

**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: Eye Surgery Center Hinsdale		
Street Address: 950 N York Road		
City and Zip Code: Hinsdale, IL 60521		
County: DuPage	Health Service Area: 007	Health Planning Area: 043

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

Exact Legal Name: Eye Surgery Center of Hinsdale, LLC
Street Address: 950 N York Road
City and Zip Code: Hinsdale, IL 60521
Name of Registered Agent: CT Corporation System
Registered Agent Street Address: 208 S. LaSalle St., Suite 814
Registered Agent City and Zip Code: Chicago, IL 60604
Name of Chief Executive Officer: George Neal
CEO Street Address: 2727 N Harwood Street, Suite 350
CEO City and Zip Code: Dallas, TX 75201
CEO Telephone Number: 844-377-6468

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: Janna Mullaney
Title: Senior Vice President of Operations and Revenue Cycle Management
Company Name: Eyecare Services Partners
Address: 2727 N Harwood Street, Dallas Texas 75201
Telephone Number: 844-377-6468
E-mail Address: janna.mullaney@espmgmt.com
Fax Number: N/A

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

Name: Juan Morado Jr. and Mark J Silberman
Title: Attorneys
Company Name: Benesch Friedlander Coplan and Aronoff, LLP
Address: 71 S Wacker, Chicago, IL 60606
Telephone Number: 312)212-4967 and 312)212-4952
E-mail Address: jmorado@beneschlaw.com and msilberman@beneschlaw.com
Fax Number: N/A

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APPLICATION FOR PERMIT**

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City and Zip Code: Hinsdale, IL 60521		
County: DuPage	Health Service Area: 007	Health Planning Area: 043

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

Exact Legal Name: Eyecare Services Partners Holdings, LLC
Street Address: 2727 N Harwood Street, Suite 350
City and Zip Code: Dallas, TX 75201
Name of Registered Agent: CT Corporation System
Registered Agent Street Address: 1209 Orange Street
Registered Agent City and Zip Code: Wilmington, DE 19801
Name of Chief Executive Officer: George Neal
CEO Street Address: 2727 N Harwood Street, Suite 350
CEO City and Zip Code: Dallas, TX 75201
CEO Telephone Number: 844-377-6468

Type of Ownership of Applicants

☐ Non-profit Corporation	☐ Partnership	
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☒ 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.		
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Company Name: Benesch Friedlander Coplan and Aronoff, LLP
Address: 71 S Wacker, Chicago, IL 60606
Telephone Number: 312)212-4967 and 312)212-4952
E-mail Address: jmorado@beneschlaw.com and msilberman@beneschlaw.com
Fax Number: N/A

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: Janna Mullaney
Title: Senior Vice President of Operations and Revenue Cycle Management
Company Name: Eyecare Services Partners
Address: 2727 N Harwood Street, Dallas Texas 75201
Telephone Number: 443)838-2993
E-mail Address: janna.mullaney@espmgmt.com
Fax Number: N/A

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Eille M Stern Florida LLC
Address of Site Owner: 17121 Wild Way Los Gatos, CA 95030
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: Eye Surgery Center of Hinsdale, LLC			
Address: 950 N York Road, Suite 203 Hinsdale, IL 60521			
☐	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.

Eye Surgery Center Hinsdale ("ESCH") is a single specialty ambulatory surgical treatment center ("ASTC") located at 950 N. York Road, Hinsdale, IL. The Applicants propose to discontinue the facility. The discontinuation of this facility is being proposed in conjunction with the relocation of the facility under new ownership less than 3 miles from the existing facility.

Dr. Mohammad Al-Khudari, owner and operator of Family Eye Physicians, a full-service ophthalmology practice specializing in advanced ophthalmic care including surgical procedures for pediatric patients. Dr. Al-Khudari has proposed to establish Chicagoland Surgery Center (Project #22-031) a single specialty ASTC providing procedures in the Ophthalmology category of service. The proposed relocated facility will be located at 17W682 Butterfield Road, Oakbrook Terrace, Illinois 60181. Dr. Al-Khudari intends to acquire the existing facility, discontinue operations at the current location and relocate the facility to the site identified in Project #22-031.

There are no costs associated with the discontinuation. The project is classified as substantive because it is the discontinuation of a health care facility.

Project Costs and Sources of Funds- NOT APPLICABLE

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

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): July 1, 2023
Indicate the following with respect to project expenditures or to financial commitments (refer to Part 1130.140): NOT APPLICABLE ☐ 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 <u>ATTACHMENT 8</u>, 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 ☒ APORS ☒ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted ☒ All reports regarding outstanding permits Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.
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Cost Space Requirements- NOT APPLICABLE

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]

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

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

Facility Bed Capacity and Utilization

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

FACILITY NAME: Eye Surgery Center of Hinsdale			CITY: Hinsdale		
REPORTING PERIOD DATES: From: January 1, 2020 to: December 31, 2020					
Category of Service	Authorized Operating Rooms	Admissions (Surgeries)	Patient Days (Hours)	Bed Changes (Operating Rooms)	Proposed Beds (Operating Rooms)
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 (operating rooms)	2	242	-	-2	0
TOTALS:	2	242	-	-2	0

SECTION II. DISCONTINUATION

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

Criterion 1110.290 – Discontinuation

READ THE REVIEW CRITERION and provide the following information:

GENERAL INFORMATION REQUIREMENTS

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

REASONS FOR DISCONTINUATION

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

IMPACT ON ACCESS

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

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

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 Eye Surgery Center of Hinsdale, LLC and Eyecare Services Partners Holdings, 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.

George Neal
SIGNATURE

George Neal
PRINTED NAME

Chief Executive Officer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 10th day of January

[Signature]
Signature of Notary

Seal

SIGNATURE

PRINTED NAME

PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this ____ day of _____

Signature of Notary

Seal

***Insert the EXACT legal name of the applicant**

JUAN MORADO, J.
Official Seal
Notary Public - State of
My Commission Expires At

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.

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 - NOT APPLICABLE

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**]:

_____	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.
_____	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.
	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- NOT APPLICABLE

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

Financial Viability Waiver

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

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

See Section 1120.130 Financial Waiver for information to be provided

APPEND DOCUMENTATION AS ATTACHMENT 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- NOT APPLICABLE

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)	
Contingency									
TOTALS									

* Include the percentage (%) of space for circulation

D. Projected Operating Costs

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

E. Total Effect of the Project on Capital Costs

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

APPEND DOCUMENTATION AS ATTACHMENT 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 37.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			
Charity (cost in dollars)	Year	Year	Year
Inpatient			
Outpatient			
Total			
MEDICAID			
Medicaid (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			
Medicaid (revenue)	Year	Year	Year
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			
	Year	Year	Year
Net Patient Revenue			
Amount of Charity Care (charges)			
Cost of Charity Care			

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

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

INDEX OF ATTACHMENTS		
ATTACHMENT NO.		PAGES
1	Applicant Identification including Certificate of Good Standing	22-24
2	Site Ownership	25-26
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	27-28
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	29
5	Flood Plain Requirements	N/A
6	Historic Preservation Act Requirements	N/A
7	Project and Sources of Funds Itemization	N/A
8	Financial Commitment Document if required	N/A
9	Cost Space Requirements	N/A
10	Discontinuation	30-64
11	Background of the Applicant	65-66
12	Purpose of the Project	67
13	Alternatives to the Project	N/A
14	Size of the Project	N/A
15	Project Service Utilization	N/A
16	Unfinished or Shell Space	N/A
17	Assurances for Unfinished/Shell Space	N/A
	Service Specific:	
18	Medical Surgical Pediatrics, Obstetrics, ICU	N/A
19	Comprehensive Physical Rehabilitation	N/A
20	Acute Mental Illness	N/A
21	Open Heart Surgery	N/A
22	Cardiac Catheterization	N/A
23	In-Center Hemodialysis	N/A
24	Non-Hospital Based Ambulatory Surgery	N/A
25	Selected Organ Transplantation	N/A
26	Kidney Transplantation	N/A
27	Subacute Care Hospital Model	N/A
28	Community-Based Residential Rehabilitation Center	N/A
29	Long Term Acute Care Hospital	N/A
30	Clinical Service Areas Other than Categories of Service	N/A
31	Freestanding Emergency Center Medical Services	N/A
32	Birth Center	
	Financial and Economic Feasibility:	
33	Availability of Funds	N/A
34	Financial Waiver	N/A
35	Financial Viability	N/A
36	Economic Feasibility	N/A
37	Safety Net Impact Statement	68-59
38	Charity Care Information	70
39	Flood Plain Information	N/A

Attachment 1
Type of Ownership of Applicants

Included with this attachment are:

1. The Certificate of Good Standing for Eyecare Services Partners Holdings, LLC.
2. The Certificate of Good Standing for Eyecare Surgery Center of Hinsdale, LLC.

Attachment 1
Certificate of Good Standing- Eyecare Services Partners Holdings, LLC

Delaware
The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "EYECARE SERVICES PARTNERS HOLDINGS
LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS
IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF
THIS OFFICE SHOW, AS OF THE SIXTH DAY OF JANUARY, A.D. 2023.

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



5520263 8300

SR# 20230055867

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 202440057

Date: 01-06-23

Attachment 1
Certificate of Good Standing- Eye Surgery Center of Hinsdale, LLC

File Number

0087472-8



To all to whom these Presents Shall Come, Greeting:

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

EYE SURGERY CENTER OF HINSDALE, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MARCH 05, 2003, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 11TH
day of DECEMBER A.D. 2017 .***

Jesse White

SECRETARY OF STATE

Authentication #: 1734503022 verifiable until 12/11/2018
Authenticate at: <http://www.cyberdriveillinois.com>

Attachment 2
Site Ownership

The facility site 950 North York Road, Hinsdale, Illinois 60521 is owned by Elle M Stern Florida LLC, an Illinois limited liability corporation. Attached as evidence is a copy of the property tax bill for the property.

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 *****

09-01-224-014

ELLE M STERN FLORIDA LLC
 17121 WILD WAY
 LOS GATOS CA 95030

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

1

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

\$2,535.62 PAID JUNE 01, 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 *****

09-01-224-014

ELLE M STERN FLORIDA LLC
 17121 WILD WAY
 LOS GATOS CA 95030

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

2

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

\$2,535.62 PAID JUNE 01, 2022

Rate 2020	Tax 2020	Taxing District	Rate 2021	Tax 2021
** COUNTY **				
.0975	94.81	COUNTY OF DU PAGE	.0966	95.84
.0202	19.64	PENSION FUND	.0196	19.44
.0308	29.95	COUNTY HEALTH DEPT	.0298	29.56
.0124	12.05	PENSION FUND	.0127	12.60
.1128	109.69	FOREST PRESERVE DIST	.1102	109.34
.0077	7.48	PENSION FUND	.0075	7.44
.0148	14.39	DU PAGE AIRPORT AUTH	.0144	14.28
** LOCAL **				
DU PAGE WATER COMM				
NO LEVY		DOWNERS GROVE TWP	NO LEVY	
.0304	29.56	PENSION FUND	.0304	30.16
.0005	.48	DOWNERS GR TWP RD	.0006	.59
.0496	48.23	PENSION FUND	.0499	49.51
.0011	1.06	VLG OF HINSDALE	.0009	.89
.2828	275.02	PENSION FUND	.2862	283.96
.0882	85.77	VLG HINSDALE LIBRARY	.0855	84.83
.1480	143.93	PENSION FUND	.1477	146.54
.0112	10.89	FLAGG CRK WATER REC	.0118	11.70
NO LEVY				
DU PAGE WATER COMM				
2.3207	2,256.88	GRADE SCHL DIST 181	2.3540	2,335.63
.0434	42.20	PENSION FUND	.0364	36.11
1.5668	1,523.71	HIGH SCHOOL DIST 86	1.5658	1,553.58
.0474	46.09	PENSION FUND	.0474	47.03
.2114	205.69	COLLEGE DU PAGE S02	.2037	202.21

5.0977	4,957.52	TOTAL	5.1111	5,071.24

Mailed to:

ELLE M STERN FLORIDA LLC
17121 WILD WAY
LOS GATOS CA 95030

Property Location:

950 N YORK RD
APT 203
Downers Grove
630-719-6630

Tax Code:
9059

Property Index Number:
09-01-224-014

TIF Frozen Value	
Fair Cash Value	
Land Value	27,600
+ Building Value	71,620
= Assessed Value	99,220*
x State Multiplier	1.0000
= Equalized Value	99,220
-- Residential Exemption	
-- Senior Exemption	
-- Senior Freeze	
-- Disabled Veteran	
-- Disability Exemption	
-- Returning Veteran Exemption	
-- Home Improvement Exemption	
-- Housing Abatement	
= Net Taxable Value	99,220
x Tax Rate	5.1111
= Total Tax Due	5,071.24
-- Less Advance Payment	
= Net Tax Due	.00
+ PACE Reimbursement	
= Net Due	

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

*** S OF A FACTOR 1.0202**
 1st INST PAID JUNE 01, 2022
 2nd INST PAID JUNE 01, 2022



2020 \$97,250 Assessed Value 2021 \$99,220

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

Attachment 3
Operating Entity
Certificate of Good Standing- Eye Surgery Center of Hinsdale

Attached as evidence of the owner entity's good standing is a Certificate of Good Standing issued by Illinois Secretary of State for the proposed licensee, Eye Surgery Center of Hinsdale.

**Attachment 3
Operating Entity
Certificate of Good Standing- Eye Surgery Center of Hinsdale**

File Number

0087472-8



To all to whom these Presents Shall Come, Greeting:

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

EYE SURGERY CENTER OF HINSDALE, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MARCH 05, 2003, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



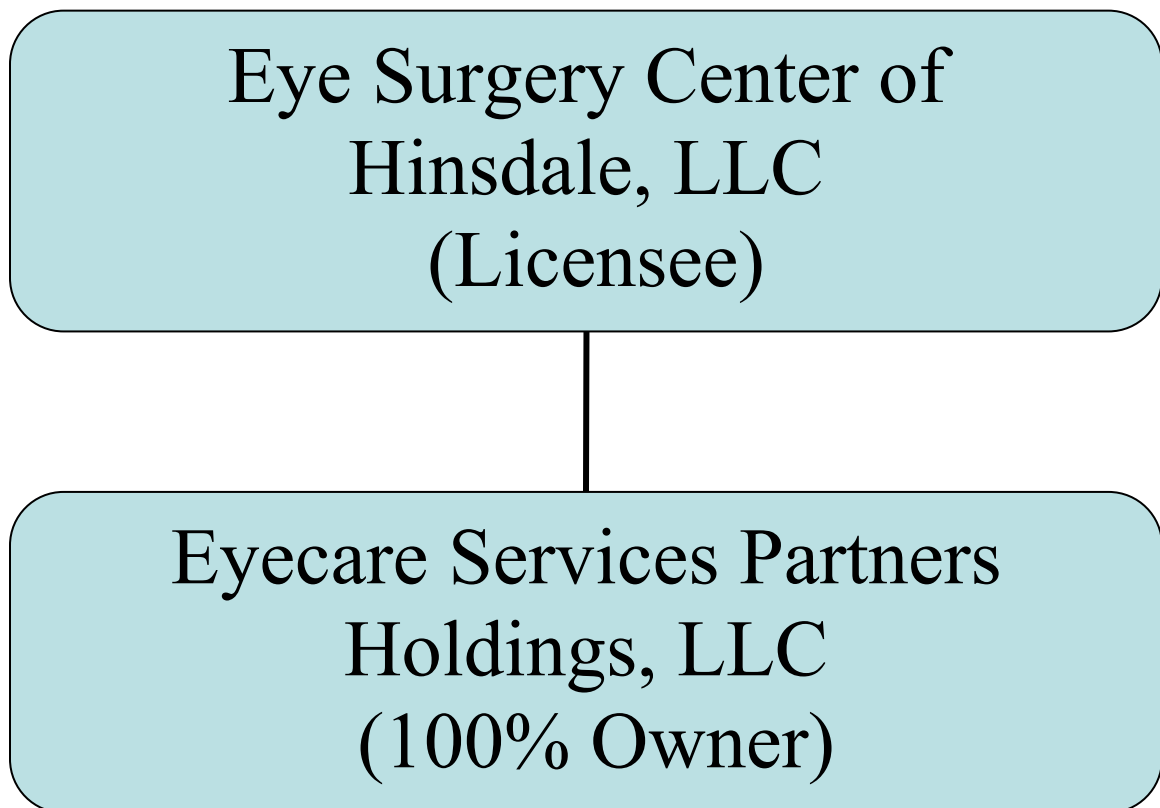
Authentication #: 1734503022 verifiable until 12/11/2018
Authenticate at: <http://www.cyberdriveillinois.com>

***In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 11TH
day of DECEMBER A.D. 2017 .***

Jesse White

SECRETARY OF STATE

**Attachment 4
Organizational Chart**



Attachment 10 Discontinuation

General:

1. **Categories of service and the number of beds, if any that are to be discontinued.**

The category of service to be discontinued is Ambulatory Surgical Treatment Center

2. **Identify all the other clinical services that are to be discontinued.**

The clinical services to be discontinued are two operating rooms.

3. **Provide the anticipated date of discontinuation for each identified service or for the entire facility.**

The applicant proposes to permanently discontinue the service by July 1, 2023.

4. **Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.**

The anticipated use of the physical plant has not been determined. Certain usable medical equipment will be transferred to Chicagoland Surgery Center (Project #22-031) if the project is approved.

5. **Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued and the length of time the records will be maintained.**

The medical records will be maintained by Eyecare Services Partners Holdings, LLC for a period of 10 years.

6. **Provide copies of the notices that were provided to the local media that would routinely be notified about facility events.**

Included in Attachment 10 is a copy of the Notice provided to the local media that would routinely be notified about the facilities events.

7. **For applications involving the discontinuation of an entire facility, provide copies of the notices that were sent to the municipality in which the facility is located, the State Representative and State Senator of the district in which the health care facility is located, the Director of Public Health, and the Director of Healthcare and Family Services. These notices shall have been made at least 30 days prior to filing of the application.**

Included in Attachment 10 are copies of the notices that were sent to the municipality in which the facility is located, the State Representative and State Senator of the district the health care facility is located, the Director of Public Health, and the Director of Healthcare and family Services.

8. **For applications involving the discontinuation of an entire facility, certification by an authorized representative that all questionnaires and data required by HFSRB or DPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 90 days following the date of discontinuation.**

Included in Attachment 10 is a certification from the Applicant that all required data will be submitted no later than 90 days following the date of discontinuation.

Reasons For Discontinuation

The reasons for discontinuation are: (1) insufficient volume and demand for the service and (2) the service is not economically feasible.

Insufficient Volume: In 2020, the facility performed only 242 surgeries with total hours of 184 hours. The 2019 ASTC Profile shows that the facility had 653 total hours of surgery, which averaged 326.5 hours per operating room and representing only 10.8% utilization compared to the State target utilization rate of 1,500 hours per operating room. In 2018, the ASTC Profile shows 884 total hours of surgery, which was 29.4% utilization.

Not Economically Feasible: The low utilization of the facility did not allow for efficient and cost-effective operation of the facility. As indicated in the Planning Policies in Part 1100 of its regulations, the target utilization rates are “a measure of service capability and efficient operation” and that facilities “should operate at or above the prescribed utilization targets. 77 Ill. Adm. Code 1100.370(a) and (b).

Impact of Access**1. Document whether the discontinuation of each service or of the entire facility will have an adverse effect upon access to care for residents of the facility's market area.**

The discontinuation will not have an adverse effect upon access of care for residents of the facility's market area. The Applicants have reached terms with Dr. Mohammad Al-Khudari to relocate the facility less than three miles away from the current location.

2.Document that a written request for an impact statement was received by all existing or approved health care facilities (that provide the same services as those being discontinued) located within the geographic service area.

Included in Attachment 10 are copies of the notification letter sent to area facilities within the geographic service area and maps indicating the distance and drive times to the facilities.

Attachment 10 Discontinuation Media Notice

The applicants will publish the notice below in the Chicago Tribune, a local newspaper that routinely notifies the public about facility events. The notice below is scheduled to be published a single time in the classified ad section of the newspaper on January 11, 2023. The Chicago Tribune has a print circulation of 439,731, and an online presence. The Chicago Tribune is a newspaper of general circulation throughout the Cook and DuPage County and surrounding areas, and is a newspaper as defined by 715 ILCS 5/5.

"Eye Surgery Center of Hinsdale has filed a Certificate of Exemption application with the Illinois Health Facilities and Services Review Board to discontinue their ambulatory surgical treatment center located at 950 North York Road, Hinsdale, Illinois 60521 in the second quarter of 2023. After submission of the application to discontinue the facility to the HFSRB, information about the proposed discontinuation may be found on the HFSRB website at <https://www2.illinois.gov/sites/hfsrb/Pages/default.aspx>. If you are or have been a patient at Eye Surgery Center of Hinsdale and have questions about accessing your medical records, please call 844-377-6468."

Attachment 10
Discontinuation
Notices to Elected Officials and Agency Heads

Enclosed with this attachment are copies of the notices that were sent to the municipality in which the facility is located, the State Representative and State Senator of the district in which the health care facility is located, the Village President of Hinsdale, Director of Public Health, and the Director of Healthcare and Family Services. These notices were made at least 30 days prior to filing of the application.

December 7, 2023

Hon. Deanne M. Mazzochi
State Representative, District 47
1 S. Cass Ave.
Westmont Centre, Suite 205
Westmont, IL 60559

Re: Notice of Discontinuation of Ambulatory Surgical Treatment Center- Eye Surgery Center of Hinsdale

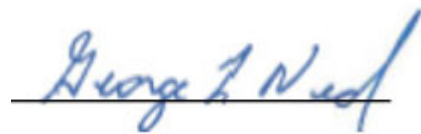
Dear Mr. Knierly:

In accordance with Section 8.7(a) of the Illinois Health Facilities and Planning Act (20 ILCS 3960/8.7), I am providing this notice of our intent to file an application with the Illinois Health Facilities and Services Review Board ("HFSRB") to discontinue the ambulatory surgical treatment center, Eye Surgery Center of Hinsdale, located 950 North York Road, Hinsdale, Illinois 60521.

We are aware of no adverse impact upon patient access and do not anticipate any such impact from the permanent discontinuation of the services at this location as we have reached an agreement with a local ophthalmologist, Dr. Mohammad Al-Khudari who is looking to relocate this facility and establish operations less than 3 miles away in Oak Brook Terrace.

Pursuant to the above provision of the Health Facilities Planning Act, we are providing this notice to our State Representative, State Senator in which the facility is located, the Hinsdale Village President, the Director of Public Health and the Director of the Healthcare and Family Services.

Sincerely,

A handwritten signature in blue ink that reads "George Neal" is written over a horizontal line.

George Neal
Chief Executive Officer
Eyecare Services Partners Holdings, LLC



December 7, 2023

Hon. Suzy Glowiak Hilton
State Senate, District 24
17W715 East Butterfield Road Suite F
Oakbrook Terrace, IL 60181

Re: Notice of Discontinuation of Ambulatory Surgical Treatment Center- Eye Surgery Center of Hinsdale

Dear Mr. Knierly:

In accordance with Section 8.7(a) of the Illinois Health Facilities and Planning Act (20 ILCS 3960/8.7), I am providing this notice of our intent to file an application with the Illinois Health Facilities and Services Review Board ("HFSRB") to discontinue the ambulatory surgical treatment center, Eye Surgery Center of Hinsdale, located 950 North York Road, Hinsdale, Illinois 60521.

We are aware of no adverse impact upon patient access and do not anticipate any such impact from the permanent discontinuation of the services at this location as we have reached an agreement with a local ophthalmologist, Dr. Mohammad Al-Khudari who is looking to relocate this facility and establish operations less than 3 miles away in Oak Brook Terrace.

Pursuant to the above provision of the Health Facilities Planning Act, we are providing this notice to our State Representative, State Senator in which the facility is located, the Hinsdale Village President, the Director of Public Health and the Director of the Healthcare and Family Services.

Sincerely,

A handwritten signature in blue ink that reads "George Neal". The signature is written over a horizontal line.

George Neal
Chief Executive Officer
Eyecare Services Partners Holdings, LLC



December 7, 2023

Hon. Thomas K. Cauley, Jr.
Village President, Hinsdale
19 Chicago Avenue
Hinsdale, IL 60521

Re: Notice of Discontinuation of Ambulatory Surgical Treatment Center- Eye Surgery Center of Hinsdale

Dear Mr. Knierly:

In accordance with Section 8.7(a) of the Illinois Health Facilities and Planning Act (20 ILCS 3960/8.7), I am providing this notice of our intent to file an application with the Illinois Health Facilities and Services Review Board ("HFSRB") to discontinue the ambulatory surgical treatment center, Eye Surgery Center of Hinsdale, located 950 North York Road, Hinsdale, Illinois 60521.

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Pursuant to the above provision of the Health Facilities Planning Act, we are providing this notice to our State Representative, State Senator in which the facility is located, the Hinsdale Village President, the Director of Public Health and the Director of the Healthcare and Family Services.

Sincerely,

A handwritten signature in blue ink that reads "George Neal". The signature is written over a horizontal line.

George Neal
Chief Executive Officer
Eyecare Services Partners Holdings, LLC



December 7, 2023

Hon. Theresa Eagleson
Director
Department of Healthcare and Family Services
201 South Grand Avenue, East
Springfield, Illinois 62763

Re: Notice of Discontinuation of Ambulatory Surgical Treatment Center- Eye Surgery Center of Hinsdale

Dear Mr. Kniery:

In accordance with Section 8.7(a) of the Illinois Health Facilities and Planning Act (20 ILCS 3960/8.7), I am providing this notice of our intent to file an application with the Illinois Health Facilities and Services Review Board ("HFSRB") to discontinue the ambulatory surgical treatment center, Eye Surgery Center of Hinsdale, located 950 North York Road, Hinsdale, Illinois 60521.

We are aware of no adverse impact upon patient access and do not anticipate any such impact from the permanent discontinuation of the services at this location as we have reached an agreement with a local ophthalmologist, Dr. Mohammad Al-Khudari who is looking to relocate this facility and establish operations less than 3 miles away in Oak Brook Terrace.

Pursuant to the above provision of the Health Facilities Planning Act, we are providing this notice to our State Representative, State Senator in which the facility is located, the Hinsdale Village President, the Director of Public Health and the Director of the Healthcare and Family Services.

Sincerely,

A handwritten signature in blue ink that reads "George Neal".

George Neal
Chief Executive Officer
Eyecare Services Partners Holdings, LLC



December 7, 2023

Hon. Sameer Vohra, MD, JD, MA
Director
Department of Public Health
535 West Jefferson Street
Springfield, Illinois 62761

Re: Notice of Discontinuation of Ambulatory Surgical Treatment Center- Eye Surgery Center of Hinsdale

Dear Mr. Kniery:

In accordance with Section 8.7(a) of the Illinois Health Facilities and Planning Act (20 ILCS 3960/8.7), I am providing this notice of our intent to file an application with the Illinois Health Facilities and Services Review Board ("HFSRB" to discontinue the ambulatory surgical treatment center, Eye Surgery Center of Hinsdale, located 950 North York Road, Hinsdale, Illinois 60521.

We are aware of no adverse impact upon patient access and do not anticipate any such impact from the permanent discontinuation of the services at this location as we have reached an agreement with a local ophthalmologist, Dr. Mohammad Al-Khudari who is looking to relocate this facility and establish operations less than 3 miles away in Oak Brook Terrace.

Pursuant to the above provision of the Health Facilities Planning Act, we are providing this notice to our State Representative, State Senator in which the facility is located, the Hinsdale Village President, the Director of Public Health and the Director of the Healthcare and Family Services.

Sincerely,

A handwritten signature in blue ink that reads "George Neal". The signature is written over a horizontal line.

George Neal
Chief Executive Officer
Eyecare Services Partners Holdings, LLC

**Attachment 10
Discontinuation
Applicant's Certification**



December 7, 2023

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

Re: Applicant Certification

Dear Mr. Kniery:

As representative of Eyecare Services Partners Holdings, LLC and Eye Surgery Center of Hinsdale LLC, I, George Neal affirm that all questionnaires and data required by the Health Facilities and Services Review Board and IDPH (e.g. annual questionnaires, capital expenditure surveys, etc.) will be provided through the date of the discontinuation, and that the required information will be submitted no later than 90 days following the date of discontinuation.

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,

A handwritten signature in blue ink that reads "George Neal". The signature is written over a horizontal line.

George Neal
Chief Executive Officer
Eyecare Services Partners Holdings, LLC

Attachment 10
Discontinuation
Notice to Area Facilities

The following notification letters were sent to area facilities within the geographic service area as determined by the distance and drive times to the facilities.

January 3, 2023

Administrator
Aiden Center for Day Surgery
1580 W Lake Street
Addison, IL 60101

Re: Notice of Discontinuation of Ambulatory Surgical Treatment Center- Eye Surgery Center of Hinsdale

To Whom It May Concern:

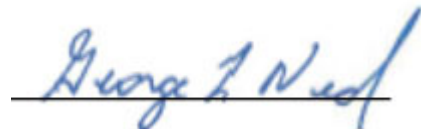
This letter is to notify you that Eye Surgery Center of Hinsdale, located at 950 North York Road, Hinsdale, Illinois 60521 is filing an application with the Illinois Health Facilities and Services Review Board ("HFSRB") relating to the Facility's planned discontinuation of all services. The discontinuation is anticipated to occur in the second quarter of 2023

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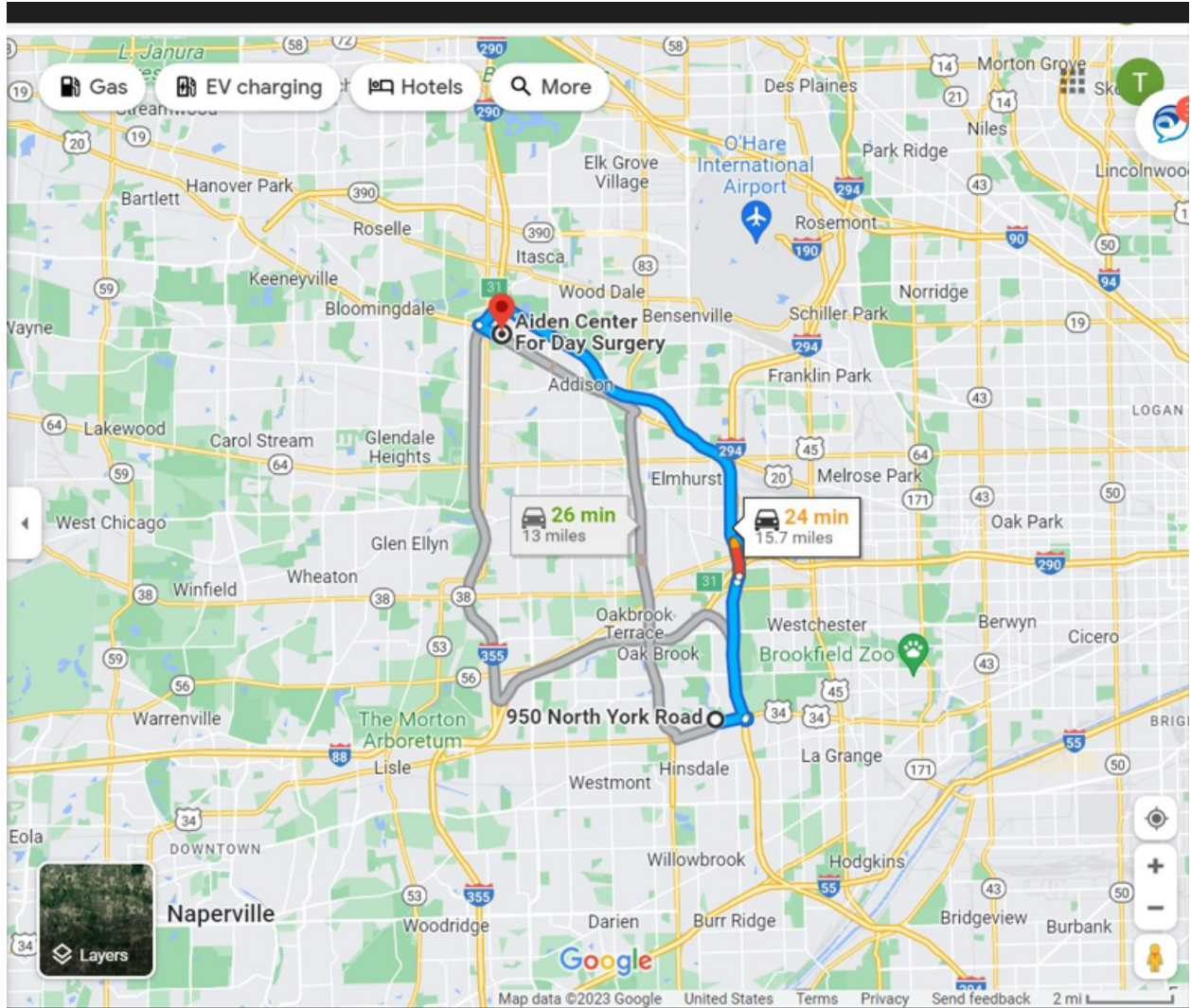
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Pursuant to the Health Facilities Planning Act, we are providing this notice, please respond in writing if you anticipate an adverse impact of this proposed discontinuation on your facility.

Sincerely,

A handwritten signature in blue ink that reads "George Neal".

George Neal
Chief Executive Officer
Eyecare Services Partners Holdings, LLC



January 3, 2023

Administrator
Ambulatory Surgicenter of Downers Grove
4333 Main Street #2
Downers Grove, IL 60515

Re: Notice of Discontinuation of Ambulatory Surgical Treatment Center- Eye Surgery Center of Hinsdale

To Whom It May Concern:

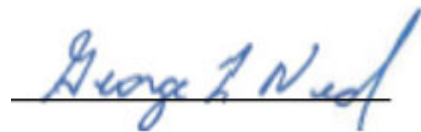
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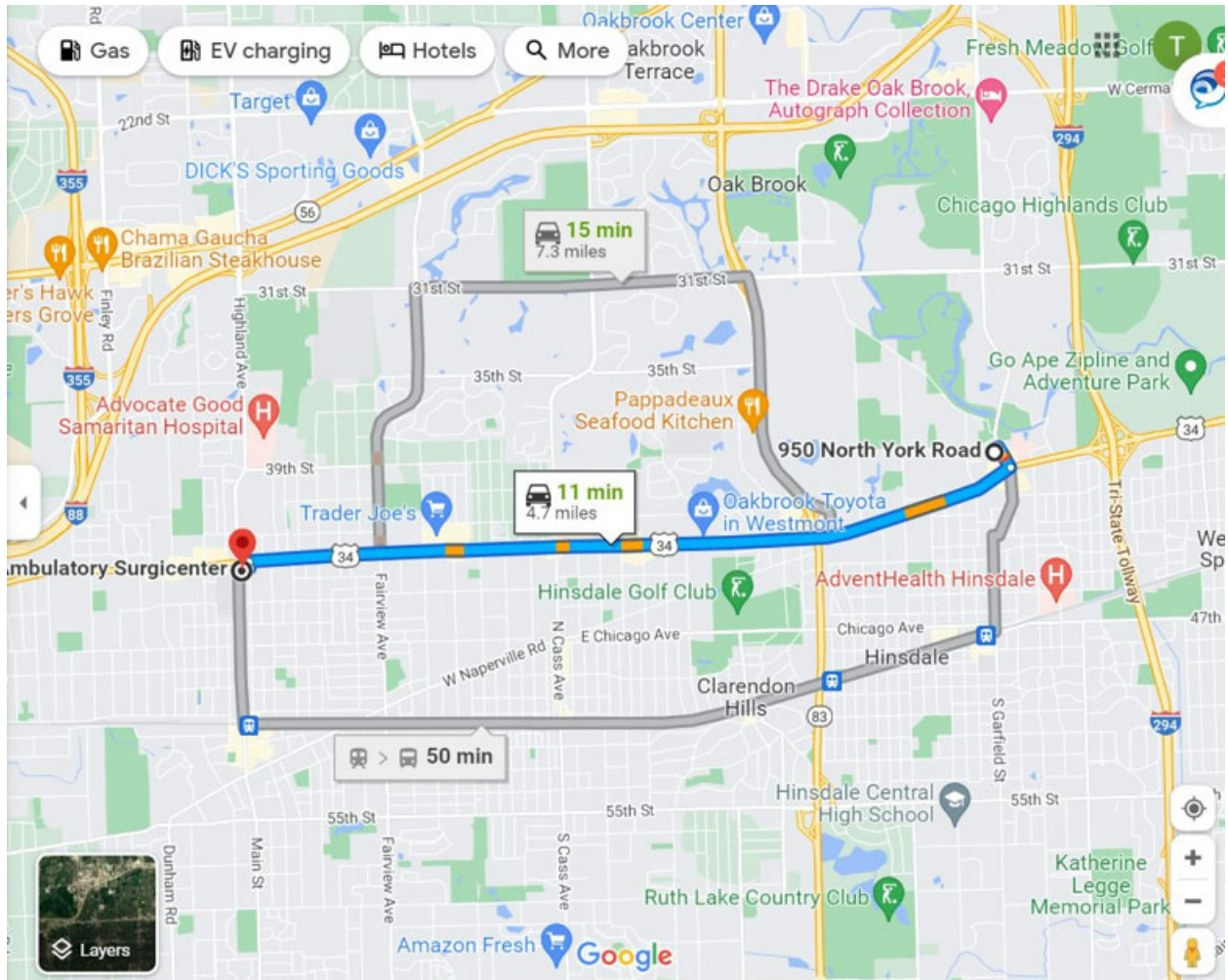
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Sincerely,



George Neal
Chief Executive Officer
Eyecare Services Partners Holdings, LLC



January 3, 2023

Administrator
Chicago Prostate Cancer Surgery Center
815 Pasquinelli Drive
Westmont, IL 60559

Re: Notice of Discontinuation of Ambulatory Surgical Treatment Center- Eye Surgery Center of Hinsdale

To Whom It May Concern:

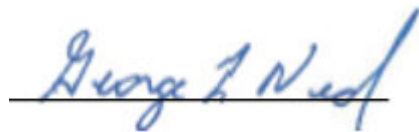
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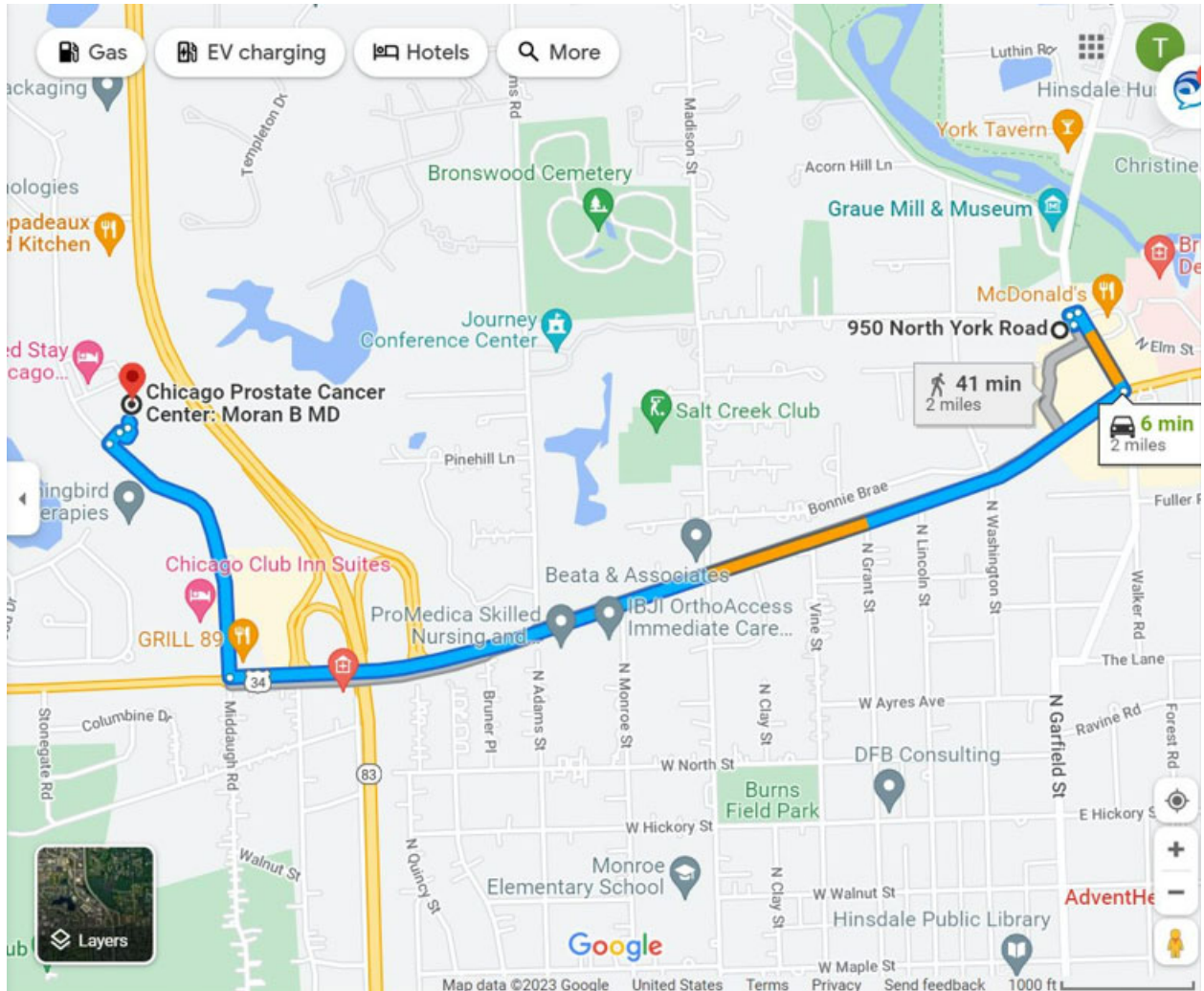
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Pursuant to the Health Facilities Planning Act, we are providing this notice, please respond in writing if you anticipate an adverse impact of this proposed discontinuation on your facility.

Sincerely,

A handwritten signature in blue ink that reads "George Neal" is written over a horizontal line.

George Neal
Chief Executive Officer
Eyecare Services Partners Holdings, LLC



January 3, 2023

Administrator
DMG Surgical Center
725 South 60108, Technology Drive
Lombard, IL 60148

Re: Notice of Discontinuation of Ambulatory Surgical Treatment Center- Eye Surgery Center of Hinsdale

To Whom It May Concern:

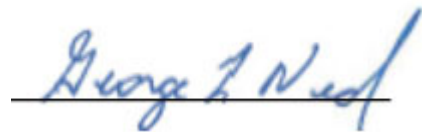
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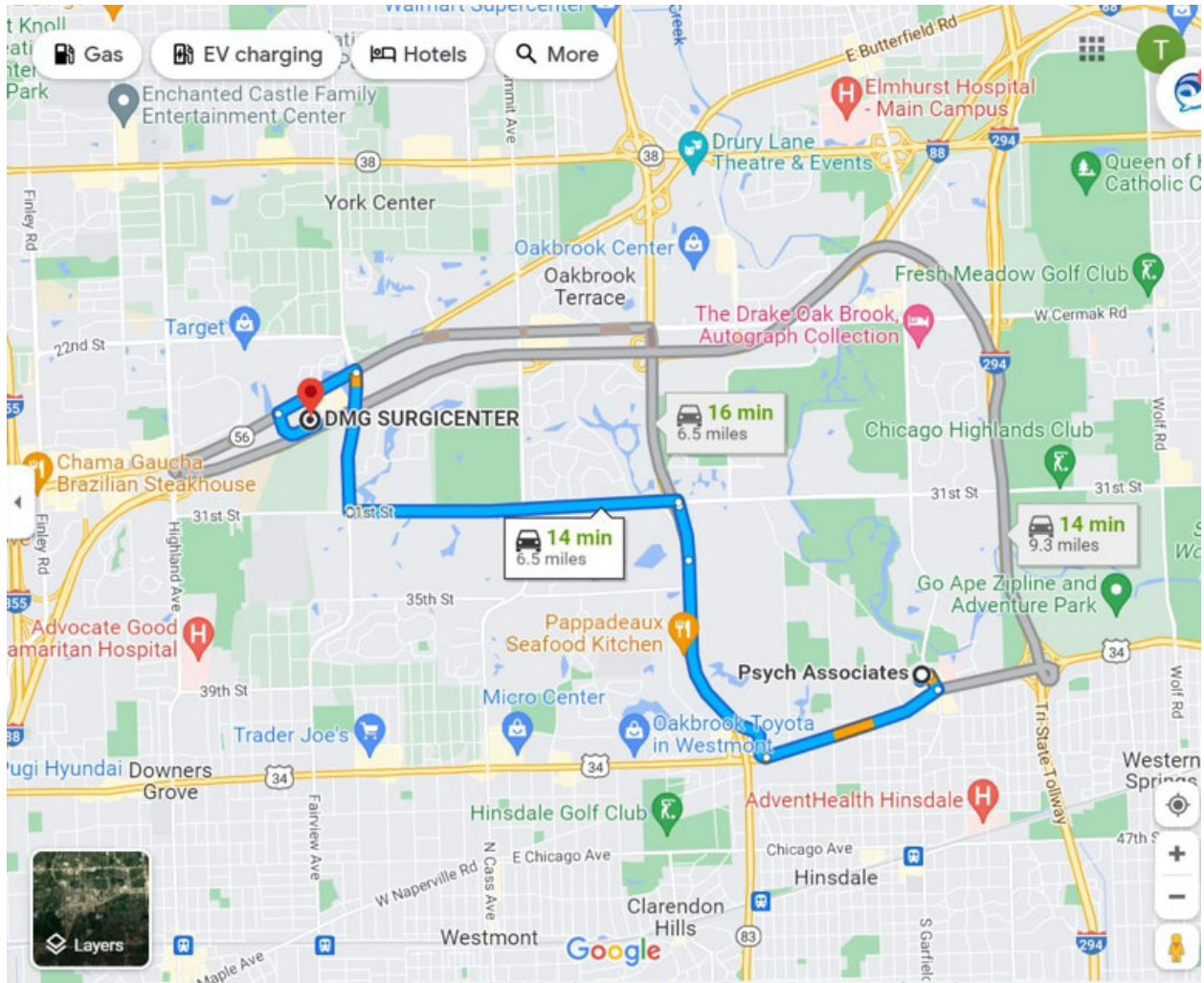
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Sincerely,



George Neal
Chief Executive Officer
Eyecare Services Partners Holdings, LLC



January 3, 2023

Administrator
DuPage Eye Surgery Center
2015 North Main Street
Wheaton, IL 60187

Re: Notice of Discontinuation of Ambulatory Surgical Treatment Center- Eye Surgery Center of Hinsdale

To Whom It May Concern:

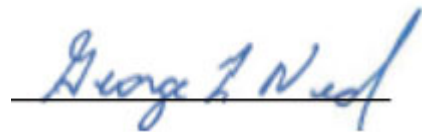
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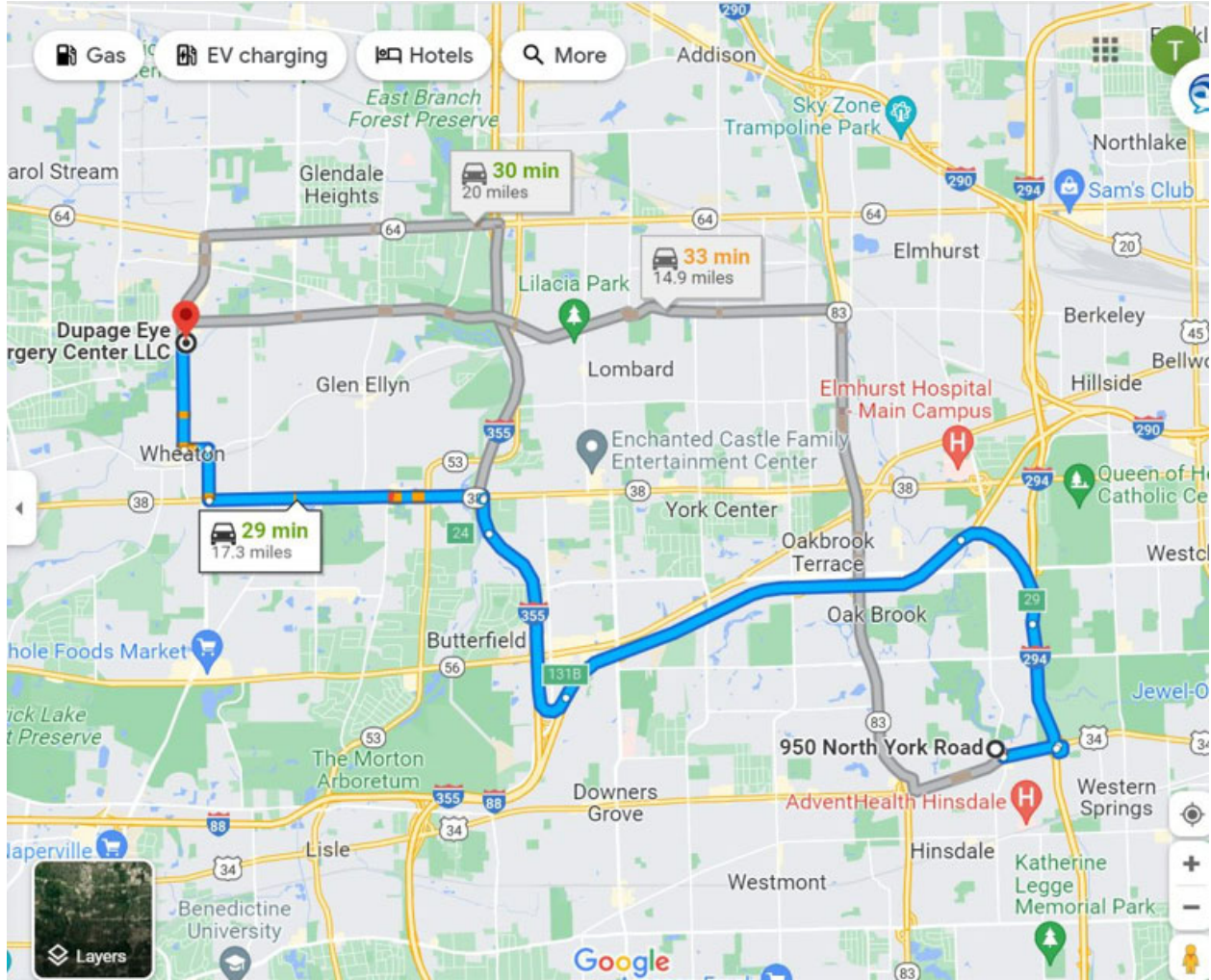
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Sincerely,



George Neal
Chief Executive Officer
Eyecare Services Partners Holdings, LLC



January 3, 2023

Administrator
Elmhurst Outpatient Surgery Center
1200 S York Street
Elmhurst, IL 60126

Re: Notice of Discontinuation of Ambulatory Surgical Treatment Center- Eye Surgery Center of Hinsdale

To Whom It May Concern:

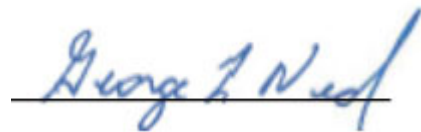
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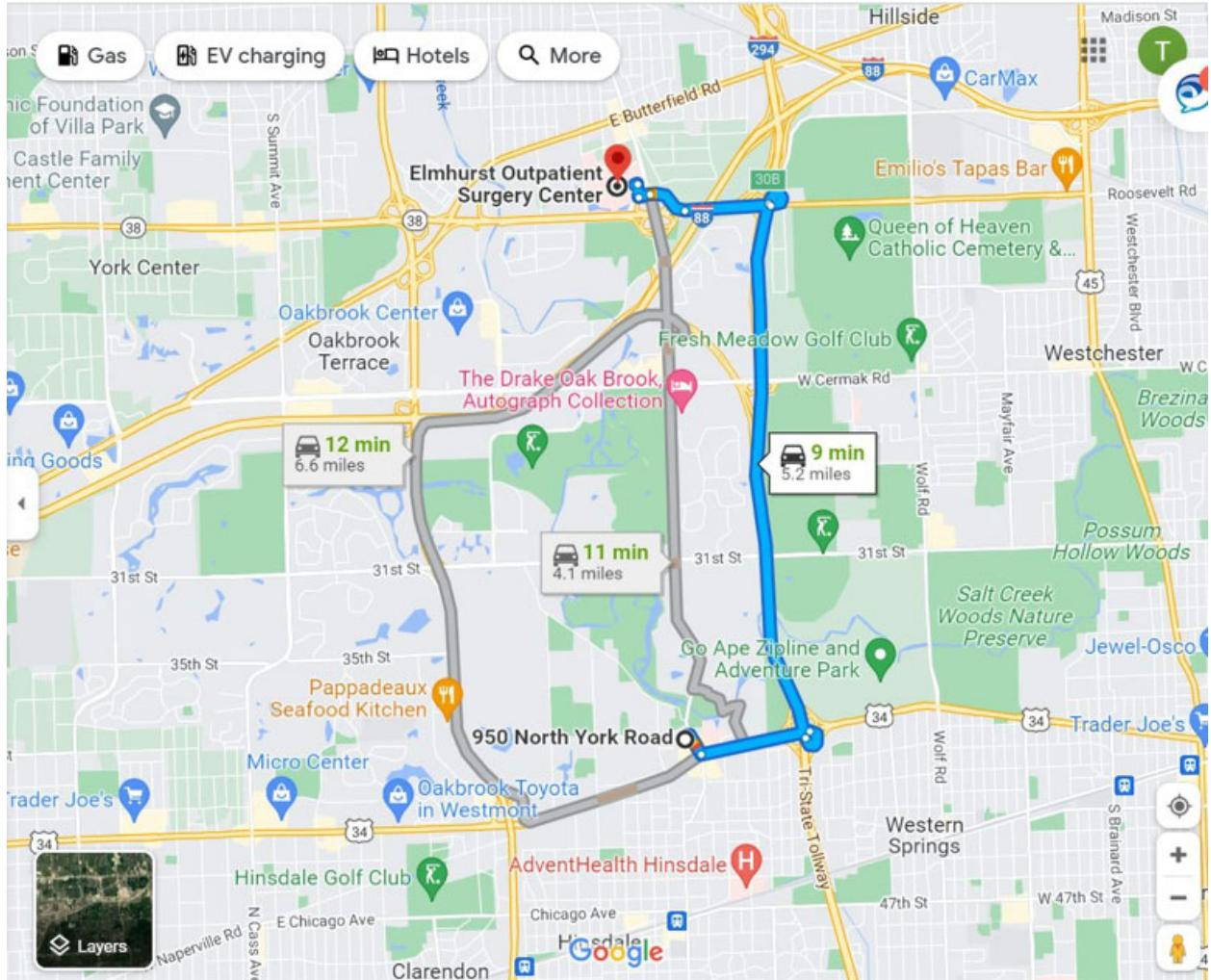
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Sincerely,



George Neal
Chief Executive Officer
Eyecare Services Partners Holdings, LLC



January 3, 2023

Administrator
Illinois Bone & Neck Institute
360 W Butterfield Road
Elmhurst, IL 60126

Re: Notice of Discontinuation of Ambulatory Surgical Treatment Center- Eye Surgery Center of Hinsdale

To Whom It May Concern:

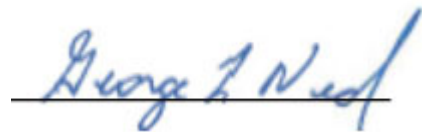
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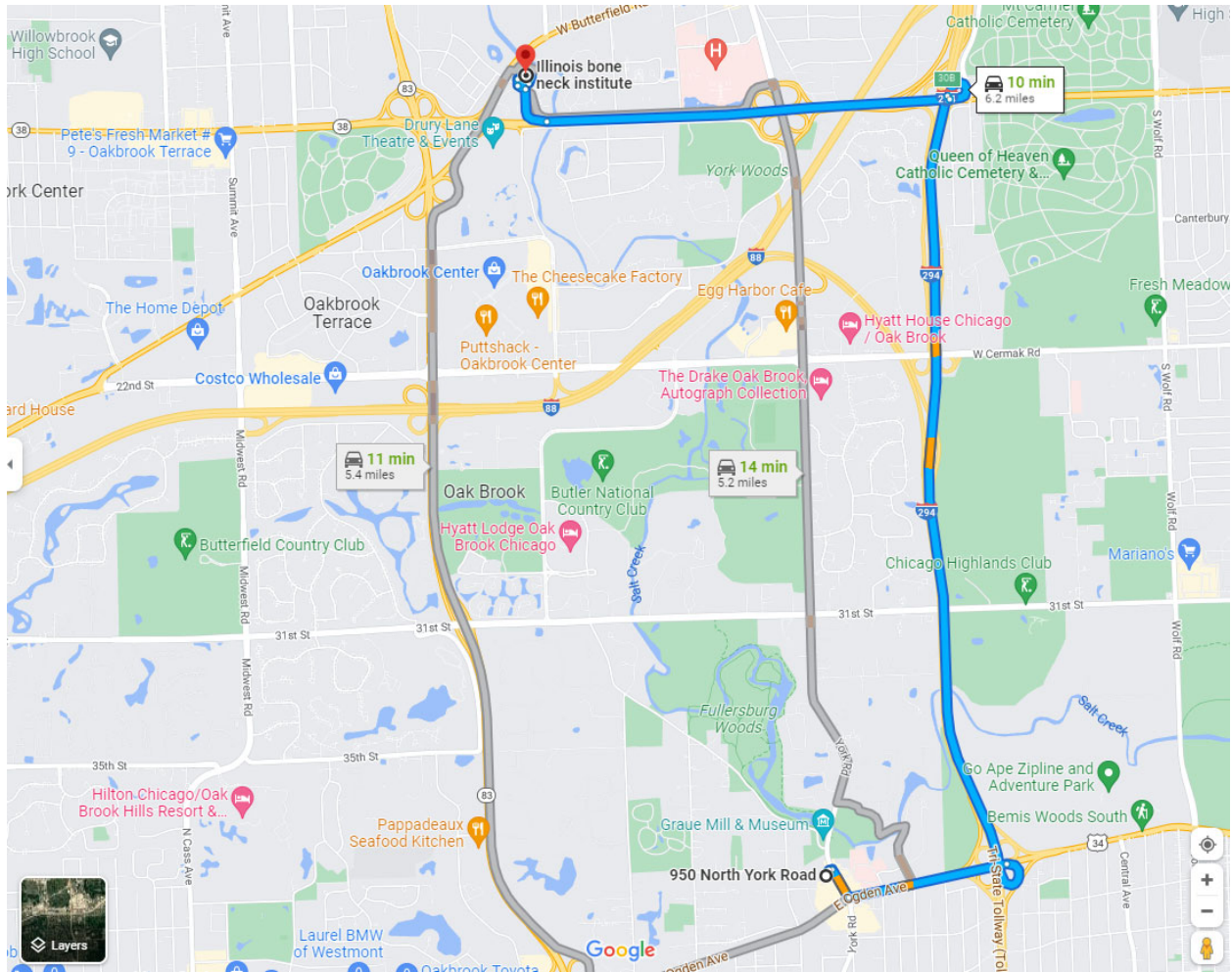
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Sincerely,



George Neal
Chief Executive Officer
Eyecare Services Partners Holdings, LLC



January 3, 2023

Administrator
Hinsdale Surgical Center
10 Salt Creek Lane
Hinsdale, IL 60521

Re: Notice of Discontinuation of Ambulatory Surgical Treatment Center- Eye Surgery Center of Hinsdale

To Whom It May Concern:

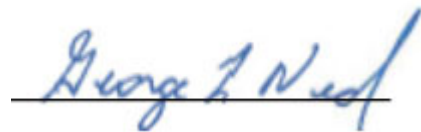
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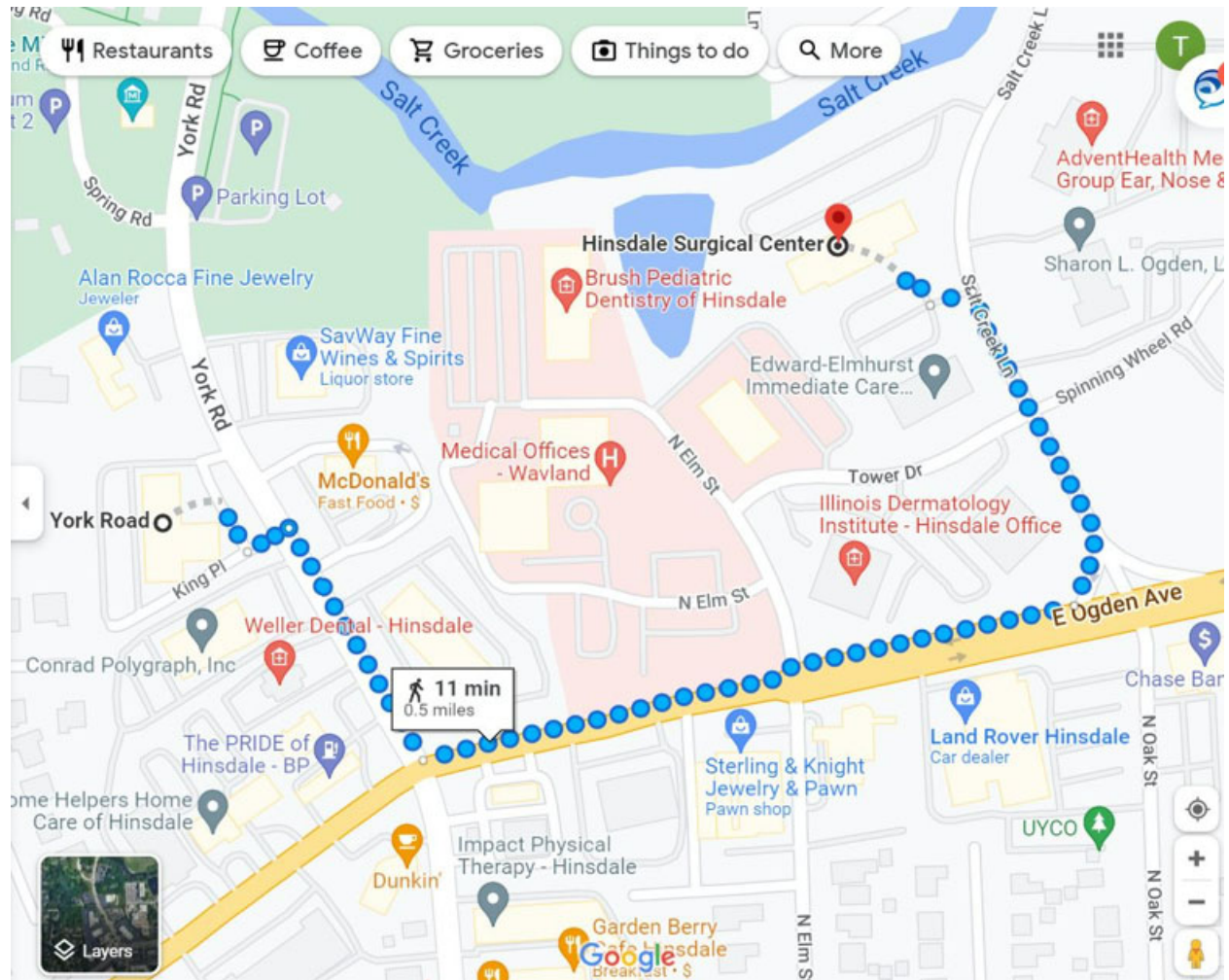
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Sincerely,



George Neal
Chief Executive Officer
Eyecare Services Partners Holdings, LLC



January 3, 2023

Administrator
Rush Oak Brook Surgery Center
2011 York Road
Oak Brook, Illinois 60523

Re: Notice of Discontinuation of Ambulatory Surgical Treatment Center- Eye Surgery Center of Hinsdale

To Whom It May Concern:

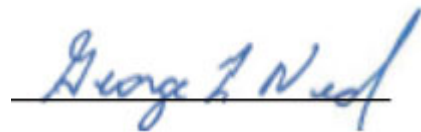
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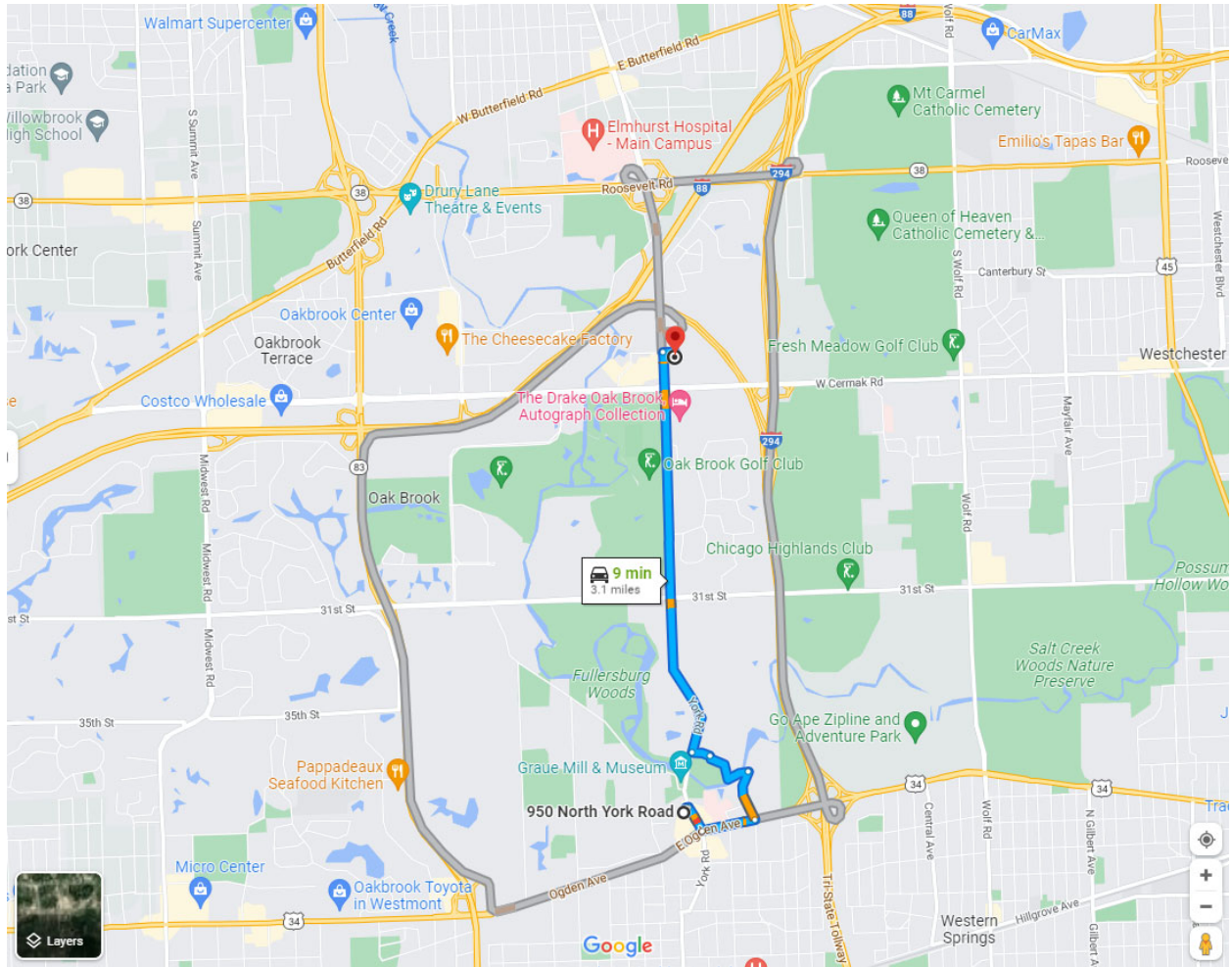
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Sincerely,



George Neal
Chief Executive Officer
Eyecare Services Partners Holdings, LLC



January 3, 2023

Adam Maycock
Chief Executive Officer
AdventHealth Hinsdale
120 N Oak Street
Hinsdale, IL 60521

Re: Notice of Discontinuation of Ambulatory Surgical Treatment Center- Eye Surgery Center of Hinsdale

To Whom It May Concern:

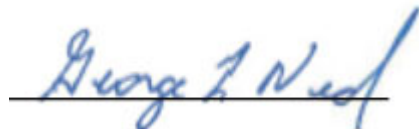
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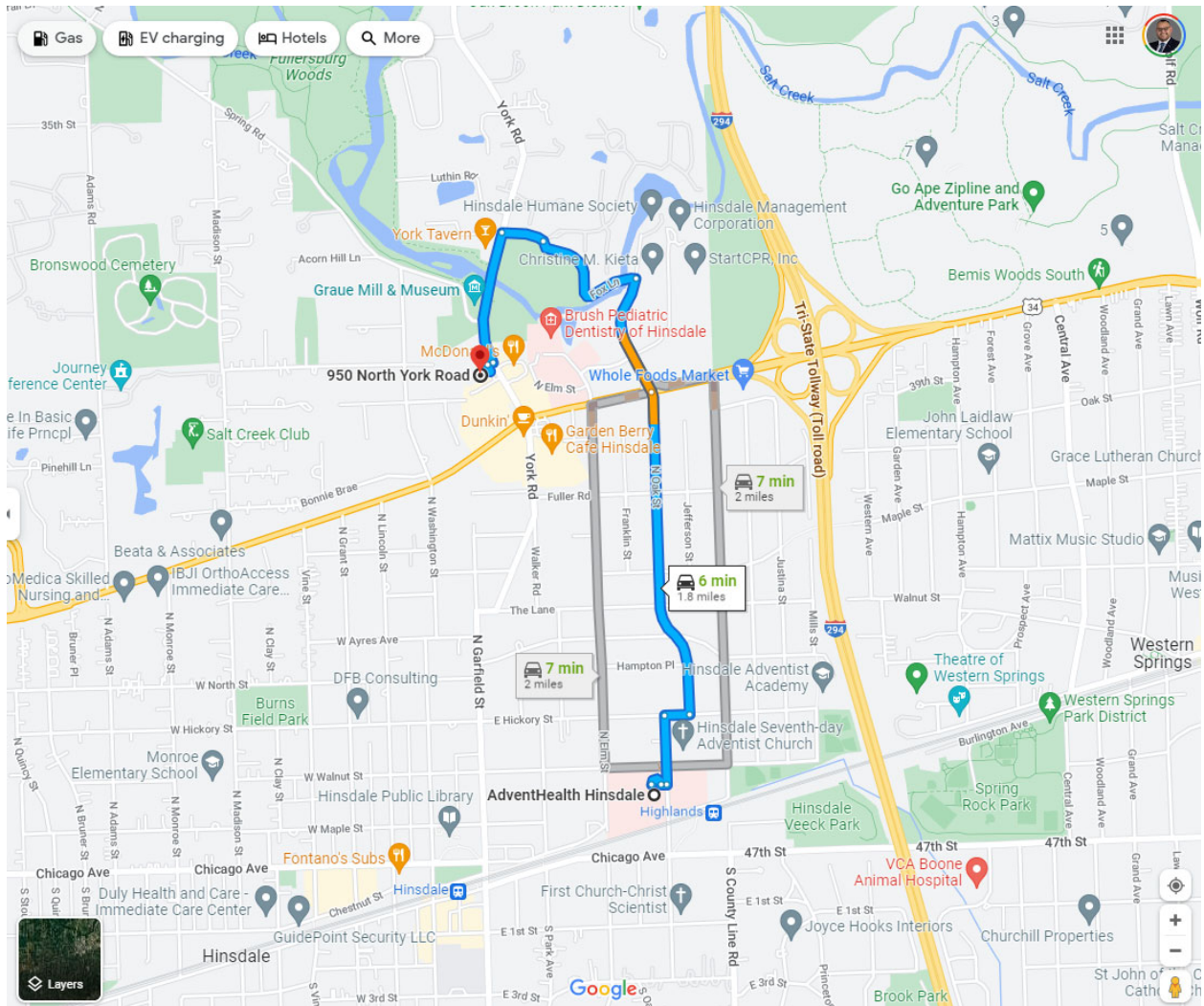
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Sincerely,



George Neal
Chief Executive Officer
Eyecare Services Partners Holdings, LLC



January 3, 2023

Allison Wyler
Chief Executive Officer
Advocate Good Samaritan Hospital
3815 Highland Avenue
Downers Grove, IL 60515

Re: Notice of Discontinuation of Ambulatory Surgical Treatment Center- Eye Surgery Center of Hinsdale

To Whom It May Concern:

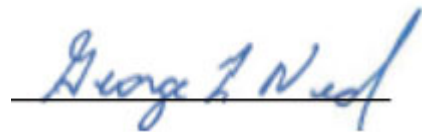
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Sincerely,



George Neal
Chief Executive Officer
Eyecare Services Partners Holdings, LLC

January 3, 2023

Sean O'Grady
Chief Executive Officer
Elmhurst Hospital
155 East Brush Hill Road
Elmhurst, IL 60126

Re: Notice of Discontinuation of Ambulatory Surgical Treatment Center- Eye Surgery Center of Hinsdale

To Whom It May Concern:

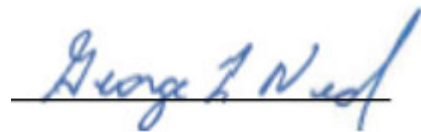
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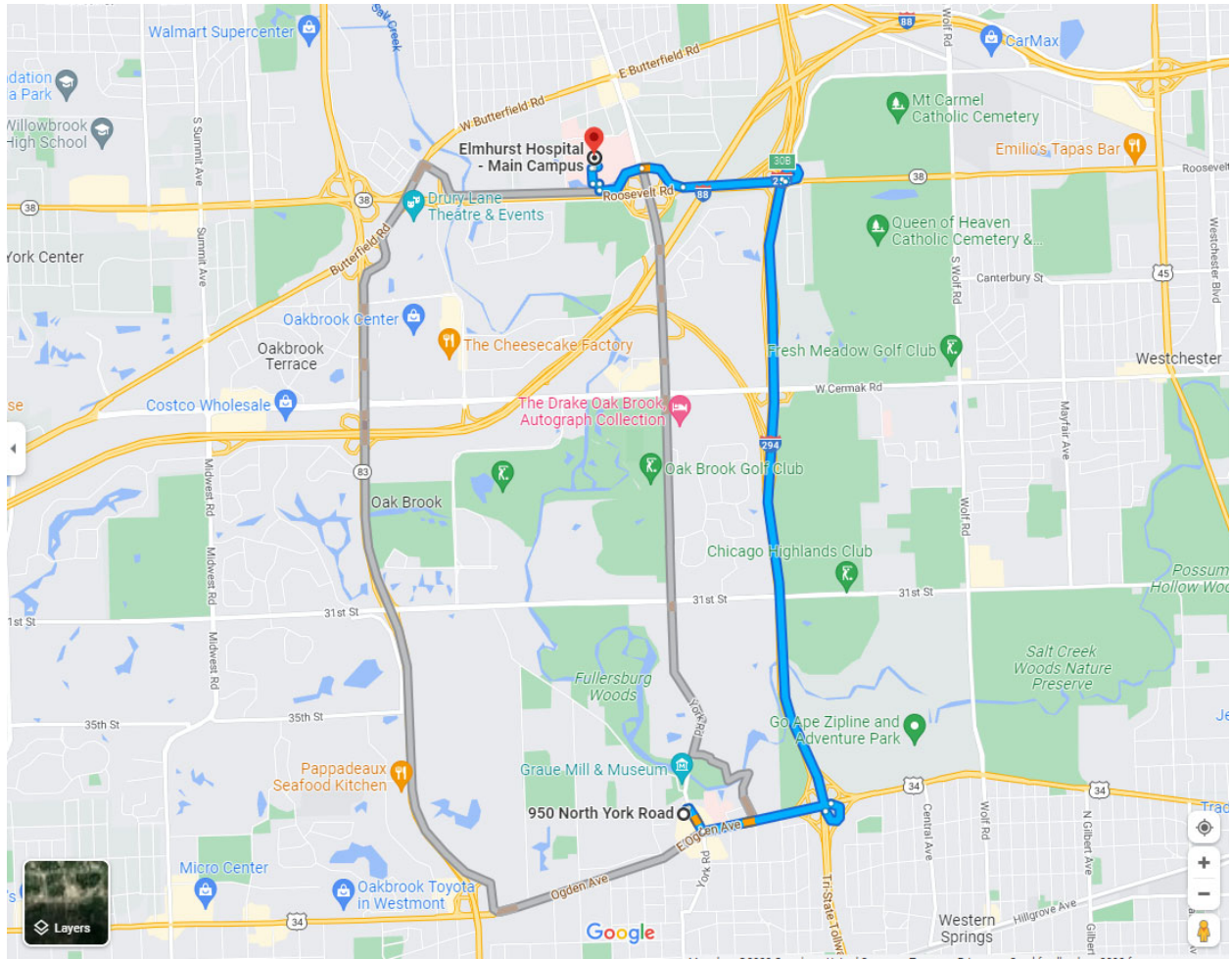
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Sincerely,

A handwritten signature in blue ink that reads "George Neal" over a horizontal line.

George Neal
Chief Executive Officer
Eyecare Services Partners Holdings, LLC



Attachment 11

Background of the Applicants

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

1.A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.

The Applicant, Eyecare Services Partners Holdings, LLC owns two other ambulatory surgical treatment centers in Illinois: Hauser Ross Ambulatory Surgery Center and Midwest Eye Center.

3.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.

The officers or members of the Applicant do not own any other healthcare facilities in Illinois.

4.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.

The officers or members of the Applicant do not own any other healthcare facilities in Illinois.

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.

Pursuant to the certification executed with the submission of this application, the Applicant certify that there have been no adverse action taking against any facility owned and/or operated by the Applicant during the three years prior to 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.

Pursuant to the certification executed with the submission of this application, the Applicant certify that there have been no individuals 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

c.A certified and detailed listing of each applicant or person charged with fraudulent conduct or any act involving moral turpitude.

Pursuant to the certification executed with the submission of this application, the Applicant certify that no person has 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.

Pursuant to the certification executed with the submission of this application, the Applicant certify that they do not have 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.

Pursuant to the certification executed with the submission of this application, the Applicant certify that they do not have an 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.

5.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.

The Applicant permit the 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.

6.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.

Not Applicable.

Attachment 12

Purpose of Project

Reasons For Discontinuation

The reasons for discontinuation are: (1) insufficient volume and demand for the service and (2) the service is not economically feasible.

Insufficient Volume: In 2020, the facility performed only 242 surgeries with total hours of 184 hours. The 2019 ASTC Profile shows that the facility had 653 total hours of surgery, which averaged 326.5 hours per operating room and representing only 10.8% utilization compared to the State target utilization rate of 1,500 hours per operating room. In 2018, the ASTC Profile shows 884 total hours of surgery, which was 29.4% utilization.

Not Economically Feasible: The low utilization of the facility did not allow for efficient and cost-effective operation of the facility. As indicated in the Planning Policies in Part 1100 of its regulations, the target utilization rates are “a measure of service capability and efficient operation” and that facilities “should operate at or above the prescribed utilization targets. 77 Ill. Adm. Code 1100.370(a) and (b).

The discontinuation will not have an adverse effect upon access of care for residents of the facility's market area. The Applicants have reached terms with Dr. Mohammad Al-Khudari to relocate the facility less than three miles away from the current location. Dr. Mohammad Al-Khudari, owner and operator of Family Eye Physicians, is a full-service ophthalmology practice specializing in advanced ophthalmic care including surgical procedures for pediatric patients. Dr. Al-Khudari has proposed to establish Chicagoland Surgery Center (Project #22-031) a single specialty 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, located less than 3 miles from Eye Surgery Center of Hinsdale. Dr. Al-Khudari has entered into a letter of intent to acquire Eye Surgery Center Hinsdale. Dr. Al-Khudari intends to acquire the existing facility, discontinue operations at the current location and relocate the facility to the site identified in Project #22-031.

Attachment 37

Safety Net Impact Statement

The project will not have a material impact, 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.

The applicant facility was not a provider of essential safety net services therefore, the discontinuation of its facility will not impact existing providers. The facility provided no Medicaid services in 2020.

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.

The project should not have any impact on the ability of another provider or health care system to cross subsidize safety net services.

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.

The applicant facility was not a provider of essential safety net services therefore, the discontinuation of its facility will not impact existing providers.

Attachment 37 Safety Net Impact Statement

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	2018	2019	2020
Inpatient	0	0	0
Outpatient	2	3	0
Total	2	3	0
Charity (cost in dollars)			
Inpatient	0	0	0
Outpatient	\$2500	\$3200	0
Total	\$2500	\$3200	0
MEDICAID			
Medicaid (# of patients)	2018	2019	2020
Inpatient	0	0	0
Outpatient	5	5	0
Total	5	5	0
Medicaid (revenue)			
Inpatient	0	0	0
Outpatient	0	0	0
Total	0	0	0

Attachment 38

Charity Care Information

The amount of Charity care provided by the applicant facility and Eyecare Services Partners Holdings, LLC other affiliated Illinois ASTCs

Eye Surgery Center of Hinsdale - CHARITY CARE			
	2018	2019	2020
Net Patient Revenue	\$2,066,750	\$0	\$113,611
Amount of Charity Care (charges)	\$2500	\$3200	0
Cost of Charity Care	\$2500	\$3200	0

Hauser Ross Ambulatory Surgical Treatment Center - CHARITY CARE			
	2018	2019	2020
Net Patient Revenue	\$2,349,112	\$1,747,610	\$3,738,597
Amount of Charity Care (charges)	0	0	0
Cost of Charity Care	0	0	0

Midwest Eye Center ASC - CHARITY CARE			
	2018	2019	2020
Net Patient Revenue	\$1,506,922	\$0	\$701,066
Amount of Charity Care (charges)	0	0	0
Cost of Charity Care	0	0	0

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

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ATTACHMENT NO.		PAGES
1	Applicant Identification including Certificate of Good Standing	22-24
2	Site Ownership	25-26
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	27-28
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	29
5	Flood Plain Requirements	N/A
6	Historic Preservation Act Requirements	N/A
7	Project and Sources of Funds Itemization	N/A
8	Financial Commitment Document if required	N/A
9	Cost Space Requirements	N/A
10	Discontinuation	30-64
11	Background of the Applicant	65-66
12	Purpose of the Project	67
13	Alternatives to the Project	N/A
14	Size of the Project	N/A
15	Project Service Utilization	N/A
16	Unfinished or Shell Space	N/A
17	Assurances for Unfinished/Shell Space	N/A
	Service Specific:	
18	Medical Surgical Pediatrics, Obstetrics, ICU	N/A
19	Comprehensive Physical Rehabilitation	N/A
20	Acute Mental Illness	N/A
21	Open Heart Surgery	N/A
22	Cardiac Catheterization	N/A
23	In-Center Hemodialysis	N/A
24	Non-Hospital Based Ambulatory Surgery	N/A
25	Selected Organ Transplantation	N/A
26	Kidney Transplantation	N/A
27	Subacute Care Hospital Model	N/A
28	Community-Based Residential Rehabilitation Center	N/A
29	Long Term Acute Care Hospital	N/A
30	Clinical Service Areas Other than Categories of Service	N/A
31	Freestanding Emergency Center Medical Services	N/A
32	Birth Center	
	Financial and Economic Feasibility:	
33	Availability of Funds	N/A
34	Financial Waiver	N/A
35	Financial Viability	N/A
36	Economic Feasibility	N/A
37	Safety Net Impact Statement	68-59
38	Charity Care Information	70
39	Flood Plain Information	N/A