



E-647-17

150 N. Riverside Plaza, Suite 3000, Chicago, IL 60606-1599 • 312.819.1900

**ORIGINAL**

October 23, 2017

Kara M. Friedman  
(312) 873-3639  
kfriedman@polsinelli.com

**FEDERAL EXPRESS**

Michael Constantino  
Supervisor, Project Review Section  
Illinois Department of Public Health  
Health Facilities and Services Review Board  
525 West Jefferson Street, Second Floor  
Springfield, Illinois 62761

**Re: Application for Certificate of Exemption – Discontinuation of Pediatric  
Category of Service**

Dear Mr. Constantino:

I am writing on behalf of The St. George Corporation and Palos Community Hospital (collectively, "Palos") to submit the attached Certificate of Exemption application for the discontinuation pediatric care category of service. For your review, I have attached an original and one copy of the following documents:

1. Check for \$2,500 for the application processing fee; and
2. Completed Application for Certificate of Exemption.

Thank you for your time and consideration of Palos' discontinuation of category of service request. If you have any questions or need any additional information to complete your review of the Palos' certificate of exemption, please feel free to contact me.

Sincerely

A handwritten signature in black ink that reads 'Kara M. Friedman'. To the right of the signature is a small, stylized mark that looks like 'LK'.

Kara M. Friedman

Attachments

## Kara Friedman

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**Subject:** Palos Hospital Discontinuation of Pediatric Bed Category of Service  
**Attachments:** image001.png

-----Original Message-----

From: Stotts, Kim [<mailto:KStotts@ssc.edu>]  
Sent: Monday, October 23, 2017 2:11 PM  
To: Brosnan, Tim  
Subject: [EXTERNAL EMAIL] RE: Palos Hospital Discontinuation of Pediatric Bed Category of Service

Dear Mr. Brosnan,  
Thank you for the information regarding pediatric services at Palos Health. We also do not see any impact regarding the prehospital transport of pediatric patients to your facility. We appreciate you including us in your planning process.  
Kim

---

From: Brosnan, Tim [[TBrosnan@paloshealth.com](mailto:TBrosnan@paloshealth.com)]  
Sent: Friday, October 20, 2017 9:06 AM  
To: Stotts, Kim  
Cc: 'Bernardh47@yahoo.com'; 'Sue.Hecht@advocatehealth.com'; 'lpolhemus@silvercross.org'; Slisz, Denise; Kara M. Friedman - Polsinelli ([kfriedman@polsinelli.com](mailto:kfriedman@polsinelli.com))  
Subject: Palos Hospital Discontinuation of Pediatric Bed Category of Service

Dear Ms. Stotts,

Attached for your information is a copy of a letter which I have sent to you by certified mail indicating that Palos Hospital is submitting an application to the Illinois Health Facilities and Review Board for a Certificate of Exemption for our 15 bed pediatric category of service. Please note that we will continue to offer pediatric care and pediatric patients requiring hospitalization will be treated in a designated area of a medical surgical unit-actually the same area in which they to which they are currently admitted and treated. We do not believe that this will have any impact of transport of pediatric patients to our emergency department, but felt that we should notify you as a courtesy should any questions or concerns arise.

I have also copied the EMS coordinators for the Advocate Christ and Silver Cross networks in which we participate as well.

Should any of you have any concerns or questions, please do not hesitate to contact me or Denis Slisz, Palos' EMS Coordinator.

Thank you.

Timothy J. Brosnan  
Vice President, Planning & Community Relations

12251 S. 80th Avenue | Palos Heights, IL 60463  
p: 708.923.5003 | e: [tbrosnan@paloshealth.com](mailto:tbrosnan@paloshealth.com)<<mailto:tbrosnan@paloshealth.com>>  
[paloshealth.com](http://paloshealth.com)

E-047-17

**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**

**RECEIVED****SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION**

OCT 24 2017

**This Section must be completed for all projects.****Facility/Project Identification****HEALTH FACILITIES &  
SERVICES REVIEW BOARD**

Facility Name: Palos Community Hospital		
Street Address: 12251 South 80th Ave.		
City and Zip Code: Palos Heights, IL 60463		
County: Cook	Health Service Area 7	Health Planning Area: A-04

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

Exact Legal Name: Palos Community Hospital
Street Address: 12251 South 80th Ave
City and Zip Code: Palos Heights, IL 60463
Name of Registered Agent: Barbara J. Madley
Registered Agent Street Address: 12251 South 80th Ave
Registered Agent City and Zip Code: Palos Heights, IL 60463
Name of Chief Executive Officer: Terrence Moisan, M.D.
CEO Street Address: 12251 South 80th Ave
CEO City and Zip Code: Palos Heights, IL 60463
CEO Telephone Number: (708) 923-4000

**Type of Ownership of Applicants**

<input checked="" type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership	
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental	
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other

☐ 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: Kara Friedman
Title: Attorney
Company Name: Polsinelli P.C.
Address: 150 N. Riverside Plaza, Suite 3000, Chicago, IL 60606
Telephone Number: (312) 873-3639
E-mail Address: kfriedman@polsinelli.com
Fax Number:

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

Name: Timothy J. Brosnan
Title: Vice President, Planning and Community Relations
Company Name: Palos Community Hospital

Address: 12251 South 80th Ave, Palos Heights, IL 60463
Telephone Number: (708) 923-5003
E-mail Address: tbrosnan@paloscomm.org
Fax Number:

**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: Palos Community Hospital		
Street Address: 12251 South 80th Ave,		
City and Zip Code: Palos Heights, IL 60463		
County: Cook	Health Service Area 7	Health Planning Area: A-04

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

Exact Legal Name: The St. George Corporation
Street Address: 12251 South 80th Avenue
City and Zip Code: Palos Heights, IL 60463
Name of Registered Agent: Barbara J. Medley
Registered Agent Street Address: 12251 South 80th Ave
Registered Agent City and Zip Code: Palos Heights, IL 60463
Name of Chief Executive Officer: Terrence Moisan, M.D.
CEO Street Address: 12251 South 80th Avenue
CEO City and Zip Code: Palos Heights, IL 60463
CEO Telephone Number: (708) 923-4000

**Type of Ownership of Applicants**

<input checked="" type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship
<input type="checkbox"/> Other	
<ul style="list-style-type: none"><li>Corporations and limited liability companies must provide an Illinois certificate of good standing.</li><li>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.</li></ul>	

**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: Kara Friedman
Title: Attorney
Company Name: Polsinelli P.C.
Address: 150 N. Riverside Plaza, Suite 3000, Chicago, IL 60606
Telephone Number: (312) 873-3639
E-mail Address: kfriedman@polsinelli.com
Fax Number:

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

Name: Timothy J. Brosnan
Title: Vice President, Planning and Community Relations
Company Name: Palos Community Hospital

Address: 12251 South 80th Ave, Palos Heights, IL 60463
Telephone Number: (708) 923-5003
E-mail Address: tbrosnan@paloscomm.org
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: Timothy J. Brosnan
Title: Vice President, Planning and Community Relations
Company Name: Palos Community Hospital
Address: 12251 South 80th Ave, Palos Heights, IL 60463
Telephone Number: (708) 923-5003
E-mail Address: tbrosnan@paloscomm.org
Fax Number:

**Site Ownership**

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Palos Community Hospital
Address of Site Owner: 12251 South 80th Ave, Palos Heights, IL 60463
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.
<b>APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>

**Operating Identity/Licensee**

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

Exact Legal Name: Palos Community Hospital		
Address: 12251 South 80th Ave, Palos Heights, IL 60463		
<input checked="" type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership	
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental	
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other
<ul style="list-style-type: none"><li>o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.</li><li>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.</li><li>o Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.</li></ul>		
<b>APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>		

**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.]**

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](http://www.FEMA.gov) or [www.illinoisfloodmaps.org](http://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.]**

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



**2. Narrative Description**

In the space below, provide a brief narrative description of the project. Explain **WHAT** is to be done in **State Board defined terms, NOT WHY** it is being done. If the project site does **NOT** have a street address, include a legal description of the site. Include the rationale regarding the project's classification as substantive or non-substantive.

Palos Community Hospital ("Palos") is requesting to discontinue its Pediatric category of service. Palos is currently authorized to operate 15 beds located at 12251 South 80th Ave, Palos Heights, IL 60463. The discontinuation will be effective at the time of HFSRB approval. After discontinuation of the pediatric category of care services, pediatric patients will be treated in a segregated are of a med/surg unit.

There are no project costs associated with this project.

**Project Costs and Sources of Funds (Neonatal Intensive Care Services only)**

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-reviewable components that are not related to the provision of health care, complete the second column of the table below. Note, the use and sources of funds must be equal.

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs	\$0	\$0	\$0
Site Survey and Soil Investigation	\$0	\$0	\$0
Site Preparation	\$0	\$0	\$0
Off Site Work	\$0	\$0	\$0
New Construction Contracts	\$0	\$0	\$0
Modernization Contracts	\$0	\$0	\$0
Contingencies	\$0	\$0	\$0
Architectural/Engineering Fees	\$0	\$0	\$0
Consulting and Other Fees	\$0	\$0	\$0
Movable or Other Equipment (not in construction contracts)	\$0	\$0	\$0
Bond Issuance Expense (project related)	\$0	\$0	\$0
Net Interest Expense During Construction (project related)	\$0	\$0	\$0
Fair Market Value of Leased Space or Equipment	\$0	\$0	\$0
Other Costs To Be Capitalized	\$0	\$0	\$0
Acquisition of Building or Other Property (excluding land)	\$0	\$0	\$0
<b>TOTAL USES OF FUNDS</b>	\$0	\$0	\$0
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	\$0	\$0	\$0
Pledges	\$0	\$0	\$0
Gifts and Bequests	\$0	\$0	\$0
Bond Issues (project related)	\$0	\$0	\$0
Mortgages	\$0	\$0	\$0
Leases (fair market value)	\$0	\$0	\$0
Governmental Appropriations	\$0	\$0	\$0
Grants	\$0	\$0	\$0
Other Funds and Sources	\$0	\$0	\$0
<b>TOTAL SOURCES OF FUNDS</b>	\$0	\$0	\$0

NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**Related Project Costs**

Provide the following information, as applicable, with respect to any land related to the project that will be or has been acquired during the last two calendar years:

Land acquisition is related to project <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Purchase Price: \$ <u>n/a</u>
Fair Market Value: \$ <u>n/a</u>
The project involves the establishment of a new facility or a new category of service <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, provide the dollar amount of all non-capitalized operating start-up costs (including operating deficits through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.
Estimated start-up costs and operating deficit cost is \$ <u>n/a</u>

**Project Status and Completion Schedules**

<b>For facilities in which prior permits have been issued please provide the permit numbers.</b>
Indicate the stage of the project's architectural drawings: <input checked="" type="checkbox"/> None or not applicable <input type="checkbox"/> Preliminary <input type="checkbox"/> Schematics <input type="checkbox"/> Final Working
Anticipated project completion date (refer to Part 1130.140): <u>upon HFSRB approval</u>
Indicate the following with respect to project expenditures or to financial commitments (refer to Part 1130.140): <input type="checkbox"/> Purchase orders, leases or contracts pertaining to the project have been executed. <input type="checkbox"/> Financial commitment is contingent upon permit issuance. Provide a copy of the contingent "certification of financial commitment" document, highlighting any language related to CON Contingencies <input type="checkbox"/> Financial Commitment will occur after permit issuance.
<b>APPEND DOCUMENTATION AS ATTACHMENT B, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>

**State Agency Submittals [Section 1130.620(c)]**

Are the following submittals up to date as applicable: <input checked="" type="checkbox"/> Cancer Registry <input checked="" type="checkbox"/> APORS <input checked="" type="checkbox"/> All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted <input checked="" type="checkbox"/> All reports regarding outstanding permits Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.
--

**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 Palos Community Hospital \*

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.

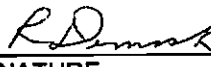
  
\_\_\_\_\_  
SIGNATURE

Terrence Moisan, MD

\_\_\_\_\_  
PRINTED NAME

President

\_\_\_\_\_  
PRINTED TITLE

  
\_\_\_\_\_  
SIGNATURE

Rose Demask

\_\_\_\_\_  
PRINTED NAME

DIRECTOR

\_\_\_\_\_  
PRINTED TITLE

Notarization:

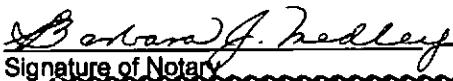
Subscribed and sworn to before me

this 18<sup>th</sup> day of September, 2017

Notarization:

Subscribed and sworn to before me

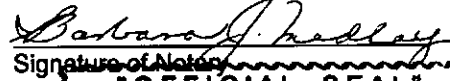
this 18<sup>th</sup> day of September, 2017

  
\_\_\_\_\_  
Signature of Notary

Seal

"OFFICIAL SEAL"  
BARBARA J. MEDLEY  
NOTARY PUBLIC, STATE OF ILLINOIS  
MY COMMISSION EXPIRES 12/29/2017

\*Insert the EXACT legal name of the applicant

  
\_\_\_\_\_  
Signature of Notary

Seal

"OFFICIAL SEAL"  
BARBARA J. MEDLEY  
NOTARY PUBLIC, STATE OF ILLINOIS  
MY COMMISSION EXPIRES 12/29/2017


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- 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 The St. George Corporation \*

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

Terrence Moisan, MD

PRINTED NAME

President  
PRINTED TITLE

  
SIGNATURE

Mark Sinibaldi, MD

PRINTED NAME


Director  
PRINTED TITLE


Notarization:

Subscribed and sworn to before me  
this 18<sup>th</sup> day of September, 2017

Notarization:

Subscribed and sworn to before me  
this 18<sup>th</sup> day of September, 2017

  
Signature of Notary  
**OFFICIAL SEAL**  
BARBARA J. MEDLEY  
Seal NOTARY PUBLIC, STATE OF ILLINOIS  
MY COMMISSION EXPIRES 12/29/2017

  
Signature of Notary  
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Seal NOTARY PUBLIC, STATE OF ILLINOIS  
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\*Insert the EXACT legal name of the applicant

**SECTION II. DISCONTINUATION**

This Section is applicable to the discontinuation of a health care facility maintained by a State agency. **NOTE:** If the project is solely for discontinuation and if there is no project cost, the remaining Sections of the application are not applicable.

**Type of Discontinuation**

<input type="checkbox"/>	Discontinuation of an Existing Health Care Facility
<input checked="" type="checkbox"/>	Discontinuation of a category of service

**Criterion 1110.130 - Discontinuation**

**READ THE REVIEW CRITERION and provide the following information:**

**GENERAL INFORMATION REQUIREMENTS**

1. Identify the categories of service and the number of beds, if any, that are to be discontinued.
2. Identify all of the other clinical services that are to be discontinued.
3. Provide the anticipated date of discontinuation for each identified service or for the entire facility.
4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
5. Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued, and the length of time the records will be maintained.
6. For applications involving the discontinuation of an entire facility, provide certification by an authorized representative that all questionnaires and data required by HFSRB or DPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 90 days following the date of discontinuation.
7. Upon a finding that an application to close a health care facility is complete, the State Board shall publish a legal notice on 3 consecutive days in a newspaper of general circulation in the area or community to be affected and afford the public an opportunity to request a hearing. If the application is for a facility located in a Metropolitan Statistical Area, an additional legal notice shall be published in a newspaper of limited circulation, if one exists, in the area in which the facility is located. If the newspaper of limited circulation is published on a daily basis, the additional legal notice shall be published on 3 consecutive days. The legal notice shall also be posted on the Health Facilities and Services Review Board's web site and sent to the State Representative and State Senator of the district in which the health care facility is located. In addition, the health care facility shall provide notice of closure to the local media that the health care facility would routinely notify about facility events.
8. Provide attestation that the facility provided the required notice of the facility or category of service closure to local media that the health care facility would routinely notify about facility events. The supporting documentation shall include a copy of the notice, the name of the local media outlet, the

date the notice was given, and the result of the notice, e.g., number of times broadcasted, written, or published. Only notice that is given to a local television station, local radio station, or local newspaper will be accepted.

**REASONS FOR DISCONTINUATION**

The applicant shall state the reasons for the discontinuation and provide data that verifies the need for the proposed action. See criterion 1110.130(b) for examples.

**IMPACT ON ACCESS**

1. Document that the discontinuation of each service or of the entire facility and whether or not it will have an adverse effect upon access to care for residents of the facility's market area.
2. Document that a written request for an impact statement was received by all existing or approved health care facilities (that provide the same services as those being discontinued) located within 45 minutes travel time of the applicant facility.

APPEND DOCUMENTATION AS ATTACHMENT 10, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

NOT APPLICABLE

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE								
Department (list below)	A	B	C	D	E	F	G	H
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New Circ.*		Gross Sq. Ft. Mod. Circ.*		Const. \$ (A x C)	Mod. \$ (B x E)
Contingency								
TOTALS								

\* Include the percentage (%) of space for circulation

**D. Projected Operating Costs**

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

**E. Total Effect of the Project on Capital Costs**

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

APPEND DOCUMENTATION AS ATTACHMENT 19, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**SECTION IX. SAFETY NET IMPACT STATEMENT (DISCONTINUATION ONLY)**

**SAFETY NET IMPACT STATEMENT** that describes all of the following must be submitted for ALL SUBSTANTIVE PROJECTS AND PROJECTS TO DISCONTINUE STATE-OWNED HEALTH CARE FACILITIES [20 ILCS 3960/5.4]:

1. The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible for an applicant to have such knowledge.
2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.
3. How the discontinuation of a facility or service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.

**Safety Net Impact Statements shall also include all of the following:**

1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.



2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.

3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

A table in the following format must be provided as part of Attachment 40.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			
Charity (cost in dollars)			
Inpatient			
Outpatient			
Total			
MEDICAID			
Medicaid (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			
Medicaid (revenue)			
Inpatient			
Outpatient			
Total			

APPEND DOCUMENTATION AS ATTACHMENT 40, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**SECTION X. CHARITY CARE INFORMATION (CHOW ONLY)**

Charity Care Information **MUST** be furnished for ALL projects [1120.20(c)].

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three audited fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.
2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.
3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

Charity care" means care provided by a health care facility for which the provider does not expect to receive payment from the patient or a third-party payer (20 ILCS 3960/3). Charity Care must be provided at cost.

A table in the following format must be provided for all facilities as part of Attachment 41.

CHARITY CARE			
	Year	Year	Year
Net Patient Revenue			
Amount of Charity Care (charges)			
Cost of Charity Care			

APPEND DOCUMENTATION AS ATTACHMENT 21, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**Section I, Identification, General Information, and Certification Applicants/Co-Applicant Information**

Certificates of good standing for The St. George Corporation and Palos Community Hospital are attached at Attachment-1.



**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*

THE ST. GEORGE CORPORATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JULY 10, 2000, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

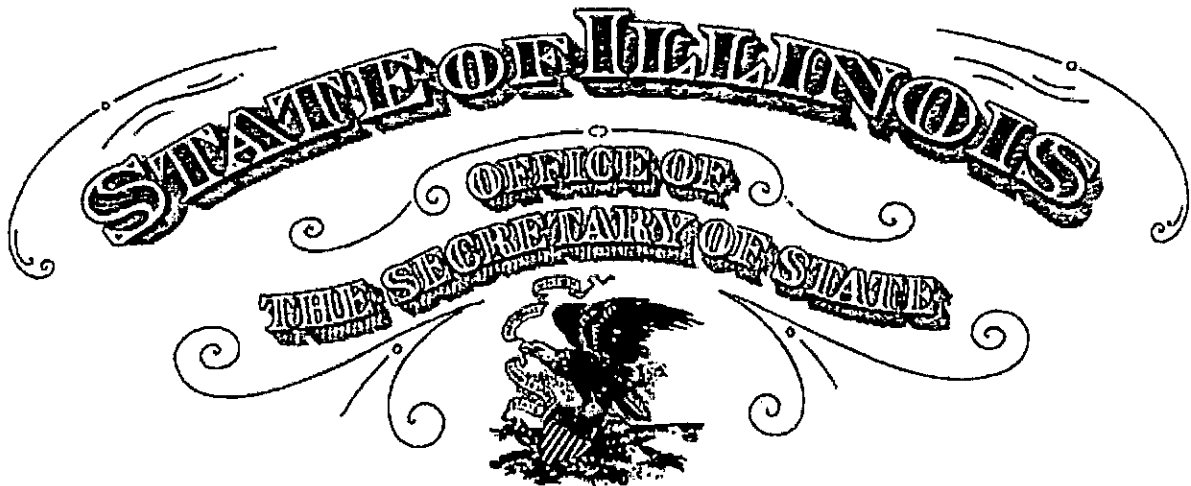


**In Testimony Whereof, I hereto set  
my hand and cause to be affixed the Great Seal of  
the State of Illinois, this 14TH  
day of SEPTEMBER A.D. 2017 .**

*Jesse White*

SECRETARY OF STATE

Authentication #: 1725702556 verifiable until 09/14/2018  
Authenticate at: <http://www.cyberdriveillinois.com>



**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*

PALOS COMMUNITY HOSPITAL, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 02, 1938, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 1725702674 verifiable until 09/14/2018  
Authenticate at: <http://www.cyberdriveillinois.com>

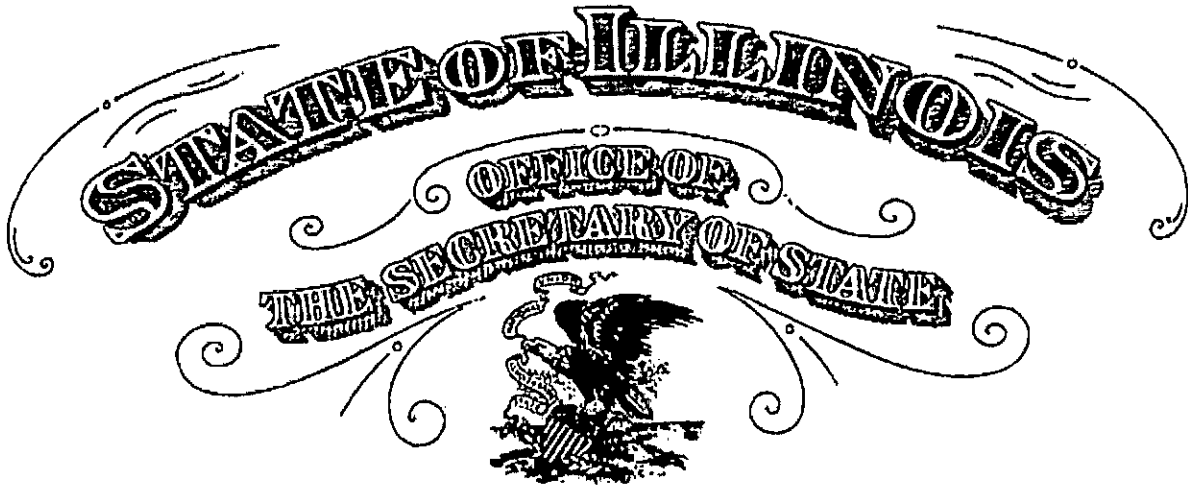
**In Testimony Whereof, I hereto set**  
*my hand and cause to be affixed the Great Seal of*  
*the State of Illinois, this 14TH*  
*day of SEPTEMBER A.D. 2017 .*

*Jesse White*

SECRETARY OF STATE

**Section I, Identification, General Information, and Certification**  
**Operating Entity/Licensee**

A Certificate of Good Standing for Palos Community Hospital is attached hereto at Attachment-3.



**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*

PALOS COMMUNITY HOSPITAL, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 02, 1938, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION 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 14TH  
day of SEPTEMBER A.D. 2017 .**

*Jesse White*

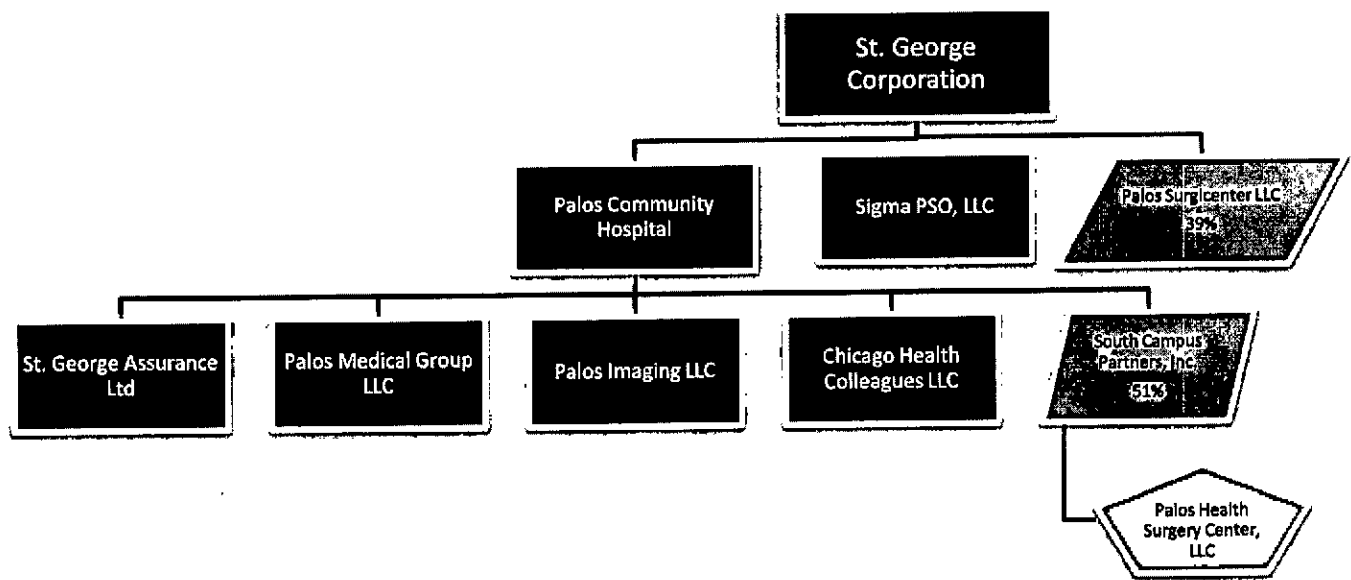
SECRETARY OF STATE

Authentication #: 1725702574 verifiable until 09/14/2018  
Authenticate at: <http://www.cyberdriveillinois.com>

**Section I, Identification, General Information, and Certification**  
**Organizational Relationships**

The organizational chart for Palos Community Hospital is attached at Attachment – 4.





5/2017

## **Section I, Identification, General Information, and Certification**

### **Flood Plain Requirements**

The requirement to provide documentation that the project is not in a flood plain is not applicable because there is no construction associated with the discontinuation of the pediatric category of service.

**Section I, Identification, General Information, and Certification**  
**Historic Resources Preservation Act Requirements**

This project does not involve the demolition or other modification of buildings and will have no impact on historic resources. Thus, the requirement to obtain clearance from the Historic Preservation Agency is not applicable.

## **Section II Discontinuation - Discontinuation of a category of service**

### **1130.130 Discontinuation**

#### **GENERAL INFORMATION REQUIREMENTS**

- 1. Identity the categories of service and the number of beds, if any, that are to be discontinued.**

Palos Community Hospital proposes to discontinue its pediatric category of service which consists of 15 beds. After discontinuation, pediatric care accommodations will be designed to segregate the pediatric population from adults in usual circumstances.

- 2. Identify all of the other clinical services to be discontinued.**

No other clinical services will be discontinued.

- 3. Provide the anticipated date of discontinuation for each identified service.**

The discontinuation date will be effective at the time Palos Community Hospital receives notice from the HFSRB of its approval of the discontinuation application.

- 4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.**

There are eight patient rooms associated with the pediatric category of service. These eight rooms will be used in the operation of Palos Community Hospital's medical/surgical bed unit and each will house a single bed to provide for a private accommodation. The use of these eight beds will be within Palos Community Hospital's current licensed medical/surgical bed capacity of 306.

- 5. Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued, and the length of time the records will be maintained.**

Medical records will be maintained and available in an electronic format by Palos Community Hospital for 10 years post discharge.

- 6. For applicants involving the discontinuation of the entire facility, provide certification that all questionnaires and data required by HFSRB or DPH will be provided through the date of discontinuation, and that the required information will be submitted no later than 90 days following the date of discontinuation.**

This section is not applicable. The proposed discontinuation is for the pediatric category of service only. All questionnaires and data required to be submitted by Palos Community Hospital to HFSRB and the Illinois Department of Public Health will continue to be provided as required.

7. Upon a finding that an application to close a health care facility is complete, the State Board shall publish a legal notice on 3 consecutive days in a newspaper of general circulation in the area or community to be affected and afford the public an opportunity to request a hearing. If the application is for a facility located in a Metropolitan Statistical Area, an additional legal notice shall be published in a newspaper of limited circulation, if one exists, in the area in which the facility is located. If the newspaper of limited circulation is published on a daily basis, the additional legal notice shall be published on 3 consecutive days. The legal notice shall also be posted on the Health Facilities and Services Review Board's web site and sent to the State Representative and State Senator of the district in which the health care facility is located. In addition, the health care facility shall provide notice of closure to the local media that the health care facility would routinely notify about facility events.

N/A – the proposed discontinuation is for the pediatric category of service only.

8. Provide attestation that the facility provided the required notice of the facility or category of service closure to local media that the health care facility would routinely notify about facility events. The supporting documentation shall include a copy of the notice, the name of the local media outlet, the date the notice was given, and the result of the notice, e.g., number of times broadcasted, written, or published. Only notice that is given to a local television station, local radio station, or local newspaper will be accepted.

Attestation that the facility provided the required notice of the category of service discontinuation to local media is attached hereto at Attachment – 10A. The notice ran in the Daily Southtown newspaper on October 20, 2017.

## **REASONS FOR DISCONTINUATION**

Palos Community Hospital has maintained a low average daily census in its pediatric category of service for the last several years. In 2016, Palos Community Hospital's total number of inpatient admissions to the pediatric category of care was 71 and in 2015 there were 172 admissions. The types of pediatric patients that Palos Community Hospital typically treats are limited to patients who do not have complex medical needs but rather acute but relatively non-life threatening illnesses and injuries. As other providers like Hope, Loyola, Comer and Lurie have developed advanced care with a variety of subspecialty pediatric providers, it is currently the regular practice of the physicians practicing in our community to refer children with more complex medical needs who require hospital admission to these specialty pediatric centers. Therefore, Palos Community Hospital does not expect there to be a need for additional pediatric services at Palos Community Hospital which cannot be accommodated in the medical/surgical unit.

Order ID: 5257172

\* Agency Commission not included

**GROSS PRICE \* :** \$37.90

**PACKAGE NAME:** Legal Southtown

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**Product(s):** SubTrib\_Daily Southtown, Publicnotices.com, classified.chicagotribune.com

**AdSize(s):** 1 Column

**Run Date(s):** Friday, October 20, 2017

**Color Spec.** B/W

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## Preview

Pending approval from the Illinois Health Facilities and Services Review Board, Palos Community Hospital will treat children and adolescent patients in a dedicated area of one of our medical units rather than operating a distinct pediatric bed category of service. This change will not impact the care of pediatric patients and all of our pediatricians currently on staff will continue to care for our pediatric patient population.  
10/20/17 5257172

## **IMPACT ON ACCESS**

- 1. Document that the discontinuation of each service or of the entire facility and whether or not it will have an adverse effect upon access to care for residents of the facility's market area.**

Palos Community Hospital will maintain pediatricians on its medical staff after the discontinuation of the pediatric category of service. After such discontinuation, children who are currently treated in the pediatric category of care will be admitted to a medical/surgical unit in an area that is segregated from the general adult population. As is currently the practice, the more complex medical needs of children will be referred by community physicians to specialized children's programs at other metropolitan Chicago hospitals.

- 2. Document that a written request for an impact statement was received by all existing or approved health care facilities (that provide the same services as those being discontinued) located within 45 minutes travel time of the applicant facility.**

Attached at Attachment 10B are the written requests for an impact statement sent to all existing or approved health care facilities with a pediatric category of service location within 45 minutes travel time of the applicant facility.

October 16, 2017

**VIA CERTIFIED MAIL  
RETURN RECEIPT REQUESTED**

Mr. Patrick Magoon  
Ann & Robert H. Lurie Children's  
Hospital of Chicago  
225 East Chicago Avenue  
Chicago, Illinois 60611

**RE: Request for Impact Determination  
Discontinuation of Pediatric Category of Service  
Palos Community Hospital**

Dear Mr. Magoon:

Palos Community Hospital (the "Hospital") is preparing a Certificate of Exemption application to submit to the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Hospital's planned discontinuation of its 15-bed pediatric category of service. The discontinuation will occur as soon as the HFSRB approves the Certificate of Exemption which we would expect would occur in October 2017.

In 2015 and 2016, the Hospital admitted 243 pediatric patients. Going forward the pediatricians on the medical staff will admit pediatric patients to one of our medical/surgical units. Thus, we don't anticipate any additional demand for pediatric care to be placed on other providers in the area since the Hospital will continue to treat pediatric patients in one of our medical/surgical units consistent with clinical guidelines.

Given our plan to continue to accommodate pediatric patients in this manner, we assume you would not expect this modification to affect your institution. However, please advise me in writing within 15 days if you have any concerns about the impact of this change on your facility.

Thank you for your attention to this matter.

Sincerely,



Timothy J. Brosnan  
Vice President, Planning & Community Relations



---

October 16, 2017**VIA CERTIFIED MAIL  
RETURN RECEIPT REQUESTED**

Dr. John Jay Shannon  
John H. Stroger Hospital of Cook County  
1901 West Harrison Street  
Chicago, Illinois 60612

**RE: Request for Impact Determination  
Discontinuation of Pediatric Category of Service  
Palos Community Hospital**

Dear Dr. Shannon:

Palos Community Hospital (the "Hospital") is preparing a Certificate of Exemption application to submit to the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Hospital's planned discontinuation of its 15-bed pediatric category of service. The discontinuation will occur as soon as the HFSRB approves the Certificate of Exemption which we would expect would occur in October 2017.

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Thank you for your attention to this matter.

Sincerely,



Timothy J. Brosnan  
Vice President, Planning & Community Relations



PALOS HOSPITAL

12251 South 80th Avenue | Palos Heights, IL 60463  
p: 708.923.4000 | paloshealth.com

October 16, 2017

**VIA CERTIFIED MAIL  
RETURN RECEIPT REQUESTED**

Ms. Brenda Wolf  
La Rabida Children's Hospital  
6501 South Promontory Drive  
Chicago, Illinois 60637

**RE: Request for Impact Determination  
Discontinuation of Pediatric Category of Service  
Palos Community Hospital**

Dear Ms. Wolf:

Palos Community Hospital (the "Hospital") is preparing a Certificate of Exemption application to submit to the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Hospital's planned discontinuation of its 15-bed pediatric category of service. The discontinuation will occur as soon as the HFSRB approves the Certificate of Exemption which we would expect would occur in October 2017.

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Thank you for your attention to this matter.

Sincerely,

A handwritten signature in black ink, reading "Timothy J. Brosnan".

Timothy J. Brosnan  
Vice President, Planning & Community Relations



PALOS HOSPITAL

12251 South 80th Avenue | Palos Heights, IL 60463  
p: 708.923.4000 | paloshealth.com

October 16, 2017

**VIA CERTIFIED MAIL  
RETURN RECEIPT REQUESTED**

Ms. Carol Schneider  
Mercy Hospital & Medical Center  
2525 South Michigan Avenue  
Chicago, Illinois 60616

**RE: Request for Impact Determination  
Discontinuation of Pediatric Category of Service  
Palos Community Hospital**

Dear Ms. Schneider:

Palos Community Hospital (the "Hospital") is preparing a Certificate of Exemption application to submit to the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Hospital's planned discontinuation of its 15-bed pediatric category of service. The discontinuation will occur as soon as the HFSRB approves the Certificate of Exemption which we would expect would occur in October 2017.

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Thank you for your attention to this matter.

Sincerely,

A handwritten signature in cursive script, reading "Timothy J. Brosnan".

Timothy J. Brosnan  
Vice President, Planning & Community Relations



PALOS HOSPITAL

12251 South 80th Avenue | Palos Heights, IL 60463  
p: 708.923.4000 | paloshealth.com

October 16, 2017

**VIA CERTIFIED MAIL  
RETURN RECEIPT REQUESTED**

Ms. Loren Chandler  
Mount Sinai Hospital Medical Center  
2750 West 15<sup>th</sup> Street  
Chicago, Illinois 60608

**RE: Request for Impact Determination  
Discontinuation of Pediatric Category of Service  
Palos Community Hospital**

Dear Ms. Chandler:

Palos Community Hospital (the "Hospital") is preparing a Certificate of Exemption application to submit to the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Hospital's planned discontinuation of its 15-bed pediatric category of service. The discontinuation will occur as soon as the HFSRB approves the Certificate of Exemption which we would expect would occur in October 2017.

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Thank you for your attention to this matter.

Sincerely,

A handwritten signature in cursive script, reading "Timothy J. Brosnan".

Timothy J. Brosnan  
Vice President, Planning & Community Relations

October 16, 2017

**VIA CERTIFIED MAIL  
RETURN RECEIPT REQUESTED**

Dr. Larry Goodman  
Rush University Medical Center  
1653 West Congress Parkway  
Chicago, Illinois 60612

**RE: Request for Impact Determination  
Discontinuation of Pediatric Category of Service  
Palos Community Hospital**

Dear Dr. Goodman:

Palos Community Hospital (the "Hospital") is preparing a Certificate of Exemption application to submit to the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Hospital's planned discontinuation of its 15-bed pediatric category of service. The discontinuation will occur as soon as the HFSRB approves the Certificate of Exemption which we would expect would occur in October 2017.

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Thank you for your attention to this matter.

Sincerely,



Timothy J. Brosnan  
Vice President, Planning & Community Relations



PALOS HOSPITAL

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p: 708.923.4000 | paloshealth.com

October 16, 2017

**VIA CERTIFIED MAIL  
RETURN RECEIPT REQUESTED**

Mr. Guy Medaglia  
St. Anthony Hospital  
2875 West 19<sup>th</sup> Street  
Chicago, Illinois 60623

**RE: Request for Impact Determination  
Discontinuation of Pediatric Category of Service  
Palos Community Hospital**

Dear Mr. Medaglia:

Palos Community Hospital (the "Hospital") is preparing a Certificate of Exemption application to submit to the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Hospital's planned discontinuation of its 15-bed pediatric category of service. The discontinuation will occur as soon as the HFSRB approves the Certificate of Exemption which we would expect would occur in October 2017.

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Thank you for your attention to this matter.

Sincerely,

A handwritten signature in black ink that reads "Timothy J. Brosnan". The signature is written in a cursive style with a large, stylized 'T' and 'B'.

Timothy J. Brosnan  
Vice President, Planning & Community Relations

October 16, 2017

**VIA CERTIFIED MAIL  
RETURN RECEIPT REQUESTED**

Mr. Charles Holland  
St. Bernard Hospital  
326 West 64<sup>th</sup> Street  
Chicago, Illinois 60621

**RE: Request for Impact Determination  
Discontinuation of Pediatric Category of Service  
Palos Community Hospital**

Dear Mr. Holland:

Palos Community Hospital (the "Hospital") is preparing a Certificate of Exemption application to submit to the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Hospital's planned discontinuation of its 15-bed pediatric category of service. The discontinuation will occur as soon as the HFSRB approves the Certificate of Exemption which we would expect would occur in October 2017.

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Thank you for your attention to this matter.

Sincerely,



Timothy J. Brosnan  
Vice President, Planning & Community Relations

October 16, 2017

**VIA CERTIFIED MAIL  
RETURN RECEIPT REQUESTED**

Ms. Sharon O'Keefe  
University of Chicago Medical Center  
5841 South Maryland  
Chicago, Illinois 60637

**RE: Request for Impact Determination  
Discontinuation of Pediatric Category of Service  
Palos Community Hospital**

Dear Ms. O'Keefe:

Palos Community Hospital (the "Hospital") is preparing a Certificate of Exemption application to submit to the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Hospital's planned discontinuation of its 15-bed pediatric category of service. The discontinuation will occur as soon as the HFSRB approves the Certificate of Exemption which we would expect would occur in October 2017.

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Sincerely,



Timothy J. Brosnan  
Vice President, Planning & Community Relations





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October 16, 2017

**VIA CERTIFIED MAIL  
RETURN RECEIPT REQUESTED**

Mr. Mike Goebel  
Adventist Hinsdale Hospital  
120 North Oak Street  
Hinsdale, Illinois 60521

**RE: Request for Impact Determination  
Discontinuation of Pediatric Category of Service  
Palos Community Hospital**

Dear Mr. Goebel:

Palos Community Hospital (the "Hospital") is preparing a Certificate of Exemption application to submit to the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Hospital's planned discontinuation of its 15-bed pediatric category of service. The discontinuation will occur as soon as the HFSRB approves the Certificate of Exemption which we would expect would occur in October 2017.

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Thank you for your attention to this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Timothy J. Brosnan".

Timothy J. Brosnan  
Vice President, Planning & Community Relations



PALOS HOSPITAL

12251 South 80th Avenue | Palos Heights, IL 60463  
p: 708.923.4000 | paloshealth.com

October 16, 2017

**VIA CERTIFIED MAIL  
RETURN RECEIPT REQUESTED**

Mr. Kenneth Lukhard  
Advocate Christ Medical Center  
4440 West 95<sup>th</sup> Street  
Oaklawn, Illinois 60453

**RE: Request for Impact Determination  
Discontinuation of Pediatric Category of Service  
Palos Community Hospital**

Dear Mr. Lukhard:

Palos Community Hospital (the "Hospital") is preparing a Certificate of Exemption application to submit to the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Hospital's planned discontinuation of its 15-bed pediatric category of service. The discontinuation will occur as soon as the HFSRB approves the Certificate of Exemption which we would expect would occur in October 2017.

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Timothy J. Brosnan  
Vice President, Planning & Community Relations



PALOS HOSPITAL

12251 South 80th Avenue | Palos Heights, IL 60463  
p: 708.923.4000 | paloshealth.com

October 16, 2017

**VIA CERTIFIED MAIL  
RETURN RECEIPT REQUESTED**

Mr. David Fox  
Advocate Good Samaritan Hospital  
3815 Highland Avenue  
Downers Grove, Illinois 60515

**RE: Request for Impact Determination  
Discontinuation of Pediatric Category of Service  
Palos Community Hospital**

Dear Mr. Fox:

Palos Community Hospital (the "Hospital") is preparing a Certificate of Exemption application to submit to the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Hospital's planned discontinuation of its 15-bed pediatric category of service. The discontinuation will occur as soon as the HFSRB approves the Certificate of Exemption which we would expect would occur in October 2017.

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Timothy J. Brosnan  
Vice President, Planning & Community Relations



PALOS HOSPITAL

12251 South 80th Avenue | Palos Heights, IL 60463  
p: 708.923.4000 | paloshealth.com

October 16, 2017

**VIA CERTIFIED MAIL  
RETURN RECEIPT REQUESTED**

Mr. Richard Heim  
Advocate South Suburban Hospital  
17800 South Kedzie Avenue  
Hazel Crest, Illinois 60429

**RE: Request for Impact Determination  
Discontinuation of Pediatric Category of Service  
Palos Community Hospital**

Dear Mr. Heim:

Palos Community Hospital (the "Hospital") is preparing a Certificate of Exemption application to submit to the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Hospital's planned discontinuation of its 15-bed pediatric category of service. The discontinuation will occur as soon as the HFSRB approves the Certificate of Exemption which we would expect would occur in October 2017.

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Sincerely,

A handwritten signature in black ink, appearing to read "Timothy J. Brosnan".

Timothy J. Brosnan  
Vice President, Planning & Community Relations

October 16, 2017

**VIA CERTIFIED MAIL  
RETURN RECEIPT REQUESTED**

Mr. Bill Kottman  
Edward Hospital  
801 South Washington  
Naperville, Illinois 60540

**RE: Request for Impact Determination  
Discontinuation of Pediatric Category of Service  
Palos Community Hospital**

Dear Mr. Kottman:

Palos Community Hospital (the "Hospital") is preparing a Certificate of Exemption application to submit to the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Hospital's planned discontinuation of its 15-bed pediatric category of service. The discontinuation will occur as soon as the HFSRB approves the Certificate of Exemption which we would expect would occur in October 2017.

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Timothy J. Brosnan  
Vice President, Planning & Community Relations

October 16, 2017

**VIA CERTIFIED MAIL  
RETURN RECEIPT REQUESTED**

Ms. Pamela Dunley  
Elmhurst Memorial Hospital  
155 East Brush Hill Road  
Elmhurst, Illinois 60126

**RE: Request for Impact Determination  
Discontinuation of Pediatric Category of Service  
Palos Community Hospital**

Dear Ms. Dunley:

Palos Community Hospital (the "Hospital") is preparing a Certificate of Exemption application to submit to the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Hospital's planned discontinuation of its 15-bed pediatric category of service. The discontinuation will occur as soon as the HFSRB approves the Certificate of Exemption which we would expect would occur in October 2017.

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Sincerely,



Timothy J. Brosnan  
Vice President, Planning & Community Relations



PALOS HOSPITAL

12251 South 80th Avenue | Palos Heights, IL 60463  
p: 708.923.4000 | paloshealth.com

October 16, 2017

**VIA CERTIFIED MAIL  
RETURN RECEIPT REQUESTED**

Mr. Allan Spooner  
Franciscan St. James Health  
Chicago Heights  
1423 Chicago Road  
Chicago Heights, Illinois 60411

**RE: Request for Impact Determination  
Discontinuation of Pediatric Category of Service  
Palos Community Hospital**

Dear Mr. Spooner:

Palos Community Hospital (the "Hospital") is preparing a Certificate of Exemption application to submit to the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Hospital's planned discontinuation of its 15-bed pediatric category of service. The discontinuation will occur as soon as the HFSRB approves the Certificate of Exemption which we would expect would occur in October 2017.

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October 16, 2017

**VIA CERTIFIED MAIL  
RETURN RECEIPT REQUESTED**

Ms. Lori Price  
Gottlieb Memorial Hospital  
701 West North Avenue  
Melrose Park, Illinois 60160

**RE: Request for Impact Determination  
Discontinuation of Pediatric Category of Service  
Palos Community Hospital**

Dear Ms. Price:

Palos Community Hospital (the "Hospital") is preparing a Certificate of Exemption application to submit to the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Hospital's planned discontinuation of its 15-bed pediatric category of service. The discontinuation will occur as soon as the HFSRB approves the Certificate of Exemption which we would expect would occur in October 2017.

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October 16, 2017

**VIA CERTIFIED MAIL  
RETURN RECEIPT REQUESTED**

Mr. Kurt Johnson  
Ingalls Memorial Hospital  
One Ingalls Drive  
Harvey, Illinois 60426

**RE: Request for Impact Determination  
Discontinuation of Pediatric Category of Service  
Palos Community Hospital**

Dear Mr. Johnson:

Palos Community Hospital (the "Hospital") is preparing a Certificate of Exemption application to submit to the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Hospital's planned discontinuation of its 15-bed pediatric category of service. The discontinuation will occur as soon as the HFSRB approves the Certificate of Exemption which we would expect would occur in October 2017.

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12251 South 80th Avenue | Palos Heights, IL 60463  
p: 708.923.4000 | paloshealth.com

October 16, 2017

**VIA CERTIFIED MAIL  
RETURN RECEIPT REQUESTED**

Mr. Dennis Reilly  
Little Company of Mary Hospital  
2800 West 95<sup>th</sup> Street  
Evergreen Park, Illinois 60805

**RE: Request for Impact Determination  
Discontinuation of Pediatric Category of Service  
Palos Community Hospital**

Dear Mr. Reilly:

Palos Community Hospital (the "Hospital") is preparing a Certificate of Exemption application to submit to the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Hospital's planned discontinuation of its 15-bed pediatric category of service. The discontinuation will occur as soon as the HFSRB approves the Certificate of Exemption which we would expect would occur in October 2017.

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Vice President, Planning & Community Relations



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p: 708.923.4000 | paloshealth.com

October 16, 2017

**VIA CERTIFIED MAIL  
RETURN RECEIPT REQUESTED**

Mr. Larry M. Goldberg  
Loyola University Medical Center  
2160 South 1<sup>st</sup> Avenue  
Maywood, Illinois 60153

**RE: Request for Impact Determination  
Discontinuation of Pediatric Category of Service  
Palos Community Hospital**

Dear Mr. Goldberg:

Palos Community Hospital (the "Hospital") is preparing a Certificate of Exemption application to submit to the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Hospital's planned discontinuation of its 15-bed pediatric category of service. The discontinuation will occur as soon as the HFSRB approves the Certificate of Exemption which we would expect would occur in October 2017.

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Vice President, Planning & Community Relations

October 16, 2017

**VIA CERTIFIED MAIL  
RETURN RECEIPT REQUESTED**

M.E. Cleary  
MacNeal Hospital  
3249 South Oak Park Avenue  
Berwyn, Illinois 60402

**RE: Request for Impact Determination  
Discontinuation of Pediatric Category of Service  
Palos Community Hospital**

Dear M.E. Cleary:

Palos Community Hospital (the "Hospital") is preparing a Certificate of Exemption application to submit to the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Hospital's planned discontinuation of its 15-bed pediatric category of service. The discontinuation will occur as soon as the HFSRB approves the Certificate of Exemption which we would expect would occur in October 2017.

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October 16, 2017

**VIA CERTIFIED MAIL  
RETURN RECEIPT REQUESTED**

Mr. Michael J. Ditoro  
VHS Westlake Hospital  
1225 Lake Street  
Melrose Park, IL 60160

**RE: Request for Impact Determination  
Discontinuation of Pediatric Category of Service  
Palos Community Hospital**

Dear Mr. Ditoro:


Palos Community Hospital (the "Hospital") is preparing a Certificate of Exemption application to submit to the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Hospital's planned discontinuation of its 15-bed pediatric category of service. The discontinuation will occur as soon as the HFSRB approves the Certificate of Exemption which we would expect would occur in October 2017.

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Timothy J. Brosnan  
Vice President, Planning & Community Relations

## Section IX. Safety Net Impact Statement

1. The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible for an applicant to have such knowledge.

Referral patterns for the hospital admissions of children will not change. That is, children with specialized care needs will continue to be referred to tertiary pediatric programs and lower acuity patients will continue to be treated at Palos Community Hospital in a medical/surgical patient care unit.

2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.

Not applicable. See response to IX.1 above.

3. How the discontinuation of a facility or service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.

Not applicable. See response to IX.1 above.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	2014	2015	2016
Inpatient	748	653	371
Outpatient	3,586	2,933	1,984
Total	4,334	3,586	4,371
Charity (cost In dollars)			
Inpatient	\$2,962,744	\$1,154,357	\$784,709
Outpatient	\$2,209,552	\$1,552,282	\$977,563
Total	\$5,172,296	\$2,706,639	\$1,762,272
MEDICAID			
Medicaid (# of patients)	2014	2015	2016
Inpatient	1228	1366	1,195
Outpatient	24329	24334	18,514
Total	25,557	25,700	19,709
Medicaid (revenue)			
Inpatient	\$14,202,274	\$6,385,875	\$9,877,000
Outpatient	\$6,588,101	\$6,961,113	\$4,841,000
Total	\$20,790,375	\$13,346,988	\$14,718,000

**Section X. Charity Care Information**

The table below provides charity care information for Palos Community Hospital for the most recent three calendar years.

CHARITY CARE			
	2014	2015	2016
Net Patient Revenue	\$340,954,308	\$367,378,672	\$204,499,600
Amount of Charity Care (charges)	\$5,172,296	\$2,706,639	\$1,176,272
Cost of Charity Care	\$5,172,296	\$2,706,639	\$1,176,272

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	17-19
2	Site Ownership	---
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	20-21
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	22-23
5	Flood Plain Requirements	24
6	Historic Preservation Act Requirements	25
7	Project and Sources of Funds Itemization	---
8	Financial Commitment Document if required	---
9	Cost Space Requirements	---
10	Discontinuation	26-51
11	Background of the Applicant	---
12	Purpose of the Project	---
13	Alternatives to the Project	---
	<b>Service Specific:</b>	
14	Neonatal Intensive Care Services	---
15	Change of Ownership	---
	<b>Financial and Economic Feasibility:</b>	
16	Availability of Funds	---
17	Financial Waiver	---
18	Financial Viability	---
19	Economic Feasibility	---
20	Safety Net Impact Statement	52
21	Charity Care Information	53