

**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 - Sycamore		
Street Address:	225 Edward Street		
City and Zip Code:	Sycamore, IL 60178		
County:	DeKalb	Health Service Area:	1 Health Planning Area: B-04

**Applicants** Provide for each applicant refer to Part 1130.220

Exact Legal Name:	Kindred Sycamore, 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:	Beverly Foster
CEO Street Address:	225 Edward Street
CEO City and Zip Code:	Sycamore, IL 60178
CEO Telephone Number:	815-895-2144

**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.

**APPENDIX A: ATTACHMENT 1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FOR PERMIT**

**Primary Contact** Person to receive ALL correspondence on 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.**

**Facility/Project Identification**

Facility Name:	Kindred Hospital Sycamore		
Street Address:	225 Edward Street		
City and Zip Code:	Sycamore, IL 60178		
County:	DeKalb	Health Service Area: 1	Health Planning Area: B-04

**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
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:	

**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:	<a href="mailto:rmweber90@gmail.com">rmweber90@gmail.com</a>
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:	matthew.keppler@kindred.com
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:	225 Edward Street Sycamore, IL 60178
Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease, or a lease.	
APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

**Operating Identity/Licensee**

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

Exact Legal Name:	Kindred Sycamore, 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>	
APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

**Organizational Relationships**

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

APPEND DOCUMENTATION AS 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 10 bed Comprehensive Physical Rehabilitation service at Kindred Hospital Sycamore. The new 10 beds and supporting clinical space will be located in 6,517 sq ft on the first floor of the hospital in space that is not now in use for clinical care. 885 sq ft of space for physical therapy/gym on the first floor will also be renovated. The modernization work totals 11,338 sq ft. This includes 3,936 sq ft of non-clinical space. The address of the project is 225 Edward Street, Sycamore, IL 60178.

Kindred Hospital Sycamore also has 69 authorized Long Term Acute Care beds, which are not affected by this project.

Co-applicants are Kindred Sycamore, LLC 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 \$6,686,286. 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>			
<b>NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>			

**Related Project Costs**

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

Land acquisition is related to project <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Purchase Price: \$ _____ Fair Market Value: \$ _____
The project involves the establishment of a new facility or a new category of service <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide the dollar amount of all <b>non-capitalized</b> operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.  Estimated start-up costs and operating deficit cost is <u>\$2,270,922</u>

**Project Status and Completion Schedules**

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

Indicate the stage of the project's architectural drawings:

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

Anticipated project completion date (refer to Part 1130.140): September 1, 2023

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

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

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

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

Are the following submittals up to date as applicable?

- ☐ Cancer Registry **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.

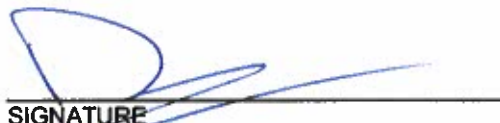
FACILITY NAME: Kindred Hospital Sycamore		CITY: Sycamore			
REPORTING PERIOD DATES: From: January 1, 2020 to: December 31, 2020					
Category of Service	Authorized Beds	Admissions	Patient Days	Bed Changes	Proposed Beds
Medical/Surgical	0	0	0	0	0
Obstetrics	0	0	0	0	0
Pediatrics	0	0	0	0	0
Intensive Care	0	0	0	0	0
Comprehensive Physical Rehabilitation	0	0	0	+10	10
Acute/Chronic Mental Illness	0	0	0	0	0
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	69	423	11,442	0	69
Other ((identify)					
TOTALS:	69	423	11,442	+10	79

**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 Sycamore, 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. Curnutte  
PRINTED NAME

Chief Development Officer  
PRINTED TITLE

  
SIGNATURE

Joel Day  
PRINTED NAME

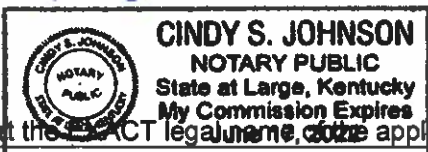
Chief Financial Officer  
PRINTED TITLE

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

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

  
Signature of Notary

Seal



\*Insert the EXACT legal name of the applicant

  
Signature of Notary

Seal

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 of Notary

Seal



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

\*Insert the EXACT legal name of the applicant

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

Jeana Kappr  
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	MEET STANDARD?
YEAR 1					
YEAR 2					

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

**UNFINISHED OR SHELL SPACE:**      **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>10</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>			

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

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

## VI. 1120.120 - AVAILABILITY OF FUNDS

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

<p>_____</p>	<p>a) Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:</p> <ol style="list-style-type: none"> <li>1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and</li> <li>2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;</li> </ol>
<p>_____</p>	<p>b) Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated timetable of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.</p>
<p>_____</p>	<p>c) Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated timetable of receipts;</p>
<p>_____</p>	<p>d) Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including:</p> <ol style="list-style-type: none"> <li>1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated;</li> <li>2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate;</li> <li>3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.;</li> <li>4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment;</li> <li>5) For any option to lease, a copy of the option, including all</li> </ol>

	terms and conditions.
_____	e) Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
_____	f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
_____	g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
	<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
Enter Historical and/or Projected Years:				
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			

	Outpatient			
	Total			

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



**SECTION X. CHARITY CARE INFORMATION**

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

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

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

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

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

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



## 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: \_\_\_\_\_  
 (Name) \_\_\_\_\_ (Address) \_\_\_\_\_  
 \_\_\_\_\_  
 (City) (State) (ZIP Code) (Telephone Number)

- 2. Project Location:**
- |           |                      |
|-----------|----------------------|
| (Address) | (City) (State)       |
| (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**

### 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 FIRM REPORT FOR DETAILED LEGEND AND INDEX MAP FOR FIRM PANEL LAYOUT

SPECIAL FLOOD HAZARD AREAS	Without Base Flood Elevation (BFE) Zone A, X, AHQ
With BFE or Depth Zone AE, AO, AN, VE, AR	
Regulatory Floodway	

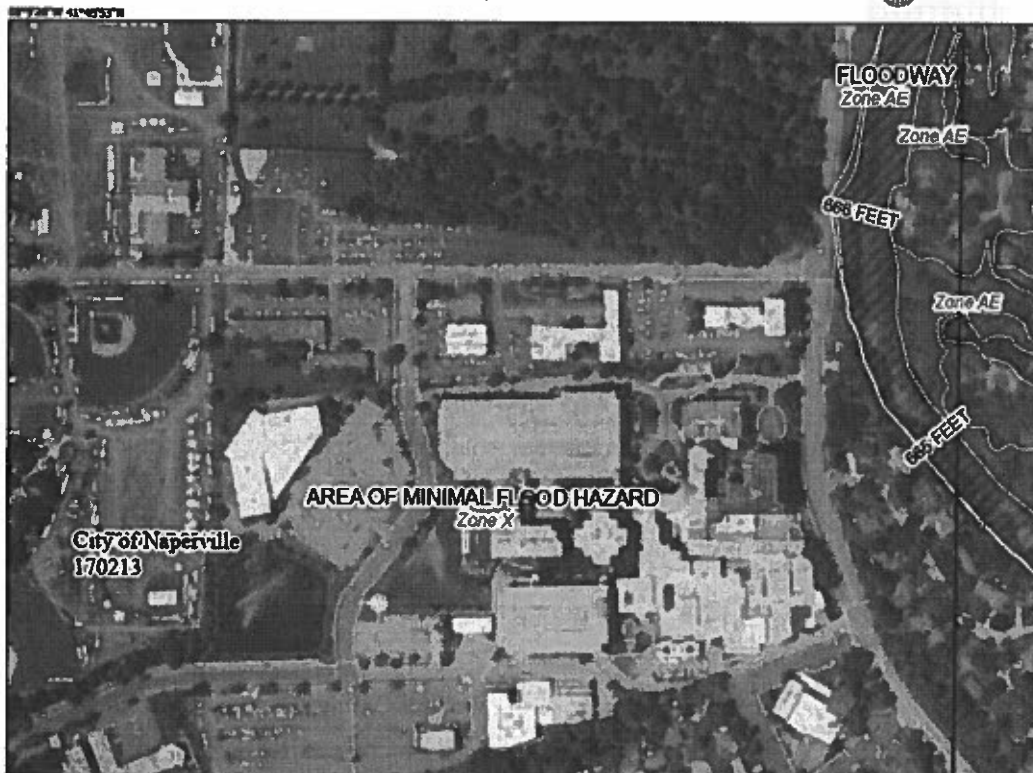
0.2% Annual Chance Flood Hazard, Areas of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile Zone X	
Future Conditions 1% Annual Chance Flood Hazard Zone X	
Area with Reduced Flood Risk due to Levees. See Notes, Zone X	
Area with Flood Risk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

NO SCREEN	Area of Minimal Flood Hazard Zone X
Effective LOMs	
Area of Undetermined Flood Hazard Zone X	
Channel, Culvert, or Storm Sewer	
Levee, Dike, or Floodwall	

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

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:

<b>INDEX OF ATTACHMENTS</b>		
<b>ATTACHMENT NO.</b>		<b>PAGES</b>
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
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9	Cost Space Requirements	40
10	Discontinuation	--
11	Background of the Applicant	41-49
12	Purpose of the Project	50-58
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14	Size of the Project	64
15	Project Service Utilization	65-66
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	67-82
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21	Open Heart Surgery	--
22	Cardiac Catheterization	--
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25	Selected Organ Transplantation	--
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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	--
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	<b>Financial and Economic Feasibility:</b>	
33	Availability of Funds	83
34	Financial Waiver	84
35	Financial Viability	--
36	Economic Feasibility	85-90
37	Safety Net Impact Statement	91-92
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	<b>Appendix A – Physician Letter</b>	<b>96-100</b>

File Number

0820927-8



***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 SYCAMORE, 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 #: 2119600792 verifiable until 07/15/2022

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

Attachment 1

# Delaware

The First State

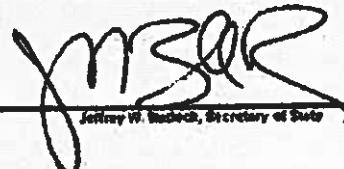
Page 1

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.



  
Jeffrey W. Bullock, Secretary of State

6074352 8300

SR# 20212683034

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

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

0820927-8



***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 SYCAMORE, 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

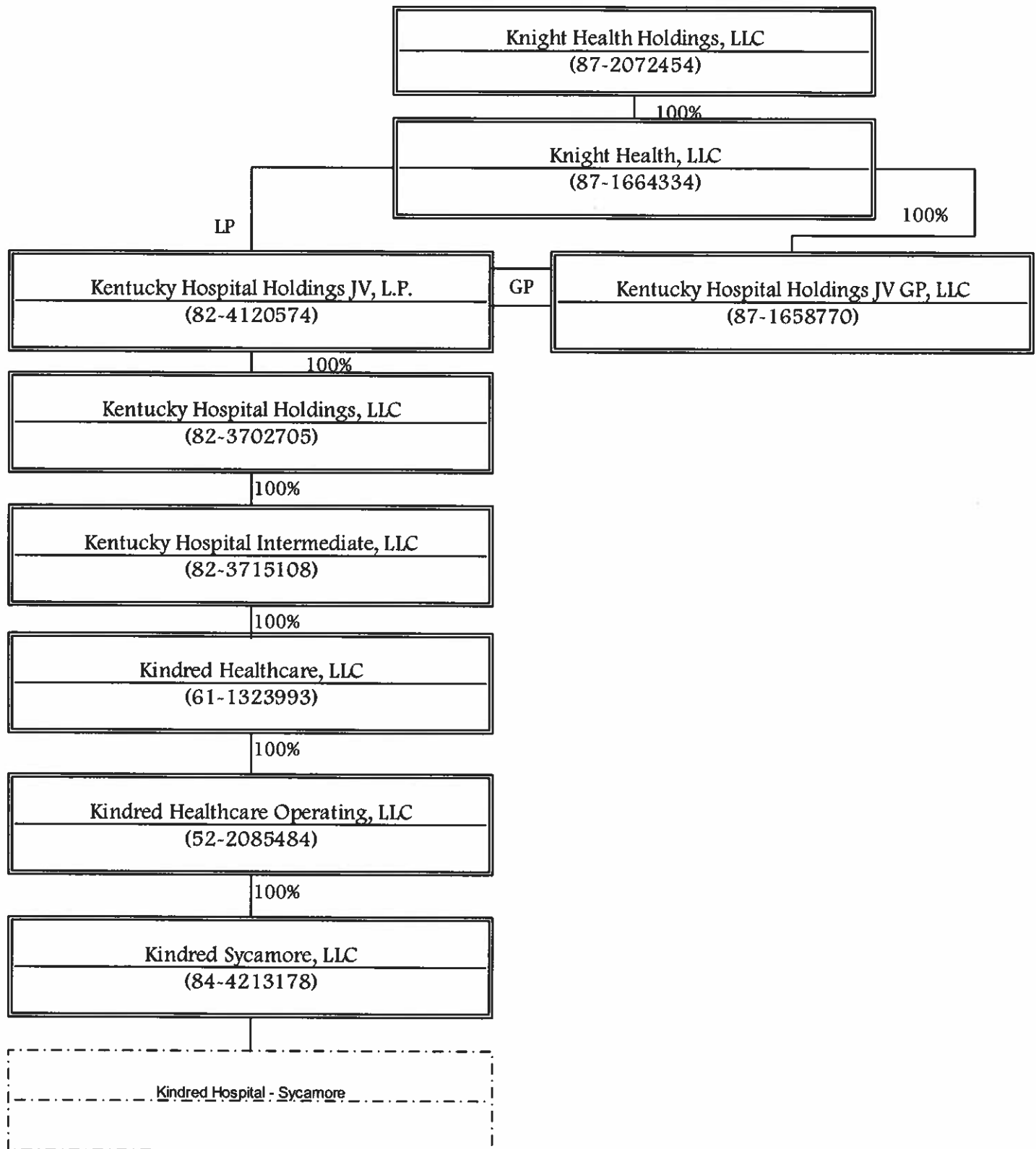
Authentication #: 2119600792 verifiable until 07/15/2022

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

Attachment 3



# Kindred Hospital - Sycamore 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 225 Edward Street, Sycamore.

The site is located in Zone X, panel 17037C0252E, effective 1/2/2009. 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."

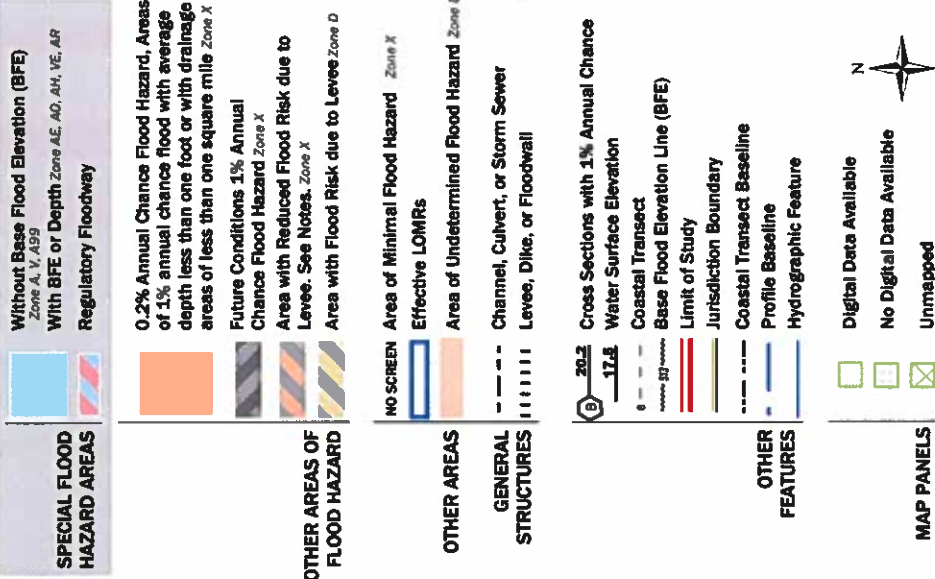
# National Flood Hazard Layer FIRMette



38°41'38"W 41°55'12"N

## Legend

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



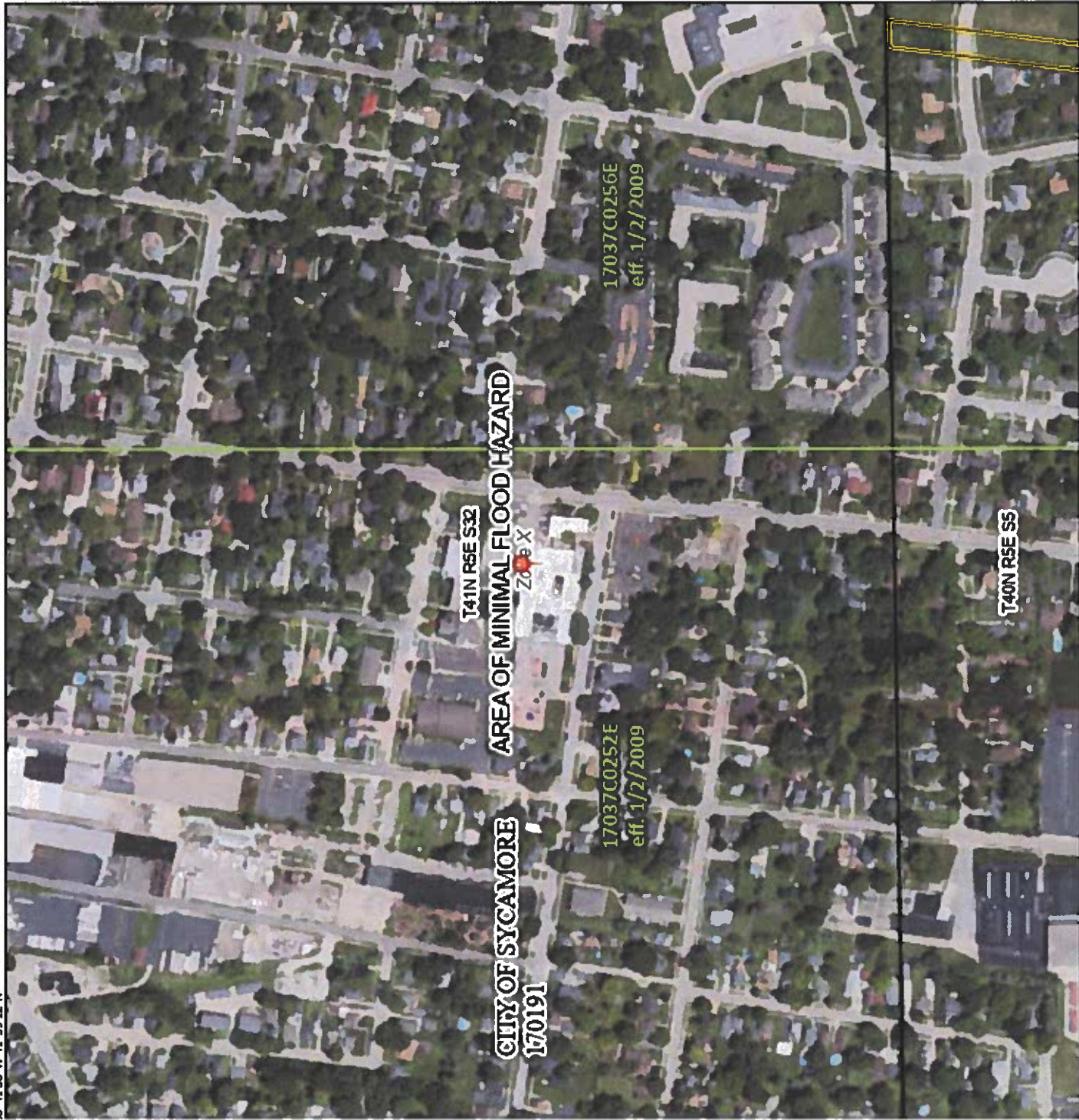
The pin displayed on the map is an approximate point selected by the user and does not represent an authoritative property location.

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 7:32 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 regulatory purposes.

#22-002



88°41'W 41°58'45"N

Feet 1:6,000

2,000 1,500 1,000 500

Basemap: NCEC National Mon. Authority Data refreshed October 2020



## Illinois Department of Natural Resources

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

JB Pritzker, Governor  
Colleen Callahan, Director

DeKalb County

Sycamore

CON - Modernization to Add 10 Inpatient Comprehensive Physical Rehabilitation Beds & Supporting Services at Kindred Hospital, LifePoint Health, Inc.

225 Edward St.

SHPO Log #009110121

December 16, 2021

Ralph Weber

Weber Alliance

920 Hoffman Lane

Riverwoods, IL 60015

Dear Mr. Weber:

We have reviewed the information provided for the above referenced project. This property is eligible for listing on the National Register of Historic Places under Criteria A and C. In our opinion the project will meet The Secretary of the Interior's "Standards for Rehabilitation and Guidelines for Rehabilitating Historic Buildings" and we have no objection to your proceeding as planned.

If these plans should be modified, please notify our office. 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.).

If you have any further questions, please contact Rita Baker, Cultural Resources Manager, at 217/785-4998 or at [Rita.E.Baker@illinois.gov](mailto: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	\$17,000	\$6,000	\$23,000
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts	3,351,820	1,318,560	4,670,380
Contingencies	502,773	197,784	700,557
Architectural/Engineering Fees	269,859	94,680	364,539
Consulting and Other Fees	191,200	63,718	254,918
Movable or Other Equipment (not in construction contracts)	251,025	97,009	348,034
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	254,388	70,470	324,858
Acquisition of Building or Other Property (excluding land)			
<b>TOTAL USES OF FUNDS</b>	<b>\$4,838,065</b>	<b>\$1,848,221</b>	<b>\$6,686,286</b>
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	\$4,838,065	\$1,848,221	\$6,686,286
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>\$4,838,065</b>	<b>\$1,848,221</b>	<b>\$6,686,286</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  
Kindred Hospital Sycamore

**Line 1. Preplanning costs - \$23,000**

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

**Line 6. Modernization Contracts - \$4,670,380**

First floor space that has not been used for clinical purposes is being converted to 10 private patient rooms, a nurse station, and administrative and conference room space, lockers and lounge for staff, storage and other supporting functions. Each of the 10 private rehabilitation rooms will contain ADA compliant bathrooms. The existing gym/therapy space is being renovated to accommodate rehabilitation patients. A sleeping area for doctors and a classroom are also being constructed. The space totals 11,338 departmental gross sq ft. Modernization cost is \$4,670,380 of which \$3,351,820 is clinical. Costs include interior buildout, fixed equipment, all finishes, and contractor's overhead.

**Cost per Sq Ft Ratio**

Clinical Modernization costs = \$3,351,820

Sq ft of clinical space (Rehabilitation and therapy) = 7,402

Cost per sq ft: \$452.83

**Line 7. Contingencies - \$700,557**

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 \$502,773. Non-clinical contingency is \$197,784.

**Line 8. Architectural / Engineering Fees - \$364,539**

This work includes preliminary design, schematic design, design development, construction document services, bidding and negotiation, and construction administration. \$269,859 of this amount is attributed to clinical modernization work.

**Line 9. Consulting and other fees - \$254,918**

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) - \$348,034**

Patient room	10 x \$10,617	\$106,172
Therapy gym		\$67,664
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	\$10,000
Furniture	\$45,056

**Line 14: Other costs to be capitalized - \$324,858**

IT Equipment	\$242,000
Artwork	\$10,000
Signage	\$11,500
Other	\$61,358

Cost Space Requirements  
(departmental gross sq ft)  
Kindred Hospital Sycamore

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	\$2,997,820	0	6,517		6,517		
LTAC		61,051				61,051	
Physical therapy	\$354,000		885		885		
Pharmacy	N/A						
Lab	N/A						
Subtotal Clinical	\$3,351,820		7,402		7,402		
NON-REVIEWABLE							
Public toilets,staff toilet	\$30,150		90		90		
Admin, conference room	\$416,405		1243		1243		
Classroom	\$205,020		612		612		
Storage	\$137,015		409		409		
Dr Sleep Room	\$256,945		767		767		
Dining Room	\$192,960		576		576		
Mech, bldg syst, hskp/br	\$80,065		239		239		
Subtotal Non-Clinical	\$1,318,560		3936		3936		
TOTAL CONSTRUCTION	\$4,670,380						
Other Proj Costs							
Preplanning Costs	\$23,000						
Site Survey / Soil	N/A						
Site Preparation	N/A						
Off Site Work	N/A						
Contingencies	\$700,557						
A/E fees	\$364,539						
Consulting, fees	\$254,918						
Moveable Equip, Furnish	\$348,034						
Bond Issuance Expense							
Net Int Exp Dur Constr							
FMV leased space, eqpmnt							
- space							
- equipment							
Other Capital Costs							
- IT	\$242,000						
- artwork	\$10,000						
- signage	\$11,500						
- other	\$61,358						
Subtotal	\$324,858						
Sub Total Other Proj Costs	\$2,015,906						
TOTAL PROJECT COSTS	\$6,686,286		11,338		11,338		



**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.**

#22-002

← DISPLAY THIS PART IN A  
CONSPICUOUS PLACE**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	I.Q. NUMBER
12/15/2022		0006197
<b>Long Term Acute Care Hospital</b>		
<b>Effective: 12/16/2021</b>		

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

**Sycamore, IL 60178**

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

**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**

 <b>Illinois Department of PUBLIC HEALTH</b>			<b>HF 124139</b>	
<b>LICENSE, PERMIT, CERTIFICATION, REGISTRATION</b>				
<p>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.</p>				
<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>	<small>LD NUMBER</small> <b>0006221</b>		
<b>Long Term Acute Care Hospital</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. #19-463-001 10M 9/18</small>				

← DISPLAY THIS PART IN A  
CONSPICUOUS PLACE



**Illinois Department of** HF 124138  
**PUBLIC HEALTH**

**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	L.D. 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

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.**


**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	LD 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**

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

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

**Exp. Date 11/1/2022**
**Lic Number 4000014**
**Date Printed 10/1/2021**
**Kindred Chicago- Lakeshore**
**6130 Sheridan Road**  
**Chicago, IL 60641**
**FEE RECEIPT NO.**



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



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



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





680 South Fourth Street  
Louisville, Kentucky 40202  
[www.scionhealth.com](http://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

## Purpose of the Project

Kindred Hospital Sycamore is one of 8 facilities in Illinois providing Long Term Acute Care (LTAC) services. Four LTAC programs are operated by ScionHealth in Illinois. LTAC services at Kindred Hospital Sycamore 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 modernize underutilized space on the first floor to accommodate 10 private rooms for Comprehensive Physical Rehabilitation. In addition, space for physical therapy/gym on the first floor will be modernized. The bed complement of 69 authorized LTAC beds at Kindred Hospital Sycamore is unchanged 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 Sycamore, 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 Sycamore 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 the facility, and enhance the delivery of rehabilitation services for LTAC patients at Kindred Hospital Sycamore 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 Sycamore has been planned to serve both the inpatient LTAC patients cared for at Sycamore, as well as other residents of the area who require acute rehabilitation. Patient origin data for the existing LTAC program at Sycamore are used to define the service area for the proposed rehabilitation service.

The table at the end of this Attachment lists the zip codes of residence of LTAC patients admitted to Kindred Hospital Sycamore for the 7 months ending April 30, 2021. Of the 416 patients at Sycamore, 212, or 51%, reside in HSA 1. The remaining 49% of patients are drawn from a very large area of northern Illinois. For purposes of this project, the planning area is defined as HSA 1. This area meets the requirement of being the location of residence of over 50% of patients in the planned rehabilitation unit. In addition, it is consistent with the State's use of HSAs as the planning area for determination of need for Comprehensive Physical Rehabilitation. This permit application also addresses the geographic area within the 17 mile radius of the Kindred Hospital Sycamore location, as required in section 1110.205(c), but that area is not the planning area for the project.

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. 143 Zip codes are the source of LTAC patients documented in the table. 52 of these Zip codes are in HSA 1; 93 additional Zip Codes are outside the HSA.

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 Sycamore.

- 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. (This percentage for LTAC patients is about double the percentage of patients in a general acute care hospital requiring rehabilitation, based on ScionHealth's experience.) Often inpatient rehabilitation units at acute care general community hospitals are reluctant to take on LTAC patients because of their special needs.

- There is evidence of need for additional acute rehabilitation service in the 17 mile area around the hospital. Using the US Centers for Medicaid and Medicare Services methodology (Rehabilitation Impairment Codes), 605 residents residing within the 17 mile radius around Sycamore required comprehensive physical rehabilitation services in the year ended September 30, 2020. As reported in COMPData, there were only 437 patients from this same area who received Comprehensive Physical Rehabilitation care. As a result, it is estimated that the difference of 168 persons either received care in a less intensive setting, such as in a nursing home or home care, or did not receive care at all. At an average length of stay of 12.1 days, these 168 patients would generate 2,033 annual patient days, or an average daily census of 5.6 patients.

- The State inventory documents a need for 4 additional Comprehensive Physical Rehabilitation beds in HSA 1.

Consequently, from several different analytical approaches, there is evidence of need for additional acute rehabilitation service in the HSA and in the immediate area of the hospital.

4. Cite the sources of information provided as documentation.

- Patient medical records: Kindred Hospital Sycamore
- 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)
- [www.mapdevelopers.com](http://www.mapdevelopers.com), for distance determinations

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 10 bed Comprehensive Physical Rehabilitation will especially enable LTAC patients at Kindred Hospital Sycamore 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 10 bed unit. Some of the residents in HSA 1 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 co-location of Comprehensive Physical Rehabilitation Relocation 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 3,100 patient days of rehab care annually (above 85% occupancy of 10 beds).
- b) Reduce length of stay of 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.

Table of Patient Origin: LTAC Patients at Kindred Hospital Sycamore  
 By Zip Code of Patient Residence  
 Discharges for the 7 month period ending April 30, 2021

Patient Zip	Post Office (City)	Population (2022)	County	Distance from Sycamore	LTAC Discharges	Percent of Total LTAC Discharges	Cumulative Percent of LTAC Discharges	HSA 1
<b>Zip Codes in HSA 1</b>								
60115	DeKalb	45,824	DeKalb	5.0	16	3.8%	3.8%	1
61109	Rockford	27,011	Winnebago	24.5	13	3.1%	7.0%	1
61108	Rockford	26,992	Winnebago	25.1	13	3.1%	10.1%	1
61101	Rockford	20,487	Winnebago	30.7	13	3.1%	13.2%	1
61032	Freeport (Scioto Mills)	29,420	Stephenson	53.2	13	3.1%	16.3%	1
61008	Belvidere	32,759	Boone	21.0	12	2.9%	19.2%	1
61111	Loves Park (Machesney Park)	23,118	Winnebago	29.1	12	2.9%	22.1%	1
61103	Rockford (Machesney Park)	23,236	Winnebago	29.9	9	2.2%	24.3%	1
61107	Rockford	28,940	Winnebago	26.8	8	1.9%	26.2%	1
60178	Sycamore	23,232	DeKalb	0.6	7	1.7%	27.9%	1
61068	Rochelle (Kings)	14,394	Ogle	20.1	7	1.7%	29.6%	1
61115	Machesney Park (Loves Park)	22,677	Winnebago	31.3	7	1.7%	31.3%	1
61081	Sterling (Coleta)	20,601	Whiteside	53.5	7	1.7%	32.9%	1
61071	Rock Falls	13,590	Whiteside	53.8	7	1.7%	34.6%	1
61021	Dixon (Nelson)	23,057	Lee	41.9	6	1.4%	36.1%	1
61102	Rockford	18,830	Winnebago	29.4	5	1.2%	37.3%	1
60548	Sandwich	12,272	DeKalb	23.9	4	1.0%	38.2%	1
60135	Genoa	7,451	DeKalb	7.6	3	0.7%	38.9%	1
60145	Kingston	2,497	DeKalb	9.2	3	0.7%	39.7%	1
60552	Somonauk	4,608	DeKalb	24.4	3	0.7%	40.4%	1
61114	Rockford	15,180	Winnebago	27.8	3	0.7%	41.1%	1
61310	Amboy	3,626	Lee	37.9	3	0.7%	41.8%	1
<b>Zip Codes in HSA 1 having 3 or more discharges</b>					<b>174</b>	<b>41.8%</b>		
<b>Zip Codes in HSA 1 having 1 or 2 discharges (30 Zip Codes)</b>					<b>38</b>	<b>9.1%</b>		
<b>Zip Codes in HSA 1</b>					<b>212</b>	<b>51.0%</b>		

<b>Zip Codes outside HSA 1</b>								
60123	Elgin	47,427	Kane	19.7	13	3.1%	54.1%	
60505	Aurora	80,473	Kane	25.4	11	2.6%	56.7%	
60506	Aurora	51,908	Kane	23.0	8	1.9%	58.7%	
60014	Crystal Lake (Village of Lakewood)	47,258	McHenry	24.5	8	1.9%	60.6%	
60120	Elgin (Hoffman Estates)	52,950	Kane	22.4	6	1.4%	62.0%	
60504	Aurora	43,105	DuPage	28.2	6	1.4%	63.5%	

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60140	Hampshire (Campton Hills)	20,160	Kane	12.6	5	1.2%	64.7%	
60142	Huntley	30,194	McHenry	18.4	5	1.2%	65.9%	
61364	Streator	18,577	La Salle	59.7	5	1.2%	67.1%	
60124	Elgin (Campton Hills)	23,029	Kane	16.6	4	1.0%	68.0%	
60156	Lake in the Hills (Algonquin)	29,343	McHenry	22.0	4	1.0%	69.0%	
60560	Yorkville	28,550	Kendall	26.4	4	1.0%	70.0%	
61342	Mendota	8,531	La Salle	37.2	4	1.0%	70.9%	
60450	Morris	20,338	Grundy	44.9	4	1.0%	71.9%	
60152	Marengo	12,668	McHenry	18.7	3	0.7%	72.6%	
60177	South Elgin	24,037	Kane	19.2	3	0.7%	73.3%	
60102	Algonquin (Lake in the Hills)	31,968	McHenry	23.0	3	0.7%	74.0%	
60110	Carpentersville	39,504	Kane	23.4	3	0.7%	74.8%	
60545	Plano	14,460	Kendall	23.6	3	0.7%	75.5%	
60103	Bartlett (Ontarioville)	42,990	Cook	25.3	3	0.7%	76.2%	
60033	Harvard	13,840	McHenry	30.7	3	0.7%	76.9%	
61350	Ottawa	23,421	La Salle	44.5	3	0.7%	77.6%	
53511	Beloit	49,902	Rock	45.4	3	0.7%	78.4%	
52722	Bettendorf (Riverdale)	38,506	Scott	97.4	3	0.7%	79.1%	
60151	Maple Park (Virgil)	4,192	Kane	7.6	2	0.5%	79.6%	
60175	Saint Charles (Campton Hills)	27,056	Kane	16.0	2	0.5%	80.0%	
60134	Geneva	30,522	Kane	19.4	2	0.5%	80.5%	
60174	Saint Charles (Campton Hills)	31,355	Kane	20.3	2	0.5%	81.0%	
60510	Batavia	28,283	Kane	21.5	2	0.5%	81.5%	
60538	Montgomery	27,874	Kendall	24.1	2	0.5%	82.0%	
60185	West Chicago (Northwoods)	37,709	DuPage	25.7	2	0.5%	82.5%	
60502	Aurora	22,647	DuPage	26.2	2	0.5%	82.9%	
60098	Woodstock (Bull Valley)	32,889	McHenry	26.3	2	0.5%	83.4%	
60543	Oswego	42,167	Kendall	27.3	2	0.5%	83.9%	
60139	Glendale Heights	35,019	DuPage	31.6	2	0.5%	84.4%	
60050	McHenry (Bull Valley)	32,272	McHenry	32.2	2	0.5%	84.9%	
60051	McHenry (Holiday Hills)	25,871	McHenry	35.1	2	0.5%	85.3%	
60181	Villa Park (Oakbrook Terrace)	28,341	DuPage	37.2	2	0.5%	85.8%	
60446	Romeoville (Lockport)	41,679	Will	38.3	2	0.5%	86.3%	
60410	Channahon	14,089	Will	45.0	2	0.5%	86.8%	
61301	La Salle	9,528	La Salle	48.7	2	0.5%	87.3%	
62203	East Saint Louis (Centreville)	7,050	Saint Clair	244.8	2	0.5%	87.7%	
60109	Burlington	328	Kane	8.5	1	0.2%	88.0%	
60118	Dundee (East Dundee)	16,375	Kane	21.6	1	0.2%	88.2%	

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60555	Warrenville	13,752	DuPage	27.7	1	0.2%	88.5%	
60013	Cary (Oakwood Hills)	26,895	McHenry	28.0	1	0.2%	88.7%	
60188	Carol Stream	43,355	DuPage	28.8	1	0.2%	88.9%	
60563	Naperville	39,136	DuPage	29.6	1	0.2%	89.2%	
60010	Barrington (Deer Park)	45,677	Lake	30.6	1	0.2%	89.4%	
60540	Naperville	43,605	DuPage	31.7	1	0.2%	89.7%	
60551	Sheridan	5,196	La Salle	31.8	1	0.2%	89.9%	
60042	Island Lake	8,532	Lake	32.1	1	0.2%	90.1%	
60097	Wonder Lake (Bull Valley)	11,107	McHenry	32.4	1	0.2%	90.4%	
60585	Plainfield	25,676	Will	33.0	1	0.2%	90.6%	
60143	Itasca	10,315	DuPage	34.5	1	0.2%	90.9%	
60084	Wauconda (Lake Barrington)	17,141	Lake	34.5	1	0.2%	91.1%	
60072	Ringwood	1,062	McHenry	35.0	1	0.2%	91.3%	
60047	Lake Zurich (Deer Park)	41,797	Lake	35.5	1	0.2%	91.6%	
60005	Arlington Heights	29,965	Cook	36.7	1	0.2%	91.8%	
60071	Richmond (Solon Mills)	4,245	McHenry	38.9	1	0.2%	92.1%	
60061	Vernon Hills (Indian Creek)	27,205	Lake	40.7	1	0.2%	92.3%	
60403	Crest Hill (Joliet)	17,728	Will	41.0	1	0.2%	92.5%	
53147	Lake Geneva	17,542	Walworth	43.6	1	0.2%	92.8%	
61341	Marseilles	8,194	La Salle	44.6	1	0.2%	93.0%	
61329	Ladd	1,069	Bureau	49.6	1	0.2%	93.3%	
61354	Peru	10,675	La Salle	50.2	1	0.2%	93.5%	
60479	Verona	664	Grundy	52.1	1	0.2%	93.7%	
53545	Janesville	22,380	Rock	52.2	1	0.2%	94.0%	
60626	Chicago	51,635	Cook	52.4	1	0.2%	94.2%	
60487	Tinley Park (Orland Hills)	27,375	Cook	52.6	1	0.2%	94.5%	
60605	Chicago	29,510	Cook	55.2	1	0.2%	94.7%	
61327	Hennepin	1,114	Putnam	60.9	1	0.2%	95.0%	
60438	Lansing	28,109	Cook	65.5	1	0.2%	95.2%	
60901	Kankakee (Irwin)	34,650	Kankakee	73.4	1	0.2%	95.4%	
61764	Pontiac	13,210	Livingston	76.3	1	0.2%	95.7%	
61244	East Moline	23,659	Rock Island	95.6	1	0.2%	95.9%	
61571	Washington	24,969	Tazewell	96.7	1	0.2%	96.2%	
53510	Belmont	1,557	Lafayette	98.5	1	0.2%	96.4%	
61265	Moline	43,219	Rock Island	99.2	1	0.2%	96.6%	
61201	Rock Island	37,214	Rock Island	102.6	1	0.2%	96.9%	
61704	Bloomington	39,198	McLean	104.3	1	0.2%	97.1%	
61701	Bloomington	34,281	McLean	105.1	1	0.2%	97.4%	

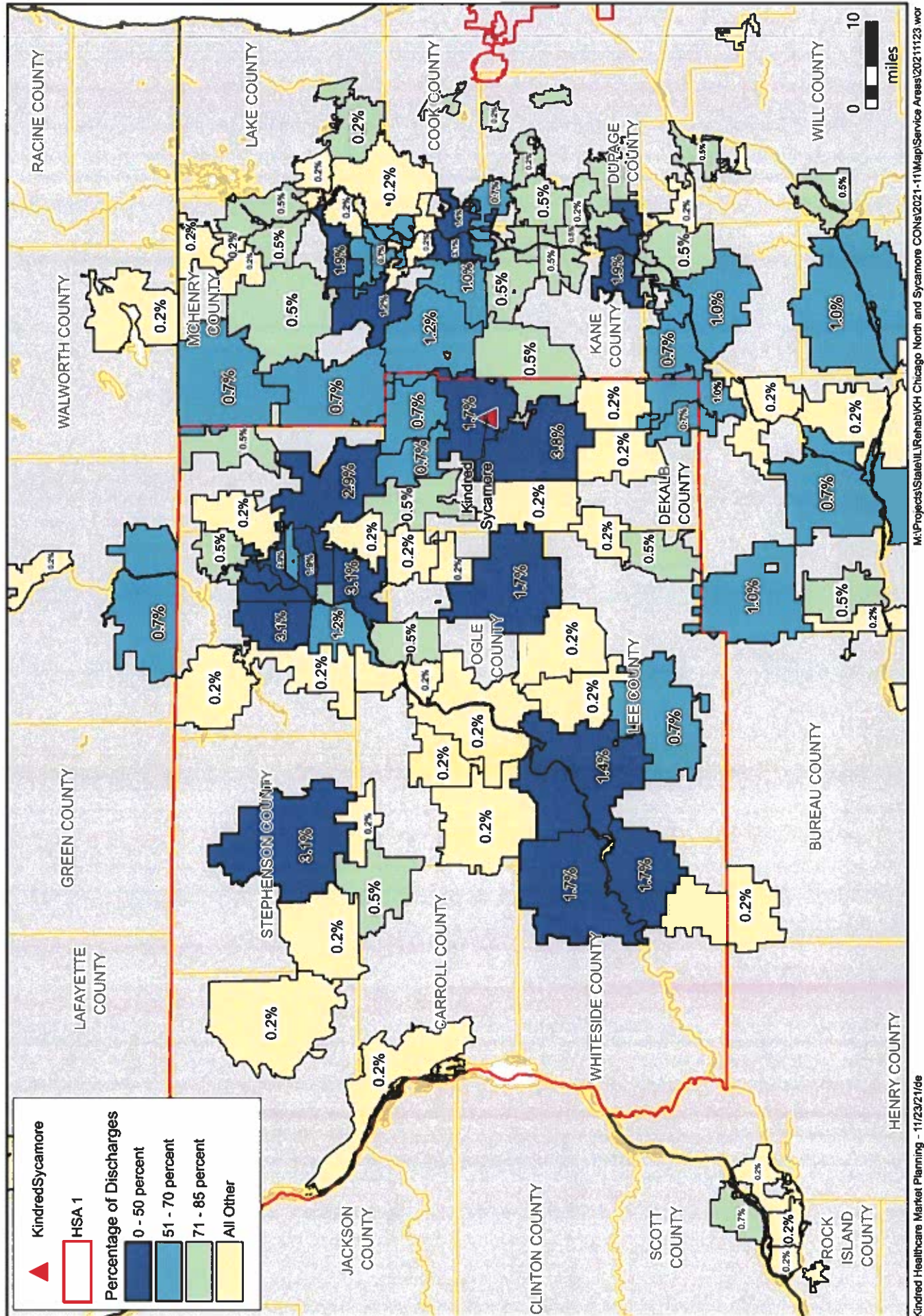


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61470	Prairie City	402	McDonough	132.1	1	0.2%	97.6%	
62521	Decatur (Long Creek)	33,295	Macon	151.1	1	0.2%	97.8%	
61944	Paris	11,678	Edgar	172.5	1	0.2%	98.1%	
61938	Mattoon	21,206	Coles	173.8	1	0.2%	98.3%	
62024	East Alton	8,893	Madison	226.3	1	0.2%	98.6%	
62204	East Saint Louis (Washington Park)	6,774	Saint Clair	243.2	1	0.2%	98.8%	
62265	New Baden	4,535	Clinton	244.0	1	0.2%	99.0%	
62901	Carbondale	25,451	Jackson	295.4	1	0.2%	99.3%	
43016	Dublin	46,225	Franklin	315.7	1	0.2%	99.5%	
63935	Doniphan (Poynor)	8,530	Ripley	387.4	1	0.2%	99.8%	
65785	Stockton	5,671	Cedar	401.1	1	0.2%	100.0%	
<b>Zip Codes outside HSA 1</b>					<b>204</b>	<b>49.0%</b>		
<b>TOTAL</b>					<b>416</b>	<b>100.0%</b>		

# Kindred Hospital Sycamore Service Area

#22-002



## Alternatives

Kindred Hospital Sycamore proposes to establish a 10 bed Comprehensive Physical Rehabilitation unit with supporting clinical uses on the first floor of the hospital in currently underutilized space. The project also modernizes space for physical therapy/gym on the hospital's first floor. The address of the hospital is 225 Edward Street in Sycamore.

### Preferred Alternative (the Proposed Project)

The new 10 bed unit will be located in 6,517 sq ft of modernized space on the first floor of Kindred Hospital Sycamore. All beds will be in private patient rooms. An additional 885 sq ft gym area will be renovated on the first floor. Total clinical space is 7,402 departmental gross sq ft. Additional non-clinical space of 3,936 dgsf brings the total project size to 11,338 dgsf. Total project capital cost is estimated at \$6,686,286. Kindred Hospital Sycamore will utilize the rehabilitation services division of LifePoint to create a superior Comprehensive Physical Rehabilitation program to meet the needs of ScionHealth's Sycamore LTAC patients and the broader 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 \$4,000,000 above the cost of the proposed project. The alternative would require about 7,500 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.

### Alternative 2. Convert an existing LTAC unit to a ten-bed rehabilitation unit.

This option considered reducing the bed complement of the LTAC hospital to accommodate the rehabilitation unit. Recent year census has not averaged full occupancy, so this option would appear to be practical.

The cost of this option would be significantly less than converting and equipping the first floor space for the rehabilitation unit. However, the option was rejected for two reasons. As shown in the HFSRB profile for year 2020, peak census of the 69 LTAC beds had been 69 patients. And with the onset of COVID-19, giving up beds at a time of high demand is not good public health practice. In addition, the division and modernization of any of the existing LTAC units would not enable the creation of a separate and distinct acute rehabilitation unit that would meet licensure and CMS certification requirements.

As a result, the alternative was rejected.



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

The State standard calls for a minimum unit size of 16 Comprehensive Physical Rehabilitation beds. Space available does not allow for a unit larger than ten beds. Normally a ten bed unit would not be large enough to achieve operational efficiencies. But its adjacency to the LTAC units at Kindred Hospital Sycamore enables in a sharing of staff and other resources from the LTAC service.

It would be possible to develop some double occupancy rooms, but for the past decade the model of practice has been to provide patients with private rooms. Private rooms enable a maximum census and operational efficiencies, unrestricted by gender or clinical conditions that come into play in double occupancy 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. Nor does the available space have the capacity to accommodate a larger sized unit. 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 Sycamore.

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 Sycamore 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 presented below.

The cost to Kindred Hospital Sycamore 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 Sycamore by contracting with a professional firm to implement and manage the 10 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 Sycamore'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 Sycamore 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 Sycamore 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 1.

This alternative is the most effective solution, as it allows Kindred Hospital Sycamore 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 1.

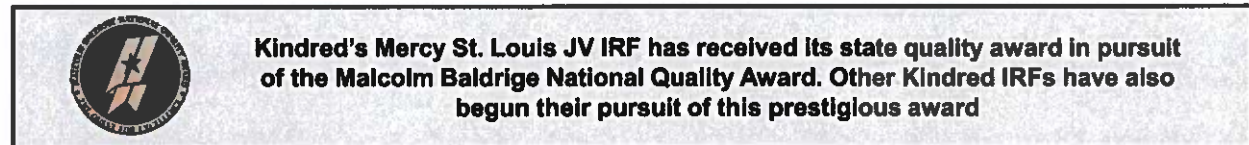
Kindred Hospital Sycamore, as a part of the investigation of the potential to establish Comprehensive Physical Rehabilitation services, contacted LifePoint, located in Nashville, Tennessee, as a known expert in the field of rehabilitation.

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.



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

*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 first-floor modernization of the Kindred Hospital Sycamore converts a total of 11,338 sq ft of underutilized non-clinical space to a 10 bed Comprehensive Physical Rehabilitation unit with supporting space. The project includes the renovation of space for physical therapy / gym on the first floor. There is no construction of added space to the building.

The project totals 11,338 departmental gross sq ft. In addition to the 7,402 of clinical space (rehabilitation beds and physical therapy), 3,936 sq ft is non-clinical. Non-clinical space includes: lobby and public circulation, administration, storage, mechanical and building systems, physicians' sleep rooms and patient dining room.

65,051 existing sq ft of LTAC 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</u> (Clinical)	<u>Proposed</u> <u>dgsf</u>	<u>State standard</u>	<u>Difference</u>	<u>Met Standard?</u>
Comprehensive Physical Rehabilitation	6,517	525-660 dgsf/bed 10 x 660 = 6,600	+ 83	Yes
Physical therapy	885	NA	NA	NA
<b>Total Clinical Space</b>	<u>7,402</u>	--	--	--



## Project Services Utilization

ScionHealth projects that the proposed 10 Comprehensive Physical Rehabilitation beds will serve 244 patients in 2024, the first full year of operation, and the same number in 2025. At least 70 of these patients will be referred from the LTAC units at Kindred Hospital Sycamore after their LTAC care is completed. With an average length of stay of 14.3 days, these patients will generate a minimum projected 1,001 rehabilitation patient days. 174 additional patients will be drawn from within the 17 mile radius of the hospital and throughout the HSA. With a lower length of stay of 12.1 days, these 174 patients will generate 2,102 patient days. It total, the 244 patients will generate 3,103 total patient days. This volume will meet the State's standard of 85% utilization for the 10 bed rehabilitation unit.

Documentation and analysis supporting this projection is presented in section 1110.205 of this permit application. The case for the full utilization of the 10 bed rehabilitation unit at Kindred Hospital Sycamore is based on the following information derived from the analysis:

1. LTAC patients in ScionHealth's Kindred Hospital Sycamore will be the base for referrals to the new rehabilitation unit at the hospital.

One goal of the project is to replicate ScionHealth's best practice experience to benefit patients in the LTAC service at Kindred Hospital Sycamore. Many LTAC patients have a significant need for rehabilitation when they are ready to be discharged from the inpatient LTAC service. Based on ScionHealth's national experience with facilities that provide both LTAC and Comprehensive Physical Rehabilitation, 16.6% of LTAC patients receive rehabilitation care, with an average rehab length of stay of 14.3 days. 16.6% of the 423 LTAC patients at Sycamore in 2020 (HFSRB Profile) yields 70 annual rehabilitation patients. With an ALOS of 14.3 days, the 70 patients generate 1,001 rehabilitation patient days, for an ADC of 2.7 patients (3.2 beds at 85% utilization) for the first full year of operation, 2024.

2. There is an unrealized need of about 168 potential additional admissions for inpatient rehabilitation by residents of the 17 mile radius area around the hospital, and an even greater need for the entire HSA . These cases are in a skilled nursing facility, care at home, or not receiving care at all. Patients within the 17 mile radius area and matching a Rehabilitation Impairment Code (RIC) and qualifying for post-acute care hospital rehab care generate an expected 605 inpatient rehabilitation cases a year. COMPdata analysis shows that for the year ended June 30, 2021, only 437 of patients residing in the area were hospitalized for inpatient rehabilitation following their discharges from hospital medical and surgical units. The potential additional admissions for needed care is the difference, 168 patients. This analysis uses the Rehabilitation Impairment Code system developed by the US Centers for Medicare and Medicaid Services (CMS). 168 patients at 12.1 days ALOS generate 2,033 patient days, an ADC of 5.6 patients (6.6 beds).

Together, 3.2 beds plus 6.6 beds total 9.8 beds, or 10 beds.

3. In addition, there is a deficit of 4 beds in HAS 1, the Planning Area for the project, according to the State's Inventory of Health Facilities and Services and Need Determinations.

Some of that need is expected to be addressed by the unit at Kindred Hospital Sycamore.

4. 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. LTAC patients at Kindred Hospital Sycamore 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 Sycamore 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 10 bed unit at Kindred Hospital Sycamore is expected to meet the State's utilization standard for Comprehensive Physical Rehabilitation in 2025, the second full year of operation. 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: 62 admissions, 786 days; 65%	85%	No
2024 (CY)	171 admissions; 2,172 patient days; 70%	85%	No
2025 (CY)	244 admissions; 3,103 patient days; 85%	85%	Yes

## Criterion 1110.205 – Comprehensive Physical Rehabilitation

Service	# Existing Rooms *	# Proposed Rooms
Comprehensive Physical Rehabilitation	0	10

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

The Inventory of Health Care Facilities and Services and Need Determinations shows a need for 69 inpatient rehabilitation beds in HSA 1, and a current deficit of 4 rehabilitation beds. It is one of two of the HSAs in the State with a need for more rehabilitation beds. There are 65 authorized rehabilitation beds in HSA 1, an HSA with a resident population of approximately 685,600. One hospital provides Comprehensive Physical Rehabilitation service in the HSA – Van Matre Encompass Health Rehabilitation Hospital. The ratio of rehabilitation beds per 1000 population is 0.095 in the HSA, less than the State average of 0.127. There is evidence provided later in this section that the need for rehabilitation beds is more than the computed need of 69 beds in the State's Determination of Need formula, based on analysis of Rehabilitation Impairment Codes.

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

The table on the next page shows the patient residence for 416 LTAC patients at Kindred Hospital Sycamore last year. 51% of the LTAC patients reside in HSA 1. (Existing patient origin data.) Because the proposed rehabilitation unit is planned to serve the rehabilitation needs of LTAC patients at Kindred Hospital Sycamore as a main purpose of the unit, HSA 1 is defined as the Planning Area for the establishment of the Comprehensive Physical Rehabilitation service at Kindred Hospital Sycamore. The HSA meets the requirement that over 50% of patients reside in the planning area. In addition, selection of the HSA is consistent with the State's use of HSAs as the geographic area for determination of need for Comprehensive Physical Rehabilitation services.

As a result, designating HSA 1 as the Planning Area meets the criterion as the source of more than 50% of the patients to be seen at the proposed new unit.

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

The primary purpose of this project is to maintain and enhance access for residents of the Planning Area for Comprehensive Physical Rehabilitation care.

There are only 65 inpatient rehabilitation beds in HSA 1. The ratio of rehabilitation beds per 1000 population in HSA 2 is 0.095 beds per 1,000 population, significantly less than the State average of .131. There is evidence that the need for beds in HSA 1 far the calculated bed need of 69 beds based on the State's Need Determination formulas. There are now 65 beds in the HSA.

Table of Patient Origin: LTAC Patients at Kindred Hospital Sycamore  
 By Zip Code of Patient Residence  
 Discharges for the 7 month period ending April 30, 2021

Patient Zip	Post Office (City)	Population (2022)	County	Distance from Sycamore	LTAC Discharges	Percent of Total LTAC Discharges	Cumulative Percent of LTAC Discharges	HSA 1
<b>Zip Codes in HSA 1</b>								
60115	DeKalb	45,824	DeKalb	5.0	16	3.8%	3.8%	1
61109	Rockford	27,011	Winnebago	24.5	13	3.1%	7.0%	1
61108	Rockford	26,992	Winnebago	25.1	13	3.1%	10.1%	1
61101	Rockford	20,487	Winnebago	30.7	13	3.1%	13.2%	1
61032	Freeport (Scioto Mills)	29,420	Stephenson	53.2	13	3.1%	16.3%	1
61008	Belvidere	32,759	Boone	21.0	12	2.9%	19.2%	1
61111	Loves Park (Machesney Park)	23,118	Winnebago	29.1	12	2.9%	22.1%	1
61103	Rockford (Machesney Park)	23,236	Winnebago	29.9	9	2.2%	24.3%	1
61107	Rockford	28,940	Winnebago	26.8	8	1.9%	26.2%	1
60178	Sycamore	23,232	DeKalb	0.6	7	1.7%	27.9%	1
61068	Rochelle (Kings)	14,394	Ogle	20.1	7	1.7%	29.6%	1
61115	Machesney Park (Loves Park)	22,677	Winnebago	31.3	7	1.7%	31.3%	1
61081	Sterling (Coleta)	20,601	Whiteside	53.5	7	1.7%	32.9%	1
61071	Rock Falls	13,590	Whiteside	53.8	7	1.7%	34.6%	1
61021	Dixon (Nelson)	23,057	Lee	41.9	6	1.4%	36.1%	1
61102	Rockford	18,830	Winnebago	29.4	5	1.2%	37.3%	1
60548	Sandwich	12,272	DeKalb	23.9	4	1.0%	38.2%	1
60135	Genoa	7,451	DeKalb	7.6	3	0.7%	38.9%	1
60145	Kingston	2,497	DeKalb	9.2	3	0.7%	39.7%	1
60552	Somonauk	4,608	DeKalb	24.4	3	0.7%	40.4%	1
61114	Rockford	15,180	Winnebago	27.8	3	0.7%	41.1%	1
61310	Amboy	3,626	Lee	37.9	3	0.7%	41.8%	1
<b>Zip Codes in HSA 1 having 3 or more discharges</b>					<b>174</b>	<b>41.8%</b>		
<b>Zip Codes in HSA 1 having 1 or 2 discharges (30 Zip Codes)</b>					<b>38</b>	<b>9.1%</b>		
<b>Zip Codes in HSA 1</b>					<b>212</b>	<b>51.0%</b>		

<b>Zip Codes outside HSA 1</b>								
60123	Elgin	47,427	Kane	19.7	13	3.1%	54.1%	
60505	Aurora	80,473	Kane	25.4	11	2.6%	56.7%	
60506	Aurora	51,908	Kane	23.0	8	1.9%	58.7%	
60014	Crystal Lake (Village of Lakewood)	47,258	McHenry	24.5	8	1.9%	60.6%	
60120	Elgin (Hoffman Estates)	52,950	Kane	22.4	6	1.4%	62.0%	
60504	Aurora	43,105	DuPage	28.2	6	1.4%	63.5%	

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Patient Zip	Post Office (City)	Population (2022)	County	Distance from Sycamore	LTAC Discharges	Percent of Total LTAC Discharges	Cumulative Percent of LTAC Discharges	HSA 1
60140	Hampshire (Campton Hills)	20,160	Kane	12.6	5	1.2%	64.7%	
60142	Huntley	30,194	McHenry	18.4	5	1.2%	65.9%	
61364	Streator	18,577	La Salle	59.7	5	1.2%	67.1%	
60124	Elgin (Campton Hills)	23,029	Kane	16.6	4	1.0%	68.0%	
60156	Lake in the Hills (Algonquin)	29,343	McHenry	22.0	4	1.0%	69.0%	
60560	Yorkville	28,550	Kendall	26.4	4	1.0%	70.0%	
61342	Mendota	8,531	La Salle	37.2	4	1.0%	70.9%	
60450	Morris	20,338	Grundy	44.9	4	1.0%	71.9%	
60152	Marengo	12,668	McHenry	18.7	3	0.7%	72.6%	
60177	South Elgin	24,037	Kane	19.2	3	0.7%	73.3%	
60102	Algonquin (Lake in the Hills)	31,968	McHenry	23.0	3	0.7%	74.0%	
60110	Carpentersville	39,504	Kane	23.4	3	0.7%	74.8%	
60545	Plano	14,460	Kendall	23.6	3	0.7%	75.5%	
60103	Bartlett (Ontarioville)	42,990	Cook	25.3	3	0.7%	76.2%	
60033	Harvard	13,840	McHenry	30.7	3	0.7%	76.9%	
61350	Ottawa	23,421	La Salle	44.5	3	0.7%	77.6%	
53511	Beloit	49,902	Rock	45.4	3	0.7%	78.4%	
52722	Bettendorf (Riverdale)	38,506	Scott	97.4	3	0.7%	79.1%	
60151	Maple Park (Virgil)	4,192	Kane	7.6	2	0.5%	79.6%	
60175	Saint Charles (Campton Hills)	27,056	Kane	16.0	2	0.5%	80.0%	
60134	Geneva	30,522	Kane	19.4	2	0.5%	80.5%	
60174	Saint Charles (Campton Hills)	31,355	Kane	20.3	2	0.5%	81.0%	
60510	Batavia	28,283	Kane	21.5	2	0.5%	81.5%	
60538	Montgomery	27,874	Kendall	24.1	2	0.5%	82.0%	
60185	West Chicago (Northwoods)	37,709	DuPage	25.7	2	0.5%	82.5%	
60502	Aurora	22,647	DuPage	26.2	2	0.5%	82.9%	
60098	Woodstock (Bull Valley)	32,889	McHenry	26.3	2	0.5%	83.4%	
60543	Oswego	42,167	Kendall	27.3	2	0.5%	83.9%	
60139	Glendale Heights	35,019	DuPage	31.6	2	0.5%	84.4%	
60050	McHenry (Bull Valley)	32,272	McHenry	32.2	2	0.5%	84.9%	
60051	McHenry (Holiday Hills)	25,871	McHenry	35.1	2	0.5%	85.3%	
60181	Villa Park (Oakbrook Terrace)	28,341	DuPage	37.2	2	0.5%	85.8%	
60446	Romeoville (Lockport)	41,679	Will	38.3	2	0.5%	86.3%	
60410	Channahon	14,089	Will	45.0	2	0.5%	86.8%	
61301	La Salle	9,528	La Salle	48.7	2	0.5%	87.3%	
62203	East Saint Louis (Centreville)	7,050	Saint Clair	244.8	2	0.5%	87.7%	
60109	Burlington	328	Kane	8.5	1	0.2%	88.0%	
60118	Dundee (East Dundee)	16,375	Kane	21.6	1	0.2%	88.2%	

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60555	Warrenville	13,752	DuPage	27.7	1	0.2%	88.5%	
60013	Cary (Oakwood Hills)	26,895	McHenry	28.0	1	0.2%	88.7%	
60188	Carol Stream	43,355	DuPage	28.8	1	0.2%	88.9%	
60563	Naperville	39,136	DuPage	29.6	1	0.2%	89.2%	
60010	Barrington (Deer Park)	45,677	Lake	30.6	1	0.2%	89.4%	
60540	Naperville	43,605	DuPage	31.7	1	0.2%	89.7%	
60551	Sheridan	5,196	La Salle	31.8	1	0.2%	89.9%	
60042	Island Lake	8,532	Lake	32.1	1	0.2%	90.1%	
60097	Wonder Lake (Bull Valley)	11,107	McHenry	32.4	1	0.2%	90.4%	
60585	Plainfield	25,676	Will	33.0	1	0.2%	90.6%	
60143	Itasca	10,315	DuPage	34.5	1	0.2%	90.9%	
60084	Wauconda (Lake Barrington)	17,141	Lake	34.5	1	0.2%	91.1%	
60072	Ringwood	1,062	McHenry	35.0	1	0.2%	91.3%	
60047	Lake Zurich (Deer Park)	41,797	Lake	35.5	1	0.2%	91.6%	
60005	Arlington Heights	29,965	Cook	36.7	1	0.2%	91.8%	
60071	Richmond (Solon Mills)	4,245	McHenry	38.9	1	0.2%	92.1%	
60061	Vernon Hills (Indian Creek)	27,205	Lake	40.7	1	0.2%	92.3%	
60403	Crest Hill (Joliet)	17,728	Will	41.0	1	0.2%	92.5%	
53147	Lake Geneva	17,542	Walworth	43.6	1	0.2%	92.8%	
61341	Marseilles	8,194	La Salle	44.6	1	0.2%	93.0%	
61329	Ladd	1,069	Bureau	49.6	1	0.2%	93.3%	
61354	Peru	10,675	La Salle	50.2	1	0.2%	93.5%	
60479	Verona	664	Grundy	52.1	1	0.2%	93.7%	
53545	Janesville	22,380	Rock	52.2	1	0.2%	94.0%	
60626	Chicago	51,635	Cook	52.4	1	0.2%	94.2%	
60487	Tinley Park (Orland Hills)	27,375	Cook	52.6	1	0.2%	94.5%	
60605	Chicago	29,510	Cook	55.2	1	0.2%	94.7%	
61327	Hennepin	1,114	Putnam	60.9	1	0.2%	95.0%	
60438	Lansing	28,109	Cook	65.5	1	0.2%	95.2%	
60901	Kankakee (Irwin)	34,650	Kankakee	73.4	1	0.2%	95.4%	
61764	Pontiac	13,210	Livingston	76.3	1	0.2%	95.7%	
61244	East Moline	23,659	Rock Island	95.6	1	0.2%	95.9%	
61571	Washington	24,969	Tazewell	96.7	1	0.2%	96.2%	
53510	Belmont	1,557	Lafayette	98.5	1	0.2%	96.4%	
61265	Moline	43,219	Rock Island	99.2	1	0.2%	96.6%	
61201	Rock Island	37,214	Rock Island	102.6	1	0.2%	96.9%	
61704	Bloomington	39,198	McLean	104.3	1	0.2%	97.1%	
61701	Bloomington	34,281	McLean	105.1	1	0.2%	97.4%	

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Patient Zip	Post Office (City)	Population (2022)	County	Distance from Sycamore	LTAC Discharges	Percent of Total LTAC Discharges	Cumulative Percent of LTAC Discharges	HSA 1
61470	Prairie City	402	McDonough	132.1	1	0.2%	97.6%	
62521	Decatur (Long Creek)	33,295	Macon	151.1	1	0.2%	97.8%	
61944	Paris	11,678	Edgar	172.5	1	0.2%	98.1%	
61938	Mattoon	21,206	Coles	173.8	1	0.2%	98.3%	
62024	East Alton	8,893	Madison	226.3	1	0.2%	98.6%	
62204	East Saint Louis (Washington Park)	6,774	Saint Clair	243.2	1	0.2%	98.8%	
62265	New Baden	4,535	Clinton	244.0	1	0.2%	99.0%	
62901	Carbondale	25,451	Jackson	295.4	1	0.2%	99.3%	
43016	Dublin	46,225	Franklin	315.7	1	0.2%	99.5%	
63935	Doniphan (Poynor)	8,530	Ripley	387.4	1	0.2%	99.8%	
65785	Stockton	5,671	Cedar	401.1	1	0.2%	100.0%	
Zip Codes outside HSA 1					204	49.0%		
TOTAL					416	100.0%		

The project justification is based on three factors: 1) HFSRB determination of need for four additional rehabilitation beds in HSA 1; 2) the special needs for rehabilitation by LTAC patients at Kindred Hospital Sycamore; and 3) estimate of the need for acute hospital rehabilitation care for the residents of the area within 17 miles of Kindred Hospital Sycamore.

1. The Inventory of Health Care Facilities and Services and Need Determinations for HSA 1 shows a deficit of 4 Comprehensive Physical Rehabilitation beds in the area.

There is only one hospital in HSA 1 providing Comprehensive Physical Rehabilitation, Van Matre Encompass Health Rehabilitation Hospital. The hospital's rehabilitation units have 65 beds. According to the State's formulas, 69 beds are needed.

2. LTAC patients have significant need for rehabilitation care after discharge from their LTAC stays. Referrals from the LTAC service at Kindred Hospital Sycamore justifies a component need for 3.2 (4) rehabilitation beds.

LTAC patients have a significant need for rehabilitation when they are ready to be discharged from the inpatient LTAC care. Many have been hospitalized for 3 to 5 weeks, and have significant conditioning deficits. Based on ScionHealth's national experience with facilities that provide both LTAC and Comprehensive Physical Rehabilitation, 16.6% of LTAC patients receive rehabilitation care, with an average rehab length of stay of 14.3 days. In 2020, Kindred Hospital Sycamore had 423 LTAC admissions. Using the model, 16.6% of these patients require admission to a rehabilitation unit, or 70 patients per year. With an ALOS of 14.3 days, the 70 patients generate 1,001 rehabilitation patient days, for an average daily census of 2.7 patients. An ADC of 2.7 patients requires 3.2 beds at 85% occupancy.

Over the past year, 4 physicians at Kindred Hospital Sycamore referred 72 patients from the LTAC unit to area providers of acute rehabilitation care. This finding is consistent with the calculation in #1 above. These referrals are documented in the letter by Andrew Ta, DO, President of the Medical Staff, on behalf of the four physicians. (See Appendix A.) The table to the letter shows the Zip codes of residence of the 72 patients, and the hospital rehabilitation programs to which they were referred.

The historic volumes referenced in the letters are not, by themselves, totally sufficient to justify full utilization of the proposed new 10 bed unit at Kindred Hospital Sycamore. Part of the additional justification is supported by the analysis of patients who have conditions matching Rehabilitation Impairment Codes (RICs) but who are not hospitalized for post-acute rehabilitation.

3. Using the U. S. Centers for Medicare and Medicaid Services (CMS) model for eligibility for acute inpatient rehabilitation, the unmet need for beds in the area defined by the 17 mile radius around the hospital is the equivalent of 233 patient days; that is an average daily census of 5.6 patients, or at 85% utilization, 6.6 beds.

For the Kindred Hospital Sycamore, the projection of future referrals to the proposed comprehensive physical rehabilitation program is supported by an analysis of patients within 17 Mile Radius Service Area for Kindred Hospital Sycamore who matched a Rehabilitation Impairment Code (RIC), indicating that post-acute care inpatient rehabilitation may be appropriate. This method estimates that there were as many as 605 Illinois residents of the 17 mile area who should



have received hospital-based inpatient rehabilitation care upon discharge from community hospitals in Illinois. The analysis utilized data on hospital inpatients from Illinois Hospital Association - COMPData for the most recent 12 month period for which data was available (July 2020 – June 2021).

In establishing requirements for reimbursement for rehabilitation care, the US Centers for Medicare and Medicaid Services (CMS) established the system of Rehabilitation Impairment Codes (RICs). Patients with stroke, neurological, brain injury, spinal cord injury amputation, hip fractures, joint replacement or other orthopedic procedures, and other conditions match an RIC, indicating their eligibility for post acute treatment in a rehabilitation inpatient unit. Not all of these patients receive care in an inpatient rehabilitation unit. Instead, most are discharged to skilled nursing, home care services, LTAC, hospice, home without care services, or other disposition. It is the national experience of ScionHealth (formerly Kindred), Kindred Hospital Sycamore's partner in the operation of the proposed rehabilitation hospital, that 8% of patients matching an RIC code actually are admitted to inpatient rehabilitation.

LifePoint rehabilitation services, as the partner with Kindred Hospital Sycamore, together conducted an analysis of the determination of the need for the proposed comprehensive physical rehabilitation program, based on the needs of patients currently being discharged from community hospitals in Illinois and who reside within 17 Mile Radius Service Area of proposed comprehensive physical rehabilitation program at Kindred Hospital Sycamore. Utilizing the IHA COMPData, with specific medical-surgical discharges by diagnosis for the period from July 1, 2020 to June 30, 2021, these medical-surgical-discharges were selected for specific ICD-10 codes which have the potential for utilization of comprehensive physical rehabilitation. All payor categories were included as potential candidates for the proposed comprehensive physical rehabilitation unit. Utilizing LifePoint rehabilitation services' methodology developed over many years of managing Inpatient Physical Rehabilitation programs across the country, the 17 Mile Radius Service Area' most recent 12 month period of discharge data were analyzed for ICD-10 codes representing conditions requiring intensive inpatient rehabilitation. Of the patients with those ICD-10 codes, only a certain percentage for each condition was considered as potential admissions to the proposed facility. Those percentages were established based on LifePoint rehabilitation services' conservative estimate based on its years of experience with other inpatient rehabilitation facilities.

The analysis of need for this project then applied a conservative estimate of the average length of stay specific to each of the diagnostic categories. This analysis estimates that 605 patients with an aggregate average length of stay of 12.1 days will produce an acute care discharged generated average daily census of 20.0. The number of beds required to serve the census estimation at an 85% planning occupancy level is 23.5 or twenty four (24) beds, based solely on utilization of Illinois residents living within 17 Mile Radius Service Area, originating from community hospitals in Illinois current med/surg population. This analysis is presented in the following table.

Kindred Hospital Sycamore defined service area residents discharged from IL hospitals matching Rehabilitation Impairment Codes and the estimation of those qualifying for Comprehensive Physical Rehabilitation (CRP), generating a expected 605 inpatient CRP case for 12 month period ended 6/21.						
RIC Description		# of	KHRS IRF%	REHAB	ALOS	REHAB
Diagnosis	RICS	Cases	% Req.	PTS.		PT DAYS
		A	B	C	D	E
Ric 1 Stroke - Primary	Ric 1	410	21.71%	89	14.47	1,288
Ric 1 Stroke - Secondary	Ric 1	233	9.01%	21	14.47	304
Ric 2 BI - Traumatic	Ric 2	133	18.80%	25	12.16	304
Ric 3 BI - NonTraumatic	Ric 3	547	11.52%	63	11.30	712
Ric 4 SCI - Traumatic	Ric 4	61	13.11%	8	18.30	146
Ric 5 SCI - NonTraumatic	Ric 5	175	16.00%	28	13.33	373
Ric 6 Neurological	Ric 6	266	30.83%	82	11.76	964
Ric 7 Fracture	Ric 7	170	31.76%	54	12.33	666
Ric 8 Bilat - THR	Ric 8	28	25.00%	7	9.76	68
Ric 8 Bilat - TKR	Ric 8	2	50.00%	1	9.76	10
Ric 8 Joint Rep (Other)	Ric 8	205	7.32%	15	9.76	146
Ric 9 Other Ortho	Ric 9	180	22.78%	41	10.86	445
Ric 10 LE Amputation	Ric 10	123	11.38%	14	12.34	173
Ric 11 Other Amputation	Ric 11	17	5.88%	1	11.30	11
Ric 12 Osteoarthritis	Ric 12	61	1.64%	1	10.51	11
Ric 13 Rheumatoid	Ric 13	37	5.41%	2	11.90	24
Ric 14 Cardiac	Ric 14	657	5.78%	38	10.04	382
Ric 15 Pulmonary	Ric 15	135	8.89%	12	10.23	123
Ric 16 Pain Syndrome	Ric 16	92	2.17%	2	9.77	20
Ric 17 MMT no bi / sci	Ric 17	65	20.00%	13	11.95	155
Ric 18 MMT w/ bi & sci	Ric 18	20	25.00%	5	12.86	64
Ric 19 Guillain - Barre	Ric 19	10	20.00%	2	18.11	36
Ric 20 Miscellaneous	Ric 20	1,776	4.50%	80	10.68	855
Ric 21 Burns	Ric 21	17	5.88%	1	12.56	13
<b>RIC Match Subtotal</b>		<b>5,420</b>	<b>11.16%</b>	<b>605</b>	<b>12.05</b>	<b>7,293</b>
<b>Internally Generated IRF Demand</b>			<b>20.0</b>			

This analysis was conducted on all patient discharges from hospitals in Illinois for residents of the 17 mile radius area. For the 12 months ended June, 2021, 5,420 of these patients matched a RIC code. This information is used to estimate potential demand for the proposed comprehensive physical rehabilitation program at Kindred Hospital Sycamore.

COMPData also showed that while there was an estimated need of rehabilitation services for 605 patients, only 437 patients were actually admitted for hospital rehabilitation. The implication is that 168 inpatients qualifying for and requiring inpatient Comprehensive Physical Rehabilitation were not obtaining that level of care at all or receiving only a lesser level of rehabilitation service in a skilled nursing environment. At an average length of stay of 12.1 days,

The step by step calculations are as follows

- 1) Of the residents of 17 Mile Radius Service Area , 16,111 patients were admitted to hospitals in Illinois and from July 1, 2020 through June 30, 2021 (inpatients only, excluding observation), 5,420 inpatients fall into a Rehabilitation Impairment Code (RIC). (Column A)
- 2) Utilizing LifePoint rehabilitation services' actual experience across the US in the admission into inpatient Comprehensive Physical Rehabilitation programs, each diagnosis was assigned an experienced % Requiring Rehab by RIC, Column B. Multiplying B by the number of cases in A, yields 605 total patients to be admitted for inpatient comprehensive physical rehabilitation, Column C.
- 3) Utilizing LifePoint rehabilitation services' actual diagnosis-specific average length of stay (ALOS) by RIC (Column D) and multiplying D by the number of Rehab Patients in C yields the corresponding Rehab Patient Days (Column E).
- 4) Dividing the Rehab Patient Days (Column E) by 365 days in a year, yields an average daily census (ADC) of 20.0 patients, the internally generated ADC for the inpatient rehabilitation facility need associated with the residents of the 17 mile service area.

Because only 437 of the 605 patients actually received acute rehabilitation care, the difference of 168 patients did not receive inpatient rehabilitation. At 12.1 days average stay, these 168 patients generate 2033 patient days, an average daily census of 5.6 days. At 85% occupancy, this volume requires 6.6 (7) beds.

In summary, this section documents a need for up to 14 additional beds in the area, based on the following components analyses:

	ADC _____	Associated <u>beds needed</u>
1. Deficit of beds in HSA 1 (HFSRB Need Determination)	--	4
2. LTAC patients at Kindred Sycamore (16.6% of LTAC patients)	2.7	3.2
3. RIC analysis – 17 mile radius	5.6	6.6
TOTAL		13.8 (14 beds)

There may be some overlap between these categories, but at the same time, the analysis is conservative for the following reasons:

- The total for the RIC analysis is restricted to patients living within the 17 mile radius area. Patients who live outside the radius but in Zip codes that are partially in the 17 mile arc are not included. If those patients were included, the analysis would show a need for more than the 20.0 rehabilitation ADC (Column B in the RIC Match table).

(Note: The table of Zip codes later in section 1110.205 (c) includes the population for Zip codes that are in total or partially with the radius.)

- Even moreso, if the RIC analysis had been done for the geography of the entire HSA 1, that analysis would have demonstrated an even more significant unmet need.

- While some of the LTAC patients are presently receiving care at other area rehabilitation centers, there is significant benefit from receiving that rehabilitation care at Kindred Hospital Sycamore. There would be a continuity of service by doctors, nurses, therapists and technicians, many who provided care in the LTAC unit and could continue caring for patients in the rehabilitation unit.

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

The ratio of rehabilitation beds per thousand population in HSA 1 is 0.095 beds. The HSA has one hospital with 65 rehabilitation beds serving the HSA population of 685,600. This bed to population ratio is significantly below the Statewide average of 0.127. Moreover, there are no rehabilitation services located within the 17 mile radius of Kindred Hospital Sycamore. This measure can be an indicator of need for additional access to services and the importance of the operation of 10 beds at the new unit.

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 unit 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 units. As presented earlier in this section, the historic volume of LTAC patients at the Kindred Hospital Sycamore generates a demand for 70 rehabilitation admissions to Comprehensive Physical Rehabilitation care. At a length of stay of 14.3 days, these patients generate 1,001 patient days per year. The 10 bed facility at Kindred Hospital Sycamore will enable needed acute rehabilitation care to be provided conveniently for ScionHealth LTAC patients within the ScionHealth system.

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

The table on the next page shows a listing of the 35 Zip codes located in whole or in part within the 17 mile radius from the location of Kindred Hospital Sycamore. These zip codes have a resident population of 359,105 (U.S. Bureau of the Census.)

There are no Comprehensive Physical Rehabilitation services located in the Zip codes defining the 17 mile area.

**Zip Codes within 17 miles of Kindred Hospital Sycamore  
(in whole or in part)**

Zip	Post Office (City)	County	Population (2022)	Distance from Sycamore
60178	Sycamore	DeKalb	23,232	0.6
60112	Cortland	DeKalb	4,824	3.8
60115	DeKalb	DeKalb	45,824	5.0
60135	Genoa	DeKalb	7,451	7.6
60151	Maple Park (Virgil)	Kane	4,192	7.6
60111	Clare	DeKalb	255	8.0
60109	Burlington	Kane	328	8.5
60145	Kingston	DeKalb	2,497	9.2
60150	Malta	DeKalb	1,762	10.1
60146	Kirkland (Fairdale)	DeKalb	2,754	11.8
60140	Hampshire (Campton Hills)	Kane	20,160	12.6
60129	Esmond	DeKalb	301	13.3
60119	Elburn (Campton Hills)	Kane	11,558	13.6
60520	Hinckley	DeKalb	2,806	14.7
60183	Wasco	Kane	43	14.8
60556	Waterman	DeKalb	1,978	15.3
60175	Saint Charles (Campton Hills)	Kane	27,056	16.0
60124	Elgin (Campton Hills)	Kane	23,029	16.6
60511	Big Rock	Kane	1,728	17.4
60550	Shabbona	DeKalb	1,258	17.8
60136	Gilberts	Kane	7,309	18.0
61049	Lindenwood	Ogle	553	18.1
60180	Union	McHenry	1,750	18.3
60142	Huntley	McHenry	30,194	18.4
61052	Monroe Center	Ogle	1,111	18.5
60530	Lee	Lee	634	18.7
60152	Marengo	McHenry	12,668	18.7
60177	South Elgin	Kane	24,037	19.2
60554	Sugar Grove	Kane	13,152	19.2
61038	Garden Prairie	Boone	1,319	19.4
60134	Geneva	Kane	30,522	19.4
60553	Steward	Lee	680	19.8
61068	Rochelle (Kings)	Ogle	14,394	20.1
61008	Belvidere	Boone	32,759	21.0
61016	Cherry Valley	Winnebago	4,987	21.9
TOTAL			359,105	

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 1, the ratio is 0.095, significantly below the Statewide average.

65 rehabilitation beds / 685,600 residents = **0.095 beds per 1000 population**

The project will increase this ratio to **0.114**. This remains well below 0.191, which is 1.5 times the Statewide average.

- For the area defined by the 17-mile radius around Kindred Hospital Sycamore, there are no Comprehensive Physical Rehabilitation beds. The ratio of rehabilitation beds per 1,000 population is 0.0. The project will increase this ratio to 0.028

10 rehabilitation beds / 359,105 residents = **0.028 beds per 1000 population**

Conclusion: the project does not increase the ratio of beds to population to a level more than 1.5 times the Statewide average. Consequently, it does not create duplication or a maldistribution of beds by this measure.

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

The project has been scaled to 10 rehabilitation beds to meet the needs of patients at Kindred Hospital Sycamore, patients in the surrounding 17 mile area and fill the deficit of four beds in HSA 1.

There are no providers of acute rehabilitation services within the 17 mile radius. The scale of the project assures that it will have minimal impact on any individual provider and on the provision of rehabilitation services in the broader area.

#### 1110.205 (e) Staffing

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

Kindred Hospital Sycamore 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 Sycamore 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 Sycamore to cross train or accept comparable positions with Kindred Hospital Sycamore'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 Sycamore, and promotion of open positions on various recruiting and social media outlets;
- Positions for the Kindred Hospital Sycamore will be posted on [wwwIndeed.com](http://wwwIndeed.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 Sycamore.

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 Sycamore.

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

The proposed rehabilitation unit is sized at 10 beds, to meet the required rehabilitation needs of patients at Kindred Hospital Sycamore, patients in the surrounding 17 mile area, and fill the deficit of four beds in the HSA. The minimum unit size for rehabilitation units is 16 beds. The floor lay-out and space restrictions on the first floor limit the options to add more beds in this location. Further, It is not possible to convert part of any of the existing LTAC units in this building; dividing and modernizing any of these units would not enable the creation of a separate and distinct rehabilitation unit that would meet licensure and CMS certification requirements.

#### 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:

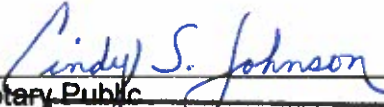
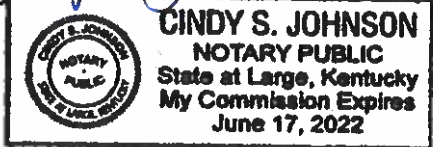
Consistent with the requirement in 1110.205(g), I hereby attest that it is my understanding that by the second year of operation after the establishment of the Comprehensive Physical Rehabilitation service at Kindred Hospital Sycamore the rehabilitation service will achieve and maintain the 85% occupancy 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 \$6,686,286 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 Sycamore, LLC 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 Sycamore, LLC's total project costs.

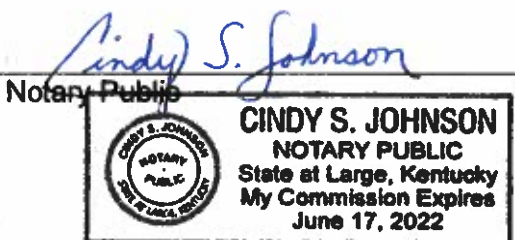
As of October 31, 2021, ScionHealth's four Illinois facilities had Current Assets of \$44,245,610.35 and Current Liabilities of \$28,876,347.53. The difference between these balances reflects net working capital of \$15,369,262.82. This is sufficient to fund the \$6,686,286 to fund Kindred Sycamore, 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 17<sup>th</sup> day of JANUARY, 2022



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 Sycamore, LLC does not have a bond rating that can be used to satisfy the financial viability requirement. I attest that Kindred Sycamore, LLC's total project costs will be totally funded through the use of internal resources. The funds for this project will be provided by \$6,686,286 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 \$6,686,286 of total project cost required to be funded by Kindred Sycamore, LLC.

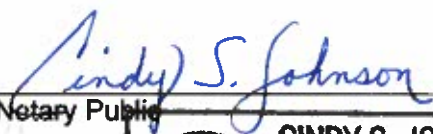
If you have any questions, please contact me at Douglas.Curnutte@kindred.com or (502) 596-7329.

Sincerely,




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

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



Notary Public



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

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 Sycamore, LLC 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 \$6,686,286 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 Sycamore, 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 \$6,686,286 of existing capital required to be funded for Kindred Sycamore, LLC. 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 Chicago North project.

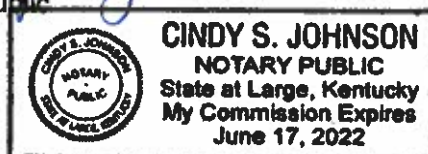
If you have any questions, please contact me at Douglas.Curnutte@kindred.com or (502) 596-7329.

Sincerely,

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

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

Notary Public



Attachment 36

1120.140

## C. Reasonableness of Project Costs

## COST AND SQUARE FOOT BY DEPARTMENT

Department	A	B	C	D	E	F	G	H		As Is
	Cost / Sq Ft		DGSF		DGSF		Const \$	Mod \$	Total Cost	Sq Ft
	New	Mod	New	Circ %	Mod	Circ %	(A x C)	(B x E)	(G + H)	
CLINICAL										
Comp Physical Rehab		\$460.00			6,157	22		\$2,997,820	\$2,997,820	
Physical Therapy		\$400.00			885	22		\$354,000	\$354,000	
LTAC		NA								65,051
Clinical subtotal		\$452.83			7,402	22		\$3,351,820	\$3,351,820	
NON-CLINICAL										
Public toilets, staff toilets		\$335.00			90	17		\$30,150	\$30,150	
Admin, conference room		\$335.00			1,243	25		\$416,405	\$416,405	
Classroom		\$335.00			612	23		\$205,020	\$205,020	
Storage		\$335.00			409	21		\$137,015	\$137,015	
Dr sleep room		\$335.00			767	22		\$256,945	\$256,945	
Dining room		\$335.00			576	25		\$192,960	\$192,960	
Mech, bldg syst, hskip		\$335.00			239	19		\$80,065	\$80,065	
Non-clinical Sub-total		\$335.00			3936			\$1,318,560	\$1,318,560	
TOTAL		\$411.93			11,338			\$4,670,380	\$4,670,380	

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.

<b>Project Costs and Sources of Funds</b>			
<b>USE OF FUNDS</b>	<b>CLINICAL</b>	<b>NONCLINICAL</b>	<b>TOTAL</b>
Preplanning Costs	\$17,000	\$6,000	\$23,000
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts	3,351,820	1,318,560	4,670,380
Contingencies	502,773	197,784	700,557
Architectural/Engineering Fees	269,859	94,680	364,539
Consulting and Other Fees	191,200	63,718	254,918
Movable or Other Equipment (not in construction contracts)	251,025	97,009	348,034
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	254,388	70,470	324,858
Acquisition of Building or Other Property (excluding land)			
<b>TOTAL USES OF FUNDS</b>	<b>\$4,838,065</b>	<b>\$1,848,221</b>	<b>\$6,686,286</b>
<b>SOURCE OF FUNDS</b>	<b>CLINICAL</b>	<b>NONCLINICAL</b>	<b>TOTAL</b>
Cash and Securities	\$4,838,065	\$1,848,221	\$6,686,286
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>\$4,838,065</b>	<b>\$1,848,221</b>	<b>\$6,686,286</b>
<b>NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>			

Project Costs and Sources of Funds  
Line Item Itemization  
Kindred Hospital Sycamore

**Line 1. Preplanning costs - \$23,000**

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

**Line 6. Modernization Contracts - \$4,670,380**

First floor space that has not been used for clinical purposes is being converted to 10 private patient rooms, a nurse station, and administrative and conference room space, lockers and lounge for staff, storage and other supporting functions. Each of the 10 private rehabilitation rooms will contain ADA compliant bathrooms. The existing gym/therapy space is being renovated to accommodate rehabilitation patients. A sleeping area for doctors and a classroom are also being constructed. The space totals 11,338 departmental gross sq ft. Modernization cost is \$4,670,380 of which \$3,351,820 is clinical. Costs include interior buildout, fixed equipment, all finishes, and contractor's overhead.

**Cost per Sq Ft Ratio**

Clinical Modernization costs = \$3,351,820

Sq ft of clinical space (Rehabilitation and therapy) = 7,402

Cost per sq ft: \$452.83

**Line 7. Contingencies - \$700,557**

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 \$502,773. Non-clinical contingency is \$197,784.

**Line 8. Architectural / Engineering Fees - \$364,539**

This work includes preliminary design, schematic design, design development, construction document services, bidding and negotiation, and construction administration. \$269,859 of this amount is attributed to clinical modernization work.

**Line 9. Consulting and other fees - \$254,918**

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) - \$348,034**

Patient room	10 x \$10,617	\$106,172
Therapy gym		\$67,664
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	\$10,000
Furniture	\$45,056

**Line 14: Other costs to be capitalized - \$324,858**

IT Equipment	\$242,000
Artwork	\$10,000
Signage	\$11,500
Other	\$61,358

**D. Project Operating Costs**

Estimated Project Start Up Operating Cost  
(first year) \$ 2,270,922 \_\_\_\_\_

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

	Rehab Project
Total Operating Costs	\$3,075,706
Equivalent Patient Days	3,103
Direct Cost per Equivalent Patient Day	\$991.20

**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)	--	13,845
Total Project Capital Cost	\$6,686,286	--
Useful Life	13.5	--
Total Annual Depreciation	\$495,280	\$744,194
Depreciation Cost per Equivalent Patient Day	\$159.75	\$53.75

### 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 Sycamore. The hospital has 69 authorized Long Term Acute Care (LTAC) beds. Kindred hospitals and facilities were recently acquired by ScionHealth.

There are only 8 LTAC programs 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. Kindred Hospital Sycamore is the only LTAC in HSA 1; driving distance to Kindred Hospital Northlake, the nearest LTAC, is 49 miles. In a sense, the LTAC service can be considered a safety net service, providing a place for care or patients who are no longer fit or eligible to remain in an acute care hospital. For many LTAC patients, reimbursement does not cover the full cost of care. Revenues from the rehabilitation service 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 no rehabilitation hospitals within 17 miles of Kindred Hospital Sycamore.

There is only one hospital currently providing acute rehabilitation care in the entire HSA 1. Van Matre Encompass Health Rehabilitation Hospital in Rockford is a distance of 26 miles from the Sycamore Hospital. According to the State inventory, there is a need for four additional Comprehensive Physical Rehabilitation beds in HSA 1. The proposed project would establish a 10 bed rehabilitation unit at ScionHealth's Kindred Hospital Sycamore to primarily serve the needs of LTAC patients at its facility.

Due to their medical complexity, LTAC patients typically have lengths of stay between 3 to 5 weeks, often following a stay at an area acute care hospital.

Their needs for rehabilitation care are significant. In addition to meeting the special needs of Kindred Hospital Sycamore's LTAC patients, the proposed facility will help meet the area need for four additional beds in the HSA. There will not be a negative impact on safety net services of Van Matre Encompass Health Rehabilitation Hospital.

**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	\$140,418.96	\$195,419.00	\$882,162.00
	Outpatient	0	0	0
Total		\$140,418.96	\$195,419.00	\$182,162.00
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

**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 SYCAMORE 225 EDWARD ST.  
 (Name) (Address)  
SYCAMORE IL 60178 815-895-2144  
 (City) (State) (ZIP Code) (Telephone Number)
2. Project Location: 225 EDWARD ST SYCAMORE, IL  
 (Address) (City) (State)  
DEKALB  
 (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

88°41'38"W 41°59'12"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, X99
- 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 I
- Channel, Culvert, or Storm Sewer
- Levee, Dike, or Floodwall

### OTHER AREAS

- 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



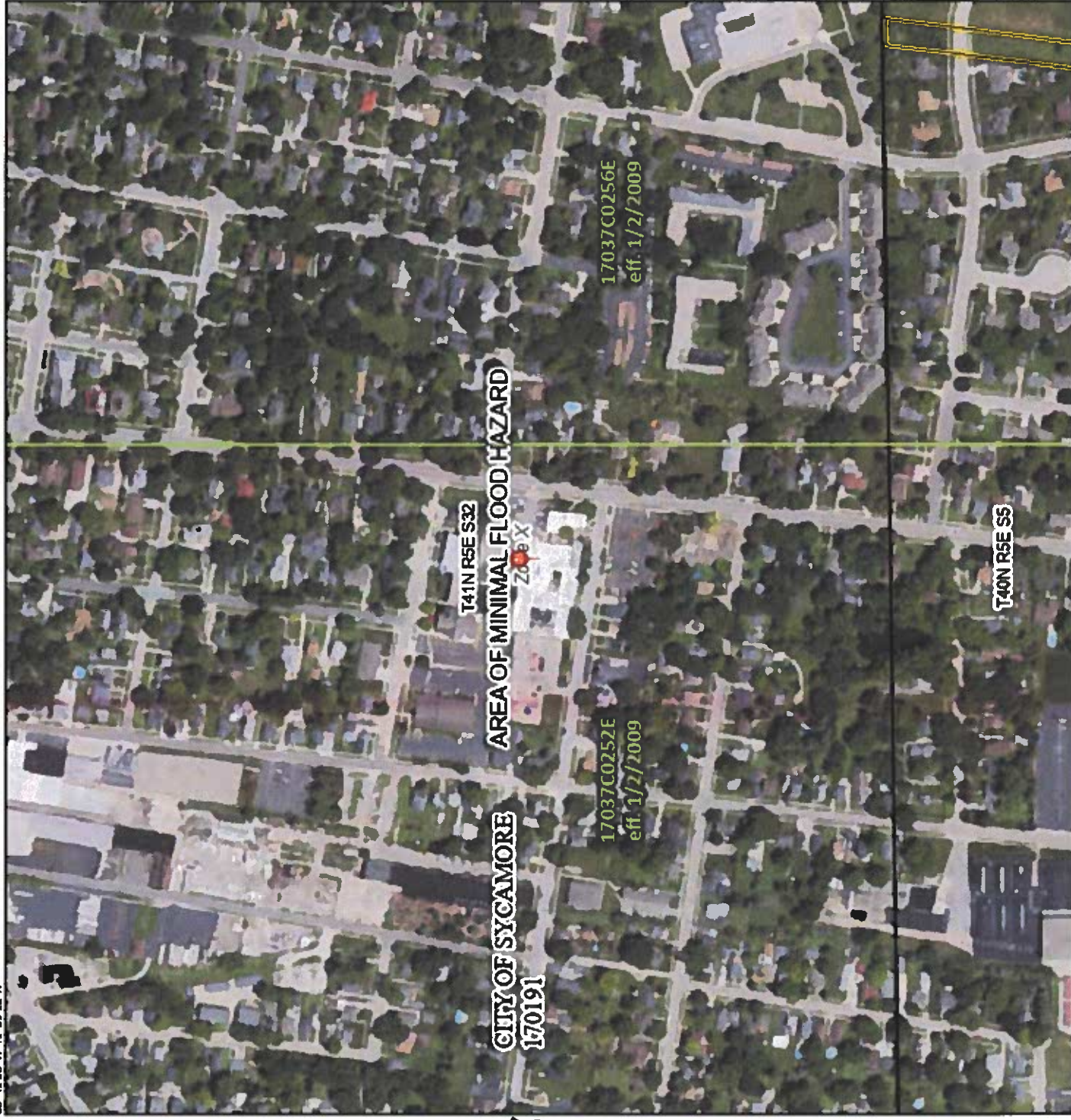
The pin displayed on the map is an approximate point selected by the user and does not represent an authoritative property location.

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 7:32 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 regulatory purposes.

#22002



0 250 500 1,000 1,500 2,000 Feet 1:6,000  
 88°41'W 41°58'45"N  
 Basemap: USGS National Map - Orthorectified Data refreshed October 2020

**APPENDIX A**

**PHYSICIAN REFERRAL LETTER**

Attached is the letter from Andrew Ta, DO, President of the Medical Staff at Kindred Hospital Sycamore.





**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 Andrew Ta, DO, the President of Medical Staff at Kindred Hospital Sycamore. I support the proposal to establish the inpatient Comprehensive Physical Rehabilitation service at Kindred Hospital Sycamore. In review of past utilization by Sycamore patients, I can attest that providers of inpatient services at Kindred Hospital Sycamore referred 72 patients in the 12 month period ending September 30, 2021 to area providers of acute rehabilitation.

These 72 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 Sycamore to comprehensive physical rehabilitation facilities during 2021.

I also estimate that 72 or more patients will be referred to the rehabilitation service at Kindred Hospital Sycamore 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,

Andrew Ta, DO  
President of Medical Staff

Notarization:

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

Signature of Notary

Seal



Kindred Sycamore • 225 Edward st • Sycamore, Illinois 60178  
• 800.526.0857 TDD/TTY

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

Provider Name	Zip Code	# of patients referred for inpatient rehabilitation Year 2021	Rehabilitation Provider
DARWEESH, MUTAZZ	53510	1	VAN MATRE REHABILITATION HOSPITAL
DARWEESH, MUTAZZ	53545	1	VAN MATRE REHABILITATION HOSPITAL
DARWEESH, MUTAZZ	60115	2	SHIRLEY RYAN ABILITYLAB
DARWEESH, MUTAZZ	60479	1	NAVICENT REHABILITATION HOSPITAL, MACON, GA
DARWEESH, MUTAZZ	60901	1	VAN MATRE REHABILITATION HOSPITAL
DARWEESH, MUTAZZ	61008	1	SHIRLEY RYAN ABILITYLAB
DARWEESH, MUTAZZ	61021	1	VAN MATRE REHABILITATION HOSPITAL
DARWEESH, MUTAZZ	61108	2	VAN MATRE REHABILITATION HOSPITAL
DARWEESH, MUTAZZ	61109	1	VAN MATRE REHABILITATION HOSPITAL
DARWEESH, MUTAZZ	61111	3	VAN MATRE REHABILITATION HOSPITAL
DARWEESH, MUTAZZ	61115	1	VAN MATRE REHABILITATION HOSPITAL
DARWEESH, MUTAZZ	61364	1	VAN MATRE REHABILITATION HOSPITAL
SALWAN, MANAV K	60014	1	SAINT JOSEPH HOSPITAL - ELGIN
SALWAN, MANAV K	60084	1	ALEXIAN BROTHERS MEDICAL CENTER
SALWAN, MANAV K	60139	1	VAN MATRE REHABILITATION HOSPITAL
SALWAN, MANAV K	60142	1	SAINT JOSEPH HOSPITAL - ELGIN
SALWAN, MANAV K	60152	1	NORTHWESTERN MEDICIN
SALWAN, MANAV K	60177	1	SAINT JOSEPH HOSPITAL - ELGIN
SALWAN, MANAV K	61021	1	VAN MATRE REHABILITATION HOSPITAL
SALWAN, MANAV K	61068	1	VAN MATRE REHABILITATION HOSPITAL
SALWAN, MANAV K	61074	1	SHIRLEY RYAN ABILITYLAB

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

SALWAN, MANAV K	61088	1	VAN MATRE REHABILITATION HOSPITAL
SALWAN, MANAV K	61101	1	VAN MATRE REHABILITATION HOSPITAL
SALWAN, MANAV K	61103	1	VAN MATRE REHABILITATION HOSPITAL
SALWAN, MANAV K	61111	1	SHIRLEY RYAN ABILITYLAB
SALWAN, MANAV K	61114	1	VAN MATRE REHABILITATION HOSPITAL
SALWAN, MANAV K	61329	1	MARIANJOY REHABILITATION CENTER
SALWAN, MANAV K	61350	1	MARIANJOY REHABILITATION CENTER
SALWAN, MANAV K	62204	1	THE REHAB INSTITUTE OF ST. LOUIS (MO)
SHAH, ASAD	60047	1	SHIRLEY RYAN ABILITYLAB
SHAH, ASAD	60098	1	SAINT JOSEPH HOSPITAL - ELGIN
SHAH, ASAD	60120	1	SAINT JOSEPH HOSPITAL - ELGIN
SHAH, ASAD	60124	1	SAINT JOSEPH HOSPITAL - ELGIN
SHAH, ASAD	60134	1	SAINT JOSEPH HOSPITAL - ELGIN
SHAH, ASAD	60140	2	SAINT JOSEPH HOSPITAL - ELGIN
SHAH, ASAD	60156	1	SAINT JOSEPH HOSPITAL - ELGIN
SHAH, ASAD	60175	1	SHIRLEY RYAN ABILITYLAB
SHAH, ASAD	60177	1	SAINT JOSEPH HOSPITAL - ELGIN
SHAH, ASAD	60506	2	MARIANJOY REHABILITATION CENTER
SHAH, ASAD	60563	1	MARIANJOY REHABILITATION CENTER
SHAH, ASAD	61008	1	VAN MATRE REHABILITATION HOSPITAL
SHAH, ASAD	61081	1	VAN MATRE REHABILITATION HOSPITAL
SHAH, ASAD	61108	1	VAN MATRE REHABILITATION HOSPITAL
SHAH, ASAD	61109	1	VAN MATRE REHABILITATION HOSPITAL
SHAH, ASAD	61115	1	VAN MATRE REHABILITATION HOSPITAL
SHAH, ASAD	61342	1	MARIANJOY REHABILITATION CENTER
	53511	1	VAN MATRE REHABILITATION HOSPITAL
AHMAD, SHAKEEL	60103	1	MARIANJOY REHABILITATION CENTER

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

AHMAD, SHAKEEL	60123	1	SAINT JOSEPH HOSPITAL - ELGIN
AHMAD, SHAKEEL	60134	1	MARIANJOY REHABILITATION CENTER
AHMAD, SHAKEEL	60135	1	MARIANJOY REHABILITATION CENTER
AHMAD, SHAKEEL	60142	1	SAINT JOSEPH HOSPITAL - ELGIN
AHMAD, SHAKEEL	60174	1	SAINT JOSEPH HOSPITAL - ELGIN
AHMAD, SHAKEEL	60185	1	MARIANJOY REHABILITATION CENTER
AHMAD, SHAKEEL	60446	1	VAN MATRE REHABILITATION HOSPITAL
AHMAD, SHAKEEL	60504	1	
AHMAD, SHAKEEL	60505	1	MARIANJOY REHABILITATION CENTER
AHMAD, SHAKEEL	60530	1	MARIANJOY REHABILITATION CENTER
AHMAD, SHAKEEL	61032	1	VAN MATRE REHABILITATION HOSPITAL
AHMAD, SHAKEEL	61062	1	VAN MATRE REHABILITATION HOSPITAL
AHMAD, SHAKEEL	61071	1	VAN MATRE REHABILITATION HOSPITAL
AHMAD, SHAKEEL	61081	1	VAN MATRE REHABILITATION HOSPITAL
AHMAD, SHAKEEL	61102	1	VAN MATRE REHABILITATION HOSPITAL
AHMAD, SHAKEEL	61103	1	VAN MATRE REHABILITATION HOSPITAL
AHMAD, SHAKEEL	61111	1	VAN MATRE REHABILITATION HOSPITAL
AHMAD, SHAKEEL	61353	1	VAN MATRE REHABILITATION HOSPITAL
	TOTAL	72	