

**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: NCH Schaumburg Outpatient Care Center			
Street Address: 519 South Roselle Road			
City and Zip Code: Schaumburg, Illinois 60193			
County: Cook	Health Service Area: 7	Health Planning Area:	

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

Exact Legal Name: NS-EE Holdings d/b/a NorthShore – Edward-Elmhurst Health	
Street Address: 1301 Central Street	
City and Zip Code: Evanston, Illinois 60201	
Name of Registered Agent: Kristen Murtos	
Registered Agent Street Address: 1301 Central Street	
Registered Agent City and Zip Code: Evanston, Illinois 60201	
Name of Chief Executive Officer: Gerald P. Gallagher	
CEO Street Address: 1301 Central Street	
CEO City and Zip Code: Evanston, Illinois 60201	
CEO Telephone Number: 847-570-2000	

**Type of Ownership of Applicants**

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

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

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

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

Name: Shivani Bautista
Title: General Counsel
Company Name: NorthShore University HealthSystem
Address: 1301 Central Avenue, Evanston, Illinois 60201
Telephone Number: 847-570-2000
E-mail Address: <a href="mailto:sbautista@northshore.org">sbautista@northshore.org</a>
Fax Number:

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

Name: Kara Friedman
Title: Attorney
Company Name: Polsinelli PC
Address: 150 North Riverside Plaza, Suite 3000, Chicago, Illinois 60606
Telephone Number: 312-873-3839
E-mail Address: <a href="mailto:kfriedman@polsinelli.com">kfriedman@polsinelli.com</a>
Fax Number:

**Facility/Project Identification**

Facility Name: NCH Schaumburg Outpatient Care Center			
Street Address: 519 South Roselle Road			
City and Zip Code: Schaumburg, Illinois 60193			
County: Cook	Health Service Area: 7	Health Planning Area:	

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

Exact Legal Name: Northwest Community Hospital			
Street Address: 800 West Central Road			
City and Zip Code: Arlington Heights, Illinois 60005			
Name of Registered Agent: Stephen Scogna			
Registered Agent Street Address: 800 West Central Road			
Registered Agent City and Zip Code: Arlington Heights, Illinois 60005			
Name of Chief Executive Officer: Stephen Scogna			
CEO Street Address: 800 West Central Road			
CEO City and Zip Code: Arlington Heights, Illinois 60005			
CEO Telephone Number: 847-618-5007			

**Type of Ownership of Applicants**

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

- Corporations and limited liability companies must provide an **Illinois certificate of good standing**.
- 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.

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Name: Shivani Bautista
Title: General Counsel
Company Name: NorthShore University HealthSystem
Address: 1301 Central Avenue, Evanston, Illinois 60201
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E-mail Address: <a href="mailto:sbautista@northshore.org">sbautista@northshore.org</a>
Fax Number:

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

Name: Kara Friedman
Title: Attorney
Company Name: Polsinelli PC
Address: 150 North Riverside Plaza, Suite 3000, Chicago, Illinois 60606
Telephone Number: 312-873-3639
E-mail Address: <a href="mailto:kfriedman@polsinelli.com">kfriedman@polsinelli.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: Shivani Bautista
Title: General Counsel
Company Name: NorthShore University HealthSystem
Address: 1301 Central Avenue, Evanston, Illinois 60201
Telephone Number: 847-570-2000
E-mail Address: sbautista@northshore.org
Fax Number:

**Site Ownership**

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Northwest Community Hospital
Address of Site Owner: 800 West Central Road, Arlington Heights, Illinois 60005
Street Address or Legal Description of the Site: 519 South Roselle Road, Schaumburg, Illinois 60193 <b>Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease, or a lease.</b>
<b>APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>

**Operating Identity/Licensee**

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

Exact Legal Name: Northwest Community Hospital
Address: 800 West Central Road, Arlington Heights, Illinois 60005
<input checked="" type="checkbox"/> Non-profit Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> For-profit Corporation <input type="checkbox"/> Governmental <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other
<ul style="list-style-type: none"> <li>o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.</li> <li>o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.</li> <li>o <b>Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.</b></li> </ul>
<b>APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>

**Organizational Relationships**

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

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

- 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.

NS-EE Holdings d/b/a NorthShore – Edward-Elmhurst Health and Northwest Community Hospital (“NCH”), as co-applicants propose to redevelop their outpatient care center facilities at 519 South Roselle Road, Schaumburg, Illinois 60193.

The outpatient care center at this location has historically operated in two distinct buildings. With this project, those operations will be consolidated into one building to remain at the current site. Going forward, services will include physician evaluation and management services for primary care and specialty care, imaging services (MRI, CT scanning, x-ray, ultrasound, bone densitometry), breast imaging services (mammography, ABUS), cardiac diagnostics services (echocardiography, stress testing, EKG/monitor), physical therapy and will include a lab draw site. An immediate care center with 8 exam rooms will be located in the new building.

The 3-story building will be located in northwest suburban Cook County. The building will comprise of 23,145 gross square feet of reviewable space and 38,264 gross square feet of non-reviewable space for a total 61,409 gross square feet. All space is new construction. Total capital costs associated with the project are \$44,990,225. In addition to constructing the building, NCH is responsible for funding the cost of all medical equipment, fixtures, furniture, non-medical equipment and information technology.

Construction on the project is estimated to start in May 2022. The project should be completed by March 31, 2024.

The project is Non-Substantive because it does not propose to establish a new category of service, and there will be no inpatient services in the building.

**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	\$118,000	\$512,000	\$630,000
Site Survey and Soil Investigation	\$6,554	\$33,445	\$40,000
Site Preparation	\$220,870	\$1,089,130	\$1,310,000
Off Site Work		0	0
New Construction Contracts	\$5,554,540	\$17,958,560	\$23,513,100
Modernization Contracts		0	0
Contingencies	\$555,380	\$1,926,930	\$2,482,310
Architectural/Engineering Fees	\$417,650	\$1,407,350	\$1,825,000
Consulting and Other Fees	\$690,348	\$2,283,652	\$2,974,000
Movable or Other Equipment (not in construction contracts)	\$2,046,441	\$6,769,559	\$8,816,000
Bond Issuance Expense (project related)	\$113,953	\$202,138	\$316,091
Net Interest Expense During Construction (project related)	\$911,624	\$1,617,100	\$2,528,724
Fair Market Value of Leased Space or Equipment		0	0
Other Costs to Be Capitalized	\$128,830	\$426,170	\$555,000
Acquisition of Building or Other Property (excluding land)			
<b>TOTAL USES OF FUNDS</b>	<b>\$10,764,190</b>	<b>\$34,226,035</b>	<b>\$44,990,225</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)	\$10,764,190	\$34,226,035	\$44,990,225
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
<b>TOTAL SOURCES OF FUNDS</b>	<b>\$10,764,190</b>	<b>\$34,226,035</b>	<b>\$44,990,225</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:

<p>Land acquisition is related to project      <input type="checkbox"/> Yes      <input checked="" type="checkbox"/> No</p> <p>Purchase Price: \$ _____</p> <p>Fair Market Value: \$ _____</p>
<p>The project involves the establishment of a new facility or a new category of service</p> <p style="text-align: center;"><input type="checkbox"/> Yes      <input checked="" type="checkbox"/> No</p> <p>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.</p> <p>Estimated start-up costs and operating deficit cost is \$ <u>0</u></p>

**Project Status and Completion Schedules**

<p><b>For facilities in which prior permits have been issued please provide the permit numbers.</b></p> <p>Indicate the stage of the project's architectural drawings:</p> <p style="text-align: center;"> <input type="checkbox"/> None or not applicable      <input type="checkbox"/> Preliminary  <input checked="" type="checkbox"/> Schematics      <input type="checkbox"/> Final Working </p> <p>Anticipated project completion date (refer to Part 1130.140): <u>March 31, 2024</u></p> <p>Indicate the following with respect to project expenditures or to financial commitments (refer to Part 1130.140):</p> <p> <input type="checkbox"/> Purchase orders, leases or contracts pertaining to the project have been executed.  <input type="checkbox"/> Financial commitment is contingent upon permit issuance. Provide a copy of the contingent "certification of financial commitment" document, highlighting any language related to CON Contingencies  <input checked="" type="checkbox"/> Financial Commitment will occur after permit issuance. </p>
<p><b>APPEND DOCUMENTATION AS ATTACHMENT 8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b></p>

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

<p>Are the following submittals up to date as applicable?</p> <p> <input checked="" type="checkbox"/> Cancer Registry  <input checked="" type="checkbox"/> APORS  <input checked="" type="checkbox"/> All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted  <input checked="" type="checkbox"/> All reports regarding outstanding permits </p> <p><b>Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.</b></p>
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**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: Northwest Community Hospital		CITY: Arlington Heights, Illinois			
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	296	11,379	59,226	0	296
Obstetrics	44	2,659	6,516	0	44
Pediatrics	16	235	704	0	16
Intensive Care	60	4,646	13,298	0	60
Comprehensive Physical Rehabilitation	33	683	8,592	0	33
Acute/Chronic Mental Illness	52	1,826	13,168	0	52
Neonatal Intensive Care	8	34	3,474	0	8
General Long-Term Care	0	0	0	0	0
Specialized Long-Term Care	0	0	0	0	0
Long Term Acute Care	0	0	0	0	0
Other ((identify))	0	0	0	0	0
<b>TOTALS:</b>	<b>509</b>	<b>21,462</b>	<b>104,978</b>	<b>0</b>	<b>509</b>

**CERTIFICATION**

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

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

**This Application is filed on the behalf of NS-EE Holdings 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.**

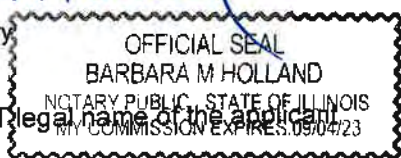
*Gerald P. Gallagher*  
Signature

Gerald P. Gallagher  
Printed Name

President & Chief Executive Officer  
Printed Title

Notarization:  
Subscribed and sworn to before me  
this 24<sup>th</sup> day of January, 2022

*Barbara M. Holland*  
Signature of Notary  
Seal  
\*Insert the EXACT legal name of the applicant



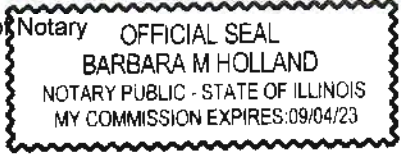
*Doug Welday*  
Signature

Doug Welday  
Printed Name

Chief Financial Officer  
Printed Title

Notarization:  
Subscribed and sworn to before me  
this 27<sup>th</sup> day of January 2022

*Barbara M. Holland*  
Signature of Notary  
Seal



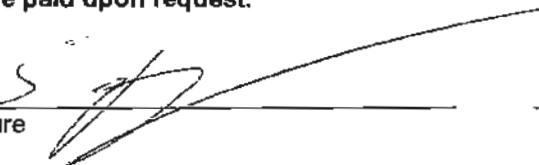
ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
CHANGE OF OWNERSHIP APPLICATION FOR EXEMPTION- 04/2021 Edition

**CERTIFICATION**

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

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

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

  
Signature

Stephen Scogna  
Printed Name

President & Chief Executive Officer  
Printed Title

  
Signature

Michael Hartke  
Printed Name

Executive Vice President and COO  
Printed Title

Notarization:  
Subscribed and sworn to before me  
this 3 day of JAN, 2022

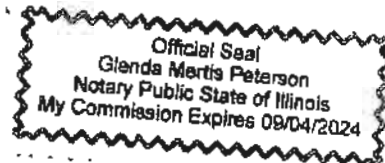
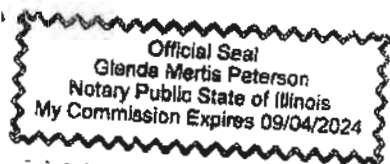
  
Signature of Notary

Seal  
\*Insert the EXACT legal name of the applicant

Notarization:  
Subscribed and sworn to before me  
this 3 day of JAN, 2022

  
Signature of Notary

Seal



### 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 16, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**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:**

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.**

**SECTION V. SERVICE SPECIFIC REVIEW CRITERIA**

This Section is applicable to all projects proposing the establishment, expansion or modernization of categories of service that are subject to CON review, as provided in the Illinois Health Facilities Planning Act [20 ILCS 3960]. It is comprised of information requirements for each category of service, as well as charts for each service, indicating the review criteria that must be addressed for each action (establishment, expansion, and modernization). After identifying the applicable review criteria for each category of service involved, read the criteria and provide the required information APPLICABLE TO THE CRITERIA THAT MUST BE ADDRESSED:

**M. Criterion 1110.270 - Clinical Service Areas Other than Categories of Service**

1. Applicants proposing to establish, expand and/or modernize Clinical Service Areas Other than categories of service must submit the following information:

2. Indicate changes by Service: Indicate # of key room changes by action(s):

Service	# Existing Key Rooms	# Proposed Key Rooms
<input checked="" type="checkbox"/> <b>Imaging</b>	0	5
<input checked="" type="checkbox"/> <b>Breast Imaging</b>	0	3
<input checked="" type="checkbox"/> <b>Cardiac Diagnostics</b>	0	3
<input checked="" type="checkbox"/> <b>Physical Therapy</b>	0	11
<input checked="" type="checkbox"/> <b>Laboratory</b>	0	4
<input checked="" type="checkbox"/> <b>Immediate Care</b>	0	8
<input checked="" type="checkbox"/> <b>Exam Rooms</b>	0	55

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

Project Type	Required Review Criteria
New Services or Facility or Equipment	(b) - Need Determination - Establishment
Service Modernization	(c)(1) - Deteriorated Facilities
	AND/OR
	(c)(2) - Necessary Expansion
	PLUS
	(c)(3)(A) - Utilization - Major Medical Equipment
	OR
	(c)(3)(B) - Utilization - Service or Facility



APPEND DOCUMENTATION AS ATTACHMENT 30, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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]:

	a)	Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to: <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>
	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.
	c)	Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated timetable of receipts;
<u>\$44,990,225</u>	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: <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 terms and conditions.</li> </ol>

<hr/> <hr/> <hr/>	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>\$44,990,225</b>	<b>TOTAL FUNDS AVAILABLE</b>

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

**SECTION VII. 1120.130 - FINANCIAL VIABILITY**

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

**Financial Viability Waiver**

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

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

See Section 1120.130 Financial Waiver for information to be provided

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

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

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

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

**Variance**

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

**APPEND DOCUMENTATION AS ATTACHMENT 35, IN NUMERIC 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 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
<b>Net Patient Revenue</b>			
Amount of Charity Care (charges)			
Cost of Charity Care			

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

**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: Northwest Community Hospital 1301 Central Street


(Name) (Address)  
Schaumburg Illinois 60193 847-618-5007  
(City) (State) (ZIP Code) (Telephone Number)

2. Project Location: 519 South Roselle Road Schaumburg, Illinois

(Address) (City) (State)  
Cook Schaumburg  
(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 X

**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)

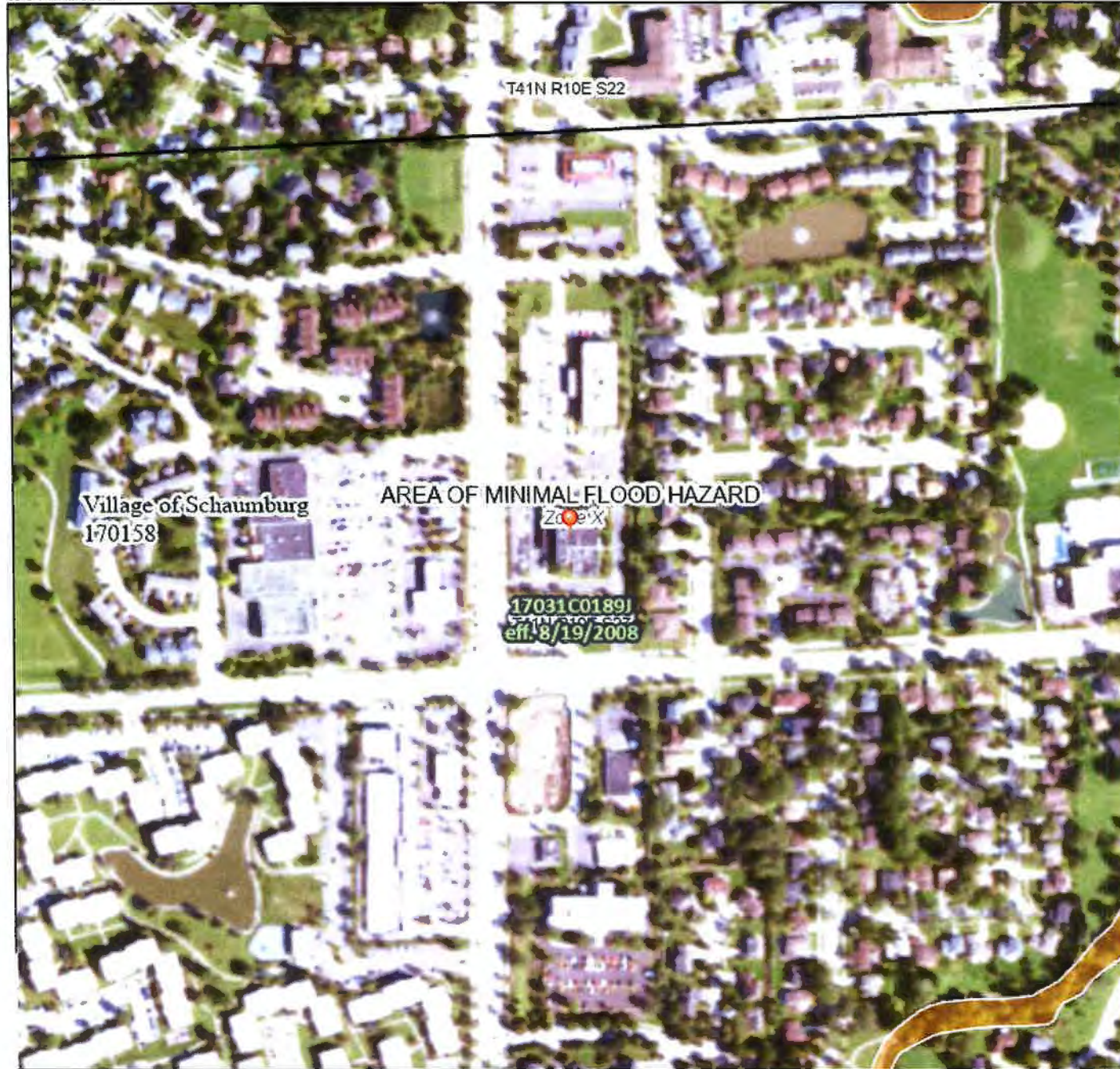
Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# National Flood Hazard Layer FIRMette



88°54'W 42°1'16"N



## Legend

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

<b>SPECIAL FLOOD HAZARD AREAS</b>		Without Base Flood Elevation (BFE) Zone A, V, AE2
		With BFE or Depth Zone AE, AO, AH, VE, AR Regulatory Floodway
<b>OTHER AREAS OF FLOOD HAZARD</b>		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
<b>OTHER AREAS</b>		NO SCREEN Area of Minimal Flood Hazard Zone X
		Effective LOMRs
<b>GENERAL STRUCTURES</b>		Area of Undetermined Flood Hazard Zone D
		Channel, Culvert, or Storm Sewer
<b>OTHER FEATURES</b>		Levee, Dike, or Floodwall
		Cross Sections with 1% Annual Chance Water Surface Elevation
<b>MAP PANELS</b>		Coastal Transect
		Base Flood Elevation Line (BFE)
		Limit of Study
		Jurisdiction Boundary
		Coastal Transect Baseline
		Profile Baseline
<b>MAP PANELS</b>		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.

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 12/31/2021 at 10:44 AM 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.

#22-010

**Section I, Identification, General Information, and Certification**  
**Applicants**

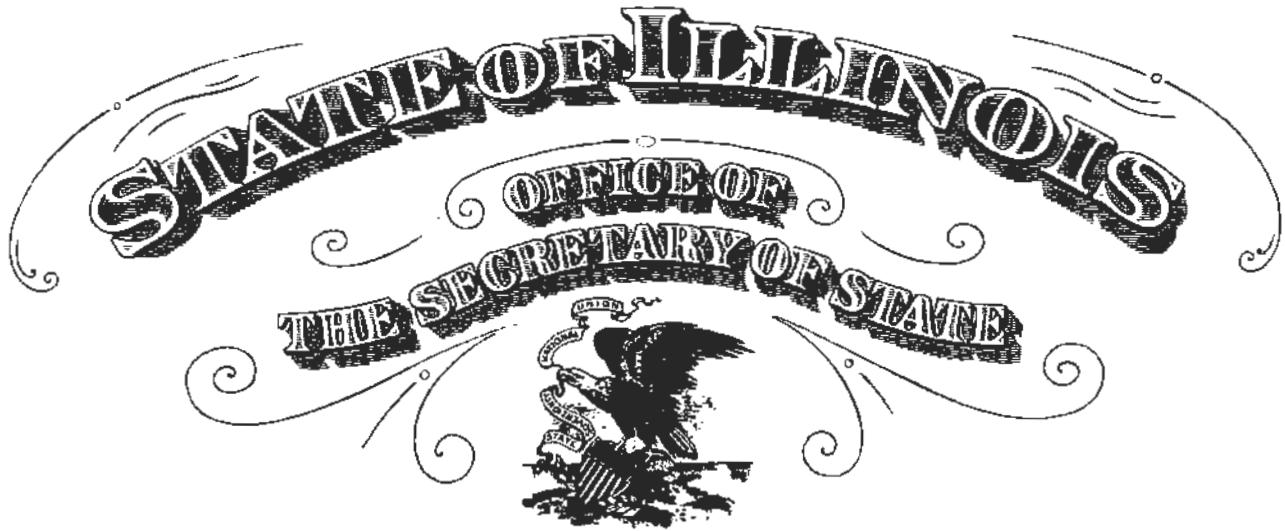
Certificates of Good Standing for NS-EE Holdings d/b/a NorthShore – Edward-Elmhurst Health and NCH are attached at Attachment – 1.

NCH is and will continue to be the operator of NCH Schaumburg Outpatient Care Center.

As the person with final control over the operator NS-EE Holdings d/b/a NorthShore – Edward-Elmhurst Health is named as an applicant for this certificate of need application.

File Number

7305-903-8



**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*

NS-EE HOLDINGS, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON SEPTEMBER 14, 2021, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

***In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 14TH day of SEPTEMBER A.D. 2021 .***



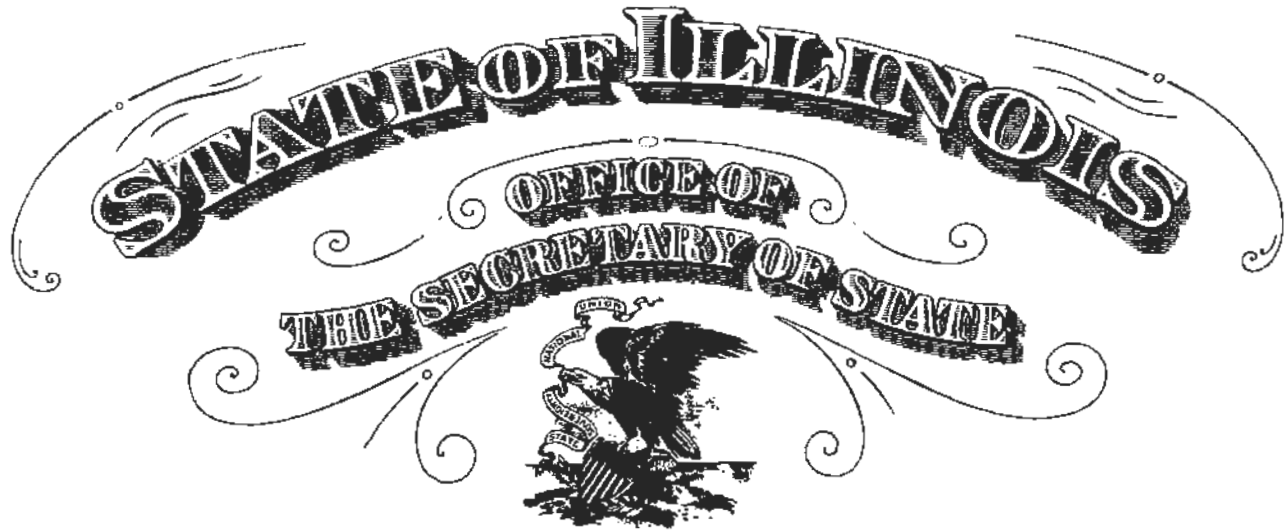
Authentication #: 2125703034 verifiable until 09/14/2022  
Authenticate at: <http://www.ilsos.gov>

*Jesse White*

SECRETARY OF STATE

File Number

3408-231-6



**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*

NORTHWEST COMMUNITY HOSPITAL, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 09, 1953, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

***In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 3RD day of SEPTEMBER A.D. 2021 .***



Authentication #: 2124600870 verifiable until 09/03/2022  
Authenticate at: <http://www.ilscs.gov>

*Jesse White*

SECRETARY OF STATE

**Section I, Identification, General Information, and Certification**  
**Site Ownership**

A letter from Stephen Scogna, President and Chief Executive Officer of Northwest Community Hospital, attesting that Northwest Community Hospital is the owner of the land and buildings located at 519 South Roselle Road, Schaumburg, Illinois 60193 is attached at Attachment – 2.

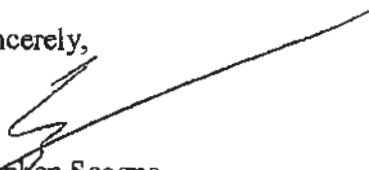
Debra Savage  
Chair  
Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761

**Re: Attestation of Site Ownership**

Dear Chair Savage:

I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109 that Northwest Community Hospital is the owner of the site of the proposed Northwest Community Hospital Schaumburg Outpatient Care Center, located at 519 South Roselle Road, Schaumburg, Illinois 60193.

Sincerely,

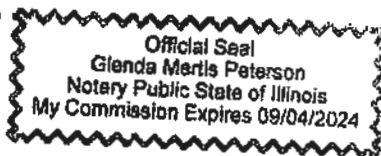


Stephen Scogna  
President and Chief Executive Officer  
Northwest Community Hospital

Subscribed and sworn to me  
This 3 day of JANUARY, 2022



Notary Public

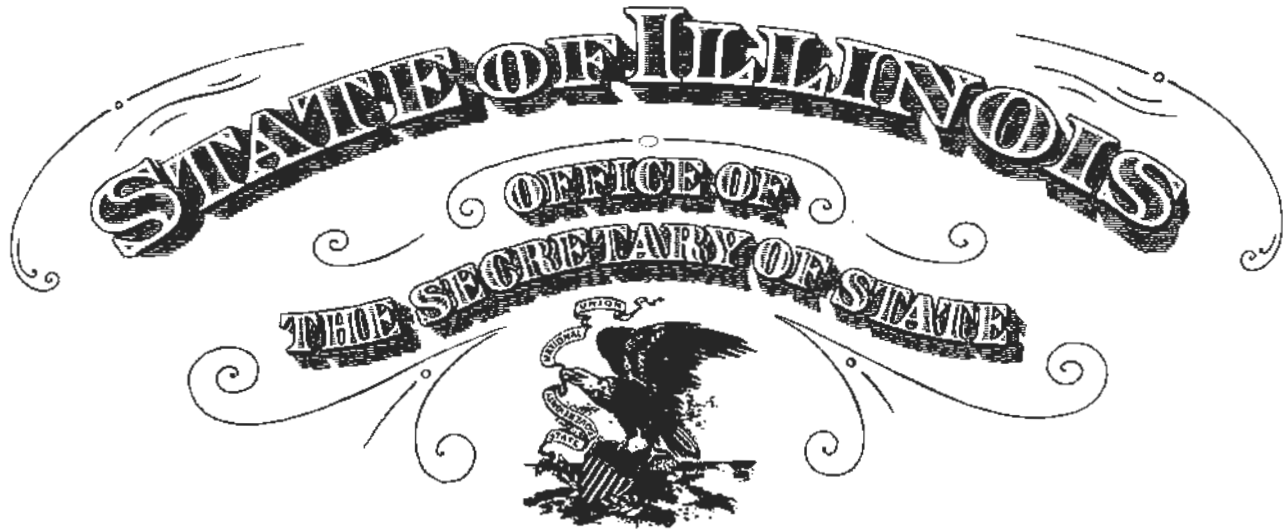


**Section I, Identification, General Information, and Certification**  
**Operating Entity/Licensee**

The Certificate of Good Standing for Northwest Community Hospital is attached at Attachment – 3.

File Number

3408-231-6



**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*

NORTHWEST COMMUNITY HOSPITAL, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 09, 1953, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

***In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 3RD day of SEPTEMBER A.D. 2021 .***



Authentication #: 2124600870 verifiable until 09/03/2022  
Authenticate at: <http://www.ilsos.gov>

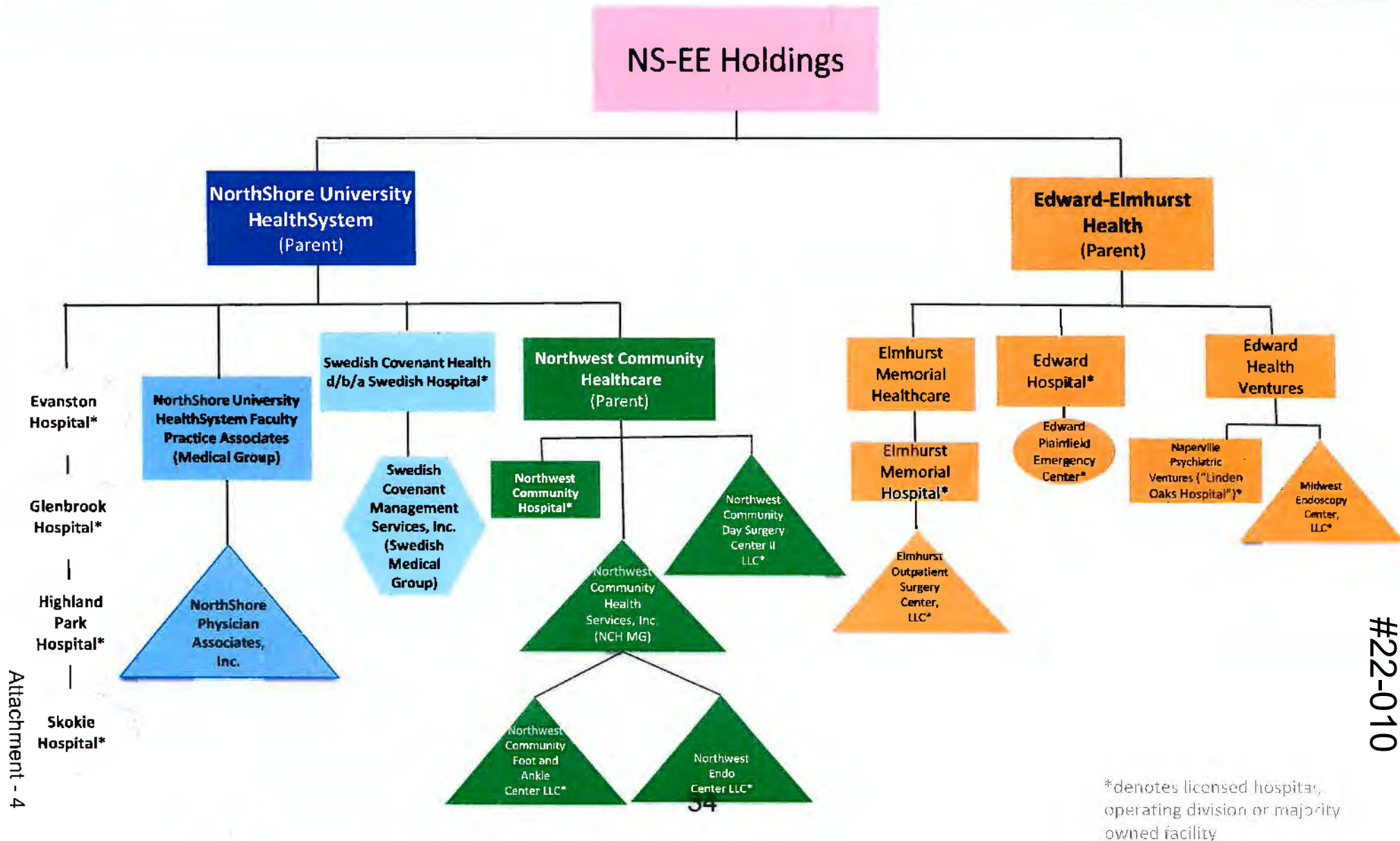
*Jesse White*  
SECRETARY OF STATE



**Section I, Identification, General Information, and Certification**  
**Organizational Relationships**

The organization chart for Northwest Community Hospital is attached at Attachment – 4.

# NorthShore - Edward-Elmhurst Health Corporate Organizational Chart



\*denotes licensed hospital, operating division or majority owned facility

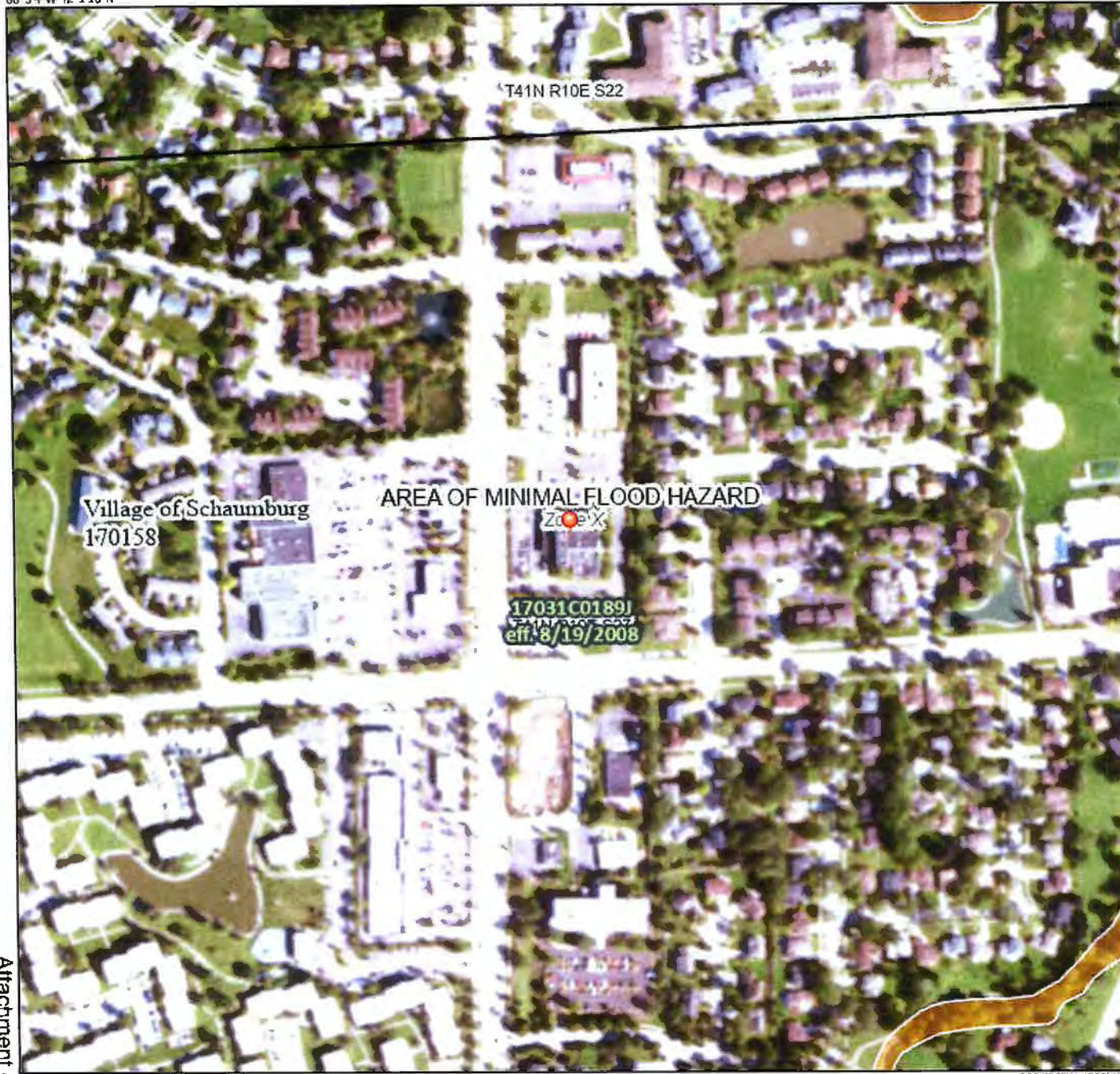
**Section I, Identification, General Information, and Certification**  
**Flood Plain Requirements**

The site of the NCH Schaumburg Outpatient Care Center complies with the requirements of Illinois Executive Order #2006-5. The proposed Outpatient Care Center will be located at 519 South Roselle Road, Schaumburg, Illinois 60173. As shown in the documentation from FEMA Flood Map Service Center attached at Attachment – 5, the interactive map for Panel 17031C0189J shows this area is not located within a flood plain.

# National Flood Hazard Layer FIRMette



88°54'W 42°11'6"N



## Legend

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

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

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 12/31/2021 at 10:44 AM 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.

#22-010

Attachment - 5

**Section I, Identification, General Information, and Certification**  
**Historic Resources Preservation Act Requirements**

The Historic Preservation Act determination from the Illinois Historic Preservation Agency is attached at Attachment – 6.



Illinois Department of  
**Natural Resources**

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

JB Pritzker, Governor  
Colleen Callahan, Director

Cook County  
Schaumburg

CON - Demolition and New Construction of an Outpatient Care Center, Northwest Community Hospital  
519 S. Roselle Road  
SHPO Log #007010622

February 4, 2022

Anne Cooper  
Polsinelli  
150 N. Riverside Plaza, Suite 3000  
Chicago, IL 60606-1599

Dear Ms. Cooper:

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

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

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

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

Sincerely,

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

Carey L. Mayer, AIA  
Deputy State Historic  
Preservation Officer

**Section I, Identification, General Information, and Certification**  
**Project Costs**

<b>Use of Funds</b>	<b>Reviewable</b>	<b>Non-Reviewable</b>	<b>Total</b>
<b>Preplanning Costs</b>	<b>\$118,000</b>	<b>\$512,000</b>	<b>\$630,000</b>
Legal	\$15,000	\$65,000	\$80,000
Space Planning	\$103,000	\$447,000	\$550,000
<b>Site Survey and Soil Investigation</b>	<b>\$6,554</b>	<b>\$33,446</b>	<b>\$40,000</b>
Site Survey	\$5,314	\$24,686	\$30,000
Soil/Environmental Survey	\$1,140	\$8,760	\$10,000
<b>Site Preparation</b>	<b>\$220,870</b>	<b>\$1,089,130</b>	<b>\$1,310,000</b>
Earthwork Equipment Rental	\$41,750	\$208,250	\$250,000
Concrete	\$41,750	\$208,250	\$250,000
Lifting and Hoisting Equipment	\$17,460	\$82,540	\$100,000
Site Drainage	\$34,160	\$165,840	\$200,000
Utilities	\$8,350	\$41,650	\$50,000
Clearing	\$1,500	\$8,500	\$10,000
Grading and Related Earthwork	\$75,900	\$374,100	\$450,000
<b>New Construction Costs</b>	<b>\$5,554,540</b>	<b>\$17,958,560</b>	<b>\$23,513,100</b>
Core/Shell	\$2,307,930	\$7,941,370	\$10,249,300
Interior Build Out	\$3,246,610	\$10,017,190	\$13,263,800
<b>Contingencies</b>	<b>\$555,380</b>	<b>\$1,926,930</b>	<b>\$2,482,310</b>
Core/Shell	\$214,640	\$810,290	\$1,024,930
Build Out	\$300,495	\$1,025,885	\$1,326,380
Site/Soils	\$40,245	\$90,755	\$131,000
<b>Architectural/Engineering Fees</b>	<b>\$417,650</b>	<b>\$1,407,350</b>	<b>\$1,825,000</b>
C/S Build Out	\$360,450	\$1,214,550	\$1,575,000
Civil/Landscape	\$57,200	\$192,800	\$250,000
<b>Consulting and Other Fees</b>	<b>\$690,348</b>	<b>\$2,283,652</b>	<b>\$2,974,000</b>
Environmental Impact/MWRD Fees	\$185,702	\$614,298	\$800,000
Computer Software Fees - Licensing	\$206,594	\$683,406	\$890,000
Certificate of Need Fees	\$25,302	\$83,698	\$109,000
City Permits	\$272,750	\$902,250	\$1,175,000
<b>Movable and Other Equipment (not in construction contracts)</b>	<b>\$2,046,441</b>	<b>\$6,769,559</b>	<b>\$8,816,000</b>
Fixed Medical	\$1,036,220	\$3,427,780	\$4,464,000

Use of Funds	Reviewable	Non-Reviewable	Total
<b>Furniture/Fixtures/Equipment</b>			
Artwork	\$23,213	\$76,787	\$100,000
Sound Equipment	\$58,032	\$191,968	\$250,000
Security System	\$46,426	\$153,574	\$200,000
Signage (Interior/Exterior)	\$67,317	\$222,683	\$290,000
Furniture	\$185,702	\$614,298	\$800,000
Keying	\$17,410	\$57,590	\$75,000
Low Voltage	\$141,598	\$468,402	\$610,000
Post Clean	\$2,785	\$9,215	\$12,000
Fire/Life Safety	\$3,482	\$11,518	\$15,000
Information Technology	\$464,256	\$1,535,744	\$2,000,000
<b>Bond Issuance Expense</b>	\$113,953	\$202,138	\$316,091
<b>Net Interest Expense During Construction</b>	\$911,624	\$1,617,100	\$2,528,724
<b>Other Costs to be Capitalized</b>	<b>\$128,830</b>	<b>\$426,170</b>	<b>\$555,000</b>
Miscellaneous Fees	\$116,064	\$383,936	\$500,000
Asbestos Removal	\$5,803	\$19,197	\$25,000
Lighting	\$2,321	\$7,679	\$10,000
Fencing	\$2,321	\$7,679	\$10,000
Security	\$2,321	\$7,679	\$10,000
<b>Total Uses of Funds</b>	<b>\$10,764,190</b>	<b>\$34,226,035</b>	<b>\$44,990,225</b>



**Section I, Identification, General Information, and Certification**  
**Active CON Permits**

NS-EE Holdings has three active CON permits:

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

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

**Skokie Hospital (Proj. No. 20-008)**

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

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

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

**Section I, Identification, General Information, and Certification**  
**Cost Space Requirements**

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>							
Imaging	\$763,421		3,075	3,075			
Breast Imaging	\$541,222		2,180	2,180			
Cardiac Diagnostic	\$305,368		1,230	1,230			
Rehab	\$1,476,515		6,060	6,060			
Immediate Care	\$738,117		3,980	3,980			
Laboratory/Draw	\$52,325		900	900			
Exam Rooms	\$1,677,572		5,720	5,720			
<b>Total Reviewable</b>	<b>\$5,554,540</b>		<b>23,145</b>	<b>23,145</b>			
<b>NON-REVIEWABLE</b>							
Physician Offices	\$5,110,514		11,500	11,500			
Registration/Reception	\$1,245,573		3,160	3,160			
Common Areas	\$3,688,878		7,700	7,700			
Storage	\$1,016,188		2,300	2,300			
Circulation	\$6,897,407		13,604	13,604			
<b>Total Non-Reviewable</b>	<b>\$17,958,560</b>		<b>38,264</b>	<b>38,264</b>			
<b>Total Construction</b>	<b>\$23,513,100</b>		<b>61,409</b>	<b>61,409</b>			
<b>Other Project Costs</b>							
Preplanning	\$630,000						
Site Survey and Soil Investigation	\$40,000						
Site Preparation	\$1,310,000						
Contingencies	\$2,482,310						
Architectural/Engineering Fees	\$1,825,000						
Consulting and Other Fees	\$2,974,000						
Moveable and Other Equipment	\$8,816,000						
Bond Issuance Expense	\$316,091						
Net Interest Expense During Construction	\$2,528,724						
Other Costs to be Capitalized	\$555,000						
<b>Total Other Project Costs</b>	<b>\$21,477,125</b>						
<b>Total Project Costs</b>	<b>\$44,990,225</b>						

**Section III, Project Purpose, Background and Alternatives – Information Requirements**

**Criterion 1110.110(a), Project Purpose, Background, and Alternatives**

1. A list of health care facilities owned or operated by NS-EE Holdings d/b/a NorthShore – Edward-Elmhurst Health and NCH in Illinois, including licensing and certification information is attached at Attachment – 11A.
2. Letters from the Applicants certifying no adverse action has been taken against any facility owned or operated by the Applicants in Illinois during the three years prior to filing this application is attached at Attachment – 11B.
3. An authorization permitting the State Board and the Illinois Department of Public Health (“IDPH”) access to any documents necessary to verify the information submitted, including but not limited to: official records of IDPH or other State agencies is attached at Attachment – 11B.

<b>NS-EE Holdings d/b/a NorthShore – Edward-Elmhurst Health</b>			
<b>Name</b>	<b>Address</b>	<b>License No.</b>	<b>Accreditation Identification No</b>
NorthShore Evanston Hospital	2650 Ridge Avenue Evanston, Illinois 60201	0000646	7343
NorthShore Glenbrook Hospital	2100 Pfingsten Road Glenview, Illinois 60225	0003483	7343
NorthShore Highland Park Hospital	777 Park Avenue West Highland Park, Illinois 60035	0005066	7343
NorthShore Skokie Hospital	9600 Gross Point Road Skokie, Illinois 60076	0005587	7343
Swedish Covenant Health d/b/a Swedish Hospital	5145 North California Avenue Chicago, Illinois	0002717	7343
Northwest Community Hospital	800 West Central Road Arlington Heights, Illinois 60005	0001701	4656
Edward Hospital	801 South Washington Street Naperville, Illinois 60540	0003905	7394
Elmhurst Memorial Hospital	155 East Brush Hill Road Elmhurst, Illinois 60126	000575(1)	7341
Naperville Psychiatric Ventures d/b/a Linden Oaks Hospital	852 South West Street Naperville, Illinois 60540	0005058	4973
Edward Plainfield Emergency Center	24600 West 127 <sup>th</sup> Street Plainfield, Illinois 60585	22003	257710
Northwest Community Day Surgery Center II	675 West Kirchoff Road Arlington Heights, Illinois 60005	7001209	558537
Northwest Endo Center	1415 South Arlington Heights Road Arlington Heights, Illinois 60005	7003210	117454
Northwest Community Foot and Ankle Center	1455 East Golf Road Des Plaines, Illinois 60016	7003213	120139

<b>NS-EE Holdings d/b/a NorthShore – Edward-Elmhurst Health Health Care Facilities with 5% or Greater Ownership</b>		
<b>Name</b>	<b>Address</b>	<b>License</b>
Ravine Way Surgery Center	2350 Ravine Way #500 Glenview, Illinois 60025	7003080
River North Same Say Surgery Center	1 East Street #300 Chicago, Illinois 60611	7002090
Elmhurst Outpatient Surgery Center	1200 South York Road, Suite 1400 Elmhurst, Illinois 60126	7002330
Midwest Endoscopy	3811 Highland Avenue Downers Grove, Illinois 60515	7001076

<b>NS-EE Holdings d/b/a NorthShore – Edward-Elmhurst Health Health Care Facilities with 5% or Greater Ownership</b>		
<b>Name</b>	<b>Address</b>	<b>License</b>
DMG Surgical Center	2725 Technology Drive Lombard, Illinois 60148	7003023
Plainfield Surgery Center	24600 West 127 <sup>th</sup> Street, Building C Plainfield, Illinois 60585	7003135
Salt Creek Surgery Center	530 North Cass Avenue Westmont, Illinois 60559	7003189

<b>Northwest Community Hospital</b>			
<b>Name</b>	<b>Address</b>	<b>License No.</b>	<b>Accreditation Identification No</b>
Northwest Community Hospital	800 West Central Road Arlington Heights, Illinois 60005	0001701	4656
Northwest Community Day Surgery Center II	675 West Kirchoff Road Arlington Heights, Illinois 60005	7001209	558537
Northwest Endo Center	1415 South Arlington Heights Road Arlington Heights, Illinois 60005	7003210	117454
Northwest Community Foot and Ankle Center	1455 East Golf Road Des Plaines, Illinois 60016	7003213	120139

#22-010

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**Illinois Department of  
PUBLIC HEALTH**

HF 124423

**LICENSE, PERMIT, CERTIFICATION, REGISTRATION**

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

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

Issued under the authority of  
the Illinois Department of  
Public Health

EXPIRATION DATE	CATEGORY	ID NUMBER
12/31/2022		0000646
<b>General Hospital</b>		
Effective: 01/01/2022		

**NorthShore University HealthSystem  
dba NorthShore Univ. HealthSystem Evanston Hospital  
2650 Ridge Avenue**

**Evanston, IL 60201**

Exp. Date 12/31/2022

Lic Number 0000646

Date Printed 12/9/2021

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

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**Illinois Department of  
PUBLIC HEALTH**

HF 124424

**LICENSE, PERMIT, CERTIFICATION, REGISTRATION**

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

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

Issued under the authority of  
the Illinois Department of  
Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
12/31/2022		0003483
<b>General Hospital</b>		
Effective: 01/01/2022		

**NorthShore University HealthSystem  
dba NorthShore Univ. HealthSystem Glenbrook Hospital  
2100 Pfingsten Road**

**Glenview, IL 60025**

Exp. Date 12/31/2022

Lic Number 0003483

Date Printed 12/9/2021

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

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**Illinois Department of PUBLIC HEALTH**

HF 124425

**LICENSE, PERMIT, CERTIFICATION, REGISTRATION**

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

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

Issued under the authority of  
the Illinois Department of  
Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
12/31/2022		0005066
<b>General Hospital</b>		
Effective: 01/01/2022		

**NorthShore University HealthSystem  
dba NorthShore Univ. HealthSystem Highland Park Hosp  
777 Park Avenue West**

**Highland Park, IL 60035**

Exp. Date 12/31/2022

Lic Number 0005066

Date Printed 12/9/2021

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

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**Illinois Department of  
PUBLIC HEALTH**

HF 124426

**LICENSE, PERMIT, CERTIFICATION, REGISTRATION**

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

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

Issued under the authority of  
the Illinois Department of  
Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
12/31/2022		0005587
<b>General Hospital</b>		
Effective: 01/01/2022		

Exp. Date 12/31/2022

Lic Number 0005587

Date Printed 12/9/2021

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

Skokie, IL 60076

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

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FEE RECEIPT NO.



**Illinois Department of  
PUBLIC HEALTH**

HF 123856

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**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. NUMBER
12/31/2022		0002717
<b>General Hospital</b>		
Effective: 01/01/2022		

Exp. Date 12/31/2022

Lic Number 0002717

Date Printed 9/27/2021

Swedish Covenant Health  
dba Swedish Hospital  
5145 N California Avenue

Chicago, IL 60625

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

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FEE RECEIPT NO.

#22-010

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**Illinois Department of  
PUBLIC HEALTH**

HF 124306

**LICENSE, PERMIT, CERTIFICATION, REGISTRATION**

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

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

Issued under the authority of  
the Illinois Department of  
Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
12/31/2022		0001701
<b>General Hospital</b>		
Effective: 01/01/2022		

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

Exp. Date 12/31/2022

Lic Number 0001701

Date Printed 11/22/2021

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

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**FEE RECEIPT NO.**



**Illinois Department of  
PUBLIC HEALTH**

HF 122886

**LICENSE, PERMIT, CERTIFICATION, REGISTRATION**

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

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

Issued under the authority of  
the Illinois Department of  
Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
06/30/2022		0003905
<b>General Hospital</b>		
Effective: 07/01/2021		

**Edward Hospital**  
**801 S Washington St**  
**Naperville, IL 60540**

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**RECEIVED**  
6-17-21

Exp. Date 06/30/2022  
Lic Number 0003905  
Date Printed 05/07/2021

Edward Hospital  
801 S Washington St  
Naperville, IL 60540

FEE RECEIPT NO.



**Illinois Department of  
PUBLIC HEALTH**

HF 122683

**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
06/24/2022		0005751(1)
<b>General Hospital</b>		
<b>Effective: 06/25/2021</b>		

**Elmhurst Memorial Hospital**  
**155 E Brush Hill Rd**  
**Elmhurst, IL 60126**

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

Exp. Date 06/24/2022

Lic Number 0005751(1)

Date Printed 04/06/2021

Elmhurst Memorial Hospital

155 E Brush Hill Rd  
Elmhurst, IL 60126

FEE RECEIPT NO.

53

Attachment - 11B

#22-010



**Illinois Department of  
PUBLIC HEALTH**

**HF 123040**

**LICENSE, PERMIT, CERTIFICATION, REGISTRATION**

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

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

Issued under the authority of  
the Illinois Department of  
Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
07/13/2022		7003213
<b>Ambulatory Surgery Treatment Center</b>		
<b>Effective: 07/14/2021</b>		

**Northwest Community Foot and Ankle Center, LLC**  
**1455 Golf Rd**  
**Des Plaines, IL 60016**

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

Exp. Date 07/13/2022

Lic Number 7003213

Date Printed 05/28/2021

**Northwest Community Foot and Ankle**

**1455 Golf Rd**  
**Des Plaines, IL 60016-1250**

**FEE RECEIPT NO.**

54

Attachment - 11B

#22-010



September 14, 2021

HCO ID: # 7343

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

Dear Mr. Gallagher:

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

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

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

If I can be of further assistance I can be reached at (630) 792-6749.

Sincerely,

*Cynthia Lopez*

Cynthia Lopez  
Senior Account Executive  
Accreditation and Certification Operations

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



September 14, 2021

HCO ID:# 7343

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

Dear Mr. Gallagher:

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

Until the findings from this most recent survey are reviewed and a decision is rendered, The Joint Commission continues to consider NorthShore University Health System accredited based on the results of the previous full survey on October 2-8, 2017. An accreditation decision on your latest survey findings will be made once the 60-day Evidence of Standards Compliance reports have been approved by our central office. At that time, your organization's accreditation status will be updated and displayed on our Quality Check report.

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

We understand that the accreditation process can be confusing at times. If I can be of further assistance, please call me directly at (630) 792-6749.

Sincerely,

*Cynthia Lopez*

Cynthia Lopez  
Senior Account Executive  
Accreditation and Certification Operations

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





February 26, 2018

Re: # 7343  
CCN: #140010  
Program: Hospital  
Accreditation Expiration Date: October 07, 2020

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

Dear Mr. Gallagher:

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

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

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

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

This recommendation applies to the following location(s):

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

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

Des Plaines Internal Medicine

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

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



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

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

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

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

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

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

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

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

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

**Medical Imaging**  
1182 Northbrook Court, Northbrook, IL, 60062

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

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

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

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

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

**NorthShore Medical Group - Family Practice**

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

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



1162 Maple Ave, Mundelein, IL, 60060

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

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

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

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

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

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

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

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

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

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

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

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

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

NS Medical Group - Deerpath Physician Group

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

**Headquarters**  
One Renaissance Boulevard  
Oakbrook Terrace, IL 60181  
630.792.5000 Voice



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Skokie Ambulatory Care Center**

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

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



9650 Gross Point Road, Skokie, IL, 60076

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

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

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

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

Sincerely,

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

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

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



August 9, 2021

Anthony Guaccio  
Chief Executive Officer  
Swedish Covenant Hospital  
5145 North California Avenue  
Chicago, IL 60625-3661

Dear Mr. Guaccio:

Congratulations! HFAP's Survey Review Group has reviewed the triennial survey report for your Acute Care Hospital and has granted Full Accreditation for 3 years. This decision was reached on August 6, 2021.

In reviewing your survey report, the Survey Review Group made the observations contained on the Survey Progress Report. An Interim Progress Report is required to be submitted by **May 17, 2022**.

HFAP recommends the Centers for Medicare and Medicaid Services (CMS) approve deemed status for:

Swedish Covenant Hospital  
5145 North California Avenue  
Chicago, IL 60625-3661

**Program:** Acute Care Hospital  
**CCN #** 140114  
**HFAP ID:** 119094

Center for Ambulatory Surgery at Swedish  
Covenant  
5215 North California Avenue  
Foster Medical Pavilion  
Chicago, IL 60625

**Triennial Survey Dates:** 05/17/2021 – 05/20/2021  
**Plan(s) of Correction Received:** 06/30/2021  
**Effective Date of Accreditation:** 01/29/2021 – 01/29/2024

Foster Medical Pavilion OP Lab and X-ray  
5215 North California  
Chicago, IL 60625

Galter Life Center - Cardiac Rehab  
5157 North Francisco  
Chicago, IL 60625

Galter Life Center - Diabetes Community  
Center  
5157 North Francisco  
Chicago, IL 60625

Galter Life Center - Pulmonary Rehab  
5157 North Francisco  
Chicago, IL 60625

Niles Infusion Center  
6450 West Touhy  
Niles, IL 60714

139 Weston Oaks Ct., Cary, NC 27513 | T (855) 937-2242  
ACCREDITATION COMMISSION *for* HEALTH CARE  
[hfap.org](http://hfap.org) | CMS APPROVED



Sauganash ICC - Outpatient Physical Therapy  
6141 North Cicero Avenue  
Chicago, IL 60646

Swedish Covenant Hospital Hyperbaric Oxygen  
Therapy  
2751 West Winona  
Chicago, IL 60625

Swedish Covenant Hospital Outpatient  
Rehabilitation  
5157 North Francisco  
Chicago, IL 60625

Swedish Covenant Hospital Pain Center  
5215 North California, Suite 600  
Chicago, IL 60625

Swedish Covenant Hospital Wound Care  
Center  
2751 West Winona  
Chicago, IL 60625

Condition Level Deficiencies:  None

Swedish Covenant Hospital does not have Swing Beds and was not surveyed under those standards. Swedish Covenant Hospital has, a PPS Excluded Rehab Unit and a PPS Excluded Psych Unit and was surveyed under those standards. The organization met the requirements for PPS Excluded Rehab and Psych Units.

We're glad you are part of the HFAP family. As a reminder, to maintain continuous accreditation, you should plan to reapply nine months prior to your expiration date.

Sincerely,

A handwritten signature in black ink that reads "Deanna Scatena".

Deanna Scatena, RN, BSN  
Associate Program Director

DS/co

cc: CMS Central Office  
Region V, CMS

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
CHANGE OF OWNERSHIP APPLICATION FOR EXEMPTION- 08/2018 Edition**



**AMERICAN OSTEOPATHIC ASSOCIATION**

**BUREAU OF HEALTHCARE FACILITIES ACCREDITATION  
HEALTHCARE FACILITIES ACCREDITATION PROGRAM**

142 E Ontario Street, Chicago, IL 60611-2864 312 202 8268 | 800-621-1773 X 9268

February 28, 2018

**Anthony Guaccio**  
Chief Executive Officer  
Swedish Covenant Hospital  
5145 N California Ave  
Chicago, IL 60625

Dear Mr. Guaccio:

The American Osteopathic Association's Bureau of Healthcare Facilities Accreditation (BHFA) reviewed the triennial Deficiency Assessment Report for your Acute Care Hospital and granted Full Accreditation with resurvey within 3 years and does recommend that the Centers for Medicare and Medicaid Services Regional Office (CMS, RO) approve continued deemed status for:

Swedish Covenant Hospital  
5145 N California Ave  
Chicago, IL 60625

Center for Ambulatory Surgery  
Foster Medical Pavilion  
5215 North California, Suite #800  
Chicago, IL 60625

Outpatient Cardiac and Pulmonary Rehab  
Galter LifeCenter  
5157 N. Francisco, 2nd Floor  
Chicago, IL 60625

Wound Care/Hyperbaric Treatment  
Winona Building  
2751 W. Winona, 3rd Floor  
Chicago, IL 60625

CyberKnife Cancer Institute  
160 E Illinois St.  
Chicago, IL 60611

Outpatient Rehab Services  
Galter LifeCenter, 1st and 2nd Floors  
5157 N. Francisco  
Chicago, IL 60625

Pain Management  
Foster Medical Pavilion  
5215 N. California, Suite #600  
Chicago, IL 60625

**Program:** Acute Care Hospital  
**CCN #** 140114  
**HFAP ID:** 119094  
**Triennial Survey Dates:** 12/11/2017 – 12/14/2017  
**Plan(s) of Correction Received:** 01/12/2018  
**Effective Date of Accreditation:** 01/29/2018 – 01/29/2021



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

Poster Medical Pavilion Lab and X-ray  
5215 N. California, Suite #713  
Chicago, IL 60625

Condition Level Deficiencies:  None  
(Use crosswalk and CFR citations, if applicable):

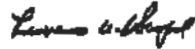
Swedish Covenant Hospital does not have Swing Beds and was not surveyed under those standards.

Swedish Covenant Hospital has a DPU Rehab Unit and a DPU Psych Unit and was surveyed under those standards. The facility met the requirements for both units.

This accreditation decision was reached on February 21, 2018 by the BHFA's Executive Committee.

In reviewing your report, the Bureau of Healthcare Facilities Accreditation (BHFA) made the observations that are contained on the enclosed Bureau Progress Report and requires that an Interim Progress Report be received in the AOA Division of Healthcare Facilities Accreditation prior to **December 10, 2018**.

Sincerely,



Lawrence U. Hospel, D.O.  
Chairman, Bureau of Healthcare Facilities Accreditation  
The Healthcare Facilities Accreditation Program  
LUH/CDC

cc: CMS Central Office  
Region V, CMS

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
CHANGE OF OWNERSHIP APPLICATION FOR EXEMPTION- 09/2018 Edition



January 3, 2018

Stephen Scogna  
Chief Executive Officer

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

Joint Commission ID #: 4656  
Program: Hospital Accreditation  
Accreditation Activity: 60-day Evidence of  
Standards Compliance  
Accreditation Activity Completed: 01/03/2018

Dear Mr. Scogna:

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

- Comprehensive Accreditation Manual for Hospitals

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

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

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

Congratulations on your achievement.

Sincerely,

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

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



June 17, 2021

Stephen Scogna  
President, Chief Executive Officer  
Northwest Community Day Surgery Center II, LLC  
675 West Kirchoff Road  
Arlington Heights, IL 60005

Joint Commission ID #: 558537  
Program: Ambulatory Health Care Accreditation  
Accreditation Activity: Evidence of Standards Compliance  
Accreditation Activity Completed : 6/17/2021

Dear Mr. Scogna:

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

**Comprehensive Accreditation Manual for Ambulatory Health Care**

This accreditation cycle is effective beginning February 20, 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,

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

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



ACCREDITATION ASSOCIATION  
for AMBULATORY HEALTH CARE, INC.

grants this  
**CERTIFICATE OF ACCREDITATION**  
to

**NORTHWEST ENDO CENTER, LLC**

1415 S ARLINGTON HEIGHTS RD  
ARLINGTON HEIGHTS, IL 60005

*In recognition of its commitment to high quality care and patient safety.*

117454

*Organization Identification Number*



JULY 26, 2023

*The award expires on the above date*

*Timothy J. Peterson, MD*  
TIMOTHY J. PETERSON, MD  
*Chair of the Board*

*Noel M. Adachi, MBA*  
NOEL M. ADACHI, MBA  
*President, CEO*

AAAHC • 5250 OLD ORCHARD RD, STE 200 • SKOKIE, IL 60077  
847.853.6060 • WWW.AAAHC.ORG

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Attachment - 11B

#22-010



May 28, 2021

Pamela Dunley, RN MS MBA CENP  
Chief Executive Officer and President  
Edward-Elmhurst Health  
155 East Brush Hill Road  
Elmhurst, IL 60126

Joint Commission ID #: 7341  
Program: Hospital Accreditation  
Accreditation Activity: 60-day Evidence of Standards  
Compliance  
Accreditation Activity Completed : 5/27/2021

Dear Ms. Dunley:

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 13, 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.

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



May 28, 2021

Pamela Dunley, RN MS MBA CENP  
Chief Executive Officer and President  
Edward-Elmhurst Health  
155 East Brush Hill Road  
Elmhurst, IL 60126

Re: # 7341  
CCN: # 140200  
Deemed Program: Hospital  
Accreditation Expiration Date: March 13, 2024

Dear Ms. Dunley:

This letter confirms that your March 9, 2021 - March 12, 2021 unannounced full resurvey was conducted for the purposes of assessing compliance with the Medicare conditions for hospitals through The Joint Commission's deemed status survey process.

Based upon the submission of your evidence of standards compliance on May 27, 2021. The Joint Commission is granting your organization an accreditation decision of Accredited with an effective date of March 13, 2021.

The Joint Commission is also recommending your organization for continued Medicare certification effective March 13, 2021. Please note that the Centers for Medicare and Medicaid Services (CMS) Regional Office (RO) makes the final determination regarding your Medicare participation and the effective date of participation in accordance with the regulations at 42 CFR 489.13. Your organization is encouraged to share a copy of this Medicare recommendation letter with your State Survey Agency.

This recommendation applies to the following location(s):

Elmhurst Memorial Center for Health  
1200 S. York Road, Elmhurst, IL, 60126

Elmhurst Memorial Lombard Health Center  
130 South Main Street, Lombard, IL, 60148

Elmhurst Memorial Sleep Center  
701 S. Main Street, Lombard, IL, 60148

Elmhurst Memorial-Addison Health Center  
303 West Lake Street, Addison, IL, 60101

Elmhurst Memorial Hospital  
155 East Brush Hill Road, Elmhurst, IL, 60126



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



Elmhurst Memorial Center for Cancer Care  
177 East Brush Hill Road, Elmhurst, IL, 60126

Hinsdale Center for Health  
d/b/a Hinsdale Center for Health  
8 Salt Creek, Hinsdale, IL, 60521

Edward-Elmhurst Oak Park Health Center  
932 Lake Street, Oak Park, IL, 60301

Elmhurst Memorial Physical Therapy  
429 North York Road, Elmhurst, IL, 60126

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

Sincerely,

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

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

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



January 5, 2022

Joe Dant, BA, MBA  
CEO  
Edward Hospital  
801 South Washington Street  
Naperville, IL 60540

Joint Commission ID #: 7394  
Program: Hospital Accreditation  
Accreditation Activity: 60-day Evidence of Standards  
Compliance  
Accreditation Activity Completed : 12/16/2021

Dear Mr. Dant:

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 September 25, 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.

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,

A handwritten signature in dark ink that reads "Mark Pelletier".

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





January 5, 2022

Joe Dant, BA, MBA  
CEO  
Edward Hospital  
801 South Washington Street  
Naperville, IL 60540

Re: # 7394  
CCN: # 140231  
Deemed Program: Hospital  
Accreditation Expiration Date: September 25, 2024

Dear Mr. Dant:

This letter confirms that your September 21, 2021 - September 24, 2021 unannounced full resurvey was conducted for the purposes of assessing compliance with the Medicare conditions for hospitals through The Joint Commission's deemed status survey process.

Based upon the submission of your evidence of standards compliance on December 16, 2021 and the successful unannounced Medicare Deficiency follow-up event conducted on November 10, 2021, the areas of deficiency listed below have been removed. The Joint Commission is granting your organization an accreditation decision of Accredited with an effective date of September 25, 2021. We congratulate you on your effective resolution of these deficiencies.

§482.13 Patient's Rights  
§482.41 Physical Environment

The Joint Commission is also recommending your organization for continued Medicare certification effective September 25, 2021. Please note that the Centers for Medicare and Medicaid Services (CMS) Medicare Administrative Contractor (MAC) makes the final determination regarding your Medicare participation and the effective date of participation in accordance with the regulations at 42 CFR 489.13. Your organization is encouraged to share a copy of this Medicare recommendation letter with your State Survey Agency.

This recommendation applies to the following location(s):

Edward Hospital  
d/b/a Edward Hospital Radiology  
2007 95th Street, Naperville, IL, 60564

Edward Hospital  
d/b/a Edward Hospital, Immediate Care  
130 Weber Road, Bolingbrook, IL, 60440

Edward Hospital



d/b/a Edward Hospital  
801 South Washington Street, Naperville, IL, 60540

Edward Hospital  
d/b/a Edward Hospital, Radiology  
1220 Hobson Rd, Suites 124, Naperville, IL, 60540

Edward Hospital  
d/b/a Edward Hospital Sleep Center  
1259 Rickert Drive, Naperville, IL, 60540

Edward Hospital  
d/b/a Edward Plainfield ER  
24600 W. 127th Street, Plainfield, IL, 60585

Edward Hospital  
d/b/a Edward Hospital Radiology  
6701 US Hwy 34, Oswego, IL, 60543

Edward Hospital  
d/b/a Edward Hospital Physical Therapy  
6600 S R 53, Woodridge, IL, 60517

Edward Hospital  
d/b/a Edward Hospital Physical Therapy  
16151 Weber Rd, Crest Hill, IL, 60403

Edward Hospital  
d/b/a Edward Healthcare Center  
16519 South Route 59, Plainfield, IL, 60586

Edward Hospital  
d/b/a Edward Lactation Clinic  
10 W. Martin Ave., Naperville, IL, 60540

Edward Healthcare Center  
d/b/a Edward Hospital Radiology and Physical Therapy  
1 E. County Line Road, Sandwich, IL, 60548

Edward Hospital  
d/b/a Edward Hospital Radiology



1804 N Naper Blvd, Naperville, IL, 60540

Edward Hospital  
d/b/a Edward Hospital Physical Therapy  
2695 Forgue Drive, Naperville, IL, 60564

Edward Hospital  
d/b/a Edward Hospital Radiology  
954 W State Street, Sycamore, IL, 60178

Edward Hospital  
d/b/a Edward Hospital Physical Therapy  
2200 S. Route 59 Plainfield, Plainfield, IL, 60586

Edward Hospital  
d/b/a Edward Hospital Physical Therapy and Cardiac Rehabilitation  
76 East Countryside Pkwy, Yorkville, IL, 60560

Woodridge Health Center  
d/b/a Edward Hospital Healthcare Center  
3329 75th Street, Woodridge, IL, 60517

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

Sincerely,

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

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

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

# Linden Oaks Hospital

Naperville, IL

has been Accredited by



## The Joint Commission

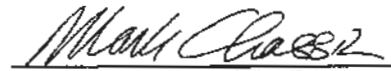
Which has surveyed this organization and found it to meet the requirements for the  
**Hospital Accreditation Program**

**April 30, 2021**

Accreditation is customarily valid for up to 36 months.

  
Jane Englebright, PhD, RN, CENP, FAAN  
Chair, Board of Commissioners

ID #4973  
Print/Reprint Date: 07/28/2021

  
Mark R. Chassin, MD, FACP, MPP, MPH  
President

The Joint Commission is an independent, not-for-profit national body that oversees the safety and quality of health care and other services provided in accredited organizations. Information about accredited organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding accreditation and the accreditation performance of individual organizations can be obtained through The Joint Commission's web site at [www.jointcommission.org](http://www.jointcommission.org).



# Linden Oaks Hospital

Naperville, IL

has been Accredited by




## The Joint Commission

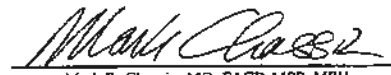
Which has surveyed this organization and found it to meet the requirements for the Behavioral Health Care and Human Services Accreditation Program

April 29, 2021

Accreditation is customarily valid for up to 36 months.

  
Jane Englebright, PhD, RN, CENP, FAAN  
Chair, Board of Commissioners

ID #4973  
Print/Reprint Date: 07/28/2021

  
Mark R. Chassin, MD, FACP, MPP, MPH  
President

The Joint Commission is an independent, not-for-profit national body that oversees the safety and quality of health care and other services provided in accredited organizations. Information about accredited organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding accreditation and the accreditation performance of individual organizations can be obtained through The Joint Commission's web site at [www.jointcommission.org](http://www.jointcommission.org).





July 27, 2021

Gina Sharp, MBA, FACHE  
President  
Linden Oaks Hospital  
801 South Washington Street  
Naperville, IL 60540-6400

Re: # 4973  
CCN: # 144035  
Deemed Program: Psychiatric Hospital  
Accreditation Expiration Date: April 30, 2024

Dear Mrs. Sharp:

This letter confirms that your April 27, 2021 - April 29, 2021 unannounced full resurvey was conducted for the purposes of assessing compliance with the Medicare conditions for hospitals, as well as the special Conditions for psychiatric hospitals through The Joint Commission's deemed status survey process.

Based upon the submission of your evidence of standards compliance on July 8, 2021. The Joint Commission is granting your organization an accreditation decision of Accredited with an effective date of April 30, 2021.

The Joint Commission is also recommending your organization for continued Medicare certification effective April 30, 2021. Please note that the Centers for Medicare and Medicaid Services (CMS) Medicare Administrative Contractor (MAC) makes the final determination regarding your Medicare participation and the effective date of participation in accordance with the regulations at 42 CFR 489.13. Your organization is encouraged to share a copy of this Medicare recommendation letter with your State Survey Agency.

This recommendation applies to the following location(s):

Naperville Psychiatric Venture  
d/b/a Linden Oaks Hospital  
852 West Street, Naperville, IL, 60540

Naperville Psychiatric Ventures d/b/a Linden Oaks Hospital  
d/b/a Linden Oaks at Plainfield  
24600 W. 127th Street, Bldg B, Ste. 300, Plainfield, IL, 60586

Naperville Psychiatric Ventures (Mill Street)  
d/b/a Linden Oaks Outpatient at Mill Street  
1335 N Mill Street, Naperville, IL, 60540

Naperville Psychiatric Ventures d/b/a Linden Oaks St.Charles  
d/b/a Linden Oaks at St Charles  
3805 E. Main Street, Suite J, Saint Charles, IL, 60174



Naperville Psychiatric Ventures  
d/b/a Linden Oaks at Hinsdale  
8 Salt Creek, 2nd Floor, Hinsdale, Illinois 60521, Hinsdale, IL, 60521

Naperville Psychiatric Venture  
d/b/a Linden Oaks at Mokena  
9697 W. 191st Street. Mokena, Illinois, Mokena, IL, 60448

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

Sincerely,

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

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

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



January 3, 2018

Stephen Scogna  
Chief Executive Officer

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

Joint Commission ID #: 4656  
Program: Hospital Accreditation  
Accreditation Activity: 60-day Evidence of  
Standards Compliance  
Accreditation Activity Completed: 01/03/2018

Dear Mr. Scogna:

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

- **Comprehensive Accreditation Manual for Hospitals**

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

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

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

Congratulations on your achievement.

Sincerely, .

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

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



January 25, 2022

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

**Re: Adverse Action and Access to Documents**

Dear Chair Savage:

I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109 that no adverse action as defined in 77 Ill. Admin. Code § 1130.140 has been taken against any health care facility owned or operated by NS-EE Holdings in the State of Illinois during the three year period prior to filing this application.

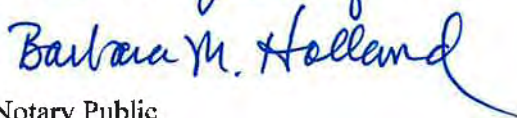
Additionally, pursuant to 77 Ill. Admin. Code § 1110.110(a)(2)(J), I hereby authorize the Health Facilities and Services Review Board (“HFSRB”) and the Illinois Department of Public Health (“IDPH”) access to any documents necessary to verify information submitted as part of this application for permit. 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 permit.

Sincerely,

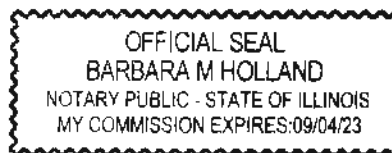


Gerald P. Gallagher  
President and Chief Executive Officer  
NorthShore – Edward-Elmhurst Holdings

Subscribed and sworn to me  
This 24<sup>th</sup> day of January, 2022



Notary Public



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

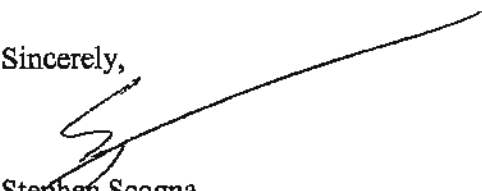
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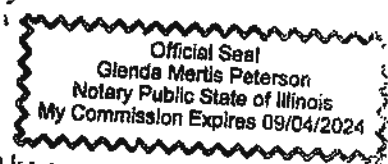
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Sincerely,

  
Stephen Scogna  
President and Chief Executive Officer  
Northwest Community Hospital

Subscribed and sworn to me  
This 3 day of JANUARY, 2022

  
Notary Public



### **Section III, Project Purpose, Background and Alternatives – Information Requirements**

#### **Criterion 1110.110(b), Project Purpose, Background, and Alternatives**

##### **Purpose of the Project**

Founded in 1959, Northwest Community Healthcare (“NCH”) is a not-for-profit healthcare system dedicated to providing outstanding care in the northwest suburbs. Its comprehensive, patient-centered system of care consists of a 509-bed hospital, 23 physician offices, 5 immediate care centers, 7 physical rehab sites, and 13 lab locations. NCH serves more than 200,000 outpatients and treats more than 20,000 inpatients annually, providing personalized, high quality care from managing annual wellness visits to chronic and complex medical conditions.

In January 2021, NCH joined NorthShore University HealthSystem. Headquartered in Evanston, NorthShore is a fully integrated healthcare delivery system that includes 6 hospitals—Evanston, Glenbrook, Highland Park, Skokie, Swedish and Northwest Community Hospital. With the recent merger with Edward-Elmhurst Health, the new health system includes nine hospitals with nearly 2,400 beds, 25,000 team members, more than 6,000 best-in-class physicians and more than 300 office locations, serving more than 4.2 million residents in northeast Illinois. The new health system is designed to serve the community and to put patients first, providing a safe, seamless and personal experience.

NCH has a proud and longstanding tradition of outreach to the medically underserved within its northwest suburban service areas, and the past two years was no different. What was different was NCH’s ability to work swiftly and safely to meet the emerging needs of the community due to the COVID-19 pandemic. Throughout various virus surges, NCH continues to care for the medically underserved of the community. As national and local attention focuses on vaccine availability and distribution, NCH continues to lead education efforts to promote vaccine adoption and supports its community’s healing by recognizing social, economic and emotional impacts of the virus.

In the NCH 2021 Community Health Needs Assessment (“CHNA”), participants ranked access to care as one of the top health concerns. The CHNA showed that NCH’s service area, which incorporates most of the Schaumburg Outpatient Care Center service area has a higher uninsured rate for both adults and children than in the state, as well as higher percentage of individuals with limited English proficiency, which often makes accessing health care difficult. Further, unemployment rates are higher in the NCH service area than both the state and U.S., and public transportation is extremely limited. Due to these factors, NCH will focus on “Access to Care for the Under-Resourced” as a key priority area for the next three years.<sup>1</sup>

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<sup>1</sup> Northwest Community Hospital, 2021 Community Health Needs Assessment 23 (Jun. 30, 2021) available at <https://www.nch.org/wp-content/uploads/2021-CHNA-2.pdf> (last visited Dec. 22, 2021).

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

Northwest Community Health Services (NCHS) has grown from a complement of 31 employed physicians in 2010 to 268 physicians in 2021, practicing primary care and specialty care. NCH's primary care and specialty physicians provide staffing at the hospital and outpatient centers on a rotational basis. The rate of growth of these outpatient practices is accelerating. In order to keep up with the increased demand for care, NCHS is planning to continue expansion of the practices by adding primary care and specialty physicians.

An increasing part of the demand for these services comes from northwest suburban areas including Schaumburg, Itasca, and Roselle. These are the communities that will be primarily served by the outpatient care center in Schaumburg. The expansion of physician offices responds to the increasing demand and growing need for NCH physicians in this geographic area.

The project will replace the small and outdated buildings housing physician offices on the site (455 South Roselle Road) and the existing urgent care center which NCH operates at 519 South Roselle Road. In 2021 there were 12,260 urgent care visits as well as a volume of about 14,423 additional services — x-ray, ancillary tests, immunizations, physicals, workers comp injury care, and other miscellaneous services, not counting over lab draws and point of service testing. Physical therapy visits numbered about 3,514.

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

A map of the market area for the proposed Schaumburg Outpatient Care Center is attached at Attachment – 12. It is anticipated the majority of patients using the proposed practice location will reside within 10 minutes of the facility. A list of all zip codes located, in total or in part, within 10 minutes of the Schaumburg Outpatient Care Center is provided below:

<b>Zip Code</b>	<b>City</b>	<b>Population</b>
60143	Itasca	11,222
60172	Roselle	24,371
60173	Schaumburg	12,610
60193	Schaumburg	39,646
60194	Schaumburg	19,525
60195	Schaumburg	5,020
<b>Table</b>		<b>112,394</b>

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

There is a need for more NCH physicians in the Schaumburg Outpatient Care Center geographic service area. That is a current issue and will be exacerbated with the planned retirement of 20 the 268 physician members of NCHMG over the next five years. The establishment of an outpatient care center with offices for primary care and specialty care physicians brings outpatient services closer to NCH patients residing in the Schaumburg and the surrounding area, which is a key priority from the CHNA. The outpatient care center will support physician practices and facilitates and improves access to care by expanding diagnostic and treatment services in an outpatient setting. Convenient and accessible outpatient care has been shown to prevent inpatient hospitalizations through early detection and treatment. That is expected as a result of this project.

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

Northwest Community Hospital, 2021 Community Health Needs Assessment 23 (Jun. 30, 2021) *available at* <https://www.nch.org/wp-content/uploads/2021-CHNA-2.pdf> (last visited Dec. 22, 2021).

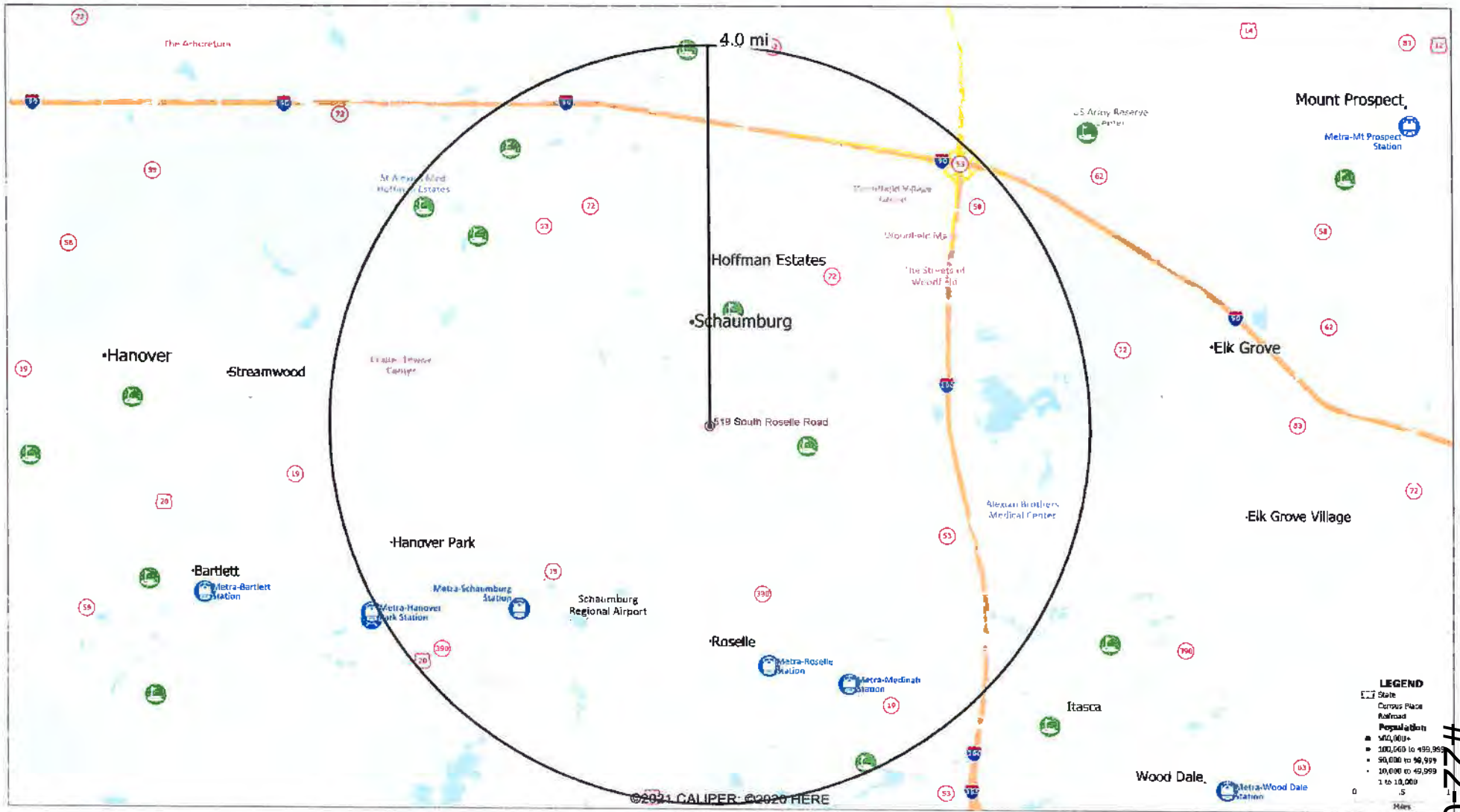
**5. Detail how the Project will address or improve the previously referenced issues as well as the population's health status and well-being.**

The NCH Schaumburg Outpatient Care Center will bill professional services based on the physician fee schedule and not as a clinic of the hospital with associated hospital rates, providing better access and affordability to the community. Other positive impact on improving health care delivery and health status and well-being of the geographic service area's population are addressed in #3 above.

**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. Open the new facility for patient service by March 31, 2024.
- b. Accommodate 47,064 outpatient visits to physicians officed at the center in 2026, two years after project completion.
- c. Accommodate 15,179 visits at the expanded immediate care center in 2026.
- d. Offer full service ambulatory care — physician office visits, immediate care, full service ambulatory imaging, a lab draw station for some point of care testing on site, and physical therapy.
- e. Offer occupational health programs for local businesses.



#22-010

## Section III, Project Purpose, Background and Alternatives – Information Requirements

### Criterion 1110.110(d), Project Purpose, Background, and Alternatives

#### Alternatives

Several options were considered before the decision was made to pursue the redevelopment of the outpatient care center at 519 South Roselle Road. The current site is owned by Northwest Community Hospital and includes two buildings: an immediate care center located at 519 South Roselle Road and an adjacent medical office building located at 455 South Roselle Road.

1. Modernize and expand the existing buildings at the site to accommodate the growth of physician practices.
  2. Build the outpatient care center at another site, with size and program components similar to the proposed project.
  3. Do nothing
- 1. Modernize and expand the existing buildings at the site to accommodate the growth of physician practices and consolidate offices from another location.**

The two current buildings at 455 South Roselle Road and 519 South Roselle Road house an immediate care center and physician offices/exam rooms, respectively. The total combined space is about 44,411 sq. ft. These buildings are not large enough to accommodate increased demand for outpatient physician offices. The buildings are adjacent to one another. An addition to connect the two for integrated outpatient service delivery was considered. However, the building floor plans are not set up to support a well-organized care system for outpatient visits and urgent care.

The two facilities at 455 South Roselle Road and 519 South Roselle Road are not cost effective, requiring separate HVAC and other utility services, duplicate staffing, and are unable to achieve the necessary sharing of equipment and operational synergies. The buildings are old and lack modern infrastructure to support cost effective operations. Modernizing the current buildings would require significant upgrades to the roofs, HVAC, and exterior parking and pedestrian areas.

The cost to modernize and expand the current facilities is estimated in excess of \$45,000,000. This amount exceeds the capital costs of other options.

This alternative was rejected due to the high costs of renovations and additions, and the inability with these investments to achieve an efficient layout of services and cost-effective operations.

- 2. Build the outpatient care center at another site, with size and program components similar to the proposed project.**

Several other locations in Schaumburg and the immediate area were considered in the pre-planning stage. There were a limited number of sites that have the capacity needed to accommodate the plan to consolidate the services at the 455 South Roselle Road and 519 South Roselle Road sites. No existing buildings were found, so viable

locations meant new construction would be necessary. As Northwest Community Hospital owns the property housing the buildings located at 455 South Roselle Road and 519 South Roselle Road, adding the purchase price of an alternative parcel in this area drove the cost above the cost of the proposed outpatient care center.

The cost of other plans added between \$5 and \$8 million to those alternatives.

### **3. Do Nothing**

The current facilities at 455 South Roselle Road and 519 South Roselle Road are in need of major utility system upgrades and are not amenable to an architectural solution that brings the two buildings into a cohesive modern health care facility. More capacity is needed to meet increasing demand for NCH ambulatory services in the northwest suburbs. The project utilizes valuable land owned by Northwest Community Hospital as an ongoing presence in this vibrant area west of the main hospital campus in Arlington Heights. The option to do nothing is not viable, due to the growing demand for more space for NCH-related physician practices.

As a result, the preferred option selected is the replacement of the two current buildings as 455 South Roselle Road and 519 South Roselle Road with a modern, expanded building accommodating physician offices and an immediate care center.



**Section IV, Project Scope, Utilization, and Unfinished/Shell Space**  
**Criterion 1110.120(a), Size of the Project**

The Applicants propose to redevelop its existing outpatient care center located at 519 South Roselle Road, Schaumburg, Illinois. The 3-story building will comprise of 23,145 gross square feet of reviewable space and 38,264 gross square feet of non-reviewable space for a total 61,409 gross square feet. The reviewable components of the project were analyzed in relation to the State Board standards, and all areas are below the standards. The imaging center will consist of an X-ray, ultrasound, CT Scan, and open MRI in 3,075 gross square feet of space. The breast imaging center will consist of an ABUS ultrasound, mammography, and dexascan in 2,180 gross square feet of space. Cardiac diagnostics will consist of an echocardiograph, stress testing, and an EKG in 1,230 gross square feet of space. The physical therapy department will consist of 8 treatment rooms and 3 treatment bays in 6,060 gross square feet of space. The laboratory will consist of four draw rooms in 900 gross square feet of space. An immediate care center with 8 exam rooms in 3,980 gross square feet of space, and physician exam rooms in 5,720 gross square feet of space. Accordingly, the clinical components of the project meet the State Board standards.

**Section IV, Project Scope, Utilization, and Unfinished/Shell Space**  
**Criterion 1110.120(b), Project Services Utilization**

Department/ Service	Units	2020	2021	Projected 2026	State Standard	Met Standard?
Imaging						
CT Scan	1	1,169	1,666	2,409	7,000	Yes
MRI	1	1,112	1,269	1,587	2,500	Yes
X-Ray	1	6,516	6,110	7,177	8,000	Yes
Ultrasound	1	N/A	1,027	2,289	3,100	Yes
Breast Imaging						
Ultrasound	1	N/A	N/A	1,572	3,100	Yes
Mammography	1	3,311	4,025	4,430	5,000	Yes
Bone Densitometry	1	N/A	N/A	1,255	N/A	N/A
Cardiac Diagnostics						
Echo	1	N/A	326	816	N/A	N/A
Stress <sup>2</sup>	1	N/A	N/A	153	N/A	N/A
EKG <sup>2</sup>	1	N/A	N/A	51	N/A	N/A
Physical Therapy	11	3,756	4,549	3,514	N/A	N/A
Lab Draws	4	20,007	53,411	54,782	N/A	N/A
Immediate Care						
Exam Rooms	8	13,179	12,260	15,179	16,000	Yes
Physician Exam Rooms <sup>3</sup>	55	20,007	53,411	54,782	N/A	N/A

<sup>2</sup> The existing Schaumburg outpatient care center does not have a stress test or EKG, accordingly, there is no historical data for these two services.

<sup>3</sup> The utilization criterion is only applicable to projects that involve hospital services under licensure of the Illinois Hospital Licensing Act for which standards are set pursuant to Appendix B of Part 1110 of the Illinois Health Facilities and Services Review Board rules. Physician exam rooms will not be billed as hospital-based services. Accordingly, the utilization standard does not apply.

**Section IV, Project Scope, Utilization, and Unfinished/Shell Space**  
**Criterion 1110.120(d), Unfinished or Shell Space**

The Project will not include unfinished space designed to meet an anticipated future demand for service. Accordingly, this criterion is not applicable.

**Section VII, Service Specific Review Criteria**  
**Criterion 1110.270, Clinical Service Areas Other than Categories of Service**

The Schaumburg Outpatient Care Center contains several clinical programs that are not categories of service:

- Diagnostic Imaging
- Physical Therapy
- Lab/Draw Station
- Immediate Care Center

Other services to be offered in the Schaumburg Outpatient Care Center are not considered "clinical services," consistent with previously reviewed permit applications. These include immediate care and exam rooms for physicians with offices at the Schaumburg Outpatient Care Center.

**1. Service to Planning Area Residents**

The geographic services area for the Schaumburg Outpatient Care Center is defined as the 6 zip codes within 10 minutes of the outpatient care center, with a resident population of 112,394. The geographic service area is the source of \_\_\_% of visits to the outpatient care center. The majority of these patients are already patients of NCH primary care and specialty physicians. Because the clinical services are provided at the outpatient care center are provided and ordered by NCH physicians who will be officed at the outpatient care center, more than 50% of all clinical services will be for residents of the geographic service area.

**2. Service Demand**

Many of the projected utilization volumes for clinical service areas are driven by the projected number of visits to physicians officed at the outpatient care center. The Applicants project the Schaumburg Outpatient Care Center will have 47,0647 annual visits in year 2026, two years after project completion.

This volume is in addition to the projected utilization of the immediate care center. The immediate care center volumes at the Schaumburg Outpatient Care Center are based on the utilization of NCH's current immediate care center at the site, which is being replaced. The projected volume of 15,179 visits in the year 2026 is based on a conservative 20% annual increase from the current level.

Projected utilization of the individual clinical services and equipment modalities are based on the actual utilization of those services at various NCH outpatient centers.

Over the most recent two years, the existing physical therapy clinic experienced an average of 4,152 visits annually.<sup>4</sup> The projected 3,514 physical therapy visits are based on reduced staffing at the Schaumburg Outpatient Care Center compared to the existing clinic.

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<sup>4</sup> The physical therapy clinic was closed for 2.5 months in 2020 due to the COVID-19 pandemic.

### 3. Impact of Project on Other Area Providers

The majority of projected patients that will receive service at the Schaumburg Outpatient Care Center are currently patients at Northwest Community Hospital or NCH outpatient centers. The proposed Schaumburg Outpatient Care Center will bring these services closer to patients' homes in the 6-zip code geographic service area. As a result, it is not expected that there will be disruption of other physician existing office practices or other providers' immediate care center volumes.

### 4. Utilization

The following volumes are anticipated in year 2026 at the Schaumburg Outpatient Care Center for clinical service areas other than categories of service. All are consistent with State utilization standards.

#### Imaging

<b>Equipment Type</b>	<b>Units</b>	<b>2026 Projected Volume</b>
X-Ray	1	7,177 procedures
Ultrasound	2	2,289 visits
Open MRI	1	1,587 procedures
CT Scan	1	2,409 visits

#### Breast Imaging

<b>Equipment Type</b>	<b>Units</b>	<b>2026 Projected Volume</b>
Ultrasound	1	1,572 visits
Mammography	1	4,430 visits
Dexascan	1	1,255 visits

#### Physical Therapy

<b>Treatment Rooms</b>	<b>2026 Projected Volume</b>
11 Rooms	3,514

#### Cardiac Diagnostic

<b>Equipment Type</b>	<b>Units</b>	<b>2026 Projected Volume</b>
Echo	1	816
Stress	1	153
EKG	1	51

#### Lab/Draw Station

<b>Draw Room</b>	<b>2026 Projected Volume</b>
4 Rooms	54,782

#### Other Non-Clinical Services

<b>Clinical Service Area</b>	<b>Rooms</b>	<b>2026 Projected Volume</b>
Immediate Care	8	15,179
Clinic Office	55	47,064

**Section VI, Financial Feasibility**  
**Criterion 1120.120 Availability of Funds**

A copy of Northwest Community Hospital's bond rating from Moody's Investors Services as of April 27, 2021 documenting a bond rating of A3 or better is attached at Attachment – 33. Accordingly, this criterion is not applicable.

## MOODY'S INVESTORS SERVICE

### Rating Action: **Moody's upgrades Northwest Community Hospital (IL) to Aa3; outlook stable**

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27 Apr 2021

New York, April 27, 2021 – Moody's Investors Service has upgraded the revenue bond ratings of Northwest Community Hospital (NCH, IL) to Aa3 from A2. The upgrade is in conjunction with a change in bondholder security. The outlook has been revised to stable at the higher rating level. This action, which affects about \$220 million in rated debt, concludes Moody's review for possible upgrade that was initiated on April 13, 2021.

#### RATINGS RATIONALE

Effective January 1, 2021, NCH became a subsidiary of Northshore University HealthSystem, IL (Northshore; rated Aa3, stable). On April 23, 2021, NCH's master trust indenture (MTI) was discharged and the NCH MTI obligation was replaced by an MTI obligation of Northshore. With the substitution, the security for NCH's Series 2016A and 2008B & C revenue bonds has been changed to that of Northshore's MTI obligated group.

#### RATING OUTLOOK

The stable outlook reflects that of Northshore and is based on the note substitution.

#### FACTORS THAT COULD LEAD TO AN UPGRADE OF THE RATINGS

- Upgrade of Northshore's revenue bond rating

#### FACTORS THAT COULD LEAD TO A DOWNGRADE OF THE RATINGS

- Downgrade of Northshore's revenue bond rating

#### LEGAL SECURITY

On April 23, 2021, NCH's master trust indenture (MTI) was discharged and the NCH MTI obligation was replaced by an MTI obligation of Northshore. With the substitution, the security for NCH's Series 2016A and 2008B & C revenue bonds has been changed to that of Northshore's MTI obligated group.

#### PROFILE

Northwest Community Hospital is a 509 bed acute care hospital located in Arlington Heights, Illinois. The hospital serves Chicago's northwest suburbs.

#### METHODOLOGY

The principal methodology used in these ratings was Not-For-Profit Healthcare published in December 2018 and available at [https://www.moodys.com/researchdocumentcontentpage.aspx?docid=PBM\\_1154632](https://www.moodys.com/researchdocumentcontentpage.aspx?docid=PBM_1154632). Alternatively, please see the Rating Methodologies page on [www.moodys.com](http://www.moodys.com) for a copy of this methodology.

#### REGULATORY DISCLOSURES

For further specification of Moody's key rating assumptions and sensitivity analysis, see the sections Methodology Assumptions and Sensitivity to Assumptions in the disclosure form. Moody's Rating Symbols and Definitions can be found at: [https://www.moodys.com/researchdocumentcontentpage.aspx?docid=PBC\\_79004](https://www.moodys.com/researchdocumentcontentpage.aspx?docid=PBC_79004).

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Regulatory disclosures contained in this press release apply to the credit rating and, if applicable, the related rating outlook or rating review.

Moody's general principles for assessing environmental, social and governance (ESG) risks in our credit analysis can be found at [http://www.moodys.com/researchdocumentcontentpage.aspx?docid=PBC\\_1263068](http://www.moodys.com/researchdocumentcontentpage.aspx?docid=PBC_1263068).

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**MOODY'S**  
INVESTORS SERVICE

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**Section VII, Financial Viability**

**Criterion 1120.130 Financial Viability Waiver**

A copy of Northwest Community Hospital's bond rating from Moody's Investors Services as of April 27, 2021 documenting a bond rating of A3 or better is attached at Attachment – 33. Accordingly, this criterion is not applicable.

**Section X, Economic Feasibility Review Criteria**  
**Criterion 1120.140(a), Reasonableness of Financing Arrangements**

A copy of Northwest Community Hospital's bond rating from Moody's Investors Services as of April 27, 2021 documenting a bond rating of A3 or better is attached at Attachment – 33. Accordingly, this criterion is not applicable.

**Section X, Economic Feasibility Review Criteria**  
**Criterion 1120.140(b), Conditions of Debt Financing**

A letter from Stephen Scogna, President and Chief Executive Officer, Northwest Community Hospital, certifying the estimated project costs and related costs will be funded in total or in part by borrowing is attached at Attachment - 36B.

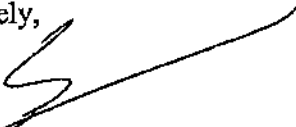
Debra Savage  
Chair  
Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761

**Re: Reasonableness of Financing Arrangements and Conditions of Debt Financing**

Dear Chair Savage:

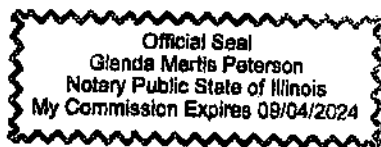
I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109 and pursuant to 77 Ill. Admin. Code § 1120.140(a) that That the total estimated project costs and related costs will be funded in total or in part by borrowing because a portion 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. I further certify the selected form of debt financing for the project will be at the lowest net cost available.

Sincerely,

  
Stephen Scogna  
President and Chief Executive Officer  
Northwest Community Hospital

Subscribed and sworn to me  
This 3 day of JANUARY, 2022

  
Notary Public



**Section X, Economic Feasibility Review Criteria**  
**Criterion 1120.140(c), Reasonableness of Project and Related Costs**

1. The Cost and Gross Square Feet by Department is Provided in the Table below:

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 Mod.	New Mod.	Gross Sq. Ft. New Circ.*		Gross Sq. Ft. Mod. Circ.*		Const. \$ (A x C)	Mod. \$ (B x E)	
Imaging	\$248.27		3,075				\$763,421		\$769,353
Breast Imaging	\$248.27		2,180				\$541,222		\$532,918
Cardiac Diagnostic	\$248.27		1,230				\$305,368		\$307,741
Rehab	\$243.65		6,060				\$1,476,515		\$1,476,515
Immediate Care	\$185.46		3,980				\$738,117		\$738,116
Laboratory/Draw	\$58.14		900				\$52,325		\$52,325
Exam Rooms	\$293.28		5,720				\$1,677,572		\$1,677,572
Contingency	\$24.00		23,145				\$555,380		\$555,380
<b>Reviewable</b>	<b>\$263.98</b>		<b>23,145</b>				<b>\$6,109,920</b>		<b>\$6,109,920</b>
Physician Offices	\$444.39		11,500				\$5,110,514		\$5,110,514
Registration/Reception	\$394.17		3,160				\$1,245,573		\$1,245,573
Common Areas	\$479.08		7,700				\$3,688,878		\$3,688,878
Storage	\$441.82		2,300				\$1,016,188		\$1,016,188
Circulation	\$507.01		13,604				\$6,897,407		\$6,897,407
Contingency	\$50.36		38,264				\$1,926,930		\$1,926,930
<b>Non-Reviewable</b>	<b>\$519.69</b>		<b>38,264</b>				<b>\$19,885,490</b>		<b>\$19,885,490</b>
<b>TOTALS</b>	<b>\$423.32</b>		<b>61,409</b>				<b>\$25,995,410</b>		<b>\$25,995,410</b>

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

2. As shown in Table 1120.140(c) below, the project costs are below the State Standard

Table 1120.140(c)			
	Proposed Project	State Standard	Above/Below State Standard
Preplanning Costs	\$118,000	1.8% x (New Construction Contracts + Contingencies + Equipment) = 1.8% x (\$5,554,540 + \$555,380 + \$2,046,441) = 1.8% x \$8,156,361 = \$146,815	Below State Standard

Table 1120.140(c)			
	Proposed Project	State Standard	Above/Below State Standard
Site Survey and Preparation	\$227,424	5.0% x (New Construction Contracts + Contingencies) = 5.0% x (\$5,554,540 + \$555,380) = 5.0% x \$6,109,920 = \$305,496	Below State Standard
New Construction Contracts and Contingencies	\$6,109,920	\$281.11 x 23,145 GSF = \$6,506,291	Below State Standard
Contingencies	\$555,380	10% x New Construction Contracts 10% x \$5,554,540 = \$555,454	Below State Standard
Architectural/Engineering Fees	\$417,650	6.11% - 9.17% of New Construction Contracts + Contingencies) = 6.11% - 9.17% x (\$5,554,540 + \$555,380)= 6.11% - 9.17% x \$6,109,920 = \$373,316 - \$560,280	Meets State Standard
Consulting and Other Fees	\$690,348	No State Standard	No State Standard
Moveable Equipment	\$2,046,441	No State Standard	No State Standard
Bond Issuance Expense	\$316,900	No State Standard	No State Standard
Net Interest Expense During Construction	\$2,528,724	No State Standard	No State Standard
Other Costs to be Capitalized	\$128,830	No State Standard	No State Standard



**Section XI, Safety Net Impact Statement**

The Project is non-substantive. Accordingly, this criterion is not applicable.

**Section XII, Charity Care Information**

The table below provides charity care information for the most recent three years for NS-EE Holdings and Northwest Community Hospital.

<b>NS-EE HOLDINGS CHARITY CARE</b>			
	<b>2018</b>	<b>2019</b>	<b>2020</b>
<b>Net Patient Revenue</b>	<b>\$3,228,214,670</b>	<b>\$3,371,011,243</b>	<b>\$3,363,211,240</b>
Amount of Charity Care (charges)	\$234,011,479	\$209,673,995	\$249,621,886
Cost of Charity Care	\$43,456,926	\$43,338,631	\$50,584,477

<b>NORTHWEST COMMUNITY HOSPITAL CHARITY CARE</b>			
	<b>2018</b>	<b>2019</b>	<b>2020</b>
<b>Net Patient Revenue</b>	<b>\$479,896,565</b>	<b>\$507,493,713</b>	<b>\$464,883,136</b>
Amount of Charity Care (charges)	\$37,387,533	\$20,462,984	\$23,331,519
Cost of Charity Care	\$8,376,013	\$5,397,996	\$6,450,160

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	26 – 28
2	Site Ownership	29 – 30
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	31 – 32
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	33 – 34
5	Flood Plain Requirements	35 – 36
6	Historic Preservation Act Requirements	37 – 38
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26	Kidney Transplantation	
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39	Flood Plain Information	24 -25



150 N. Riverside Plaza, Suite 3000, Chicago, IL 60606-1599 • 312.819.1900

March 31, 2022

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

**FEDERAL EXPRESS**

Michael Constantino  
Supervisor, Project Review Section  
Illinois Department of Public Health  
Health Facilities and Services Review Board  
525 West Jefferson Street, Second Floor  
Springfield, Illinois 62761

**Re: Application for Permit – Schaumburg Outpatient Care Center**

Dear Mr. Constantino:

I am writing on behalf of NS-EE Holdings d/b/a NorthShore – Edward-Elmhurst Health and Northwest Community Hospital (collectively, the “Applicants”) to submit the attached Application for Permit to establish an outpatient care center to be located at 519 South Roselle Road, Schaumburg, Illinois. For your review, I have attached an original and one copy of the following documents:

1. Completed Application for Permit;
2. Copies of Certificate of Good Standing for the Applicants;
3. Authorization to Access Information; and
4. Check for \$2,500 for the application processing fee.

Thank you for your time and consideration of the Applicants’ application for permit. If you have any questions or need any additional information to complete your review, please feel free to contact me.

Sincerely,

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

Anne M. Cooper

Attachments

#22-010



1301 Central Street  
Evanston, IL 60201  
847-570-5100

VENDOR: 9283 ILLINOIS DEPT OF PUBLIC HEALTH

CHECK: 2007016 01/27/22

TOTAL: \$2,500.00

REMITTANCE STATEMENT

INVOICE NUMBER	DATE	PO NUMBER	INVOICE AMOUNT	DISCOUNT	NET AMOUNT
CON SCH OCC 2022	01/24/22		2500.00	0.00	2500.00
			2500.00	0.00	2500.00

THIS DOCUMENT HAS A PRISMATIC VOID PANTOGRAPH, MICROPRINTING, A COIN REACTIVE ARTIFICIAL WATERMARK AND THERMOCHROMATIC INK.

CHECK DATE  
01/27/22



1301 Central Street  
Evanston, IL 60201  
847-570-5100

JP MORGAN CHASE BANK N.A.  
CHICAGO IL 2-1/710

CHECK NUMBER  
2007016

Two Thousand Five Hundred and 00/100 Dollars

PAY TO THE ILLINOIS DEPT OF PUBLIC HEALTH  
ORDER OF 525 WEST JEFFERSON STREET  
4TH FLOOR

AMOUNT  
\$2,500.00

#22-010

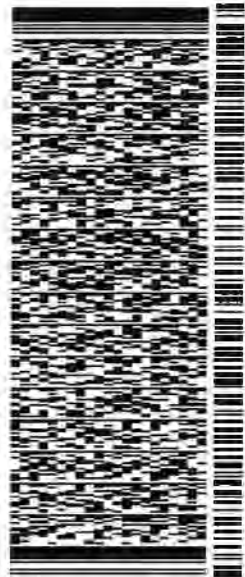
ORIGIN:ID:CHIA (312) 819-1900  
 ANNE COOPER  
 POLSINELLI PC  
 150 N. RIVERSIDE PLAZA  
 SUITE 3000  
 CHICAGO, IL 60606  
 UNITED STATES US

SHIP DATE: 31MAR22  
 ACT WT: 3.08 LB  
 CAD: 2538659844/MSX13600

BILL SENDER

TO **MICHAEL CONSTANTINO**  
**IL HEALTH FAC AND SERVS REV. BD**  
**525 W JEFFERSON ST. 2ND FL**

**SPRINGFIELD IL 62761**  
 (217) 786-1567 REF: 101546612871 2454  
 PO DEPT



REL #  
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FRI - 01 APR 10:30A  
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IL-US  
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**STL**



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