

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

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

**Facility/Project Identification**

Facility Name:	UChicago Medicine AdventHealth GlenOaks		
Street Address:	701 Winthrop Avenue		
City and Zip Code:	Glendale Heights, IL 60139		
County:	DuPage	Health Service Area VII	Health Planning Area: A-05

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

Exact Legal Name:	Adventist GlenOaks Hospital
Street Address:	701 Winthrop Avenue
City and Zip Code:	Glendale Heights, IL 60139
Name of Registered Agent:	CT Corporation System
Registered Agent Street Address:	208 South LaSalle Street Suite 814
Registered Agent City and Zip Code:	Chicago, IL 60604
Name of Chief Executive Officer:	Vladimir Radivojevic
CEO Street Address:	701 Winthrop Avenue.
CEO City and Zip Code:	Glendale Heights, IL 60139
CEO Telephone Number:	630/545-3901

**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**.
- 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:	312/969-4759
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

Facility/Project Identification

Facility Name:	UChicago Medicine AdventHealth GlenOaks		
Street Address:	701 Winthrop Avenue		
City and Zip Code:	Glendale Heights, IL 60139		
County:	DuPage	Health Service Area VII	Health Planning Area: A-05

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

Exact Legal Name:	Adventist Health System Sunbelt Healthcare Corporation d/b/a AdventHealth		
Street Address:	900 Hope Way		
City and Zip Code:	Altamonte Springs, FL 32714		
Name of Registered Agent:	CT Corporation System		
Registered Agent Street Address:	208 South LaSalle Street Suite 814		
Registered Agent City and Zip Code:	Chicago, IL 60604		
Name of Chief Executive Officer:	Terry Shaw		
CEO Street Address:	900 Hope Way		
CEO City and Zip Code:	Altamonte, FL 32714		
CEO Telephone Number:	407/357-1000		

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**.
- 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:	312/969-4759
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

Facility/Project Identification

Facility Name:	UChicago Medicine AdventHealth GlenOaks		
Street Address:	701 Winthrop Avenue		
City and Zip Code:	Glendale Heights, IL 60139		
County:	DuPage	Health Service Area	VII Health Planning Area: A-05

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

Exact Legal Name:	Adventist Health System/Sunbelt, Inc.
Street Address:	900 Hope Way
City and Zip Code:	Altamonte Springs, FL 32714
Name of Registered Agent:	CT Corporation System
Registered Agent Street Address:	208 South LaSalle Street Suite 814
Registered Agent City and Zip Code:	Chicago, IL 60604
Name of Chief Executive Officer:	Terry Shaw
CEO Street Address:	900 Hope Way
CEO City and Zip Code:	Altamonte, FL 32714
CEO Telephone Number:	407/357-1000

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**.
- 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:	312/969-4759
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

Facility/Project Identification

Facility Name:	UChicago Medicine AdventHealth GlenOaks		
Street Address:	701 Winthrop Avenue		
City and Zip Code:	Glendale Heights, IL 60139		
County:	DuPage	Health Service Area	VII Health Planning Area: A-05

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

Exact Legal Name:	The University of Chicago Medical Center
Street Address:	5841 S. Maryland Avenue
City and Zip Code:	Chicago, IL 60637
Name of Registered Agent:	Rachel Spitz
Registered Agent Street Address:	5841 S. Maryland Avenue
Registered Agent City and Zip Code:	Chicago, IL 60637
Name of Chief Executive Officer:	Thomas Jackiewicz
CEO Street Address:	5841 S. Maryland Avenue
CEO City and Zip Code:	Chicago, IL 60637
CEO Telephone Number:	773/702-6240

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"/>
<input type="checkbox"/> Other	

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

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

Primary Contact [Person to receive ALL correspondence or inquiries]

Name:	Jacob M. Axel
Title:	President
Company Name:	Axel & Associates, Inc.
Address:	348 Chicory Lane Buffalo Grove, IL 60089
Telephone Number:	312/969-4759
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:	Vladimir Radivojevic
Title:	Chief Executive Officer
Company Name:	Adventist GlenOaks Hospital
Address:	701 Winthrop Avenue Glendale Heights, IL 60139
Telephone Number:	630/545-3901
E-mail Address:	Vladimir.Radivojevic@AdventHealth.com
Fax Number:	

**Site Ownership**

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:	Adventist GlenOaks Hospital
Address of Site Owner:	701 Winthrop Avenue Glendale Heights, IL 60139
Street Address or Legal Description of the Site:	701 Winthrop Street Glendale Heights, IL 60139
<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:	Adventist GlenOaks Hospital		
Address:	701 Winthrop Street Glendale Heights, IL 60139		
<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"/>
<ul style="list-style-type: none"> <li>o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.</li> <li>o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.</li> <li>o <b>Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.</b></li> </ul>			
<b>APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>			

**Organizational Relationships**

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

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

**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 proposed project is limited to the discontinuation of the 15-bed obstetrics category of service and associated support areas ("the service") at UChicago Medicine AdventHealth GlenOaks, located in Glendale Heights. The discontinuation will occur within sixty days following approval of this Certificate of Exemption application.

The service is currently suspended.

Outpatient obstetrics-related services will continue to be provided at the hospital, and inpatient gynecologic services will continue to be provided at the hospital, with those patients occupying medical/surgical beds.

A full range of obstetrics services are available at a number of area hospitals, including Northwestern Medicine Central DuPage Hospital and Ascension Alexian Brothers in Elk Grove Village, both of which are located within the HFSRB's designated geographic service area.

The IDPH Office of Women's Health and Family Services, the IDPH Division of Healthcare Facilities, as well as the Regional Perinatal Network have been informed by letter of the hospital's intent.

This is a "substantive" project, because it addresses the discontinuation of a HFSRB-designated category of service.



**Sent Via Federal Express**

July 13, 2023

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

Ms. Karen Senger  
Division Chief  
Illinois Department of  
Public Health  
525 West Jefferson  
Springfield, IL 62761

Dear Mr. Kniery and Ms. Senger:

Please be advised that, effective as of the 31<sup>st</sup> of July, 2023, UChicago Medicine AdventHealth GlenOaks is suspending admissions to its obstetrics category of service, as a result of low utilization of the service in recent years. It is intended that a COE application addressing the discontinuation of the category of service will be filed within the next two weeks.

You will be notified of the status of the service on a monthly basis.

Should any additional information be needed by either of your offices at this time, please don't hesitate to contact me.

Sincerely,

Vladmir Radivojevic  
Chief Executive Officer  
and President

cc J. Axel



**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 . 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.

---

---

---

---

---

**Anticipated exemption completion date** (refer to Part 1130.570):  within 60 days of the receipt of the requested Certificate of Exemption

**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.**

9

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

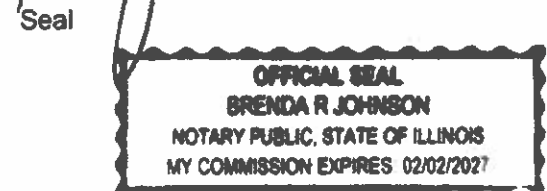
[Signature]  
 SIGNATURE  
Vladimir Radujevic  
 PRINTED NAME  
CEO and President  
 PRINTED TITLE

[Signature]  
 SIGNATURE  
Jared Brown  
 PRINTED NAME  
VP Finance / CFO  
 PRINTED TITLE

Notarization:  
 Subscribed and sworn to before me  
 this 13<sup>th</sup> day of July  
[Signature]  
 Signature of Notary



Notarization:  
 Subscribed and sworn to before me  
 this 13<sup>th</sup> day of July  
[Signature]  
 Signature of Notary



\*Insert the EXACT legal name of the applicant

**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 Adventist Health System Sunbelt Healthcare Corporation 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.

*Lynn C. Addiscott*  
SIGNATURE

LYNN C. ADDISCOTT  
PRINTED NAME

ASSISTANT SECRETARY  
PRINTED TITLE

*Michael E. Saunders*  
SIGNATURE

Michael E. Saunders  
PRINTED NAME

Assistant Secretary  
PRINTED TITLE

Notarization:  
Subscribed and sworn to before me  
this 8<sup>th</sup> day of August 2023

*Deborah Morman*  
Signature of Notary

Seal



Notarization:  
Subscribed and sworn to before me  
this 8<sup>th</sup> day of August 2023

*Deborah Morman*  
Signature of Notary

Seal



\*Insert the EXACT legal name of the applicant

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 Adventist Health System/Sunbelt, Inc. 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.

*Lynn C. Addiscott*  
SIGNATURE

*Michael E. Saunders*  
SIGNATURE

Lynn C Addiscott  
PRINTED NAME

Michael E. Saunders  
PRINTED NAME

Assistant Secretary  
PRINTED TITLE

Assistant Secretary  
PRINTED TITLE

Notarization:  
Subscribed and sworn to before me  
this 8<sup>th</sup> day of August 2023

*Deborah Morman*  
Signature of Notary

Notarization:  
Subscribed and sworn to before me  
this 8<sup>th</sup> day of August 2023

*Deborah Morman*  
Signature of Notary



\*Insert the EXACT legal name of the applicant

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
DISCONTINUATION APPLICATION FOR EXEMPTION- 06/2022 Edition

**CERTIFICATION**

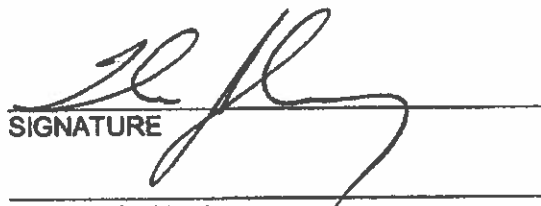
The Application must be signed by the authorized representatives of the applicant entity. Authorized representatives are:

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

This Application is filed on the behalf of

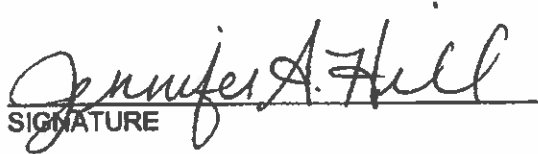
**UChicago Medicine AdventHealth Glen Oaks**

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

Thomas Jackiewicz

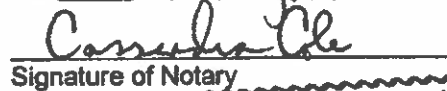
President  
The University of Chicago Medical Center

  
SIGNATURE

Jennifer Hill

Secretary  
The University of Chicago Medical Center

Notarization:  
Subscribed and sworn to before me  
this 10<sup>th</sup> day of August

  
Signature of Notary

Seal



Notarization:  
Subscribed and sworn to before me  
this 10<sup>th</sup> day of August

  
Signature of Notary

Seal



**SECTION II. DISCONTINUATION**

**Type of Discontinuation**

<input checked="" type="checkbox"/> Discontinuation of a single category of service
---

**Criterion 1130.525 and 1110.290 - Discontinuation**

READ THE REVIEW CRITERION and provide the following information:

**GENERAL INFORMATION REQUIREMENTS**

1. Identify the category of service and the number of beds, if any, that are to be discontinued.
2. Identify all of the other clinical services that are to be discontinued.
3. Provide the anticipated date of discontinuation for each identified service.
4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
  
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.

**APPEND DOCUMENTATION AS ATTACHMENT 5, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**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

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

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	2020	2021	2022
Inpatient	121	54	5,406
Outpatient	1,473	1,446	30,226
<b>Total</b>	<b>1,594</b>	<b>1,500</b>	<b>35,632</b>
Charity (cost in dollars)			
Inpatient	\$1,394,912	\$1,651,825	\$1,338,046
Outpatient	\$1,959,447	\$1,927,857	\$3,030,198
<b>Total</b>	<b>\$3,354,359</b>	<b>\$3,579,682</b>	<b>\$4,368,244</b>
MEDICAID			
Medicaid (# of patients)	2020	2021	2022
Inpatient	1,610	1,805	1,703
Outpatient	10,666	14,727	12,492
<b>Total</b>	<b>11,276</b>	<b>16,532</b>	<b>14,195</b>
Medicaid (revenue)			
Inpatient	\$17,212,369	\$18,022,270	\$30,650,377
Outpatient	\$14,503,525	\$19,095,653	\$14,561,070
<b>Total</b>	<b>\$31,715,894</b>	<b>\$37,117,723</b>	<b>\$45,181,447</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.**

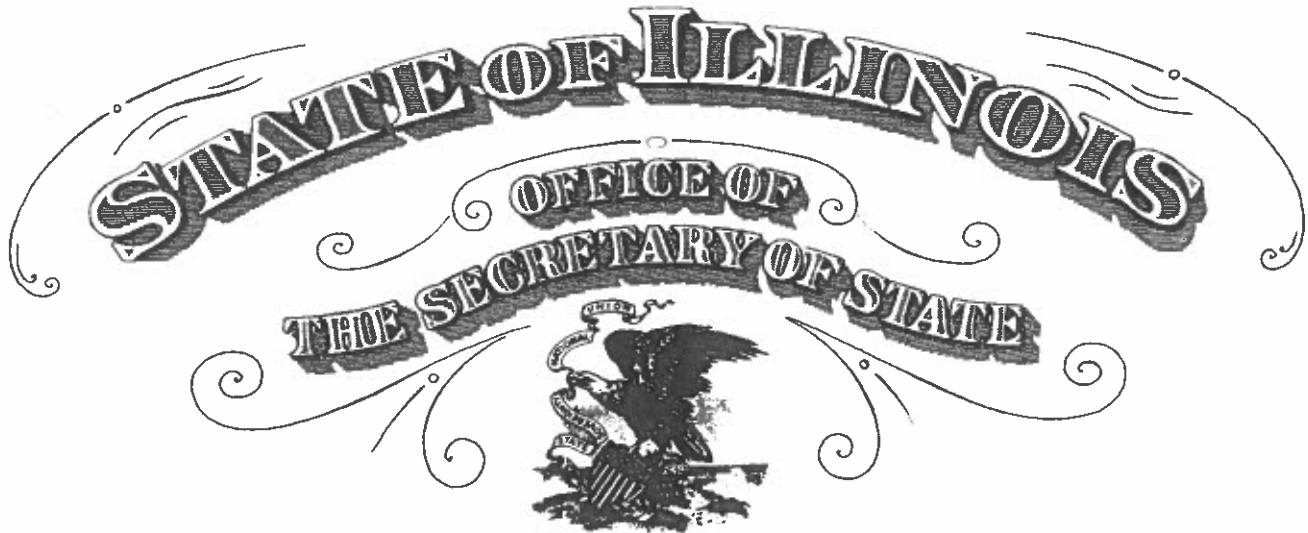
**A table in the following format must be provided for all facilities as part of Attachment 10.**

<b>CHARITY CARE</b>			
	<b>2020</b>	<b>2021</b>	<b>2022</b>
<b>Net Patient Revenue</b>	<b>\$87,077,989</b>	<b>\$93,249,866</b>	<b>\$101,444,554</b>
Amount of Charity Care (charges)	\$8,789,8656	\$8,381,371	\$11,012,116
Cost of Charity Care	\$3,354,359	\$3,579,682	\$4,368,244

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

File Number

5290-584-2



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

*I, Alexi Giannoulas, 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*

ADVENTIST GLENOAKS HOSPITAL, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 18, 1982, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

***In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 3RD day of AUGUST A.D. 2023 .***



Authentication #: 2321503450 verifiable until 08/03/2024  
 Authenticate at: <https://www.isos.gov>

*Alexi Giannoulas*  
 SECRETARY OF STATE

ATTACHMENT 1

File Number

5938-890-8



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

*I, Alexi Giannoulas, 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*

ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORPORATION, INCORPORATED IN FLORIDA AND LICENSED TO CONDUCT AFFAIRS IN THIS STATE ON APRIL 28, 1997, 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 3RD day of AUGUST A.D. 2023 .***



Authentication #: 2321503550 verifiable until 08/03/2024  
Authenticate at: <https://www.ilsos.gov>

*Alexi Giannoulas*

SECRETARY OF STATE ATTACHMENT 1

File Number

5938-879-7



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

*I, Alexi Giannoulas, 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*

ADVENTIST HEALTH SYSTEM/SUNBELT, INC., INCORPORATED IN FLORIDA AND LICENSED TO CONDUCT AFFAIRS IN THIS STATE ON APRIL 28, 1997, 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 3RD day of AUGUST A.D. 2023 .***



Authentication #: 2321503570 verifiable until 08/03/2024  
 Authenticate at: <https://www.ilsos.gov>

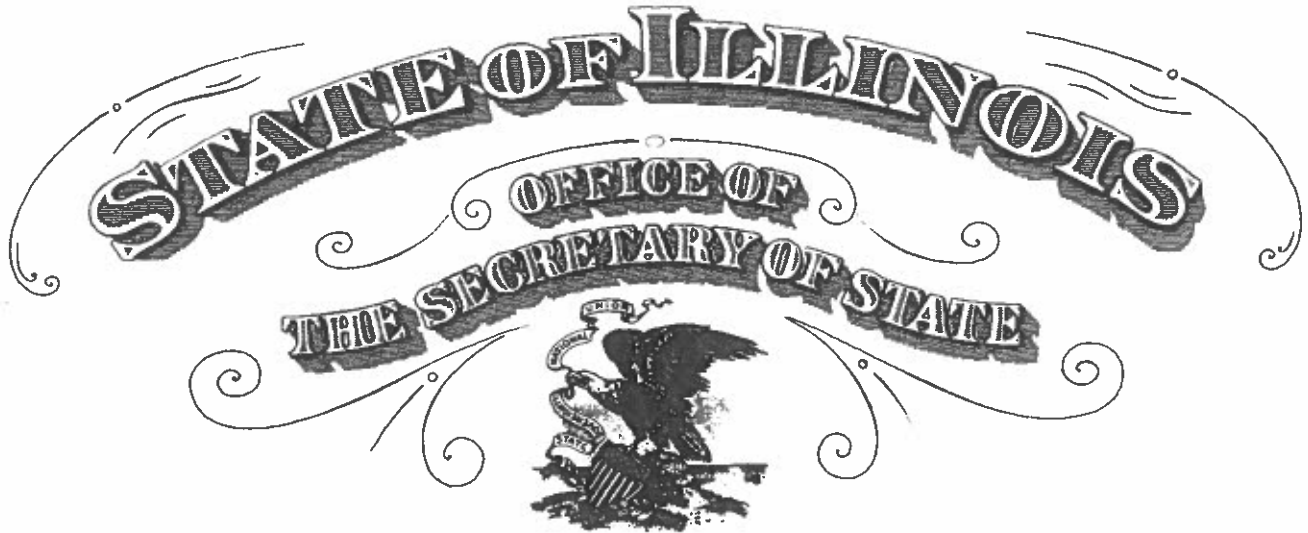
A handwritten signature in cursive script, appearing to read "Alexi Giannoulas".

SECRETARY OF STATE

ATTACHMENT 1

File Number

5439-757-7



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

**I, Alexi Giannoulas, 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**

THE UNIVERSITY OF CHICAGO MEDICAL CENTER, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON OCTOBER 01, 1986, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

**In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 3RD day of AUGUST A.D. 2023 .**



Authentication #: 2321503660 verifiable until 08/03/2024  
Authenticate at: <https://www.ilsos.gov>

SECRETARY OF STATE

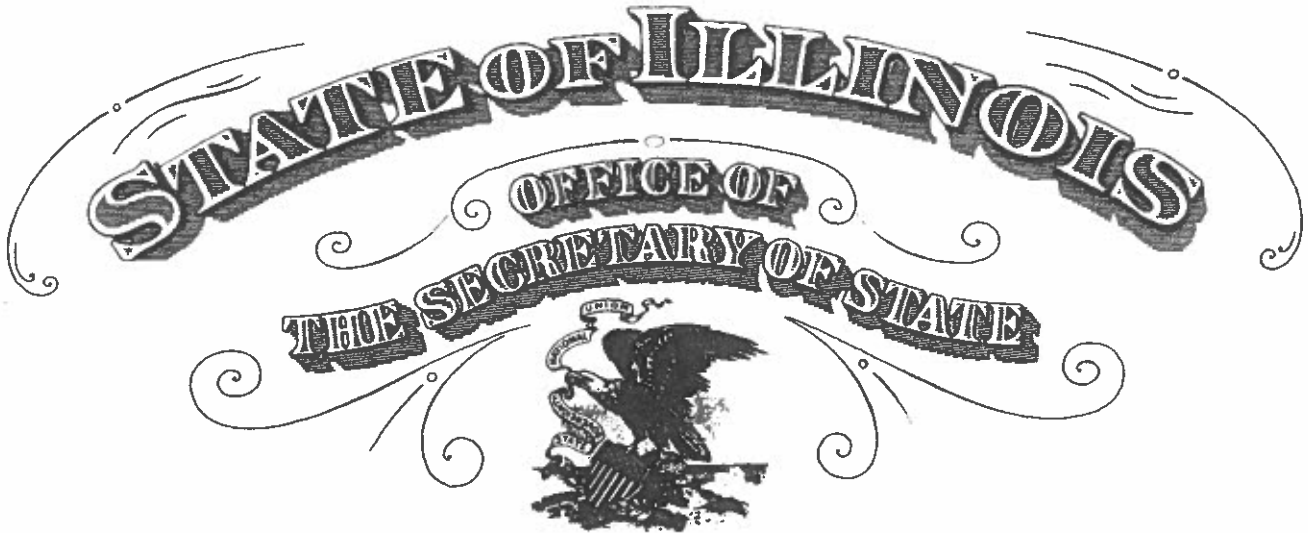
ATTACHMENT 1

SITE OWNERSHIP

With the signatures provided on the Certification pages of this Certificate of Exemption (“COE”) application, the applicants attest that the UChicago Medicine AdventHealth GlenOaks site, located at 701 Winthrop Street in Glendale Heights, Illinois, is owned by Adventist GlenOaks Hospital

File Number

5290-584-2



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

**I, Alexi Giannoulas, 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**

ADVENTIST GLENOAKS HOSPITAL, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 18, 1982, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

**In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 3RD day of AUGUST A.D. 2023 .**

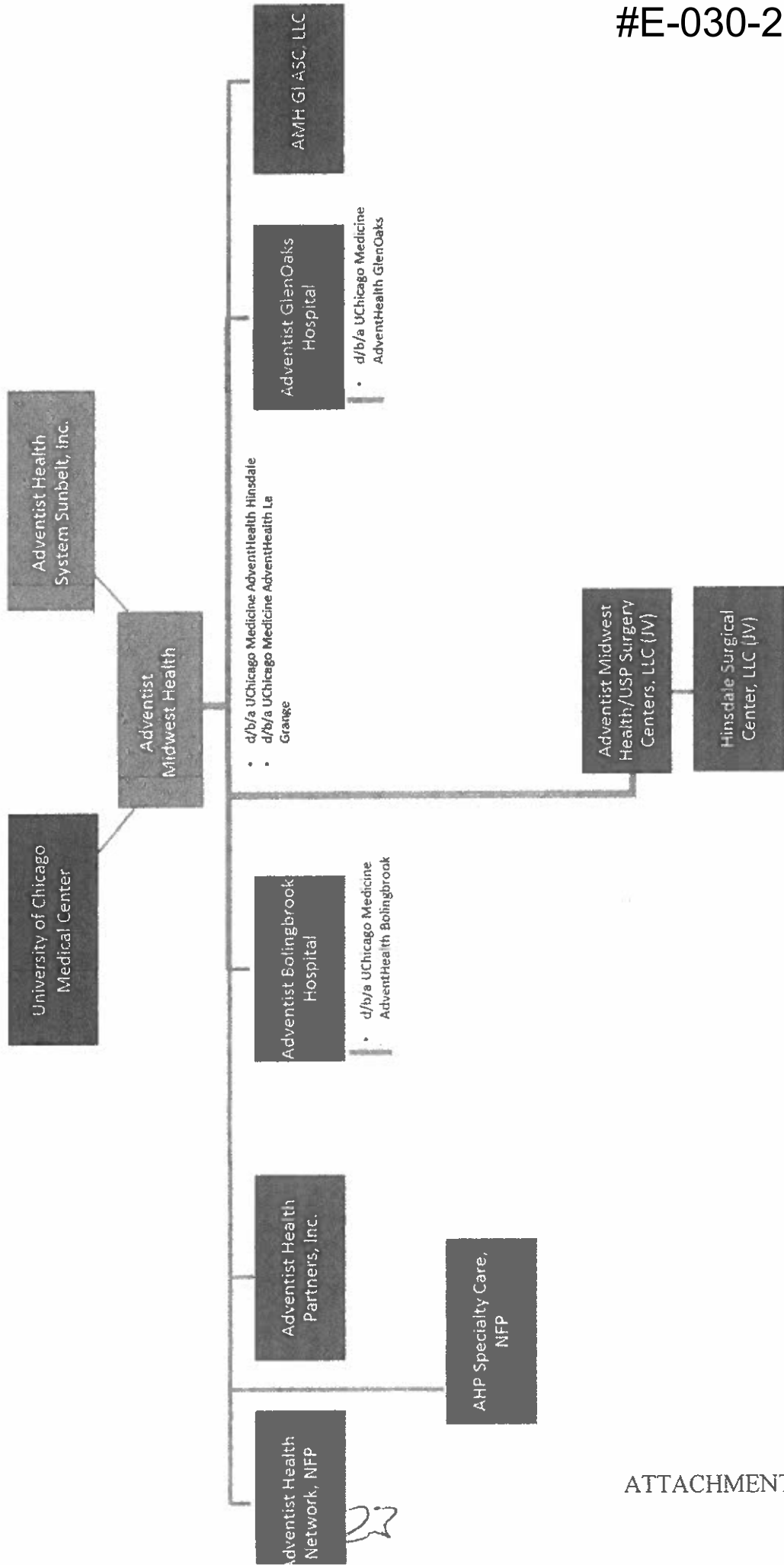


Authentication #: 2321503450 verifiable until 08/03/2024  
Authenticate at: <https://www.ilsos.gov>

*Alexi Giannoulas*  
SECRETARY OF STATE

ATTACHMENT 3





DISCONTINUATION

The hospital's only category of service proposed to be discontinued addressed in this Certificate of Exemption application is its 15-bed obstetrics service. In addition, the hospital's Level I nursery will be taken out of service. The hospital does not have a separate labor and delivery area, but rather uses LDRP beds.

The service has been suspended, consistent with all IDPH requirements, and formal discontinuation will occur within sixty days of the approval of this Certificate of Exemption application.

The fifteen-bed obstetrics unit will be transitioned into a 15-bed Medical/Surgical unit, increasing the hospital's number of approved Medical/Surgical beds to 72, while not changing the hospital's total number of approved beds. The equipment currently in use by the obstetrics program will: 1) be used in other areas of the hospital, 2) be used at other AdventHealth hospitals, 3) donated to not-for-profit agencies, or 4) discarded.

Attached is the required Legal Notice, published in the *Daily Herald* on July 26, 2023.

LEGAL NOTICE UChicago Medicine AdventHealth GlenOaks intends to cease the operations of its obstetrics program 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 December 31, 2023. The hospital intends to file the required Certificate of Exemption application with the IHFSRB by August 10, 2023; after which time additional information relating to the proposed discontinuation can be found on the IHFSRB website at [hfsrb.illinois.gov](https://hfsrb.illinois.gov). Published in Daily Herald July 26, 2023 (4603050)

25

REASONS FOR DISCONTINUATION

On October 25, 2022 the State Board approved a change of ownership for the hospital. In the Certificate of Exemption application addressing that change of ownership, the applicants stated: "...there are no long-term proposed changes to the scope of services currently provided at the hospital that are anticipated to occur within twenty-four (24) months as a result of the transaction." The proposed discontinuation of obstetrics was not anticipated at the time of that change of ownership, nor is the proposed discontinuation a result of the 2022 transaction. Rather, the decision to discontinue the obstetrics program was made months after the closing of the transaction, and is the result of assessments performed following the closing of the transaction, as would be routinely anticipated.

The applicant hospital is experiencing the same trends that are being experienced nationwide. Specifically, 1) birth rates across the U.S. have decreased by 9% since 2015, and by 18% in Illinois over that time period, 2) freestanding birth centers, which Illinois began to license in 2021, have reduced the number of in-hospital births, and 3) similarly, in-home births have become more popular, also decreasing the number of in-hospital births. While not being the sole reasons for a low census at the applicant hospital, these trends certainly contribute to the low (and diminishing) utilization of the hospital's obstetrics program. The table below traces the obstetrics utilization trend at UChicago Medicine AdventHealth. GlenOaks, with the average daily census ("ADC") falling below 2.0 patients in 2021, and fewer than five babies born in the hospital per week.

	<b>Births</b>	<b>OB ADC</b>
2019	363	2.2
2020	333	2.4
2021	246	1.9

The decision to discontinue the service is based on the low utilization documented above, difficulty in staffing the program, the cost of operating the program, and the anticipation that none of these factors are anticipated to improve in the foreseeable future. Specifically, during the 24-month period ending December 31, 2022, the hospital admitted a total of only 576 obstetrics patients (0.79 admissions per day), and provided 1,132 obstetrical patient days of care. Difficulties that hospitals are experiencing in the recruitment of qualified nurses and support staff are well documented, and the staffing of the obstetrics-related services hinders the hospital's ability to staff other, more active services. In order to support the obstetrics program, LDRP and nursery services, in addition to the post-partum unit need to be staffed; and in addition, on-call obstetricians and neonatologists need to be on call, alone costing \$1,924 per admission in 2022.

While the utilization of the hospital's obstetrics program has historically been low, and without increases being anticipated, the two closest hospitals providing obstetrics services have units, and can easily accommodate the patients traditionally looking to the hospital for obstetrics services (currently fewer than 2.0 per day). Specifically, during 2021, Northwestern Central DuPage Hospital operated a 36-bed obstetrics unit with an ADC of 24.3 patients (a 67.5% occupancy rate) and Ascension Alexian Brothers in Elk Grove Village operated a 28-bed obstetrics unit with an ADC of 11.3 patients (a 40.4% occupancy rate), and the HFSRB has calculated that Planning Area A-05 currently has an excess of 83 obstetrics beds.

The historically low utilization, difficulties in staffing and recruitment, and the costs associated with a program having such low utilization, as well as the availability of other more active and easily accessible programs in the area, make the continued operation of the category of service unreasonable.

IMPACT ON ACCESS

The proposed discontinuation of obstetrical services at UChicago Medicine Advent Health GlenOaks (“the hospital”) will have minimal impact on access to that service for residents in the communities and neighborhoods surrounding the hospital, because of the ability for patients to access other obstetrical programs in the area.

The following two Illinois providers of obstetrical services are located within ten miles of the hospital, the HFSRB’s “normal travel radius” for obstetrics programs in suburban Cook and DuPage Counties: Northwestern Medicine Central DuPage Hospital in Winfield (eight miles), and Ascension Alexian Brothers in Elk Grove Village (nine miles).

Notifications of the proposed discontinuation and requests for impact statements have been sent to the two hospitals identified above. Copies of any responses received will be forwarded to HFSRB Staff.

Attached are copies of the letters used to notify the above-listed hospitals of the proposed discontinuation and request an impact statement, as well as proof of delivery.



**VIA CERTIFIED MAIL  
RETURN RECEIPT REQUESTED**

**RE: UChicago Medicine AdventHealth GlenOaks  
Proposed Discontinuation of Obstetrics  
Category of Service**

Mr. Dan Doherty  
President and CEO  
HSHS St. Elizabeth's Hospital  
Ascension Alexian Brothers in  
Elk Grove Village  
800 Biesterfield Road  
Elk Grove Village, IL 60007

Dear Mr. Doherty:

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.

UChicago Medicine AdventHealth GlenOaks ("GlenOaks") intends to file a Certificate of Exemption ("COE") application within the next two weeks, seeking approval from the Illinois Health Facilities and Services Review Board (IHFSRB) to discontinue the hospital's 15-bed obstetrics category of service, and the formal discontinuation of that service will occur within thirty days following the IHFSRB's approval of that application.

GlenOaks' obstetrics category of service will be suspended July 31, 2023.

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

Sincerely,

Vladimir Radivojevic  
CEO & President

ATTACHMENT 7



VIA CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

RE: UChicago Medicine AdventHealth GlenOaks  
Proposed Discontinuation of Obstetrics  
Category of Service

Mr. Michael Vivoda, CEO  
Northwestern Medicine  
Central DuPage Hospital  
25 North Winfield Road  
Winfield, IL 60190

Dear Mr. Vivoda:

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.

UChicago Medicine AdventHealth GlenOaks ("GlenOaks") intends to file a Certificate of Exemption ("COE") application within the next two weeks, seeking approval from the Illinois Health Facilities and Services Review Board (IHFSRB) to discontinue the hospital's 15-bed obstetrics category of service, and the formal discontinuation of that service will occur within thirty days following the IHFSRB's approval of that application.

GlenOaks' obstetrics category of service will be suspended effective July 31, 2023.

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

Sincerely,

Vladimir Radivojevic  
CEO & President



## BACKGROUND OF APPLICANT

The following health care facilities are owned and/or operated by UChicago Medicine:

- University of Chicago Medical Center (IDPH license # 0003897)
- Ingalls Memorial Hospital (IDPH license # 0001099)
- Ingalls Same Day Surgery Center (IDPH license # 7001043)

Additionally, UCMC is an owner and/or operator of a joint venture, which owns the following hospitals:

- UChicago Medicine AdventHealth GlenOaks
- UChicago Medicine AdventHealth Hinsdale
- UChicago Medicine AdventHealth Bolingbrook
- UChicago Medicine AdventHealth LaGrange

With the signatures provided on the Certification pages of this Certificate of Exemption (“COE”) application, each of 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 CON application. Further, with the signatures provided on the Certification pages of this CON 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 organizations.

← DISPLAY THIS PART IN A CONSPICUOUS PLACE

# ILLINOIS DEPARTMENT OF PUBLIC HEALTH



## LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

**Sameer Vohra, MD, JD, MA**  
Director

Issued under the authority of  
the Illinois Department of  
Public Health

EXPIRATION DATE <b>6/30/2024</b>	CATEGORY <b>General Hospital</b>	I.D. NUMBER <b>0003814</b>
Effective: 07/01/2023		

**Adventist GlenOaks Hospital**  
dba UChicago Medicine AdventHealth GlenOaks  
701 Winthrop Ave

**Glendale Heights, IL 60139**

Exp. Date 6/30/2024  
Lic Number 0003814  
Date Printed 4/19/2023

Adventist GlenOaks Hospital  
dba UChicago Medicine AdventHealth  
701 Winthrop Ave  
Glendale Heights, IL 60139

The face of this license has a colored background • Printed by Authority of the State of Illinois • P.O. 4422001 10M 3/22

FEE RECEIPT NO.

## SAFETY NET IMPACT STATEMENT

UChicago Medicine AdventHealth GlenOaks serves as a safety net provider, and is located in HFSRB-identified Health Planning Area A-05, which consists of the entirety of DuPage County. As evidence of this, HFSRB 2021 data (the most recent available) indicates that charity care equated to 3.8% of the applicant hospital's net revenue, with the other five hospitals in the HPA ranging from 0.0% to 1.2%; and during the same time period, 34.7% of the patients admitted to the applicant hospital were Medicaid recipients, compared to 9.2%-16.2% at the other area hospitals.

While a safety net provider, and as noted in ATTACHMENT 7, the proposed discontinuation of obstetrical services at UChicago Medicine AdventHealth GlenOaks will have minimal impact on access to that service for residents in the communities and neighborhoods surrounding the hospital, because of the ability for patients to access other obstetrical programs in the area. In addition, the proposed discontinuation will have minimal, if any, impact on racial and health care disparities, and will have no impact on other providers' ability to provide safety net services or to cross-subsidize safety net services.

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	18
2	Site Ownership	21
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	22
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	23
5	Discontinuation General Information Requirements	24
6	Reasons for Discontinuation	26
7	Impact on Access	28
8	Background of the Applicant	31
9	Safety Net Impact Statement	33
10	Charity Care Information	17