

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR CHANGE OF OWNERSHIP EXEMPTION

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: Loyola Ambulatory Surgery Center at Oakbrook, LP, d/b/a Loyola Surgery Center		
Street Address: 1 South 224 Summit Avenue, Suite 201		
City and Zip Code: Oakbrook Terrace 60181		
County: DuPage	Health Service Area: 007	Health Planning Area: 043

Legislators

State Senator Name: Suzy Glowiak Hilton
State Representative Name: Diane Blair-Sherlock

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

Exact Legal Name: Loyola Ambulatory Centers, LLC
Street Address: 2160 S. First Avenue
City and Zip Code: Maywood 60153
Name of Registered Agent: CT Corporation System
Registered Agent Street Address: 208 South LaSalle Street, Suite 814
Registered Agent City and Zip Code: Chicago, Illinois 60604
Name of CEO: Shawn P. Vincent
CEO Street Address: One Westbrook Corporate Center, Suite 840
CEO City and Zip Code: Westchester 60154
CEO Telephone Number: (708) 216-3215

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 <u>ATTACHMENT 1</u> , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

Primary Contact [Person to receive ALL correspondence or inquiries]

Name: Jill M. Rappis
Title: Senior Vice President and General Counsel
Company Name: Loyola Medicine
Address: One Westbrook Corporate Center, Suite 840, Westchester, IL 60154
Telephone Number: (708) 216-1600
E-mail Address: jrappis@lumc.edu
Fax Number: (708) 216- 8059

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State Representative Name: Diane Blair-Sherlock

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

Exact Legal Name: Loyola University Health System d/b/a Loyola Medicine
Street Address: 2160 S. First Avenue
City and Zip Code: Maywood 60153
Name of Registered Agent: CT Corporation System
Registered Agent Street Address: 208 South LaSalle Street, Suite 814
Registered Agent City and Zip Code: Chicago 60604
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Legislators

State Senator Name: Suzy Glowiak Hilton
State Representative Name: Diane Blair-Sherlock

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

Exact Legal Name: Trinity Health Corporation
Street Address: 20555 Victor Parkway
City and Zip Code: Livonia 46152
Name of Registered Agent: CT Corporation System
Registered Agent Street Address: 208 South LaSalle Street, Suite 814
Registered Agent City and Zip Code: Chicago 60604
Name of CEO: Michael A. Slubowski
CEO Street Address: 20555 Victor Parkway
CEO City and Zip Code: Livonia 46152
CEO Telephone Number: (734) 343-1000

Type of Ownership of Applicants

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Legislators

State Senator Name: Suzy Glowiak Hilton
State Representative Name: Diane Blair-Sherlock

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

Exact Legal Name: Surgical Care Affiliates, LLC
Street Address: 569 Brookwood Village, Suite 901
City and Zip Code: Birmingham 35209
Name of Registered Agent: CT Corporation System
Registered Agent Street Address: 208 South LaSalle Street, Suite 814
Registered Agent City and Zip Code: Chicago 60604
Name of Manager: Jason Strauss
CEO Street Address: 569 Brookwood Village, Suite 901
CEO City and Zip Code: Birmingham 35209
CEO Telephone Number: (263) 963-7365

Type of Ownership of Applicants

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Primary Contact [Person to receive ALL correspondence or inquiries]

Name: Juan Morado Jr. and Mark J. Silberman
Title: Counsel
Company Name: Benesch, Friedlander, Coplan & Aronoff LLP
Address: 71 South Wacker Drive, Suite 1600, Chicago, IL 60606
Telephone Number: (312) 212-4949
E-mail Address: Jmorado@beneschlaw.com and MSilberman@beneschlaw.com
Fax Number: (312) 767-9162

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State Representative Name: Diane Blair-Sherlock

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

Exact Legal Name: Loyola Ambulatory Surgery Center at Oakbrook, Inc.
Street Address: 569 Brookwood Village, Suite 901
City and Zip Code: Birmingham 35209
Name of Registered Agent: CT Corporation System
Registered Agent Street Address: 208 South LaSalle Street, Suite 814
Registered Agent City and Zip Code: Chicago 60604
Name of Manager: Jason Strauss
CEO Street Address: 569 Brookwood Village, Suite 901
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Address: 71 South Wacker Drive, Suite 1600, Chicago, IL 60606
Telephone Number: (312) 212-4949
E-mail Address: Jmorado@beneschlaw.com and MSilberman@beneschlaw.com
Fax Number: (312) 767-9162

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: Jill M. Rappis
Title: Senior VP & General Counsel
Company Name: Loyola Medicine
Address: One Westbrook Corporate Center, Suite 840, Westchester, IL 60154
Telephone Number: (708) 216-1600
E-mail Address: jrappis@lumc.edu
Fax Number: (708) 216-8059

Site Ownership after the Project is Complete [Provide this information for each applicable site]

Exact Legal Name of Site Owner: CMK2 Oakbrook 224, LLC
Address of Site Owner: One Town Center Rd., Suite 300, Boca Raton, FL 33486
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.

Current Operating Identity/Licensee [Provide this information for each applicable facility and insert after this page.]

Exact Legal Name: Loyola Ambulatory Surgery Center at Oakbrook, LP, d/b/a Loyola Surgery Center	
Address: 1 South 224 Summit Avenue, Suite 201, Oakbrook Terrace, IL 60181	
☐ Non-profit Corporation ☐ For-profit Corporation ☒ Limited Liability Company ☐ Other	☐ Partnership ☐ Governmental ☐ Sole Proprietorship

Operating Identity/Licensee after the Project is Complete [Provide this information for each applicable facility and insert after this page.]

Exact Legal Name: Loyola Ambulatory Surgery Center at Oakbrook, LP, d/b/a Loyola Ambulatory Surgery Center at Oakbrook

Address: 1 South 224 Summit Avenue, Suite 201, Oakbrook Terrace, IL 60181

- | | |
|--|---|
| ☐ Non-profit Corporation | ☒ Partnership |
| ☐ For-profit Corporation | ☐ Governmental |
| ☐ Limited Liability Company | ☐ Sole Proprietorship |
| ☐ Other | |
- Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.
 - Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.
 - **Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.**

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

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

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

Narrative Description

In the space below, provide a brief narrative description of the change of ownership. 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.

This Certificate of Exemption ("COE") application addresses the change of ownership and change in control of the Loyola Ambulatory Surgery Center at Oakbrook, LP, d/b/a Loyola Surgery Center ("ASTC") located at 1 South 224 Summit Avenue, Suite 201, Oak Brook Terrace, Illinois 60181. The ASTC is currently owned by both Loyola Ambulatory Centers, LLC, and Surgical Care Affiliates, LLC through Loyola Ambulatory Surgical Center at Oakbrook, Inc. ("LASCO"). Loyola Ambulatory Centers, LLC is wholly owned by Loyola University Medical Center, which is wholly owned by Loyola University Health System, which is in turn a 100% wholly owned subsidiary of Trinity Health Corporation.

Following the transaction, 100% of units in the licensee will be owned by a Loyola entity, both through LUMC's purchase of the LASCO, Inc. interest and by Loyola Ambulatory Centers, LLC existing ownership interest.

The facility does not anticipate diminishing the categories of service it provides and will continue to offer the following categories of service: Anesthesiology, Dental/Oral Surgery, General Surgery, Neurology, Ophthalmology, Orthopedics, Otolaryngology, Pain Management, Plastic Surgery, Podiatry and Urology.

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: \$	N/A	
Fair Market Value: \$	N/A	

Project Status and Completion Schedules

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

Loyola Medicine Southwest Ambulatory Care Center, Tinley Park- Permit #21-030- The project construction will be complete when the exemption that is the subject of this application is complete.

Anticipated exemption completion date (refer to Part 1130.570): December 31, 2023

State Agency Submittals

Are the following submittals up to date as applicable:

☐ Cancer Registry **NOT APPLICABLE**

☐ APORS **NOT APPLICABLE**

☒ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted

☒ All reports regarding outstanding permits

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

CERTIFICATION

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

- 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 Loyola Ambulatory Surgery Center at Oakbrook, LP, 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

Lald Mark

PRINTED NAME

Vice President of General Partner

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 23rd day of August, 2023

[Signature]

Signature of Notary

Seal

REGINA G BIDDINGS
Notary Public
Alabama State at Large

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

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

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SIGNATURE
Melissa M Lukasick
PRINTED NAME
Chief Financial officer
PRINTED TITLE

SIGNATURE

PRINTED NAME

PRINTED TITLE

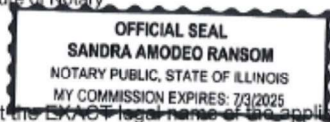
Notarization:
Subscribed and sworn to before me
this 31st day of August, 2023

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


Signature of Notary

Signature of Notary

Seal



Seal

*Insert the EXACT legal name of the applicant

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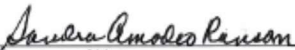
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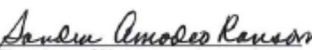

SIGNATURE
Melissa M. Lukasick
PRINTED NAME
Chief Financial officer
PRINTED TITLE


SIGNATURE
JILL M. RAPPIS
PRINTED NAME
SECRETARY
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 31st day of August, 2023

Notarization:
Subscribed and sworn to before me
this 31st day of August, 2023


Signature of Notary


Signature of Notary

Seal
OFFICIAL SEAL
SANDRA AMODEO RANSOM
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES: 7/3/2025
Signed for EXACT legal name of the applicant

Seal
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NOTARY PUBLIC, STATE OF ILLINOIS
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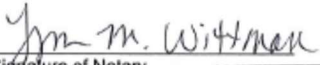
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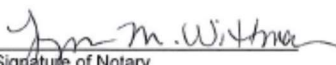

SIGNATURE
Linda S. Ross
PRINTED NAME
Executive Vice President and
PRINTED TITLE Chief Legal Officer


SIGNATURE
Daniel P. Isachsen
PRINTED NAME
Executive Vice President and
PRINTED TITLE Chief Financial Officer

Notarization:
Subscribed and sworn to before me
this 29th day of August, 2023

Notarization:
Subscribed and sworn to before me
this 29th day of August, 2023


Signature of Notary
Seal
LYNN M. WITTMAN
Notary Public, State of Michigan
County of Oakland
My Commission Expires Sep. 25, 2023
Acting in the County of Wayne


Signature of Notary
Seal
LYNN M. WITTMAN
Notary Public, State of Michigan
County of Oakland
My Commission Expires Sep. 25, 2023
Acting in the County of Wayne

*Insert the EXACT legal name of the applicant

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This Application is filed on the behalf of Surgical Care Affiliates, LLC, d/b/a SCA Health, and, 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.

Mark Ladd
SIGNATURE
LADD MARK
PRINTED NAME
VP
PRINTED TITLE

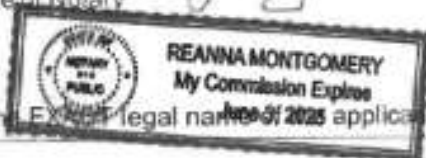
Jordan Jones
SIGNATURE
JORDAN JONES
PRINTED NAME
President
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 11th day of April, 2023

Reanna Montgomery
Signature of Notary

Seal

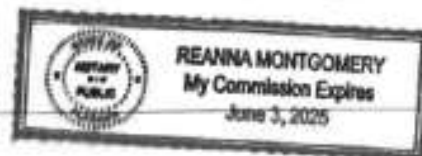
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- o in the case of a corporation, any two of its officers or members of its Board of Directors.
- o in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do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

This Application is filed on the behalf of Loyola Ambulatory Surgery Center at OakBrook, 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.

[Signature]
SIGNATURE

SIGNATURE

Ladd Mark
PRINTED NAME

PRINTED NAME

Vice President
PRINTED TITLE

PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 25th day of August, 2023

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

[Signature]
Signature of Notary

Signature of Notary

Seal

REGINA G BIDDINGS
Notary Public
Alabama State at Large

Seal

*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:

- 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 Loyola Ambulatory Surgery Center at OakBrook, 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.

Neil Walker
SIGNATURE

SIGNATURE

Neil Walker
PRINTED NAME

PRINTED NAME

Vice President
PRINTED TITLE

PRINTED TITLE

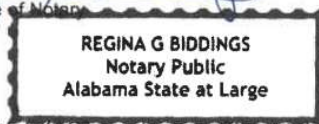
Notarization:
Subscribed and sworn to before me
this 23rd day of August, 2023

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

Regina G Biddings
Signature of Notary

Signature of Notary

Seal



Seal

*Insert the EXACT legal name of the applicant

SECTION II. BACKGROUND.**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. 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. 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.
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, 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 5, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 5.

SECTION III. CHANGE OF OWNERSHIP (CHOW)**Transaction Type. Check the Following that Applies to the Transaction:**

- ☐ Purchase resulting in the issuance of a license to an entity different from current licensee.
- ☐ Lease resulting in the issuance of a license to an entity different from current licensee.
- ☐ Stock transfer resulting in the issuance of a license to a different entity from current licensee.
- ☒ Stock transfer resulting in no change from current licensee.
Assignment or transfer of assets resulting in the issuance of a license to an entity different from the current licensee.
- ☐ Assignment or transfer of assets not resulting in the issuance of a license to an entity different from the current licensee.
- ☐ Change in membership or sponsorship of a not-for-profit corporation that is the licensed entity.
- ☐ Change of 50% or more of the voting members of a not-for-profit corporation's board of directors that controls a health care facility's operations, license, certification or physical plant and assets.
- ☐ Change in the sponsorship or control of the person who is licensed, certified or owns the physical plant and assets of a governmental health care facility.
- ☐ Sale or transfer of the physical plant and related assets of a health care facility not resulting in a change of current licensee.
- ☐ Change of ownership among related persons resulting in a license being issued to an entity different from the current licensee.
- ☐ Change of ownership among related persons that does not result in a license being issued to an entity different from the current licensee.
- ☐ Any other transaction that results in a person obtaining control of a health care facility's operation or physical plant and assets and explain in "Narrative Description."

1130.520 Requirements for Exemptions Involving the Change of Ownership of a Health Care Facility

1. Prior to acquiring or entering into a contract to acquire an existing health care facility, a person shall submit an application for exemption to HFSRB, submit the required application-processing fee (see Section 1130.230) and receive approval from HFSRB.
2. If the transaction is not completed according to the key terms submitted in the exemption application, a new application is required.
3. READ the applicable review criteria outlined below and **submit the required documentation (key terms) for the criteria:**

APPLICABLE REVIEW CRITERIA	CHOW
1130.520(b)(1)(A) - Names of the parties	X
1130.520(b)(1)(B) - Background of the parties, which shall include proof that the applicant is fit, willing, able, and has the qualifications, background and character to adequately provide a proper standard of health service for the community by certifying that no adverse action has been taken against the applicant by the federal government, licensing or certifying bodies, or any other agency of the State of Illinois against any health care facility owned or operated by the applicant, directly or indirectly, within three years preceding the filing of the application.	X
1130.520(b)(1)(C) - Structure of the transaction	X
1130.520(b)(1)(D) - Name of the person who will be licensed or certified entity after the transaction	
1130.520(b)(1)(E) - List of the ownership or membership interests in such licensed or certified entity both prior to and after the transaction, including a description of the applicant's organizational structure with a listing of controlling or subsidiary persons	X
1130.520(b)(1)(F) - Fair market value of assets to be transferred	X
1130.520(b)(1)(G) - The purchase price or other forms of consideration to be provided for those assets. [20 ILCS 3960/8.5(a)]	X
1130.520(b)(2) - Affirmation that any projects for which permits have been issued have been completed or will be completed or altered in accordance with the provisions of this Section	X
1130.520(b)(3) - If the ownership change is for a hospital, affirmation that the facility will not adopt a more restrictive charity care policy than the policy that was in effect one year prior to the transaction. The hospital must provide affirmation that the compliant charity care policy will remain in effect for a two-year period following the change of ownership transaction	X
1130.520(b)(4) - A statement as to the anticipated benefits of the proposed changes in ownership to the community	X
1130.520(b)(5) - The anticipated or potential cost savings, if any, that will result for the community and the facility because of the change in ownership	X
1130.520(b)(6) - A description of the facility's quality improvement program mechanism that will be utilized to assure quality control	X
1130.520(b)(7) - A description of the selection process that the acquiring entity will use to select the facility's governing body	X

1130.520(b)(8) - A statement that the applicant has prepared a written response addressing the review criteria contained in 77 Ill. Adm. Code 1110.240 and that the response is available for public review on the premises of the health care facility	X
1130.520(b)(9) - A description or summary of any proposed changes to the scope of services or levels of care currently provided at the facility that are anticipated to occur within 24 months after acquisition	X
APPEND DOCUMENTATION AS <u>ATTACHMENT 6</u>, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

SECTION IV. 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 7.

CHARITY CARE			
	2017	2018	2019
Net Patient Revenue	\$25,679,016	\$4,751,269	\$4,351,161
Amount of Charity Care (charges)	-	-	-
Cost of Charity Care	\$0	\$656	\$0

APPEND DOCUMENTATION AS ATTACHMENT 7, 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		24-32
2	Site Ownership		33-34
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.		35
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.		36-37
5	Background of the Applicant		38-44
6	Change of Ownership		45-60
7	Charity Care Information		61

ATTACHMENT 1
Certificate of Good Standing

Included with this attachment are:

1. The Certificate of Good Standing for Loyola Ambulatory Surgery Center at Oakbrook, LP (Facility)
2. The Certificate of Good Standing for Loyola Ambulatory Centers, LLC (Owner)
3. The Certificate of Good Standing for Loyola University Medical Center (Owner)
4. The Certificate of Good Standing for Loyola University Health System (Owner)
5. The Certificate of Good Standing for Trinity Health Corporation (Owner)
6. The Certificate of Good Standing for Surgical Care Affiliates, LLC (Owner)
7. The Certificate of Good Standing for Loyola Ambulatory Surgery Center at Oakbrook, Inc.(Owner)

ATTACHMENT 1
Certificate of Existence-
Loyola Ambulatory Surgery Center at Oakbrook, LP

File Number S011853



To all to whom these Presents Shall Come, Greeting:

*I, Alexi Giannoulis, Secretary of State of the State of Illinois,
do hereby certify that*

LOYOLA AMBULATORY SURGERY CENTER AT OAKBROOK, L.P., HAVING REGISTERED IN THE STATE OF ILLINOIS ON DECEMBER 05, 1996, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE UNIFORM LIMITED PARTNERSHIP ACT (2001) OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LP/LLP IN THE STATE OF ILLINOIS, HAVING FULFILLED ALL REQUIREMENTS OF SAID ACT WITH REGARD TO PAYMENT OF FEES, THE FILING OF ANNUAL REPORTS (IF APPLICABLE) AND NEITHER HAVING BEEN ADMINISTRATIVELY DISSOLVED BY THE SECRETARY OF STATE NOR HAVING VOLUNTARILY FILED A STATEMENT OF TERMINATION.



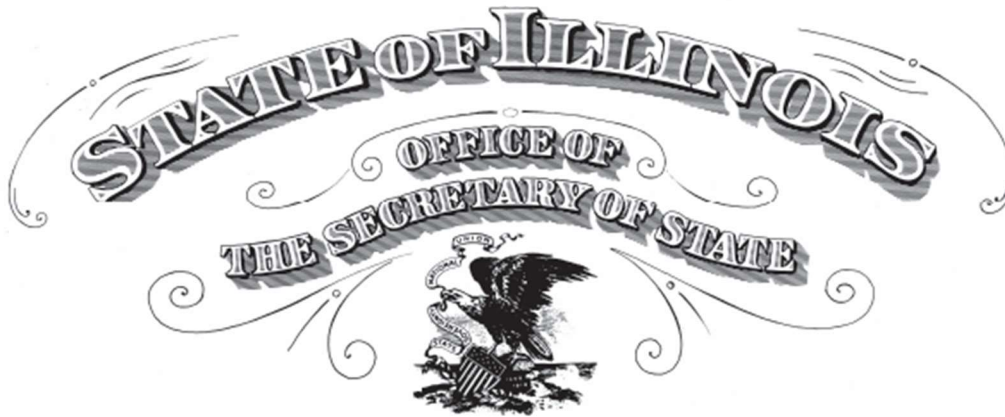
Authentication #: 2317904312
 Authenticate at: <https://www.ilsos.gov>

*In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 28TH
day of JUNE A.D. 2023 .*

Alexi Giannoulis
 SECRETARY OF STATE

ATTACHMENT 1
Certificate of Good Standing -
Loyola Ambulatory Centers, LLC

File Number 0030479-4



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulis, 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

LOYOLA AMBULATORY CENTERS, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JULY 13, 1999, 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 #: 2317903634 verifiable until 06/28/2024
 Authenticate at: <https://www.ilsos.gov>

In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 28TH
day of JUNE A.D. 2023 .

Alexi Giannoulis
 SECRETARY OF STATE

ATTACHMENT 1
Certificate of Good Standing -
Loyola University Medical Center

File Number 5815-594-2



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

LOYOLA UNIVERSITY MEDICAL CENTER, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 13, 1995, 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.



Authentication #: 2318601644 verifiable until 07/05/2024
 Authenticate at: <https://www.ilsos.gov>

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 5TH day of JULY A.D. 2023 .

Alexi Giannoulas
 SECRETARY OF STATE

ATTACHMENT 1
Certificate of Good Standing -
Loyola University Health System

File Number 5348-850-1



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulis, 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

LOYOLA UNIVERSITY HEALTH SYSTEM, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JUNE 11, 1984, 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.



Authentication #: 2304702282 verifiable until 02/16/2024
 Authenticate at: <https://www.ilsos.gov>

In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 16TH
day of FEBRUARY A.D. 2023 .

Alexi Giannoulis
 SECRETARY OF STATE

ATTACHMENT 1
Certificate of Good Standing -
Trinity Health Corporation**State of Indiana**
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, DIEGO MORALES, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

TRINITY HEALTH CORPORATION

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on November 10, 1978, and was in existence or authorized to transact business in the State of Indiana on February 16, 2023.

I further certify this Domestic Nonprofit Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, February 16, 2023

Diego Morales

DIEGO MORALES
SECRETARY OF STATE

197811-279 / 20233029540

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on March 18, 2023.

ATTACHMENT 1
Certificate of Good Standing -
Trinity Health Corporation

File Number 6775-210-4



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulis, 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

TRINITY HEALTH CORPORATION, INCORPORATED IN INDIANA AND LICENSED TO CONDUCT AFFAIRS IN THIS STATE ON MARCH 02, 2011, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO CONDUCT AFFAIRS IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 16TH
day of FEBRUARY A.D. 2023 .

Authentication #: 2304702262 verifiable until 02/16/2024
 Authenticate at: <https://www.ilsos.gov>

Alexi Giannoulis
 SECRETARY OF STATE

ATTACHMENT 1
Certificate of Good Standing -
Surgical Care Affiliates, LLC*File Number* 0226541-9***To all to whom these Presents Shall Come, Greeting:***

I, Alexi Giannoulis, 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

SURGICAL CARE AFFILIATES, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON JULY 09, 2007, 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 FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.



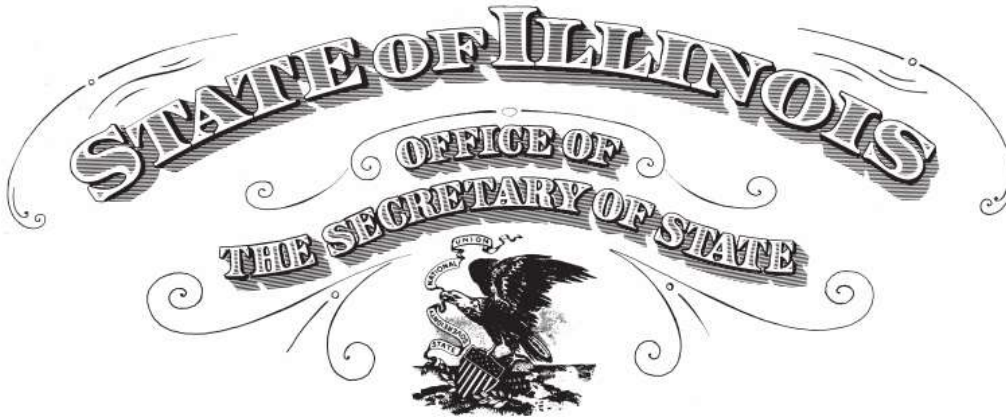
Authentication #: 2308804072 verifiable until 03/29/2024
Authenticate at: <https://www.isos.gov>

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 29TH day of MARCH A.D. 2023 .

Alexi Giannoulis
SECRETARY OF STATE

ATTACHMENT 1
Certificate of Existence-
Loyola Ambulatory Surgery Center at Oakbrook, Inc.

File Number 5913-436-1



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulis, 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

LOYOLA AMBULATORY SURGERY CENTER AT OAKBROOK, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 26, 1996, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 2324002316 verifiable until 08/28/2024
Authenticate at: <https://www.ilsos.gov>

In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 28TH
day of AUGUST A.D. 2023 .


SECRETARY OF STATE

ATTACHMENT 2
Site Ownership

The site ownership will continue to be held by CMK2 Oakbrook 224, LLC following the transaction. The underlying lease between the owner and Loyola Ambulatory Surgery Center at Oakbrook, LP will remain in place. Attached as evidence of ownership is a copy of the most recent tax bill for the property.

ATTACHMENT 2
Site Ownership**Printable page**

PARCEL NUMBER: 06-22-103-006
 NBHD: 06R38
 CMK2 OAKBROOK 224 LLC
 Tax Year: 2022 (Taxes Payable in 2023).

COUNTY #: 022
 ROLL: RP
 1S224 SUMMIT AVE
 OAKBROOK TERR

Taxes Billed

Tax Year	Tax
2022	\$108,924.28
Total:	\$108,924.28

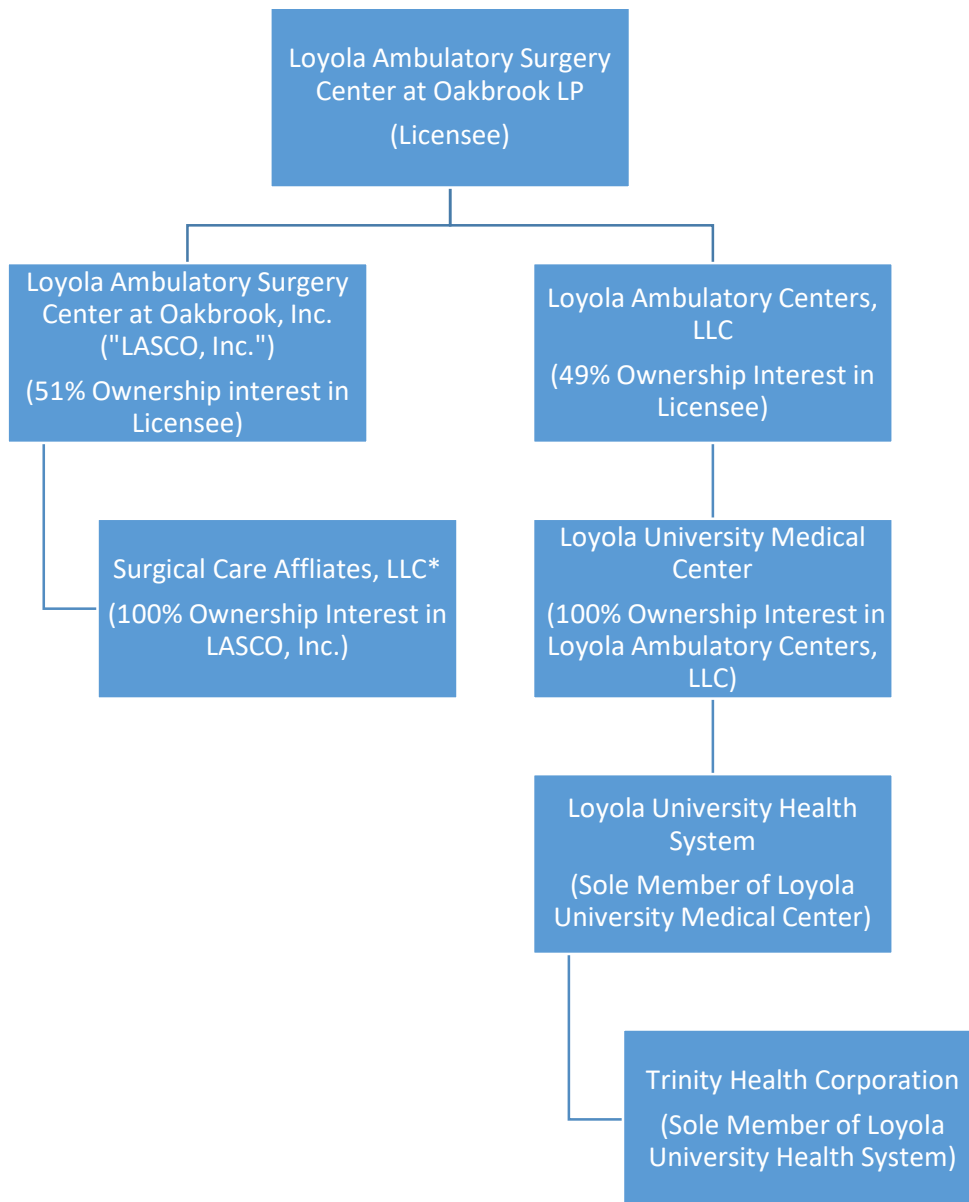
Property Tax by Entity

Entities	Rate:	Amount:
CITY OAKBROOK TERR	0.328300	\$7,005.00
COLLEGE DU PAGE 502	0.194600	\$4,152.22
COUNTY OF DU PAGE	0.142800	\$3,046.96
DU PAGE AIRPORT AUTH	0.013900	\$296.60
FOREST PRESERVE DIST	0.113000	\$2,411.10
GRADE SCHOOL DIST 48	1.354300	\$28,896.96
HIGH SCHOOL DIST 88	2.054200	\$43,830.88
OAKBROOK TERR FIRE	0.813000	\$17,347.14
YORK TOWNSHIP	0.045900	\$979.38
YORK TWP ROAD	0.044900	\$958.04
Total:	5.104900	\$108,924.28

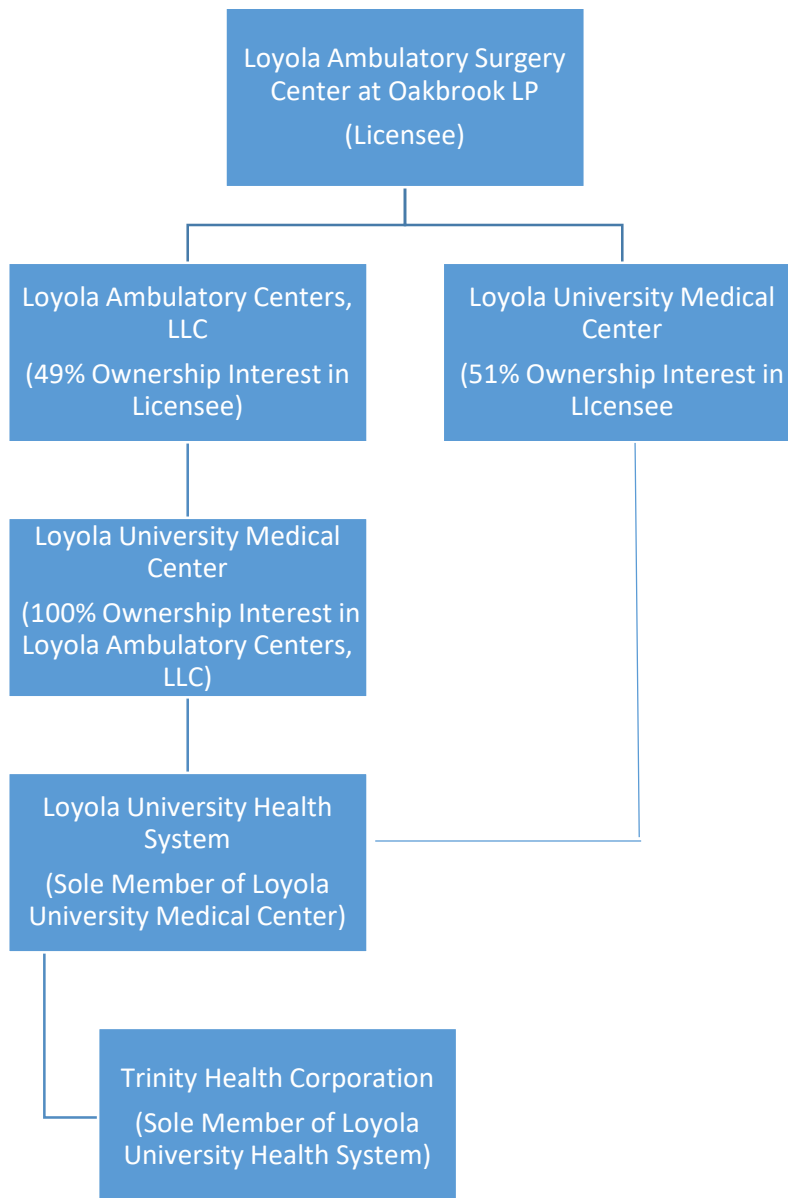
ATTACHMENT 3
Operating Entity/Licensee

The operating entity and the licensee will continue to be Loyola Ambulatory Surgery Center at Oakbrook, LP. Included with this Attachment is the licensee's Certificate of Good Standing. Loyola Ambulatory Surgery Center at Oakbrook, LP is owned by Loyola Ambulatory Centers, LLC (49% ownership) and Surgical Care Affiliates, LLC through Loyola Ambulatory Surgery Center at Oakbrook, Inc. (41% general partnership interest and 6% limited partnership interest). Dr. Nicholas Peter Kondelis owns 4% of the limited partnership.

Loyola University Medical Center owns Loyola Ambulatory Centers, LLC (100% ownership). Loyola University Health System owns Loyola University Medical Center (100% ownership). Trinity Health Corporation owns Loyola University Health System (100% ownership). Prior to closing the transaction, LASCO, Inc., shall purchase Dr. Kondelis' 4% ownership interest, and then Loyola University Medical Center will acquire all outstanding ownership interest directly from LASCO, Inc. Consequently, once the transaction is approved by the Board, two Loyola entities will own 100% of the surgery center.

ATTACHMENT 4
Pre-Transactional Organizational Chart

*(Inclusive of the 4% Interest currently held by Dr. Nicholas Peter Kondelis)

ATTACHMENT 4
Post-Transactional Organizational Chart

ATTACHMENT 5

Background of the Applicant

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

Loyola University Medical Center ("LUMC") owns Loyola University Ambulatory Surgery Center, an ASC on the Loyola Maywood campus. LUMC has ownership interests in two RML Specialty Hospitals - one in Hinsdale and one in Chicago. Loyola University Health System ("LUHS") owns two (2) short-term acute care hospitals other than LUMC: Gottlieb Memorial Hospital, and Gottlieb Community Health Services Corp. d/b/a/ MacNeal Hospital. Licensing documentation is attached.

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.**

See above.

3. **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. 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.**

Included with this Attachment is letter from Melissa M. Lukasick of Loyola University Health System, d/b/a Loyola Medicine, verifying that no adverse actions have been taken against the facility.

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.**

Included with this attachment is the applicant's authorization permitting HFSRB and IDPH access to any documents necessary to verify the information needed.

5. **If, during a given calendar year, an applicant submits more than one Application, 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.**

Not applicable.

ATTACHMENT 5
Background of the Applicant -
Letter from Loyola Ambulatory Surgery Center at Oakbrook, LP

August 28, 2023

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

**Re: Loyola Ambulatory Surgery Center at Oakbrook, LP - Background of the Applicant
Certification and Attestation**

Dear Mr. Kniery:

As representative of Loyola Ambulatory Surgery Center at Oakbrook, LP, I, Jacqueline Lucia, give authorization to the Health Facilities and Services Review Board and the Illinois Department of Public Health (IDPH) to access documents necessary to verify the information submitted including, but not limited to: official records of IDPH or other state agencies, the licensing or certification records of other states, and the records of nationally recognized accreditation organizations.

I further verify that, Loyola Ambulatory Surgery Center at Oakbrook, LP, an Illinois Limited Partnership has no ownership in any other Illinois Healthcare facilities. There have been no adverse actions to report for the past three years at the facility.

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

Sincerely,

Jacqueline Lucia

Jacqueline Lucia
Loyola Ambulatory Surgery Center at Oakbrook, LP

ATTACHMENT 5

Background of the Applicant - Letter from Loyola University Health System



**LOYOLA
MEDICINE**

August 31, 2023

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

**Re: Loyola Ambulatory Surgery Center at Oakbrook, LP- Background of the
Applicant Certification and Attestation**

Dear Mr. Kniery:

As representative of Loyola University Health System, Loyola University Medical Center, Loyola Ambulatory, Center, LLC, and Trinity Health Corporation, I, Melissa M. Lukasick, give authorization to the Health Facilities and Services Review Board and the Illinois Department of Public Health (IDPH) to access documents necessary to verify the information submitted including, but not limited to: official records of IDPH or other state agencies, the licensing or certification records of other states, and the records of nationally recognized accreditation organizations.

I further verify that Loyola University Health System, Loyola University Medical Center, Loyola Ambulatory, Center, LLC, and Trinity Health Corporation maintain an ownership interest in the following facilities:

- Loyola University Medical Center (LUMC)
- Loyola University Ambulatory Surgery Center
- RML Specialty Hospital Hinsdale
- RML Specialty Hospital Chicago
- Gottlieb Memorial Hospital
- Gottlieb Community Health Services Corp. d/b/a/ MacNeal Hospital.

These facilities have had no adverse actions to report for the past three (3) years.

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

Sincerely,

Melissa M. Lukasick
Chief Financial Officer – West Service Area
Loyola University Health System

We also treat the human spirit.

A Member of Trinity Health

Loyola Medicine | One Westbrook Corporate Center, Suite 840, Westchester, IL 60154 | loyolamedicine.org

ATTACHMENT 5

Background of the Applicant - Facility Licenses



ILLINOIS DEPARTMENT OF PUBLIC HEALTH **HF127635**

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	CATEGORY	I.D. NUMBER
5/31/2024		0004804

Long Term Acute Care Hospital

Effective: 06/01/2023

RML Health Providers Limited Partnership
dba RML Hinsdale
5601 S County Line Road

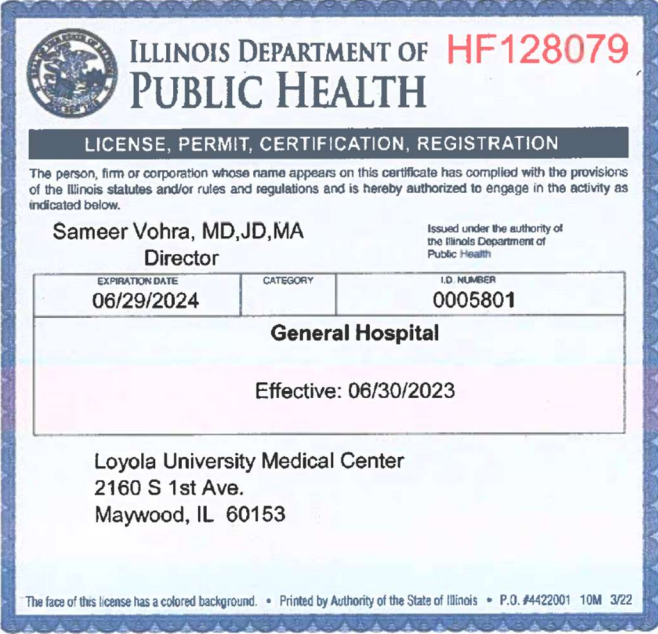
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Exp. Date 5/31/2024

Lic Number 0004804

Date Printed 3/16/2023

RML Health Providers Limited Partners
dba RML Hinsdale



ILLINOIS DEPARTMENT OF PUBLIC HEALTH **HF128079**

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	CATEGORY	I.D. NUMBER
06/29/2024		0005801

General Hospital

Effective: 06/30/2023

Loyola University Medical Center
2160 S 1st Ave.
Maywood, IL 60153

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

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Exp. Date 06/29/2024

Lic Number 0005801

Date Printed 05/12/2023

Loyola University Medical Center

2160 S 1st Ave.
Maywood, IL 60153

FEE RECEIPT NO.

ATTACHMENT 5

Background of the Applicant - Facility Licenses



ILLINOIS DEPARTMENT OF PUBLIC HEALTH **HF127927**

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 6/30/2024	CATEGORY	I.D. NUMBER 0005678
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Long Term Acute Care Hospital

Effective: 07/01/2023

RML Health Providers Limited Partnership
dba RML Chicago
3435 W Van Buren St
Chicago, IL 60624

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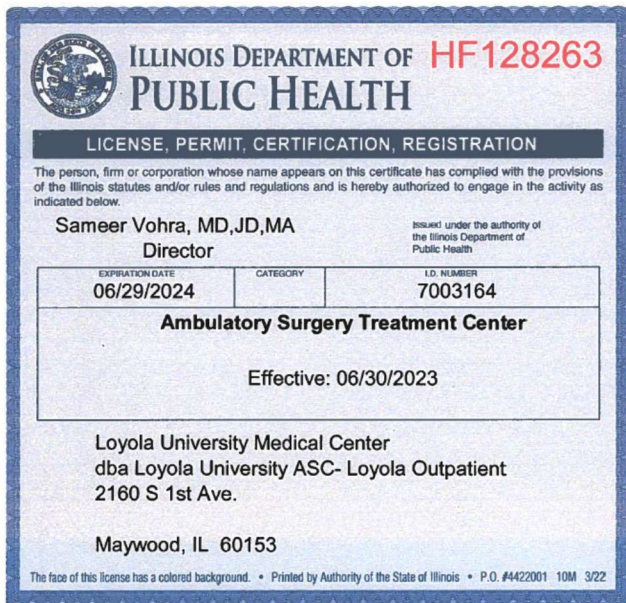
Exp. Date 6/30/2024

Lic Number 0005678

Date Printed 4/19/2023

RML Health Providers Limited Partners
dba RML Chicago
3435 W Van Buren St
Chicago, IL 60624

FEE RECEIPT NO.



ILLINOIS DEPARTMENT OF PUBLIC HEALTH **HF128263**

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 06/29/2024	CATEGORY	I.D. NUMBER 7003164
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Ambulatory Surgery Treatment Center

Effective: 06/30/2023

Loyola University Medical Center
dba Loyola University ASC- Loyola Outpatient
2160 S 1st Ave.
Maywood, IL 60153

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

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CONSPICUOUS PLACE

Exp. Date 06/29/2024

Lic Number 7003164

Date Printed 06/12/2023

Loyola University Medical Center
dba Loyola University ASC- Loyola Out
2160 S 1st Ave, Bldg 107
Maywood, IL 60153-3328

FEE RECEIPT NO.

ATTACHMENT 5

Background of the Applicant Facility Licenses

ILLINOIS DEPARTMENT OF PUBLIC HEALTH **HF127923**

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	CATEGORY	I.D. NUMBER
6/29/2024	General Hospital	0005793

Effective: 06/30/2023

Gottlieb Memorial Hospital
dba Loyola Health System at Gottlieb
701 W North Ave
Melrose Park, IL 60160

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Exp. Date 6/29/2024

Lic Number 0005793

Date Printed 4/19/2023

Gottlieb Memorial Hospital
dba Loyola Health System at Gottlieb
701 W North Ave
Melrose Park, IL 60160

FEE RECEIPT NO.

Illinois Department of PUBLIC HEALTH **HF 127444**

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	CATEGORY	I.D. NUMBER
02/28/2024	General Hospital	0006106

Effective: 03/01/2023

Gottlieb Community Health Services Corporation
dba MacNeal Hospital
3249 S Oak Park Ave
Berwyn, IL 60402

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Exp. Date 02/28/2024

Lic Number 0006106

Date Printed 02/28/2023

Gottlieb Community Health Services C
dba MacNeal Hospital
3249 S Oak Park Ave
Berwyn, IL 60402

FEE RECEIPT NO.

ATTACHMENT 5 **Background of the Applicant** **Facility Licenses**

 Illinois Department of PUBLIC HEALTH		HF 125919
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.		
Amaal V.E. Tokars Acting Director		Issued under the authority of the Illinois Department of Public Health
EXPIRATION DATE	CATEGORY	ID NUMBER
8/2/2023		7002181
Ambulatory Surgery Treatment Center		
Effective: 08/03/2022		
Loyola Ambulatory Surgery Center at Oakbrook, LP dba Loyola Surgery Center 1S224 Summit Ste 201 Oakbrook Terrace, IL 60181		
The face of this license has a colored background. Printed by Authority of the State of Illinois • P.D. #19-493-001 10M 8/19		

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CONSPICUOUS PLACE**

Exp. Date 8/2/2023

Lic Number 7002181

Date Printed 7/5/2022

Loyola Ambulatory Surgery Center at
dba Loyola Surgery Center
1S224 Summit Ste 201
Oakbrook Terrace, IL 60181-3943

FEE RECEIPT NO.

ATTACHMENT 6

Change of Ownership

Section 1130.520(b)(1)(B)- Names of parties

The application for exemption is subject to approval under Section 1130.560 and shall include the information required by Section 1130.500

The parties involved in this project are:

- Loyola Ambulatory Surgery Center at Oakbrook, LP
- Loyola Ambulatory Centers, LLC
- Loyola University Medical Center
- Loyola University Health System
- Trinity Health Corporation
- Surgical Care Affiliates, LLC
- Loyola Ambulatory Surgery Center at Oakbrook, Inc.

ATTACHMENT 6
Change of Ownership**Section 1130.520(b)(1)(B)- Background of the parties**

“Background of the parties, which shall include proof that the applicant is fit, willing, able, and has the qualifications, background and character to adequately provide a proper standard of health service for the community by certifying that no adverse action has been taken against the applicant by the federal government, licensing or certifying bodies, or any other agency of the State of Illinois against any health care facility owned or operated by the applicant, directly or indirectly, within three years preceding the filing of the application.”

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

Trinity Health Corporation, Loyola Ambulatory Centers, LLC, Loyola University Medical Center, Loyola University Health System

Trinity Health Corporation is sole owner of Loyola University Health System d/b/a Loyola Medicine and affiliated entities. Loyola Medicine is a regional, academic health system based in Chicago's western suburbs and a member of Trinity Health, one of nation's largest Catholic health systems. The system includes Loyola University Medical Center, a nationally ranked academic medical center with 547 licensed beds in Maywood; Gottlieb Memorial Hospital, a 254-bed community hospital in Melrose Park; MacNeal Hospital, a 374-bed community hospital in Berwyn; Loyola Medical Group, a team of primary care and specialty care physicians at over 15 Chicago-area locations; and a large ambulatory network of clinics throughout Cook, Will and DuPage counties offering primary and specialty care. Loyola trains the next generation of caregivers through teaching programs for more than 520 residents and 2,400 students, allied health professionals, paramedics and chaplains each year.

Loyola's doctors teach at Loyola University Chicago Stritch School of Medicine, which is a national role model in reinventing medical education to prepare students for today's healthcare environment. Stritch is one of only four Catholic-affiliated medical schools in the nation. Loyola has more than 1,000 physician faculty members, 650 residents and fellows and trains 600 medical students.

Loyola Medicine also offers services at many locations throughout the Chicago area. Many sites offer a comprehensive range of services in one convenient location, such as Burr Ridge, Homer Glen, Oakbrook Terrace, Orland Park, Park Ridge and Tinley Park.

Loyola Ambulatory Surgery Center at Oakbrook, LP

This entity is an Illinois Limited Partnership and the current licensee. The Limited Partnership is between Loyola Ambulatory Surgery Center at Oakbrook, Inc (“LASCO, Inc.”), Loyola Ambulatory Centers, LLC, and Dr. Nicholas Peter Kondelis.

Surgical Care Affiliates, LLC and Loyola Ambulatory Surgery Center at Oakbrook, Inc.

Surgical Care Affiliates, LLC maintains 100% interest in LASCO, Inc. LASCO, Inc. maintains a 47 % interest in the licensee currently and prior to closing this transaction will acquire the 4% interest held by Dr. Nicholas Peter Kondelis. As part of this transaction LASCO, Inc. will sell all non-Loyola interest in the facility to Loyola University Medical Center.

ATTACHMENT 6
Change of Ownership

Section 1130.520(b) (1)(C)- Structure of the transaction

The application for exemption is subject to approval under Section 1130.560 and shall include the information required by Section 1130.500.

Loyola University Medical Center, an Illinois not-for-profit corporation will purchase 51% of the outstanding non-Loyola stock in Loyola Ambulatory Surgery Center at Oakbrook, LP ("ASTC") from LASCO, Inc..

ATTACHMENT 6
Change of Ownership**1130.520(b) (1)(D)- Entity to be Licensed after transaction***"Name of the person who will be the licensed or certified entity after the transaction"*

The entity to be licensed after the change of ownership will remain Loyola Ambulatory Surgery Center at Oakbrook, LP. There will be no change in the entity currently licensed by the Illinois Department of Public Health to operate the ambulatory surgical treatment center. Additionally, there are no contemplated changes at this time to the categories of services offered at the facility following the transaction.

ATTACHMENT 6

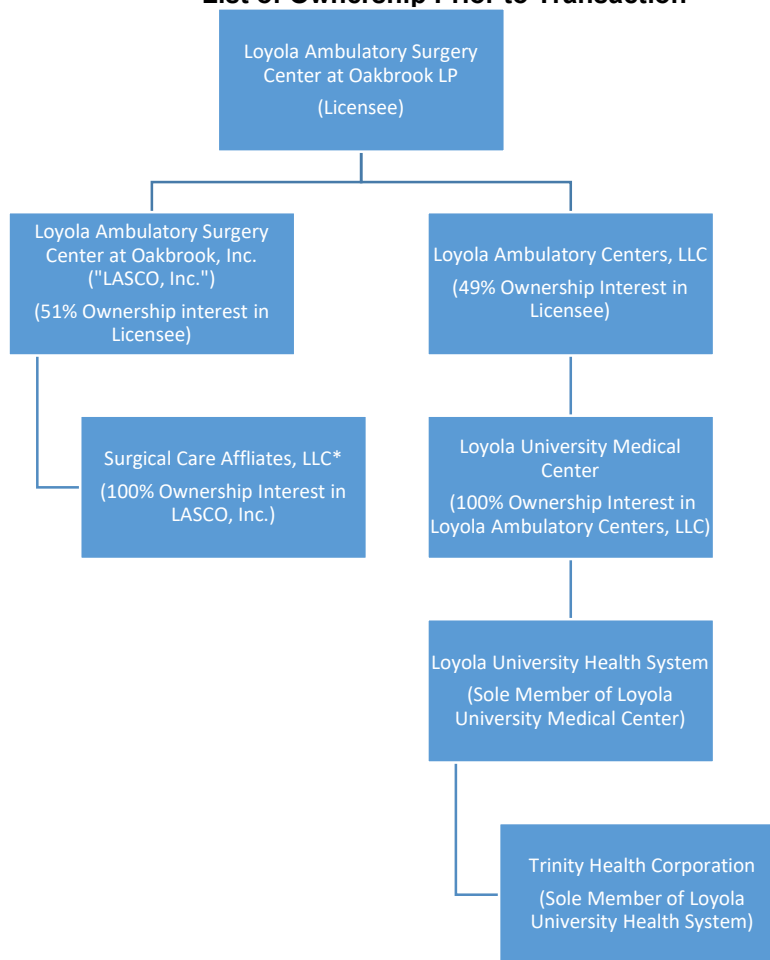
Change of Ownership

Section 1130.520(b) (1)(E)- List of Ownership

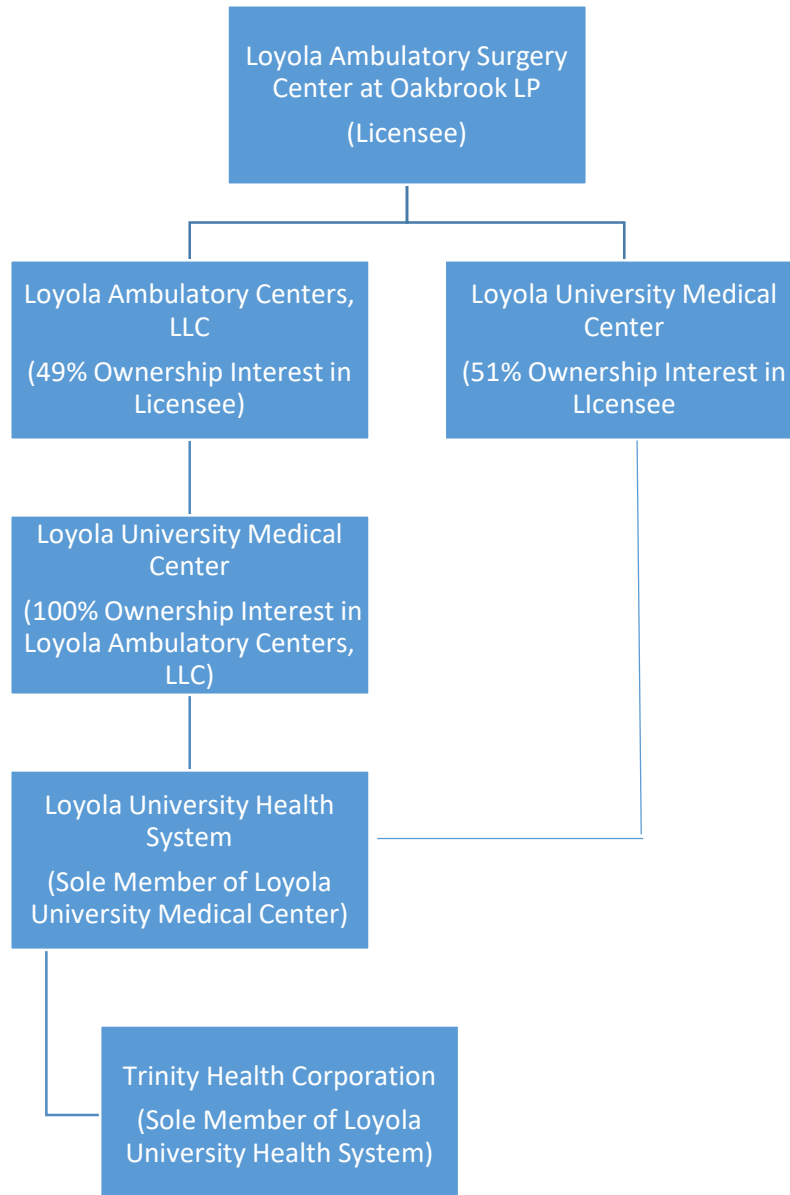
"List of the ownership or membership interests in such licensed or certified entity both prior to and after the transaction, including a description of the applicant's organizational structure with a listing of controlling or subsidiary persons."

Loyola University Medical Center, an Illinois not-for-profit corporation will purchase all (51%) of the non-Loyola ownership units in Loyola Ambulatory Surgery Center at Oakbrook, LP ("ASTC") from LASCO Inc, and become 51% owner of the ASTC. Loyola Ambulatory Centers LLC will retain its 49% ownership interest in the ASTC.

List of Ownership Prior to Transaction



*(Inclusive of the 4% Interest currently held by Dr. Nicholas Peter Kondelis)

ATTACHMENT 6
Change of Ownership**List of Ownership Post Transaction**

ATTACHMENT 6
Change of Ownership

Section 1130.520(b) (1)(F)- Fair Market Value of the transaction
"Fair market value of assets to be transferred."

The identified purchase price of \$300,000 is based on an arm's length negotiation and third party valuation and represents the fair market value of the assets being transferred.

ATTACHMENT 6
Change of Ownership

Section 1130.520(b) (1)(G)- Purchase price

"The purchase price or other forms of consideration to be provided for those assets. [20 ILCS 3960/8.5(a)]"

The purchase price is \$300,000.

ATTACHMENT 6

Change of Ownership

Section 1130.520(b)(2)- Outstanding Permits

"Affirmation that any projects for which permits have been issued have been completed or will be completed or altered in accordance with the provisions of this Section"

LUMC Tinley Park d/b/a Loyola Medicine Southwest Ambulatory Care Center, Approved Project #21-030, will not be completed prior to anticipated closing of this transaction. The Applicant hereby affirms that the Project will be completed in accordance with the provisions of this Section.

ATTACHMENT 6
Change of Ownership**Section 1130.520(b)(2)- Hospital Charity Care**

"If the ownership change is for a hospital, affirmation that the facility will not adopt a more restrictive charity care policy than the policy that was in effect one year prior to the transaction. The hospital must provide affirmation that the compliant charity care policy will remain in effect for a two-year period following the change of ownership transaction"

This change of ownership does not involve a hospital; thus, this provision is NOT APPLICABLE.

ATTACHMENT 6
Change of Ownership**Section 1130.520(b)(2)- Anticipated Benefits to the Community**

"A statement as to the anticipated benefits of the proposed change in ownership to the community."

This purpose of this project is to ensure the residents of the community and the patients historically served by Loyola Ambulatory Surgery Center at Oakbrook, LP will continue to have access to the procedures they need. Loyola Ambulatory Surgery Center at Oakbrook, LP has always made an effort to provide care for patients within their community, including those served by Medicare and the Illinois Medicaid program. They have and will continue to provide services to these patient populations.

ATTACHMENT 6
Change of Ownership**Section 1130.520(b)(2)- Anticipated Cost Savings for the Community and Facility**

“The anticipated or potential cost savings, if any, that will result for the community and the facility because of the change in ownership”

This transaction will serve two fundamental benefits that will yield cost savings to the facility and the community which it serves. This transaction will ensure continuity of service to the community. This facility currently serves a widespread geographic population and, for many patients it serves, provides their only meaningful access to outpatient surgical care. The social and economic benefit of the ambulatory surgical care cannot be understated. Healthcare trends and increasingly insurance programs are encouraging a shift in procedures to be performed in an outpatient setting such as this facility as a means to decrease costs for patients and the healthcare system in general. Outpatient care has the added benefit to patients of decreased infection rates, quicker discharges and increased access to care.

ATTACHMENT 6

Change of Ownership

Section 1130.520(b)(2)- Quality Improvement Program

"A description of the facility's quality improvement program mechanism that will be utilized to assure quality control"

Loyola Ambulatory Surgery Center at Oakbrook, LP's quality improvement program mechanism will remain in place and in the unlikely event that the outcomes being experienced do not meet or exceed those standards, an appropriate quality improvement plan will be initiated.

ATTACHMENT 6
Change of Ownership**Section 1130.520(b)(2)- Facility's Governing Body**

"A description of the selection process that the acquiring entity will use to select the facility's governing body"

The transaction involves Loyola University Medical Center acquiring all non-Loyola owned units in the licensee from LASCO, Inc. It is not anticipated that the bylaws of the organization will be substantially changed, and the governing body will be held entirely by individuals affiliated with Loyola University Medical Center and Loyola Ambulatory Centers, LLC.

From a patient, provider, and communal basis the operation of the facility will remain unchanged.

ATTACHMENT 6

Change of Ownership

Section 1130.520(b)(2)- Review Criteria in 77 Ill. Admin. Code 1110.240

“A statement that the applicant has prepared a written response addressing the review criteria contained in 77 Ill. Adm. Code 1110.240 and that the response is available for public review on the premises of the health care facility”

A response has been prepared addressing the review criteria in 77 Ill. Admin. Code 1110.240 and is available for public review on the premises of the facility.

ATTACHMENT 6
Change of Ownership**Section 1130.520(b)(2)- Summary of Proposed Changes Within 24 Months**

"A description or summary of any proposed changes to the scope of services or levels of care currently provided at the facility that are anticipated to occur within 24 months after acquisition."

This transaction does not envision any proposed changes to the scope of services or level of care currently provided in the facility. This is a designed part of this undertaking and reflects an effort to ensure minimal disruption to the patients in the facility's area. There is no expectation, as a result of this transaction, of any disruptions with the physicians who currently perform surgeries at the facility nor is it anticipated that there will any reductions to the categories of services that are already approved within 24 months of the acquisition.

ATTACHMENT 7
Charity Care Information

The amount of charity care listed for the last three years provided by the applicant facility are included in the table below.

CHARITY CARE			
	2017	2018	2019
Net Patient Revenue	\$25,679,016	\$4,751,269	\$4,351,161
Amount of Charity Care (charges)	0	0	0
Cost of Charity Care	\$0	\$656	\$0

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	24-32	
2	Site Ownership	33-34	
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	35	
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	36-37	
5	Background of the Applicant	38-44	
6	Change of Ownership	45-60	
7	Charity Care Information	61	