

# Axel & Associates, Inc.

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MANAGEMENT CONSULTANTS

by FedEx

December 8, 2022

Mr. John Kniery  
Administrator  
Illinois Health Facilities and  
Services Review Board  
525 West Jefferson  
Springfield, IL 62761

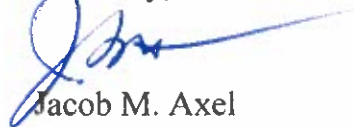
Dear Mr. Kniery:

Enclosed please find two copies of a Certificate of Exemption ("COE") application filed on behalf of Presence Saint Joseph, Chicago and Ascension Health, addressing the hospital's discontinuation of its long term care category of service.

The application is accompanied by a check, in the amount of \$2,500.00, as a filing fee.

Should any additional information be required, please do not hesitate to contact me.

Sincerely,



Jacob M. Axel  
President

enclosures

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
DISCONTINUATION APPLICATION FOR EXEMPTION**

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

**Facility/Project Identification**

Facility Name: Presence Chicago Hospitals Network d/b/a Presence Saint Joseph, Chicago Discontinuation of 26-bed Long-Term Care category of service			
Street Address: 2900 North Lake Shore Drive			
City and Zip Code: Chicago, IL 60657			
County: Cook	Health Service Area VI	Health Planning Area: A-01	

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

Exact Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Joseph, Chicago	
Street Address: 2900 North Lake Shore Drive	
City and Zip Code: Chicago, IL 60657	
Name of Registered Agent: CT Corporation System	
Registered Agent Street Address: 208 South LaSalle Street	
Registered Agent City and Zip Code: Chicago, IL 60604	
Name of Chief Executive Officer: John D. Baird	
CEO Street Address: 2900 North Lake Shore Drive	
CEO City and Zip Code: Chicago, IL 60657	
CEO Telephone Number: 773/665-3972	

**Type of Ownership of Applicants**

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

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

**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:	Jacob M. Axel
Title:	President
Company Name:	Axel & Associates, Inc.
Address:	348 Chicory Lane Buffalo Grove, IL 60089
Telephone Number:	847/776-7101
E-mail Address:	jacobmaxel@msn.com
Fax Number:	

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
DISCONTINUATION APPLICATION FOR EXEMPTION**

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

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Street Address: 2900 North Lake Shore Drive			
City and Zip Code: Chicago, IL 60657			
County: Cook	Health Service Area VI	Health Planning Area: A-01	

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

Exact Legal Name: Ascension Health
Street Address: 4600 Edmunson Road
City and Zip Code: St. Louis, MO 63134
Name of Registered Agent: Illinois Corporation Service Company
Registered Agent Street Address: 801 Adlai Stevenson Drive
Registered Agent City and Zip Code: Springfield, IL 62703
Name of Chief Executive Officer: Joseph R. Impicicche
CEO Street Address: 4600 Edmunson Road
CEO City and Zip Code: St. Louis, MO 63134
CEO Telephone Number: 314/733-8000

**Type of Ownership of Applicants**

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

Corporations and limited liability companies must provide an **Illinois certificate of good standing**.  
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**Primary Contact [Person to receive ALL correspondence or inquiries]**

Name: Jacob M. Axel
Title: President
Company Name: Axel & Associates, Inc.
Address: 348 Chicory Lane Buffalo Grove, IL 60089
Telephone Number: 847/776-7101
E-mail Address: jacobmaxel@msn.com
Fax Number:

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

Name:	none
Title:	
Company Name:	
Address:	
Telephone Number:	
E-mail Address:	
Fax Number:	

**Post Exemption Contact**

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

Name:	Julie Roknich
Title:	Head of Office and Practice Area Lead Attorney
Company Name:	Ascension Illinois
Address:	200 South Wacker Drive 12 <sup>th</sup> Floor Chicago, IL 60606
Telephone Number:	847/915-1041
E-mail Address:	Julie.Roknich@ascension.org
Fax Number:	

**Site Ownership**

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:	Presence Chicago Hospitals Network d/b/a Presence Saint Joseph, Chicago
Address of Site Owner:	2900 Lake North Lake Shore Drive Chicago, IL 60657
Street Address or Legal Description of the Site:	2900 Lake North Lake Shore Drive Chicago, IL 60657
<b>Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease, or a lease.</b>	
<b>APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>	

**Operating Identity/Licensee**

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

Exact Legal Name:	Presence Chicago Hospitals Network d/b/a Ascension Saint Joseph-Chicago		
Address:	2900 North Lake Shore Drive Chicago, IL 60657		
<input checked="" type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership		
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental		
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/>	
<input type="checkbox"/> Other			
<ul style="list-style-type: none"> <li>○ Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.</li> <li>○ Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.</li> <li>○ <b>Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.</b></li> </ul>			
<b>APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>			

**Organizational Relationships**

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

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

4

**Narrative Description**

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

The applicants propose to discontinue Presence Saint Joseph Hospital, Chicago's 26-bed long-term care unit. The applicants have notified both IDPH and the HFSRB that admissions to the unit have been suspended, and it is anticipated that, within two weeks of the filing of this Certificate of Exemption application, all of the unit's patients will be either discharged or transferred to other area providers.

**Project Status and Completion Schedules**

**Outstanding Permits:** Does the facility have any projects for which the State Board issued a permit that is not complete? Yes \_\_\_ No X. If yes, indicate the projects by project number and whether the project will be complete when the exemption that is the subject of this application is complete.

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**Anticipated exemption completion date** (refer to Part 1130.570): within 30 days following receipt of the requested COE

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

Are the following submittals up to date as applicable:

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

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

**CERTIFICATION**

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

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

This Application is filed on the behalf of **Presence Chicago Hospitals Network d/b/a Presence Saint Joseph Hospital, Chicago\*** 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

\_\_\_\_\_  
John D. Baird  
PRINTED NAME

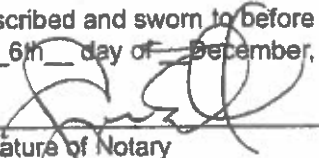
\_\_\_\_\_  
President / CEO  
PRINTED TITLE

  
\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
Flavio Marin  
PRINTED NAME

\_\_\_\_\_  
Chief Finance Officer  
PRINTED TITLE

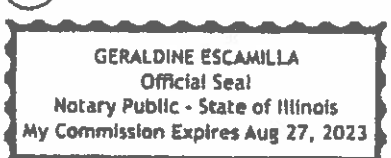
Notarization:  
Subscribed and sworn to before me  
this 6th day of December, 2022

  
\_\_\_\_\_  
Signature of Notary

Seal  


Notarization:  
Subscribed and sworn to before me  
this 6th day of December, 2022

  
\_\_\_\_\_  
Signature of Notary

Seal  


**CERTIFICATION**

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

This Application is filed on the behalf of **Ascension Health\*** 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.

*Christine K McCoy*

*Matthew A. Jagger*

SIGNATURE

SIGNATURE

Christine K McCoy  
PRINTED NAME

Matthew A. Jagger  
PRINTED NAME

Director & Treasurer of Ascension Health  
PRINTED TITLE

VP, Associate General Counsel  
PRINTED TITLE

Notarization:  
Subscribed and sworn to before me  
this 7<sup>th</sup> day of December

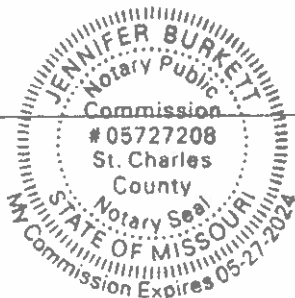
Notarization:  
Subscribed and sworn to before me  
this 7<sup>th</sup> day of December

*Jennifer Burkett*  
Signature of Notary

*Jennifer Burkett*  
Signature of Notary

Seal

Seal



**SECTION II. DISCONTINUATION**

**Type of Discontinuation**

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

**READ THE REVIEW CRITERION and provide the following information:**

<p><b>GENERAL INFORMATION REQUIREMENTS</b></p> <ol style="list-style-type: none"><li>1. Identify the category of service and the number of beds, if any, that are to be discontinued.</li><li>2. Identify all of the other clinical services that are to be discontinued.</li><li>3. Provide the anticipated date of discontinuation for each identified service.</li><li>4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.</li> <li>5. Provide attestation that the facility provided the required notice of the category of service closure to local media that the health care facility would routinely notify about facility events. The supporting documentation shall include a copy of the notice, the name of the local media outlet, the date the notice was given, and the result of the notice, e.g., number of times broadcasted, written, or published. Only notice that is given to a local television station, local radio station, or local newspaper will be accepted.</li></ol>
<p><b>APPEND DOCUMENTATION AS ATTACHMENT 5, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b></p>

**REASONS FOR DISCONTINUATION**

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

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

**IMPACT ON ACCESS**

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

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

SECTION III. BACKGROUND

READ THE REVIEW CRITERION and provide the following required information:

**BACKGROUND OF APPLICANT**

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

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

**SECTION IV. SAFETY NET IMPACT STATEMENT**

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

1. The project's material impact, if any, on essential safety net services in the community *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 service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.

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

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

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

<b>Safety Net Information per PA 96-0031</b>			
<b>CHARITY CARE</b>			
<b>Charity (# of patients)</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
Inpatient	110	255	169
Outpatient	1,013	2,612	1,934
<b>Total</b>	<b>1,123</b>	<b>2,867</b>	<b>2,103</b>
<b>Charity (cost In dollars)</b>			
Inpatient	\$970,249	\$1,485,281	\$1,814,222
Outpatient	\$1,348,496	\$1,538,013	\$1,272,032
<b>Total</b>	<b>\$2,318,745</b>	<b>\$3,023,294</b>	<b>\$3,088,357</b>
<b>MEDICAID</b>			
<b>Medicaid (# of patients)</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
Inpatient	511	309	2,407
Outpatient	12,109	11,749	13,334
<b>Total</b>	<b>12,620</b>	<b>12,058</b>	<b>15,741</b>
<b>Medicaid (revenue)</b>			
Inpatient	\$10,967,786	\$6,229,566	\$8,368,166
Outpatient	\$12,863,743	\$14,342,579	\$10,102,782
<b>Total</b>	<b>\$23,831,529</b>	<b>\$20,572,145</b>	<b>\$18,470,948</b>

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

## SECTION V. CHARITY CARE INFORMATION

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

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

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

CHARITY CARE			
	2019	2020	2021
<b>Net Patient Revenue</b>	\$195,614,191	\$178,732,852	\$183,755,544
Amount of Charity Care (charges)	\$12,291,365	\$13,746,938	\$12,918,378
Cost of Charity Care	\$2,318,745	\$3,023,294	\$3,088,357

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

File Number

3128-198-9



**To all to whom these Presents Shall Come, Greeting:**

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

PRESENCE CHICAGO HOSPITALS NETWORK, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 27, 1949, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

**In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 12TH day of SEPTEMBER A.D. 2022 .**



Authentication #: 2225502928 verifiable until 09/12/2023

Authenticate at: <https://www.ilsos.gov>

*Jesse White*

ATTACHMENT 1

SECRETARY OF STATE

File Number

6783-860-2



**To all to whom these Presents Shall Come, Greeting:**

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

ASCENSION HEALTH, INCORPORATED IN MISSOURI AND LICENSED TO CONDUCT AFFAIRS IN THIS STATE ON JUNE 27, 2011, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO CONDUCT AFFAIRS IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 13TH day of SEPTEMBER A.D. 2022 .***

*Jesse White*

SECRETARY OF STATE ATTACHMENT 1

SITE OWNERSHIP

With the signatures provided on the Certification pages of this Certificate of Exemption (“COE”) application, the applicants attest that the Presence Saint Joseph Hospital, Chicago site is owned by Presence Chicago Hospitals Network.

File Number

3128-198-9



**To all to whom these Presents Shall Come, Greeting:**

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

PRESENCE CHICAGO HOSPITALS NETWORK, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 27, 1949, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

***In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 12TH day of SEPTEMBER A.D. 2022 .***



*Jesse White*

SECRETARY OF STATE

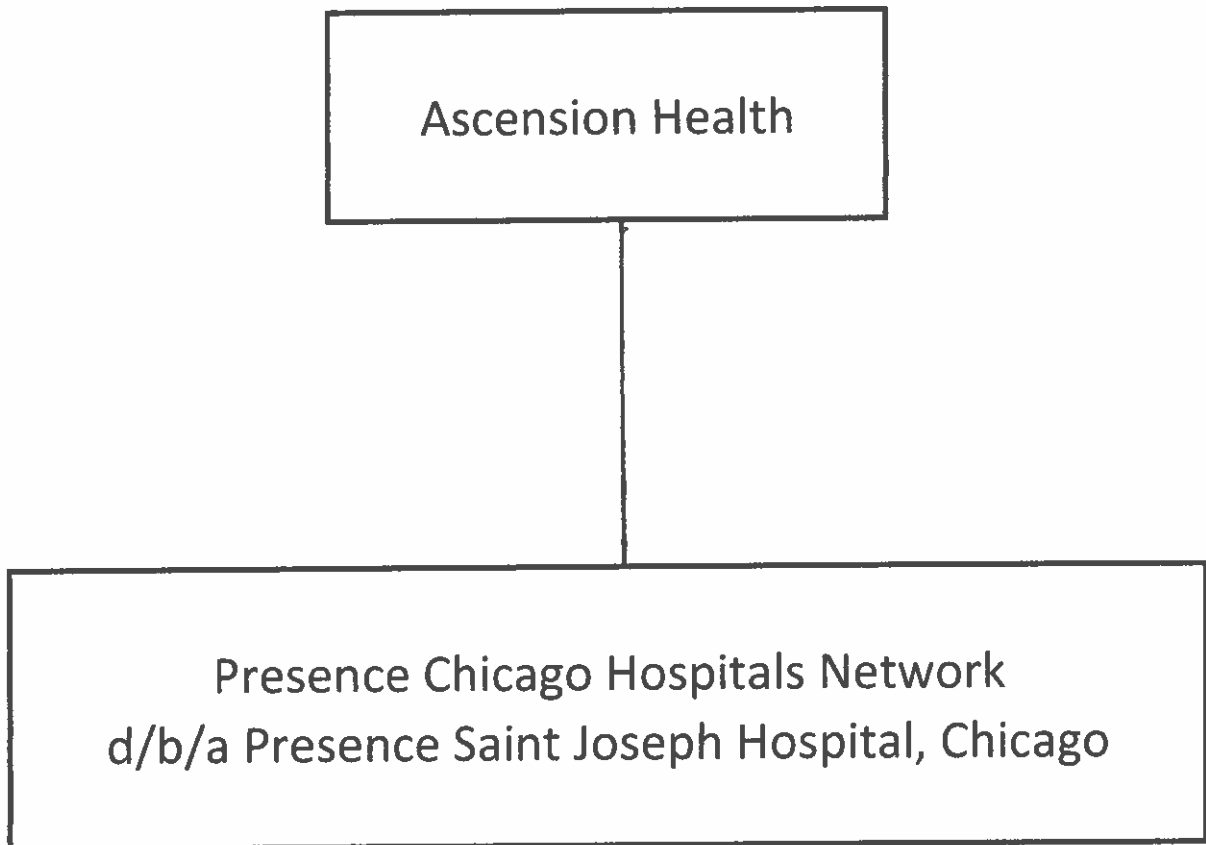
ATTACHMENT 3

Authentication #: 2225502928 verifiable until 09/12/2023

Authenticate at: <https://www.ilsos.gov>

[Type here]

ORGANIZATIONAL CHART



DISCONTINUATION

1. This Certificate of Exemption application is limited to the discontinuation of Presence Saint Joseph Hospital, Chicago's long-term care category of service, which consists of 26 beds.
2. No other clinical services will be discontinued as a result of the proposed discontinuation referenced above.
3. The discontinuation of the hospital's long-term care category service will occur upon the filing of the required notification with the HFSRB. That is anticipated to occur within thirty days of the receipt of the requested Certificate of Exemption.
4. The hospital's Long-Term Care unit is located on the seventh floor, which includes six semi-private rooms, to be converted into private rooms, and the unit will be re-designated as a Medical/Surgical unit, reduced in size to twenty beds. As a result, the hospital's number of approved Medical/Surgical beds will increase from 189 to 209, and its total number of approved beds will be reduced from 316 to 310. The vast majority of the equipment currently located on the Long-Term Care unit will remain in place.
5. With the signatures on this application's Certification pages, the applicants attest that a notice, consistent with applicable guidelines and notifying the public of the proposed discontinuation was posted in the *Chicago Sun Times* on November 2, 2022. A copy of that notice is attached.

AMITA HEALTH PRESENCE HEALTH  
Presence Saint Joseph Hospital-Chicago

ADORDERNUMBER: 0001150736-01

PO NUMBER: Presence Saint Joseph Hos

AMOUNT: 238.00

NO OF AFFIDAVITS: 1

# Chicago Sun-Times Certificate of Publication

State of Illinois - County of Cook

Chicago Sun-Times, does hereby certify it has published the attached advertisements in the following secular newspapers. All newspapers meet Illinois Compiled Statute requirements for publication of Notices per Chapter 715 ILCS 5/0.01 et seq. R.S. 1874, P728 Sec 1, EFF. July 1, 1874. Amended by Laws 1959, P1494, EFF. July 17, 1959. Formerly Ill. Rev. Stat. 1991, CH100, PI.

Note: Notice appeared in the following checked positions.

PUBLICATION DATE(S): 11/02/2022

Chicago Sun-Times

**LEGAL NOTICE**

Presence Saint Joseph Hospital-Chicago intends to cease the operations of its Long-Term Care category of service following receipt of approval to do so from the Illinois Health Facilities and Services Review Board ("IHFSRB"). It is anticipated that the discontinuation will occur before January 1, 2023. The hospital intends to file the required Certificate of Exemption application with the IHFSRB within thirty days; after which time additional information relating to the proposed discontinuation can be found on the IHFSRB website at [hfsrb.illinois.gov](http://hfsrb.illinois.gov).  
11/2/2022 #1150736

IN WITNESS WHEREOF, the undersigned, being duly authorized, has caused this Certificate to be signed

By



Robin Munoz

Manager | Recruitment & Legals

This 2nd Day of November 2022 A.D.

AMITA HEALTH PRESENCE HEALTH  
200 S WACKER DR  
ATTN: OLGA SOLARES  
CHICAGO, IL 60606

ATTACHMENT 5

24

## REASON FOR DISCONTINUATION

The discontinuation of the hospital's skilled care category of service is being proposed for reasons related to staffing. The applicant hospital, as is currently the case with many hospitals, experiences significant difficulties in the recruitment and retention of qualified nursing personnel. Given that long-term care patients comprise only 10-11% of the hospital's inpatient census, and given the ample availability of skilled care facilities in the immediate area, the hospital has determined that it's patient population can best be served through the hospital's focusing of its recruitment efforts on nursing personnel desiring to care for its acute care patients. The skilled care unit is currently staffed with a combination of full- and part-time hospital employees, supplemented by "pool" personnel; and prior to the formal discontinuation of the long-term care category of service, the skilled-care unit's hospital-employed personnel (including non-nursing personnel) will be offered positions on the hospital's acute care units, or other areas of the hospital requiring nurse staffing.

IMPACT ON ACCESS

The proposed discontinuation will not have a significant impact on the accessibility to long-term care services for area residents. The neighborhoods surrounding the hospital have one of the highest saturations of skilled care facilities and beds in the State, with 21 skilled care facilities, providing 3,180 beds, located within ten minutes of the hospital.

Due to the large number of providers within close proximity of the applicant hospital, letters, consistent with the requirements of Section 110.290, were sent (per consultation with HFSRB staff) only to five of the closest facilities. Those facilities were:

St. Joseph Village  
Warren Barr Gold Coast  
Little Sisters of the Poor  
Warren Barr Lincoln Park  
Alden Lincoln Rehabilitation and Health Care Center

A template of the letter referenced above is attached. As of the filing of this Certificate of Exemption application, no responses have been received. Should any responses be received following the application's filing, they will be forwarded to HFSRB staff.

name  
title  
facility  
street address  
city/state/ZIP code

RE: Presence Saint Joseph Hospital, Chicago  
Proposed Discontinuation of Long-Term Care  
Category of Service

Dear \_\_\_\_\_ :

This letter, addressing the subject above, is being sent in order to provide you an opportunity to submit an impact statement, should you choose to do so.

Presence Saint Joseph Hospital, Chicago intends to, within the next ten days, file a Certificate of Exemption application with the Illinois Health Facilities and Services Review Board ("IHFSRB"), addressing the discontinuation of its Long-Term Care category of service. The discontinuation will occur within thirty days of the application's approval by the IHFSRB.

During the 24-month period ending December 31, 2021, a total of 1,067 patients were admitted to the hospital's Long-Term Care unit, and 12,269 patient days of care were provided to those patients.

If you do elect to provide an impact statement, please include whether or not your facility has any admission restrictions or limitations which would preclude it from providing services to residents from our service area. Any impact statement received will be forwarded to the IHFSRB. If you do not respond, it will be assumed that the discontinuation has no impact on your facility.

Sincerely,

John D. Baird  
President

ATTACHMENT 7

BACKGROUND

Applicant Ascension Health owns, operates and/or ultimately controls the following licensed Illinois acute health care facilities:

Ascension Alexian Brothers in Elk Grove Village  
Elk Grove Village, IL

Ascension St. Alexius in Hoffman Estates  
Hoffman Estates, IL

Ascension Alexian Brothers Behavioral Health Hospital in Hoffman  
Estates  
Hoffman Estates, IL

Ascension Holy Family in Des Plaines  
Des Plaines, IL

Ascension Resurrection in Chicago  
Chicago, IL

Ascension Saint Francis in Evanston  
Evanston, IL

Ascension Saint Joseph-Chicago  
Chicago, IL

Ascension Mercy in Aurora  
Aurora, IL

Ascension Saint Joseph-Elgin  
Elgin, IL

Ascension Saint Joseph-Joliet  
Joliet, IL

Ascension St. Mary-Kankakee  
Kankakee, IL

Ascension Saint Elizabeth in Chicago  
Chicago, IL

Ascension Saint Mary-Chicago  
Chicago, IL

Lakeshore Gastroenterology  
Des Plaines, IL

Belmont/Harlem Surgery Center  
Chicago, IL

Lincoln Park Gastroenterology Center  
Chicago, IL

Hoffman Estates Surgery Center  
Hoffman Estates

Additionally, Ascension Living, an affiliate of Ascension Health, operates and/or controls the following Illinois long term care facilities:

Presence Arthur Merkel and Clara Knipprath Nursing Home  
Clifton, IL

Presence Villa Scalabrini Nursing and Rehabilitation Center  
Northlake, IL

Presence Villa Franciscan  
Joliet, IL

Presence Saint Joseph Center  
Freeport, IL

Presence Saint Benedict Nursing and Rehabilitation Center  
Niles, IL

Presence Saint Anne Center  
Rockford, IL

Presence Resurrection Nursing and Rehabilitation Center  
Park Ridge, IL

Presence Resurrection Life Center  
Chicago, IL

Presence Our Lady of Victory Nursing Home  
Bourbonnais, IL

Presence Nazarethville  
Des Plaines, IL

Presence McCauley Manor  
Aurora, IL

Presence Maryhaven Nursing Home and Rehabilitation Center  
Glenview, IL

Presence Heritage Village  
Kankakee, IL

Presence Cor Mariae Center  
Rockford, IL

With the signatures provided on the Certification pages of this Certificate of Exemption (“COE”) application, the applicants attest that, to the best of their knowledge, no adverse action has been taken against any Illinois health care facility owned and/or operated by them, during the three years prior to the filing of this COE application. Further, with the signatures provided on the Certification pages of this COE application, each of the applicants authorize the Health Facilities and Services Review Board and the Illinois Department of Public Health access to any documents which it finds necessary to verify any information submitted, including, but not limited to official records of IDPH or other State agencies and the records of nationally recognized accreditation organization.

Attached are confirmations of the hospital’s IDPH licensure and accreditation status.

← DISPLAY THIS PART IN A CONSPICUOUS PLACE

**Illinois Department of PUBLIC HEALTH**

**HF 124038**

**LICENSE, PERMIT, CERTIFICATION, REGISTRATION**

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

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

Issued under the authority of the Illinois Department of Public Health

EXPIRATION DATE	CATEGORY	LD NUMBER
12/31/2022	General Hospital	0005983

Effective: 01/01/2022

Presence Chicago Hospitals Network  
 dba Presence Saint Joseph Hospital - Chicago  
 2900 N Lake Shore Dr  
 Chicago, IL 60657

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #19-453-001 1/04 B/18

Exp. Date 12/31/2022  
Lic Number 0005983

Date Printed 10/13/2021

Presence Chicago Hospitals Network  
dba Presence Saint Joseph Hospital -  
2900 N Lake Shore Dr  
Chicago, IL 60657

FEE RECEIPT NO.



August 1, 2019

John Baird  
President  
Presence Health Saint Joseph Hospital Chicago  
2900 North Lake Shore Drive  
Chicago , IL 60657

Joint Commission ID #: 7307  
Program: Hospital Accreditation  
Accreditation Activity: 60-day Evidence of Standards  
Compliance  
Accreditation Activity Completed : 8/1/2019

Dear Mr. Baird:

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

- **Comprehensive Accreditation Manual for Hospital**

This accreditation cycle is effective beginning May 11, 2019 and is customarily valid for up to 36 months. Please note, The Joint Commission reserves the right to shorten or lengthen the duration of the cycle.

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

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

Congratulations on your achievement.

Sincerely,

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

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

SAFETY NET IMPACT STATEMENT

The proposed discontinuation of the Long-Term Care (“LTC”) category of service at Presence Saint Joseph Hospital, Chicago will have no material impact on safety net services. The hospital typically operates with a LTC average daily census of 14-16 patients; and this volume can easily be absorbed by nearby skilled care facilities, many of which already have transfer agreements with the hospital. There are currently nineteen skilled care facilities in the HFSRB-designated 6-B planning area. HFSRB data identifies an 82.6% occupancy rate (2019 data) in the 6-B planning area, and if the 26 beds located at the applicant hospital had not been available at that time, the occupancy rate would have increase to only to 83.4%, compared to the HFSRB’s target occupancy rate of 90%.

The proposed discontinuation will not have an impact other providers’ ability to cross-subsidize safety net services, nor will the proposed discontinuation materially impact other area providers in any other fashion.

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

INDEX OF ATTACHMENTS		
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