



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: 26-008	PROJECT COST: Original: \$3,236,382
FACILITY NAME: Schaumburg Plastic Surgery Center, LLC	CITY: Schaumburg	
TYPE OF PROJECT: Substantive		HSA: VII

DESCRIPTION: The Applicant (Schaumburg Plastic Surgery Center, LLC) requests the State Board's approval to establish an Ambulatory Surgical Treatment Center ("ASTC") to provide plastic surgery. The proposed ASTC will be in Schaumburg, Illinois, and the estimated project cost is \$3,236,382. The expected completion date is December 31, 2027.

EXECUTIVE SUMMARY

PROJECT DESCRIPTION:

- The Applicant (Schaumburg Plastic Surgery Center, LLC) is requesting the State Board's approval to establish a single-specialty ASTC to provide plastic surgery. The proposed ASTC will have one operating room and will be located in Schaumburg. The expected completion date is December 31, 2027, and the estimated project cost is \$3,236,382.

PURPOSE OF THE PROJECT:

- The purpose of the project is to provide expanded access to highly specialized reconstructive surgery services to the community, particularly for women requiring plastic surgery procedures that are reconstructive, restorative, or required as part of an oncologic medical procedure.

PUBLIC COMMENT:

- There was no request for a public hearing, and the State Board received one letter of support and no opposition.

SUMMARY

- The State Board's primary goal is to contain healthcare costs and ensure access to quality care by preventing unnecessary duplication of facilities and services. The State Board only considers referrals from other licensed healthcare providers (ASTC and Hospitals). Referrals from unlicensed, office-based practices are not included in the HFSRB's evaluation of projected patient volume or assessment of the need for the new facility.
- The Applicant is projecting 510 procedures by the second year after project completion. Based on the number of historical referrals to hospitals and ASTC (418 referrals), the Applicant has demonstrated sufficient service demand for this project.
- **The Applicant stated in response to service demand,** *“The proposed ASTC will also serve patients requiring revision and reconstructive procedures related to prior surgeries, trauma, or chronic medical conditions. These procedures may include scar revision, correction of asymmetrical, treatment of soft tissue defects, and management of wound-related complications. While several multispecialty ASCs operate in the region, most are built around orthopedic, ophthalmologic, gastrointestinal, or general surgery service lines. These facilities do not invest in or maintain specialized technologies routinely used in plastic surgery, including power-assisted liposuction systems, advanced energy platforms, skin-tightening technologies, and other adjunctive equipment that improve operational efficiency, precision, and recovery. Hospitals similarly do not consistently prioritize or maintain these specialized systems.”*
- The Applicant addressed a total of 11 criteria, and was not compliant with the following:

Criterion	Non-Compliance
77 Ill. Code 1110.235(c)(6) - Service Accessibility	As shown in Tables Two and Three, all ASTCs and hospitals within the 10-mile radius operate below the State Board's 80% target occupancy. Additionally, the Applicant has not demonstrated sufficient

	demand in this GSA, as focusing solely on plastic and reconstructive surgery in a single operating room appears insufficient to address community access issues. Based on the information reviewed, the project appears to add unnecessary capacity for procedures that do not appear to address community service access issues.
77 Ill. Code 1110.235(c)(7)(A) through (C) - Unnecessary Duplication Maldistribution	The Mission of the State Board is to promote the orderly and economic development of healthcare facilities that avoid unnecessary duplication of service. Unnecessary duplication of services can increase overall healthcare costs. As shown in Tables Three and Four, not all ASTCs and hospitals within the 10-mile radius are operating at the 80% utilization target.
77 Ill. Code 1120.130(b) - Financial Viability	The Applicant supplied substandard data for Long-Term Debt-to-Capitalization, Projected Debt Service, and Cushion Ratio during the first year after project completion (see Table Five).



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State Board Staff Report Schaumburg Plastic Surgery Center, LLC Project #26-008

APPLICATION / CHRONOLOGY / SUMMARY	
Applicant	Schaumburg Plastic Surgery Center, LLC
Facility Name	Schaumburg Plastic Surgery Center, LLC
Location	1321 Tower Road, Schaumburg
Permit Holder	Schaumburg Plastic Surgery Center, LLC
Operating Entity	Schaumburg Plastic Surgery Center, LLC
Owner of Site	ZSSM Schaumburg, LLC
Application Received	February 19, 2026
Application Deemed Substantially Complete	February 23, 2026
Review Period Ends	June 23, 2026
Project Completion Date	December 31, 2027
Review Period Extended by the State Board Staff?	No
Can the Applicant request a deferral?	Yes

I. The Proposed Project

The Applicant (Schaumburg Plastic Surgery Center, LLC) is requesting the State Board's approval to establish an ASTC to provide plastic and reconstructive surgical services. The proposed ASTC will be located in Schaumburg, Illinois; the project cost is \$3,236,382, and the expected completion date is December 31, 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 **not** in conformance with the provisions of Part 1120.

III. General Information

Schaumburg Plastic Surgery Center, LLC is owned 100% by Sameer M. Kapadia, MD., FACS. Dr. Kapadia is a board-certified plastic surgeon and Founder/President of Kapadia Plastic Surgery, PLLC, based in Chicago. He received his Doctor of Medicine Degree from Emory University School of Medicine, where he also completed his general surgery residency and an independent Plastic Surgery Residency. Dr. Kapadia's philosophy emphasizes personalized care and careful alignment of surgical goals with each patient's overall health and well-being.

The proposal is a substantive project subject to review under Part 1110 and Part 1120. The financial commitment will be made upon permit issuance.

IV. Project Details

Schaumburg Plastic Surgery Center, LLC, proposes to establish a single-specialty ASTC providing plastic and reconstructive surgery services in a preexisting single-story medical building with one operating room ("OR"). The proposed facility will be located at 1321 Tower Road, Schaumburg.

V. Project Uses and Sources of Funds

The Applicant is funding this project with \$148,602 in cash/securities, a \$2,500,000 mortgage, and the Fair Market Value of leases totaling \$587,780 (see Table One).

TABLE ONE			
Project Costs and Sources of Funds			
Use of Funds	Clinical	Non-Clinical	Total
Site Preparation	\$10,748	\$4,502	\$15,250
New Construction	\$851,649	\$356,703	\$1,208,352
Contingencies	\$52,680	\$22,140	\$75,000
Architectural/Engineering Fees	\$35,240	\$14,760	\$50,000
Consulting & Other Fees	\$211,441	\$88,559	\$300,000
Moveable or Other Equipment	\$500,000	\$300,000	\$800,000
FMV of Leased Space/Equipment	\$414,268	\$173,512	\$587,780
Other Costs to be Capitalized	\$140,960	\$59,040	\$200,000
Totals	\$2,217,166	\$1,019,216	\$3,236,382
Sources of Funds	Clinical	Non-Clinical	Total
Cash/Securities	\$104,735	\$43,867	\$148,602
Mortgages	\$1,698,163	\$801,837	\$2,500,000
FMV of Leased Space	\$414,268	\$173,512	\$587,780
Totals	\$2,217,166	\$1,019,216	\$3,236,382

VI. Background of the Applicants, Purpose of the Project, Safety Net Impact, Alternatives to the Project

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

A) Background of Applicants – Review Criteria

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 Applicants, 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 Applicants, 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 directly

or indirectly owns an ownership interest. Suppose any person or entity owns any option to acquire stock. In that case, the stock shall 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").

The Applicant attests that no adverse action was taken against the Applicant during the three years before the filing of this application. The Applicant authorizes 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 (application, p. 57).

Based on the information provided and reviewed, the Applicant has demonstrated that it is fit, willing, and able, and that it possesses the necessary qualifications, background, and character to provide proper healthcare services to the community.

B) Purpose of the Project – Information Requirements

The Applicants shall document that the project will provide health services that improve the healthcare or well-being of the population to be served in the market area. The Applicant shall define the planning area, market area, or any other relevant area as they deem appropriate.

The Applicant states: *“The purpose of the proposed project is to improve access to safe, high-quality, surgical care within the market area by offering a dedicated ambulatory setting designed to meet current and projected demand for medically-appropriate plastic surgery procedures, with particular emphasis on addressing access, efficiency, and continuity of care challenges experienced by women. The Applicant currently performs limited procedures in an office-based surgical setting, appropriate for minor interventions, in accordance with applicable regulatory standards. However, office-based laboratories are structurally limited in their ability to accommodate physicians outside a single practice. They are not designed to support higher-acuity outpatient procedures that require advanced anesthesia services, expanded sterile processing capabilities, or more complex peri-operative workflows. The proposed project transitions the existing office-based surgical environment to a fully licensed ASTC, thereby expanding procedural capabilities, strengthening regulatory compliance, and elevating the level of surgical services that can be safely provided.”*

C) Safety Net Impact Statement – Information Requirements

All healthcare 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 those offered by healthcare providers or organizations that serve individuals with barriers to mainstream healthcare, including lack of insurance, inability to pay, special needs, ethnic or cultural characteristics, or geographic isolation. [20 ILCS 3960/5.4]

Schaumburg Plastic Surgery Center, LLC, is a new entity and has no applicable historical data for this section of the application. The Applicant states **that the proposed facility is anticipated to have no material impact on essential safety-net services** in the community. According to the Applicant, Dr. Kapadia has performed the majority of his procedures in hospital outpatient settings, and the proposed single-room ASTC will allow

the migration of cases to a lower-cost ambulatory setting and will not capture disproportionate volume from hospital settings (see Table Two). The Applicants did not attest to providing charity care at their facility after project completion.

TABLE TWO Estimated Payor Mix	
Medicare	10%
Medicaid	5%
Commercial Ins	75%
Private Pay	10%

D) Alternatives to the Proposed Project – Information Requirements

1. Maintain Status Quo/Do Nothing (Cost: \$0)
2. Utilize Existing ASTCs and Hospital Surgical Suites (Cost: \$0)
3. Expand Office-Based Procedures/License as an ASTC (Cost: \$3,236,382)

The Applicant considered three alternatives to the proposed project.

1. Continuing to utilize an office-based setting was rejected due to the limited scope of services that can be provided, and the inability to perform higher acuity outpatient procedures, and access to hospital surgical space/OR time is becoming increasingly difficult. The Applicant also notes limited procedural scope, volume growth, and constrained patient access with this option, as well as an inability to meet the demand from referring physicians and additional plastic surgeons.

2. The Applicant researched the option of utilizing existing ASTC and OR space for plastic/reconstructive surgeries and realized substantial limitations with this option. Most ASTCs are not equipped with the specialized equipment needed for higher-acuity plastic/reconstructive surgical procedures, and most are equipped for orthopedic, ophthalmologic, and/or gastrointestinal services. These facilities also lack the space and infrastructure to accommodate plastic/reconstructive surgical equipment. Lastly, hospitals have higher facility fees, which ultimately result in higher patient service costs. This option was rejected.

3. The Applicant realized the option proposed in this application as the most viable due to the appropriateness and cost-effectiveness of establishing an ASTC over the options rejected. The Applicant cites higher costs and scheduling challenges at area hospitals and existing ASTCs, and attests that this option will result in significant improvements in access, quality of care, and continuity of care. The Applicant notes that this option will result in significant cost efficiencies for clinicians and patients alike.

VII. Project Size and Projected Utilization

- A) 77 Ill. Adm. Code 1110.120 (a) – Size of Project
B) 77 Ill. Adm. Code 1110.120 (b) – Project Utilization

A) Size of the Project

The Applicant proposes 1,688 BGSF for a single-specialty ASTC containing one surgical suite. The State Board Standard is 2,750 BGSF. The Applicant has met the State Board's requirement.

B) Projected Utilization

If the project is approved, the Applicant projects 510 surgeries by the second year after project completion, with an estimated 142 minutes per surgery, totaling 1,209 operational hours. Should these surgeries materialize, the Applicant will have justified the use of one OR.

VIII. Establishment of ASTC

Establishment of ASTC	
77 Ill. Code 1110.235(c)(2)(B)(i) & (ii)	Service to GSA Residents
77 Ill. Code 1110.235(c)(3)(A) & (B) or (C)	Service Demand – Establishment
77 Ill. Code 1110.235(c)(5)(A) & (B)	Treatment Room Need Assessment
77 Ill. Code 1110.235(c)(6)	Service Accessibility
77 Ill. Code 1110.235(c)(7)(A) through (C)	Unnecessary Duplication Maldistribution
77 Ill. Code 1110.235(c)(8)(A) & (B)	Staffing
77 Ill. Code 1110.235(c)(9)	Charge Commitment
77 Ill. Code 1110.235(c)(10)(A) & (B)	Assurances

A) Formula Calculation

As stated in 77 Ill. Under 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.

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 consisting of all zip code areas that are located 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 (excluding a healthcare facility) for the 6 months immediately preceding admission.

The Applicant provided a list of zip codes within a 10-mile radius of the proposed ASTC's geographical service area (GSA), with a total population of 456,844 inhabitants. Office-based patient origin data indicated that at least 50% of patients were from within the GSA, and that 84.3% of historical referrals were performed in a hospital or ASTC setting. The Applicant has successfully addressed this criterion.

C) Service Demand – Establishment of an ASTC Facility or Additional ASTC Service

The Applicant shall document that the proposed project is necessary to meet the service demand the Applicant experienced annually over the past 2 years, 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's 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 Applicants 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's 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 applicant's historical 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.

An Applicant must demonstrate that the proposed project is necessary to meet the established demand. Further, an Applicant must provide a projection of patient volume for each service, substantiated by historical and projected patient referrals from licensed hospitals or ASTCs, not from private, office-based practices.

The Applicant projects 510 procedures by the second year after project completion. The physician referral letter (application, p. 122) indicates that 78 of the 496 historical referrals were performed at Kapadia Plastic Surgery offices in Elk Grove Village and Chicago, representing 15.7% of the historical referral volume. Based on historical referrals to ASTCs and hospitals, the Applicant has demonstrated sufficient service demand for this project.

The State Board cannot use office-based procedures to determine service demand because its regulations restrict the data available to demonstrate community need. The intent behind this rule is to prevent the unnecessary duplication of services. Illinois administrative rules specify which data may be used to justify the demand for new facilities, particularly ASTCs. Referrals from office-based settings are explicitly excluded. By limiting the evidence to licensed facilities (existing ASTCs and hospitals), the HFSRB ensures applications are based on a documented, community-level need rather than individual physicians' case volumes. Arguments have been made that shifting procedures from hospitals to ASTCs lowers costs. However, this argument is complex to verify because the analysis must also account for the fixed expenses that remain at the hospital. The transfer

of revenue from one licensed facility to another does not necessarily result in an overall cost reduction for the healthcare system.

D) Treatment Room Need Assessment – Review Criterion

A) The Applicants 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 Applicants 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 one OR for performing plastic and reconstructive surgery. The Applicant has stated that the ASTC will perform 510 procedures, each lasting 142 minutes, by the second year after project completion. Should this project be approved, the Applicant can justify the need for one OR (510 procedures x 142 minutes = 1,207 hours).

E) Service Accessibility

The proposed ASTC services being established or added are necessary to improve access for GSA residents. The Applicants 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.

In response to this criterion, the Applicant notes that of the 23 ASTCs and hospitals identified in the GSA, none provide plastic surgery as the sole surgical service and therefore do not provide the specialized level of service proposed by the Applicant. The Applicant states that historical utilization data indicate that 80% of plastic surgery procedures performed in the GSA are performed in hospital outpatient settings, which are associated with higher patient costs and compromised access due to the volume of surgical procedures performed in this environment. The absence of a specialty-focused ASTC greatly limits scheduling availability and reduces access for patients requiring time-intensive or equipment-dependent surgical procedures.

Table Three shows that of the 15 ASTCs in the 10-mile GSA, four are licensed and approved to provide plastic surgery services. However, the Applicant notes that the existing ASTCs lack the space, infrastructure, and workflow necessary to accommodate the specialized and time-intensive procedures proposed by the Applicant.

Tables Three and Four show that the 15 ASTCs within the 10-mile radius operate below the 80% target occupancy, and the eight hospitals are operating below this target as well. Additionally, the Applicant has not demonstrated that sufficient demand exists in this GSA, as focusing solely on plastic and reconstructive surgery in a single OR appears insufficient to address community access issues. Based on the information reviewed, the project appears to add unnecessary capacity for plastic surgery services already available in the GSA.

TABLE THREE						
ASTC within the GSA						
ASTCs within 10 miles of the Proposed ASTCs						
ASTC	City	Miles	Rooms	Hours	Utilization	Surgical Specialties
Specialty Surgicare LTD	Schaumburg	2.4	1	686	36.6%	Orthopedics, Pain Management
Arlington Heights Surgery Center LTD	Arlington Heights	2.7	5	4,032	40.8%	Ophthalmology
Northwest Community Day Surgery Center	Arlington Heights	3.0	10	11,975.5	63.9%	Cardiovascular, General Surgery, OB/Gynecology, Oral/Maxillofacial, Ophthalmology, Orthopedic, Otolaryngology, Pain Management Plastic, Podiatry, Urology
Schaumburg Surgery Center, LLC	Schaumburg	3	3	2,532	45%	Orthopedic, Podiatry
Illinois Hand & Upper Extremity Center	Arlington Heights	3	2	436	11.7%	Orthopedic
Hoffman Estates Surgery Center	Hoffman Estates	4.9	6	4,440	39.5%	Plastic, Ophthalmology, General Surgery, Podiatry, Pain Management, Orthopedics, OB/Gynecology
Ophthalmology Surgery Center of Illinois	Itasca	5	3	4,270	75.9%	Ophthalmology
Associated Surgical Center LLC	Arlington Heights	5.1	3	3,114	55.4%	General Surgery, OB/Gyn, Gastroenterology, Plastic, Podiatry, Pain Management, Orthopedic, Plastic
Innovia Surgery Center	Wood Dale	7.4	3	617	11%	Neurologic, Oral/Maxillofacial, Orthopedics, Otolaryngology, Pain Management, Plastic
Aiden Center for Day Surgery	Addison	7.5	6	81	1%	Orthopedics, Pain Management, Podiatry
Presence Lakeshore Gastroenterology	Des Plaines	8	2	1	1%	Gastroenterology

TABLE THREE ASTC within the GSA						
ASTCs within 10 miles of the Proposed ASTCs						
ASTC	City	Miles	Rooms	Hours	Utilization	Surgical Specialties
Greater Chicago Center for Advanced Surgery	Des Plaines	8.2	3	1,625	28.9%	Neurologic, Orthopedic, Pain Management, Podiatry
Barrington Ambulatory Surgery Center	Barrington	9.1	3	265	1%	Pain Management
North Suburban Pain & Spine Center	Des Plaines	9.3	2	1,106	29.5%	Neurologic, Orthopedics, Pain Management, Podiatry
Uropartners Surgery Center	Des Plaines	10	3	3,389	60.2%	Pain Management

TABLE FOUR Hospitals with the GSA					
Hospitals within 10 miles of the Proposed Project					
Hospital	City	Miles	Rooms	Hours	Utilization
Northwest Community Hospital	Arlington Heights	2.9	26	21,376	43.9%
Alexian Brothers Behavioral Health^	Hoffman Estates	3.4	0	0	N/A
Alexian Brothers Medical Center	Elk Grove Village	4.9	26	12,585	25.8%
St Alexius Medical Center	Hoffman Estates	4.9	23	19,601	45.5%
BHC Streamwood Hospital^	Streamwood	6	0	0	N/A
Holy Family Medical Center	Des Plaines	8	1	1	1%
Chicago Behavioral Hospital^	Des Plaines	8.7	0	0	N/A
Adventist Glen Oaks Hospital	Glendale Heights	9.8	7	4,359	33.2%
^AMI Hospital, No surgical services					

F) Unnecessary Duplication/Maldistribution – Review Criterion

A) The Applicants shall document that the project will not result in unnecessary duplication. The Applicants 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 Applicants 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 Applicants 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.

The Illinois Health Facilities and Services Review Board (HFSRB) defines unnecessary duplication of service by measuring the utilization rate of existing services within a specified travel radius of a proposed new facility. If existing facilities are operating below the Board's target occupancy rate, a new facility would be seen as an unnecessary duplication of services.

The Applicant notes that the 2020 census data show a population of 915,269 across the 30 zip codes that define the GSA (application p. 120), and that this population has now surpassed 1,000,000. A single-specialty/1-room ASTC would have a minimal effect on this GSA and would not encroach on the one-and-one-half times the State average required to justify excess capacity. Furthermore, the majority of ASTCs in the defined service area are multi-specialty, providing mainstream procedures such as orthopedic, ophthalmologic, gastrointestinal, and/or general surgical services. The proposed ASTC will provide specialized plastic reconstructive surgical services and will not affect the operational viability of these facilities. The Applicant attests that the proposed ASTC will shift cases from hospital-based operating rooms to a lower-cost licensed ASTC setting and will not capture case volume from underutilized single-specialty ASTCs that provide plastic surgery services, as none exist. The first- and second-year utilization projections indicate a more modest continuation of surgical volume and do not indicate an aggressive capture of market share for these services. The growing GSA population and the need for specialized plastic reconstructive surgery services in the area justify establishing the ASTC.

State Board Staff Notes: The Mission of the State Board is to promote the orderly and economic development of healthcare facilities while avoiding unnecessary duplication. Unnecessary duplication of services can increase overall healthcare costs. Underutilized facilities can drive up prices as they compete for a limited number of patients to cover their operating expenses. New centers must demonstrate a clear need beyond existing capacity.

A) As seen in the Tables above, all 15 ASTCs and eight hospitals within the GSA are operating below the 80% target utilization.

B) There are approximately 2,756 operating procedure rooms in the State of Illinois. The population of the State of Illinois is 12,780,250 (as of 2025). The ratio of operating/procedure rooms per 1,000 population in the State of Illinois is 1:4,637. The estimated population of the GSA is 915,269, with 138 ORs, yielding a ratio of

operating/procedure rooms to population of 1:6,632. The ratio in the 10-mile GSA is not 1.5 times the ratio in the State of Illinois.

C) The Applicant states the proposed ASTC should not lower the utilization of other area providers below the established 80% standard. According to the Applicant, the impact on other ASTCs is expected to be minimal.

G) Staffing

A) Staffing Availability

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

A narrative of how the proposed staffing will be achieved was provided as required. The facility will appoint Sameer Kapadia, M.D., a board-certified Plastic Surgeon, as Medical Director. The Applicant stated it has not traditionally experienced any difficulties staffing its existing offices, nor does it anticipate any difficulties staffing the proposed ASTC. According to the Applicant, additional staff will be identified and employed as needed, utilizing existing job search sites and professional placement services.

The State Board Staff Notes: While specific staffing ratios are not legally mandated for ASCs, the number of employees must be sufficient to ensure patient safety and quality of care. Since the Schaumburg Plastic Surgery Center is a single-specialty plastic and reconstructive surgery facility, staff with specific training and experience in these procedures will be required.

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 Applicants 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).

A list of the relevant CPT codes, procedures, and charges for the proposed ASTC was provided on pages 132-137 of the Application for Permit. The Applicant confirms that it will not increase these charges for at least 24 months. The Applicant provided the necessary information.

I) Assurances

A) The Applicants 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, that a quality improvement plan will be initiated.

B) The Applicants 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 Applicant provided the necessary assurance as required on page 139 of the Application for Permit. The Applicant provided the essential information as needed.

IX. Financial Viability and Economic Feasibility

- A) 77 Ill. Code 1120.120 - Availability of Funds
- B) 77 Ill. Code 1120.130 – Financial Viability
- C) 77 Ill. Code 1120.140 (a) – Reasonableness of Financing arrangements
- D) 77 Ill. Code 1120.140 (b) – Terms of Debt Financing
- E) 77 Ill. Code 1120.140 (c) – Reasonableness of Project Costs
- F) 77 Ill. Code 1120.140 (d) – Direct Operating Costs
- G) 77 Ill. Code 1120.140 (e) – Effect of the Project on Capital Costs

A) Availability of Funds

The Applicant is funding this project with cash/securities totaling \$148,602, a mortgage totaling \$2,500,000, and the Fair Market Value of the Leased Space totaling \$587,780. The Applicant provided an attestation from Fifth Third Bank confirming that there are sufficient cash reserves to address the cash portion of the project (see project file).

B) Financial Viability

The Applicant does not have an “A” or better bond rating; therefore, the financial viability ratios must be provided. Table Five provides the financial ratios for the proposed ASTC for the first two years of operation. The Applicant supplied substandard data for Long-Term Debt-to-Capitalization, Projected Debt Service, and Cushion Ratio during the first year after project completion. Table Six presents the pro-forma financial statements for the ASTC.

TABLE FIVE				
Financial Viability Ratios				
Viability Ratios	State Standard	Year 1	Year 2	Met Standard
Current Ratio	≥1.5	4.58	7.6	Yes
Net Margin %	≥3.5%	24.4%	38.5%	Yes
Long Term Debt to Capitalization	≤80%	90.9%	74.5%	No
Projected Debt Service	≥1.75	1.73	3.32	No
Days Cash in Hand	≥45 days	144.5	336.0	Yes
Cushion Ratio	≥3.0	1.20	3.52	No

TABLE SIX		
Pro-Forma Financial Statements		
	Year 1	Year 2
Net Patient Revenue	\$1,009,260	\$1,513,890
Total Operating Expenses	\$642,763	\$810,367
Net Operating Income	\$366,947	\$703,523
Net Cash Flow	\$154,463	\$491,489
Total Assets	\$2,896,685	\$3,268,822
Total Current Liabilities	\$112,873	\$132,779
Long-Term Debt	\$2,423,509	\$2,379,734
Total Liabilities	\$2,536,382	\$2,512,514
Total Liabilities and Equity	\$2,782,879	\$3,342,534

C) Reasonableness of Financing Arrangements

D) Terms of Debt Service

The lease is for 10 years, with a monthly payment of \$4,473.33. The landlord is ZSSM Schaumburg L.L.C., a company wholly owned by the Applicant, Dr. Sameer Kapadia. The lease appears reasonable. (see Application for Permit pages 25-35)

E) Reasonableness of Project Costs

Board Staff notes that only clinical/reviewable costs are used in the following calculations.

Site Preparation Costs are \$10,748, or 1.2% of construction, and contingency costs of \$904,509. This appears reasonable compared to the State Board Standard of 5%.

New construction and contingency costs total \$904,509, or \$377.67 per GSF (\$904,509 ÷ 2,395 GSF = \$377.67). This appears reasonable compared to the State Board Standard of \$510.27 per GSF (Project midpoint: 2027).

Contingency Costs total \$52,860, or 6.2% of the new construction costs of \$851,649. (\$52,860/\$851,649 = 6.2%). This appears reasonable compared to the State Board Standard of 10%.

Architectural and Engineering Fees total \$35,240, or 3.9% of construction and contingencies of \$904,509 (\$35,240/904,509 = .0389). This appears reasonable compared with the State Board Standard of 7.79%- 11.69%.

The State Board does not have a standard for these costs.

Consulting and Other Fees	\$211,441
Movable or Other Equipment	\$500,000
FMV Leased Space/Equipment	\$414,268
Other Costs to Be Capitalized	\$140,960

F) Direct Operating Costs

The direct operating cost per visit/procedure is \$1,589. The State Board does not have a standard for this cost.

G) Effect of the Project on Capital Costs

The total effect of the project on capital visits/procedure is \$651. The State Board does not have a standard for this cost.

Conversion from Office-Based Surgery to an Ambulatory Surgery Treatment Center

An ASC conversion from an Office-Based Surgery provider offers a combination of **financial incentives, increased operational control for physicians, lower costs for patients and payers, and the ability to perform a broader range of procedures**. As a fully licensed ASC, the center can bill Medicare and private insurers for a separate facility fee, which is not typically available to an office-based surgery (OBS) center operating solely under a physician's license. While ASC facility fees are generally lower than hospital outpatient department (HOPD) rates, they can be significantly more profitable for physicians than the Medicare Physician Fee Schedule (MPFS) rates used for OBS centers for specific procedures. Procedures at ASCs are considerably less expensive than those in hospital settings, which is appealing to private insurers and Medicare, potentially leading to increased patient volume and more favorable contract negotiations.

Physician owners in an ASC have greater control over scheduling, equipment selection, and specialized staff selection, which can lead to greater efficiency and higher-quality care compared to the administrative demands of a hospital. ASCs focus on a narrower scope of outpatient procedures, enabling more streamlined workflows, faster turnover times, and fewer delays or cancellations due to hospital emergencies. Patients often report greater satisfaction in an ASC setting due to personalized care, shorter waiting times, and the ability to recover at home the same day. Advances in medical technology and changes in regulatory approvals have enabled more complex procedures (such as total joint replacements) to be safely performed in an outpatient setting, necessitating a more robust infrastructure and ASC licensing. Converting to a licensed ASC ensures adherence to strict state and federal safety and quality guidelines that may be more comprehensive than OBS standards, positioning the center for long-term growth and compliance. The primary difference in licensing is that an Ambulatory Surgery Center (ASC) operates under its own separate facility license. At the same time, an Office-Based Surgery (OBS) center functions under the physician's existing medical practice license.

Licensing and Regulatory Differences

Feature	Office-Based Surgery (OBS)	Ambulatory Surgery Center (ASC)
Licensing	Operates under the physician's existing medical license.	Requires a separate, specific state facility license.
Regulatory Oversight	Oversight varies by state; some states have minimal, specific oversight of OBS facilities.	Subject to rigorous federal (CMS) and state inspections and regulations.

Medicare Certification	Generally, it cannot be Medicare-certified as a facility or bill for a facility fee.	Must be Medicare-certified to receive federal reimbursement, which requires meeting specific Conditions for Coverage (CfC).
Physical Separation	Integrated within a physician's private medical office space.	Must be a distinct entity, physically and operationally separate from any other medical practice or facility.
Space Requirements	Subject to less stringent physical plant and building code requirements.	Must meet comprehensive, rigorous building codes, including dedicated infrastructure for high-performance HVAC, emergency power, and medical gases.
Accreditation	May seek voluntary accreditation from bodies like the Joint Commission or Quad A to demonstrate adherence to high standards, though this is often not mandatory for licensing.	Accreditation by a CMS-approved organization (such as The Joint Commission or the Accreditation Association for Ambulatory Health Care (AAAHC)) can fulfill Medicare certification requirements (known as "deemed status").

In summary, the ASC licensing process is more formal, requiring the center to operate as a standalone healthcare facility with its own dedicated license and subject to ongoing, strict regulatory oversight. In contrast, an OBS is considered part of the physician's private practice. ASC licensure significantly affects billing and reimbursement by allowing the center to bill for a separate facility fee, which is not permitted for an Office-Based Surgery (OBS) center. The ASC submits a separate claim for facility services (e.g., nursing, equipment, supplies, and overhead costs) using a facility claim form (UB-04) but submits it to Medicare on a CMS-1500 with a TC modifier for the technical component, while the physician bills separately for professional services. The physician bills for all services, including the use of office space and supplies, under their single professional fee and medical practice license. Medicare does not provide a separate facility fee for an OBS. The center is a certified Medicare provider and is reimbursed under the Medicare ASC Payment System, which uses Ambulatory Payment Classifications (APCs). Medicare reimbursement is handled locally through Medicare Administrative Contractors (MACs) and involves complex "code-set billing," which can be more challenging to manage. While the ASC's facility fee for a given procedure is lower than a hospital outpatient department's (HOPD) fee (often around 53-60% of the HOPD rate), the total combined payment (physician + facility) can be significantly more profitable for the physician-owner than the office-based rate for specific procedures. Because ASCs have lower overhead, they are less expensive for Medicare and private insurers, which incentivizes payers to steer patients and

procedures to ASCs, potentially leading to greater patient volume for ASCs. ASC billing follows specific CMS guidelines and requires a distinct billing process and particular modifiers (e.g., -SG for surgical procedures). This billing specialization can lead to more efficient claims processing and fewer denials when managed correctly. OBS billing can be more complex due to the need to work with local MACs and variable private insurer policies, leading to a less standardized process.

In essence, an ASC license provides a structured, federally recognized pathway to receive a facility fee for services rendered, offering a more stable and potentially higher revenue stream than the more variable and complex reimbursement landscape of an OBS—source: CMS, University of California, Berkley.

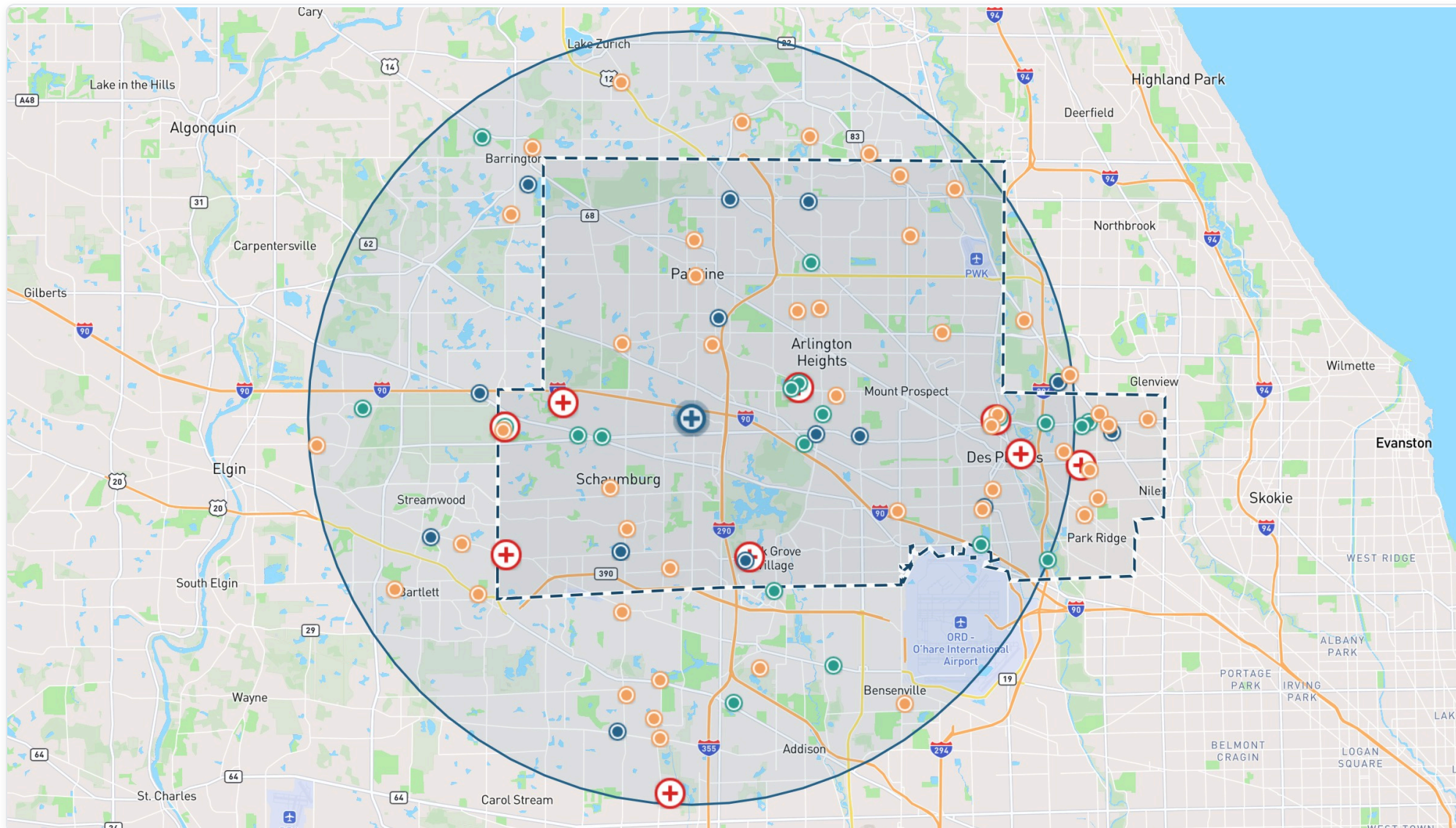


CON Radius & HPA Analysis Report

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

Schaumburg Plastic Surgery Center | establish Schaumburg Plastic Surgery Center ASTC

CENTER POINT	COUNTY	CLASSIFICATION	STATUTORY RADIUS	HPA	HSA
42.0562°N, 88.0463°W	Cook	Chicago Metropolitan (10-mile radius)	10 miles	A-07	7 - Suburban Cook/DuPage





Supply Comparison — Radius vs HPA

Cook County · Northwest Suburban Cook

HSA 7 · Suburban Cook/DuPage | HPA A-07 | RADIUS 10 miles | DATA YEAR 2024

HOSPITALS

	RADIUS	HPA
Facilities	8	8
Total beds	2,589	3,162
M-S	1,136	1,447
ICU	185	250
OB / GYN	138	189
Pediatric	50	98
NICU	56	110
AMI	718	717
Rehab	177	222

ASTCS

	RADIUS	HPA
Facilities	16	14
Class C cases	28,306	31,352
Submissions on file	13	10

ESRD

	RADIUS	HPA
Facilities	15	9
Authorized stations	260	191
CMS-certified	260	191
In-center treatments	96,454	76,187
Year-end patients	846	588

LONG-TERM CARE

	RADIUS	HPA
Facilities	40	27
Licensed beds	3,678	1,616
Beds set-up	2,374	1,337
Beds occupied	2,457	1,286
Occupancy	103.5%	96.2%

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-07, regardless of distance. **Source:** 2024 HFSRB annual surveys.

Demographic Profile — Radius · HPA · Illinois · USA

Cook County · Northwest Suburban Cook · ACS 2020–2024 5-year estimates

HSA 7 · Suburban Cook/DuPage

HPA A-07

RADIUS 10 miles

SOURCE ACS 5-year

STATUTORY RADIUS (10 MI)
Area-weighted tract interpolation

Population **910,361** ± 8,739
HIGH RELIABILITY

HEALTH PLANNING AREA A-07
Area-weighted (sub-county polygons)

Population **622,321** ± 7,545
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	910,361	622,321	12,694,798	334,922,499
Median age†	41.4	41.9	39.0	38.9
Under 18	22.3%	22.1%	21.8%	22.0%
Age 65+	17.8%	18.7%	17.0%	17.2%
Age 75+	7.3%	8.0%	7.0%	7.0%
Female	50.7%	50.8%	50.6%	50.5%

RACE & ETHNICITY				
	RADIUS	HPA	ILLINOIS	USA
White alone	58.9%	61.9%	61.0%	61.0%
Black alone	3.8%	3.5%	13.6%	12.2%
Asian alone	16.0%	15.9%	6.0%	6.0%
AIAN / NHPI / Other	8.9%	7.9%	8.6%	8.2%
Two or more races	12.3%	10.7%	10.9%	12.6%
Hispanic / Latino	20.8%	17.7%	18.8%	19.3%

INCOME & POVERTY				
	RADIUS	HPA	ILLINOIS	USA
Median household income†	\$107,227	\$104,498	\$83,390	\$80,734
Per-capita income	\$50,243	\$51,001	\$46,406	\$44,673
Below poverty	7.3%	7.0%	11.8%	12.5%
Age 65+ below poverty	10.1%	9.7%	11.3%	11.9%

HEALTH COVERAGE				
	RADIUS	HPA	ILLINOIS	USA
Uninsured (all ages)	8.1%	8.2%	6.9%	8.4%
Uninsured under 19	3.7%	3.7%	3.3%	5.5%
Uninsured 65+	1.3%	1.4%	0.9%	0.8%

DISABILITY & ACCESS				
	RADIUS	HPA	ILLINOIS	USA
With a disability	9.3%	9.6%	12.1%	13.3%
Disability, age 65+	27.6%	28.6%	31.5%	32.9%
Households w/o vehicle	5.2%	5.6%	11.0%	8.4%
Limited-English households	8.9%	9.3%	4.4%	4.3%

HOUSEHOLDS & EDUCATION				
	RADIUS	HPA	ILLINOIS	USA
Households	346,261	244,799	5,036,449	129,227,496
Avg. household size	2.61	2.52	2.46	2.53
Renter-occupied	27.2%	29.1%	32.9%	34.8%
Median home value†	\$365,610	\$367,626	\$263,300	\$332,700
High school grad+	90.6%	91.8%	90.5%	89.6%
Bachelor's+	45.5%	48.4%	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 — 9 Hospitals, 19 ASTCs

COUNTY **Cook** | HSA **7· Suburban Cook/DuPage** | HPA **A-07** | RADIUS **10 miles** | DATA YEAR **2024**

#	TYPE	FACILITY NAME	CITY	DIST	M-S	ICU	OB	PED	NICU	AMI	REH	TOTAL
1	ASTC	Specialty Surgicare LTD	Schaumburg	2.4	—	—	—	—	—	—	—	—
2	ASTC	Arlington Heights Surgery Center, LLC	Arlington Heights	2.7	—	—	—	—	—	—	—	—
3	HOSP	Northwest Community Hospital	Arlington Heights	2.9	296	60	44	16	8	52	33	509
4	ASTC	Northwest Community Day Surgery Center	Arlington Heights	3.0	—	—	—	—	—	—	—	—
5	ASTC	Schaumburg Surgery Center, LLC	Schaumburg	3.0	—	—	—	—	—	—	—	—
6	ASTC	Illinois Hand & Upper Extremity Center	Arlington Heights	3.0	—	—	—	—	—	—	—	—
7	HOSP	Ascension Alexian Brothers Behavioral Health Hospital	Hoffman Estates	3.4	212	35	38	17	16	141	—	459
8	ASTC	Northwest Endo Center LLC	Arlington Heights	3.4	—	—	—	—	—	—	—	—
9	HOSP	Alexian Brothers Medical Center	Elk Grove Village	3.9	260	36	28	—	—	141	72	537
10	HOSP	St Alexius Medical Center	Hoffman Estates	4.9	260	36	28	17	32	—	72	445
11	ASTC	Hoffman Estates Surgery Center, LLC	Hoffman Estates	4.9	—	—	—	—	—	—	—	—
12	ASTC	Ophthalmology Surgery Center of Illinois	Itasca	5.0	—	—	—	—	—	—	—	—
13	ASTC	Associated Surgical Center, LLC	Arlington Heights	5.1	—	—	—	—	—	—	—	—
14	HOSP	BHC Streamwood Hospital, Inc. - DBA Streamwood Hospital	Streamwood	6.0	—	—	—	—	—	178	—	178
15	ASTC	Innovia Surgery Center, LLC	Wood Dale	7.4	—	—	—	—	—	—	—	—
16	ASTC	Aiden Center for Day Surgery, LLC	Addison	7.5	—	—	—	—	—	—	—	—
17	HOSP	Holy Family Medical Center-Des Plaines, LLC - DBA Holy Family Medical Center	Des Plaines	8.0	49	8	—	—	—	—	—	186
18	ASTC	Presence Lakeshore Gastroenterology, LLC - DBA Des Plaines Endoscopy Center	Des Plaines	8.0	—	—	—	—	—	—	—	—
19	ASTC	Greater Chicago Center for Advanced Surgery LLC	Des Plaines	8.2	—	—	—	—	—	—	—	—
20	ASTC	1800 McDonough Road Surgery Center, LLC - DBA Ashton Center for Day Surgery	Hoffman Estates	8.6	—	—	—	—	—	—	—	—
21	HOSP	Chicago Behavioral Hospital	Des Plaines	8.7	—	—	—	—	—	150	—	150
22	ASTC	Barrington Ambulatory Surgery Center	Barrington	9.1	—	—	—	—	—	—	—	—
23	ASTC	North Suburban Pain and Spine Center	Des Plaines	9.3	—	—	—	—	—	—	—	—
24	HOSP	Adventist GlenOaks Hospital - DBA UChicago Medicine AdventHealth GlenOaks	Glendale Heights	9.8	59	10	—	—	—	56	—	125
25	ASTC	Uropartners Surgery Center, LLC	Des Plaines	10.0	—	—	—	—	—	—	—	—
26	ASTC	LGH-A/Golf ASTC, LLC - DBA Golf Surgical Center	Des Plaines	10.2	—	—	—	—	—	—	—	—
27	HOSP	Lutheran General Hospital - Advocate	Park Ridge	10.2	370	75	51	48	54	55	45	698
28	ASTC	Retina Surgery Center, LLC	Niles	10.4	—	—	—	—	—	—	—	—
Total — 9 Hospitals, 19 ASTCs					1506	260	189	98	110	773	222	3,287



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-07** | RADIUS **10 miles** | DATA YEAR **2024**

HEALTH PLANNING AREA · HPA A-07

Northwest Suburban Cook

BED CATEGORY	AUTHORIZED	NEED	GAP	% OF NEED
Med-Surg/Pediatric	1,741	801	+940	217.4%
Obstetrics	212	76	+136	278.9%
Intensive Care Unit	289	236	+53	122.5%
Acute Mental Illness	717	502	+215	142.8%
Total	2,959	1,615	+1,344	183.2%

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-07 | RADIUS 10 miles | DATA YEAR 2024

86,121

TOTAL SURGICAL CASES

6

HOSPITALS

15

ASTCS

48,338

HOSPITAL CASES

37,783

ASTC CASES

VOLUME BY SURGICAL SPECIALTY			
Within 10-mile radius of Cook County			
SURGICAL SPECIALTY	HOSPITALS	ASTCS	TOTAL CASES
General	12,774	3,547	16,321
Ophthalmology	3,785	12,433	16,218
Orthopedic	9,910	5,940	15,850
Urology	4,099	5,602	9,701
OB/GYN	6,436	1,062	7,498
Otolaryngology	2,510	2,270	4,780
Pain Management	0	3,539	3,539
Podiatry	1,752	1,403	3,155
Gastroenterology	805	1,385	2,190
Neurosurgery	2,040	0	2,040
Cardiovascular	1,806	0	1,806
Plastic Surgery	1,247	433	1,680
Thoracic	781	0	781
Oral/Maxillofacial	393	23	416
Neurological	0	146	146
Total	48,338	37,783	86,121

TOP FACILITIES BY VOLUME			
Ranked by total surgical cases (2024)			
#	FACILITY	TYPE	CASES
1	Lutheran General Hospital - Advocate	HOSP	19,568
2	Northwest Community Hospital	HOSP	9,908
3	St Alexius Medical Center	HOSP	9,156
4	Northwest Community Day Surgery Center	ASTC	8,310
5	Alexian Brothers Medical Center	HOSP	6,327
6	Hoffman Estates Surgery Center, LLC	ASTC	5,163
7	Uropartners Surgery Center, LLC	ASTC	5,006
8	Ophthalmology Surgery Center of Illinois	ASTC	4,607
9	LGH-A/Golf ASTC, LLC - DBA Golf Surgical Center	ASTC	4,471
10	Associated Surgical Center, LLC	ASTC	2,959
11	Schaumburg Surgery Center, LLC	ASTC	2,214
12	Adventist GlenOaks Hospital - DBA UChicago Medicine AdventHealth GlenOaks	HOSP	2,125
13	Specialty Surgicare LTD	ASTC	1,322
14	Holy Family Medical Center-Des Plaines, LLC - DBA Holy Family Medical Center	HOSP	1,254
15	North Suburban Pain and Spine Center	ASTC	988

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 — 16 facilities.

COUNTY **Cook** | HSA **7 • Suburban Cook/DuPage** | HPA **A-07** | RADIUS **10 miles** | DATA YEAR **2024**

16
ESRD FACILITIES

292
AUTHORIZED STATIONS

292
CMS-CERTIFIED

107,526
IN-CENTER TREATMENTS

915
YEAR-END PATIENTS

#	FACILITY NAME	CITY	DIST	AUTH STNS	CMS CERT	IN-CTR TX	EOY PTS
1	Neomedica Dialysis Ctrs - Rolling Meadows	ROLLING MEADOWS	2.7	24	24	11,826	80
2	Arlington Heights Diakysis	ARLINGTON HEIGHTS	3.3	20	20	285	37
3	Schaumburg Dialysis	SCHAUMBURG	3.9	22	22	210	46
4	Fresenius Medical Care Schaumburg	SCHAUMBURG	3.9	16	16	8,648	61
5	Elk Grove Dialysis Center	ELK GROVE VILLAGE	4.0	28	28	12,889	87
6	Fresenius Kidney Care Mount Prospect	Mount Prospect	4.4	16	16	10,385	75
7	Fresenius Medical Care Hoffman Estates	HOFFMAN ESTATES	5.6	20	20	9,856	66
8	Fresenius Medical Care Palatine	PALATINE	5.8	17	17	11,932	73
9	Buffalo Grove Dialysis	Buffalo Grove	6.4	16	16	240	54
10	ARA-South Barrington Dialysis	S. Barrington	7.4	—	—	—	—
11	USRC Streamwood Dialysis	STREAMWOOD	7.5	—	—	—	—
12	Fresenius Medical Care Des Plaines	DES PLAINES	8.0	16	16	8,940	60
13	Fresenius Medical Care Glendale Heights	GLENDALE HEIGHTS	8.4	29	29	14,286	94
14	Glenview Dialysis Center	GLENVIEW	9.6	16	16	210	73
15	DaVita Glenview Dialysis	GLENVIEW	9.6	20	20	6,747	40
16	Fresenius Kidney Care Niles	Niles	11.0	32	32	11,072	69
Total — 16 facilities				292	292	107,526	915

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 — 46 facilities.

COUNTY **Cook** | HSA **7 • Suburban Cook/DuPage** | HPA **A-07** | RADIUS **10 miles** | DATA YEAR **2024**

46

LTC FACILITIES

4,136

LICENSED BEDS

2,832

BEDS SET UP

2,881

BEDS OCCUPIED

101.7%

OCCUPANCY

3,092

RESIDENTS (12/31)

#	FACILITY NAME	CITY	DIST	LIC.	SET UP	OCC.	%	GEN. NURSING	RESID.
1	PEARL OF ROLLING MEADOWS,THE	ROLLING MEADOWS	2.0	155	155	126	81.3%	155	130
2	INVERNESS REHAB	INVERNESS	2.7	142	142	122	85.9%	142	122
3	ENCORE VILLAGE	SCHAUMBURG	2.8	—	—	—	—	—	—
4	BELLA TERRA SCHAUMBURG	SCHAUMBURG	3.3	—	—	—	—	—	—
5	Aliya of Palatine	PALATINE	3.7	—	—	—	—	—	—
6	MOORINGS OF ARLINGTON HEIGHTS	ARLINGTON HTS	3.8	—	—	—	—	—	—
7	LUTHERAN HOME FOR THE AGED	ARLINGTON HTS	3.9	—	—	—	—	—	—
8	PEARL OF ELK GROVE,THE	ELK GROVE VILLAG	3.9	—	—	—	—	—	—
9	New Summit Rehabilitation and Healthcare	ARLINGTON HTS	4.4	—	—	—	—	—	—
10	LITTLE SISTERS OF PALATINE	PALATINE	4.6	51	—	32	62.7%	51	32
11	ALDEN POPLAR CREEK REHAB & HCC	HOFFMAN ESTATES	4.9	218	—	151	69.3%	218	151
12	ABBINGTON VLGE NRSG & RHB CTR	ROSELLE	5.4	82	82	50	61.0%	82	64
13	ASBURY COURT NURSING & REHAB	DES PLAINES	5.9	79	79	69	87.3%	79	69
14	FOREST VIEW REHAB & NRSG CTR	ITASCA	6.7	—	—	—	—	—	—
15	BELLA TERRA STREAMWOOD	STREAMWOOD	6.8	214	214	136	63.6%	214	136
16	ALDEN VILLAGE HEALTH FACILITY	BLOOMINGDALE	6.9	—	—	—	—	—	—
17	EDEN VISTA PROSPECT HEIGHTS	PROSPECT HEIGHTS	6.9	—	—	—	—	—	—
18	ALDEN ESTATES OF BARRINGTON	BARRINGTON	7.1	—	—	—	—	—	—
19	IGNITE MEDICAL HANOVER PARK	HANOVER PARK	7.2	150	110	95	86.4%	150	95
20	BELLA TERRA BLOOMINGDALE	BLOOMINGDALE	7.4	166	103	103	100.0%	166	103
21	BELLA TERRA WHEELING	WHEELING	7.4	215	205	177	86.3%	215	177
22	ALDEN LONG GROVE REHAB & HCC	LONG GROVE	7.8	248	—	162	65.3%	248	162
23	ALDEN DES PLAINES REHAB & HC	DES PLAINES	7.8	—	—	—	—	—	—
24	WEST SUBURBAN NSG & REHAB CTR	BLOOMINGDALE	7.9	259	—	—	0.0%	259	181
25	AVANTARA LONG GROVE	LONG GROVE	7.9	195	195	162	83.1%	195	162
26	GENERATIONS OAKTON PAVILLION	DES PLAINES	8.0	200	200	112	56.0%	200	112
Total — 46 facilities				4,136	2,832	2,881	101.7%	4136	3,092

#	FACILITY NAME	CITY	DIST	LIC.	SET UP	OCC.	%	GEN. NURSING	RESID.
27	ASCENSION NAZARETHVILLE PLACE	DES PLAINES	8.0	—	—	—	—	—	—
28	LEE MANOR	DES PLAINES	8.1	—	—	—	—	—	—
29	PRAIRIEVIEW AT THE GARLANDS	BARRINGTON	8.2	20	20	15	75.0%	20	15
30	WARREN BARR BUFFALO GROVE	BUFFALO GROVE	8.3	200	200	146	73.0%	200	146
31	ADDOLORATA VILLA	WHEELING	8.3	98	98	73	74.5%	98	85
32	ALDEN VALLEY RIDGE REHAB & HCC	BLOOMINGDALE	8.4	207	—	156	75.4%	207	156
33	AVANTARA LAKE ZURICH	LAKE ZURICH	8.9	203	50	153	306.0%	203	153
34	Hearthwood SNF Senior Living	BARTLETT	8.9	—	—	—	—	—	—
35	CITADEL OF NORTHBROOK,THE	NORTHBROOK	9.1	158	158	136	86.1%	158	136
36	GREEK AMERICAN REHAB & CARE CT	WHEELING	9.1	—	—	—	—	—	—
37	BRIDGEWAY SENIOR LIVING	BENSENVILLE	9.3	226	203	156	76.8%	226	156
38	Rivaya Care of Des Plaines	DES PLAINES	9.8	—	—	—	—	—	—
39	MARKLUND WASMOND CENTER	ELGIN	9.8	—	—	—	—	—	—
40	ELEVATE CARE ABINGTON	GLENVIEW	9.9	192	160	125	78.1%	192	125
41	AVANTARA PARK RIDGE	PARK RIDGE	10.5	154	154	140	90.9%	154	140
42	PARK RIDGE HEATLHCARE CENTER	PARK RIDGE	10.5	—	—	—	—	—	—
43	NILES NRSG & REHAB CENTER	NILES	10.6	304	304	284	93.4%	304	284
44	Resurrection Place	PARK RIDGE	10.8	—	—	—	—	—	—
45	ELEVATE CARE NILES	NILES	10.9	—	—	—	—	—	—
46	BELMONT VILLAGE GLENVIEW	GLENVIEW	11.9	—	—	—	—	—	—
Total — 46 facilities				4,136	2,832	2,881	101.7%	4136	3,092

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.