

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

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

**This Section must be completed for all projects.**

**Facility/Project Identification**

Facility Name: Winchester Ambulatory Surgery Center		
Street Address: 1870 W. Winchester Rd., Suite 146		
City and Zip Code: Libertyville, IL 60048		
County: Lake	Health Service Area: 008	Health Planning Area: 097

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

Exact Legal Name: Winchester Ambulatory Surgery Center, LLC	
Street Address: 1870 W. Winchester Rd, Suite 146	
City and Zip Code: Libertyville, IL 60048	
Name of Registered Agent: Sean Lee, MD	
Registered Agent Street Address: 984 Sheridan Rd.	
Registered Agent City and Zip Code: Glencoe, IL 60022	
Name of Primary Manager: Sean Lee, MD	
Primary Manager Street Address: 1880 W. Winchester Rd., Suite 104	
Primary Manager City and Zip Code: Libertyville, IL 60048	
Primary Manager Telephone Number: 847-247-0187	

**Type of Ownership of Applicants**

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

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

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

**Primary Contact** [Person to receive ALL correspondence or inquiries]

Name: Kara Friedman
Title: Attorney
Company Name: Polsinelli PC
Address: 150 N. Riverside Plaza, Ste. 3000
Telephone Number: 312-873-3639
E-mail Address: <a href="mailto:kfriedman@polsinelli.com">kfriedman@polsinelli.com</a>
Fax Number:

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

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

**Post Permit Contact**

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

Name: Kara Friedman
Title: Attorney
Company Name: Polsinelli PC
Address: 150 N. Riverside Plaza, Ste. 3000
Telephone Number: 312-873-3639
E-mail Address: <a href="mailto:kfriedman@polsinelli.com">kfriedman@polsinelli.com</a>
Fax Number:

**Site Ownership**

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Winchester Medical Building, Ltd.
Address of Site Owner: 1870 W. Winchester Rd., Suite 146, Libertyville, IL 60048
Street Address or Legal Description of the Site: 1870 W. Winchester Rd., Suite 146 Libertyville, IL 60048
<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: Winchester Ambulatory Surgery Center, LLC	
Address: 1880 W. Winchester Rd., Suite 104 Libertyville, IL 60048	
<input type="checkbox"/> Non-profit Corporation <input type="checkbox"/> For-profit Corporation <input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Partnership <input type="checkbox"/> Governmental <input type="checkbox"/> Sole Proprietorship
<input type="checkbox"/> Other	
<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>	
<b>APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>	

**Organizational Relationships**

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

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

**Flood Plain Requirements**

[Refer to application instructions.]

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

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

**Historic Resources Preservation Act Requirements**

[Refer to application instructions.]

Provide documentation regarding compliance with the requirements of the Historic Resources Preservation Act.

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

**DESCRIPTION OF PROJECT****1. Project Classification**

[Check those applicable - refer to Part 1110.20 and Part 1120.20(b)]

Part 1110 Classification:

☒ Substantive

☐ Non-substantive

**2. Narrative Description**

In the space below, provide a brief narrative description of the project. Explain **WHAT** is to be done in **State Board defined terms**, **NOT WHY** it is being done. If the project site does NOT have a street address, include a legal description of the site. Include the rationale regarding the project's classification as substantive or non-substantive.

Winchester Ambulatory Surgery Center, LLC (the "Applicant") seeks authority to establish a single-specialty ambulatory surgical treatment center ("ASTC") limited to endoscopy (gastroenterology) services with two procedure rooms and four recovery stations at 1870 West Winchester Rd., Suite 146, Libertyville, Illinois 60048. The ASTC will consist of 4,166 gross square feet of clinical space.

This project is classified as a substantive project because it proposes the establishment of a new healthcare facility.

**Project Costs and Sources of Funds**

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-reviewable components that are not related to the provision of health care, complete the second column of the table below. Note, the use and sources of funds must be equal.

<b>Project Costs and Sources of Funds</b>			
<b>USE OF FUNDS</b>	<b>CLINICAL</b>	<b>NONCLINICAL</b>	<b>TOTAL</b>
Preplanning Costs	\$0	\$0	\$0
Site Survey and Soil Investigation	\$0	\$0	\$0
Site Preparation	\$0	\$0	\$0
Off Site Work	\$0	\$0	\$0
New Construction Contracts	\$0	\$0	\$0
Modernization Contracts	\$0	\$0	\$0
Contingencies	\$0	\$0	\$0
Architectural/Engineering Fees	\$0	\$0	\$0
Consulting and Other Fees	\$0	\$0	\$0
Movable or Other Equipment (not in construction contracts)	\$45,000	\$0	\$45,000
Bond Issuance Expense (project related)	\$0	\$0	\$0
Net Interest Expense During Construction (project related)	\$0	\$0	\$0
Fair Market Value of Leased Space or Equipment	\$0	\$0	\$0
Other Costs To Be Capitalized	\$338,927	\$0	\$338,927
Acquisition of Building or Other Property (excluding land)	\$0	\$0	\$0
<b>TOTAL USES OF FUNDS</b>	<b>\$383,927</b>	<b>\$0</b>	<b>\$383,927</b>
<b>SOURCE OF FUNDS</b>	<b>CLINICAL</b>	<b>NONCLINICAL</b>	<b>TOTAL</b>
Cash and Securities	\$45,000	\$0	\$45,000
Pledges	\$0	\$0	\$0
Gifts and Bequests	\$0	\$0	\$0
Bond Issues (project related)	\$0	\$0	\$0
Mortgages	\$0	\$0	\$0
Leases (fair market value)	\$0	\$0	\$0
Governmental Appropriations	\$0	\$0	\$0
Grants	\$0	\$0	\$0
Other Funds and Sources (NBV of equipment to be transferred)	\$338,927	\$0	\$338,927
<b>TOTAL SOURCES OF FUNDS</b>	<b>\$383,927</b>	<b>\$0</b>	<b>\$383,927</b>
<b>NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>			



**Related Project Costs**

Provide the following information, as applicable, with respect to any land related to the project that will be or has been acquired during the last two calendar years:

Land acquisition is related to project <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Purchase Price: \$ _____ Fair Market Value: \$ _____
The project involves the establishment of a new facility or a new category of service <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide the dollar amount of all <b>non-capitalized</b> operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.  Estimated start-up costs and operating deficit cost is \$ <u>236,429</u>

**Project Status and Completion Schedules**

**For facilities in which prior permits have been issued please provide the permit numbers.**

Indicate the stage of the project's architectural drawings:

- ☒ None or not applicable ☐ Preliminary  
☐ Schematics ☐ Final Working

Anticipated project completion date (refer to Part 1130.140): December 31, 2021

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

- ☐ Purchase orders, leases or contracts pertaining to the project have been executed.  
☐ Financial commitment is contingent upon permit issuance. Provide a copy of the contingent "certification of financial commitment" document, highlighting any language related to CON Contingencies  
☒ Financial Commitment will occur after permit issuance.

**APPEND DOCUMENTATION AS ATTACHMENT 8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

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

Are the following submittals up to date as applicable:

- ☒ Cancer Registry  
☐ APORS N/A  
☒ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted  
☒ All reports regarding outstanding permits

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

**Cost Space Requirements**

Provide in the following format, the **Departmental Gross Square Feet (DGSF)** or the **Building Gross Square Feet (BGSF)** and cost. The type of gross square footage either **DGSF** or **BGSF** must be identified. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the department's or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
<b>REVIEWABLE</b>							
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical							
<b>NON REVIEWABLE</b>							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
<b>TOTAL</b>							

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

**Facility Bed Capacity and Utilization**

Complete the following chart, as applicable. Complete a separate chart for each facility that is a part of the project and insert the chart after this page. Provide the existing bed capacity and utilization data for the latest **Calendar Year for which data is available**. Include **observation days in the patient day totals for each bed service**. Any bed capacity discrepancy from the Inventory will result in the application being deemed **incomplete**.

<b>FACILITY NAME:</b>		<b>CITY:</b>			
<b>REPORTING PERIOD DATES:</b>		<b>From:</b>	<b>to:</b>		
<b>Category of Service</b>	<b>Authorized Beds</b>	<b>Admissions</b>	<b>Patient Days</b>	<b>Bed Changes</b>	<b>Proposed Beds</b>
Medical/Surgical					
Obstetrics					
Pediatrics					
Intensive Care					
Comprehensive Physical Rehabilitation					
Acute/Chronic Mental Illness					
Neonatal Intensive Care					
General Long Term Care					
Specialized Long Term Care					
Long Term Acute Care					
Other ((identify))					
<b>TOTALS:</b>					



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

SIGNATURE  
Sean Lee, MD  
PRINTED NAME

Authorized Representative  
PRINTED TITLE

SIGNATURE  
John Tasiopoulos, MD  
PRINTED NAME

Authorized Representative  
PRINTED TITLE

Notarization:  
Subscribed and sworn to before me  
this 25<sup>th</sup> day of January 2021

Notarization:  
Subscribed and sworn to before me  
this 25<sup>th</sup> day of January 2021

Dominika Harezga  
Signature of Notary

Seal

DOMINIKA M HAREZGA  
Official Seal  
Notary Public - State of Illinois  
My Commission Expires Mar 22, 2022

\*Insert the EXACT legal name of the applicant

Dominika Harezga  
Signature of Notary

Seal

DOMINIKA M HAREZGA  
Official Seal  
Notary Public - State of Illinois  
My Commission Expires Mar 22, 2022

**SECTION II. DISCONTINUATION N/A**

This Section is applicable to the discontinuation of a health care facility, relocation of a health care facility, or discontinuation of more than one category of service in a 6-month period. If the project is solely for a discontinuation of a health care facility the **Background of the Applicant(s) and Purpose of Project MUST** be addressed. **A copy of the Notice to the Local Media MUST be submitted with this Application for Discontinuation (20 ILCS 3960/8.7).**

**Criterion 1110.290 – Discontinuation**

READ THE REVIEW CRITERION and provide the following information:

**GENERAL INFORMATION REQUIREMENTS**

1. Identify the categories of service and the number of beds, if any that are to be discontinued.
2. Identify all of the other clinical services that are to be discontinued.
3. Provide the anticipated date of discontinuation for each identified service or for the entire facility.
4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
5. Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued and the length of time the records will be maintained.
6. Provide copies of the notices that were provided to the local media that would routinely be notified about facility events.
7. For applications involving the discontinuation of an entire facility, provide copies of the notices that were sent to the municipality in which the facility is located, the State Representative and State Senator of the district in which the health care facility is located, the Director of Public Health, and the Director of Healthcare and Family Services. These notices shall have been made at least 30 days prior to filing of the application.
8. For applications involving the discontinuation of an entire facility, 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.

**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 1110.290(b) for examples.

**IMPACT ON ACCESS**

1. Document whether or not the discontinuation of each service or of the entire facility will have an adverse effect upon access to care for residents of the facility's market area.
2. Document that a written request for an impact statement was received by all existing or approved health care facilities (that provide the same services as those being discontinued) located within the **geographic service area**.

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

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

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

#### 1110.110(a) – Background of the Applicant

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 listing of all health care facilities currently owned and/or operated in Illinois, by any corporate officers or directors, LLC members, partners, or owners of at least 5% of the proposed health care facility.
3. For the following questions, please provide information for each applicant, including corporate officers or directors, LLC members, partners and owners of at least 5% of the proposed facility. A health care facility is considered owned or operated by every person or entity that owns, directly or indirectly, an ownership interest.
  - a. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant, directly or indirectly, during the three years prior to the filing of the application.
  - b. A certified listing of each applicant, identifying those individuals that have been cited, arrested, taken into custody, charged with, indicted, convicted or tried for, or pled guilty to the commission of any felony or misdemeanor or violation of the law, except for minor parking violations; or the subject of any juvenile delinquency or youthful offender proceeding. Unless expunged, provide details about the conviction and submit any police or court records regarding any matters disclosed.
  - c. A certified and detailed listing of each applicant or person charged with fraudulent conduct or any act involving moral turpitude.
  - d. A certified listing of each applicant with one or more unsatisfied judgements against him or her.
  - e. A certified and detailed listing of each applicant who is in default in the performance or discharge of any duty or obligation imposed by a judgment, decree, order or directive of any court or governmental agency.
4. 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.**
5. If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest that the information was previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

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

**Criterion 1110.110(b) & (d)****PURPOSE OF PROJECT**

1. Document that the project will provide health services that improve the health care or well-being of the market area population to be served.
2. Define the planning area or market area, or other relevant area, per the applicant's definition.
3. Identify the existing problems or issues that need to be addressed as applicable and appropriate for the project.
4. Cite the sources of the documentation.
5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.
6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals as appropriate.

For projects involving modernization, describe the conditions being upgraded, if any. For facility projects, include statements of the age and condition of the project site, as well as regulatory citations, if any. For equipment being replaced, include repair and maintenance records.

**NOTE:** Information regarding the "Purpose of the Project" will be included in the State Board Staff Report.

**APPEND DOCUMENTATION AS ATTACHMENT 12, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-6) MUST BE IDENTIFIED IN ATTACHMENT 12.**

**ALTERNATIVES**

- 1) Identify **ALL** of the alternatives to the proposed project:

Alternative options **must** include:

- A) Proposing a project of greater or lesser scope and cost;
- B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;
- C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and
- D) Provide the reasons why the chosen alternative was selected.

- 2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality and financial benefits in both the short-term (within one to three years after project completion) and long-term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED, THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**
- 3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

**APPEND DOCUMENTATION AS ATTACHMENT 13, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**SECTION IV. PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE****Criterion 1110.120 - Project Scope, Utilization, and Unfinished/Shell Space**

READ THE REVIEW CRITERION and provide the following information:

**SIZE OF PROJECT:**

1. Document that the amount of physical space proposed for the proposed project is necessary and not excessive. **This must be a narrative and it shall include the basis used for determining the space and the methodology applied.**
2. If the gross square footage exceeds the BGSF/DGSF standards in Appendix B, justify the discrepancy by documenting one of the following:
  - a. Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies and certified by the facility's Medical Director.
  - b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that delineates the constraints or impediments.
  - c. The project involves the conversion of existing space that results in excess square footage.
  - d. Additional space is mandated by governmental or certification agency requirements that were not in existence when Appendix B standards were adopted.

**Provide a narrative for any discrepancies from the State Standard. A table must be provided in the following format with Attachment 14.**

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?

**APPEND DOCUMENTATION AS ATTACHMENT 14, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**PROJECT SERVICES UTILIZATION:**

**This criterion is applicable only to projects or portions of projects that involve services, functions or equipment for which HFSRB has established utilization standards or occupancy targets in 77 Ill. Adm. Code 1100.**

**Document that in the second year of operation, the annual utilization of the service or equipment shall meet or exceed the utilization standards specified in 1110.Appendix B. A narrative of the rationale that supports the projections must be provided.**

**A table must be provided in the following format with Attachment 15.**

UTILIZATION					
	DEPT./ SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD	MEET STANDARD?
YEAR 1					
YEAR 2					

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

**UNFINISHED OR SHELL SPACE:**

Provide the following information:

1. Total gross square footage (GSF) of the proposed shell space.
2. The anticipated use of the shell space, specifying the proposed GSF to be allocated to each department, area or function.
3. Evidence that the shell space is being constructed due to:
  - a. Requirements of governmental or certification agencies; or
  - b. Experienced increases in the historical occupancy or utilization of those areas proposed to occupy the shell space.
4. Provide:
  - a. Historical utilization for the area for the latest five-year period for which data is available; and
  - b. Based upon the average annual percentage increase for that period, projections of future utilization of the area through the anticipated date when the shell space will be placed into operation.

**APPEND DOCUMENTATION AS ATTACHMENT 16, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**ASSURANCES:**

Submit the following:

1. Verification that the applicant will submit to HFSRB a CON application to develop and utilize the shell space, regardless of the capital thresholds in effect at the time or the categories of service involved.
2. The estimated date by which the subsequent CON application (to develop and utilize the subject shell space) will be submitted; and
3. The anticipated date when the shell space will be completed and placed into operation.

**APPEND DOCUMENTATION AS ATTACHMENT 17, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**



**SECTION V. SERVICE SPECIFIC REVIEW CRITERIA**

Sections A-F and H-O are not applicable

**G. Non-Hospital Based Ambulatory Surgery**

Applicants proposing to establish, expand and/or modernize the Non-Hospital Based Ambulatory Surgery category of service must submit the following information.

ASTC Service
<input type="checkbox"/> Cardiovascular
<input type="checkbox"/> Colon and Rectal Surgery
<input type="checkbox"/> Dermatology
<input type="checkbox"/> General Dentistry
<input type="checkbox"/> General Surgery
<input checked="" type="checkbox"/> Gastroenterology
<input type="checkbox"/> Neurological Surgery
<input type="checkbox"/> Nuclear Medicine
<input type="checkbox"/> Obstetrics/Gynecology
<input type="checkbox"/> Ophthalmology
<input type="checkbox"/> Oral/Maxillofacial Surgery
<input type="checkbox"/> Orthopedic Surgery
<input type="checkbox"/> Otolaryngology
<input type="checkbox"/> Pain Management
<input type="checkbox"/> Physical Medicine and Rehabilitation
<input type="checkbox"/> Plastic Surgery
<input type="checkbox"/> Podiatric Surgery
<input type="checkbox"/> Radiology
<input type="checkbox"/> Thoracic Surgery
<input type="checkbox"/> Urology
<input type="checkbox"/> Other

3. READ the applicable review criteria outlined below and submit the required documentation for the criteria:

APPLICABLE REVIEW CRITERIA	Establish New ASTC or Service	Expand Existing Service
1110.235(c)(2)(B) – Service to GSA Residents	X	X
1110.235(c)(3) – Service Demand – Establishment of an ASTC or Additional ASTC Service	X	
1110.235(c)(4) – Service Demand – Expansion of Existing ASTC Service		X
1110.235(c)(5) – Treatment Room Need Assessment	X	X
1110.235(c)(6) – Service Accessibility	X	
1110.235(c)(7)(A) – Unnecessary Duplication/Maldistribution	X	

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1110.235(c)(7)(B) – Maldistribution	X	
1110.235(c)(7)(C) – Impact to Area Providers	X	
1110.235(c)(8) – Staffing	X	X
1110.235(c)(9) – Charge Commitment	X	X
1110.235(c)(10) – Assurances	X	X

**APPEND DOCUMENTATION AS ATTACHMENT 24, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

The following Sections **DO NOT** need to be addressed by the applicants or co-applicants responsible for funding or guaranteeing the funding of the project if the applicant has a bond rating of A- or better from Fitch's or Standard and Poor's rating agencies, or A3 or better from Moody's (the rating shall be affirmed within the latest 18-month period prior to the submittal of the application):

- Section 1120.120 Availability of Funds – Review Criteria
- Section 1120.130 Financial Viability – Review Criteria
- Section 1120.140 Economic Feasibility – Review Criteria, subsection (a)

## VI. 1120.120 - AVAILABILITY OF FUNDS

The applicant shall document that financial resources shall be available and be equal to or exceed the estimated total project cost plus any related project costs by providing evidence of sufficient financial resources from the following sources, as applicable [Indicate the dollar amount to be provided from the following sources]:

\$45,000	<p>a) Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:</p> <ol style="list-style-type: none"> <li>1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and</li> <li>2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;</li> </ol> <p>b) Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.</p> <p>c) Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;</p> <p>d) Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including:</p> <ol style="list-style-type: none"> <li>1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated;</li> <li>2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate;</li> <li>3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.;</li> <li>4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment;</li> </ol>
_____	
_____	
_____	

	5) For any option to lease, a copy of the option, including all terms and conditions.
	e) Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
	f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
\$338,927	g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
\$383,927	<b>TOTAL FUNDS AVAILABLE</b>

**APPEND DOCUMENTATION AS ATTACHMENT 33, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**SECTION VII. 1120.130 - FINANCIAL VIABILITY**

All the applicants and co-applicants shall be identified, specifying their roles in the project funding or guaranteeing the funding (sole responsibility or shared) and percentage of participation in that funding.

**Financial Viability Waiver**

The applicant is not required to submit financial viability ratios if:

1. "A" Bond rating or better
2. All of the projects capital expenditures are completely funded through internal sources
3. The applicant's current debt financing or projected debt financing is insured or anticipated to be insured by MBIA (Municipal Bond Insurance Association Inc.) or equivalent
4. The applicant provides a third party surety bond or performance bond letter of credit from an A rated guarantor.

See Section 1120.130 Financial Waiver for information to be provided

**APPEND DOCUMENTATION AS ATTACHMENT 34, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

The applicant or co-applicant that is responsible for funding or guaranteeing funding of the project shall provide viability ratios for the latest three years for which **audited financial statements are available and for the first full fiscal year at target utilization, but no more than two years following project completion.** When the applicant's facility does not have facility specific financial statements and the facility is a member of a health care system that has combined or consolidated financial statements, the system's viability ratios shall be provided. If the health care system includes one or more hospitals, the system's viability ratios shall be evaluated for conformance with the applicable hospital standards.

	Historical 3 Years			Projected
<b>Enter Historical and/or Projected Years:</b>				
Current Ratio				
Net Margin Percentage				
Percent Debt to Total Capitalization				
Projected Debt Service Coverage				
Days Cash on Hand				
Cushion Ratio				

Provide the methodology and worksheets utilized in determining the ratios detailing the calculation and applicable line item amounts from the financial statements. Complete a separate table for each co-applicant and provide worksheets for each.

**Variance**

Applicants not in compliance with any of the viability ratios shall document that another organization, public or private, shall assume the legal responsibility to meet the debt obligations should the applicant default.

**APPEND DOCUMENTATION AS ATTACHMENT 35, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**SECTION VIII.1120.140 - ECONOMIC FEASIBILITY**

This section is applicable to all projects subject to Part 1120.

**A. Reasonableness of Financing Arrangements**

The applicant shall document the reasonableness of financing arrangements by submitting a notarized statement signed by an authorized representative that attests to one of the following:

- 1) That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or
- 2) That the total estimated project costs and related costs will be funded in total or in part by borrowing because:
  - A) A portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order to maintain a current ratio of at least 2.0 times for hospitals and 1.5 times for all other facilities; or
  - B) Borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

**B. Conditions of Debt Financing**

This criterion is applicable only to projects that involve debt financing. The applicant shall document that the conditions of debt financing are reasonable by submitting a notarized statement signed by an authorized representative that attests to the following, as applicable:

- 1) That the selected form of debt financing for the project will be at the lowest net cost available;
- 2) That the selected form of debt financing will not be at the lowest net cost available, but is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs and other factors;
- 3) That the project involves (in total or in part) the leasing of equipment or facilities and that the expenses incurred with leasing a facility or equipment are less costly than constructing a new facility or purchasing new equipment.

**C. Reasonableness of Project and Related Costs**

Read the criterion and provide the following:

1. Identify each department or area impacted by the proposed project and provide a cost and square footage allocation for new construction and/or modernization using the following format (insert after this page).



COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New	Circ.*	Gross Sq. Ft. Mod.	Circ.*	Const. \$ (A x C)	Mod. \$ (B x E)	
Contingency									
TOTALS									

\* Include the percentage (%) of space for circulation

**D. Projected Operating Costs**

The applicant shall provide the projected direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year at target utilization but no more than two years following project completion. Direct cost means the fully allocated costs of salaries, benefits and supplies for the service.

**E. Total Effect of the Project on Capital Costs**

The applicant shall provide the total projected annual capital costs (in current dollars per equivalent patient day) for the first full fiscal year at target utilization but no more than two years following project completion.

**APPEND DOCUMENTATION AS ATTACHMENT 36, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**SECTION IX. SAFETY NET IMPACT STATEMENT**

**SAFETY NET IMPACT STATEMENT that describes all the following must be submitted for ALL SUBSTANTIVE PROJECTS AND PROJECTS TO DISCONTINUE HEALTH CARE FACILITIES [20 ILCS 3960/5.4]:**

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

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

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

**A table in the following format must be provided as part of Attachment 37.**

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>			
Medicaid (revenue)	Year	Year	Year
Inpatient			
Outpatient			

Total			
-------	--	--	--

APPEND DOCUMENTATION AS ATTACHMENT 37, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**SECTION X. CHARITY CARE INFORMATION**

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

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

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

A table in the following format must be provided for all facilities as part of Attachment 39.

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

APPEND DOCUMENTATION AS **ATTACHMENT 38**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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

INDEX OF ATTACHMENTS		
ATTACHMENT NO.		PAGES
1	Applicant Identification including Certificate of Good Standing	26
2	Site Ownership	27-29
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	30
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	31
5	Flood Plain Requirements	32-34
6	Historic Preservation Act Requirements	35-36
7	Project and Sources of Funds Itemization	37
8	Financial Commitment Document if required	38
9	Cost Space Requirements	39
10	Discontinuation	40
11	Background of the Applicant	41
12	Purpose of the Project	42-50
13	Alternatives to the Project	51-52
14	Size of the Project	53
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16	Unfinished or Shell Space	55
17	Assurances for Unfinished/Shell Space	55
	<b>Service Specific:</b>	
18	Medical Surgical Pediatrics, Obstetrics, ICU	56
19	Comprehensive Physical Rehabilitation	56
20	Acute Mental Illness	56
21	Open Heart Surgery	56
22	Cardiac Catheterization	56
23	In-Center Hemodialysis	56
24	Non-Hospital Based Ambulatory Surgery	57-72
25	Selected Organ Transplantation	56
26	Kidney Transplantation	56
27	Subacute Care Hospital Model	56
28	Community-Based Residential Rehabilitation Center	56
29	Long Term Acute Care Hospital	56
30	Clinical Service Areas Other than Categories of Service	56
31	Freestanding Emergency Center Medical Services	56
32	Birth Center	56
	<b>Financial and Economic Feasibility:</b>	
33	Availability of Funds	73-74
34	Financial Waiver	75
35	Financial Viability	76-77
36	Economic Feasibility	78-83
37	Safety Net Impact Statement	84-85
38	Charity Care Information	86

File Number

0974144-5



**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*

WINCHESTER AMBULATORY SURGERY CENTER LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JANUARY 18, 2021, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set***  
*my hand and cause to be affixed the Great Seal of*  
*the State of Illinois, this 22ND*  
*day of JANUARY A.D. 2021 .*

*Jesse White*

SECRETARY OF STATE

Authentication #: 2102204018 verifiable until 01/22/2022

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



**Attachment 2, Site Ownership**

Winchester Medical Building, Ltd. owns the physical plant and will lease suite 146 to Winchester Ambulatory Surgery Center, LLC.

A letter attesting to site control is attached.

## NON-BINDING REAL ESTATE LEASE LETTER OF INTENT

January 25, 2021

Sean Lee, M.D.  
Winchester Ambulatory Surgery Center, LLC  
1880 West Winchester Road  
Libertyville, Illinois 60048

**Re: Letter of Intent – Winchester Ambulatory Surgery Center Real Estate Lease  
for 1870 West Winchester Road, Libertyville, Illinois**

Dear Dr. Lee:

This Non-Binding Letter of Intent sets forth the material terms and conditions pursuant to which Winchester Medical Building, Ltd. ("Lessor") is prepared to lease space in the medical office building located at 1870 West Winchester Road, Libertyville, Illinois 60048 ("Subject Property") to Winchester Ambulatory Surgery Center, LLC ("Lessee"). This letter shall serve as a Non-Binding Letter of Intent to lease the Subject Property.

### **Proposed Terms and Conditions**

- |                    |  |
|--------------------|--|
| Space:             | 4,166 gross square feet inclusive of common area allocation as determined by the Winchester Court Condominium Association to be located at 1870 West Winchester Road, Libertyville, Illinois.  |
| Use:               | Lessee shall use and occupy the Subject Property for the purpose of a licensed endoscopy center.   |
| Lease Term:        | Initial term will be ten (10) years effective upon the later of the completion of construction or Lessee occupancy. Lessor will grant Lessee two (2) renewal options each for a period of five (5) years.  |
| Lease Rate:        | The lease rate will be based upon the Lessor's costs associated with the Subject Property, which shall include but not be limited to debt service on the mortgage, property taxes, and insurance on the Subject Property, with a reasonable rate of rate of return. The anticipated annual costs for the Subject Property are projected to be \$180,000.     |
| Lease Contingency: | Lessor and Lessee understand and agree that the establishment of any licensed surgery center in the State of Illinois is subject to the requirements of the Illinois Health Facilities Planning Act, 20 ILCS 3960/1 et seq. and, thus, Lessee cannot establish a licensed endoscopy center on the Subject Property or execute a binding real estate lease in |

connection therewith unless Lessee obtains a Certificate of Need (CON) permit from the Illinois Health Facilities and Services Review Board. Thus, any lease executed hereafter between Lessor and Lessee relating to the Subject Property shall be contingent upon Lessee's receipt of a certificate of need permit for the establishment of a limited-specialty ambulatory surgical treatment center from the Illinois Health Facilities and Services Review Board.

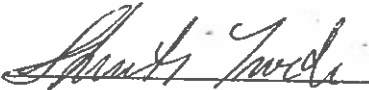
The parties agree that this letter shall not be binding on the parties and does not address all essential terms of the lease agreement contemplated by this letter of intent. Neither party may claim any legal right against the other by reason of any action taken in reliance on this non-binding letter. A binding agreement shall not exist between the parties unless and until a lease agreement has been executed and delivered by both parties.

If the above terms and conditions are acceptable, please indicate your acceptance by executing a copy of this letter and returning it to me.

Sincerely,

Winchester Medical Building, Ltd.

By:

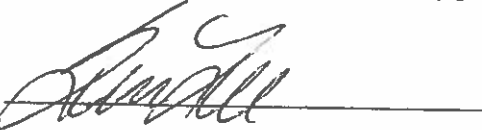


Its: Authorized Agent

AGREED TO AND ACCEPTED THIS 25<sup>th</sup> DAY OF January, 2021:

**WINCHESTER AMBULATORY SURGERY CENTER, LLC**

By:



Print Name: Scan Lec, M.D.

Title: Authorized Representative

File Number

0974144-5



**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*

WINCHESTER AMBULATORY SURGERY CENTER LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JANUARY 18, 2021, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



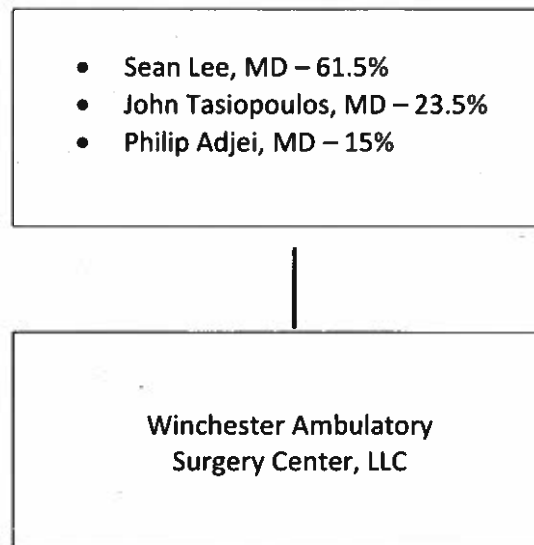
***In Testimony Whereof, I hereto set  
my hand and cause to be affixed the Great Seal of  
the State of Illinois, this 22ND  
day of JANUARY A.D. 2021 .***

*Jesse White*

SECRETARY OF STATE

Authentication #: 2102204018 verifiable until 01/22/2022

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

**Entity Chart**

### **Flood Plain Requirements**

The site of the proposed project complies with the requirements of Illinois Executive Order #2005-5. The proposed site is located at 1870 W. Winchester Rd., Illinois 60048. Please see the attached Flood Plain Insurance Rate Map (FIRM) and FEMA Flood Map documenting that the project site is not located in a Special Flood Hazard Area.





# FEMA Flood Map Service Center: Search By Address

Navigation

Search

Languages

MSC Home (/portal/)

MSC Search by Address  
(/portal/search)

MSC Search All Products  
(/portal/advanceSearch)

▼ MSC Products and Tools  
(/portal/resources/productsandtools)

Hazus  
(/portal/resources/hazus)

LOMC Batch Files  
(/portal/resources/lomc)

Product Availability  
(/portal/productAvailability)

MSC Frequently Asked  
Questions (FAQs)  
(/portal/resources/faq)

MSC Email Subscriptions  
(/portal/subscriptionHome)

Contact MSC Help  
(/portal/resources/contact)

Enter an address, place, or coordinates: ?

1870 W. Winchester Rd. libertyville, il 60048

Search

*The USGS will be conducting network maintenance Friday, July 24th, through Sunday, July 26th. Maintenance may impact the ability to access the National Map data which will affect the visibility of the base map (for example: trees, houses) during this time frame.*

Whether you are in a high risk zone or not, you may need [flood insurance \(https://www.fema.gov/national-flood-insurance-program\)](https://www.fema.gov/national-flood-insurance-program) because most homeowners insurance doesn't cover flood damage. If you live in an area with low or moderate flood risk, you are 5 times more likely to experience flood than a fire in your home over the next 30 years. For many, a National Flood Insurance Program's flood insurance policy could cost less than \$400 per year. Call your insurance agent today and protect what you've built.

Learn more about [steps you can take \(https://www.fema.gov/what-mitigation\)](https://www.fema.gov/what-mitigation) to reduce flood risk damage.

## Search Results—Products for LIBERTYVILLE, VILLAGE OF

Show ALL Products » (<https://msc.fema.gov/portal/availabilitySearch?addcommunity=170377&communityName=LIBERTYVILLE>)

The flood map for the selected area is number **17097C0161K**, effective on **09/18/2013** ?

### DYNAMIC MAP



PRINT MAP / FIRMette

### MAP IMAGE



DOWNLOAD FIRM PANEL

([https://msc.fema.gov/portal/downloadProduct?](https://msc.fema.gov/portal/downloadProduct?filepath=/17/P/Firm/17097C0161K.png&productTypeID=FINAL_PRODUCT&productSubTypeID=FIRM_PANEL)

[filepath=/17/P/Firm/17097C0161K.png&productTypeID=FINAL\\_PRODUCT&productSubTypeID=FIRM\\_PANEL](https://msc.fema.gov/portal/downloadProduct?filepath=/17/P/Firm/17097C0161K.png&productTypeID=FINAL_PRODUCT&productSubTypeID=FIRM_PANEL))

### Changes to this FIRM ?

Revisions (0)

Amendments (2)

Revalidations (3)

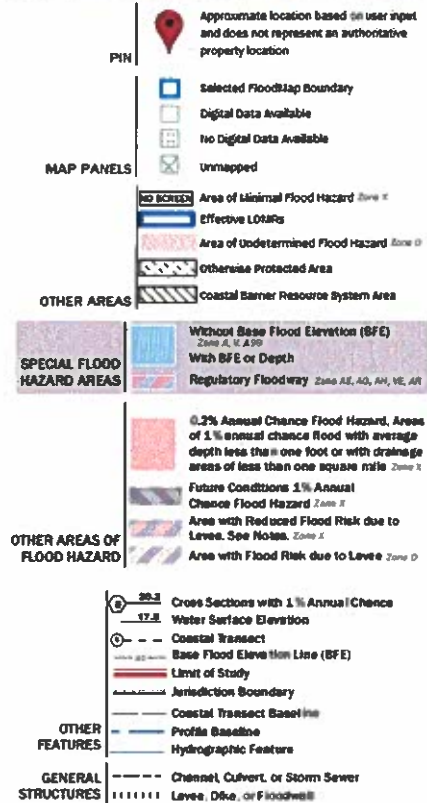
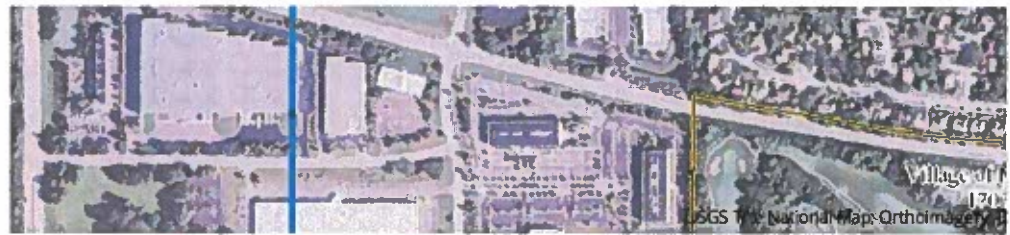
*You can choose a new flood map or move the location pin by selecting a different location on the locator map below or by entering a new location in the search field above. It may take a minute or more during peak hours to generate a dynamic FIRMette. If you are a person with a disability, are blind, or have low vision, and need assistance, please contact a map specialist (<https://msc.fema.gov/portal/resources/contact>).*

Go To NFHL Viewer » (<https://hazards-fema.maps.arcgis.com/apps/webappviewer/index.html?id=8b0adb51996444d>)



7/27/2020

## FEMA Flood Map Service Center | Search By Address



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[Home \(//www.fema.gov/\)](https://www.fema.gov/)
[Download Plug-ins \(//www.fema.gov/download-plugin-ins\)](https://www.fema.gov/download-plugin-ins)
[About Us \(//www.fema.gov/about-us\)](https://www.fema.gov/about-us)
[Privacy Policy \(//www.fema.gov/privacy-policy\)](https://www.fema.gov/privacy-policy)
[FOIA \(//www.fema.gov/foia\)](https://www.fema.gov/foia)
[Office of the Inspector General \(//www.oig.dhs.gov/\)](https://www.oig.dhs.gov/)
[Strategic Plan \(//www.fema.gov/fema-strategic-plan\)](https://www.fema.gov/fema-strategic-plan)
[Whitehouse.gov \(//www.whitehouse.gov\)](https://www.whitehouse.gov/)
[DHS.gov \(//www.dhs.gov\)](https://www.dhs.gov/)
[Ready.gov \(//www.ready.gov\)](https://www.ready.gov/)
[USA.gov \(//www.usa.gov\)](https://www.usa.gov/)
[DisasterAssistance.gov \(//www.disasterassistance.gov/\)](https://www.disasterassistance.gov/)


[Report Fraud, Waste & Abuse \(https://www.oig.dhs.gov/hotline\)](https://www.oig.dhs.gov/hotline)

Official website of the Department of Homeland Security

## **Historic Resources Preservation Act Requirements**

A letter from the Illinois Historic Preservation Agency stating that the proposed project complies with the requirements of the Historic Resources Preservation Act is included as part of this Attachment-6.





## Illinois Department of Natural Resources

One Natural Resources Way Springfield, Illinois 62702-1271

[www.dnr.illinois.gov](http://www.dnr.illinois.gov)

Mailing Address: 1 Old State Capitol Plaza, Springfield, IL 62701

JB Pritzker, Governor

Colleen Callahan, Director

FAX (217) 524-7525

Lake County  
Libertyville

CON - Re-establish an Ambulatory Surgical Treatment Center  
1870 W. Winchester Rd., Suite 146  
SHPO Log #025082720

October 6, 2020

Collin Anderson  
26 Lange Avenue  
Savoy, IL 61874

Dear Mr. Anderson:

This letter is to inform you that we have reviewed the information provided concerning the referenced project.

Our review of the records indicates that no historic, architectural or archaeological sites exist within the project area.

Please retain this letter in your files as evidence of compliance with Section 4 of the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420/1 et. seq.). This clearance remains in effect for two years from date of issuance. It does not pertain to any discovery during construction, nor is it a clearance for purposes of the Illinois Human Skeletal Remains Protection Act (20 ILCS 3440).

If you have any further questions, please call 217/782-4836.

Sincerely,

Robert F. Appleman  
Deputy State Historic  
Preservation Officer

Project Costs			
Use of Funds	Clinical	Non-Clinical	Total
Preplanning Costs	\$0	\$0	\$0
Site Survey and Soil Investigation	\$0	\$0	\$0
Site Preparation	\$0	\$0	\$0
Off Site Work	\$0	\$0	\$0
New Construction Costs	\$0	\$0	\$0
Modernization Contracts	\$0	\$0	\$0
Contingencies	\$0	\$0	\$0
Architectural/Engineering Fees	\$0	\$0	\$0
Consulting and Other Fees	\$0	\$0	\$0
Movable and Other Equipment (not in construction contracts)	\$45,000	\$0	\$45,000
Bond Issuance Expense (Project related)	\$0	\$0	\$0
Net Interest Expense During Construction (Project related)	\$0	\$0	\$0
Fair Market Value of Leased Space or Equipment	\$0	\$0	\$0
Other Costs to be Capitalized	\$338,927	\$0	\$338,927
Net Book Value of equipment to be transferred	\$338,927	\$0	\$338,927
Acquisition of Building or Other Property (Excluding land)	\$0	\$0	\$0
Total Uses of Funds	\$383,927	\$0	\$383,927

**Active CON Permits**

Winchester Ambulatory Surgery Center, LLC does not have any active permits.

## Cost Space Requirements

The Applicant seeks to establish an ASTC.

		Gross Square Feet		Amount of Proposed Total Gross Square Feet That is:			
Dept. / Area	Cost	Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
Clinical							
ASTC	\$383,927	4,166	0	0	0	4,166	0
Total Clinical	\$383,927	4,166	0	0	0	4,166	0
Non-Clinical							
Total Non-Clinical	\$0	0	0	0	0	0	0
Total	\$383,927	4,166	0	0	0	4,166	0

**Section 1110.130 Discontinuation**

The Applicant does not propose the discontinuation of a healthcare facility or a category of service. Therefore this section is not applicable.



Debra Savage, Chair  
Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761

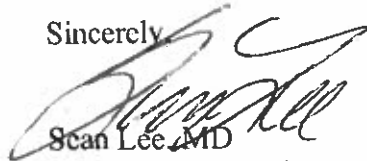
**RE: Attachment 11 - Background of Applicant**

Dear Chair Savage:

The following information addresses the four points of the subject criterion 1110.230:

1. Winchester Ambulatory Surgery Center, LLC does not currently own or operate any healthcare facilities.
2. Proof of current licensure and accreditation is not applicable.
3. There have been no adverse actions taken against the healthcare facilities owned or operated by the applicant during the three years prior to the filing of this application.
4. This letter serves as authorization permitting the State Board and the Illinois Department of Public Health access to information in order to verify any documentation or information submitted with this Application including, but not limited to: official records of IDPH or other State of Illinois agencies and the records of nationally recognized accreditation organizations.

Sincerely,



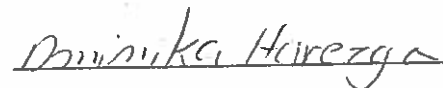
Sean Lee, MD

Winchester Ambulatory Surgery Center, LLC

Notarization:

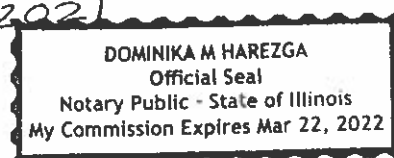
Subscribed and sworn to before

me this 25<sup>th</sup> day of January, 2021



Signature of Notary

seal



### Section III, Purpose of the Project, and Alternatives – Information Requirements

#### Purpose of Project

1. **Document that the Project will provide health care services that improve the health care or well-being of the market area population to be served.**

The Applicant proposes to establish a single-specialty ASTC.

Diagnostic and therapeutic endoscopy is an essential component of a gastroenterologist's practice. Prior to 2016, the Applicant operated endoscopy services in a physician office-based location within an affiliated medical practice. When it was determined that the endoscopy practice needed to operate as a surgery center due to the fact that it was across the parking lot from the clinic, the Applicant established the practice as an ASTC and obtained a CON permit and licensure. This ASTC was developed as a joint venture with a third party management company; however, that relationship was short-lived, as the physician partners were disappointed with local management and other decisions made by the management company. These issues culminated when CMS issued a written notice of intent to deactivate the ASC's Medicare provider agreement within 90 days if deficiencies were not addressed. Upon determining that they were unable to perform procedures under this partnership, the joint venture was ultimately terminated. There are not currently any operations in this facility, so patients are traveling to Gurnee, IL for their endoscopic care. This is a temporary and sub-optimal arrangement, as patients would be better served by receiving these ancillary services at the same location as the clinical practice. Accordingly, the physicians seek to reestablish the ASTC to resume services in the same location where they were initiated in 2016.

The purpose of this Project is to improve access to high quality, low cost care for residents of the geographic service area (GSA). Due to the ongoing COVID-19 pandemic, the Ambulatory Surgery Center Association has urged ASTCs to coordinate with local hospitals and health systems to perform elective procedures. As hospitals struggle to ensure sufficient capacity, ASCs are able to serve as an alternative setting to provide care for patients who would suffer from a delay. Going forward, with the uncertainty of the lasting effects of the COVID-19 pandemic, it will be particularly important to have a non-hospital option for patients who are at high risk for severe COVID-19 illness, such as older adults or those with co-morbidities.

Visualization of the GI tract with endoscopy is a critical tool for GI physicians and a material part of any gastroenterologist's practice. As the field of medicine and gastroenterology has evolved and particularly with regard to screening and early detection of pre-cancerous polyps, access to colonoscopy has become a critical part of preventative healthcare for patients aged 50-75.

According to the National Cancer Institute, more than 145,000 new cases of colorectal cancer will be diagnosed in the United States this year with over 50,000 estimated deaths attributed to colorectal cancer (or 9% of all cancer deaths). With improved screening and treatment of colorectal cancer (CRC), the U.S. Incidence of CRC has dropped 40% since 1976. Yet, CRC is still the second leading cause of cancer death in the U.S. It does not have to be. Screening saves lives. The Centers for Disease Control and Prevention (CDC) estimates

that up to 13 million colonoscopies will need to be performed annually to meet the screening goal of 80% of people between the ages of 50 and 75 years of age.

Access to adequate screening is essential to reducing the CRC rate in Lake County. Ninety percent (90%) of CRC cases can be cured at a relatively low cost when found and treated at an early stage. Screenings should start at age 50- if not before. People who have a risk of CRC may need to start screenings at an earlier age. Without early detection, mortality from CRC is significant and the costs for treatment are high. The U.S. spends approximately \$12.2 billion on CRC treatment each year and the cost of treatment for a single advanced case of CRC can exceed \$300,000. With early screening and treatment, these costs are largely avoidable. The cost of polyp removal which is completed during colonoscopy is just a small amount more than the screening itself. Routine screening can identify colorectal cancer at the early stages when it is easiest and least expensive to treat and the possibility of cure is the greatest. Yet, the screening rate for those most at risk is far too low.

**2. Define the planning area or market area, or other, per the applicant's definition.**

The mandated service area pursuant to the State Board rules consists of those Illinois areas within 10 miles of the proposed site. A map of this area is included as Attachment- 12B. Distances from the ASTC to the market area borders are as follows:

- East: Lake Michigan (10 miles)
- South: Long Grove, Illinois (10 miles)
- West: Island Lake, Illinois (10 miles)
- North: Old Mill Creek, Illinois (10 miles)

As shown in Table 1110.235(c)(2)(B)(ii), which is included in Attachment- 12A, 84.1% of the cases projected to be performed at the ASTC within the first year after project completion are from patients residing within 10 miles of the ASTC.

**3. Identify the existing problems or issues that need to be addressed, as applicable and appropriate for the Project.**

The Project would allow GSA residents to obtain endoscopies in an ASTC as opposed to the higher cost, less convenient hospital setting. It would also reduce the risk of exposure to COVID-19 for patients at high risk for severe illness, such as older adults or those with co-morbidities.

Access to ambulatory surgical care is essential to the overall well-being of the community, particularly in light of the aging population and the co-morbidities associated with that shifting age cohort. As set forth in a letter from the ASC Advocacy Committee to Secretary Sebelius regarding implementation of a value-based purchasing system for ASTCs, ASTCs are efficient providers of surgical services. ASTCs provide high quality surgical care, excellent outcomes and a high level of patient satisfaction at lower cost than hospital outpatient departments (HOPDs). Procedures performed in an ASTC are reimbursed at lower rates than HOPDs and result in lower out-of-pocket expenses to patients. In fact, based on United Healthcare's desire to cover certain procedures only in the ASTC setting, the payor has announced prior authorization guidelines in Libertyville for certain surgical procedures in outpatient hospital settings that will not apply to ASTCs. Winchester Ambulatory Surgery Center expects other payors to follow suit in the near future.

**Cite the sources of the information provided as documentation.**

Letter from ASC Advocacy Committee to Secretary Sebelius *available at* <http://wasca.net/wp-content/uploads/2010/10/Final-ASCAC-ASCA-VBP-letter-to-Sebelius.pdf> (last visited July 28, 2020).

United Healthcare's prior authorization requirements for HOPDs *available at* <https://www.uhcprovider.com/content/dam/provider/docs/public/policies/protocols/Prior Authorization Outpatient Surgical Procedures FAQ.pdf> (last visited May 23, 2019).

National Cancer Institute figures *available at* <https://seer.cancer.gov/statfacts/html/common.html> (last visited July 28, 2020).

**4. Detail how the Project will address or improve the previously referenced issues as well as the population's health status and well-being.**

As discussed in greater detail above, establishing an ASTC will allow improve access to care in the high-quality, lower cost ASTC setting for residents of the GSA. It will also improve colorectal cancer screening rates and reduce colorectal cancer morbidity and mortality.

**5. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals as appropriate.**

The Applicant's prevailing objectives are to improve access to ambulatory surgical care for patients in the GSA. Specifically, the goals of the Project are:

- To improve access to endoscopic care in a non-hospital setting.
- To improve colorectal screening rates.

- To reduce colorectal cancer morbidity and mortality.

These goals can be addressed at the time of project completion.

## ATTACHMENT- 12a

The table below lists the patient origin by zip code for all cases projected to be performed at the ASTC within the first year after project completion. As documented in Attachment- 24, 3,767 (or 84.1%) of the cases are from patients residing in the GSA.

<b>Table 1110.235(c)(2)(B)(ii)</b>	
<b>Zip Code</b>	<b>Historical Cases (8/1/18-7/31/19)</b>
60030	546
60048	516
60060	445
60073	398
60046	387
60031	322
60061	214
60002	191
60047	176
60085	114
60084	73
60083	67
60089	66
60041	62
60020	62
60099	60
60087	58
60051	50
Miscellaneous Zips	50
60081	44
60045	35
60042	30
60069	28
60044	27
60064	26
60015	25
60096	24
60050	22
60010	19
60090	15
60035	12
53179	12
60062	11
60004	11

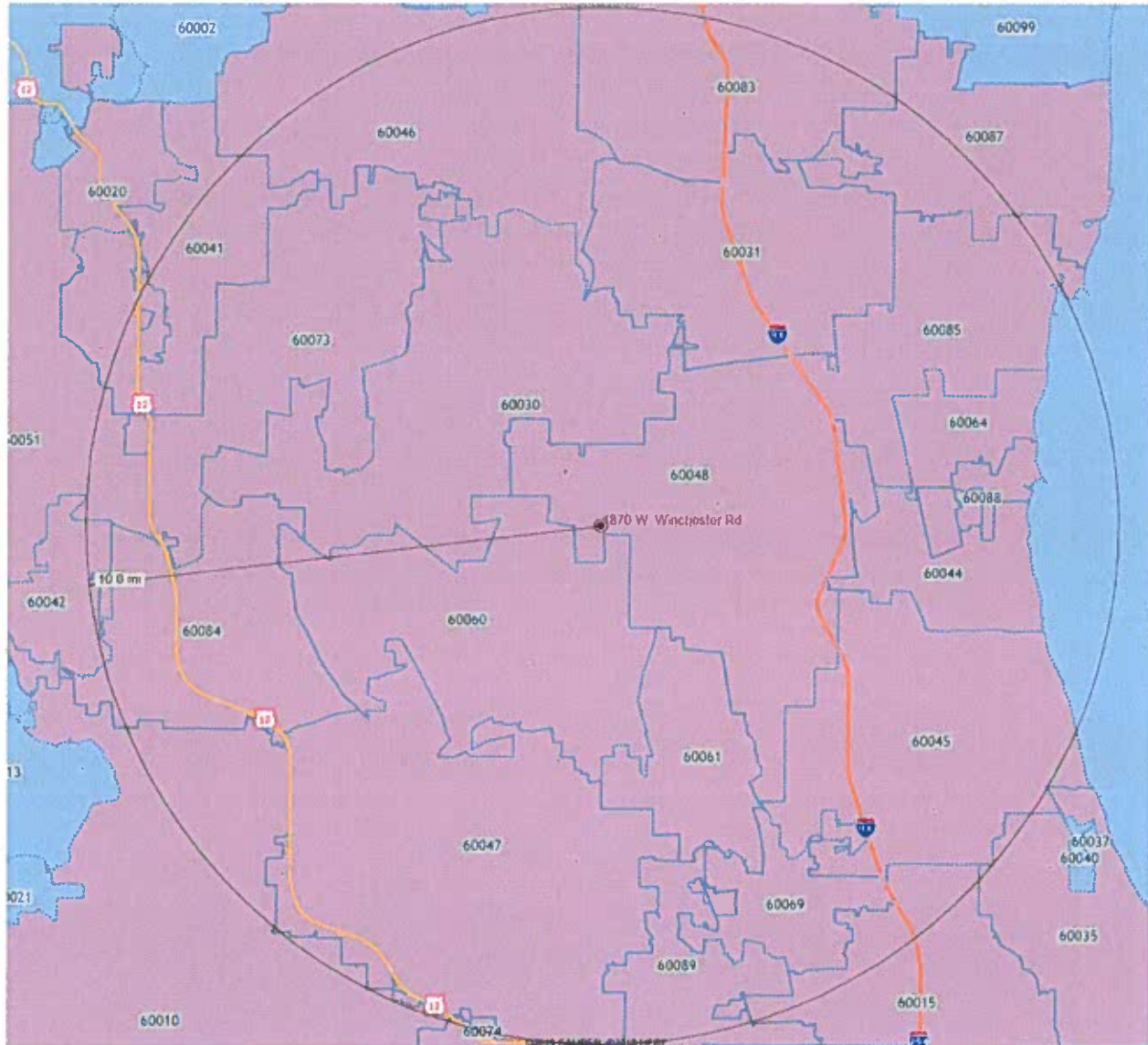
60025	11
53158	11
53142	10
53104	9
53181	8
60033	7
53144	7
60074	6
53168	6
60014	6
60097	5
60156	5
60108	5
53143	5
53105	5
60056	5
60016	4
60626	4
53128	4
60070	4
60098	4
60067	4
60630	3
60657	3
60093	3
53140	3
60091	3
60013	3
60642	3
60088	3
60143	3
60071	3
60633	2
60614	2
53406	2
60714	2
60022	2
60026	2
60646	2
60076	2
60610	2
60123	2
60618	2

60142	2
60068	2
60079	2
53170	2
28461	2
60034	2
60202	2
60415	2
60102	2
61738	1
53188	1
60601	1
06085	1
60656	1
34653	1
85086	1
37379	1
60613	1
60018	1
60640	1
60012	1
61008	1
53515	1
76107	1
85396	1
60559	1
90266	1
60607	1
53949	1
60616	1
60040	1
48304	1
60110	1
60645	1
60118	1
60660	1
60021	1
61046	1
60136	1
65740	1
55378	1
78209	1
53147	1



60527	1
60148	1
60564	1
60152	1
60605	1
60005	1
60007	1
60169	1
33428	1
60173	1
34105	1
60201	1
60072	1
60634	1
60305	1
08902	1
46033	1
53217	1
60422	1
23464	1
60425	1
53402	1
60432	1
61020	1
60441	1
61704	1
60447	1
62401	1
60448	1
73086	1
60452	1
77479	1
60473	1
78645	1
60504	1
60053	1
60514	1
98119	1
60106	1
60107	1

## ATTACHMENT- 12b

**10-Mile Radius from Replacement ASTC**

## **Alternatives to the Proposed Project**

The Applicant proposes to establish an ASTC. The Applicant believes that the proposed project is the most effective and least costly alternative to the other alternatives considered when balancing access and quality with costs. The following narrative compares the proposed project to alternative options.

The Applicant has considered the following alternatives:

**A) Project of Lesser Scope: Perform endoscopies at Northshore Center for Gastroenterology (cost is not applicable)**

As discussed in Attachment- 12, the Northshore Center for Gastroenterology operates a medical practice providing exclusively gastroenterology care. As part of that practice, one of the ancillary services the medical practice provides is endoscopy services. Due to increased endoscopy volumes, Northshore Center for Gastroenterology was required to segregate the endoscopy care that it provides into a separate facility which is licensed as an ambulatory surgical treatment center, as IDPH rules place limits on offering ancillary surgical services in a medical practice setting. Accordingly, this alternative was rejected because it would not conform with the requirements of the Illinois Ambulatory Surgical Treatment Center Act.

**B) Utilize Existing ASTCs and Hospitals (\$0)**

The Applicant considered utilizing existing ASTCs and hospitals. This is not a viable option for several reasons. There is not adequate space in any nearby endoscopy center to accommodate the volumes for this Practice due to limited scheduling slots and anesthesia services. Within the GSA, there are two endoscopy centers but both have similar capacity and similar caseloads to what is proposed in the Project. Alternatively, hospital outpatient departments (HOPDs) are not a viable option due to the COVID-19 pandemic. HOPDs would carry an increased risk of exposing patients to the coronavirus, which is unacceptable given that many of Practice's patients are at high risk of severe COVID-19 illness. Also, while the proposed ASTC would include family waiting rooms, visitor restrictions in hospitals may require people providing transportation to patients to wait in the parking lot during their endoscopy.

By establishing an ASTC adjacent to Northshore Center for Gastroenterology, the Applicant's medical practice, the ASTC will achieve operational efficiencies that cannot be created at other hospitals or ASTCs. Utilizing existing hospitals or ASTCs would require the physicians to travel to several facilities using small scheduling blocks, which poses an inconvenience for both the physicians and their patients. Setting aside the inconvenience and lack of consistency in care delivery, the physicians would have to travel some distance from their medical practice office on multiple days per week, which would make them far less accessible to their non-surgical patients as well as their staffs and for consultation with each other. As the gastroenterologist shortage worsens, it is important to ensure the efficient use of existing gastroenterologists in order to also ensure adequate access to colorectal cancer screening.

## **Alternatives to the Proposed Project**

### **C) Establish an ASTC (Proposed). (\$383,927)**

To better serve the needs of the residents of Libertyville and surrounding areas, the Applicant decided to establish a single-specialty ASTC.

### Size of Project

The Applicant proposes to establish an ASTC with two procedure rooms and four Phase 1 recovery stations. Pursuant to Section 1110 of the Administrative Code, the state standard is 2,075 gsf – 2,750 gsf per procedure room. The gross square footage of the proposed ASTC is 4,166 gsf. Accordingly, the size of the ASTC meets the State standard.

SIZE OF PROJECT				
DEPARTMENT / SERVICE	PROPOSED BGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
ASTC	4,166 gsf	4,150 – 5,550 gsf	n/a	Yes

### Project Services Utilization

Section 1100, Appendix B of the Administrative Code documents the established standards for non-hospital based ASTCs.

By the second year after project completion, the ASTC's annual utilization shall meet or exceed HFSRB's utilization standards. Historically, Northshore Center for Gastroenterology physicians performed 4,477 outpatient procedures at Winchester Endoscopy, a licensed ASC in Libertyville, Illinois. As documented in the physician letter attached at Appendix 1, approximately 4,447 procedures will be performed at the proposed ASTC within the first year after project completion. As a result, 2,312 surgical hours are projected for the first year after project completion, which is sufficient to support the need for two procedure rooms.

Table 1110.235(c)(5)(A) Projected Utilization				
Year	Dept/Service	Projected Utilization	State Standard	Met Standard?
2022	ASTC	2,312 hours	> 1,500	Yes

Practice	Specialty	Projected Cases at Physicians' Surgical Center (for each of the first two years after relocation)	Average Case Time	Surgery Hours of Projected Cases
Northshore Center for Gastroenterology	Gastroenterology	4,447	X 0.52 hours =	2,312

### **Unfinished or Shell Space**

The proposed project does not entail unfinished or shell space, so this section is not applicable.

## **Section VII Service Specific Review Criteria**

This project does not involve any of the following services. Therefore the associated sections are not applicable.

- Medical/Surgical, Obstetric, Pediatric and Intensive Care
- Comprehensive Physical Rehabilitation
- Acute Mental Illness and Chronic Mental Illness
- Open Heart Surgery
- Cardiac Catheterization
- In-Center Hemodialysis
- Selected Organ Transplantation
- Kidney Transplantation
- Subacute Care Hospital Model
- Community-Based Residential Rehabilitation Center
- Long Term Acute Care Hospital
- Clinical Service Areas Other than Categories of Service
- Freestanding Emergency Center Medical Services
- Birth Center



**Section VII, Service Specific Review Criteria****Non-Hospital Based Ambulatory Surgery****Criterion 1110.1540(c) – Service to Geographic Area Residents**

1. Attached as Attachment- 24a is a map outlining the intended geographic service area (GSA). As set forth in Criterion 1110.235, Winchester Ambulatory Surgery Center will serve residents of Libertyville and surrounding communities within 10 miles of the proposed site. Accordingly, the intended GSA consists of those areas within 10 miles of the proposed site.
2. Table 1110.235(c)(2)(B)(i) below lists the zip codes that comprise the GSA as well as the corresponding populations.

<b>Table 1110.235(c)(2)(B)(i)</b>		
<b>ZIP</b>	<b>City</b>	<b>2017 Population</b>
60030	Grayslake	37,591
60031	Gurnee	37,443
60046	Lake Villa	35,026
60083	Wadsworth	10,044
60087	Waukegan	27,644
60085	Waukegan	70,429
60064	North Chicago	17,200
60088	Great Lakes	11,560
60044	Lake Bluff	9,566
60048	Libertyville	29,266
60060	Mundelein	37,866
60073	Round Lake	58,652
60041	Ingleside	11,378
60020	Fox Lake	8,537
60051	McHenry	23,730
60084	Wauconda	18,000
60042	Island Lake	8,410
60010	Barrington	44,726
60047	Lake Zurich	42,610
60089	Buffalo Grove	41,134
60061	Vernon Hills	26,793
60069	Lincolnshire	7,981
60045	Lake Forest	21,003
60015	Deerfield	27,524
60035	Highland Park	29,832
60074	Palatine	39,825

Source: 2017 American Community Survey

3. Table 1110.235(c)(2)(B)(ii) below lists the patient origin by zip code for all cases projected to be performed within the first year after project completion. As documented in Table 1110.235(c)(2)(B)(ii) 3,767 (or 84.1%) of the cases are from patients residing in the GSA.

<b>Table 1110.235(c)(2)(B)(ii)</b>	
<b>Zip Code</b>	<b>Historical Cases (8/1/18-7/31/19)</b>
60030	546
60048	516
60060	445
60073	398
60046	387
60031	322
60061	214
60002	191
60047	176
60085	114
60084	73
60083	67
60089	66
60041	62
60020	62
60099	60
60087	58
60051	50
Misc. Zips	50
60081	44
60045	35
60042	30
60069	28
60044	27
60064	26
60015	25
60096	24
60050	22
60010	19
60090	15
60035	12
53179	12
60062	11
60004	11
60025	11

53158	11
53142	10
53104	9
53181	8
60033	7
53144	7
60074	6
53168	6
60014	6
60097	5
60156	5
60108	5
53143	5
53105	5
60056	5
60016	4
60626	4
53128	4
60070	4
60098	4
60067	4
60630	3
60657	3
60093	3
53140	3
60091	3
60013	3
60642	3
60088	3
60143	3
60071	3
60633	2
60614	2
53406	2
60714	2
60022	2
60026	2
60646	2
60076	2
60610	2
60123	2
60618	2
60142	2

60068	2
60079	2
53170	2
28461	2
60034	2
60202	2
60415	2
60102	2
61738	1
53188	1
60601	1
06085	1
60656	1
34653	1
85086	1
37379	1
60613	1
60018	1
60640	1
60012	1
61008	1
53515	1
76107	1
85396	1
60559	1
90266	1
60607	1
53949	1
60616	1
60040	1
48304	1
60110	1
60645	1
60118	1
60660	1
60021	1
61046	1
60136	1
65740	1
55378	1
78209	1
53147	1
60527	1

60148	1
60564	1
60152	1
60605	1
60005	1
60007	1
60169	1
33428	1
60173	1
34105	1
60201	1
60072	1
60634	1
60305	1
08902	1
46033	1
53217	1
60422	1
23464	1
60425	1
53402	1
60432	1
61020	1
60441	1
61704	1
60447	1
62401	1
60448	1
73086	1
60452	1
77479	1
60473	1
78645	1
60504	1
60053	1
60514	1
98119	1
60106	1
60107	1

**Section VII, Service Specific Review Criteria**  
**Non-Hospital Based Ambulatory Surgery**  
**Criterion 1110.235(c)(3) – Service Demand**

A letter from Dr. Lee providing historical utilization data and anticipated case volumes is attached at Appendix- 1. Zip code data for historical patients is also included with the letter. As documented in Attachment- 15, Northshore Center for Gastroenterology physicians project to perform 2,312 hours of surgical procedures in the first year after project completion. Accordingly, two procedure rooms are necessary to service the projected patient volume.

**Section VII, Service Specific Review Criteria**  
**Non-Hospital Based Ambulatory Surgery**  
**Criterion 1110.235 (c)(5) – Treatment Room Need Assessment**

The Applicant proposes to establish an ASTC containing two procedure rooms. As documented in attachment- 15, 2,312 hours of surgical procedures are projected to be performed. Accordingly, the proposed two procedure rooms are necessary to service the projected patient volume.

- a. The estimated time per procedure including set-up and clean-up time is 0.52 hours. This figure is based on the actual time per case at Winchester Endoscopy as reported on the 2018 ASTC questionnaire and is well below the ASTC state average of 0.74 hours.

**Section VII, Service Specific Review Criteria**  
**Non-Hospital Based Ambulatory Surgery**  
**Criterion 1110.235(c)(6) – Service Accessibility**

The Applicant seeks to establish an ASTC to improve access to endoscopic care in a lower cost non-hospital setting away from COVID-19 patients and to reduce colorectal cancer morbidity and mortality as described in Attachment- 12.

All of the projected cases in Attachment- 15 will be referred by the Northshore Center for Gastroenterology (the "Practice"), a physician group affiliated with the Applicant. There is not adequate space in any nearby endoscopy center to accommodate the volumes for this Practice. Within the GSA, there are two endoscopy centers but both have similar capacity and similar caseloads to what is proposed in the Project. Accordingly, they are not an adequate alternative.

Further, by establishing an ASTC adjacent to the Practice's medical office building, the ASTC will achieve operational efficiencies that cannot be created at other hospitals and/or ASTCs due to limited scheduling slots and anesthesia services. The proposed ASTC's immediate proximity to the clinical practice will eliminate physician travel on multiple days per week and ensure consistency in care delivery.

Improved efficiency will result in increased access to much needed endoscopy services in this community. Doing so is critical since a December 2016 report by the U.S. Department of Health and Human Services projected a shortage of 1,630 gastroenterologists in the U.S. by 2025. As the gastroenterologist shortage worsens, it is important to ensure the efficient use of existing gastroenterologists in order to also ensure adequate access to colon and rectal cancer (CRC) screening.

Additionally, hospital outpatient departments (HOPDs) are more costly, less efficient, and less convenient than ASTCs. They also carry an increased risk of patients being exposed to the coronavirus. The ASTC will allow physicians to schedule their surgeries to maximize efficiency. ASTCs provide high quality surgical care, excellent outcomes, and high level of patient satisfaction at a lower cost than HOPDs. Surgical procedures performed in an ASTC are reimbursed at lower rates than HOPDs and result in lower out-of-pocket expenses for patients. Additionally, patients often report an enhanced experience at ASTCs compared to HOPDs due, in part, to easier access to parking, shorter waiting times, and ease of access into and out of the operating rooms. Finally, surgeons are more efficient due to faster turnover of operating rooms, designated surgical times without risk of delay due to more urgent procedures, and specialized nursing staff. As a result of these efficiencies, more time can be spent with patients thereby improving the quality of care.

Based on the above, this project will improve access to care in the ASTC setting for the residents of the GSA.

#### **Section VII, Service Specific Review Criteria**

##### **Non-Hospital Based Ambulatory Surgery**

##### **Criterion 1110.235(c)(7) – Unnecessary Duplication/Maldistribution**

##### **1. Unnecessary Duplication of Services**

- a. A map of the proposed facility's market area is included as Attachment- 24a. A list of the Illinois zip codes located, in total or in part, within 10 miles of the site of the relocated facility as well as 2017 population estimates for each zip code is provided in Table 1110.235(c)(7)(A).

<b>Table 1110.235(c)(7)(A)</b>		
<b>ZIP</b>	<b>City</b>	<b>2017 Population</b>
60030	Grayslake	37,591
60031	Gurnee	37,443
60046	Lake Villa	35,026
60083	Wadsworth	10,044
60087	Waukegan	27,644
60085	Waukegan	70,429
60064	North Chicago	17,200
60088	Great Lakes	11,560
60044	Lake Bluff	9,566

60048	Libertyville	29,266
60060	Mundelein	37,866
60073	Round Lake	58,652
60041	Ingleside	11,378
60020	Fox Lake	8,537
60051	McHenry	23,730
60084	Wauconda	18,000
60042	Island Lake	8,410
60010	Barrington	44,726
60047	Lake Zurich	42,610
60089	Buffalo Grove	41,134
60061	Vernon Hills	26,793
60069	Lincolnshire	7,981
60045	Lake Forest	21,003
60015	Deerfield	27,524
60035	Highland Park	29,832
60074	Palatine	39,825

Source: 2017 American Community Survey

- b. A list of all existing and approved health care facilities located within the GSA that provide surgical services proposed by the Project is attached at Attachment- 24b.

## 2. Maldistribution of Services

### Ratio of Stations to Population

As shown in Table 1110.235(c)(7)(B), the ratio of rooms to population is substantially below the state average. Since access to operating rooms is more limited than in other parts of the state, it is important that the Applicant is able to establish an ASTC.

Table 1110.235(c)(7)(B)			
Ratio of Stations to Population			
	Population	Operating & Procedure Rooms	Rooms to Population
Geographic Service Area	733,770	104	1 : 7,055
State	12,854,526	2,606	1 : 4,933

Sources: 2017 American Community Survey, Illinois HFSRB Hospital and ASTC Profiles

## 3. Impact to Other Providers

- a. The Project will not have an adverse impact on existing facilities in the GSA or lower utilization of other area providers that are operating below the occupancy standards. The anticipated volumes in Attachment- 15 are based solely on historical volumes at the Applicant's affiliated practice, the Northshore Center for Gastroenterology.

## Section VII, Service Specific Review Criteria



**Non-Hospital Based Ambulatory Surgery**  
**Criterion 1110.235(c)(8) – Staffing**

The Applicant does not anticipate issues with hiring Registered Nurses and Certified Surgical Technologists as needed. Northshore Center for Gastroenterology routinely recruits for various clinical staff and offers fair wages and if necessary, sign-on and referral bonuses for newly hired clinical employees.

The Applicant anticipates that Dr. Sean Lee will be Medical Director of the proposed facility. Dr. Lee's CV can be found at Attachment- 24d.

**Section VII, Service Specific Review Criteria**  
**Non-Hospital Based Ambulatory Surgery**  
**Criterion 1110.235(c)(9) - Charge Commitment**

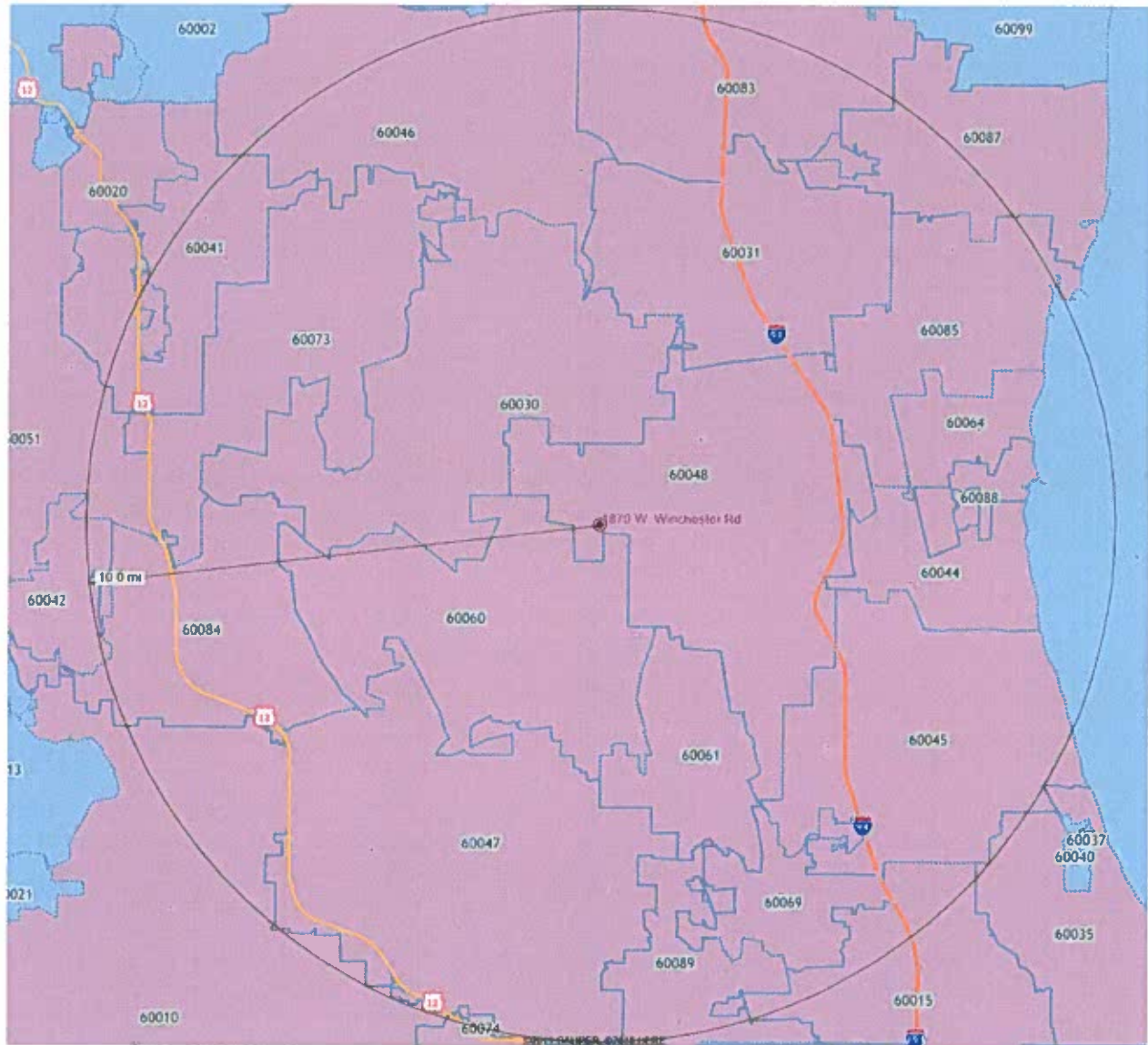
Table 1110.1540(c)(9)	
Primary CPT	Max Charge
43235	\$1,100.00
43236	\$1,712.00
43239	\$1,150.00
43244	\$1,440.00
43245	\$1,500.00
43247	\$1,500.00
43248	\$1,175.00
43249	\$1,175.00
43251	\$1,210.00
43255	\$1,375.00
44388	\$1,450.00
44389	\$1,480.00
45330	\$500.00
45331	\$750.00
45335	\$825.00
45338	\$915.00
45340	\$825.00
45350	\$1,000.00
45378	\$1,450.00
45379	\$1,510.00
45380	\$1,480.00
45381	\$1,525.00
45382	\$1,880.00
45384	\$1,480.00
45385	\$1,745.00
45386	\$1,900.00
45398	\$1,800.00
45905	\$500.00
45910	\$500.00
45915	\$650.00
46221	\$980.00
99214	\$175.00
99354	\$300.00
A4550	\$500.00
G0104	\$500.00
G0105	\$1,450.00
G0121	\$1,450.00

Table 1110.235(c)(9) above illustrates the procedures by primary CPT code that will be typically performed at the proposed ASTC. Each line shows anticipated maximum charges for two years for a surgical case with the primary CPT code shown.

**Section VII, Service Specific Review Criteria**  
**Non-Hospital Based Ambulatory Surgery**  
**Criterion 1110.235(c)(10) – Assurances**

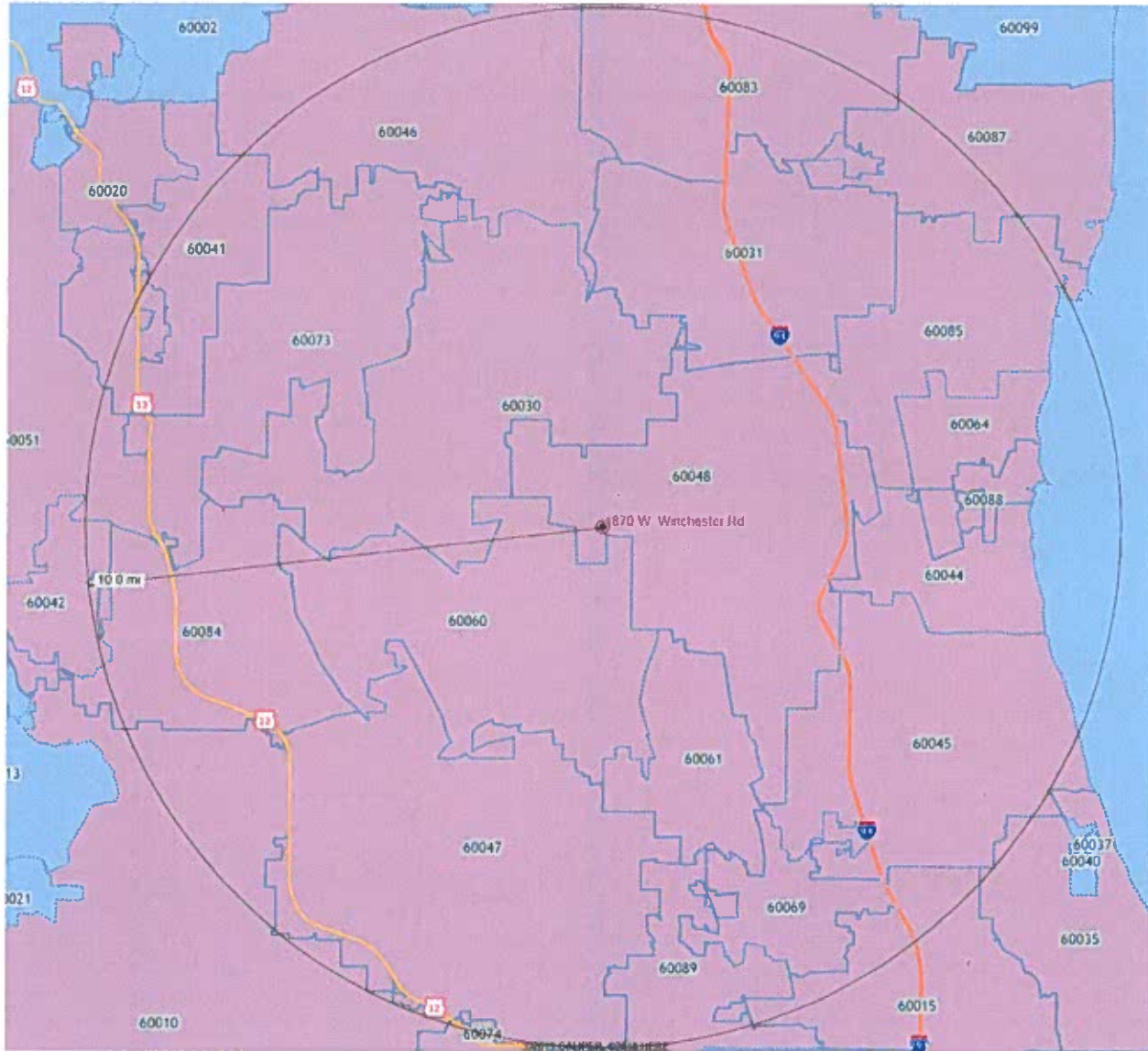
- Attached as Attachment- 24c is a letter from the Applicant that contains assurances as outlined in 1110.235(c)(10).

## ATTACHMENT- 24a

**10-Mile Radius from Replacement ASTC**

ATTACHMENT- 24a

**10-Mile Radius from Replacement ASTC**



## ATTACHMENT- 24b

Facility Name	Address	City	County	Zip	Travel Distance (Miles)	Travel Time (Minutes)
Advocate Condell Medical Center	801 S. Milwaukee Ave.	Libertyville	Lake	60048	3	9
Northwestern Grayslake Endoscopy Center	1475 E Belvidere Road, Suite 303	Grayslake	Lake	60030	4	10
Northwestern Lake Forest Hospital	1000 North Westmoreland Rd.	Lake Forest	Lake	60045	9	19

Debra Savage, Chair  
 Illinois Health Facilities and Services Review Board  
 525 West Jefferson Street, 2nd Floor  
 Springfield, Illinois 62761

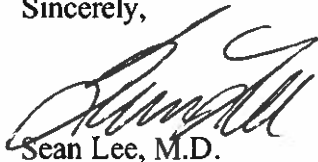
**RE: Non-Hospital Based Ambulatory Surgical Treatment Center Assurances**

Dear Chair Savage:

Pursuant to 77 Ill. Admin. Code § 1110.235(c)(10), I hereby certify the following:

- The charge schedule submitted as part of this certificate of need application will not be increased, at a minimum, for the first two years of operation unless a permit is first obtained pursuant to 77 Ill. Admin. Code § 1130.310(a).
- Winchester Ambulatory Surgery Center, LLC will have a peer review program that evaluates whether patient outcomes are consistent with quality standards established by professional organizations for surgical services. If outcomes do not meet or exceed those standards, a quality improvement plan will be initiated.
- By the second year of operation after the project completion date, the annual utilization of the surgical/treatment rooms at Winchester Ambulatory Surgery Center, LLC will meet or exceed the utilization standard specified in 77 Ill. Admin. Code 1100.

Sincerely,

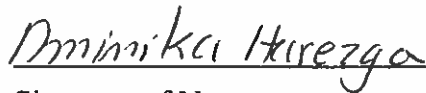


Sean Lee, M.D.  
 Winchester Ambulatory Surgery Center, LLC

Notarization:

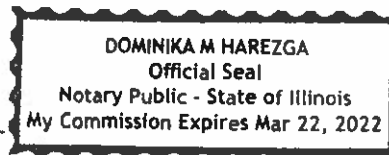
Subscribed and sworn to before

me this 25<sup>th</sup> day of January 2021



Signature of Notary

seal



Sean Lee  
1880 W. Winchester Rd.  
Suite 201  
Libertyville, IL 60048  
(847) 247-0187  
[seanleemd@gmail.com](mailto:seanleemd@gmail.com)

**Education**

- 1994 – 1998      University of Illinois at Chicago, IL  
                         Doctoral Degree in Medicine  
                         Recipient of Illinois General Assembly Scholarship – 1996
- 1990 – 1993      Northwestern University, Evanston, IL  
                         Bachelor of Arts – Psychology  
                         Dean's List

**Postdoctoral Training**

- 2001 – 2004      University of Illinois, Chicago, IL  
                         Gastroenterology and Hepatology Fellowship
- 1999 – 2001      University of Illinois, Chicago, IL  
                         Residency – Internal Medicine
- 1998 – 1999      University of Illinois, Chicago, IL  
                         Internal Medicine – Internship

**Licensure/Certification**

- 1998 – Present      Licensed Physician and Surgeon, Illinois
- 2001 – 2011      American Board of Internal Medicine – Diplomate in Internal Medicine
- 2004 – Present      American Board of Internal Medicine – Diplomate in Gastroenterology and  
Hepatology

**Work Experience**

- 2004 – Present      Northshore Center for Gastroenterology/GI Partners of Illinois, LLC
- 2004 – Present      Assistant Professor/Clinical Instructor – University of Illinois at Chicago



**Publications**

Carroll RE. Ostrovskiy D. Lee S. Danilkovich A. Benya RV. Characterization of gastrin-releasing peptide and its receptor aberrantly expressed by human colon cancer cell lines.  
*Molecular Pharmacology*. 58(3):601-7, 2000 September

**Research Presented**

Lee S. Alrefai WA. Beny RV. Carroll RE. Gastrin-Releasing Peptide Receptor (GRP-R) Functional Expression Varies with the Degree of Cellular Differentiation in Colon Cancer  
**Poster presentation – Digestive Diseases and Liver Week May, 2000**

Lee S. Chaudarhy K. Kucynda T. Kousnetsova T. Robey BR. Carroll R. IGF-1 receptor/EGF receptor Interaction in CaCo-2 cells.  
**Poster presentation – Digestive Diseases and Liver Week May, 2002**

**Professional Organizations**

2004 – Present                      American Society of Gastrointestinal Endoscopy – Member in good standing

**Section 1120.120 Availability of Funds**

The Project will be funded through internal resources (cash on hand and net book value of existing equipment). To support the fact that there are sufficient funds to cover the cost of the proposed project, the Applicant provides the enclosed letter noting the sufficiency of cash available for the Project.



March 15, 2021

Debra Savage, Chair  
Illinois Health Facilities and Services Review Board  
525 W. Jefferson St, 2nd Floor  
Springfield, IL 62761

Ms. Savage:

This letter is to confirm our client Winchester Ambulatory Surgery Center, LLC has an established banking relationship with Bank of America. As of today, March 12, 2021, the account has a collected available balance of \$45,000.00.

If you have any further questions please feel free to contact me at 847-944-7963.

Sincerely,

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

Moji Eagan  
Senior Vice President  
Commercial Banking  
Bank of America

**Section VII, 1120.130 Financial Viability**  
**Financial Viability Waiver**

The Project will be funded through internal resources (cash on hand and net book value of existing equipment). Therefore, the project qualifies for a financial viability waiver and financial viability ratios are not required to be computed or provided.

**Section VII, 1120.140 Financial Viability**  
**Financial Viability Waiver**

The Project will be funded through internal resources (cash on hand and net book value of existing equipment). A copy of a letter evidencing sufficient funds to finance the proposed project is attached as Attachment- 35a.



March 15, 2021

Debra Savage, Chair  
Illinois Health Facilities and Services Review Board  
525 W. Jefferson St, 2nd Floor  
Springfield, IL 62761

Ms. Savage:

This letter is to confirm our client Winchester Ambulatory Surgery Center, LLC has an established banking relationship with Bank of America. As of today, March 12, 2021, the account has a collected available balance of \$45,000.00.

If you have any further questions please feel free to contact me at 847-944-7963.

Sincerely,

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

Moji Eagan  
Senior Vice President  
Commercial Banking  
Bank of America

**Section 1120.140 Economic Feasibility**  
**A. Reasonableness of Financing Arrangements**

Attached at Attachment- 36A is a letter from the Applicant attesting that the total estimated project costs will be funded entirely with cash and existing equipment.

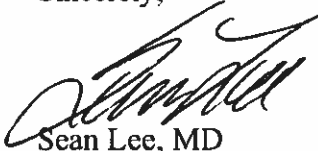
Debra Savage, Chair  
Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761

**Reasonableness of Financing Arrangements**

Dear Chair Savage:

I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109 and pursuant to 77 Ill. Admin. Code § 1120.140(a) that there will be no long term debt associated with the project and all project costs and related costs will be funded in total with cash on hand and existing equipment.

Sincerely,

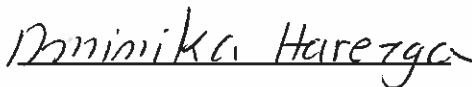


Sean Lee, MD  
Winchester Ambulatory Surgery Center, LLC

Notarization:

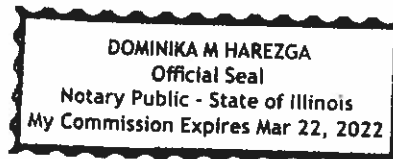
Subscribed and sworn to before

me this 25<sup>th</sup> day of January 2021



Signature of Notary

seal





**Section VIII, Economic Feasibility Review Criteria**  
**Criterion 1120.140(B), Conditions of Debt Financing**

The Project will be funded in total with cash and existing equipment. Accordingly, this criterion is not applicable.

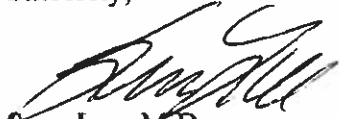
Debra Savage, Chair  
Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761

**Re: Conditions of Debt Financing- Facility Lease**

Dear Chair Savage:

The proposed project relates to re-licensing an existing endoscopy center, which previously leased the facility from a third party landlord. Leasing the facility is the least costly alternative when compared to other alternatives.

Sincerely,



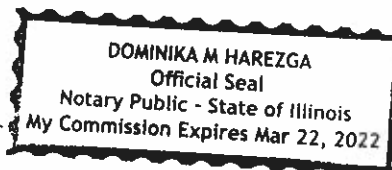
Sean Lee, M.D.  
Winchester Ambulatory Surgery Center, LLC

Notarization:

Subscribed and sworn to before

me this 25<sup>th</sup> day of January 2021

Dominika Harezga  
Signature of Notary



seal

**1120.140 Economic Feasibility**  
**C. Reasonableness of Project and Related Costs**

The Applicant seeks to establish an ASTC. There will be no construction or modernization associated with the proposed project.

- Movable or Other Equipment (Not in Construction Contracts) costs total \$45,000 or \$22,500 per room. This is under the state standard of \$519,570 per room.
- Other Costs to Be Capitalized are \$338,927. There is no state standard for Other Costs to Be Capitalized.

**Section 1120.140 Economic Feasibility**  
**D. Projected Operating Costs**  
**E. Total Effect of the Project on Capital Costs**

The Applicant seeks to establish an ASTC.

The table below provides information regarding costs as they relate to 4,447 units of service.

Line 5 of the table addresses criterion 1120.140(d), Projected Operating Costs.

Line 4 of the table addresses criterion 1120.140(e), Total Effect of the Project on Capital Costs.

<b>Review Criteria Relating to Economic Feasibility</b>		
1	Units of Service	4,447
2	Total Capital Cost	\$9,000
3	Total Operating Cost	\$945,718
4	Capital Cost per Unit of Service	\$2.02
5	Operating Cost per Unit of Service	\$212.66

## Safety Net Impact Statement

The Applicant seeks to establish a single-specialty ASTC. No procedures will be transferred from safety net hospitals to Winchester Ambulatory Surgery Center, LLC. The Project will not have any adverse impact on safety net services in the community or on the ability of any other healthcare provider to deliver services.

This Safety Net Impact Statement addresses the following requirements:

- 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.**

The Project will not have a material impact on essential safety net services in the community. As documented in the physician referral letters attached at Appendix- 1, the procedures to be performed at Winchester Ambulatory Surgery Center were previously performed by Northshore Center for Gastroenterology physicians in the proposed ASTC under different ownership. The Project will help keep the costs of government funded healthcare down and support program integrity by providing a lower cost setting for endoscopic care. No procedures will be transferred to Winchester Ambulatory Surgery Center from existing hospitals and surgery centers.

- 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.**

The establishment of the ASTC will not impact the ability of other providers or other healthcare facilities to cross-subsidize safety net services. As noted above, no procedures will be transferred from existing hospitals and surgery centers to Winchester Ambulatory Surgery Center. Accordingly, the proposed project will not impact the ability of other providers to cross-subsidize safety net services.

By establishing an ASTC proximately located to Northshore Center for Gastroenterology, the Applicant's medical practice, the ASTC will achieve operational efficiencies that cannot be created at other hospitals and ASTCs due to limited scheduling slots and anesthesia services.

- 3. How the discontinuation of a facility or service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.**

The Applicant is proposing to establish a single-specialty ASTC. Thus this criterion does not apply.

**Safety Net Impact Statements shall also include:**

- 1. For the three fiscal years prior to the application, the applicant must also provide certification describing the amount of charity care provided by the applicant;**
- 2. For the three fiscal years prior to the application, a certification of the amount of charity care provided to Medicaid patients;**

**Safety Net Impact Statement**

- 3. Any information the applicant believes is directly relevant to safety net services.**
- 1. Physicians' Surgical Center Charity Care Information**  
Historical charity care information is not applicable, the Applicant is a newly formed entity.
- 2. Physicians' Surgical Center Medicaid Information**  
Historical Medicaid information is not applicable, the Applicant is a newly formed entity.
- 3. Additional Information Relevant to Safety Net Services**

**Charity Care Information**

Historical charity care information is not applicable, the Applicant is a newly formed entity.

**Physician Letter**

Required documentation of anticipated physician referrals is found in the Appendix of this application.



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

Dear Ms. Avery:

I am writing on behalf of Northshore Center for Gastroenterology, a practice of board-certified gastroenterologists located in Libertyville, Illinois. Northshore Center for Gastroenterology supports the proposed establishment of Winchester Ambulatory Surgery Center, LLC and is submitting this letter to verify the anticipated case volumes that will be performed at Winchester Ambulatory Surgery Center, LLC.

Our practice anticipates referring patients to Winchester Ambulatory Surgery Center, LLC in the first year after project completion as shown in the table below. Projected case volume will come from the proposed geographic service area of Winchester Ambulatory Surgery Center, LLC. From August 1, 2018 to July 31, 2019, Northshore Center for Gastroenterology performed a total of 4,477 outpatient procedures at Winchester Endoscopy, a licensed ASC in Libertyville, Illinois. Patient origin by zip code of residence for patient referrals over the past year is provided in Attachment A.

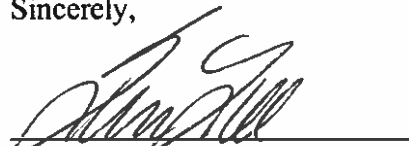
Cases at Winchester Endoscopy (8/1/18-7/31/19)	Projected Referrals to Winchester Ambulatory Surgery Center, LLC (Cases)
4,477	4,477

These patient referrals have not been used to support another pending or approved CON application.

The information in this letter is true and correct to the best of my knowledge.

I support the proposed establishment of Winchester Ambulatory Surgery Center, LLC.

Sincerely,

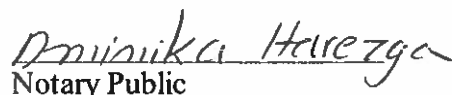


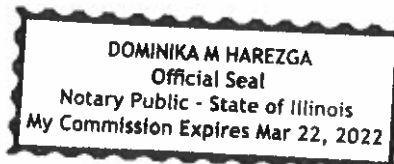
Sean Lee, M.D.

Specialty: Gastroenterology

Subscribed and sworn to me

This 25<sup>th</sup> day of January, 2021

  
 Notary Public



**ATTACHMENT A**

<b>Zip Code</b>	<b>Historical Cases (8/1/18- 7/31/19)</b>
60030	546
60048	516
60060	445
60073	398
60046	387
60031	322
60061	214
60002	191
60047	176
60085	114
60084	73
60083	67
60089	66
60041	62
60020	62
60099	60
60087	58
60051	50
Unknown	50
60081	44
60045	35
60042	30
60069	28
60044	27
60064	26
60015	25
60096	24
60050	22
60010	19
60090	15
60035	12
53179	12
60062	11
60004	11
60025	11
53158	11
53142	10
53104	9
53181	8
60033	7
53144	7
60074	6
53168	6

60014	6
60097	5
60156	5
60108	5
53143	5
53105	5
60056	5
60016	4
60626	4
53128	4
60070	4
60098	4
60067	4
60630	3
60657	3
60093	3
53140	3
60091	3
60013	3
60642	3
60088	3
60143	3
60071	3
60633	2
60614	2
53406	2
60714	2
60022	2
60026	2
60646	2
60076	2
60610	2
60123	2
60618	2
60142	2
60068	2
60079	2
53170	2
28461	2
60034	2
60202	2
60415	2
60102	2
61738	1
53188	1
60601	1
06085	1
60656	1

34653	1
85086	1
37379	1
60613	1
60018	1
60640	1
60012	1
61008	1
53515	1
76107	1
85396	1
60559	1
90266	1
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60616	1
60040	1
48304	1
60110	1
60645	1
60118	1
60660	1
60021	1
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73086	1
60452	1
77479	1
60473	1
78645	1
60504	1
60053	1
60514	1
98119	1
60106	1
60107	1