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Transcript of Public Hearing

Date: June 15, 2021

Case: E-011-21 Woodlake Specialty Hospital, Melrose Park

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ILLINOIS DEPARTMENT OF PUBLIC HEALTH
HEALTH FACILITIES AND SERVICES REVIEW BOARD
BEFORE HEARING OFFICER COURTNEY AVERY

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IN RE: :
Public Comments :
Regarding Application : Project No. E-011-21
for the :
Re-Establishment and :
Change of Ownership :
Exemption for :
Woodlake Specialty :
Hospital. :

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HEARING in accordance with requirements of the
Illinois Health Facilities Planning Act
Conducted Virtually
Tuesday, June 15, 2021
11:01 a.m. CT

Job No.: 379498
Pages: 1 - 36
Reported By: Courtney Petros, RPR, CSR

1 PRESENT:

2 ILLINOIS HEALTH FACILITIES AND SERVICES

3 REVIEW BOARD, by

4 COURTNEY AVERY, Public Hearing Officer

5 GEORGE ROATE, Public Hearing Officer

6 MICHAEL CONSTANTINO, Public Hearing

7 Officer

8 ANN GUILD, Compliance Manager

9 APRIL SIMMONS, General Counsel

10 MIKE MITCHELL, IDPH Staff

11 525 West Jefferson Street

12 Second Floor

13 Springfield, IL 62761

14 (217) 782-3516

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1 P R O C E E D I N G S

2 MR. ROATE: Good morning. My name is
3 George Roate. I represent the Illinois Department
4 of Public Health, and we are conducting a public
5 hearing on Exemption E-011-21 Woodlake Specialty
6 Hospital in Melrose Park.

7 For the purpose of the meeting, I will now
8 read in the public notice. In accordance with the
9 requirements of the Illinois Health Facilities
10 Planning Act, notice is given of receipt of an
11 exemption application to establish Woodlake
12 Specialty Hospital, LLC, 1225 West Lake Street,
13 Melrose Park, Illinois, formerly known as Westlake
14 Hospital. The applicants are Woodlake Pacific
15 Holdings, LLC and Woodlake Specialty Hospital,
16 LLC.

17 The acute care hospital will have 80 acute
18 mental illness beds, 60 long-term care beds, 44
19 long-term acute care beds, and 6 intensive care
20 unit beds to support the LTACH unit, and 40
21 comprehensive physical rehabilitation beds for a
22 total of 230 authorized beds.

23 Woodlake Specialty Hospital will treat all
24 patients regardless of their ability to pay. The

1 cost of the project is \$43,392,895. The
2 anticipated completion date is December 31st,
3 2022.

4 A copy of the application may be viewed at
5 the Illinois Health Facilities and Services Review
6 Board office. To obtain a copy of the
7 application, please call the office for details
8 and copying fees. Our office number is
9 (217) 785-3516. Thank you.

10 MS. AVERY: Thank you, George. Appreciate
11 that. Thank you.

12 MR. ROATE: You're welcome. You're
13 welcome. Thank you.

14 MS. AVERY: So we'll start with the first
15 speaker, a representative of Woodlake. Raise your
16 hand to tell me which one, Ed, please.

17 MR. GREEN: There we go. Can you hear me?
18 I just had to unmute myself.

19 MS. AVERY: Yep. We got you.

20 MR. GREEN: Oh, good. Okay. So we do
21 have three speakers lined up today. You know, and
22 it's part of the furtherance of this, this is the
23 -- to reopen Westlake Hospital. It's a very
24 unique project, as you will recall, we were

1 actually able to work with the House and the
2 Senate and the Governor to get legislation
3 introduced and passed to sort of expedite the
4 reopening of Woodlake Hospital -- well, Westlake,
5 now known as Woodlake Hospital.

6 So with that -- we kept it short, because,
7 as I understand it, there were no opposition
8 statements today. So I thought I would just turn
9 it over to our team, if you will. And I think I
10 sent the order. Let's see if I've still got them
11 all on the phone. I can't tell on my phone if I
12 have them, but the first one I have is Chaim
13 Rottenberg from Woodlake Specialty Hospital, LLC.

14 MR. ROTTENBERG: Hi. Good morning. My
15 name is Chaim Rottenberg, and I am a managing
16 member of Woodlake Specialty Hospital, LLC, which
17 I will refer to as Woodlake.

18 I would like to explain why we want to
19 reopen the former Westlake Hospital and how we
20 plan to update it for future use. But, first, I
21 want to give you a little background about me.

22 I have worked in the health care realm for
23 over 14 years. I got my start as a nursing home
24 administrator and eventually worked my way up to

1 owning health care facilities --

2 MS. AVERY: Excuse me, sir. Let me
3 interrupt. Whoever is typing -- and it's probably
4 Mike Constantino -- mute yourself. Thank you.

5 MR. GREEN: By the way, that's my standing
6 comment on Mike always.

7 MR. ROTTENBERG: In 2018, I formed Cedar
8 Health Group with Mark Tress and Stephen Werdiger.
9 Over the years, we have focused on purchasing and
10 developing long-term, acute, and psychiatric care
11 facilities in underserved areas. Patients come to
12 these facilities after they have been stabilized
13 but still require an average month of additional
14 care.

15 Using your experience providing long-term
16 acute care services, we would like to reopen
17 former Westlake Hospital. We plan to reopen the
18 hospital with a new name, Woodlake Hospital, by
19 January of 2023. To do so, we are prepared to
20 invest over \$40 million.

21 Similar to Westlake, Woodlake will have
22 230 authorized beds and will service patients
23 regardless of their ability to pay. It will also
24 bring around 500 to 600 jobs to the community.

1 Dr. Glenn Kushner, the last president of
2 the medical staff at Westlake Hospital, will serve
3 as inaugural president of the medical staff at
4 Woodlake Hospital. Further, we have engaged a
5 number of local leaders to serve on the local
6 board for the hospital to make sure we continue to
7 stay up to date on relevant issues facing the
8 community.

9 We hope that the Illinois Health
10 Facilities and Service Review Board will approve
11 our change of ownership application to allow us
12 and the community to move forward with this
13 project. Thank you so much.

14 MR. GREEN: Thank you, Chaim. Then our
15 next speaker is Mark Tress, also from Woodlake.
16 Mark, are you there?

17 MS. SIMMONS: Ed, is he a call-in speaker?

18 MR. GREEN: I don't know. I can't see on
19 my screen. I'll send him a note right now. If
20 not, while we're waiting for him, Yaakov, are you
21 on? We also have Yaakov Septimus. Mark says he
22 is muted and he can't be unmuted.

23 MR. SEPTIMUS: Yaakov is here.

24 MR. GREEN: Yaakov, you're not so clear.

1 MR. SEPTIMUS: Do you hear me now?

2 MR. GREEN: Yeah, but it's a little
3 muffled.

4 MR. SEPTIMUS: I can try to call in if you
5 prefer.

6 MS. SIMMONS: Actually, he's fine as far
7 as recording purposes. It's some background
8 noise, so maybe he needs to mute something else
9 that's in that area, but he's fine.

10 MR. SEPTIMUS: Okay. Can Yaakov begin?

11 MR. GREEN: Yes.

12 MR. SEPTIMUS: Good morning. My name is
13 Yaakov Septimus, and I am the vice president of
14 operations at Cedar Health Group. I have been
15 working and will be working with Mark and Chaim to
16 help move the Woodlake project forward. Today, I
17 will provide some additional details about the
18 project.

19 Woodlake Hospital will occupy
20 approximately 270,000 gross square feet and have
21 80 acute mental illness beds, 60 long-term care
22 beds, generally referred to as skilled nursing
23 beds, 44 long-term acute care beds, and 6
24 intensive care unit beds to support the long-term

1 acute care unit. At 40 comprehensive physical
2 rehabilitation beds, which account for the total
3 of the 230 authorized beds. These beds will help
4 fill the gap left by a number of hospitals within
5 the service area that discontinued their long-term
6 care skilled nursing units.

7 Woodlake will also maintain a standby
8 emergency department, which is common for the
9 types of services that will be provided there.
10 Our goal is to make Woodlake a one-stop shop for
11 continual geriatric, psychiatric, and postacute
12 care conditions.

13 As Chaim noted, Woodlake will treat all
14 patients regardless of their ability to pay. It
15 will do so by accepting Medicaid and through its
16 charity care program. Similar to the charity care
17 program provided by Westlake, uninsured patients
18 at Woodlake can apply for financial assistance
19 with certain individuals being deemed presumptive
20 or eligible due to their financial status.

21 Upon the review Board's approval, they
22 will begin the process of renovating and updating
23 the hospital facility. We will seek to employ
24 local people in this process as well as work with

1 local leaders to identify long-term employees for
2 the hospitals.

3 We have already been in conversation with
4 local doctors who are excited to have various
5 levels of affiliation with Woodlake. In general,
6 the excellent support we have received on a state
7 and local level deepens our excitement to get
8 started on this project and watch this community
9 grow.

10 We ask that the Review Board approve our
11 change of ownership application to allow us to be
12 the catalyst for this growth. Thank you for your
13 time, and have a great day.

14 MR. GREEN: Thank you, Yaakov. Mark? Has
15 Mark Tress -- have we figured out how to unmute
16 him?

17 MS. SIMMONS: I believe -- if he's a
18 call-in user, I think he has to do -- is it star 6
19 or is it 3? Star 3 or star 6 --

20 MR. MITCHELL: I think it's star 3.

21 MS. SIMMONS: -- star 3, and that will
22 raise his hand.

23 MR. ROTTENBERG: Ed, if not -- this is
24 Chaim -- I could read the statement we have --

1 that Mark prepared, if that would help, if we
2 can't get Mark.

3 MR. GREEN: That works for me if that
4 works for the Review Board. It's Mark's
5 statement, but his partner would read it. Is that
6 okay to the Review Board?

7 MS. AVERY: You can't have him read
8 something for someone else.

9 MS. SIMMONS: We would prefer him read it
10 if he's present.

11 MS. AVERY: We have time. If he can log
12 on to another device, that would be great.

13 MS. SIMMONS: I see Kathy Papazian raising
14 her hand. I'm trying to -- call-in user 12 is
15 unmuted.

16 DR. KUSHNER: Yeah. Hi. This is
17 Dr. Kushner. While we're waiting for Mark, I
18 thought I could say something. I was the last
19 president of the medical staff, and my wife and I
20 have been involved with Westlake since the early
21 '80s. We're also in the community, our office,
22 and we live really just walking distance to the
23 hospital.

24 I can tell you what type of asset it would

1 be to reopen this hospital. It is so sad to drive
2 by and see all these empty -- you know, no lights
3 and all the empty parking lots where people used
4 to be working, people were thriving. Since it has
5 closed, we have not had access for our patients to
6 properly be taken care of. It's very sad. These
7 are people who are poor, they don't have cars to
8 get into and drive to Elmhurst or Oak Park or
9 somewhere else. They need to be able to walk to
10 the hospital. It was a big loss to lose Westlake.

11 I have been working with these people. I
12 feel I know them. They are wonderful people. I
13 am really looking forward to continuing our
14 friendship and working together. I am so excited,
15 you have no idea, because this community and the
16 hospital and the doctors and the patients, we all
17 need people like this to be able to work with
18 today in medicine.

19 MR. GREEN: Thank you, Dr. Kushner.

20 MS. SIMMONS: Ed, do you have any other
21 individuals on your list? If not, I guess I can
22 go through the hand raising.

23 MR. GREEN: Yeah. We just -- I still have
24 to get through Mark Tress, but other than that --

1 and Dr. Kushner was the other one I wanted to make
2 sure was able to speak. I do notice some other
3 doctors have signed up as well. I can see their
4 hands being raised. So maybe if you do, April,
5 just go through those, that would be good.

6 MS. SIMMONS: Okay. That sounds good.
7 Dr. Jacob.

8 DR. FYDA: Hi. Good morning. My name is
9 Dr. Jacob Fyda. I'm a board-certified
10 psychiatrist, and I practice in the greater
11 Chicagoland area as long -- as well as with my
12 partner, Dr. Pillay. And we're very excited to
13 have a hospital that's really committed to -- to
14 treating patients with chronic, persistent, severe
15 mental illness and to be able to treat them on an
16 inpatient level of care.

17 Currently, throughout Illinois, we're
18 seeing hospitals closing their inpatient
19 psychiatric units, which has been absolutely
20 devastating to my patients. I've had patients
21 that have waited for 48 to 96 a week in emergency
22 departments throughout the state awaiting an
23 opening of an availability of psychiatric beds.

24 And what Woodlake is proposing here is

1 being able to take care of some of the most
2 medically complicated psychiatric patients, which
3 is just absolutely going to be an incredible
4 resource for our patients at a time when everyone
5 is really closing down. And I can't -- I can't
6 express enough gratitude for this group to come in
7 and make these services available.

8 And so I'm looking forward to -- to
9 referring my patients to the hospital, because I
10 really believe that the mission of treating who
11 are largely an underserved group of patients in
12 our community is going to be an incredible -- an
13 incredible benefit. So, with that, I'll yield my
14 time.

15 MR. MITCHELL: April, I believe we have
16 Ed's other person.

17 MR. GREEN: Yeah. Yes. I think it's
18 under Stephen Werdiger. It's really Mark Tress,
19 and I think he's logged in under Steve's computer.
20 So Stephen Werdiger.

21 MR. MITCHELL: Right. He's unmuted. He's
22 unmuted.

23 MR. GREEN: Okay. Mark, can you hear now?
24 Can you speak now, Mark?

1 MS. SIMMONS: Okay. While they're getting
2 the technical issues together, let's move on to
3 another one, and we can come back to that one.

4 MR. GREEN: Yes.

5 MS. SIMMONS: Okay. Was there another --
6 I think you said another physician, Ed.

7 MR. GREEN: That was Dr. Fyda. We heard
8 -- that was Dr. Fyda. We heard from Dr. Kushner.
9 The other Dr. Kushner, Dr. -- Mrs. Kushner, is
10 also on under Martha Kushner.

11 DR. KUSHNER: Yes. Can you hear me?

12 MS. SIMMONS: Yes. You are unmuted.

13 DR. KUSHNER: Okay. I just wanted to
14 express my (indiscernible) --

15 THE REPORTER: I'm sorry. I'm having
16 trouble hearing you. This is the court reporter.

17 MS. SIMMONS: I'm sorry, Mrs. Kushner, we
18 can -- could you speak up just a tad bit more?

19 DR. KUSHNER: Yes.

20 MS. SIMMONS: Thank you.

21 DR. KUSHNER: I found this group of people
22 who are coming in not only to be highly
23 professional and well organized, they are bringing
24 to this community a quality program. So I feel

1 that based on what I heard from them last night,
2 that this is going to be a great addition to the
3 state of Illinois as well as Melrose Park. We're
4 going to have high quality medicine being
5 delivered there.

6 And not only are they professional, but
7 they seem to have heart. They're kind. When I
8 spoke with Chaim and I asked him, what are you
9 going to do about people who don't have insurance?
10 He said to me, well, you know, that's part of all
11 of this. That's a certain part that we are
12 willing to accept. And they are religious people.
13 They have wonderful beliefs and education and
14 background in terms of how to treat other people.

15 And I think that this is going to be
16 something that you've never seen in health care.
17 This is going to be a totally new and exciting
18 model for our community, for people of all colors,
19 all creeds, and, particularly, in Melrose Park,
20 this is going to serve the Latinx community,
21 which, at this point, is really in need of their
22 services.

23 So I want to extend my joy and pleasure
24 that this is coming to Melrose Park.

1 MR. GREEN: Okay.

2 MS. SIMMONS: Thank you. Let's go to
3 Kathy Papazian.

4 DR. PAPAZIAN: Can you all hear me?

5 MS. SIMMONS: Yes, ma'am.

6 DR. PAPAZIAN: Okay. So I just -- I want
7 to start out with that I am a physician that is in
8 emergency medicine as well as palliative. I've
9 worked at Westlake for the last 13 years before it
10 closed.

11 So I want to reiterate to you that that
12 patient population is in dire straits. They have
13 nowhere to go as far as the psychiatric patients.
14 When COVID hit, we had no critical care beds
15 really to transfer patients to. And the entire
16 neighborhood has suffered since Westlake has
17 closed.

18 I not only worked there for 13 years, I
19 also live in the neighborhood. So when it closed,
20 it really hurt a lot of families that couldn't get
21 to any other facilities, because, as they said
22 previously, they have no way of getting there.

23 So to have this facility be in this
24 neighborhood and for this patient population, I

1 cannot extend how much it's going to help them and
2 this neighborhood and the community. So I am
3 overjoyed that they're coming. I hope to be a
4 part of it going forward, but will lend any help
5 that they need.

6 MS. SIMMONS: Thank you. Mike, I'm just
7 going to go down the list of attendees that has
8 their hand raised. Okay? I'm going to start with
9 Antonio Sanchez.

10 MR. SANCHEZ: Good morning, everyone, can
11 you hear me?

12 MS. SIMMONS: Yes, we can, sir.

13 MR. SANCHEZ: Wonderful. As I sit here
14 and listen to all these physicians/doctors, I,
15 first off, would like to thank you guys for the
16 fight that we have strived to reach to get this
17 hospital back into the community.

18 I am an elected official for the Village
19 of Maywood. I am a trustee. But before that, I
20 was born in Westlake Hospital. I am a true
21 product of my community. I have been sewn up and
22 stitched up and Band-Aided up in the ER. You
23 know, as a kid with, you know, your growing pains
24 of riding your bike and breaking a bone, this

1 hospital was the necessity that this community
2 needed.

3 Maywood, Melrose Park has been seeing an
4 influx of Latino families moving in. We are
5 predominantly lower-income, middle-income bedroom
6 communities. And without medical care, it's
7 extremely rough.

8 I strive to continue to say that this is
9 such a wonderful asset to our communities. Being
10 born there and seeing my hospital close was -- was
11 bad; it was extremely sad. And now all these
12 wonderful people that are fighting to get it
13 reopened, I thank you. All of our local
14 officials, Mayor Serpico, State Rep Chris Welch,
15 all the folks here fighting to get this hospital
16 back open, it is a pivotal and important
17 institution that we need back for the -- the
18 safety of our community, for the healing of our
19 community.

20 COVID was extremely detrimental. Knowing
21 that there was a building there that was not being
22 utilized to its full potential was just
23 heartbreaking. Once again, hopefully in the
24 future we'll have this up and running. And I just

1 wanted to say thank you for all those that have
2 continued the fight to try to reopen, and I'm at
3 your service. Thank you.

4 MS. SIMMONS: Thank you, sir, for your
5 comments. Next, I'm moving on to call-in user
6 No. 12. Your mic is unmuted. Hello?

7 (No response.)

8 MS. SIMMONS: And it starts with area code
9 847, the phone number. Okay. Mike, let's move on
10 to call-in user 14. Your mic is unmuted. That's
11 again starting with an 847 area code. Your mic is
12 unmuted.

13 UNIDENTIFIED SPEAKER: I -- I. Okay.

14 MS. SIMMONS: Hello?

15 (No response.)

16 MS. SIMMONS: Okay. Well, Mike, let's
17 move on to call-in user No. 5. Call-in user 5,
18 your mic is unmuted.

19 DR. PILLAY: Hello?

20 MS. SIMMONS: Hello?

21 DR. PILLAY: Hi, there, this is
22 Dr. Pillay.

23 MS. SIMMONS: You may proceed.

24 DR. PILLAY: I'm one of the

1 board-certified psychiatrists. I work with
2 Dr. Fyda. As Dr. Fyda said, you know, we're
3 excited to be a part of this project and really to
4 reopen this hospital. You know, the city of
5 Melrose Park and the area really needs these
6 psychiatric services.

7 We're looking forward to working with the
8 community and bringing some of the providers that
9 we work with at other facilities and other
10 hospitals to the local area and really addressing
11 some of the psychiatric needs that we think that
12 -- you know, that would be -- that would be highly
13 beneficial to the community.

14 MS. SIMMONS: Thank you, sir. Next, we
15 will have Doug Olson. I'm not sure if he spoke
16 yet.

17 DR. OLSON: No, I haven't. Hi. This is
18 Dr. Doug Olson. I'm the director of strategic
19 initiatives and business development for the
20 mayor's office for the Village of Melrose Park,
21 and I wanted to come online to talk a little bit
22 about -- just a little, you know, from our
23 perspective as a community.

24 Westlake Hospital, as all of you may know,

1 has made a significant presence and foothold
2 within our community over the past years. And
3 they really had a longstanding presence and
4 commitment to health care, and through that, they
5 have been able to more or less serve as our source
6 of wellness, education, and preventative medicine,
7 and without that in our community, we lose that,
8 and we also lose a sense of health care confidence
9 and belief in preventative medicine for our
10 community, which is largely underserved and a
11 minority population.

12 And we want to make sure that we continue
13 to have a resource like we've had in the past, and
14 we feel that Woodlake would be beneficial for
15 that, especially since they would be covering some
16 of the key areas of health care like behavioral
17 health, long-term care.

18 Within the communities surrounding Melrose
19 Park, there are a lot of challenges with
20 underserved populations, behavioral health care,
21 getting people on the right track, and we
22 definitely need that in our community. So having
23 something like Woodlake in the area would
24 definitely be beneficial. Melrose Park is behind

1 it 110 percent. We have a lot of community
2 members, not, again, just in Melrose Park, but
3 around the community, that can really utilize the
4 type of services and support that something like
5 this would benefit from.

6 Especially as an immigrant community, you
7 know, there's -- a lot of times there's a lack of
8 confidence in health care, just -- and they say
9 that they're afraid to go in, but Westlake had, in
10 the past, overcome that. And we're confident
11 Woodlake would be able to do the same so that we
12 could continue some confidence building, some
13 general health care, urgent care, whatever the
14 need may be for our residents. Thank you.

15 MS. SIMMONS: Thank you.

16 MR. MITCHELL: April, I'm going to try the
17 Steve Werdiger connection again to see if we can
18 get that unmuted.

19 MS. SIMMONS: Okay.

20 MR. TRESS: Hello?

21 MS. SIMMONS: Hello.

22 MR. TRESS: Hi. It's Mark Tress. How are
23 you? Can you hear me?

24 MR. GREEN: Yes, Mark. You're on.

1 MR. TRESS: Oh, I'm on. Okay. Well,
2 thank you everybody for your time. Sorry about
3 the technical delay.

4 My name is Mark Tress. I am also a
5 managing member of Woodlake Hospital. I believe
6 my colleague, Chaim, provided an excellent
7 overview, and I'm going to give a little more
8 detail about our purchase of the former Westlake
9 Hospital.

10 I, myself, along with my partners Chaim
11 and Stephen, who are additional managing members
12 of Woodlake Pacific Holdings, which I will
13 furthermore refer to as WPH and Lakeland Holdings.
14 WPH and Lakeland Holdings entered into a purchase
15 agreement with the Westlake property Chapter 7
16 trustee for the real property containing the
17 Woodlake Hospital. We negotiated the purchase
18 with the Chapter 7 trustee and ultimately agreed
19 to pay approximately \$11,450,000 for the property,
20 contingent upon approval of the Review Board.

21 I was alerted of the possibility of
22 acquiring the hospital in February 2020 by
23 Wilshire Pacific Capital Advisors. The property
24 was in good physical condition and was employed --

1 and we -- I'm sorry -- I employed consultants to
2 research the logistics of the acquisition. We
3 determined that the closure of Westlake and
4 discontinuation of service area -- hospital left
5 an underserved population in this community.

6 Furthermore, we found this type of health
7 care facility does not yet exist in the community,
8 despite a clear need. The lockdown and social
9 isolation caused by the COVID-19 pandemic have
10 ushered an unprecedented need for inpatient and
11 outpatient behavioral health services. Opioid
12 overdoses -- overdose deaths in Cook County, as
13 per public record, have doubled since 2019, as
14 patients have been unable to/are afraid to seek
15 help because of the pandemic.

16 We believe we can help by reopening the
17 Westlake facility with the services that Chaim has
18 previously mentioned. We successfully provided
19 similar services that were Intensive Specialty
20 Hospital facilities, which I will refer to as ISH.
21 ISH is a health care system with long-term acute
22 care hospitals located in the state of Louisiana.
23 We provide comprehensive, personalized acute care
24 services to patients who need extended time to

1 recover from medically complex conditions. It
2 also specializes in inpatient, outpatient
3 psychiatric and addiction medicine services.

4 During the pandemic, ISH ended up being
5 the largest -- and I quote -- the largest provider
6 of post-acute care to COVID-19 patients in this
7 community. We believe this model will be
8 successful over here in Chicago; therefore, we
9 hope the Review Board and we trust the Review
10 Board will approve our change of ownership
11 application to allow us to finalize the purchase.
12 Thank you and thank you all.

13 MR. GREEN: Thank you, Mark. Give me one
14 second.

15 MR. MITCHELL: April, I have a Rupak
16 Parikh with a hand raised.

17 MS. SIMMONS: Thank you, Mike.

18 MR. MITCHELL: Okay. Rupak is unmuted.

19 MS. SIMMONS: Thank you.

20 DR. PARIKH: Hi, how are you doing? This
21 is Rupak -- Dr. Rupak Parikh. I'm the CEO for
22 Advanced Rehabilitation Care. We're a group of --
23 we're a multispecialty group but really had
24 started off in rehabilitation.

1 And so I'm very excited about the prospect
2 of Woodlake Hospital. I think it's a very unique
3 -- a very unique program model. Basically, we're
4 excited because you're having various levels of
5 care all under one umbrella, long-term care,
6 you're having postacute care, you're having acute
7 care. That is fascinating and that is much needed
8 and it is very unique to this location.

9 In the state of Illinois, you don't have
10 any one institution that has all of these facets,
11 postacute, SNF, LTACH, inpatient, all under one
12 roof. So this is a very unique, exciting model
13 that we're looking forward to working with the
14 team on.

15 And the second thing is in terms of
16 post-pandemic or post-COVID recovery, speaking
17 specific to the rehabilitation side, this is
18 something that is going to be with us for years to
19 come, even though we've successfully been able to
20 address COVID or the rise in COVID cases. For
21 those individuals who have had COVID, the road to
22 recovery is going to be years down the road. So
23 having, again, inpatient, outpatient capabilities
24 on one campus is going to be fantastic.

1 We've worked with Dr. Delos Santos to also
2 discuss having one of the first-ever behavioral
3 health/rehab combined program, a joint program, at
4 this location. So very exciting for the
5 community, not only replacing a hospital or
6 institution that really was needed for the
7 community, but really surpassing those
8 expectations and then having something that is
9 novel and unique to this location and this
10 community compared to the rest of Illinois.

11 So we are very excited about the prospects
12 of this -- of this hospital and really looking
13 forward to working with the team.

14 MS. AVERY: Great. Thank you for your
15 comments. Those who have your hands raised that
16 have already spoken, if you could possibly lower
17 your hand, I would greatly appreciate it. Those
18 who are wanting to speak that are call-in users,
19 star 3 in order to prompt your hand raise.

20 And I'll take a few minutes to let that
21 occur. Mike Mitchell, call-in user 12, can you
22 unmute, please? Call-in user 12, if you want to
23 speak, please start. Your hand is raised.

24 (No response.)

1 MS. AVERY: Okay. Okay. I don't see
2 anyone else that's wanting to speak, but the
3 hearing is scheduled until 12:00 noon, so we will
4 be on until 12:00 noon. You can send a message in
5 the chat box and we'll be able to recognize you to
6 speak next. But, for now, we'll just pause until
7 someone requests to give public comment. Thank
8 you.

9 I don't see any individuals with -- oh,
10 wait a minute. Caller 14. Caller 14, Mike
11 Mitchell.

12 MR. MITCHELL: They're unmuted.

13 MS. AVERY: Caller 14, did you want to
14 provide comments?

15 (No response.)

16 MS. AVERY: Okay. Thanks. You can mute.

17 Again, thank you for attending today's
18 public hearing. I would like for participants to
19 please note that the State Board staff report for
20 this application will be posted on Tuesday, July
21 13th. Comments will be accepted by the State
22 Board until 9:00 a.m. on July the 19th.

23 This meeting is -- I'm sorry -- this
24 application is tentatively scheduled to be heard

1 on Tuesday, July 27th, location, whether it's in
2 person or virtual, is to be determined and will be
3 announced on the website. Also, I would add that
4 there are circumstances in which they may allow
5 for the Board Chair -- if there's no opposition
6 and all positive review of this application, then
7 the Board Chair may sign off on it. But please
8 note that we will post that information on our
9 website at hfsrb.Illinois.gov regarding the status
10 of the application.

11 Also, please note that the application
12 will be forwarded to the full Board for their
13 review and comment, and if there isn't any, then
14 we will proceed with having the Board Chair to
15 possibly sign off on the application.

16 Again, the application is tentatively
17 scheduled for Tuesday, July 27th, whether that's
18 virtual or in person will be posted on the
19 website.

20 So having to -- having no other comments
21 regarding this application and not seeing any
22 other questions regarding the information that
23 I've just presented -- I'll give a minute for
24 people to ask a question. Mr. Green, are you

1 wanting to comment on the information that I just
2 provided?

3 MR. GREEN: No. Thanks, Courtney. I just
4 had a closing statement to wrap everything up. I
5 think you articulated what I thought you were
6 going to say. I just had a closing -- 30-second
7 closing statement. That was it, nothing major.

8 MS. AVERY: Okay. We'll take that closing
9 statement before I close the hearing.

10 MR. GREEN: Okay. And I'm not seeing any
11 hands either. I know the two hands up, Martha
12 Kushner and Dr. Kushner, had already spoken. And
13 I think the other hand up may have been one of the
14 dial-in calls as well.

15 MS. AVERY: Yes. That's correct.

16 MR. GREEN: Okay. Do you want to wait
17 seven more minutes, Courtney, or should I just
18 talk -- do you want me to just talk now?

19 MS. AVERY: No. Please proceed. Thank
20 you.

21 MR. GREEN: Okay. Again, I do want to
22 thank everyone for attending. I think today,
23 quite frankly, has been reflective of the entire
24 process. I have to date received no opposition,

1 no inquiries even raising the possibility of any
2 opposition, because, quite frankly, this has been
3 a project that has been in the makings for over a
4 year, a year worth of research, a year's worth of
5 modeling, a year's worth of meetings. This is
6 such a unique project in Illinois.

7 Before moving forward even with the
8 purchase agreement with the Chapter 7 trustee,
9 which was in and of itself unique, because the
10 hospital was closed, the applicants met with the
11 state, we have met with the state officials from
12 the Department of Medicaid, from the Department of
13 Mental Health. We have met with any number of
14 elected officials. We have met with community
15 leaders. We have met with physicians. We have
16 met with FQHCs.

17 We have met, quite frankly, with every
18 other health care operator that you can think of
19 in the continuum of care, and I think that is what
20 makes this project so unique in the sense that
21 this is not a project that was just a
22 cookie-cutter project taken off the shelf. It was
23 a project specifically crafted for this area,
24 specifically crafted a little bit for the larger

1 geographic area, and, quite frankly, specifically
2 crafted to deal with the fact that the hospital is
3 closed.

4 This is not a situation where you've got
5 an open hospital. There is next to no equipment
6 in the building. The hospital has obviously been
7 mothballed for over a year and a half, almost two
8 years now. So the uniqueness of this project and
9 the amount of work that it took to get here makes
10 it a very, very, very unique project. The fact
11 that the applicants are prepared to spend
12 \$43 million to reopen this hospital also speaks to
13 the uniqueness of this project. Again, this is
14 not a project where they're walking into tens of
15 millions of dollars of an ongoing business. This
16 is to effectively restart.

17 And, again, I cannot emphasize enough the
18 need for speed, if you will. I know we do have
19 the formal process, and we will do everything in
20 our power to expedite the review so we can
21 hopefully get to a point where the Board Chair can
22 sign. I did see that the Chapter 7 trustee and
23 his counsel logged in, and I'm sure they would
24 yell at me if I did not mention that the property

1 insurance on the building is set to expire on June
2 30th. They have had a very difficult, if not
3 impossible, time to extend that period of
4 insurance, simply because there's nobody in the
5 building.

6 So, again, I think we've got a unique
7 opportunity to truly do good. I've been a health
8 care lawyer now for almost 30 years, and never in
9 my life have I be able to work with elected
10 officials to be able to unanimously pass a piece
11 of legislation and made its way unanimously
12 through the House, unanimously through the Senate,
13 and all signed by the Governor in less than a
14 10-day period. I mean, this is unprecedented in
15 terms of what we've been able to do and the
16 support that we have received.

17 So, again, I am hoping the last, sort of,
18 step in this process will be that the Review Board
19 sees fit to approve the application, more
20 importantly, sees fit to hopefully expedite or
21 perhaps have the Madam Chairwoman sign the
22 application without need for the full Review
23 Board.

24 We are, of course, here to answer any

1 other questions. And I know Mike Constantino has
2 sent a few questions. We will get those answered.
3 But, again, we're here to do whatever we can to
4 get this project approved. And we thank everyone
5 today for participating. And I'll be honest with
6 you, we didn't ask many of these people to speak
7 today. A lot of these people simply chose to take
8 time out of their day to speak in favor of this
9 project, which, again, I think is a testament to
10 the strength of this project and the people that
11 are behind this project.

12 So, again, with that, I want to thank
13 everyone. I want to thank certainly everyone at
14 the Review Board for expediting this public
15 hearing. We did this on a 15-day notice, which I
16 know is as quick as it goes, so thank you for
17 that. And I think, at least on the applicant
18 side, that's all we have for today, Courtney.

19 MS. AVERY: Thank you for your comments,
20 Ed. Again, seeing no one else requesting to
21 provide comments, I will deem this public hearing
22 concluded. Thanks, everyone.

23 (Off the record at 11:57 a.m.)
24

1 CERTIFICATE OF SHORTHAND REPORTER - NOTARY PUBLIC

2

3 I, Courtney Petros, Registered
4 Professional Reporter, Certified Shorthand
5 Reporter and Notary Public, the officer before
6 whom the foregoing deposition was taken, do hereby
7 certify that the foregoing transcript is a true
8 and correct record of the testimony given; that
9 said testimony was taken by me and thereafter
10 reduced to typewriting under my direction; that
11 reading and signing was not requested; and that I
12 am neither counsel for, related to, nor employed
13 by any of the parties to this case and have no
14 interest, financial or otherwise, in its outcome.

15 IN WITNESS WHEREOF, I have hereunto signed
16 this 25th day of June, 2021.

17 My commission expires May 6th, 2023.

18



19

20 _____
21 COURTNEY PETROS, RPR, CSR
22 NOTARY PUBLIC IN AND FOR THE
23 STATE OF ILLINOIS

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