

ORIGINAL

E-027-17

ORIGINAL

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

APPLICATION FOR PERMIT- 01/2017 Edition

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR EXEMPTION PERMIT**

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

RECEIVED

This Section must be completed for all projects.

JUN 21 2017

Facility/Project Identification

Facility Name: Alden Center for Day Surgery, LLC	HEALTH FACILITIES & SERVICES REVIEW BOARD	
Street Address: 1580 West Lake Street		
City and Zip Code: Addison, IL 60101		
County: Du Page	Health Service Area VII	Health Planning Area:

Applicant(s) [Provide for each applicant (refer to Part 1130.220)]

Exact Legal Name: Addison Surgery Center, LLC
Street Address: 1580 West Lake Street
City and Zip Code: Addison, IL 60101
Name of Registered Agent: CT Corporation System
Registered Agent Street Address: 208 S La Salle St, Suite 814
Registered Agent City and Zip Code: Chicago, IL 60604
Name of Chief Executive Officer: Kern Singh, MD
CEO Street Address: 1611 W Harrison St., Ste 400
CEO City and Zip Code: Chicago, IL 60612
CEO Telephone Number: (312) 243-4244

Type of Ownership of Applicants

<input type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental
<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other
<ul style="list-style-type: none">Corporations and limited liability companies must provide an Illinois certificate of good standing.Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner.	
APPEND DOCUMENTATION AS ATTACHMENT 1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

Primary Contact [Person to receive ALL correspondence or inquiries]

Name: Mike McKevitt
Title: Regional President
Company Name: NueHealth
Address: 11221 Roe Avenue, Suite 300, Leawood, KS 66211
Telephone Number: (312) 848-5301
E-mail Address: mmckevitt@nuehealth.com
Fax Number:

Additional Contact [Person who is also authorized to discuss the application for exemption permit]

Name: Barbara Proffitt
Title: Contract Compliance Specialist
Company Name: NueHealth

Address: 11221 Roe Avenue, Suite 300, Leawood, KS 66211
Telephone Number: (913) 647-6475
E-mail Address: bproffitt@nuehealth.com
Fax Number: (913) 685-2208

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR EXEMPTION PERMIT****SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION**

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: Aiden Center for Day Surgery, LLC		
Street Address: 1580 West Lake Street		
City and Zip Code: Addison, IL 60101		
County: Du Page	Health Service Area VII	Health Planning Area:

Applicant(s) [Provide for each applicant (refer to Part 1130.220)]

Exact Legal Name: Aiden Center for Day Surgery, LLC	
Street Address: 1580 West Lake Street	
City and Zip Code: Addison, IL 60101	
Name of Registered Agent: Paul Gilman	
Registered Agent Street Address: 330 N. Wabash, Suite 1700	
Registered Agent City and Zip Code: Chicago, IL 60611	
Name of Chief Executive Officer: Kianoosh Jafari, MD	
CEO Street Address: c/o Oak Brook Medical Management, 2425 22nd Street	
CEO City and Zip Code: Oak Brook, IL 60523	
CEO Telephone Number: (630) 988-7698	

Type of Ownership of Applicants

<input type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental
<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other
<ul style="list-style-type: none">o Corporations and limited liability companies must provide an Illinois certificate of good standing.o Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner.	
APPEND DOCUMENTATION AS ATTACHMENT 1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

Primary Contact [Person to receive ALL correspondence or inquiries]

Name: Ali Nili
Title: Chief Operating Officer
Company Name: Oak Brook Medical Management
Address: 2425 22nd Street, Oak Brook, IL 60523
Telephone Number: (630) 988-7698
E-mail Address: anili@oakbrooksurgeical.com
Fax Number:

Additional Contact [Person who is also authorized to discuss the application for exemption permit]

Name:
Title:
Company Name:

Address:
Telephone Number:
E-mail Address:
Fax Number:

Post Exemption Permit Contact

[Person to receive all correspondence subsequent to permit issuance-**THIS PERSON MUST BE EMPLOYED BY THE LICENSED HEALTH CARE FACILITY AS DEFINED AT 20 ILCS 3960**]

Name: Mike McKevitt
Title: Regional President
Company Name: NueHealth
Address: 11221 Roe Avenue, Suite 300, Leawood, KS 66211
Telephone Number: (312) 848-5301
E-mail Address: mmckevitt@nuehealth.com
Fax Number:

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Jafari Family, LLC
Address of Site Owner: 2607 W 22nd St., Ste 48, Oak Brook, IL 60523
Street Address or Legal Description of the Site: Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease, or a lease.
APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee

[Provide this information for each applicable facility and insert after this page.]

Exact Legal Name: Addison Surgery Center, LLC		
Address: 1580 West Lake Street, Addison, IL 60101		
<input type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership	
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental	
<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other
<ul style="list-style-type: none">o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.o Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.		
APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.		

Organizational Relationships

Provide (for each applicant) an organizational chart containing the name and relationship of any person or entity who is related (as defined in Part 1130.140). If the related person or entity is participating in the development or funding of the project, describe the interest and the amount and type of any financial contribution.

APPEND DOCUMENTATION AS ATTACHMENT 4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Flood Plain Requirements

[Refer to application instructions.]

NIA - No construction involved.

Provide documentation that the project complies with the requirements of Illinois Executive Order #2006-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements, please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at www.FEMA.gov or www.illinoisfloodmaps.org. This map must be in a readable format. In addition, please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2006-5 ([http:// www.illinois.gov/sites/hfsrb](http://www.illinois.gov/sites/hfsrb)).

APPEND DOCUMENTATION AS ATTACHMENT 5, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

NIA - existing facility, no construction involved

Provide documentation regarding compliance with the requirements of the Historic Resources Preservation Act.

APPEND DOCUMENTATION AS ATTACHMENT 6, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

DESCRIPTION OF PROJECT**1. Project Classification**

[Check those applicable - refer to Part 1110.40 and Part 1120.20(b)]

Part 1110 Classification:


- ☒ Change of Ownership
- ☐ Discontinuation of an Existing Health Care Facility or of a category of service
- ☐ Establishment or expansion of a neonatal intensive care or beds

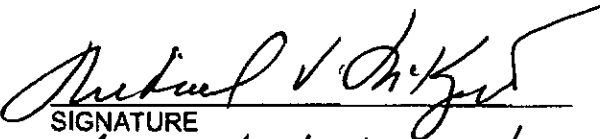
CERTIFICATION

The Application must be signed by the authorized representatives of the applicant entity. Authorized representatives are:

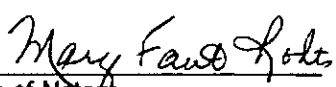
- o in the case of a corporation, any two of its officers or members of its Board of Directors;
- o in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
- o in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- o In the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- o in the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf of Addison Surgery Center, LLC *
in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this Application on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the fee required for this application is sent herewith or will be paid upon request.


SIGNATURE
CEO SINGH, KERN
PRINTED NAME
CEO
PRINTED TITLE


SIGNATURE
Michael V. McKelitt
PRINTED NAME
Reg. VICE PRESIDENT
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 16th day of JUNE 2017


Signature of Notary

Seal

Notarization:
Subscribed and sworn to before me
this 16th day of JUNE 2017


Signature of Notary

Seal

OFFICIAL SEAL
THOMAS M RACHUBINSKI
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES 05/01/20

*Insert the EXACT legal name of the applicant



CERTIFICATION

The Application must be signed by the authorized representatives of the applicant entity. Authorized representatives are:

- in the case of a corporation, any two of its officers or members of its Board of Directors;
- in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
- in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf of Aiden Center for Day Surgery, LLC *
in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this Application on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the fee required for this application is sent herewith or will be paid upon request.

Kam Thi
SIGNATURE

KANDOSH JAFARIAN
PRINTED NAME

CEO
PRINTED TITLE

Soussan Jafari
SIGNATURE

Soussan Jafari
PRINTED NAME

COO
PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 16TH day of JUNE 2017

Notarization:

Subscribed and sworn to before me
this 16TH day of JUNE 2017

Stephen K. Kowalewski
Signature of Notary

Seal

OFFICIAL SEAL
STEPHEN K KOWALEWSKI
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES: 12/18/17
*Insert the EXACT local name of the applicant

Stephen K. Kowalewski
Signature of Notary

Seal

OFFICIAL SEAL
STEPHEN K KOWALEWSKI
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES: 12/18/17

CERTIFICATION

The Application must be signed by the authorized representatives of the applicant entity. Authorized representatives are:

- o in the case of a corporation, any two of its officers or members of its Board of Directors;
- o in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
- o in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- o in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- o In the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf of Aiden Center for Day Surgery, LLC *
in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this Application on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the fee required for this application is sent herewith or will be paid upon request.

Kianoush Jafari
SIGNATURE

KIANOUSH JAFARI, MD
PRINTED NAME

CEO
PRINTED TITLE

Soussan Jafari
SIGNATURE

Soussan Jafari
PRINTED NAME

CEO
PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 16th day of JUNE 2017

Notarization:

Subscribed and sworn to before me
this 16th day of JUNE 2017

Stephen K. Kowalewski
Signature of Notary

Seal

OFFICIAL SEAL
STEPHEN K KOWALEWSKI
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES: 12/18/17
*Insert the EXACT legal name of the applicant

Stephen K. Kowalewski
Signature of Notary

Seal


OFFICIAL SEAL
STEPHEN K KOWALEWSKI
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES: 12/18/17

CERTIFICATION

The Application must be signed by the authorized representatives of the applicant entity. Authorized representatives are:

- o in the case of a corporation, any two of its officers or members of its Board of Directors;
- o in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
- o in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- o in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- o in the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf of Addison Surgery Center, LLC *
in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this Application on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the fee required for this application is sent herewith or will be paid upon request.

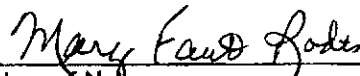

SIGNATURE

SINGH, KERN
PRINTED NAME

CEO
PRINTED TITLE

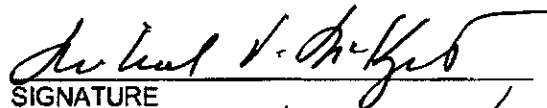
Notarization:

Subscribed and sworn to before me
this 16th day of JUNE, 2017


Signature of Notary

Seal

*Insert the EXACT legal name of the applicant


SIGNATURE

Michael V. Warkentin
PRINTED NAME

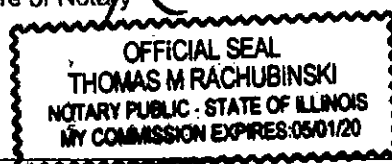
Regional Vice President
PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 16th day of JUNE, 2017


Signature of Notary

Seal



**SECTION III. BACKGROUND, PURPOSE OF THE PROJECT, AND ALTERNATIVES
- INFORMATION REQUIREMENTS**

This Section is applicable to all projects except those that are solely for discontinuation with no project costs.

Background

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.
2. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application.
3. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**
4. If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest that the information was previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

APPEND DOCUMENTATION AS ATTACHMENT 11, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 11.

Criterion 1110.230 – Purpose of the Project, and Alternatives (Not applicable to Change of Ownership)**PURPOSE OF PROJECT**

1. Document that the project will provide health services that improve the health care or well-being of the market area population to be served.
2. Define the planning area or market area, or other relevant area, per the applicant's definition.
3. Identify the existing problems or issues that need to be addressed as applicable and appropriate for the project.
4. Cite the sources of the documentation.
5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.
6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to

SECTION V. CHANGE OF OWNERSHIP (CHOW)**1130.520 Requirements for Exemptions Involving the Change of Ownership of a Health Care Facility**

1. Prior to acquiring or entering into a contract to acquire an existing health care facility, a person shall submit an application for exemption to HFSRB, submit the required application-processing fee (see Section 1130.230) and receive approval from HFSRB.
2. If the transaction is not completed according to the key terms submitted in the exemption application, a new application is required.
3. READ the applicable review criteria outlined below and submit the required documentation (key terms) for the criteria:

APPLICABLE REVIEW CRITERIA	CHOW
1130.520(b)(1)(A) - Names of the parties	X
1130.520(b)(1)(B) - Background of the parties, which shall include proof that the applicant is fit, willing, able, and has the qualifications, background and character to adequately provide a proper standard of health service for the community by certifying that no adverse action has been taken against the applicant by the federal government, licensing or certifying bodies, or any other agency of the State of Illinois against any health care facility owned or operated by the applicant, directly or indirectly, within three years preceding the filing of the application.	X
1130.520(b)(1)(C) - Structure of the transaction	X
1130.520(b)(1)(D) - Name of the person who will be licensed or certified entity after the transaction	
1130.520(b)(1)(E) - List of the ownership or membership interests in such licensed or certified entity both prior to and after the transaction, including a description of the applicant's organizational structure with a listing of controlling or subsidiary persons.	X
1130.520(b)(1)(F) - Fair market value of assets to be transferred.	X
1130.520(b)(1)(G) - The purchase price or other forms of consideration to be provided for those assets. [20 ILCS 3960/8.5(a)]	X
1130.520(b)(2) - Affirmation that any projects for which permits have been issued have been completed or will be completed or altered in accordance with the provisions of this Section	X
1130.520(b)(2) - If the ownership change is for a hospital, affirmation that the facility will not adopt a more restrictive charity care policy than the policy that was in effect one year prior to the transaction. The hospital must provide affirmation that the compliant charity care policy will remain in effect for a two-year period following the change of ownership transaction	X N/A
1130.520(b)(2) - A statement as to the anticipated benefits of	X

the proposed changes in ownership to the community	
1130.520(b)(2) - The anticipated or potential cost savings, if any, that will result for the community and the facility because of the change in ownership;	X
1130.520(b)(2) - A description of the facility's quality improvement program mechanism that will be utilized to assure quality control;	X
1130.520(b)(2) - A description of the selection process that the acquiring entity will use to select the facility's governing body;	X
1130.520(b)(2) - A statement that the applicant has prepared a written response addressing the review criteria contained in 77 Ill. Adm. Code 1110.240 and that the response is available for public review on the premises of the health care facility	X
1130.520(b)(2)- A description or summary of any proposed changes to the scope of services or levels of care currently provided at the facility that are anticipated to occur within 24 months after acquisition.	X

Application for Change of Ownership Among Related Persons

When a change of ownership is among related persons, and there are no other changes being proposed at the health care facility that would otherwise require a permit or exemption under the Act, the applicant shall submit an application consisting of a standard notice in a form set forth by the Board briefly explaining the reasons for the proposed change of ownership. [20 ILCS 3960/8.5(a)]

APPEND DOCUMENTATION AS ATTACHMENT 15, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Attachment 1

Section I – Type of Ownership – Certificate of Good Standing

An Organizational Chart showing the pre-closing and post-closing ownership structure for Aiden Center for Day Surgery, LLC (Seller) and Addison Surgery Center, LLC (Buyer) is included in Attachment 4. Good Standing Certificates for the following entities are attached:

Aiden Center for Day Surgery, LLC (“ACDS”): is an Illinois limited liability company whose majority owner is Jafari Family, LLC. A copy of the Illinois Good Standing Certificate for ACDS is attached.

Addison Surgery Center, LLC (“ASC”): is an Illinois limited liability company whose owners are Nueterra Holdings, LLC and multiple individuals. A copy of the Illinois Good Standing Certificate for ASC is attached.



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

ADDISON SURGERY CENTER, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON APRIL 28, 2017, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 19TH day of MAY A.D. 2017 .

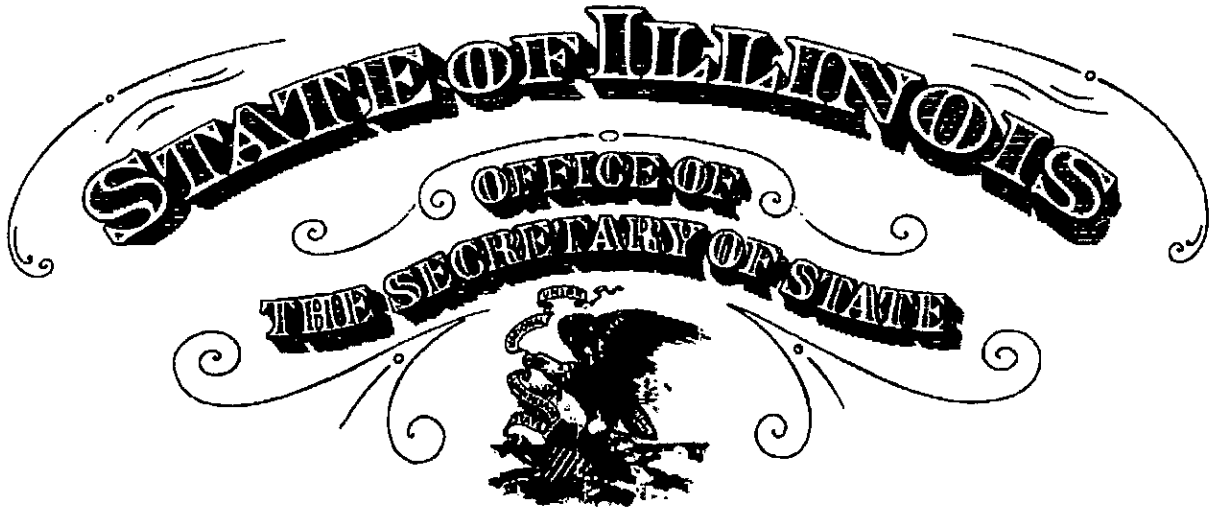
Jesse White

SECRETARY OF STATE

Authentication #: 1713900682 verifiable until 05/19/2018
Authenticate at: <http://www.cyberdriveillinois.com>

File Number

0246185-4



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

AIDEN CENTER FOR DAY SURGERY, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON FEBRUARY 15, 2008, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 8TH day of JUNE A.D. 2017 .

Jesse White

SECRETARY OF STATE

Authentication #: 1715902280 verifiable until 06/08/2018

Authenticate at: <http://www.cyberdriveillinois.com>

Attachment 2

Section I – Site Ownership

The current site is owned by Jafari Family, LLC and controlled by Aiden Center for Day Surgery, LLC. Attached is proof of ownership and control for the current site.

Page 18

Rate 2014	Tax 2014	Taxing District	Rate 2015	Tax 2015
		** COUNTY **		
.1237	1,046.58	COUNTY OF DU PAGE	.1185	1,022.84
.0267	225.90	PENSION FUND	.2253	220.92
.0411	347.73	COUNTY HEALTH DEPT	.0400	345.19
.0142	120.14	PENSION FUND	.0130	112.18
.1568	1,328.63	FOREST PRESERVE DIST	.1503	1,301.38
.0123	104.06	PENSION FUND	.0114	98.38
.0196	165.82	DU PAGE AIRPORT AUTH	.0188	162.24
		** LOCAL **		
NO LEVY		DU PAGE WATER COMM	NO LEVY	
.0582	577.01	ADDISON TOWNSHIP	.0535	573.88
.0056	47.37	PENSION FUND	.0052	44.87
.1045	884.14	ADDISON TWP ROAD	.1016	878.52
.0051	51.61	PENSION FUND	.0057	49.19
.5228	4,423.25	VLG OF ADDISON	.5567	4,804.28
.2881	2,437.52	PENSION FUND	.2828	2,438.80
.4568	3,864.84	VLG ADDISON LIBR	.4712	4,385.45
.0420	355.34	PENSION FUND	.0339	292.65
.4189	3,544.18	ADDISON PARK DIST	.4021	3,470.08
.0611	518.94	PENSION FUND	.0599	603.22
.9407	7,958.88	ADDISON FIRE DIST	.9217	7,954.17
.1814	1,534.77	PENSION FUND	.2023	1,745.82
		** EDUCATION **		
2.9869	25,271.26	GRADE SCHOOL DIST 4	2.9478	25,438.21
.0758	639.62	PENSION FUND	.0762	657.59
2.4558	20,778.09	HIGH SCHOOL DIST 86	2.4853	21,447.89
.1025	867.22	PENSION FUND	.0624	538.50
.2875	2,517.20	COLLEGE DU PAGE 502	.2786	2,404.43
9.4087	79,604.25	TOTALS	9.3460	80,872.32

Mailed to:
1580 WEST LAKE ST LLC
C/O K JAFARI
2425 W 22ND ST NO 101
OAK BROOK, IL 60523

Property Location:
1580 W LAKE ST
ADDISON, IL 60101

Township Assessor:

ADDISON
630-530-8161

Tax Code:

3033

Property Index Number:

03-18-407-024

Unpaid Taxes Due: NO

TIF Frozen Value	
Fair Cash Value	
Land Value	471,210
+ Building Value	391,700
= Assessed Value	862,990 *
x State Multiplier	1.0000
= Equalized Value	862,990
- Residential Exemption	
- Senior Exemption	
- Senior Freeze	
- Disabled Veteran	
- Disability Exemption	
- Returning Veteran Exemption	
- Home Improvement Exemption	
- Housing Abatement	
= Net Taxable Value	862,990
x Tax Rate	9.3480
= Total Tax Due	80,872.32

* S OF A FACTOR 1.0000

CHANGE OF NAME/ADDRESS:
COUNTY CLERK 630-407-5540



2015 DuPage County Real Estate Tax Bill
Gwen Henry, CPA, County Collector
421 N. County Farm Road
Winnetka, IL 60093

Office Hours - 8:00 am - 4:30 pm, Mon-Fri
Telephone - (630) 407-5900

2014 5846,070 Assessed Value 2015 \$862,880

133674

Attachment 2

Attachment 3

Section I –Operating Identity/ License

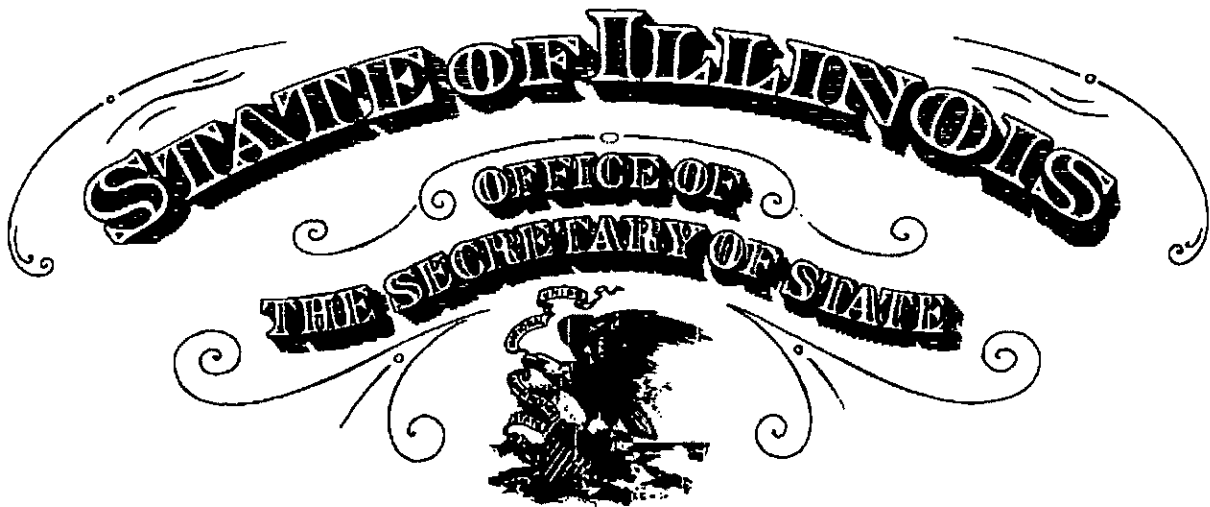
Aiden Center for Day Surgery, LLC is the licensed entity operating the facility. Addison Surgery Center, LLC will be the licensed entity operating the facility following the Change of Ownership transaction and approval by the IDPH. Copies of the Illinois Certificates of Good Standing are attached for both entities.

Jafari Family, LLC (100%) is the majority owner of Aiden Center for Day Surgery, LLC. There are no other persons with 5% or greater interest in the current licensee.

Addison Surgery Center, LLC will be the controlling entity following the Change of Ownership with Nueterra Holdings, LLC owning 30% and the remaining 70% owned by individuals, all of which have less than 5% ownership. A list of the post-closing ownership persons with 5% or greater interest in Addison Surgery Center, LLC is attached.

File Number

0246185-4



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

AIDEN CENTER FOR DAY SURGERY, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON FEBRUARY 15, 2008, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 8TH
day of JUNE A.D. 2017 .***

Jesse White

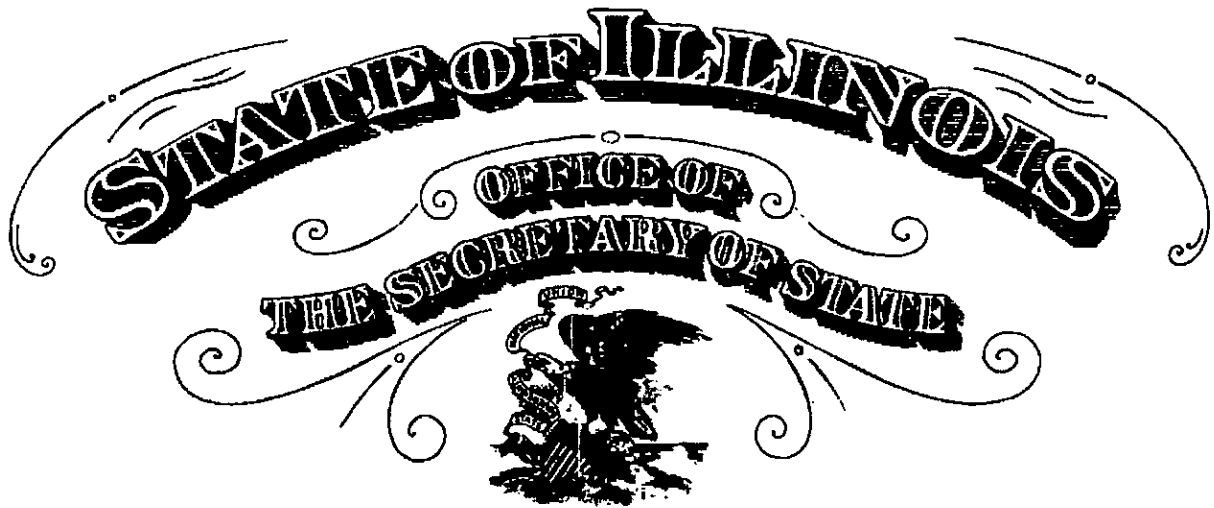
SECRETARY OF STATE

Authentication #: 1715902280 verifiable until 06/08/2018

Authenticate at: <http://www.cyberdriveillinois.com>

File Number

0627976-7



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

ADDISON SURGERY CENTER, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON APRIL 28, 2017, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 19TH day of MAY A.D. 2017 .

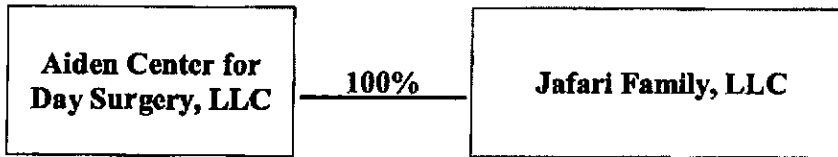
Jesse White

SECRETARY OF STATE

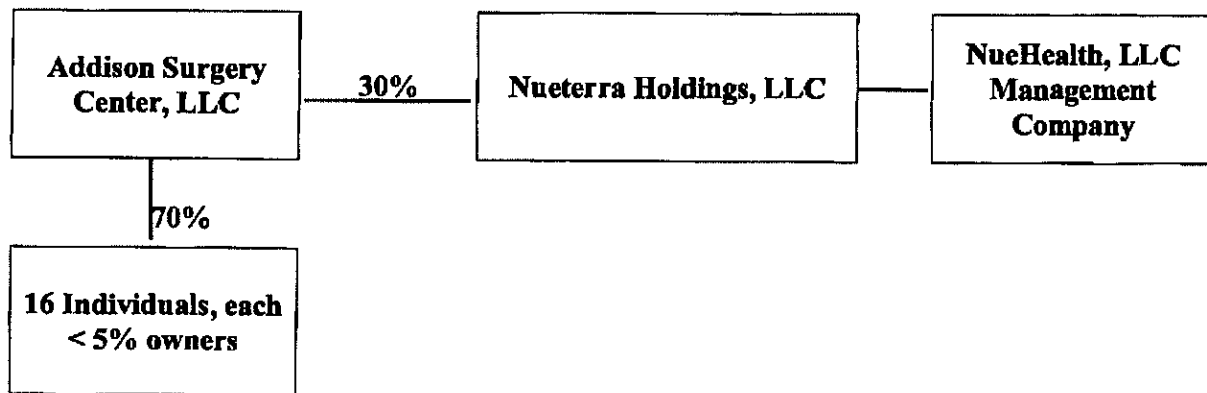
Authentication #: 1713900662 verifiable until 05/19/2018
Authenticate at: <http://www.cyberdriveillinois.com>

**Pre and Post-Closing Ownership – Aiden Center for Day Surgery/ Addison
Surgery Center, LLC Ownership Structure**

Pre-closing Ownership



Post-closing Ownership



Attachment 4

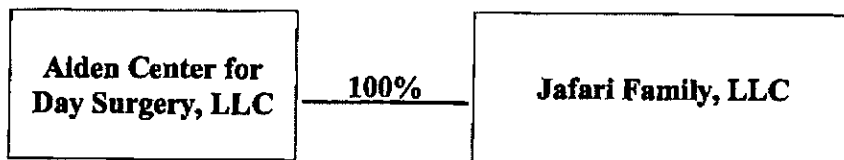
Section I –Organizational Relationship

An organizational chart showing the current pre-closing ownership structure for Aiden Center for Day Surgery, LLC is attached as well as the post-closing ownership structure for Addison Surgery Center, LLC, the entity purchasing Aiden Center for Day Surgery, LLC.

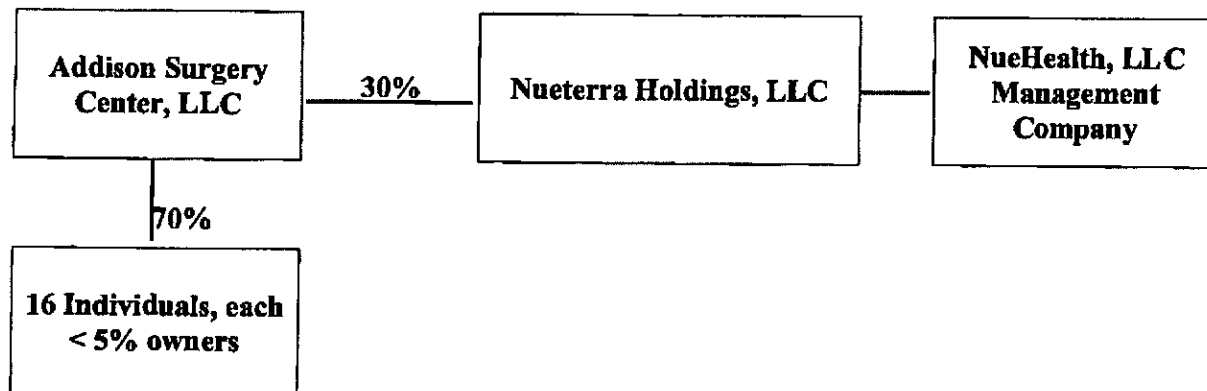
An additional Organizational Chart with all related parties for Aiden Center for Day Surgery, LLC is provided.

**Pre and Post-Closing Ownership – Aiden Center for Day Surgery/ Addison
Surgery Center, LLC Ownership Structure**

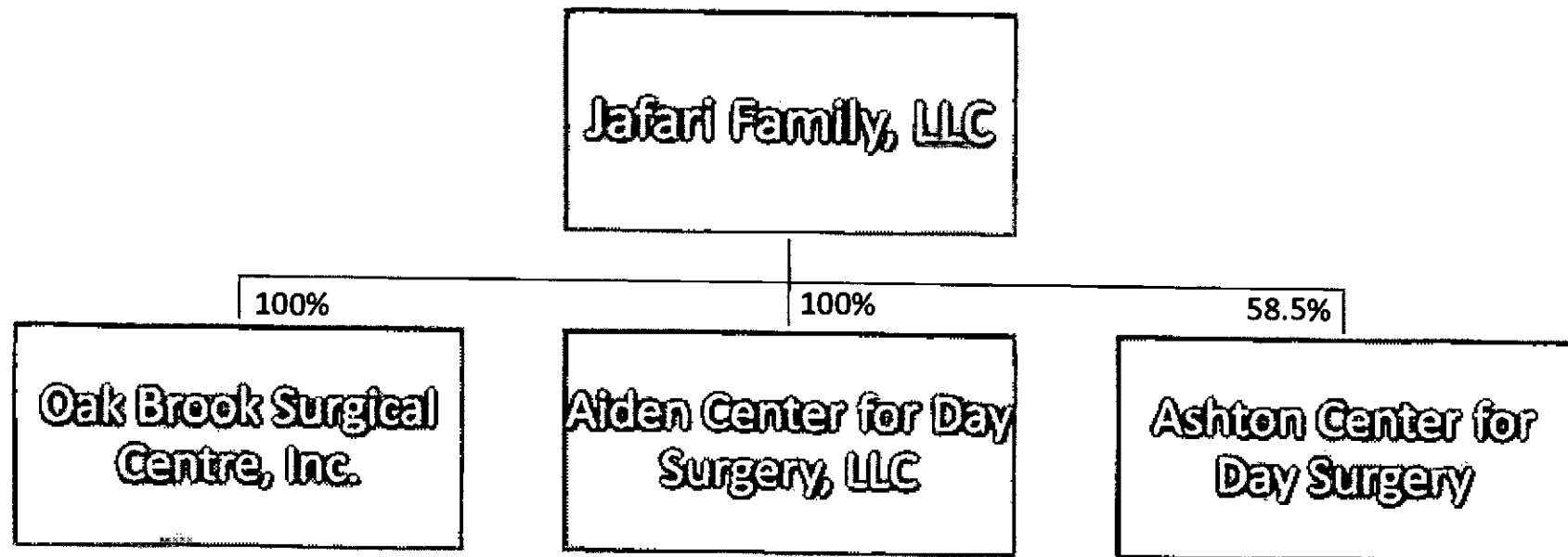
Pre-closing Ownership



Post-closing Ownership



Organizational Relationships



Attachment 11

Section III –Background of the Applicant

1. **Aiden Center for Day Surgery, LLC** does not have ownership or operational control in any other health care facilities. **Jafari Family, LLC** owns 100% of Aiden Center for Day Surgery, LLC and has ownership in the following Health Care Facilities in Illinois:

**1800 McDonough Road Surgery Center, LLC dba Ashton Center for Day Surgery
Oak Brook Surgical Centre, Inc.**

Addison Surgery Center, LLC does not have ownership or operational control in any other health care facilities. **Nueterra Holdings, LLC**, who has ownership in Addison Surgery Center, LLC, has ownership in the following health care facilities in Illinois:

Gold Coast Surgicenter, LLC – 15.27% owned by Nueterra Holdings, LLC

Licenses and Certificates are attached for all applicable Health Care facilities owned or operated by the Licensees.

2. By their signatures on the Certification pages to this application, each of the Applicants attest that no adverse action has been taken against any facility owned and/ or operated by them during the three years prior to the filing of this application.
3. By their signatures to the Certification pages to this application, each of the applicants authorize the HFSRB and DPH to access any documents necessary to verify the information submitted, including, but not limited to: (i) official records of DPH or other State agencies; (ii) the licensing or certification records of other states, when applicable; and (iii) the records of nationally recognized accreditation organizations.



**Illinois Department of
PUBLIC HEALTH**

HF111922

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

Nirav D. Shah, M.D., J.D.
Director

Issued under the authority of
the Illinois Department of
Public Health

EXPIRATION DATE	CATEGORY	ID NUMBER
9/29/2017		7003138
Ambulatory Surgery Treatment Center		
Effective: 09/30/2016		

1800 McDonough Road Surgery Center, LLC
dba Ashton Center for Day Surgery
1800 McDonough Road Suite 100

Hoffman Estates, IL 60192

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #4012320 10M 3/12

1800 McDonough Road, Suite 100

Center, LLC

Ashton Center for Day Surgery

Hoffman Estates, IL

has been Accredited by



The Joint Commission

Which has surveyed this organization and found it to meet the requirements for

Ambulatory Health Care Accreditation

December 2, 2016

Accreditation is customarily valid for 36 months



**Illinois Department of
PUBLIC HEALTH**

HF112767

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

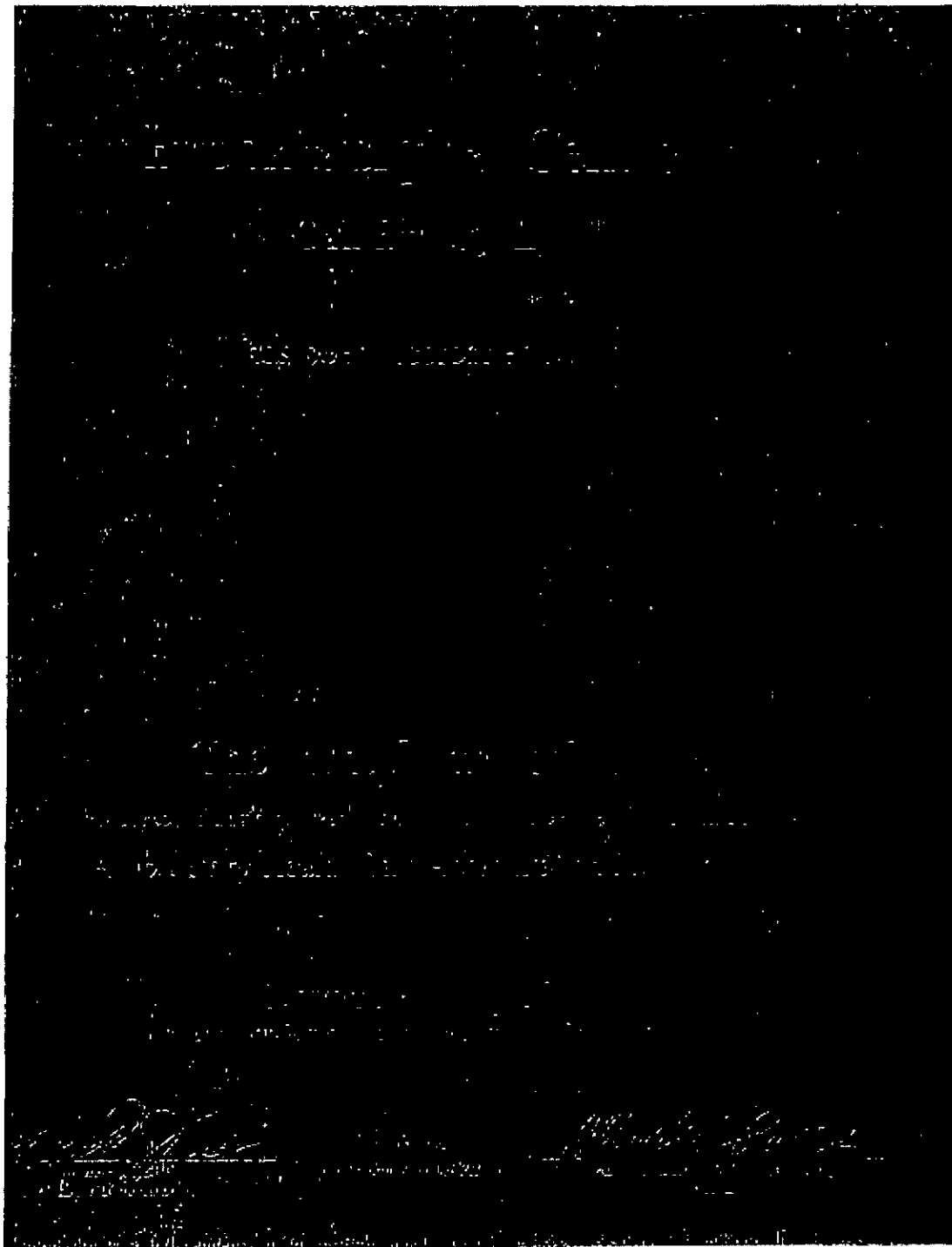
Nirav D. Shah, M.D., J.D.
Director

Issued under the authority of
the Illinois Department of
Public Health

EXPIRATION DATE	CATEGORY	ID NUMBER
4/15/2018		7001548
Ambulatory Surgery Treatment Center		
Effective: 04/16/2017		

Oak Brook Surgical Centre, Inc. The
2425 West 22nd Street Suite 101
Oak Brook, IL 60521

The face of this license has a colored background. Printed by Authority of the State of Illinois • PO #48240 5M 5/18





**Illinois Department of
PUBLIC HEALTH**

HF110868

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

Nirav D. Shah, M.D., J.D.
Director

Issued under the authority of
the Illinois Department of
Public Health

EXPIRATION DATE	CATEGORY	LD NUMBER
6/8/2017		7003150
Ambulatory Surgery Treatment Center		
Effective: 06/09/2016		

Gold Coast Surgicenter, LLC
845 N. Michigan Avenue Suite 985W
Chicago, IL 60611

The face of this license has a colored background. Printed by Authority of the State of Illinois - P.C. #4012320 10M 3/12

← DISPLAY THIS PART IN A
CONSPICUOUS PLACE

Exp. Date 6/8/2017

Lic Number 7003150

Date Printed 5/10/2016

Gold Coast Surgicenter, LLC

845 N Michigan Avenue
Suite 985W
Chicago, IL 60611-2201

FEE RECEIPT NO.

Attachment 11

Page 31



May 25, 2017

Re: # 504200
CCN: #14C0001154
Program: Ambulatory Surgical Center
Accreditation Expiration Date: January 21, 2020

Nikhil Verma
President
Gold Coast Surgicenter, LLC
845 N. Michigan Avenue, Suite 985W
Chicago, Illinois 60611-2218

Dear Dr. Verma:

This letter confirms that your January 18, 2017 - January 20, 2017 unannounced full resurvey was conducted for the purposes of assessing compliance with the Medicare conditions for ambulatory surgical centers through The Joint Commission's deemed status survey process.

Based upon the submission of your evidence of standards compliance on May 19, 2017 and the successful on-site unannounced Medicare Deficiency Follow-up event conducted on March 01, 2017, the areas of deficiency listed below have been removed. The Joint Commission is granting your organization an accreditation decision of Accredited with an effective date of January 21, 2017. We congratulate you on your effective resolution of these deficiencies.

§416.48 Pharmaceutical Services
§416.51 Infection Control

The Joint Commission is also recommending your organization for continued Medicare certification effective January 21, 2017. Please note that the Centers for Medicare and Medicaid Services (CMS) Regional Office (RO) makes the final determination regarding your Medicare participation and the effective date of participation in accordance with the regulations at 42 CFR 489.13. Your organization is encouraged to share a copy of this Medicare recommendation letter with your State Survey Agency.

This recommendation applies to the following location(s):

Gold Coast Surgicenter, LLC
845 N. Michigan Avenue, Suite 985W, Chicago, IL, 60611-2218

Please be assured that The Joint Commission will keep the report confidential, except as required by law or court order. To ensure that The Joint Commission's information about your organization is always accurate and current, our policy requires that you inform us of any changes in the name or ownership of your organization or the health care services you provide.

Headquarters
One Renaissance Boulevard
Oakbrook Terrace, IL 60181
630 792 5000 Voice



Sincerely,

Mark Pelletier

Mark G. Pelletier, RN, MS
Chief Operating Officer
Division of Accreditation and Certification Operations

cc: CMS/Central Office/Survey & Certification Group/Division of Acute Care Services
CMS/Regional Office 5 /Survey and Certification Staff

Headquarters
One Renaissance Boulevard
Oakbrook Terrace, IL 60181
630 792 5000 Voice

Attachment 15

Section V. – Change of Ownership

1. **1130.520(b)(1)(A), Names of Parties:** The Applicants are: (1) Aiden Center for Day Surgery, LLC and (2) Addison Surgery Center, LLC.
2. **1130.520(b)(1)(B), Background of the Parties:** Each of the Applicants, by their signatures to the Certification pages of this application, attest that they are fit, willing, able and have the qualifications, background and character to adequately provide a proper standard of health service for the community

By their signatures on the Certification pages to this application, each of the Applicants attest that no adverse action has been taken against any facility owned and/ or operated by them during the three years prior to filing of this application.
3. **1130.520(b)(1)(C), Structure of the Transaction:** This is a Change of Ownership from Aiden Center for Day Surgery, LLC to Addison Surgery Center, LLC. The entire membership interest and ownership in Aiden Center for Day Surgery, LLC will be transferred from Aiden Center for Day Surgery, LLC to Addison Surgery Center, LLC.
4. **1130.520(b)(1)(D), Name of Licensed Entity after Transaction:** The name of the licensed entity after the Change of Ownership will be Addison Surgery Center, LLC.
5. **1130.520(b)(1)(E), List of the ownership or membership interests in such licensed or certified entity both prior to and after the transaction, including a description of the applicant's organizational structure with a listing of controlling or subsidiary persons:** An organizational chart showing the current organizational structure of each applicant, as well as the post-closing structure, is provided in Attachment 4.
6. **1130.520(b)(1)(F), Fair market value of assets to be transferred:** Not applicable.
7. **1130.520(b)(1)(G), Purchase price or other forms of consideration to be provided:** Not applicable.
8. **1130.520(b)(2), Affirmations:** In accordance with 77 Ill. Adm. Code 1130.520, each of the Applicants affirm that any project for which permits have been issued have been completed, or will be completed, or altered in accordance with the provision of this Section.
9. **1130.520(b)(2), Ownership Change for a Hospital:** Not applicable. The change of ownership is for an Ambulatory Surgical Treatment Center (ASTC).

10. **1130.520(b)(2), Statement of anticipated benefits to community:** Since 2009, Aiden Center for Day Surgery has seen a steady decline in volume. In 2016, the facility performed, in total 475 surgical cases. The ASTC is vastly underutilized. The anticipated change in ownership will revitalize an existing ASTC and provide area residents access to a facility that is focused on value based care that is both convenient and cost effective.
11. **1130.520(b)(2), Anticipated or Potential cost savings:** The anticipated or potential cost savings that will result for the community as a result in the change of ownership will be measurable. A review of IDPH surveys indicate that the current facility performed 475 cases in a facility that has 4 operating rooms and 2 procedure rooms. The facility is an underutilized healthcare asset to the community which does not have the current financial capacity in helping physicians better accommodate patients with high deductibles and co-pays. Patients referred to the surgery center historically would have his, or her, surgery performed in a higher cost, more intensive hospital setting. The growth in population health management and value based payment requires that providers accommodate patient need for convenient cost effective care.
12. **1130.520(b)(2), Quality Improvement Program mechanism description:** Attached please find a description of the facility's Quality Improvement Program mechanism that will be utilized to assure quality control.
13. **1130.520(b)(2), Governing Body selection:** The Governing Body selection will be determined by unanimous vote under the current Board of Managers listed in the attachment.
14. **1130.520(b)(2), Written response available for public review:** The Applicants have or will prepare a written response addressing the review criteria contained in 77 Ill. Adm. Code 1110.240 that will be available for public review at Aiden Center for Day Surgery, LLC.
15. **1130.520(b)(2), Summary of proposed changes to the scope of services or levels of care currently provided:** As recorded in the State inventory, Aiden Center for Day Surgery (IDPH Project #98 – 055) is licensed as a multispecialty ASTC and under its license provides a full compendium of surgical services. Addison Surgical Center does not envision the need to add additional specialties beyond the centers current capabilities. As disclosure and given the current physical plant capabilities, the center will concentrate on musculoskeletal disorders moving forward.

Quality Improvement Program Description

Addison Surgery Center, LLC ("Facility") believes that Quality and Patient Safety is everyone's responsibility. This includes delivering care consistent with professional standards; providing and maintaining a safe patient environment; and remaining fiscally responsible. The Facility Board of Managers, Medical Staff, and administrative leadership are dedicated to patient safety and quality improvement. They are charged with the responsibility of overseeing the development and implementation of a quality plan consistent with the organization's mission, vision, and values. The Facility Board of Managers and Leadership will review the effectiveness of the Quality Assessment and Performance Improvement and Patient Safety Plan, at a minimum, annually. The Board of Managers will give final approval of the plan and priorities identified.

The Board of Managers must ensure the Quality Assessment and Performance Improvement Program:

1. Is defined, implemented, and maintained
2. Addresses the Facility's priorities and that all improvements are evaluated for effectiveness.
3. Specifies data collection methods, frequency, and details
4. Clearly establishes its expectations for safety
5. Sets expectations and priorities regarding performance improvement while adjusting priorities in response to urgent or unusual events
6. Allocates adequate resources for improving organizational performance and improving patient safety
7. Measures and assesses the effectiveness of performance improvement and safety activities

The Quality Assessment and Performance Improvement and Patient Safety Plan promote the highest quality of patient care and services within the Facility. The scope of the Quality Assessment and Performance Improvement and Patient Safety Plan addresses all areas, including clinical contracted services provided by lab, pharmacy, etc. The Facility will put into operation the plan within its scope of services and population served, utilizing the following guiding principles:

Quality Guiding Principles

1. Focus on Quality and Patient Safety – it is everyone's responsibility
2. Improve all that is undertaken
3. Provide service excellence to our customers
4. Align Mission, Vision, and Strategy
5. Ensure continuous improvement that is process-focused, data-driven, and measures results
6. Foster creativity and innovation in an environment that values and encourages employee participation
7. Practice teamwork and collaboration, recognizing the unique and valuable contribution each member makes to the team
8. Ensure the program is a continuing one, not just a one-time effort
9. Ensure the program identifies in a systematic manner what data will be collected to measure various aspects of quality of care, the frequency of data collection, and how the data will be collected and analyzed.
10. Ensure the data collected is used to assess quality and stimulate performance improvement.

Prioritization and Accountability of Performance Improvement and Patient Safety

The Board of Managers, in collaboration with Facility Leadership and the Medical Staff, sets priorities for performance improvement and safety.

Performance Improvement Focus

The program is designed to be ongoing and to demonstrate measurable improvement in patient health and outcomes; improve patient safety by using quality indicators or performance measures associated with improved health outcomes; and identify and reduce medical errors.

The Facility strives to achieve optimal clinical outcomes for all its patients while providing care in the safest environment possible. Indicators used to measure quality will be outcome indicators that measure results of care, process of care indicators that measure how often the standard of care is met in various processes across the Facility, and patient perception indicators that measure a patient's perception of their patient experience.

At a minimum, the Facility collects data on the following:

1. Operative or other procedures that place patients at risk of disability or death
2. All significant discrepancies between pre-operative and post-operative diagnosis, including pathologic diagnoses
3. Adverse Events related to using moderate or deep sedation or anesthesia
4. Incidence of Resuscitation and its results
5. Medication Errors
6. Adverse Drug Reactions
7. Patient perception of the safety and quality of care, treatment, services, and communication
8. Infection Control and Surveillance
9. Patient Burns
10. Patient Falls
11. Prophylactic Antibiotic Timing
12. Hospital Transfer/Admissions
13. Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant
14. Unintended Retained Foreign Object

In addition to the above indicators, the Facility will prioritize performance improvement activities to assure that they are focused on high-risk, high-volume, or problem-prone areas. The Facility will focus on issues of known frequency, prevalence or severity, and shall give precedence to issues that affect health outcomes, quality of care, and patient safety.

Components of Performance Improvement Program

Quality Assessment and Performance Improvement (QAPI) is a continuous process. The QAPI program will be proactive, comprehensive, ongoing, and data driven.

The goal of QAPI involves:

1. Identification and measurement of variances in current practice and services that can lead to less than optimal performance
2. Identification and implementation of changes to enhance existing performance
3. Consistent monitoring of changes to ensure sustained gains

The data collected will be used to monitor the effectiveness and safety of services and quality of care provided and to identify opportunities that could lead to improvements and changes in patient care.

Data will be analyzed to monitor the Facility's performance and to determine what the data suggests about the Facility's quality of care and effectiveness of safety of its services. Analysis will take place at regular intervals to enable detection of problem areas in a timely manner. Investigation into root causes for any adverse event will be conducted. Following the analysis of data and identification of opportunities for

Quality Improvement Program Description

improvement, the Facility will develop specific changes in its policies, procedures, equipment, environment, process, etc. to accomplish improvements in the identified areas of weakness. The Facility will implement preventive strategies designed to reduce the likelihood of an adverse event.

Implementation of strategies to ensure the improvements made are sustained over time will be done. Staff will be made aware of strategies adopted for prevention of adverse events.

Combinations of methodologies are used to provide a systematic approach to process improvement. Utilization of the PDCA (Plan, Do, Check, Act) problem-solving framework, throughout the Facility, enables all employees to systematically work through performance improvement initiatives.

At a minimum, the Facility will be required to have two distinct performance improvement initiatives annually that reflect the scope and complexity of service provided. Documentation of the projects will include the reason for implementing the project and a description of the project's results. Records will be kept on the chosen performance improvement projects.

The Quality Indicator Dashboard will be reviewed and updated at least annually by Quality Assessment and Performance Improvement Committee and the Board of Directors.

Performance Improvement initiatives and quality indicators will be prioritized based on the following criteria:

1. High risk, high impact, and problem prone areas
2. Indicators with performance remaining below benchmark
3. Indicators required for reporting by regulatory and accrediting agencies
4. Recommendations from the National Quality Forum and the Agency for Healthcare Quality and Research

Indicators will be scored utilizing a red (below benchmark), yellow (approaching benchmark) or green (at or better than benchmark) spotlight scoring system. External benchmarks will be used when available and internal benchmarks will be developed if no external ones are available.

Thresholds for yellow and red scores will be developed by indicator; any indicator performing at or above the indicator will be scored as green. Indicators scoring red for three consecutive months or greater will be required to begin a ninety (90) day performance improvement action plan. The Administrator or leader for the area will oversee the plan and provide necessary resources for the project.

Components of Patient Safety Program

Patient Safety is a priority at the Facility. The Patient Safety Plan is designed to support and promote the Facility's mission to provide safe, quality patient care. The plan engages staff, medical staff, patients, and visitors in activities and practices designed to promote safety and prevent patient injury and harm associated with medical errors and hazardous conditions in the health care setting. An important aspect of Performance Improvement is the identification and management of processes and behaviors leading to potential or actual patient harm. The Facility Patient Safety Program includes the ongoing assessment, tracking, and trending of patient safety events, and determination of further action, should action be deemed necessary.

The authority of the Patient Safety Plan rests with the Board of Managers (BOM). The BOM delegates authority to the QAPI Committee to implement and maintain the activities described in the plan. All staff share responsibility and accountability to employ safe patient practices in alignment with the Facility policies and procedures.

Program Distinguishing Characteristics

Proactive Approaches

The Facility engages in proactive risk reduction approaches to (re)design processes to improve patient safety

Quality Improvement Program Description

before an event occurs with potential or actual harm to patients. The approaches include:

1. Performing a criticality analysis or failure mode effects analysis (FMEA)
2. Obtaining stakeholder, physician, and staff information about potential safety issues
3. Documenting "near miss" events in variance reports
4. Formalizing mechanisms to analyze care and revise care processes under the guidance of the QAPI and BOM authority
5. Adopting best practices, clinical practice guidelines, and preventive approaches endorsed by regulatory, accreditation, and professional associations
6. Prioritizing the annual performance improvement and safety initiatives

Patient/Family Education and Involvement

The Facility encourages the patient and family to become partners and participants in their care. The patient participation strategies include:

1. Active participation in correct patient, procedure, site verification procedures
2. Notification of patient rights and responsibilities
3. Obtaining information about pre-procedure medications
4. Enlisting patient and family feedback, perceptions, and concerns for safety and well-being while receiving care and after discharge by way of post-op phone call and patient survey.

Health Care Team Education and Involvement

Each member of the Care Team is considered an advocate for patient safety and error prevention. The Facility approaches include:

1. Safety-related orientation and training
2. Expectations of reporting potential and actual events which may cause patient harm (variance reporting)
3. Safety-oriented communications and partnership with patients evidenced in patient encounters
4. Participation in QAPI processes including routine safety-related data collection and analysis (infection surveillance, the Facility safety surveillance)

The Board of Managers and the Facility leadership have the ultimate authority and accountability to conduct a program which positively influences patient safety. The program implementation and oversight is under the leadership of the QAPI Committee with the participation of staff responsible for patient safety, risk management, and quality improvement functions.

The Patient Safety Plan and Program exists in concert with the Quality Assessment and Performance Improvement Plan/Program and the Risk Management Plan. Regular reports and recommendations are submitted to the Board of Managers. The effectiveness of the Plan and Program are evaluated annually by the QAPI Committee and Board of Managers. The overall effectiveness and efficacy of the program is evaluated annually by reviewing the following:

1. Improvements in high-risk and core care process selected for risk reduction
2. Results of and action on patient perception data
3. Impact of Patient Safety Goal compliance
4. Results of stakeholder and staff involvement in patient safety and error reduction approaches
5. Regular reports and recommendations are submitted to the Board of Managers
6. Impact of increased reporting and recognition of patient errors, near misses, or hazardous conditions

Types of patient safety or medical errors included in review and analysis include, but are not limited to: actual or near-miss events; potential and actual adverse drug events; sentinel events (reference: Sentinel Event Management Policy).

Quality Improvement Program Description

Any sentinel event or undesirable outcome will trigger an immediate response from the Director of Nursing as well as other Senior Leadership, as appropriate. A Root Cause Analysis (RCA) is conducted on all sentinel events and an action plan formulated to identify strategies the organization will implement to mitigate the risk of similar occurrences in the future. All other event types are reviewed and action taken as appropriate (reference sentinel event management policy).

Aggregate variance report information will be presented quarterly to the Board of Managers. Should an issue or trend be identified, direction and resources for further investigation or a ninety (90) day action plan, will be provided under the guidance of the committee. In addition to routine patient safety information reporting per the Quality Assessment and Performance Improvement Reporting Calendar, trends or concerns will be reported to the committee as they are identified. However, any member of the Board of Managers or Senior Leadership can request a further drill down of patient safety concerns, at any time.

Performance Improvement and Safety Structure and Results Reporting

Quality information flows through a reporting structure as identified below. Significant findings, actions, and recommendations from quality management activities are reported to the Senior Leadership Team and the Board through the established reporting structure.

Board of Managers

The Board of Managers has the ultimate authority and responsibility for the oversight, approval of, and participation in the Quality Plan. During each meeting of the Board of Managers, a portion of the agenda will be dedicated to updates and reports on patient safety and performance improvement. In addition, the Board of Managers is responsible for the review and approval of the Performance Improvement and Safety plan annually.

Quality Assessment and Performance Improvement (QAPI) Committee

The Quality Assessment and Performance Improvement Committee receives reports from the Safety Committee and Infection Control Committees; facilitates the implementation of the strategic quality direction; oversees ongoing measurement, assessment, and improvement of current performance improvement initiatives; receives reports of each of the Facility's patient safety adverse events; prioritizes improvement activities; receives reports and coordinates accreditation efforts; prioritizes improvement activities; reviews and revises the annual plan; completes an annual review of quality and safety performance; serves as a resource for learning and applying new quality techniques; acts as a liaison among the Facility Board of Managers, Medical Staff and Administration with respect to performance improvement; receives performance improvement information; and provides oversight for the annual Performance Improvement and Safety Plan.

Reports to:

The Facility Board of Managers

Meeting requirements:

The Quality Assessment and Performance Improvement Committee shall meet quarterly.

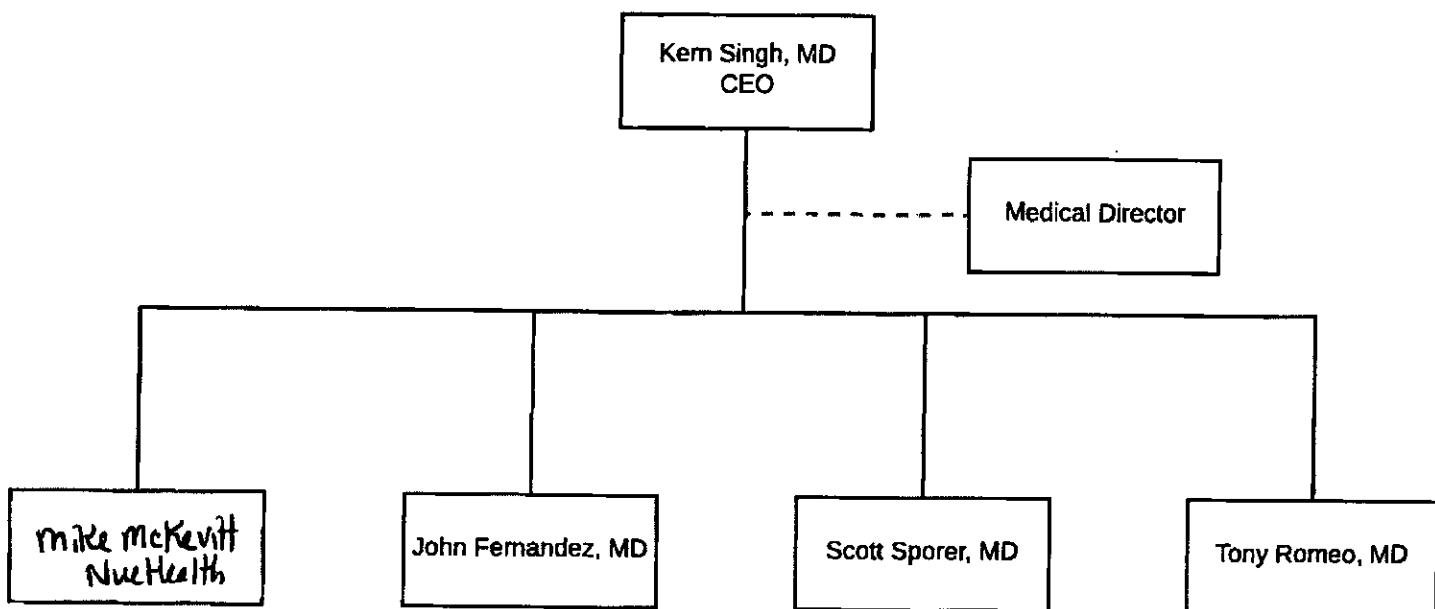
Reference

Centers for Medicare and Medicaid Conditions for coverage 416.43 effective 12-30-09
CMS-1525-FC ASC Quality Reporting Program final rule November 2011

Associated Forms

Patient 1st Handout
ASC Dashboard – see facilitytoolbox.com

Addison Surgery Center, LLC
Board of Managers



After paginating the entire completed application indicate, in the chart below, the page numbers for the included attachments:

INDEX OF ATTACHMENTS		
ATTACHMENT NO.		PAGES
1	Applicant Identification including Certificate of Good Standing	14-18
2	Site Ownership	17-18
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	19-22
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	23-25
5	Flood Plain Requirements	N/A
6	Historic Preservation Act Requirements	N/A
7	Project and Sources of Funds Itemization	N/A
8	Financial Commitment Document if required	N/A
9	Cost Space Requirements	N/A
10	Discontinuation	N/A
11	Background of the Applicant	26-33
12	Purpose of the Project	N/A
13	Alternatives to the Project	N/A
	Service Specific:	
14	Neonatal Intensive Care Services	N/A
15	Change of Ownership	34-42
	Financial and Economic Feasibility:	
16	Availability of Funds	N/A
17	Financial Waiver	N/A
18	Financial Viability	N/A
19	Economic Feasibility	N/A
20	Safety Net Impact Statement	N/A
21	Charity Care Information	N/A