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: Chicagoland Surgery Center
Street Address: 17W682 Butterfield Road
City and Zip Code: Oakbrook Terrace, 60181
County: Cook Health Service Area: VII Health Planning Area: 043

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

Exact Legal Name: Chicagoland Surgery Centers, LLC
Street Address: 6201 West 95th Street
City and Zip Code: Oak Lawn, 60453
Name of Registered Agent: Mohammad Al-Khudari, M.D.
Registered Agent Street Address: 6201 West 95th Street
Registered Agent City and Zip Code: Oak Lawn, 60453
Name of Chief Executive Officer: Mohammad Al-Khudari
CEO Street Address: 6201 West 95th Street
CEO City and Zip Code: Oak Lawn, 60453
CEO Telephone Number: 708-636-9393

Type of Ownership of Applicants

☐	Non-profit Corporation	☐	Partnership		
☐	For-profit Corporation	☐	Governmental		
☒	Limited Liability Company	☐	Sole Proprietorship	☐	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.

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: Juan Morado Jr. and Mark J. Silberman
Title: Partner
Company Name: Benesch Friedlander Coplan and Aronoff
Address: 71 South Wacker Drive, 16th Floor, Chicago, IL 60606
Telephone Number: 312-212-4949
E-mail Address: jmorado@beneschlaw.com; msilberman@beneschlaw.com
Name: Juan Morado Jr. and Mark J. Silberman

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

Name:
Title:
Company Name:
Address:
Telephone Number:
E-mail Address:
Fax Number:

Post Permit Contact

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

Name: Akram Abedelal
Title: Vice-President
Company Name: Chicago Surgery Centers, LLC
Address: 6201 West 95th Street, Oak Lawn, 60453
Telephone Number: 708-636-9393
E-mail Address: akram@familyeyephysicians.com
Fax Number: N/A

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: First Midwest Bank as Trustee under Trust Agreement 9713, Dated 10/1/2021
Address of Site Owner: 17W682 Butterfield Road, Oak Brook Terrace, Illinois 60181
Street Address or Legal Description of the Site: **Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease, or a lease.**
APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee

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

Exact Legal Name: Chicagoland Surgery Centers, LLC

Address: 17W682 Butterfield Road, Oakbrook Terrace 60181

☐	Non-profit Corporation	☐	Partnership		
☐	For-profit Corporation	☐	Governmental		
☒	Limited Liability Company	☐	Sole Proprietorship	☐	Other

- Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.
- 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.
- **Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.**

APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Organizational Relationships

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

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

Flood Plain Requirements

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2006-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements, please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at **www.FEMA.gov** or **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.

Chicagoland Surgery Center proposes to establish a single specialty ambulatory surgical treatment center ("ASTC") providing procedures in the Ophthalmology category of service in two Operating Rooms ("ORs"). The proposed facility will be located at 17W682 Butterfield Road, Oakbrook Terrace, Illinois 60181.

This project is considered a substantive project because it will result in the establishment of new facility. The project is proposed by Dr. Mohammad Al-Khudari, owner and operator of Family Eye Physicians, a full-service ophthalmology practice specializing advanced ophthalmic care including surgical procedures for pediatric patients. Dr. Al-Khudari has also entered into a letter of intent to acquire Eye Surgery Center Hinsdale, a single speciality ambulatory surgical treatment center located less than 3 miles for the proposed site of Chicagoland Surgery Center. While relocation of existing facilities is not contemplated by the Board's rules, Dr. Al-Khudari intends to acquire the existing facility, discontinue operations at the current location and relocate the facility to the site identified in this application. Subsequently, a Certificate of Need application to discontinue the Eye Surgery Center Hinsdale will be filed.

Project Costs and Sources of Funds

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

Project Costs and Sources of Funds			
USE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Preplanning Costs	-	-	-
Site Survey and Soil Investigation	-	-	-
Site Preparation	-	-	-
Off Site Work	-	-	-
New Construction Contracts	$681,860	$417,810	$1,099,670
Modernization Contracts			
Contingencies	$67,580	$41,420	$109,000
Architectural/Engineering Fees	$24,802	$15,198	$40,000
Consulting and Other Fees	$37,408	$22,922	$60,330
Movable or Other Equipment (not in construction contracts)	$496,047	$303,953	$800,000
Bond Issuance Expense (project related)	-	-	-
Net Interest Expense During Construction (project related)	-	-	-
Fair Market Value of Leased Space or Equipment	$822,292	$503,859	$1,326,152
Other Costs to Be Capitalized	-	-	-
Acquisition of Building or Other Property (excluding land)	-	-	-
TOTAL USES OF FUNDS	**$2,129,990**	**$1,305,162**	**$3,435,152**
SOURCE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Cash and Securities	$93,009	$56,991	$150,000
Pledges	-	-	-
Gifts and Bequests	-	-	-
Bond Issues (project related)	-	-	-
Mortgages	$1,214,695.40	$744,304.60	$1,959,000
Leases (fair market value)	$822,292	$503,859	$1,326,152
Governmental Appropriations	-	-	-
Grants	-	-	-
Other Funds and Sources	-	-	-
TOTAL SOURCES OF FUNDS	**$2,129,996**	**$1,305,155**	**$3,435,152**
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

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

Land acquisition is related to project ☐ Yes ☒ No
Purchase Price: $_____
Fair Market Value: $_____

The project involves the establishment of a new facility or a new category of service
☒ Yes ☐ No

If yes, provide the dollar amount of all **non-capitalized** operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.

Estimated start-up costs and operating deficit cost is: $2,240,376.80

Project Status and Completion Schedules

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

Indicate the stage of the project's architectural drawings:

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

Anticipated project completion date (refer to Part 1130.140): October 30, 2023

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

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

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

State Agency Submittals [Section 1130.620(c)]

Are the following submittals up to date as applicable?
☐ Cancer Registry NOT APPLICABLE
☐ APORS NOT APPLICABLE
☐ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted NOT APPLICABLE
☐ All reports regarding outstanding permits NOT APPLICABLE
Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.

Cost Space Requirements

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

		Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
Dept. / Area	**Cost**	**Existing**	**Proposed**	**New Const.**	**Modernized**	**As Is**	**Vacated Space**
REVIEWABLE							
ASC	$2,129,990		4,000	4,000			
Total Clinical	$2,129,990		4,000	4,000			
NON-REVIEWABLE							
Administrative	$1,305,162		2,451	2,451			
Total Non-clinical	$1,305,162		2,451	2,451			
TOTAL	**$3,435,152**		**6,451**	**6,451**			

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

Facility Bed Capacity and Utilization- NOT APPLICABLE

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:		**CITY:**			
REPORTING PERIOD DATES:		**From:**		**to:**	
Category of Service	**Authorized Beds**	**Admissions**	**Patient Days**	**Bed Changes**	**Proposed Beds**
Medical/Surgical					
Obstetrics					
Pediatrics					
Intensive Care					
Comprehensive Physical Rehabilitation					
Acute/Chronic Mental Illness					
Neonatal Intensive Care					
General Long-Term Care					
Specialized Long-Term Care					
Long Term Acute Care					
Other ((identify)					
TOTALS:					

CERTIFICATION

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

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

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

SIGNATURE	SIGNATURE
Mohammad Al-Khudari, M.D.	
PRINTED NAME	PRINTED NAME
Managing Member	
PRINTED TITLE	PRINTED TITLE
Notarization: Subscribed and sworn to before me this 17 day of August	Notarization: Subscribed and sworn to before me this _____ day of _____
Signature of Notary	Signature of Notary
Seal AKRAM ABEDELAL OFFICIAL SEAL Notary Public - State of Illinois My Commission Expires May 14, 2023	Seal

*Insert the EXACT legal name of the applicant

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?**
ASTC (2 Operating Rooms)	**4,000**	**4,150**	**-150**	**YES**

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	**ASTC**	**2,781**	**1,946**	**76%**	**NO**
YEAR 2	**ASTC**	**2,781**	**2,043**	**80%**	**YES**

APPEND DOCUMENTATION AS ATTACHMENT 15, 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 VI. 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:

G. Non-Hospital Based Ambulatory Surgery

Applicants proposing to establish, expand and/or modernize the Non-Hospital Based Ambulatory Surgery category of service must submit the following information.

ASTC Service
☐ Cardiovascular
☐ Colon and Rectal Surgery
☐ Dermatology
☐ General Dentistry
☐ General Surgery
☐ Gastroenterology
☐ Neurological Surgery
☐ Nuclear Medicine
☐ Obstetrics/Gynecology
☒ Ophthalmology
☐ Oral/Maxillofacial Surgery
☐ Orthopedic Surgery
☐ Otolaryngology
☐ Pain Management
☐ Physical Medicine and Rehabilitation
☐ Plastic Surgery
☐ Podiatric Surgery
☐ Radiology
☐ Thoracic Surgery
☐ Urology
☐ Other_____

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

APPLICABLE REVIEW CRITERIA	Establish New ASTC or Service	Expand Existing Service
1110.235(c)(2)(B) – Service to GSA Residents	X	
1110.235(c)(3) – Service Demand – Establishment of an ASTC or Additional ASTC Service	X	

1110.235(c)(4) – Service Demand – Expansion of Existing ASTC Service	X	
1110.235(c)(5) – Treatment Room Need Assessment		X
1110.235(c)(6) – Service Accessibility	X	
1110.235(c)(7)(A) – Unnecessary Duplication/Maldistribution	X	
1110.235(c)(7)(B) – Maldistribution	X	
1110.235(c)(7)(C) – Impact to Area Providers	X	
1110.235(c)(8) – Staffing	X	X
1110.235(c)(9) – Charge Commitment	X	X
1110.235(c)(10) – Assurances	X	X

APPEND DOCUMENTATION AS ATTACHMENT 25, 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)**

VII. 1120.120 - AVAILABILITY OF FUNDS

The applicant shall document those 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]:**

$150,000	a) Cash and Securities − statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to: 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 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.
	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.
$3,285,152	d) Debt − a statement of the estimated terms and conditions (including the debt time, variable or permanent interest rates over the debt time, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including: 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. 2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate. 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. 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.

_____ _____ _____	5) For any option to lease, a copy of the option, including all terms and conditions. e) Governmental Appropriations − a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent. f) Grants − a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt. g) All Other Funds and Sources − verification of the amount and type of any other funds that will be used for the project.
$3,435,152	**TOTAL FUNDS AVAILABLE**

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

SECTION VIII. 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- NOT APPLICABLE

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 35, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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

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

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

Variance

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

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

SECTION IX. 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 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)	
ASTC	$89.58		7,611				$681,860		$681,860
Contingency	$6.05		11,161				$67,580		$67,580
TOTALS	$95.63		18,772				$749,440		$749,440

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

SECTION X. SAFETY NET IMPACT STATEMENT

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

1. The project's material impact, if any, on essential safety net services in the community, ***including the impact on racial and health care disparities in the community,*** to the extent that it is feasible for an applicant to have such knowledge.

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

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

Safety Net Impact Statements shall also include all the following:

1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.

2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.

3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

A table in the following format must be provided as part of Attachment 38.

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

APPEND DOCUMENTATION AS ATTACHMENT 38, 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			
Charity (# of patients)	**Year**	**Year**	**Year**
Inpatient	-	-	-
Outpatient	-	-	-
Total	-	-	-
Charity (cost in dollars)			
Inpatient	-	-	-
Outpatient	-	-	-
Total	-	-	-

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 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: Chicagoland Surgery Centers, LLC (Name) 17W682 Butterfield Road (Address)
   Oakbrook Terrace (City) Illinois (State) 60181 (ZIP Code) (Telephone Number)

2. Project Location: 17W682 Butterfield Road (Address) Oakbrook Terrace (City) Illinois (State)
   DuPage (County) York (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? NO

If you are unable to determine if the site is in the mapped floodplain or 500-year floodplain, contact the county or the local community building or planning department for assistance. If the determination is being made by a local official, please complete the following:

FIRM Panel Number:_____ Effective Date: _____

Name of Official:_____ Title: _____

Business/Agency:_____ Address:_____

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

Signature:_____ Date: _____

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

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

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

INDEX OF ATTACHMENTS

Attachment 1
Type of Ownership of Applicants

Included with this attachment are:

The Articles of Incorporation for Chicagoland Surgery Centers, LLC.

Attachment 1
Articles of Incorporation
Chicagoland Surgery Centers, LLC

Form **LLC-5.5**	**Illinois** **Limited Liability Company Act** **Articles of Organization**	**FILE # 11087256**
Secretary of State Jesse White Department of Business Services Limited Liability Division www.ilsos.gov	**Filing Fee:** $150 **Approved By:** AJW	**FILED** **NOV 04 2021** **Jesse White** **Secretary of State**

1. Limited Liability Company Name: CHICAGOLAND SURGERY CENTERS, LLC

2. Address of Principal Place of Business where records of the company will be kept:
6201 W. 95TH ST
OAK LAWN, IL 60453

3. The Limited Liability Company has one or more members on the filing date.

4. Registered Agent's Name and Registered Office Address:

MOHAMMAD AL-KHUDARI
6503 HILLCREST DR
BURR RIDGE, IL 60527-5740

5. Purpose for which the Limited Liability Company is organized:
"The transaction of any or all lawful business for which Limited Liability Companies may be organized under this Act."

6. The LLC is to have perpetual existence.

7. Name and business addresses of all the managers and any member having the authority of manager:

AKRAM ABEDELAL
370 HOGAN ST
BOLINGBROOK, IL 60490

8. **Name and Address of Organizer**
I affirm, under penalties of perjury, having authority to sign hereto, that these Articles of Organization are to the best of my knowledge and belief, true, correct and complete.

Dated: NOVEMBER 04, 2021

MOHAMMAD AL-KHUDARI
6503 HILLCREST DR.
BURR RIDGE, IL 60527

This document was generated electronically at www.ilsos.gov

Attachment 2
Site Ownership

Attached is a copy of the facility's property tax statements for 2021. The tax documents reflect that First Midwest Bank as Trustee under Trust Agreement 9713, Dated 10/1/2021 is the site owner.

Attachment 2
Site Ownership

MAKE CHECK PAYABLE TO: DU PAGE COUNTY COLLECTOR – *SEND THIS COUPON* WITH YOUR 1ST INSTALLMENT PAYMENT OF 2021 TAX

MAIL PAYMENT TO: P.O. BOX 4203, CAROL STREAM, IL 60197-4203
PAY ON-LINE AT: treasurer.dupageco.org
SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

*** DUPLICATE BILL ***

06-22-300-023

FIRST MIDWEST BK 9713
17W682 BUTTERFIELD RD
OAKBROOK TERR IL 60181

1

ON OR BEFORE:	PAY:
JUNE 1, 2022	.00
PAYING LATE?	PAY THIS AMOUNT:

U.S. POSTMARK IS USED TO DETERMINE LATE PENALTY.

PAYMENT OF THIS 2021 TAX BILL AFTER OCTOBER 28, 2022, REQUIRES A CASHIER'S CHECK, CASH OR MONEY ORDER.

☐ CHECK BOX AND COMPLETE CHANGE OF ADDRESS ON BACK.

NO PAYMENT WILL BE ACCEPTED AFTER NOV. 16, 2022

$17,510.15 PAID MAY 25, 2022

MAKE CHECK PAYABLE TO: DU PAGE COUNTY COLLECTOR – *SEND THIS COUPON* WITH YOUR 2ND INSTALLMENT PAYMENT OF 2021 TAX

MAIL PAYMENT TO: P.O. BOX 4203, CAROL STREAM, IL 60197-4203
PAY ON-LINE AT: treasurer.dupageco.org
SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

*** DUPLICATE BILL ***

06-22-300-023

FIRST MIDWEST BK 9713
17W682 BUTTERFIELD RD
OAKBROOK TERR IL 60181

2

ON OR BEFORE:	PAY:
SEP 1, 2022	17,510.15
PAYING LATE?	PAY THIS AMOUNT:
SEP 2 THRU 30	17,772.80
OCT 1 THRU 31	18,035.45
NOV 1 THRU 16	18,308.11 *

*INCLUDES $10 COST. SEE BACK OF BILL FOR EXPLANATION

U.S. POSTMARK IS USED TO DETERMINE LATE PENALTY.

PAYMENT OF THIS 2021 TAX BILL AFTER OCTOBER 28, 2022, REQUIRES A CASHIER'S CHECK, CASH OR MONEY ORDER.

☐ CHECK BOX AND COMPLETE CHANGE OF ADDRESS ON BACK.

NO PAYMENT WILL BE ACCEPTED AFTER NOV. 16, 2022

20622300023061120001751015 72

Rate 2020	Tax 2020	Taxing District	Rate 2021	Tax 2021
		** COUNTY **		
.0975	583.22	COUNTY OF DU PAGE	.0966	590.78
.0202	120.83	PENSION FUND	.0196	119.86
.0308	184.23	COUNTY HEALTH DEPT	.0298	182.25
.0124	74.17	PENSION FUND	.0127	77.67
.1128	674.74	FOREST PRESERVE DIST	.1102	673.96
.0077	46.05	PENSION FUND	.0075	45.86
.0148	88.53	DU PAGE AIRPORT AUTH	.0144	88.06
		** LOCAL **		
NO LEVY		DU PAGE WATER COMM	NO LEVY	
.0398	238.07	YORK TOWNSHIP	.0402	245.85
.0050	29.90	PENSION FUND	.0048	29.35
.0417	249.44	YORK TWP ROAD	.0422	258.08
.0021	12.56	PENSION FUND	.0018	11.00
NEW		CITY OAKBROOK TERR	.0007	4.28
.3316	1,983.56	PENSION FUND	.3349	2,048.18
.4045	2,419.63	OAKBROOK TERR PARK	.4120	2,519.70
.0169	101.09	PENSION FUND	.0148	90.51
.7339	4,390.04	OAKBROOK TERR FIRE	.7245	4,430.89
.0407	243.45	PENSION FUND	.0764	467.24
		** EDUCATION **		
1.5346	9,179.67	GRADE SCHOOL DIST 48	1.5260	9,332.71
.0158	94.51	PENSION FUND	.0156	95.40
1.9922	11,916.94	HIGH SCHOOL DIST 88	1.9811	12,116.01
.0615	367.88	PENSION FUND	.0567	346.76
.2114	1,264.65	COLLEGE DU PAGE 502	.2037	1,245.90
5.7279	34,263.16	TOTAL	5.7262	35,020.30

Mailed to:

FIRST MIDWEST BK 9713
17W682 BUTTERFIELD RD
OAKBROOK TERR IL 60181

Property Location:

17W682 BUTTERFIELD RD
OAKBROOK TERR, 60181

Township Assessor:
YORK
630-627-3354

Tax Code:
6112

Property Index Number:
06-22-300-023

CHANGE OF NAME/ADDRESS:
CALL: 630-407-5900

*** $ OF A FACTOR 1.0224**
1st INST PAID MAY 25, 2022
2nd INST DUE ON SEP 1, 2022

TIF Frozen Value	
Fair Cash Value	
Land Value	315,310
+ Building Value	296,270
= Assessed Value	611,580*
x State Multiplier	1.0000
= Equalized Value	611,580
– Residential Exemption	
– Senior Exemption	
– Senior Freeze	
– Disabled Veteran	
– Disability Exemption	
– Returning Veteran Exemption	
– Home Improvement Exemption	
– Housing Abatement	
= Net Taxable Value	611,580
x Tax Rate	5.7262
= Total Tax Due	35,020.30
– Less Advance Payment	
= Net Tax Due	17,510.15
+ PACE Reimbursement	
= Net Due	

2021 DuPage County Real Estate Tax Bill
Gwen Henry, CPA, County Collector
421 N. County Farm Road
Wheaton, IL 60187

Office Hours – 8:00 am–4:30 pm, Mon–Fri
Telephone – (630) 407-5900

2020 $598,180 Assessed Value 2021 $611,580

Attachment 3
Operating Entity

The Chicagoland Surgery Center will be licensed by the Illinois Department of Public Health. Attached as evidence of the operating entity's good standing are the Articles of Incorporation as the entity was only recently incorporated with the Illinois Secretary of State.

Attachment 3
Operating Entity/Licensee
Chicagoland Surgery Center

Form **LLC-5.5**	**Illinois Limited Liability Company Act Articles of Organization**	**FILE # 11087256**
Secretary of State Jesse White Department of Business Services Limited Liability Division www.ilsos.gov	**Filing Fee:** $150 **Approved By:** AJW	**FILED** **NOV 04 2021** **Jesse White** **Secretary of State**

1. Limited Liability Company Name: CHICAGOLAND SURGERY CENTERS, LLC

2. Address of Principal Place of Business where records of the company will be kept:
6201 W. 95TH ST
OAK LAWN, IL 60453

3. The Limited Liability Company has one or more members on the filing date.

4. Registered Agent's Name and Registered Office Address:

MOHAMMAD AL-KHUDARI
6503 HILLCREST DR
BURR RIDGE, IL 60527-5740

5. Purpose for which the Limited Liability Company is organized:
"The transaction of any or all lawful business for which Limited Liability Companies may be organized under this Act."

6. The LLC is to have perpetual existence.

7. Name and business addresses of all the managers and any member having the authority of manager:

AKRAM ABEDELAL
370 HOGAN ST
BOLINGBROOK, IL 60490

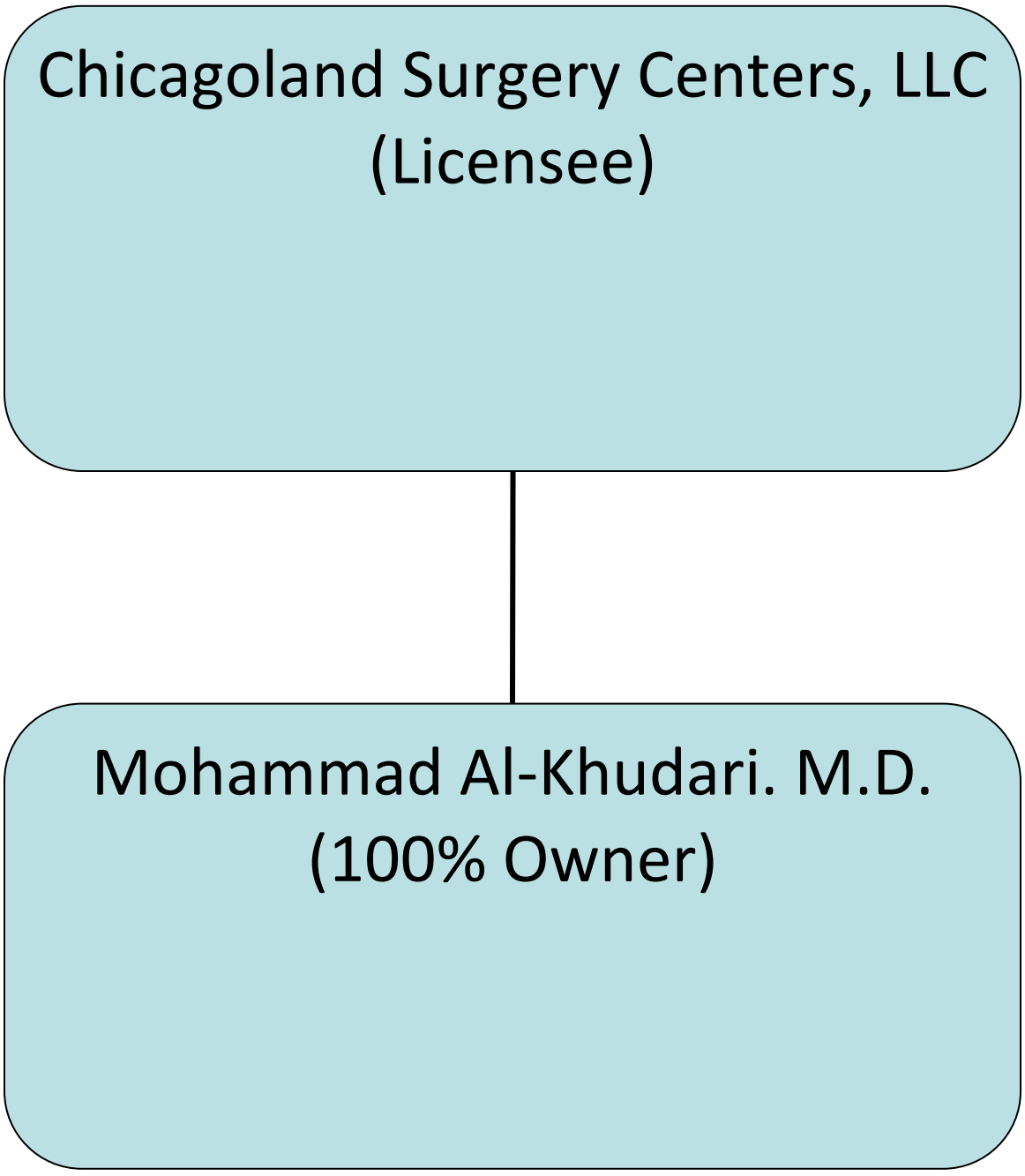
8. **Name and Address of Organizer**
I affirm, under penalties of perjury, having authority to sign hereto, that these Articles of Organization are to the best of my knowledge and belief, true, correct and complete.

Dated: NOVEMBER 04, 2021

MOHAMMAD AL-KHUDARI
6503 HILLCREST DR.
BURR RIDGE, IL 60527

This document was generated electronically at www.ilsos.gov

Attachment 4
Organizational Relationships



ATTACHMENT 5
FLOOD PLAIN REQUIREMENTS

Chicagoland
SURGERY CENTERS

August 15, 2022

John P. Kniery
Illinois Health Facilities and Service Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: Chicagoland Surgery Centers- Flood Plain Requirements

Dear Mr. Kniery,

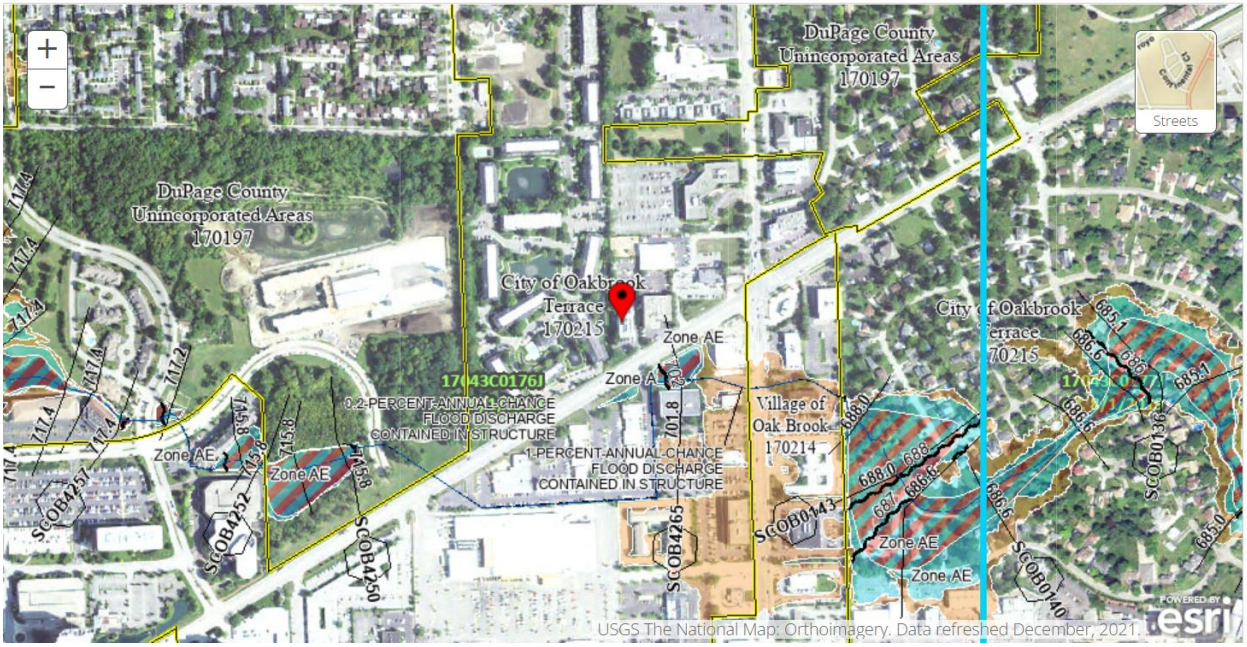
As a representative of Chicagoland Surgery Centers, I, Mohammad Al-Khudari, M.D., hereby affirm that the site of the proposed Chicagoland Surgery Center, complies with Illinois Executive Order #2005-5. The Chicagoland Surgery Centers will be located at 17W682 Butterfield Road, Oakbrook Terrace, Illinois 60181, and that location is not in a flood plain. As evidence, please find enclosed a map from the Federal Emergency Management Agency ("FEMA").

I hereby certify this true and is based upon my personal knowledge under penalty of perjury and in accordance with 735 ILCS 5/1-109.

Sincerely,

Mohammad Al-Khudari, M.D.
CEO
Chicagoland Surgery Centers

ATTACHMENT 5
FLOOD PLAIN REQUIREMENTS



ATTACHMENT 6
HISTORIC PRESERVATION ACT REQUIREMENTS

The applicant submitted a request for determination to the Illinois Department of Natural Resources- Preservation Services Division on June 20, 2022. A final determination has been received, and is included with this attachment as evidence, as well as the letter requesting review.

ATTACHMENT 6
HISTORIC PRESERVATION ACT REQUIREMENTS

ILLINOIS DEPARTMENT OF NATURAL RESOURCES
Illinois Department of
Natural Resources
One Natural Resources Way Springfield, Illinois 62702-1271
www.dnr.illinois.gov
JB Pritzker, Governor
Colleen Callahan, Director

DuPage County
Oakbrook Terrace
CON - Rehabilitation for Conversion to an Ambulatory Surgical Treatment Center
17W682 Butterfield Road, Suite 100
SHPO Log #001062022

Save Attachments

July 21, 2022

Juan Morado
Benesch, Friedlander, Coplan and Aronoff LLP
71 S. Wacker Dr., Suite 1600
Chicago, IL 60606

Dear Mr. Morado:

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,

Carey L. Mayer

Carey L. Mayer , AIA
Deputy State Historic
Preservation Officer

ATTACHMENT 6
HISTORIC PRESERVATION ACT REQUIREMENTS

Benesch

Juan Morado Jr.
71 South Wacker Drive, Suite 1600
Chicago, IL 60606
Direct Dial: 312.212.4967
Fax: 312.757.9192
jmorado@beneschlaw.com

June 20, 2022

VIA E-MAIL

Jeffrey Krutchen
Chief Archaeologist
Preservation Services Division
Illinois Historic Preservation Office Illinois Department of Natural Resources
1 Natural Resources Way
Springfield, Illinois 62702
Jeffrey.kruchten@illinois.gov
SHPO.Review@illinois.gov

Re: Certificate of Need Application for the Modernization of an Existing Medical Office Building Suite and Conversion to ASTC

Dear Jeffrey:

I am writing on behalf of my client, Chicagoland Surgery Centers, LLC ("CSC") to request a review of the project area under Section 4 of the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420/1 et. seq.). CSC is submitting an application for a Certificate of Need from the Illinois Health Facilities and Services Review Board. CSC is proposing to modernize an existing office building suite located at 17W682 Butterfield Road, Suite 100, Oak Brook Terrace, Illinois 60181.

The proposed ambulatory surgery center will contain 2 operating rooms, recovery bays, lockers, office, patient waiting rooms and common areas. For your reference, we have included pictures of the existing lot and topographic maps (Attachments 1-2) showing the general location of the project.

We respectfully request review of the project area and a determination letter at your earliest convenience. Thank you in advance for all of the time and effort that will be going into this review.

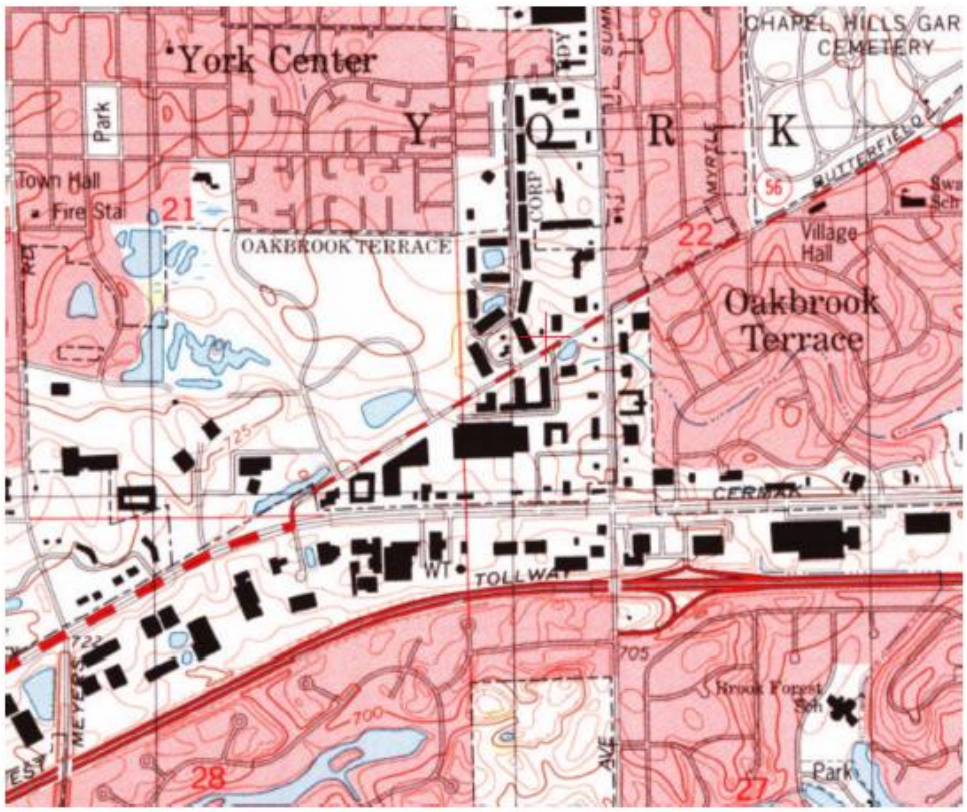
Very truly yours,
BENESCH, FRIEDLANDER,
COPLAN & ARONOFF, LLP

Juan Morado, Jr.

15806709 v2

ATTACHMENT 6
HISTORIC PRESERVATION ACT REQUIREMENTS

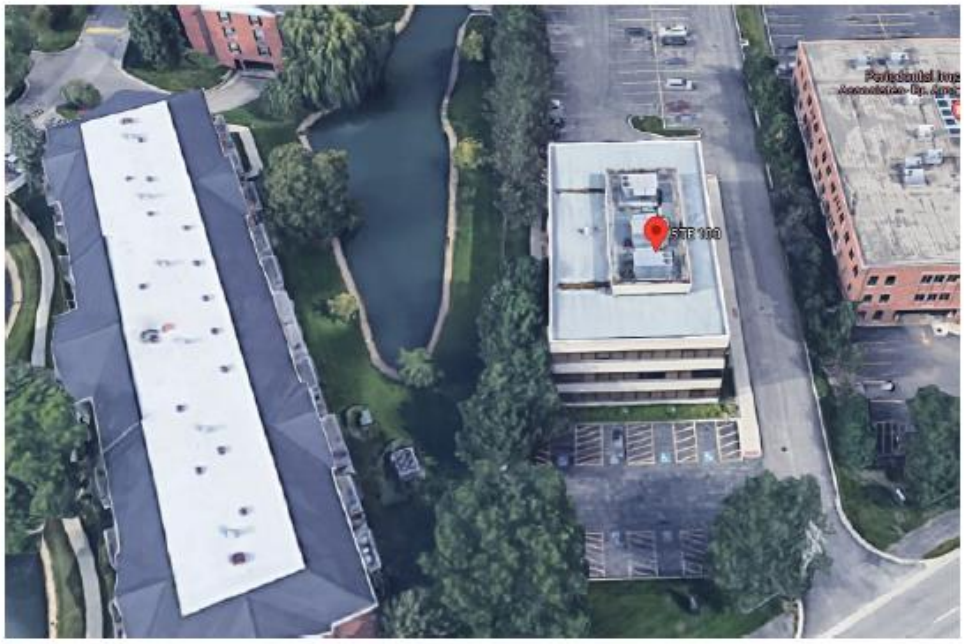
Chicagoland Surgery Centers, LLC Topographic Map
(17W682 Butterfield Road, Suite 100, Oak Brook Terrace, Illinois, 60181)



15806709 v2

ATTACHMENT 6
HISTORIC PRESERVATION ACT REQUIREMENTS

Chicagoland Surgery Centers, LLC Aerial Map
(17W682 Butterfield Road, Suite 100, Oak Brook Terrace, Illinois 60181)



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ATTACHMENT 6
HISTORIC PRESERVATION ACT REQUIREMENTS

Chicagoland Surgery Centers, LLC Street View
(17W682 Butterfield Road, Suite 100, Oak Brook Terrace, Illinois 60181)

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ATTACHMENT 7
PROJECT COSTS AND SOURCES OF FUNDS

Project Costs and Sources of Funds			
USE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Preplanning Costs	-	-	-
Site Survey and Soil Investigation	-	-	-
Site Preparation	-	-	-
Off Site Work	-	-	-
New Construction Contracts	$681,860	$417,810	$1,099,670
Modernization Contracts	-	-	-
Contingencies	$67,580	$41,420	$109,000
Architectural/Engineering Fees	$24,802	$15,198	$40,000
Consulting and Other Fees	$37,408	$22,922	$60,330
Movable or Other Equipment (not in construction contracts)	$496,047	$303,953	$800,000
Bond Issuance Expense (project related)	-	-	-
Net Interest Expense During Construction (project related)	-	-	-
Fair Market Value of Leased Space or Equipment	$822,292	$503,859	$1,326,152
Other Costs to Be Capitalized	-	-	-
Acquisition of Building or Other Property (excluding land)	-	-	-
TOTAL USES OF FUNDS	**$2,129,990**	**$1,305,162**	**$3,435,152**
SOURCE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Cash and Securities	$93,009	$56,991	$150,000
Pledges	-	-	-
Gifts and Bequests	-	-	-
Bond Issues (project related)	-	-	-
Mortgages	$1,214,695.40	$744,304.60	$1,959,000
Leases (fair market value)	$822,292	$503,859	$1,326,152
Governmental Appropriations	-	-	-
Grants	-	-	-
Other Funds and Sources	-	-	-
TOTAL SOURCES OF FUNDS	**$2,129,996**	**$1,305,155**	**$3,435,152**

ATTACHMENT 7
PROJECT COSTS AND SOURCES OF FUNDS

New Construction Costs	• General Contractor cost, material, and labor cost • Miscellaneous Equipment	$1,099,670
Contingencies	• Unexpected costs associated with matter not covered under construction contract	$109,000
Architectural/Engineering Fees	• A/E Site Plans Preparation, Review Process	$40,000
Consulting and Other Fees	• CON and Permit Related Fees- $35,330 • Builder Permit Fees $25,000	$60,330
Moveable or Other Equipment (not in construction contracts)	• Microscope-$100,000 • Phaco Machine $75,000 • Laser- $350,000 • Miscellaneous Eye Equipment- $135,000 • Patient Beds and Chairs- $100,000 • Furniture- $40,000	$800,000
FMV of Leased Space	• Cost of Leased Space Annually- $240,000 with a 5% annual increase, multiplied over 5 years for life of the lease term	$1,326,152
Total Uses of Funds		**$3,435,152**

New Construction Contracts- The proposed project will be constructed in a existing office building previously used for medical services. The projected building costs are based on national architectural and construction standards and adjusted to compensate for several factors. The clinical construction costs are estimated to be $681,860 or $170.46 per clinical square foot.

Contingencies- The Project's contingencies costs are designed to allow the construction team an amount of funding for unforeseeable event related to construction. Clinical construction costs for contingencies are estimated to be $67,580 or 9.9% percent of projected clinical new construction costs.

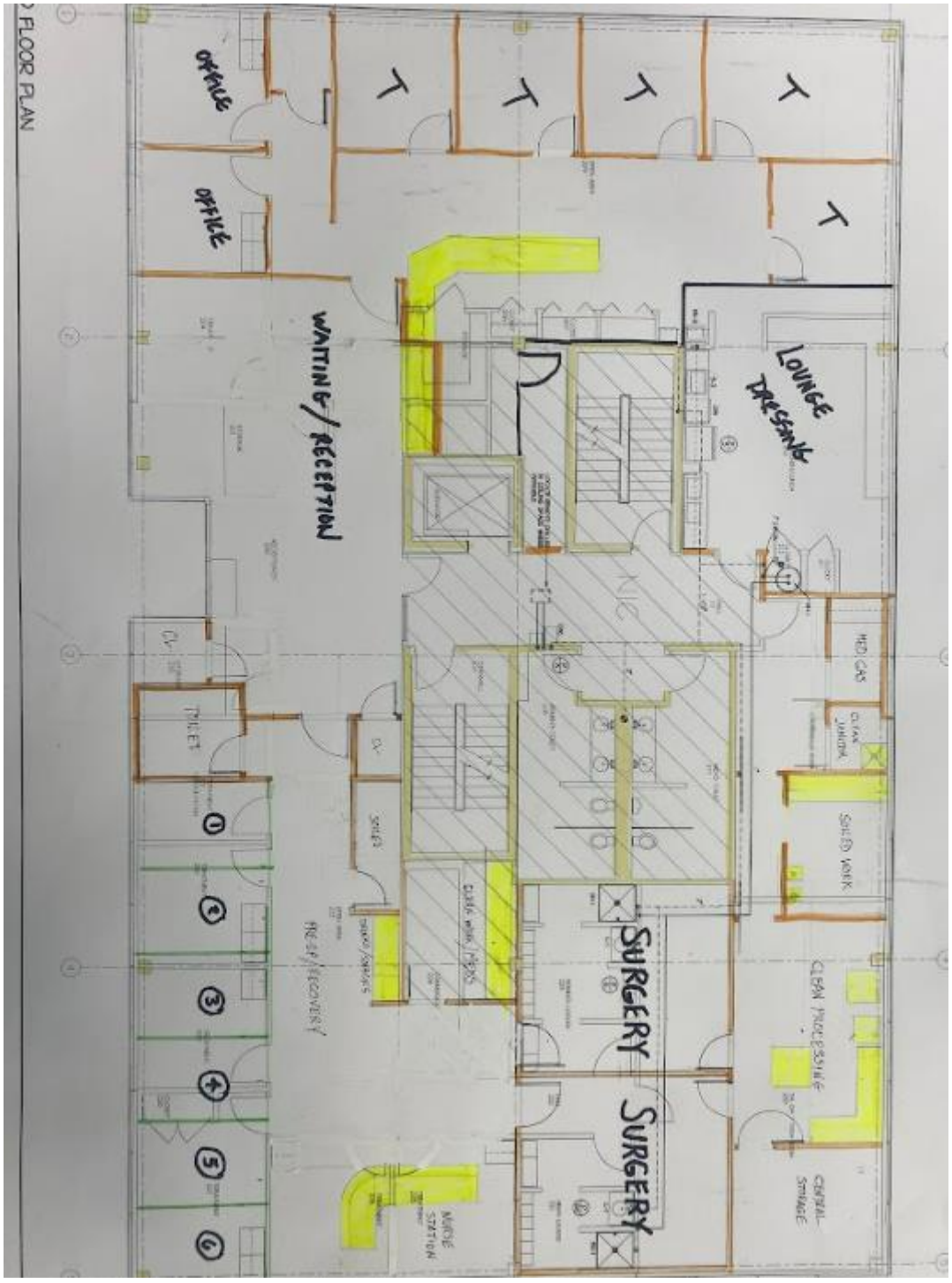
Architectural/Engineering Fees- The clinical project cost for architectural/engineering fees are projected to be $24,802 or 3.31% of the new construction and contingencies costs.

Consulting and Other Fees- The Project's consulting fees are primarily comprised of various project related fees, additional state/local fees, and other CON related costs.

Moveable Equipment Costs- The moveable equipment costs are necessary for the operation of the ASTC, and proposed operating rooms.

Fair Market Value of Leased Space- The initial lease for the space will be for 5 years, and the annual rent will be $240,000. There will be a 5% annual increase, each year over the 5-year term. Over 5 years, the total lease value is $1,326,152.

ATTACHMENT 8
PROJECT STATUS AND COMPLETION SCHEDULES



ATTACHMENT 9
COST SPACE REQUIREMENT

		Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
Dept. / Area	**Cost**	**Existing**	**Proposed**	**New Const.**	**Modernized**	**As Is**	**Vacated Space**
REVIEWABLE							
ASC	$2,129,990		4,000	4,000			
Total Clinical	$2,129,990		4,000	4,000			
NON-REVIEWABLE							
Administrative	$1,305,162		2,451	2,451			
Total Non-clinical	$1,305,162		2,451	2,451			
TOTAL	**$3,435,152**		**6,451**	**6,451**			

Attachment 11
Background of the Applicant

The following information is provided to illustrate the qualifications, background and character of the Applicants, and to assure the Health Facilities and Services Review Board that the proposed hospital will provide a proper standard of health care services for the community.

Chicagoland Surgery Centers, LLC

The proposed project is brought by Chicagoland Surgery Centers, LLC, an entity owned by Dr. Mohammad Al-Khudari. Dr. Al-Khudari will own 100% of the entity as reflected in Attachment 4.

Dr. Al-Khudari does not maintain an ownership interests in excess of 5% in any other healthcare facility. The Applicant can therefore certify that there have been no adverse action during the three (3) years prior to the filing of this Application. A letter certifying to the above information is attached at Attachment 11.

We have included a letter authorizing access to the HFSRB and IDPH to verify information about Chicagoland Surgery Centers, LLC at Attachment 11.

Mohammd Al-Khudari, M.D.

Dr. Al-Khudari is the principal and operator of Family Eye Physicians, an ophthalmology practice.

Mohammad Al-Khudari, MD. is a board-certified ophthalmologist and a community stakeholder from the southwest suburbs of Chicago. He attended the University of Illinois in Urbana earning a Bachelor of Science degree. He received his medical degree from Chicago Medical School and completed his internship at MacNeal Hospital and the University of Chicago. After performing his residency at Stroger Memorial Hospital, Dr. Al-Khudari then completed a fellowship in Pediatric Ophthalmology at Children's Memorial Hospital/Northwestern University.

Dr. Al-Khudari has received numerous awards and recognitions including Best Research Project from the Chicago Ophthalmology Society, Outstanding Teacher of the year and Chief Resident of Stroger Memorial Hospital. He has authored many publications and completed research on macular degeneration, glaucoma, and Pediatric Ophthalmology. He is dedicated to caring for children not only in the Chicagoland area but has also volunteered his services to help children around the world by providing free stribimish surgery. He has treated numerous pediatric eye conditions and has restored vision to children who experienced various eye traumas.

Dr. Al-Khudari is a leader in his field. As one of only two hundred eye surgeons to perform the light adjustable lens procedure in the United States he is committed to using the most advanced technology to help his patients. The light adjustable lens has revolutionized cataract surgery by allowing patients to adjust and customize their vision after cataract surgery.

He is a member of the American Academy of Ophthalmology, the Chicago Ophthalmology Society, American Society of Cataract and Refractive Surgery, American Academy of Pediatric Opthomalogy and Strabismus Society and the American Society of Cataract and Refractive Surgeons.

Dr. Al-Khudari founded Family Eye Physicians and has grown it into one of the premier ophthalmology practices in the Chicagoland area. The practice uses the most clinically relevant procedures and state of the art technology. Whether it is routine eye care or the latest advanced ophthalmic care, the practice is dedicated to providing the very best eye care and vision services in a friendly, efficient and professional manner.

The practice offers a full comprehensive eye care for the entire family offering a full array of surgical procedures for those patients. This includes cataract surgery, glaucoma treatment, diabetic eye care, laser vision correction, eyeglasses, contact lenses and more. Uniquely, this practice also caters to pediatric patients, a service line that needs increased access.

Attachment 11
Background of the Applicant

(Family Eye Physician Oaklawn Offices)

Treating pediatric patients requires special skills, specialized equipment, and particularized qualifications. The practice's experience allows them to provide care to patients with special needs because of the more relaxed environment in which we are able to care for these individuals. When these individuals require surgical care, the ability to have access to our own environment, our own staff, and our own approach proves to be important to their outcomes and experience. Family Eye Physicians treat a wide variety of pediatric ophthalmology disorders including strabismus, amblyopia, congenital cataracts, blocked tear ducts, ptosis, retinopathy of prematurity, chalazia, and more. Our team of pediatric eye doctors stress the importance of routine eye exams to detect potential vision problems early in a child's life.

Attachment 11
Background of the Applicant

Attachment 11
Background of the Applicant

Chicagoland
SURGERY CENTERS

August 14, 2022

John P. Kniery
Illinois Health Facilities and Service Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: Chicagoland Surgery Centers- Certification and Authorization

Dear Mr. Kniery,

As a representative of Chicagoland Surgery Centers, LLC I, Mohammad Al-Khudari, M.D., respectively, give authorization to the Health Facilities and Services Review Board and the Illinois Department of Public Health (IDPH) to access documents necessary to verify the information submitted including, but not limited to: official records of IDPH or other state agencies, the licensing or certification records of other states, and the records of nationally recognized accreditation organizations.

I further verify that Chicagoland Surgery Centers, LLC has no ownership interest in other healthcare facilities. Therefore, there are no adverse actions to report for the past three (3) years.

I hereby certify this is true and based upon my personal knowledge under penalty of perjury and in accordance with 735 ILCS 5/1-109.

Sincerely,

Mohammad Al-Khudari, M.D.
CEO
Chicagoland Surgery Centers

Attachment 12
Purpose of the Project

The process for establishing replacement facilities is not explicitly provided for under the HFSRB process, but over the years the Board and its staff have acknowledged projects that accommodate the need for new modern facilities. This project is fueled by the ending of the lease at the existing site and the need for a modernized space and updated equipment. The evaluation of options, see alternatives below, yielded relocation of the facility as the best option. Therefore, while it will technically be reflected in the content of two applications, key to the establishment of this new facility will be the discontinuation of the existing facility. Both the existing and the proposed site for the relocated facility will be within planning area 7. The market area will include the communities located within Planning Area 7 and the surrounding Chicago and Chicagoland communities where Family Eye Physicians currently serves it's patients.

This proposed surgery center is spearheaded by an experienced practitioner, supported by an existing and vibrant practice, and will yield a newer and modernized facility.

This project will increase access to care and will provide stability to one of the premier Chicagoland ophthalmology practice's capabilities to provide quality surgical care to its patients. Currently, Dr. Al-Khudari's patients are treated in a wide variety of facilities, making it difficult for both patients and medical staff to travel to multiple locations for treatment. The project is focused on offering superior eye care services to protect and improve the vision quality of patients. The goal is accomplished by providing necessary care utilizing the most clinically relevant procedures and state of the art technology. The new centrally located facility will be more capable of accomplishing these goals. His commitment to, and the commitment of this facility to, pediatric ophthalmological procedures, is part of what makes this project unique and imperative.

The importance of ensuring meaningful access to pediatric surgical services is at the core of this project. The scope and the importance of the procedures performed, and the conditions treated are outlined above. Having a facility that accepts all payer types including Medicare and Medicaid, and that has not only the capacity but also the training, equipment, and commitment to the provision of these services to such a vulnerable patient population is key to a well-designed healthcare delivery system. From both a reimbursement and a healthcare delivery model it is important to have access to a surgical center in which these procedures can be performed and, ultimately, the importance of having healthcare professionals trained and dedicated to caring for pediatric patients is critical.

Establishing an ASTC allows surgeons greater control over time spent in the operating room. These factors alone increase efficiency of an ASTC while maintaining quality, increasing access to care for patients, and providing services at a greatly reduced cost. Moreover, recent events have illustrated the importance of having meaningful access to surgical options outside of a traditional hospital setting so as to minimize infection control and potential exposure to the risks associated with a broader patient population. We know the CMS does not reimburse certain procedures unless they are performed in an ASTC or a hospital surgical suite setting. This reduces the available options for patients and puts them in the position of needing to see a different doctor or take their chances with obtaining an appointment in a hospital surgical suite.

In a post-COVID world, the importance of access to non-hospital based surgical procedures is key – and this is particularly true for conditions that have the ability to adversely impact sight. The benefits that will result from having access to state-of-the-art equipment and cutting-edge technology in a new modernized facility makes the approval of this replacement facility something we are confident the Board will see value in.

Finally, from the perspective of impact upon other area providers and on services within the marketplace, since it is the intent of the owners to discontinue the existing facility upon the approval and licensing of this project, there will be no adverse impact, no increase in the number of facilities or disruption to the services being provided. The only result will be the improvement of the care and services available.

Attachment 12
Purpose of the Project

The Revolution Of Pediatric Ophthalmology

October 20, 2020

The past 25 years have seen remarkable advances in clinical eye care for children in the world. This has led to both improved outcomes and better patient and family experiences. There have been substantial changes to patient pathways, major advances in diagnostic techniques and treatments, and a more robust evidence base underpinning the delivery of care.

Pediatric ophthalmology is now universally recognized as a specific sub-specialty. Ophthalmic care of children in 2020 is no longer something that general ophthalmologists do as an adjunct to their predominantly adult clinical practice. It is instead delivered in dedicated pediatric ophthalmology clinics by teams with expertise in the care of children.

Advances in diagnostic and imaging techniques originally developed for adult patients (such as optical coherence tomography (OCT), widescreen digital imaging (Optos), and modern fluorescein angiography) have expanded the options available for the investigation of children.

Readily available genetic testing has changed the way we approach the investigation and management of children with rare and complex eye disease. Application of new diagnostic techniques for deep phenotyping in combination with genomic testing enhances the accuracy of diagnosis and prognosis.

This now enables the introduction of true 'personalized' medicine for children with rare ophthalmic disorders. Equally importantly, increased awareness of social and safeguarding issues has improved child protection strategies across pediatric healthcare ensuring clinicians and their teams better protect children from harm.

We believe that these developments in medical and surgical care will ensure that pediatric ophthalmology remains one of the most exciting subspecialties well into the future. Also, recent regulatory changes have meant that pharmaceutical companies must consider the needs of children as well as adults when seeking a license for new treatments.

In the future, clinicians should be thus able to prescribe medication for children with a better evidence base of efficacy and safety. We anticipate that the need to grow and

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Attachment 12
Purpose of the Project

research and specifically the establishment of new clinical trials in this area.

Changes to the way we care for children in pediatric ophthalmology

Children in 2020 are rarely seen within a 'general' predominantly adult clinic and are much more likely to be assessed in child-focused dedicated pediatric clinics, with facilities specifically pitched towards children, and by experienced staff with appropriate safeguarding training.

This has substantially improved the experience of care for the children and their families. The majority of consultants who regularly deal with children now have a subspeciality interest in pediatric ophthalmology, usually following post-CCT fellowship training.

Pediatric ophthalmology clinics require multidisciplinary expertise. Orthoptists have traditionally played a key part but other allied health professionals (AHPs) such as pediatric optometrists, vision scientists and eye clinic liaison officers (ECLOs) have crucial roles in the delivery of high-quality pediatric ophthalmology. AHPs often work independently, both within the hospital setting and in community clinics, and support traditional outpatient clinics by working closely with pediatric ophthalmologists.

Clinics are ideally supported by pediatric nurses with the appropriate training and expertise. Examples of current modern practice would be orthoptic / optometry-led clinics in both the community and in hospital. This could include specialized follow-up clinics in, for instance, pediatric cataract, or uveitis led by orthoptists or optometrists, running in parallel with a consultant-led clinic.

All staff dealing with children now receive mandatory safeguarding training. This helps ensure that child protection issues or signs of abuse can be detected and acted upon appropriately.

Advances in imaging and diagnostic tools

Accurate assessment and monitoring of eye disease in children has always been challenging. Young children and children with neurodevelopmental problems can be difficult to examine. They may be anxious, upset, or fractious and thus fail to fully cooperate.

Physical limitations can also present boundaries when using instruments and techniques that were designed for use in adults. In the past, clinicians frequently resorted to 'examination under anesthesia' (EUA) for a child in whom it was impossible to obtain an IOP measurement or when a fundal examination was similarly difficult but very important.

The availability of i-Care rebound tonometry, which can be used swiftly, without eye drops, on a child with minimal cooperation, has greatly reduced the number of EUAs carried out. This has been particularly beneficial for children with conditions such as glaucoma, aniridia, or facial port-wine stains, where regular IOP measurement is a crucial part of assessment and monitoring but repeated anesthesia carries concerns about the impact on neurodevelopment.

OCT has also made a huge impact on diagnosis and assessment in pediatric ophthalmology. An experienced imaging technician can successfully obtain useful OCT images in a cooperative child from the age of three upwards and it has thus become invaluable in the assessment of both anterior and posterior segment pediatric pathology.

For instance, OCT imaging of swollen optic discs can help the clinician distinguish between anomalous looking discs due to optic disc drusen as compared to papilloedema. Similarly, OCT is invaluable for retinal assessment and diagnosis (retinal dystrophies, foveal hypoplasia, developmental disorders), as well as macular edema diagnosis and monitoring in uveitis and other conditions.

The advent of the handheld or microscope mounted OCT has meant that images can now be obtained both in infants and during surgery or examination under anesthetic. This can be invaluable in the diagnosis and assessment of young children with nystagmus

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Attachment 12
Purpose of the Project

be invaluable in the diagnosis and assessment of young children with nystagmus, glaucoma, retinal pathology, and the retinal complications of non-accidental injury.

OCT angiography is currently seldom used in children but has the potential to be a powerful tool for non-invasive delineation of pediatric retinal vascular and structural diseases such as familial exudative vitreoretinopathy (FEVR), Incontinentia Pigmentii, and foveal hypoplasia.

Advances in digital fundal imaging in children have transformed the diagnosis and monitoring of a wide range of children's eye diseases. RetCam and newer more portable digital fundal imaging devices (such as PanoCam) are now routinely used in infants and young children for the documentation of retinal disease.

Digital imaging is particularly important for the diagnosis, monitoring, and documentation of retinopathy of prematurity (ROP). It has significantly enabled trained non-medical users to send images obtained in the neonatal intensive care unit (NICU) to a remote expert for interpretation – true 'telemedicine'.

This principle may be transformative for the delivery of high-quality ROP care in the developing world where pediatric ophthalmologists are scarce. Digital documentation of retinal hemorrhages in cases of suspected non-accidental injury is important both clinically and from a medico-legal aspect.

The images obtained are important evidence for subsequent hearings in both the family and criminal courts. Optos widescreen digital imaging can be carried out from at least four years of age in a cooperative child and provides quickly captured wide-angle images.

These are excellent for assisting the clinician in the diagnosis and monitoring of both pediatric retinal disease, retinoblastoma, and posterior uveitis. Fluorescein angiography and the autofluorescence functions of digital imaging systems have similarly assisted accurate diagnosis and delineation of maculopathy, retinal ischemia, and subretinal neovascular membranes in pediatric retinal disease.

Digital imaging equipment for documenting eye movements using 'eye-tracking' software has become more widely available. These instruments provide detailed information for both the assessment of nystagmus and other neuro-ophthalmic abnormalities affecting saccades and smooth pursuit eye movements. This has allowed a more accurate diagnosis and the planning of surgery for nystagmus related abnormal head posture.

Advances in treatment options for children with eye disease

The last quarter of a century has seen many changes to the way we treat ophthalmic disorders in children, both medically and surgically. There have been concurrent changes to care pathways and huge improvements in surgical equipment and techniques.

Advances in our understanding of the natural history of strabismus and the role of refractive error in the etiology of squints have led to more conservative management and less strabismus surgery is performed on children.

There has consequently been less need for re-operations. Alternative treatment options such as 'chemodenervation' of extraocular muscles via botulinum toxin (Botox) have been introduced over the last 30 years for the management of pediatric squint with comparable results to surgery for the management of infantile esotropia.

Botox is particularly helpful for the management of acute esotropia (with or without sixth nerve palsy). This may have also contributed to the reduction in surgery and better outcomes.

Advances in surgical instruments and techniques used in pediatric intraocular surgery have reduced complications and improved surgical outcomes. In pediatric cataract surgery, the performance of a posterior capsulotomy and anterior vitrectomy at the time of lensectomy has reduced visual axis re-opacification rates. The use of smaller incisions (23 and 25 gauge), atraumatic surgical technique, and rigorous peri and postoperative

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Attachment 12
Purpose of the Project

anti-inflammatory regimes have reduced postoperative inflammation.

It is likely that, as in adults, the use of intraocular antibiotics at the surgery has reduced the rate of postoperative endophthalmitis. Other major advances include a better understanding of the indications in the management of infantile and childhood glaucoma for different surgical procedures – particularly the increasing role of modern Seton devices (such as Baerveldt and Ahmed tubes) for congenital and aphakic glaucoma.

Babies born prematurely are now not only more likely to survive than 25 years ago but are also likely to have better structural and visual outcomes. This is as a result of improved screening programs for ROP and a better knowledge of when and how to treat sight-threatening ROP.

The ET-ROP study and BEAT-ROP studies have been key in guiding clinicians in when and how to treat ROP with laser or intravitreal anti-VEGF injections. The RCOphth guidelines for ROP screening and treatment in 2006 defined optimal screening ages and intervals. These will evolve as the use of anti-VEGF agents becomes more widespread.

Surgical management of stage IV ROP has also advanced tremendously in recent years. Minimally invasive endoscopic vitrectomy has improved anatomical outcomes and reduced the need for lensectomy in infants who would previously have faced a dismal outcome.

Anti-VEGF intravitreal injections have also been utilized in other areas of pediatric ophthalmology, such as in Coat's disease, Best's disease, and in the treatment of subretinal neovascular membranes in inflammatory eye disease.

Visual and structural outcomes for children with uveitis have improved over the last 25 years due to several factors. Better screening of at-risk patients, such as those with juvenile idiopathic arthritis (JIA), has allowed earlier diagnosis and intervention for JIA uveitis before complications occur.

Better care pathways have indicated early treatment with immunosuppressive drugs, when the ocular disease is not controlled topically, with more efficacious immunosuppression options now available such as methotrexate and anti-TNF agents.

Multidisciplinary care of children with uveitis, in conjunction with pediatric rheumatologists, has meant that the incidence of visual impairment and blindness has been substantially reduced.

Advances in evidence-based medicine for pediatric ophthalmology

Twenty-five years ago there was little robust evidence for most of the interventions and treatments commonly used in pediatric ophthalmology. Complex ethical issues mean recruitment to research studies in children is still difficult, with much progress still to be made.

New regulatory requirements for pharmaceutical companies requiring evaluation of medicines in children has resulted in more interest in carrying out clinical trials in pediatric ophthalmology.

There are, for example, current or forthcoming trials into the use of anti-VEGF treatment for ROP, gene therapy for some retinal dystrophies, and evaluation of low dose atropine in retardation of myopia development. The majority of drugs used for children in the past were 'off label' use – as they had not been licensed for use in children. There has recently been an increase in the number of licensed topical treatments for children, giving clinicians greater confidence when prescribing for children.

Evidence provided by several key studies has changed how we treat children with certain eye conditions. The Infant Aphakia Treatment Study was an American randomized prospective study of 114 infants. It has provided outcome data for children with unilateral congenital cataract who underwent surgery under the age of six months, either with or without an intraocular lens.

Attachment 13
Alternatives

1. Status Quo (No CON costs, but disruption to access to care)

The status quo would result in procedures being performed in a facility that has reached the end of its lease, is not suited for the modernized equipment and procedures that are envisioned at the new facility and that are necessary for the care the patient population served by the project require. As a result, this option was not considered to be viable.

2. Maintain Two Facilities (Approximately Double the CON costs)

It would be possible to propose this facility without the accompanying plan to discontinue an existing facility. The volume of patients requiring this care could support more than a single facility or the existing facility could be approached as an asset to be sold upon the approval of this project. However, the goal of this is Project is not to expand the number of facilities that are available to provide care to this area but, rather, to improve the quality of the facility in which this necessary care can be performed. For these reasons this was not selected as on option.

3. Utilize Capacity and Existing Facilities (No CON costs, but significant healthcare impact)

The lease could be allowed to lapse and the existing ASTC could be allowed to close. The result would be a fragmenting of the practice such that these necessary procedures would have to be performed at a multitude of facilities at which the physicians could obtain privileges, and which had capacity for the addition of procedures. This would have two distinct adverse impacts from a healthcare delivery perspective. First, the benefit that results from having a dedicated staff with the training and commitment and background to treat both adult ***and*** pediatric patients would be lost, not to mention the requisite equipment. Additionally, converting the driving force behind patient care to be a question of which facility has randomly available capacity undermines the patient experience and is inevitable to yield significant delays in access to care, not to mention create avoidable hurdles in the provision of quality care. Based upon the likelihood of adversely impacting patient experience and potentially undermining patient care, this option was not selected.

4. Project, as proposed

This project is designed to improve care without adversely impact the healthcare delivery ecosystem. The discontinuation of an existing facility to give way for a new state-of-the-art facility in which specialized equipment, staff, and care will be available yields a meaningful improvement in access to care. The adverse impact should be minimal, if any. The result of this project will be increased access to quality care for a patient population that needs access to care. The facility will be open to all payers including Medicare and Medicaid, which means that those on the margins – pediatric and geriatric patients with financial obstacles impacting access to care will have available a quality facility supported by a premier practice focused solely upon providing necessary care in the most appropriate setting. It is for these reasons that this alternative was selected.

Attachment 14
Size of the Project

The square footage identified in this application for the proposed projects, includes four operating rooms and is consistent with the standards identified in Appendix B of 77 Illinois Admin. Code Section 1110, as documented below.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	**PROPOSED BGSF/DGSF**	**STATE STANDARD**	**DIFFERENCE**	**MET STANDARD?**
ASTC (2 Operating Rooms)	**4,000**	**4,150**	**-150**	**YES**

Attachment 15
Project Services Utilization

The annual utilization expected of an ASTC is 1,500 hours per surgical or procedure room. The proposal for this facility is to establish two surgical rooms, making the objective for demonstrating utilization in excess of 1,500 hours. Based upon historical utilization and proposed patient volume, the facility should meet the state standard by its second year of operation.

UTILIZATION					
	DEPT./ SERVICE	**HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.**	**PROJECTED UTILIZATION**	**STATE STANDARD**	**MEET STANDARD?**
YEAR 1	**ASTC**	**2,781**	**1,946**	**76%**	**NO**
YEAR 2	**ASTC**	**2,781**	**2,043**	**80%**	**YES**

The number of 1,946 predicted procedures are derived from patients and procedures envisioned emanating directly from current patients and from the referral letter included in this application. The referral letters reflect proposed referrals to this facility over the first two years of its operation. The predicted procedures are based on procedures historically performed by the Family Eye Physicians practice. The proposed referrals do not take into account the historical volume of Eye Surgery Center of Hinsdale which will be discontinued and replaced by this facility.

Physician	Historical 12 Months	Proposed Referrals	Average Surgery Time	Total Hours
Family Eye Physicians	1,710 procedures in IDPH Licensed facilities	1,531[1]	1.05 Minutes	1,607
	1,071 Office Based Procedures at Family Eye Physicians	415[2]	1.6	665

The average procedure time of 1.05 was derived from evaluating maintained documentation tracking patient procedures and professional studies of common procedures already performed in the office based setting and in area surgery centers, such as Tinley Woods Surgery Center which maintains a similar average procedure time.[3] The average procedure time of 1.6 hours is based on the expectation that the facility given it's unique expertise in pediatric surgery and highly skilled physicians will perform a number of highly complex outpatient procedures, which require additional procedure time. The proposed average time for the more complex procedures is consistent with the average procedure time seen at Advocate Christ Medical Center where the practice has previously performed similar outpatient procedures.[4]

[1] This proposed amount of referrals is based on an expectation that most procedures will be fairly common.
[2] Given the expertise of the practice and the unique service of providing pediatric ophthalmological procedures, it is expected there will be a number of more complex and time-intensive procedures performed.
[3] According to the 2020 Annual Survey for Tinley Woods Surgery Center
[4] According to 2020 Annual Hospital Survey for Advocate Christ Medical Center

Attachment 15
Project Services Utilization

With an envisioned 2,631 procedures, the result would be 2,272 hours of the available hours the surgical room could be utilized. In year 2, with a modest increase of 5% or a total of 97 procedures the result would be 2,385 hours of the available hours the surgical room could be utilized.

Physician Names	Historical 12 Months	Proposed Referrals	Average Surgery Time	Total Hours
Mohammad Al-Khudari, M.D.	824	200 250	Common Procedures 1.05 Complex Procedures 1.6	210 400
Wassia Khaja Ahmed, M.D.	177	90	1.05	95
Sanjay Rao, M.D.	598	201 145	Common Procedures 1.05 Complex Procedures 1.6	211 232
Agnieszka Nagpal, M.D.	108	40 20	Common Procedures 1.05 Complex Procedures 1.6	42 32
Office Based Procedures	1,071	1,000	1.05	1,050
Total	**2,781**	**1,946**	**-**	**2,272**

Year 1	State Standard for Two Operating Rooms	>1500
	Average Procedure Time in Minutes (Common Procedures)	63
	Average Procedure Time in Minutes (Complex Procedures)	96
	Proposed Facility Utilization in Minutes	136293
	Proposed Facility Utilization in Hours	2272
	Total Projected Referals in Year 2	1946
	Total Facility Project Use in Minutes	136293
	Percentage of Utilization	76%
Year 2	State Standard for Two Operating Rooms	>1500
	Average Procedure Time in Minutes (Common Procedures)	63
	Average Procedure Time in Minutes (Complex Procedures)	96
	Proposed Facility Utilization in Minutes	143108
	Proposed Facility Utilization in Hours	2385
	Total Projected Referals in Year 2	2043
	Total Facility Project Use in Minutes	143108
	Percentage of Utilization	80%

Attachment 15
Project Services Utilization

Utilzation Calculation	
Operational Days	231
Average Hours of Operation	6.5
Procedures Hours Per Operating Room	1501.5
Number of Operating Rooms	2
Total Procedure Hours	2043
First Year Proposed Procedures	1946
First Year Utilization	76%
Second Year Proposed Proceudres	2043
Second Year Utilization	80%

Attachment 16
Unfinished or Shell Space

NOT APPLICABLE- The proposed project does not include plans for shell space.

Attachment 17
Assurances

NOT APPLICABLE- The proposed project does not include plans for shell space.

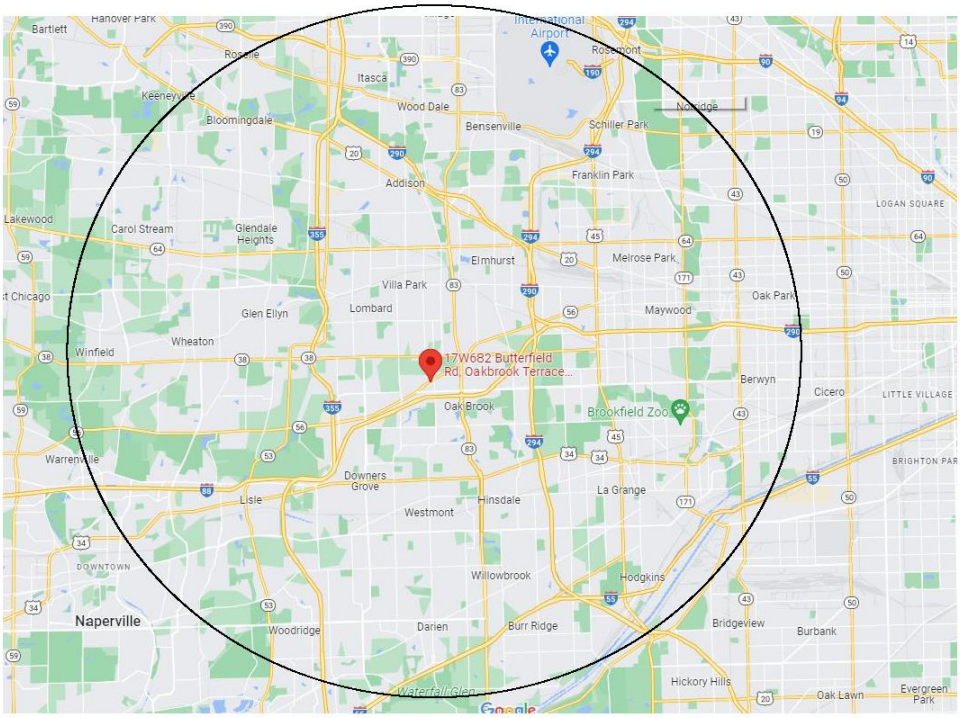
Attachment 25
Non-Hospital Based Ambulatory Surgery
Service to GSA Residents- 1110.235(c)(2)(B)

The proposed project is necessary to meet the needs of the residents of the planning area. As noted in this application, this project involves the replacement of an existing ASTC in Hinsdale and the relocation of the facility to Oakbrook Terrace which is less than 3 miles away from the existing ASTC. The physicians from Family Eye Physicians intend to also continue referring patient to other area facilities, but ultimately patient choice will determine where procedures will take place.

With two operating rooms, the ASTC will have ample capacity to meet the needs of patients in the area and the demand of the physician's patients, while at the same time offering operating rooms to area providers under their open staff policy. While area hospitals have surgical capacity, it has been proven by multiple studies, articles, and actions of the Centers of Medicare and Medicaid Services (CMS) that outpatient procedures in an ASTC setting is less costly when medically appropriate. There are huge cost incentives, and ASTCs offer more patients better access to care at a lower cost.

The primary purpose of this project is to provide necessary health care to resident of the geographic service area ("GSA") in which the ASTC will be located. Listed on the following pages, in accordance with 77 Illinois Admin Code Section 1110.235(c)(2)(8) is the GSA consisting of all zip codes areas that are located within a 10 mile radius of the proposed site of the ASTC. The zip codes and area within a 10 mile radius of the proposed facility is listed below. We have included a map of the multi-directional travel radii's of the proposed ASTC site.

10 Mile Radius from 17W682 Butterfield Rd, Oakbrook Terrace, IL 60181



Attachment 25
Non-Hospital Based Ambulatory Surgery
Service to GSA Residents- 1110.235(c)(2)(B)

ZIP	CITY	2016 Population
60629	Chicago	107,930
60623	Chicago	77,732
60639	Chicago	88,515
60632	Chicago	86,715
60804	Cicero	81,505
60634	Chicago	75,604
60402	Berwyn	62,729
60651	Chicago	63,679
60638	Chicago	57,057
60453	Oak Lawn	55,515
60440	Bolingbrook	52,440
60148	Lombard	52,057
60644	Chicago	45,919
60126	Elmhurst	48,928
60540	Naperville	43,887
60188	Carol Stream	41,472
60707	Elmwood Park	42,434
60565	Naperville	39,261
60101	Addison	39,261
60624	Chicago	35,054
60563	Naperville	38,785
60139	Glendale Heights	33,946
60137	Glen Ellyn	37,857
60302	Oak Park	31,568
60189	Wheaton	30,419
60525	La Grange	30,274
60517	Woodridge	32,099
60527	Willowbrook	26,800

Attachment 25
Non-Hospital Based Ambulatory Surgery
Service Demand- Establishment of an ASTC- 1110.235(c)(3)

We are submitting a referral letter from the Family Eye Physician practice group that includes zip code specific patient origin analysis of the individual's historical caseload and the patient origin to be serviced at the proposed facility is identical to that identified in the letter.

Attachment 25
Non-Hospital Based Ambulatory Surgery
Service to GSA Residents- 1110.235(c)(2)(B)

Chicagoland
SURGERY CENTERS

August 15, 2022

John P. Kniery
Board Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson Street, Floor 2
Springfield, IL 62761

Re: Referral Letter- Chicagoland Surgery Centers

Dear Mr. Kniery,

My name is Mohammad Al-Khudari, M.D. and I am an ophthalmic surgeon and CEO of Family Eye Physicians, a full-service ophthalmology practice. This letter contains the referral documentation required per 77 Ill. Admin. Code Section 1110.235(c)(3)(A)-(B). During the 12-month period prior to submission of this letter, Family Eye Physicians referred a total of 2,781 cases to the following healthcare facilities: Advocate Christ Hospital, Center for Reconstructive Surgery, Family Eye Physicians, Little Company of Mary Hospital, Northwest Community Hospital Day Surgery Center, Northwest Surgicare, Nova-Med Eye Surgery Center, and Tinley Woods Surgery Center.

Historical Caseload by Licensed setting:

Name of Healthcare Facility	Number of cases in past 12 months	Chicagoland Surgery Center
Advocate Christ Hospital	202	100
Center for Reconstructive Surgery	994	596
Family Eye Physicians (Office Based Procedures)	1071	1000
Little Company of Mary Hospital	77	50
Northwest Community Hospital Day Surgery Center	1	0
Northwest Surgicare	44	20
Nova-Med Eye Surgery Center	95	40
Tinley Woods Surgery Center	297	140
Total	**2,781**	**1,946**

Based on my historical referrals, I anticipate Family Eye Physicians referring 1,946 surgical cases each year to Chicagoland Surgery Centers. Enclosed with this letter is a list of patient

Attachment 25
Non-Hospital Based Ambulatory Surgery
Service to GSA Residents- 1110.235(c)(2)(B)

origin by zip code of residence. I certify that the patients I propose to refer reside within the applicant's proposed geographic service area.

I further certify that the aforementioned referrals have not been used to support another pending or approved certificate of need permit application. The information provided in this letter is true and accurate to the best of my knowledge.

Thank you,

Mohammad Al-Khudari, M.D.

Physician's Signature _____ Date 8-17-22

(Please Print/Type Name) _____
Signature of Notary:

Subscribed and sworn to before me

this 17 day of August

_____
Seal

AKRAM ABEDELAL
OFFICIAL SEAL
Notary Public - State of Illinois
My Commission Expires May 14, 2023

Attachment 25
Non-Hospital Based Ambulatory Surgery
Service to GSA Residents- 1110.235(c)(2)(B)

Zip Code	Advocate Christ Hospital	Center for Reconstructive Surgery	Family Eye Physicians	Little Company of Mary Hospital	NCH Day Surgery Center	Northwest Surgicare	Nova-Med Eye Surgery Center	Tinley Woods Surgery Center	Grand Total
7017			1						1
46311								2	2
46321			3	1					4
46324	1								1
46327			1						1
49117		1	1						2
60004	1	1	2			5		1	10
60005			1						1
60018							1		1
60020			1			1		1	3
60031		2							2
60047		2	1			1	2		6
60048							1	1	2
60051						1			1
60056		2				1		1	4
60060						2			2
60062		1	1				1		3

Attachment 25
Non-Hospital Based Ambulatory Surgery
Service to GSA Residents- 1110.235(c)(2)(B)

60067			1						1
60068			2	3					5
60070		3				3			6
60074			2			1			3
60076							4		4
60077			1				2		3
60083		1						1	2
60086		1							1
60089	2	4				5	1	2	14
60090		1	4			1	1		7
60126			1						1
60164			1						1
60169		1		1		1	1		4
60171	1						2		3
60172							2		2
60173	2								2
60174						1			1
60187	1								1
60202						2	1		3

Attachment 25
Non-Hospital Based Ambulatory Surgery
Service to GSA Residents- 1110.235(c)(2)(B)

60302		4							4
60305			1						1
60363			1						1
60402		2	2						4
60404			1						1
60406		16	12	3					31
60409	1	5	9						15
60411	2	4	4					1	11
60415	3	16	26	3			3	2	53
60417		1	1						2
60418	2	2	5						9
60419	2	2	4						8
60422		1	1						2
60423		7	7	1				4	19
60425			4						4
60426	1	12	4	1				1	19
60428	1	2	5	1				1	10
60429	2	2	4	1				5	14
60430		1	1	1					3

Attachment 25
Non-Hospital Based Ambulatory Surgery
Service to GSA Residents- 1110.235(c)(2)(B)

60431	1								1
60435		3	3						6
60438			2					2	4
60439	2	5	4					2	13
60440	1		1					6	8
60441	2							6	8
60442	1								1
60443	2	6	4	1			1	2	16
60445	2	10	8					2	22
60446		3	1						4
60447			1						1
60448	1		2					3	6
60449		1						4	5
60450			1						1
60451	1		2					2	5
60452	1	6	5	5				3	20
60453	21	107	112	2		3	3	29	277
60454		1						1	2
60455	2	30	25					4	61

Attachment 25
Non-Hospital Based Ambulatory Surgery
Service to GSA Residents- 1110.235(c)(2)(B)

60456		15	13					3	31
60457	2	12	19					1	34
60458	3	11	8	2		1		2	27
60459	10	34	44	3		1	1	10	103
60462		21	15			1		15	52
60463	1	6	3	1				1	12
60464	1	6	3					3	13
60465	4	13	13					4	34
60466	1	3		1				4	9
60467	2	8	4	1				1	16
60469			3					3	6
60471	1	3	4					4	12
60472	3	9	8					1	21
60473	3	4	2						9
60476			1						1
60477	5	14	11					5	35
60478		4	5						9
60481			1						1
60482	2	18	13					1	34

Attachment 25
Non-Hospital Based Ambulatory Surgery
Service to GSA Residents- 1110.235(c)(2)(B)

60487	2	8	10			1	1	4	26
60490		2	2	1					5
60491		2	5					3	10
60501		5	3	1					9
60514								2	2
60517		4							4
60521		2	2						4
60523		2	1					1	4
60525	1	2							3
60526			2						2
60527		5	7					4	16
60532		1							1
60538	1								1
60543		2							2
60559		1							1
60561			3						3
60564		2							2
60565			1						1
60586		1							1

Attachment 25
Non-Hospital Based Ambulatory Surgery
Service to GSA Residents- 1110.235(c)(2)(B)

60608		2	2						4
60609	2	7	7					4	20
60611			1						1
60613							2		2
60614		1						1	2
60615		3	5					2	10
60616			3						3
60617	2	9	19	2				2	34
60618	1	6	7			1	15	2	32
60619	1	27	18	3				4	53
60620	13	68	79	7		1	1	22	191
60621		2	5					2	9
60622			1				2		3
60623	2	2	2					1	7
60624			3						3
60625	5	3	4		1	2	14		29
60626	1		3			2	1		7
60628	5	43	41	3			1	9	102
60629	16	56	61	1		1	1	21	157

Attachment 25
Non-Hospital Based Ambulatory Surgery
Service to GSA Residents- 1110.235(c)(2)(B)

60630		2	1				5		8
60632	4	25	14			2		10	55
60633	1	2							3
60634	3	2	1				3		9
60636	1	15	13	3				1	33
60637			4						4
60638	8	25	40			1		1	75
60639			2						2
60641		1	1				3	1	6
60642			2						2
60643	4	37	59	6				5	111
60644							1		1
60645							6		6
60646							1		1
60647			1				1		2
60649	2	4	10					1	17
60651			1						1
60652	9	68	64	7		1	4	20	173
60653		1	5						6

Attachment 25
Non-Hospital Based Ambulatory Surgery
Service to GSA Residents- 1110.235(c)(2)(B)

60655	3	14	14	4				3	38
60656						1			1
60657							1		1
60659			2				2		4
60660		1					1		2
60707		3	4						7
60714			5						5
60803	7	34	26	2			1	7	77
60804		5	3				1	6	15
60805	5	32	34	3				8	82
60808			1						1
60827	6	3	5	1				2	17
60914								1	1
60919			2						2
61107		1							1
61822			1						1
62632			1						1
62643			1						1
62652		1							1

77494				1					1
Grand Total	**202**	**994**	**1071**	**77**	**1**	**44**	**95**	**297**	**2781**

Attachment 25
Non-Hospital Based Ambulatory Surgery
Treatment Room Assessment- 1110.235(c)(4)

The annual utilization expected of an ASTC is 1,500 hours per surgical or procedure room. The proposal for this facility is to establish two surgical rooms, making the objective for demonstrating utilization in excess of 1,500 hours. Based upon historical utilization and proposed patient volume, the facility should meet the state standard by its second year of operation.

UTILIZATION					
	DEPT./ SERVICE	**HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.**	**PROJECTED UTILIZATION**	**STATE STANDARD**	**MEET STANDARD?**
YEAR 1	**ASTC**	**2,781**	**1,946**	**76%**	**NO**
YEAR 2	**ASTC**	**2,781**	**2,043**	**80%**	**YES**

The number of 1,946 predicted procedures are derived from patients and procedures envisioned emanating directly from current patients and from the referral letter included in this application. The referral letters reflect proposed referrals to this facility over the first two years of its operation. The predicted procedures are based on procedures historically performed by the Family Eye Physicians practice. The proposed referrals do not take into account the historical volume of Eye Surgery Center of Hinsdale which will be discontinued and replaced by this facility.

Physician	Historical 12 Months	Proposed Referrals	Average Surgery Time	Total Hours
Family Eye Physicians	1,710 procedures in IDPH Licensed facilities	1,531[5]	1.05 Minutes	1,607
	1,071 Office Based Procedures at Family Eye Physicians	415[6]	1.6	665

The average procedure time of 1.05 was derived from evaluating maintained documentation tracking patient procedures and professional studies of common procedures already performed in the office based setting and in area surgery center, such as Tinley Woods Surgery Center which maintains a similar average procedure time.[7] The average procedure time of 1.6 hours is based on the expectation that the facility given it's unique expertise in pediatric surgery and highly skilled physicians will perform a number of highly complex outpatient procedures, which require additional procedure time. The proposed average time for the more complex procedures is consistent with the average procedure time seen at Advocate Christ Medical Center where the practice has previously performed procedures.[8]

[5] This proposed amount of referrals is based on an expectation that most procedures will be fairly common.
[6] Given the expertise of the practice and the unique service of providing pediatric ophthalmological procedures, it is expected there will be a number of more complex and time-intensive procedures performed.
[7] According to the 2020 Annual Survey for Tinley Woods Surgery Center
[8] According to 2020 Annual Hospital Survey for Advocate Christ Medical Center

Attachment 25
Non-Hospital Based Ambulatory Surgery
Treatment Room Assessment- 1110.235(c)(4)

With an envisioned 2,631 procedures, the result would be 2,272 hours of the available hours the surgical room could be utilized. In year 2, with a modest increase of 5% or a total of 97 procedures the result would be 2,385 hours of the available hours the surgical room could be utilized.

Physician Names	Historical 12 Months	Proposed Referrals	Average Surgery Time	Total Hours
Mohammad Al-Khudari, M.D.	824	200 250	Common Procedures 1.05 Complex Procedures 1.6	210 400
Wassia Khaja Ahmed, M.D.	177	90	1.05	95
Sanjay Rao, M.D.	598	201 145	Common Procedures 1.05 Complex Procedures 1.6	211 232
Agnieszka Nagpal, M.D.	108	40 20	Common Procedures 1.05 Complex Procedures 1.6	42 32
Office Based Procedures	1,071	1,000	1.05	1,050
Total	**2,781**	**1,946**	**-**	**2,272**

Year 1	State Standard for Two Operating Rooms	>1500
	Average Procedure Time in Minutes (Common Procedures)	63
	Average Procedure Time in Minutes (Complex Procedures)	96
	Proposed Facility Utilization in Minutes	136293
	Proposed Facility Utilization in Hours	2272
	Total Projected Referals in Year 2	1946
	Total Facility Project Use in Minutes	136293
	Percentage of Utilization	76%
Year 2	State Standard for Two Operating Rooms	>1500
	Average Procedure Time in Minutes (Common Procedures)	63
	Average Procedure Time in Minutes (Complex Procedures)	96
	Proposed Facility Utilization in Minutes	143108
	Proposed Facility Utilization in Hours	2385
	Total Projected Referals in Year 2	2043
	Total Facility Project Use in Minutes	143108
	Percentage of Utilization	80%

Attachment 25
Non-Hospital Based Ambulatory Surgery
Treatment Roo m Assessment- 1110.235(c)(4)

Utilzation Calculation	
Operational Days	231
Average Hours of Operation	6.5
Procedures Hours Per Operating Room	1501.5
Number of Operating Rooms	2
Total Procedure Hours	2043
First Year Proposed Procedures	1946
First Year Utilization	76%
Second Year Proposed Proceudres	2043
Second Year Utilization	80%

Year 1		
	State Standard for Four Operating Rooms	>4500
	Average Procedure Time in Minutes	107
	Proposed Facility Utilization in Minutes	276167
	Proposed Facility Utilization in Hours	4603
	Total Projected Refferals in Year 1	2628
	Total Facility Project Use in Minutes	276167
	Percentage of Utilization	77%
Year 2		
	State Standard for Four Operating Rooms	>4500
	Average Procedure Time in Minutes	107
	Proposed Facility Utilization in Minutes	295213
	Proposed Facility Utilization in Hours	4920
	Total Projected Refferals in Year 2	2759
	Total Facility Project Use in Minutes	295213
	Percentage of Utilization	82%

Attachment 25
Non-Hospital Based Ambulatory Surgery
Treatment Roo m Assessment- 1110.235(c)(4)

Utilzation Calculation	
Operational Days	231
Average Hours of Operation	6.5
Procedures Hours Per Operating Room	1501.5
Number of Operating Rooms	4
Total Procedure Hours	6006
Average Procedure Time (hours)	1.78
First Year Proposed Procedures	2628
First Year Utilization	77%
Second Year Proposed Proceudres	2759
Second Year Utilization	82%

Attachment 25
Non-Hospital Based Ambulatory Surgery
Service Accessibility- 1110.235(c)(6)

Name	City	# of Operating/Procedure Rooms	Distance from Proposed Facility (in Miles)
Eye Surgery Center of Hinsdale	Hinsdale	2	3
Aiden Center for Day Surgery	Addison	4	6
Ambulatory Surgicenter of Downers Grove	Downers Grove	3	4
Chicago Prostate Cancer Surgery Center	Westmont	2	6
DMG Surgical Center	Lombard	8	3
DuPage Eye Surgery Center	Wheaton	3	3
Elmhurst Outpatient Surgery Center	Elmhurst	4	4
Hinsdale Surgical Center	Hinsdale	4	4
Illinois Back and Neck Institute	Elmhurst	1	3
Loyola University ASC	Oakbrook Terrace	3	1
Midwest Center for Day Surgery	Downers Grove	5	4
Rush Oak Brook Surgery Center	Oak Brook	6	4
Salt Creek Surgery Center	Westmont	4	6
OrthoTec Surgery Center	Elmhurst	1	3

As discussed throughout the application, the proposed facility will replace and relocate the underutilized Eye Surgery Center of Hinsdale. Six[9] of fourteen existing surgery centers within 10 miles of the proposed facility do not currently offer ophthalmological services. Two of fourteen existing surgery centers within 10 miles of the proposed facility are associated or owned by hospital systems and serve patients from those facilities.[10] The DMG Surgical Center is operating at or above the state standard for utilization of their facility and is not currently a destination for Family Eye Physician patients. DuPage Eye Center exclusively serves the patients of the Wheaton Eye Clinic which is the largest private ophthalmology practice the Midwest, and only .002% or 18 patients out of their total 8,854 patient were Medicaid patients.

The other facilities that have available capacity are also multi-specialty facilities that are not currently serving Family Eye Physician patients, and offer a wide range of surgical services, none of which include a specialization in pediatric ophthalmological procedures. Hinsdale Surgical Center is nearing the state standard for four operating rooms (74% utilization in 2020) and offers procedures in 11 categories of service, and finally Midwest Center for Day Surgery does have some available capacity (64% utilization in 2020) but has not been a facility that has served Family Eye Physicians in the past and has served no Medicaid patients according to their last several annual surveys, while offering procedures in 6 different categories of service.

[9] Aiden Center for Day Surgery, Ambulatory Surgicenter of Downers Grove, Rush Oak Brook Surgery Center, Salt Creek Surgery Center, Illinois Back and Neck Institute, and OrthoTec Surgery Center.
[10] Elmhurst Outpatient Surgery Center, Loyola University ASC

Attachment 25
Non-Hospital Based Ambulatory Surgery
Unnecessary Duplication/Maldistrubtion, Impact on Area Providers- 1110.235(c)(7)(a)-(c)

The project is designed as a replacement facility for an existing ASC located less than 3 miles away from the proposed facility. As a leader in providing ophthalmological care, Dr. Al-Khudari has concluded that a dedicated ASTC is the far more cost effective option when compared to a hospital surgical suite and the excessive traveling his patients are currently forced to undertake. We believe that to meaningfully assess this issue requires going beyond the number to determine whether or not these services are truly needed within the community and whether those needs can practically and principally be met by existing facilities.

Some of licensed ASTCs in the geographic service area are either operating at or near target utilization, some do not offer the same services that are proposed by this project, others are affiliated with hospital institutions and serve patients from those facilities. Other facilities that offer ophthalmological are either near target utilization, offer minimal or no services to Medicaid patients currently, or are multi-specialty ASTCs offering procedures in many different categories of service. None of the surgery centers are designed for or dedicated to serving this patient population that this facility is proposed for, nor do they have the expertise that Dr. Al-Khudari and the physicians from Family Eye Physicians do.

This makes the likelihood of maldistribution minimal. Because none of these facilities are currently a destination for Family Eye Physician patients it should not lower the utilization of other area providers below the established standard. The facilities that are near target utilization should see minimal if any impact, and facilities that offer a wide variety of services have the ability to backfill their available capacity from a larger number of physicians. As a result, the impact on other ASTCs should be minimal.

Attachment 25
Non-Hospital Based Ambulatory Surgery
Staffing- 1110.235(c)(8)

The facility will appoint, Mohammad Al-Khudari, M.D. who is an Ophthalmological Surgeon as Medical Director for the facility. The applicant has not traditionally had any difficulties in staffing their existing offices nor do they anticipate difficult in staffing the proposed ASTC. As needed additional staff will be identified and employed utilizing existing job search sites and professional placement services.

Attachment 25
Non-Hospital Based Ambulatory Surgery
Charge Commitment- 1110.235(c)(9)

Chicagoland
SURGERY CENTERS

August 14, 2022

John P. Kniery
Illinois Health Facilities and Service Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: Chicagoland Surgery Centers- Charge Commitment

Dear Mr. Kniery,

As a representative of Chicagoland Surgery Centers, I, Mohammad Al-Khudari, M.D., hereby attest that a peer review program exists or will be implemented that evaluates whether patient outcomes are consistent with quality standards established by professional organization for the ASTC services, and if outcomes do not meet or exceed those standards, that a quality improvement plan will be initiated.

Furthermore, I hereby attest that in order to meet the objectives of the Act, which are to improve the financial ability of the public to obtain necessary health services; and to establish an orderly and comprehensive health care delivery system that will guarantee the availability of quality health care to the general public; and cost containment and support for safety net services that we have enclosed a list of CPT codes and a proposed fee schedule.

We hereby commit that the charges will not increase, at a minimum, for the first 2 years of operation unless a permit is first obtained pursuant to 77 Ill. Admin. Code. 1130.310(a).

Sincerely,

Mohammad Al-Khudari, M.D.
CEO
Chicagoland Surgery Centers

Attachment 25
Non-Hospital Based Ambulatory Surgery
Charge Commitment- 1110.235(c)(9)

A list of the relevant CPT codes, procedures and charge for the proposed ASTC is outlined below. In submitting this information, the applicant verifies that it will not increase these charges for a minimum of 24 months.

Attachment 25
Non-Hospital Based Ambulatory Surgery
Assurances- 1110.235(c)(10)

Chicagoland
SURGERY CENTERS

August 14, 2022

John P. Kniery
Illinois Health Facilities and Service Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: Chicagoland Surgery Centers- Assurances

Dear Mr. Kniery,

As a representative of Chicagoland Surgery Centers, I, Mohammad Al-Khudari, M.D., hereby attest that the Applicant's full anticipation that, by the end of the second year following the proposed ambulatory surgical treatment center's opening, the proposed facility will operate at or in excess of the utilization standards identified in 77 Illinois Admin. Code Section 1110, Appendix B.

Sincerely,

Mohammad Al-Khudari, M.D.
CEO
Chicagoland Surgery Centers

Attachment 34
Availability of Funds

The total estimated project cost is $3,435,15 and $2,109,000 of that amount is attribute to construction and equipment purchases. Mohammad Al-Khudari, M.D. will fund the project costs with cash and a loan from Old National Bank. Dr. Al-Khudari has sufficient internal resources to fund the cash portion of the project and letter of commitment from Old National Bank is enclosed to evidence his ability to obtain financing for the remainder of the project costs.

Attachment 34
Availability of Funds

OLD NATIONAL BANK

July 25, 2022

John Kniery, Administrator
Illinois Health Facilities and Service Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Mr. Kniery,

It is my understanding that Chicagoland Surgery Centers, LLC plans to establish a surgical treatment center located at 17W682 Butterfield Road, Oakbrook Terrace, Illinois 60181. Dr. Mohammad Al-Khudari is the CEO of the LLC. I further understand that Chicagoland Surgery Centers, LLC will require loan(s) for construction / renovations and equipment purchases for an amount not to exceed $2,109,000.

Dr. Mohammad Al-Khudari and his various business entities have been a valuable customer of Old National Bank (f/k/a First Midwest Bank) for several years. Should the Illinois Health Facilities and Services Review Board approve the proposed project and based upon the positive business experiences from working with Chicagoland Surgery Centers, LLC and Dr. Mohammad Al-Khudari, Old National Bank is prepared to extend Chicagoland Surgery Centers, LLC up to $2,109,000 in credit exposure to finance the project.

I trust that this letter is sufficient for your needs. Should you, or the Illinois Health Facilities and Services Review Board, have any questions or comments, please do not hesitate to contact me directly at 708-930-4610.

Sincerely,

Mohammed Abunada

Mohammed Abunada
Senior Vice President
Old National Bank

Attachment 34
Availability of Funds

Chicagoland
SURGERY CENTERS

August 14, 2022

John P. Kniery
Illinois Health Facilities and Service Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: Chicagoland Surgery Centers
Ill. Admin. Code Section 1120.120(a) Available Funds Certification
Ill. Admin. Code Section 1120.140(a) Reasonableness of Financing Arrangements

Dear Mr. Kniery,

As a representative of Chicagoland Surgery Centers, I, Mohammad Al-Khudari, M.D., hereby attest that the project costs will be $3,435,15. I will fund the entirety of the construction of the project and the necessary working capital and operating deficits through the first full fiscal year with cash and loan from Old National Bank. I have sufficient and readily accessible internal resources to fund the obligation required by the project, and to fully fund my other ongoing obligations.

I further certify that our analysis of the funding options for this project reflected that the funding strategy outlined herein is the lowest net cost option available.

Sincerely,

Mohammad Al-Khudari, M.D.
CEO
Chicagoland Surgery Centers

Attachment 36
Economic Feasibility
Project Operating Costs and
Total Effect of the Project on Capital Costs

	Year 1	Year 2
Gross collection	$4,020,000.00	$4,422,000.00
Payroll expenses		
Basic Salaries	$804,000.00	$860,280.00
Payroll Taxes	$61,666.80	$65,983.48
Payroll Processing Fee	$5,000.00	$5,350.00
Health Insurance	$8,000.00	$8,560.00
Total Payroll	$878,666.80	$940,173.48
Medical Expenses	$575,000.00	$632,500.00
Insurances		
Malpractice Insurance	$10,000.00	$11,000.00
Workers Compensation Insurance	$5,000.00	$5,350.00
Total Insurance	$15,000.00	$16,350.00
Marketing Expenses	$20,000.00	$21,400.00
Administrative Expenses		
Rent	$240,000.00	$264,000.00
CAM	$36,000.00	$39,600.00
Real Estate Tax	$15,000.00	$16,500.00

Attachment 36
Economic Feasibility
Project Operating Costs and
Total Effect of the Project on Capital Costs

	Year 1	Year 2
Computer Supplies	$15,000.00	$16,050.00
Office Supplies	$15,000.00	$16,500.00
Office Services	$5,000.00	$5,500.00
Office Cleaning	$30,000.00	$32,100.00
Billing Expense	$120,600.00	$132,660.00
Postage and Delivery	$5,000.00	$5,350.00
Office Software	$30,000.00	$32,100.00
Legal and professional services	$20,000.00	$21,400.00
Utilities	$60,000.00	$66,000.00
Automobile Expense	$3,000.00	$3,210.00
Travel	$2,000.00	$2,140.00
Meals	$8,000.00	$8,560.00
Care Credit Transaction Fee	$67,000.00	$73,700.00
Bank Service Charges	$250.00	$267.50
Credit Card Leasing & Charges	$52,260.00	$57,486.00
Repair and Maintenance	$20,000.00	$21,400.00
Licenses and Permits	$1,000.00	$1,070.00
Dues and Subscriptions	$1,000.00	$1,070.00
Business Gifts	$600.00	$642.00
Establishment Expenses	$5,000.00	
Total Administrative Exp.	$751,710.00	$817,305.50
Total Expenses	$2,240,376.80	$2,427,728.98
EBITDA	$1,779,623.20	$1,994,271.02
Interest	$84,450.35	$80,396.07
Depreciation	$338,745.03	$215,004.29
Net Income	$1,356,427.82	$1,698,870.66

Attachment 36
Economic Feasibility
Project Operating Costs and
Total Effect of the Project on Capital Costs

Proforma Balance Sheet

Account	End of Year 1	End of Year 2
Assets		
Current Assets		
Cash	$1,546,928.92	$3,377,505.66
Establishment Expenses		
Total Current Assets	$1,546,928.92	$3,377,505.66
Fixed Assets		
Equipment	$725,000.00	$725,000.00
Equipment Accumulated Depreciation	-$290,000.00	-$464,000.00
Computers	$30,000.00	$30,000.00
Computers Accumulated Depreciation	-$12,000.00	-$19,200.00
Office Furniture	$40,000.00	$40,000.00
Office Furniture Accumulated Depreciation	-$11,428.57	-$19,591.84
Build Out	$1,000,000.00	$1,000,000.00
Build Out Accumulated Depreciation	-$25,641.03	-$51,282.05
Total Fixed Assets	$1,455,930.40	$1,240,926.11
Total Assets	$3,002,859.32	$4,618,431.78
Liability And Owner's Equity		
Current Liabilities		
Loan From Officer		
Total Current Liabilities	$0.00	$0.00
Long Term Liabilities		
Bank Loan	$1,645,756.07	$1,562,457.86
Total Long-term Liabilities	$1,645,756.07	$1,562,457.86
Owner's Equity	$1,000.00	$1,000.00
Retained Earnings	$1,356,103.25	$3,054,973.92
Total Owner's Equity	$1,357,103.25	$3,055,973.92
Total Liability and Owner's Equity	$3,002,859.32	$4,618,431.78

Attachment 36
Economic Feasibility
Cost and GSF by Service

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)	
ASTC	$102.73		7,611				$781,905		$781,905
Contingency	$6.14		11,161				$68,510		$68,510
TOTALS	$108.87		18,772				$850,415		$850,415
* Include the percentage (%) of space for circulation									

Pursuant to Illinois Admin. Code Section 1120.Appendix A (a)(3) a project's cost must be at or below the RS Means for the new construction of an ASTC. At the time of this application the RS Means for the new construction of a ASTC in this area of the state is $446.96 GSF. This project is slated to be completed in the 3rd quarter of 2023 and the applicable RS Means standard is $460.37 per GSF. The proposed cost per GSF for this project is $108.87, and thus this project meets the Board's criteria.

Attachment 37
Economic Feasibility

Chicagoland
SURGERY CENTERS

August 14, 2022

John P. Kniery
Illinois Health Facilities and Service Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: Chicagoland Surgery Centers
Ill. Admin. Code Section 1120.120(a) Available Funds Certification
Ill. Admin. Code Section 1120.140(a) Reasonableness of Financing Arrangements

Dear Mr. Kniery,

As a representative of Chicagoland Surgery Centers, I, Mohammad Al-Khudari, M.D., hereby attest that the project costs will be $3,435,15. I will fund the entirety of the construction of the project and the necessary working capital and operating deficits through the first full fiscal year with cash and loan from Old National Bank. I have sufficient and readily accessible internal resources to fund the obligation required by the project, and to fully fund my other ongoing obligations.

I further certify that our analysis of the funding options for this project reflected that the funding strategy outlined herein is the lowest net cost option available.

Sincerely,

Mohammad Al-Khudari, M.D.
CEO
Chicagoland Surgery Centers

Attachment 38
Safety Net Impact Statement

Chicagoland Surgery Centers, LLC is a new entity and has no applicable historical data for this section of the application. However, it is anticipated that the proposed facility will have a material impact on essential safety net services in the community and for the Family Eye Physician practice. Family Eye Physicians have long maintained a commitment to serving diverse communities in Chicago and the Chicagoland area. That diversity has included both racial and economic diversity. This is evidenced by the location of their current physician practice sites, and the proposed business plan for the facility which intends to serve Medicaid patients and patients without regard to their ability to pay for procedures. This is how Dr. Al-Khudari has operated his practice for years and how he intends to increase access for his patients and the surrounding community.

Attachment 39
Charity Care

Chicagoland Surgery Centers, LLC is a new entity and has no applicable historical data for this section of the application. The project patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net revenue by the end of its second year of operation are included below

Payor Type	Estimated Number of Patients
Commercial	57%-61%
Medicare	31%-33%
Medicaid/ Medicaid MCO	7%-9%
Charitable Care	1%

Attachment 40
Flood Zone Letter

Chicagoland
SURGERY CENTERS

August 15, 2022

John P. Kniery
Illinois Health Facilities and Service Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: Chicagoland Surgery Centers- Flood Plain Requirements

Dear Mr. Kniery,

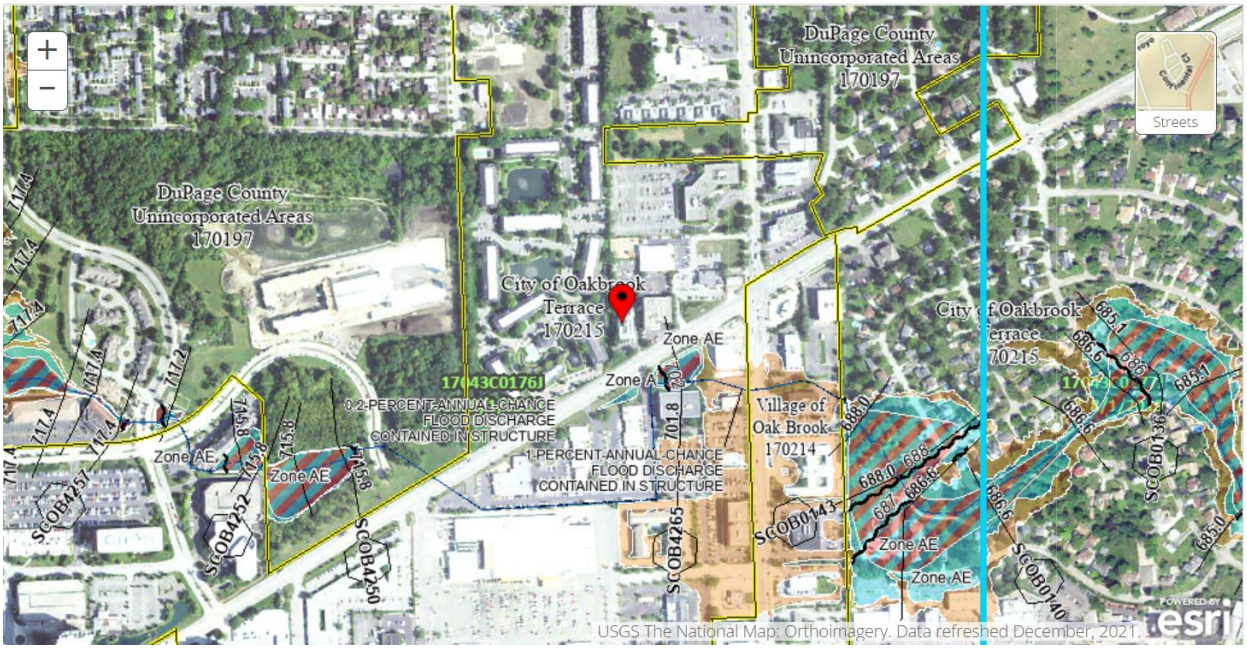
As a representative of Chicagoland Surgery Centers, I, Mohammad Al-Khudari, M.D., hereby affirm that the site of the proposed Chicagoland Surgery Center, complies with Illinois Executive Order #2005-5. The Chicagoland Surgery Centers will be located at 17W682 Butterfield Road, Oakbrook Terrace, Illinois 60181, and that location is not in a flood plain. As evidence, please find enclosed a map from the Federal Emergency Management Agency ("FEMA").

I hereby certify this true and is based upon my personal knowledge under penalty of perjury and in accordance with 735 ILCS 5/1-109.

Sincerely,

Mohammad Al-Khudari, M.D.
CEO
Chicagoland Surgery Centers

Attachment 40
Flood Zone Letter



INDEX OF ATTACHMENTS