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

# SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Facility/Project Identification
Facility Name: Swedish Covenant Health d/b/a Swedish Hospital
Street Address: 5145 N. California Avenue
City and Zip Code: Chicago, Illinois 60625
County: Cook Health Service Area: 6 Health Planning Area: A-01
Applicant(s) [Provide for each applicant (refer to Part 1130.220)]
Exact Legal Name: Swedish Covenant Health
Street Address: 5145 N. California Avenue
City and Zip Code: Chicago, Illinois 60625
Name of Registered Agent: Anthony Guaccio
Registered Agent Street Address: 5145 N. California Avenue
Registered Agent City and Zip Code: Chicago, Illinois 60625
Name of Chief Executive Officer: Anthony Guaccio
CEO Street Address: 5145 N. California Avenue
CEO City and Zip Code: Chicago, Illinois 60625
CEO Telephone Number: (773) 878-5370
Type of Ownership of Applicants
Non-profit Corporation Partnership
For-profit Corporation Governmental
☐ Limited Liability Company ☐ Sole Proprietorship ☐ Other
Corporations and limited liability companies must provide an Illinois certificate of good
standing.
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: Shivani Bautista
Title: General Counsel
Company Name: NorthShore University HealthSystem
Address: 1301 Central Street, Evanston, Illinois 60201
Telephone Number: (847) 570-2000
E-mail Address: sbautista@northshore.org
Fax Number:
Page 1

## Additional Contact [Person who is also authorized to discuss the Application]

Name: Kara Friedman

Title: Attorney

Company Name: Polsinelli PC

Address: 150 North Riverside Plaza, Suite 3000, Chicago, Illinois 60606

Telephone Number: (312) 873-3639

E-mail Address: Kfriedman@polsinelli.com

Fax Number:

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

# SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Facility/Project Identification
Facility Name: Swedish Covenant Health d/b/a Swedish Hospital
Street Address: 1545 N. California Avenue
City and Zip Code: Chicago, Illinois 60625
County: Cook Health Service Area: 6 Health Planning Area: A-01
Applicant(s) [Provide for each applicant (refer to Part 1130.220)]
Exact Legal Name: NorthShore University HealthSystem
Street Address: 1301 Central Street
City and Zip Code: Evanston, Illinois 60201
Name of Registered Agent: Kristen Murtos
Registered Agent Street Address: 1301 Central Street
Registered Agent City and Zip Code: Evanston, Illinois 60201
Name of Chief Executive Officer: Gerald "J.P." Gallagher
CEO Street Address: 1301 Central Street
CEO City and Zip Code: Evanston, Illinois 60201
CEO Telephone Number: (847) 570-2000
Type of Ownership of Applicants
Non-profit Corporation Partnership
For-profit Corporation Governmental
Limited Liability Company Sole Proprietorship Other
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standing.
<ul> <li>Partnerships must provide the name of the state in which they are organized and the name</li> </ul>
and address of each partner specifying whether each is a general or limited partner.
ADDEND DOCUMENTATION AC ATTACHMENT 4 IN NUMERIC CECUENTIAL ODDED AFTED
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Name: Kara Friedman

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Company Name: Polsinelli PC

Address: 150 North Riverside Plaza, Suite 3000, Chicago, Illinois 60606

Telephone Number: (312) 873-3639

E-mail Address: Kfriedman@polsinelli.com

Fax Number:

#### **Post Exemption Contact**

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

<u> </u>
Name: Shivani Bautista
Title: General Counsel
Company Name: NorthShore University HealthSystem
Address: 1301 Central Street, Evanston, Illinois 60201
Telephone Number: (847) 570-2000
E-mail Address: sbautista@northshore.org
Fax Number:

### **Site Ownership**

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Swedish Covenant Health d/b/a Swedish Hospital

Address of Site Owner: 5145 N. California Avenue, Chicago, Illinois 60625

Street Address or Legal Description of the Site:

Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease, or a lease.

APPEND DOCUMENTATION AS <u>ATTACHMENT 2</u>, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

## **Operating Identity/Licensee**

Provide this information for each applicable facility and insert after this page	Provide this information f	or each applicable facilit	v and insert at	fter this page.
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				<u>, , , , , , , , , , , , , , , , , , , </u>				
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Address: 5145 N. California Avenue, Chicago, Illinois 60625								
	Non-profit Corporation For-profit Corporation Limited Liability Company		Partnership Governmental Sole Proprietorship		Other			
0	Corporations and limited liability com Standing.	panies mu	st provide an Illinois Cer	tificate of	Good			
<ul> <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> </ul>								
0								
	of ownership.							
APPEND DOCUMENTATION AS <u>ATTACHMENT 3</u> , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.								

## **Organizational Relationships**

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

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

#### **Narrative Description**

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

Swedish Covenant Health d/b/a Swedish Hospital (the "Hospital") located at 5145 N. California Avenue in Chicago, Illinois plans to discontinue its existing 6-bed pediatric Category of Service. The Hospital's pediatric unit is anticipated to be closed soon after approval of this Certificate of Exemption ("COE") application but no sooner than May 15, 2021 and no later than December 31, 2021. Going forward, pediatric patients presenting at the emergency department of the Hospital who require inpatient admission will be transferred to another nearby hospital with capabilities for treating pediatric patients. Absent extraordinary conditions such as those created by a public health emergency, pediatric patients will not be admitted for treatment at the Hospital after the closure of its dedicated pediatric unit.

No changes to the Hospital's other Categories of Services will be made in connection with this plan for unit closure.

## **Project Status and Completion Schedules**

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

Note that Skokie Hospital is an affiliate of Swedish Hospital and it has one open permit, project number: 20-008, which was approved on April 7,2020, and has an expected project completion date of December 15, 2023.

**Anticipated exemption completion date** (refer to Part 1130.570): Soon after HFSRB approval, approximately May 15, 2021 and no later than December 31, 2021.

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

State Agency Submittals [Section 1130.020(6)]
Are the following submittals up to date as applicable:
☐ Cancer Registry
submitted
Failure to be up to date with these requirements will result in the Application being deemed
incomplete.

#### CERTIFICATION

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

- o in the case of a corporation, any two of its officers or members of its Board of Directors;
- 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 Swedish Covenant Health d/b/a Swedish Hospital.

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

President and CEO

Tom Garvey, Chief Financial Officer

Notarization:

Subscribed and sworn to before me

34h day of April 2021

Signature of Nota

Seal

CHRISTY A PEREZ Official Seal Notary Public - State of Illinois My Commission Expires Dec 30, 2023

\*Insert the EXACT legal name of the applicant

Notarization:

Subscribed and sworn to before me this 13+0 day of April 2021

Signature of Notary

Seal

CHRISTY A PEREZ Official Seal

Notary Public - State of Illinois y Commission Expires Dec 30, 2023

#### 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
- o in the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf of NorthShore University HealthSystem.

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Kristen Murtos, Chief Administrative

& Strategy Officer

Gerald "J.P." Gallagher, President & CEO

Notarization:

Subscribed and sworn to before me this \_6 day of April, 2021

Signature of Notary

Seal

OFFICIAL SEAL BARBARA M HOLLAND NOTARY PUBLIC - STATE OF ILLINOIS

\*Inserthe EXACMISE ON FYRING OF THE applicant

Notarization:

Subscribed and sworn to before me this & day of April, 2021

Signature of Notary

Seal

OFFICIAL SEAL BARBARA M HOLLAND NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES:09/04/23

#### **SECTION II. DISCONTINUATION**

#### **Type of Discontinuation**

$\boxtimes$	Discontinuation of a single category of service

#### Criterion 1130.525 and 1110.290 - Discontinuation

READ THE REVIEW CRITERION and provide the following information:

#### **GENERAL INFORMATION REQUIREMENTS**

- 1. Identify the category of service and the number of beds, if any, that are to be discontinued.
- 2. Identify all of the other clinical services that are to be discontinued.
- 3. Provide the anticipated date of discontinuation for each identified service.
- 4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
- 5. Provide attestation that the facility provided the required notice of the category of service closure to local media that the health care facility would routinely notify about facility events. The supporting documentation shall include a copy of the notice, the name of the local media outlet, the date the notice was given, and the result of the notice, e.g., number of times broadcasted, written, or published. Only notice that is given to a local television station, local radio station, or local newspaper will be accepted.

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

# <u>ATTACHMENT 1</u> Good Standing Certificates

Attached hereto as Attachment 1 are Good Standing Certificates issued by the Illinois Secretary of State for:

- 1. NorthShore University HealthSystem (sole member of Swedish Covenant Health d/b/a Swedish Hospital); and
- 2. Swedish Covenant Health d/b/a Swedish Hospital (hospital licensee).

# File Number

0567-540-5



# 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

NORTHSHORE UNIVERSITY HEALTHSYSTEM, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 04, 1891, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



**In Testimony Whereof,** I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this day of DECEMBER A.D. 2020 .

Authentication #: 2034601544 verifiable until 12/11/2021 Authenticate at: http://www.cyberdriveillinois.com

esse White

SECRETARY OF STATE



1024-301-7



# To all to whom these Presents Shall Come, Greeting:

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

#### Business Services. I certify that

SWEDISH COVENANT HEALTH, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 06, 1907, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



### In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this  $25\mathrm{TH}$  day of AUGUST A.D. 2020 .

Authentication #: 2023802930 verifiable until 08/25/202
Authenticate at: http://www.cyberdriveillinois.com

SECRETARY OF STATE

Desse White

<b>ATTACHMENT</b>	2
Site Ownership	)

See attached.

#### **Swedish Covenant Health**

Courtney Avery, Administrator Illinois Health Facilities and Services Review Board 525 West Jefferson Street, 2<sup>nd</sup> Floor Springfield, IL 62761

Dear Ms. Avery:

I hereby attest that the real estate associated with the site of Swedish Covenant Hospital, located at 5145 North California Avenue in Chicago, Illinois, is owned by Swedish Covenant Health.

Sincerely,

Anthony Guacci

President and Chief Executive Officer

Notarized:

Subscribed and sworn before me this 3 day of April, 2021.

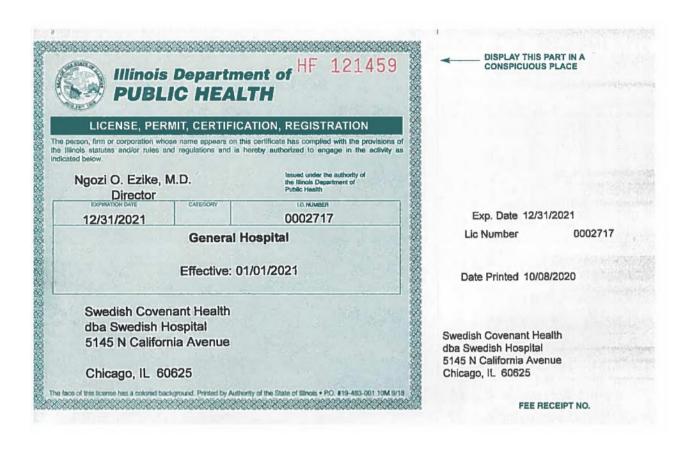
rotary raone

[Seal]

CHRISTY A PEREZ Official Seal Notary Public - State of Illinois My Commission Expires Dec 30, 2023

# ATTACHMENT 3 Operating Entity/Licensee

Swedish Covenant Health d/b/a Swedish Hospital is the licensee and operator of Swedish Hospital in Chicago, Illinois (the "Hospital"). Copies of the Hospital's general acute care hospital license and accreditation by the Healthcare Facilities Accreditation Program are attached at Attachment 3. The Hospital's CMS Certification Number is 14-0114 and National Provider Identifier is 1831151257.

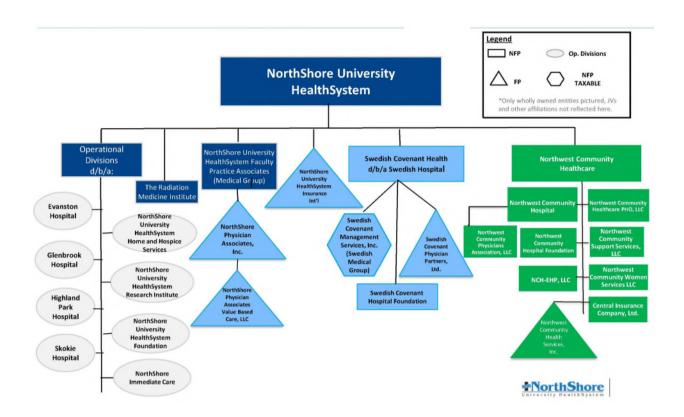


ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD CHANGE OF OWNERSHIP APPLICATION FOR EXEMPTION- 09/2019 Edition



# <u>ATTACHMENT 4</u> Organizational Relationships

The current organizational chart for Swedish Covenant Health d/b/a Swedish Hospital and NorthShore University HealthSystem is attached hereto at Attachment 4.



# ATTACHMENT 5 General Information and Requirements

1. Identify the category of service and the number of beds, if any, that are to be discontinued.

Upon approval of this Certificate of Exemption ("COE") application by the Illinois Health Facilities and Services Review Board (the "HFSRB"), Swedish Covenant Health d/b/a Swedish Hospital (the "Hospital") will discontinue its pediatric bed unit Category of Service which includes 6 beds.

2. Identify all of the other clinical services that are to be discontinued.

No other clinical services will be discontinued as part of this COE application.

3. Provide the anticipated date of discontinuation for each identified service.

The anticipated closing date is upon the HFSRB's approval but no sooner than May 15, 2021 and no later than December 31, 2021.

4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.

After closure of the pediatric bed unit, Swedish Hospital intends to use the portion of its physical plant where the pediatric unit is located for antepartum obstetrics and gynecology overflow services. Currently, the Hospital's obstetrics and gynecology unit is located on the same floor as the pediatric unit and two post-partum beds will be moved upon approval of this COE application. No other key rooms will be affected.

5. Provide attestation that the facility provided the required notice of the category of service closure to local media that the health care facility would routinely notify about facility events. The supporting documentation shall include a copy of the notice, the name of the local media outlet, the date the notice was given, and the result of the notice, e.g., number of times broadcasted, written, or published. Only notice that is given to a local television station, local radio station, or local newspaper will be accepted.

See attached.

# Chicago Tribune

Sold To: POLSINELLI PC - CU80045405 900 W 48th PI, Ste 900 Kansas City,MO 64112

Bill To: POLSINELLI PC - CU80045405 900 W 48th PI, Ste 900 Kansas City,MO 64112

Classified Advertising: 6929312 Purchase Order: Jeannine Campbell

Certificate of Publication:

State of Illinois - Cook

Chicago Tribune Media Group does hereby certify that it is the publisher of the Chicago Tribune. The Chicago Tribune is a secular newspaper, has been continuously published Daily for more than fifty (50) weeks prior to the first publication of the attached notice, is published in the City of Chicago, State of Illinois, is of general circulation throughout that county and surrounding area, and is a newspaper as defined by 715 IL CS 5/5.

This is to certify that a notice, a true copy of which is attached, was published 1 time(s) in the Chicago Tribune, namely one time per week or on 1 successive weeks. The first publication of the notice was made in the newspaper, dated and published on 4/17/2021, and the last publication of the notice was made in the newspaper dated and published on 4/17/2021.

This notice was also placed on a statewide public notice website as required by 715 ILCS 5/2. 1.

On the following days, to-wit: Apr 17, 2021.

Executed at Chicago, Illinois on this

18th Day of April, 2021, by

**Chicago Tribune Company** 

Jeremy Gates

Chicago Tribune - chicagotribune.com 160 N Stetson Avenue, Chicago, IL 60601 (312) 222-2222 - Fax: (312) 222-4014

# Chicago Tribune

Pending approval from the Illinois Health Facilities and Services Review Board, swedish Hospital, located at 5145 N. California Avenue, Chicago, Illinois 66625, will solely treat pediatric patients in its outpatient clinics, through virtual visits and in its emergency department. After such State approval, Swedish Hospital will no longer admit pediatric patients for inpatient care and such patients who require hospital admission will be transferred to another hospital that admits and treats pediatric patients for an an inpatient basis. 4/17/2021 6929312

Chicago Tribune - chicagotribune.com 160 N Stetson Avenue, Chicago, IL 60601 (312) 222-2222 - Fax: (312) 222-4014

## REASONS FOR DISCONTINUATION

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

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

# ATTACHMENT 6 Reasons for Discontinuation

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

Swedish Covenant Health d/b/a Swedish Hospital (the "Hospital") strives to provide contemporary medical care to residents of the communities it serves and to allocate resources in the most sufficient and viable methods so as to maximize high-quality care provided to such patients. As part of this ongoing effort and its associated monitoring of its resources, the Hospital tracked census ratings in its departments and found pediatric volumes have been very low in recent years, and particularly during the past 12 months in light of the COVID-19 pandemic. As optimal health care delivery models have evolved, the vast majority the medical staff's pediatric patients are being seen on an outpatient basis at the Hospital's clinics, in private practices and urgent care locations as well as through virtual visits. Keeping children at home when possible and sending them to specialized pediatric treatment services providers when they are seriously and acutely ill is the current treatment norm and this plan to close this unit is consistent with the current environment for caring for pediatric patients.

Going forward, those pediatric patients who require inpatient care will most likely be sent directly to or transferred to Ann & Robert H. Lurie Children's Hospital of Chicago ("Lurie"), Evanston Hospital or another area or specialty hospital with capabilities to provide inpatient care to pediatric patients. Lurie is located approximately nine miles and Evanston Hospital is located approximately seven miles from the Hospital.

Both Lurie and Evanston Hospital have advanced treatment options for pediatric patients, experience higher rates of pediatric admissions and are able to provide specialized care that is optimal for inpatient pediatric admissions. Due to the low census volume of the Hospital's pediatric unit, it difficult to retain staff and retain specialized nursing staff to provide the kinds of care required for pediatric patients, and, therefore, the Hospital works closely with other specialized providers in the community, such as Lurie and Evanston Hospital. Pending approval from the Illinois Health Facilities and Services Review Board, the Hospital will solely treat pediatric patients in its outpatient clinics, through virtual visits and in its emergency department.

#### IMPACT ON ACCESS

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

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

# ATTACHMENT 7 Impact on Access

1. Document whether or not the discontinuation will have an adverse effect upon access to care for residents of the facility's market area.

Swedish Covenant Health d/b/a Swedish Hospital (the "Hospital") is located in Hospital Planning Area ("HPA") A-01. According to the Illinois Hospitals Data Summary for 2019 on the Health Facilities and Services Review Board ("HFSRB") website, area A-01 has 210 authorized pediatric beds with a peak census of 180 in 2019 and a CON occupancy rate of 49%. Furthermore, based on the HFSRB 2019 Inventory Data, the average daily census of the Hospital's pediatric unit was one patient and the CON occupancy rate was 15.8%, both of which are far below A-01's peak census and occupancy rates. Accordingly, due to the low and falling pediatrics census rates at the Hospital and the surplus of beds in the HPA A-01 area that exceed peak census rates within this planning area, no adverse effect is anticipated for the residents of this planning area relating to this planned closure.

Furthermore and as mentioned on Attachment 6, of those pediatric patients who require inpatient care, all will be transferred to Ann & Robert H. Lurie Children's Hospital of Chicago ("Lurie"), Evanston Hospital ("Evanston Hospital"), an affiliated hospital within NorthShore University HealthSystem's network, or another hospital with capabilities to provide inpatient care to pediatric patients. Lurie is located approximately nine miles and Evanston Hospital is located approximately seven miles from the Hospital. Both of these hospitals offer specialized care and treatment options for pediatric patients. As a result, the discontinuation of the Hospital's pediatrics unit will not adversely impact residents located within this planning area.

Finally, pediatricians on the Hospital medical staff will continue to treat pediatric patients in the outpatient setting and through virtual visits in the vast majority of cases and the Hospital's emergency department will continue to be available to these patients going forward.

Provide copies of notification letters sent to other resources or health care facilities that provide the same services as those proposed for discontinuation. The notification letter must include at least the anticipated date of discontinuation and the total number of patients that received care or the number of treatments provided during the latest 24 months.

Please find attached copies of the Hospital's notice letters at Attachment 7.



#### **Swedish Hospital**

April 13, 2021

#### Via Registered Mail

Gottlieb Memorial Hospital DBA Loyola Health System at Gottlieb 701 W. North Ave Melrose Park, Illinois 60160

> Re: Notice of Planned Closure of 6-bed Pediatrics Unit at Swedish Covenant Health d/b/a Swedish Hospital

To Whom It May Concern:

I am writing on behalf of Swedish Covenant Health d/b/a Swedish Hospital to inform you of the planned discontinuation of its 6-bed pediatrics unit. As you likely know, Swedish Hospital is located at 5145 N. California Avenue, Chicago, Illinois.

In accordance with 77 Ill. Admin. Code 1110.290(d), we are notifying all pediatric hospital providers located within 10 miles of Swedish Hospital of this plan and request that you describe the impact of the proposed discontinuation of this unit on your hospital, if any.

Closure of this 6-bed unit will occur soon after the Illinois Health Facilities and Services Review Board's ("HFSRB") approval but no sooner than May 15, 2021 and no later than the end of the year.

As pediatric volumes have been very low in recent years, and particularly this year in light of the pandemic, we do not anticipate that the discontinuation of Swedish Hospital's pediatrics unit will significantly impact area hospitals that provide pediatric services. We are particularly pleased with the success that we are having in seeing pediatric patients at our clinics and urgent care locations on an outpatient basis as well as through virtual visits. We hope you are having similar success with these models of care. That said, we invite you to inform us of any impact this plan may have on your hospital.

For your information, the number of patients treated at Swedish Hospital's inpatient unit in the recent two years is provided below.

April 13, 2021 Page 2

Year	Authorized Beds	Admissions	Inpatient Days	Average Length of Stay	Average Daily Census ("ADC")	CON Occupancy Rate
2018	6	45	108	6.0	0.7	12.2
2019	6	61	191	5.7	1	15.8

Please advise us whether you anticipate your hospital will have additional capacity to admit pediatric patients that present to Swedish Hospital's emergency department and require inpatient treatment. Given the low ADC of pediatric patients treated at Swedish Hospital, we assume your program has capacity for any transfers but please advise us if that is not correct.

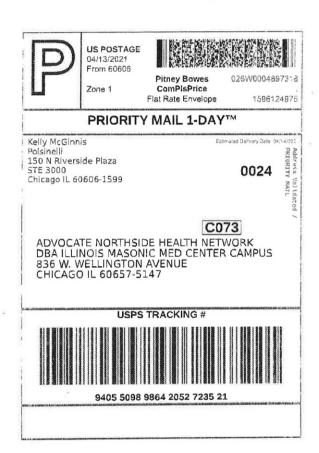
I would appreciate it if you would send your response to me at the e-mail address provided below. If we do not receive a response from you within 15 days, we will assume that you agree that the closure of this program will not have an adverse impact on your hospital.

If you have any questions about Swedish Hospital's plans to close its inpatient pediatrics unit, please feel free to contact me at kdonofrio@schosp.org or (773) 878-8200, ext. 5600.

Sincerely,

Kathy Donofrio, DNP, MBA, RN, NEA-BC

VP, Chief Nursing Officer



#### **Swedish Hospital**

April 13, 2021

#### Via Registered Mail

Advocate Northside Health Network DBA Illinois Masonic Medical Center Campus 836 W. Wellington Avenue Chicago, Illinois 60657

> Re: Notice of Planned Closure of 6-bed Pediatrics Unit at Swedish Covenant Health d/b/a Swedish Hospital

To Whom It May Concern:

I am writing on behalf of Swedish Covenant Health d/b/a Swedish Hospital to inform you of the planned discontinuation of its 6-bed pediatrics unit. As you likely know, Swedish Hospital is located at 5145 N. California Avenue, Chicago, Illinois.

In accordance with 77 Ill. Admin. Code 1110.290(d), we are notifying all pediatric hospital providers located within 10 miles of Swedish Hospital of this plan and request that you describe the impact of the proposed discontinuation of this unit on your hospital, if any.

Closure of this 6-bed unit will occur soon after the Illinois Health Facilities and Services Review Board's ("HFSRB") approval but no sooner than May 15, 2021 and no later than the end of the year.

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April 13, 2021 Page 2

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2019	6	61	191	5.7	1	15.8

Please advise us whether you anticipate your hospital will have additional capacity to admit pediatric patients that present to Swedish Hospital's emergency department and require inpatient treatment. Given the low ADC of pediatric patients treated at Swedish Hospital, we assume your program has capacity for any transfers but please advise us if that is not correct.

I would appreciate it if you would send your response to me at the e-mail address provided below. If we do not receive a response from you within 15 days, we will assume that you agree that the closure of this program will not have an adverse impact on your hospital.

If you have any questions about Swedish Hospital's plans to close its inpatient pediatrics unit, please feel free to contact me at kdonofrio@schosp.org or (773) 878-8200, ext. 5600.

Sincerely,

Kathy Donofrio, DNP, MBA, RN, NEA-BC

VP, Chief Nursing Officer



#### **Swedish Hospital**

April 13, 2021

#### Via Registered Mail

John H. Stroger, Jr. Hospital of Cook County 1901 W. Harrison Street Chicago, Illinois 60612

> Re: Notice of Planned Closure of 6-bed Pediatrics Unit at Swedish Covenant Health d/b/a Swedish Hospital

To Whom It May Concern:

I am writing on behalf of Swedish Covenant Health d/b/a Swedish Hospital to inform you of the planned discontinuation of its 6-bed pediatrics unit. As you likely know, Swedish Hospital is located at 5145 N. California Avenue, Chicago, Illinois.

In accordance with 77 Ill. Admin. Code 1110.290(d), we are notifying all pediatric hospital providers located within 10 miles of Swedish Hospital of this plan and request that you describe the impact of the proposed discontinuation of this unit on your hospital, if any.

Closure of this 6-bed unit will occur soon after the Illinois Health Facilities and Services Review Board's ("HFSRB") approval but no sooner than May 15, 2021 and no later than the end of the year.

As pediatric volumes have been very low in recent years, and particularly this year in light of the pandemic, we do not anticipate that the discontinuation of Swedish Hospital's pediatrics unit will significantly impact area hospitals that provide pediatric services. We are particularly pleased with the success that we are having in seeing pediatric patients at our clinics and urgent care locations on an outpatient basis as well as through virtual visits. We hope you are having similar success with these models of care. That said, we invite you to inform us of any impact this plan may have on your hospital.

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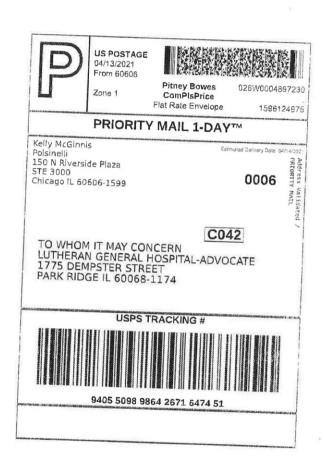
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Sincerely,

Kathy Donofrio, DNP, MBA, RN, NEA-BC



April 13, 2021

## Via Registered Mail

Lutheran General Hospital - Advocate 1775 Dempster Street Park Ridge, Illinois 60068

> Re: Notice of Planned Closure of 6-bed Pediatrics Unit at Swedish Covenant Health d/b/a Swedish Hospital

To Whom It May Concern:

I am writing on behalf of Swedish Covenant Health d/b/a Swedish Hospital to inform you of the planned discontinuation of its 6-bed pediatrics unit. As you likely know, Swedish Hospital is located at 5145 N. California Avenue, Chicago, Illinois.

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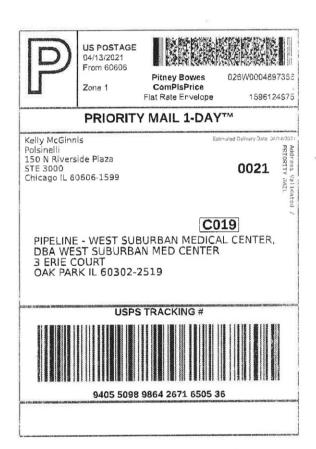
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Sincerely,

Kathy Donofrio, DNP, MBA, RN, NEA-BC



April 13, 2021

#### Via Registered Mail

Pipeline - West Suburban Medical Center, LLC DBA West Suburban Medical Center 3 Eric Court Oak Park, Illinois 60302

> Re: Notice of Planned Closure of 6-bed Pediatrics Unit at Swedish Covenant Health d/b/a Swedish Hospital

To Whom It May Concern:

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Sincerely,

Karty alengtio
Kathy Donofrio, DNP, MBA, RN, NEA-BC



April 13, 2021

#### Via Registered Mail

Presence Chicago Hospitals Network DBA Presence Resurrection Medical Center 7435 W. Talcott Ave Chicago, Illinois 60631

> Re: Notice of Planned Closure of 6-bed Pediatrics Unit at Swedish Covenant Health d/b/a Swedish Hospital

To Whom It May Concern:

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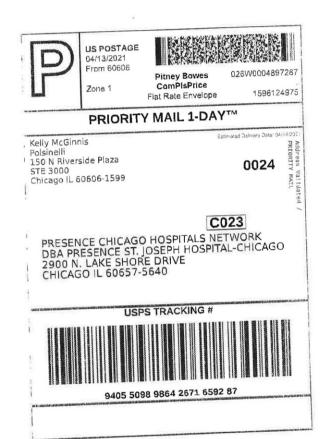
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Sincerely,

Kathy Donofrio, DNP, MBA, RN, NEA-BC



April 13, 2021

#### Via Registered Mail

Presence Chicago Hospitals Network DBA Presence Saint Joseph Hospital - Chicago 2900 N. Lake Shore Drive Chicago, Illinois 60657

> Re: Notice of Planned Closure of 6-bed Pediatrics Unit at Swedish Covenant Health d/b/a Swedish Hospital

To Whom It May Concern:

I am writing on behalf of Swedish Covenant Health d/b/a Swedish Hospital to inform you of the planned discontinuation of its 6-bed pediatrics unit. As you likely know, Swedish Hospital is located at 5145 N. California Avenue, Chicago, Illinois.

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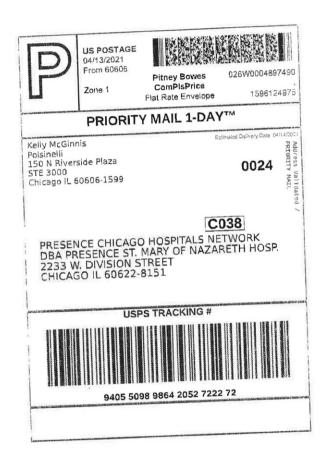
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Sincerely,

Kathy Donofrio, DNP, MBA, RN, NEA-BC



April 13, 2021

#### Via Registered Mail

Presence Chicago Hospitals Network DBA Presence Saint Mary of Nazareth Hospital 2233 W. Division Street Chicago, Illinois 60622

> Re: Notice of Planned Closure of 6-bed Pediatrics Unit at Swedish Covenant Health d/b/a Swedish Hospital

To Whom It May Concern:

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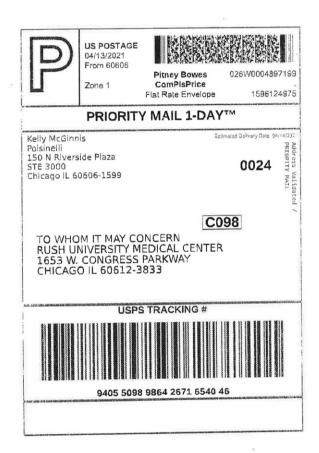
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Sincerely,

Kathy Donofrio, DNP, MBA, RN, NEA-BC



April 13, 2021

## Via Registered Mail

Rush University Medical Center 1653 W. Congress Pkwy Chicago, Illinois 60612

> Re: Notice of Planned Closure of 6-bed Pediatrics Unit at Swedish Covenant Health d/b/a Swedish Hospital

To Whom It May Concern:

I am writing on behalf of Swedish Covenant Health d/b/a Swedish Hospital to inform you of the planned discontinuation of its 6-bed pediatrics unit. As you likely know, Swedish Hospital is located at 5145 N. California Avenue, Chicago, Illinois.

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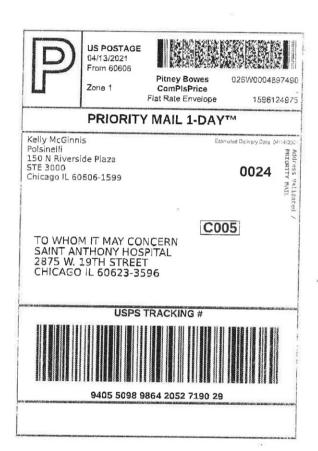
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Sincerely,

Kathy Donofrio, DNP, MBA, RN, NEA-BC



April 13, 2021

## Via Registered Mail

Saint Anthony Hospital 2875 W. 19th St Chicago, Illinois 60623

> Re: Notice of Planned Closure of 6-bed Pediatrics Unit at Swedish Covenant Health d/b/a Swedish Hospital

To Whom It May Concern:

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Sincerely,

Kathy Donofrio, DNP, MBA, RN, NEA-BC

VP, Chief Nursing Officer



April 13, 2021

#### Via Registered Mail

Shriners Hospital for Children - Chicago 2211 N. Oak Park Ave Chicago, Illinois 60707

> Re: Notice of Planned Closure of 6-bed Pediatrics Unit at Swedish Covenant Health d/b/a Swedish Hospital

To Whom It May Concern:

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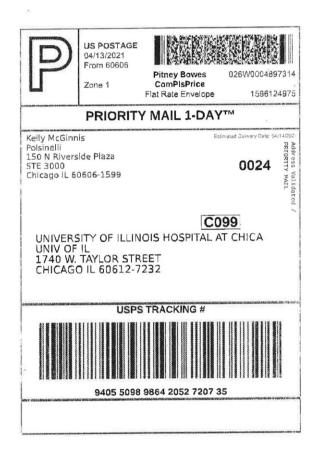
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Sincerely,

Kathy Donofrio, DNP, MBA, RN, NEA-BC



April 13, 2021

#### Via Registered Mail

University of Illinois Hospital at Chicago 1740 W. Taylor Street Chicago, Illinois 60612

Re: Notice of Planned Closure of 6-bed Pediatrics Unit at Swedish Covenant Health d/b/a Swedish Hospital

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Sincerely,

Kathy Donofrio, DNP, MBA, RN, NEA-BC



April 13, 2021

#### Via Registered Mail

Ann & Robert H Lurie Children's Hospital of Chicago 225 East Chicago Avenue Chicago, Illinois 60611

Re: Notice of Planned Closure of 6-bed Pediatrics Unit at Swedish Covenant Health d/b/a Swedish Hospital

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Sincerely,

Kathy Donofrio, DNP, MBA, RN, NEA-BC

VP, Chief Nursing Officer

77547828.1

# **SECTION III. BACKGROUND**

READ THE REVIEW CRITERION and provide the following required information:

#### **BACKGROUND OF APPLICANT**

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

APPEND DOCUMENTATION AS <u>ATTACHMENT 8</u>, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 8.

# ATTACHMENT 8 Background of Applicant

Swedish Hospital is part of NorthShore University HealthSystem, a not-for-profit organization principally operating to provide quality healthcare services for the communities it serves. The delivery of healthcare services is provided in a wide range of inpatient and ambulatory healthcare settings, communitywide, employing modern technology and expertise. Support for qualified patients who may not be able to pay the entire cost of their care is a part of the organization's commitment. In support of its primary mission of patient care, the organization engages in a wide range of academic activities in medical education and research.

The organization is committed to maintaining its viability to meet its long-term commitment to the communities it serves. It further recognizes the responsibility to maintain technologically current assets for this purpose. This includes the cultivation and development of its physicians, graduate medical students, employees, physical plant, equipment and other resources to assure continued availability of its services.

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.

The following is a list of all Illinois health care facilities (as that term is defined in the Act) owned by NorthShore University HealthSystem ("NorthShore"):

- Evanston Hospital, located at 2650 Ridge Avenue, Evanston, IL 60201;
- Highland Park Hospital, located at 777 Park Avenue West, Highland Park, IL 60035;
- Glenbrook Hospital, located at 2100 Pfingsten Road, Glenview, IL 60025;
- Skokie Hospital, located at 9600 Gross Point Road, Skokie, IL 60076;
- Swedish Covenant Health (the "Hospital"), located at 5145 N. California Avenue in Chicago, IL; and
- Northwest Community Hospital, located at 800 W Central Rd, Arlington Heights, IL 60005.

Copies of the Hospital's license and accreditation are attached at Attachment 3. All other NorthShore hospital licenses and accreditations are attached hereto at Attachment 8.

NorthShore also has a five percent (5%) or greater indirect, partial ownership interest in the following Illinois health care facilities:

- North Shore Surgical Center, located at 3725 West Touhy Avenue, Lincolnwood, IL 60712;
- Ravine Way Surgery Center, located at 2350 Ravine Way, #500, Glenview, IL 60025;
- River North Same Day Surgery Center, located at 1 East Street, #300, Chicago, IL 60611;
- Northwest Endo Center LLC, located at 1415 South Arlington Heights Road, Arlington Heights, IL 60005;
- Northwest Community Foot and Ankle Center LLC, located at 1455 East Golf Road, Des Plaines, IL 60016; and
- Northwest Community Day Surgery Center II LLC, located at 675 W. Kirchoff Road, Arlington Heights, IL 60005.
- 2. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application.

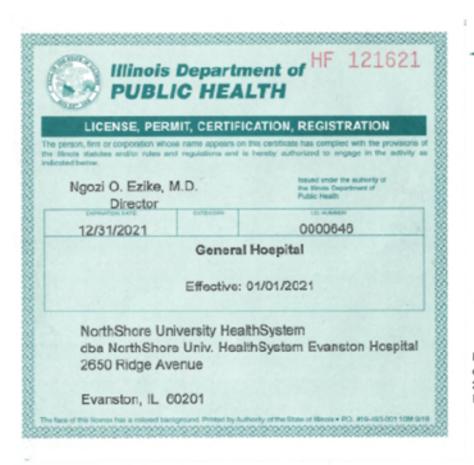
In signing this Certificate of Exemption ("COE") application, NorthShore and the Hospital each attests that, in the last three years prior to filing of this COE application, there has been no "adverse action" (as that term is defined in 77 IAC 1130.140) against any Illinois facility owned and/or operated by NorthShore or the Hospital. Copies of NorthShore's and the Hospital's attestation are attached at Attachment 8.

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.

The Illinois Health Facilities and Services Review Board ("HFSRB") and the Illinois Department of Public Health ("IDPH") are hereby authorized by each of NorthShore and the Hospital access to any documents necessary to verify the information submitted with this application pertaining to NorthShore or the Hospital, as applicable, including, but not limited to: official records of IDPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations.

4. If, during a given calendar year, an applicant submits more than one application for permit or exemption, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest that the information was previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

N/A.



DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 12/31/2021

Lic Number

0000646

Date Printed 10/30/2020

NorthShore University HealthSystem dba NorthShore Univ. HealthSystem E 2650 Ridge Avenue Evanston, IL 60201

FEE RECEIPT NO.



\_\_ DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 12/31/2021

Lic Number

0003483

Date Printed 10/30/2020

NorthShore University HealthSystem dba NorthShore Univ. HealthSystem G 2100 Pfingsten Road Glenview, IL 60025

FEE RECEIPT NO.





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

Ngozi O. Ezike, M.D. Director Issued under the authority of the Illinois Department of Public Health

12/31/2021

ORY LD NUMBER

0005587

General Hospital

Effective: 01/01/2021

NorthShore University HealthSystem dba NorthShore University HealthSystem Skokie Hospital 9600 Gross Point Rd

Skokie, IL 60076

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #19-493-001 10M 9/18

DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 12/31/2021

Lic Number

0005587

Date Printed 10/30/2020

NorthShore University HealthSystem dba NorthShore University HealthSyste 9600 Gross Point Rd Skokie, IL 60076

FEE RECEIPT NO.



February 26, 2018

Re: # 7343 CCN: #140010

Program: Hospital

Accreditation Expiration Date: October 07, 2020

J.P. Gallagher COO NorthShore University HealthSystem 1301 Central Street, Suite 300 Evanston, Illinois 60201

Dear Mr. Gallagher:

This letter confirms that your October 02, 2017 - October 06, 2017 unannounced full resurvey was conducted for the purposes of assessing compliance with the Medicare conditions for hospitals through The Joint Commission's deemed status survey process.

Based upon the submission of your evidence of standards compliance on January 12, 2018, January 15, 2018 and February 15, 2018 and the successful on-site unannounced Medicare Deficiency Follow-up event conducted on November 16, 2017 and December 14, 2017, the areas of deficiency listed below have been removed. The Joint Commission is granting your organization an accreditation decision of Accredited with an effective date of October 07, 2017. We congratulate you on your effective resolution of these deficiencies.

§482.23 Nursing Services §482.41 Physical Environment §482.42 Infection Control §482.51 Surgical Services

The Joint Commission is also recommending your organization for continued Medicare certification effective October 07, 2017. Please note that the Centers for Medicare and Medicaid Services (CMS) Regional Office (RO) makes the final determination regarding your Medicare participation and the effective date of participation in accordance with the regulations at 42 CFR 489.13. Your organization is encouraged to share a copy of this Medicare recommendation letter with your State Survey Agency.

This recommendation applies to the following location(s):

Deerfield Medical Group Offices 49 South Waukegan Road, Deerfield, Deerfield, IL, 60015

Dermatology - Old Orchard 9933 Woods Drive, Skokie, IL, 60077

Des Plaines Internal Medicine

www.jointcommission.org

Headquarters

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



9301 Golf Road, Suite 302, Des Plaines, IL, 60016

Evanston Medical Office Building 1000 Central Street, Evanston, IL, 60201

Glenbrook Hospital Ambulatory Care Center 2180 Pfingsten Road, Glenview, IL, 60026

Glenbrook Medical East 1007 Church St., Suite 100, Evanston, IL, 60201

Glenbrook Medical West 211 Waukegan Road Suite 200, Northfield, IL, 60093

Glenbrook Professional Building d/b/a NorthShore Medical Group 2050-2100 Pfingsten Rd., Glenview, IL, 60025

Gurnee Ambulatory Care Center 7900 Rollins Road, Gurnee, IL, 60031

Gurnee Pediatrics 6475 Washington St. Suite 103, Gurnee, IL, 60031

Lincolnshire Ambulatory Care Center 920 North Milwaukee Ave, Lincolnshire, IL, Lincolnshire, IL, 60069

Medical Imaging 1182 Northbrook Court, Northbrook, IL, 60062

Medical Offices Bannockburn 2151 Waukegan Road, Bannockburn, IL, 60015

Mount Prospect Primary Care 1329 Wolf Road, Mount Prospect, IL, 60056

Niles Ambulatory Care Center 6450 West Touhy Avenue, Niles, Niles, IL, 60714

North Shore Medical Group - Ravinia 1777 Green Bay Road, Suite 201, Highland Park, IL, 60035

North Suburban Medical Associates 101 Waukegan Road, Suite 1200, Lake Bluff, IL, 60044

NorthShore Medical Group - Family Practice

www.jointcommission.org

Headquarters

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1162 Maple Ave, Mundelein, IL, 60060

NorthShore Orthopedics Institute 680 Lake Shore Drive, Chicago, IL, 60611

NorthShore University HealthSystem d/b/a Evanston Hospital 2650 Ridge Avenue, Evanston, IL, 60201

NorthShore University HealthSystem d/b/a Glenbrook Hospital 2100 Pfingsten Road, Glenview, IL, 60025

NorthShore University HealthSystem d/b/a Highland Park Hospital 777 Park Avenue West, Highland Park, IL, 60035

NorthShore University HealthSystem d/b/a Skokie Hospital 9600 Gross Point Road, Skokie, IL, 60076

NS - Lincolnwood Primary Care 6810 N. McCormick, Lincolnwood, IL, 60712

NS - Medical Group 767 Park Avenue West, Highland Park, IL, 60035

NS - Medical Group 9669 Kenton Avenue, Skokie, IL, 60076

NS - Vernon Hills 830 West End Court, Vernon Hills, IL, 60061

NS at Nordstrom 77 Old Orchard Shoppping Center, Skokie, IL, 60077

NS Dermatology 1160 Park Ave West, Highland Park, Highland Park, IL, 60035

NS Highland Park Specialty Care Center 757 Park Avenue West, Highland Park, IL, 60035

NS Medical Group 650 Lake Cook Road, Buffalo Grove, IL, 60089

NS Medical Group - Deerpath Physician Group

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Headquarters

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



731 S. IL Route 21, Suite 130, Gurnee, IL, 60031

NS Medical Group - Glenview 1435 Waukegan Road, Glenview, IL, 60025

NS Medical Group Plastics/ENT 501 Skokie Blvd, Northbrook, IL, 60062

NS Northbrook Family Medicine 1885 Shermer Road, Northbrook, IL, 60062

NS Primary Care 15 Tower Court, Gurnee, IL, 60031

NS Rehabilitation Service 1000 Central Street, Evanston, IL, 60201

NS Rehabilitation Services, Evanston Athletic Club 1729 Benson Ave, Evanston, IL, 60201

NS Rehabilitation Services, Highland Park Hospital Fitness 1501 Busch Pkwy, Buffalo Grove, IL, 60089

NS Rehabilitation Services, Old Orchard 9977 Woods Drive, Skokie, IL, 60077

NS Rehabilitation Services, Park Center 2400 Chestnut, Glenview, IL, 60026

NS Rehabilitation Services, Pediatric Therapy Clinic 9977 Woods Drive, Skokie, IL, 60077

Park Center Specialty Suite 2400 Chestnut Ave Suite A, Glenview, IL, 60026

Professional Building d/b/a ENH Medical Group/Psychiatry 909 Davis Street, Evanston, IL, 60201

Professional Building 9977 Woods Dr., Skokie, IL, 60077

Psychiatry- Glenview 2300 Lehigh, Suite 215, Glenview, IL, 60025

Skokie Ambulatory Care Center

www.jointcommission.org

Headquarters

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



9650 Gross Point Road, Skokie, IL, 60076

Therapeutic Day School 3633 West Lake Ave, Suite 200, Glenview, IL, 60025

Vernon Hills Specialty Care Center 225 N Milwaukee Ave, Vernon Hills, IL, 60061

Wilmette Primary Care 1515 Sheridan Road, Suite 31A, Wilmette, IL, 60091

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

Sincerely,

Mark G. Pelletier, RN, MS Chief Operating Officer

Mark Pelletin

Division of Accreditation and Certification Operations

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

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# ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD CHANGE OF OWNERSHIP APPLICATION FOR EXEMPTION- 09/2019 Edition



January 3, 2018

Stephen Scogna Chief Executive Officer

Northwest Community Hospital 800 West Central Road Arlington Heights, IL 60005 Joint Commission ID #: 4656 Program: Hospital Accreditation Accreditation Activity: 60-day Evidence of Standards Compliance Accreditation Activity Completed: 01/03/2018

Dear Mr. Scogna:

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

Comprehensive Accreditation Manual for Hospitals

This accreditation cycle is effective beginning October 21, 2017 and is customarily valid for up to 36 months. Please note, The Joint Commission reserves the right to shorten or lengthen the duration of the cycle.

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

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

Congratulations on your achievement.

Sincerely,

Mark G.Pelletier, RN, MS

Chief Operating Officer Division of Accreditation and Certification Operations



Joint Commission accredited organizations that have a full accreditation survey that has been postponed due to the COVID-19 pandemic will continue to be considered accredited beyond their current certificate expiration date.

The Joint Commission has resumed survey/review activity and as soon as The Joint Commission has determined it is safe to resume onsite survey activity in your county, scheduling of past due surveys will be prioritized.

Organizations that have an approaching accreditation due date that may be impacted as The Joint Commission begins to survey past due organizations will also continue to be considered accredited. Once the full survey has been conducted and a final accreditation decision of Accredited has been rendered, the accreditation will be renewed without any lapse in the existing accreditation.

www.jointcommission.org

Headquarters

One Renaissance Boulevard Oaltbrook Terrace, IL 60181 630 792 5000 Voice

### NorthShore University HealthSystem

Courtney Avery, Administrator Illinois Health Facilities and Services Review Board 525 West Jefferson Street, 2<sup>nd</sup> Floor Springfield, IL 62761

Dear Ms. Avery:

On behalf of NorthShore University HealthSystem ("NorthShore"), I certify to the Illinois Health Facilities and Services Review Board (the "HFSRB") as follows:

- NorthShore has not experienced any adverse action (as that term is defined in 77 IAC 1130.140) against any Illinois health care facility owned and operated by it during the three-year period immediately prior to the filing of the Certificate of Exemption ("COE") application relating to the discontinuation of the pediatrics unit at Swedish Covenant Health d/b/a Swedish Covenant Hospital, located at 5145 N. California Avenue, Chicago, Illinois 60625.
- NorthShore authorizes the HFSRB and Illinois Department of Public Health (the "IDPH") to access information to verify documentation or information submitted by it in connection with the COE filing requirements or to obtain any documentation or information which the HFSRB or IDPH finds pertinent to the COE application mentioned above.

Name: Kristen Murtos
Title: Ohief Administrative & Strategy Officer

OFFICIAL SEAL BARBARA M HOLLAND NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES:09/04/23

Subscribed and sworn before me this \_\_\_\_\_\_ day of April, 2021.

Notary

My commission expires: 9/4/23

Notarized: State of Illinois, County of Cook

### Swedish Covenant Health

Courtney Avery, Administrator Illinois Health Facilities and Services Review Board 525 West Jefferson Street, 2<sup>nd</sup> Floor Springfield, IL 62761

Dear Ms. Avery:

On behalf of Swedish Covenant Health d/b/a Swedish Covenant Hospital ("Swedish Hospital"), I certify to the Illinois Health Facilities and Services Review Board (the "HFSRB") as follows:

- Swedish Hospital has not experienced any adverse action (as that term is defined in 77 IAC 1130.140) against any Illinois health care facility owned and operated by it during the three-year period immediately prior to the filing of the Certificate of Exemption ("COE") application relating to the discontinuation of the pediatrics unit at Swedish Hospital, located at 5145 N. California Avenue, Chicago, Illinois 60625.
- Swedish Hospital authorizes the HFSRB and Illinois Department of Public Health (the "IDPH") to access information to verify documentation or information submitted by it in connection with the COE filing requirements or to obtain any documentation or information which the HFSRB or IDPH finds pertinent to the COE application mentioned above.

Sincerely

Title: Do

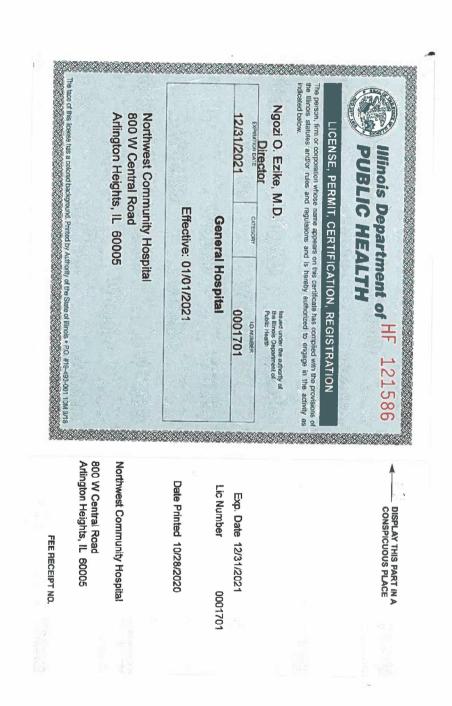
Notarized: State of Illinois, County of Cook

Subscribed and sworn before me this 13th day of

April, 2021

My commission expires: DCC 30, 2023

CHRISTY A PEREZ Official Seal Notary Public - State of Illinois y Commission Expires Dec 30, 2023



## SECTION IV. SAFETY NET IMPACT STATEMENT

# SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for <u>ALL PROJECTS TO DISCONTINUE</u> A CATEGORY OF SERVICE [20 ILCS 3960/5.4]:

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

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

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

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

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			
Charity (cost In			
dollars)			
Inpatient			
Outpatient			
Total			
MEDICAID			
Medicaid (# of patients)	Year	Year	Year

Inpatient				
Outpatient				
Total				
Medicaid (revenue)				
Inpatient				
Outpatient				
Total				
	Outpatient Total Medicaid (revenue) Inpatient Outpatient	Outpatient  Total  Medicaid (revenue)  Inpatient  Outpatient	Outpatient  Total  Medicaid (revenue)  Inpatient  Outpatient	Outpatient  Total  Medicaid (revenue)  Inpatient  Outpatient

APPEND DOCUMENTATION AS  $\underline{\text{ATTACHMENT 9}}$ , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

# ATTACHMENT 9 Safety Net Impact Statement

Safety Net Information per PA 96-0031			
CHARITY CARE – Swedish Hospital			
Charity (# of patients)	2017	2018	2019
Inpatient	179	372	240
Outpatient	5,059	6,934	6,504
Total	5,238	7,306	6,744
Charity (cost In dollars)			
Inpatient	\$1,858,111	\$3,277,178	\$2,467,845
Outpatient	\$4,354,459	\$5,346,975	\$5,240,861
Total	\$6,212,570	\$8,624,153	\$7,708,706
	_		
	MEDICAID		
Medicaid (# of patients)	2017	2018	2019
Inpatient	4,392	3,662	3,603
Outpatient	64,574	71,023	71,099
Total	68,966	74,685	74,702
Medicaid (revenue)			
Inpatient	\$29,744,718	\$32,201,455	\$31,884,817
Outpatient	\$20,526,803	\$20,206,497	\$24,702,619
Total	\$50,271,521	\$52,407,952	\$56,587,436

## SECTION V. CHARITY CARE INFORMATION

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

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

A table in the following format must be provided for all facilities as part of Attachment 10.

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

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

# ATTACHMENT 10 Charity Care

1. Charity Care Information – Swedish Hospital

	2017	2018	2019
Net Patient Revenue	\$224,102,810	\$235,549,332	\$224,148,166
Amount of Charity Care (charges)	\$35,383,812	\$47,260,443	\$48,339,842
Cost of Charity Care	\$6,524,531	\$10,436,594	\$7,708,706

2. Charity Care Information – NorthShore University HealthSystem (Evanston Hospital, Glenbrook Hospital, Highland Park Hospital, and Skokie Hospital)

	2017	2018	2019
Net Patient Revenue	\$1,270,483,123	\$1,295,160,316	\$1,407,899,750
Amount of Charity Care	\$1,270,463,123	\$1,295,160,516	\$1,407,899,750
(charges)	\$62,776,737	\$70,231,298	\$73,166,468
Cost of Charity Care	\$15,967,076	\$17,190,094	\$18,270,106

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

INDEX OF ATTACHMENTS			
ATTACHMEN NO.	т	PAGES	
1	Applicant Identification including Certificate of Good Standing	12-14	
2	Site Ownership	15-16	
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	17-19	
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	20-21	
5	Discontinuation General Information Requirements	21-24	
6	Reasons for Discontinuation	26	
7	Impact on Access	28-67	
8	Background of the Applicant	69-84	
9	Safety Net Impact Statement	87	
10	Charity Care Information	89	