

E-032-18

ORIGINAL

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

APPLICATION FOR PERMIT- 01/2017 Edition

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

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION**This Section must be completed for all projects.****RECEIVED**

MAY 24 2018

Facility/Project Identification

Facility Name: Rush Oak Park Hospital	HEALTH FACILITIES & SERVICES REVIEW BOARD	
Street Address: 520 S Maple Avenue		
City and Zip Code: Oak Park 60304		
County: Cook	Health Service Area VII	Health Planning Area: A-06

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

Exact Legal Name: Rush Oak Park Hospital, Inc.
Street Address: 520 S Maple Avenue
City and Zip Code: Oak Park 60304
Name of Registered Agent: Carl Bergetz
Registered Agent Street Address: 1700 W Van Buren Street Suite 301
Registered Agent City and Zip Code: Chicago 60612
Name of Chief Executive Officer: Bruce Elegant
CEO Street Address: 520 S Maple Street
CEO City and Zip Code: Oak Park, IL 60304
CEO Telephone Number: (708) 660-6663

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: Sam Siegfried
Title: Assistant General Counsel
Company Name: Rush University Medical Center
Address: 1700 W Van Buren Street Suite 301 Chicago, IL 60612
Telephone Number: 312-942-6886
E-mail Address: samuel_a_siegfried@rush.edu
Fax Number: 312-942-4233

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

Name: Robert Spadoni
Title: Vice President of Hospital Operations
Company Name: Rush Oak Park Hospital, Inc.
Address: 520 S Maple Ave Oak Park, IL 60304
Telephone Number: (708) 660-6665
E-mail Address: robert_spadoni@rush.edu
Fax Number: (708) 660-6658

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

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: Rush Oak Park Hospital		
Street Address: 520 S Maple Avenue		
City and Zip Code: Oak Park 60304		
County: Cook	Health Service Area VII	Health Planning Area: A-06

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

Exact Legal Name: Rush University Medical Center		
Street Address: 1653 W Congress Pkwy		
City and Zip Code: Chicago, IL 60612		
Name of Registered Agent: Carl Bergetz		
Registered Agent Street Address: 1700 W Van Buren Street Suite 301		
Registered Agent City and Zip Code: Chicago 60612		
Name of Chief Executive Officer: Larry Goodman, M.D.		
CEO Street Address: 1725 W Harrison St Suite 364		
CEO City and Zip Code: Chicago, IL 60612		
CEO Telephone Number: (312) 942-5000		

Type of Ownership of Applicants

☒ Non-profit Corporation	☐ Partnership
☐ For-profit Corporation	☐ Governmental
☐ Limited Liability Company	☐ Sole Proprietorship
☐ Other	
- o Corporations and limited liability companies must provide an Illinois certificate of good standing. - o Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner.	
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Fax Number: 312-942-4233

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

Name:
Title:
Company Name:
Address:
Telephone Number:
E-mail Address:
Fax Number:

Post Exemption Permit Contact

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

Name: Robert Spadoni
Title: Vice President of Hospital Operations
Company Name: Rush Oak Park Hospital, Inc.
Address: 520 S Maple Ave Oak Park, IL 60304
Telephone Number: (708) 660-6665
E-mail Address: robert_spadoni@rush.edu
Fax Number: (708) 660-6658

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Rush Oak Park Hospital, Inc.
Address of Site Owner: 520 S Maple Ave, Oak Park, IL 60304
Street Address or Legal Description of the Site: 520 S Maple Avenue, Oak Park, Illinois 60304
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: Rush Oak Park Hospital, Inc.	
Address: 520 S Maple Avenue, Oak Park, Illinois 60304	
☒ Non-profit Corporation ☐ For-profit Corporation ☐ Limited Liability Company	☐ Partnership ☐ Governmental ☐ Sole Proprietorship
☐ Other	
- o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. - o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner. - o Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	
APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

Organizational Relationships

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

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

Flood Plain Requirements**[Refer to application instructions.] N/A - Discontinuation**

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

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

Historic Resources Preservation Act Requirements**[Refer to application instructions.] N/A - Discontinuation**

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.

Rush Oak Park Hospital ("ROPH") intends to permanently discontinue its 10-bed inpatient rehabilitation service. The service was provided to ROPH patients needing acute inpatient rehabilitation services. ROPH has seen low volumes for this service and excess bed capacity exists in the Health Service Area. In the future, patients needing these services will be referred to area inpatient rehabilitation facilities. This project has no costs.

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

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): Shortly after exemption is issued

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

- | |
|---|
| ☐ 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©]

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 |

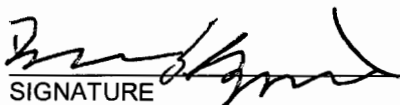
Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.

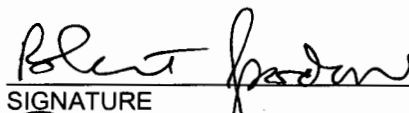
CERTIFICATION

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.

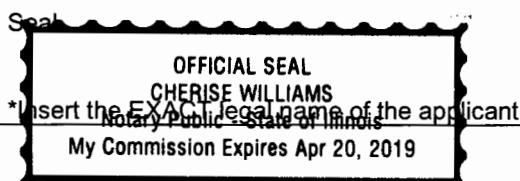
This Application is filed on the behalf of **RUSH OAK PARK HOSPITAL, INC.** in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this Application on behalf of the applicant entity. 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
Bruce Elegant
PRINTED NAME
President & CEO
PRINTED TITLE

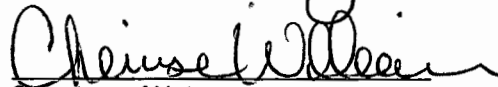

SIGNATURE
Robert Spadone
PRINTED NAME
VP Hospital Operations
PRINTED TITLE

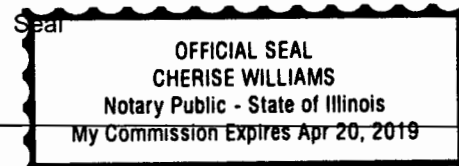
Notarization:
Subscribed and sworn to before me
this 15th day of May


Signature of Notary



Notarization:
Subscribed and sworn to before me
this 15th day of May


Signature of Notary

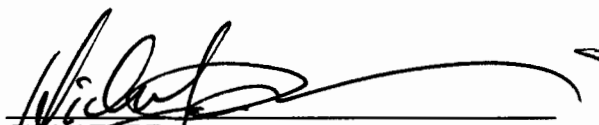


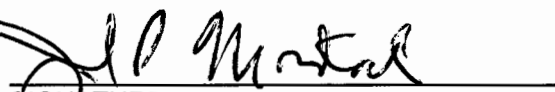
CERTIFICATION

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- 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 RUSH UNIVERSITY MEDICAL CENTER. 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
Michael J. Dandorff
PRINTED NAME
President
PRINTED TITLE


SIGNATURE
John P. Mordach
PRINTED NAME
Chief Financial Officer
PRINTED TITLE

Notarization:

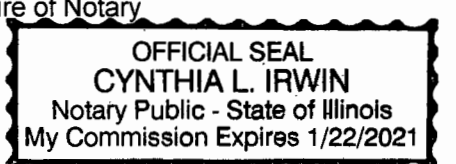
Subscribed and sworn to before me
this 23rd day of May, 2018


Signature of Notary
Seal


*Insert the EXACT legal name of the applicant

Notarization:

Subscribed and sworn to before me
this 23rd day of May, 2018


Signature of Notary
Seal


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: **See Attachment 10**

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]:

- 2.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.
- 3.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.
- 4.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:

- 5.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.
- 6.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.
- 7.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)	Year	Year	Year
Inpatient			
Outpatient			
Total			
MEDICAID			
Medicaid (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			
Medicaid (revenue)	Year	Year	Year
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)

See Attachment 21

Charity Care information **MUST** be furnished for **ALL** projects [1120.20©].

8. 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.
9. 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.
10. 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			

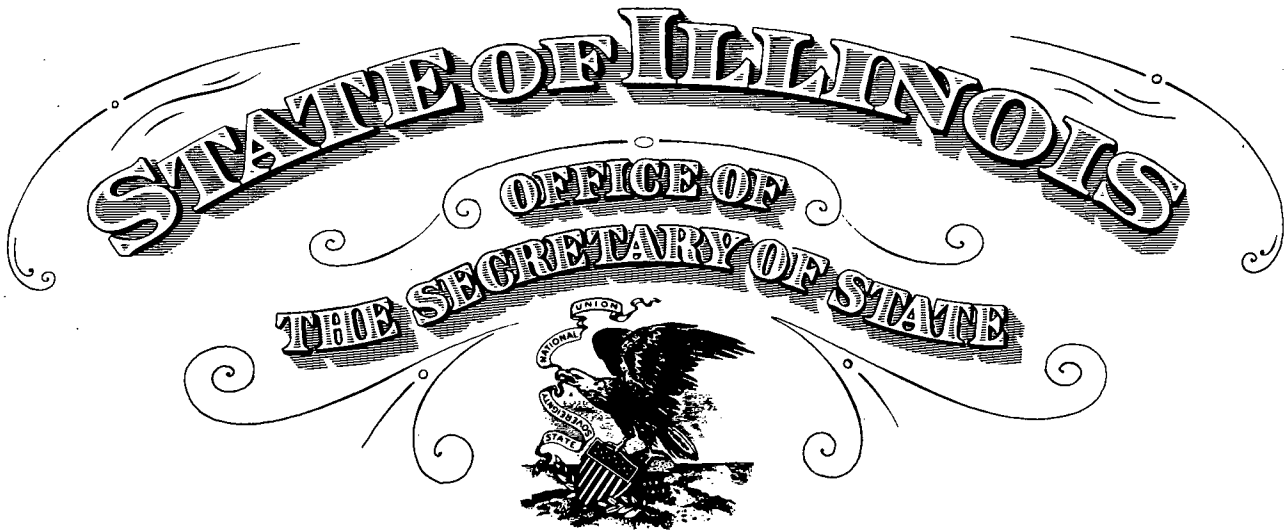
APPEND DOCUMENTATION AS ATTACHMENT 21, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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	16
2	Site Ownership	19
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	20
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	22
5	Flood Plain Requirements	
6	Historic Preservation Act Requirements	
7	Project and Sources of Funds Itemization	
8	Financial Commitment Document if required	
9	Cost Space Requirements	
10	Discontinuation	23
11	Background of the Applicant	
12	Purpose of the Project	
13	Alternatives to the Project	
	Service Specific:	
14	Neonatal Intensive Care Services	
15	Change of Ownership	
	Financial and Economic Feasibility:	
16	Availability of Funds	
17	Financial Waiver	
18	Financial Viability	
19	Economic Feasibility	
20	Safety Net Impact Statement	25
21	Charity Care Information	27

**Certificate of Good Standing
(Applicant)**

See attached.



To all to whom these Presents Shall Come, Greeting:

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

RUSH OAK PARK HOSPITAL, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 27, 1906, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 15TH
day of MAY A.D. 2018 .***

Jesse White

SECRETARY OF STATE



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

RUSH UNIVERSITY MEDICAL CENTER, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JULY 21, 1883, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 15TH
day of MAY A.D. 2018 .***

Jesse White

SECRETARY OF STATE

Site Ownership

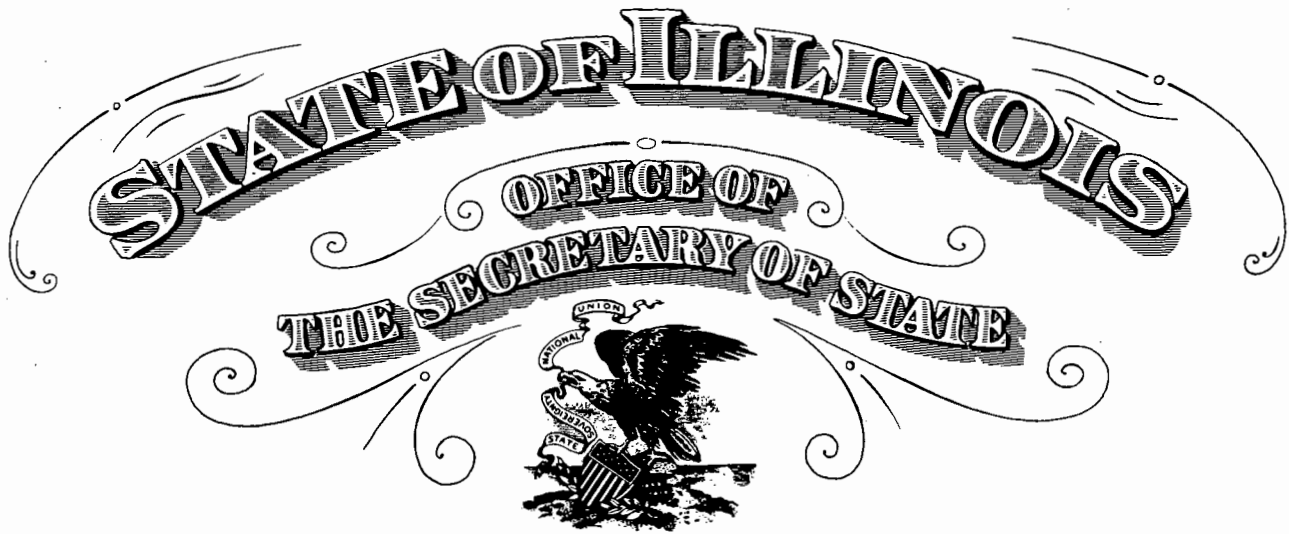
N/A – Discontinuation of category of service

**Certificate of Good Standing
(Licensee)**

See attached.

File Number

0987-432-1



To all to whom these Presents Shall Come, Greeting:

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

RUSH OAK PARK HOSPITAL, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 27, 1906, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



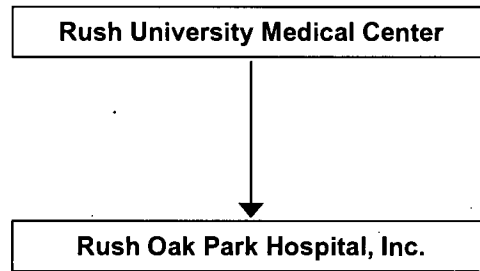
In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 15TH
day of MAY A.D. 2018 .

Jesse White

Authentication #: 1813501158 verifiable until 05/15/2019
Authenticate at: <http://www.cyberdriveillinois.com>

SECRETARY OF STATE

Organization Chart



**Criteria 1110.130 Discontinuation
General Information Requirements**

GENERAL INFORMATION REQUIREMENTS

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

Rehabilitation beds – 10 beds

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.

The service will permanently discontinue within thirty (30) days of issuance of an exemption. The service will be temporarily discontinued as of July 1, 2018 in the event issuance of an exemption is still pending.

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

The Hospital anticipates converting the space to be private rooms for medical/surgical patients.

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.

The medical records will be maintained by the Hospital.

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. **N/A**

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

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.

See Appendix A

**Criteria 1110.130 Discontinuation
Reasons for Discontinuation/Impact on Access**

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.

The utilization of the rehabilitation unit has been low. There are options for rehabilitation services within 45 minutes of the Hospital.

MPACT 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.

Hospital does not believe there will be any impact on the availability of the service to area residents because of the low volume of the rehabilitation unit. Based on the most recently available data, there is an excess of 93 beds in the service area. Eliminating these 10 beds will not create a need in the service area and there should be no issue with access to care as other providers appear to have capacity.

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.

See Appendix B

Safety Net Impact Statement

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

There is an excess of rehabilitation beds in the service area. To the Hospital's knowledge, the project will not have a material impact on essential safety net services in the community as there will remain access to rehabilitation beds in the service area.

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.

To the Hospital's knowledge, this project will not materially impact the ability of other providers or health care systems to subsidize 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.

To the Hospital's knowledge, this discontinuation will have no impact on area safety net providers.

Safety Net Impact Statements shall also include 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.

See attached table.

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.

See attached table.

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

The utilization of the rehabilitation unit has been low and stagnant, there is an excess of rehabilitation beds in the service area, other providers offer rehabilitation services within 45 minutes of the Hospital, and area residents will continue to have access to rehabilitation services.

Rush Oak Park Hospital

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	FY 2015	FY 2016	FY 2017
Inpatient	37	56	61
Outpatient	3,876	4,220	3,495
Total	3,913	4,276	3,556
Charity (cost in dollars)	FY 2015	FY 2016	FY 2017
Inpatient	\$365,991	\$532,021	\$493,013
Outpatient	\$2,162,258	\$2,231,885	\$2,303,877
Total	\$2,528,249	\$2,763,906	\$2,796,890
MEDICAID			
Medicaid (# of patients)	FY 2015	FY 2016	FY 2017
Inpatient	694	637	658
Outpatient	19,635	20,898	20,965
Total	20,329	21,535	21,623
Medicaid (revenue)	FY 2015	FY 2016	FY 2017
Inpatient	\$7,266,924	\$8,228,461	\$8,858,872
Outpatient	\$7,876,351	\$8,346,140	\$9,843,207
Total	\$15,143,275	\$16,574,601	\$18,702,079

Charity Care

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.

See table below.

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.

See table below

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.

N/A-existing

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 21.

CHARITY CARE			
	FY 2015	FY 2016	FY 2017
Net Patient Revenue	\$123,498,511	\$131,232,631	\$137,305,456
Amount of Charity Care (charges)	\$10,512,470	\$11,366,142	\$11,893,094
Cost of Charity Care	\$2,528,249	\$2,763,906	\$2,796,890

APPENDIX A

See attached publications of legal notice.

This electronic tearsheet confirms the ad appeared in The Chicago Tribune on the date and page indicated. You may not create derivative works, or in any way exploit or repurpose any content.

Publication Date: 05/11/2018

This electronic tearsheet confirms the ad appeared in The Chicago Trib

LEGAL NOTICES

SUBJECT: NOTICE NOTICE OF PUBLIC HEARINGS IS HEREBY GIVEN

By the Governing Commission (or "Commission") of the Southeast Home Equity Assistance Program of the Chicago Housing Department, the public budget and acceptance or ordinance for the program for the fiscal year beginning July 1, 2014 will be on file and subject available for public review at the following address: Chicago Housing Department, 5334 N. Dearborn Street, Chicago, Illinois, from and after 12:00 noon on the 15th day of July, 2014.

COMMENTS AND FURTHER HEARING

DNRA

That a public hearing on said budget and acceptance or ordinance will be held at 3 P.M. on the 11th day of July, 2014, at the Chicago Housing Department, 5334 N. Dearborn Street, Chicago, Illinois, under the program and during the 15th day of July, 2014. Governing Commission of the Southeast Home Equity Assistance Program of the Chicago Housing Department.

[illegible][illegible]

Rush Oak Park Hospital ("ROPH") in Oak Park, Illinois, intends to permanently discontinue its 10-bed inpatient rehabilitation unit after approval to do so is issued by the Illinois Health Facilities and Services Review Board ("HFSRB"). The discontinuation is expected to occur on or around June 30, 2018. ROPH intends to submit the required certificate of exemption application on or around May 1, 2018, and a copy of it and information about this discontinuation of the inpatient rehabilitation unit can be found on the HFSRB website at <https://www2.illinois.gov/sites/hfsrb>. You may also contact Robert Spadoni at ROPH at 708-660-6665.

Chicago Tribune

TO LEARN MORE VISIT
twork.chicagotribune.com



This E-Sheet(r) is provided as conclusive evidence that the ad appeared in the Chicago Sun-Times on the date & page indicated. You may not create derivative works, or in any way exploit or repurpose any content. This E-Sheet(r) is provided as conclusive evidence that the ad appeared in the Chicago Sun-Times on the date & page indicated. You may not create derivative works, or in any way exploit or repurpose any content.

**CHICAGO
SUN★TIMES**

NOTICE IS HEARBY GIVEN that a public hearing will be held on the request of the herein named petitioner for a variance recognizing to be at the address mentioned above, on Monday, May 23, 7:00 P.M. at the City Hall, 4431 Southwest Highway, Homewood, Illinois May 23, 2016.

PETITIONER: Kevin Dolan
2. RELIEF REQUESTED: Over sized front deck 11'x13'. 21 Front Porches, Decks, Awnings, 11 Front Porches, Decks, Awnings, 11 square foot awnings with exception of "U" shaped corners 3 bedroom Homewood house which will be allowed 13 square feet front porch or deck which can extend beyond the front bedroom.

4. LEGAL DISPOSITION: J.E. Merion & Company's Homewood Unit Number 2, subdivision of that part of the southwest corner of Section 13 lying North of the right of way of the Wabash Railroad and east of the East 1/2 of the Northwest 1/4 of Section 3-37-13.
5. (Permanent Index Number) _____

PROPOSED USE OF PROPERTY: Install new front deck 1 x 13 measuring 143 sq. ft. All persons interested will be notified by first class mail at the public hearing, which may be adjourned from time to time.

Dated: May 9, 2016
CITY OF HOMESBURG
Clerk of Board of Appeals
By: Thomas Walsh, Chairman
5/9/18 _lt060031

To satisfy the
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PUBLIC STC
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Time: 10:30
1018 - Bickner
PUBLIC STC
tine, IL 60074
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389 - Hausf
Shields, Louis
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9129, (818)
5/25, 5/16/18

Ad Number: 1060052-01
 Insertion Number: 1x26.00
 Size: B&W
 Client Name: SPM MARKETING AND COMMUNICATIONS
 Advertiser: RUSH UNIVERSITY MEDICAL CENTER
 Section/Page/Zone: Main/037/
 Description: PUBLIC NOTICE OF FACILITY OR CATEGOR

CHICAGO SUN-TIMES

Publication Date: 05/10/2018

This E-Sheet(s) is provided as conclusive evidence that the ad appeared in the Chicago Sun-Times on the date & page indicated. You may not create derivative works, or in any way exploit or repurpose any content.



Public Notices

Public Notices

PUBLIC NOTICE

NOTICE OF A FILED APPLICATION FOR A LIQUOR LICENSE

In accordance with Chapter 4-60-040(e) of the Municipal Code of Chicago, this serves as notice by the Chicago Department of Business Affairs and Consumer Protection, that the following applications have been made for a City retailer's license for the sale of alcoholic liquor as follows:

Applicant: RAPSUP INC.
 Name of Business: C'EST BIEN THAI
 Proposed Location: 3900 N LINCOLN AVE. CHICAGO, IL 60613
 Type of Liquor License: 1475 Consumption on Premises - Incidental Activity
 Date Application Was Filed: April 19, 2018

Applicant: CHICAGO BREWHOUSE LLC
 Name of Business: CHICAGO BREWHOUSE ON THE RIVERWALK
 Proposed Location: 31-35 E RIVERWALK, CHICAGO, IL 60601
 Type of Liquor License: 1475 Consumption on Premises - Incidental Activity
 Date Application Was Filed: April 20, 2018

Applicant: EATS & LIBATIONS, LLC
 Name of Business: BUCK'S FOUR STAR GRILL
 Proposed Location: 301 S COLUMBUS DR. CHICAGO, IL 60604
 Type of Liquor License: 1475 Consumption on Premises - Incidental Activity
 Date Application Was Filed: April 23, 2018

Applicant: EL PLAN DE LOBOS LLC
 Name of Business: TBD
 Proposed Location: 2532 W 51ST ST. CHICAGO, IL 60632
 Type of Liquor License: 1475 Consumption on Premises - Incidental Activity
 Date Application Was Filed: April 23, 2018

Applicant: SIREN RETAIL CORPORATION
 Name of Business: PRINCE
 Proposed Location: 1000 W RANDOLPH ST. CHICAGO, IL 60607
 Type of Liquor License: 1475 Consumption on Premises - Incidental Activity
 Date Application Was Filed: April 23, 2018

Applicant: EATS & LIBATIONS, LLC
 Name of Business: BUCK'S FOUR STAR GRILL
 Proposed Location: 301 S COLUMBUS DR. CHICAGO, IL 60604
 Type of Liquor License: 1477 Outdoor Patio
 Date Application Was Filed: April 23, 2018

Applicant: 71ST & STATE FOOD & LIQUOR, INC.
 Name of Business: GRAND PALACE
 Proposed Location: 7131-7133 S STATE ST. CHICAGO, IL 60619
 Type of Liquor License: 1474 Package Goods
 Date Application Was Filed: April 24, 2018

Applicant: BLUEBIRD RESTAURANT GROUP, LLC
 Name of Business: BLUEBIRD
 Proposed Location: 2863 N CLARK ST. CHICAGO, IL 60657
 Type of Liquor License: 1475 Consumption on Premises - Incidental Activity
 Date Application Was Filed: April 24, 2018

Applicant: SCALISE RESTAURANT GROUP, INC.
 Name of Business: REDLINE CAFE
 Proposed Location: 218-220 W 33RD ST. CHICAGO, IL 60616
 Type of Liquor License: 1475 Consumption on Premises - Incidental Activity
 Date Application Was Filed: April 24, 2018

Applicant: ERIS BREWERY AND CIDER HOUSE, LLC
 Name of Business: ERIS BREWERY AND CIDER HOUSE
 Proposed Location: 4240 W IRVING PARK RD. CHICAGO, IL 60641
 Type of Liquor License: 1477 Outdoor Patio
 Date Application Was Filed: April 24, 2018

Any objection to the granting of the license should be made to: Department of Business Affairs and Consumer Protection/Local Liquor Control Commission

City Hall, Room 805
 121 North LaSalle Street
 Chicago, IL 60602

Objections to this application must be made in writing, signed by the objector, and received by the Department of Business Affairs and Consumer Protection within 40 days from the date the application was filed for all types liquor licenses listed here. Specific grounds for the objection must be cited.

Public Notices

PUBLIC NOTICE OF FACILITY OR CATEGORY OF SERVICE CLOSURE

Rush Oak Park Hospital ("ROPH") in Oak Park, Illinois, intends to permanently discontinue its 10-bed inpatient rehabilitation unit after approval to do so is issued by the Illinois Health Facilities and Services Review Board ("HFSRB"). The discontinuation is expected to occur on or around June 30, 2018. ROPH intends to submit the required certificate of exemption application on or around May 1, 2018, and a copy of it and information about this discontinuation of the inpatient rehabilitation unit can be found on the HFSRB website at <https://www2.illinois.gov/sites/hfsrb>. You may also contact Robert Spadoni at ROPH at 708-660-6665.

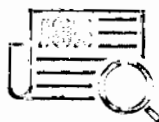
5/9, 5/10, 5/11/18 #1060052

TO ALL MEMBERS OF RECORD OF MUTUAL FEDERAL BANCORP, MHC

Notice is hereby given that the Annual Meeting of the Members of Mutual Federal Bancorp, MHC will be held on Wednesday, May 23, 2018 at 1:00 P.M. at the offices of Mutual Federal Bank, 2212 West Cermak Road, Chicago, Illinois, for the purpose of electing directors and to transact any business as may lawfully come before said meeting.

Julie H. Oksas
 Secretary
 5/10, 5/17/18 #1060073

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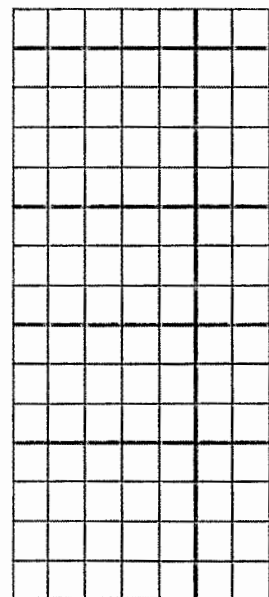
Thursday, May 10, 2018

CLASSIFIEDS

PATTERNLESS

ACROSS
 1 Purplish shade
 6 Hemingway nickname
 10 Like cracked-dry land
 14 Beckham with the one-handed catch
 15 Mingo's actor Ed
 16 Food holder
 17 What huge corps have
 20 "Velvet" end
 21 Restroom sign
 22 Is badly beaten
 23 Canines
 24 H.S. math
 26 Prefix with "sexual"
 29 Showed imbalance
 33 Circle relative
 34 Sprightly imp
 35 Freud subject
 36 They're sought after school
 40 "Aloha Oe" inst.
 41 Needle cases
 42 Non-windy side
 43 Mythical sea people
 45 Tilts in a match
 47 "Enough" times?

48 Put in over-head squares
 49 Hotshot receiver?
 52 "And
 There Were None"
 53 Miss term?
 56 What a full-time job offers
 60 Class of '11 member, now
 61 Prince, for one
 62 Two on a par four
 63 Sleep phases, briefly
 64 Fill completely
 65 Descents
DOWN
 1 Costly seating area
 2 Between jobs
 3 Heavyweight
 4 Priestly garment
 5 Hue and cry
 6 Chess pieces
 7 Andy's old partner
 8 Price word
 9 Seek an answer
 10 Moe, for one
 11 Goofs but good
 12 1,000-meter, e.g.
 13 Twinklers
 18 Brick for a kid



APPENDIX B

See attached Request for Impact Letters.

Rush Oak Park Hospital
520 South Maple Avenue
Oak Park, IL 60304-1097

Tel: 708.383.9300
Fax: 708.660.6658
www.roph.org



May 7, 2018

**VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

George Miller
President & CEO
Loretto Hospital
645 South Central Avenue
Chicago, Illinois 60644-5059

Re: Rush Oak Park Hospital – Discontinuation of 10 Inpatient Rehabilitation Beds

To Whom It May Concern:

Rush Oak Park Hospital plans to file for a Certificate of Exemption (COE) from the Illinois Health Facilities and Services Review Board (HFSRB) for discontinuation of our 10-bed inpatient rehabilitation unit. We anticipate closing the inpatient rehabilitation unit after approval by the HFSRB, which we hope to receive on or before June 30, 2018.

We are interested in your ability to accommodate a portion or all of our patients and whether your facility (or facilities) has any restriction or limitations which would preclude you from providing the service to our patients in this area. If you do not respond, we will assume the discontinuation has no impact on your facility (or facilities). If you do choose to respond, please send the response to my attention at robert_spadoni@rush.edu. We will forward to HFSRB any response received within fifteen days of your receipt of letter. Thank you.

Sincerely,

Robert S. Spadoni
Vice President of Hospital Operations

Cc: Bruce Elegant, Chief Executive Officer
Sam Siegfried, Assistant General Counsel

Rush Oak Park Hospital
520 South Maple Avenue
Oak Park, IL 60304-1097

Tel: 708.383.9300
Fax: 708.660.6658
www.roph.org



May 7, 2018

**VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Carol Schneider
President & CEO
Mercy Hospital & Medical Center
2525 South Michigan Avenue
Chicago, Illinois 60616-2477

Re: Rush Oak Park Hospital – Discontinuation of 10 Inpatient Rehabilitation Beds

To Whom It May Concern:

Rush Oak Park Hospital plans to file for a Certificate of Exemption (COE) from the Illinois Health Facilities and Services Review Board (HFSRB) for discontinuation of our 10-bed inpatient rehabilitation unit. We anticipate closing the inpatient rehabilitation unit after approval by the HFSRB, which we hope to receive on or before June 30, 2018.

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Sincerely,

Robert S. Spadoni
Vice President of Hospital Operations

Cc: Bruce Elegant, Chief Executive Officer
Sam Siegfried, Assistant General Counsel

Rush Oak Park Hospital
520 South Maple Avenue
Oak Park, IL 60304-1097

Tel. 708.383.9300
Fax: 708.660.6658
www.roph.org



May 7, 2018

**VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Larry Goldberg
President & CEO
Loyola University Medical Center
2160 South First Avenue
Maywood, Illinois 60153-3328

Re: Rush Oak Park Hospital – Discontinuation of 10 Inpatient Rehabilitation Beds

To Whom It May Concern:

Rush Oak Park Hospital plans to file for a Certificate of Exemption (COE) from the Illinois Health Facilities and Services Review Board (HFSRB) for discontinuation of our 10-bed inpatient rehabilitation unit. We anticipate closing the inpatient rehabilitation unit after approval by the HFSRB, which we hope to receive on or before June 30, 2018.

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Robert S. Spadoni
Vice President of Hospital Operations

Cc: Bruce Elegant, Chief Executive Officer
Sam Siegfried, Assistant General Counsel

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520 South Maple Avenue
Oak Park, IL 60304-1097

Tel: 708.383.9300
Fax: 708.660.6658
www.roph.org



May 7, 2018

**VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Julie Creamer, MS, RN
President & CEO
Northwestern Memorial Hospital
251 East Huron Street
Chicago, Illinois 60611

Re: Rush Oak Park Hospital – Discontinuation of 10 Inpatient Rehabilitation Beds

To Whom It May Concern:

Rush Oak Park Hospital plans to file for a Certificate of Exemption (COE) from the Illinois Health Facilities and Services Review Board (HFSRB) for discontinuation of our 10-bed inpatient rehabilitation unit. We anticipate closing the inpatient rehabilitation unit after approval by the HFSRB, which we hope to receive on or before June 30, 2018.

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Sincerely,

Robert S. Spadoni
Vice President of Hospital Operations

Cc: Bruce Elegant, Chief Executive Officer
Sam Siegfried, Assistant General Counsel

Rush Oak Park Hospital
520 South Maple Avenue
Oak Park, IL 60304-1097

Tel: 708 383.9300
Fax: 708 660.6658
www.roph.org



May 7, 2018

**VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Terrence Moisan, MD
President & CEO
Palos Community Hospital
12251 South 80th Avenue
Palos Heights, Illinois 60463-1256

Re: Rush Oak Park Hospital – Discontinuation of 10 Inpatient Rehabilitation Beds

To Whom It May Concern:

Rush Oak Park Hospital plans to file for a Certificate of Exemption (COE) from the Illinois Health Facilities and Services Review Board (HFSRB) for discontinuation of our 10-bed inpatient rehabilitation unit. We anticipate closing the inpatient rehabilitation unit after approval by the HFSRB, which we hope to receive on or before June 30, 2018.

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Robert S. Spadoni
Vice President of Hospital Operations

Cc: Bruce Elegant, Chief Executive Officer
Sam Siegfried, Assistant General Counsel

Rush Oak Park Hospital
520 South Maple Avenue
Oak Park, IL 60304-1097

Tel 708 383.9300
Fax 708 660.6658
www.roph.org



May 7, 2018

**VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Richard Heim
President & CEO
Advocate Christ Medical Center
4440 West 95th Street
Oak Lawn, Illinois 60453-2699

Re: Rush Oak Park Hospital – Discontinuation of 10 Inpatient Rehabilitation Beds

To Whom It May Concern:

Rush Oak Park Hospital plans to file for a Certificate of Exemption (COE) from the Illinois Health Facilities and Services Review Board (HFSRB) for discontinuation of our 10-bed inpatient rehabilitation unit. We anticipate closing the inpatient rehabilitation unit after approval by the HFSRB, which we hope to receive on or before June 30, 2018.

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Vice President of Hospital Operations

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Sam Siegfried, Assistant General Counsel

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520 South Maple Avenue
Oak Park, IL 60304-1097

Tel: 708.383.9300
Fax: 708.660.6658
www.roph.org



May 7, 2018

**VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

M.E. Cleary
President & CEO
MacNeal Hospital
3249 South Oak Park Avenue
Berwyn, Illinois 60402-0715

Re: Rush Oak Park Hospital – Discontinuation of 10 Inpatient Rehabilitation Beds

To Whom It May Concern:

Rush Oak Park Hospital plans to file for a Certificate of Exemption (COE) from the Illinois Health Facilities and Services Review Board (HFSRB) for discontinuation of our 10-bed inpatient rehabilitation unit. We anticipate closing the inpatient rehabilitation unit after approval by the HFSRB, which we hope to receive on or before June 30, 2018.

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Fax: 708 660.6658
www.roph.org



May 7, 2018

**VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Michael Ditoro
President & CEO
Westlake Hospital
1225 West Lake Street
Melrose Park, Illinois 60160-4039

Re: Rush Oak Park Hospital – Discontinuation of 10 Inpatient Rehabilitation Beds

To Whom It May Concern:

Rush Oak Park Hospital plans to file for a Certificate of Exemption (COE) from the Illinois Health Facilities and Services Review Board (HFSRB) for discontinuation of our 10-bed inpatient rehabilitation unit. We anticipate closing the inpatient rehabilitation unit after approval by the HFSRB, which we hope to receive on or before June 30, 2018.

We are interested in your ability to accommodate a portion or all of our patients and whether your facility (or facilities) has any restriction or limitations which would preclude you from providing the service to our patients in this area. If you do not respond, we will assume the discontinuation has no impact on your facility (or facilities). If you do choose to respond, please send the response to my attention at robert_spadoni@rush.edu. We will forward to HFSRB any response received within fifteen days of your receipt of letter. Thank you.

Sincerely,

Robert S. Spadoni
Vice President of Hospital Operations

Cc: Bruce Elegant, Chief Executive Officer
Sam Siegfried, Assistant General Counsel

Rush Oak Park Hospital
520 South Maple Avenue
Oak Park, IL 60304-1097

Tel: 708.383.9300
Fax: 708.660.6658
www.roph.org



May 7, 2018

**VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Dennis Reilly
President & CEO
Little Company of Mary Hospital and Health Care Centers
2800 West 95th Street
Evergreen Park, Illinois 60805-2795

Re: Rush Oak Park Hospital – Discontinuation of 10 Inpatient Rehabilitation Beds

To Whom It May Concern:

Rush Oak Park Hospital plans to file for a Certificate of Exemption (COE) from the Illinois Health Facilities and Services Review Board (HFSRB) for discontinuation of our 10-bed inpatient rehabilitation unit. We anticipate closing the inpatient rehabilitation unit after approval by the HFSRB, which we hope to receive on or before June 30, 2018.

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Vice President of Hospital Operations

Cc: Bruce Elegant, Chief Executive Officer
Sam Siegfried, Assistant General Counsel

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May 7, 2018

**VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Pamela Dunley, MBA, MS, RN, CENP
President & CEO
Elmhurst Hospital
155 E. Brush Hill Road
Elmhurst, Illinois 60126

Re: Rush Oak Park Hospital – Discontinuation of 10 Inpatient Rehabilitation Beds

To Whom It May Concern:

Rush Oak Park Hospital plans to file for a Certificate of Exemption (COE) from the Illinois Health Facilities and Services Review Board (HFSRB) for discontinuation of our 10-bed inpatient rehabilitation unit. We anticipate closing the inpatient rehabilitation unit after approval by the HFSRB, which we hope to receive on or before June 30, 2018.

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Vice President of Hospital Operations

Cc: Bruce Elegant, Chief Executive Officer
Sam Siegfried, Assistant General Counsel

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May 7, 2018

**VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

James Robinson, III, PsyD
President & CEO
Presence Saint Joseph Hospital
2900 North Lake Shore Drive
Chicago, Illinois 60657-6275

Re: Rush Oak Park Hospital – Discontinuation of 10 Inpatient Rehabilitation Beds

To Whom It May Concern:

Rush Oak Park Hospital plans to file for a Certificate of Exemption (COE) from the Illinois Health Facilities and Services Review Board (HFSRB) for discontinuation of our 10-bed inpatient rehabilitation unit. We anticipate closing the inpatient rehabilitation unit after approval by the HFSRB, which we hope to receive on or before June 30, 2018.

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Vice President of Hospital Operations

Cc: Bruce Elegant, Chief Executive Officer
Sam Siegfried, Assistant General Counsel

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May 7, 2018

**VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

John Shannon, MD
President & CEO
John H. Stroger, Jr. Hospital of Cook County
1901 West Harrison Street
Chicago, Illinois 60612

Re: Rush Oak Park Hospital – Discontinuation of 10 Inpatient Rehabilitation Beds

To Whom It May Concern:

Rush Oak Park Hospital plans to file for a Certificate of Exemption (COE) from the Illinois Health Facilities and Services Review Board (HFSRB) for discontinuation of our 10-bed inpatient rehabilitation unit. We anticipate closing the inpatient rehabilitation unit after approval by the HFSRB, which we hope to receive on or before June 30, 2018.

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Vice President of Hospital Operations

Cc: Bruce Elegant, Chief Executive Officer
Sam Siegfried, Assistant General Counsel

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May 7, 2018

**VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Timothy Page, MBA, FACHE
President & CEO
Kindred Hospital
4058 West Melrose Street
Chicago, Illinois 60641

Re: Rush Oak Park Hospital – Discontinuation of 10 Inpatient Rehabilitation Beds

To Whom It May Concern:

Rush Oak Park Hospital plans to file for a Certificate of Exemption (COE) from the Illinois Health Facilities and Services Review Board (HFSRB) for discontinuation of our 10-bed inpatient rehabilitation unit. We anticipate closing the inpatient rehabilitation unit after approval by the HFSRB, which we hope to receive on or before June 30, 2018.

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Vice President of Hospital Operations

Cc: Bruce Elegant, Chief Executive Officer
Sam Siegfried, Assistant General Counsel

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Oak Park, IL 60304-1097

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www.rop.org



May 7, 2018

**VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

James Prister
President & CEO
RML Chicago
3435 West Van Buren Street
Chicago, Illinois 60624-3359

Re: Rush Oak Park Hospital – Discontinuation of 10 Inpatient Rehabilitation Beds

To Whom It May Concern:

Rush Oak Park Hospital plans to file for a Certificate of Exemption (COE) from the Illinois Health Facilities and Services Review Board (HFSRB) for discontinuation of our 10-bed inpatient rehabilitation unit. We anticipate closing the inpatient rehabilitation unit after approval by the HFSRB, which we hope to receive on or before June 30, 2018.

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Vice President of Hospital Operations

Cc: Bruce Elegant, Chief Executive Officer
Sam Siegfried, Assistant General Counsel

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Oak Park, IL 60304-1097

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www.roph.org



May 7, 2018

**VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Joseph Ottolino
President & CEO
West Suburban Medical Center
3 Eric Court
Oak Park, Illinois 60302-2599

Re: Rush Oak Park Hospital – Discontinuation of 10 Inpatient Rehabilitation Beds

To Whom It May Concern:

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Sam Siegfried, Assistant General Counsel

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www.roph.org



May 7, 2018

**VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

William Kottmann
President & CEO
Edward Hospital
801 South Washington Street
Naperville, Illinois 60540-7430

Re: Rush Oak Park Hospital -- Discontinuation of 10 Inpatient Rehabilitation Beds

To Whom It May Concern:

Rush Oak Park Hospital plans to file for a Certificate of Exemption (COE) from the Illinois Health Facilities and Services Review Board (HFSRB) for discontinuation of our 10-bed inpatient rehabilitation unit. We anticipate closing the inpatient rehabilitation unit after approval by the HFSRB, which we hope to receive on or before June 30, 2018.

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Robert S. Spadoni
Vice President of Hospital Operations

Cc: Bruce Elegant, Chief Executive Officer
Sam Siegfried, Assistant General Counsel

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Oak Park, IL 60304-1097

Tel: 708.383.9300
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www.roph.org



May 7, 2018

**VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

David Fox
President & CEO
Advocate Good Samaritan Hospital
3815 Highland Avenue
Downers Grove, Illinois 60515-1590

Re: Rush Oak Park Hospital – Discontinuation of 10 Inpatient Rehabilitation Beds

To Whom It May Concern:

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Vice President of Hospital Operations

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Sam Siegfried, Assistant General Counsel

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Tel. 708.383.9300
Fax: 708.660.6658
www.roph.org



May 7, 2018

**VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Kenneth Polonsky, MD
President & CEO
University of Chicago Medicine
5841 South Maryland Ave., M/C 1000
Chicago, Illinois 60637-1470

Re: Rush Oak Park Hospital – Discontinuation of 10 Inpatient Rehabilitation Beds

To Whom It May Concern:

Rush Oak Park Hospital plans to file for a Certificate of Exemption (COE) from the Illinois Health Facilities and Services Review Board (HFSRB) for discontinuation of our 10-bed inpatient rehabilitation unit. We anticipate closing the inpatient rehabilitation unit after approval by the HFSRB, which we hope to receive on or before June 30, 2018.

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Sam Siegfried, Assistant General Counsel

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Oak Park, IL 60304-1097

Tel: 708.383.9300
Fax: 708.660.6658
www.roph.org



May 7, 2018

**VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Allan Spooner
President & CEO
Franciscan St. James Health
1423 Chicago Road
Chicago Heights, Illinois 60411-3400

Re: Rush Oak Park Hospital – Discontinuation of 10 Inpatient Rehabilitation Beds

To Whom It May Concern:

Rush Oak Park Hospital plans to file for a Certificate of Exemption (COE) from the Illinois Health Facilities and Services Review Board (HFSRB) for discontinuation of our 10-bed inpatient rehabilitation unit. We anticipate closing the inpatient rehabilitation unit after approval by the HFSRB, which we hope to receive on or before June 30, 2018.

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Vice President of Hospital Operations

Cc: Bruce Elegant, Chief Executive Officer
Sam Siegfried, Assistant General Counsel

Rush Oak Park Hospital
520 South Maple Avenue
Oak Park, IL 60304-1097

Tel: 708.383.9300
Fax: 708.660.6658
www.roph.org



May 7, 2018

**VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Robert Dahl
President & CEO
Presence Resurrection Medical Center
7435 West Talcott Avenue
Chicago, Illinois 60631-3707

Re: Rush Oak Park Hospital – Discontinuation of 10 Inpatient Rehabilitation Beds

To Whom It May Concern:

Rush Oak Park Hospital plans to file for a Certificate of Exemption (COE) from the Illinois Health Facilities and Services Review Board (HFSRB) for discontinuation of our 10-bed inpatient rehabilitation unit. We anticipate closing the inpatient rehabilitation unit after approval by the HFSRB, which we hope to receive on or before June 30, 2018.

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Vice President of Hospital Operations

Cc: Bruce Elegant, Chief Executive Officer
Sam Siegfried, Assistant General Counsel

Rush Oak Park Hospital
520 South Maple Avenue
Oak Park, IL 60304-1097

Tel: 708.383.9300
Fax: 708.660.6658
www.roph.org



May 7, 2018

**VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Michael Murrill
President & CEO
Adventist Medical Center – La Grange
5101 South Willow Springs Road
La Grange, Illinois 60525-2600

Re: Rush Oak Park Hospital – Discontinuation of 10 Inpatient Rehabilitation Beds

To Whom It May Concern:

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Vice President of Hospital Operations

Cc: Bruce Elegant, Chief Executive Officer
Sam Siegfried, Assistant General Counsel

Office of Legal Affairs
Rush University Medical Center
Triangle Office Building
1700 W. Van Buren St.
Suite 301
Chicago, IL 60612

Tel: 312.942.6886
Fax: 312.942.4233
www.rush.edu
Samuel_A_Siegfried@rush.edu



Samuel A. Siegfried
Rush University Medical Center
Assistant General Counsel

Via FedEx

May 23, 2018

Courtney Avery
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

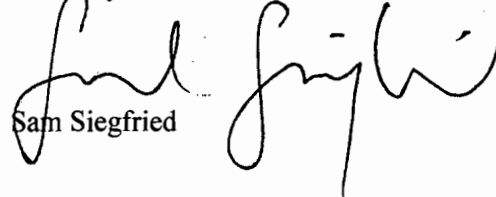
Re: Rush Oak Park Hospital – COE Application to Discontinue Inpatient Rehabilitation Services

Dear Courtney:

Enclosed is a certificate of exemption application and accompany filing fee as referenced above. In the event an exemption is not granted by June 30, 2018, Rush Oak Park Hospital intends to temporarily suspend its inpatient rehabilitation services beginning July 1, 2018, due its changing needs for bed usage and low inpatient rehabilitation service volume. Excess capacity exists in the Health Service Area for inpatient rehabilitation services.

Please contact me should you have any questions. Thank you.

Sincerely,


Sam Siegfried

Enclosures

cc: Bruce Elegant
Robert Spadoni