

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
DISCONTINUATION APPLICATION FOR EXEMPTION

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Facility/Project Identification

Facility Name: NorthShore University HealthSystem Evanston Hospital		
Street Address: 2650 Ridge Avenue		
City and Zip Code: Evanston, IL 60201		
County: Cook	Health Service Area: 7	Health Planning Area: A-08

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

Exact Legal Name: NorthShore University HealthSystem d/b/a NorthShore University HealthSystem Evanston Hospital		
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 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

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

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

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

Primary Contact [Person to receive ALL correspondence or inquiries]

Name: 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:

**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:

**Post Exemption Contact**

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

Name: 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: NorthShore University HealthSystem
Address of Site Owner: 1301 Central Street, Evanston, Illinois 60201
Street Address or Legal Description of the Site: 2650 Ridge Avenue, Evanston, Illinois 60201
<b>Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, tax assessor’s documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease, or a lease.</b>
<b>APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>

**Operating Identity/Licensee**

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

Exact Legal Name: NorthShore University HealthSystem d/b/a NorthShore University HealthSystem Evanston Hospital
Address: 2650 Ridge Avenue, Evanston, Illinois 60201
<input checked="" type="checkbox"/> Non-profit Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> For-profit Corporation <input type="checkbox"/> Governmental <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other
<ul style="list-style-type: none"> <li>o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.</li> <li>o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.</li> <li>o <b>Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.</b></li> </ul>
<b>APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>

**Organizational Relationships**

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

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

**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.

NorthShore University HealthSystem Evanston Hospital (the "Hospital"), located at 2650 Ridge Avenue, Evanston, Illinois 60201, will discontinue its 22-bed inpatient rehabilitation unit. This closure is expected to take place after approval of this application and on or around January 31, 2022.

At the time of the inpatient rehabilitation unit's closure, the Hospital will reallocate 20 of the 22 rehabilitation beds to serve as medical-surgical beds.

**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  X  No  . 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.

Skokie Hospital (Proj. No. 20-008)

- CON permit approved April 7, 2020
- Financial commitment occurred on June 17, 2020
- Project completion anticipated on December 15, 2023

Northwest Community Hospital (Proj. No. 19-011)

- CON permit approved June 4, 2019
- Financial commitment occurred on April 8, 2020
- Project completion anticipated on March 1, 2022

NorthShore University HealthSystem, Glenbrook Hospital (Proj. No. 21-016)

- CON permit approved September 14, 2021
- Financial commitment will occur before the required commitment date.
- Project completion is anticipated on December 31, 2024

NorthShore University HealthSystem (Proj. Nos. E-029-21 – E-033-21, E-039-21 – E-40-21, E-042-21 – E-043-21)

- COE approved October 15, 2021
- Project completion is anticipated on December 31, 2021

**Anticipated exemption completion date** (refer to Part 1130.570): After HFSRB approval and on or before January 31, 2022.

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

Are the following submittals up to date as applicable:

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

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

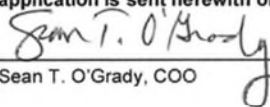
**CERTIFICATION**

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;
- o 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);
- o 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);
- o 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 Evanston Hospital.

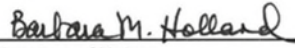
in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this Application on behalf of the applicant entity. The undersigned further certifies that the data and information provided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

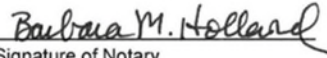
  
 Sean T. O'Grady, COO


  
 Gerald P. Gallagher, President & CEO

Notarization:  
 Subscribed and sworn to before me  
 this 17<sup>th</sup> day of May, 2021

Notarization:  
 Subscribed and sworn to before me  
 this 17<sup>th</sup> day of May, 2021

  
 Signature of Notary

  
 Signature of Notary

Seal   
 \*Insert the EXACT legal name of the applicant

Seal 

**SECTION II. DISCONTINUATION**

**Type of Discontinuation**

<input checked="" type="checkbox"/> Discontinuation of a single category of service
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**Criterion 1130.525 and 1110.290 - Discontinuation**

READ THE REVIEW CRITERION and provide the following information:

<p><b>GENERAL INFORMATION REQUIREMENTS</b></p> <ol style="list-style-type: none"><li>1. Identify the category of service and the number of beds, if any, that are to be discontinued.</li><li>2. Identify all of the other clinical services that are to be discontinued.</li><li>3. Provide the anticipated date of discontinuation for each identified service.</li><li>4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.</li><li>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.</li></ol>
<p><b>APPEND DOCUMENTATION AS <u>ATTACHMENT 5</u>, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b></p>



**REASONS FOR DISCONTINUATION**

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

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

**IMPACT ON ACCESS**

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

**APPEND DOCUMENTATION AS ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**SECTION III. BACKGROUND**

READ THE REVIEW CRITERION and provide the following required information:

**BACKGROUND OF APPLICANT**

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

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

**SECTION IV. SAFETY NET IMPACT STATEMENT**

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

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

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

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

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

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

<b>MEDICAID</b>			
<b>Medicaid (# of patients)</b>	<b>Year</b>	<b>Year</b>	<b>Year</b>
Inpatient			
Outpatient			
<b>Total</b>			
<b>Medicaid (revenue)</b>			
Inpatient			
Outpatient			
<b>Total</b>			

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

**SECTION V. CHARITY CARE INFORMATION**

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

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

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

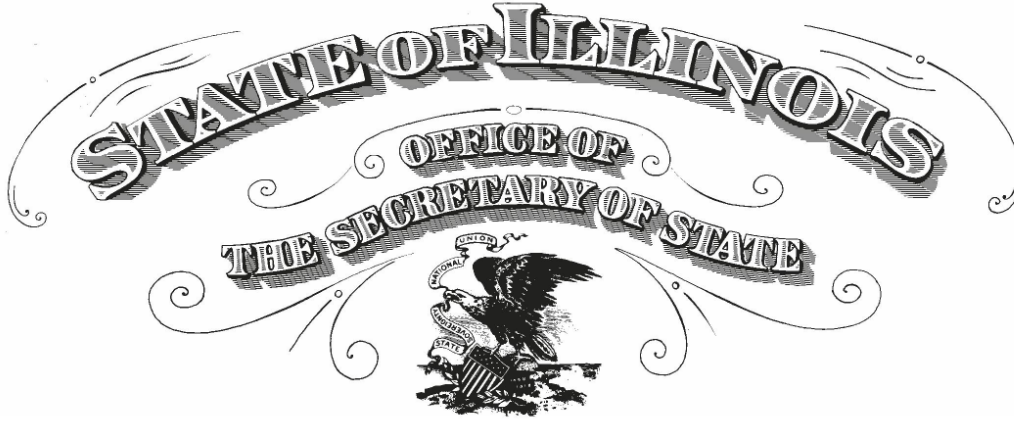
<b>CHARITY CARE</b>			
	<b>Year</b>	<b>Year</b>	<b>Year</b>
<b>Net Patient Revenue</b>			
Amount of Charity Care (charges)			
Cost of Charity Care			

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

**ATTACHMENT 1**  
**Good Standing Certificate**

Attached hereto as Attachment 1 is the certificate of good standing issued by the Illinois Secretary of State for NorthShore University HealthSystem. Note, NorthShore University HealthSystem Evanston Hospital is an operational division and not a separate legal entity, and, therefore, does not have its own Illinois certificate of good standing.

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 11TH day of DECEMBER A.D. 2020 .**



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

*Jesse White*

SECRETARY OF STATE

Attachment 1

**ATTACHMENT 2**  
**Site Ownership**

See attached.



By completion of the signature page to this Certificate of Exemption application, the authorized representative of NorthShore University HealthSystem Evanston Hospital attests that the real estate associated with Evanston Hospital at 2650 Ride Avenue in Evanston, Illinois is owned by NorthShore University Health System.

Attachment 2

**ATTACHMENT 3**  
**Operating Entity/Licensee**

The Illinois Certificate of Good Standing for NorthShore University HealthSystem is attached at Attachment – 3. Note, NorthShore University HealthSystem Evanston Hospital is an operational division and not a separate legal entity, and, therefore, does not have its own Illinois certificate of good standing.

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 11TH day of DECEMBER A.D. 2020 .**



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

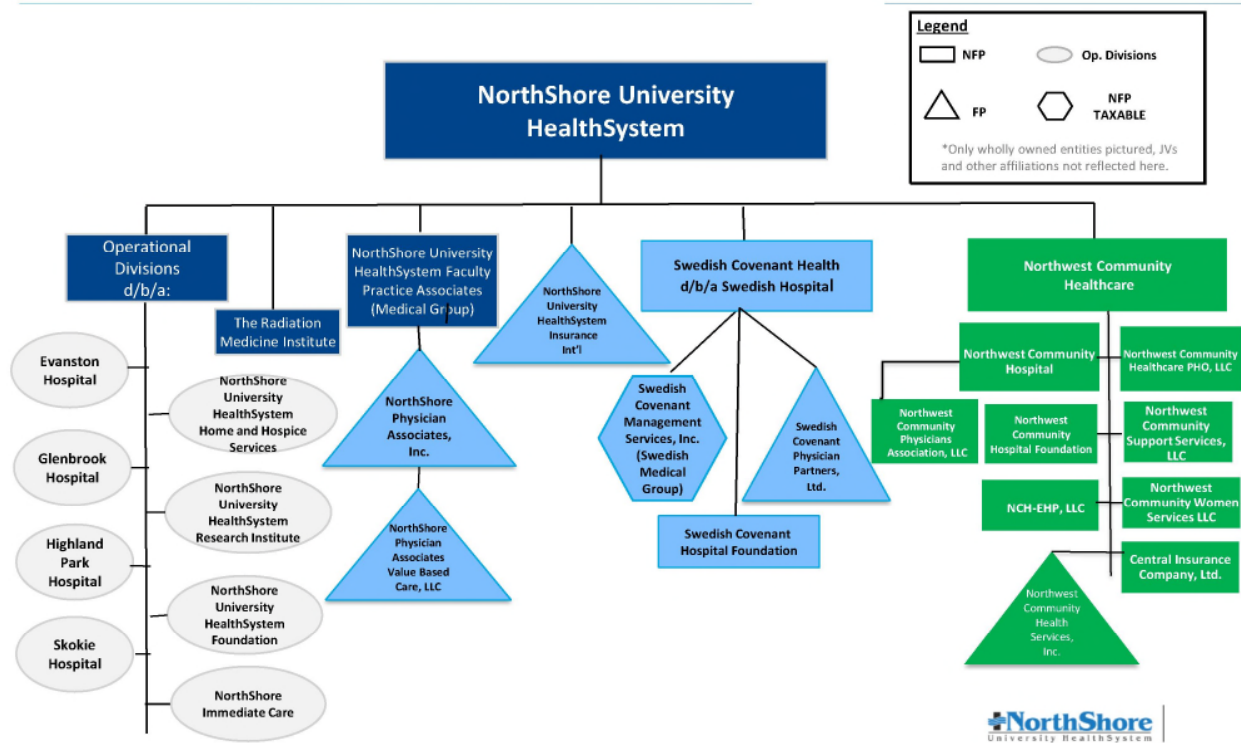
*Jesse White*

SECRETARY OF STATE

Attachment 3

**ATTACHMENT 4**  
**Organizational Relationships**

The current organizational chart of 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.**

After approval of this Certificate of Exemption (“COE”) application by the Illinois Health Facilities and Services Review Board (the “HFSRB”) and on or around January 31, 2022, NorthShore University HealthSystem Evanston Hospital (the “Hospital”) will close its 22-bed inpatient rehabilitation unit.

**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 date of the unit’s closure is after approval of this COE application by the HFSRB and on or around January 31, 2022.

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

At the time of the inpatient rehabilitation unit’s closure, the Hospital will reallocate 20 of the 22 rehabilitation beds to serve as medical-surgical beds.

**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.

Order ID: 7063567

\* Agency Commission not included

**GROSS PRICE \* :** \$28.31

**PACKAGE NAME:** Legal Pioneer North

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**Product(s):** SubTrib\_Pioneer North , Publicnotices.com

**AdSize(s):** 1 Column

**Run Date(s):** Thursday, October 21, 2021

**Zone:** Full Run

**Color Spec.** B/W

## Preview

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### LEGAL NOTICE

Pending approval from the Illinois Health Facilities and Services Review Board, Evanston Hospital, located at 2650 Ridge Avenue in Evanston, will close its acute inpatient rehabilitation unit. Going forward after the closure, patients requiring additional acute inpatient rehabilitation services will be referred to other area providers for acute rehabilitation care.  
10/21/2021 7063567







**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.**

Evanston Hospital (the "Hospital") is part of the NorthShore University HealthSystem ("NorthShore"), which includes Northwest Community Hospital and Swedish Hospital. Each of those NorthShore locations has a robust inpatient rehabilitation program consisting of 33 and 25 beds, respectively. With this affiliation, NorthShore has emerging opportunities to eliminate redundancies in certain of its service lines and, in particular, reallocate those services to allow its hospitals to maximize resources, specialty providers and equipment and provide the highest level of both acute care and post-acute care services. Closure of the Hospital's rehabilitation unit will allow the Hospital to continue to focus on acute care and severely ill patients and will further enable the other two hospital programs to provide high quality rehabilitation care.

The closure of this unit is further designed to remove redundancies in the Health Service Area ("HSA") 7 where the Hospital is located. According to the September 15, 2021, Update to Inventory of Hospital Services on the Health Facilities and Services Review Board website, HSA 7 has 444 approved existing rehabilitation beds and an excess of 99 beds. The nearby HSA, HSA 6, has 566 approved rehabilitation beds and an excess of 160 beds. Between the two HSAs, there are over 1,000 rehabilitation beds and an excess of 259 beds. This closure will lower the excess amount of rehabilitation beds in HSA 7 from 99 to 67 excess beds.

Going forward, those patients who require post-acute inpatient rehabilitation care will be transferred to Swedish Hospital, Northwest Community Hospital or another area or specialty hospital with capabilities to provide inpatient care to rehabilitation patients. Swedish Hospital is located approximately 7 miles and Northwest Community Hospital is located approximately 17 miles from the Hospital. Additionally, moving the service off the campus is particularly important given the space needs of other acute care services at the Hospital and the landlocked nature of the Hospital's campus. The Hospital abuts a river on the western boundary of its campus and is otherwise surrounded by homes and commercial buildings and it cannot expand its footprint.

**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.**

As mentioned, Hospital is located in HSA 7, which has 444 approved existing rehabilitation beds and an excess of 99 beds. The nearby HSA, HSA 6, has 566 approved rehabilitation beds and an excess of 160 beds. Between the two HSAs, there are over 1,000 rehabilitation beds and an excess of 259 beds. This closure will lower the excess amount of rehabilitation beds in HSA 7 from 99 to 67 excess beds.

Furthermore, and as mentioned on Attachment 6, those patients who require inpatient care for rehabilitation services will be transferred to Swedish Hospital, Northwest Community Hospital or to another provider of the patient's choice. The two mentioned hospitals are both NorthShore facilities. Swedish Hospital is located approximately 7 miles and Northwest Community Hospital is located approximately 17 miles from the Hospital.

Finally, the Hospital and its providers will continue providing rehabilitation services in outpatient clinics and in the home setting.

- 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.**

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



150 N. Riverside Plaza, Suite 3000, Chicago, IL 60606 • (312) 819-1900

October 21, 2021

Anne M. Cooper  
312.873.3606  
312.276.4317 Fax  
acooper@polsinelli.com

Via Certified Mail

Ms. Susan Nordstrom Lopez  
President  
Advocate Illinois Masonic Hospital  
836 West Wellington Avenue  
Chicago, Illinois 60657

**Re: Notice of Planned Closure of NorthShore University HealthSystem  
Evanston Hospital Inpatient Acute Rehabilitation Unit**

Dear Ms. Nordstrom Lopez:

This office represents NorthShore University HealthSystem (“NorthShore”). As such, pursuant to 77 Ill. Admin. Code 1110.290(d), I am writing on behalf of NorthShore to notify r organization that NorthShore intends to file a certificate of exemption application with the Illinois Health Facilities and Services Review Board to discontinue NorthShore Evanston Hospital’s 22-bed inpatient rehabilitation unit. We are notifying all inpatient rehabilitation facility providers located within 10 miles of Evanston Hospital of this plan. Closure of this unit is planned to occur in January 2022. This closure will not affect the other rehabilitation services provided by NorthShore including rehab services during an acute care hospitalization or our outpatient services complement.

Evanston Hospital’s inpatient rehabilitation unit operated at 55% utilization (an average daily census of 12.1 in 2020) and 62.6% utilization (an average daily census of 13.8) in 2019. As you likely know, Evanston Hospital is part of a system of hospitals which includes Northwest Community Hospital and Swedish Hospital. Each has a robust inpatient rehabilitation program consisting of 33 and 25 beds, respectively. Collectively, these hospitals operated at 55% and 61% utilization of their rehabilitation units in 2020 and 2019, respectively, and have sufficient capacity to accommodate Evanston Hospital’s historical patient census. At the time of closure of the program, nearly all, if not all, patients will be discharged according to Evanston Hospital’s routine discharge planning protocols. If necessary, this will include transfer of one or more patients to Northwest Community Hospital, Swedish Hospital, or any other inpatient rehabilitation provider the patient chooses. Discontinuation of inpatient rehabilitation services at Evanston Hospital will not affect access to inpatient rehabilitation services in the area.

[polsinelli.com](http://polsinelli.com)

Atlanta Boston Chicago Dallas Denver Houston Kansas City Los Angeles Miami Nashville New York  
Phoenix St. Louis San Francisco Seattle Silicon Valley Washington, D.C. Wilmington

Polsinelli PC, Polsinelli LLP in California



Ms. Susan Nordstrom Lopez

October 21, 2021

Page 2

If you have any questions about NorthShore's plans to close its inpatient rehabilitation unit at Evanston Hospital, please feel free to contact Mary Alvarado, Vice President, Clinical Operations, NorthShore University HealthSystem at [Malvarado@northshore.org](mailto:Malvarado@northshore.org) or by phone at (847) 570-2294.

Sincerely,

A handwritten signature in blue ink that reads "Anne M. Cooper".

Anne M. Cooper



150 N. Riverside Plaza, Suite 3000, Chicago, IL 60606 • (312) 819-1900

October 21, 2021

Anne M. Cooper  
312.873.3606  
312.276.4317 Fax  
acooper@polsinelli.com

Via Certified Mail

David Bordo, M.D.  
Co-Interim President & Chief Executive  
Officer  
Amita Resurrection Medical Center Chicago  
7435 West Talcott Avenue  
Chicago, Illinois 60631

**Re: Notice of Planned Closure of NorthShore University HealthSystem  
Evanston Hospital Inpatient Acute Rehabilitation Unit**

Dear Dr. Bordo:

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Evanston Hospital’s inpatient rehabilitation unit operated at 55% utilization (an average daily census of 12.1 in 2020) and 62.6% utilization (an average daily census of 13.8) in 2019. As you likely know, Evanston Hospital is part of a system of hospitals which includes Northwest Community Hospital and Swedish Hospital. Each has a robust inpatient rehabilitation program consisting of 33 and 25 beds, respectively. Collectively, these hospitals operated at 55% and 61% utilization of their rehabilitation units in 2020 and 2019, respectively, and have sufficient capacity to accommodate Evanston Hospital’s historical patient census. At the time of closure of the program, nearly all, if not all, patients will be discharged according to Evanston Hospital’s routine discharge planning protocols. If necessary, this will include transfer of one or more patients to Northwest Community Hospital, Swedish Hospital, or any other inpatient rehabilitation provider

[polsinelli.com](http://polsinelli.com)

Atlanta Boston Chicago Dallas Denver Houston Kansas City Los Angeles Miami Nashville New York  
Phoenix St. Louis San Francisco Seattle Silicon Valley Washington, D.C. Wilmington

Polsinelli PC, Polsinelli LLP in California



Dr. David Bordo  
October 21, 2021  
Page 4

the patient chooses. Discontinuation of inpatient rehabilitation services at Evanston Hospital will not affect access to inpatient rehabilitation services in the area.

If you have any questions about NorthShore's plans to close its inpatient rehabilitation unit at Evanston Hospital, please feel free to contact Mary Alvarado, Vice President, Clinical Operations, NorthShore University HealthSystem at [Malvarado@northshore.org](mailto:Malvarado@northshore.org) or by phone at (847) 570-2294.

Sincerely,

A handwritten signature in blue ink that reads "Anne M. Cooper".

Anne M. Cooper



150 N. Riverside Plaza, Suite 3000, Chicago, IL 60606 • (312) 819-1900

October 21, 2021

Anne M. Cooper  
312.873.3606  
312.276.4317 Fax  
acooper@polsinelli.com

Via Certified Mail

Irene Dumanis  
Chief Executive Officer  
Weiss Memorial Hospital  
4646 North Marine Drive  
Chicago, Illinois 60640

**Re: Notice of Planned Closure of NorthShore University HealthSystem  
Evanston Hospital Inpatient Acute Rehabilitation Unit**

Dear Ms. Dumanis:

This office represents NorthShore University HealthSystem (“NorthShore”). As such, pursuant to 77 Ill. Admin. Code 1110.290(d), I am writing on behalf of NorthShore to notify your organization that NorthShore intends to file a certificate of exemption application with the Illinois Health Facilities and Services Review Board to discontinue NorthShore Evanston Hospital’s 22-bed inpatient rehabilitation unit. We are notifying all inpatient rehabilitation facility providers located within 10 miles of Evanston Hospital of this plan. Closure of this unit is planned to occur in January 2022. This closure will not affect the other rehabilitation services provided by NorthShore including rehab services during an acute care hospitalization or our outpatient services complement.

Evanston Hospital’s inpatient rehabilitation unit operated at 55% utilization (an average daily census of 12.1 in 2020) and 62.6% utilization (an average daily census of 13.8) in 2019. As you likely know, Evanston Hospital is part of a system of hospitals which includes Northwest Community Hospital and Swedish Hospital. Each has a robust inpatient rehabilitation program consisting of 33 and 25 beds, respectively. Collectively, these hospitals operated at 55% and 61% utilization of their rehabilitation units in 2020 and 2019, respectively, and have sufficient capacity to accommodate Evanston Hospital’s historical patient census. At the time of closure of the program, nearly all, if not all, patients will be discharged according to Evanston Hospital’s routine discharge planning protocols. If necessary, this will include transfer of one or more patients to Northwest Community Hospital, Swedish Hospital, or any other inpatient rehabilitation provider the patient chooses. Discontinuation of inpatient rehabilitation services at Evanston Hospital will not affect access to inpatient rehabilitation services in the area.

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Phoenix St. Louis San Francisco Seattle Silicon Valley Washington, D.C. Wilmington

Polsinelli PC, Polsinelli LLP in California



Ms. Irene Dumanis  
October 21, 2021  
Page 8

If you have any questions about NorthShore's plans to close its inpatient rehabilitation unit at Evanston Hospital, please feel free to contact Mary Alvarado, Vice President, Clinical Operations, NorthShore University HealthSystem at [Malvarado@northshore.org](mailto:Malvarado@northshore.org) or by phone at (847) 570-2294.

Sincerely,

A handwritten signature in blue ink that reads "Anne M. Cooper".

Anne M. Cooper





150 N. Riverside Plaza, Suite 3000, Chicago, IL 60606 • (312) 819-1900

October 21, 2021

Anne M. Cooper  
312.873.3606  
312.276.4317 Fax  
acooper@polsinelli.com

Via Certified Mail

Terika Richardson  
President  
Advocate Lutheran General Hospital  
1775 Dempster Street  
Park Ridge, Illinois 60068

**Re: Notice of Planned Closure of NorthShore University HealthSystem  
Evanston Hospital Inpatient Acute Rehabilitation Unit**

Dear Ms. Richardson:

This office represents NorthShore University HealthSystem (“NorthShore”). As such, pursuant to 77 Ill. Admin. Code 1110.290(d), I am writing on behalf of NorthShore to notify r organization that NorthShore intends to file a certificate of exemption application with the Illinois Health Facilities and Services Review Board to discontinue NorthShore Evanston Hospital’s 22-bed inpatient rehabilitation unit. We are notifying all inpatient rehabilitation facility providers located within 10 miles of Evanston Hospital of this plan. Closure of this unit is planned to occur in January 2022. This closure will not affect the other rehabilitation services provided by NorthShore including rehab services during an acute care hospitalization or our outpatient services complement.

Evanston Hospital’s inpatient rehabilitation unit operated at 55% utilization (an average daily census of 12.1 in 2020) and 62.6% utilization (an average daily census of 13.8) in 2019. As you likely know, Evanston Hospital is part of a system of hospitals which includes Northwest Community Hospital and Swedish Hospital. Each has a robust inpatient rehabilitation program consisting of 33 and 25 beds, respectively. Collectively, these hospitals operated at 55% and 61% utilization of their rehabilitation units in 2020 and 2019, respectively, and have sufficient capacity to accommodate Evanston Hospital’s historical patient census. At the time of closure of the program, nearly all, if not all, patients will be discharged according to Evanston Hospital’s routine discharge planning protocols. If necessary, this will include transfer of one or more patients to Northwest Community Hospital, Swedish Hospital, or any other inpatient rehabilitation provider the patient chooses. Discontinuation of inpatient rehabilitation services at Evanston Hospital will not affect access to inpatient rehabilitation services in the area.

[polsinelli.com](http://polsinelli.com)

Atlanta Boston Chicago Dallas Denver Houston Kansas City Los Angeles Miami Nashville New York  
Phoenix St. Louis San Francisco Seattle Silicon Valley Washington, D.C. Wilmington

Polsinelli PC, Polsinelli LLP in California



Ms. Terika Richardson  
October 21, 2021  
Page 10

If you have any questions about NorthShore's plans to close its inpatient rehabilitation unit at Evanston Hospital, please feel free to contact Mary Alvarado, Vice President, Clinical Operations, NorthShore University HealthSystem at [Malvarado@northshore.org](mailto:Malvarado@northshore.org) or by phone at (847) 570-2294.

Sincerely,

A handwritten signature in blue ink that reads "Anne M. Cooper".

Anne M. Cooper

**ATTACHMENT 8**  
**Background of Applicant**

NorthShore Evanston Hospital (the "Hospital") is an operational division 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 to the communities it serves. 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 hospitals owned by 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, 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 NorthShore hospitals' licenses and NorthShore's accreditation is attached at Attachment 8.

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

- 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 having its authorized representative sign this Certificate of Exemption ("COE") application, NorthShore 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.

- 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.**

The Illinois Health Facilities and Services Review Board ("HFSRB") and the Illinois Department of Public Health ("IDPH") are hereby authorized by NorthShore to access 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.**



← 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.

Attachment 8

**Illinois Department of PUBLIC HEALTH** HF 121623

**LICENSE, PERMIT, CERTIFICATION, REGISTRATION**

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

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

Issued under the authority of the Illinois Department of Public Health

Expiration Date	Category	ID Number
12/31/2021		0003483

**General Hospital**

Effective: 01/01/2021

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

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #19-493-001 10M 9/15

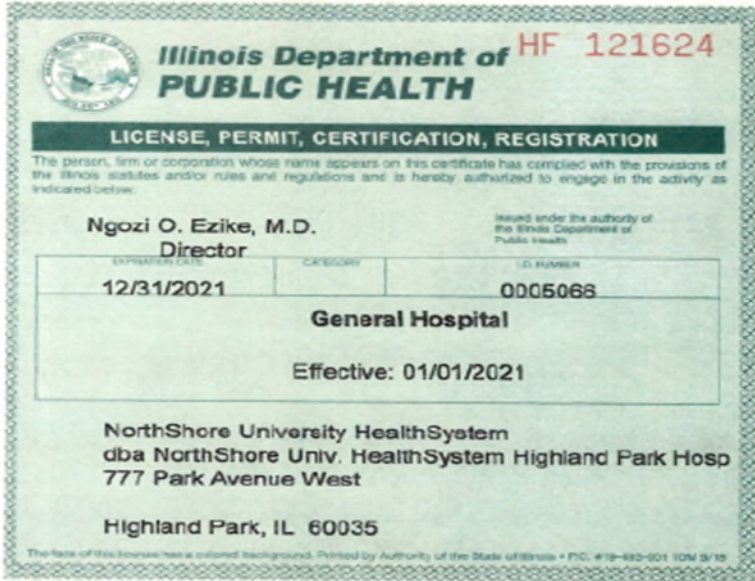
← DISPLAY THIS PART IN A CONSPICUOUS PLACE

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.

Attachment 8



← DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 12/31/2021  
Lic Number 0005068

Date Printed 10/30/2020

NorthShore University HealthSystem  
 dba NorthShore Univ. HealthSystem Hi  
 777 Park Avenue West  
 Highland Park, IL 60035

FEE RECEIPT NO.

Attachment 8





**Illinois Department of  
PUBLIC HEALTH**

HF 121625

**LICENSE, PERMIT, CERTIFICATION, REGISTRATION**

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

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

Issued under the authority of  
the Illinois Department of  
Public Health

EXPIRATION DATE	CATEGORY	LD NUMBER
12/31/2021		0005587
<b>General Hospital</b>		
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 • PO. #19-493-001 10M 9/16

← 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 HealthSystem  
9600 Gross Point Rd  
Skokie, IL 60076

FEE RECEIPT NO.

Attachment 8



**Illinois Department of PUBLIC HEALTH** HF 121586

**LICENSE, PERMIT, CERTIFICATION, REGISTRATION**

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

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

EXPIRATION DATE	CATEGORY	LD NUMBER
12/31/2021	General Hospital	0001701

Effective: 01/01/2021

Northwest Community Hospital  
 800 W Central Road  
 Arlington Heights, IL 60005

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #19-493-001 10M 9/16


← DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 12/31/2021  
Lic Number 0001701  
Date Printed 10/28/2020

Northwest Community Hospital  
800 W Central Road  
Arlington Heights, IL 60005

FEE RECEIPT NO.

Attachment 8

 **Illinois Department of PUBLIC HEALTH** HF 121459

**LICENSE, PERMIT, CERTIFICATION, REGISTRATION**

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

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

Issued under the authority of the Illinois Department of Public Health

EXPIRATION DATE	CATEGORY	LIC. NUMBER
12/31/2021		0002717

**General Hospital**

Effective: 01/01/2021

Swedish Covenant Health  
dba Swedish Hospital  
5145 N California Avenue  
Chicago, IL 60625

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #19-463-001 10M 9/18

← DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 12/31/2021  
Lic Number 0002717  
Date Printed 10/08/2020

Swedish Covenant Health  
dba Swedish Hospital  
5145 N California Avenue  
Chicago, IL 60625

FEE RECEIPT NO.



September 14, 2021

HCO ID: # 7343

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

Dear Mr. Gallagher:

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

If I can be of further assistance I can be reached at (630) 792-5749.

Sincerely,

*Cynthia Lopez*

Cynthia Lopez  
Senior Account Executive  
Accreditation and Certification Operations



September 14, 2021

HCO ID:# 7343

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

Dear Mr. Gallagher:

This letter confirms that The Joint Commission surveyed NorthShore University Health System on May 17-21, 2021.

Until the findings from this most recent survey are reviewed and a decision is rendered, The Joint Commission continues to consider NorthShore University Health System accredited based on the results of the previous full survey on October 2-6, 2017. An accreditation decision on your latest survey findings will be made once the 60-day Evidence of Standards Compliance reports have been approved by our central office. At that time, your organization's accreditation status will be updated and displayed on our Quality Check report.

If NorthShore University Health System achieves accreditation, the accreditation status will be effective for 3 years from May 22, 2021 for all services surveyed under the Hospital, Home Care, and Behavioral Health Accreditation Manuals.

We understand that the accreditation process can be confusing at times. If I can be of further assistance, please call me directly at (630) 792-5749.

Sincerely,

*Cynthia Lopez*

Cynthia Lopez  
Senior Account Executive  
Accreditation and Certification Operations



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](http://www.jointcommission.org)

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



Attachment 8



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](http://www.jointcommission.org)

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





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 Shopping 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

[www.jointcommission.org](http://www.jointcommission.org)

**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](http://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,

A handwritten signature in black ink that reads 'Mark Pelletier'.

Mark G. Pelletier, RN, MS  
Chief Operating Officer  
Division of Accreditation and Certification Operations

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

[www.jointcommission.org](http://www.jointcommission.org)

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

Attachment 8

**ATTACHMENT 9**  
**Safety Net Impact Statement**

**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.**

Given the excess of 99 inpatient rehabilitation beds in HSA 7 where the Hospital is located and the excess of 160 rehabilitation beds in the adjacent planning area of HSA 6 combined with other alternative services locations (SNF, outpatient clinics and home setting), the Applicant does not anticipate a material impact on essential safety net services in the community as a result of its closure of its 22-bed inpatient rehabilitation unit.

After approval of this application, the Hospital and its providers will continue to treat rehabilitation patients on an outpatient basis, in its clinics, in the home setting and at affiliated providers. As previously noted, a patient who requires inpatient rehabilitation services will be transferred to another area provider or specialty hospital with the capabilities of providing inpatient care to rehabilitation patients, such as Swedish Hospital or Northwest Community Hospital, both of which are located within 7 and 17 miles, respectively, of the Hospital. The availability of these services at the Hospital will continue on an outpatient basis and in the skilled nursing home setting. Notably, patients requiring more advanced rehabilitation care will continue to be referred to facilities like the Shirley Ryan Ability Lab (formerly known as the Rehabilitation Institute of Chicago).

**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.**

Given the excess amount of rehabilitation beds in the HSA 7 and nearby HSA 6, the Hospital does not anticipate the planned closure of the rehabilitation unit will have any impact on other providers' ability to cross-subsidize safety net services.

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

Given the excess amount of rehabilitation beds in the HSA 7 and nearby HSA 6, the Hospital does not anticipate an impact on it or other safety net providers in the community.

<b>Safety Net Information per PA 96-0031</b>			
<b>CHARITY CARE – Evanston Hospital</b>			
<b>Charity (# of patients)</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>
Inpatient	765	701	820
Outpatient	7,492	7,492	6,727
<b>Total</b>	<b>8,257</b>	<b>8,193</b>	<b>7,547</b>
<b>Charity (cost In dollars)</b>			
Inpatient	\$1,557,692	\$1,990,029	\$4,128,413
Outpatient	\$5,946,110	\$5,844,771	\$5,521,523

<b>Safety Net Information per PA 96-0031</b>			
<b>Total</b>	<b>\$7,503,802</b>	<b>\$7,834,800</b>	<b>\$9,649,936</b>
<b>MEDICAID</b>			
<b>Medicaid (# of patients)</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>
Inpatient	1,993	2,175	2,516
Outpatient	36,931	35,941	28,932
<b>Total</b>	<b>38,924</b>	<b>38,116</b>	<b>31,448</b>
<b>Medicaid (revenue)</b>			
Inpatient	\$20,222,756	\$21,628,893	\$25,111,685
Outpatient	\$8,314,035	\$10,834,584	\$10,291,592
<b>Total</b>	<b>\$28,536,791</b>	<b>\$32,463,477</b>	<b>\$35,403,277</b>

**ATTACHMENT 10**  
**Charity Care**

1. Charity Care Information – NorthShore University HealthSystem

	<b>2018</b>	<b>2019</b>	<b>2020</b>
Net Patient Revenue	\$1,295,160,316	\$1,407,899,750	\$1,513,478,270
Amount of Charity Care (charges)	\$70,231,298	\$73,166,468	\$107,018,425
Cost of Charity Care	\$17,190,094	\$18,270,106	\$29,585,883

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

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1	Applicant Identification including Certificate of Good Standing		14 -15
2	Site Ownership		16 – 17
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.		18 – 19
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.		20 - 21
5	Discontinuation General Information Requirements		22 - 24
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