

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

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Facility/Project Identification

Facility Name:	AMITA Health Saint Elizabeth Hospital—discontinuation of long-term care service		
Street Address:	1431 North Claremont Avenue		
City and Zip Code:	Chicago, IL 60622		
County:	Cook	Health Service Area	VI Health Planning Area: A-02

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

Exact Legal Name:	Presence Chicago Hospitals Network d/b/a AMITA Health Saint Elizabeth Hospital
Street Address:	200 South 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:	Keith A. Parrott
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

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

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

Primary Contact [Person to receive ALL correspondence or inquiries]

Name:	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:	N/A

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City and Zip Code:	Chicago, IL 60622		
County:	Cook	Health Service Area	VI Health Planning Area: A-02

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
City and Zip Code:	Lisle, 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:	Keith A. Parrott
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

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

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Telephone Number:	847/776-7101
E-mail Address:	jacobmaxel@msn.com
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City and Zip Code:	Chicago, IL 60622		
County:	Cook	Health Service Area	VI Health Planning Area: A-02

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:	Joseph R. Impicciche
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

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

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

Primary Contact [Person to receive ALL correspondence or inquiries]

Name:	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:	N/A

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:	Robert M. Dahl
Title:	President & CEO
Company Name:	AMITA Health Saint Elizabeth Hospital
Address:	1431 North Claremont Avenue Chicago, IL 60622
Telephone Number:	773/278-2000
E-mail Address:	Robert.Dahl@amitahealth.org
Fax Number:	N/A

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:	Presence Chicago Hospitals Network d/b/a AMITA Health Saint Elizabeth Hospital
Address of Site Owner:	200 South Wacker Drive 11 th floor Chicago, IL 60606
Street Address or Legal Description of the Site:	1431 North Claremont Avenue Chicago, IL 60622
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 AMITA Health Saint Elizabeth Hospital		
Address:	200 South Wacker Drive 11 th floor Chicago, IL 60606		
<input checked="" type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership		
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental		
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/>	
Other			
<ul style="list-style-type: none"> ○ 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.

Through this Certificate of Exemption application, the applicants propose to discontinue the 28-bed long-term care category of service at AMITA Health Saint Elizabeth Hospital in Chicago.

Admissions to the service have been suspended, and both the HFSRB and IDPH have been notified of that suspension. Shortly after the onset of the COVID-19 pandemic, admissions to the unit were limited to COVID-19 patients, with other patients being transferred to AMITA Health Saint Joseph Hospital-Chicago, as well as other hospitals and skilled care facilities. The last COVID-19 patient treated on the unit was discharged in late June, and the unit has been void of patients since that time.

This is a substantive project because it results in the discontinuation of a category of service.

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): __ within 30 days following receipt of the requested Certificate of Exemption _____

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:

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

This Application is filed on the behalf of Presence Chicago Hospitals
Network *

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.

Julie P. Roknich
SIGNATURE

Julie P. Roknich
PRINTED NAME

Secretary
PRINTED TITLE

SIGNATURE

PRINTED NAME

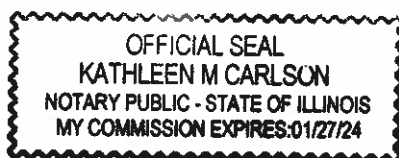
PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 15TH day of NOVEMBER 2020

Kathleen M Carlson
Signature of Notary

Seal



Notarization:

Subscribed and sworn to before me
this ____ day of _____

Signature of Notary

Seal

*Insert the EXACT legal name of the applicant

CERTIFICATION

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- in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
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This Application is filed on the behalf of Presence Chicago Hospitals
Network *

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 SIGNATURE

 PRINTED NAME

 PRINTED TITLE

Notarization:

Subscribed and sworn to before me
 this ____ day of _____

 Signature of Notary

Seal

 SIGNATURE

Thor G. Thordarson

 PRINTED NAME

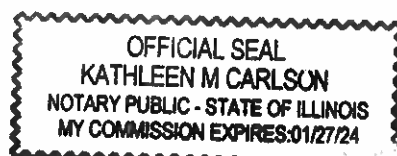
President
 PRINTED TITLE

Notarization:

Subscribed and sworn to before me
 this 12TH day of NOVEMBER 2020

Kathleen M Carlson
 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:

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

This Application is filed on the behalf of **Alexian Brothers-AHS Midwest Region Health Co.** *

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.

Keith A. Parrott
SIGNATURE

Keith A. Parrott
PRINTED NAME

President and CEO
PRINTED TITLE

Earl J. Barnes II
SIGNATURE

Earl J. Barnes II
PRINTED NAME

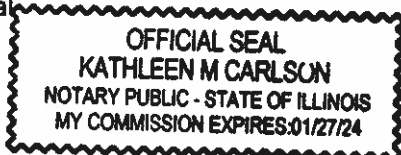
Assistant Secretary
PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 10TH day of NOVEMBER, 2020

Kathleen M Carlson
Signature of Notary

Seal

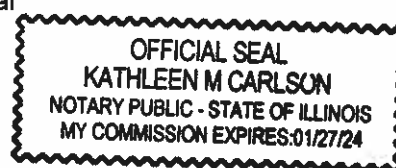


Notarization:

Subscribed and sworn to before me
this 10TH day of NOVEMBER, 2020

Kathleen M Carlson
Signature of Notary

Seal



*Insert the EXACT legal name of the applicant

CERTIFICATION

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- in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
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- 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 K. McLoy
SIGNATURE

Christine McLoy
PRINTED NAME

General Counsel and Secretary
PRINTED TITLE

Elizabeth C Foshage
SIGNATURE

Elizabeth C Foshage
PRINTED NAME

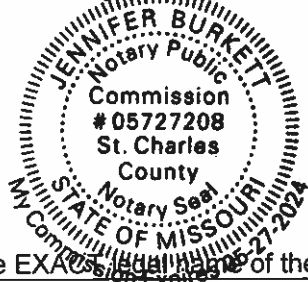
Chief Financial Officer
PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 20 day of October

Jennifer Burkett
Signature of Notary

Seal

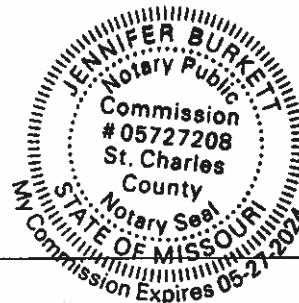


Notarization:

Subscribed and sworn to before me
this 20 day of October

Jennifer Burkett
Signature of Notary

Seal



*Insert the EXACT legal name of the applicant

SECTION II. DISCONTINUATION**Type of Discontinuation**

☒ Discontinuation of a single 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 category 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.
4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
5. Provide attestation that the facility provided the required notice of the 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 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 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.

AMITA Health Saint Elizabeth Hospital

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	2016	2017	2018
Inpatient	168	28	64
Outpatient	963	223	538
Total	1131	251	602
Charity (cost in dollars)			
Inpatient	\$433,567	\$228,587	\$528,991
Outpatient	\$347,969	\$172,321	\$829,955
Total	\$781,536	\$400,908	\$1,358,946
MEDICAID			
Medicaid (# of patients)	2016	2017	2018
Inpatient	549	567	438
Outpatient	970	6451	4619
Total	1519	7018	5057
Medicaid (revenue)			
Inpatient	\$8,934,751	\$20,040,848	\$8,875,088
Outpatient	\$1,728,765	\$10,646,587	\$3,142,705
Total	\$10,663,516	\$30,687,612	\$12,017,793

APPEND DOCUMENTATION AS ATTACHMENT 9, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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.

AMITA Health Saint Elizabeth Hospital

CHARITY CARE			
	2016	2017	2018
Net Patient Revenue	\$30,893,462	\$106,318,091	\$41,636,221
Amount of Charity Care (charges)	\$1,363,913	\$1,301,735	\$1,131,586
Cost of Charity Care	\$781,536	\$400,908	\$1,358,946

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

File Number

3128-198-9



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 26TH
day of AUGUST A.D. 2020 .***

Authentication #: 2023902912 verifiable until 08/26/2021

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

Jesse White
18

SECRETARY OF STATE ATTACHMENT 1

File Number

6964-462-7



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 26TH
day of AUGUST A.D. 2020 .***

Jesse White
19

SECRETARY OF STATE ATTACHMENT 1

Authentication #: 2023902928 verifiable until 08/26/2021

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

File Number

6783-860-2



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 26TH day of AUGUST A.D. 2020 .

Jesse White
20

SECRETARY OF STATE ATTACHMENT 1

Authentication #: 2023902944 verifiable until 08/26/2021

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



August 31, 2020

Illinois Health Facilities and Services Review Board
Springfield, Illinois

To Whom It May Concern:

This letter is being provided as confirmation that the AMITA Health Saint Elizabeth Hospital site is owned by Presence Chicago Hospitals Network.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Dahl", is written over a horizontal line.

Robert Dahl
President & CEO
AMITA Health Saints Mary and Elizabeth Medical Center

Notarized:

Attachment 2

File Number

3128-198-9



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 26TH
day of AUGUST A.D. 2020 .***

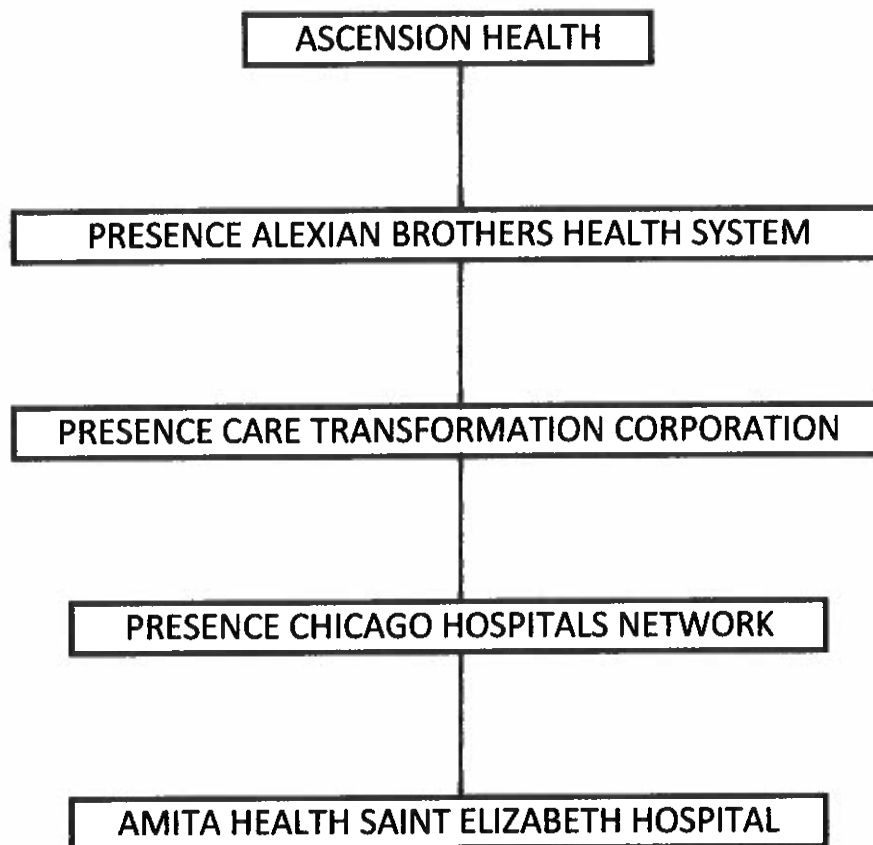
Authentication #: 2023902912 verifiable until 08/26/2021

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

Jesse White
22

SECRETARY OF STATE ATTACHMENT 3

ORGANIZATIONAL RELATIONSHIPS



GENERAL INFORMATION REQUIREMENTS

The proposed discontinuation is limited to the hospital's 28-bed long-term care category of service, and no other clinical services will be discontinued as a result of this Certificate of Exemption application.

The hospital's long-term care category of service has been suspended, consistent with notification provided to the HFSRB and IDPH. Formal discontinuation will occur via written confirmation to the HFSRB and IDPH within thirty days of receipt of the requested Certificate of Exemption.

The future use of the unit, which consists of 24 private patient rooms and two semi-private patient rooms on the hospital's fifth floor, has not been determined.

With the signatures on the Certification pages of this Certificate of Exemption application, the applicants attest that a notice of the proposed closure was published in the *Chicago Sun Times* on September 4, 2020. Proof of publication is attached.

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AMITA HEALTH SAINT ELIZABETH HOSPITAL

LEGAL NOTICE AMITA Health Saint Elizabeth Hospital, located at

ADORDERNUMBER: 0001113436-01

PO NUMBER: LONG TERM CARE SERVICE

AMOUNT: 264.00

NO OF AFFIDAVITS: 1

LEGAL NOTICE

AMITA Health Saint Elizabeth Hospital, located at 1431 North Claremont Avenue in Chicago, intends to cease the operations of its long-term care service 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 October 31, 2020. The hospital intends to file the required Certificate of Exemption application with the IHFSRB by September 30, 2020; after which time additional information relating to the proposed discontinuation can be found on the IHFSRB website at ihfsrb.illinois.gov.

9/4/2020 #1113436

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): 09/04/2020

Chicago Sun-Times

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

by



Susan Quinn
Manager | Recruitment & Legals

This 4th Day of September 2020

AMITA HEALTH SAINT ELIZABETH HOSPITAL
1431 N CLAREMONT AVE
CHICAGO, IL 60622

REASONS FOR DISCONTINUATION

With the onset of the COVID-19 pandemic, the hospital's unit transitioned from a general long-term care unit, caring primarily for patients discharged from the hospital's acute care units or from sister hospital AMITA Health Saint Mary Hospital-Chicago (located three blocks away), to a unit limiting care to long-term care patients having tested positive for the COVID-19 virus. General long-term care patients were transferred to other hospital long-term care units (with many being transferred to AMITA Health Saint Joseph Hospital-Chicago) and long-term care facilities in the geographic service area.

The hospital's long-term care unit operated as a COVID-19 unit from late April 2020 until late June 2020, with the peak census during that period being approximately seven patients, gradually diminishing until no patients were on the unit. With the absence of patients, the category of service was suspended, and the need to re-open the unit as a general long-term care unit was evaluated. Internal assessments, along with outside projections led the applicants to conclude that the demand for the service would be decreasing, the long-term care category of service represented an unnecessary duplication of services (with AMITA Saint Joseph Hospital-Chicago providing the same service 3.6 miles away), and that the continued operating of a unit with a low census was not needed.

IMPACT ON ACCESS

The applicants do not anticipate that the proposed discontinuation of AMITA Health Saint Elizabeth Hospital's long-term care category of service will have a material impact on access to long-term care services. In addition to the many skilled care facilities located within the geographic service area, eight other hospitals, including AMITA Health Saint Joseph Hospital-Chicago, provide long-term care services. Also, and as noted in ATTACHMENT 6, the hospital's long-term care unit transitioned from a "general" unit to a specialized unit, with the long-term care category of service subsequently being suspended. The applicants are unaware of any unreasonable compromises to access that resulted from those changes.

Letters, consistent with the requirements of Section 1110.290 have been sent to all hospitals providing long-term care services in the geographic service area, and any responses received will be forwarded to HFSRB Staff. Those hospitals are:

Community First Medical Center
Swedish Hospital
Schwab Rehabilitation Hospital
AMITA Health Saint Joseph Hospital
Gottlieb Memorial Hospital
MacNeal Hospital
Rush Oak Park Hospital
West Suburban Hospital & Medical Center

name
title
hospital
street address
city/state/ZIP code

RE: AMITA Health Saint Elizabeth Hospital
Proposed Discontinuation of Long-Term Care
Category of Service

Dear _____ :

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.

AMITA Health Saint Elizabeth Hospital is preparing to file a Certificate of Exemption ("COE") application with the Illinois Health Facilities and Services Review Board, and it is anticipated that the application will be filed within the next two weeks. It is anticipated that the service will be formally discontinued within thirty days of the COE application's approval.

During the 24-month period ending December 31, 2019, a total of 13,463 patient days of long-term care were provided 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 obstetrical 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,

Robert Dahl
President and CEO

BACKGROUND

Applicant Ascension Health owns, operates and/or controls the following Illinois licensed health care facilities:

AMITA Health Adventist Medical Center Bolingbrook
Bolingbrook, IL IDPH #5496

AMITA Health Adventist Medical Center GlenOaks
Glendale Heights, IL IDPH #3814

AMITA Health Adventist Medical Center Hinsdale
Hinsdale, IL IDPH #0976

AMITA Health Adventist Medical Center La Grange
La Grange, IL IDPH #5967

AMITA Health Alexian Brothers Medical Center Elk Grove Village
Elk Grove Village, IL IDPH #2238

AMITA Health St. Alexius Medical Center Hoffman Estates
Hoffman Estates, IL IDPH #5009

AMITA Health Alexian Brothers Behavioral Health Hospital
Hoffman Estates, IL

AMITA Health Holy Family Medical Center Des Plaines
Des Plaines, IL

AMITA Health Resurrection Medical Center Chicago
Chicago, IL IDPH #6031

AMITA Health Saint Francis Hospital Evanston
Evanston, IL IDPH #5991

AMITA Health Saint Joseph Hospital Chicago
Chicago, IL IDPH #5983

AMITA Health Mercy Medical Center Aurora
Aurora, IL IDPH #4903

AMITA Health Saint Joseph Hospital Elgin
Elgin, IL IDPH #4887

AMITA Health Saint Joseph Medical Center Joliet
Joliet, IL IDPH #4838

AMITA Health St. Mary's Hospital Kankakee
Kankakee, IL IDPH #4879

AMITA Health Saint Elizabeth Hospital
Chicago, IL IDPH #6015

AMITA Health Saint Mary Hospital Chicago
Chicago, IL IDPH #6007

Lakeshore Gastroenterology
Des Plaines, IL

Belmont/Harlem Surgery Center
Chicago, IL IDPH #7003131


← DISPLAY THIS PART IN A
CONSPICUOUS PLACE

Exp. Date 12/31/2020
Lic Number 0006015

Date Printed 10/18/2019

Presence Chicago Hospitals Network
dba Presence Saint Elizabeth Hospital
1431 N. Claremont Avenue
Chicago, IL 60622

FEE RECEIPT NO.

 Illinois Department of PUBLIC HEALTH		HF 119096	
LICENSE, PERMIT, CERTIFICATION, REGISTRATION			
<small>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.</small>			
Ngozi O. Ezike, M.D. Director		<small>Issued under the authority of the Illinois Department of Public Health</small>	
<small>EXPIRATION DATE</small> 12/31/2020	<small>CATEGORY</small> General Hospital	<small>ID NUMBER</small> 0006015	
Effective: 01/01/2020			
Presence Chicago Hospitals Network dba Presence Saint Elizabeth Hospital 1431 N. Claremont Avenue Chicago, IL 60622			
<small>The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #19-493-001 10M 9/18</small>			

Presence Saints Mary and Elizabeth Medical Center

Chicago, 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

August 10, 2019

Accreditation is customarily valid for up to 36 months.


David Perrow MD, DDS, MBA, FACS
Chair, Board of Commissioners

ID #7308
Print/Reprint Date: 11/12/2019


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.



Presence Saints Mary and Elizabeth Medical Center

Chicago, IL

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The Joint Commission

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

August 7, 2019

Accreditation is customarily valid for up to 36 months.


David Perry, MD, DDB, MBA, FACS
Chair, Board of Commissioners

ID #7308
Print/Reprint Date: 11/12/2019


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

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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,

A handwritten signature in dark ink, appearing to read "Keith A. Parrott", written over a horizontal line.

Keith A. Parrott
President and
Chief Executive Officer

Date: Oct. 22, 2020

Notarized:

35
ATTACHMENT 8

AMITA Health
Legal Department
2601 Navistar Drive, Bldg. 2, Floor 3
Lisle, IL 60532

AMITAhealth.org

SAFETY NET IMPACT STATEMENT

The proposed discontinuation of AMITA Health Saint Elizabeth Hospital's long-term care category of service will have no material impact on the ability for residents of the west side of Chicago to access essential safety net services, as a result of the number of other providers of long-term care/skilled nursing care services in the area.

As is the case with most hospitals, resources must be allocated wisely, to ensure that needed services are available to the hospital's patient population. One of the ways in which resources can be efficiently allocated, is to, where feasible, eliminate unnecessarily duplicated services. Within Planning Area 6-B, there are two other hospitals (including AMITA Health Saint Joseph Hospital-Chicago, 3.6 miles away) providing long-term care services. Those two hospitals jointly provide 47 beds, and in 2018 operated with an occupancy rate of 75.5%, compared to the HFSRB's standard of 90%. Similarly, there are seventeen skilled nursing facilities in Planning Area 6-B, and in 2018, those facilities operated with an occupancy rate of 86.2%.

With nineteen providers of long-term care services in the planning area, and with AMITA Health Saint Elizabeth Hospital's unit operating with an average daily census of only 16.2 patients during 2019 (57.9% occupancy), it is not anticipated that the proposed discontinuation will have an unacceptable impact on the other area providers, and there is sufficient capacity in the area to accommodate the hospital's long-term care patients.

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	18
2	Site Ownership	21
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	22
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	23
5	Discontinuation General Information Requirements	24
6	Reasons for Discontinuation	27
7	Impact on Access	28
8	Background of the Applicant	30
9	Safety Net Impact Statement	36
10	Charity Care Information	17



Northwestern Memorial HealthCare
251 East Huron Street
Chicago, Illinois 60611-2908
312.926.2033
nm.org

November 16, 2020

Mike Constantino
Illinois Health Facilities and Services Review Board
525 West Jefferson Street – 2nd Floor
Springfield, Illinois 62761

RE: Addition of Beds
Northwestern Medicine Central DuPage Hospital
IDPH License Number: 0005544

Dear Mr. Constantino:

This letter is to notify you that the beds added to Northwestern Medicine Central DuPage Hospital's authorized bed count Per 77 Ill. Adm. Code 1130.140 are now operational.

The overall changes to CDH's bed count are as follows:

	Authorized Beds	Proposed Change	New Authorized Beds
Medical/Surgical	233	+ 2	235
ICU	46	+ 3	49
Pediatrics	22	+ 6	28
Obstetrics	35	+ 1	36
NICU – Level III	8	+ 4	12
AMI	48	No change	48
TOTAL	392	+ 16	408

The IDPH Division of Health Care Facilities and Programs, Central Office Section has determined that this change meets the licensing requirements and was effective October 29, 2020.

If you have any questions/comments, please contact me at borth@nm.org.

Sincerely,

A handwritten signature in black ink, appearing to be 'B. Orth'.

Bridget S. Orth
Director, Regulatory Planning

Axel & Associates, Inc.

MANAGEMENT CONSULTANTS

by FedEx

November 16, 2020

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

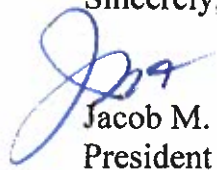
Dear Ms. Avery:

Enclosed please find two copies of a Certificate of Exemption ("COE") application addressing the discontinuation of the long term care category of service at AMITA Health Saint Elizabeth Hospital-Chicago.

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