

**ORIGINAL**

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

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

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

**Facility/Project Identification**

Facility Name:	Kindred Hospital Chicago North a/k/a Kindred Hospital-Chicago		
Street Address:	2544 West Montrose Avenue		
City and Zip Code:	Chicago, IL 60618		
County:	Cook	Health Service Area: 6	Health Planning Area: A-01

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

Exact Legal Name:	Kindred Chicago Northlake, LLC
Street Address:	680 South Fourth Street
City and Zip Code:	Louisville, KY 40202
Name of Registered Agent:	CT Corporation System
Registered Agent Street Address:	208 South LaSalle St. Suite 814
Registered Agent City and Zip Code:	Chicago, IL 60604
Name of Chief Executive Officer:	Richard Cerceo
CEO Street Address:	2544 West Montrose Avenue
CEO City and Zip Code:	Chicago, IL 60618
CEO Telephone Number:	773-279-2684

**Type of Ownership of Applicants**

- |   |   |
|---|---|
| <input type="checkbox"/> Non-profit Corporation               | <input type="checkbox"/> Partnership  |
| <input type="checkbox"/> For-profit Corporation               | <input type="checkbox"/> Governmental                                       |
| <input checked="" type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other |
- o Corporations and limited liability companies must provide an **Illinois certificate of good standing**.
- o Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner.

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

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

Name:	Matthew Keppler
Title:	Division Vice President
Company Name:	ScionHealth
Address:	9785 Crosspoint Blvd Suite 104 Indianapolis, IN 46256
Telephone Number:	317-537-7530
E-mail Address:	matthew.keppler@kindred.com
Fax Number:	

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

Name:	Ralph Weber
Title:	Consultant
Company Name:	Weber Alliance
Address:	920 Hoffman Lane Riverwoods, IL 60015
Telephone Number:	847-791-0830
E-mail Address:	rmweber90@gmail.com
Fax Number:	

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

**SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION**  
**This Section must be completed for all projects.**

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Street Address:	2544 West Montrose Avenue		
City and Zip Code:	Chicago, IL 60618		
County:	Cook	Health Service Area:	6
		Health Planning Area:	A-01

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

Exact Legal Name:	Knight Health Holdings, LLC
Street Address:	680 South Fourth Street
City and Zip Code:	Louisville, KY 40202
Name of Registered Agent:	The Corporation Trust Company
Registered Agent Street Address:	Corporation Trust Center 1209 Orange Street
Registered Agent City and Zip Code:	Wilmington, DE 19801
Name of Chief Executive Officer:	Robert Jay
CEO Street Address:	680 South Fourth Street
CEO City and Zip Code:	Louisville, KY 40202
CEO Telephone Number:	502-569-7300

**Type of Ownership of Applicants**

<input type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership
<input checked="" 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 <b>Illinois certificate of good standing</b>.</li> <li>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.</li> </ul>	
<b>APPEND DOCUMENTATION AS ATTACHMENT 1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>	

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

Name:	Matthew Keppler
Title:	Division Vice President
Company Name:	ScionHealth
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**Additional Contact** [Person who is also authorized to discuss the application for permit]

Name:	Ralph Weber
Title:	Consultant
Company Name:	Weber Alliance
Address:	920 Hoffman Lane Riverwoods, IL 60015
Telephone Number:	847-791-0830
E-mail Address:	rmweber90@gmail.com
Fax Number:	

**Post Permit Contact**

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

Name:	Matthew Keppler
Title:	Division Vice President
Company Name:	ScionHealth
Address:	9785 Crosspoint Blvd Suite 104 Indianapolis, IN 46256
Telephone Number:	317-537-7530
E-mail Address:	<a href="mailto:matthew.keppler@kindred.com">matthew.keppler@kindred.com</a>
Fax Number:	

**Site Ownership**

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:	Ventas Realty, Limited Partnership
Address of Site Owner:	10350 Ormsby Park Place Suite 300 Louisville, KY 40223
Street Address or Legal Description of the Site:	2544 West Montrose Avenue Chicago, IL 60618
<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:	Kindred Chicago Northlake, LLC
Address:	680 South Fourth Street Louisville, KY 40202
<input type="checkbox"/> Non-profit Corporation <input type="checkbox"/> Partnership	
<input type="checkbox"/> For-profit Corporation <input type="checkbox"/> Governmental	
<input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other	
<ul style="list-style-type: none"> <li>Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.</li> <li>Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.</li> <li><b>Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.</b></li> </ul>	
<b>APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>	

**Organizational Relationships**

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

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

**Flood Plain Requirements**

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2006-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements, please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at [www.FEMA.gov](http://www.FEMA.gov) or [www.illinoisfloodmaps.org](http://www.illinoisfloodmaps.org). **This map must be in a readable format.** In addition, please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2006-5 (<http://www.hfsrb.illinois.gov>). **NOTE: A SPECIAL FLOOD HAZARD AREA AND 500-YEAR FLOODPLAIN DETERMINATION FORM has been added at the conclusion of this Application for Permit that must be completed to deem a project complete.**

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

**Historic Resources Preservation Act Requirements**

[Refer to application instructions.]

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

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

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

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

Part 1110 Classification :

☒ X Substantive

☐ Non-substantive

## 2. Narrative Description

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

The project is the establishment of a 15 bed Comprehensive Physical Rehabilitation service at Kindred Hospital Chicago North. The new 15 beds and supporting clinical space will be located in 8,920 sq ft on the 3<sup>rd</sup> floor of the hospital. 456 sq ft of space for physical therapy/gym on the first floor will also be renovated. The modernization work totals 10,207 sq ft. This includes 831 sq ft of non-clinical space. The address of the project is 2544 W. Montrose Avenue, Chicago 60618.

In order to make space available for the 15 rehabilitation beds, the count of authorized LTAC beds now at Kindred Hospital Chicago North will be reduced by 20 from 133 to 113. Kindred Hospital Chicago North also has a 31 bed Acute Mental Illness service, which is not affected by this project.

Co-applicants are Kindred Chicago Northlake, LLC /dba Kindred Hospital Chicago North and Knight Health Holdings /dba ScionHealth. In December, 2021, Kindred Healthcare was acquired and divided between two companies including Knight Health Holdings, LLC /dba ScionHealth. As the new owner of Kindred hospitals and facilities, ScionHealth is co-applicant. The four Kindred facilities in Illinois will retain Kindred in their names.

Total capital cost of the project is \$6,429,752. The project is being funded through cash and securities.

It is anticipated that construction will be started by the fall of 2022, with completion by September 1, 2023.

The project is substantive because it proposes the establishment of a new service.

**Project Costs and Sources of Funds**

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

<b>Project Costs and Sources of Funds</b>			
<b>USE OF FUNDS</b>	<b>CLINICAL</b>	<b>NONCLINICAL</b>	<b>TOTAL</b>
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts			
Contingencies			
Architectural/Engineering Fees			
Consulting and Other Fees			
Movable or Other Equipment (not in construction contracts)			
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment			
Other Costs to Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
<b>TOTAL USES OF FUNDS</b>			
<b>SOURCE OF FUNDS</b>	<b>CLINICAL</b>	<b>NONCLINICAL</b>	<b>TOTAL</b>
Cash and Securities			
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
<b>TOTAL SOURCES OF FUNDS</b>			

**NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**Related Project Costs**

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

Land acquisition is related to project <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Purchase Price: \$ _____ Fair Market Value: \$ _____
The project involves the establishment of a new facility or a new category of service <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide the dollar amount of all <b>non-capitalized</b> operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.
Estimated start-up costs and operating deficit cost is <u>\$2,440,347</u> .

**Project Status and Completion Schedules**

<b>For facilities in which prior permits have been issued please provide the permit numbers.</b>
Indicate the stage of the project's architectural drawings:
<div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> None or not applicable</span> <span><input type="checkbox"/> Preliminary</span> </div> <div style="display: flex; justify-content: space-between;"> <span><input checked="" type="checkbox"/> Schematics</span> <span><input type="checkbox"/> Final Working</span> </div>
Anticipated project completion date (refer to Part 1130.140): <u>September 1, 2023</u>
Indicate the following with respect to project expenditures or to financial commitments (refer to Part 1130.140):
<div style="margin-left: 20px;"> <input type="checkbox"/> Purchase orders, leases or contracts pertaining to the project have been executed.  <input type="checkbox"/> Financial commitment is contingent upon permit issuance. Provide a copy of the contingent "certification of financial commitment" document, highlighting any language related to CON Contingencies  <input checked="" type="checkbox"/> Financial Commitment will occur after permit issuance.         </div>
<b>APPEND DOCUMENTATION AS ATTACHMENT 8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>

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

Are the following submittals up to date as applicable?

- ☐ Cancer Registry **Not Applicable**
  - ☐ APORS **Not Applicable**
  - ☒ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
  - ☐ All reports regarding outstanding permits **There are no outstanding permits.**
- Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.**

## Cost Space Requirements

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

**Not Reviewable Space [i.e. non-clinical]:** means an area for the benefit of the patients, visitors, staff or employees of a health care facility and not directly related to the diagnosis, treatment, or rehabilitation of persons receiving services from the health care facility. "Non-clinical service areas" include, but are not limited to, chapels; gift shops; newsstands; computer systems; tunnels, walkways, and elevators; telephone systems; projects to comply with life safety codes; educational facilities; student housing; patient, employee, staff, and visitor dining areas; administration and volunteer offices; modernization of structural components (such as roof replacement and masonry work); boiler repair or replacement; vehicle maintenance and storage facilities; parking facilities; mechanical systems for heating, ventilation, and air conditioning; loading docks; and repair or replacement of carpeting, tile, wall coverings, window coverings or treatments, or furniture. Solely for the purpose of this definition, "non-clinical service area" does not include health and fitness centers. [20 ILCS 3960/3]

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

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



**Facility Bed Capacity and Utilization**

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

FACILITY NAME: Kindred Hospital Chicago North		CITY: Chicago			
REPORTING PERIOD DATES: From: January 1, 2020 to: December 31, 2020					
Category of Service	Authorized Beds	Admissions	Patient Days	Bed Changes	Proposed Beds
Medical/Surgical	0	0	0	0	0
Obstetrics	0	0	0	0	0
Pediatrics	0	0	0	0	0
Intensive Care	0	0	0	0	0
Comprehensive Physical Rehabilitation	0	0	0	+15	15
Acute/Chronic Mental Illness	31	614	4,990	0	31
Neonatal Intensive Care	0	0	0	0	0
General Long-Term Care	0	0	0	0	0
Specialized Long-Term Care	0	0	0	0	0
Long Term Acute Care	133	738	24,322	-20	113
Other ((identify)					
TOTALS:	164	1,352	29,312	-5	159

**CERTIFICATION**

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

- in the case of a corporation, any two of its officers or members of its Board of Directors;
- in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
- in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

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

SIGNATURE

Douglas L. Cumutte  
 PRINTED NAME

Chief Development Officer  
 PRINTED TITLE

Notarization:

Subscribed and sworn to before me  
 this 17th day of JANUARY, 2022

SIGNATURE

Joel Day  
 PRINTED NAME

Chief Financial Officer  
 PRINTED TITLE

Notarization:

Subscribed and sworn to before me  
 this 17th day of JANUARY, 2022

Signature of Notary

Seal



**CINDY S. JOHNSON**  
 NOTARY PUBLIC  
 State at Large, Kentucky  
 My Commission Expires  
 June 17, 2022

\*Insert the EXACT legal name of the applicant

Signature of Notary

Seal

Joel Day  
 Notary ID 598199


**My Commission Expires Mar. 27, 2022**

**CERTIFICATION**

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

- in the case of a corporation, any two of its officers or members of its Board of Directors;
- in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
- in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

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


  
SIGNATURE

Douglas L. Curnutte  
PRINTED NAME

Chief Development Officer  
PRINTED TITLE

Notarization:

Subscribed and sworn to before me  
this 17<sup>th</sup> day of JANUARY, 2022



  
SIGNATURE

Joel Day  
PRINTED NAME


Chief Financial Officer  
PRINTED TITLE

Notarization:

Subscribed and sworn to before me  
this 17<sup>th</sup> day of January, 2022

  
Signature of Notary  
Seal  **CINDY S. JOHNSON**  
NOTARY PUBLIC  
State at Large, Kentucky  
My Commission Expires  
June 17, 2022

\*Insert the EXACT legal name of the applicant

  
Signature of Notary  
Seal Notary ID 598199  
**My Commission Expires Mar. 27, 2022**

**SECTION II. DISCONTINUATION**

**Not applicable; there is no discontinuation associated with the proposed project.**

This Section is applicable to the discontinuation of a health care facility or the discontinuation of more than one category of service in a 6-month period. If the project is solely for a discontinuation of a health care facility the **Background of the Applicant(s) and Purpose of Project** **MUST** be addressed. A copy of the Notices listed in **Item 7** below **MUST** be submitted with this Application for Discontinuation <https://www.ilga.gov/legislation/ilcs/documents/002039600K8.7.htm>

**Criterion 1110.290 – Discontinuation**

READ THE REVIEW CRITERION and provide the following information:

**GENERAL INFORMATION REQUIREMENTS**

1. Identify the categories of service and the number of beds, if any that are to be discontinued.
2. Identify all the other clinical services that are to be discontinued.
3. Provide the anticipated date of discontinuation for each identified service or for the entire facility.
4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
5. Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued and the length of time the records will be maintained.
6. Provide copies of the notices that were provided to the local media that would routinely be notified about facility events.
7. For applications involving the discontinuation of an entire facility, provide copies of the notices that were sent to the municipality in which the facility is located, the State Representative and State Senator of the district in which the health care facility is located, the Director of Public Health, and the Director of Healthcare and Family Services. These notices shall have been made at least 30 days prior to filing of the application.
8. For applications involving the discontinuation of an entire facility, certification by an authorized representative that all questionnaires and data required by HFSRB or DPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 90 days following the date of discontinuation.

**REASONS FOR DISCONTINUATION**

The applicant shall state the reasons for the discontinuation and provide data that verifies the need for the proposed action. See criterion 1110.290(b) for examples.

**IMPACT ON ACCESS**

1. Document whether the discontinuation of each service or of the entire facility will have an adverse effect upon access to care for residents of the facility's market area.
2. Document that a written request for an impact statement was received by all existing or approved health care facilities (that provide the same services as those being discontinued) located within the **geographic service area**.

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

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

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

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

READ THE REVIEW CRITERION and provide the following required information:

##### BACKGROUND OF APPLICANT

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.
2. A listing of all health care facilities currently owned and/or operated in Illinois, by any corporate officers or directors, LLC members, partners, or owners of at least 5% of the proposed health care facility.
3. For the following questions, please provide information for each applicant, including corporate officers or directors, LLC members, partners and owners of at least 5% of the proposed facility. A health care facility is considered owned or operated by every person or entity that owns, directly or indirectly, an ownership interest.
  - a. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant, directly or indirectly, during the three years prior to the filing of the application.
  - b. A certified listing of each applicant, identifying those individuals that have been cited, arrested, taken into custody, charged with, indicted, convicted or tried for, or pled guilty to the commission of any felony or misdemeanor or violation of the law, except for minor parking violations; or the subject of any juvenile delinquency or youthful offender proceeding. Unless expunged, provide details about the conviction and submit any police or court records regarding any matters disclosed.
  - c. A certified and detailed listing of each applicant or person charged with fraudulent conduct or any act involving moral turpitude.
  - d. A certified listing of each applicant with one or more unsatisfied judgements against him or her.
  - e. A certified and detailed listing of each applicant who is in default in the performance or discharge of any duty or obligation imposed by a judgment, decree, order or directive of any court or governmental agency.
4. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**
5. If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest that the information was previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant can submit amendments to previously submitted information, as needed, to update and/or clarify data.

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

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

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

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

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

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

**ALTERNATIVES**

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

Alternative options **must** include:

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

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

- 3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

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

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

READ THE REVIEW CRITERION and provide the following information:

**SIZE OF PROJECT:**

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

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

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

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

**PROJECT SERVICES UTILIZATION:**

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

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

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

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

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

**UNFINISHED OR SHELL SPACE: Not applicable; there is no unfinished or shell space.**

Provide the following information:

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

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

**ASSURANCES: Not applicable**

Submit the following:

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

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



**B. Criterion 1110.205 - Comprehensive Physical Rehabilitation**

- Applicants proposing to establish, expand and/or modernize the Comprehensive Physical Rehabilitation category of service must submit the following information:
- Indicate bed capacity changes by Service:      Indicate # of beds changed by action(s):

Category of Service	# Existing Beds	# Proposed Beds
<input checked="" type="checkbox"/> <b>Comprehensive Physical Rehabilitation</b>	<b>0</b>	<b>15</b>

- READ the applicable review criteria outlined below and **submit the required documentation for the criteria:**

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.205(b)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (formula calculation)	X		
1110.205(b)(2) - Planning Area Need - Service to Planning Area Residents	X	X	
1110.205(b)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	X		
1110.205(b)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service		X	
1110.205(b)(5) - Planning Area Need - Service Accessibility	X		
1110.205(c)(1) - Unnecessary Duplication of Services	X		
1110.205(c)(2) - Maldistribution	X		
1110.205(c)(3) - Impact of Project on Other Area Providers	X		
1110.205(d)(1), (2), and (3) - Deteriorated Facilities			X
1110.205(d)(4) - Occupancy			X
1110.205(e)(1) - Staffing Availability	X	X	
1110.205(f) - Performance Requirements	X	X	X
1110.205(g) - Assurances	X	X	
<b>APPEND DOCUMENTATION AS ATTACHMENT <u>19</u>, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>			



	<p>improvements to the property and provision of capital equipment;</p> <p>5) For any option to lease, a copy of the option, including all terms and conditions.</p> <p>e) Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;</p> <p>f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;</p> <p>g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.</p>
\$6,429,752	<b>TOTAL FUNDS AVAILABLE</b>

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

**SECTION VII. 1120.130 - FINANCIAL VIABILITY**

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

**Financial Viability Waiver**

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

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

See Section 1120.130 Financial Waiver for information to be provided

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

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

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

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

**Variance**

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

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

**SECTION VIII.1120.140 - ECONOMIC FEASIBILITY**

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

**A. Reasonableness of Financing Arrangements**

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

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

**B. Conditions of Debt Financing**

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

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

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

Read the criterion and provide the following:

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

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

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

**D. Projected Operating Costs**

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

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

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

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

**SECTION IX. SAFETY NET IMPACT STATEMENT**

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

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

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

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

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

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

## ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

APPLICATION FOR PERMIT- 06/2021 - Edition

	Outpatient				
	Total				

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



**SECTION X. CHARITY CARE INFORMATION**

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

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

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

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

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

APPEND DOCUMENTATION AS **ATTACHMENT 39**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**APPLICATION FOR PERMIT- 06/2021 - Edition**

Applicant: \_\_\_\_\_

[illegible]

Small map of your site showing the FEMA floodplain mapping.

Downloaded from <http://ajphaphysoc.org/> at University of California, San Diego on November 10, 2014

If there is no digital floodplain map available select the **View/Print FIRM** icon above the aerial photo. You will

**THE PROJECT SITE LOCATED IN A SPECIAL FLOOD HAZARD AREA: N/A**

[illegible]

If you are unable to determine if the site is in the mapped floodplain or 500-year floodplain, please check the box below.

If the determination is being made by a local official, please complete the following:

---

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** This finding only means that the property in question is or is not in a Special Flood Hazard Area or a

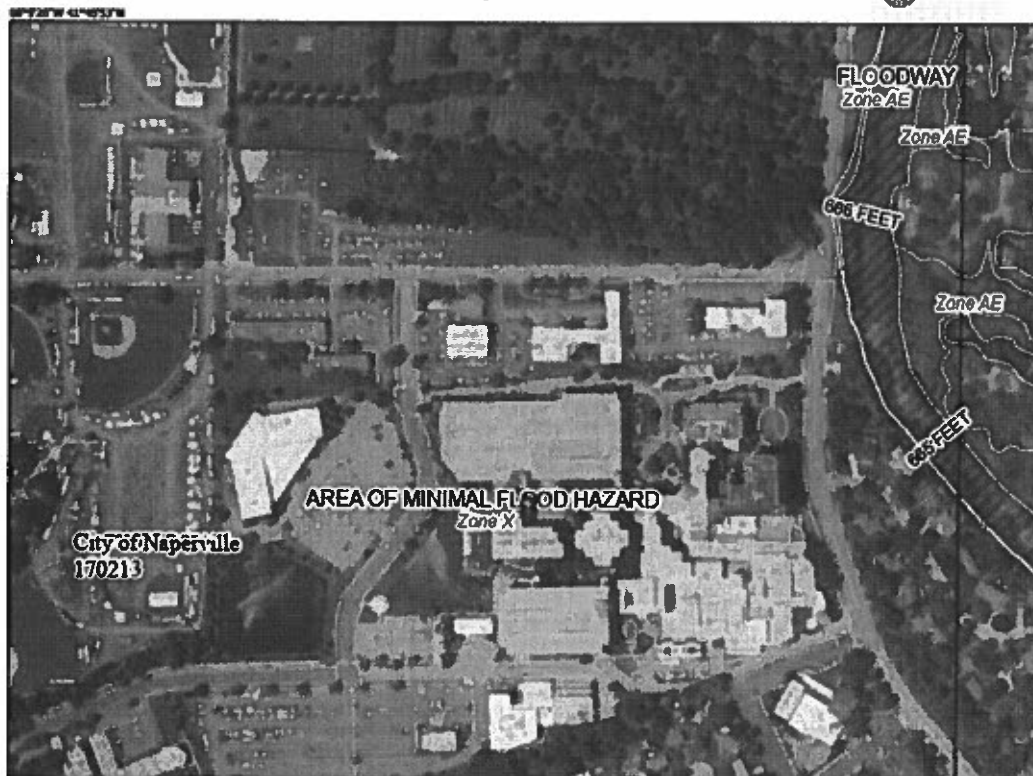
**If you need additional help, contact the Illinois Statewide Floodplain Program at 617/799-4499.**

### Floodplain Map Example

The image below is an example of the floodplain mapping required as part of the IDPH swimming facility construction permit showing that the swimming pool, to undergo a major alteration, is outside the mapped floodplain.



### National Flood Hazard Layer FIRMette



#### Legend

SEE FIS REPORT FOR DETAILED LEGEND AND INDEX MAP FOR THIS PANEL. LCM

**SPECIAL FLOOD HAZARD AREAS**

- Without Base Flood Elevation (BFE), Zone A, X, AE
- With BFE or Depth Zone AE, AO, AH, VE, Regulatory Floodway

**OTHER AREAS OF FLOOD HAZARD**

- 0.2% Annual Chance Flood Hazard, 1 of 1% annual chance flood with over depth less than one foot or with area of less than one square mile
- Future Conditions 1% Annual Chance Flood Hazard Zone X
- Area with Reduced Flood Risk due to Levees. See Notes. Zone X
- Area with Flood Risk due to Levees

**OTHER AREAS**

- Area of Minimal Flood Hazard Zone X
- Effective LOMs
- Area of Unflooded Flood Hazard

**GENERAL STRUCTURES**

- Channel, Culvert, or Storm Sewer
- Levee, Dam, or Floodwall

**OTHER FEATURES**

- Cross Sections with 1% Annual Chance Water Surface Elevation
- Coastal Traverses
- Base Flood Elevation Line (BFE)
- Limit of Study
- Jurisdiction Boundary
- Coastal Traverses
- Profile Roadline
- Hydrographic Feature

**MAP PANELS**

- Digital Data Available
- No Digital Data Available
- Unmapped

The pin displayed on the map is an approximate point selected by the user and does not represent an authoritative property location.

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

INDEX OF ATTACHMENTS		
ATTACHMENT NO.		PAGES
1	Applicant Identification including Certificate of Good Standing	29-30
2	Site Ownership	31
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	32
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	33
5	Flood Plain Requirements	34-35
6	Historic Preservation Act Requirements	36
7	Project and Sources of Funds Itemization	37-39
8	Financial Commitment Document if required	--
9	Cost Space Requirements	40
10	Discontinuation	--
11	Background of the Applicant	41-49
12	Purpose of the Project	50-55
13	Alternatives to the Project	56-60
14	Size of the Project	61
15	Project Service Utilization	62-63
16	Unfinished or Shell Space	--
17	Assurances for Unfinished/Shell Space	--
	<b>Service Specific:</b>	
18	Medical Surgical Pediatrics, Obstetrics, ICU	--
19	Comprehensive Physical Rehabilitation	64-76
20	Acute Mental Illness	--
21	Open Heart Surgery	--
22	Cardiac Catheterization	--
23	In-Center Hemodialysis	--
24	Non-Hospital Based Ambulatory Surgery	--
25	Selected Organ Transplantation	--
26	Kidney Transplantation	--
27	Subacute Care Hospital Model	--
28	Community-Based Residential Rehabilitation Center	--
29	Long Term Acute Care Hospital	--
30	Clinical Service Areas Other than Categories of Service	--
31	Freestanding Emergency Center Medical Services	--
32	Birth Center	--
	<b>Financial and Economic Feasibility:</b>	
33	Availability of Funds	77
34	Financial Waiver	78
35	Financial Viability	--
36	Economic Feasibility	79-84
37	Safety Net Impact Statement	85-87
38	Charity Care Information	88
39	Flood Plain Information	89-90
	<b>Appendix A – Physician Letters</b>	91-100

File Number

0820924-3



***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***

KINDRED CHICAGO NORTHLAKE, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JANUARY 03, 2020, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set  
my hand and cause to be affixed the Great Seal of  
the State of Illinois, this 15TH  
day of JULY A.D. 2021 .***

*Jesse White*

SECRETARY OF STATE

Authentication #: 2119600800 verifiable until 07/15/2022

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

Attachment 1

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KNIGHT HEALTH HOLDINGS LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF JULY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KNIGHT HEALTH HOLDINGS LLC" WAS FORMED ON THE TWELFTH DAY OF JULY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



6074352 8300

SR# 20212683034

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203652685

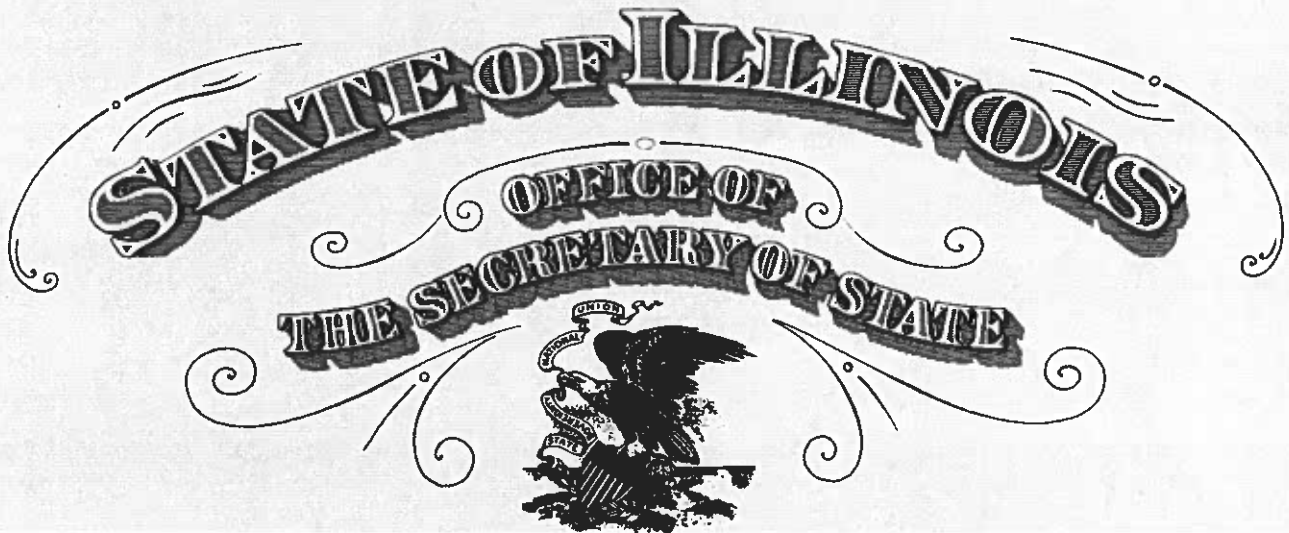
Attachment 1

**SITE OWNERSHIP**

With the signatures provided on the Certification pages of this Certificate of Need permit application, the applicants attest that the site of the licensed health care facility addressed in this permit application is owned by Ventas Realty Limited Partnership.

File Number

0820924-3



***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***

KINDRED CHICAGO NORTHLAKE, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JANUARY 03, 2020, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 15TH day of JULY A.D. 2021 .***

*Jesse White*

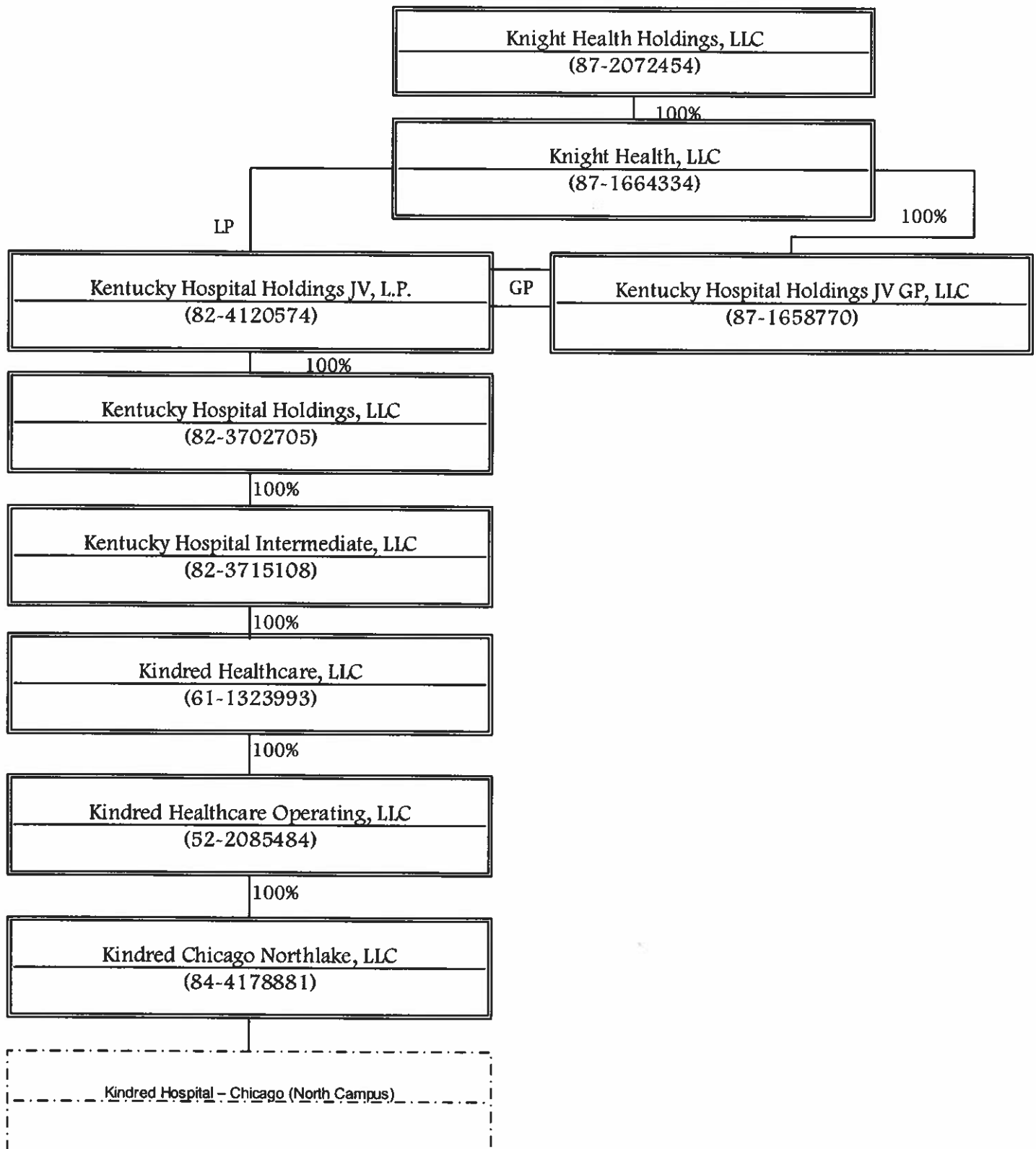
SECRETARY OF STATE

Authentication #: 2119600800 verifiable until 07/15/2022

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



**Kindred Hospital – Chicago  
(North Campus)  
Ownership Structure**



The principal business address of each of the above entities (except indicated non-affiliated entities, if any) is 680 South Fourth Street, Louisville, KY 40202

### Flood Plain Requirements

The following page includes the most recent National Flood Hazard Layer FIRMette for the site location at 2544 W. Montrose Avenue, Chicago.

The site is located in Zone X, panel 17031C04041, effective 8/19/2008. According to FEMA, Zone X consists of "areas determined to be outside 500 year floodplain determined to be outside the 1% and 0.2% annual chance floodplains." ([www.floodmaps.com/zones.htm](http://www.floodmaps.com/zones.htm)). This classification designates areas least susceptible to flooding in the FEMA system.

Illinois Executive Order #2006-5, "Construction Activities in Special Flood Hazard Areas" defines "Special Flood Hazard Areas" or "Floodplains" as areas subject to "100 year frequency flood and shown as such on the most current Flood Insurance Rate Map published by the Federal Emergency Management Agency."

The FIRMette designates the site as located in an "Area of Minimal Flood Hazard."

# National Flood Hazard Layer FIRMette



87°41'52"W 41°57'55"N

#22-001

## Legend

SEE FIS REPORT FOR DETAILED LEGEND AND INDEX MAP FOR FIRM PANEL LAYOUT

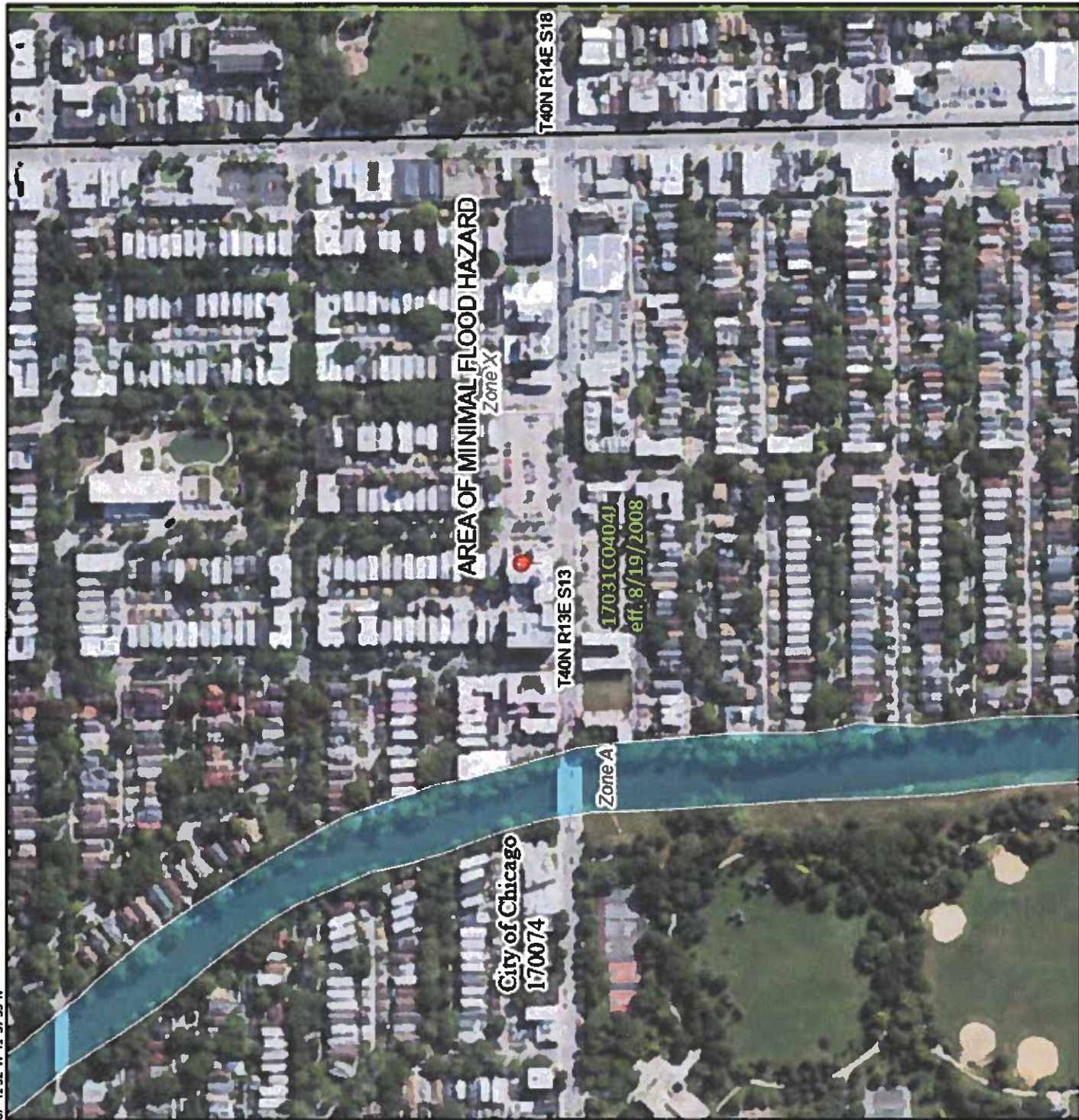
SPECIAL FLOOD HAZARD AREAS	Without Base Flood Elevation (BFE) Zone A, V, A99
	With BFE or Depth Zone AE, AO, AH, VE, AP Regulatory Floodway
OTHER AREAS OF FLOOD HAZARD	0.2% Annual Chance Flood Hazard, Areas of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile Zone X
	Future Conditions 1% Annual Chance Flood Hazard Zone X
	Area with Reduced Flood Risk due to Levee. See Notes. Zone X
	Area with Flood Risk due to Levee Zone D
OTHER AREAS	NO SCREEN Area of Minimal Flood Hazard Zone X
	Effective LOMRs Area of Undetermined Flood Hazard Zone E
GENERAL STRUCTURES	Channel, Culvert, or Storm Sewer
	Levee, Dike, or Floodwall
OTHER FEATURES	20.2 Cross Sections with 1% Annual Chance Water Surface Elevation
	Coastal Transect
	Base Flood Elevation Line (BFE)
	Limit of Study
	Jurisdiction Boundary
	Coastal Transect Baseline Profile Baseline Hydrographic Feature
MAP PANELS	Digital Data Available
	No Digital Data Available
	Unmapped

The pin displayed on the map is an approximate point selected by the user and does not represent an authoritative property location.

This map complies with FEMA's standards for the use of digital flood maps if it is not void as described below. The basemap shown complies with FEMA's basemap accuracy standards.

The flood hazard information is derived directly from the authoritative NFHL web services provided by FEMA. This map was exported on 10/29/2021 at 7:20 PM and does not reflect changes or amendments subsequent to this date and time. The NFHL and effective information may change or become superseded by new data over time.

This map image is void if the one or more of the following map elements do not appear: basemap imagery, flood zone labels, legend, scale bar, map creation date, community identifiers, FIRM panel number, and FIRM effective date. Map images for unmapped and unmodernized areas cannot be used for



Feet 1:6 000

87°41'15"W 41°57'28"N





## Illinois Department of Natural Resources

One Natural Resources Way Springfield, Illinois 62702-1271  
www.dnr.illinois.gov

JB Pritzker, Governor  
Colleen Callahan, Director

Cook County  
Chicago

CON - Modernization to Add 15 Inpatient Comprehensive Physical Rehabilitation Beds & Supporting Services, LifePoint Health, Inc.  
2544 W. Montrose Ave.  
SHPO Log #008110121

November 24, 2021

Ralph Weber  
Weber Alliance  
920 Hoffman Lane  
Riverwoods, IL 60015

Dear Mr. Weber:

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

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

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

If you have any further questions, please contact Rita Baker, Cultural Resources Manager, at 217/785-4998 or at Rita.E.Baker@illinois.gov.

Sincerely,

A handwritten signature in black ink that reads "Carey L. Mayer".

Carey L. Mayer, AIA  
Deputy State Historic  
Preservation Officer

Attachment 6

### Project Costs and Sources of Funds

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

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs	\$18,000	\$4,000	\$22,000
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts	4,202,517	376,200	4,578,717
Contingencies	630,377	56,431	686,808
Architectural/Engineering Fees	247,250	27,473	274,723
Consulting and Other Fees	139,426	15,492	154,918
Movable or Other Equipment (not in construction contracts)	360,239	50,000	410,239
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment			
Other Costs to Be Capitalized	271,847	30,500	302,347
Acquisition of Building or Other Property (excluding land)			
<b>TOTAL USES OF FUNDS</b>	<b>\$5,869,656</b>	<b>\$560,096</b>	<b>\$6,429,752</b>
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	\$5,869,656	\$560,096	\$6,429,752
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
<b>TOTAL SOURCES OF FUNDS</b>	<b>\$5,869,656</b>	<b>\$560,096</b>	<b>\$6,429,752</b>
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Project Costs and Sources of Funds  
Line Item Itemization

**Line 1. Preplanning costs - \$22,000**

This item includes project feasibility analysis – determination of project size and assessment of the adaptability of the current facility.

**Line 6. Modernization Contracts - \$4,578,717**

Third floor space that currently has 20 LTAC beds is being converted to 15 patient rooms, a nurse station, and administrative and conference room space, lockers and lounge for staff, storage and other supporting functions. Each of the 15 private rehabilitation rooms will be renovated to contain ADA compliant bathrooms. The existing gym/therapy space on the third floor is being renovated to accommodate rehabilitation patients. A satellite gym is also being constructed in non-clinical space on the first floor. The space totals 10,207 departmental gross sq ft. Modernization cost is \$4,578,717, of which \$4,202,517 is clinical. Costs include interior buildout, fixed equipment, all finishes, and contractor's overhead.

**Cost per Sq Ft Ratio**

Clinical Modernization costs = \$4,202,517

Sq ft of clinical space (Rehabilitation and therapy) = 9,376

Cost per sq ft: \$448.22

**Line 7. Contingencies - \$686,808**

Contingencies cover the allowance for unforeseen circumstances, which have been more prevalent in the past year due to labor and materials shortages and supply chain issues. Clinical contingency for modernization is 15% of clinical modernization costs, or \$630,377. Non-clinical contingency is \$56,431.

**Line 8. Architectural / Engineering Fees - \$274,723**

This work includes preliminary design, schematic design, design development, construction document services, bidding and negotiation, and construction administration. \$247,250 of this amount is attributed to clinical modernization work.

**Line 9. Consulting and other fees - \$154,918**

These include equipment consultant costs, Certificate of Need permit fees, CON consultant, City of Chicago fees, and other.

**Line 10. Movable or other equipment (not in construction contracts) - \$410,239**

Patient room	15 x \$4,617	\$69,258
Therapy gym		\$60,669
Nurse station		\$51,056
CPR		\$14,680
Storage, equipment		\$25,673
Kitchen, dining		\$3,233
Supply		\$8,715
Clean utility / soiled utility		\$5,542

(continue next page)

Nourishment	\$4,580
Wheelchairs	\$5,663
Balance of Equipment	\$86,166
Furniture	\$75,104

**Line 14: Other costs to be capitalized - \$302,247**

IT Equipment	\$248,872
Artwork	\$11,500
Signage	\$13,225
Other	\$28,750

Cost Space Requirements  
(departmental gross sq ft)  
Kindred Chicago North

Department/Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Sq Ft That Is:			
		Existing	Proposed	New Const	Modernized	As Is	Vacated
Construction Costs							
CLINICAL/REVIEWABLE							
Rehabilitation beds	\$4,027,413	0	8,920		8,920		
Physical therapy	\$175,104		456		456		
LTAC		148,775				148,775	
Subtotal Clinical	\$4,202,517	148,775	9,376		9,376	148,775	
NON-REVIEWABLE							
Public toilets, family room	\$69,200		136		136		
Administration, conference	\$96,600		273		273		
Lockers and lounge	\$77,000		175		175		
Storage	\$82,600		203		203		
Mech, bldg syst, hskp	\$50,800		44		44		
Subtotal Non-Clinical	\$376,200		831		831		
TOTAL CONSTRUCTION	\$4,578,717	148,775	10,207		10,207	148,775	
Other Proj Costs							
Preplanning Costs	\$22,000						
Site Survey / Soil	N/A						
Site Preparation	N/A						
Off Site Work	N/A						
Contingencies	\$686,808						
A/E fees	\$274,723						
Consulting, fees	\$154,918						
Moveable Equipt, Furnish	\$410,239						
Bond Issuance Expense							
Net Int Exp Dur Constr							
FMV leased space, eqpmnt							
- space							
- equipment							
Other Capital Costs							
- IT	\$248,872						
- artwork	\$11,500						
- signage	\$13,225						
- other	\$28,750						
Subtotal	\$302,347						
Sub Total Other Proj Costs	\$1,851,035						
TOTAL PROJECT COSTS	\$6,429,752		10,207		10,207		



Knight Health Holdings, LLC (d/b/a Scion Health)  
List of Facilities in Illinois

Kindred Sycamore, LLC  
d/b/a Kindred Hospital – Sycamore  
225 Edward Street  
Sycamore, IL 60178

IL License # 0006197 Expiration – 12/15/22

The Joint Commission Accreditation Effective – 8/24/19

Kindred Chicago – Lakeshore  
6130 N. Sheridan Road  
Chicago, IL 60660

IL License # 4000014 Expiration – 11/1/22

The Joint Commission Accreditation Effective – 3/27/21

Kindred Chicago Northlake LLC  
d/b/a/ Kindred Hospital – Chicago (North Campus)  
2544 W. Montrose Avenue  
Chicago, IL 60618

IL License # 0006221 Expiration – 12/15/22

The Joint Commission Accreditation Effective – 11/9/19

Kindred Chicago Northlake, LLC  
d/b/a Kindred Hospital – Chicago (Northlake Campus)  
365 East North Avenue  
Northlake, IL 60164

IL License # 0006213 Expiration – 12/15/22

The Joint Commission Accreditation Effective – 11/9/19

Note:

Kindred Hospital – Chicago (Northlake Camps) and Kindred Hospital – Chicago (North Campus) share Medicare provider number as main hospital and extension. Therefore, they are surveyed together under Joint Commission.



# Illinois Department of PUBLIC HEALTH

HF 124137

## 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
12/15/2022		0006197
<b>Long Term Acute Care Hospital</b>		
Effective: 12/16/2021		

Kindred Sycamore, LLC  
dba Kindred Hospital - Sycamore  
225 Edward Street

Sycamore, IL 60178

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← DISPLAY THIS PART IN A  
CONSPICUOUS PLACE

Exp. Date 12/15/2022

Lic Number 0006197

Date Printed 10/29/2021

Kindred Sycamore, LLC  
dba Kindred Hospital - Sycamore  
225 Edward Street  
Sycamore, IL 60178

FEE RECEIPT NO.

Attachment 11



# Illinois Department of PUBLIC HEALTH

HF 123926

## 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	I.D. NUMBER
11/1/2022		4000014
<b>Subacute Care Hospital Demonstration Program</b>		
<b>Licensed Beds: 103</b>		

**Kindred Chicago- Lakeshore**  
6130 North Sheridan Road  
Chicago, IL 60660

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

**Exp. Date 11/1/2022**

**Lic Number 4000014**


**Date Printed 10/1/2021**

**Kindred Chicago- Lakeshore**

**6130 Sheridan Road**  
**Chicago, IL 60641**

**FEE RECEIPT NO.**

Attachment 11

 <b>Illinois Department of PUBLIC HEALTH</b>		<b>HF 124139</b>	
<b>LICENSE, PERMIT, CERTIFICATION, REGISTRATION</b>			
<small>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.</small>			
<b>Ngozi O. Ezike, M.D.</b> <b>Director</b>		<small>Issued under the authority of the Illinois Department of Public Health</small>	
<small>EXPIRATION DATE</small> <b>12/15/2022</b>	<small>CATEGORY</small> <b>Long Term Acute Care Hospital</b>	<small>LO NUMBER</small> <b>0006221</b>	<b>Effective: 12/16/2021</b>
<b>Kindred Chicago Northlake, LLC</b> <b>dba Kindred Hospital - Chicago</b> <b>2544 W Montrose Ave</b>  <b>Chicago, IL 60618</b>			
<small>The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #19-493-001 10M 9/18</small>			



# Illinois Department of PUBLIC HEALTH

HF 124138

## 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
12/15/2022		0006213
<b>Long Term Acute Care Hospital</b>		
<b>Effective: 12/16/2021</b>		

**Kindred Chicago Northlake, LLC**  
**dba Kindred Hospital - Chicago**  
**365 E North Ave**

**Northlake, IL 60164**

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

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

**Exp. Date 12/15/2022**

**Lic Number 0006213**

**Date Printed 10/29/2021**

**Kindred Chicago Northlake, LLC**  
**dba Kindred Hospital - Chicago**  
**365 E North Ave**  
**Northlake, IL 60164**

**FEE RECEIPT NO.**

Attachment 11



December 9, 2019

Beverly Foster  
Chief Executive Officer  
Kindred Hospital - Sycamore  
225 Edward Street  
Sycamore, IL 60178

Joint Commission ID #: 7437  
Program: Hospital Accreditation  
Accreditation Activity: 60-day Evidence of Standards  
Compliance  
Accreditation Activity Completed : 12/9/2019

Dear Ms. Foster:

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

- **Comprehensive Accreditation Manual for Hospital**

This accreditation cycle is effective beginning August 24, 2019 and is customarily valid for up to 36 months. Please note, The Joint Commission reserves the right to shorten or lengthen the duration of the cycle.

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

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

Congratulations on your achievement.

Sincerely,

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

Attachment 11



June 22, 2021

Michael DeLaRosa  
CEO  
Kindred THC North Shore, LLC  
6130 North Sheridan Road  
Chicago, IL 60660

Joint Commission ID #: 518225  
Program: Hospital Accreditation  
Accreditation Activity: 60-day Evidence of Standards  
Compliance  
Accreditation Activity Completed : 6/21/2021

Dear Mr. DeLaRosa:

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

**Comprehensive Accreditation Manual for Hospitals**

This accreditation cycle is effective beginning March 27, 2021 and is customarily valid for up to 36 months. Please note, The Joint Commission reserves the right to shorten the duration of the cycle.

Please note, if your survey was conducted off-site (virtually): Your organization may be required to undergo an on-site survey once The Joint Commission has determined that conditions are appropriate to conduct on-site survey activity.

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

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

Congratulations on your achievement.

Sincerely,

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

Attachment 11





February 20, 2020

Brinsley Lewis  
CEO  
THC Chicago, Inc.  
365 East North Avenue  
Northlake, IL 60164

Joint Commission ID #: 5018  
Program: Hospital Accreditation  
Accreditation Activity: 60-day Evidence of Standards  
Compliance  
Accreditation Activity Completed : 2/20/2020

Dear Mr. Lewis:

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

- **Comprehensive Accreditation Manual for Hospital**

This accreditation cycle is effective beginning November 9, 2019 and is customarily valid for up to 36 months. Please note, The Joint Commission reserves the right to shorten or lengthen the duration of the cycle.

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

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

Congratulations on your achievement.

Sincerely,

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

Attachment 11





680 South Fourth Street  
Louisville, Kentucky 40202  
www.scionhealth.com

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

Dear Chair Savage:

In accordance with Review Criterion 1110.110.a, Background of the Applicant, I am submitting this letter assuring the Illinois Health Facilities and Services Review Board of the following:

1. Kindred Hospital Chicago North received a CMS survey citation in December 2020 which was abated on site. A plan of correction was submitted January 2021 and the citation was cleared April 2021.
2. Kindred Chicago Lakeshore received a survey citation in February 2021. The plan of correction was submitted and accepted in February 2021.
3. I hereby certify that no other adverse actions have been taken against any health care facility owned or operated by subsidiaries of Kindred Healthcare, LLC in the State of Illinois, directly or indirectly, within three years prior to the filing of this application. For the purpose of this letter, the term "adverse action" has the meaning given to it in the Illinois Administrative Code, Title 77, Section 1130.

Additionally, pursuant to 77 Ill. Admin. Code § 1110.110(a)(2)(J), I hereby authorize the Health Facilities and Services Review Board ("HFSRB") and the Illinois Department of Public Health ("IDPH") access to any documents necessary to verify information submitted as part of this application for exemption. I further authorize HFSRB and IDPH to obtain any additional information or documents from other government agencies which HFSRB or IDPH deem pertinent to process this application for exemption.

Sincerely,

A handwritten signature in black ink, appearing to read "Stacie S. Winkler", with a long horizontal line extending to the right.

Stacie S. Winkler  
Senior Vice President and Chief Counsel  
ScionHealth

Attachment 11

## Purpose of the Project

Kindred Hospital Chicago North has been a provider of Long Term Acute Care (LTAC) since 1991. It is one of 8 facilities in Illinois providing LTAC services. Four LTAC programs are operated by ScionHealth in Illinois. LTAC services at Kindred Hospital Chicago North include advanced wound care, cardiac care and recovery, major surgery recovery, intensive care recovery, traumatic brain injury and stroke care, prolonged mechanical ventilation, organ transplant care, and post trauma care and recovery. Many of these services require additional inpatient rehabilitation care.

The planned project will convert and modernize underutilized space on the third floor to accommodate 15 private rooms for Comprehensive Physical Rehabilitation. In addition, space for gym/physical therapy on the first floor will be modernized. The project reduces the size of the LTAC program by 20 authorized LTAC beds, from 133 to 113. 31 existing Acute Mental Illness beds at Kindred Hospital Chicago North will remain and are unaffected by the project.

Kindred Healthcare was acquired on December 23, 2021. HFSRB approved the change of ownership for the Kindred facilities in Illinois on December 14, 2021. Kindred Healthcare was changed, with its facilities divided between two companies: a) LifePoint Health (LifePoint), which owns and operates freestanding rehabilitation hospitals and freestanding behavioral health hospitals, and provides management services to rehabilitation and behavioral health units in hospitals, and b) ScionHealth, a new system providing high quality patient-centered acute and post-acute care in 79 locations in 25 states. ScionHealth owns and operates 61 long-term acute care facilities (including the 4 in Illinois), 18 community hospitals and associated health systems, 12 inpatient rehabilitation units, 10 sub-acute units, and 8 behavioral health programs. ScionHealth is the owner of Kindred Hospital Chicago North, and will utilize the rehabilitation management services division of LifePoint to provide care at the proposed Comprehensive Physical Rehabilitation unit.

Comprehensive Physical Rehabilitation services include occupational, physical, and speech therapies. Services are provided to individuals who require intensive skilled therapy to achieve maximum functioning. Staff nurses and nursing assistants collaborate with physicians, nurses, case managers and therapists in other departments to provide a complete, coordinated care plan during the hospital stay. Therapists evaluate and treat patients in inpatient rehabilitation units providing programs and services such as evaluation of ability to safely return home alone or with assistance, assistive device recommendations, evaluation and treatment of lower extremity weakness and coordination deficits, lower extremity bracing recommendations. The comprehensive physical rehabilitation unit proposed at Kindred Hospital Chicago North will provide supportive and individualized patient-specific therapy in a medically supervised setting with on-site specialty trained physicians and nurses, using modern technologies.

The program will achieve synergies in the operation of both the rehabilitation and LTAC programs, improve the utilization of Kindred Hospital Chicago North, and enhance the delivery of rehabilitation services for LTAC patients at three ScionHealth Chicago area facilities and others who may be admitted to the rehabilitation unit.

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

The Comprehensive Physical Rehabilitation unit will specialize in the care of stroke and other neurological disorders in need of Comprehensive Physical Rehabilitation services, including neurological disorders such as traumatic and non-traumatic brain injury, spinal cord injury, multiple sclerosis, Guillain Barre, encephalopathy, Parkinson's disease, brain tumor, motor neuron disease, polyneuropathy and muscular dystrophy. Additionally, this service provides care for patients with major multiple trauma, burns, complex orthopedic cases, amputations, severe osteoarthritis or degenerative joint disease, complex arthritic conditions, polyarticular rheumatoid arthritis, psoriatic arthritis and severe muscular atrophy. The program draws patients from a large region for the care of critically ill patients for these conditions, as well as myopathies and debilitating conditions such as cardiac deconditioning, surgical deconditioning, pneumonia, sepsis, acute kidney failure, and muscular wasting and atrophy.

The proposed project will provide Comprehensive Physical Rehabilitation services which strive to achieve the highest possible level of functional independence for every patient. The psychosocial adjustment to a disability is as significant a process as is the physical and restorative services of rehabilitation nursing, physical therapy, occupational therapy, nursing and speech/language pathology. By treating each patient and his or her family members in a holistic and individualized program, optimum levels of independence are obtained. The ScionHealth philosophy is to provide a warm and supportive environment for the patient and family who, together with the staff, become partners in skill development. Focusing on abilities rather than disabilities is the hallmark of the rehabilitation program. By addressing the multiple effects of trauma to the patient and family, and by integrating the combined resources of the patient, the family, and the interdisciplinary rehabilitation team, Comprehensive Physical Rehabilitation can maximize the abilities and self-esteem of the patient and family and offers a healthy reintegration into the community.

The value of Comprehensive Physical Rehabilitation is clear: a) it reduces length of stay for inpatients whose acute care needs are met, but require physical rehabilitation in a specialized setting, and require a level of care above what is typically provided in a nursing home setting, b) it reduces costs since rehabilitation rates are less than LTAC and medical/surgical bed charges, and c) it enables quicker and more complete recovery than care provided in less specialized settings.

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

The proposed new Comprehensive Physical Rehabilitation service at Kindred Hospital Chicago North has been planned to primarily serve the inpatient LTAC patients cared for at the three ScionHealth Chicago LTAC facilities – Kindred Hospital Chicago North, Kindred Chicago Lakeshore, and Kindred Hospital Chicago Northlake – who need Comprehensive Physical Therapy services. As a result, patient origin data for the existing LTAC programs at these three hospitals are used to define the service area for the proposed rehabilitation service. A fourth facility, Kindred Hospital Chicago Central, was closed in 2021; its patient origin data is also incorporated into the analysis because physicians who have directed LTAC admissions to that hospital now direct most of those patients to the remaining three ScionHealth Chicago facilities.

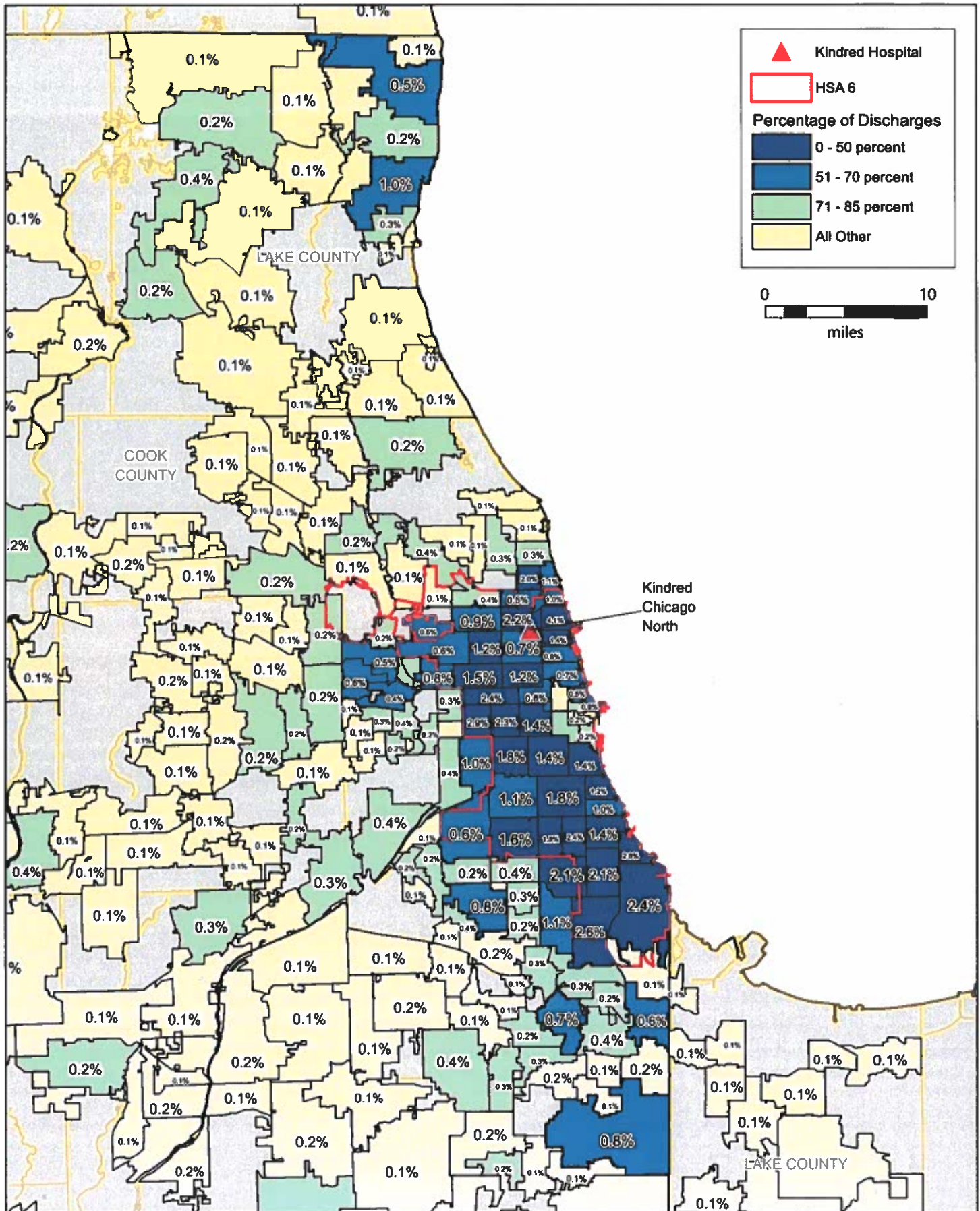
The table at the end of this Attachment lists the zip codes of residence of LTAC patients admitted to the four Kindred Chicago facilities in the 12 months ending September 30, 2021. 65.9% of patients reside in 58 Zip codes (in whole or in part) in the City of Chicago, HSA 6. The remaining 34.1% of patients are drawn from a very large area of northeastern Illinois. For purposes of this project, the planning area is defined as HSA 6, the Primary Service Area.

Table of Patient Origin: LTAC Patients at ScionHealth's Chicago's four facilities  
 By Zip Code of Patient Residence  
 Discharges for the 12 month period ending September 30, 2021

Patient Zip	Post Office	Population (2022)	Distance from Chicago North	LTAC Discharges					Percent of Total LTAC Discharges	Cumulative Percent of LTAC Discharges
				Chicago Central	Chicago Lakeshore	Chicago North	Chicago Northlake	Total		
60640 Chicago		66,494	1.8	7	39	29	2	77	4.1%	4.1%
60644 Chicago		46,855	6.4	10	0	19	26	55	2.9%	7.0%
60649 Chicago		46,099	15.1	2	28	20	3	53	2.8%	9.8%
60628 Chicago		67,186	18.8	3	7	35	4	49	2.6%	12.4%
60651 Chicago		61,439	4.7	13	3	12	18	46	2.4%	14.9%
60621 Chicago		33,333	13.2	4	11	28	3	46	2.4%	17.3%
60617 Chicago		79,250	17.9	1	23	15	6	45	2.4%	19.7%
60624 Chicago		37,093	5.8	11	7	15	11	44	2.3%	22.0%
60625 Chicago		75,898	0.9	3	8	29	1	41	2.2%	24.2%
60620 Chicago		69,800	15.3	0	15	21	4	40	2.1%	26.3%
60619 Chicago		60,182	15.6	2	9	26	2	39	2.1%	28.4%
60645 Chicago		44,906	3.2	6	18	12	1	37	2.0%	30.4%
60623 Chicago		97,438	7.9	11	8	10	4	33	1.8%	32.1%
60609 Chicago		64,728	10.5	3	11	15	4	33	1.8%	33.9%
60636 Chicago		37,194	12.9	4	10	17	2	33	1.8%	35.6%
60629 Chicago		113,188	12.7	3	4	21	3	31	1.6%	37.3%
60639 Chicago		89,211	4.2	9	2	11	7	29	1.5%	38.8%
60613 Chicago		51,098	1.9	0	14	13	0	27	1.4%	40.2%
60612 Chicago		35,016	5.6	4	3	17	3	27	1.4%	41.7%
60608 Chicago		75,222	7.8	4	7	16	0	27	1.4%	43.1%
60637 Chicago		49,335	13.2	0	11	13	3	27	1.4%	44.5%
60616 Chicago		51,864	8.7	4	7	12	3	26	1.4%	45.9%
60653 Chicago		32,556	10.7	1	11	11	0	23	1.2%	47.1%
60647 Chicago		88,686	2.9	3	1	16	2	22	1.2%	48.3%
60641 Chicago		68,734	3.0	2	2	11	7	22	1.2%	49.5%
60626 Chicago		51,635	3.5	0	12	7	1	20	1.1%	50.5%
60632 Chicago		90,743	10.6	4	5	8	3	20	1.1%	51.6%
60660 Chicago		43,166	2.6	1	11	5	1	18	1.0%	52.5%
60615 Chicago		42,384	12.0	1	11	5	1	18	1.0%	53.5%
60630 Chicago		52,362	3.5	0	6	9	2	17	0.9%	54.4%
60611 Chicago		33,083	5.8	1	8	3	3	15	0.8%	55.2%
60618 Chicago		90,307	1.2	0	3	11	0	14	0.7%	55.9%
60614 Chicago		66,417	3.4	0	7	5	1	13	0.7%	56.6%
60657 Chicago		67,866	2.5	1	8	3	0	12	0.6%	57.3%
60622 Chicago		53,529	4.1	0	1	9	1	11	0.6%	57.9%
60634 Chicago		72,330	5.3	2	3	2	4	11	0.6%	58.4%
60659 Chicago		37,435	2.1	0	3	6	1	10	0.5%	59.0%
City of Chicago Zip Codes having 10 or more Discharges				120	337	517	137	1,111	59.0%	59.0%
City of Chicago Zip Codes having 9 or fewer Discharges				7	36	52	36	131	7.0%	65.9%
City of Chicago Zip Codes				127	373	569	173	1,242	65.9%	65.9%
Zip Codes outside the City of Chicago				34	136	181	291	642	34.1%	100.0%
TOTAL				161	509	750	464	1,884	100.0%	100.0%



## ScionHealth Facilities in Chicago, Illinois Combined Service Areas



The accompanying map shows the location of Zip codes that are the source of LTAC patients, and a surrogate for the patient origin of rehabilitation patients. The large area from which patients are drawn is the result of the limited number of LTAC programs in Illinois. Patients requiring LTAC services necessarily travel greater distances because of the relatively few specialized facilities providing LTAC services. 148 Zip codes are the source of LTAC patients documented in the table. 58 of these Zip codes are in the City of Chicago; 90 additional Zip Codes are outside the City (Secondary Service Area and beyond).

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

There are several planning issues associated with the need for a Comprehensive Physical Rehabilitation service at Kindred Hospital Chicago North.

- LTAC patients have special needs for rehabilitation services. LTAC patients have longer lengths of stay than medical/surgical patients, in the range of 3 – 5 weeks, due to the complexity of their medical and surgical conditions. It is well known that being immobile as an inpatient results in a daily loss of 3% of muscle capability. Based on the national experience of ScionHealth, 16.6% of LTAC patients require specialized acute rehabilitation care that is not available in nursing home rehabilitation programs. Often inpatient rehabilitation units at acute care general community hospitals are reluctant to take on LTAC patients because of their special needs.

- Inpatient LTAC beds at Kindred Hospital Chicago North are not operating at full capacity. Kindred Hospital Chicago North has a bed complement of 133 LTAC beds. The Average Daily Census has been 65 patients for years 2015 to 2020. Peak census has been at or above 90 patients for four of the last six years. At an occupancy standard of 85%, the ADC of 65 requires 75 beds. This low level of utilization relative to a 133 bed facility is costly to operate and an opportunity for some bed closures and the introduction of another service. The State's Inventory also shows an excess of 171 LTAC beds in consolidated HSAs 6, 7, 8 and 9.

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

- Patient medical records: Kindred Hospital Chicago North, Kindred Chicago Lakeshore, and Kindred Hospital Chicago Northlake
- HFSRB Profiles
- COMPData, Illinois Hospital Association
- Rehabilitation Impairment Codes, U. S. Centers for Medicare and Medicaid Services
- Population Projections: Illinois, Chicago and Illinois Counties by Age and Sex, July 1, 2010 to July 1, 2025; Illinois Department of Public Health, Office of Health Informatics, Illinois Center for Health Statistics. (2014 edition)

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

The establishment of the 15 bed Comprehensive Physical Rehabilitation will especially enable LTAC patients at the three ScionHealth Chicago area facilities to receive care in a convenient and efficient

manner. It will allow for caregivers that have been involved in their LTAC care to be involved in the follow-on care in the rehabilitation unit. Some of the nurses, respiratory therapists and technicians will be cross trained to minister to patients in both LTAC and rehabilitation units. Patient service volumes can be efficiently managed due to the all private-room concept, achieving full utilization of the 15 bed unit. Some of the residents in HSA 6 who qualify for Comprehensive Physical Rehabilitation care and who are not LTAC patients can also have access to care in the new unit.

This program serves persons of varying cultural backgrounds and from all payer sources.

ScionHealth's program is centered on evidence-based assessments and clinical pathways to enable maximal recovery of function across the continuum of care environments. Based on each patient's ongoing needs the interdisciplinary team may include the rehabilitation physician, hospitalist, rehabilitation nurse, case manager, physical therapist, occupational therapist, speech language pathologist, dietician, wound care team, respiratory therapy, social services, and psychology services along with family/caregiver education. This approach improves informed decision making, social adjustment, and maintenance of rehabilitation gains. Current evidence-based clinical pathways guide clinicians through the development and implementation of individualized treatment and interdisciplinary team approaches. Because outcomes matter, the goal is to return each patient home and able to reintegrate into the community from this hospital. The results of this process are;

- Improved functional outcomes
- Increased patient satisfaction
- Reduced hospitalization/rehospitalization
- Improved return to community

The reduction of LTAC beds from 133 to 113 beds will allow for an improved utilization of currently underutilized beds at Kindred Hospital Chicago North. The Need Determination data for northeastern Illinois shows an excess of 171 LTAC beds in consolidated HSAs 6, 7, 8 and 9.

The co-location of Comprehensive Physical Rehabilitation and LTAC services will allow for the cross utilization of staff needed by both services. LTAC and rehabilitation patients require the services of physical therapists, occupational therapists, speech therapists, respiratory therapists, and other staff. Cross training and utilization of staff will result in care efficiencies that may enable reduction in the cost of care for both rehabilitation and LTAC patients.

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

Objectives of the project are as follows:

- a) Provide a minimum of 4,650 patient days of rehab care annually (above 85% occupancy of 15 beds).
- b) Reduce length of stay of some LTAC patients by between 6.0 and 9.0 days.
- c) Improved utilization of the LTAC service by 7 percentage points.
- d) Begin operations in the new rehabilitation unit by September 1, 2023.

## Alternatives

Kindred Hospital Chicago North proposes to establish a 15 bed Comprehensive Physical Rehabilitation unit on the third floor of the hospital at 2544 Montrose Avenue in currently underutilized space. The project will replace 20 existing LTAC beds, reducing the 133 authorized LTAC bed count at the hospital to 113. The project also modernizes space for physical therapy/gym on the hospital's first floor.

### Preferred Alternative (the Proposed Project)

The new 15 bed unit will be located in 8,920 sq ft of modernized space on the third floor of Kindred Hospital Chicago North. All beds will be in private patient rooms. This reduction adjusts LTAC capacity to reflect recent years' average occupancy levels. An additional 456 sq ft gym area will be renovated on the first floor. Total clinical space is 9,376 departmental gross sq ft. Additional non-clinical space of 831 dgsf brings the total project size to 10,207 dgsf. Total project capital cost is estimated at \$6,429,752. Alternative 5 was selected as the most efficient of the alternative projects for meeting the community needs. Kindred Hospital Chicago North will utilize the rehabilitation services division of LifePoint to create a superior Comprehensive Physical Rehabilitation program to meet the needs of ScionHealth's Chicago area facilities and the community in establishing a comprehensive continuum of care.

Before this project was selected as the preferred project, a number of other alternatives were considered. Each alternative is briefly discussed below:

### Alternative 1. Construct an addition above or adjacent to the existing building.

Constructing additional space was considered and rejected because of the unnecessary additional cost of at least \$7,000,000 above the cost of the proposed project. Total capacity of the expanded facility would be 179 beds (133 LTAC, 31 AMI and 15 rehabilitation beds). The alternative would require about 12,500 sq ft of new construction.

This alternative was rejected because of the additional cost compared to the selected project, and the disruption to existing inpatient clinical services due to the construction. Site constraints also prohibit constructing an addition that expands the building footprint. Available capacity in the existing LTAC service makes re-use of one of the LTAC units a superior project alternative.

### Alternative 2. Establish independent Comprehensive Physical Rehabilitation services at each of the three Kindred Chicago area facilities.

Having acute Comprehensive Physical Rehabilitation care at each of the three Kindred Chicago area facilities would be an ideal situation, to facilitate a convenient continuum of care for LTAC patients at each location. Patients coming off ventilators and recovering from their Long Term Acute Care would not have to transfer to other facilities, and would be able to continue their care with continuity of coverage by the involvement of selected staff who provided their care in the LTAC units.

However, Kindred Chicago Lakeside and Kindred Chicago Northlake do not have sufficient space available at their current facilities to accommodate even small physical rehabilitation units and associated support space. Moreover, the cost of constructing units at each of the facilities is prohibitive.



It is estimated that establishing three separate 7 – 10 bed units at each of the three facilities would cost between \$12,000,000 and \$17,000,000 in total. Additionally, 3 smaller units would create greater inefficiencies in operations in comparison to one 15 bed unit.

As a result, the option of building smaller units at each of the three facilities was rejected. Construction of one 15 bed unit to serve all three facilities is a more practical approach to coordinated care delivery.

#### Alternative 3. Construct a larger unit with 16 or more Comprehensive Physical Rehabilitation beds.

The State standard calls for a minimum size of 16 Comprehensive Physical Rehabilitation beds. Of the several LTAC units at Kindred Hospital Chicago North, the unit that is most feasible to convert is the 20 bed unit on the third floor. This unit has the lowest LTAC occupancy, although patients could be shifted from other units to make one of those units also available. This unit on the third floor has the best layout of existing rooms that can be converted to a maximum of 15 private rooms. Private rehabilitation patient rooms are needed in order to enable a maximum census and operational efficiencies, unrestricted by gender or clinical conditions that come into play in semi-private rooms. While it would be preferred to meet the State standard of a minimum of 16 beds, that is not feasible if all rooms are to be private. As a result of the unit's size and layout restrictions, and the model of practice to have all patients in single rooms, this option was rejected.

This option would cost several hundred thousand dollars more than the preferred option, the extra cost associated with equipment and furnishing costs.

#### Alternative 4 - Establish and operate the inpatient rehabilitation unit without a corporate partner.

This alternative poses the option of building the program internally without assistance by LifePoint or another facilitating corporate organization. This would save the management fee, although start-up and operating costs would still be incurred by Kindred Hospital Chicago North.

This alternative was rejected for several reasons. As a new healthcare system, ScionHealth is pursuing new strategies and several new initiatives, as well as integrating all of its hospitals and other facilities into a new health care delivery structure. Further, ScionHealth already has an ongoing relationship with LifePoint through the provision of LifePoint rehabilitation services in many of ScionHealth's rehabilitation units across the country. Having an outside company skilled in the establishment and delivery of inpatient rehabilitation care significantly expedites the establishment of the new program. Kindred Hospital Chicago North and ScionHealth leadership considered several different rehabilitation companies and providers and selected LifePoint. LifePoint has set up and/or operates over 125 inpatient rehabilitation services in the US, including 4 in Illinois. They have a proven track record for efficient operations and cost effective care delivery as articulated in the chosen alternative (Alternative 5) presented below.

The cost to Kindred Hospital Chicago North to establish the service internally without outside assistance could be less than the fee charged by LifePoint, but it is more probable that the startup costs and ongoing operational expense would be higher. LifePoint has systems and procedures in place specific for Comprehensive Physical Rehabilitation for both startup and ongoing operations, policy & procedure development, quality assurance programs, clinical protocols, program enhancements, temporary staffing agency costs, specialized Comprehensive Physical Rehabilitation IT technology, etc.

Whatever the cost difference is from the sole use of internal sources to use of a corporate partner in the development start-up and ongoing operations, it is all operating expenses. The capital costs for the project will not change.

**Alternative 5 – PROPOSED PROJECT Develop a Comprehensive Physical Rehabilitation unit at Kindred Hospital Chicago North by contracting with a professional firm to implement and manage the 15 bed Comprehensive Physical Rehabilitation service which ensures the development of a superior intensive physical medicine and rehabilitation program.**

This option is based upon the decision to renovate existing space within the hospital. The hospital carefully considered providing the manpower, training, education, support, operational plan and treatment modalities required for Comprehensive Physical Rehabilitation services. Kindred Hospital Chicago North's administration determined that it did not have all of the in-house expertise to effectively or efficiently develop the proposed services. By contracting with LifePoint for program planning, development and management, Kindred Hospital Chicago North gains their 40 years of experience in establishment and operation of over 125 inpatient rehabilitation programs across the United States. LifePoint brings programmatic systems, policy and procedures, implementation programming, treatment protocols, program evaluation system and an Aftercare regimen. In addition, the time commitment required to gain such internal expertise for a first-rate program would considerably delay implementing the program.

This was determined to be the preferred alternative for several reasons:

- Professional managers and clinicians bring to the proposed program proven successful and high quality rehabilitation services.
- Availability of scarce professionals (PTs, OTs, etc.) through the professional firm's full-time recruiting department.
- Expertise is acquired in a timely fashion. The implementation schedule is drastically reduced for effective and efficient operational and clinical management.
- The program will be located in one unit yielding additional operational, clinical and cost efficiencies for delivery care.
- Providing the best possible services to area residents will help Kindred Hospital Chicago North fulfill its corporate mission to the community.
- Implementation of a dedicated Comprehensive Physical Rehabilitation unit will help fill an unmet area need and increase the accessibility of treatment services within the service area and throughout HSA 6.

This alternative is the most effective solution, as it allows Kindred Hospital Chicago North to make high quality health care available, affordable and accessible to the patients in need of this service. The selected alternative minimizes the unnecessary duplication of services and allows a continuum of rehabilitation services to become available to the community. This project provides a more competitive health care delivery system through a more efficient distribution of rehabilitation services within HSA 6.

Kindred Hospital Chicago North, as a part of the investigation of the potential to establish Comprehensive Physical Rehabilitation services, contacted LifePoint, located in Nashville, Tennessee, as a known expert in the field of rehabilitation.

LifePoint has extensive experience in the development and management of Comprehensive Physical Rehabilitation services. LifePoint has an experienced staff of professionals which bring expertise and measurable quality outcomes. See below which ensures that the proposed unit will meet all applicable State of Illinois licensing regulations, The Joint Commission (TJC) and Commission on Accreditation of Rehabilitation Facilities (CARF) accreditation standards, expertise in the development and management for the ongoing operation and marketing of the program, vast knowledge of the reimbursement and regulatory conditions that are an integral part of the rehabilitation industry as well as a full time recruitment division to assist in the staffing of the unit with licensed professionals who will deliver care to the patients to be served by this project.

# # # # #

LifePoint Rehabilitation Hospitals across the U.S. regularly track and report on key clinical quality drivers, including specific target clinical outcomes. Kindred subscribes to UDSMR®, a not-for-profit organization affiliated with the University at Buffalo, The State University of New York. UDSMR® provides the most comprehensive rehabilitation data to the industry. UDSMR® maintains the world's largest database for medical rehabilitation outcomes. A comparison of key quality performance indicators between all of LifePoint Rehabilitation Hospitals, to the UDSMR® portfolio of rehabilitation providers across the U.S. ("UDS Nation") as well as the UDSMR® Program Evaluation Model, ("PEM"), rankings are presented below.



**Kindred's Mercy St. Louis JV IRF has received its state quality award in pursuit of the Malcolm Baldrige National Quality Award. Other Kindred IRFs have also begun their pursuit of this prestigious award**

Clinical Indicators (FY'20)	Kindred IRFs	UDS Nation	Variance	% Variance
<b>Case Mix Index</b>	<b>1.52</b>	<b>1.43</b>	<b>0.08</b>	<b>5.8%</b>
<b>Discharge to Community</b>	<b>79.8%</b>	<b>76.9%</b>	<b>2.9%</b>	<b>3.8%</b>
<b>Discharge to Acute</b>	<b>10.5%</b>	<b>12.1%</b>	<b>1.6%</b>	<b>13.2%</b>
<b>Functional Efficiency</b>	<b>82.4%</b>	<b>68.0%</b>	<b>14.4%</b>	<b>21.1%</b>

***Kindred's portfolio of Joint Venture IRFs outperforms the competition in each major clinical indicator***

## Uniform Data System (UDS) 2019 Program Evaluation Model ("PEM") Results



***Kindred's Joint Venture IRF partnerships have been recognized among the highest quality, most patient-centered rehabilitation hospitals in the Country***

### Size of the Project

The third floor modernization of the Kindred Hospital Chicago North converts 8,920 sq ft of clinical space currently used as Long Term Acute Care inpatient beds to a fifteen bed Comprehensive Physical Rehabilitation unit with supporting space. The new unit will replace 20 LTAC beds. The project also includes 456 sq ft of space for physical therapy / gym on the first floor.

The project totals 10,207 departmental gross sq ft. In addition to the 9,376 sq ft of clinical space (rehabilitation beds and physical therapy), 831 sq ft is non-clinical. Non-clinical space includes: lobby and public circulation, administration, storage, mechanical and building systems, and staff lockers and lounge.

148,775 existing sq ft of space will remain As Is, and is not part of the project.

The size of the project is consistent with State standards.

<u>Department/service (Clinical)</u>	<u>Proposed dgsf</u>	<u>State standard</u>	<u>Difference</u>	<u>Met Standard?</u>
Comprehensive Physical Rehabilitation	8,920	525-660 dgsf/bed 15 x 660 = 9,900	+ 980	Yes
Physical therapy	456	NA	NA	NA
Total Clinical Space	<u>9,376</u>	--	--	--

### Project Services Utilization

ScionHealth projects that the proposed 15 Comprehensive Physical Rehabilitation beds will serve 326 patients in 2025, the second full year of operation. Based on an average length of stay of 14.3 days, these patients will generate a projected 4,662 patient days. This volume will meet the State's standard of 85% utilization.

Documentation and analysis supporting this projection is presented in section 1110.205 of this permit application. The case for the full utilization of the 15 bed rehabilitation unit at Kindred Hospital Chicago North is based on the following information, which is excerpted from the analysis:

**1. Patients in ScionHealth's Chicago LTAC and Sub-Acute facilities will be the base for referral to the new unit at Kindred Hospital Chicago North.**

The goal of the project is to replicate ScionHealth's best practice experience to benefit patients in the three ScionHealth Chicago facilities – Kindred Hospital Chicago North, Kindred Hospital Northlake and Kindred Lakeshore – who require acute rehabilitation care. In addition, the patient volume from Kindred Hospital Chicago Central, which was closed in 2021, is factored into the analysis.

	Historic					Projected			
	2017 CY	2018 CY	2019 CY	2020 CY	Average 2017-20	2022 CY	2023 CY	2024 CY	2025 CY
<b>LTAC patient admissions</b>									
Chicago North (CN)	741	651	495	738	656				
Chicago Northlake	618	466	384	449	479				
Chicago Central *	443	413	318	321	374				
<b>Sub-Acute Care volumes</b>									
Kindred Lakeshore	630	507	498	523	540				
<b>Total LTAC and Sub-Acute admissions</b>	<b>2,432</b>	<b>2,037</b>	<b>1,695</b>	<b>2,031</b>	<b>2,049</b>	<b>1,956</b>	<b>1,956</b>	<b>1,956</b>	<b>1,956</b>

<b>16.6% are admitted to CN rehab unit</b>						<b>63</b>	<b>269</b>	<b>326</b>
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\*Source: Annual Hospital Questionnaires, as reported in HFSRB Profiles

Collectively, the four ScionHealth facilities averaged 2,049 annual LTAC or Sub-Acute care admissions for the four years 2017 through 2020. The projection years anticipate that there will be an estimated 75% retention of Chicago Central's LTAC historic volume, with patients to receive care at the other Chicago area ScionHealth facilities – Chicago North, Chicago Northlake and Lakeshore. In other words, the closure of Chicago Central results in a 25% leakage of patients. Chicago Central averaged 374 admissions annually. At 75% retention, 281 will remain in the system. The loss of its 25% results in the future year projections at a constant 1,956 for the remaining ScionHealth facilities, compared to the historic average of 2,049.

(The table does not show the projections for the individual facilities. The focus of the table is to derive a rehabilitation volume, based on the LTAC and Sub-Acute *total volume*, not the component volumes at the individual facilities. It can be assumed that because future projections are a constant 1,956 patients, that the individual facilities maintain a constant volume based on their average of the past four years, adjusted for the redistribution of the patients from Chicago Central. Allocating specific volumes among the remaining three facilities would imply precision not now justified.)

Many LTAC and Sub-Acute care patients have a significant need for rehabilitation when they are ready to be discharged from the inpatient LTAC or Sub-Acute service. Based on ScionHealth's national experience with facilities that provide both LTAC and Comprehensive Physical Rehabilitation, 16.6% of LTAC and Sub-Acute patients receive rehabilitation care, with an average rehab length of stay of 14.3 days. 16.6% of the 1,956 LTAC and Sub-Acute patients yields 326 annual rehabilitation patients. With an ALOS of 14.3 days, the 326 patients generate 4,662 rehabilitation patient days, for an occupancy of 85.2% for the 15-bed unit in its second full year of operation, 2025. Since the unit is expected to open by September 1, 2023, the four month volume for the partial year 2023 is anticipated to be approximately 63 patients.

2. ScionHealth anticipates that certain types of LTAC patients may be better served in the acute rehabilitation unit for part of their time at a ScionHealth facility, due to changing CMS regulations and requirements. Patients at the three ScionHealth facilities who are not ventilator dependent but have physical limitations may be better served in a rehabilitation unit. By locating the inpatient rehabilitation unit within the LTAC hospital, patients and physicians will have greater access to not only inpatient comprehensive physical rehabilitation services but continue to have all of the specialized clinical care for very complex medical conditions that Kindred Hospital Chicago North provides today. This is especially true for those patients with strokes, brain injuries, other neurological conditions, major multiple trauma and respiratory diagnoses, and also have other co-morbid complex medical conditions which will result in allowing for all of their care needs to be met in one location.

The proposed new 15 bed unit at Kindred Hospital Chicago North is expected to meet the State's utilization standard for Comprehensive Physical Rehabilitation. The unit is expected to open by September 1, 2023; as a result, 4 months of use is anticipated in 2023.

Year	Projected Utilization	State Standard	Met Standard?
2023 (CY)	4 months: 63 admissions, 900 days; 65.7%	85%	No
2024 (CY)	3,840 patient days; 70.0%	85%	No
2025 (CY)	4,662 patient days; 85.2%	85%	Yes

## Criterion 1110.205 – Comprehensive Physical Rehabilitation

Service	# Existing Rooms	# Proposed Rooms
Comprehensive Physical Rehabilitation	0	15

## 1110.205(b)(1) Planning Area Need – formula calculation

The Inventory of Health Care Facilities and Services and Need Determinations shows a need for 406 inpatient rehabilitation beds in HSA 6 (the City of Chicago), and a current surplus of 179 rehabilitation beds. There are 566 authorized rehabilitation beds at 10 hospitals in HSA 6, an HSA with a resident population of approximately 2,563,000 in year 2020 (IDPH Population Statistics). Over 70% of the beds are concentrated at three large providers of Comprehensive Physical Rehabilitation: Shirley Ryan AbilityLab, Schwab Rehabilitation Hospital, and Rush University Medical Center.

In part, the surplus of rehabilitation beds reflects that some of the capacity in Chicago's larger rehabilitation hospitals serves a much larger geographic area than the City, extending to the Midwest and beyond, including drawing patients from other countries. The proposed project at Kindred Hospital Chicago North is not planned to serve the broader acute rehabilitation market area, but to focus primarily on the specific rehabilitation needs of patients already in ScionHealth LTAC facilities.

## 1110.205(b)(2) Planning Area Need - Service to Planning Area Residents

The table on the next page shows the Zip codes of patient residence for 1,884 patients served by the three Chicago ScionHealth facilities – Kindred Chicago North, Kindred Hospital Northlake, and Kindred Lakeshore. 65.9% of patients reside in HSA 6; 34.1% reside outside HSA 6. (Existing patient origin data.) Because the proposed 15 bed rehabilitation unit at Kindred Hospital Chicago North will serve primarily LTAC and Sub-Acute patients at the three Kindred facilities, HSA 6 is defined as the Planning Area for the establishment of the Comprehensive Physical Rehabilitation service at Kindred Hospital Chicago North.

As a result, the Planning Area is the source of more than 50% of the patients to be seen at the proposed new rehabilitation unit.

## 1110.205(b)(3) Service Demand – Establishment of Comprehensive Physical Rehabilitation

The primary purpose of this project is to facilitate convenient access for residents of the Planning Area who are patients at ScionHealth's LTAC and Sub-Acute care facilities and who require acute Comprehensive Physical Rehabilitation care. The following analysis projects an annual volume of 326 rehabilitation patients, with an average length of stay of 14.3 days. The resulting 4,662 patient days is 85.2% occupancy of 15 acute rehabilitation beds.



Table of Patient Origin: LTAC Patients at ScionHealth's Chicago's four facilities  
 By Zip Code of Patient Residence  
 Discharges for the 12 month period ending September 30, 2021

Patient Zip	Post Office	Population (2022)	Distance from Chicago North	LTAC Discharges					Percent of Total LTAC Discharges	Cumulative Percent of LTAC Discharges
				Chicago Central	Chicago Lakeshore	Chicago North	Chicago Northlake	Total		
60640	Chicago	66,494	1.8	7	39	29	2	77	4.1%	4.1%
60644	Chicago	46,855	6.4	10	0	19	26	55	2.9%	7.0%
60649	Chicago	46,099	15.1	2	28	20	3	53	2.8%	9.8%
60628	Chicago	67,186	18.8	3	7	35	4	49	2.6%	12.4%
60651	Chicago	61,439	4.7	13	3	12	18	46	2.4%	14.9%
60621	Chicago	33,333	13.2	4	11	28	3	46	2.4%	17.3%
60617	Chicago	79,250	17.9	1	23	15	6	45	2.4%	19.7%
60624	Chicago	37,093	5.8	11	7	15	11	44	2.3%	22.0%
60625	Chicago	75,898	0.9	3	8	29	1	41	2.2%	24.2%
60620	Chicago	69,800	15.3	0	15	21	4	40	2.1%	26.3%
60619	Chicago	60,182	15.6	2	9	26	2	39	2.1%	28.4%
60645	Chicago	44,906	3.2	6	18	12	1	37	2.0%	30.4%
60623	Chicago	97,438	7.9	11	8	10	4	33	1.8%	32.1%
60609	Chicago	64,728	10.5	3	11	15	4	33	1.8%	33.9%
60636	Chicago	37,194	12.9	4	10	17	2	33	1.8%	35.6%
60629	Chicago	113,188	12.7	3	4	21	3	31	1.6%	37.3%
60639	Chicago	89,211	4.2	9	2	11	7	29	1.5%	38.8%
60613	Chicago	51,098	1.9	0	14	13	0	27	1.4%	40.2%
60612	Chicago	35,016	5.6	4	3	17	3	27	1.4%	41.7%
60608	Chicago	75,222	7.8	4	7	16	0	27	1.4%	43.1%
60637	Chicago	49,335	13.2	0	11	13	3	27	1.4%	44.5%
60616	Chicago	51,864	8.7	4	7	12	3	26	1.4%	45.9%
60653	Chicago	32,556	10.7	1	11	11	0	23	1.2%	47.1%
60647	Chicago	88,686	2.9	3	1	16	2	22	1.2%	48.3%
60641	Chicago	68,734	3.0	2	2	11	7	22	1.2%	49.5%
60626	Chicago	51,635	3.5	0	12	7	1	20	1.1%	50.5%
60632	Chicago	90,743	10.6	4	5	8	3	20	1.1%	51.6%
60660	Chicago	43,166	2.6	1	11	5	1	18	1.0%	52.5%
60615	Chicago	42,384	12.0	1	11	5	1	18	1.0%	53.5%
60630	Chicago	52,362	3.5	0	6	9	2	17	0.9%	54.4%
60611	Chicago	33,083	5.8	1	8	3	3	15	0.8%	55.2%
60618	Chicago	90,307	1.2	0	3	11	0	14	0.7%	55.9%
60614	Chicago	66,417	3.4	0	7	5	1	13	0.7%	56.6%
60657	Chicago	67,866	2.5	1	8	3	0	12	0.6%	57.3%
60622	Chicago	53,529	4.1	0	1	9	1	11	0.6%	57.9%
60634	Chicago	72,330	5.3	2	3	2	4	11	0.6%	58.4%
60659	Chicago	37,435	2.1	0	3	6	1	10	0.5%	59.0%
City of Chicago Zip Codes having 10 or more Discharges				120	337	517	137	1,111	59.0%	59.0%
City of Chicago Zip Codes having 9 or fewer Discharges				7	36	52	36	131	7.0%	65.9%
City of Chicago Zip Codes				127	373	569	173	1,242	65.9%	65.9%
Zip Codes outside the City of Chicago				34	136	181	291	642	34.1%	100.0%
TOTAL				161	509	750	464	1,884	100.0%	100.0%

The project justification is based on the national experience of ScionHealth's (formerly Kindred's) rehabilitation units that have been established at existing LTAC facilities. ScionHealth currently operates 8 rehabilitation units at LTAC hospitals:

Kindred Hospital Bay Area, St Petersburg  
 Kindred Hospital Houston Medical Center  
 Kindred Hospital North Florida, Green Cove Springs  
 Kindred Hospital South FL, Fort Lauderdale  
 Kindred Hospital Sugar Land, TX  
 Kindred Hospital Melbourne, FL  
 Kindred Hospital Denver  
 Kindred Hospital Philadelphia Havertown

For the ten month period from December, 2020 through September, 2021, there were 3,154 LTAC discharges at the 8 Kindred Hospitals. 525 of those discharges (16.6%) were admitted directly to the rehabilitation unit located at the LTAC hospital. The following table displays the average length of stay by month for rehabilitation patients at each of the hospital's acute rehabilitation units (ARUs). The composite average length of stay was 14.3 days.

Kindred LTAC Facilities with ARU

ARU Admissions from Kindred LTAC - ARU ALOS

	20-Dec	21-Jan	21-Feb	21-Mar	21-Apr	21-May	21-Jun	21-Jul	21-Aug	21-Sep
Kindred Hospital Bay Area St Petersburg	12.0	15.5	8.7	10.7	15.3	10.1	11.6	29.0	13.0	13.0
Kindred Hospital Houston Medical Ctr	17.7	18.8	16.6	16.8	13.6	13.4	16	15.8	12.6	13.3
Kindred Hospital North Florida	13.5	17.6	15.0	16.0	15.1	13.0	15.6	12.4	12.5	14.9
Kindred Hospital South FL Fort Lauderdale	14.7	16.9	20.2	13.8	12.8	13.9	14.9	13.5	16.5	11.2
Kindred Hospital Sugar Land	12.2	11.5	15.1	13.8	21.9	14.4	14.8	13.0	19.1	15.8
Kindred Hospital Melbourne										11.5
Kindred Hospital Denver										18.4
Kindred Hospital Philadelphia Havertown										24.3
Average Length of Stay	14.0	15.5	15.9	14.2	15.6	12.8	14.7	14.4	14.7	14.3

It is of interest to note that the average length of stay in the LTAC units for patients able to transfer to the ARU was 25.1 days. This compares favorably to a 36.4 day average length of stay for LTAC patients who were not transferred to an ARU. The difference of 11.3 days is a significant cost savings because the cost of care per day in a rehabilitation unit is significantly less than the cost of LTAC care.

The following table demonstrates the application of this experience to the proposed project. The goal of the project is to replicate ScionHealth's best practice experience to benefit patients in the three Kindred Chicago facilities – Kindred Hospital Chicago North, Kindred Hospital Northlake and Kindred Lakeshore – who require acute rehabilitation care. In addition, the patient volume from Kindred Hospital Chicago Central is factored into the analysis. Chicago Central closed in 2021; its patient base is being absorbed at the three remaining ScionHealth facilities. Due to the closure, there will be some "leakage" of patients to non-ScionHealth facilities, which is estimated at about

Collectively, these four facilities averaged 2,049 annual admissions for the past four years. Based on the experience that 16.6% of inpatients are referred for rehabilitation care (and factoring in the loss of 25% of Chicago Central patients) a net annual volume of 326 rehabilitation patients is anticipated.

**Forecasted Rehabilitation Patient Volume  
based on Historic Inpatient Utilization -  
Kindred Facilities**

	2017	2018	2019	2020	2017-20 average	Expected
<b>LTAC patient volumes</b>					# annual	referral to
					admissions	[16.6%]
<b>Chicago North (CN)</b>						
admissions	741	651	495	738	656	109
patient days	24,507	20,051	15,986	24,322		
<b>Chicago Northlake</b>						
admissions	618	466	384	449	479	80
patient days	18,761	12,966	10,531	12,195		
<b>Chicago Central *</b>						
admissions	443	413	318	321	374	47**
patient days	12,560	11,984	9,265	9,296		
<b>Sub-Acute Care volumes</b>						
<b>Kindred Lakeshore</b>						
admissions	630	507	498	523	540	90
patient days	16,368	13,196	12,805	12,761		
					Total	2,049
<b>Admissions to CN Rehab</b>						<b>326</b>

**Notes:**

\* Chicago Central closed in 2021

\*\* Following closure of Kindred Chicago Central, it is estimated that 75% of its patients will be referred to other Kindred LTAC facilities.

$374 \text{ patients} \times 0.75 \times 0.166 = 47 \text{ patients referred annually to proposed rehab unit at Chicago North.}$

**Conclusion:**

With an average length of stay of 14.3 days, 326 rehabilitation patients generate 4,662 patient days. This volume of patient days is 85.2% utilization of 15 acute rehabilitation beds.

The planning team assessed the market need for the Kindred Hospital Chicago North project using the system of Rehabilitation Impairment Codes (RIC) developed by the U.S. Centers for Medicare and Medicaid Services. LifePoint has used this methodology for assessing area need for acute rehabilitation in other geographic areas of Illinois for supporting Certificate of Need work, including Arlington Heights, Maryville/Edwardsville in southern Illinois, Peoria and ScionHealth's other current project in Sycamore. It has been a reliable resource for measuring area need, derived from the volume of cumulative acute care services provided in area hospitals. The application of the methodology in Chicago, however, does not enhance the case for the project at Kindred Hospital Chicago North. We believe this is because Chicago is the location of large facilities like the Shirley Ryan AbilityLab and Schwab Rehabilitation Hospital, which are regional resources that draw patients not just from the Chicago area but from the greater Midwest, other parts of the United States and foreign countries. It is not the intent of Kindred Hospital Chicago North to compete with these large broad based rehabilitation providers, but to serve primarily the rehabilitation needs of patients at their LTAC facilities and Sub-Acute care facility who require post-acute rehabilitation care. As a result, this permit application does not incorporate our traditional RIC analysis.

Over the past year, 118 patients in at the three Chicago area ScionHealth facilities have been referred to acute rehabilitation at other area providers. These referrals were made by 30 physicians. The majority of these providers refer only 1 – 3 patients per year. Rather than solicit letters from all physicians with relatively small numbers of patient referrals, the presidents of the medical staffs at the three facilities each submitted letters documenting referrals of patients by Zip code of residence, and the rehabilitation hospitals or units to which the patients were referred. These letters are included in Appendix A.

ScionHealth's patient records of discharge disposition show that referrals to area rehabilitation hospitals and rehabilitation units within hospitals were distributed as follows:

Shirley Ryan Ability Lab	47
Schwab Rehabilitation Hospital	27
Marianjoy Rehabilitation Center	8
Swedish Hospital	8
Loyola Health System – Gottlieb	6
Rush Univ Medical Center	4
Alexian Brothers Medical Center	3
Saint Mary of Nazareth	3
St. Joseph, Elgin	2
Louis A. Weiss Memorial Hospital	2
Christ Medical Center	1
Not recorded	<u>7</u>
TOTAL	118

The historic volumes referenced in the letters are not, by themselves, sufficient to justify full utilization of the proposed new unit at Kindred Hospital Chicago North. The letters are submitted to supplement the utilization forecast presented earlier in this section.

#### 1110.205(b)(5) Service Accessibility

LifePoint's national experience has demonstrated that approximately 8% of non-LTAC hospital patients (nationally) being discharged from their acute medical or

surgical stay are appropriate for inpatient physical rehabilitation. The Rehabilitation Impairment Code system developed by the U.S. Centers for Medicare and Medicaid Services has been used by LifePoint in other Certificate of Need permit applications. It has proven to be a reliable methodology for projecting area need for acute rehabilitation, demonstrating that 8 to 10 percent of acute hospital patients qualify for rehabilitation care upon discharge from their acute hospital care.

The analysis presented earlier in this section reported that at the 8 ScionHealth LTAC hospitals in the U.S. where rehabilitation units are in place, 16.6% of LTAC patients have been referred for rehabilitation care. This higher percentage reflects that fact that patients in LTAC units have significantly more complex medical and surgical conditions, with Case Mix Indices that exceed general community and teaching hospitals. Lengths of stay for LTAC patients range from 3 to 5 weeks, significantly longer than the average length of stay at most hospitals. Patients who are immobile or less mobile for this significant amount of time have a greater need for rehabilitation, more than the 8% of patients receiving care in an acute hospital.

There are a limited number of Long Term Acute facilities in Illinois – eight, counting the new hospital approved in December for Rush University Medical Center. LTACs provide a special service for extended acute care for those patients who need to be discharged from acute care hospitals. The proposed project recognizes the special rehabilitation requirements of these patients with lengthy stays at LTAC and Sub-Acute units. As presented earlier in this section, the historic volume of LTAC and Sub-Acute patients at the ScionHealth facilities in the Chicago area supports a calculated annual volume of 326 patients, based on 16.6% requiring Comprehensive Physical Rehabilitation care. At a length of stay of 14.3 days, these patients generate 4,662 patient days per year. The 15 bed facility at Kindred Hospital Chicago North will enable needed acute rehabilitation care to be provided conveniently for ScionHealth LTAC and Sub-Acute patients within the ScionHealth system.

#### 1110.205(c) Unnecessary Duplication/Maldistribution

The table on the next page shows a listing of the 80 Zip codes within the City of Chicago and suburban areas located in whole or in part within the 10 mile radius from the location of Kindred Hospital Chicago North. These zip codes have a resident population of 2,819,348 (U.S. Bureau of the Census.)

Included later this section is a listing of the 12 hospitals providing Comprehensive Physical Rehabilitation and their addresses within the 10 mile radius of Kindred Hospital Chicago North. These 12 hospitals have a total of 661 authorized rehabilitation beds.

**Zip Codes within 10 miles of Kindred Chicago North**

<b>Zip</b>	<b>Post Office (City)</b>	<b>County</b>	<b>Population (2022)</b>	<b>Distance from Chicago North</b>
60625	Chicago	Cook	75,898	0.9
60618	Chicago	Cook	90,307	1.2
60640	Chicago	Cook	66,494	1.8
60613	Chicago	Cook	51,098	1.9
60659	Chicago	Cook	37,435	2.1
60657	Chicago	Cook	67,866	2.5
60660	Chicago	Cook	43,166	2.6
60647	Chicago	Cook	88,686	2.9
60641	Chicago	Cook	68,734	3.0
60645	Chicago	Cook	44,906	3.2
60614	Chicago	Cook	66,417	3.4
60630	Chicago (Jefferson Park)	Cook	52,362	3.5
60626	Chicago	Cook	51,635	3.5
60712	Lincolnwood	Cook	12,708	3.7
60622	Chicago	Cook	53,529	4.1
60639	Chicago	Cook	89,211	4.2
60646	Chicago (Lincolnwood)	Cook	25,766	4.3
60642	Chicago	Cook	19,559	4.7
60651	Chicago	Cook	61,439	4.7
60202	Evanston	Cook	30,853	4.7
60610	Chicago	Cook	41,301	5.0
60634	Chicago	Cook	72,330	5.3
60076	Skokie	Cook	32,355	5.5
60654	Chicago	Cook	20,513	5.6
60612	Chicago	Cook	35,016	5.6
60624	Chicago	Cook	37,093	5.8
60611	Chicago	Cook	33,083	5.8
60077	Skokie	Cook	27,515	6.0
60661	Chicago	Cook	11,921	6.0
60606	Chicago	Cook	3,511	6.0
60203	Evanston	Cook	4,406	6.2
60607	Chicago	Cook	28,067	6.3
60706	Harwood Heights (Chicago)	Cook	22,621	6.4
60644	Chicago	Cook	46,855	6.4
60602	Chicago	Cook	1,623	6.4
60201	Evanston	Cook	40,739	6.4
60601	Chicago	Cook	13,482	6.4
60631	Chicago	Cook	28,067	6.4
60707	Elmwood Park (Chicago)	Cook	42,507	6.5
60603	Chicago	Cook	1,418	6.5
60208	Evanston	Cook	3,582	6.5
60656	Chicago (Harwood Heights)	Cook	28,232	6.7
60604	Chicago	Cook	875	6.7
60302	Oak Park	Cook	31,350	6.9
60605	Chicago	Cook	29,510	7.3

60301	Oak Park	Cook	2,429	7.4
60053	Morton Grove	Cook	22,829	7.5
60608	Chicago	Cook	75,222	7.8
60305	River Forest	Cook	10,699	7.8
60171	River Grove	Cook	10,466	7.8
60304	Oak Park	Cook	16,545	7.9
60623	Chicago	Cook	97,438	7.9
60091	Wilmette	Cook	26,349	8.1
60714	Niles	Cook	30,115	8.2
60029	Golf	Cook	265	8.4
60068	Park Ridge	Cook	36,854	8.4
60130	Forest Park	Cook	13,600	8.6
60804	Cicero (Chicago)	Cook	82,784	8.6
60616	Chicago	Cook	51,864	8.7
60043	Kenilworth	Cook	2,360	8.9
60176	Schiller Park	Cook	11,424	9.0
60131	Franklin Park (Schiller Park)	Cook	17,529	9.4
60160	Melrose Park	Cook	25,752	9.5
60402	Berwyn (Forest View)	Cook	60,945	9.6
60153	Maywood (Broadview)	Cook	23,194	9.6
60025	Glenview	Cook	39,257	10.0
60093	Winnetka (Northfield)	Cook	18,848	10.3
60141	Hines	Cook	283	10.3
60165	Stone Park (Melrose Park)	Cook	4,865	10.5
60666	Chicago	Cook	0	10.5
60609	Chicago	Cook	64,728	10.5
60632	Chicago	Cook	90,743	10.6
60653	Chicago	Cook	32,556	10.7
60546	Riverside (North Riverside)	Cook	15,207	10.8
60164	Melrose Park (Northlake)	Cook	21,883	10.8
60104	Bellwood	Cook	18,321	11.0
60018	Des Plaines (Rosemont)	Cook	29,855	11.1
60016	Des Plaines	Cook	59,775	11.5
60026	Glenview	Cook	14,284	11.7
60638	Chicago (Bedford Park)	Cook	54,039	12.6
TOTAL			2,819,348	

Maldistribution for a clinical service exists when a ratio of beds to population exceeds 1.5 times the Statewide average for that service.

- For the State of Illinois, the Statewide ratio is 0.127 rehabilitation beds per 1000 population.

1,663 rehabilitation beds / 13,129,233 persons = **0.127 beds per 1000 population**

- For HSA 6, the ratio is 0.221, which already exceeds the Statewide average.

566 rehabilitation beds / 2,562,913 residents = **0.221 beds per 1000 population**

- For the area defined by the 10-mile radius around Kindred Hospital Chicago North the ratio of rehabilitation beds per 1,000 population is 0.242.

661 current rehabilitation beds / 2,819,348 residents = **0.234 beds per 1000 population**

The project will increase this ratio to **0.240, or by 0.006**. Both the existing ratio and the ratio including the Kindred Hospital Chicago North project are above **0.191** (1.5 times the Statewide ratio of 0.127 beds/1000 persons). The proposed project increases the number of rehabilitation beds in the 10 mile radius area marginally, from 661 to 676. The proposed project is not responsible for either the existing volume of rehabilitation beds exceeding 1.5 times the Statewide average, or for the increased volume exceeding the threshold.

#### Impact on other area providers of Comprehensive Physical Rehabilitation care

The project has been scaled to 15 rehabilitation beds to meet the needs of patients at the three Kindred facilities in Chicago. The project will have minimal impact on any individual provider and on the provision of rehabilitation services in the broader area.

There are twelve hospitals that provide Comprehensive Physical Rehabilitation care located within the ten miles radius from the proposed project. These hospitals are listed in the next table in this section. Occupancy levels for rehabilitation services at those providers range from 25.0% at Pipeline Louis Weiss Memorial Hospital to 80.3% at the Shirley Ryan AbilityLab. None of the 12 hospitals meet the State's utilization standard of 85% for inpatient rehabilitation. As a result, the proposed project will not lower the utilization of other area providers below the State occupancy standard of 85%.

The service proposed at Kindred Hospital Chicago North is forecast to have a total of 326 patient admissions annually. To the extent that most of these patients would have received rehabilitation care at these other facilities, there will be some reduction in the utilization at those hospitals, but it will be minimal. In the past year, 118 patients at the ScionHealth facilities were referred to 11 different rehabilitation hospitals. The largest number of referrals, 47, went to the Shirley Ryan Ability Lab. The second largest number of referrals, 27, went to Schwab Rehabilitation Hospital. The impact on any of the hospitals, including the Shirley Ryan AbilityLab, will be minimal. Shirley Ryan AbilityLab had 3,452 admissions in year 2020; Schwab had 1,042 admissions in 2020. Referrals from the Scionhealth facilities



were less than 1.4% and 2.6%, respectively, a minimal amount of those hospitals' rehabilitation admissions.

**Hospitals with Rehabilitation services  
within ten miles of Kindred Hospital Chicago North**

Hospital Name	Address	Authorized Rehabilitation Beds
<i>Hospitals in HSA 6</i>		
Advocate Illinois Masonic Medical Center	836 W. Wellington, Chicago	22
Insight Hospital & Medical Center	2525 S. Michigan Ave, Chicago	24
Pipeline Louis A. Weiss Memorial Hospital	4646 N. Marine Drive, Chicago	26
Amita Resurrection Medical Center	7435 W. Talcott, Chicago	65
Amita St. Mary of Nazareth Hospital	2233 W. Division St., Chicago	15
Rush University Medical Center	1653 W. Congress Parkway, Chicago	59
Schwab Rehabilitation Center	1401 S. California, Chicago	92
Shirley Ryan AbilityLab	335 E. Erie St., Chicago	262
Shriners Hospital for Children	2211 N. Oak Park Avenue, Chicago	6
Swedish Hospital	5145 N. California, Chicago	25
<i>Hospitals in HSA 7</i>		
Loyola Health System at Gottlieb	701 W. North Avenue, Melrose Park	20
Advocate Lutheran General Hospital	1775 W. Dempster St., Park Ridge	45
		Total 661

#### 1110.205(e) Staffing

As the rehabilitation unit at Kindred Hospital Chicago North represents a new category of service for the Hospital, there is no present staffing.

Kindred Hospital Chicago North will meet all licensing requirements set forth by the State of Illinois as well as all staffing standards established by the Joint Commission and Commission on Accreditation of Rehabilitation Facilities (CARF).

While during this nationwide pandemic, staffing has become more challenging, Kindred Hospital Chicago North does not anticipate staffing challenges for this rehabilitation unit. Through ScionHealth's continued relationship with LifePoint's rehabilitation services division, ScionHealth's first priority will be to provide the opportunity for the current staff of Kindred Hospital Chicago North to cross train or accept comparable positions with Kindred Hospital Chicago North's new Comprehensive Physical Rehabilitation unit. In addition, as nationwide corporations, ScionHealth and LifePoint both have a service network which include large pools of qualified professionals upon which to draw. ScionHealth and LifePoint have established teams of

recruitment specialists, experienced in the recruitment of rehabilitation professionals, a computer database of qualified candidates, a strategic plan for targeting appropriate academic institutions as well as a defined set of policies and procedures for all recruitment activities. Together, ScionHealth and LifePoint have multiple resources available to assist with the identification and recruitment of appropriate and qualified personnel:

- ScionHealth will be responsible for recruiting the Nursing Manager, nursing and secretarial staff. The techniques utilized by the Hospital in recruiting staff include newspaper and professional journal advertisements, participation in career/job fairs, notification of professional associations and employee referrals.

- LifePoint will recruit the remaining rehabilitation unit staff: Program Director, Registered Physical Therapists, Registered Occupational Therapists, Speech/Language Pathologists, and Social Workers.

- Experienced recruitment teams within both ScionHealth and LifePoint will recruit qualified manpower; strong success in recruiting for critical to fill positions with recruiters that offer support on a national level as well as local level.

- Career listings on ScionHealth and LifePoint websites and job postings on multiple search engines and listing sites;
- The recruitment program includes recruiting fairs, campus visits, open houses at Kindred Hospital Chicago North, and promotion of open positions on various recruiting and Social media outlets;
- Positions for the Kindred Hospital Chicago North will be posted on [www.indeed.com](http://www.indeed.com) as well as on various online websites that cater to certain individual job types;
- Educational programs with local colleges and universities

Additionally, ScionHealth and LifePoint are actively involved in the training of future health care personnel and partners with many educational institutions to serve as a training site for students from various disciplines who wish to prepare themselves for a future in a healthcare related field. These training programs provide a large pool of new health care professionals to the community and serve as an ongoing source for recruiting new personnel to Kindred Hospital Chicago North.

ScionHealth and LifePoint have clinical education agreements throughout the United States including Illinois with several universities and schools to provide clinical rotations for physical therapy, occupational therapy, speech therapy, and nursing students. These include but not limited to:

Kaskaskia College  
 Lewis & Clark Community College  
 Southern Illinois Collegiate Common Market  
 Southern Illinois University  
 Southern Illinois University – Edwardsville  
 Southwestern Illinois College  
 University of Illinois, Urbana-Champaign  
 Western Illinois University

These educational opportunities will also serve as a strong source of therapist referrals to Kindred Hospital Chicago North.

**1110.205(f) Performance Requirements – Bed Capacity Minimums**

The proposed rehabilitation unit is sized at 15 beds, to meet the required rehabilitation needs of patients at ScionHealth's Chicago facilities. The minimum unit size for rehabilitation units is 16 beds. The floor lay-out and space restrictions on the third floor limit the options to add more beds in this location. It could be possible to have one or more rooms be double occupancy, but that is not the model of care; patients now have strong preference for private single-bed rooms.

**1110.205(g) Assurances**

The attached letter attests to ScionHealth's understanding that the proposed unit will meet the occupancy standard of 85% for Comprehensive Physical Rehabilitation units by the second year of operation.



680 South Fourth Street  
Louisville, Kentucky 40202  
www.scionhealth.com

January 17, 2022

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

Re: Assurance, 1110.205(g)

Dear Ms. Avery:

Consistent with the requirement in 1110.205(g), I hereby attest that it is my understanding that by the second year of operation after the establishment of the Comprehensive Physical Rehabilitation service at Kindred Hospital Chicago North the rehabilitation service will achieve and maintain the 85% occupancy standard set in 77 Ill. Adm. Code 1100.

If you have any questions, please contact me at Douglas.Curnutte@kindred.com or (502) 596-7329.

Sincerely,

Douglas L. Curnutte  
Chief Development Officer  
Knight Health Holdings, LLC d/b/a ScionHealth

Subscribed and sworn to me  
This 17<sup>th</sup> day of JANUARY, 2022

  
Notary Public



680 South Fourth Street  
Louisville, Kentucky 40202  
www.scionhealth.com

January 17, 2022

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

Re: Availability of Funds

Dear Ms. Avery:

The funds for this project will be provided by \$6,429,752 of existing combined current assets all four (4) of ScionHealth's Illinois facilities:

- Kindred Hospital Chicago North,
- Kindred Hospital Chicago Northlake,
- Kindred Chicago Lakeshore, and
- Kindred Hospital Sycamore

Kindred Chicago Northlake, LLC (d/b/a Kindred Hospital Chicago North) does not have a bond rating. In lieu of submitting a rating agency report in support of Section VI. 1120.120, I attest that financial resources are available and are sufficient to fund Kindred Chicago Northlake, LLC's total project costs.

As of October 31, 2021, ScionHealth's four Illinois facilities had Current Assets of \$44,245,610.35 and Current Liabilities of \$28,876,347.53. The difference between these balances reflects net working capital of \$15,369,262.82. This is sufficient to fund the \$6,429,752 to fund Kindred Chicago Northlake, LLC's total project costs.

If you have any questions, please contact me at Douglas.Curnutte@kindred.com or (502) 596-7329.

Sincerely,

Douglas L. Curnutte  
Chief Development Officer  
Knight Health Holdings, LLC d/b/a ScionHealth

Subscribed and sworn to me  
This 18<sup>th</sup> day of JANUARY, 2022

*Cindy S. Johnson*  
Notary Public



Attachment 33



680 South Fourth Street  
Louisville, Kentucky 40202  
www.scionhealth.com

January 17, 2022

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

Re: Financial Viability Waiver

Dear Ms. Avery:

Section 1120.130 outlines four ways to meet the State's requirement for waiving the need to provide financial viability ratios. This letter is submitted to document the use of internal resources to address the requirement.

Kindred Chicago Northlake, LLC (d/b/a Kindred Hospital Chicago North) does not have a bond rating that can be used to satisfy the financial viability requirement. I attest that Kindred Chicago Northlake, LLC's total project costs will be totally funded through the use of internal resources. The funds for this project will be provided by \$6,429,752 of existing combined current assets all four (4) of ScionHealth's Illinois facilities:

- Kindred Hospital Chicago North,
- Kindred Hospital Chicago Northlake,
- Kindred Chicago Lakeshore, and
- Kindred Hospital Sycamore

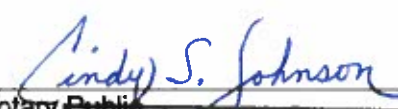
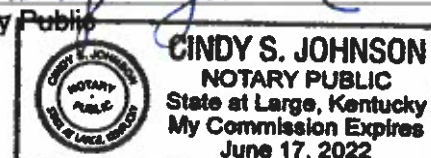
As of October 31, 2021, October 31, 2021, ScionHealth's Four (4) Illinois facilities had Current Assets of \$44,245,610.35 and Current Liabilities of \$28,876,347.53. The difference between these balances reflects net working capital of \$15,369,262.82. This is sufficient to fund the \$6,429,752 of total project cost required to be funded by Kindred Chicago Northlake, LLC.

If you have any questions, please contact me at Douglas.Curnutte@kindred.com or (502) 596-7329.

Sincerely,

  
Douglas L. Curnutte  
Chief Development Officer  
Knight Health Holdings, LLC d/b/a ScionHealth

Subscribed and sworn to me  
This 17<sup>th</sup> day of JANUARY, 2022.

  
Notary Public  


Attachment 34



680 South Fourth Street  
Louisville, Kentucky 40202  
www.scionhealth.com

January 17, 2022

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

Re: Reasonableness of Financing Arrangements

Dear Ms. Avery:

Kindred Chicago Northlake, LLC (d/b/a Kindred Hospital Chicago North) does not have a bond rating. In lieu of submitting a rating agency report in support of Section VIII. 1120.140(A), I attest that the funding of *the total estimated project costs and related costs* the project will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation. The funds for this project will be provided by \$6,429,752 of existing combined current assets of ScionHealth's Four (4) Illinois facilities:

- Kindred Hospital Chicago North,
- Kindred Hospital Chicago Northlake,
- Kindred Chicago Lakeshore, and
- Kindred Hospital Sycamore

As to the availability of funds from Kindred Chicago Northlake, LLC, as of October 31, 2021, ScionHealth's Four (4) Illinois facilities had Current Assets of \$44,245,610.35 and Current Liabilities of \$28,876,347.53. The difference between these balances reflects net working capital of \$15,369,262.82. This is sufficient to fund the \$6,429,752 of existing capital required to be funded for Kindred Chicago Northlake, LLC total project cost. There are no restrictions on or competing demands for this operating capital that would prevent the use of these funds for this project or the Kindred Hospital Sycamore project. If you have any questions, please contact me at Douglas.Curnutte@kindred.com or (502) 596-7329.

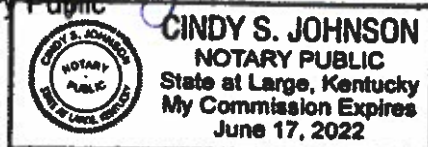
Sincerely,

Douglas L. Curnutte  
Chief Development Officer  
Knight Health Holdings, LLC d/b/a ScionHealth

Subscribed and sworn to me

This 17<sup>th</sup> day of JANUARY, 2022

Notary Public



Attachment 36

1120.140

## C. Reasonableness of Project and Related Costs

## COST AND SQUARE FOOT BY DEPARTMENT

Department	A	B	C	D	E	F	G	H	Total Cost	As Is
	Cost / Sq Ft		DGSF		DGSF		Const \$	Mod \$	(G + H)	Sq Ft
	New	Mod	New	Circ %	Mod	Circ %	(A x C)	(B x E)		
CLINICAL										
Comp Physical Rehab		\$451.50			8,920	22		\$4,027,413	\$4,027,413	
Physical Therapy		\$384.00			456	22		\$175,104	\$175,104	
LTAC		N/A			N/A			N/A	N/A	148,775
<i>Clinical subtotal</i>		\$448.22			9,376	22		\$4,202,517	\$4,202,517	
NON-CLINICAL										
Public toilets, family room		\$508.82			136	19		\$69,200	\$ 69,200	
Administration, conference		\$353.85			273	21		\$96,600	\$ 96,600	
Lockers and lounge		\$440.00			175	23		\$77,000	\$77,000	
Storage		\$406.90			203	23		\$82,600	\$82,600	
Mech, bldg syst, hskeep		\$1,154.55			44	17		\$50,800	\$50,800	
<i>Non-clinical Sub-total</i>		\$452.71			831	22		\$376,200	\$376,200	
TOTAL		\$448.59			10,207	22%		\$4,578,717	\$4,578,717	148,775

Note: Space remaining in LTAC use is not part of the project, and has no associated new construction or modernization costs.



### Project Costs and Sources of Funds

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

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs	\$18,000	\$4,000	\$22,000
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts	4,202,517	376,200	4,578,717
Contingencies	630,377	56,431	686,808
Architectural/Engineering Fees	247,250	27,473	274,723
Consulting and Other Fees	139,426	15,492	154,918
Movable or Other Equipment (not in construction contracts)	360,239	50,000	410,239
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment			
Other Costs to Be Capitalized	271,847	30,500	302,347
Acquisition of Building or Other Property (excluding land)			
<b>TOTAL USES OF FUNDS</b>	<b>\$5,869,656</b>	<b>\$560,096</b>	<b>\$6,429,752</b>
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	\$5,869,656	\$560,096	\$6,429,752
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
<b>TOTAL SOURCES OF FUNDS</b>	<b>\$5,869,656</b>	<b>\$560,096</b>	<b>\$6,429,752</b>

**NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

Project Costs and Sources of Funds  
Line Item Itemization

**Line 1. Preplanning costs - \$22,000**

This item includes project feasibility analysis – determination of project size and assessment of the adaptability of the current facility.

**Line 6. Modernization Contracts - \$4,578,717**

Third floor space that currently has 20 LTAC beds is being converted to 15 patient rooms, a nurse station, and administrative and conference room space, lockers and lounge for staff, storage and other supporting functions. Each of the 15 private rehabilitation rooms will be renovated to contain ADA compliant bathrooms. The existing gym/therapy space on the third floor is being renovated to accommodate rehabilitation patients. A satellite gym is also being constructed in non-clinical space on the first floor. The space totals 10,207 departmental gross sq ft. Modernization cost is \$4,578,717, of which \$4,202,517 is clinical. Costs include interior buildout, fixed equipment, all finishes, and contractor's overhead.

**Cost per Sq Ft Ratio**

Clinical Modernization costs = \$4,202,517

Sq ft of clinical space (Rehabilitation and therapy) = 9,376

Cost per sq ft: \$448.22

**Line 7. Contingencies - \$686,808**

Contingencies cover the allowance for unforeseen circumstances, which have been more prevalent in the past year due to labor and materials shortages and supply chain issues. Clinical contingency for modernization is 15% of clinical modernization costs, or \$630,377. Non-clinical contingency is \$56,431.

**Line 8. Architectural / Engineering Fees - \$274,723**

This work includes preliminary design, schematic design, design development, construction document services, bidding and negotiation, and construction administration. \$247,250 of this amount is attributed to clinical modernization work.

**Line 9. Consulting and other fees - \$154,918**

These include equipment consultant costs, Certificate of Need permit fees, CON consultant, City of Chicago fees, and other.

**Line 10. Movable or other equipment (not in construction contracts) - \$410,239**

Patient room	15 x \$4,617	\$69,258
Therapy gym		\$60,669
Nurse station		\$51,056
CPR		\$14,680
Storage, equipment		\$25,673
Kitchen, dining		\$3,233
Supply		\$8,715
Clean utility / soiled utility		\$5,542

(continue next page)

Nourishment	\$4,580
Wheelchairs	\$5,663
Balance of Equipment	\$86,166
Furniture	\$75,104

**Line 14: Other costs to be capitalized - \$302,247**

IT Equipment	\$248,872
Artwork	\$11,500
Signage	\$13,225
Other	\$28,750

**D. Project Operating Costs**

Estimated Project Start Up Operating Cost  
(first year) \$ 2,440,347 \_\_\_\_\_

Project Direct Operating Expenses – 2 years after  
project completion (Year 2025)

	Rehab Project
Total Operating Costs	\$4,070,248
Equivalent Patient Days	4,653
Direct Cost per Equivalent Patient Day	\$874.76

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

Projected Capital Costs – two years after project  
completion

	Project FY 2025	Total hospital FY 2025
Equivalent Patient Days (all GPSH)	--	33,844
Total Project Capital Cost	\$6,429,752	--
Useful Life	13.5	--
Total Annual Depreciation	\$476,278	\$1,335,300
Depreciation Cost per Equivalent Patient Day	\$102.36	\$39.45

## 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.

Health safety net services have been defined as services provided to patients who are low-income and otherwise vulnerable, including those uninsured and covered by Medicaid. (Agency for Healthcare Research and Quality, Public Health Services, U.S. Department of Health and Human Services, "The Safety Net Monitoring Initiative," AHRQ Pub. No 03-P011, August, 2003.)

The project is for the establishment of an inpatient Comprehensive Physical Rehabilitation service at Kindred Hospital Chicago North. Kindred Hospital Chicago North is a 164 bed hospital with 133 Long Term Acute Care (LTAC) beds and 31 Acute Mental Illness beds. Kindred facilities were recently acquired by ScionHealth.

There are only 8 LTAC facilities in Illinois, serving patients who mostly have been discharged from community and teaching hospitals with complex medical and surgical conditions, and who require extended lengths of stay ranging between 3 and 5 weeks. In a sense, the LTAC service can be considered a safety net service, providing a place for care for patients who are no longer fit or eligible to remain in an acute care hospital. Behavioral health services such as those provided at Kindred Hospital Chicago North, are also considered a safety net service. For many LTAC and behavioral health patients, reimbursement does not cover the full cost of care. Revenues for rehabilitation care will help cover the costs of care at the hospital and subsidize and strengthen safety net services.

The payor mix of the rehabilitation service will reflect the similar mix of hospital patients that require rehabilitation services:

Medicare:	57.0%
Medicaid:	14.0%
Commercial:	26.5%
Self Pay:	2.5%
TOTAL	100.0%

### 2. The project's impact on the ability of another provider or healthcare system to cross-subsidize safety net services, if reasonable known to the applicant.

There are 10 hospitals in the planning area of the project (HSA 6) that are rehabilitation hospitals or have Comprehensive Physical Rehabilitation units, with a total of 566 rehabilitation beds. The proposed project would establish a 15 bed rehabilitation unit at Kindred Hospital Chicago North to primarily serve the needs of LTAC and Sub-Acute care patients at ScionHealth's Kindred facilities in Chicago. Due to their medical complexities, these patients have typically stayed at ScionHealth facilities for care for between 3 to 5 weeks, most following an acute care stay at an area acute care hospital. Their needs for rehabilitation care are significant. Currently, these patients are receiving care at other rehabilitation

units, primarily in the City of Chicago. The benefit of a unit at Kindred Hospital Chicago North is to provide a continuity of care for patients who have been in the LTAC or Sub-Acute care units at ScionHealth hospitals, with ongoing care provided by ScionHealth physicians, nurses and technicians who know many of the patients from their LTAC care stays.

The introduction of the small 15 bed unit at Kindred Hospital Chicago North will have minimal impact on existing rehabilitation providers. Last year, 118 patients from the ScionHealth facilities were referred to 11 area providers for rehabilitation. The largest number of referrals from the ScionHealth facilities, 47, were sent to the Shirley Ryan AbilityLab, or 1.4% of the 3,452 inpatient rehabilitation admissions at Shirley Ryan AbilityLab in 2020. Nine of the 11 hospitals individually received less than ten patients from the Chicago area ScionHealth facilities. The new rehabilitation unit at Kindred Hospital Chicago North will have a negligible impact on the ability of area rehabilitation providers to deliver safety net services.

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

Not applicable. No discontinuation of service is part of this project.

4. Additional information on Safety Net Services.

A. For the three fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by the 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 the appropriate methodology specified by the Board.

B. For the three 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.

See the following table for the consolidated Kindred facilities (now ScionHealth) in Illinois.

## ScionHealth Facilities in Illinois

## CHARITY CARE

Charity (# of patients)		2018	2019	2020
	Inpatient	0	0	0
	Outpatient	0	0	0
Total		0	0	0
Charity (cost in dollars:				
	Inpatient	\$0	\$0	\$0
	Outpatient	\$0	\$0	\$0
Total		\$0	\$0	\$0
MEDICAID				
Medicaid (# of patients)		2018	2019	2020
	Inpatient	462	342	365
	Outpatient	0	0	0
Total		462	342	365
Medicaid (revenue				
	Inpatient	\$34,202,430.00	\$23,940,153.00	\$44,845,758.00
	Outpatient	\$0	\$0	\$0
Total		\$34,202,430.00	\$23,940,153.00	\$44,845,758.00

## ScionHealth Facilities in Illinois

Charity Care			
	2018	2019	2020
Net Patient Revenue	\$129,622,492	\$102,578,417	\$183,626,674
Amount of Charity Care (charges)	\$0	\$0	\$0
Cost of Charity Care	\$0	\$0	\$0



## ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

APPLICATION FOR PERMIT- 06/2021 - Edition

**SECTION XI -SPECIAL FLOOD HAZARD AREA AND 500-YEAR FLOODPLAIN DETERMINATION FORM**

In accordance with Executive Order 2006-5 (EO 5), the Health Facilities & Services Review Board (HFSRB) must determine if the site of the CRITICAL FACILITY, as defined in EO 5, is located in a mapped floodplain (Special Flood Hazard Area) or a 500-year floodplain. All state agencies are required to ensure that before a permit, grant or a development is planned or promoted, the proposed project meets the requirements of the Executive Order, including compliance with the National Flood Insurance Program (NFIP) and state floodplain regulation.

1. Applicant: KINDRED HOSPITAL CHICAGO NORTH 2544 W. MONTROSE AVENUE  
 (Name) (Address)  
CHICAGO IL 60618 773-279-2684  
 (City) (State) (ZIP Code) (Telephone Number)

2. Project Location: 2544 W. MONTROSE AVE. CHICAGO, IL 60618  
 (Address) (City) (State)  
COOK  
 (County) (Township) (Section)

3. You can create a small map of your site showing the FEMA floodplain mapping using the FEMA Map Service Center website (<https://msc.fema.gov/portal/home>) by entering the address for the property in the Search bar. If a map, like that shown on page 2 is shown, select the **Go To NFHL Viewer** tab above the map. You can print a

copy of the floodplain map by selecting the  icon in the top corner of the page. Select the pin tool icon  and place a pin on your site. Print a FIRMETTE size image.

If there is no digital floodplain map available select the **View/Print FIRM** icon above the aerial photo. You will then need to use the Zoom tools provided to locate the property on the map and use the **Make a FIRMette** tool to create a pdf of the floodplain map.

**IS THE PROJECT SITE LOCATED IN A SPECIAL FLOOD HAZARD AREA:** Yes \_\_\_ No ☒

**IS THE PROJECT SITE LOCATED IN THE 500-YEAR FLOOD PLAIN?**

If you are unable to determine if the site is in the mapped floodplain or 500-year floodplain, contact the county or the local community building or planning department for assistance.

If the determination is being made by a local official, please complete the following:

FIRM Panel Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Name of Official: \_\_\_\_\_ Title: \_\_\_\_\_

Business/Agency: \_\_\_\_\_ Address: \_\_\_\_\_

(City) (State) (ZIP Code) (Telephone Number)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** This finding only means that the property in question is or is not in a Special Flood Hazard Area or a 500-year floodplain as designated on the map noted above. It does not constitute a guarantee that the property will or will not be flooded or be subject to local drainage problems.

If you need additional help, contact the Illinois Statewide Floodplain Program at 217/782-4428

# National Flood Hazard Layer FIRMette

87°41'52"W 41°07'55"N



## Legend

SEE FIS REPORT FOR DETAILED LEGEND AND INDEX MAP FOR FIRM PANEL LAYOUT

**SPECIAL FLOOD HAZARD AREAS**

- Without Base Flood Elevation (BFE)  
Zone A, V, A99
- With BFE or Depth Zone AE, AO, AH, VE, AR
- Regulatory Floodway

0.2% Annual Chance Flood Hazard, Areas of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile Zone X

Future Conditions 1% Annual Chance Flood Hazard Zone X

Area with Reduced Flood Risk due to Levee, See Notes, Zone X

Area with Flood Risk due to Levee Zone D

### OTHER AREAS OF FLOOD HAZARD

NO SCREEN

Area of Minimal Flood Hazard Zone X

Effective LOMRs

Area of Undetermined Flood Hazard Zone C

### OTHER AREAS

Channel, Culvert, or Storm Sewer

Levee, Dike, or Floodwall

### GENERAL STRUCTURES

Cross Sections with 1% Annual Chance Water Surface Elevation

Coastal Transect

Base Flood Elevation Line (BFE)

Limit of Study

Jurisdiction Boundary

Coastal Transect Baseline

Profile Baseline

Hydrographic Feature

### OTHER FEATURES

Digital Data Available

No Digital Data Available

Unmapped

### MAP PANELS

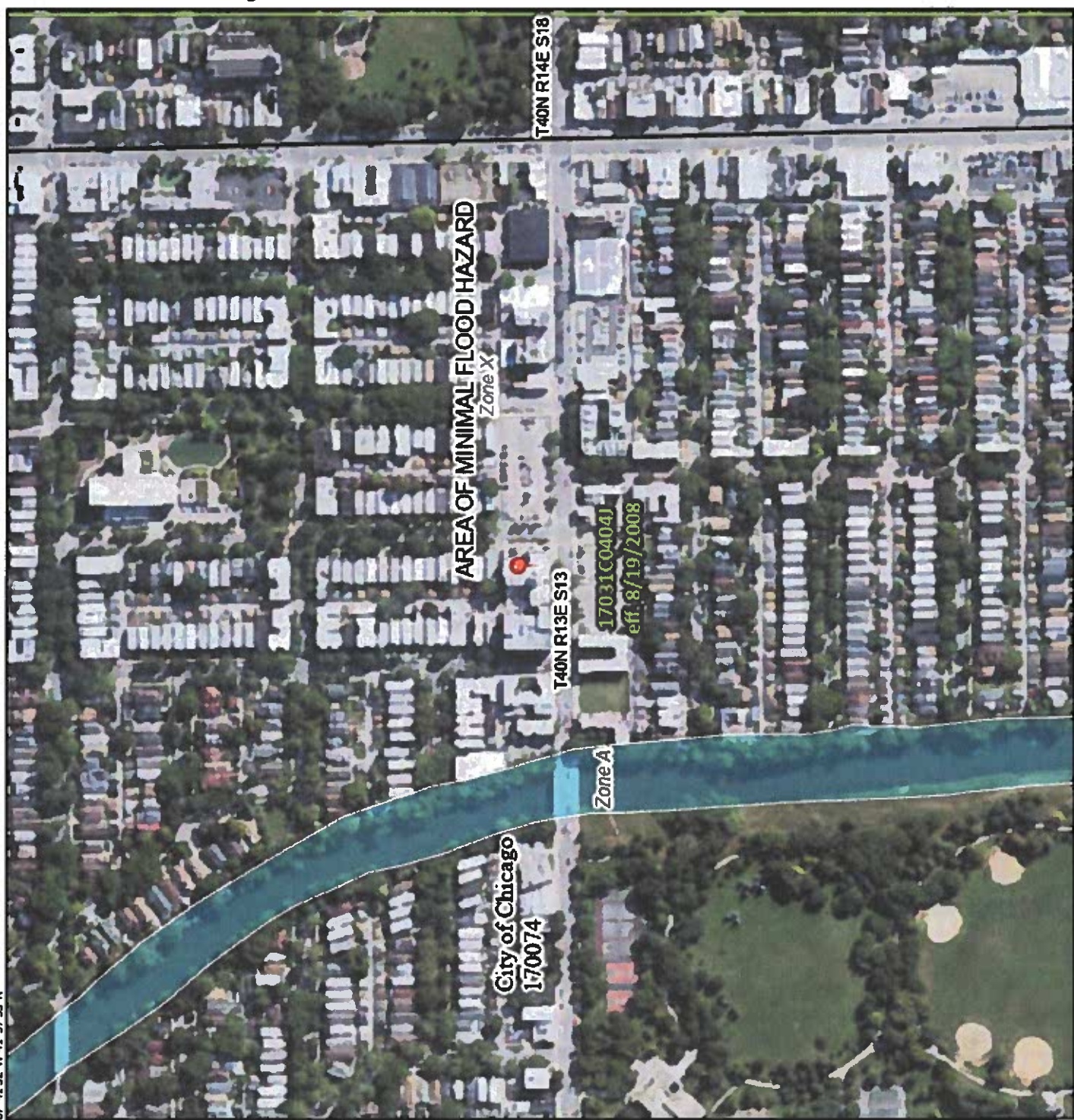


The pin displayed on the map is an approximate point selected by the user and does not represent an authoritative property location.

This map complies with FEMA's standards for the use of digital flood maps if it is not void as described below. The basemap shown complies with FEMA's basemap accuracy standards.

The flood hazard information is derived directly from the authoritative NFHL web services provided by FEMA. This map was exported on 10/29/2021 at 7:20 PM and does not reflect changes or amendments subsequent to this date and time. The NFHL and effective information may change or become superseded by new data over time.

This map image is void if the one or more of the following map elements do not appear: basemap imagery, flood zone labels, legend, scale bar, map creation date, community identifiers, FIRM panel number, and FIRM effective date. Map images for unmapped and unmodernized areas cannot be used for



87°41'15"W 41°07'28"N

1-6 000 Feet

**APPENDIX A**  
**PHYSICIAN REFERRAL LETTERS**

Attached are letters from the Presidents of the Medical Staffs at the three Chicago Kindred facilities:

David Hines, MD, Kindred Hospital Chicago North

David Hines, MD, Kindred Hospital Chicago Northlake

Vladimir Urbin, MD, Kindred Chicago Lakeshore



# Kindred Hospital

Chicago - North

January 18, 2022

**Dedicated** to Hope, Healing and Recovery

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

Dear Ms. Avery:

My name is David Hines, MD, the President of Medical Staff at Kindred Hospital Chicago - North. I support the proposal to establish the Inpatient Comprehensive Physical Rehabilitation service at Kindred Hospital Chicago - North. In review of utilization of North patients, I can attest that providers of inpatient services at Kindred Hospital Chicago - North referred 53 patients during the 12 month period ending September 30, 2021 to area providers of acute rehabilitation.

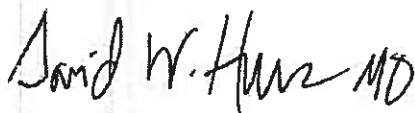
These 53 patients were referred by our providers for inpatient Comprehensive Physical Rehabilitation. The attached table lists the top physicians and a summary of their referrals of patients from Kindred Hospital Chicago - North to comprehensive physical rehabilitation facilities during 2021.

I also estimate that 53 or more patients will be referred to the rehabilitation service at Kindred Hospital-Chicago - North in 2024, the first full year the new facility will be opened.

These referral counts have not been used to support another permit application for any other hospital's comprehensive physical rehabilitation service.

Please contact me if you have any questions.

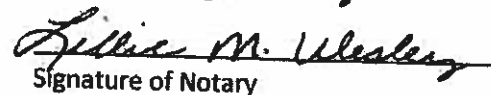
Sincerely,



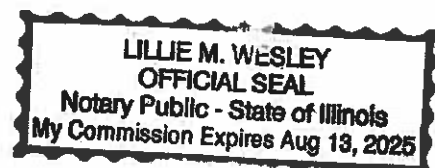
David Hines, MD  
President of Medical Staff

**Notarization:**

Subscribed and sworn to before me  
this 18 day of January 2022

  
Signature of Notary

Seal



2544 West Montrose Avenue • Chicago, Illinois 60618  
773.267.2622 • 773.267.2685 fax • 800.526.0857 TDD/TTY  
www.khchicagonorth.com

APPENDIX A

Table: Residence of Patients referred for inpatient rehabilitation, year 2021

Provider Name	Zip Code	# of patients referred for Inpatient rehabilitation Year 2021	Rehabilitation Provider
SHAHZAD, MUHAMMAD A	60608	1	SHIRLEY RYAN ABILITYLAB
MOHIUDDIN, MUHAM	60426	1	SCHWAB REHABILITATION CENTER
MOHIUDDIN, MUHAM	60452	1	SHIRLEY RYAN ABILITYLAB
MOHIUDDIN, MUHAM	60619	1	SCHWAB REHABILITATION CENTER
MOHIUDDIN, MUHAM	60629	1	SHIRLEY RYAN ABILITYLAB
MOHIUDDIN, MUHAM	60629	1	
MOHIUDDIN, MUHAM	60632	1	SHIRLEY RYAN ABILITYLAB
MOHIUDDIN, MUHAM	60636	1	SWEDISH HOSPITAL
MOHIUDDIN, MUHAM	61443	1	SCHWAB REHABILITATION CENTER
BAUTISTA, MARIA	60620	1	ALEXIAN BROTHERS MEDICAL CENTER
BAUTISTA, MARIA	60625	1	SAINT MARY OF NAZARETH HOSPITAL
SHAH-KHAN, FARHEEN	60472	1	
MIRZA, NUREAIN	60629	1	SCHWAB REHABILITATION CENTER
MIRZA, NUREAIN	62521	1	LOUIS A. WEISS MEMORIAL HOSPITAL
MAJZQUB, IBRAHIM	60625	1	SCHWAB REHABILITATION CENTER
MAJZQUB, IBRAHIM	60628	1	RUSH UNIVERSITY MEDICAL CENTER
MAJZQUB, IBRAHIM	60629	1	SHIRLEY RYAN ABILITYLAB
MAJZQUB, IBRAHIM	60901	1	SCHWAB REHABILITATION CENTER
KANDALA, RAJIV	60628	1	SCHWAB REHABILITATION CENTER
KANDALA, RAJIV	60629	1	SHIRLEY RYAN ABILITYLAB
KANDALA, RAJIV	60639	1	SCHWAB REHABILITATION CENTER
KANDALA, RAJIV	61701	1	SCHWAB REHABILITATION CENTER
GUPTA, VIVEK	60618	1	SHIRLEY RYAN ABILITYLAB
GUPTA, VIVEK	60621	1	SCHWAB REHABILITATION CENTER
AL-KOUBAYTARI, M	60015	1	SHIRLEY RYAN ABILITYLAB
AL-KOUBAYTARI, M	60035	1	SHIRLEY RYAN ABILITYLAB
AL-KOUBAYTARI, M	60409	1	SHIRLEY RYAN ABILITYLAB
AL-KOUBAYTARI, M	60608	1	SHIRLEY RYAN ABILITYLAB
AL-KOUBAYTARI, M	60612	1	SHIRLEY RYAN ABILITYLAB
AL-KOUBAYTARI, M	60621	1	SCHWAB REHABILITATION CENTER
AL-KOUBAYTARI, M	60621	1	SHIRLEY RYAN ABILITYLAB
AL-KOUBAYTARI, M	60622	1	MARIANJOY REHABILITATION CENTER
AL-KOUBAYTARI, M	60623	1	SHIRLEY RYAN ABILITYLAB

Table: Residence of Patients referred for inpatient rehabilitation, year 2021

AL-KOUBAYTARI, M	60628	1	SHIRLEY RYAN ABILITYLAB
AL-KOUBAYTARI, M	60636	1	SCHWAB REHABILITATION CENTER
AL-KOUBAYTARI, M	60637	1	SHIRLEY RYAN ABILITYLAB
AL-KOUBAYTARI, M	60639	1	SHIRLEY RYAN ABILITYLAB
AL-KOUBAYTARI, M	60644	1	SCHWAB REHABILITATION CENTER
AL-KOUBAYTARI, M	60653	1	SHIRLEY RYAN ABILITYLAB
AL-KOUBAYTARI, M	60707	1	RUSH UNIVERSITY MEDICAL CENTER
OKOLO, NGOZI OKE	60629	1	SHIRLEY RYAN ABILITYLAB
IDOWU, OLUMUYIWA	60620	1	SHIRLEY RYAN ABILITYLAB
IDOWU, OLUMUYIWA	60653	1	SAINT MARY OF NAZARETH HOSPITAL
BHATIA, AJAY	60612	1	LOUIS A. WEISS MEMORIAL HOSPITAL
BHATIA, AJAY	60625	1	SWEDISH HOSPITAL
BHATIA, AJAY	60628	1	SCHWAB REHABILITATION CENTER
BHATIA, AJAY	60629	1	SAINT MARY OF NAZARETH HOSPITAL
AZAD, HEMA	60612	1	SCHWAB REHABILITATION CENTER
AZAD, HEMA	60629	1	CHRIST HOSPITAL & MEDICAL CENTER
BUDDHARAJU, VENKATA	60619	1	SHIRLEY RYAN ABILITYLAB
BUDDHARAJU, VENKATA	61008	1	SWEDISH HOSPITAL
BUDDHARAJU, VENKATA	61821	1	SHIRLEY RYAN ABILITYLAB
OLSON, JEFFREY A.	60406	1	SCHWAB REHABILITATION CENTER
	TOTAL	53	

**Kindred Hospital**  
**Chicago**  
 Northlake

January 18, 2022

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

Dear Ms. Avery:

My name is David Hines, MD, the President of Medical Staff at Kindred Hospital Chicago - Northlake. I support the proposal to establish the inpatient Comprehensive Physical Rehabilitation service at Kindred Hospital Chicago - North. In review of past utilization by Northlake patients, I can attest that providers of inpatient services at Kindred Hospital Chicago - Northlake referred 28 patients during the 12 month period ending September 30, 2021 to area providers of acute rehabilitation.

These 28 patients were referred by our providers for inpatient Comprehensive Physical Rehabilitation. The attached table lists the top physicians and a summary of their referrals of patients from Kindred Hospital Chicago - Northlake to comprehensive physical rehabilitation facilities during 2021.

I also estimate that 28 or more patients will be referred to the rehabilitation service at Kindred Hospital Chicago - North in 2024 the first full year the new facility will be opened.

These referral counts have not been used to support another permit application for any other hospital's comprehensive physical rehabilitation service.

Please contact me if you have any questions.

Sincerely,



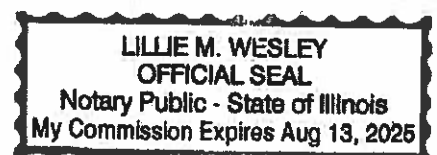
David Hines, MD  
 President of Medical Staff

Notarization:

Subscribed and sworn to before me  
 this 18 day of January 2022

  
 Signature of Notary

Seal



365 East North Avenue Northlake, Illinois 60164  
 708.345.8100 708.345.0470 Fax

APPENDIX A

Table: Residence of Patients referred for inpatient rehabilitation, year 2021

Provider Name	Zip Code	# of patients referred for inpatient rehabilitation Year 2021	Rehabilitation Provider
SHAHZAD, MUHAMMAD A	60440	1	
BAWAMIA, ALI H	60624	1	SCHWAB REHABILITATION CENTER
LEE, STEPHEN	60087	1	SWEDISH HOSPITAL
LEE, STEPHEN	60527	1	SHIRLEY RYAN ABILITYLAB
LEE, STEPHEN	60545	1	LOYOLA HEALTH SYSTEM AT GOTTLIEB
LEE, STEPHEN	60644	1	
COURET, LUIS A	53158	1	LOYOLA HEALTH SYSTEM AT GOTTLIEB
ROSENBERG, NEIL	60477	1	SCHWAB REHABILITATION CENTER
SWITZER, MARK L	60050	1	MARIANJOY REHABILITATION CENTER
SWITZER, MARK L	60085	1	MARIANJOY REHABILITATION CENTER
SWITZER, MARK L	60440	1	
SWITZER, MARK L	60462	1	MARIANJOY REHABILITATION CENTER
SWITZER, MARK L	60624	1	SCHWAB REHABILITATION CENTER
SWITZER, MARK L	60640	1	MARIANJOY REHABILITATION CENTER
SWITZER, MARK L	60901	1	
MAJZOUB, IBRAHIM	60073	1	LOYOLA HEALTH SYSTEM AT GOTTLIEB
GUPTA, VIVEK	60453	1	SCHWAB REHABILITATION CENTER
QURESHI, MOHAMME	60137	2	LOYOLA HEALTH SYSTEM AT GOTTLIEB
QURESHI, MOHAMME	60649	1	LOYOLA HEALTH SYSTEM AT GOTTLIEB
QURESHI, MOHAMME	60707	1	MARIANJOY REHABILITATION CENTER
NAJJAR, M MAHER	60506	1	SAINT JOSEPH HOSPITAL - ELGIN
EUPIERRE, PETER	60148	1	SCHWAB REHABILITATION CENTER
EUPIERRE, PETER	60914	1	



Table: Residence of Patients referred for inpatient rehabilitation, year 2021

AZAD, HEMA	60101	1	SCHWAB REHABILITATION CENTER
AZAD, HEMA	60302	1	ALEXIAN BROTHERS MEDICAL CENTER
LEEKHA, DEEPAK	60634	1	SHIRLEY RYAN ABILITYLAB
LEEKHA, DEEPAK	60651	1	SHIRLEY RYAN ABILITYLAB
	TOTAL	28	



January 17, 2022

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

Dear Ms Avery:

My name is Vladimir Urbin, MD, CWSP, PCWP, the President of Medical Staff at Kindred Chicago Lakeshore. I support the proposal to establish the inpatient Comprehensive Physical Rehabilitation service at Kindred Hospital Chicago - North. In review of past utilization by Lakeshore patients, I can attest that providers of inpatient services at Kindred Chicago Lakeshore referred 37 patients during the 12 month period ending September 30, 2021 to area providers of acute rehabilitation.

These 37 patients were referred by our providers for inpatient Comprehensive Physical Rehabilitation. The attached table lists the top physicians and a summary their referrals of patients from Kindred Chicago Lakeshore to comprehensive physical rehabilitation facilities during 2021 of patients from Kindred Chicago Lakeshore.

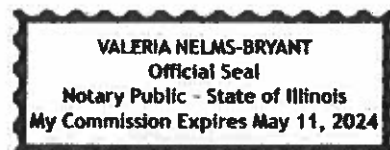
I also estimate that 37 or more patients will be referred to the rehabilitation service at Kindred Hospital Chicago - North in 2024, the first full year the new facility will be opened.

These referral counts have not been used to support another permit application for any other hospital's comprehensive physical rehabilitation service.

Please contact me if you have any questions.

Sincerely,

Vladimir Urbin, MD, CWSP, PCWP  
President of Medical Staff



Notarization:

Subscribed and sworn to before me  
this 17 day of January 2022

Signature of Notary

Table: Residence of Patients referred for inpatient rehabilitation, year 2021

Provider Name	Zip Code	# of patients referred for inpatient rehabilitation Year 2021	Rehabilitation Provider
SHAHZAD, MUHAMMAD A	60620	1	SHIRLEY RYAN ABILITYLAB
DR. MOHIUDDIN, MUHAM	60636	1	SCHWAB REHABILITATION CENTER
DR. SANDERS, WILLIAM	60610	1	SAINT JOSEPH HOSPITAL - ELGIN
DR. SANDERS, WILLIAM	60626	1	SHIRLEY RYAN ABILITYLAB
DR. SANDERS, WILLIAM	60805	1	SHIRLEY RYAN ABILITYLAB
DR. KHAN, ALAM A	60504	1	MARIANJOY REHABILITATION CENTER
DR. KHAN, ALAM A	60660	1	ALEXIAN BROTHERS MEDICAL CENTER
DR. GUPTA, VIVEK	60620	1	MARIANJOY REHABILITATION CENTER
DR. AL-KOUBAYTARI, M	60014	1	SHIRLEY RYAN ABILITYLAB
DR. AL-KOUBAYTARI, M	60069	1	SHIRLEY RYAN ABILITYLAB
DR. AL-KOUBAYTARI, M	60077	1	SHIRLEY RYAN ABILITYLAB
DR. AL-KOUBAYTARI, M	60085	1	SCHWAB REHABILITATION CENTER
DR. AL-KOUBAYTARI, M	60423	1	SHIRLEY RYAN ABILITYLAB
DR. AL-KOUBAYTARI, M	60445	1	SWEDISH HOSPITAL
DR. AL-KOUBAYTARI, M	60477	1	SHIRLEY RYAN ABILITYLAB
DR. AL-KOUBAYTARI, M	60518	1	SHIRLEY RYAN ABILITYLAB
DR. AL-KOUBAYTARI, M	60610	1	RUSH UNIVERSITY MEDICAL CENTER
DR. AL-KOUBAYTARI, M	60610	1	SHIRLEY RYAN ABILITYLAB
DR. AL-KOUBAYTARI, M	60613	1	SWEDISH HOSPITAL
DR. AL-KOUBAYTARI, M	60615	1	SCHWAB REHABILITATION CENTER

Table: Residence of Patients referred for inpatient rehabilitation, year 2021

DR. AL-KOUBAYTARI, M	60617	4	SHIRLEY RYAN ABILITYLAB
DR. AL-KOUBAYTARI, M	60618	1	SHIRLEY RYAN ABILITYLAB
DR. AL-KOUBAYTARI, M	60619	1	SCHWAB REHABILITATION CENTER
DR. AL-KOUBAYTARI, M	60620	1	SHIRLEY RYAN ABILITYLAB
DR. AL-KOUBAYTARI, M	60651	1	SHIRLEY RYAN ABILITYLAB
DR. AL-KOUBAYTARI, M	60652	1	RUSH UNIVERSITY MEDICAL CENTER
DR. AL-KOUBAYTARI, M	60652	1	SHIRLEY RYAN ABILITYLAB
DR. AL-KOUBAYTARI, M	61073	1	SHIRLEY RYAN ABILITYLAB
IDOWU, OLUMUYIWA	60660	1	SCHWAB REHABILITATION CENTER
BUDDHARAJU, VENKATA	60624	1	SHIRLEY RYAN ABILITYLAB
OLSON, JEFFREY A.	60657	1	SHIRLEY RYAN ABILITYLAB
BANGAYAN, MARIBE	60064	1	SHIRLEY RYAN ABILITYLAB
BANGAYAN, MARIBE	60426	1	SWEDISH HOSPITAL
BANGAYAN, MARIBE	62901	1	SWEDISH HOSPITAL
	TOTAL	37	