

E-019-19

ORIGINAL

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD DISCONTINUATION APPLICATION FOR EXEMPTION

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Facility/Project Identification

Facility Name:	Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital		
Street Address:	355 Ridge Avenue		
City and Zip Code:	Evanston IL 60202		
County:	Cook	Health Service Area	VII Health Planning Area: A-08

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

Exact Legal Name:	Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital		
Street Address:	200 S. Wacker Drive, 11 th Floor		
City and Zip Code:	Chicago, IL 60606		
Name of Registered Agent:	CT Corporation System		
Registered Agent Street Address:	208 South LaSalle Street, Suite 814		
Registered Agent City and Zip Code:	Chicago, IL 60604		
Name of Chief Executive Officer:	Mark A. Frey		
CEO Street Address:	2601 Navistar Drive		
CEO City and Zip Code:	Lisle, IL 60532		
CEO Telephone Number:	224/273-4121		

RECEIVED

MAY 13 2019

HEALTH FACILITIES &
SERVICES REVIEW BOARD

Type of Ownership of Applicants

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

- Corporations and limited liability companies must provide an **Illinois certificate of good standing**.
- Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner.

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

Primary Contact [Person to receive ALL correspondence or inquiries]

Name:	Jacob M. Axel
Title:	President
Company Name:	Axel & Associates, Inc.
Address:	675 North Court, Suite 210 Palatine, IL 60067
Telephone Number:	847/776-7101
E-mail Address:	jacobmaxel@msn.com
Fax Number:	847/776-7101

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

Name:	none
Title:	
Company Name:	
Address:	
Telephone Number:	
E-mail Address:	
Fax Number:	

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

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Facility/Project Identification

Facility Name:	Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital		
Street Address:	355 Ridge Avenue		
City and Zip Code:	Evanston IL 60202		
County:	Cook	Health Service Area	VI I Health Planning Area: A-08

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

Exact Legal Name:	Alexian Brothers-AHS Midwest Region Health Co. d/b/a AMITA Health
Street Address:	2601 Navistar Drive Lisle
City and Zip Code:	IL 60532
Name of Registered Agent:	CT Corporation System
Registered Agent Street Address:	208 South LaSalle Street, Suite 814
Registered Agent City and Zip Code:	Chicago, IL 60604
Name of Chief Executive Officer:	Mark A. Frey
CEO Street Address:	2601 Navistar Drive
CEO City and Zip Code:	Lisle, IL 60532
CEO Telephone Number:	224/273-4121

Type of Ownership of Applicants

☒ Non-profit Corporation	☐ Partnership	
☐ For-profit Corporation	☐ Governmental	
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- 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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Name:	Jacob M. Axel
Title:	President
Company Name:	Axel & Associates, Inc.
Address:	675 North Court, Suite 210 Palatine, IL 60067
Telephone Number:	847/776-7101
E-mail Address:	jacobmaxel@msn.com
Fax Number:	847/776-7101

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

Name:	none
Title:	
Company Name:	
Address:	
Telephone Number:	
E-mail Address:	
Fax Number:	

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

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Facility/Project Identification

Facility Name:	Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital		
Street Address:	355 Ridge Avenue		
City and Zip Code:	Evanston IL 60202		
County:	Cook	Health Service Area	VII Health Planning Area: A-08

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

Exact Legal Name:	Ascension Health
Street Address:	4600 Edmunson Road
City and Zip Code:	St. Louis, MO 63134
Name of Registered Agent:	Illinois Corporation Service C
Registered Agent Street Address:	801 Adlai Stevenson Drive
Registered Agent City and Zip Code:	Springfield, IL 62703
Name of Chief Executive Officer:	Patricia Maryland, Dr. PH
CEO Street Address:	4600 Edmunson Road
CEO City and Zip Code:	St. Louis, MO 63134
CEO Telephone Number:	314/733-8000

Type of Ownership of Applicants

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

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Title:	President
Company Name:	Axel & Associates, Inc.
Address:	675 North Court, Suite 210 Palatine, IL 60067
Telephone Number:	847/776-7101
E-mail Address:	jacobmaxel@msn.com
Fax Number:	847/776-7101

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

Name:	none
Title:	
Company Name:	
Address:	
Telephone Number:	
E-mail Address:	
Fax Number:	

Post Exemption Contact

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

Name:	Peg Wendell, Esq.
Title:	Executive Vice President, Chief Legal Officer
Company Name:	AMITA Health
Address:	2601 Navistar Drive Lisle, IL 60532
Telephone Number:	224/273-2333
E-mail Address:	peg.wendell@amitahealth.org
Fax Number:	224/273-4121

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:	Presence Chicago Hospitals Network
Address of Site Owner:	200 South Wacker Drive, 11 th Fl. Chicago, IL 60606
Street Address or Legal Description of the Site:	355 Ridge Avenue Evanston, IL 60202
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:		Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital	
Address:		200 South Wacker Drive, 11 th Fl. Chicago, IL 60606	
☒ Non-profit Corporation	☐ Partnership		
☐ For-profit Corporation	☐ Governmental		
☐ Limited Liability Company	☐ Sole Proprietorship	☐ Other	
○ Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. ○ Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner. ○ Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.			
APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Organizational Relationships

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

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

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.

The proposed project is limited to the discontinuation of the open heart surgery category of service ("the service") at Presence Saint Francis Hospital, within thirty days following approval of this Certificate of Exemption application.

The service was suspended on March 1, 2019 via a letter dated February 20, 2019 and sent to the Administrator of the Illinois Health Facilities and Services Review Board and the Division Chief of IDPH's Division of Health Care Facilities and Programs.

Project Status and Completion Schedules

Outstanding Permits: Does the facility have any projects for which the State Board issued a permit that is not complete? Yes ___ No **X**. If yes, indicate the projects by project number and whether the project will be complete when the exemption that is the subject of this application is complete.

Anticipated exemption completion date (refer to Part 1130.570): 30 days from Board Approval

State Agency Submittals [Section 1130.620(c)]

Are the following submittals up to date as applicable:

X Cancer Registry

X APORS

X All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted

X All reports regarding outstanding permits

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

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

Martin Judd
SIGNATURE

MARTIN JUDD
PRINTED NAME

President
PRINTED TITLE

Julie P. Rokrich
SIGNATURE

Julie P. Rokrich
PRINTED NAME

Secretary
PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 2nd day of May 2019

[Signature]
Signature of Notary

Seal



Notarization:

Subscribed and sworn to before me
this 6th day of May 2019

[Signature]
Signature of Notary

Seal



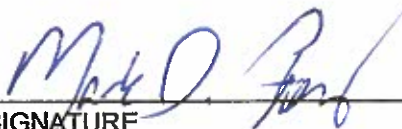
*Insert the EXACT legal name of the applicant

CERTIFICATION

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

- 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 **Alexian Brothers-AHS Midwest Region Health Co. d/b/a AMITA Health** 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

MARK A. FEY
PRINTED NAME

PRESIDENT, CEO
PRINTED TITLE


SIGNATURE

PAUL E. BELTER
PRINTED NAME

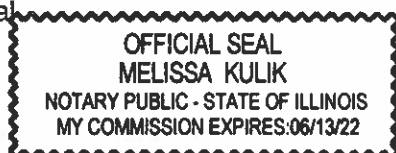
EVP, CHIEF FINANCIAL OFFICER
PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 6th day of May

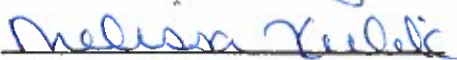

Signature of Notary

Seal

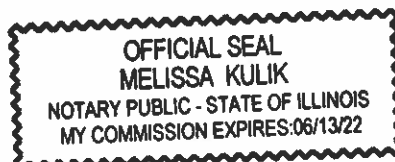


Notarization:

Subscribed and sworn to before me
this 6th day of May 2019


Signature of Notary

Seal



*Insert the EXACT legal name of the applicant

CERTIFICATION

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

- 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 Ascension Health
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.

Christine McCoy
SIGNATURE

Christine McCoy
PRINTED NAME

Assistant Secretary
PRINTED TITLE

Rhonda Anderson
SIGNATURE

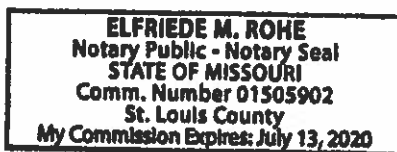
Rhonda Anderson
PRINTED NAME

Assistant Treasurer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 2nd day of May, 2019

Elfriede M. Rohe
Signature of Notary

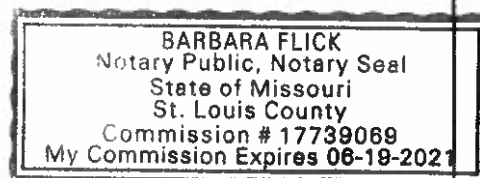
Seal



Notarization:
Subscribed and sworn to before me
this 6 day of MAY, 2019

Barbara Flick
Signature of Notary

Seal



*Insert the EXACT legal name of the applicant

SECTION II. DISCONTINUATION

Type of Discontinuation

- ☐ Discontinuation of an Existing Health Care Facility
- X Discontinuation of a category of service

Criterion 1130.525 and 1110.290 - Discontinuation

READ THE REVIEW CRITERION and provide the following information:

GENERAL INFORMATION REQUIREMENTS

1. Identify the categories of service and the number of beds, if any, that are to be discontinued.
2. Identify all of the other clinical services that are to be discontinued.
3. Provide the anticipated date of discontinuation for each identified service or for the entire facility.
4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
5. Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued, and the length of time the records will be maintained.
6. For applications involving the discontinuation of an entire facility, provide certification by an authorized representative that all questionnaires and data required by HFSRB or DPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 90 days following the date of discontinuation.
7. Provide attestation that the facility provided the required notice of the facility or category of service closure to local media that the health care facility would routinely notify about facility events. The supporting documentation shall include a copy of the notice, the name of the local media outlet, the date the notice was given, and the result of the notice, e.g., number of times broadcasted, written, or published. Only notice that is given to a local television station, local radio station, or local newspaper will be accepted.

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

REASONS FOR DISCONTINUATION

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

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

IMPACT ON ACCESS

1. Document whether or not the discontinuation will have an adverse effect upon access to care for residents of the facility's market area.
2. Provide copies of notification letters sent to other resources or health care facilities that provide the same services as those proposed for discontinuation. The notification letter must include at least the anticipated date of discontinuation and the total number of patients that received care or the number of treatments provided during the latest 24 months.

APPEND DOCUMENTATION AS ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION III. 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 or exemption, 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 8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 8.

SECTION IV. SAFETY NET IMPACT STATEMENT

SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL PROJECTS TO DISCONTINUE A HEALTH CARE FACILITY OR CATEGORY OF SERVICE [20 ILCS 3960/5.4]:

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

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

1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.
2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.
3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

A table in the following format must be provided as part of Attachment 9.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	2016	2017	2018*
Inpatient	628	71	184
Outpatient	6,885	1,212	1,633
Total	7,513	1,283	1,817
Charity (cost in dollars)			
Inpatient	1,652,766	540,676	912,745
Outpatient	2,390,180	901,814	1,069,994
Total	4,042,946	1,442,490	1,982,739
MEDICAID			
Medicaid (# of patients)	2016	2017	2018*
Inpatient	621	630	960
Outpatient	7,080	19,965	7,814
Total	7,701	20,595	8,774
Medicaid (revenue)			
Inpatient	12,338,025	31,418,703	16,870,955
Outpatient	7,584,914	25,782,125	3,290,891
Total	19,922,939	57,200,828	20,161,846

*six months

SECTION V. CHARITY CARE INFORMATION

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 10.

CHARITY CARE			
	2016	2017	2018
Net Patient Revenue	167,195,901	174,967,222	162,236,422
Amount of Charity Care (charges)	22,691,367	18,229,097	18,420,426
Cost of Charity Care	4,042,946	1,442,490	3,214,230

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



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

ASCENSION HEALTH, INCORPORATED IN MISSOURI AND LICENSED TO CONDUCT AFFAIRS IN THIS STATE ON JUNE 27, 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.



***In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 5TH
day of NOVEMBER 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

ALEXIAN BROTHERS-AHS MIDWEST REGION HEALTH CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON SEPTEMBER 26, 2014, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



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

PRESENCE CHICAGO HOSPITALS NETWORK, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 27, 1949, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 5TH day of NOVEMBER A.D. 2018 .

Jesse White

SECRETARY OF STATE ATTACHMENT 1

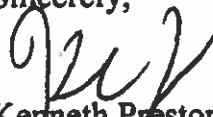
March 11, 2019

Illinois Health Facilities and
Services Review Board
Springfield, IL

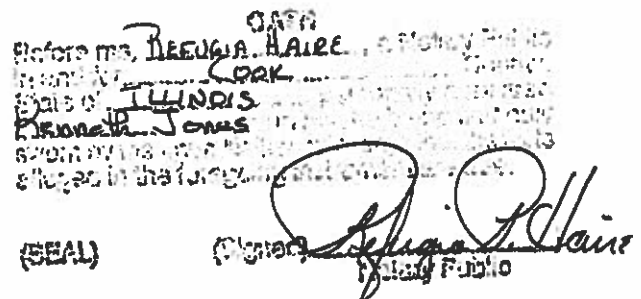
To Whom It May Concern:

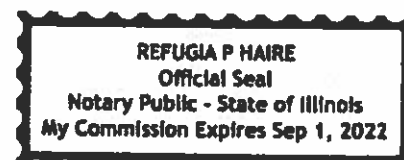
I hereby attest that the site of Presence Saint Francis Hospital, that being 355 Ridge Avenue in Evanston Illinois, is owned by Presence Chicago Hospitals Network.

Sincerely,


Kenneth Preston Jones
President

Notarized:


Notary Public - State of Illinois
My Commission Expires Sep 1, 2022



AMITA Health
Saint Francis Hospital
Evanston
355 Ridge Ave.
Evanston, IL 60202

847.318.4000
ATTACHMENT 2
AMITAhealth.org



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

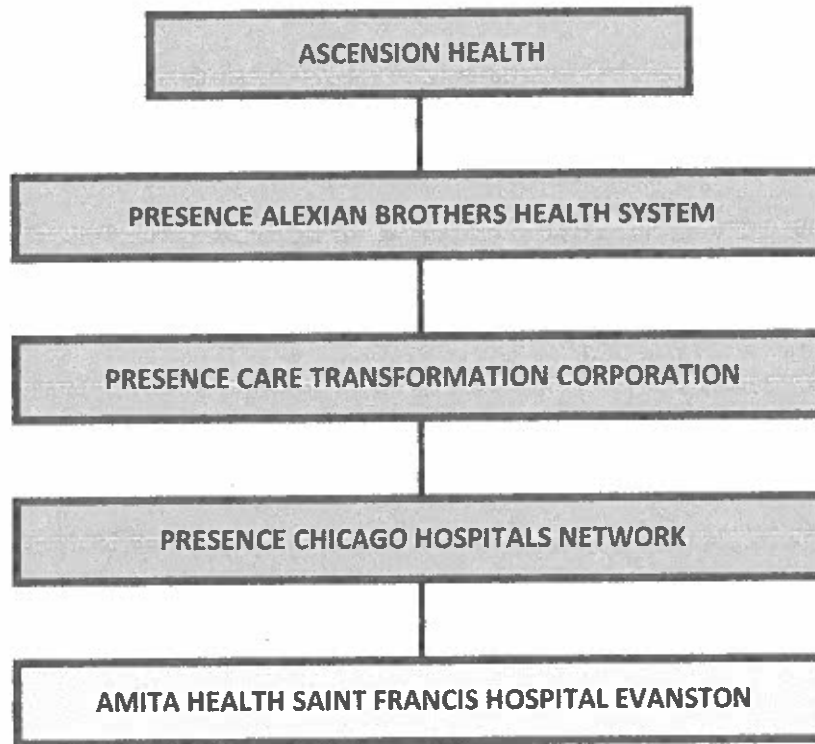
PRESENCE CHICAGO HOSPITALS NETWORK, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 27, 1949, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 5TH
day of NOVEMBER A.D. 2018 .***

Jesse White

SECRETARY OF STATE ATTACHMENT 3



DISCONTINUATION

1. Only the hospital's open heart surgery category of service is proposed to be discontinued through this Certificate of Exemption ("COE") application. No beds will be discontinued through this COE application.
2. No non-category of service clinical services are proposed to be discontinued as a result of the approval of this COE application.
3. The open heart surgery category of service will be formally discontinued within thirty days following the approval of the COE application addressing the discontinuation.
4. Presence Saint Francis Hospital ("the hospital") designates one of its operating rooms for cardiovascular procedures. Following discontinuation, that OR will be used as a "general" OR, to be used by a number of specialties. A minimal amount of the hospital's equipment is used exclusively in conjunction with its open heart surgery program, and as appropriate, that equipment will be distributed to other AMITA Health hospitals.
5. Medical records will be retained by the hospital, consistent with all licensure and accreditation standards and requirements.
6. Not applicable, applies only to the discontinuation of an entire facility.
7. With the signatures on the Certification pages of this COE application, the applicants attest that notice of the category of service was published in the *Chicago Sun Times* on March 4, 2019. As of the filing of this COE application, the applicants are not aware of any responses to that notice. A copy of the notice is attached.

AMITA HEALTH PRESENCE HEALTH
Presence Saint Francis Hosp

ADORDERNUMBER: 0001079958-01

PO NUMBER: Presence Saint Francis Ho

AMOUNT: 188.00

NO OF AFFIDAVITS: 1

LEGAL NOTICE

Presence Saint Francis Hospital, located in Evanston, intends to cease the operations of its open heart surgery program following receipt of approval to do so from the Illinois Health Facilities and Services Review Board ("IHFSRB"). It is anticipated that the discontinuation will occur before June 30, 2019. The hospital intends to file the required Certificate of Exemption application with the IHFSRB by March 31, 2019; after which time additional information relating to the proposed discontinuation can be found on the IHFSRB website at hfsrb.illinois.gov.
3/4/19 #1079958

Chicago Sun-Times

Certificate of Publication

State of Illinois - County of Cook

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

Note: Notice appeared in the following checked positions.

PUBLICATION DATE(S): 03/04/2019

Chicago Sun-Times

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

by



Mary Lou Davis
Account Manager - Public Legal Notices

This 4th Day of March 2019 A.D.

AMITA HEALTH PRESENCE HEALTH
200 S WACKER DR
ATTN: OLGA SOLARES
CHICAGO, IL 60606

ATTACHMENT 5

REASONS FOR DISCONTINUATION

The primary reason for proposing the discontinuation of the hospital's open heart surgery program is low utilization, with approximately forty cases being performed, annually, in recent years. And, with the advent of less-invasive procedures, volumes cannot reasonably be anticipated to increase.

IMPACT ON ACCESS

The proposed discontinuation of open heart surgery services at Presence Saint Francis Hospital will have minimal impact on access to that service for residents in the communities and neighborhoods surrounding the hospital, because of the volume of open heart surgery programs in the area.

The following providers of open heart surgery services are located within ten miles of Presence Saint Francis Hospital:

- Highland Park Hospital, Highland Park
- Evanston Hospital, Evanston
- Lutheran General Hospital, Park Ridge
- Advocate Illinois Masonic Medical Center, Chicago
- Ann & Robert H. Lurie Children's Hospital, Chicago
- Weiss Memorial Hospital, Chicago
- Northwestern Memorial Hospital, Chicago
- AMITA Health Resurrection Medical Center, Chicago
- AMITA Health Saints Mary and Elizabeth Medical Center, Chicago
- Swedish Covenant Hospital, Chicago

Notifications of the proposed discontinuation and requests for impact statements have been sent to each of the hospitals listed above. Copies of any responses received will be forwarded to HFSRB Staff.

Attached are the template letter used to notify the above list of hospitals of the proposed discontinuation and request an impact statement, as well as proof of delivery.



February 20, 2019

**VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Ms. Gabrielle Cummings
President
Highland Park Hospital
777 Park Avenue W.
Highland Park, Illinois 60035

**RE: Presence Saint Francis Hospital
Proposed Discontinuation of Open Heart Surgery
Category of Service**

Dear Ms. Cummings:

This letter, addressing the subject above, is being sent in order to provide you an opportunity to submit an impact statement, should you choose to do so.

Presence Saint Francis Hospital will suspended its open heart surgery category of service on March 1, 2019, and anticipates the formal discontinuation of that service to occur within thirty days following the Illinois Health Facilities and Services Review Board's ("IHFSRB's") approval of the hospital's Certificate of Exemption application to discontinue the category of service. That application will be filed within the next thirty days.

During the 24-month period ending December 31, 2018, a total of 77 patients received open heart surgery at the hospital.

If you do elect to provide an impact statement, please include whether or not your hospital has any admission restrictions or limitations which would preclude it from providing open heart surgery services to residents from our service area. Any impact statement received will be forwarded to the IHFSRB. If you do not respond, we will assume that the discontinuation has no impact on your hospital.

Sincerely,

A handwritten signature in black ink, appearing to read "K. Jones", written over the word "Sincerely,".

Kenneth Jones
President
Presence Saint Francis Hospital



Presence™
Saint Francis Hospital

February 20, 2019

**VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

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

**RE: Presence Saint Francis Hospital
Proposed Discontinuation of Open Heart Surgery
Category of Service**

Dear Ms. Lopez:

This letter, addressing the subject above, is being sent in order to provide you an opportunity to submit an impact statement, should you choose to do so.

Presence Saint Francis Hospital will suspended its open heart surgery category of service on March 1, 2019, and anticipates the formal discontinuation of that service to occur within thirty days following the Illinois Health Facilities and Services Review Board's ("IHFSRB's") approval of the hospital's Certificate of Exemption application to discontinue the category of service. That application will be filed within the next thirty days.

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Sincerely,

**Kenneth Jones
President
Presence Saint Francis Hospital**



February 20, 2019

**VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Mr. Douglas Silverstein
President
North Shore Evanston Hospital
2650 Ridge Avenue
Evanston, Illinois 60201

**RE: Presence Saint Francis Hospital
Proposed Discontinuation of Open Heart Surgery
Category of Service**

Dear Mr. Silverstein:

This letter, addressing the subject above, is being sent in order to provide you an opportunity to submit an impact statement, should you choose to do so.

Presence Saint Francis Hospital will suspended its open heart surgery category of service on March 1, 2019, and anticipates the formal discontinuation of that service to occur within thirty days following the Illinois Health Facilities and Services Review Board's ("IHFSRB's") approval of the hospital's Certificate of Exemption application to discontinue the category of service. That application will be filed within the next thirty days.

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Sincerely,

A handwritten signature in dark ink, appearing to read "K. Jones".

Kenneth Jones
President

Presence Saint Francis Hospital



February 20, 2019

**VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Ms. Terika Richardson
President
Advocate Lutheran General Hospital
1775 Dempster Street
Park Ridge, Illinois 60068

**RE: Presence Saint Francis Hospital
Proposed Discontinuation of Open Heart Surgery
Category of Service**

Dear Ms. Richardson:

This letter, addressing the subject above, is being sent in order to provide you an opportunity to submit an impact statement, should you choose to do so.

Presence Saint Francis Hospital will suspended its open heart surgery category of service on March 1, 2019, and anticipates the formal discontinuation of that service to occur within thirty days following the Illinois Health Facilities and Services Review Board's ("IHFSRB's") approval of the hospital's Certificate of Exemption application to discontinue the category of service. That application will be filed within the next thirty days.

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Sincerely,

A handwritten signature in black ink, appearing to read "K. Jones", written over the printed name.

Kenneth Jones
President
Presence Saint Francis Hospital



February 20, 2019

**VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

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

**RE: Presence Saint Francis Hospital
Proposed Discontinuation of Open Heart Surgery
Category of Service**

Dear Mr. Magoon:

This letter, addressing the subject above, is being sent in order to provide you an opportunity to submit an impact statement, should you choose to do so.

Presence Saint Francis Hospital will suspended its open heart surgery category of service on March 1, 2019, and anticipates the formal discontinuation of that service to occur within thirty days following the Illinois Health Facilities and Services Review Board's ("IHFSRB's") approval of the hospital's Certificate of Exemption application to discontinue the category of service. That application will be filed within the next thirty days.

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Sincerely,

A handwritten signature in black ink, appearing to read "Kenneth Jones".

Kenneth Jones
President

Presence Saint Francis Hospital



February 20, 2019

**VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Ms. Mary A. Shehan
CEO
Louis A. Weiss Hospital
4646 N. Marine Drive
Chicago, Illinois 60640

**RE: Presence Saint Francis Hospital
Proposed Discontinuation of Open Heart Surgery
Category of Service**

Dear Ms. Shehan:

This letter, addressing the subject above, is being sent in order to provide you an opportunity to submit an impact statement, should you choose to do so.

Presence Saint Francis Hospital will suspended its open heart surgery category of service on March 1, 2019, and anticipates the formal discontinuation of that service to occur within thirty days following the Illinois Health Facilities and Services Review Board's ("IHFSRB's") approval of the hospital's Certificate of Exemption application to discontinue the category of service. That application will be filed within the next thirty days.

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Sincerely,

A handwritten signature in black ink, appearing to read "K. Jones".

Kenneth Jones
President

Presence Saint Francis Hospital



February 20, 2019

**VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Mr. Dean M. Harrison
President & CEO
Northwestern Memorial Hospital
251 E. Huron Street
Chicago, Illinois 60611

**RE: Presence Saint Francis Hospital
Proposed Discontinuation of Open Heart Surgery
Category of Service**

Dear Mr. Harrison:

This letter, addressing the subject above, is being sent in order to provide you an opportunity to submit an impact statement, should you choose to do so.

Presence Saint Francis Hospital will suspended its open heart surgery category of service on March 1, 2019, and anticipates the formal discontinuation of that service to occur within thirty days following the Illinois Health Facilities and Services Review Board's ("IHFSRB's") approval of the hospital's Certificate of Exemption application to discontinue the category of service. That application will be filed within the next thirty days.

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Sincerely,

A handwritten signature in black ink, appearing to read "Kenneth Jones".

Kenneth Jones
President

Presence Saint Francis Hospital



February 20, 2019

**VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Mr. Robert Dahl
President
AMITA Health Resurrection Medical Center
7435 W. Talcott
Chicago, Illinois 60631

RE: Presence Saint Francis Hospital
Proposed Discontinuation of Open Heart Surgery
Category of Service

Dear Mr. Dahl:

This letter, addressing the subject above, is being sent in order to provide you an opportunity to submit an impact statement, should you choose to do so.

Presence Saint Francis Hospital will suspended its open heart surgery category of service on March 1, 2019, and anticipates the formal discontinuation of that service to occur within thirty days following the Illinois Health Facilities and Services Review Board's ("IHFSRB's") approval of the hospital's Certificate of Exemption application to discontinue the category of service. That application will be filed within the next thirty days.

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Sincerely,

A handwritten signature in black ink, appearing to read "KJ", written over the printed name "Kenneth Jones".

Kenneth Jones
President

Presence Saint Francis Hospital



Presence™
Saint Francis Hospital

February 20, 2019

**VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Mr. Martin Judd
President & CEO
AMITA Health Saints Mary
& Elizabeth Medical Center
2233 W. Division Street
Chicago, Illinois 60622

**RE: Presence Saint Francis Hospital
Proposed Discontinuation of Open Heart Surgery
Category of Service**

Dear Mr. Judd:

This letter, addressing the subject above, is being sent in order to provide you an opportunity to submit an impact statement, should you choose to do so.

Presence Saint Francis Hospital will suspended its open heart surgery category of service on March 1, 2019, and anticipates the formal discontinuation of that service to occur within thirty days following the Illinois Health Facilities and Services Review Board's ("IHFSRB's") approval of the hospital's Certificate of Exemption application to discontinue the category of service. That application will be filed within the next thirty days.

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Sincerely,

Kenneth Jones
President
Presence Saint Francis Hospital



Presence™
Saint Francis Hospital

February 20, 2019

**VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Mark Newton
President & CEO
Swedish Covenant Hospital
5145 North California
Chicago, Illinois 60625

**RE: Presence Saint Francis Hospital
Proposed Discontinuation of Open Heart Surgery
Category of Service**

Dear Mr. Newton:

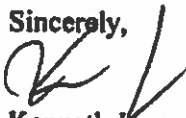
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Sincerely,


Kenneth Jones
President

Presence Saint Francis Hospital

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Mr. Mark Newton
President & CEO
Swedish Covenant Hospital
5145 North California
Chicago, Illinois 60625

2624 2911 0000 0960 6002

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ Laura Weiss

☒ Agent

☐ Addressee

B. Received by (Printed Name)

LAURA WEISS

C. Date of Delivery

2-25-19

D. Is delivery address different from Item 1? ☐ Yes

If YES, enter delivery address below: ☒ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7009 0960 0000 1182 4298

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Mr. Martin Judd
President & CEO
AMITA Health Saints Mary &
Elizabeth Medical Center
2233 W. Division Street
Chicago, Illinois 60622

2. Article Number

(Transfer from service label)

PS Form 3811, August 2001

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

M. Judd

☒ Agent

☐ Addressee

☒ Delivery

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

3. Service Type

☒ Certified Mail

☐ Registered

☐ Insured Mail

☐ Express Mail

☒ Return Receipt for Merchandise

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7009 0960 0000 1182 4308

102595-02-M-1540



Presence™
Saint Francis Hospital

February 20, 2019

**VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Mr. Robert Dahl
President
AMITA Health Resurrection Medical Center
7435 W. Talcott
Chicago, Illinois 60631

RE: Presence Saint Francis Hospital
Proposed Discontinuation of Open Heart Surgery
Category of Service

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SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Mr. Robert Dahl
President
AMITA Health Resurrection Medical Center
7435 W. Talcott
Chicago, Illinois 60631

2. Article Number

(Transfer from service label)

7009 0960 0000 1182 4070

PS Form 3811, August 2001

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Robert Dahl

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

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Sincerely,

KJ
Kenneth Jones
President

Presence Saint Francis Hospital

102525-02 M-1540



February 20, 2019

**VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Ms. Mary A. Shehan
CEO
Louis A. Weiss Hospital
4646 N. Marine Drive
Chicago, Illinois 60640

**RE: Presence Saint Francis Hospital
Proposed Discontinuation of Open Heart Surgery
Category of Service**

Dear Ms. Shehan:

This letter, addressing the subject above, is being sent in order to provide you an opportunity to submit an impact statement, should you choose to do so.

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Sincerely,


Kenneth Jones
President

Presence Saint Francis Hospital

U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com

OFFICIAL USE	
✓ Postage	\$
✓ Certified Fee	
✓ Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here

Sent To: Louis A. Weiss Hospital
Street, Apt. No.: 4646 N. Marine Drive
City, State, ZIP+4: Chicago, IL 60640

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

**Mr. Dean M. Harrison
President & CEO
Northwestern Memorial Hospital
251 E. Huron Street
Chicago, Illinois 60611**

COMPLETE THIS SECTION ON DELIVERY

A. Signature  ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7005 1160 8000 4696 2845

102595-02-M-1540

PS Form 3811, August 2001

Domestic Return Receipt

6982 9694 0000 0911 5002

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Mr. Patrick Magoon
CEO
Ann & Robert H. Lurie Children's Hospital
225 E. Chicago
Chicago, Illinois 60611

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

☐ Certified Mail

☐ Express Mail

☐ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number
(Transfer from service label)

7005 1160 0000 4696 2869

PS Form 3811, February 2004

Domestic Return Receipt

102585-02-M-1540

2259 9694 0000 0911 5002

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature ☒ Agent ☐ Addressee	
1. Article Addressed to: Ms. Susan Nordstrom Lopez President Advocate Illinois Masonic Medical Center 836 West Wellington Avenue Chicago, Illinois 60657		B. Received by (Printed Name) Antonio Vignone C. Date of Delivery 2/25/9	
		D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☒ No	
		3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	
2. Article Number (Transfer from service label) 7005 1160 0000 4696 6522		4. Restricted Delivery? (Extra Fee) ☐ Yes	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

ATTACHMENT 7

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature X <i>Dave Liss</i> ☒ Agent ☐ Addressee B. Received by (Printed Name) <i>DAVE LISS</i> C. Date of Delivery <i>2-26-9</i>
1. Article Addressed to: Ms. Gabrielle Cummings President Highland Park Hospital 777 Park Avenue W Highland Park, Illinois 60035	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☒ No 3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☒ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) <i>7005 1160 0000 4696 4515</i>	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

ATTACHMENT 7

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Ms. Terika Richardson
President
Advocate Lutheran General Hospital
1775 Dempster Street
Park Ridge, Illinois 60068

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature]

☐ Agent

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B. Received by (Printed Name)

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PS Form 3811, February 2004

102595-02-M-1540

BACKGROUND

The following Illinois licensed health care facilities are owned or operated by applicant Ascension Health, or a related entity thereof:

Alexian Brothers Medical Center
Elk Grove Village

St. Alexius Medical Center
Hoffman Estates

Alexian Brothers Behavioral Health Hospital
Hoffman Estates

Adventist Midwest Health d/b/a Adventist Hinsdale Hospital
Hinsdale

Adventist Midwest Health d/b/a Adventist La Grange Memorial Hospital
La Grange

Adventist Bolingbrook Hospital
Bolingbrook

Adventist Glen Oaks Hospital
Glendale Heights

Presence Chicago Hospitals Network d/b/a Presence Saints Mary and Elizabeth Medical Center
Chicago

Presence Chicago Hospitals Network d/b/a Presence Saint Joseph Hospital-Chicago
Chicago

Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital
Evanston

Presence Chicago Hospitals Network d/b/a Presence Resurrection Medical
Center
Chicago

Presence Chicago Hospitals Network d/b/a Presence Holy Family Medical
Center
Des Plaines

Presence Central and Suburban Hospitals Network d/b/a/ Mercy Medical
Center
Aurora

Presence Central and Suburban Hospitals Network d/b/a Presence Saint
Joseph Hospital-Elgin
Elgin

Presence Central and Suburban Hospitals Network d/b/a Presence Saint
Joseph Medical Center
Joliet

Presence Central and Suburban Hospitals Network d/b/a Presence St.
Mary's Hospital
Kankakee

Presence Lakeshore Gastroenterology
Des Plaines

Belmont/Harlem Surgery Center
Chicago



Ms. Courtney Avery
Illinois Health Facilities
And Services review Board
525 West Jefferson
Springfield, IL 62761

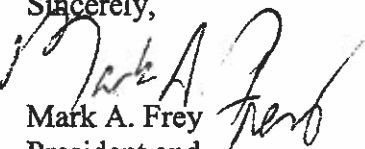
Dear Ms. Avery:

In accordance with Review Criterion 1110.230.b, Background of the Applicant, we are submitting this letter assuring the Illinois Health Facilities and Services Review Board that:

1. AMITA Health has not had any adverse actions against any facility owned, operated, and/or controlled by the applicant during the three (3) year period prior to the filing of this application, and
2. AMITA Health authorizes the State Board and Agency access to information to verify documentation or information submitted in response to the requirements of Review Criterion 1110.230.b or to obtain any documentation or information which the State Board or Agency finds pertinent to this application.

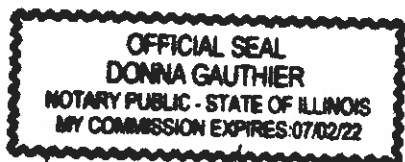
If we can in any way provide assistance to your staff regarding these assurances or any other issue relative to this application, please do not hesitate to call me.

Sincerely,


Mark A. Frey
President and
Chief Executive Officer

Date: 4/3, 2019

Notarized:



Donna Gauthier 4-3-19

AMITA Health System Office
2601 Navistar Dr.
Lisle, IL 60532

AMITAhealth.org

ATTACHMENT 8

SAFETY NET IMPACT STATEMENT

Presence Saint Francis Hospital has a long history of being a safety net provider, both in terms of its role in the community, as well as services provided directly at or by the hospital, including being designated as a Level 1 Trauma Center. The proposed discontinuation of open heart surgery services will have no impact on that commitment, nor will it have any impact on any other providers of safety net services.

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

INDEX OF ATTACHMENTS			
ATTACHMENT NO.			PAGES
1	Applicant Identification including Certificate of Good Standing		16
2	Site Ownership		19
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.		
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.		20
5	Discontinuation General Information Requirements		21
6	Reasons for Discontinuation		22
7	Impact on Access		24
8	Background of the Applicant		25
9	Safety Net Impact Statement		45
10	Charity Care Information		15

Axel & Associates, Inc.

MANAGEMENT CONSULTANTS

by FedEx

May 10, 2019

Ms. Courtney Avery
Administrator
Illinois Health Facilities and
Services Review Board
525 West Jefferson
Springfield, IL 62761

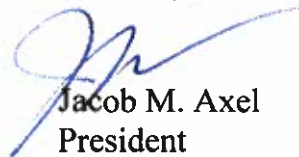
Dear Ms. Avery:

Enclosed please find two copies of a Certificate of Exemption ("COE") application addressing the discontinuation of the open heart surgery category of service at Presence Saint Francis Hospital in Evanston.

The application is accompanied by a check, in the amount of \$2,500.00, as a filing fee.

Should any additional information be required, please do not hesitate to contact me.

Sincerely,



Jacob M. Axel
President

enclosures