



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

June 25, 2018

Anne M. Cooper
(312) 873-3606
(312) 819-1910 fax
acooper@polsinelli.com

FEDERAL EXPRESS

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

**Re: Application for Exemption Permit
Palos Health Surgery Center**

Dear Mr. Constantino:

I am writing on behalf of Loyola University Medical Center and Palos Health Surgery Center, LLC (collectively, the "Applicants") to submit the attached Application for Exemption Permit for the change of ownership of Palos Health Surgery Center in Orland Park. For your review, I have attached the following documents:

1. Check for \$2,500 for the application processing fee;
2. Completed Application for Exemption Permit;
3. Copies of Certificate of Good Standing for the Applicants;
4. Charity care data.

Thank you for your time and consideration of Applicants' application for permit. If you have any questions or need any additional information to complete your review of the Applicants' application for exemption permit, please feel free to contact me.

Sincerely

Anne M. Cooper

Attachments

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD APPLICATION FOR EXEMPTION PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: Palos Health Surgery Center		
Street Address: 12251 South 80 th Avenue, Orland Park		
City and Zip Code: Orland Park, Illinois 60462		
County: Cook	Health Service Area: 7	Health Planning Area: A-04

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

Exact Legal Name: Loyola University Medical Center		
Street Address: 2160 South First Avenue		
City and Zip Code: Maywood, Illinois 60153		
Name of Registered Agent: CT Corporation System		
Registered Agent Street Address: 208 South LaSalle Street, Suite 814		
Registered Agent City and Zip Code: Chicago, Illinois 60604		
Name of Chief Executive Officer: Chad Whelan, M.D.		
CEO Street Address: 2160 South First Avenue		
CEO City and Zip Code: Maywood, Illinois 60153		
CEO Telephone Number: 888-584-7888		

Type of Ownership of Applicants

☒ 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 they are organized and the name and address of each partner specifying whether each is a general or limited partner.		
APPEND DOCUMENTATION AS ATTACHMENT 1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.		

Primary Contact [Person to receive ALL correspondence or inquiries]

Name: Kara Friedman
Title: Attorney
Company Name: Polsinelli PC
Address: 150 North Riverside Plaza, Suite 3000, Chicago, Illinois 60606
Telephone Number: 312-873-3639
E-mail Address: kfriedman@polsinelli.com
Fax Number:

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

Name: M. Meghan Kieffer
Title: Associate Counsel
Company Name: Loyola University Health System

Address: 2160 South First Avenue, Maywood, Illinois 60153
Telephone Number: 708-216-3708
E-mail Address: mekieffer@lumc.edu
Fax Number:

Facility/Project Identification

Facility Name: Palos Health Surgery Center			
Street Address: 12251 South 80 th Avenue, Orland Park			
City and Zip Code: Orland Park, Illinois 60462			
County: Cook	Health Service Area	7	Health Planning Area: A-04

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

Exact Legal Name: Palos Health Surgery Center, LLC			
Street Address: 15300 West Avenue			
City and Zip Code: Orland Park, Illinois 60462			
Name of Registered Agent: CT Corporation System			
Registered Agent Street Address: 208 South LaSalle Street, Suite 814			
Registered Agent City and Zip Code: Chicago, Illinois 60604			
Name of Chief Executive Officer: TBD			
CEO Street Address:			
CEO City and Zip Code:			
CEO Telephone Number:			

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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E-mail Address: kfriedman@polsinelli.com
Fax Number:

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

Name: M. Meghan Kieffer
Title: Associate Counsel
Company Name: Loyola University Health System
Address: 2160 South First Avenue, Maywood, Illinois 60153
Telephone Number: 708-216-3708
E-mail Address: mekieffer@lumc.edu
Fax Number:

Facility/Project Identification

Facility Name: Palos Health Surgery Center			
Street Address: 12251 South 80 th Avenue, Orland Park			
City and Zip Code: Orland Park, Illinois 60462			
County: Cook	Health Service Area	7	Health Planning Area: A-04

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

Exact Legal Name: Trinity Health Corporation			
Street Address: 20555 Victor Parkway			
City and Zip Code: Livonia, Michigan 48152			
Name of Registered Agent: CT Corporation System			
Registered Agent Street Address: 208 South LaSalle Street, Suite 814			
Registered Agent City and Zip Code: Chicago, Illinois 60604			
Name of Chief Executive Officer: Richard J. Gilfillan, M.D.			
CEO Street Address: 20555 Victor Parkway			
CEO City and Zip Code: Livonia, Michigan 48152			
CEO Telephone Number: 734-343-1000			

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.

APPEND DOCUMENTATION AS ATTACHMENT 1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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Name: Kara Friedman
Title: Attorney
Company Name: Polsinelli PC
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Name: M. Meghan Kieffer
Title: Associate Counsel
Company Name: Loyola University Health System
Address: 2160 South First Avenue, Maywood, Illinois 60153
Telephone Number: 708-216-3708
E-mail Address: mekieffer@lumc.edu
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: M. Meghan Kieffer
Title: Associate Counsel
Company Name: Loyola University Health System
Address: 2160 South First Avenue, Maywood, Illinois 60153
Telephone Number: 708-216-3708
E-mail Address: mekieffer@lumc.edu
Fax Number:

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Palos Community Hospital
Address of Site Owner: 12551 South 80 th Avenue, Palos Heights, Illinois 60463
Street Address or Legal Description of the Site: 12251 South 80 th Avenue, Orland Park, Illinois 60462
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: Palos Health Surgery Center, LLC			
Address: 12251 South 80 th Avenue, Orland Park, Illinois 60462			
☐	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 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.]

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.]

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.

Loyola University Medical Center ("LUMC") seeks authority from the Illinois Health Facilities and Services Review Board ("State Board") for the change of ownership of Palos Health Surgery Center (the "ASC"). The proposed transaction between Palos Community Hospital and LUMC contemplates a change in the person who has operational control of the ASC. As a result of the proposed transaction, LUMC will be the sole member of Palos Health Surgery Center, LLC, the ASC operating entity.

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 WorkingAnticipated project completion date (refer to Part 1130.140): Upon closing of the change of ownership

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.**

CERTIFICATION

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

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

This Application is filed on the behalf of Loyola 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.

Daniel J. Post

SIGNATURE

Daniel J. Post
PRINTED NAME

Regional Executive Vice President,
Strategy and Business Development
PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 21st day of June, 2018

Maria J. Pekar

Signature of Notary

Seal

OFFICIAL SEAL
MARIA J PEKAR
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES 12/20/20

*Insert this seal on page 1 of the application

CHAD WITELAN, MD

SIGNATURE

CHAD WITELAN, MD
PRINTED NAME

PRESIDENT
PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 21st day of June, 2018

Maria J. Pekar

Signature of Notary

Seal

OFFICIAL SEAL
MARIA J PEKAR
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES 12/20/20

CERTIFICATION

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

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

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

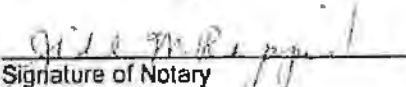

SIGNATURE

Terry Hoisan, M.D.
PRINTED NAME

Director
PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 24th day of June, 2018


Signature of Notary

OFFICIAL SEAL
JILL M RAPPIS

*Insert the Official Seal of the applicant
My Commission Expires Aug 25, 2018

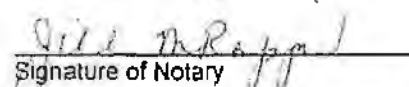

SIGNATURE

TIMOTHY J. BRENNAN
PRINTED NAME

DIRECTOR
PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 24th day of June, 2018


Signature of Notary

Seal

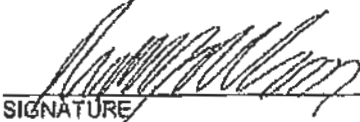
OFFICIAL SEAL
JILL M RAPPIS
Notary Public - State of Illinois
My Commission Expires Aug 25, 2018

CERTIFICATION

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

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

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

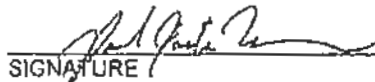

SIGNATURE

Richard J. Gilfillan, M.D.

PRINTED NAME

President

PRINTED TITLE


SIGNATURE

Paul G. Neumann, Esq.

PRINTED NAME

Secretary

PRINTED TITLE

Notarization:

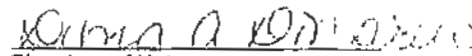
Subscribed and sworn to before me
this 21st day of June, 2018

Notarization:

Subscribed and sworn to before me
this 21st day of June, 2018.


Signature of Notary

Seal


Signature of Notary

Seal

*Insert the EXACT legal name of the applicant



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

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

Background

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

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

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

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

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

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

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

Application for Change of Ownership Among Related Persons

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

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

SECTION X. CHARITY CARE INFORMATION (CHOW ONLY)

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

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

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

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

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

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

Section I, Identification, General Information, and Certification
Applicants

Certificates of Good Standing for Trinity Health Corporation, Loyola University Medical Center, and Palos Health Surgery Center, LLC (collectively, the "Applicants") are attached at Attachment – 1.

Palos Health Surgery Center, LLC will be the operator of Palos Health Surgery Center (the "ASC").

Loyola University Medical Center will have a controlling ownership interest in South Campus Partners, Inc., which is the sole member of Palos Health Surgery Center, LLC.

As the person with final control over the operator, Trinity Health Corporation is named as an applicant for this COE application.



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

LOYOLA UNIVERSITY MEDICAL CENTER, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 13, 1995, 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 #: 1813602362 verifiable until 05/18/2019

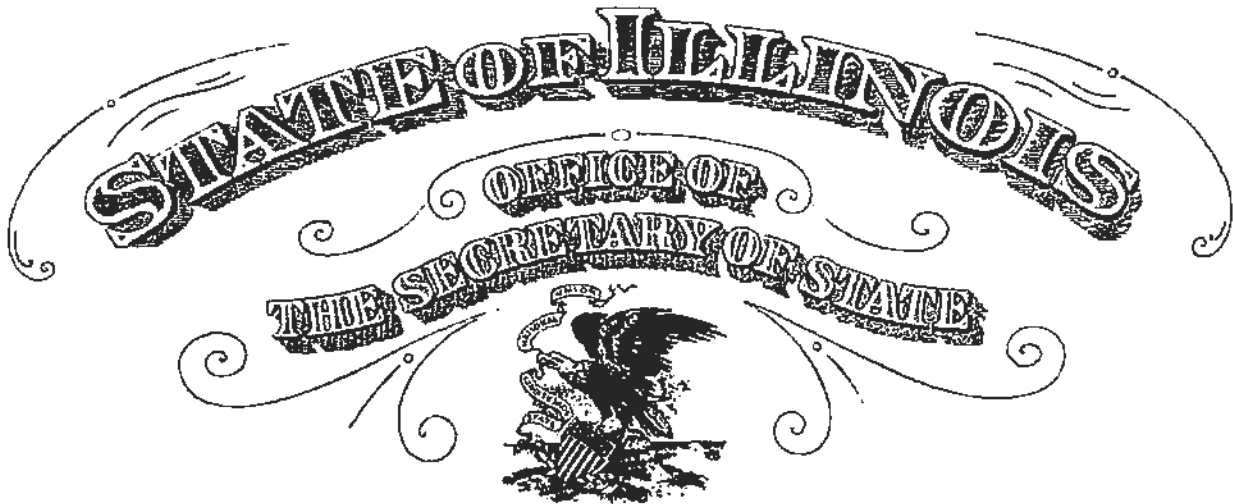
Authenticate at: <http://www.cyberdriveillinois.com>

***In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 16TH
day of MAY A.D. 2018 .***

Jesse White

SECRETARY OF STATE

Attachment - 1



To all to whom these Presents Shall Come, Greeting:

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

PALOS HEALTH SURGERY CENTER, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON DECEMBER 22, 2016, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



Authentication #: 1813602386 verifiable until 05/16/2019

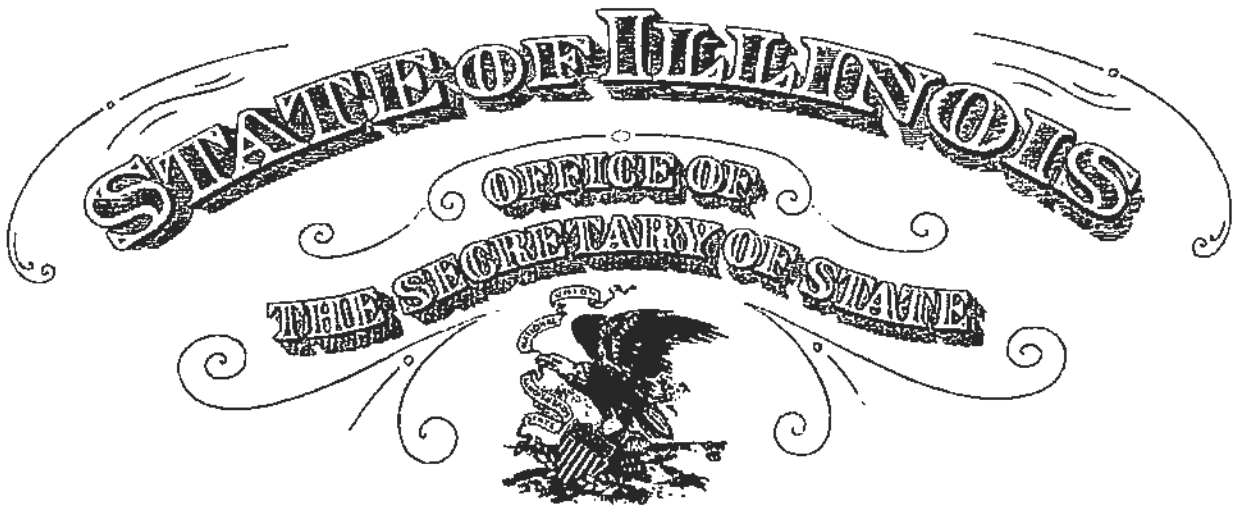
Authenticate at: <http://www.cyberdriveillinois.com>

***In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 16TH
day of MAY A.D. 2018 .***

Jesse White

SECRETARY OF STATE

Attachment - 1



To all to whom these Presents Shall Come, Greeting:

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

TRINITY HEALTH CORPORATION, INCORPORATED IN INDIANA AND LICENSED TO CONDUCT AFFAIRS IN THIS STATE ON MARCH 02, 2011, 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 A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO CONDUCT AFFAIRS IN THE STATE OF ILLINOIS.



Authentication #: 1813602372 verifiable until 05/16/2019

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 16TH
day of MAY A.D. 2018 .***

Jesse White

SECRETARY OF STATE

Attachment - 1

Section I, Identification, General Information, and Certification
Site Ownership

The letter of intent between Palos Community Hospital and Palos Health Surgery Center, LLC to lease the property located at 12251 South 80th Avenue, Orland Park, Illinois 60462 is attached at Attachment – 2.

The legal description for the site parcel covered by this project is as follows:

The Southeast quarter of the Northwest quarter of Section 16, Township 36 North, Range 12 East of the Third Principal Meridian, except a tract of land described as follows: Beginning at the Southwest corner of the Southeast quarter of the Northwest quarter of said Section 16, thence East along the South line of said Southeast quarter a distance of 200 feet; thence North along a line parallel with the West line of said Southeast quarter a distance of 200 feet; thence West along a line parallel with the South line of said Southeast quarter a distance of 200 feet; thence South along the West line of said Southeast quarter a distance of 200 feet to the place of beginning; ALSO excepting that part of the Northwest quarter of said Section 16 described as follows: Beginning at a point of intersection of the West line of the East half of said Northwest quarter of Section 16 and the South right of way line of 153rd Street, according to document no. 87255318 recorded May 12, 1987; thence Easterly along the South line of said 153rd Street having an Illinois East Zone Grid bearing of North 88 degrees 01 minute 35 seconds East, a distance of 868.00 feet; thence South 01 degree 46 minutes 14 seconds East, 10.00 feet to a point on a line 60.00 feet South of, measured perpendicular to and parallel with the North line of the South half of said Northwest quarter; thence South 88 degrees 01 minute 35 seconds West, 595.25 feet along said parallel line; thence South 01 degree 46 minutes 14 seconds East, 5.00 feet to a point 65.00 feet South of, measured perpendicular to and parallel with said North line; thence South 88 degrees 01 minute 35 seconds West, 272.75 feet along said parallel line to a point on said West line of the East half of the Northwest quarter; thence North 01 degree 46 minutes 14 seconds West, 15.00 feet along said West line to the point of beginning, in Cook County, Illinois.



PALOS HOSPITAL

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

Palos Health Surgery Center, LLC

Re: Planned Real Estate Lease

To Whom It May Concern:

This letter of intent ("LOI") is intended to summarize certain material terms and conditions of a proposed lease (the "Transaction") for the premises to be occupied by Palos Health Surgery Center, LLC, an Illinois limited liability company and an ambulatory surgery center to be commonly known as the "Palos Health Surgery Center" which shall be located at 15300 West Avenue, Orland Park, Illinois (the "Premises") from Palos Community Hospital ("PCH") to Palos Health Surgery Center, LLC ("PHSC").

1. Structure of the Transaction. PCH will lease to PHSC the Premises which contains approximately 15,770 gross square feet. The initial term of the lease will be for ten (10) years, and PHSC shall have the right to renew the term for two (2) additional five (5) year terms each. The base rent shall be based upon the fair market value of the Premises, but shall take into account the cost of the build-out for the Premises and a reasonable rate of return. The additional terms and conditions of the lease shall be set forth in the standard form of lease typically used by PCH for lease transactions (the "Lease").

2. Expenses. The parties shall pay their own fees and expenses and those of their respective brokers, agents, advisers, attorneys and accountants with respect to the negotiation, execution and delivery of this LOI and Lease.

3. No Contract. It is expressly understood that this LOI (except for Section 2 hereof, the "Binding Provision"), to which the parties intend to be bound and for which each acknowledge that adequate consideration has been given) is not intended to be, and shall not be construed to be, a binding commitment, agreement or contract and that the parties shall not be entitled to any recourse, in the form of damages, equitable relief or otherwise, for expenses incurred or benefit conferred or lost before or after the date first written above in the event that there is a failure, for whatever reason, of the parties to agree on any term or terms and/or provisions of definitive agreements. The parties each reserve the right of final approval or disapproval, for any reason and in their absolute and sole discretion, of any Lease and other related agreements or the advisability of the proposed Transaction.

4. Termination. This LOI may be terminated at any time by mutual agreement of the parties, except for the obligations or liabilities of the parties under the Binding Provision. Notwithstanding any statement contained herein to the contrary, the Binding Provision shall survive any termination or expiration of this LOI.

Signatures appear on the following page.

CONFIDENTIAL

If you are in agreement with the terms of this LOI, please sign both enclosed copies and deliver one copy to us.

Sincerely,

PALOS COMMUNITY HOSPITAL

By: Timothy J. Brosnan
Name: TIMOTHY J. BROSNAN
Its: VICE PRESIDENT

ACCEPTED AND AGREED

to this 12 day of ~~May~~ 2018:

June

DJP gjs

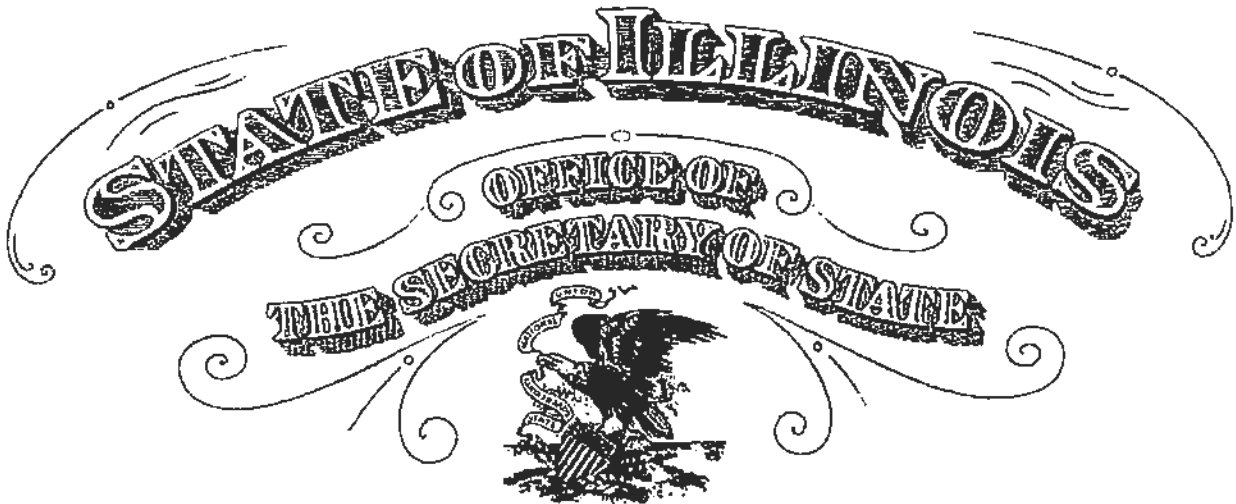
PALOS HEALTH SURGERY CENTER, LLC

By: Daniel J. Post
Name: Daniel J. Post
Its: EVP

Attachment - 2

Section I, Identification, General Information, and Certification
Operating Identity/Licensee

The Illinois Certificate of Good Standing for Palos Health Surgery Center, LLC is attached at Attachment
– 3.



To all to whom these Presents Shall Come, Greeting:

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

PALOS HEALTH SURGERY CENTER, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON DECEMBER 22, 2016, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



Authentication #: 1813602386 verifiable until 05/16/2019

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 16TH day of MAY A.D. 2018 .

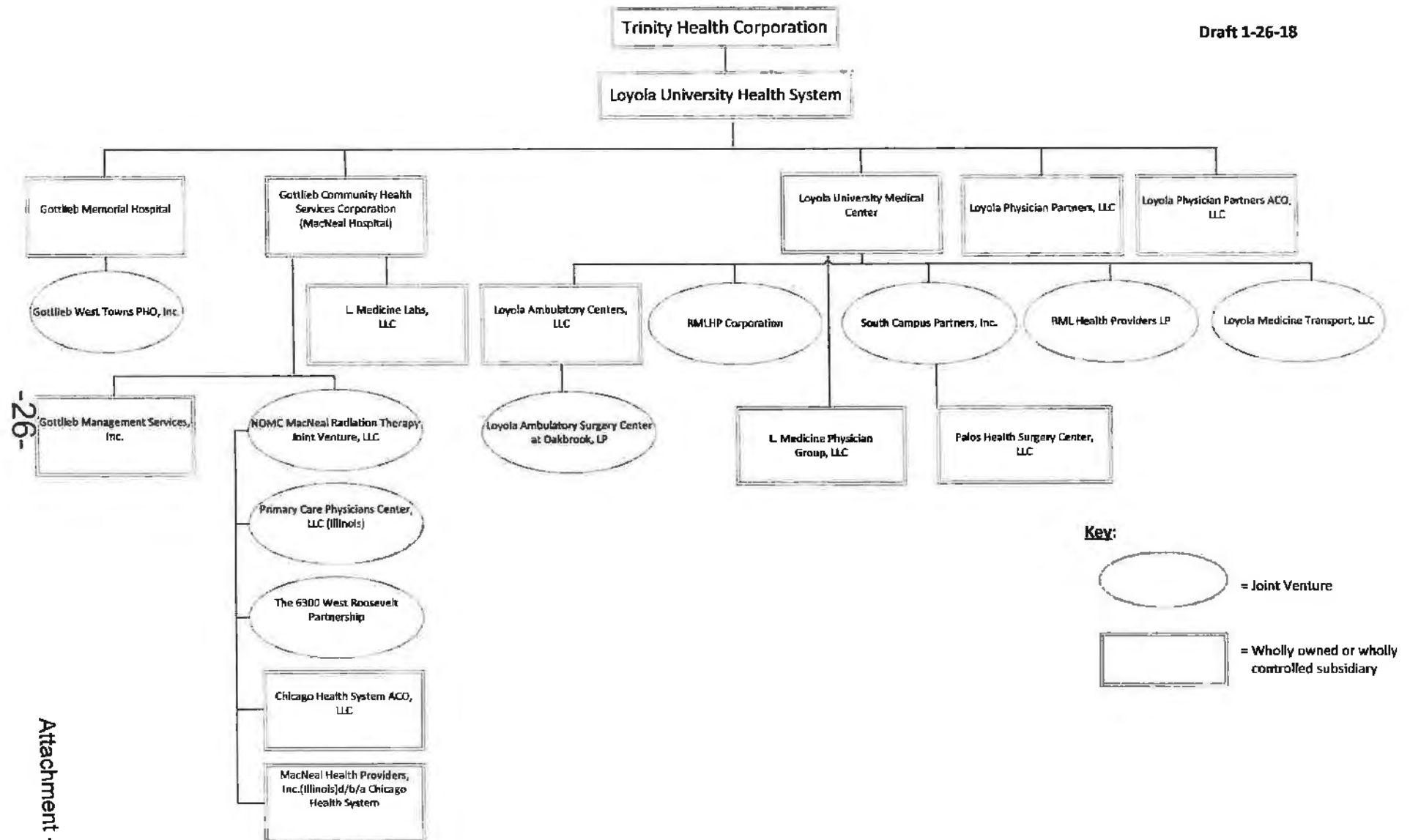
Jesse White

SECRETARY OF STATE

Attachment - 3

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

The organizational chart showing the current ownership structure of the ASC, along with the post-closing ownership structure is attached at Attachment – 4.



Section I, Identification, General Information, and Certification
Flood Plain Requirements

The proposed change of ownership of Palos Health Surgery Center involves no construction or modernization. Accordingly, this criterion is not applicable.

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

The proposed change of ownership of Palos Health Surgery Center involves no construction or modernization. Accordingly, this criterion is not applicable.

Section III, Project Purpose, Background and Alternatives – Information Requirements
Criterion 1110.230(b), Project Purpose, Background and Alternatives

Background of Applicant

- 1. A listing of all health care facilities owned or operated by the Applicant, including licensing, and certificates, if applicable.**

A list of health care facilities owned or operated in Illinois by Trinity Health Corporation and Loyola University Medical Center is attached at Attachment - 11.

- 2. A certified listing of any adverse action taken against any facility owned and/or operated by the Applicant during the three years prior to the filling of the application.**

By their signature on the Certification pages to this application, each of the Applicants attest that no adverse action has been taken by IDPH, CMS, or any other State or Federal Agency against any facility owned and/or operated by them during the three years prior to the filing of this application.

- 3. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including but not limited to: official records of DPH or other State Agencies; the licensing or certification records of other states, when applicable; and the records of national recognized accreditation organizations.**

By their signature on the Certification pages to this application, each of the Applicants authorize the HFSRB and IDPH to access any documents necessary to verify the information submitted, including but not limited to: (i) official records of IDPH or other State Agencies; (ii) the licensing or certification records of other states, when applicable; and (iii) the records of national recognized accreditation organizations.

**Trinity Health Corporation
Facility Locations**

Name	City	State	Zip	IPDH License #
Loyola University Medical Center (Foster G. McGaw Hospital)	Maywood	IL	60153	0005801
Gottlieb Memorial Hospital	Melrose Park	IL	60160	0005793
MacNeal Hospital	Berwyn	IL	60402	0006106
Mercy Hospital & Medical Center	Chicago	IL	60616	0001578
Loyola Center for Dialysis at Roosevelt Road	Maywood	IL	60160	N/A
Loyola University ASC - Loyola Outpatient	Maywood	IL	60153	7003164



**Illinois Department of
PUBLIC HEALTH**

HF113302

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

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

Issued under the authority of
the Illinois Department of
Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
06/29/2018		0005801
General Hospital		
Effective: 06/30/2017		

Foster G. McGaw Hospital Loyola University Medical Center
2160 South 1st Street
Maywood, IL 60153

← **DISPLAY THIS PART IN A
CONSPICUOUS PLACE**

Exp. Date 06/29/2018

Lic Number 0005801

Date Printed 04/21/2017

Foster G. McGaw Hospital Loyola Univ
2160 South 1st Street
Maywood, IL 60153

FEE RECEIPT NO.



122 S. Michigan Ave., Suite 2009 • Chicago, Illinois 60603-6152 • www.dph.illinois.gov

December 8, 2015

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Bessie Baldovino, Manager
Foster G McGaw Hospital
2160 South First Avenue
Maywood, IL 60153

Dear Ms. Baldovino:

On 10/09/15 a recertification survey was conducted at Foster G McGaw Hospital by staff of the Illinois Department of Public Health to determine compliance with federal requirements for participation in the Medicare program. Deficiencies were identified and previously sent.

After review of Plans of Corrections (PoCs) for those deficiencies, Department staff conducted a revisit survey on 11/25/15. Based on receipt of an acceptable PoC, you are determined to be in compliance with all federal requirements.

If you have any questions concerning this notice, please contact my staff at the address above or telephone (312) 793-2222. You may also telephone the Departments' TTY number for the hearing impaired at 1-800-547-0466.

Sincerely,

Debra D. Bryars, MSN, RN
Deputy Director
Office of Health Care Regulation



February 10, 2017

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

Joint Commission ID #: 7288
Program: Hospital Accreditation
Accreditation Activity: 60-day Evidence of
Standards Compliance
Accreditation Activity Completed: 01/31/2017

Dear Mr. Goldberg:

The Joint Commission is pleased to grant your organization an accreditation decision of Accredited for all services surveyed under the applicable manual(s) noted below:

- Comprehensive Accreditation Manual for Hospitals

This accreditation cycle is effective beginning October 29, 2016 and is customarily valid for up to 36 months. Please note, The Joint Commission reserves the right to shorten or lengthen the duration of the cycle.

Should you wish to promote your accreditation decision, please view the information listed under the 'Publicity Kit' link located on your secure extranet site, The Joint Commission Connect.

The Joint Commission will update your accreditation decision on Quality Check®.

Congratulations on your achievement.

Sincerely,

Mark G. Pelletier, RN, MS

Chief Operating Officer

Division of Accreditation and Certification Operations

Attachment - 11



February 10, 2017

Re: # 7288
CCN: #140276
Program: Hospital
Accreditation Expiration Date: October 29, 2019

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

Dear Mr. Goldberg:

This letter confirms that your October 24, 2016 - October 28, 2016 unannounced full resurvey was conducted for the purposes of assessing compliance with the Medicare conditions for hospitals through The Joint Commission's deemed status survey process.

Based upon the submission of your evidence of standards compliance on January 05, 2017 and January 31, 2017 and the successful on-site unannounced Medicare Deficiency Follow-up event conducted on December 08, 2016, the areas of deficiency listed below have been removed. The Joint Commission is granting your organization an accreditation decision of Accredited with an effective date of October 29, 2016. We congratulate you on your effective resolution of these deficiencies.

§482.12 Governing Body
§482.41 Physical Environment
§482.42 Infection Control
§482.51 Surgical Services

The Joint Commission is also recommending your organization for continued Medicare certification effective October 29, 2016. Please note that the Centers for Medicare and Medicaid Services (CMS) Regional Office (RO) makes the final determination regarding your Medicare participation and the effective date of participation in accordance with the regulations at 42 CFR 489.13. Your organization is encouraged to share a copy of this Medicare recommendation letter with your State Survey Agency.

This recommendation applies to the following locations:

Loyola University Medical Center
d/b/a Loyola Center for Health at Oakbrook
1 South 260 Summit Avenue, Oakbrook Terrace, IL, 60181

Loyola University Medical Center
d/b/a Loyola Center for Health at Gottlieb
675 W. North Avenue, Suites 201/206, Melrose Park, IL, 60160

www.jointcommission.org

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

Attachment - 11



The Joint Commission

Loyola University Medical Center
d/b/a Loyola Center for Health at North Riverside
1950 South Harlem Avenue, North Riverside, IL, 60546

Loyola University Medical Center
d/b/a Loyola Center for Health at Hickory Hills
9608 Roberts Road, Hickory Hills, IL, 60457

Loyola University Medical Center
d/b/a Loyola Center for Health at Wheaton
140 East Loop Road, Wheaton, IL, 60187

Loyola University Medical Center
d/b/a Loyola Center for Health at Orland Park
16621 S. 107th Court, Orland Park, IL, 60467

Loyola University Medical Center
2160 South First Avenue, Maywood, IL, 60153

Loyola University Medical Center
d/b/a Loyola Center for Health at La Grange Park
321 N. La Grange Road, La Grange Park, IL, 60526

Loyola University Medical Center
d/b/a Loyola Center for Health on Roosevelt
1211 W. Roosevelt Road, Maywood, IL, 60153

Loyola University Medical Center
d/b/a Loyola Center for Health at Elmhurst -- 300 N. York St.
300 N. York St., Elmhurst, IL, 60126

Loyola University Medical Center
d/b/a Loyola Center for Dialysis on Roosevelt
1201 Roosevelt Road, Maywood, IL, 60153

Loyola University Medical Center
d/b/a Loyola Center for Health at Homer Glen
15750 Marian Drive, Homer Glen, IL, 60491

Loyola University Medical Center
d/b/a Loyola Center for Health at Oak Park North
7005 W. North Avenue, Oak Park, IL, 60302

www.jointcommission.org

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

Attachment - 11



Loyola University Medical Center
d/b/a Loyola Center for Health at Park Ridge
1030 West Higgins Road, Park Ridge, IL, 60068

Loyola University Medical Center
d/b/a Loyola Center for Children's Health at Oakbrook Terrace
1S224 Summit Ave, Suite 101, Oakbrook Terrace, IL, 60181

Loyola University Medical Center
d/b/a Loyola Center for Rehabilitation on Roosevelt
1219 W. Roosevelt Road, Maywood, IL, 60153

Loyola University Medical Center
d/b/a Loyola Cancer Care & Research: Marjorie Weinberg Cancer Ctr.
715 W. North Avenue, Melrose Park, IL, 60160

Loyola University Medical Center
d/b/a Loyola Center for Health at Burr Ridge
6800 North Frontage Road, Burr Ridge, IL, 60527

Loyola University Medical Center
d/b/a Loyola Center for Metabolic Surgery & Bariatric Care
719 West North Avenue, Melrose Park, IL, 60160

Loyola University Medical Center
d/b/a Loyola Center for Health at River Forest
7617 W. North Avenue, River Forest, IL, 60305

Loyola University Medical Center
d/b/a Loyola Center for Health at Elmwood Park
7255 West Grand Avenue, Elmwood Park, IL, 60707

Loyola University Medical Center
d/b/a Loyola Center for Health at Norridge
8307 W. Lawrence, Norridge, IL, 60706

Loyola University Medical Center
d/b/a Loyola Center for Health at Gottlieb-Suite 416
675 W. North Avenue, suite 416, Melrose Park, IL, 60160

Loyola University Medical Center
d/b/a Loyola Center for Health at Chicago
7634 West Belmont Avenue, Chicago, IL, 60634

www.jointcommission.org

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

Attachment - 11



Loyola University Medical Center
d/b/a Loyola Center for Cancer Care & Research at Palos Comm. Hosp
15300 West Avenue, Orland Park, IL, 60462

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

Sincerely,

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

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

 Illinois Department of PUBLIC HEALTH		HF113301
LICENSE, PERMIT, CERTIFICATION, REGISTRATION		
The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.		
Nirav D. Shah, M.D., J.D. Director		Issued under the authority of the Illinois Department of Public Health
EXPIRATION DATE 06/29/2018	CATEGORY General Hospital	LIC. NUMBER 0005793
Effective: 06/30/2017		
Gottlieb Memorial Hospital dba Loyola Health System at Gottlieb 701 West North Avenue Melrose Park, IL 60160		
The face of this license has a colored background. Printed by Authority of the State of Illinois • PD, #48240 SM 5/10		

← **DISPLAY THIS PART IN A
CONSPICUOUS PLACE**

Exp. Date 06/29/2018

Lic Number 0005793

Date Printed 04/21/2017

Gottlieb Memorial Hospital
dba Loyola Health System at Gottlieb
701 West North Avenue
Melrose Park, IL 60160

FEE RECEIPT NO.

Attachment - 11



March 22, 2017

Re: # 7400
CCN: #140008
Program: Hospital
Accreditation Expiration Date: January 21, 2020

Lori Price
President/CEO
Gottlieb Memorial Hospital
701 West North Avenue
Melrose Park, Illinois 60160-1612

Dear Mrs. Price:

This letter confirms that your January 17, 2017 - January 20, 2017 unannounced full resurvey was conducted for the purposes of assessing compliance with the Medicare conditions for hospitals through The Joint Commission's deemed status survey process.

Based upon the submission of your evidence of standards compliance on March 21, 2017, The Joint Commission is granting your organization an accreditation decision of Accredited with an effective date of January 21, 2017.

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

This recommendation applies to the following location:

Gottlieb Memorial Hospital
d/b/a Gottlieb Memorial Hospital
701 West North Avenue, Melrose Park, IL, 60160-1612

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

Sincerely,

www.jointcommission.org

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

Attachment - 11

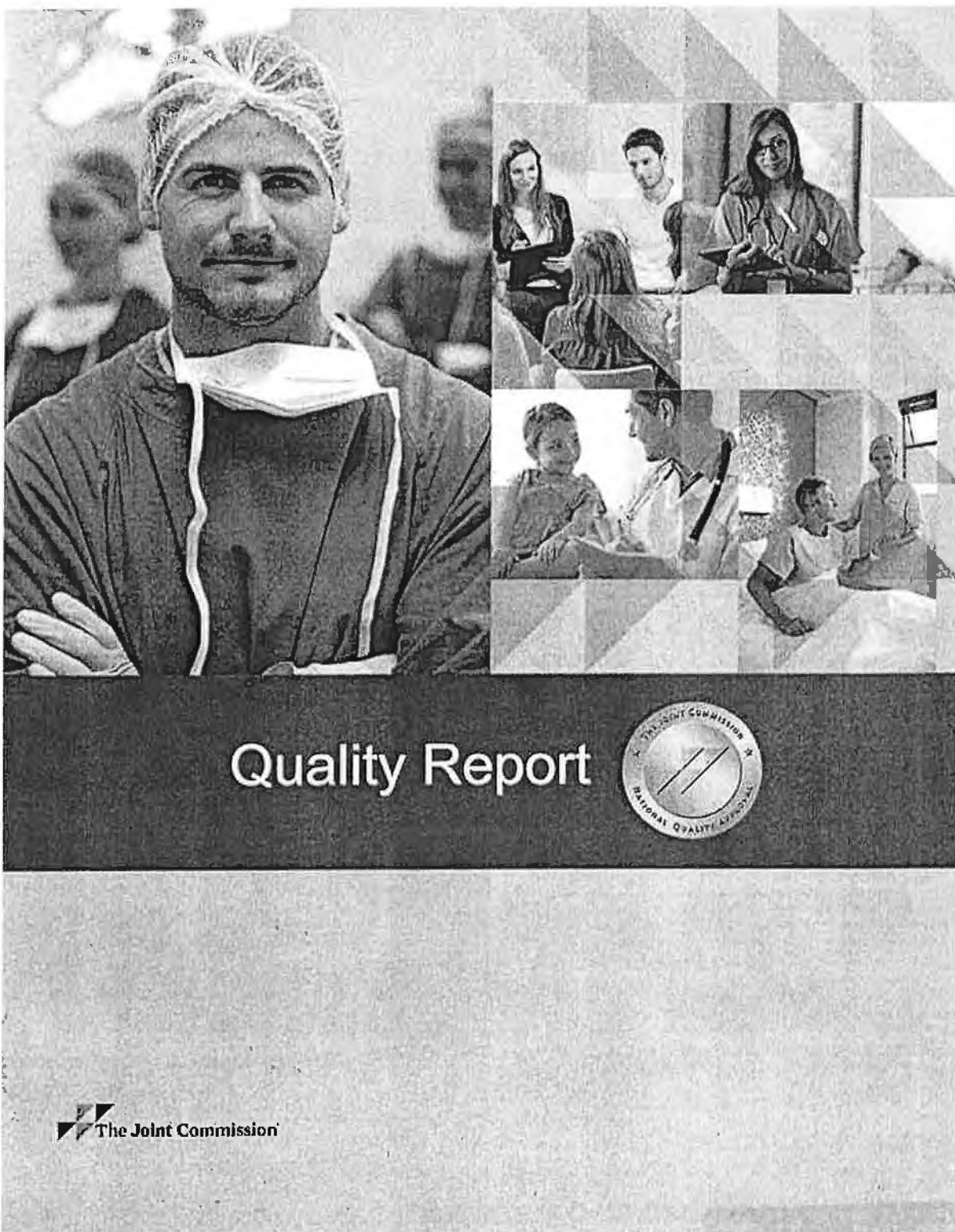


Mark G. Pelletier, RN, MS
Chief Operating Officer
Division of Accreditation and Certification Operations

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



Organizations that have achieved
The Gold Seal of Approval® from
The Joint Commission®



Quality Report



Gottlieb Memorial Hospital

HCO ID: 7400

701 West North Avenue

Melrose Park, IL, 60160-1612

(708) 681-3200

www.gottliebhospital.org

Summary of Quality Information

Accreditation Programs

View Accreditation History



Home Care

Accreditation Decision

Accredited

Effective Date

1/18/2017

Last Full Survey Date

1/17/2017

Last On-Site Survey Date

1/17/2017



Hospital

Accreditation Decision

Accredited

Effective Date

1/21/2017

Last Full Survey Date

1/20/2017

Last On-Site Survey Date

1/20/2017



Laboratory

Accreditation Decision

Accredited

Effective Date

3/11/2017

Last Full Survey Date

3/10/2017

Last On-Site Survey Date

3/10/2017

Sites

Gottlieb Memorial Hospital

DBA: Gottlieb Memorial Hospital

701 West North Avenue

Melrose Park, IL, 60160-1612

Available Services

- Adult Day Care (Day Programs - Adult)
- Adult Day Care (Partial - Adult)
- Behavioral Health (24-hour Acute Care/Crisis Stabilization - Adult)
- Cardiac Catheterization Lab (Surgical Services)
- Cardiac Surgery (Surgical Services)
- Cardiothoracic Surgery (Surgical Services)
- Cardiovascular Unit (Inpatient)
- CT Scanner (Imaging/Diagnostic Services)
- Ear/Nose/Throat Surgery (Surgical Services)
- EEG/EKG/EMG Lab (Imaging/Diagnostic Services)
- Gastroenterology (Surgical Services)
- General Laboratory Tests
- GI or Endoscopy Lab (Imaging/Diagnostic Services)
- Gynecological Surgery (Surgical Services)
- Inpatient Unit (Inpatient)
- Interventional Radiology (Imaging/Diagnostic Services)
- Magnetic Resonance Imaging (Imaging/Diagnostic Services)
- Medical /Surgical Unit (Inpatient)
- Medical ICU (Intensive Care Unit)
- Neurosurgery (Surgical Services)
- Nuclear Medicine (Imaging/Diagnostic Services)
- Ophthalmology (Surgical Services)
- Orthopedic Surgery (Surgical Services)
- Orthopedic/Spine Unit (Inpatient)
- Pediatric Unit (Inpatient)
- Plastic Surgery (Surgical Services)
- Post Anesthesia Care Unit (PACU) (Inpatient)
- Rehabilitation Services
- Rehabilitation Unit (Inpatient)
- Rehabilitation Unit (24-hour Acute Care/Crisis Stabilization)
- Skilled Nursing Care
- Sleep Laboratory (Sleep Laboratory)
- Surgical ICU (Intensive Care Unit)
- Surgical Unit (Inpatient)
- Teleradiology (Imaging/Diagnostic Services)
- Thoracic Surgery (Surgical Services)
- Toxicology

- **Ultrasound (Imaging/Diagnostic Services)**
- **Urology (Surgical Services)**
- **Vascular Surgery (Surgical Services)**

Gottlieb Memorial Hospital

DBA: Gottlieb Professional Building Pharmacy

675 W. North Avenue

Melrose Park, IL, 60160-1634

Available Services

- **Blood Glucose Monitors (non-mall order)**
- **Breast Prostheses and Accessories**
- **Canes and Crutches**
- **Custom Orthoses Fabricated**
- **Durable Medical Equipment**
- **Off The Shelf Orthoses**
- **Ostomy Supplies**
- **Prosthetics (Home Medical Equipment)**
- **Supplies**
- **Surgical Dressings**

Special Quality Awards

Due to our commitment to accurate data reporting, The Joint Commission is suspending the practice of updating Special Quality Awards until further notice

- **2012 Silver Get With The Guidelines - Heart Failure**

Organization Commentary

Mrs. Lori Price, President/CEO

As part of our quality initiative to improve discharge instructions for our Congestive Heart Failure (CHF) population, we developed a "CHF Discharge Instruction Form" which was piloted on our cardiac unit in the 3rd Quarter 2003. Patients are given a copy of this instruction form which includes information such as proper medication use and checking your weight. Use of the form was expanded on all other clinical inpatient units the 4th Quarter 2003. We are noting steady increase in use of the form and patient satisfaction.

National Patient Safety Goals and National Quality Improvement Goals

Show Keys +

Symbol Key

- ⊙ This organization achieved the best possible results
- ⊕ This organization's performance is above the target range/value
- ✓ This organization's performance is similar to the target range/value
- ⊖ This organization's performance is below the target range/value
- ⊖/A This measure is not applicable for this organization
- ⊖/D Not displayed

Measures Footnote Key

1. The measure or measure set was not reported.
2. The measure set does not have an overall result.
3. The number is not enough for comparison purposes.
4. The measure meets the Privacy Disclosure Threshold rule.
5. The organization scored above 90% but was below most other organizations.
6. The measure results are not statistically valid.
7. The measure results are based on a sample of patients.
8. The number of months with measure data is below the reporting requirement.
9. The measure results are temporarily suppressed pending resubmission of updated data.
10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
11. There were no eligible patients that met the denominator criteria.

The Joint Commission only reports measures endorsed by the National Quality Forum.

* This information can also be viewed at Hospital Compare.

** Indicates per 1000 hours of patient care.

*** The measure was not in effect for this quarter.

— Null value or data not displayed.

Hospital**2017 National Patient Safety Goals****Nationwide Comparison:** (✓)**Statewide Comparison:** (N/A)**Home Care****2017 National Patient Safety Goals****Nationwide Comparison:** (✓)**Statewide Comparison:** (N/A)**Laboratory****2017 National Patient Safety Goals****Nationwide Comparison:** (✓)**Statewide Comparison:** (N/A)**Reporting Period: October 2016 - September 2017****National Quality Improvement Goals:****Emergency Department****National Comparison:** (ND) 2**Statewide Comparison:** (ND) 2**Hospital-Based Inpatient Psychiatric Services****National Comparison:** (ND) 2**Statewide Comparison:** (ND) 2**Immunization****National Comparison:** (ND) 2**Statewide Comparison:** (ND) 2**New Changes to Quarterly Measure**

Download Quarterly Measure Results

The Joint Commission only reports measures endorsed by the National Quality Forum.

*** State results are not calculated for the National Patient Safety Goals.**



**Illinois Department of
PUBLIC HEALTH**

HF115379

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

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

Issued under the authority of
the Illinois Department of
Public Health

EXPIRATION DATE 2/28/2019	CATEGORY	LIC. NUMBER 0006106
General Hospital		
Effective: 03/01/2018		

**Gottlieb Community Health Services Corporation
dba MacNeal Hospital
3249 South Oak Park Avenue**

Berwyn, IL 60402

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #48240 SM 5/16

← **DISPLAY THIS PART IN A
CONSPICUOUS PLACE**

Exp. Date 2/28/2019

Lic Number 0006106

Date Printed 3/9/2018

Validation Num

**Gottlieb Community Health Services C
dba MacNeal Hospital
3249 South Oak Park Avenue
Berwyn, IL 60402**

FEE RECEIPT NO.



525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.dph.illinois.gov

March 8, 2018

Mary Cleary
Gottlieb Community Health Services Corporation
Dba MacNeal Hospital
3249 South Oak Park Avenue
Berwyn, IL 60492

Dear Administrator,

Enclosed is your Illinois Hospital Licenses expiring 2/28/2019, effective 3/1/2018. Your agency's new license ID number is 00061061. This license is issued based on the Change of Ownership application received. The effective date of the Change of Ownership, based on the legal documentation provided, is March 1, 2018.

Because your Hospital is Medicare Certified, it is required that the facility also fill out a new set of Medicare forms, in addition to the licensure forms that you have already completed.

Please return the license issue under the previous owner that has an expiration date of 1/31/2019 Cert # HF 114788.

If the Division of Health Care Facilities and Programs can be of any assistance to you in the operation of your agency, please contact our office at the Illinois Department of Public Health, Division of Health Care Facilities and Programs, 525 West Jefferson Street, 4th Floor, Springfield, IL 62761-0001. The Department's main number is 217-782-7412. The TTY number is 800-547-0466, for use by the hearing impaired. The Division's fax number is 217-781-0382.

Sincerely,

Karen Senger, RN, BSN
Division Chief
Health Care Facilities and Programs

HOSPITAL MEDICARE CERTIFICATION- CHANGE OF OWNERSHIP

Required to complete an 855A* and other Medicare forms for a change of ownership to transfer the provider number from the Centers for Medicare and Medicaid Services (CMS).

***THE FACILITY MUST FILL OUT THE FORM 855A AND RETURN THE ORIGINAL TO ITS FISCAL INTERMEDIARY.** When the 855A is approved by the Fiscal Intermediary, a copy of the 855A will be forwarded to the Illinois Department of Public Health (IDPH). *Questions regarding the 855A should be directed to the Fiscal Intermediary.* The 855A can be found at the following website:

CMS 855A form

www.cms.hhs.gov/cmsforms/downloads/cms855a.pdf

Questions regarding CMS form 855A
www.cms.hhs.gov/MedicareProviderSupEnroll/

Provider –Supplier Enrollment Contacts

www.cms.hhs.gov/MedicareProviderSupEnroll/downloads/contact_list.pdf

****PLEASE NOTE: When the 855A is approved by your Fiscal Intermediary, it will be forwarded to IDPH. Your intermediary will notify you by mail when the 855A has been sent to us.***

All other forms (ORIGINALS) listed on below should be filled out and returned to IDPH at the address listed below. Please be advised, however, that these forms are only valid for *six months* from the date they are completed.

Mail the Medicare forms listed below to:

Illinois Department of Public Health
Division of Health Care Facilities and Programs Section
525 W. Jefferson Street, 4th Floor
Springfield, IL 62761

Questions regarding Medicare Forms **ONLY**, should be directed to 217-782-0582.

FORMS NEEDED FOR MEDICARE CERTIFICATION

- CMS-1561 - Health Insurance Benefits Agreement form –(2 originals required) www.cms.hhs.gov/cmsforms/downloads/cms1561.pdf
Make sure you sign/date/put your title in the section that says accepted for the provider of Services by".
*****DO NOT SIGN IN THE OTHER TWO SIGNATURE BLOCKS*****

- **Medicare Intermediary Information – (1 original required)**
<http://dph.illinois.gov/sites/default/files/forms/COOS-Medicare-Intermediary-Information-040816.pdf>
- **Office for Civil Rights (OCR) Clearance Process** – A health care provider that applies for participation in the Medicare Part A program must receive a civil rights clearance from OCR, as set forth in 42 CFR 480.10(b).
- **Initial Enrollment or CHOW- the Civil Rights Packet may be submitted on line- by submitting the attestation electronically to the OCR via OCR's online Assurance of Compliance portal at the following website.**
<https://ocrportal.hhs.gov/ocr/aoc/instruction.jsf>. Your agency will receive an electronic verification from OCR of successful submission of the attestation. Submit to the Department a copy, demonstrating evidence of successful electronic submission of the attestation.

When all of the pertinent documents are received, they will be forwarded to CMS (Centers for Medicare and Medicaid Services) in Chicago.

INFORMATIONAL READING MATERIAL

Conditions of Participation and coverage can be found by going to:

www.cms.hhs.gov/manuals/downloads/som107ap_a_hospitals.pdf



July 25, 2017

Re: # 7246
CCN: #140054
Program: Hospital
Accreditation Expiration Date: March 11, 2020

M.E. Cleary
Interim CEO
Vanguard Health Systems of Illinois, Inc.
3249 South Oak Park Avenue
Berwyn, Illinois 60402

Dear Mrs. Cleary:

This letter confirms that your March 07, 2017 - March 10, 2017 unannounced full resurvey was conducted for the purposes of assessing compliance with the Medicare conditions for hospitals through The Joint Commission's deemed status survey process.

Based upon the submission of your evidence of standards compliance on July 05, 2017 and the successful on-site unannounced Medicare Deficiency Follow-up event conducted on April 20, 2017, the areas of deficiency listed below have been removed. The Joint Commission is granting your organization an accreditation decision of Accredited with an effective date of March 11, 2017. We congratulate you on your effective resolution of these deficiencies.

§482.12 Governing Body §482.41 Physical Environment

The Joint Commission is also recommending your organization for continued Medicare certification effective March 11, 2017. Please note that the Centers for Medicare and Medicaid Services (CMS) Regional Office (RO) makes the final determination regarding your Medicare participation and the effective date of participation in accordance with the regulations at 42 CFR 489.13. Your organization is encouraged to share a copy of this Medicare recommendation letter with your State Survey Agency.

This recommendation applies to the following location(s):

Vanguard Health Systems of Illinois, Inc.
d/b/a MacNeal Clearing Clinic
6500 W. 65th Street, Chicago, IL, 60638

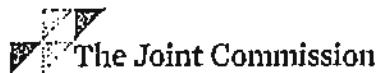
Vanguard Health Systems of Illinois, Inc.
d/b/a Occupational Health and La Grange Immediate Care
125 North La Grange Rd., La Grange, IL, 60525

Vanguard Health Systems of Illinois, Inc.
d/b/a MacNeal Immediate Care
3249 South Oak Park Avenue, Berwyn, IL, 60402

www.jointcommission.org

Headquarters
One Renaissance Boulevard
Oakbrook Terrace, IL 60181
630 292 5000 Voice

Attachment -- 11



The Joint Commission

Vanguard Health Systems of Illinois, Inc.
d/b/a MacNeal Hospital
3249 South Oak Park Avenue, Berwyn, IL, 60402

Vanguard Health Systems of Illinois, Inc.
d/b/a MacNeal Hospital Center for Cancer Care
6801 W. 34th Street, Suite 107, Berwyn, IL, 60402

Vanguard Health Systems of Illinois, Inc.
d/b/a MacNeal Outpatient Imaging Center
3722 S. Harlem, LL20, Riverside, IL, 60546

Vanguard Health Systems of Illinois, Inc.
d/b/a MacNeal Wound Care Center
3722 S. Harlem, Suite 100, Riverside, IL, 60546

Vanguard Health Systems of Illinois, Inc.
d/b/a MacNeal Pain Management Center
2550 S. Oak Park Avenue Suite 3, Berwyn, IL, 60402

Vanguard Health Systems of Illinois, Inc.
d/b/a Berwyn Magnetic Resonance Imaging Center
3345 S. Oak Park Avenue, Berwyn, IL, 60402

Vanguard Health Systems of Illinois, Inc.
d/b/a Vanguard MacNeal Center for Internal Medicine
3722 S. Harlem Ave., LL34, Riverside, IL, 60546

Vanguard Health Systems of Illinois, Inc.
d/b/a Bridgeview Physical Therapy
7020 W. 79th Street, Bridgeview, IL, 60455

Vanguard Health Systems of Illinois, Inc.
d/b/a MacNeal Family Medicine Center
3231 S. Euclid Avenue, 5th Floor, Berwyn, IL, 60402

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

Sincerely,

www.jointcommission.org

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

Attachment -- 11



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

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

www.jointcommission.org

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

Attachment -- 11

Vanguard Health Systems of Illinois,
Inc.
MacNeal Hospital
Berwyn, IL
has been Accredited by

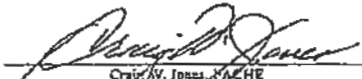


The Joint Commission

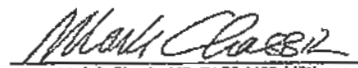
Which has surveyed this organization and found it to meet the requirements for the
Hospital Accreditation Program

March 11, 2017

Accreditation is customarily valid for up to 36 months.


Craig W. Jones, MD, FACHE
Chair, Board of Commissioners

ID #7246
Print/Reprint Date: 07/26/2017


Mark R. Chasla, MD, FACP, MPP, MPH
President

The Joint Commission is an independent, not-for-profit national body that oversees the safety and quality of health care and other services provided in accredited organizations. Information about accredited organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding accreditation and the accreditation performance of individual organizations can be obtained through The Joint Commission's web site at www.jointcommission.org.



Vanguard Health Systems of Illinois,
Inc.
MacNeal Hospital
Berwyn, IL
has been Accredited by



The Joint Commission

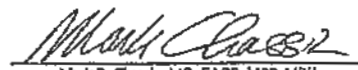
Which has surveyed this organization and found it to meet the requirements for the
Nursing Care Center Accreditation Program

March 10, 2017

Accreditation is customarily valid for up to 36 months.


Craig W. Jones, MD, FACHE
Chair, Board of Commissioners

ID #7246
Print/Reprint Date: 07/26/2017


Mark R. Chassin, MD, FACP, MPP, MPH
President

The Joint Commission is an independent, not-for-profit national body that oversees the safety and quality of health care and other services provided in accredited organizations. Information about accredited organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding accreditation and the accreditation performance of individual organizations can be obtained through The Joint Commission's web site at www.jointcommission.org.



Attachment -- 11

Vanguard Health Systems of Illinois,
Inc.
MacNeal Hospital
Berwyn, IL
has been Accredited by

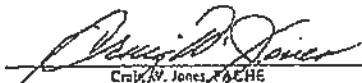


The Joint Commission

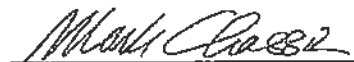
Which has surveyed this organization and found it to meet the requirements for the
Home Care Accreditation Program

March 10, 2017

Accreditation is customarily valid for up to 36 months.


Craig W. Jones, MD, FACHE
Chair, Board of Commissioners

ID #1246
Print/Reprint Date: 02/26/2017


Mark R. Chassin, MD, FACP, MPP, MPH
President

The Joint Commission is an independent, not-for-profit national body that oversees the safety and quality of health care and other services provided in accredited organizations. Information about accredited organizations may be provided directly to The Joint Commission at 1-800-994-6618. Information regarding accreditation and the accreditation performance of individual organizations can be obtained through The Joint Commission's web site at www.jointcommission.org.



Vanguard Health Systems of Illinois,
Inc.
MacNeal Hospital
Berwyn, IL
has been Accredited by



The Joint Commission

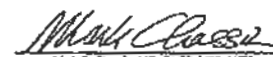
Which has surveyed this organization and found it to meet the requirements for the
Behavioral Health Care Accreditation Program

September 15, 2017

Accreditation is customarily valid for up to 36 months.


Colleen T. Jones, FACHE
Chief, Board of Commissioners

ID #7246
Print/Electronic Date: 09/23/2017


Mark R. Chazin, MD, FACP, MPP, NPH
President

The Joint Commission is an independent, not-for-profit national body that oversees the safety and quality of health care and other services provided in accredited organizations. Information about accredited organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding accreditation and the accreditation performance of individual organizations can be obtained through The Joint Commission's web site at www.jointcommission.org.



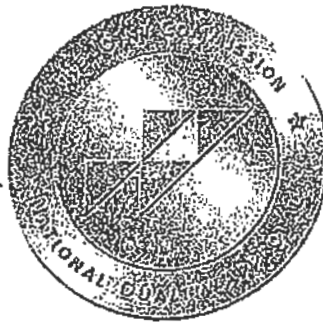
CERTIFICATE OF DISTINCTION

has been awarded to

Vanguard Health Systems of Illinois, Inc.
MacNeal Hospital

Berwyn, IL

for Advanced Certification as a
Primary Stroke Center
by



The Joint Commission

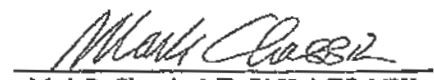
*based on a review of compliance with national standards,
clinical guidelines and outcomes of care.*

April 20, 2017

Certification is customarily valid for up to 24 months.


Craig W. Jones, FACHE
Chair, Board of Commissioners

ID #7246
Print/Reprint Date: 07/11/2017


Mark R. Chassin, MD, FACP, MPP, MPH
President

The Joint Commission is an independent, not-for-profit national body that oversees the safety and quality of health care and other services provided in certified organizations. Information about certified organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding certification and the certification performance of individual organizations can be obtained through The Joint Commission's web site at www.jointcommission.org.



AMA
AMERICAN
MEDICAL
ASSOCIATION





Official Accreditation Report

Vanguard Health Systems of Illinois, Inc.
3249 South Oak Park Avenue
Berwyn, IL 60402

Organization Identification Number: 7246

Evidence of Standards Compliance (60 Day) Submitted: 7/5/2017

The Joint Commission

Executive Summary

Program(s)

Hospital Accreditation
Nursing Care Center Accreditation
Home Care Accreditation

Submit Date

7/5/2017

Hospital Accreditation : As a result of the accreditation activity conducted on the above date(s), there were no Requirements for Improvement identified.

Nursing Care Center Accreditation : As a result of the accreditation activity conducted on the above date(s), there were no Requirements for Improvement identified.

Home Care Accreditation : As a result of the accreditation activity conducted on the above date(s), there were no Requirements for Improvement identified.

If you have any questions, please do not hesitate to contact your Account Executive.

Thank you for collaborating with The Joint Commission to improve the safety and quality of care provided to patients.

The Joint Commission

Requirements for Improvement – Summary

Program	Standard	Level of Compliance
HAP	EC.02.01.01	Compliant
HAP	EC.02.02.01	Compliant
HAP	EC.02.03.03	Compliant
HAP	EC.02.03.05	Compliant
HAP	EC.02.04.03	Compliant
HAP	EC.02.05.01	Compliant
HAP	EC.02.05.05	Compliant
HAP	EC.02.06.01	Compliant
HAP	EC.02.06.05	Compliant
HAP	EM.03.01.03	Compliant
HAP	HR.01.02.05	Compliant
HAP	IC.02.01.01	Compliant
HAP	IM.02.01.03	Compliant
HAP	IM.02.02.01	Compliant
HAP	LD.01.03.01	Compliant
HAP	LD.04.01.05	Compliant
HAP	LD.04.01.07	Compliant
HAP	LS.01.02.01	Compliant
HAP	LS.02.01.10	Compliant
HAP	MM.03.01.01	Compliant
HAP	MM.05.01.07	Compliant
HAP	NPSG.03.04.01	Compliant
HAP	PC.02.01.03	Compliant
HAP	PC.02.02.03	Compliant
HAP	PC.03.05.05	Compliant
HAP	PC.03.05.07	Compliant
HAP	RC.01.01.01	Compliant
HAP	RC.01.02.01	Compliant
HAP	RC.02.03.07	Compliant
HAP	TS.03.02.01	Compliant
NCC	EC.02.06.01	Compliant
NCC	PC.01.02.03	Compliant
NCC	PC.02.01.03	Compliant
NCC	RC.01.02.01	Compliant

The Joint Commission

OME	HR.01.06.01	Compliant
OME	IC.02.01.01	Compliant
OME	IC.02.02.01	Compliant
OME	MM.04.01.01	Compliant
OME	NPSG.03.06.01	Compliant
OME	NPSG.15.02.01	Compliant
OME	PC.01.02.07	Compliant
OME	PC.02.01.03	Compliant
OME	PC.02.01.05	Compliant
OME	RC.02.01.01	Compliant

The Joint Commission

Summary of CMS Findings

CoP: §482.13 **Tag:** A-0115 **Deficiency:** Compliant

Corresponds to: HAP

Text: §482.13 Condition of Participation: Patient's Rights

A hospital must protect and promote each patient's rights.

CoP Standard	Tag	Corresponds to	Deficiency
§482.13(e)(5)	A-0168	HAP - PC.03.05.05/EP1	Compliant
§482.13(e)(10)	A-0175	HAP - PC.03.05.07/EP1	Compliant

CoP: §482.23 **Tag:** A-0385 **Deficiency:** Compliant

Corresponds to: HAP

Text: §482.23 Condition of Participation: Nursing Services

The hospital must have an organized nursing service that provides 24-hour nursing services. The nursing services must be furnished or supervised by a registered nurse.

CoP Standard	Tag	Corresponds to	Deficiency
§482.23(c)	A-0405	HAP - MM.05.01.07/EP2	Compliant
§482.23(b)(2)	A-0394	HAP - HR.01.02.05/EP1	Compliant

CoP: §482.24 **Tag:** A-0431 **Deficiency:** Compliant

Corresponds to: HAP

Text: §482.24 Condition of Participation: Medical Record Services

The hospital must have a medical record service that has administrative responsibility for medical records. A medical record must be maintained for every individual evaluated or treated in the hospital.

CoP Standard	Tag	Corresponds to	Deficiency
§482.24(c)(1)	A-0450	HAP - RC.01.02.01/EP3, RC.01.01.01/EP19	Compliant
§482.24(c)(2)	A-0450	HAP - RC.02.03.07/EP4, RC.01.01.01/EP11	Compliant

CoP: §482.25 **Tag:** A-0489 **Deficiency:** Compliant

Corresponds to: HAP

Text: §482.25 Condition of Participation: Pharmaceutical Services

The hospital must have pharmaceutical services that meet the needs of the patients. The institution must have a pharmacy directed by a registered pharmacist or a drug storage area under competent supervision. The medical staff is responsible for developing policies and procedures that minimize drug errors. This function may be delegated to the hospital's organized pharmaceutical service.

CoP Standard	Tag	Corresponds to	Deficiency
§482.25(a)(3)	A-0494	HAP - MM.03.01.01/EP3	Compliant

CoP: §482.41 **Tag:** A-0700 **Deficiency:** Compliant

The Joint Commission **Summary of CMS Findings**

Corresponds to: HAP - EC.02.06.01/EP1,
EC.02.06.05/EP2

Text: §482.41 Condition of Participation: Physical Environment

The hospital must be constructed, arranged, and maintained to ensure the safety of the patient, and to provide facilities for diagnosis and treatment and for special hospital services appropriate to the needs of the community.

CoP Standard	Tag	Corresponds to	Deficiency
§482.41(a)	A-0701	HAP - EC.02.01.01/EP1, EC.02.02.01/EP5, EP12, EC.02.05.01/EP8, EC.02.06.01/EP1, EM.03.01.03/EP1	Compliant
§482.41(d)(2)	A-0724	HAP - EC.02.03.05/EP10, EC.02.04.03/EP3, EC.02.05.05/EP4	Compliant
§482.41(b)(1)(i)	A-0710	HAP - EC.02.03.03/EP3, EC.02.03.05/EP27, LS.02.01.10/EP10	Compliant

CoP: §482.42 **Tag:** A-0747 **Deficiency:** Compliant

Corresponds to: HAP - IC.02.01.01/EP1,
EC.02.05.01/EP15

Text: §482.42 Condition of Participation: Infection Control

The hospital must provide a sanitary environment to avoid sources and transmission of infections and communicable diseases. There must be an active program for the prevention, control, and investigation of infections and communicable diseases.

CoP: §482.51 **Tag:** A-0940 **Deficiency:** Compliant

Corresponds to: HAP

Text: §482.51 Condition of Participation: Surgical Services

If the hospital provides surgical services, the services must be well organized and provided in accordance with acceptable standards of practice. If outpatient surgical services are offered the services must be consistent in quality with inpatient care in accordance with the complexity of services offered.

CoP Standard	Tag	Corresponds to	Deficiency
§482.51(b)	A-0951	HAP - IC.02.01.01/EP1	Compliant

CoP: §482.12 **Tag:** A-0043 **Deficiency:** Compliant

Corresponds to: HAP - LD.01.03.01/EP12

Text: §482.12 Condition of Participation: Governing Body

There must be an effective governing body that is legally responsible for the conduct of the hospital. If a hospital does not have an organized governing body, the persons legally responsible for the conduct of the hospital must carry out the functions specified in this part that pertain to the governing body.

The Joint Commission
Summary of CMS Findings



**Illinois Department of
PUBLIC HEALTH**

HF114558

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

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

Issued under the authority of
the Illinois Department of
Public Health

EXPIRATION DATE	CATEGORY	LIC. NUMBER
12/31/2018		0001578

General Hospital

Effective: 01/01/2018

Mercy Hospital & Medical Center
2525 South Michigan Avenue
Chicago, IL 60616

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #46240 SM 5/16

DISPLAY THIS PART IN A
CONSPICUOUS PLACE

Exp. Date 12/31/2018

Lic Number 0001578

Date Printed 11/21/2017

Mercy Hospital & Medical Center

2525 South Michigan Avenue
Chicago, IL 60616

FEE RECEIPT NO.

Healthcare Facilities Accreditation Program



grants this

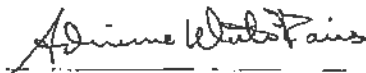
CERTIFICATE OF ACCREDITATION

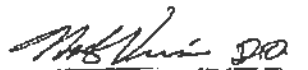
to

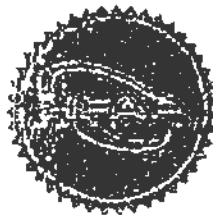
Mercy Hospital and Medical Center
Chicago, IL

This Facility has met the applicable HFAP accreditation requirements and is therefore fully accredited by the Healthcare Facilities Accreditation Program

2016-2019


Executive Director
American Osteopathic Association


President
American Osteopathic Association




Chairman
Bureau Healthcare Facilities Accreditation



AMERICAN OSTEOPATHIC ASSOCIATION

**BUREAU OF HEALTHCARE FACILITIES ACCREDITATION
HEALTHCARE FACILITIES ACCREDITATION PROGRAM**

142 E. Ontario Street, Chicago, IL 60611-2864 ph 312 202 8258 | 800- 621 -1773 X 8258

April 26, 2016

Carol Schneider
Chief Executive Officer
Mercy Hospital and Medical Center
2525 S. Michigan Ave
Chicago, IL 60616

Dear Ms. Schneider:

The American Osteopathic Association's Bureau of Healthcare Facilities Accreditation (BHFA) reviewed the triennial Deficiency Assessment Report for your Acute Care Hospital and granted Full Accreditation with resurvey within 3 years and does recommend that the Centers for Medicare and Medicaid Services Regional Office (CMS, RO) approve continued deemed status for:

Mercy Hospital and Medical Center
2525 S. Michigan Ave.
Chicago, IL 60616

Mercy Medical Center on Pulaski
5525 S. Pulaski Rd.
Chicago, IL 60629

Mercy Medical at Dearborn Station
47 W. Polk Street, Suite G1
Chicago, IL 60605

Mercy Medical at Chatham
8541 S. State Street
Chicago, IL 60619

Mercy Works on Ashland
3316 S. Ashland Avenue
Chicago, IL 60608

Mercy Medical on Michigan
2930 S. Michigan, Suite 101
Chicago, IL 60616

Mercy Medical on 43rd and Pulaski
4321 S. Pulaski
Chicago, IL 60632

Mercy Medical in Bridgeport
3700 S. Wallace
Chicago, IL 60609

Program: Acute Care Hospital

CCN # 140158

HFAP ID: 172218

Triennial Survey Dates: 01/19/2016 – 01/22/2016

Focused Resurvey #1 Dates: 03/22/2016 – 03/22/2016

Focused Resurvey #2 Dates: 04/12/2016 – 04/12/2016

Plan(s) of Correction Received: 04/08/2016

Effective Date of Accreditation: 04/16/2016 – 04/16/2019

Attachment -- 11

Mercy Medical in Chinatown
2323 S. Wentworth
Chicago, IL 60616

Mercy Medical at Henry Booth House
2907 S. Wabash Avenue
Chicago, IL 60616

Mercy Medical at Lower West
1713 S. Ashland Avenue
Chicago, IL 60608

Mercy Medical 2600 Michigan
2600 S. Michigan
Chicago, IL 60616

Mercy Medical at Oakwood Shores
3753 S. Cottage Grove Avenue
Chicago, IL 60653

Mercy Medical on Wabash
2850 S. Wabash
Chicago, IL 60616

Condition Level Deficiencies: ☐ None
(Use crosswalk and CFR citations, if applicable):
482.41

Any Condition Level Deficiency that was cited during the triennial survey was found to be in compliance at the second focused resurvey.

Mercy Hospital and Medical Center has a DPU Rehab Unit and a DPU Psych Unit and was surveyed under those standards. The facility met the requirements for both units.

Mercy Hospital and Medical Center does not have Swing Beds and was not surveyed under those standards.

This accreditation decision was reached on April 20, 2016 by the BHFA's Executive Committee.

Sincerely,



Stephen A. Martin, Jr., PhD, MPH
AAHHS/HFAP President and CEO

SAM/CDC
c: Sherri Morgan-Johnson, RN, BSN, MHSA, Nurse Consultant
Region V, CMS



**Illinois Department of
PUBLIC HEALTH**

HF115970

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

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

Issued under the authority of
the Illinois Department of
Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
6/29/2019		7003164
Ambulatory Surgery Treatment Center		
Effective: 06/30/2018		

Loyola University Medical Center
dba Loyola University ASC- Loyola Outpatient
2160 South First Avenue, Bldg. 107

Maywood, IL 60153

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #48240 SM 5/15

← DISPLAY THIS PART IN A
CONSPICUOUS PLACE

Exp. Date 6/29/2019

Lic Number 7003164

Date Printed 5/25/2018

Loyola University Medical Center
dba Loyola University ASC- Loyola Out
2160 South First Avenue, Bldg 107
Maywood, IL 60153-3304

FEE RECEIPT NO.

Attachment -- 11



122 S. Michigan Ave., Suite 2009 • Chicago, Illinois 60603-6152 • www.dph.illinois.gov

May 23, 2017

Kelly Eiden
Administrator
Foster McGaw Hospital
Loyola Center for Dialysis CCN 142329
2160 S. First Avenue
Maywood, Illinois 60153

Dear Ms. Eiden:

On May 4, 2017 a recertification survey was conducted at LOYOLA CENTER FOR DIALYSIS CCN 142329 by staff of the Illinois Department of Public Health to determine compliance with federal requirements for participation in the Medicare program. Deficiencies were identified and previously sent.

An acceptable Plan of Correction (PoC) has been since received for deficiencies cited during the survey. Based on receipt of an acceptable PoC, you are determined to be in compliance with all federal requirements.

If you have any questions concerning this notice, please contact my staff at the address above or telephone (312) 793-2222. You may also telephone the Departments' TTY number for the hearing impaired at 1-800-547-0466.

Sincerely,

Annette Hodge, RN BSN
Field Operations Section Chief
Division of Health Care Facilities and Programs

Section V, Change of Ownership

Criterion 1110.520 Requirements for Exemptions Involving the Change of Ownership of a Health Care Facility

Applicable Review Criteria – CHOW

1. 1130.520 (b)(1)(A)- Names of the parties

The Applicants are Trinity Health Corporation, Loyola University Medical Center and Palos Health Surgery Center, LLC (collectively, the "Applicants").

2. 1130.520(b)(1)(B) – Background of the parties

Each of the Applicants, by their signatures to the Certification pages of this application, attest that the Applicant is fit, willing, able and has the qualifications, background and character to adequately provide a proper standard of health service for the community.

Each of the Applicants, by their signatures to the Certification pages of this application, attest that no adverse action has been taken against the Applicant by the federal government, licensing or certifying bodies, or any other agency of the State of Illinois against any health care facilities owned or operated by the applicant in Illinois, directly or indirectly, within three years preceding the filing of the application.

3. 1130.520(b)(1)(C) – Structure of the transaction

Loyola University Medical Center ("LUMC") seeks authority from the Illinois Health Facilities and Services Review Board ("State Board") for the change of ownership of Palos Health Surgery Center (the "ASC"). The proposed transaction between Palos Community Hospital and LUMC contemplates in a change in the person who has operational control of the ASC. As a result of the proposed transaction, LUMC will wholly own South Campus Partners, Inc., the sole member of Palos Health Surgery Center, LLC, the ASC operating entity.

4. 1130.520(b)(1)(D) – Name of Licensed Entity after Transaction

Palos Health Surgery Center, LLC will be operating entity of Palos Health Surgery Center following the transaction.

5. 1130.520(b)(1)(E) – List of ownership or membership interests in such licensed or certified entity both prior to and after transaction, including a description of the applicant's organizational structure with a listing of controlling or subsidiary persons

An organizational structure of the current owner, as well as the post-closing organizational structure of the Applicants are attached at Attachment - 4.

6. 1130.520(b)(1)(F) – Fair market value of assets to be transferred

No costs have been incurred to date for the ASC. Costs incurred to date that were reported in the most current annual progress report were the developer's cost to build out the space that will house the ASC. Those costs will be captured in the ASC property lease.

7. 1130.520(b)(1)(G) – Purchase price or other forms of consideration to be provided

No costs have been incurred to date for the ASC. Costs incurred to date that were reported in the most current annual progress report were the developer's cost to build out the space that will house the ASC. Those costs will be captured in the ASC property lease.

8. 1130.520(b)(2) – Affirmations

In accordance with 77 Ill. Adm. Code §1130.520, the Applicants affirm that any project for which permits have been issued have been completed, or will be completed, or altered in accordance with the provision of this section.

9. 1130.520(b)(2) – If ownership change is for hospital, affirmation that the facility will not adopt a more restrictive charity care policy that the policy that was in effect one year prior to the transaction. The hospital must provide affirmation that the compliant charity care policy will remain in effect for a two-year period following the change of ownership transaction.

Not applicable.

10. 1130.520(b)(2), A statement as to the anticipated benefits of the proposed changes in ownership to the community

The anticipated benefits of the development of an ambulatory surgical treatment center in Orland Park were documented in the CON permit application filed in 2016 (16-059) which, along with the project's substantial conformance with the applicable HFSRB criteria, was the basis for issuance of the CON permit. The change of ownership will not impact the benefits that the ASC will bring to the community.

11. 1130.520(b)(2) The anticipated or potential cost savings, if any, that will result for the community and the facility because of the change of ownership

Ambulatory surgery centers have quickly grown in popularity as high-quality, cost-effective alternatives to hospital-based outpatient care ("HOPD"). Further, the number and types of services that can be safely performed in an ambulatory surgery centers have significantly expanded. A once narrow scope of procedures has given way to numerous specialties. Additionally, specialties, like gynecology, spine and total joint replacement, which have not traditionally considered or adapted to an ambulatory surgery center setting are migrating away from the hospital setting, and such cases are now routinely performed in ambulatory surgery centers.

In addition to being safely performed in an ambulatory surgery center setting, many properly screened lower-risk cases can be performed with significant cost savings. According to MedPac, the Medicare rates are 92 percent higher in HOPDs than in ambulatory surgery centers.¹ From a logistical perspective, shifting cases from hospital operating rooms to ambulatory surgery centers frees up scarce operating room space to better accommodate higher acuity cases and mitigates disruptions when procedures take longer than expected to complete. Further greater access to ambulatory surgery center is beneficial to both patients and physicians. Ambulatory surgery centers can offer greater convenience and efficiency compared with HOPDs. For patients, ambulatory surgery centers offer more convenient locations, shorter waiting times, and easier

¹ Medicare Payment Advisory Commission, Report to Congress: Medicare Payment Policy 133 (Mar 2018) available at http://www.medpac.gov/docs/default-source/reports/mar18_medpac_ch5_sec.pdf?sfvrsn=0 (last visited May 16, 2018).

scheduling relative to HOPDs. Finally, Medicare payment rates and beneficiaries' cost sharing obligations are generally lower in ambulatory surgery centers than HOPDs.²

12. 1130.520(b)(2) – A description of the facilities quality improvement program mechanism that will be utilized to assure quality control

LUMC has long been committed to the quality of care and safety of its patients. LUMC prioritizes and coordinates performance improvement activities across the entire institution through its Center for Clinical Effectiveness ("CCE"). The CCE identifies ways to improve the quality and value of the healthcare services that LUMC provides. After areas for improvement are identified, the CCE coordinates and helps prioritize those performance improvement activities and efforts across LUMC. Once safety and quality improvement activities are completed, the CCE shares the performance improvement results within LUMC and externally to the community at large.

Quality and safety improvement plans focus on improving key functions within LUMC and its affiliated providers. Such functions range from patient-focused areas such as rights and responsibilities and medication management to organizational functions of leadership and management of information.

The ASC will implement CCE's quality and safety improvement plans to provide high quality and value health care to patients.

13. 1130.520(b)(2) – A description of the selection process that the acquiring entity will use to select the facilities governing body

LUMC, consistent with Trinity policies, will be tasked with selecting qualified governing body appointees with experience in overseeing outpatient health care operations or who otherwise exhibit leadership qualities and a commitment to the mission of LUMC and its affiliates. Qualified candidates who will be selected to serve as members of the governing body of the ASC will demonstrate a willingness (i) to actively participate in the ASC's operational planning and budgeting, (ii) to monitor the ASC based on its stated operational and financial goals and (iii) to identify methods for strengthening the ASC's programs and services. Once the key roles, qualifications/skills, expectations, responsibilities and accountability of the governing body are delineated and the length of terms and any staggering will be determined, LUMC will select individuals from its organization to serve on the governing body along with possible additional appointments of community members and/or physicians actively practicing on the medical staff of the ASC.

14. 1130.520(b)(2) – Statement that the applicant has prepared a written response addressing the review criteria contained in 77 Ill. Adm. Code 1110.240 and that the response is available for public review on the premises of the health care facility

The Applicants will prepare a written statement response to address the review criteria contained in 77 Ill. Adm. Code 1110.240 that will be available for public review at the facility

15. 1130.520(b)(2) – A description or summary of any proposed changes to the scope of service or levels of care currently provided at the facility that are anticipated to occur within 24 months after acquisition

There are no proposed changes to the scope of services or levels of care that were planned to be provided at the facility that are anticipated to occur within twenty-four months after the acquisition.

² Id. at 134

Section X, Charity Care Information

The table below provides charity care information for all health care facilities located in the State of Illinois that are owned or operated by Loyola University Health System.

CHARITY CARE			
	2015	2016	2017
Net Patient Revenue	\$1,219,033,092	\$1,248,556,401	\$1,271,676,606
Amount of Charity Care (charges)	\$60,993,905	\$21,121,389	\$35,632,981
Cost of Charity Care	\$16,040,009	\$5,845,466	\$9,496,022

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

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