY	16.3	86	86	77	89.5%	86	—	77
27	Evercare of Granite City	GRANITE CITY	16.3	—	—	—	—	—	—	—
28	EVERCARE AT UNIVERSITY	EDWARDSVILLE	16.8	—	—	—	—	—	—	—
Total — 47 facilities				3,427	2,729	2,276	83.4%	2877	550	2,281

#	FACILITY NAME	CITY	DIST	LIC.	SET UP	OCC.	%	GEN. NURSING	ICF/DD	RESID.
29	EVERCARE OF EDWARDSVILLE	EDWARDSVILLE	17.3	122	110	97	88.2%	122	—	183
30	AVISTON COUNTRYSIDE MANOR	AVISTON	17.6	96	96	62	64.6%	96	—	62
31	Nexus at Columbia	COLUMBIA	17.6	—	—	—	—	—	—	—
32	HIGHLAND HEALTH CARE CENTER	HIGHLAND	18.1	128	102	79	77.5%	128	—	79
33	OAK HILL	WATERLOO	18.2	144	144	124	86.1%	144	—	124
34	Evercare of Breese	BREESE	22.4	—	—	—	—	—	—	—
35	LINTON TERRACE	WOOD RIVER	22.6	4	4	4	100.0%	—	4	4
36	THELMA TERRACE	WOOD RIVER	23.0	—	—	—	—	—	—	—
37	MADISON TERRACE	WOOD RIVER	23.1	4	4	4	100.0%	—	4	4
38	BRIA OF WOODRIVER	WOOD RIVER	23.3	—	—	—	—	—	—	—
39	PERSHING TERRACE	WOOD RIVER	23.5	—	—	—	—	—	—	—
40	HITZ MEMORIAL HOME	ALHAMBRA	25.2	67	56	45	80.4%	67	—	45
41	Nexus at Alton	ALTON	25.3	—	—	—	—	—	—	—
42	ALHAMBRA REHAB & HEALTHCARE	ALHAMBRA	25.4	57	54	40	74.1%	57	—	40
43	ABERDEEN TERRACE	ALTON	25.5	—	—	—	—	—	—	—
44	ALTON MEMORIAL REHAB & THERAPY	ALTON	26.9	—	—	—	—	—	—	—
45	LA BELLA OF ALTON	ALTON	28.2	180	176	138	78.4%	180	—	138
46	BRIA OF GODFREY	GODFREY	30.3	—	—	—	—	—	—	—
47	CARLYLE HEALTHCARE & SR LIVING	CARLYLE	30.8	109	105	87	82.9%	109	—	87
Total — 47 facilities				3,427	2,729	2,276	83.4%	2877	550	2,281

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.