E-010-18

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR EXEMPTION PERMIT

ORIGINAL

RECEIVED

FEB 21 2018

HEALTH FACILITIES & SERVICES REVIEW BOARD

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: Norwegian American Hospital		
Street Address:1044 N. Francisco Avenue		
City and Zip Code: Chicago 60622		
County: Cook	Health Service Area: 6	Health Planning Area: A-02

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

Exact Legal Name: Norwegian-American Hospital, Inc
Street Address: 1044 N. Francisco Avenue
City and Zip Code: Chicago 60622
Name of Registered Agent: José R Sanchez
Registered Agent Street Address: 1044 N. Francisco Avenue
Registered Agent City and Zip Code: Chicago 60622
Name of Chief Executive Officer: José R Sanchez
CEO Street Address:1044 N. Francisco Avenue
CEO City and Zip Code: Chicago 60622
CEO Telephone Number: 773-292-8200

Type of Ownership of Applicants

☒	Non-profit Corporation	☐	Partnership		
☐	For-profit Corporation	☐	Governmental		
☐	Limited Liability Company	☐	Sole Proprietorship	☐	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: Gary Krugel
Title: Chief Financial Officer
Company Name: Norwegian American Hospital
Address: 1044 N. Francisco Avenue, Chicago, Illinois 60622
Telephone Number: 773-292-8208
E-mail Address: gkrugel@nahosp.org
Fax Number: 773-276-3737

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

Name: Michelle Blakely, PhD
Title: Chief Operating Officer
Company Name: Norwegian American Hospital

Address: 1044 N. Francisco Avenue, Chicago, Illinois 60622
Telephone Number: 773-360-6370
E-mail Address: mblakely@nahospital.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: Gary Krugel
Title: Chief Financial Officer
Company Name: Norwegian American Hospital
Address: 1044 N. Francisco Avenue, Chicago, Illinois 60622
Telephone Number: 773-292-8208
E-mail Address: gkrugel@nahosp.org
Fax Number: 773-276-3737

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Norwegian-American Hospital, Inc
Address of Site Owner: 1044 N. Francisco Avenue, Chicago, Illinois 60622
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: Norwegian-American Hospital, Inc
Address: 1044 N. Francisco Avenue, Chicago, Illinois 60622

☒ Non-profit Corporation ☐ Partnership
☐ For-profit Corporation ☐ Governmental
☐ Limited Liability Company ☐ Sole Proprietorship ☐ Other

- Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.
- 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.
- **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.]

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).

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.

Norwegian American Hospital (Norwegian American, NAH) seeks a Certificate of Exemption to discontinue its 5 bed Pediatric Category of Service located at 1044 N. Francisco Avenue, Chicago, Illinois, 60622.

Pending approval, the 5 bed unit will be used for administrative and storage space.

In 2016, the 5 bed Pediatric unit at Norwegian American Hospital had a total of 9 patient days. (8 Inpatient days and 1 Observation day). Through November 2017, there have been no pediatric admissions at NAH.

NAH will continue to offer a broad array of outpatient pediatric services including emergency and observational care, as well as Level II Neonatal Intensive Care.

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
TOTAL USES OF FUNDS	$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
TOTAL SOURCES OF FUNDS	$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 ☐ Yes ☒ No
Purchase Price: $_____
Fair Market Value: $_____

The project involves the establishment of a new facility or a new category of service
☐ Yes ☒ 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 $ 0.

Project Status and Completion Schedules

For facilities in which prior permits have been issued please provide the permit numbers.

Indicate the stage of the project's architectural drawings:

☒ None or not applicable ☐ Preliminary
☐ Schematics ☐ Final Working

Anticipated project completion date (refer to Part 1130.140): _____

Indicate the following with respect to project expenditures or to financial commitments (refer to Part 1130.140):

☐ Purchase orders, leases or contracts pertaining to the project have been executed.
☐ 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
☒ Financial Commitment will occur after permit issuance.

APPEND DOCUMENTATION AS ATTACHMENT 8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

State Agency Submittals [Section 1130.620(c)]

Are the following submittals up to date as applicable:
☒ Cancer Registry
☒ APORS
☒ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
☒ 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 Norwegian-American Hospital, Inc * **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

José R. Sanchez
PRINTED NAME

President and Chief Executive Officer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 20th day of February 2018

Signature of Notary

Seal

MARILYN CERETTO
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
May 05, 2019

SIGNATURE

Gary Krugel
PRINTED NAME

Chief Financial Officer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 20th day of February 2018

Signature of Notary

Seal

MARILYN CERETTO
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
May 05, 2019

*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

- ☐ Discontinuation of an Existing Health Care Facility
- ☒ 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.

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 20, 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			

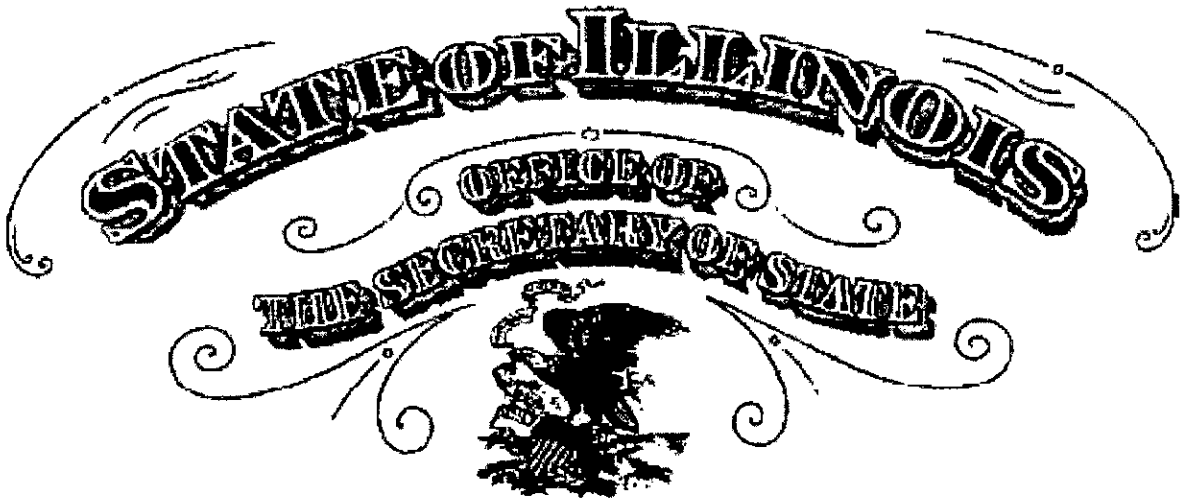
APPEND DOCUMENTATION AS ATTACHMENT 21, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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	15
2	Site Ownership	16
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	NA
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	17
5	Flood Plain Requirements	NA
6	Historic Preservation Act Requirements	NA
7	Project and Sources of Funds Itemization	NA
8	Financial Commitment Document if required	NA
9	Cost Space Requirements	NA
10	Discontinuation	18-81
11	Background of the Applicant	NA
12	Purpose of the Project	NA
13	Alternatives to the Project	NA
	Service Specific:	
14	Neonatal Intensive Care Services	NA
15	Change of Ownership	NA
	Financial and Economic Feasibility:	
16	Availability of Funds	NA
17	Financial Waiver	NA
18	Financial Viability	NA
19	Economic Feasibility	NA
20	Safety Net Impact Statement	82
21	Charity Care Information	83

File Number 2408-233-4



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

NORWEGIAN-AMERICAN HOSPITAL INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JUNE 11, 1935, 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 #: 1803202962 verifiable until 02/01/2019
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* 1ST *day of* FEBRUARY *A.D.* 2018 .

Jesse White

SECRETARY OF STATE

NORWEGIAN AMERICAN HOSPITAL

"...Committed to your health"

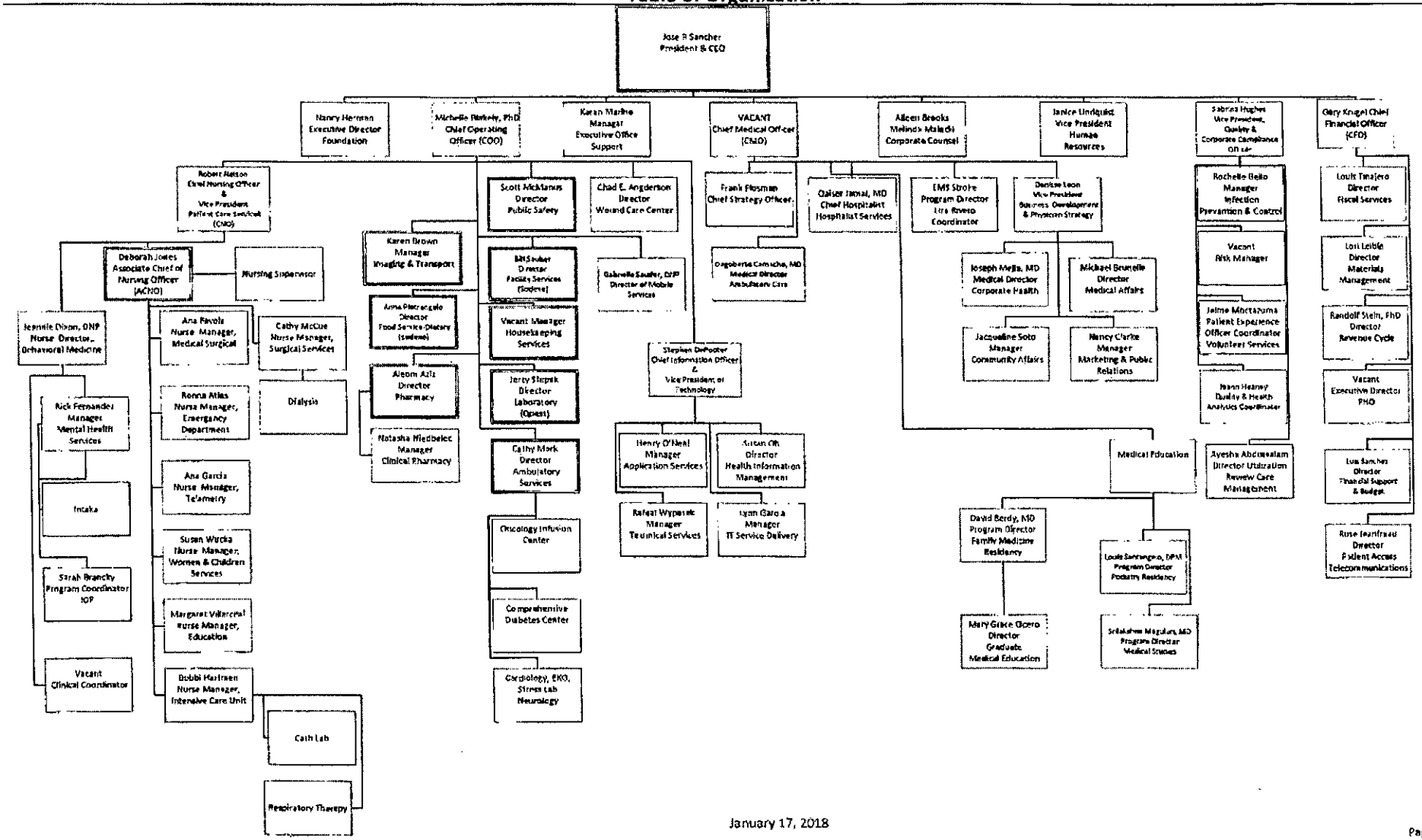
February 2, 2018

I, Gary Krugel, Chief Financial Officer of Norwegian American Hospital do herby attest that Norwegian American Hospital owns the property at 1044 North Francisco Avenue in Chicago where the hospital is located.

Signed and sworn to
Before me this 2nd
day of February 2018.

MARILYN CERETTO
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
May 05, 2019

Norwegian American Hospital
Table of Organization



January 17, 2018

ATTACHMENT 4

GENERAL INFORMATION REQUIREMENTS

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

Norwegian American Hospital (NAH) intends to discontinue its 5-bed Pediatric Category of Service.

2. Identify all of the other clinical services that are to be discontinued.

No other clinical services will be discontinued.

3. Provide the anticipated date of discontinuation for each identified service or for the entire facility.

NAH, pending approval, intends to discontinue its Pediatric Category of Service by March 31, 2018.

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

Norwegian American Hospital intends to use the 5 bed unit for administrative space and storage.

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 for a minimum of 7 years.

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.

Not Applicable, NAH is only requesting discontinuation of its Pediatric Category of Service.

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.

Not Applicable, NAH is only requesting discontinuation of its Pediatric Category of Service.

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.

Norwegian American Hospital provided notice of discontinuation of its Pediatric Category of Service in the Chicago Sun-Times. A copy of the Sun Times Certificate of Publication, which includes the advertisement as well as the run date, is provided within Attachment 10, Exhibit 1.

REASONS FOR DISCONTINUATION

Norwegian American Hospital is requesting to discontinue its 5-bed Pediatric Category of Service due to a historical low utilization and lack of prospective new volume. Pediatric Inpatient volume at Norwegian American Hospital has been underutilized for many years. Through November, there have been no Pediatric admissions in 2017 at Norwegian American Hospital.

Below is the summary of the last three years of utilization at Norwegian American Hospital which demonstrates the low utilization of the Pediatric beds.

2014-2016 Pediatric Category of Service Utilization
at Norwegian American Hospital

Calendar Year	Admissions	Patient Days*	Occupancy Rate
2014	71	239	13.1%
2015	43	143	7.8%
2016	5	9	0.5%

Source: Illinois Health Facilities and Services Review Board, Hospital Data 2014-2016
*Includes Observation Days

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.

Norwegian American Hospital does not believe that the discontinuation of its 5 bed Pediatric Category of Service will have an adverse effect upon access. In 2016, NAH had a total of 9 pediatric patient days. (8 Inpatient days and 1 Observation day). Through November 2017, there have been no pediatric admissions, zero pediatric patient days at Norwegian American Hospital. Based on the Health Facilities and Services Review Board's published Hospital Profiles, it would appear that any of the hospitals within the market area, assumed to be the 45 minute travel time from Norwegian American Hospital, could assume these pediatric patient days and continue to have access capacity.

Summary of Norwegian American Hospital
Pediatric Market Area Utilization-2016

Beds	Patient Days*	Occupancy Rate
668	99,627	40.9%

Sources: Illinois Health Facilities and Services Review Board, Hospital Data 2016; MapQuest
*Includes Observation Days

A complete list of these facilities and individual utilization is included as Attachment 10, Exhibit 2

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.

Norwegian American Hospital sent requests for impact statement via certified mailed letters to the aforementioned market area facilities within a 45 minute drive of NAH. Copies of these letters as well as the return receipt are included within Attachment 10, Exhibit 3.

Saint Anthony Hospital and University of Illinois Hospital at Chicago responded and are able to see patients without restrictions or limitations; copies of these letters are included as Attachment 10, Exhibit 4.

NORWEGIAN AMERICAN HOSPITAL
DISCONTINUE LIC BED

ADORDERNUMBER: 0001048094-01
PO NUMBER: DISCONTINUE LIC BED
AMOUNT: 288.00
NO OF AFFIDAVITS: 1

Norwegian American Hospital
Discontinue License Bed
Norwegian American Hospital (NAH) in Chicago, Illinois, intends to discontinue five (5) licensed bed "category of service" for its five (5) licensed bed Pediatric patient. Upon state approval to do so is issued by the Illinois Health Facilities and Services Review Board (HFSRB), NAH will continue to offer a broad array of outpatient pediatric services including emergency and observational care, as well as Level II Intermediate Nursery Care.
The discontinuation will occur upon approval is granted by the HFSRB, but no later than March 31, 2018. NAH anticipates submitting the required Certificate of Exemption application to the HFSRB in December 2017, and a copy of it can be found after the application is submitted on the HFSRB website at www.illinois.gov/sites/hfsrb. For additional information, please contact Mary Kluge at 773-880-8408.
11/22/17 #1048094

Chicago Sun-Times
Certificate of Publication

State of Illinois - County of Cook

Chicago Sun-Times, does hereby certify it has published the attached advertisements in the following secular newspapers. All newspapers meet Illinois Compiled Statute requirements for publication of Notices per Chapter 715 ILCS 5/0.01 et seq. R.S. 1874, P728 Sec 1, EFF. July 1, 1874. Amended by Laws 1959, P1494, EFF. July 17, 1959. Formerly Ill. Rev. Stat. 1991, CH100, PI.
Note: Notice appeared in the following checked positions.

PUBLICATION DATE(S): 11/23/2017

Chicago Sun-Times

IN WITNESS WHEREOF, the undersigned, being duly authorized, has caused this Certificate to be signed

by

Mary Lou Davis
Account Manager - Public Legal Notices

This 22nd Day of November 2017 A.D.

NORWEGIAN AMERICAN HOSPITAL
1044 N FRANCISCO AVE
NANCY CLARKE, M.A.
CHICAGO, IL 60622

2016 Utilization of Market Area Facilities within a 45-Minute Drive Time from Norwegian American Hospital

Facility	Address	City	Zip	MapQuest x1.25	Peds Beds	2016 Peds Days	Utilization
Presence St Mary Hosp	2233 W Division St	Chicago	60622	8.75	14	744	14.6%
Rush Univeristy Med Ctr	1653 W Congress Pkwy	Chicago	60612	11.25	20	4,648	63.7%
Stroger, Jr. Hosp of Cook Co	1901 W Harrison St	Chicago	60612	13.75	26	2,249	23.7%
St Anthony Hosp	2875 W 19th St	Chicago	60623	13.75	12	1,371	31.3%
University of Illinois Hosp at Chi	1740 W Taylor St	Chicago	60612	16.25	44	3,247	20.2%
West Suburban Med Ctr	3 Erie Ct	Oak Park	60302	18.75	5	38	2.1%
Loyola University Med Ctr	2160 S 1st Ave	Maywood	60153	20	34	4,113	33.1%
Lurie Children's Hosp	225 E Chicago Ave	Chicago	60611	21.25	124	34,119	75.4%
St. Bernard Hosp	326 W 64th St	Chicago	60621	21.25	12	65	1.5%
Presence Resurrection Med Ctr	7435 W Talcott Ave	Chicago	60631	23.75	17	113	1.8%
Shriners Hosp for Children	211 N Oak Park Ave	Chicago	60707	23.75	48	1,455	8.3%
Illinois Masonic Med Ctr	836 W Wellington Ave	Chicago	60657	25	14	832	16.3%
Swedish Covenant Hosp	5145 N California Ave	Chicago	60625	25	6	389	17.8%
Westlake Hosp	1225 W Lake St	Melrose Park	60160	25	5	84	4.6%
La Rabida Children's Hosp	6501 S Promontory Dr	Chicago	60649	26.25	49	8,388	46.9%
University of Chicago Med Ctr	5721 S Maryland Ave	Chicago	60637	26.25	60	15,881	72.5%
Elmhurst Memorial Hosp	155 E Brush Hill Rd	Elmhurst	60126	26.25	6	377	17.2%
Presence St Joseph Hosp - Chi	2900 N Lake Shore Dr	Chicago	60657	27.5	11	408	10.2%
Jackson Park Hosp & Med Ctr	7531 S Stony Island Ave	Chicago	60649	30	1	-	0.0%
Loyola Health Styem at Gottlieb	701 W North Ave	Melrose Park	60160	30	4	41	2.8%
MacNeal Hosp	3249 S Oak Park Ave	Berwyn	60402	30	10	948	26.0%
Adventist Hinsdale Hosp	120 N Oak St	Hinsdale	60521	31.25	18	1,397	21.3%
Lutheran General Hosp	1775 Dempster St	Park Ridge	60068	32.5	48	10,044	57.3%
Good Samaritan Hosp	3815 Highland Ave	Downers Grove	60515	37.5	7	-	0.0%
Alexian Brothers Med Ctr	800 Biesterfield Rd	Elk Grove Village	60007	38.75	16	1,230	21.1%
Highland Park Hosp	777 Park Ave	Highland Park	60035	38.75	6	500	22.8%
Northwest Community Hosp	800 W Central Rd	Arlington Heights	60005	40	16	4,388	75.1%
Evanston Hosp	2650 Ridge Ave	Evanston	60201	40	15	1,836	33.5%
Little Company of Mary Hosp	2800 W 95th St	Evergreen Park	60805	45	20	722	9.9%
Total					668	99,627	40.9%

Sources: Illinois Health Facilities and Services Review Board, Hospital Profiles; MapQuest

NORWEGIAN AMERICAN HOSPITAL
"...Committed to your health"

November 6, 2017

Sent Via Certified Mail
Return Receipt Requested

Mr. Martin Judd
Presence Saint Mary of Nazareth Hospital
2233 West Division Street
Chicago, Illinois 60622

Re: Request for Impact Determination of Discontinuation of Pediatric Category of Service
Norwegian American Hospital

Dear Mr. Judd:

Norwegian American Hospital (NAH) intends to file a Certificate of Exemption (CDE) with the Illinois Health Facilities and Services Review Board (HFSRB) to discontinue its' Pediatric Category of Service and close the five bed pediatric unit. NAH intends to discontinue this category of service within two weeks of approval by the HFSRB, expected to be no later than March 31, 2018. NAH will continue to provide Outpatient Pediatric services.

The Inpatient Pediatric census, including observation days, at Norwegian American Hospital has declined in recent years; 143 days in calendar year 2015, 9 days in calendar year 2016 and 0 days year to date. Maintaining the Pediatric Category of Service along with dedicated beds and dedicated staff is no longer practical for Norwegian American Hospital.

Therefore, in accordance with HFSRB rule 1110.130, you are requested, within the next 15 days, to provide any impact the proposed Pediatric Category of Service discontinuation would have upon your facility in regards to: 1) ability to accommodate a portion or all NAH Inpatient Pediatric volume and 2) if you facility could accept this volume without restrictions or limitations.

If you have any questions please contact me either by email at Gkrugel@nahospital.org or by phone at 773-292-8208.

Sincerely,

José R. Sanchez
Chief Executive Officer
Norwegian American Hospital

1044 N. Francisco Avenue, Chicago, IL 60622 • 773/292-8200

7015 1520 0003 2328 1541

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Postmark Here

Sent To: Mr. Martin Judd
Street and: Presence Saint Mary of Nazareth Hospital
City, State: 2233 West Division Street
Chicago, Illinois 60622

PS Form ... See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Mr. Martin Judd
Presence Saint Mary of Nazareth Hospital
2233 West Division Street
Chicago, Illinois 60622

9590 9402 2296 6225 1420 58

2. Article Number (Transfer from service label)
7015 1520 0003 2328 1541

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery 11-20

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

NORWEGIAN AMERICAN HOSPITAL

"...Committed to your health"

November 6, 2017

Sent Via Certified Mail
Return Receipt Requested

Dr. Larry J. Goodman, MD
Rush Univeristy Medical Center
1653 West Congress Parkway
Chicago, Illinois 60612

Re: Request for Impact Determination of Discontinuation of Pediatric Category of Service
Norwegian American Hospital

Dear Dr. Goodman:

Norwegian American Hospital (NAH) intends to file a Certificate of Exemption (COE) with the Illinois Health Facilities and Services Review Board (HFSRB) to discontinue its' Pediatric Category of Service and close the five bed pediatric unit. NAH intends to discontinue this category of service within two weeks of approval by the HFSRB, expected to be no later than March 31, 2018. NAH will continue to provide Outpatient Pediatric services.

The Inpatient Pediatric census, including observation days, at Norwegian American Hospital has declined in recent years; 143 days in calendar year 2015, 9 days in calendar year 2016 and 0 days year to date. Maintaining the Pediatric Category of Service along with dedicated beds and dedicated staff is no longer practical for Norwegian American Hospital.

Therefore, in accordance with HFSRB rule 1110.130, you are requested, within the next 15 days, to provide any impact the proposed Pediatric Category of Service discontinuation would have upon your facility in regards to: 1) ability to accommodate a portion or all NAH Inpatient Pediatric volume and 2) if you facility could accept this volume without restrictions or limitations.

If you have any questions please contact me either by email at Gkruger@nahospital.org or by phone at 773-292-8208.

Sincerely,

José R. Sanchez
Chief Executive Officer
Norwegian American Hospital

1044 N. Francisco Avenue, Chicago, IL 60622 • 773/292-8200

7011 2970 0003 4381 5575

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: Dr. Dr. Larry J. Goodman, MD
Street, Apt. No. or PO Box No.: Rush Univeristy Medical Center
City, State, ZIP+4: 1653 West Congress Parkway
Chicago, Illinois 60612

PS Form 3800, August 2006 — See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Dr. Dr. Larry J. Goodman, MD
Rush Univeristy Medical Center
1653 West Congress Parkway
Chicago, Illinois 60612

9590 9402 2296 6225 1420 41

2. Article Number (Transfer from service label)
7011 2970 0003 4381 5575

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X R Taagan ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery 11/14/17

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 — Domestic Return Receipt

NORWEGIAN AMERICAN HOSPITAL

"...Committed to your health"

November 6, 2017

Sent Via Certified Mail
Return Receipt Requested

Mr. Doug Elwell
John H. Stroger, Jr. Hospital of Cook County
1901 West Harrison Street
Chicago, Illinois 60612

Re: Request for Impact Determination of Discontinuation of Pediatric Category of Service
Norwegian American Hospital

Dear Mr. Elwell:

Norwegian American Hospital (NAH) intends to file a Certificate of Exemption (CDE) with the Illinois Health Facilities and Services Review Board (HFSRB) to discontinue its' Pediatric Category of Service and close the five bed pediatric unit. NAH intends to discontinue this category of service within two weeks of approval by the HFSRB, expected to be no later than March 31, 2018. NAH will continue to provide Outpatient Pediatric services.

The Inpatient Pediatric census, including observation days, at Norwegian American Hospital has declined in recent years; 143 days in calendar year 2015, 9 days in calendar year 2016 and 0 days year to date. Maintaining the Pediatric Category of Service along with dedicated beds and dedicated staff is no longer practical for Norwegian American Hospital.

Therefore, in accordance with HFSRB rule 1110.130, you are requested, within the next 15 days, to provide any impact the proposed Pediatric Category of Service discontinuation would have upon your facility in regards to: 1) ability to accommodate a portion or all NAH Inpatient Pediatric volume and 2) if you facility could accept this volume without restrictions or limitations.

If you have any questions please contact me either by email at Gkrugel@nahospital.org or by phone at 773-292-8208.

Sincerely,

Jose R. Sanchez
Chief Executive Officer
Norwegian American Hospital

1044 N. Francisco Avenue, Chicago, IL 60622 • 773/292-8200

USPS Tracking®

FAQs > (http://faq.usps.com/?articleId=220900)

Track Another Package +

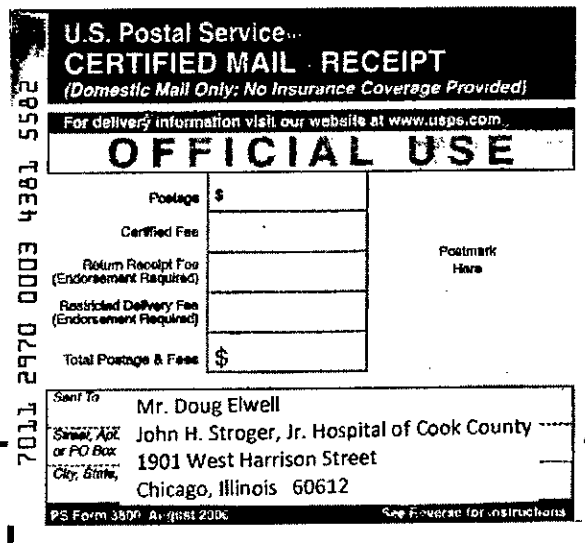
Tracking Number: 70112970000343815582 Remove X

Expected Delivery on

FRIDAY
10 NOVEMBER 2017 by **8:00pm**

Delivered

November 10, 2017 at 11:36 am
Delivered, Left with Individual
CHICAGO, IL 60612


U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com
OFFICIAL USE
Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $
Postmark Here
Sent To Mr. Doug Elwell
Street, Apt. or PO Box John H. Stroger, Jr. Hospital of Cook County
City, State, 1901 West Harrison Street
Chicago, Illinois 60612
PS Form 3800, August 2006 See Reverse for Instructions
7011 2970 0003 4381 5582

Tracking History

November 10, 2017, 11:36 am
Delivered, Left with Individual
CHICAGO, IL 60612
Your item was delivered to an individual at the address at 11:36 am on November 10, 2017 in CHICAGO, IL 60612.

NORWEGIAN AMERICAN HOSPITAL

"...Committed to your health"

November 6, 2017

Sent Via Certified Mail
Return Receipt Requested

Mr. Guy Medaglia
Saint Anthony Hospital
2875 West 19th Street
Chicago, Illinois 60623

Re: Request for Impact Determination of Discontinuation of Pediatric Category of Service
Norwegian American Hospital

Dear Mr. Medaglia:

Norwegian American Hospital (NAH) intends to file a Certificate of Exemption (COE) with the Illinois Health Facilities and Services Review Board (HFSRB) to discontinue its' Pediatric Category of Service and close the five bed pediatric unit. NAH intends to discontinue this category of service within two weeks of approval by the HFSRB, expected to be no later than March 31, 2018. NAH will continue to provide Outpatient Pediatric services.

The Inpatient Pediatric census, including observation days, at Norwegian American Hospital has declined in recent years; 143 days in calendar year 2015, 9 days in calendar year 2016 and 0 days year to date. Maintaining the Pediatric Category of Service along with dedicated beds and dedicated staff is no longer practical for Norwegian American Hospital.

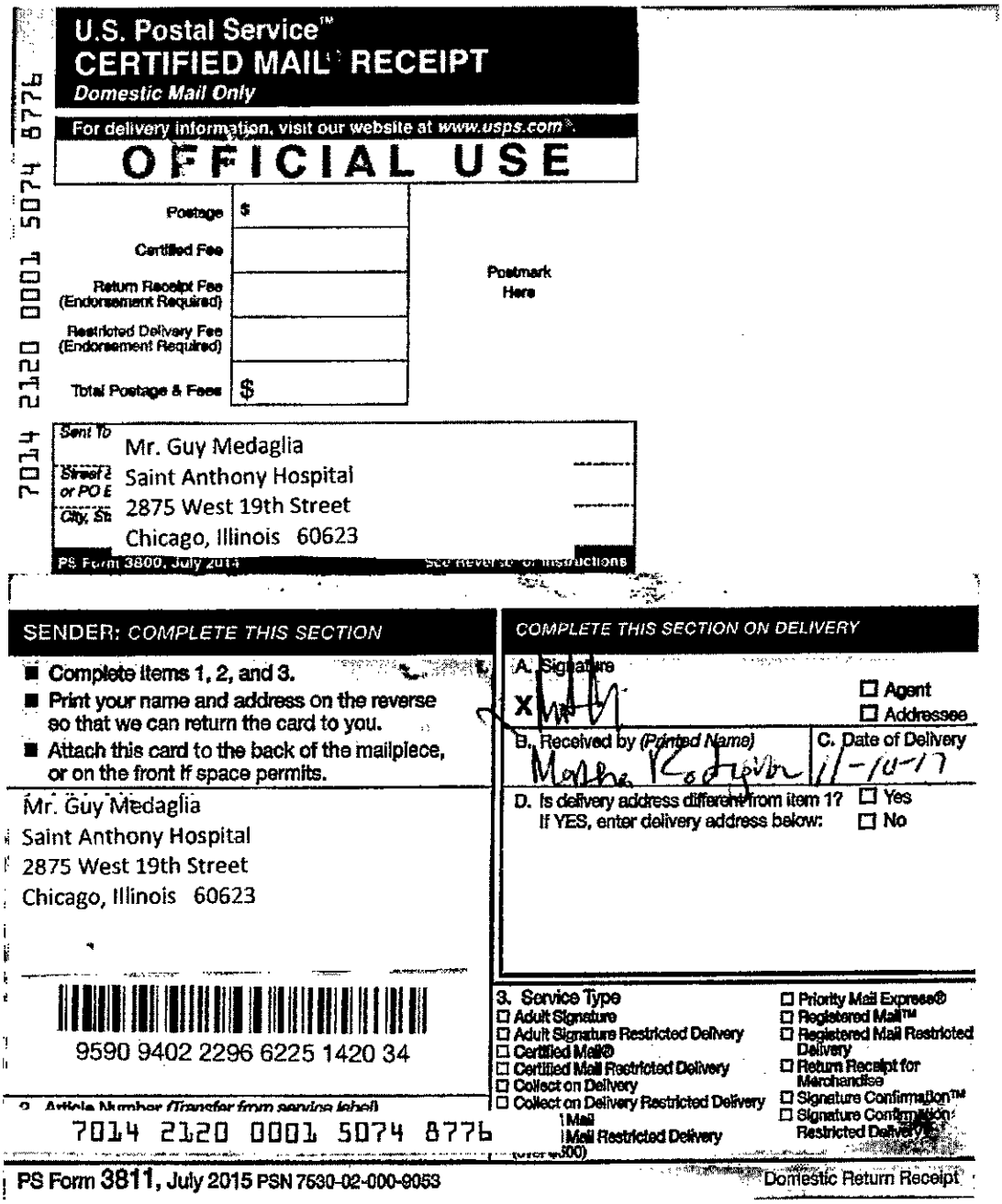
Therefore, in accordance with HFSRB rule 1110.130, you are requested, within the next 15 days, to provide any impact the proposed Pediatric Category of Service discontinuation would have upon your facility in regards to: 1) ability to accommodate a portion or all NAH Inpatient Pediatric volume and 2) if you facility could accept this volume without restrictions or limitations.

If you have any questions please contact me either by email at Gkrugel@nahospital.org or by phone at 773-292-8208.

Sincerely,

José R. Sanchez
Chief Executive Officer
Norwegian American Hospital

1044 N. Francisco Avenue, Chicago, IL 60622 • 773/292-8200



U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $

Postmark Here

7014 2120 0001 5074 8776

Sent To
Mr. Guy Medaglia
Street and Apt. No., or PO Box No.
Saint Anthony Hospital
City, State, ZIP+4®
2875 West 19th Street
Chicago, Illinois 60623

PS Form 3800, July 2014 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Mr. Guy Medaglia
Saint Anthony Hospital
2875 West 19th Street
Chicago, Illinois 60623

9590 9402 2296 6225 1420 34

2. Article Number (Transfer from service label)
7014 2120 0001 5074 8776

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name) Matthew Rodgers
C. Date of Delivery 11-10-17

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Mail
☐ Mail Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

NORWEGIAN AMERICAN HOSPITAL

"...Committed to your health"

November 6, 2017

Sent Via Certified Mail
Return Receipt Requested

Dr. Robert Barrish, MC
University of Illinois Hospital at Chicago
1740 West Taylor Street
Chicago, Illinois 60612

Re: Request for Impact Determination of Discontinuation of Pediatric Category of Service
Norwegian American Hospital

Dear Dr. Barrish:

Norwegian American Hospital (NAH) intends to file a Certificate of Exemption (COE) with the Illinois Health Facilities and Services Review Board (HFSRB) to discontinue its' Pediatric Category of Service and close the five bed pediatric unit. NAH intends to discontinue this category of service within two weeks of approval by the HFSRB, expected to be no later than March 31, 2018. NAH will continue to provide Outpatient Pediatric services.

The Inpatient Pediatric census, including observation days, at Norwegian American Hospital has declined in recent years; 143 days in calendar year 2015, 9 days in calendar year 2016 and 0 days year to date. Maintaining the Pediatric Category of Service along with dedicated beds and dedicated staff is no longer practical for Norwegian American Hospital.

Therefore, in accordance with HFSRB rule 1110.130, you are requested, within the next 15 days, to provide any impact the proposed Pediatric Category of Service discontinuation would have upon your facility in regards to: 1) ability to accommodate a portion or all NAH Inpatient Pediatric volume and 2) if you facility could accept this volume without restrictions or limitations.

If you have any questions please contact me either by email at Gkrugel@nahospital.org or by phone at 773-292-8208.

Sincerely,

José R. Sanchez
Chief Executive Officer
Norwegian American Hospital

1044 N. Francisco Avenue, Chicago, IL 60622 • 773/292-8200

7014 2120 0001 5074 8752

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at *www.usps.com®*.

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: Dr. Robert Barrish
Street &. or PO Bo: University of Illinois Hospital at Chicago
City, Stat: 1740 West Taylor Street
Chicago, Illinois 60612

PS Form 3800, July 2014 — See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

- **Complete items 1, 2, and 3.**
- **Print your name and address on the reverse so that we can return the card to you.**
- **Attach this card to the back of the mailpiece, or on the front if space permits.**

Dr. Robert Barrish
University of Illinois Hospital at Chicago
1740 West Taylor Street
Chicago, Illinois 60612

9590 9402 2296 6225 1521 70

2 Article Number *(Transfer from service label)*
7014 2120 0001 5074 8752

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* [illegible] C. Date of Delivery 11/10/17

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

NOV 10 2017
CHICAGO, IL 60612

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 — Domestic Return Receipt

NORWEGIAN AMERICAN HOSPITAL

"...Committed to your health"

November 6, 2017

Sent Via Certified Mail
Return Receipt Requested

Mr. Christopher Frysztak
West Suburban Medical Center
3 Erie Court
Oak Park, Illinois 60302

Re: Request for Impact Determination of Discontinuation of Pediatric Category of Service
Norwegian American Hospital

Dear Mr. Frysztak:

Norwegian American Hospital (NAH) intends to file a Certificate of Exemption (COE) with the Illinois Health Facilities and Services Review Board (HFSRB) to discontinue its' Pediatric Category of Service and close the five bed pediatric unit. NAH intends to discontinue this category of service within two weeks of approval by the HFSRB, expected to be no later than March 31, 2018. NAH will continue to provide Outpatient Pediatric services.

The Inpatient Pediatric census, including observation days, at Norwegian American Hospital has declined in recent years; 143 days in calendar year 2015, 9 days in calendar year 2016 and 0 days year to date. Maintaining the Pediatric Category of Service along with dedicated beds and dedicated staff is no longer practical for Norwegian American Hospital.

Therefore, in accordance with HFSRB rule 1110.130, you are requested, within the next 15 days, to provide any impact the proposed Pediatric Category of Service discontinuation would have upon your facility in regards to: 1) ability to accommodate a portion or all NAH Inpatient Pediatric volume and 2) if you facility could accept this volume without restrictions or limitations.

If you have any questions please contact me either by email at Gkrugel@nahospital.org or by phone at 773-292-8208.

Sincerely,

José R. Sanchez
Chief Executive Officer
Norwegian American Hospital

1044 N. Francisco Avenue, Chicago, IL 60622 • 773/292-8200

7015 1520 0003 2328 1060

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at *www.usps.com*®

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Postmark Here

Sent To: Mr. Christopher Frysztak
Street an: West Suburban Medical Center
City, Stat: 3 Erie Court
Oak Park, Illinois 60302

PS Form [illegible] April 2015 [illegible] See for Instructions

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Mr. Christopher Frysztak
West Suburban Medical Center
3 Erie Court
Oak Park, Illinois 60302

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery 11-10

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
- ☐ Certified Mail® ☐ Priority Mail Express™
- ☐ Registered ☐ Return Receipt for Merchandise
- ☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7015 1520 0003 2328 1060

PS Form 3811, July 2013 Domestic Return Receipt

NORWEGIAN AMERICAN HOSPITAL

"...Committed to your health"

November 6, 2017

Sent Via Certified Mail
Return Receipt Requested

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

Re: Request for Impact Determination of Discontinuation of Pediatric Category of Service
Norwegian American Hospital

Dear Mr. Goldberg:

Norwegian American Hospital (NAH) intends to file a Certificate of Exemption (COE) with the Illinois Health Facilities and Services Review Board (HFSRB) to discontinue its' Pediatric Category of Service and close the five bed pediatric unit. NAH intends to discontinue this category of service within two weeks of approval by the HFSRB, expected to be no later than March 31, 2018. NAH will continue to provide Outpatient Pediatric services.

The Inpatient Pediatric census, including observation days, at Norwegian American Hospital has declined in recent years; 143 days in calendar year 2015, 9 days in calendar year 2016 and 0 days year to date. Maintaining the Pediatric Category of Service along with dedicated beds and dedicated staff is no longer practical for Norwegian American Hospital.

Therefore, in accordance with HFSRB rule 1110.130, you are requested, within the next 15 days, to provide any impact the proposed Pediatric Category of Service discontinuation would have upon your facility in regards to: 1) ability to accommodate a portion or all NAH Inpatient Pediatric volume and 2) if you facility could accept this volume without restrictions or limitations.

If you have any questions please contact me either by email at Gkrugel@nahospital.org or by phone at 773-292-8208.

Sincerely,

José R. Sanchez
Chief Executive Officer
Norwegian American Hospital

1044 N. Francisco Avenue, Chicago, IL 60622 • 773/292-8200

7015 1520 0003 2328 1077

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at *www.usps.com®*.

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees *(check box, add fee as appropriate)*
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Postmark Here

Sent To: Mr. Larry M. Goldberg
Street and: Loyola University Medical Center
City, Stat: 2160 South 1st Avenue
Maywood, Illinois 60153

PS Form [illegible], April 2015 PSN 7530-02-000-9047 — See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Mr. Larry M. Goldberg
Loyola University Medical Center
2160 South 1st Avenue
Maywood, Illinois 60153

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x A. Bonds ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* A. Bonds C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

MAYWOOD, IL 60153-9998 NOV 13 2017

3. Service Type
- ☐ Certified Mail® ☐ Priority Mail Express™
- ☐ Registered ☐ Return Receipt for Merchandise
- ☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7015 1520 0003 2328 1077

PS Form 3811, July 2013 Domestic Return Receipt

NORWEGIAN AMERICAN HOSPITAL
"...Committed to your health"

November 6, 2017

Sent 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 of Discontinuation of Pediatric Category of Service
Norwegian American Hospital

Dear Mr. Magoon:

Norwegian American Hospital (NAH) intends to file a Certificate of Exemption (COE) with the Illinois Health Facilities and Services Review Board (HFSRB) to discontinue its' Pediatric Category of Service and close the five bed pediatric unit. NAH intends to discontinue this category of service within two weeks of approval by the HFSRB, expected to be no later than March 31, 2018. NAH will continue to provide Outpatient Pediatric services.

The Inpatient Pediatric census, including observation days, at Norwegian American Hospital has declined in recent years; 143 days in calendar year 2015, 9 days in calendar year 2016 and 0 days year to date. Maintaining the Pediatric Category of Service along with dedicated beds and dedicated staff is no longer practical for Norwegian American Hospital.

Therefore, in accordance with HFSRB rule 1110.130, you are requested, within the next 15 days, to provide any impact the proposed Pediatric Category of Service discontinuation would have upon your facility in regards to: 1) ability to accommodate a portion or all NAH Inpatient Pediatric volume and 2) if you facility could accept this volume without restrictions or limitations.

If you have any questions please contact me either by email at Gkrugel@nahospital.org or by phone at 773-292-8208.

Sincerely,

José R. Sanchez
Chief Executive Officer
Norwegian American Hospital

1044 N. Francisco Avenue, Chicago, IL 60622 • 773/292-8200

7015 1520 0003 2328 1084

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at *www.usps.com®*.

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees *(check box, add fee as appropriate)*
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Postmark Here

Sent To: Mr. Patrick Magoon
Street and: Ann & Robert H Lurie Children's Hospital of Chicago
City, State: 225 East Chicago Avenue
PS Form: Chicago, Illinois 60611 tions

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by *(Printed Name)*

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
- ☐ Certified Mail®
- ☐ Priority Mail Express™
- ☐ Registered
- ☐ Return Receipt for Merchandise
- ☐ Insured Mail
- ☐ Collect on Delivery

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7015 1520 0003 2328 1084

PS Form 3811, July 2013 Domestic Return Receipt

NORWEGIAN AMERICAN HOSPITAL

"...Committed to your health"

November 6, 2017

Sent Via Certified Mail
Return Receipt Requested

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

Re: Request for Impact Determination of Discontinuation of Pediatric Category of Service
Norwegian American Hospital

Dear Mr. Holland:

Norwegian American Hospital (NAH) intends to file a Certificate of Exemption (COE) with the Illinois Health Facilities and Services Review Board (HFSRB) to discontinue its' Pediatric Category of Service and close the five bed pediatric unit. NAH intends to discontinue this category of service within two weeks of approval by the HFSRB, expected to be no later than March 31, 2018. NAH will continue to provide Outpatient Pediatric services.

The Inpatient Pediatric census, including observation days, at Norwegian American Hospital has declined in recent years; 143 days in calendar year 2015, 9 days in calendar year 2016 and 0 days year to date. Maintaining the Pediatric Category of Service along with dedicated beds and dedicated staff is no longer practical for Norwegian American Hospital.

Therefore, in accordance with HFSRB rule 1110.130, you are requested, within the next 15 days, to provide any impact the proposed Pediatric Category of Service discontinuation would have upon your facility in regards to: 1) ability to accommodate a portion or all NAH Inpatient Pediatric volume and 2) if you facility could accept this volume without restrictions or limitations.

If you have any questions please contact me either by email at Gkrugel@nahospital.org or by phone at 773-292-8208.

Sincerely,

José R. Sanchez
Chief Executive Officer
Norwegian American Hospital

1044 N. Francisco Avenue, Chicago, IL 60622 • 773/292-8200

USPS Tracking®

FAQs > (http://faq.usps.com/?articleId=220900)

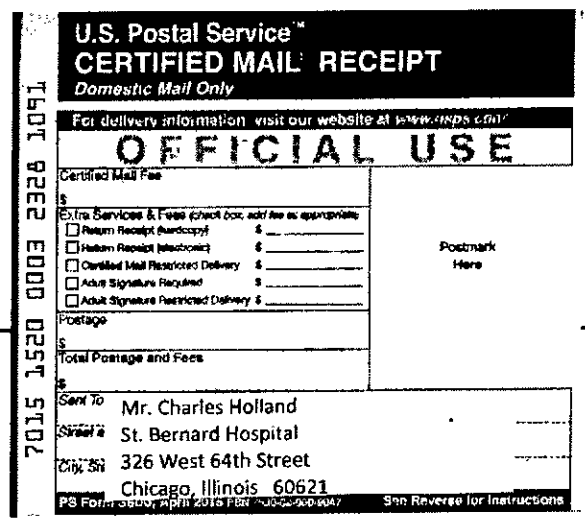
Track Another Package +

Tracking Number: 70151520000323281091 Remove ×

Your item was delivered to the front desk or reception area at 11:18 am on November 13, 2017 in CHICAGO, IL 60621.

Delivered

November 13, 2017 at 11:18 am
Delivered, Front Desk/Reception
CHICAGO, IL 60621


U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only
For delivery information visit our website at www.usps.com®
OFFICIAL USE
Certified Mail Fee
$
Extra Services & Fees (check box, add fee as appropriate)
Return Receipt (hardcopy) $
Return Receipt (electronic) $
Certified Mail Restricted Delivery $
Adult Signature Required $
Adult Signature Restricted Delivery $
Postage
$
Total Postage and Fees
$
Postmark Here
Sent To Mr. Charles Holland
Street a St. Bernard Hospital
City, St 326 West 64th Street
Chicago, Illinois 60621
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions
7015 1520 0003 2328 1091

Tracking History

November 13, 2017, 11:18 am
Delivered, Front Desk/Reception
CHICAGO, IL 60621
Your item was delivered to the front desk or reception area at 11:18 am on November 13, 2017 in CHICAGO, IL 60621.

November 10, 2017, 5:37 am
Arrived at Unit
CHICAGO, IL 60621

NORWEGIAN AMERICAN HOSPITAL

"...Committed to your health"

November 6, 2017

Sent Via Certified Mail
Return Receipt Requested

Mr. Robert M. Dahl
Presence Resurrection Medical Center
7435 West Talcott Avenue
Chicago, Illinois 60631

Re: Request for Impact Determination of Discontinuation of Pediatric Category of Service
Norwegian American Hospital

Dear Mr. Dahl:

Norwegian American Hospital (NAH) intends to file a Certificate of Exemption (COE) with the Illinois Health Facilities and Services Review Board (HFSRB) to discontinue its' Pediatric Category of Service and close the five bed pediatric unit. NAH intends to discontinue this category of service within two weeks of approval by the HFSRB, expected to be no later than March 31, 2018. NAH will continue to provide Outpatient Pediatric services.

The Inpatient Pediatric census, including observation days, at Norwegian American Hospital has declined in recent years; 143 days in calendar year 2015, 9 days in calendar year 2016 and 0 days year to date. Maintaining the Pediatric Category of Service along with dedicated beds and dedicated staff is no longer practical for Norwegian American Hospital.

Therefore, in accordance with HFSRB rule 1110.130, you are requested, within the next 15 days, to provide any impact the proposed Pediatric Category of Service discontinuation would have upon your facility in regards to: 1) ability to accommodate a portion or all NAH Inpatient Pediatric volume and 2) if you facility could accept this volume without restrictions or limitations.

If you have any questions please contact me either by email at Gkrugel@nahospital.org or by phone at 773-292-8208.

Sincerely,

José R. Sanchez
Chief Executive Officer
Norwegian American Hospital

1044 N. Francisco Avenue, Chicago, IL 60622 • 773/292-8200

7011 2970 0003 4381 5421

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: Mr. Robert M. Dahl
Street, Apt. or PO Box: Presence Resurrection Medical Center
City, State: 7435 West Talcott Avenue
Chicago, Illinois 60631

PS Form 3800, August 2006 — See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mr. Robert M. Dahl
Presence Resurrection Medical Center
7435 West Talcott Avenue
Chicago, Illinois 60631

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name): N. Reyes
C. Date of Delivery: 11-13-17

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☑ No

3. Service Type
☑ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7011 2970 0003 4381 5421

PS Form 3811, July 2013 Domestic Return Receipt

NORWEGIAN AMERICAN HOSPITAL

"...Committed to your health"

November 6, 2017

Sent Via Certified Mail
Return Receipt Requested

Mr. Mark Niederpruem
Shriners Hospital for Children - Chicago
211 North Oak Park Avenue
Chicago, Illinois 60707

Re: Request for Impact Determination of Discontinuation of Pediatric Category of Service
Norwegian American Hospital

Dear Mr. Niederpruem:

Norwegian American Hospital (NAH) intends to file a Certificate of Exemption (COE) with the Illinois Health Facilities and Services Review Board (HFSRB) to discontinue its' Pediatric Category of Service and close the five bed pediatric unit. NAH intends to discontinue this category of service within two weeks of approval by the HFSRB, expected to be no later than March 31, 2018. NAH will continue to provide Outpatient Pediatric services.

The Inpatient Pediatric census, including observation days, at Norwegian American Hospital has declined in recent years; 143 days in calendar year 2015, 9 days in calendar year 2016 and 0 days year to date. Maintaining the Pediatric Category of Service along with dedicated beds and dedicated staff is no longer practical for Norwegian American Hospital.

Therefore, in accordance with HFSRB rule 1110.130, you are requested, within the next 15 days, to provide any impact the proposed Pediatric Category of Service discontinuation would have upon your facility in regards to: 1) ability to accommodate a portion or all NAH Inpatient Pediatric volume and 2) if you facility could accept this volume without restrictions or limitations.

If you have any questions please contact me either by email at Gkrugel@nahospital.org or by phone at 773-292-8208.

Sincerely,

José R. Sanchez
Chief Executive Officer
Norwegian American Hospital

1044 N. Francisco Avenue, Chicago, IL 60622 • 773/292-8200

7015 1520 0003 2328 1503

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at *www.usps.com®*.

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees *(check box, add fee as appropriate)*
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Postmark Here

Sent To: Mr. Mark Niederpruem
Street: Shriners Hospital for Children - Chicago
City, St: 211 North Oak Park Avenue
Chicago, Illinois 60707

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mr. Mark Niederpruem
Shriners Hospital for Children - Chicago
211 North Oak Park Avenue
Chicago, Illinois 60707

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X V Young
☐ Agent
☐ Addressee

B. Received by *(Printed Name)* V Young
C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

NOV 13 2015
ELMWOOD PARK BRANCH ELMWOOD

3. Service Type
- ☐ Certified Mail® ☐ Priority Mail Express™
- ☐ Registered ☐ Return Receipt for Merchandise
- ☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7015 1520 0003 2328 1503

PS Form 3811, July 2013 Domestic Return Receipt

NORWEGIAN AMERICAN HOSPITAL

"...Committed to your health"

November 6, 2017

Sent Via Certified Mail
Return Receipt Requested

Ms. Susan Nordstrom-Lopez
Advocate Illinois Masonic Medical Center
836 West Wellington Avenue
Chicago, Illinois 60657

Re: Request for Impact Determination of Discontinuation of Pediatric Category of Service
Norwegian American Hospital

Dear Ms. Nordstrom-Lopez:

Norwegian American Hospital (NAH) intends to file a Certificate of Exemption (COE) with the Illinois Health Facilities and Services Review Board (HFSRB) to discontinue its' Pediatric Category of Service and close the five bed pediatric unit. NAH intends to discontinue this category of service within two weeks of approval by the HFSRB, expected to be no later than March 31, 2018. NAH will continue to provide Outpatient Pediatric services.

The Inpatient Pediatric census, including observation days, at Norwegian American Hospital has declined in recent years; 143 days in calendar year 2015, 9 days in calendar year 2016 and 0 days year to date. Maintaining the Pediatric Category of Service along with dedicated beds and dedicated staff is no longer practical for Norwegian American Hospital.

Therefore, in accordance with HFSRB rule 1110.130, you are requested, within the next 15 days, to provide any impact the proposed Pediatric Category of Service discontinuation would have upon your facility in regards to: 1) ability to accommodate a portion or all NAH Inpatient Pediatric volume and 2) if you facility could accept this volume without restrictions or limitations.

If you have any questions please contact me either by email at Gkrugel@nahospital.org or by phone at 773-292-8208.

Sincerely,

José R. Sanchez
Chief Executive Officer
Norwegian American Hospital

1044 N. Francisco Avenue, Chicago, IL 60622 • 773/292-8200

7016 0340 0001 1208 5013

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Postmark Here

Sent To
Ms. Susan Nordstrom-Lopez
Street and
Advocate Illinois Masonic Medical Center
City, State
836 West Wellington Avenue
PS Form
Chicago, Illinois 60657

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Ms. Susan Nordstrom-Lopez
Advocate Illinois Masonic Medical Center
836 West Wellington Avenue
Chicago, Illinois 60657

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Raymond Vega ☑ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

NOV 10

3. Service Type
- ☐ Certified Mail® ☐ Priority Mail Express™
- ☐ Registered ☐ Return Receipt for Merchandise
- ☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7016 0340 0001 1208 5013

PS Form 3811, July 2013 Domestic Return Receipt

NORWEGIAN AMERICAN HOSPITAL

"...Committed to your health"

November 6, 2017

Sent Via Certified Mail
Return Receipt Requested

Mr. Anthony Guaccio
Swedish Covenant Hospital
5145 North California Avenue
Chicago, Illinois 60625

Re: Request for Impact Determination of Discontinuation of Pediatric Category of Service
Norwegian American Hospital

Dear Mr. Guaccio:

Norwegian American Hospital (NAH) intends to file a Certificate of Exemption (COE) with the Illinois Health Facilities and Services Review Board (HFSRB) to discontinue its' Pediatric Category of Service and close the five bed pediatric unit. NAH intends to discontinue this category of service within two weeks of approval by the HFSRB, expected to be no later than March 31, 2018. NAH will continue to provide Outpatient Pediatric services.

The Inpatient Pediatric census, including observation days, at Norwegian American Hospital has declined in recent years; 143 days in calendar year 2015, 9 days in calendar year 2016 and 0 days year to date. Maintaining the Pediatric Category of Service along with dedicated beds and dedicated staff is no longer practical for Norwegian American Hospital.

Therefore, in accordance with HFSRB rule 1110.130, you are requested, within the next 15 days, to provide any impact the proposed Pediatric Category of Service discontinuation would have upon your facility in regards to: 1) ability to accommodate a portion or all NAH Inpatient Pediatric volume and 2) if you facility could accept this volume without restrictions or limitations.

If you have any questions please contact me either by email at Gkrugel@nahospital.org or by phone at 773-292-8208.

Sincerely,

José R. Sanchez
Chief Executive Officer
Norwegian American Hospital

1044 N. Francisco Avenue, Chicago, IL 60622 • 773/292-8200

7015 1520 0003 2328 1558

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Postmark Here

Sent To: Mr. Anthony Guaccio
Street: Swedish Covenant Hospital
City, S: 5145 North California Avenue
Chicago, Illinois 60625

PS Form [illegible], April 2015 [illegible] See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mr. Anthony Guaccio
Swedish Covenant Hospital
5145 North California Avenue
Chicago, Illinois 60625

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Laura Weiss ☒ Agent ☐ Addressee

B. Received by (Printed Name) LAURA WEISS
C. Date of Delivery 11-13-17

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☒ No

3. Service Type
- ☐ Certified Mail® ☐ Priority Mail Express™
- ☐ Registered ☐ Return Receipt for Merchandise
- ☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7015 1520 0003 2328 1558

PS Form 3811, July 2013 Domestic Return Receipt

NORWEGIAN AMERICAN HOSPITAL

"...Committed to your health"

November 6, 2017

Sent Via Certified Mail
Return Receipt Requested

Mr. Christopher Frysztak
Westlake Hospital
1225 West Lake Street
Melrose Park, Illinois 60160

Re: Request for Impact Determination of Discontinuation of Pediatric Category of Service
Norwegian American Hospital

Dear Mr. Frysztak:

Norwegian American Hospital (NAH) intends to file a Certificate of Exemption (COE) with the Illinois Health Facilities and Services Review Board (HFSRB) to discontinue its' Pediatric Category of Service and close the five bed pediatric unit. NAH intends to discontinue this category of service within two weeks of approval by the HFSRB, expected to be no later than March 31, 2018. NAH will continue to provide Outpatient Pediatric services.

The Inpatient Pediatric census, including observation days, at Norwegian American Hospital has declined in recent years; 143 days in calendar year 2015, 9 days in calendar year 2016 and 0 days year to date. Maintaining the Pediatric Category of Service along with dedicated beds and dedicated staff is no longer practical for Norwegian American Hospital.

Therefore, in accordance with HFSRB rule 1110.130, you are requested, within the next 15 days, to provide any impact the proposed Pediatric Category of Service discontinuation would have upon your facility in regards to: 1) ability to accommodate a portion or all NAH Inpatient Pediatric volume and 2) if you facility could accept this volume without restrictions or limitations.

If you have any questions please contact me either by email at Gkrugel@nahospital.org or by phone at 773-292-8208.

Sincerely,

Jose R. Sanchez
Chief Executive Officer
Norwegian American Hospital

1044 N. Francisco Avenue, Chicago, IL 60622 • 773/292-8200

7015 1520 0003 2328 1565

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at *www.usps.com®*.

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees *(check box, add fee as appropriate)*
- ☐ Return Receipt (hardcopy) $ _____
- ☐ Return Receipt (electronic) $ _____
- ☐ Certified Mail Restricted Delivery $ _____
- ☐ Adult Signature Required $ _____
- ☐ Adult Signature Restricted Delivery $ _____

Postage
$

Total Postage and Fees
$

Postmark Here

Sent To: Mr. Christopher Frysztak
Street: Westlake Hospital
City: 1225 West Lake Street
Melrose Park, Illinois 60160

PS Form 3800, January 2023 — See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mr. Christopher Frysztak
Westlake Hospital
1225 West Lake Street
Melrose Park, Illinois 60160

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☒ Agent ☐ Addressee

B. Received by *(Printed Name)* [illegible] C. Date of Delivery 11-0

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
- ☐ Certified Mail® ☐ Priority Mail Express™
- ☐ Registered ☐ Return Receipt for Merchandise
- ☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7015 1520 0003 2328 1565

PS Form 3811, July 2013 Domestic Return Receipt

NORWEGIAN AMERICAN HOSPITAL

"...Committed to your health"

November 6, 2017

Sent Via Certified Mail
Return Receipt Requested

Ms. Brenda Wolf
La Rabida Children's Hospital
6501 South Promontory Drive
Chicago, Illinois 60649

Re: Request for Impact Determination of Discontinuation of Pediatric Category of Service
Norwegian American Hospital

Dear Ms. Wolf:

Norwegian American Hospital (NAH) intends to file a Certificate of Exemption (COE) with the Illinois Health Facilities and Services Review Board (HFSRB) to discontinue its' Pediatric Category of Service and close the five bed pediatric unit. NAH intends to discontinue this category of service within two weeks of approval by the HFSRB, expected to be no later than March 31, 2018. NAH will continue to provide Outpatient Pediatric services.

The Inpatient Pediatric census, including observation days, at Norwegian American Hospital has declined in recent years; 143 days in calendar year 2015, 9 days in calendar year 2016 and 0 days year to date. Maintaining the Pediatric Category of Service along with dedicated beds and dedicated staff is no longer practical for Norwegian American Hospital.

Therefore, in accordance with HFSRB rule 1110.130, you are requested, within the next 15 days, to provide any impact the proposed Pediatric Category of Service discontinuation would have upon your facility in regards to: 1) ability to accommodate a portion or all NAH Inpatient Pediatric volume and 2) if you facility could accept this volume without restrictions or limitations.

If you have any questions please contact me either by email at Gkrugel@nahospital.org or by phone at 773-292-8208.

Sincerely,

Jose R. Sanchez
Chief Executive Officer
Norwegian American Hospital

1044 N. Francisco Avenue, Chicago, IL 60622 • 773/292-8200

7015 1520 0003 2328 1572

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Postmark Here

Sent To: Ms. Brenda Wolf
Street: La Rabida Children's Hospital
City, St: 6501 South Promontory Drive
PS Fo: Chicago, Illinois 60649 ...tructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Ms. Brenda Wolf
La Rabida Children's Hospital
6501 South Promontory Drive
Chicago, Illinois 60649

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [signature] C. Date of Delivery 1/10/

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

6 S Lakeshore

3. Service Type
- ☐ Certified Mail® ☐ Priority Mail Express™
- ☐ Registered ☐ Return Receipt for Merchandise
- ☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7015 1520 0003 2328 1572

PS Form 3811, July 2013 Domestic Return Receipt

NORWEGIAN AMERICAN HOSPITAL

"...Committed to your health"

November 6, 2017

Sent Via Certified Mail
Return Receipt Requested

Ms. Sharon O'Keefe
University of Chicago Medical Center/Comer Children's Hospital
5721 South Maryland Avenue
Chicago, Illinois 60637

Re: Request for Impact Determination of Discontinuation of Pediatric Category of Service
Norwegian American Hospital

Dear Ms. O'Keefe:

Norwegian American Hospital (NAH) intends to file a Certificate of Exemption (CDE) with the Illinois Health Facilities and Services Review Board (HFSRB) to discontinue its' Pediatric Category of Service and close the five bed pediatric unit. NAH intends to discontinue this category of service within two weeks of approval by the HFSRB, expected to be no later than March 31, 2018. NAH will continue to provide Outpatient Pediatric services.

The Inpatient Pediatric census, including observation days, at Norwegian American Hospital has declined in recent years; 143 days in calendar year 2015, 9 days in calendar year 2016 and 0 days year to date. Maintaining the Pediatric Category of Service along with dedicated beds and dedicated staff is no longer practical for Norwegian American Hospital.

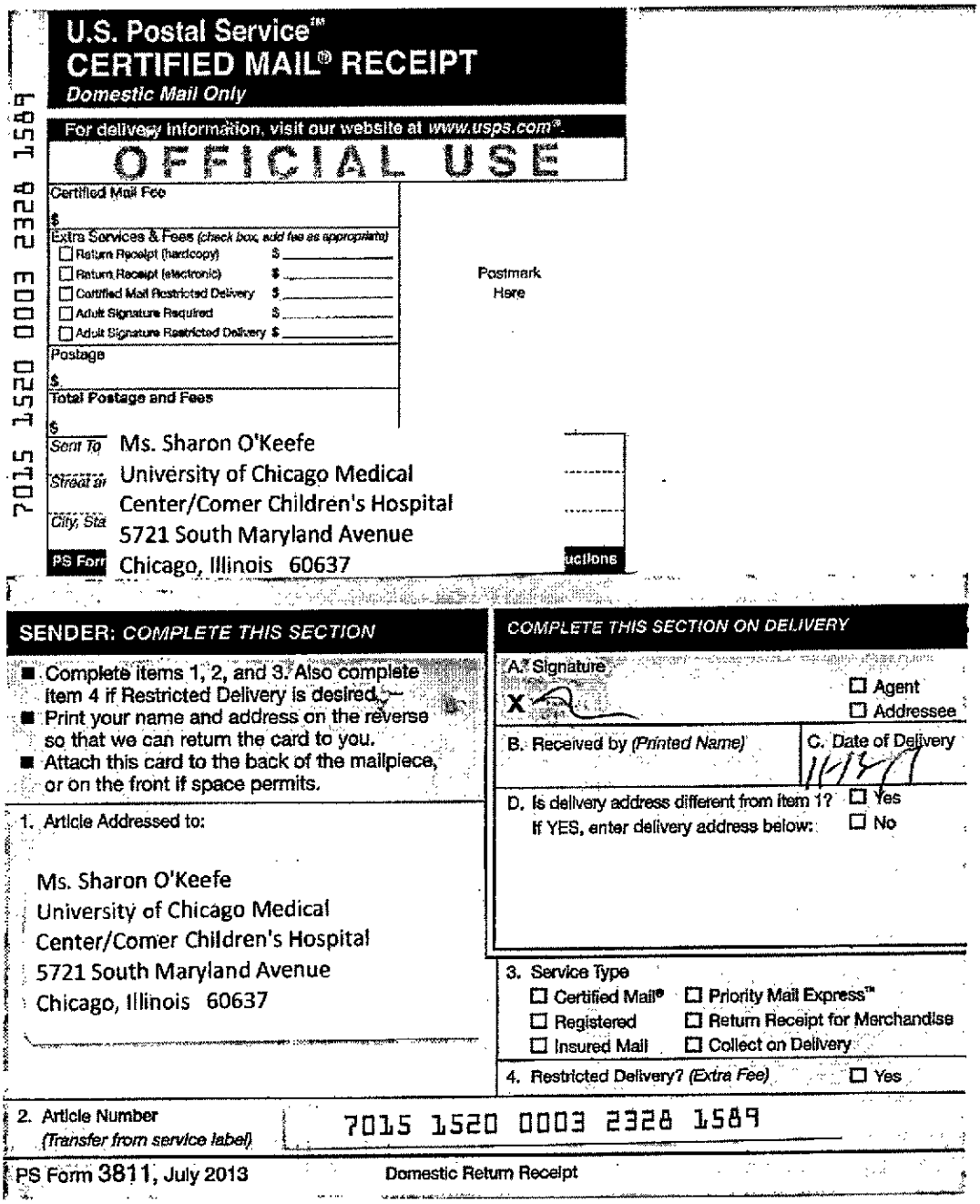
Therefore, in accordance with HFSRB rule 1110.130, you are requested, within the next 15 days, to provide any impact the proposed Pediatric Category of Service discontinuation would have upon your facility in regards to: 1) ability to accommodate a portion or all NAH Inpatient Pediatric volume and 2) if you facility could accept this volume without restrictions or limitations.

If you have any questions please contact me either by email at Gkrugel@nahospital.org or by phone at 773-292-8208.

Sincerely,

José R. Sanchez
Chief Executive Officer
Norwegian American Hospital

1044 N. Francisco Avenue, Chicago, IL 60622 • 773/292-8200



U.S. Postal Service℠
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Postmark Here

7015 1520 0003 2328 1589

Sent To Ms. Sharon O'Keefe
Street a University of Chicago Medical
City, Sta Center/Comer Children's Hospital
PS For 5721 South Maryland Avenue
Chicago, Illinois 60637
uctions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Ms. Sharon O'Keefe
University of Chicago Medical
Center/Comer Children's Hospital
5721 South Maryland Avenue
Chicago, Illinois 60637

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery
1/6/17

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
- ☐ Certified Mail® ☐ Priority Mail Express™
- ☐ Registered ☐ Return Receipt for Merchandise
- ☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7015 1520 0003 2328 1589

PS Form 3811, July 2013 Domestic Return Receipt

NORWEGIAN AMERICAN HOSPITAL

"...Committed to your health"

November 6, 2017

Sent 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 of Discontinuation of Pediatric Category of Service
Norwegian American Hospital

Dear Ms. Dunley:

Norwegian American Hospital (NAH) intends to file a Certificate of Exemption (COE) with the Illinois Health Facilities and Services Review Board (HFSRB) to discontinue its' Pediatric Category of Service and close the five bed pediatric unit. NAH intends to discontinue this category of service within two weeks of approval by the HFSRB, expected to be no later than March 31, 2018. NAH will continue to provide Outpatient Pediatric services.

The Inpatient Pediatric census, including observation days, at Norwegian American Hospital has declined in recent years; 143 days in calendar year 2015, 9 days in calendar year 2016 and 0 days year to date. Maintaining the Pediatric Category of Service along with dedicated beds and dedicated staff is no longer practical for Norwegian American Hospital.

Therefore, in accordance with HFSRB rule 1110.130, you are requested, within the next 15 days, to provide any impact the proposed Pediatric Category of Service discontinuation would have upon your facility in regards to: 1) ability to accommodate a portion or all NAH Inpatient Pediatric volume and 2) if you facility could accept this volume without restrictions or limitations.

If you have any questions please contact me either by email at Gkrugel@nahospital.org or by phone at 773-292-8208.

Sincereiy,

José R. Sanchez
Chief Executive Officer
Norwegian American Hospital

1044 N. Francisco Avenue, Chicago, IL 60622 • 773/292-8200

7015 1520 0003 2328 1596

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Postmark Here

Sent To: Ms. Pamela Dunley
Street an: Elmhurst Memorial Hospital
City, Stat: 155 East Brush Hill Road
Elmhurst, Illinois 60126

PS Form ... See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Tom McBerman
☐ Agent
☐ Addressee

B. Received by (Printed Name) Tom McBerman
C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
- ☐ Certified Mail®
- ☐ Priority Mail Express™
- ☐ Registered
- ☐ Return Receipt for Merchandise
- ☐ Insured Mail
- ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7015 1520 0003 2328 1596

PS Form 3811, July 2013 Domestic Return Receipt

NORWEGIAN AMERICAN HOSPITAL

"...Committed to your health"

November 6, 2017

Sent Via Certified Mail
Return Receipt Requested

Mr. Martin Judd
Presence Saint Jospeh Hospital - Chicago
2900 North Lake Shore Drive
Chicago, Illinois 60657

Re: Request for Impact Determination of Discontinuation of Pediatric Category of Service
Norwegian American Hospital

Dear Mr. Judd:

Norwegian American Hospital (NAH) intends to file a Certificate of Exemption (CDE) with the Illinois Health Facilities and Services Review Board (HFSRB) to discontinue its' Pediatric Category of Service and close the five bed pediatric unit. NAH intends to discontinue this category of service within two weeks of approval by the HFSRB, expected to be no later than March 31, 2018. NAH will continue to provide Outpatient Pediatric services.

The Inpatient Pediatric census, including observation days, at Norwegian American Hospital has declined in recent years; 143 days in calendar year 2015, 9 days in calendar year 2016 and D days year to date. Maintaining the Pediatric Category of Service along with dedicated beds and dedicated staff is no longer practical for Norwegian American Hospital.

Therefore, in accordance with HFSRB rule 1110.130, you are requested, within the next 15 days, to provide any impact the proposed Pediatric Category of Service discontinuation would have upon your facility in regards to: 1) ability to accommodate a portion or all NAH Inpatient Pediatric volume and 2) if you facility could accept this volume without restrictions or limitations.

If you have any questions please contact me either by email at Gkrugel@nahospital.org or by phone at 773-292-8208.

Sincerely,

José R. Sanchez
Chief Executive Officer
Norwegian American Hospital

1044 N. Francisco Avenue, Chicago, IL 60622 • 773/292-8200

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Postmark Here

7015 1520 0003 2328 1602

Sent To: Mr. Martin Judd
Street and: Presence Saint Jospeh Hospital - Chicago
City, State: 2900 North Lake Shore Drive
Chicago, Illinois 60657

PS Form [illegible] See Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mr. Martin Judd
Presence Saint Jospeh Hospital - Chicago
2900 North Lake Shore Drive
Chicago, Illinois 60657

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X B. Hunter ☐ Agent ☐ Addressee

B. Received by (Printed Name) B. Hunter C. Date of Delivery 7/10/17

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

JUL 10 2017

3. Service Type
- ☐ Certified Mail® ☐ Priority Mail Express™
- ☐ Registered ☐ Return Receipt for Merchandise
- ☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7015 1520 0003 2328 1602

PS Form 3811, July 2013 Domestic Return Receipt

NORWEGIAN AMERICAN HOSPITAL

"...Committed to your health"

November 6, 2017

Sent Via Certified Mail
Return Receipt Requested

Mr. Merritt Hasbrouck
Jackson Park Hospital & Medical Center
7531 South Stony Island Avenue
Chicago, Illinois 60649

Re: Request for Impact Determination of Discontinuation of Pediatric Category of Service
Norwegian American Hospital

Dear Mr. Hasbrouck:

Norwegian American Hospital (NAH) intends to file a Certificate of Exemption (COE) with the Illinois Health Facilities and Services Review Board (HFSRB) to discontinue its' Pediatric Category of Service and close the five bed pediatric unit. NAH intends to discontinue this category of service within two weeks of approval by the HFSRB, expected to be no later than March 31, 2018. NAH will continue to provide Outpatient Pediatric services.

The Inpatient Pediatric census, including observation days, at Norwegian American Hospital has declined in recent years; 143 days in calendar year 2015, 9 days in calendar year 2016 and 0 days year to date. Maintaining the Pediatric Category of Service along with dedicated beds and dedicated staff is no longer practical for Norwegian American Hospital.

Therefore, in accordance with HFSRB rule 1110.130, you are requested, within the next 15 days, to provide any impact the proposed Pediatric Category of Service discontinuation would have upon your facility in regards to: 1) ability to accommodate a portion or all NAH Inpatient Pediatric volume and 2) if you facility could accept this volume without restrictions or limitations.

If you have any questions please contact me either by email at Gkrugel@nahospital.org or by phone at 773-292-8208.

Sincerely,

Jose R. Sanchez
Chief Executive Officer
Norwegian American Hospital

1044 N. Francisco Avenue, Chicago, IL 60622 • 773/292-8200

7016 1370 0001 5411 9552

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Postmark Here

Sent To: Mr. Merritt Hasbrouck
Street and Apt.: Jackson Park Hospital & Medical Center
City, State, Z: 7531 South Stony Island Avenue
Chicago, Illinois 60649

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mr. Merritt Hasbrouck
Jackson Park Hospital & Medical Center
7531 South Stony Island Avenue
Chicago, Illinois 60649

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☒ Addressee

B. Received by (Printed Name) | C. Date of Delivery: 11-9-17

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
- ☐ Certified Mail® ☐ Priority Mail Express™
- ☐ Registered ☐ Return Receipt for Merchandise
- ☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7016 1370 0001 5411 9552

PS Form 3811, July 2013 Domestic Return Receipt

NORWEGIAN AMERICAN HOSPITAL

"...Committed to your health"

November 6, 2017

Sent Via Certified Mail
Return Receipt Requested

Ms. Lori Price
Loyola Health Styem at Gottlieb
701 West North Avenue
Melrose Park, Illinois 60160

Re: Request for Impact Determination of Discontinuation of Pediatric Category of Service
Norwegian American Hospital

Dear Ms. Price:

Norwegian American Hospital (NAH) intends to file a Certificate of Exemption (COE) with the Illinois Health Facilities and Services Review Board (HFSRB) to discontinue its' Pediatric Category of Service and close the five bed pediatric unit. NAH intends to discontinue this category of service within two weeks of approval by the HFSRB, expected to be no later than March 31, 2018. NAH will continue to provide Outpatient Pediatric services.

The Inpatient Pediatric census, including observation days, at Norwegian American Hospital has declined in recent years; 143 days in calendar year 2015, 9 days in calendar year 2016 and 0 days year to date. Maintaining the Pediatric Category of Service along with dedicated beds and dedicated staff is no longer practical for Norwegian American Hospital.

Therefore, in accordance with HFSRB rule 1110.130, you are requested, within the next 15 days, to provide any impact the proposed Pediatric Category of Service discontinuation would have upon your facility in regards to: 1) ability to accommodate a portion or all NAH Inpatient Pediatric volume and 2) if you facility could accept this volume without restrictions or limitations.

If you have any questions please contact me either by email at Gkrugel@nahospital.org or by phone at 773-292-8208.

Sincerely,

José R. Sanchez
Chief Executive Officer
Norwegian American Hospital

1044 N. Francisco Avenue, Chicago, IL 60622 • 773/292-8200

7016 1370 0001 5411 9569

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at *www.usps.com*

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees *(check box, add fee as appropriate)*
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Postmark Here

Sent To: Ms. Lori Price
Street and A: Loyola Health Styem at Gottlieb
City, State, Z: 701 West North Avenue
Melrose Park, Illinois 60160

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Ms. Lori Price
Loyola Health Styem at Gottlieb
701 West North Avenue
Melrose Park, Illinois 60160

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by *(Printed Name)*

C. Date of Delivery
11-10-17

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
- ☐ Certified Mail® ☐ Priority Mail Express™
- ☐ Registered ☐ Return Receipt for Merchandise
- ☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7016 1370 0001 5411 9569

PS Form 3811, July 2013 Domestic Return Receipt

NORWEGIAN AMERICAN HOSPITAL

"...Committed to your health"

November 6, 2017

Sent Via Certified Mail
Return Receipt Requested

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

Re: Request for Impact Determination of Discontinuation of Pediatric Category of Service
Norwegian American Hospital

Dear Ms. Cleary:

Norwegian American Hospital (NAH) intends to file a Certificate of Exemption (COE) with the Illinois Health Facilities and Services Review Board (HFSRB) to discontinue its' Pediatric Category of Service and close the five bed pediatric unit. NAH intends to discontinue this category of service within two weeks of approval by the HFSRB, expected to be no later than March 31, 2018. NAH will continue to provide Outpatient Pediatric services.

The Inpatient Pediatric census, including observation days, at Norwegian American Hospital has declined in recent years; 143 days in calendar year 2015, 9 days in calendar year 2016 and 0 days year to date. Maintaining the Pediatric Category of Service along with dedicated beds and dedicated staff is no longer practical for Norwegian American Hospital.

Therefore, in accordance with HFSRB rule 1110.130, you are requested, within the next 15 days, to provide any impact the proposed Pediatric Category of Service discontinuation would have upon your facility in regards to: 1) ability to accommodate a portion or all NAH Inpatient Pediatric volume and 2) if you facility could accept this volume without restrictions or limitations.

If you have any questions please contact me either by email at Gkrugel@nahospital.org or by phone at 773-292-8208.

Sincerely,

Jose R. Sanchez
Chief Executive Officer
Norwegian American Hospital

1044 N. Francisco Avenue, Chicago, IL 60622 • 773/292-8200

7016 1370 0001 5411 9576

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Postmark Here

Sent To: Ms. M.E. Cleary
Street a: MacNeal Hospital
City, Sta: 3249 South Oak Park Avenue
Berwyn, Illinois 60402

PS Form ... See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery 11-15

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
- ☐ Certified Mail® ☐ Priority Mail Express™
- ☐ Registered ☐ Return Receipt for Merchandise
- ☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7016 1370 0001 5411 9576

PS Form 3811, July 2013 Domestic Return Receipt

NORWEGIAN AMERICAN HOSPITAL

"...Committed to your health"

November 6, 2017

Sent Via Certified Mail
Return Receipt Requested

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

Re: Request for Impact Determination of Discontinuation of Pediatric Category of Service
Norwegian American Hospital

Dear Mr. Goebel:

Norwegian American Hospital (NAH) intends to file a Certificate of Exemption (COE) with the Illinois Health Facilities and Services Review Board (HFSRB) to discontinue its' Pediatric Category of Service and close the five bed pediatric unit. NAH intends to discontinue this category of service within two weeks of approval by the HFSRB, expected to be no later than March 31, 2018. NAH will continue to provide Outpatient Pediatric services.

The Inpatient Pediatric census, including observation days, at Norwegian American Hospital has declined in recent years; 143 days in calendar year 2015, 9 days in calendar year 2016 and 0 days year to date. Maintaining the Pediatric Category of Service along with dedicated beds and dedicated staff is no longer practical for Norwegian American Hospital.

Therefore, in accordance with HFSRB rule 1110.130, you are requested, within the next 15 days, to provide any impact the proposed Pediatric Category of Service discontinuation would have upon your facility in regards to: 1) ability to accommodate a portion or all NAH Inpatient Pediatric volume and 2) if you facility could accept this volume without restrictions or limitations.

If you have any questions please contact me either by email at Gkrugel@nahospital.org or by phone at 773-292-8208.

Sincerely,

Jose R. Sanchez
Chief Executive Officer
Norwegian American Hospital

1044 N. Francisco Avenue, Chicago, IL 60622 • 773/292-8200

7016 1370 0001 5411 9583

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee
$

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $
- ☐ Return Receipt (electronic) $
- ☐ Certified Mail Restricted Delivery $
- ☐ Adult Signature Required $
- ☐ Adult Signature Restricted Delivery $

Postage
$

Total Postage and Fees
$

Postmark Here

Sent To: Mr. Mike Goebel
Street and: Adventist Hinsdale Hospital
City, Sta: 120 North Oak Street
Hinsdale, Illinois 60521

PS Form 3800, April 2015 — See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name) Marcus Szalkl
C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
- ☐ Certified Mail®
- ☐ Registered
- ☐ Insured Mail
- ☐ Priority Mail Express™
- ☐ Return Receipt for Merchandise
- ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7016 1370 0001 5411 9583

PS Form 3811, July 2013 Domestic Return Receipt

NORWEGIAN AMERICAN HOSPITAL

"...Committed to your health"

November 6, 2017

Sent Via Certified Mail
Return Receipt Requested

Mr. Rick Floyd
Lutheran General Hospital - Advoate
1775 Dempster Street
Park Ridge, Illinois 60068

Re: Request for Impact Determination of Discontinuation of Pediatric Category of Service
Norwegian American Hospital

Dear Mr. Floyd:

Norwegian American Hospital (NAH) intends to file a Certificate of Exemption (COE) with the Illinois Health Facilities and Services Review Board (HFSRB) to discontinue its' Pediatric Category of Service and close the five bed pediatric unit. NAH intends to discontinue this category of service within two weeks of approval by the HFSRB, expected to be no later than March 31, 2018. NAH will continue to provide Outpatient Pediatric services.

The Inpatient Pediatric census, including observation days, at Norwegian American Hospital has declined in recent years; 143 days in calendar year 2015, 9 days in calendar year 2016 and 0 days year to date. Maintaining the Pediatric Category of Service along with dedicated beds and dedicated staff is no longer practical for Norwegian American Hospital.

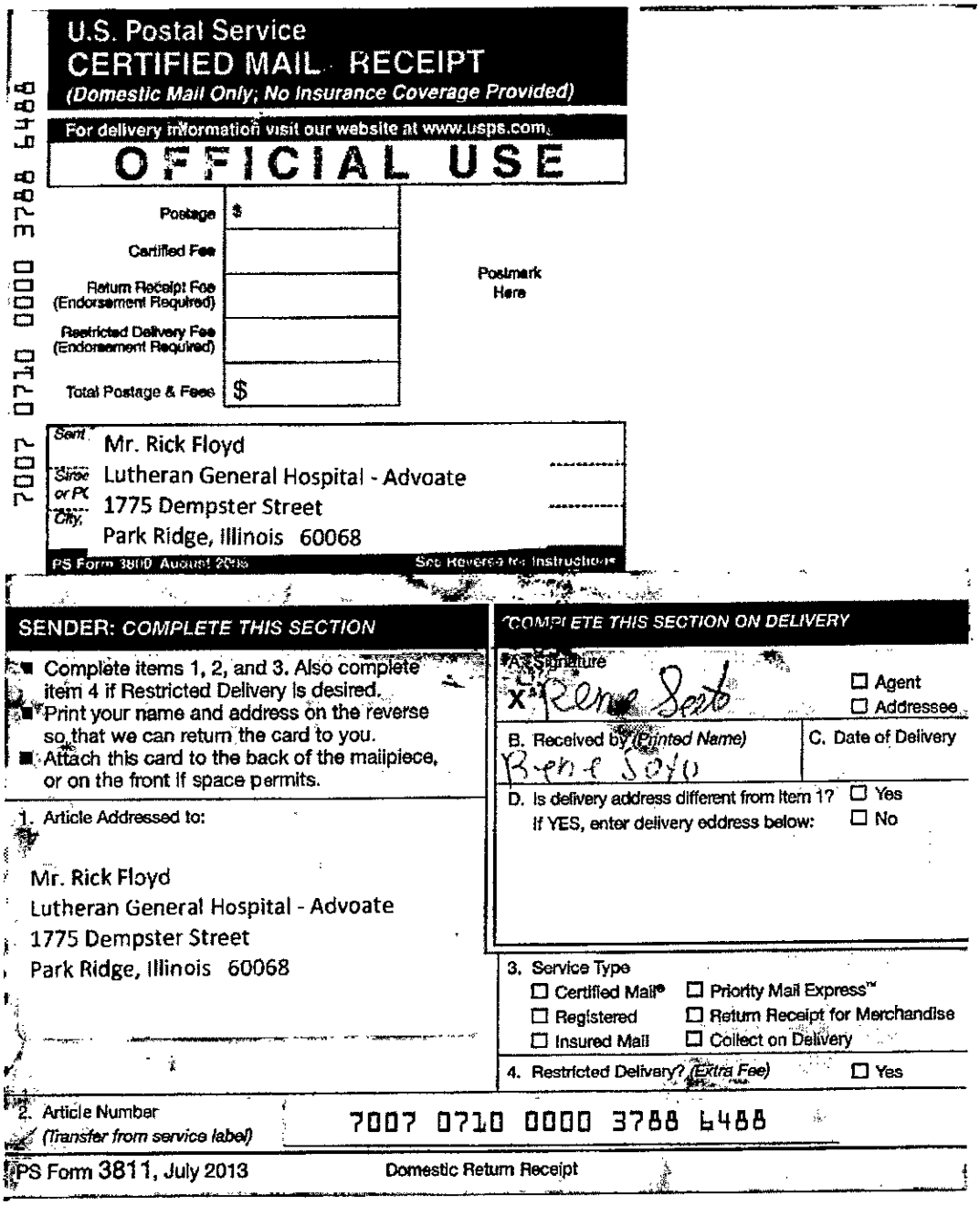
Therefore, in accordance with HFSRB rule 1110.130, you are requested, within the next 15 days, to provide any impact the proposed Pediatric Category of Service discontinuation would have upon your facility in regards to: 1) ability to accommodate a portion or all NAH Inpatient Pediatric volume and 2) if you facility could accept this volume without restrictions or limitations.

If you have any questions please contact me either by email at Gkrugel@nahospital.org or by phone at 773-292-8208.

Sincerely,

Jose R. Sanchez
Chief Executive Officer
Norwegian American Hospital

1044 N. Francisco Avenue, Chicago, IL 60622 • 773/292-8200



U.S. Postal Service
CERTIFIED MAIL® RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

7007 0710 0000 3788 6488

Sent To: Mr. Rick Floyd
Street and Apt. No., or PO Box No.: Lutheran General Hospital - Advoate
City, State, ZIP+4®: 1775 Dempster Street
Park Ridge, Illinois 60068

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mr. Rick Floyd
Lutheran General Hospital - Advoate
1775 Dempster Street
Park Ridge, Illinois 60068

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Rene Soto ☐ Agent ☐ Addressee

B. Received by (Printed Name) Rene Soto
C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7007 0710 0000 3788 6488

PS Form 3811, July 2013 Domestic Return Receipt

NORWEGIAN AMERICAN HOSPITAL
"...Committed to your health"

November 6, 2017

Sent Via Certified Mail
Return Receipt Requested

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

Re: Request for Impact Determination of Discontinuation of Pediatric Category of Service
Norwegian American Hospital

Dear Mr. Fox:

Norwegian American Hospital (NAH) intends to file a Certificate of Exemption (COE) with the Illinois Health Facilities and Services Review Board (HFSRB) to discontinue its' Pediatric Category of Service and close the five bed pediatric unit. NAH intends to discontinue this category of service within two weeks of approval by the HFSRB, expected to be no later than March 31, 2018. NAH will continue to provide Outpatient Pediatric services.

The Inpatient Pediatric census, including observation days, at Norwegian American Hospital has declined in recent years; 143 days in calendar year 2015, 9 days in calendar year 2016 and 0 days year to date. Maintaining the Pediatric Category of Service along with dedicated beds and dedicated staff is no longer practical for Norwegian American Hospital.

Therefore, in accordance with HFSRB rule 1110.130, you are requested, within the next 15 days, to provide any impact the proposed Pediatric Category of Service discontinuation would have upon your facility in regards to: 1) ability to accommodate a portion or all NAH Inpatient Pediatric volume and 2) if you facility could accept this volume without restrictions or limitations.

If you have any questions please contact me either by email at Gkrugel@nahospital.org or by phone at 773-292-8208.

Sincerely,

José R. Sanchez
Chief Executive Officer
Norwegian American Hospital

1044 N. Francisco Avenue, Chicago, IL 60622 • 773/292-8200

7007 0710 0000 3788 6495

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: Mr. David Fox
Street, or PO: Good Samaritan Hospital - Advocate
City, S: 3815 Highland Avenue
Downers Grove, Illinois 60515

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☑ Agent ☐ Addressee

B. Received by (Printed Name) [signature] C. Date of Delivery 11-10-17

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7007 0710 0000 3788 6495

PS Form 3811, July 2013 Domestic Return Receipt

NORWEGIAN AMERICAN HOSPITAL

"...Committed to your health"

November 6, 2017

Sent Via Certified Mail
Return Receipt Requested

Mr. John Werrbach
Alexian Brothers Medical Center
800 Biesterfield Road
Elk Grove Village, Illinois 60007

Re: Request for Impact Determination of Discontinuation of Pediatric Category of Service
Norwegian American Hospital

Dear Mr. Werrbach:

Norwegian American Hospital (NAH) intends to file a Certificate of Exemption (COE) with the Illinois Health Facilities and Services Review Board (HFSRB) to discontinue its' Pediatric Category of Service and close the five bed pediatric unit. NAH intends to discontinue this category of service within two weeks of approval by the HFSRB, expected to be no later than March 31, 2018. NAH will continue to provide Outpatient Pediatric services.

The Inpatient Pediatric census, including observation days, at Norwegian American Hospital has declined in recent years; 143 days in calendar year 2015, 9 days in calendar year 2016 and 0 days year to date. Maintaining the Pediatric Category of Service along with dedicated beds and dedicated staff is no longer practical for Norwegian American Hospital.

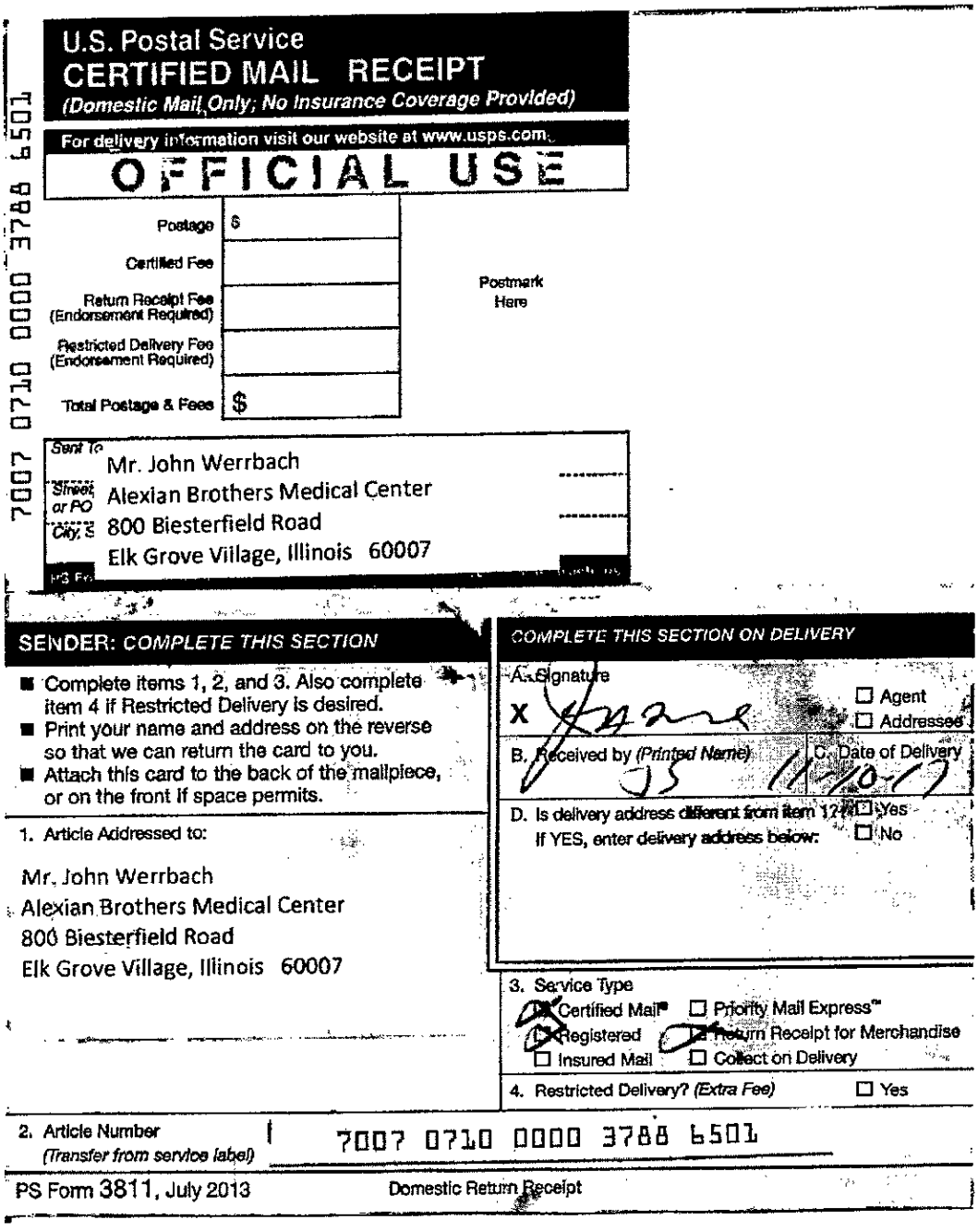
Therefore, in accordance with HFSRB rule 1110.130, you are requested, within the next 15 days, to provide any impact the proposed Pediatric Category of Service discontinuation would have upon your facility in regards to: 1) ability to accommodate a portion or all NAH inpatient Pediatric volume and 2) if you facility could accept this volume without restrictions or limitations.

If you have any questions please contact me either by email at Gkrugel@nahospital.org or by phone at 773-292-8208.

Sincerely,

José R. Sanchez
Chief Executive Officer
Norwegian American Hospital

1044 N. Francisco Avenue, Chicago, IL 60622 • 773/292-8200



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com.

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

7007 0710 0000 3788 6501

Sent To: Mr. John Werrbach
Street or PO: Alexian Brothers Medical Center
City: 800 Biesterfield Road
Elk Grove Village, Illinois 60007

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mr. John Werrbach
Alexian Brothers Medical Center
800 Biesterfield Road
Elk Grove Village, Illinois 60007

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name) JS
C. Date of Delivery 11-10-17

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☒ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7007 0710 0000 3788 6501

PS Form 3811, July 2013 Domestic Return Receipt

NORWEGIAN AMERICAN HOSPITAL
"...Committed to your health"

November 6, 2017

Sent Via Certified Mail
Return Receipt Requested

Mr. Gerald P. Gallagher
Highland Park Hospital
777 Park Avenue
Highland Park, Illinois 60035

Re: Request for Impact Determination of Discontinuation of Pediatric Category of Service
Norwegian American Hospital

Dear Mr. Gallagher:

Norwegian American Hospital (NAH) intends to file a Certificate of Exemption (COE) with the Illinois Health Facilities and Services Review Board (HFSRB) to discontinue its' Pediatric Category of Service and close the five bed pediatric unit. NAH intends to discontinue this category of service within two weeks of approval by the HFSRB, expected to be no later than March 31, 2018. NAH will continue to provide Outpatient Pediatric services.

The Inpatient Pediatric census, including observation days, at Norwegian American Hospital has declined in recent years; 143 days in calendar year 2015, 9 days in calendar year 2016 and 0 days year to date. Maintaining the Pediatric Category of Service along with dedicated beds and dedicated staff is no longer practical for Norwegian American Hospital.

Therefore, in accordance with HFSRB rule 1110.130, you are requested, within the next 15 days, to provide any impact the proposed Pediatric Category of Service discontinuation would have upon your facility in regards to: 1) ability to accommodate a portion or all NAH Inpatient Pediatric volume and 2) if you facility could accept this volume without restrictions or limitations.

If you have any questions please contact me either by email at Gkrugel@nahospital.org or by phone at 773-292-8208.

Sincerely,

José R. Sanchez
Chief Executive Officer
Norwegian American Hospital

1044 N. Francisco Avenue, Chicago, IL 60622 • 773/292-8200

7007 0710 0000 3788 6518

U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: Mr. Gerald P. Gallagher
Street or P: Highland Park Hospital
City: 777 Park Avenue
Highland Park, Illinois 60035

PS Form 3811, August 2006 — Domestic Return Receipt

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mr. Gerald P. Gallagher
Highland Park Hospital
777 Park Avenue
Highland Park, Illinois 60035

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Dave Lissy ☒ Agent ☐ Addressee

B. Received by (Printed Name) DAVE LISSY C. Date of Delivery 11-2-17

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7007 0710 0000 3788 6518

PS Form 3811, July 2013 Domestic Return Receipt

NORWEGIAN AMERICAN HOSPITAL
"...Committed to your health"

November 6, 2017

Sent Via Certified Mail
Return Receipt Requested

Mr. Steve Scogna
Northwest Community Hospital
800 West Central Road
Arlington Heights, Illinois 60005

Re: Request for Impact Determination of Discontinuation of Pediatric Category of Service
Norwegian American Hospital

Dear Mr. Scogna:

Norwegian American Hospital (NAH) intends to file a Certificate of Exemption (COE) with the Illinois Health Facilities and Services Review Board (HFSRB) to discontinue its' Pediatric Category of Service and close the five bed pediatric unit. NAH intends to discontinue this category of service within two weeks of approval by the HFSRB, expected to be no later than March 31, 2018. NAH will continue to provide Outpatient Pediatric services.

The Inpatient Pediatric census, including observation days, at Norwegian American Hospital has declined in recent years; 143 days in calendar year 2015, 9 days in calendar year 2016 and 0 days year to date. Maintaining the Pediatric Category of Service along with dedicated beds and dedicated staff is no longer practical for Norwegian American Hospital.

Therefore, in accordance with HFSRB rule 1110.130, you are requested, within the next 15 days, to provide any impact the proposed Pediatric Category of Service discontinuation would have upon your facility in regards to: 1) abillty to accommodate a portion or all NAH Inpatient Pediatric volume and 2) if you facility could accept this volume without restrictions or limitations.

If you have any questions please contact me either by email at Gkrugel@nahospital.org or by phone at 773-292-8208.

Sincerely,

José R. Sanchez
Chief Executive Officer
Norwegian American Hospital

1044 N. Francisco Avenue, Chicago, IL 60622 • 773/292-8200

7007 0710 0000 3788 6525

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: Mr. Steve Scogna
Street, Apt. No., or PO Box: Northwest Community Hospital
City, State, ZIP+4®: 800 West Central Road
Arlington Heights, Illinois 60005

PS Form 3800, August 2006 — See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mr. Steve Scogna
Northwest Community Hospital
800 West Central Road
Arlington Heights, Illinois 60005

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* Vince Cmak — C. Date of Delivery 11-13-17

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7007 0710 0000 3788 6525

PS Form 3811, July 2013 Domestic Return Receipt

NORWEGIAN AMERICAN HOSPITAL
"...Committed to your health"

November 6, 2017

Sent Via Certified Mail
Return Receipt Requested

Mr. Gerald P. Gallagher
Evanston Hospital
2650 Ridge Avenue
Evanston, Illinois 60201

Re: Request for Impact Determination of Discontinuation of Pediatric Category of Service
Norwegian American Hospital

Dear Mr. Gallagher:

Norwegian American Hospital (NAH) intends to file a Certificate of Exemption (COE) with the Illinois Health Facilities and Services Review Board (HFSRB) to discontinue its' Pediatric Category of Service and close the five bed pediatric unit. NAH intends to discontinue this category of service within two weeks of approval by the HFSRB, expected to be no later than March 31, 2018. NAH will continue to provide Outpatient Pediatric services.

The Inpatient Pediatric census, including observation days, at Norwegian American Hospital has declined in recent years; 143 days in calendar year 2015, 9 days in calendar year 2016 and 0 days year to date. Maintaining the Pediatric Category of Service along with dedicated beds and dedicated staff is no longer practical for Norwegian American Hospital.

Therefore, in accordance with HFSRB rule 1110.130, you are requested, within the next 15 days, to provide any impact the proposed Pediatric Category of Service discontinuation would have upon your facility in regards to: 1) ability to accommodate a portion or all NAH Inpatient Pediatric volume and 2) if you facility could accept this volume without restrictions or limitations.

If you have any questions please contact me either by email at Gkrugel@nahospital.org or by phone at 773-292-8208.

Sincerely,

Jose R. Sanchez
Chief Executive Officer
Norwegian American Hospital

1044 N. Francisco Avenue, Chicago, IL 60622 • 773/292-8200

7007 0710 0000 3788 6532

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: Mr. Gerald P. Gallagher
Street, Apt. or PO Box: Evanston Hospital
City, State: 2650 Ridge Avenue
Evanston, Illinois 60201

PS Form 3800, August 2006 — See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mr. Gerald P. Gallagher
Evanston Hospital
2650 Ridge Avenue
Evanston, Illinois 60201

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Barb Holland ☒ Agent ☐ Addressee

B. Received by *(Printed Name)*: Barb Holland
C. Date of Delivery: 11-15-17

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7007 0710 0000 3788 6532

PS Form 3811, July 2013 Domestic Return Receipt

NORWEGIAN AMERICAN HOSPITAL
"...Committed to your health"

November 6, 2017

Sent Via Certified Mail
Return Receipt Requested

Mr. Dennis A. Reilly
Little Company of Mary Hospital
2800 West 95th Street
Evergreen Park, Illinois 60805

Re: Request for Impact Determination of Discontinuation of Pediatric Category of Service
Norwegian American Hospital

Dear Mr. Reilly:

Norwegian American Hospital (NAH) intends to file a Certificate of Exemption (COE) with the Illinois Health Facilities and Services Review Board (HFSRB) to discontinue its' Pediatric Category of Service and close the five bed pediatric unit. NAH intends to discontinue this category of service within two weeks of approval by the HFSRB, expected to be no later than March 31, 2018. NAH will continue to provide Outpatient Pediatric services.

The Inpatient Pediatric census, including observation days, at Norwegian American Hospital has declined in recent years; 143 days in calendar year 2015, 9 days in calendar year 2016 and 0 days year to date. Maintaining the Pediatric Category of Service along with dedicated beds and dedicated staff is no longer practical for Norwegian American Hospital.

Therefore, in accordance with HFSRB rule 1110.130, you are requested, within the next 15 days, to provide any impact the proposed Pediatric Category of Service discontinuation would have upon your facility in regards to: 1) ability to accommodate a portion or all NAH inpatient Pediatric volume and 2) if you facility could accept this volume without restrictions or limitations.

If you have any questions please contact me either by email at Gkrugel@nahospital.org or by phone at 773-292-8208.

Sincerely,

Jose R. Sanchez
Chief Executive Officer
Norwegian American Hospital

1044 N. Francisco Avenue, Chicago, IL 60622 • 773/292-8200

7007 0710 0000 3788 6549

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com.

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: Mr. Dennis A. Reilly
Street, Apt. No., or PO Box: Little Company of Mary Hospital
City, State, ZIP+4®: 2800 West 95th Street
Evergreen Park, Illinois 60805

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mr. Dennis A. Reilly
Little Company of Mary Hospital
2800 West 95th Street
Evergreen Park, Illinois 60805

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Lacey Ryan ☐ Agent ☐ Addressee

B. Received by (Printed Name) LACEY RYAN C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7007 0710 0000 3788 6549

PS Form 3811, July 2013 Domestic Return Receipt

SAINT ANTHONY

Via Certified Mail

November 13, 2017

José R. Sanchez
Chief Executive Officer
Norwegian American Hospital
1044 N. Francisco Ave.
Chicago, IL 60622

RE: Impact Statement re: The Discontinuation of Inpatient Pediatrics Service at Norwegian American Hospital

We are in receipt of your letter dated November 6, 2017. Saint Anthony Hospital appreciates the open communication shared between health care facilities in our neighborhood. Thank you for notifying us of your intent to discontinue the inpatient Pediatrics Service at your facility.

Saint Anthony Hospital offers our full support of your decision to file the Certificate of Exemption and remains committed to providing healthcare to all patients in need, including pediatric patients. To that end our hospital has fourteen (14) Pediatric beds and four (4) Intermediate Care beds where we can care for children with acute Pediatric conditions as well as critically ill children that require continuous monitoring and non-invasive ventilation. On staff, Saint Anthony Hospital has University of Chicago residents, Pediatric Intensivist coverage, and 24/7 in-hose neonatal intensivists. We also have a Pediatric subspecialty coverage partnership with the University of Chicago. Please note, however, that we are currently unable to treat pediatric trauma patients. With our current census, Saint Anthony Hospital has the capacity to treat additional patients that may be effected by the closure of your program.

With the information provided above and consistent with Section 1110.130, please accept this letter as our impact statement. Should you have any questions or concerns, or require any additional information, please don't hesitate to contact us. We look forward to working together in the future and ensuring all patient needs are met. Thank you.

Sincerely,

Romeen Lavani, M.D.
Clinical Department Chair

Sherrie Spencer
Chief Nursing Officer

UI Health UIC
Hospital Administration
1740 W. Taylor Street
Suite 1400, MC 693
Chicago, Illinois 60612
P 312-996-3900
F 312-996-7049

November 15, 2017

Mr. José R. Sanchez
Chief Executive Officer
Norwegian American Hospital
1044 N. Francisco Avenue
Chicago, Illinois 60622

Re: Request for Impact Determination of Pediatric Category of Service, Norwegian American Hospital

Dear Mr. Sanchez: José

I am writing this letter to offer my support for the proposed discontinuation of the Pediatric Category of service at Norwegian American Hospital.

As the Vice Chancellor for Health Affairs of the University of Illinois Hospital & Health Sciences System (UI Health) and acting CEO for UI Hospital, I can assure you that our facility is ready, able and willing to provide pediatric services to those patients now being treated at Norwegian American Hospital without restriction or limitation. UI Health Hospital currently provides a full spectrum of inpatient pediatric services and has the capacity to accommodate all of the pediatric patients that have historically received care at Norwegian American Hospital. UI Hospital has a transfer agreement is in place with Norwegian American Hospital and accepts their patients both past and present.

We do not anticipate this discontinuation of service having a negative impact on our facility. In fact, it provides an opportunity to improve clinical effectiveness and efficiency of pediatric services within the region.

Thank you for the opportunity to provide this letter of impact determination and support for your project.

Sincerely,

Robert

Robert A. Barish, MD, MBA
Vice Chancellor for Health Affairs, UIC
Interim Chief Executive Officer, UI Hospital and Clinics

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.

Norwegian American Hospital (NAH) believes that there is excess capacity within other facilities to support the community's need for Inpatient Pediatric services. NAH will continue to provide outpatient and level II nursery services to the community.

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.

Norwegian American Hospital has little to no additional Pediatric utilization to transition to other providers, therefore NAH does not believe that the discontinuation of its 5-bed Pediatric Category of service will have any impact on other providers to cross-subside safety net services.

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.

Based on the responses above, NAH believes that the discontinuation of its Inpatient Pediatric Hospital will have no material impact on any other safety net hospital nor the communities that they serve.

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

As one of the 40 safety net hospitals within the state of Illinois that meets a Medicaid Inpatient Utilization Rate (MIUR) of at least 50%; or MIUR of at least 40% and a charity percent of at least 4%, Norwegian American Hospital provides a disproportionate share of services to Medicaid patients.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	**CY14**	**CY15**	**CY16**
Inpatient	549	285	284
Outpatient	6,556	5,850	6,003
Total	**7,105**	**6,135**	**6,287**
Charity (cost in dollars)			
Inpatient	$2,065,399	$779,999	$754,921
Outpatient	$2,953,601	$2,090,001	$2,025,079
Total	**$5,019,000**	**$2,870,000**	**$2,780,000**
MEDICAID			
Medicaid (# of patients)	**CY14**	**CY15**	**CY16**
Inpatient	6,100	6,375	5,624
Outpatient			
Total	**55,617**	**60,342**	**60,475**
Medicaid (revenue)			
Inpatient	$89,778,235	$98,679,773	$92,722,611
Outpatient	$69,741,914	$78,944,007	$78,745,072
Total	**$159,520,149**	**$177,623,780**	**$171,467,683**

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.

CHARITY CARE			
	FY14	**FY15**	**FY16**
Net Patient Revenue	**$102,62,149**	**$102,126,534**	**$103,00,114**
Amount of Charity Care (charges)	$11,222,857	$9,411,233	$8,675,761
Cost of Charity Care	$5,019,000	$2,870,000	$2,780,000

NORWEGIAN AMERICAN HOSPITAL
"...Committed to your health"

February 19, 2018

Ms. Kathryn Olson
Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street – 2nd Floor
Springfield, Illinois 62761

Re: Certificate of Exemption Application
Pediatric Category of Service

Dear Ms. Olson:

As a safety net Hospital serving Chicago's Near West Side neighborhoods, Norwegian American Hospital (NAH) is committed to serving the Health Care needs of our community with quality and compassion. However, Inpatient Pediatric care is no longer a critical service and has not been utilized at NAH. Utilization of the 5 bed unit has been low in years past, less than 1% in 2016, and there were zero patients that utilized these beds in 2017.

Therefore, Norwegian American Hospital is seeking a Certificate of Exemption to discontinue our 5-bed Pediatric Category of Service. Based on 2016 data, there appears to be excess capacity within 45 mile radius from NAH. Two facilities have expressed an ability and willingness to accept our patients without restrictions or limitations if such a need were to arise.

Norwegian American Hospital will continue its commitment to serving the Pediatric patients in our community with Outpatient services as well as any newborns that require our Level II nursery.

Pending your approval, Norwegian American Hospital would like to complete this project by March 31, 2018 Should you or your staff have any questions please contact Gary Krugel, CFO of Norwegian American Hospital via email at gkrugel@nahosp.org or by phone at 773-292-8208.

Sincerely,

Jose R. Sanchez
Chief Executive Officer
Norwegian American Hospital