

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 EditionILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
DISCONTINUATION APPLICATION FOR EXEMPTION

## SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

## Facility/Project Identification

Facility Name: Advocate Sherman Hospital – Discontinuance of Pediatric Service		
Street Address: 1425 N. Randall Road		
City and Zip Code: Elgin 60123		
County: Kane	Health Service Area 8	Health Planning Area: A-11

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

Exact Legal Name: Advocate Sherman Hospital
Street Address: 1425 N. Randall Road
City and Zip Code: Elgin 60123
Name of Registered Agent: Michael Kerns
Registered Agent Street Address: 3075 Highland Parkway Suite 600
Registered Agent City and Zip Code: Downers Grove 60515
Name of President: Sheri Deshazo
CEO Street Address: 1425 N. Randall Road
CEO City and Zip Code: Elgin 60123
CEO Telephone Number: 224-783-8009

## 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: Sheri Deshazo
Title: President
Company Name: Advocate Sherman Hospital
Address: 1425 N. Randall Road Elgin, IL 60123
Telephone Number: 224-783-8009
E-mail Address: sheri.deshazo@aah.org
Fax Number: 224-783-3002

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition****Additional Contact** [Person who is also authorized to discuss the application for exemption]

Name: Barbara Perino
Title: Chief Operating Officer
Company Name: Advocate Children's Hospital
Address: 4440 West 95th Street, Oak Lawn, IL 60453
Telephone Number: 708-684-4507
E-mail Address: barbara.perino@aah.org
Fax Number: 708-684-4739

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

**Facility/Project Identification**

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Street Address: 1425 N. Randall Road		
City and Zip Code: Elgin 60123		
County: Kane	Health Service Area 8	Health Planning Area: A-11

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

Exact Legal Name: Advocate Health Care Network
Street Address: 3075 Highland Parkway Suite 600
City and Zip Code: Downers Grove 60515
Name of Registered Agent: Michael Kerns
Registered Agent Street Address: 3075 Highland Parkway Suite 600
Registered Agent City and Zip Code: Downers Grove 60515
Name of President & Chief Executive Officer: James Skogsbergh
CEO Street Address: 3075 Highland Parkway Suite 600
CEO City and Zip Code: Downers Grove 60515
CEO Telephone Number: 630-572-9393

**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**.
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**SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION**

**Facility/Project Identification**

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Street Address: 1425 N. Randall Road		
City and Zip Code: Elgin 60123		
County: Kane	Health Service Area 8	Health Planning Area: A-11

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

Exact Legal Name: Advocate Aurora Health, Inc.
Street Address: 750 W. Virginia
City and Zip Code: Milwaukee, WI 19801
Name of Registered Agent: The Corporation Trust Company
Registered Agent Street Address: 1209 Orange St
Registered Agent City and Zip Code: Wilmington, DE 19801
Name of Chief Executive Officer: James Skogsbergh
CEO Street Address: 3075 Highland Parkway Suite 600
CEO City and Zip Code: Downers Grove 60515
CEO Telephone Number: 630-572-9393

**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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- Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner.

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

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Name: Sheri Deshazo
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E-mail Address: barbara.perino@aah.org
Fax Number: 708-684-4739

**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: Sheri Deshazo
Title: President
Company Name: Advocate Sherman Hospital
Address: 1425 N. Randall Road Elgin, IL 60123
Telephone Number: 224-783-8009
E-mail Address: sheri.deshazo@aah.org
Fax Number: 224-783-3002

**Site Ownership**

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Advocate Sherman Hospital
Address of Site Owner: 1425 N. Randall Road Elgin, IL 60123
Street Address or Legal Description of the Site: 1425 N. Randall Road, Elgin, IL 60123
<b>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.</b>
<b>APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>

**Operating Identity/Licensee**

[Provide this information for each applicable facility and insert after this page.]

Exact Legal Name: Advocate Sherman Hospital	
Address: 1425 N. Randall Road Elgin, IL 60123	
<input checked="" type="checkbox"/> Non-profit Corporation <input type="checkbox"/> For-profit Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Other	<input type="checkbox"/> Partnership <input type="checkbox"/> Governmental <input type="checkbox"/> Sole Proprietorship
<ul style="list-style-type: none"> <li>○ Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.</li> <li>○ 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.</li> <li>○ <b>Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.</b></li> </ul>	

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**APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

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### 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.

Advocate Sherman Hospital, Advocate Health Care Network, and Advocate Aurora Health, Inc., the applicants, are proposing to discontinue the pediatrics category of service at Advocate Sherman Hospital. The discontinuance will take effect 30 days following State Board approval. The hospital is located at 1425 N. Randall Road, Elgin, IL 60123.

There are 8 pediatric beds proposed to be taken out of the hospital inventory. There were 197 pediatric admissions in 2018 and 153 pediatric admissions in 2019 demonstrating declining utilization.

The hospital had a total of 255 authorized CON beds as of 12/31/19. The hospital is requesting to convert those 8 beds to the medical surgical category of service under the "twenty bed rule". Therefore, the total number of authorized beds will remain as 255 beds.

Letters were sent asking for an impact statement from hospitals in the geographic service area (Health Service Area 8) regarding the proposed closure of pediatric beds. No expectation of any adverse impact was reported.

Pursuant to Section 1110.40 of the Illinois Administrative Code, this project is classified as substantive because it is discontinuing a category of service.

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**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 following State Board approval

**State Agency Submittals [Section 1130.620(c)]**

Are the following submittals up to date as applicable:

- ☒ Cancer Registry
  - ☒ APORS
  - ☒ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
  - ☒ All reports regarding outstanding permits **No reports are outstanding.**
- Failure to be up to date with these requirements will result in the Application being deemed incomplete.


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### 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 Advocate Sherman 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.

  
\_\_\_\_\_  
SIGNATURE  
Sheri DeShazo


\_\_\_\_\_  
PRINTED NAME  
President

\_\_\_\_\_  
PRINTED TITLE

Notarization:  
Subscribed and sworn to before me  
this \_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

Seal

  
\_\_\_\_\_  
SIGNATURE  
Jequeatta Smith

\_\_\_\_\_  
PRINTED NAME  
Vice President of Operations

\_\_\_\_\_  
PRINTED TITLE

Notarization:  
Subscribed and sworn to before me  
this \_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

Seal

\*Insert the EXACT legal name of the applicant

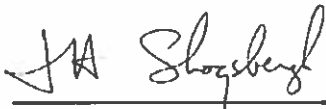
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- in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries 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 Advocate Health Care 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.



SIGNATURE

James H. Skogsbergh

PRINTED NAME  
President & CEO

PRINTED TITLE

Notarization:

Subscribed and sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_

Signature of Notary

Seal



SIGNATURE

William P. Santulli

PRINTED NAME  
Chief Operating Officer

PRINTED TITLE

Notarization:

Subscribed and sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_

Signature of Notary

Seal

\*Insert the EXACT legal name of the applicant

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



SIGNATURE

James H. Skogsbergh

PRINTED NAME

CEO

PRINTED TITLE

Notarization:

Subscribed and sworn to before me  
this \_\_\_\_ day of \_\_\_\_

Signature of Notary

Seal



SIGNATURE

William P. Santulli

PRINTED NAME

Chief Operating Officer

PRINTED TITLE

Notarization:

Subscribed and sworn to before me  
this \_\_\_\_ day of \_\_\_\_

Signature of Notary

Seal

\*Insert the EXACT legal name of the applicant

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## 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.**

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**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.**

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**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.**

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## 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.**

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
<b>Total</b>			
Charity (cost in dollars)	Year	Year	Year
Inpatient			
Outpatient			
<b>Total</b>			
MEDICAID			
Medicaid (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
<b>Total</b>			
<b>Medicaid (revenue)</b>			

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	Inpatient				
	Outpatient				
	<b>Total</b>				

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## 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			
	Year	Year	Year
<b>Net Patient Revenue</b>			
Amount of Charity Care (charges)			
Cost of Charity Care			

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

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

<b>INDEX OF ATTACHMENTS</b>			
<b>ATTACHMENT NO.</b>			<b>PAGES</b>
1	Applicant Identification including Certificate of Good Standing		20-31
2	Site Ownership		32-33
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.		34-38
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.		39-41
5	Discontinuation General Information Requirements		42-44
6	Reasons for Discontinuation		45
7	Impact on Access		46-50
8	Background of the Applicant		51-54
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- 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.

File Number

0421-243-6



***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***

**ADVOCATE SHERMAN HOSPITAL, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JULY 29, 1887, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.**



Authentication #: 2031702618 verifiable until 11/12/2021  
Authenticate at: <http://www.cyberdriveillinois.com>

***In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 12TH day of NOVEMBER A.D. 2020 .***

*Jesse White*

SECRETARY OF STATE

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
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File Number

1707-692-2



**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**

**ADVOCATE HEALTH CARE NETWORK, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JUNE 14, 1923, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.**



Authentication #: 2031702286 verifiable until 11/12/2021

**In Testimony Whereof, I hereto set  
my hand and cause to be affixed the Great Seal of  
the State of Illinois, this 12TH  
day of NOVEMBER A.D. 2020 .**

*Jesse White*

File Number 7155-851-7



***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***

**ADVOCATE AURORA HEALTH, INC., INCORPORATED IN DELAWARE AND LICENSED TO CONDUCT AFFAIRS IN THIS STATE ON APRIL 03, 2018, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO CONDUCT AFFAIRS IN THE STATE OF ILLINOIS.**



Authentication #: 2031702160 verifiable until 11/12/2021  
Authenticate at: <http://www.cyberdriveillinois.com>

***In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 12TH day of NOVEMBER A.D. 2020 .***

*Jesse White*

SECRETARY OF STATE

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition

## State Of Delaware

### Entity Details

11/12/2020 4:26:38PM

File Number: 6645600

Incorporation Date / Formation Date: 12/4/2017

Entity Name: ADVOCATE AURORA HEALTH, INC.

Entity Kind: Corporation

Entity Type: Exempt

Residency: Domestic

State: DELAWARE

Status: Good Standing

Status Date: 3/4/2019

### Registered Agent Information

Name: THE CORPORATION TRUST COMPANY

Address: CORPORATION TRUST CENTER 1209 ORANGE ST

City: WILMINGTON

Country:

State: DE

Postal Code: 19801

Phone: 302-658-7581

Attachment #1, Exhibit #4

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition



**OFFICE OF THE SECRETARY OF STATE**

**JESSE WHITE • Secretary of State**

**APRIL 3, 2018**

**7155-851-7**

**CT CORPORATION SYSTEM  
118 W EDWARDS #200  
SPRINGFIELD IL 62704**

**RE ADVOCATE AURORA HEALTH, INC.**

**DEAR SIR OR MADAM:**

**ENCLOSED YOU WILL FIND THE AUTHORITY OF THE ABOVE NAMED  
CORPORATION TO CONDUCT AFFAIRS IN THIS STATE.**

**PAYMENT OF THE FILING FEE IS HEREBY ACKNOWLEDGED.**

**CERTAIN NOT FOR PROFIT CORPORATIONS ORGANIZED AS A CHARITABLE  
CORPORATION ARE REQUIRED TO REGISTER WITH THE OFFICE OF THE ATTORNEY  
GENERAL. UPON RECEIPT OF THE ENCLOSED AUTHORITY, YOU MUST CONTACT  
THE CHARITABLE TRUST DIVISION, OFFICE OF THE ATTORNEY GENERAL,  
100 W. RANDOLPH, 3RD FLOOR, CHICAGO, ILLINOIS 60601, TELEPHONE  
(312) 814-2595.**

**SINCERELY,**

**JESSE WHITE  
SECRETARY OF STATE  
DEPARTMENT OF BUSINESS SERVICES  
CORPORATION DIVISION  
TELEPHONE (217) 782-6961**

Attachment #1, Exhibit #4

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition

**FILED**

APR 03 2018

JESSE WHITE  
SECRETARY OF STATE

FORM NFP 113.15 (rev. Dec. 2003)  
APPLICATION FOR AUTHORITY  
TO CONDUCT AFFAIRS IN  
ILLINOIS (Foreign Corporations)  
General Not For Profit Corporation Act

Secretary of State  
Department of Business Services  
601 S. Second St., Rm. 350  
Springfield, IL 62768  
217-782-1634  
www.cyberdriveillinois.com

Remit payment in the form of a cashier's  
check, certified check, money order or an  
Illinois attorney's or CPA's check payable  
to Secretary of State.

File # 7155-8517

Filing Fee: \$50

Approved: Bc

----- Submit in duplicate ----- Type or Print clearly in black ink ----- Do not write above this line -----

1. a. Corporate Name: Advocate Aurora Health, Inc.

b. Assumed Corporate Name (Complete only if the new corporate name is not available in this state.):

By electing this assumed name, the Corporation hereby agrees NOT to use its corporate name in the transaction of  
business in Illinois. Form NFP 104.15 is attached.

2. a. State or Country of Incorporation: Delawareb. Date of Incorporation: December 4, 2017c. Period of Duration: Permanent3. a. Address of Principal Office, wherever located: 3075 Highland Pkwy.,Downers Grove, IL 60515-1208b. Address of Principal Office in Illinois: 3075 Highland Pkwy.,Downers Grove, IL 60515-1208

4. Name and Address of Registered Agent and Registered Office in Illinois:

Registered Agent: Earl J. Barnes II

First Name

Middle Name

Last Name

Registered Office: 3075 Highland Pkwy Suite 600

Number

Street

Suite # (P.O. Box alone is unacceptable)

Downers Grove 60515 DuPage County

City

ZIP Code

County

5. States and Countries in which Corporation is admitted or qualified to conduct affairs: Wisconsin (application pending)

6. Names and respective addresses of Corporation's officers and directors:

	Street Address	City	State	ZIP
President	See attached			
Secretary				
Director				
Director				
Director				

If there are additional officers or more than three directors, please attach list.

Printed by authority of the State of Illinois. January 2015 - 1 - C 160.15

Attachment #1, Exhibit #4

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition

7. Purpose(s) for which the Corporation is organized and proposes to pursue in the conduct of affairs in this State:  
For more space, attach additional sheets of this size.

See attached.

8. This application must be accompanied by an originally certified copy of the Articles of Incorporation and any amendments or mergers, duly authenticated within the last 90 days by the proper officer of the state or country wherein the corporation is incorporated.
9. The undersigned Corporation has caused this statement to be signed by a duly authorized officer who affirms, under penalties of perjury, that the facts stated herein are true and correct. All signatures must be in BLACK INK.

Dated April 1, 2018 2018 Advocate Aurora Health, Inc.  
Month Day Year Exact Name of Corporation  
[Signature]  
Any Authorized Officer's Signature  
Michael Leppin, Secretary  
Name and Title (type or print)



A Corporation that is to function as a club, as defined in Section 1-3.24 of the Liquor Control Act of 1934, must insert in its purpose clause a statement that it will comply with the State and local laws and ordinances relating to alcoholic liquors.

Attachment #1, Exhibit #4

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition

7155-8517

**ATTACHMENT TO APPLICATION FOR AUTHORITY  
TO CONDUCT BUSINESS IN ILLINOIS (FORM NFP 113.15)  
FOR  
ADVOCATE AURORA HEALTH, INC.**

**Section 6: NAMES AND ADDRESSES OF DIRECTORS AND OFFICERS**

**Officers:**

<b><u>Office/Name</u></b>	<b><u>Address</u></b>
Co-CEO - James H. Skogsbergh	c/o Aurora Advocate Health, Inc. 3075 Highland Pkwy Suite 600, Downers Grove, IL 60515
Co-CEO - Nick W. Turkal, M.D.	c/o Aurora Advocate Health, Inc. 3075 Highland Pkwy Suite 600, Downers Grove, IL 60515
Treasurer - Dominic Nakis	c/o Aurora Advocate Health, Inc. 3075 Highland Pkwy Suite 600, Downers Grove, IL 60515
Secretary - Michael Lappin	c/o Aurora Advocate Health, Inc. 3075 Highland Pkwy Suite 600, Downers Grove, IL 60515
Chair - Joanna Disch	c/o Aurora Advocate Health, Inc. 3075 Highland Pkwy Suite 600, Downers Grove, IL 60515
Chair Elect - Michele Baker Richardson	c/o Aurora Advocate Health, Inc. 3075 Highland Pkwy Suite 600, Downers Grove, IL 60515

4835-2883-4084.2

Attachment #1, Exhibit #4

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition

7155 8517

Directors:

<u>Name</u>	<u>Address</u>
Michelo Baker Richardson	c/o Aurora Advocate Health, Inc. 3075 Highland Pkwy Suite 600, Downers Grove, IL 60515
John F. Timmer	c/o Aurora Advocate Health, Inc. 3075 Highland Pkwy Suite 600, Downers Grove, IL 60515
Lynn Y. Crump-Caine	c/o Aurora Advocate Health, Inc. 3075 Highland Pkwy Suite 600, Downers Grove, IL 60515
K. Richard Jakle	c/o Aurora Advocate Health, Inc. 3075 Highland Pkwy Suite 600, Downers Grove, IL 60515
Mark M. Harris	c/o Aurora Advocate Health, Inc. 3075 Highland Pkwy Suite 600, Downers Grove, IL 60515
David B. Anderson	c/o Aurora Advocate Health, Inc. 3075 Highland Pkwy Suite 600, Downers Grove, IL 60515
James H. Skogsbergh	c/o Aurora Advocate Health, Inc. 3075 Highland Pkwy Suite 600, Downers Grove, IL 60515
Joanne Disch	c/o Aurora Advocate Health, Inc. 3075 Highland Pkwy Suite 600, Downers Grove, IL 60515
John W. Daniels, Jr.	c/o Aurora Advocate Health, Inc. 3075 Highland Pkwy Suite 600, Downers Grove, IL 60515
Joanne B. Bauer	c/o Aurora Advocate Health, Inc. 3075 Highland Pkwy Suite 600, Downers Grove, IL 60515
Charles Harvey	c/o Aurora Advocate Health, Inc. 3075 Highland Pkwy Suite 600, Downers Grove, IL 60515
Rick Weiss	c/o Aurora Advocate Health, Inc. 3075 Highland Pkwy Suite 600, Downers Grove, IL 60515
Thomas Bolger	c/o Aurora Advocate Health, Inc. 3075 Highland Pkwy Suite 600, Downers Grove, IL 60515
Nick W. Turkal	c/o Aurora Advocate Health, Inc. 3075 Highland Pkwy Suite 600, Downers Grove, IL 60515

4836-3888-4084.2

2

Attachment #1, Exhibit #4

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition

7155-8517

**Section 7: PURPOSE(S) FOR WHICH THE CORPORATION IS ORGANIZED AND PROPOSES TO PURSUE IN THE CONDUCT OF AFFAIRS IN THIS STATE:**

The Corporation is organized and shall be operated exclusively for charitable, scientific, religious and educational purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (or the corresponding provisions of any future United States Internal Revenue Law) (hereinafter the "Code"); and limited as further provided in its Certificate of Incorporation. Specifically, the Corporation is organized and shall be operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of its supported organizations, as listed below (the "Supported Organizations"). The Corporation is organized and operated as a Type III functionally integrated supporting organization as defined in section 509(a)(3) of the Code and Treas. Reg. Section 1.509(a)-4(i). The Corporation is organized for the purpose of serving as the parent organization of the Supported Organizations and shall exercise direction over the policies, programs and activities of the Supported Organizations. The Corporation shall engage in activities relating to the purposes described above, and invest in, receive, hold, use, and dispose of all property, real or personal, as may be necessary or desirable to carry into effect such purposes. The Corporation is formed as a result of the affiliation of Advocate Health Care Network, an Illinois nonprofit corporation ("Advocate") and Aurora Health Care, Inc., a Wisconsin nonstock corporation ("Aurora"), in accordance with the terms and conditions of that certain Affiliation Agreement between Advocate and Aurora dated December 4, 2017 (the "Affiliation Agreement").

The Corporation's Supported Organizations, which are described in Section 509(a)(1) or Section 509(a)(2) of the Code, are as follows:

- Advocate Health and Hospitals Corporation
- EHS Home Health Care Services, Inc.
- Advocate Charitable Foundation
- Advocate North Side Health Network
- Meridian Hospice
- Advocate Condell Medical Center
- Advocate Sherman Hospital
- Sherman West Court
- Visiting Nurse Association of Wisconsin, Inc.
- Aurora UW Academic Medical Group
- Aurora Health Care Central, Inc.
- Aurora Psychiatric Hospital, Inc.
- Aurora Medical Center of Washington County, Inc.
- Aurora Health Care North, Inc.
- West Allis Memorial Hospital, Inc.
- Aurora Family Service, Inc.
- Aurora Medical Center of Oshkosh, Inc.
- Aurora Medical Group, Inc.
- Kradwell School, Inc.
- Aurora Advanced Healthcare, Inc.

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition

7155-8517

- Aurora Health Care Metro, Inc.
- Aurora Health Care Southern Lakes, Inc.
- AMG Illinois, Ltd.
- Aurora Medical Center Grafton

4835-2883-40842

4

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition**Site Ownership****[Provide this information for each applicable site]**

Exact Legal Name of Site Owner: Advocate Sherman Hospital

Address of Site Owner: 1425 N. Randall Road, Elgin, IL 60123

Street Address or Legal Description of the Site: 1425 N. Randall Road, Elgin, IL 60123

**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.**

Attachment #2

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition



1425 Randall Road || Elgin, IL 60123 || T 847.742.9800 || [advocatehealth.com](http://advocatehealth.com)

December 1, 2020

Ms. Courtney Avery  
Administrator  
Health Facilities and Services Review Board  
525 W. Jefferson Street, Second Floor  
Springfield, IL 62761

RE: Advocate Sherman Hospital Discontinuation of Pediatric Category of Service

Dear Ms. Avery:

This attestation letter is submitted to indicate that Advocate Sherman Hospital owns the site.

We trust this attestation complies with the State Agency Proof of Ownership requirement indicated in the Permit application – August 2019 edition.

Respectfully,

A handwritten signature in black ink, appearing to read "Sheri Deshazo".

Sheri Deshazo  
President  
Advocate Sherman Hospital

A faith-based health system serving individuals, families and communities

Attachment #2, Exhibit #1

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition

### Operating Identity/Licensee

[Provide this information for each applicable facility and insert after this page.]

Exact Legal Name: Advocate Sherman Hospital			
Address: 1425 N. Randall Road, Elgin, IL 60123			
<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 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.**

Certificates of Good Standing for Advocate Sherman Hospital, Advocate Health Care Network and Advocate Aurora Health, Inc. are included as Attachment #3, Exhibits 1-4.

Attachment #3

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition

**File Number**

0421-243-6



**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**

**ADVOCATE SHERMAN HOSPITAL, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JULY 29, 1887, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.**



Authentication #: 2031702618 verifiable until 11/12/2021  
Authenticate at: <http://www.cyberdriveillinois.com>

**In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 12TH day of NOVEMBER A.D. 2020 .**

*Jesse White*

SECRETARY OF STATE

Attachment #3, Exhibit #1

File Number 1707-692-2



***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***

**ADVOCATE HEALTH CARE NETWORK, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JUNE 14, 1923, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.**



Authentication #: 2031702280 verifiable until 11/12/2021

***In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 12TH day of NOVEMBER A.D. 2020 .***

*Jesse White*

File Number

7155-851-7



***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***

**ADVOCATE AURORA HEALTH, INC., INCORPORATED IN DELAWARE AND LICENSED TO CONDUCT AFFAIRS IN THIS STATE ON APRIL 03, 2018, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO CONDUCT AFFAIRS IN THE STATE OF ILLINOIS.**



Authentication #: 2031702160 verifiable until 11/12/2021  
Authenticate at: <http://www.cyberdriveillinois.com>

***In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 12TH day of NOVEMBER A.D. 2020 .***

*Jesse White*

SECRETARY OF STATE

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition

## State Of Delaware

### Entity Details

11/12/2020 4:26:38PM

File Number: 6645600

Incorporation Date / Formation Date: 12/4/2017

Entity Name: ADVOCATE AURORA HEALTH, INC.

Entity Kind: Corporation

Entity Type: Exempt

Residency: Domestic

State: DELAWARE

Status: Good Standing

Status Date: 3/4/2019

### Registered Agent Information

Name: THE CORPORATION TRUST COMPANY

Address: CORPORATION TRUST CENTER 1209 ORANGE ST

City: WILMINGTON

Country:

State: DE

Postal Code: 19801

Phone: 302-658-7581

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition

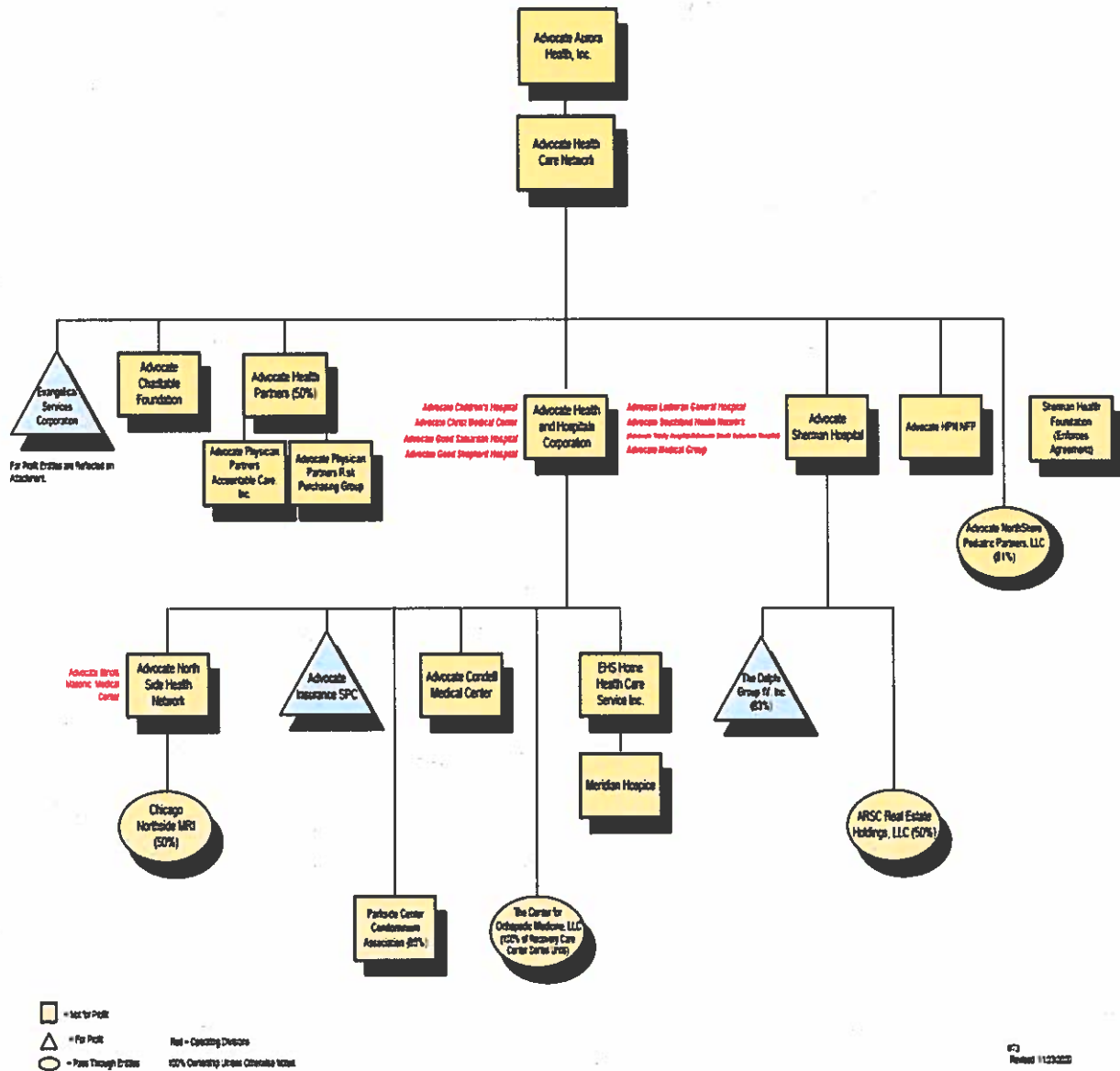
### Organizational Relationships

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.**

Attachment #4 Exhibits 1 and 2, outline the combined organization of Advocate Aurora Health, Inc. and Advocate Health Care Network.

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition



ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition



 = Not for Profit

100% Ownership Unless Otherwise Noted

November 13, 2023

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition**

**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.**

1. The Pediatric category of service with 8 beds to be discontinued.
2. There are no other clinical services discontinued.
3. The Pediatric category of service is anticipated to be discontinued 30 days following State Board approval.
4. The physical plant and equipment will remain the same.
5. The medical records will remain with the hospital along with all the other services' records.
6. This discontinuance is not for the entire facility.
7. See Attachment 5, Exhibit 1 for the attestation about the required notice that was published in the local newspaper, the *Daily Herald*.

Attachment #5

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition

**Public Hearings  
& Notices**

Advocate Sherman Hospital, 1425 N. Randall Road, Elgin, IL 60123 intends to discontinue the authorized bed category of service for its eight (8) bed pediatric inpatient services, pending approval by the Illinois Health Facilities and Services Review Board (HFSRB). The Hospital plans to submit the required Certificate of Exemption application to the HFSRB. Discontinuation will be following approval by the Board. A copy of the application will be posted on the HFSRB website at <https://www.illinois.gov/sites/hfsrb/Projects/Pages/CompApps.aspx>. For additional information, contact Barb Perino, (708) 684-4507.  
Published in Daily Herald Nov. 11, 12, 13, 2020 (4554094)

**Public Hearings  
& Notices**

Advocate Condell Medical Center, 801 S. Milwaukee Avenue, Libertyville, IL 60048 intends to discontinue the authorized bed category of service for its sixteen (16) bed pediatric inpatient services, pending approval by the Illinois Health Facilities and Services Review Board (HFSRB). The Hospital plans to submit the required Certificate of Exemption application to the HFSRB. Discontinuation will be following approval by the Board. A copy of the application will be posted on the HFSRB website at <https://www.illinois.gov/sites/hfsrb/Projects/Pages/CompApps.aspx>. For additional information, contact Barb Perino, (708) 684-4507.  
Published in Daily Herald Nov. 11, 12, 13, 2020 (4554093)

Advocate Sherman Hospital, 1425 N. Randall Road, Elgin, IL 60123 intends to discontinue the authorized bed category of service for its eight (8) bed pediatric inpatient services, pending approval by the Illinois Health Facilities and Services Review Board (HFSRB). The Hospital plans to submit the required Certificate of Exemption application to the HFSRB. Discontinuation will be following approval by the Board. A copy of the application will be posted on the HFSRB website at <https://www.illinois.gov/sites/hfsrb/Projects/Pages/CompApps.aspx>. For additional information, contact Barb Perino, (708) 684-4507.  
Published in Daily Herald Nov. 11, 12, 13, 2020 (4554094)

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition

Advocate Sherman Headset, 1425 N. Randall Road, Elgin, IL 60120 intends to discontinue the authorized bed category of service for its plan (a) bed pediatric inpatient services, pending approval by the Illinois Health Facilities and Services Review Board (IHFSRB). The Headset plans to submit the required Certificate of Discontinuation application to the IHFSRB. Discontinuation will be effective as approved by the Board. A copy of the application will be posted on the IHFSRB website at <http://www.ihfsrb.org>. For additional information, contact Bob Perkins, (815) 244-1307. Published in Daily Herald Nov. 11, 12, 13, 2020 (4554094)

**CERTIFICATE OF PUBLICATION**  
**Paddock Publications, Inc.**

**Fox Valley**  
**Daily Herald**

Corporation organized and existing under and by virtue of the laws of the State of Illinois, DOES HEREBY CERTIFY that it is the publisher of the Fox Valley DAILY HERALD. That said Fox Valley DAILY HERALD is a secular newspaper, published in Elgin and has been circulated daily in the Village(s) of:

Aurora, Batavia, Burlington, Carpentersville, East Dundee, Elgin,  
Elburn, Geneva, Gilberts, Hampshire, Montgomery, North Aurora,  
Sleepy Hollow, Saint Charles, South Elgin, Sugar Grove, Wayne,  
West Dundee

County(ies) of Kane  
and State of Illinois, continuously for more than one year prior to the date of the first publication of the notice hereinafter referred to and is of general circulation throughout said Village(s), County(ies) and State.

I further certify that the Fox Valley DAILY HERALD is a newspaper as defined in "an Act to revise the law in relation to notices" as amended in 1992 Illinois Compiled Statutes, Chapter 715, Act 5, Section 1 and 5. That a notice of which the annexed printed slip is a true copy, was published 11/11/2020 - 11/13/2020 in said Fox Valley DAILY HERALD.

IN WITNESS WHEREOF, the undersigned, the said PADDOCK PUBLICATIONS, Inc., has caused this certificate to be signed by, this authorized agent, at Arlington Heights, Illinois.

PADDOCK PUBLICATIONS, INC.  
DAILY HERALD NEWSPAPERS

BY *Danila Baity*  
Designee of the Publisher and Officer of the Daily Herald

Control # 4554095

Source: Lake Daily Herald; Kane Daily Herald

Attachment #5, Exhibit #1

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition**

**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.**

Source: Hospital Profile

Advocate Sherman Hospital's primary reason for discontinuation is the low occupancy of the pediatric service. The volume of Inpatients admission and CON occupancy rate for the past four years are as follows:

Year	Admissions	CON Occupancy Rate %
2016	216	27.5%
2017	170	24.9%
2018	197	25.0%
2019	153	21.6%

Source: Hospital Profile (Occupancy Rate includes Observation Days)

Pediatric hospital admissions across the nation have been declining for several years. Advocate Sherman Hospital experienced a 29% decline in pediatric admissions over the last 4 years.

In the state of Illinois, there has been a 13% drop in overall pediatric admissions since 2013. This trend is expected to continue with another 5% drop in admissions over the next 5 years. Clinicians have become proficient at treating conditions in the outpatient setting that once required hospitalization. Children who require an inpatient admission are usually more acutely ill and require greater access to pediatric critical care and subspecialty care services. Illinois has also experienced an 11% decline in births since 2013, resulting in fewer children overall that need healthcare services. We expect the declining birth rate to continue, with an additional 11% drop projected over the next 10 years.

With fewer children requiring a hospital admission and a higher level of care needed for most pediatric patients, Advocate Aurora Healthcare proposes to close the pediatric service at this hospital.

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition**

**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.**

It is not expected that the discontinuance will have an adverse effect on access to care in this hospital's market area. There are 2 other hospitals within HSA 8 that offer pediatrics inpatient care and they have been made aware of this pending closing. They are as follows:

Presence Mercy Medical Center	1325 N. Highland Avenue	Aurora
Vista Medical Center East	1324 N. Sheridan Road	Waukegan

Source: IHFSRB

See Attachment 7, Exhibits 1 and for a copy of the notification letter and evidence that the letters were received.

Advocate Lutheran General Hospital and Advocate Christ Medical Center have extensive pediatric specialty services available to patients across the country including Level III NICU services, pediatric intensive care (PICU) services, general pediatric inpatient units and a full complement of pediatric subspecialists. In addition, a pediatric cardiac critical care unit is available at Advocate Christ.

Selected pediatric services will remain onsite at Sherman Hospital, including 24/7 pediatric hospitalists to support hospital-based pediatric services including Labor & Delivery, Level II Intermediate Care Nursery, and the Emergency Department.

Attachment #7

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition



## Advocate Sherman Hospital

1425 Randall Road || Elgin, IL 60123 || T 847.742.9800 || [advocatehealth.com](http://advocatehealth.com)

---

November 9, 2020

**Certified Mail**

AMITA Health Mercy Medical Center  
1325 N. Highland Avenue  
Aurora, IL 60506  
Attention: Richard Roehr

**Request for Impact Statement**

Dear Administrator;

This letter is to inform you that Advocate Sherman Hospital is seeking a Certificate of Exemption from the Illinois Health Facilities and Services Review Board to discontinue its Pediatric category of service with its 8 pediatric beds. The date of discontinuance will take effect 30 days following State Board approval.

In 2018, Advocate Sherman Hospital had 197 pediatric admissions. In 2019, the hospital admitted 153 pediatric patients.

The purpose of this letter is to inquire whether your hospital has or will have available capacity to accommodate a portion or all the experienced caseload. In addition, please indicate whether any restrictions or limitations preclude providing service to the residents of Advocate Sherman Hospital's market area.

Thank you for your consideration of this request.

Sincerely,

Sheri Deshazo  
President

A faith-based health system serving individuals, families and communities

Attachment #7, Exhibit #1

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition



1425 Randall Road || Elgin, IL 60123 || T 847.742 9800 || advocatehealth.com

November 9, 2020

Certified Mail

Vista Medical Center East  
1324 N. Sheridan Road  
Waukegan, IL 60085  
Attention: Norman Stephens

**Request for Impact Statement**

Dear Administrator;

This letter is to inform you that Advocate Sherman Hospital is seeking a Certificate of Exemption from the Illinois Health Facilities and Services Review Board to discontinue its Pediatric category of service with its 8 pediatric beds. The date of discontinuance will take effect 30 days following State Board approval.

In 2018, Advocate Sherman Hospital had 197 pediatric admissions. In 2019, the hospital admitted 153 pediatric patients.

The purpose of this letter is to inquire whether your hospital has or will have available capacity to accommodate a portion or all the experienced caseload. In addition, please indicate whether any restrictions or limitations preclude providing service to the residents of Advocate Sherman Hospital's market area.

Thank you for your consideration of this request.

Sincerely,

  
Sheri Deshazo  
President

A faith-based health system serving individuals, families and communities

Attachment #7, Exhibit #1

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition**

[illegible]

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition**

<b>U.S. Postal Service</b> <b>CERTIFIED MAIL® RECEIPT</b> <i>Domestic Mail Only</i>	
For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a>	
Certified Mail® <b>\$3.55</b>	Registered Mail® <b>\$2.85</b>
Return Receipt (hardcopy) \$ <b>3.00</b>	
Return Receipt (electronic) \$ <b>3.00</b>	
Certified Mail Restricted Delivery \$ <b>31.14</b>	
Adult Signature Required \$ <b>40.00</b>	
<input type="checkbox"/> Adult Signature Restricted Delivery \$ <b>51.00</b>	
Postage <b>\$1.00</b>	
Total Postage and Fees <b>\$97.40</b>	
Send To: <b>Vista Medical Center East</b> <b>1344 W. Sheridan Road</b> <b>Oak Brook, IL 60085</b>	
PS Form 3800, April 2015 PSN 7530-02-000-9017 See Reverse for Instructions	

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<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail™ (hardened delivery)	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery®	\$ _____


Postage \_\_\_\_\_

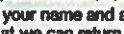

Rate/Postage and Fee \_\_\_\_\_

Sent by Wick Medical Center East  
6100 East Main St., #1000  
Leah W. Sheridan, RN  
CAG, P.O. Box 2077  
RAKECOAN, IL 60083

1-800-ASK-USPS (1-800-275-8777)      For more information, visit [www.usps.com](http://www.usps.com)

0906 DESK T000 0020 6'032

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<input type="checkbox"/> Complete Items 1, 2, and 3. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	
		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
		B. Received by (Printed Name)	C. Date of Delivery
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">             Vista Medical Center East              1324 N. Sheridan Road              White Haven, IL 60085              Attention: Norman Stephens           </div>		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
 9590 9402 5308 9154 7616 61		3. Service Type <input checked="" type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
2. Article Number (Transfer from service label) 7019 0700 0001 4530 9068		<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<p> <input type="checkbox"/> Complete Items 1, 2, and 3.  <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.  <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.         </p>		<p> <b>A. Signature</b>   <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee         </p>	
<p> <b>1. Article Addressed to:</b>            Vista Medical Center East            1324 N. Sheridan Road            Waukegan, IL 60085            Attention: Norman Stephens         </p>		<p> <b>B. Received by (Printed Name)</b>            Wm Stephens JR         </p>	
<p> <b>2. Article Addressed to:</b>            Vista Medical Center East            1324 N. Sheridan Road            Waukegan, IL 60085            Attention: Norman Stephens         </p>		<p> <b>C. Date of Delivery</b>            11-19-22         </p>	
<p> <b>3. Service Type</b>  <input checked="" type="checkbox"/> Adult Signature  <input type="checkbox"/> Adult Signature Restricted Delivery  <input type="checkbox"/> Certified Mail®  <input type="checkbox"/> Certified Mail Restricted Delivery  <input type="checkbox"/> Collect on Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery  <input type="checkbox"/> Insured Mail  <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)         </p>		<p> <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Signature Confirmation Restricted Delivery         </p>	
<p> <b>4. Article Number (Transfer from service label)</b>            7014 0700 0001 4530 9068         </p>		<p> <b>5. Barcode</b>   </p>	

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition

### **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.

#### **1. Health Care Facilities Owned and Operated by Advocate Health and Hospitals Corporation.**

Attachment 8 Exhibit 1 is the listing of all the facilities owned by Advocate Health Care Network - Exhibit 2 is the current state hospital license for Advocate Sherman Hospital. There are no other Illinois hospitals owned by Advocate Aurora Health, Inc. The most recent DNV accreditation certificate for the Hospital is included as Attachment 8, Exhibit 3.

#### **2. Certified Listing of Any Adverse Action Against Any Facility Owned or Operated by the Applicant**

By the signatures on the Certification pages, the applicants attest there have been no adverse actions against any facility owned and/or operated by Advocate Health Care Network and Advocate Aurora Health, Inc. as demonstrated by compliance with the CMS Conditions of Participation with Medicare and Medicaid, during the three years prior to the filing of this application.

#### **3. Authorization Permitting HFPB and DPH to Access Necessary Documentation**

Advocate Health Care Network, and Advocate Aurora Health, Inc. hereby authorize the Health Facilities and Services Review Board and the Department of Public Health to access information in order to verify any documentation or information submitted in response to the requirements of this subsection, or to obtain any documentation or information which the State Board or Department of Public Health find pertinent to this subsection.

#### **4. Attestation for Filing Multiple Certificates of Exemption in One Year 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.**

Not applicable. This is one of two exemptions filed by Advocate Health network in 2020.

Attachment #8

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition**

Facility	Location	License No.	DNV Accreditation No.
Advocate Sherman Hospital	1425 North Randall Rd Elgin, IL 60123	0005884	PRJC-496379-2013-MSL-USA
<b>Additional Hospitals owned and operated as part of Advocate Health Care Network</b>			
Facility	Location	License No.	DNV Accreditation No.
Advocate Christ Medical Center	4440 West 95th St Oak Lawn, IL 60453	0000315	PRJC-435588-2012-MSL-USA
Advocate Condell Medical Center	801 South Milwaukee Ave Libertyville, IL 60048	0005579	PRJC-492361-2013-AST-USA
Advocate Good Samaritan Hospital	3815 Highland Ave Downers Grove, IL 60515	0003384	PRJC-369029-2012-MSL-USA
Advocate Good Shepherd Hospital	450 West Highway 22 Barrington, IL 60010	0003475	PRJC-369027-2012-MSL-USA
Advocate Illinois Masonic Medical Center	836 West Wellington Ave Chicago, IL 60657	0005165	PRJC-529782-2015-AST-USA
Advocate Lutheran General Hospital	1775 Dempster St Park Ridge, IL 60068	0004796	PRJC-369033-2012-MSL-USA
Advocate South Suburban Hospital	17800 South Kedzie Ave Hazel Crest, IL 60429	0004697	PRJC-409982-2012-MSL-USA
Advocate Trinity Hospital	2320 East 93rd Street Chicago, IL 60617	0004176	PRJC-408213-2012-MSL-USA
<b>Additionally, AHHC has ownership interest of 50% or more in the following licensed health care facilities</b>			
Facility	Location	License No.	Joint Commission Accreditation No/ Accreditation Association for Ambulatory Health Care, Inc.
BroMenn Comfort and Care Suites	2502-B East Empire, Bloomington, IL	4000025	AAAH
Dreyer Ambulatory Surgery Center	1220 N. Highland Ave, Aurora, IL	7001779	AAAH

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition

**Illinois Department of PUBLIC HEALTH** **HF 120272**

**LICENSE, PERMIT, CERTIFICATION, REGISTRATION**

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

**Ngozi O. Ezike, M.D.**  
**Director**

Issued under the authority of the Illinois Department of Public Health

EXPIRATION DATE	CATEGORY	LIC. NUMBER
05/31/2021		0005884

**General Hospital**

**Effective: 08/01/2020**

**Advocate Sherman Hospital**  
**1425 North Randall Road**  
**Elgin, IL 60123**

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

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

Exp. Date 05/31/2021

Lic Number 0005884

Date Printed 03/19/2020

Advocate Sherman Hospital

1425 North Randall Road  
Elgin, IL 60123

FEE RECEIPT NO.

Attachment #8, Exhibit #2

# CERTIFICATE OF ACCREDITATION

Certificate No.:  
246588-2020-AHC-USA-NIAHO

Initial date:  
10/14/2020

Valid until:  
10/14/2023

This is to certify that:

## Advocate Sherman Hospital

1425 N. Randall Road, Elgin, IL 60123

has been found to comply with the requirements of the:

### NIAHO® Hospital Accreditation Program

Pursuant to the authority granted to DNV GL Healthcare USA, Inc. by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, this organization is deemed in compliance with the Medicare Conditions of Participation for Hospitals (42 C.F.R. §482).

This certificate is valid for a period of three (3) years from the Effective Date of Accreditation.

For the Accreditation Body:  
DNV GL - Healthcare  
Katy, TX



Patrick Morine  
Chief Executive Officer



Lack of essential fulfillment of the conditions set out in the Certification/Discontinuation Agreement may render this Certificate invalid.

DNV GL - Healthcare, 400 Techline Center Drive, Suite 100, Milford OH, 45150 Tel: 513-947-8343

[www.dnvglhealthcare.com](http://www.dnvglhealthcare.com)

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition

## 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.**

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
<b>Total</b>			
Charity (cost in dollars)	Year	Year	Year
Inpatient			
Outpatient			
<b>Total</b>			
MEDICAID			
Medicaid (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
<b>Total</b>			
<b>Medicaid (revenue)</b>			Attachment #9

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition

	Inpatient			
	Outpatient			
	<b>Total</b>			

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

No other providers reported any expected material impact on essential safety net services.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	2016	2017	2018
Inpatient	283	288	336
Outpatient	2554	2,106	2,269
<b>Total</b>	<b>2,837</b>	<b>2,394</b>	<b>2,605</b>
Charity (cost in dollars)			
Inpatient	\$2,972,000	\$1,651,000	\$3,361,000
Outpatient	\$2,991,000	\$1,655,000	\$2,743,000
<b>Total</b>	<b>5,963,000</b>	<b>\$3,306,000</b>	<b>\$6,104,000</b>
MEDICAID			
Medicaid (# of patients)	2016	2017	2018
Inpatient	2,481	2,364	2,451
Outpatient	54,325	53,479	51,533
<b>Total</b>	<b>56,806</b>	<b>55,843</b>	<b>53,984</b>
Medicaid (revenue)			
Inpatient	\$28,136,474	\$30,343,198	\$26,948,870
Outpatient	\$16,476,768	\$13,159,981	\$14,503,808
<b>Total</b>	<b>44,613,242</b>	<b>\$43,503,179</b>	<b>\$41,452,678</b>

Source: Hospital Profiles

Attachment #9, Exhibit #1

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition**

Other community services provided by Advocate Sherman Hospital in 2019 that are relevant to safety net service include the following:

		<b>Advocate Sherman</b>
<b>Language Services</b>		\$ 970,031
<b>Donations</b>		\$ 73,282
<b>Volunteer Services</b>		\$ 363,347
<b>Education</b>		\$ 3,108,406
<b>Subsidized Health Services</b>		\$ 162,690

Source: Community Benefit Report FY2019

The discontinuation of IP pediatrics is not expected to impact the essential safety net services provided in the community.

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition

## 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			
	Year	Year	Year
<b>Net Patient Revenue</b>			
Amount of Charity Care (charges)			
Cost of Charity Care			

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

Attachment #10

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
DISCONTINUATION APPLICATION FOR EXEMPTION- 08/2019 Edition**

<b>CHARITY CARE</b>			
	<b>2016</b>	<b>2017</b>	<b>2018</b>
Net Patient Revenue	\$ 319,923,141	\$ 293,670,573	\$ 310,393,910
Amount of Charity Care (charges)	\$ 31,466,447	\$ 16,692,165	\$ 30,017,281
Cost of Charity Care	\$ 5,963,234	\$ 3,305,497	\$ 6,103,934

Source: Hospital Records