

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT**RECEIVED**

MAR 15 2024

HEALTH FACILITIES &
SERVICES REVIEW BOARD**SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION****This Section must be completed for all projects.****Facility/Project Identification**

Facility Name: Peterson Surgery Center

Street Address: 2300 W. Peterson Ave.

City and Zip Code: Chicago, IL 60659

County: Cook

Health Service Area: 006

Health Planning Area: 030

Applicant(s) [Provide for each applicant (refer to Part 1130 220)]

Exact Legal Name: Peterson Surgery Center LLC

Street Address: 7616 N. Paulina St.

City and Zip Code: Chicago 60626

Name of Registered Agent: Naaz Sultana

Registered Agent Street Address: 7616 N. Paulina St.

Registered Agent City and Zip Code: Chicago 60626

Name of Chief Executive Officer: Narjisha Thowfeek

CEO Street Address: 7616 N. Paulina St.

CEO City and Zip Code: Chicago 60626

CEO Telephone Number: 773-761-0500

Type of Ownership of Applicants☐

Non-profit Corporation

☐

Partnership

☐

For-profit Corporation

☐

Governmental

☒

Limited Liability Company

☐

Sole Proprietorship

☐

Other

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

APPEND DOCUMENTATION AS ATTACHMENT 1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**Primary Contact** [Person to receive ALL correspondence or inquiries]

Name: Kara Friedman

Title: Attorney

Company Name: Polsinelli PC

Address: 150 North Riverside Plaza, Suite 3000, Chicago, Illinois 60606

Telephone Number: 312-873-3639

E-mail Address: kfriedman@polsinelli.com

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

Name: Naaz Sultana

Title: Director & Administrator

Company Name: Peterson Surgery Center LLC

Address: 7616 N. Paulina St. Chicago, IL 60626

Telephone Number: 773-761-0500

E-mail Address: naaz@rogersparksurgery.com

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT**

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

| | | |
|--|--------------------------|---------------------------|
| Facility Name: Peterson Surgery Center | | |
| Street Address: 2300 W. Peterson Ave. | | |
| City and Zip Code: Chicago, IL 60659 | | |
| County: Cook | Health Service Area: 006 | Health Planning Area: 030 |

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

| | |
|---|--|
| Exact Legal Name: Narjisha Thowfeek Declaration Of Trust | |
| Street Address: 5844 N Bernard St | |
| City and Zip Code: Chicago 60659 | |
| Name of Registered Agent: Warren Prescott | |
| Registered Agent Street Address: 2625 Butterfield Rd. Suite 138-S | |
| Registered Agent City and Zip Code: Oak Brook, IL 60523 | |
| Name of Chief Executive Officer: Narjisha Thowfeek | |
| CEO Street Address: 7616 N. Paulina St. | |
| CEO City and Zip Code: Chicago 60626 | |
| CEO Telephone Number: 773-761-0500 | |

Type of Ownership of Applicants

| | | |
|--|--|---|
| <input 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 checked="" type="checkbox"/> Other |

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

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

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| Telephone Number: 312-873-3639 |
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| Name: Naaz Sultana |
| Title: Director & Administrator |
| Company Name: Peterson Surgery Center LLC |
| Address: 7616 N. Paulina St. Chicago, IL 60626 |
| Telephone Number: 773-761-0500 |
| E-mail Address: naaz@rogersparksurgery.com |

Post Permit Contact

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

Name: Naaz Sultana

Title: Director & Administrator

Company Name: Peterson Surgery Center LLC

Address: 7616 N. Paulina St. Chicago, IL 60626

Telephone Number: 773-761-0500

E-mail Address: naaz@rogersparksurgery.com

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Narjisha Thowfeek Declaration of Trust

Address of Site Owner: 5844 N Bernard St, Chicago, IL 60659

Street Address or Legal Description of the Site: 2300 W. Peterson Ave., Chicago, Illinois 60659

Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease, or a lease.

APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee

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

Exact Legal Name: Peterson Surgery Center LLC

Address: 7616 N. Paulina St. Chicago, IL 60626

☐ Non-profit Corporation

☐ For-profit Corporation

☒ Limited Liability Company

☐ Partnership

☐ Governmental

☐ Sole Proprietorship

☐ 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 organized and the name and address of each partner specifying whether each is a general or limited partner.
- o **Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.**

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

Organizational Relationships

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

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

Flood Plain Requirements

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2006-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements, please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at www.FEMA.gov or www.illinoisfloodmaps.org. This map must be in a readable format. In addition, please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2006-5 (<http://www.hfsrb.illinois.gov>).

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

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

Provide documentation regarding compliance with the requirements of the Historic Resources Preservation Act.

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

DESCRIPTION OF PROJECT**1. Project Classification**

[Check those applicable - refer to Part 1110.20 and Part 1120.20(b)]

Part 1110 Classification:

- ☒ Substantive
☐ Non-substantive

2. Narrative Description

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

Peterson Surgery Center LLC, as planned operator (the "Applicant"), seeks authority from the Illinois Health Facilities and Services Review Board to establish an ASTC which is effectively a relocation of the ASTC located two miles away. The move will be from 7616 N. Paulina St., Chicago, IL 60626 to 2300 W. Peterson Ave., Chicago, IL 60659. This relocation will be accomplished through two separate, but related, Certificate of Need permit filings:

- The discontinuation of Rogers Park One Day Surgery Center, Inc. located at 7616 N. Paulina St., Chicago, IL 60626 (the "Existing ASTC")
- The establishment of Peterson Surgery Center LLC to be located at 2300 W. Peterson Ave., Chicago, IL 60659 (the "Replacement ASTC")¹

The Applicant will lease space in the building that previously housed Peterson Medical Surgi-Center to operate the Replacement ASTC. Peterson Medical Surgi-Center was previously an IDPH licensed ASTC but closed in 2019. The Replacement ASTC will contain one less operating room and one less recovery room than the Existing ASTC for a total of one operating room, and four Stage 1 recovery rooms. The Replacement ASTC will consist of 2,652 gross square feet of clinical space and 4,466 gross square feet of non-clinical space for a total of 7,118 gross square feet of space.

While the project is effectively a relocation, it is classified as a substantive project.

¹ Narjisha Thowfeek, the planned owner of the Replacement ASTC, is the spouse of Mohamed Sirajudeen who currently owns and operates the Existing ASTC (sometimes individually referred to herein as an "Affiliated Operator" and together as the "Affiliated Operators"). For estate planning purposes, ownership of the ASTC will shift from Mohamed Sirajudeen to Narjisha Thowfeek.

Project Costs and Sources of Funds

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

| Project Costs and Sources of Funds | | | |
|---|------------------|--------------------|--------------------|
| USE OF FUNDS | CLINICAL | NONCLINICAL | TOTAL |
| Preplanning Costs | \$0 | \$0 | \$0 |
| Site Survey and Soil Investigation | \$0 | \$0 | \$0 |
| Site Preparation | \$0 | \$0 | \$0 |
| Off Site Work | \$0 | \$0 | \$0 |
| New Construction Contracts | \$0 | \$0 | \$0 |
| Modernization Contracts | \$250,000 | \$150,000 | \$400,000 |
| Contingencies | \$25,000 | \$15,000 | \$40,000 |
| Architectural/Engineering Fees | \$30,000 | \$10,000 | \$40,000 |
| Consulting and Other Fees | \$40,000 | \$65,000 | \$105,000 |
| Movable or Other Equipment (not in construction contracts) | \$22,000 | \$28,500 | \$50,500 |
| Bond Issuance Expense (project related) | \$0 | \$0 | \$0 |
| Net Interest Expense During Construction (project related) | \$0 | \$0 | \$0 |
| Fair Market Value of Leased Space or Equipment | \$240,915 | \$405,704 | \$646,619 |
| Other Costs To Be Capitalized (NBV of equipment to be transferred) | \$320,000 | \$0 | \$320,000 |
| Acquisition of Building or Other Property (excluding land) | \$0 | \$0 | \$0 |
| TOTAL USES OF FUNDS | \$927,915 | \$674,204 | \$1,602,119 |
| SOURCE OF FUNDS | CLINICAL | NONCLINICAL | TOTAL |
| Cash and Securities | \$367,000 | \$268,500 | \$635,500 |
| Pledges | \$0 | \$0 | \$0 |
| Gifts and Bequests | \$0 | \$0 | \$0 |
| Bond Issues (project related) | \$0 | \$0 | \$0 |
| Mortgages | \$0 | \$0 | \$0 |
| Leases (fair market value) | \$240,915 | \$405,704 | \$646,619 |
| Governmental Appropriations | \$0 | \$0 | \$0 |
| Grants | \$0 | \$0 | \$0 |
| Other Funds and Sources (NBV of equipment to be transferred) | \$320,000 | \$0 | \$320,000 |
| TOTAL SOURCES OF FUNDS | \$927,915 | \$674,204 | \$1,602,119 |
| NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. | | | |

Related Project Costs

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

| |
|--|
| Land acquisition is related to project <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Purchase Price: \$ _____ Fair Market Value: \$ _____ |
| The project involves the establishment of a new facility or a new category of service <div style="text-align: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</div> <p>If yes, provide the dollar amount of all non-capitalized operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.</p> <p>Estimated start-up costs and operating deficit cost is \$ <u>\$66,750</u>.</p> |

Project Status and Completion Schedules

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

Indicate the stage of the project's architectural drawings:

- | | |
|---|--|
| <input type="checkbox"/> None or not applicable | <input type="checkbox"/> Preliminary |
| <input checked="" type="checkbox"/> Schematics | <input type="checkbox"/> Final Working |

Anticipated project completion date (refer to Part 1130.140): June 30, 2025

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

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

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

State Agency Submittals [Section 1130.620(c)]

Are the following submittals up to date as applicable:

- ☐ Cancer Registry - NOT APPLICABLE
- ☐ APORS - NOT APPLICABLE
- ☒ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
- ☐ All reports regarding outstanding permits - NOT APPLICABLE

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

Cost Space Requirements

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

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

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

Facility Bed Capacity and Utilization – NOT APPLICABLE

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

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

CERTIFICATION

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

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

SIGNATURE

Nadisha Thowfeek
PRINTED NAME

Sole Member and Manager
PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 02 day of 08 / 2024

SIGNATURE

PRINTED NAME

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this ____ day of ____

Signature of Notary

Seal

OFFICIAL SEAL
MOHAMMED SABIR JUNAGADHWALA
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES: 11/16/2026

*Insert EXACT COPY OF SEAL HERE

Signature of Notary

Seal

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 Narjisha Thowfeek Declaration of Trust * 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.

M. Narjisha
SIGNATURE

Narjisha Thowfeek
PRINTED NAME

Trustee
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 02 day of 08/2024

[Signature]
Signature of Notary

Seal



*Insert the legal name of the applicant

SIGNATURE

PRINTED NAME

PRINTED TITLE

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

Signature of Notary

Seal

SECTION III. BACKGROUND, PURPOSE OF THE PROJECT, AND ALTERNATIVES - INFORMATION REQUIREMENTS

This Section is applicable to all projects except those that are solely for discontinuation with no project costs.

1110.110(a) – Background of the Applicant

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.
2. A listing of all health care facilities currently owned and/or operated in Illinois, by any corporate officers or directors, LLC members, partners, or owners of at least 5% of the proposed health care facility.
3. For the following questions, please provide information for each applicant, including corporate officers or directors, LLC members, partners and owners of at least 5% of the proposed facility. A health care facility is considered owned or operated by every person or entity that owns, directly or indirectly, an ownership interest.
 - a. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant, directly or indirectly, during the three years prior to the filing of the application.
 - b. A certified listing of each applicant, identifying those individuals that have been cited, arrested, taken into custody, charged with, indicted, convicted or tried for, or pled guilty to the commission of any felony or misdemeanor or violation of the law, except for minor parking violations; or the subject of any juvenile delinquency or youthful offender proceeding. Unless expunged, provide details about the conviction and submit any police or court records regarding any matters disclosed.
 - c. A certified and detailed listing of each applicant or person charged with fraudulent conduct or any act involving moral turpitude.
 - d. A certified listing of each applicant with one or more unsatisfied judgements against him or her.
 - e. A certified and detailed listing of each applicant who is in default in the performance or discharge of any duty or obligation imposed by a judgment, decree, order or directive of any court or governmental agency.
4. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**
5. If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest that the information was previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

APPEND DOCUMENTATION AS ATTACHMENT 11, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 11.

Criterion 1110.110(b) & (d)**PURPOSE OF PROJECT**

1. Document that the project will provide health services that improve the health care or well-being of the market area population to be served.
2. Define the planning area or market area, or other relevant area, per the applicant's definition.
3. Identify the existing problems or issues that need to be addressed as applicable and appropriate for the project.
4. Cite the sources of the documentation.
5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.
6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals **as appropriate**.

For projects involving modernization, describe the conditions being upgraded, if any. For facility projects, include statements of the age and condition of the project site, as well as regulatory citations, if any. For equipment being replaced, include repair and maintenance records.

NOTE: Information regarding the "Purpose of the Project" will be included in the State Board Staff Report.

APPEND DOCUMENTATION AS ATTACHMENT 12, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-6) MUST BE IDENTIFIED IN ATTACHMENT 12.

ALTERNATIVES

- 1) Identify **ALL** of the alternatives to the proposed project:

Alternative options **must** include:

- A) Proposing a project of greater or lesser scope and cost;
- B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;
- C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and
- D) Provide the reasons why the chosen alternative was selected.

- 2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality and financial benefits in both the short-term (within one to three years after project completion) and long-term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED, THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**
- 3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

APPEND DOCUMENTATION AS ATTACHMENT 13, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION IV. PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE**Criterion 1110.120 - Project Scope, Utilization, and Unfinished/Shell Space**

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

1. Document that the amount of physical space proposed for the proposed project is necessary and not excessive. This must be a narrative and it shall include the basis used for determining the space and the methodology applied.
2. If the gross square footage exceeds the BGSF/DGSF standards in Appendix B, justify the discrepancy by documenting one of the following:
 - a. Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies and certified by the facility's Medical Director.
 - b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that delineates the constraints or impediments.
 - c. The project involves the conversion of existing space that results in excess square footage.
 - d. Additional space is mandated by governmental or certification agency requirements that were not in existence when Appendix B standards were adopted.

Provide a narrative for any discrepancies from the State Standard. A table must be provided in the following format with Attachment 14.

| SIZE OF PROJECT | | | | |
|--------------------|-----------------------|-------------------|------------|------------------|
| DEPARTMENT/SERVICE | PROPOSED BGSF/DGSF | STATE STANDARD | DIFFERENCE | MET STANDARD? |
| | | | | |

APPEND DOCUMENTATION AS ATTACHMENT 14, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

PROJECT SERVICES UTILIZATION:

This criterion is applicable only to projects or portions of projects that involve services, functions or equipment for which HFSRB has established utilization standards or occupancy targets in 77 Ill. Adm. Code 1100.

Document that in the second year of operation, the annual utilization of the service or equipment shall meet or exceed the utilization standards specified in 1110.Appendix B. A narrative of the rationale that supports the projections must be provided.

A table must be provided in the following format with Attachment 15.

| UTILIZATION | | | | | |
|-------------|-------------------|---|--------------------------|-------------------|------------------|
| | DEPT./ SERVICE | HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC. | PROJECTED UTILIZATION | STATE STANDARD | MET STANDARD? |
| YEAR 1 | | | | | |
| YEAR 2 | | | | | |

APPEND DOCUMENTATION AS ATTACHMENT 15, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

UNFINISHED OR SHELL SPACE:

Provide the following information:

1. Total gross square footage (GSF) of the proposed shell space.
2. The anticipated use of the shell space, specifying the proposed GSF to be allocated to each department, area or function.
3. Evidence that the shell space is being constructed due to:
 - a. Requirements of governmental or certification agencies; or
 - b. Experienced increases in the historical occupancy or utilization of those areas proposed to occupy the shell space.
4. Provide:
 - a. Historical utilization for the area for the latest five-year period for which data is available; and
 - b. Based upon the average annual percentage increase for that period, projections of future utilization of the area through the anticipated date when the shell space will be placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT 16, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

ASSURANCES:

Submit the following:

1. Verification that the applicant will submit to HFSRB a CON application to develop and utilize the shell space, regardless of the capital thresholds in effect at the time or the categories of service involved.
2. The estimated date by which the subsequent CON application (to develop and utilize the subject shell space) will be submitted; and
3. The anticipated date when the shell space will be completed and placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT 17, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION V. SERVICE SPECIFIC REVIEW CRITERIA

This Section is applicable to all projects proposing the establishment, expansion or modernization of categories of service that are subject to CON review, as provided in the Illinois Health Facilities Planning Act [20 ILCS 3960]. It is comprised of information requirements for each category of service, as well as charts for each service, indicating the review criteria that must be addressed for each action (establishment, expansion, and modernization). After identifying the applicable review criteria for each category of service involved, read the criteria and provide the required information APPLICABLE TO THE CRITERIA THAT MUST BE ADDRESSED:

G. Non-Hospital Based Ambulatory Surgery

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

| ASTC Service |
|---|
| <input type="checkbox"/> Cardiovascular |
| <input type="checkbox"/> Colon and Rectal Surgery |
| <input type="checkbox"/> Dermatology |
| <input type="checkbox"/> General Dentistry |
| <input checked="" type="checkbox"/> General Surgery |
| <input type="checkbox"/> Gastroenterology |
| <input checked="" type="checkbox"/> Neurological Surgery |
| <input type="checkbox"/> Nuclear Medicine |
| <input type="checkbox"/> Obstetrics/Gynecology |
| <input type="checkbox"/> Ophthalmology |
| <input type="checkbox"/> Oral/Maxillofacial Surgery |
| <input checked="" type="checkbox"/> Orthopedic Surgery |
| <input type="checkbox"/> Otolaryngology |
| <input checked="" type="checkbox"/> Pain Management |
| <input type="checkbox"/> Physical Medicine and Rehabilitation |
| <input type="checkbox"/> Plastic Surgery |
| <input checked="" type="checkbox"/> Podiatric Surgery |
| <input type="checkbox"/> Radiology |
| <input type="checkbox"/> Thoracic Surgery |
| <input type="checkbox"/> Urology |
| <input type="checkbox"/> Other |

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

| APPLICABLE REVIEW CRITERIA | Establish New ASTC or Service | Expand Existing Service |
|--|----------------------------------|----------------------------|
| 1110.235(c)(2)(B) – Service to GSA Residents | X | X |

| | | |
|---|---|---|
| 1110.235(c)(3) – Service Demand – Establishment of an ASTC or Additional ASTC Service | X | |
| 1110.235(c)(4) – Service Demand – Expansion of Existing ASTC Service | | X |
| 1110.235(c)(5) – Treatment Room Need Assessment | X | X |
| 1110.235(c)(6) – Service Accessibility | X | |
| 1110.235(c)(7)(A) – Unnecessary Duplication/Maldistribution | X | |
| 1110.235(c)(7)(B) – Maldistribution | X | |
| 1110.235(c)(7)(C) – Impact to Area Providers | X | |
| 1110.235(c)(8) – Staffing | X | X |
| 1110.235(c)(9) – Charge Commitment | X | X |
| 1110.235(c)(10) – Assurances | X | X |

APPEND DOCUMENTATION AS ATTACHMENT 24, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

- **Section 1120.120 Availability of Funds – Review Criteria**
- **Section 1120.130 Financial Viability – Review Criteria**
- **Section 1120.140 Economic Feasibility – Review Criteria, subsection (a)**

The applicant shall document that financial resources shall be available and be equal to or exceed the estimated total project cost plus any related project costs by providing evidence of sufficient financial resources from the following sources, as applicable **[Indicate the dollar amount to be provided from the following sources]:**

18

| | |
|-------------|---|
| | 5) For any option to lease, a copy of the option, including all terms and conditions. |
| | e) Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent; |
| | f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt; |
| \$966,619 | g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project. |
| \$1,602,119 | TOTAL FUNDS AVAILABLE |

APPEND DOCUMENTATION AS ATTACHMENT 33, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION VII. 1120.130 - FINANCIAL VIABILITY

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

Financial Viability Waiver

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

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

See Section 1120.130 Financial Waiver for information to be provided

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

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

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

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

Variance

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

APPEND DOCUMENTATION AS ATTACHMENT 35, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION VIII.1120.140 - ECONOMIC FEASIBILITY

This section is applicable to all projects subject to Part 1120.

A. Reasonableness of Financing Arrangements

The applicant shall document the reasonableness of financing arrangements by submitting a notarized statement signed by an authorized representative that attests to one of the following:

- 1) That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or
- 2) That the total estimated project costs and related costs will be funded in total or in part by borrowing because:
 - A) A portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order to maintain a current ratio of at least 2.0 times for hospitals and 1.5 times for all other facilities; or
 - B) Borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

B. Conditions of Debt Financing

This criterion is applicable only to projects that involve debt financing. The applicant shall document that the conditions of debt financing are reasonable by submitting a notarized statement signed by an authorized representative that attests to the following, as applicable:

- 1) That the selected form of debt financing for the project will be at the lowest net cost available;
- 2) That the selected form of debt financing will not be at the lowest net cost available, but is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs and other factors;
- 3) That the project involves (in total or in part) the leasing of equipment or facilities and that the expenses incurred with leasing a facility or equipment are less costly than constructing a new facility or purchasing new equipment.

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

1. Identify each department or area impacted by the proposed project and provide a cost and square footage allocation for new construction and/or modernization using the following format (insert after this page).

| COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE | | | | | | | | | |
|--|-------------------------|------|----------------------|--------|-----------------------|--------|----------------------|--------------------|--------------------------|
| Department (list below) | A | B | C | D | E | F | G | H | Total Cost (G + H) |
| | Cost/Square Foot New | Mod. | Gross Sq. Ft. New | Circ.* | Gross Sq. Ft. Mod. | Circ.* | Const. \$ (A x C) | Mod. \$ (B x E) | |
| | | | | | | | | | |
| Contingency | | | | | | | | | |
| TOTALS | | | | | | | | | |
| * Include the percentage (%) of space for circulation | | | | | | | | | |
| <p>D. Projected Operating Costs</p> <p>The applicant shall provide the projected direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year at target utilization but no more than two years following project completion. Direct cost means the fully allocated costs of salaries, benefits and supplies for the service.</p> <p>E. Total Effect of the Project on Capital Costs</p> <p>The applicant shall provide the total projected annual capital costs (in current dollars per equivalent patient day) for the first full fiscal year at target utilization but no more than two years following project completion.</p> | | | | | | | | | |
| APPEND DOCUMENTATION AS <u>ATTACHMENT 36</u> , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. | | | | | | | | | |

SECTION IX. SAFETY NET IMPACT STATEMENT

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

1. The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible for an applicant to have such knowledge.
2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.
3. How the discontinuation of a facility or service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.

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

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

A table in the following format must be provided as part of Attachment 37.

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

| | | | |
|-------|--|--|--|
| Total | | | |
|-------|--|--|--|

APPEND DOCUMENTATION AS ATTACHMENT 37, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION X. CHARITY CARE INFORMATION

Charity Care information **MUST** be furnished for **ALL** projects [1120.20(c)].

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

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

A table in the following format must be provided for all facilities as part of Attachment 39.

| CHARITY CARE | | | |
|----------------------------------|------|------|------|
| | Year | Year | Year |
| Net Patient Revenue | | | |
| Amount of Charity Care (charges) | | | |
| Cost of Charity Care | | | |

APPEND DOCUMENTATION AS **ATTACHMENT 38**, 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 | 27 |
| 2 | Site Ownership | 28-30 |
| 3 | Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership. | 31 |
| 4 | Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc. | 32 |
| 5 | Flood Plain Requirements | 33 |
| 6 | Historic Preservation Act Requirements | 34 |
| 7 | Project and Sources of Funds Itemization | 35 |
| 8 | Financial Commitment Document if required | 36 |
| 9 | Cost Space Requirements | 37 |
| 10 | Discontinuation | 38 |
| 11 | Background of the Applicant | 39 |
| 12 | Purpose of the Project | 40-44 |
| 13 | Alternatives to the Project | 45 |
| 14 | Size of the Project | 46 |
| 15 | Project Service Utilization | 47 |
| 16 | Unfinished or Shell Space | 48 |
| 17 | Assurances for Unfinished/Shell Space | 49 |
| | Service Specific: | |
| 18 | Medical Surgical Pediatrics, Obstetrics, ICU | |
| 19 | Comprehensive Physical Rehabilitation | |
| 20 | Acute Mental Illness | |
| 21 | Open Heart Surgery | |
| 22 | Cardiac Catheterization | |
| 23 | In-Center Hemodialysis | |
| 24 | Non-Hospital Based Ambulatory Surgery | 50-76 |
| 25 | Selected Organ Transplantation | |
| 26 | Kidney Transplantation | |
| 27 | Subacute Care Hospital Model | |
| 28 | Community-Based Residential Rehabilitation Center | |
| 29 | Long Term Acute Care Hospital | |
| 30 | Clinical Service Areas Other than Categories of Service | |
| 31 | Freestanding Emergency Center Medical Services | |
| 32 | Birth Center | |
| | Financial and Economic Feasibility: | |
| 33 | Availability of Funds | 77 |
| 34 | Financial Waiver | 78 |
| 35 | Financial Viability | n/a |
| 36 | Economic Feasibility | 79-84 |
| 37 | Safety Net Impact Statement | 85 |
| 38 | Charity Care Information | 86 |
| Appendix - | Physician Referral Letter | 87-92 |

**Section I, Identification, General Information, and Certification
Applicants**

Peterson Surgery Center LLC ("Planned Licensee") will be the licensee of the Planned ASTC and is the primary Applicant. As the planned site owner and also an affiliate of the Planned Licensee, Narjisha Thowfeek Declaration of Trust is named as a co-applicant for this Certificate of Need ("CON") application.

- A Certificate of Good Standing for Peterson Surgery Center LLC is attached below at Attachment – 1.
- A Certificate of Good Standing is not applicable to Narjisha Thowfeek Declaration of Trust, as the trust is not a corporation or other type of entity that becomes registered with the Secretary of State.

File Number 1427058-2



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

PETERSON SURGERY CENTER LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JANUARY 26, 2024, 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 #: 2403302110 verifiable until 02/02/2025
Authenticate at: <https://www.sos.gov>

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 2ND day of FEBRUARY A.D. 2024 .

Alexi Giannoulis
SECRETARY OF STATE

Section I, Identification, General Information, and Certification
Site Ownership

The real estate lease letter of intent for the planned site (2300 W. Peterson Ave., Chicago, Illinois 60659) is attached below.

NON-BINDING REAL ESTATE LEASE LETTER OF INTENT

February 16, 2024

Naaz Sultana
 Peterson Surgery Center LLC
 7616 N. Paulina St.
 Chicago, Illinois 60626

Re: Letter of Intent –Real Estate Lease for 2300 W. Peterson Ave. Chicago, IL 60659

Dear Ms. Sultana:

This Non-Binding Letter of Intent sets forth the material terms and conditions pursuant to which Narjisha Thowfeek Declaration Of Trust ("Lessor") is prepared to lease space in the building located at 2300 W. Peterson Ave. Chicago, IL 60659 ("Subject Property") to Peterson Surgery Center LLC ("Lessee"). This letter shall serve as a Non-Binding Letter of Intent to lease the Subject Property.

Proposed Terms and Conditions

| | |
|---------------------------|---|
| Space: | 7,118 gross square feet to be located at 2300 W. Peterson Ave. Chicago, IL 60659. |
| Use: | Lessee shall use and occupy the Subject Property for the purpose of a licensed ambulatory surgery center. |
| Lease Term: | Initial term will be ten (10) years effective upon the later of the completion of construction or Lessee occupancy. Lessor will grant Lessee two (2) renewal options each for a period of five (5) years. |
| Lease Rate: | The lease rate will be based upon the Lessor's costs associated with the Subject Property, which shall include but not be limited to debt service on the mortgage, property taxes, and insurance on the Subject Property, with a reasonable rate of rate of return. The anticipated annual costs for the Subject Property are projected to be \$100,000. |
| Lease Contingency: | Lessor and Lessee understand and agree that the establishment of any licensed surgery center in the State of Illinois is subject to the requirements of the Illinois Health Facilities Planning Act, 20 ILCS 3960/1 et seq. and, thus, Lessee cannot establish a licensed surgery center on the Subject Property or execute a binding real estate lease in connection therewith unless Lessee obtains a Certificate of Need (CON) permit from the Illinois Health Facilities and Services Review Board. Thus, any lease |

executed hereafter between Lessor and Lessee relating to the Subject Property shall be contingent upon Lessee's receipt of a certificate of need permit for the establishment of a ambulatory surgical treatment center from the Illinois Health Facilities and Services Review Board.

The parties agree that this letter shall not be binding on the parties and does not address all essential terms of the lease agreement contemplated by this letter of intent. Neither party may claim any legal right against the other by reason of any action taken in reliance on this non-binding letter. A binding agreement shall not exist between the parties unless and until a lease agreement has been executed and delivered by both parties.

If the above terms and conditions are acceptable, please indicate your acceptance by executing a copy of this letter and returning it to me.

Sincerely,

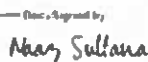
Narjisha Thowfeek Declaration Of Trust

By:  _____
NARJISHA THOWFEK

Its: Authorized Agent

AGREED TO AND ACCEPTED THIS 19 DAY OF February, 2024:

PETERSON SURGERY CENTER LLC

By:  _____
NAAZ SULTANA

Print Name: Naaz Sultana

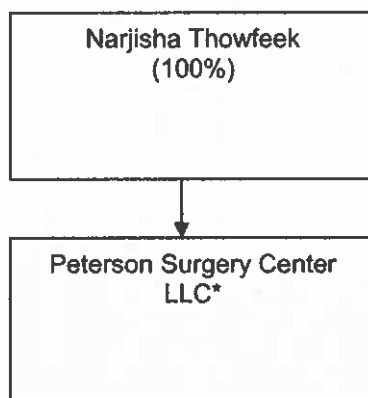
Title: Administrator

Section I, Identification, General Information, and Certification
Operating Identity/Licensee

Peterson Surgery Center LLC will be the licensee and operator of the Planned ASTC. A copy of the Existing ASTC's license will be included in the CON application to discontinue the Existing ASTC.

Section I, Identification, General Information, and Certification**Organizational Relationships**

The organizational chart for Peterson Surgery Center LLC is below:

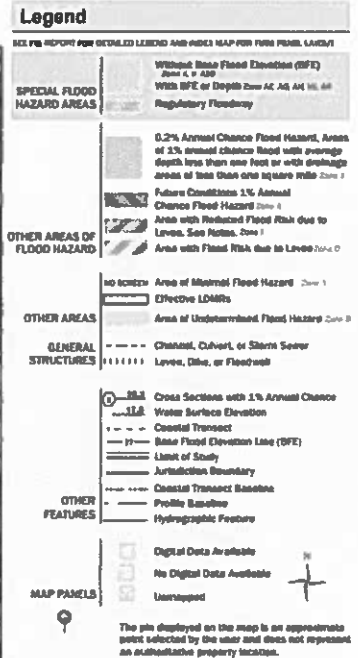


* Peterson Surgery Center LLC will be the licensed entity, which is 100% owned by Narjisha Thowfeek.

Section I, Identification, General Information, and Certification Flood Plain Requirements

The site of the Planned ASTC complies with the requirements of Illinois Executive Order #2005-5. Please see the attached Flood Plain Insurance Rate Map (FIRM) documenting that the project site is not located in a Special Flood Hazard Area.

National Flood Hazard Layer FIRMette



This map complies with FEMA's standards for the use of digital flood maps if it is not void as described below. The basemap shown complies with FEMA's basemap accuracy standards.

The flood hazard information is derived directly from the authoritative NFHL web services provided by FEMA. This map was exported on 1/20/2024 at 4:30 PM and does not reflect changes or amendments subsequent to this date and time. The NFHL and effective information may change or become superseded by new data over time.

This map image is void if the one or more of the following map elements do not appear: basemap imagery, flood zone labels, legend, scale bar, map creation date, community identifiers, FIRM panel number, and FIRM effective date. Map images for unmapped and unmoderated areas cannot be used for regulatory purposes.

Section I, Identification, General Information, and Certification
Historic Resources Preservation Act Requirements

The Applicants have requested a Historic Preservation Act determination from the Illinois Historic Preservation Agency. Documentation that no historic, architectural or archaeological sites exist within the project site will be submitted under separate cover upon receipt.

Section I, Identification, General Information, and Certification

Project Costs

| Use of Funds | Clinical | Nonclinical | Total |
|---|------------------|------------------|--------------------|
| Preplanning Costs | \$0 | \$0 | \$0 |
| Site Survey and Soil Investigation | \$0 | \$0 | \$0 |
| Site Preparation | \$0 | \$0 | \$0 |
| Off Site Work | \$0 | \$0 | \$0 |
| New Construction Costs | \$0 | \$0 | \$0 |
| Modernization Contracts | \$250,000 | \$150,000 | \$400,000 |
| Contingencies | \$25,000 | \$15,000 | \$40,000 |
| Architectural/Engineering Fees | \$30,000 | \$10,000 | \$40,000 |
| Consulting and Other Fees | \$40,000 | \$65,000 | \$105,000 |
| Movable and Other Equipment (not in construction contracts) | \$22,000 | \$28,500 | \$50,500 |
| Equipment General | \$8,000 | \$12,000 | \$20,000 |
| Furniture | \$5,000 | \$7,000 | \$12,000 |
| Security Access/Cameras | \$3,000 | \$2,000 | \$5,000 |
| IT/Telecom | \$2,000 | \$2,500 | \$4,500 |
| Signs/Wayfinding | \$1,500 | \$2,500 | \$4,000 |
| Other | \$2,500 | \$2,500 | \$5,000 |
| Bond Issuance Expense (Project related) | \$0 | \$0 | \$0 |
| Net Interest Expense During Construction (Project related) | \$0 | \$0 | \$0 |
| Fair Market Value of Leased Space or Equipment* | \$240,915 | \$405,704 | \$646,619 |
| Other Costs to be Capitalized | \$320,000 | \$0 | \$320,000 |
| Net book value of equipment to be transferred from existing ASC | \$320,000 | \$0 | \$320,000 |
| Acquisition of Building or Other Property (Excluding land) | \$0 | \$0 | \$0 |
| Total Uses of Funds | \$927,915 | \$674,204 | \$1,602,119 |

**The ASTC will occupy 51% of 2300 W. Peterson Ave. Chicago, IL 60659 (7,855 gsf out of 15,387 total gsf). The above FMV of Leased Space amount is equal to 51% of the \$1,266,648 estimated property value in the tax assessment below.

Property Characteristics for PIN:

[Search Again](#) | [Tax Calculator](#) | [More Property Characteristic Information](#)

14-06-115-042-0000



PROPERTY ADDRESS

2300 W PETERSON AVE
CHICAGO
60659
Township: LAKE VIEW

MAILING ADDRESS

JAWAD RABI
4753 N KEDZIE AVE
CHICAGO, IL 60625

[Update Name or Mailing Address](#)

PROPERTY CHARACTERISTICS

CURRENT INFORMATION

Assessed Value:

(2021 Board Final)

Assessment Information: 316,662

Estimated Property Value: \$1,266,648

Assessed Value History

Lot Size (SqFt): 12,217

Building (SqFt):

Property Class: 5-97

Property Class Description

Tax Rate : 7.035

Tax Rate History

Tax Code : 73001

[Taxing Districts' Financial Statements](#)

[Tax Rate Information](#)

Active CON Permits

Peterson Surgery Center LLC does not currently operate any health care facilities and as such it does not have any open CON permits.

Cost Space Requirements

The Applicant seeks to relocate and right size an existing ASTC.

| | | Gross Square Feet | | Amount of Proposed Total Gross Square Feet That is: | | | |
|---|-----------|-------------------|-------------------------------|---|------------|-------|-------------------------------------|
| Dept. / Area (list below) | Cost | Existing | Total Upon Project Completion | New Const. | Modernized | As Is | Vacated as a result of this project |
| Reviewable | | | | | | | |
| ASTC | \$927,915 | 2,652 | 2,652 | 0 | 2,652 | 0 | 0 |
| Total Reviewable | \$927,915 | 2,652 | 2,652 | 0 | 2,652 | 0 | 0 |
| Non-Reviewable | | | | | | | |
| Mechanical & Other Building Systems, Administrative, other non-clinical | \$674,204 | 4,466 | 4,466 | 0 | 4,466 | 0 | 0 |
| Total Non-Reviewable | \$674,204 | 4,466 | 4,466 | 0 | 4,466 | 0 | 0 |

Discontinuation

This Certificate of Need application relates to the establishment of Peterson Surgery Center LLC to be located at 2300 W. Peterson Ave., Chicago, IL 60659. The Affiliated Operators will submit a separate Certificate of Need application for the discontinuation of Rogers Park One Day Surgery Center, Inc. located at 7616 N. Paulina St., Chicago, IL 60626.

Section III, Project Purpose, Background and Alternatives – Information Requirements
Criterion 1110.110 (a), Project Purpose, Background and Alternatives

Background of the Applicant

1. The Applicants do not currently own or operating any health care facilities.
2. By signing the certification pages within this application, the Applicants attest that no adverse action has been taken against any facility owned and/or operated by the Applicants during the three years prior to filing this application.
3. By signing the certification pages within this application, the Applicants authorize the State Board and the Illinois Department of Public Health ("IDPH") to access any documents necessary to verify information submitted, including, but not limited to: official records of IDPH or other State agencies; and the records of nationally recognized accreditation organizations.

Section III, Project Purpose, Background and Alternatives – Information Requirements
Criterion 1110.110(b), Project Purpose, Background and Alternatives

Purpose of the Project

This CON permit application to open the Planned ASTC is associated with an impending filing for the closure of Rogers Park One Day Surgery Center's ASTC (the "Existing ASTC"). The owner of the Planned ASTC operator, Peterson Surgery Center, is the spouse of the owner of the Existing ASTC. This application is effectively the relocation of the Existing ASTC. In connection with the Applicant's request to the Illinois Health Facilities and Services Review Board (the "State Board") to relocate the Existing ASTC, the ASTC will be right sized. The purpose of this project is to improve access to residents of the geographic service area ("GSA"), enhance the quality and safety for and experiences of patients and staff, reduce costs and increase utilization through Medicare certification.

The Existing ASTC is located in an outdated building that was converted to an ASTC in the early 2000s but was not built to meet accreditation standards for Medicare certification. Since the current operator of the Existing ASTC purchased it in 2017, it has expended over \$1,000,000 on building interiors and infrastructure recommended by health care design consultants, including a handicap ramp, electrical panel upgrades, recovery room upgrades and other work. In spite of these investments, CMS declined to certify the Existing ASTC for enrollment in the Medicare program due to lack of building code compliance. Also, as discussed further below, there has been such a significant increase in crime very close to the Existing ASTC that clinical staff are difficult to recruit and retain and both patients and staff often feel unsafe. Moving the Existing ASTC will also alleviate parking issues at the Existing ASTC and will improve the size and design of the clinical areas for surgery, prep and recovery as well as for support spaces. The Replacement ASTC will be housed in a building that was used as an ASTC until 2019 when it closed. Re-opening a surgery center at this location will put an existing resource back on line after making minor modifications to upgrade the building to provide a state-of-the-art treatment facility.

The Project will address the following in a cost-effective manner:

1. Enable the Affiliated Operators to obtain certification by the Centers for Medicare and Medicaid Services ("CMS")

By addressing building code compliance issues by relocating and making minor modifications to the Replacement ASTC, Peterson Surgery Center LLC ("Peterson ASC") will be able to become Medicare certified. Doing so will enable Peterson ASC to care for a broader category of patients based on being eligible for federal health program reimbursement and private health care insurance. With a broader patient base, the Applicant's surgery center will be better utilized. CMS certification at Peterson ASC would also expand access to high quality ASTC services in the City of Chicago for the general population.

The ASTC setting represents a more convenient, lower cost, high quality option relative to hospitals. The Replacement ASTC will be a community resource in which area patients and families will be able to access care. Notably, the population of the City of Chicago (HSA 6) is generally equivalent to the population of suburban HSA 7. Specifically, Chicago is estimated by the HFSRB to have 2,719,500 residents versus 3,051,500 residents in HSA 7. However, the more affluent suburbs have far greater access to ASTC services. According to the most recently published HFSRB inventory, HSA 7 providers operate 177 operating rooms (providing 188,219 surgeries in 2019) while there are only 51 operating rooms (including procedure rooms)¹ in the City of Chicago, providing 31,887 surgeries in the same year. While this is a small project, it will enhance access to surgical services in the City of Chicago where many residents face healthcare

¹ Ambulatory Surgical Treatment Center Questionnaire for 2022, Illinois Department of Public Health, Health Systems Development.

inequalities. There are far more hospital surgical suites in Chicago (478 including procedure rooms)² but hospitals are a much higher cost setting for elective outpatient surgical services.

Utilizing hospital outpatient departments ("HOPDs") for procedures that can be safely performed in an outpatient surgery center is not an efficient use of scarce healthcare resources. A 2019 article in Modern Healthcare noted hospital prices are the main driver of inflation in U.S. healthcare spending. This article highlighted that hospital consolidation has led to growth in market power and an ability to not only raise prices but to resist new, more sensible payment reforms. In fact, from 2007 to 2014, hospital prices for outpatient care increased at over 4 times the rate of physician care (25% increase for hospitals compared to 6% for physician prices). Further, according to the March 2023 MedPac Report to Congress, ASCs can offer more convenient locations, shorter waiting times, lower cost sharing, and easier scheduling relative to HOPDs. Additionally, patients often report an enhanced experience at ASTCs compared to HOPDs due, in part, to easier access to parking, shorter waiting times, and ease of access into and out of the operating rooms. Finally, surgeons can be more efficient in ASTCs due to faster turnover of operating rooms, designated surgical times without risk of delay due to more urgent procedures, and specialized nursing staff. As a result of these efficiencies, physicians are able to see more patients in their practice which generally improves access to scarce physician resources.

2. Address patient and staff safety concerns at the Existing ASTC

In recent years, the area surrounding the Existing ASTC has seen a significant increase in crime, especially drug trafficking activity. The Affiliated Operators have reported drug dealers to the police many times, but unfortunately, no action that has improved these conditions has been taken. A number of drug dealers park their cars directly in front of the Existing ASTC's main doors and sell drugs. When the police come, the illegal activity ceases for a very short while but if the individuals are not arrested, they return soon after they are pursued by the police. Due to this criminal activity, patients and staff do not feel safe. Consequently, the Existing ASTC has lost staff who are not willing to work at the current location. The Existing ASTC has also experienced many cancellations and no-shows among patients who do not feel comfortable obtaining care in the existing location.

3. Resolve physical plant limitations at the Existing ASTC

During the period since the Existing ASTC's conversion to an ASTC, there have been significant advances in the design of the surgical patient care environment that advance infection control practices and other quality measures and increase the efficiency of care. These changes are beneficial to patients, caregivers and the patient care team. To maximize quality and efficiency and bring the Existing ASTC up to modern standards would require significant modifications to the overall building, the surgical space and associated pre-op and post-op areas, as well as to the other clinical and non-clinical support space. Doing so would require the Affiliated Operators to suspend clinical operations and do significant demolition and re-construction of the building. Instead, the physical plant shortcomings of the current ASTC will be addressed in a much more efficient and cost-effective manner by relocating to the Replacement ASTC.

4. Reduce ongoing maintenance costs

Due to the age of the Existing ASTC, the operator of the Existing ASTC must invest considerable sums of money each year to address ongoing maintenance requirements. Rather than continuing investment in a building that doesn't work for its intended services, the Affiliated Operators would be better served by moving operations to the Replacement ASTC.

² Hospital Questionnaire for 2022, Illinois Department of Public Health, Health Systems Development (HSA Summary)

5. Solve parking shortage

The parking lot used by patients and staff at the Existing ASTC was recently sold to a developer which plans to construct a mixed-use building on the lot. Without those parking spaces, the Existing ASTC will not have sufficient parking for patients, physicians and staff. The Replacement ASTC will have sufficient parking located near the building's entrance.

6. Expand access to underserved patient populations

The Affiliated Operators are committed to serving the needy and new arrivals in Chicago, and the Replacement ASTC is ideally located to do so. The proposed location is only one block away from a Federally Qualified Health Center (FQHC) with which the Planned ASTC plans to partner. It is also located near an Asian Human Services clinic and a significant Indian and Pakistani community who are in need of services. As surgical cases increasingly shift to the ASTC setting due to pressures relating to reimbursement differentials between hospitals and surgery centers, having an efficient, state-of-the-art facility will be a significant benefit to residents of the City of Chicago.

1. Document that the Project will provide health care services that improve the health care or well-being of the market area population to be served.

The Replacement ASTC is 2.1 miles from the Existing ASTC and is in a convenient location for patients residing in the City of Chicago. Additionally, the Replacement ASTC will be much more easily accessible in terms of parking, wayfinding, family waiting areas and drop-off/pick-up. By obtaining Medicare certification, Peterson ASC will expand access to a convenient, high quality, lower cost alternative to hospital outpatient departments.

2. Define the planning area or market area, or other, per the applicant's definition.

Peterson ASC will serve patients in the City of Chicago within 10 miles of the ASTC. A map of the market area of Peterson ASC is attached at Attachment – 12A. The distance from Peterson ASC to the GSA borders are as follows:

- East: 10 miles to Lake Michigan
- South: 10 miles to South Loop Chicago
- West: 10 miles to O'Hare Airport
- North: 10 miles to Chicago's north Cook County suburbs

3. Identify the existing problems or issues that need to be addressed, as applicable and appropriate for the Project.

As discussed in greater detail above, the Planned ASTC will be able to become Medicare certified by CMS to participate in federal health programs and other payor programs, which would expand access among GSA residents to ASTC services. The Planned ASTC will also address safety concerns, resolve physical plant limitations, reduce ongoing maintenance costs, and eliminate a parking shortage.

Access to ambulatory surgical care is essential to the overall well-being of the community, particularly in light of the aging population and the co-morbidities associated with that shifting age cohort. As set forth in a letter from the ASC Advocacy Committee to Secretary Sebelius regarding ASTCs, ASTCs are efficient providers of surgical services. ASTCs provide high quality surgical care, excellent outcomes and a high level of patient satisfaction at lower cost than HOPDs. Surgical procedures performed in an ASTC are reimbursed at lower rates than HOPDs and result in lower out-of-pocket expenses to patients. In fact, based on United Healthcare's desire to cover certain procedures only in the ASTC setting, the payor has announced prior authorization guidelines in Cook County for certain surgical procedures in outpatient hospital settings that will not apply to ASTCs. The Affiliated Operators expect other payors to follow suit in the near future.

4. Cite the sources of the information provided as documentation.

Medicare Payment Advisory Commission, Report to the Congress: Medicare Payment Policy (Mar. 15, 2023) available at <https://www.medpac.gov/wp->

content/uploads/2023/03/Mar23_MedPAC_Report_To_Congress_SEC.pdf (last visited January 20, 2024).

Alex Kacik, *Hospital Price Growth Driving Healthcare Spending*, MODERN HEALTHCARE, Feb. 4, 2019 available at <https://www.modernhealthcare.com/article/20190204/NEWS/190209984/hospital-price-growth-driving-healthcare-spending> (last visited January 20, 2024).

Letter from ASC Advocacy Committee to Secretary Sebelius available at <http://wasca.net/wp-content/uploads/2010/10/Final-ASCAC-ASCA-VBP-letter-to-Sebelius.pdf> (last visited January 20, 2024).

United Healthcare's prior authorization requirements for HOPDs available at <https://www.uhcprovider.com/en/prior-auth-advance-notification/adv-notification-plan-reqs.html> (last visited January 20, 2024).

5. Detail how the Project will address or improve the previously referenced issues as well as the population's health status and well-being.

As discussed in greater detail above, relocating from a deteriorated facility to a modernized building with ample parking in a safer neighborhood will allow Peterson ASC to address all of the above issues in a cost-effective manner. Doing so will allow it to better meet the needs of patients residing in the City of Chicago.

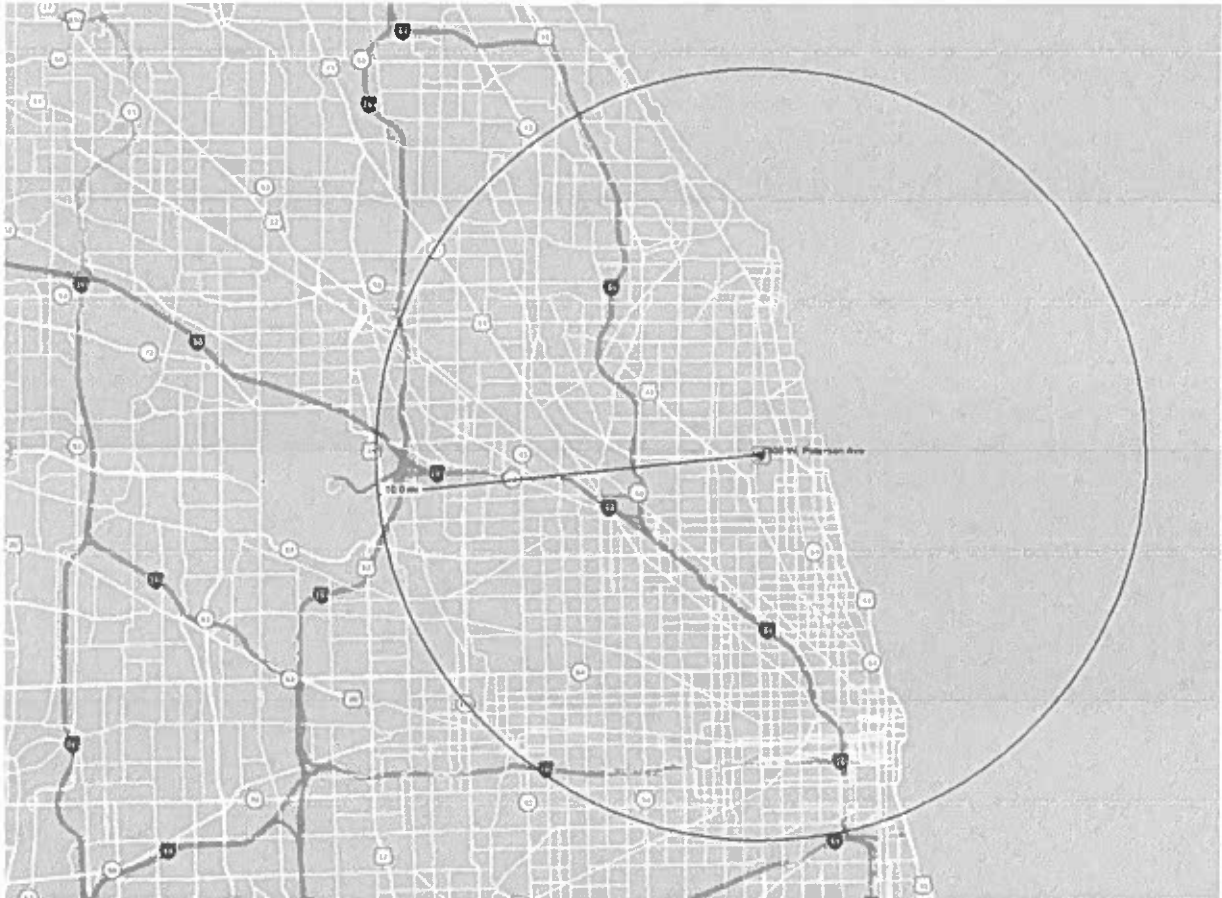
6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals as appropriate.

The Applicant's prevailing objectives are to improve access to residents of the GSA, enhance the experiences of patients and staff, reduce costs and increase utilization through Medicare certification. Specifically, the goals of the Project are:

- Enable the Affiliated Operators to become eligible to participate in a broad range of payor programs as a Medicare-certified ASTC
- Address patient and staff safety concerns
- Resolve physical plant limitations at the Existing ASTC
- Reduce ongoing maintenance costs
- Solve parking shortage
- Expand access to underserved patient populations

These goals can be achieved within two years of project completion.

Peterson ASC 10-mile Geographic Service Area



Section III, Project Purpose, Background and Alternatives – Information Requirements
Criterion 1110.110(d), Project Purpose, Background and Alternatives

Alternatives

The Affiliated Operators propose to relocate and right size the Existing ASTC to the Planned ASTC and believe that the proposed project is the most effective and least costly alternative to the other alternatives considered when balancing access and quality with costs. The following narrative consists of a comparison of the proposed project to alternative options.

The Affiliated Operators have considered the following alternatives:

A) Project of Lesser Scope: Do Nothing (\$0)

This option would not address existing physical plant issues that prevent the Existing ASC from obtaining CMS certification and result in high ongoing maintenance costs. Furthermore, doing nothing would not resolve safety concerns impacting patients and staff or parking shortages around the Existing ASTC.

Under this option, quality, patient and staff satisfaction, access and the cost of care would be adversely affected. For these reasons, this alternative was rejected.

B) Renovate Existing ASTC (\$2,500,000)

To renovate the Existing ASTC to the extent necessary to obtain Medicare certification, the Affiliated Operators would have to invest more than the costs associated with this Project and would achieve suboptimal results. Modernizing in place would not address the safety concerns associated with drug dealer and other criminal activity in the area surrounding the ASTC. Furthermore, it would not provide for adequate parking for patients and staff. This option would also negatively impact patient access by requiring portions of the facility to be inoperable during construction and would result in disruptions due to construction noise and debris.

Under this option, project costs would increase, and patient safety, access and satisfaction would all be adversely impacted. For these reasons, this alternative was rejected.

C) Relocate and modernize the Replacement ASTC (Proposed). (\$1,602,119)

The Affiliated Operators ultimately decided to relocate their ASTC less than three miles away. The chosen option will reduce project costs while providing a state-of-the-art facility that promotes quality of care, patient satisfaction and operational efficiency. It will also allow Peterson ASC to expand access by obtaining CMS certification.

Section IV, Project Scope, Utilization, and Unfinished/Shell Space**Criterion 1110.120 -- Size of the Project**

The Applicant proposes to establish an ASTC with one operating room. Pursuant to Section 1110 of the Administrative Code, the State standard is 2,075 gsf – 2,750 gsf per operating room. The gross clinical square footage of the proposed ASTC is 2,652 gsf. Accordingly, the size of the operating room meets the State standard.

| SIZE OF PROJECT | | | | |
|----------------------|---------------|-----------------------|------------|---------------|
| DEPARTMENT / SERVICE | PROPOSED BGSF | STATE STANDARD | DIFFERENCE | MET STANDARD? |
| ASTC | 2,652 gsf | 2,075 gsf - 2,750 gsf | n/a | Yes |

Section IV, Project Scope, Utilization, and Unfinished/Shell Space
Criterion 1110.120 - Project Services Utilization

As documented in the physician letter attached at Appendix 1, the Existing ASTC performed 481 procedures (or 674 surgical hours) in 2023 and referring physicians project at least the same number of surgical hours for the first year after project completion. The Applicant knows that projections cannot exceed historical volumes, but they do believe that with Medicare certification, utilization of the ASTC will increase. Based upon historical average hours per case, including prep and cleanup, projected hours in the first year after project completion are as follows, which is sufficient to support the need for one operating room.

| Surgical Specialty | Projected Referrals based on Historical Volume of the Existing ASTC | Estimated Surgical Time (Hours) | Estimated Total Surgical Hours (Cases multiplied by Average Case Time)³ |
|---------------------------|--|--|---|
| General Surgery | 1 | 3 | 3 |
| Neurological | 6 | 6 | 36 |
| Orthopedic | 32 | 5 | 160 |
| Pain Management | 431 | 1 | 431 |
| Podiatry | 11 | 4 | 44 |
| Total | 481 | | 674 |

| Table 1110.235(c)(5)(A) Projected Utilization | | | | |
|--|---------------------|------------------------------|-----------------------|----------------------|
| Year | Dept/Service | Projected Utilization | State Standard | Met Standard? |
| 2023 | ASTC | 674 hours | n/a | Yes |

Note: The 2022 utilization data for the ASTC was similar (491 cases and 692 hours). As communicated to the HFSRB staff prior to the filing of this CON permit application; however, the 2022 profile inadvertently didn't correctly state case times/total hours. These 2022 figures are the correct use data for that year.

³ After the first anniversary of project completion.

Section IV, Project Scope, Utilization, and Unfinished/Shell Space
Criterion 1110.120(d) Unfinished or Shell Space

This project will not include unfinished space. Accordingly, this criterion is not applicable.

Section IV, Project Scope, Utilization, and Unfinished/Shell Space
Criterion 1110.120(e) Assurances

This project will not include unfinished space. Accordingly, this criterion is not applicable.

Section V, Service Specific Review Criteria
Non-Hospital Based Ambulatory Surgery
Criterion 1110.235(c)(2)(B), Service to GSA Residents

- a. Attached at Attachment – 24A is a map outlining the intended GSA for Peterson ASC. As set forth in Criterion 1110.235, Peterson ASC will serve residents of the City of Chicago within 10 miles of the proposed site. Accordingly, the intended GSA consists of those areas within 10 miles of the proposed site.
- b. Pursuant to Section 1100.510(d) of the State Board's rules, the normal travel radius should be based upon the location of the applicant facility. The Replacement ASTC is located in Cook County, and therefore the intended GSA is the radius of 10 miles from the Replacement ASTC. A list of all zip codes located, in whole or in part, within a 10-mile radius of the Replacement ASTC as well as the 2018 U.S. Census estimates for each zip code is provided in Table 1110.235(c)(2)(B)(i).

| Table 1110.235(c)(2)(B)(i) | | |
|--|---------------|-------------------|
| Population within Geographic Service Area | | |
| ZIP | Name | Population |
| 60093 | Winnetka | 19,648 |
| 60025 | Glenview | 40,972 |
| 60026 | Glenview | 13,424 |
| 60022 | Glencoe | 8,481 |
| 60016 | Des Plaines | 59,479 |
| 60714 | Niles | 29,550 |
| 60053 | Morton Grove | 23,465 |
| 60029 | Golf | 537 |
| 60091 | Wilmette | 27,443 |
| 60043 | Kenilworth | 2,578 |
| 60201 | Evanston | 37,904 |
| 60208 | Evanston | 4,969 |
| 60203 | Evanston | 4,042 |
| 60076 | Skokie | 32,821 |
| 60077 | Skokie | 27,842 |
| 60068 | Park Ridge | 37,892 |
| 60018 | Des Plaines | 30,813 |
| 60631 | Chicago | 29,783 |
| 60656 | Chicago | 26,934 |
| 60176 | Schiller Park | 11,795 |
| 60634 | Chicago | 74,959 |
| 60131 | Franklin Park | 18,134 |
| 60171 | River Grove | 10,162 |
| 60305 | River Forest | 11,219 |
| 60160 | Melrose Park | 25,528 |
| 60707 | Elmwood Park | 43,379 |
| 60302 | Oak Park | 31,984 |

| | | |
|-------|-----------------|--------|
| 60304 | Oak Park | 17,716 |
| 60130 | Forest Park | 14,120 |
| 60644 | Chicago | 49,051 |
| 60804 | Cicero | 84,310 |
| 60623 | Chicago | 97,333 |
| 60608 | Chicago | 70,562 |
| 60607 | Chicago | 27,573 |
| 60616 | Chicago | 53,650 |
| 60605 | Chicago | 27,544 |
| 60604 | Chicago | 801 |
| 60601 | Chicago | 12,923 |
| 60603 | Chicago | 1,676 |
| 60661 | Chicago | 9,899 |
| 60606 | Chicago | 3,239 |
| 60654 | Chicago | 17,069 |
| 60611 | Chicago | 32,763 |
| 60610 | Chicago | 39,868 |
| 60642 | Chicago | 19,457 |
| 60612 | Chicago | 35,852 |
| 60622 | Chicago | 53,123 |
| 60624 | Chicago | 37,701 |
| 60651 | Chicago | 62,143 |
| 60639 | Chicago | 88,971 |
| 60647 | Chicago | 85,337 |
| 60618 | Chicago | 94,320 |
| 60641 | Chicago | 69,561 |
| 60657 | Chicago | 73,340 |
| 60614 | Chicago | 68,835 |
| 60613 | Chicago | 50,716 |
| 60640 | Chicago | 69,966 |
| 60625 | Chicago | 81,348 |
| 60630 | Chicago | 57,990 |
| 60706 | Harwood Heights | 23,525 |
| 60646 | Chicago | 26,339 |
| 60712 | Lincolnwood | 12,637 |
| 60659 | Chicago | 41,033 |
| 60660 | Chicago | 41,500 |
| 60626 | Chicago | 51,416 |
| 60645 | Chicago | 47,131 |
| 60202 | Evanston | 32,676 |
| 60602 | Chicago | 1,265 |

United States Census Bureau, 2018

- c. Pursuant to Section 1100.510(d) of the State Board's rules, the intended geographic service area shall be a 10-mile radius time from the proposed ASTC. As set forth throughout this application, Peterson ASC serves patients in the City of Chicago within 10 miles of the ASTC. A map of the market area of the Replacement ASTC is attached at Attachment – 12A. The distance from the Replacement ASTC to the GSA borders are as follows:
- East: 10 miles to Lake Michigan
 - South: 10 miles to South Loop Chicago
 - West: 10 miles to O'Hare Airport
 - North: 10 miles to Chicago's north suburbs
- d. Patient origin information by zip code for Peterson ASC's historical cases for the last 12- month period is provided in Table 1110.235(c)(2)(B)(ii) below. 341 (70.1%) of the projected cases in the referral letter in Appendix-1 reside in Cook County.

| Table 1110.235(c)(2)(B)(ii) | |
|--|-----------------|
| Historical Patient Origin for the Existing ASTC | |
| County | Patients |
| Cook | 341 |
| Lake | 57 |
| Will | 30 |
| Kane | 18 |
| DuPage | 9 |
| Grundy | 11 |
| Kankakee | 3 |
| St. Clair | 3 |
| McHenry | 2 |
| Livingston | 2 |
| Kenosha | 2 |
| Champaign | 1 |
| Laporte | 1 |
| Milwaukee | 1 |

Attachment- 24A: Peterson ASC's 10-Mile GSA



Section V, Service Specific Review Criteria
Non-Hospital Based Ambulatory Surgery
Criterion 1110.235(c)(3)– Service Demand-Additional ASTC Service

A physician referral letter providing the number of patients referred to healthcare facilities within the past 12 months and the projected number of referrals to Peterson ASC is attached at Appendix–1. A summary of the physician referral letter is provided in Table 1110.235(c)(3) below.

| Table 1110.235(c)(3) | | |
|---|----------------------------|--|
| Facility | CY 2023 (Cases) | Anticipated Referrals to the Replacement ASTC (Cases) |
| Rogers Park One Day Surgery Center Chicago, IL | 481 | 481 |
| Total | 481 | 481 |

Section V, Service Specific Review Criteria
Non-Hospital Based Ambulatory Surgery
Criterion 1100.235(c)(5) Treatment Room Need Assessment

- a. The Affiliated Operators propose to relocate and right size an existing ASTC. The Planned ASTC will decrease the number of operating rooms by one, as the Existing ASTC has two operating rooms and the Replacement ASTC will contain one operating room. Pursuant to Section 1100.640(c) of the State Board's rules, the State utilization standard is not applicable to an ASTC with one operating room. In 2023, 481 surgical procedures (or 674 surgical hours) were performed at the Existing ASTC. Based on the referral letter attached at Appendix - 1, Peterson ASC projects that at least 481 cases (or 674 surgical hours) will be performed at the Replacement ASTC during the first year after project completion.

Note: The 2022 utilization data for the ASTC was similar (491 cases and 692 hours). As communicated to the HFSRB staff prior to the filing of this CON permit application; however, the 2022 profile inadvertently didn't correctly state case times/total hours. These 2022 figures are the correct use data for that year.

- b. Peterson ASC estimates the following average length of time per surgical procedure (including prep and cleanup). The figures below are based on actual historical utilization at the Existing ASTC.

| Physician Specialty | 2023 Average Hours/Case |
|----------------------------|--------------------------------|
| General Surgery | 3 |
| Neurosurgery | 6 |
| Orthopedic | 5 |
| Pain Management | 1 |
| Podiatry | 4 |

V, Service Specific Review Criteria
Non-Hospital Based Ambulatory Surgery
Criterion 1110.235(c)(6), Service Accessibility

The Affiliated Operators plan to relocate and right size an existing ASTC to enable CMS certification, address safety concerns, resolve physical plant limitations, reduce ongoing maintenance costs, and eliminate a parking spot shortage as described in Attachment- 12. The Project is effectively a relocation and will decrease the number of operating rooms in the GSA by one, as the Existing ASTC has two operating rooms and the Replacement ASTC will contain one operating room. Further, the anticipated volumes in Attachment- 15 are based solely on historical volumes occurring at the Existing ASTC. Through Peterson ASC, patients residing in the City of Chicago will have access to surgical procedures that they might otherwise have to have in a hospital which would cost 3 to 4 times more. The Applicant is excited to move the Existing ASTC to a location that will be able to be Medicare certified so access to residents can be expanded.

Section V, Service Specific Review Criteria
Non-Hospital Based Ambulatory Surgery
Criterion 1110.235(c)(7), Unnecessary Duplication/Maldistribution

1. Unnecessary Duplication of Services

- a. A map of the Replacement ASTC's market area is attached at Attachment – 24A. A list of all zip codes located, in whole or in part, within a 10-mile radius of Peterson ASC as well as the 2018 U.S. Census estimates figures for each zip code is provided in Table 1110.235(c)(7)(A).

| Table 1110.235(c)(7)(A) | | |
|--|---------------|-------------------|
| Population within Geographic Service Area | | |
| ZIP | Name | Population |
| 60093 | Winnetka | 19,648 |
| 60025 | Glenview | 40,972 |
| 60026 | Glenview | 13,424 |
| 60022 | Glencoe | 8,481 |
| 60016 | Des Plaines | 59,479 |
| 60714 | Niles | 29,550 |
| 60053 | Morton Grove | 23,465 |
| 60029 | Golf | 537 |
| 60091 | Wilmette | 27,443 |
| 60043 | Kenilworth | 2,578 |
| 60201 | Evanston | 37,904 |
| 60208 | Evanston | 4,969 |
| 60203 | Evanston | 4,042 |
| 60076 | Skokie | 32,821 |
| 60077 | Skokie | 27,842 |
| 60068 | Park Ridge | 37,892 |
| 60018 | Des Plaines | 30,813 |
| 60631 | Chicago | 29,783 |
| 60656 | Chicago | 26,934 |
| 60176 | Schiller Park | 11,795 |
| 60634 | Chicago | 74,959 |
| 60131 | Franklin Park | 18,134 |
| 60171 | River Grove | 10,162 |
| 60305 | River Forest | 11,219 |
| 60160 | Melrose Park | 25,528 |
| 60707 | Elmwood Park | 43,379 |
| 60302 | Oak Park | 31,984 |
| 60304 | Oak Park | 17,716 |
| 60130 | Forest Park | 14,120 |
| 60644 | Chicago | 49,051 |
| 60804 | Cicero | 84,310 |
| 60623 | Chicago | 97,333 |

| | | |
|-------|-----------------|--------|
| 60608 | Chicago | 70,562 |
| 60607 | Chicago | 27,573 |
| 60616 | Chicago | 53,650 |
| 60605 | Chicago | 27,544 |
| 60604 | Chicago | 801 |
| 60601 | Chicago | 12,923 |
| 60603 | Chicago | 1,676 |
| 60661 | Chicago | 9,899 |
| 60606 | Chicago | 3,239 |
| 60654 | Chicago | 17,069 |
| 60611 | Chicago | 32,763 |
| 60610 | Chicago | 39,868 |
| 60642 | Chicago | 19,457 |
| 60612 | Chicago | 35,852 |
| 60622 | Chicago | 53,123 |
| 60624 | Chicago | 37,701 |
| 60651 | Chicago | 62,143 |
| 60639 | Chicago | 88,971 |
| 60647 | Chicago | 85,337 |
| 60618 | Chicago | 94,320 |
| 60641 | Chicago | 69,561 |
| 60657 | Chicago | 73,340 |
| 60614 | Chicago | 68,835 |
| 60613 | Chicago | 50,716 |
| 60640 | Chicago | 69,966 |
| 60625 | Chicago | 81,348 |
| 60630 | Chicago | 57,990 |
| 60706 | Harwood Heights | 23,525 |
| 60646 | Chicago | 26,339 |
| 60712 | Lincolnwood | 12,637 |
| 60659 | Chicago | 41,033 |
| 60660 | Chicago | 41,500 |
| 60626 | Chicago | 51,416 |
| 60645 | Chicago | 47,131 |
| 60202 | Evanston | 32,676 |
| 60602 | Chicago | 1,265 |

United States Census Bureau, 2018

- b. A list of all hospitals and surgery centers located within the Replacement ASTC's geographic service area that offer the surgical specialties to be offered at the Replacement ASTC are identified in the table below. Only two ASTCs within a five-mile radius offer any of the surgical specialties to be offered at the Replacement ASTC.

| Facility | Address | City | Type | Driving Distance (Miles) |
|--|------------------------------------|--------------|----------|--------------------------|
| Lakeshore Surgery Center | 7200 N Western Ave | Chicago | ASTC | 2.4 |
| North Shore Surgical Center | 3725 W Touhy Ave | Unconwood | ASTC | 4.2 |
| Western Diversey Surgical Center | 2744 N Western Ave. | Chicago | ASTC | 5.6 |
| Six Corners Sameday Surgery LLC | 4211 N Cicero Avenue Suite 400 | Chicago | ASTC | 6.8 |
| Fullerton Kimball Medical & Surgical Center | 3412 W Fullerton Ave. | Chicago | ASTC | 7.1 |
| Chicago Surgery Center | 3536 W Fullerton Avenue | Chicago | ASTC | 7.3 |
| Gold Coast Surgicenter, LLC | 845 N. Michigan Ave, Suite 985W | Chicago | ASTC | 8.2 |
| The Surgery Center at 900 North Michigan Avenue | 60 East Delaware Place, 15th Floor | Chicago | ASTC | 8.3 |
| River North Sameday Surgery, LLC | 1 East Erie, Suite 300 | Chicago | ASTC | 8.7 |
| Surgicare of Chicago | 17 W Grand Ave | Chicago | ASTC | 9 |
| Fullerton Surgery Center | 4849 W Fullerton Ave | Chicago | ASTC | 9.2 |
| Illinois Sports Medicine & Orthopedic Surgery Cent | 9000 Waukegan Road, Suite 120 | Morton Grove | ASTC | 9.3 |
| Thorek Memorial Hospital Andersonville | 5025 North Paulina Street | Chicago | Hospital | 2.2 |
| Swedish Hospital | 5145 N California Ave | Chicago | Hospital | 2.8 |
| Presence Saint Francis Hospital | 355 Ridge Avenue | Evanston | Hospital | 3.4 |
| Welss Memorial Hospital | 4646 N Marine Dr | Chicago | Hospital | 3.5 |
| Kindred Hospital Chicago North | 2544 W. Montrose Ave. | Chicago | Hospital | 3.5 |
| Thorek Memorial Hospital | 850 W. Irving Park Road | Chicago | Hospital | 4.5 |
| Illinois Masonic Medical Center Campus | 836 West Wellington Avenue | Chicago | Hospital | 5.2 |
| Presence Saint Joseph Hospital - Chicago | 2900 Lake Shore Drive | Chicago | Hospital | 5.7 |
| Evanston Hospital | 2650 Ridge Avenue | Evanston | Hospital | 5.9 |
| Presence Saint Mary & Elizabeth Med Ctr - Chicago | 2233 West Division Street | Chicago | Hospital | 7.8 |
| NorthShore Univ HealthSystem Skokie Hospital | 9600 Gross Point Road | Skokie | Hospital | 8 |
| Humboldt Park Health, Inc. | 1044 N. Francisco Avenue | Chicago | Hospital | 8.2 |
| Community First Medical Center | 5654 W Addison Street | Chicago | Hospital | 8.4 |
| Northwestern Memorial Hospital | 251 E Huron St | Chicago | Hospital | 8.6 |
| Presence Resurrection Medical Center | 7435 West Talcott Avenue | Chicago | Hospital | 8.7 |
| Lurie Children's | 225 E Chicago Avenue Chicago, IL | Chicago | Hospital | 8.8 |

2. Maldistribution of Services

The planned ASTC relocation and right sizing will not result in a maldistribution of services. A maldistribution exists when an identified area has an excess supply of surgical/treatment rooms characterized by such factors as, but not limited to: (1) ratio of surgical/treatment rooms to population exceeds one and one-half times the State Average; (2) historical utilization of existing surgical/treatment rooms is below the State Board's utilization standard; or (3) insufficient population to provide the volume or caseload necessary to utilize the services proposed by the project at or above utilization standards.

- a. Ratio of operating rooms to population.

As shown in Table 110.235(c)(7)(B)(ii), the ratio of population to operating/procedure rooms in the Replacement ASTC's GSA is 111% of the State Average.

| TABLE 110.235(c)(7)(B)(ii) Ratio of Surgical/Treatment Rooms to Population | | | | |
|---|------------|-------------------------------|------------------------|---------------|
| | Population | Operating/ Procedure Rooms | Rooms to Population | Standard Met? |
| Geographic Service Area | 2,472,016 | 624 | 1:3,962 | YES |
| State | 12,549,689 | 2,850 | 1:4,403 | |

- b. Historical Utilization of Existing Healthcare Facilities

The Project is effectively a relocation and will decrease the number of operating rooms in the GSA by one, as the Existing ASTC has two operating rooms and the Replacement ASTC will contain one operating room. Further, the anticipated volumes in Attachment- 15 are based solely on historical volumes occurring at the Existing ASTC.

c. Sufficient Population to Provide the Necessary Volume or Caseload

All of the volumes identified in the physician referral letter attached at Appendix-1 were performed at the Existing ASTC. Accordingly, there is a sufficient referral base of patients to provide the volume necessary to utilize the one operating room proposed by the Applicant.

3. Impact on Other Health Care Facilities

- a. The Project will not have an adverse impact on existing facilities in the GSA. The anticipated volumes in Attachment- 15 are based solely on historical volumes occurring at the Existing ASTC.

Section V, Service Specific Review Criteria
Non-Hospital Based Ambulatory Surgery
Criterion 1110.235(c)(8), Staffing

Peterson ASC is staffed in accordance with IDPH staffing requirements. The Applicant anticipates that current staff at the Existing ASTC will transition seamlessly to the Replacement ASTC, and that the Existing ASTC's current Medical Director, Vicko Gluncic, MD, PhD will continue to function as Medical Director. Dr. Gluncic's CV can be found at Attachment- 24d.

Section V, Service Specific Review Criteria
Non-Hospital Based Ambulatory Surgery
Criterion 1110.235(c)(9) Charge Commitment

- a. A list of the procedures to be performed at Peterson ASC with the proposed charge is provided in Table 1110.235(c)(9).

| Table 1110.235(c)(9) | | |
|-----------------------------------|-------------|--------------|
| Name of Procedure | Primary CPT | Max Charge |
| ANESTHESIA FOR PROCEDURES O | 1710 | \$125 |
| INJECTION(S) PLATELET RICH PLAS | 0232T | \$2,500 |
| INCISION AND DRAINAGE OF HEMATOMA | 10140 | \$3,385 |
| DEBRIDEMENT; SKIN, AND SUBCUT | 11042 | \$1,235 |
| DEBRIDEMENT; SKIN, SUBCUTANE | 11043 | \$722 |
| INSERTION NON-BIODEGRADABLE | 11981 | \$621 |
| MASTOPEXY | 19316 | \$7,133 |
| PERIPROSTHETIC CAPSULECTOMY | 19371 | \$7,133 |
| PERIPROSTHETIC CAPSULECTOMY | 19371-50 | \$13,189 |
| CARPEL TUNNEL INJECTION | 20526 | \$483 |
| INJECTION(S); SINGLE TENDON ORI | 20551 | \$1,191 |
| INJECTION(S); SINGLE OR MULTIPL | 20552 | \$1,900 |
| INJECTION(S); SINGLE OR MULTIPL | 20553 | \$2,210 |
| ARTHROCENTESIS, ASPIRATION A | 20605 | \$ 723.00 |
| ARTHROCENTESIS, ASPIRATION A | 20610 | \$ 1,150.00 |
| REMOVAL OF IMPLANT; DEEP (EG, | 20680 | \$ 6,477.00 |
| CARTILAGE GRAFT; NASAL SEPTUM | 20912 | \$ 6,145.00 |
| ALLOGRAFT MORSELIZED OR PLA | 20930 | \$ 2,695.00 |
| AUTOGRAFT FOR SPINE SURGERY O | 20936 | \$ 4,307.00 |
| CLOSED TREATMENT OF NASAL BO | 21320 | \$ 2,419.00 |
| CLOSED TREATMENT OF NASAL SE | 21337 | \$ 4,387.00 |
| OSTEOTOMY OF SPINE POSTERIOR | 22214 | \$ 17,205.00 |
| ARTHRODESIS ANTERIOR INTERB | 22554 | \$ 40,350.00 |
| ARTHRODESIS ANTERIOR INTERB | 22585 | \$ 11,530.00 |
| ARTHRODESIS, POSTERIOR INTER | 22630 | \$ 27,540.00 |
| ARTHRODESIS, POSTERIOR INTER | 22632 | \$ 27,540.00 |
| ARTHRODESIS COMBINED POSTER | 22633 | \$ 27,540.00 |
| POSTERIOR NON-SEGMENTAL INS | 22840 | \$ 8,633.00 |
| INSERTION OF INTERBODY BIOMEC | 22853 | \$ 9,247.00 |
| UNLISTED PROCEDURE, SPINE | 22899 | \$ 5,500.00 |
| CLAVICULECTOMY; PARTIAL | 23120 | \$ 12,135.00 |
| ACROMIOPLASTY OR ACROMIONE | 23130 | \$ 11,420.00 |
| REPAIR OF RUPTURED MUSCULOTEN | 23410 | \$ 18,410.00 |
| REPAIR OF RUPTURED MUSCULOTEN | 23412 | \$ 11,788.00 |
| TENODESIS OF LONG TENDON OF B | 23430 | \$ 11,788.00 |

| | | |
|---|-------|--------------|
| OPEN TREATMENT OF ACROMIOCLA | 23550 | \$ 10,477.00 |
| EXCISION, OLECRANON BURSA | 24105 | \$ 6,133.00 |
| TENOTOMY ELBOW LATERAL OR M | 24358 | \$ 3,954.00 |
| INCISION, EXTENSOR TENDON SHEA | 25000 | \$ 6,745.00 |
| EXCISION OF GANGLION WRIST | 25111 | \$ 5,455.00 |
| ARTHROPLASTY, INTERPOSITION, I | 25447 | \$ 9,154.00 |
| OPEN TREATMENT OF DISTAL RAD | 25608 | \$ 15,237.00 |
| TENDON SHEATH INCISION | 26055 | \$ 4,785.00 |
| EXCISION TUMOR OR VASCULAR M | 26115 | \$ 6,291.00 |
| EXCISION OF LESION OF TENDON S | 26160 | \$ 4,490.00 |
| REPAIR, EXTENSOR TENDON, HAND | 26410 | \$ 4,490.00 |
| OPEN TREATMENT OF METACARPA | 26615 | \$ 10,328.00 |
| INJECTION PROCEDURE FOR HIP AR | 27095 | \$ 7,375.00 |
| INJECTION PROCEDURE FOR SACRO | 27096 | \$ 9,850.00 |
| EXCISION, TUMOR, THIGH OR KNE | 27327 | \$ 6,120.00 |
| EXCISION TUMOR SOFT TISSUE OF | 27337 | \$ 3,421.00 |
| UNLISTED PROCEDURE, FEMUR | 27599 | \$ 895.00 |
| REPAIR, FLEXOR TENDON, LEG; PR | 27658 | \$ 6,211.00 |
| REPAIR, PRIMARY, DISRUPTED LIG | 27696 | \$ 7,145.00 |
| CAPSULOTOMY; METATARSOPHAL | 28270 | \$ 6,325.00 |
| CORRECTION, HALLUX VALGUS | 28298 | \$ 8,196.00 |
| OPEN TREATMENT OF METATARSA | 28485 | \$ 10,953.00 |
| ARTHRODESIS, MIDTARSAL OR TA | 28730 | \$ 12,959.00 |
| ARTHROSCOPY, SHOULDER, SURG | 29806 | \$ 11,777.00 |
| ARTHROSCOPY SHOULDER SURGI | 29807 | \$ 11,730.00 |
| ARTHROSCOPY, SHOULDER, SURG | 29820 | \$ 7,419.00 |
| ARTHROSCOPY, SHOULDER, SURG | 29822 | \$ 7,405.00 |
| SHOULDER ARTHROSCOPIC EXTENSIVE DEBRIDEMENT | 29823 | \$ 6,122.00 |
| ARTHROSCOPY SHOULDER SURGI | 29824 | \$ 8,120.00 |
| ARTHROSCOPY SHOULDER SURGI | 29826 | \$ 9,220.00 |
| ARTHROSCOPY SHOULDER SURGI | 29827 | \$ 12,730.00 |
| ARTHROSCOPY KNEE SURGICAL; S | 29875 | \$ 7,714.00 |
| ARTHROSCOPY, KNEE, SURGICAL; S | 29876 | \$ 7,705.00 |
| KNEE ARTHROSCOPIC DEBRIDEMENT | 29877 | \$ 6,122.00 |
| ARTHROSCOPY, KNEE, SURGICAL; | 29879 | \$ 8,150.00 |
| ARTHROSCOPY, KNEE, SURGICAL | 29880 | \$ 7,115.00 |
| ARTHROSCOPY, KNEE, SURGICAL | 29881 | \$ 10,122.00 |
| ARTHROSCOPY, KNEE, SURGICAL | 29882 | \$ 10,122.00 |
| ARTHROSCOPY KNEE SURGICAL; W | 29884 | \$ 7,112.00 |
| ARTHROSCOPICALLY AIDED ANTE | 29888 | \$ 12,399.00 |
| ARTHROSCOPY, ANKLE, SURGICA | 29891 | \$ 8,125.00 |
| ARTHROSCOPY, ANKLE | 29898 | \$ 10,122.00 |
| UNLISTED PROCEDURE ARTHROSCO | 29999 | \$ 8,322.00 |

| | | |
|--|----------|--------------|
| SUBMUCOUS RESECTION INFERI | 30140 | \$ 6,485.00 |
| SEPTOPLASTY OR SUBMUCOUS RE | 30520 | \$ 6,485.00 |
| UPPER GASTROINTESTINAL ENDOSC | 43239 | \$ 3,850.00 |
| COLONOSCOPY, FLEXIBLE, PROXIMAL | 45378 | \$ 3,920.00 |
| COLONOSCOPY, FLEXIBLE, PROXIMAL | 45380 | \$ 3,975.00 |
| COLONOSCOPY, FLEXIBLE, PROXIMAL | 45384 | \$ 3,975.00 |
| COLONOSCOPY, FLEXIBLE, PROXIMAL | 45385 | \$ 3,975.00 |
| HEMORRHOIDECTOMY, INTERNAL | 46260 | \$ 6,760.00 |
| REPAIR INITIAL INGUINAL HERNIA | 49505 | \$ 7,365.00 |
| INJECTION PROCEDURE FOR RETRO | 51610 | \$ 3,790.00 |
| ANTERIOR COLPORRHAPHY, REPA | 57240 | \$ 7,995.00 |
| SLING OPERATION FOR STRESS INC | 57288 | \$ 12,492.00 |
| HYSTEROSCOPY, DIAGNOSTIC | 58555 | \$ 5,755.00 |
| HYSTEROSCOPY, SURGICAL; WITH | 58558 | \$ 5,755.00 |
| LAPAROSCOPY, SURGICAL; WITH F | 58662 | \$ 12,175.00 |
| INJECTION EPIDURAL OF BLOOD O | 62273 | \$ 1,525.00 |
| INJECTION PROCEDURE FOR DISCO | 62290 | \$ 3,490.00 |
| INJECTION, SINGLE | 62311 | \$ 2,527.00 |
| Injection(s), of diagnostic or therapeutic s | 62321 | \$ 3,600.00 |
| Injection(s), of diagnostic or therapeutic s | 62323 | \$ 3,500.00 |
| LAMINOTOMY (HEMILAMINECTO | 63030 | \$ 12,442.00 |
| LAMINOTOMY (HEMILAMINECTO | 63035 | \$ 12,442.00 |
| INJECTION, ANESTHETIC AGENT; G | 64405 | \$ 655.00 |
| INJECTION ANESTHETIC AGENT; GR | 64405-50 | \$ 1,064.00 |
| INJECTION, ANESTHETIC AGENT; O | 64450 | \$ 655.00 |
| INJECTION ANESTHETIC AGENT; OT | 64450-50 | \$ 1,064.00 |
| INJECTION, ANESTHETIC AGENT AN | 64483 | \$ 3,100.00 |
| INJECTION, ANESTHETIC AGENT AN | 64483-50 | \$ 5,054.00 |
| INJECTION, ANESTHETIC AGENT AN | 64484 | \$ 2,750.00 |
| INJECTION, ANESTHETIC AGENT AN | 64484-50 | \$ 2,780.00 |
| INJECTION(S) DIAGNOSTIC OR THER | 64490 | \$ 3,500.00 |
| INJECTION(S) DIAGNOSTIC OR THER | 64490-50 | \$ 4,300.00 |
| INJECTION(S) DIAGNOSTIC OR THER | 64491 | \$ 3,350.00 |
| INJECTION(S) DIAGNOSTIC OR THER | 64491-50 | \$ 3,225.00 |
| INJECTION(S) DIAGNOSTIC OR THER | 64492 | \$ 3,250.00 |
| INJECTION(S) DIAGNOSTIC OR THER | 64492-50 | \$ 3,225.00 |
| INJECTION(S) DIAGNOSTIC OR THER | 64493 | \$ 3,600.00 |
| INJECTION(S) DIAGNOSTIC OR THER | 64493-50 | \$ 3,225.00 |
| INJECTION(S) DIAGNOSTIC OR THER | 64494 | \$ 1,612.00 |
| INJECTION(S) DIAGNOSTIC OR THER | 64494-50 | \$ 3,225.00 |
| INJECTION(S) DIAGNOSTIC OR THER | 64495 | \$ 1,612.00 |
| INJECTION(S) DIAGNOSTIC OR THER | 64495-50 | \$ 3,225.00 |
| INJECTION ANESTHETIC AGENT; ST | 64510 | \$ 3,400.00 |

| | | |
|--|----------|--------------|
| DESTRUCTION BY NEUROLYTIC AG | 64633 | \$ 4,150.00 |
| DESTRUCTION BY NEUROLYTIC AG | 64633-50 | \$ 8,154.00 |
| DESTRUCTION BY NEUROLYTIC AG | 64634 | \$ 3,320.00 |
| DESTRUCTION BY NEUROLYTIC AG | 64634-50 | \$ 3,422.00 |
| DESTRUCTION BY NEUROLYTIC AG | 64635 | \$ 4,280.00 |
| DESTRUCTION BY NEUROLYTIC AG | 64635-50 | \$ 8,154.00 |
| DESTRUCTION BY NEUROLYTIC AG | 64636 | \$ 3,250.00 |
| DESTRUCTION BY NEUROLYTIC AG | 64636-50 | \$ 3,422.00 |
| RADIOFREQUENCY GENICULAR NERVE | 64640 | \$ 1,224.00 |
| GREATER OCCIPITAL NERVE INJECTION | 64405 | \$ 483.00 |
| STELLATE GANGLION BLOCK | 64510 | \$ 1,360.00 |
| SPINAL CORD STIMULATOR (TRIAL & PERMANENT) | 63650 | \$ 12,099.00 |
| NEUROPLASTY AND/OR TRANSP | 64718 | \$ 4,962.00 |
| NEUROPLASTY AND/OR TRANSP | 64721 | \$ 5,367.00 |
| DISCOGRAPHY, LUMBAR, RADIOLO | 72295 | \$ 1,945.00 |
| FLUOROSCOPIC GUIDANCE FOR NE | 77002 | \$ 750.00 |
| FLUOROSCOPIC GUIDANCE AND LO | 77003 | \$ 750.00 |
| ELECTROENCEPHALOGRAM | 95822 | \$ 3,264.00 |
| NEEDLE ELECTROMYOGRAPHY | 95861 | \$ 910.00 |
| NEEDLE ELECTROMYOGRAPHY | 95864 | \$ 1,594.00 |
| NEEDLE ELECTROMYOGRAPHY | 95870 | \$ 1,687.00 |
| NEUROMUSCULAR JUNCTION TES | 95937 | \$ 462.00 |
| SHORT-LATENCY SOMATOSENSOR | 95938 | \$ 1,492.00 |
| CENTRAL MOTOR EVOKED POTEN | 95939 | \$ 6,835.00 |
| CONTINUOUS INTRAOPERATIVE N | 95940 | \$ 1,725.00 |

Table 1110.235(c)(9) above is a reasonably broad representative list of the surgical procedures by primary CPT code that will be performed at the Replacement ASTC. Each line shows anticipated maximum charges for two years for a surgical case with the primary CPT code shown.

- b. A letter from Narjisha Thowfeek, Manager, Peterson Surgery Center LLC committing to maintain the charges listed in Table 1110.235(c)(9) for a period of two years after the Replacement ASTC is open is attached below.

Debra Savage, Board Chair
 Illinois Health Facilities and Services Review Board
 525 West Jefferson Street, 2nd Floor
 Springfield, Illinois 62761

**RE: Non-Hospital Based Ambulatory Surgical Treatment Center
 Assurances**

Dear Chair Savage:

Pursuant to 77 Ill. Admin. Code § 1110.235(c)(10), I hereby certify the following:

- Peterson Surgery Center LLC (the "Replacement ASTC") will adopt Rogers Park One Day Surgery Center, Inc.'s existing peer review program that evaluates whether patient outcomes are consistent with quality standards established by professional organizations for surgical services. If outcomes do not meet or exceed those standards, a quality improvement plan will be initiated.
- The charge schedule formulation submitted as part of this certificate of need application will not be modified, at a minimum, for the first two years after the opening of the Replacement ASTC unless a permit is first obtained pursuant to 77 Ill. Admin. Code § 1130.310(a).
- By the second year of operation after the project completion date, Peterson Surgery Center LLC will be financially viable and meet or exceed the utilization standard specified in 77 Ill. Admin. Code 1100.

Sincerely,

Narjisha Thowfeek

Narjisha Thowfeek
 Sole Member and Manager
 Peterson Surgery Center LLC

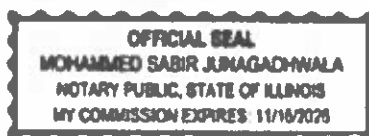
Notarization:

Subscribed and sworn to before
 me this 02 day of 06, 2024

[Signature]

Signature of Notary

seal



Attachment-24c

Section V, Service Specific Review Criteria
Non-Hospital Based Ambulatory Surgery
Criterion 1110.235(c)(10), Assurances

A letter from Narjisha Thowfeek, Manager, Peterson Surgery Center LLC attesting that the Existing ASTC's peer review program will be adopted at Peterson ASC is attached above.

CV of Medical Director
Vicko Gluncic, MD, PhD – Curriculum Vitae

CONTACT

Department of Anesthesiology
 Advocate Illinois Masonic Medical Center
 836 W Wellington Ave
 Chicago, IL 60657
 Cell: 203-500-5902
 E-mail: vicko.gluncic@gmail.com

BOARD CERTIFICATION

The American Board of Anesthesiology
 Specialty Certification in Anesthesiology No.52696

DATES

10/31/2014

MEDICAL LICENSES

Michigan - License#4301108711

2015 - ongoing

Wisconsin - License#53544-020

2009 - ongoing

Illinois - License#036.129218

2011 - ongoing

Indiana - License#01076831A

2016 - ongoing

PROFESSIONAL PERMANENT APPOINTMENTS

Chairman
Department of Anesthesiology
Medical Executive Quality Review Committee
Patient Safety and Quality Improvement Committee
 The Loretto Hospital
 Chicago, IL

11/2016 - 06/2018

Mednax

Attending Physician
 Methodist Hospitals
 Merrillville, IN

07/2016 - 11/2016

NorthStar Anesthesia**03/2014 - 06/2016**

Director of Regional Anesthesia
 Sinai Grace Hospital
 Detroit Medical Center
 Detroit, MI

Attending Physician
 Franciscan St. James Health
 Chicago Heights, IL

Swedish Covenant Hospital**02/2013 - 02/2014**

Attending Physician
 Department of Anesthesiology
 Chicago, IL

EDUCATION**PhD****5/2001 - 07/2005**

Neuroscience
 Yale University School of Medicine
 Split University School of Medicine
 Split, Croatia

MS**09/1998 - 05/2001**

Neuroscience
 Croatian Institute for Brain Research
 Zagreb University School of Medicine
 Zagreb, Croatia

MD**10/1991 - 7/1997**

Zagreb University School of Medicine
 Zagreb, Croatia

POSTGRADUATE TRAINING**Anesthesiology residency – PGY4 year****7/2011 - 12/2012**

Department of Anesthesiology
 Rush University Medical Center
 Chicago, IL

Anesthesiology residency – PGY2&PGY3 years**07/2009 - 06/2011**

Department of Anesthesiology
 Medical College of Wisconsin
 Milwaukee, WI

Neurosurgery residency – PGY1 & PGY2 years
 Section of Neurosurgery
 The University of Chicago Medical Center
 Chicago, IL.

07/2007 - 06/2009

Preliminary General Surgery Internship
 Department of Surgery
 Vanderbilt University Medical Center
 Nashville, TN

07/2006 - 06/2007

FACULTY & TEACHING APPOINTMENTS

Associate Dean for Anesthesiology Clinical Education
 Comprehensive Clerkship Group
 Chicago, IL.

10/2017 - 05/2018

Serving:

All Saints University, Roseau, Dominica
 Barbados School of Medicine, Bridgetown, Barbados
 American International Medical University, Gross Islet, St Lucia
 Windsor School of Medicine, St. Kitts, West Indies
 Hope School of Medicine, Belmopan, Belize
 International University of Health Sciences, St. Kitts, West Indies
 St. James School of Medicine The Valley, Anguilla
 St. Xavier School of Medicine, Aruba, Dutch Caribbean

Faculty Instructor
 Department of Anesthesiology
 Detroit Medical Center
 Wayne State University
 Detroit, MI

11/2015 - 06/2016

Associate Research Scientist
 Department of Neurobiology
 Yale School of Medicine
 New Haven, CT

05/2001 - 06/2006

Faculty Instructor
 Structural and Functional Organization of the Human
 Nervous System
 Department of Neurobiology
 Yale University School of Medicine
 New Haven, CT

10/2001 - 5/2006

Faculty Instructor
 Anatomy and Clinical Anatomy
 Department of Anatomy
 Zagreb University School of Medicine
 Zagreb, Croatia

08/1997 - 05/2001

PROFESSIONAL SOCIETIES

American Society for Anesthesiologists 2011 - ongoing

Illinois Society for Anesthesiologists 2011 - ongoing

SCHOLARY SERVICES

Reviewer 2003 - 2006
Cerebral Cortex, Oxford University Press
New Haven, CT

Reviewer 1995 - 1997
Student British Medical Journal
London, UK

HONORS/AWARDS

Nimmigadda Award for Excellence 11/2012
Illinois Society of Anesthesiologists
Chicago, IL

First Place Winner – Best Presentation in Cardio Vascular 3/2012
Thoracic Category
Anesthetic Considerations For Complex Pacemaker Hardware
Removal
2012 Midwestern Anesthesia Residents Conference
Chicago, IL

First Place Winner – Rush Surgical Society Annual 2/2012
Resident Research Award
Project: Prenatal Exposure to anesthetics impacts neuronal
migration
Rush University Medical Center
Chicago, IL

Three Consecutive Chancellor's Awards for Scientific 1995 - 1997
Excellence
Highest Croatian award for granted for best student research
Zagreb University
Zagreb, Croatia

GRANTS, CONTRACTS, AND OTHER FUNDING

Neurogenetic processes in fetal brain / 2003-2006

Co-primary investigator: Gluncic V

\$3.5m/5 year R01 NIH grant #R01NS014841

Department of Neurobiology, Yale University School of Medicine

New Haven, CT

PUBLICATIONS**Book Authorships, Editorships, and Chapters**

1. Gluncic V (2009) Chapter 9: In vivo Imaging of Brain Development: Technologies, Models, Applications, and Impact on Understanding the Etiology of Mental Retardation. In: Janigro Igor (Ed.), Mammalian brain development. pp 171-192. New York, NY, Humana Press.

Submitted / In press:

1. Gluncic V, Moric M, Chu Y, Hanko V, Li J, Edassery SL, Kroin JS, Persons AL, Perry P, Kelly L, Tolcikis S, Shiveley TJ, Napier CT, Nice K, Kordower JH, Tuman K (2017) *In utero* exposure to anesthetics disrupts neuronal migration in developing brain and causes corresponding postnatal behavioral deficits in rats. Cerebral Cortex (in press).

Reports of Original Work

1. Agam G, Gan L, Moric M, Gluncic V (2015) Automated identification of retained surgical items in radiological images. SPIE Medical Imaging Proceedings, Volume 9418, Medical Imaging 2015: PACS and Imaging Informatics: Next Generation and Innovations; 94180X.
2. Mehta SV, Gluncic V, Iqbal SM, Frank J, Ansari SA (2011) Role of Perfusion Imaging in Differentiating Multifocal Vasospasm-related Ischemia versus Thromboembolic Stroke in a Setting of Cocaine Abuse. Journal of Stroke and Cerebrovascular Diseases (available online) 2011 Jun 30.
3. Gluncic V, Turner M, Burrowes D, Frim D (2011) Concurrent Chiari decompression and spinal cord untethering in children: feasibility in a small case series. Acta Neurochirurgica (Wien) 153:109-114.
4. Ang ES Jr, Gluncic V*, Duque A, Schafer ME, Rakic P (2006) Prenatal exposure to ultrasound waves impacts neuronal migration in mice. Proceedings of the National Academy of Sciences 103:12903-12910. (*Equal contributors)
5. Janusonis S*, Gluncic V*, Rakic P (2004) Early serotonergic projections make synapses on Cajal-retzius cells: relevance to cortical development. Journal of Neuroscience 24:1652-1659. (*Equal contributors)
6. Lukic IK, Lukic A, Gluncic V, Katavic V, Vucenik V, Marusic A (2004) Citation and quotation accuracy in three anatomy journals. Clinical Anatomy 17:534-539.
7. Lukic IK, Gluncic V, Ivkic G, Hubenstorf M, Marusic A (2003) Virtual dissection: a lesson from the 18th century. Lancet 362:2110-2113.

8. Ang ES Jr, Hayda JF, Gluncic V, Rakic P (2003) Four-dimensional migratory coordinates of GABAergic interneurons in the developing mouse cortex. *Journal of Neuroscience* 23:5805-5815.
9. Paladino J, Gluncic V, Stern-Padovan R, Vinter I, Lukic IK, Marusic A (2002) Cranial base kyphosis and the surface morphology of the anterior cranial fossa. *Annals of Anatomy* 184:21-25.
10. Lukic IK, Gluncic V, Katavic V, Petanjek Z, Jalsovec D, Marusic (2002) Weekly quizzes in extended- matching format as a means of monitoring students' progress in gross anatomy. *Annals of Anatomy* 183:575-579.
11. Gluncic I, Roje E, Gluncic V, Poljak K (2001) Ear injuries caused by lightning: report of 18 cases. *Journal of Laryngology & Otology* 115:4-8.
12. Gluncic V, Pulanic D, Prka M, Marusic M, Marusic A (2001) Curricular and extracurricular activities of medical students during war, Zagreb University School of Medicine, 1991-1995. *Academic Medicine* 76:82- 87.
13. Pavelic K, Spaventi S, Gluncic V, Matejic A, Pavicic D, Karapandza N, Kusic Z, Lukac J, Dohoczky C, Cahrijan T, Pavelic J (1999) The expression and role of insulin-like growth factor II in malignant hemangiopericytomas. *Journal of Molecular Medicine* 77:865-869.
14. Bacic A, Gluncic I, Gluncic V (1999) Disturbances in plasma sodium in patients with war head injuries. *Military Medicine* 164:214-217.

Letters to the Editor

1. Lukić A, Novak Fumić N, Gluncic V, Lukić IK (2017) Better safe than sorry: An observational study of #ESALondon tweets. *Eur J Anaesthesiol* 34:482-484.
2. Gluncic V, Syed VM, Chun RH, Troshynski TJ, Staudt SR (2011) Use of thermally softened laryngeal mask airway in a toddler with temporomandibular joint ankylosis. *Paediatric Anaesthesia* 21:173-174.
3. Gluncic V, Singh D, Almassi GH (2012) 40 year old externalized pacemaker lead: to extract or not to extract - that is the risk assessment question. *Annals of Cardiac Anesthesia* 15:252-253

Case Reports

1. Gluncic V, Lukić A, Hanko E, Lynch J (2018) Anesthetic Management of Jael Syndrome With Impacted Blade in Close Proximity to the Internal Carotid Artery: A Case Report. *A A Pract*. doi: 10.1213/XAA.0000000000000932.
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10. Gluncic I, Roje Z, Bradaric N, Gluncic V (2001) Primary echinococcosis of the sternocleidomastoid muscle. *Croatian Medical Journal* 42:196-198.
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12. Paladino J, Pirker N, Gluncic V (2000) Early bifurcation of the left A1 segment giving rise to both A(2) segments and a hypoplastic right A(1) segment. *Acta Neurochirurgica* 142:825-826.
13. Gluncic V, Marusic A (2000) Association of the truncus bicaroticus, common trunk of the left subclavian and vertebral arteries, and retroesophageal right subclavian artery. Case report. *Annals of Anatomy* 182:281-283.
14. Gluncic V, Ivkic G, Marin D, Percac S (1999) Anomalous origin of both vertebral arteries. *Clinical Anatomy* 12:281-284.

Plenary Sessions and Presentations

1. Moric M, Gluncic V, Chu Y, Kroin JS, Hanko V, Tuman KJ. Extent of neuronal migration disruptions in developing brain following in utero exposure to anesthetics correlates with the degree of postnatal behavioral deficits in young rats. *American Society of Anesthesiologists - 2017 Annual Meeting*, Boston, MA, October 21-25, 2017.
2. Gluncic V, Kobsa S, Richard S, Moric M, Agam G, Ansari SA. Optimization of X-ray (XR)-based Protocol for the Detection of Retained Surgical Items (RSI) in the Operating Room (OR). *Radiological Society of North America 2014 Annual Meeting*, Chicago, IL, November 30 - December 5, 2014.
3. Agam G, Gluncic V, Kobsa S, Richard S, Moric M, Ansari SA. Computer-aided Detection (CAdE) of Retained Surgical Items (RSI) in X-ray Images (XR). *Radiological Society of North America 2014 Annual Meeting*, Chicago, IL, November 30 - December 5, 2014.
4. Gluncic V, Kroin JS, Moric M, Persons A, Toleikis SJ, Tuman KJ. *In utero* exposure to anesthetics during the peak of cerebral cortical development impacts postnatal behavioral development. *Illinois Society of Anesthesiologists - 2012 Midwest Anesthesia Conference*, Chicago, IL, November 2012.
5. Gluncic V, Chu Y, Li J, Kroin JS, Moric M, Tuman KJ. Prenatal exposure to anesthetics impacts neuronal migration in rats. *Illinois Society of Anesthesiologists - 2012 Midwest Anesthesia Conference*, Chicago, IL, November 2012.
6. Gluncic V, Kroin JS, Moric M, Persons A, Toleikis SJ, Tuman KJ. Prenatal exposure to anesthetics during the peak of neurogenesis affects cognitive development. *American Society of Anesthesiologists - 2012 Annual Meeting*, Washington, DC, October 2012.
7. Gluncic V, Chu Y, Li J, Kroin JS, Moric M, Tuman KJ. Prenatal exposure to anesthetics impacts neuronal migration in rats. *American Society of Anesthesiologists - 2012 Annual Meeting*, Washington, DC, October 2012.

Poster Presentations

1. Moric M, Gluncic V, Kobsa S, Richard S, Agam G. Optimization of the retained surgical items (RSI) X-ray (XR) detection protocol combined with computer aided-detection (CAD) significantly increased operating room (OR) time utilization and RSI detection: Beta prototype system testing. American Society of Anesthesiologists - 2017 Annual Meeting, Boston, MA, October 21-25, 2017.
2. Moric M, Lin G, Agam G, Gluncic V. Computer Aided Detection of Retained Surgical Items in Radiological Images. American Society of Anesthesiologists - 2016 Annual Meeting, Chicago, IL, October 22-26, 2016.
3. Moric M, Gluncic V, Kobsa S, Richard S, Agam G. Computer aided detection (CAD) of retained surgical sponges in X-rays. American Society of Anesthesiologists - 2015 Annual Meeting, San Diego, CA, October 24-28, 2015.
4. Moric M, Gluncic V, Kobsa S, Richard S, Agam G, Gan L. Computer aided-detection of retained surgical needles in X-rays. American Society of Anesthesiologists - 2014 Annual Meeting, New Orleans, LA, October 11-15, 2014.
5. Moric M, Gluncic V, Kobsa S, Richard S, Agam G, Gan L. Business process modeling (BPM) optimization of the retained surgical items (RSI) X-ray protocol in the OR. American Society of Anesthesiologists - 2014 Annual Meeting, New Orleans, LA, October 11-15, 2014.
6. Moric M, Gluncic V, Kroin JS, Amanda PL, Tuman KJ. Increased duration of in utero anesthetics exposure progressively impacts postnatal spatio-visual learning and somatosensory development. American Society of Anesthesiologists - 2014 Annual Meeting, New Orleans, LA, October 11-15, 2014.
7. Moric M, Gluncic V, Chu Y, Kroin JS, Li J, Han V. In utero exposure to anesthetics impacts neuronal migration in developing cerebral cortex of rat embryos in a dose dependent manner. American Society of Anesthesiologists - 2014 Annual Meeting, New Orleans, LA, October 11-15, 2014.
8. Moric M, Gluncic V, Kroin JS, Edassery S, Chu Y, Tuman KJ. In-utero exposure to isoflurane decreases levels of key regulatory proteins in cerebral cortical development. American Society of Anesthesiologists - 2014 Annual Meeting, New Orleans, LA, October 11-15, 2014.
9. Gluncic V, Chu Y, Kroin JS, Li J, Moric M, Tuman KT. Longer in utero anesthetic exposure increases neurons in inappropriate cortical layers in rats. American Society of Anesthesiologists - 2013 Annual Meeting, San Francisco, CA, October 12-16, 2013.
10. Gluncic V, Kroin JS, Moric M, Persons AL, Kelly L, Tuman KT. Longer in utero anesthetic exposure at peak cortical neurogenesis progressively impairs behavior in rats. American Society of Anesthesiologists - 2013 Annual Meeting, San Francisco, CA, October 12-16, 2013.
11. Gluncic V, Kroin JS, Moric M, Edassery SL, Chu Y, Kelly L, Tuman KT. In utero exposure to isoflurane decreases reelin level: regulatory protein in developing rat cortex. American Society of Anesthesiologists - 2013 Annual Meeting, San Francisco, CA, October 12-16, 2013.
12. Moric M, Gluncic V, Shakhnarovich G, Kobsa S, Ansari S. Computer vision assisted identification of implanted medical devices in X-ray images. American Society of Anesthesiology - 2013 Annual Meeting, San Francisco, CA, October 12-16, 2013.
13. Gluncic V, Kobsa S, Moric M, Shakhnarovich G, Ansari S. Computer vision assisted analysis of x-ray for rapid detection of retained surgical foreign objects. American Society of Anesthesiology - 2013 Annual Meeting, San Francisco, CA, October 12-16, 2013.

14. Kretzer A, Gluncic V, De la Cruz A, Biala J, March R. Management for the passage of a pulmonary artery catheter in a patient with Takotsubo Cardiomyopathy. Society for Cardiovascular Anesthesia, 35th Annual Meeting & Workshops, Miami Beach, FL, April 2013.
15. Gluncic V, Moric M, Shakhnarovich, Toleikis SJ, Kobsa S, Ansari SA, Tuman KJ. Pattern recognition software assisted analysis of diagnostic images for identification of implanted medical devices (IMDs): Technology feasibility study. American Society of Anesthesiologists – 2012 Annual Meeting, Washington, DC, October 2012.
16. Gluncic V, Markan S. Anesthetic considerations for complex pacemaker Hardware Removal. 2012 Midwestern Anesthesia Residents Conference, Chicago, IL, March 2012.
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18. Gluncic V, Staudt SR. Anesthetic considerations in an obese toddler with temporomandibular joint ankylosis and multiple airway issues. 2011 Midwest Anesthesia Resident Conference, Chicago, IL, April 2011.
19. Gluncic V, Markan S. The relevance of large veins variations for the central venous access: computer assisted 3D modeling as a teaching tool in anesthesiology. 2010 Midwest Anesthesia Resident Conference, Cincinnati, OH, February 2010.
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23. Gluncic V, Turner M, Frim D. Concurrent Chiari 1 malformation decompression and spinal cord untethering: Report of 4 cases. 2008 Annual Meeting, Congress of Neurological Surgeons, Orlando, FL, USA, September 2008.
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Invited Lectures / Grand Rounds

1. Gluncic V. Development of cortical architecture: from neuronal silhouettes to intelligent three-dimensional columnar network. Grand Round Lecture, Department of Neurology, University of Chicago Medical Center, Chicago, IL, January 2008.
2. Gluncic V. Four-dimensional coordinates for allocation of interneurons in developing cerebral cortex. Grand Round Lecture, Departments of Neurosurgery and Neurology, Cleveland Clinic, Cleveland, OH, May 2006.
3. Gluncic V. Coordinates for neuronal migration in developing cerebral cortex. Grand Round Lecture, Department of Neurosurgery, Mayo Clinic, Rochester, MN, October 2005.

PATENTS

1. Training system for detection and classification of artificial objects in X ray images.
 Patent number: 9792682
 Filed: September 7, 2015
 Date of Patent: October 17, 2017
 Inventors: Vicko Gluncic, Gady Agam, Mario Moric
2. System and methods for identification of implanted medical devices and/or detection of retained surgical foreign objects from medical images.
 Patent number: 9675273
 Filed: April 17, 2016
 Date of Patent: June 13, 2017
 Inventor: Vicko Gluncic
3. System and methods for identification of implanted medical devices from medical images.
 Patent number: 9317920
 Filed: November 29, 2012
 Date of Patent: April 19, 2016
 Inventor: Vicko Gluncic

ENTREPRENEURSHIP**RaPID Medical Technologies, LLC**

Founded: 06/2012

Founders: Gluncic V, Moric M, Agam G, Erdman K

EXTRACURRICULAR ACTIVITIES**Active triathlete**

Competed multiple 140.6 and 70.3 Iron Man Races

Water polo coach

University of Chicago Water Polo Club

Collegiate Water Polo Association - Great Lakes Division / 2011-2014 seasons

<http://waterpolo.uchicago.edu/Old%20Website/coach.htm>

Section VI, Availability of Funds
Criterion 1120.120

The Replacement ASTC will be funded through the operator's cash on hand and an operating lease. To evidence that the Applicant has sufficient funds to cover the cost of the Replacement ASTC, the Applicant includes the letter below noting the sufficiency of cash available for the Replacement ASTC.



March 11, 2024

Narjisha M Thowfeek
5844 N Bernard St
Chicago IL 60659-3402

To Whom It May Concern:

The above reference customer have account with Millennium Bank located at 2077 Miner Street, Des Plaines, IL 60016. This letter will serve as a notification that Narjisha M Thowfeek has well in excess of \$635,500.00 (Six Hundred thirty-Five thousand Five Hundred dollars) available that has not been earmarked for another project and can be accessed in cash within 24 hours.

If you require further information or have any questions, please do not hesitate to contact us.

Sincerely,

A handwritten signature in blue ink, appearing to read "Birva Shah", is written over a light blue horizontal line.

Birva Shah

Banking Center Manager

847.296.9500 | mb.bank

Section VII, 1120.130 Financial Viability
Financial Viability Waiver

The project will be funded through internal resources (cash on hand) and an operating lease. Therefore, it qualifies for the financial viability waiver.

VIII, Economic Feasibility Review Criteria

Criterion 1120.140(A), Reasonableness of Financing Arrangements

By signing the certification pages within this application, the Applicant attests that the total estimated project costs will be funded entirely with cash and an operating lease.

Section VIII, Economic Feasibility Review Criteria
Criterion 1120.140(B), Conditions of Debt Financing

No debt will be necessary to fund the Project. Accordingly, this criterion is not applicable.

Section VIII, Economic Feasibility Review Criteria
Criterion 1120.140C, Reasonableness of Project and Related Costs

The Applicant seeks to relocate and right size an existing ASTC.

The table below shows the cost and gross square foot allocation for all clinical departments impacted by the proposed project.

| Cost and Gross Square Feet by Department of Service | | | | | | | | | |
|---|-----------|----------|----------|------|----------|------|---------------------|-------------------|-----------------------|
| Department (list below) | A | B | C | D | E | F | G | H | Total Cost (G + H) |
| | Cost / sf | | Gross sf | | Gross sf | | Const \$ (A x C) | Mod \$ (B x E) | |
| | New | Mod | New | Circ | Mod | Circ | | | |
| ASTC | | \$94.27 | | | 2,652 | | | \$250,000 | \$250,000 |
| Clinical Contingency | | \$9.43 | | | 2,652 | | | \$25,000 | \$25,000 |
| Total Clinical | | \$103.70 | | | 2,652 | | | \$275,000 | \$275,000 |

The values in column C reflect the total gross square footage
Circulation is 35.9% of the gross square footage.

The following is documentation regarding whether the estimated project costs are reasonable and in compliance with the state standards, as defined in Section 1120.140 (C) of the Administrative Code,

1. There are no preplanning costs associated with this project. Therefore, this item is not applicable.
2. There are no site survey, soil investigation, or site preparation costs associated with this project. Therefore, this item is not applicable.
3. Off-site work costs total \$0. There is no state standard for off-site work.
4. There are no new construction contracts associated with this project. Therefore, this item is not applicable.
5. Modernization and contingency costs are \$103.70 per gsf, compared with the ASTC standard of \$325.76/gsf. Therefore, this item is compliant with the state standard.
6. Modernization contingency is 10% of modernization contracts, compared with the state standard of 10% for projects in the schematics stage. Therefore, this item is compliant with the state standard.
7. Architectural and Engineering Fees are 10.9% of the sum of modernization contracts and the modernization contingency budget. This is within the state standard of a range of 9.48% - 14.22% for a construction budget under \$300,000. Therefore, this item is compliant with the state standard.
8. Consulting and Other Fees total \$40,000. There is no state standard for Consulting and Other Fees.
9. Movable or Other Equipment (Not in Construction Contracts) costs total \$22,000. This is under the state standard of \$567,748 per room.

10. There is no bond issuance expense.
11. There is no Net Interest Expense during Construction.
12. Fair Market Value of Leased Space or Equipment is \$240,915. There is no state standard for Fair Market Value of Leased Space or Equipment
13. Other Costs to Be Capitalized are \$320,000. There is no state standard for Other Costs to Be Capitalized.
14. There is no Acquisition of Building or Other Property cost.

Section VIII, Economic Feasibility Review Criteria
Criterion 1120.140D, Projected Operating Costs

| | |
|----------------------------------|-----------------------|
| Operating Expenses: | \$569,163 |
| Procedures: | 481 procedures |
| Operating Expense per Procedure: | \$1,183 per procedure |

Section VIII, Economic Feasibility Review Criteria
Criterion 1120.140E, Total Effect of Project on Capital Costs

Capital Costs: \$635,500
Procedures: 481 procedures
Capital Costs per Procedure: \$1,321 per procedure

Section IX, Safety Net Impact Statement

The Affiliated Operators seek to relocate an existing ASTC. No services are being eliminated. This relocation will enhance the delivery of care and is not expected to have any adverse impact on safety net services in the community or on the ability of any other healthcare provider to deliver services.

This Safety Net Impact Statement addresses the following requirements:

- A) The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible for an applicant to have such knowledge.**
The relocation of an existing ASTC will improve safety net services in the community by enabling the Planned ASTC to obtain Medicare certification. As described throughout this application, the Existing ASTC is not currently able to obtain CMS certification due to code compliance limitations at the existing location. By relocating to the Replacement ASTC, Peterson ASC will be able to begin serving patients receiving benefits from federal health programs.
- B) The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.**
The relocation of the ASTC will not adversely impact the ability of other providers or healthcare systems to serve patients seeking safety net services, as all of the projected volumes identified in the physician referral letter attached at Appendix-1 were performed at the Existing ASTC. Further, the Replacement ASTC will contain one fewer operating room than the Existing ASTC.
- C) How the discontinuation of a facility or service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.**
N/A

Safety Net Impact Statements shall also include:

- (a) For the three fiscal years prior to the application, the applicant must also provide certification describing the amount of charity care provided by the applicant;
- (b) For the three fiscal years prior to the application, a certification of the amount of charity care provided to Medicaid patients;
- (c) Any information the applicant believes is directly relevant to safety net services.

A) Charity Care Information

| | FY 20 | FY 21 | FY 22 |
|---------------------------------------|-------|-------|-------|
| Charity Care (# of patients) | 0 | 0 | 0 |
| Charity Care (cost in dollars) | \$0 | \$0 | \$0 |

B) Medicaid Information

| | FY 20 | FY 21 | FY 22 |
|-----------------------------------|-------|-------|-------|
| Medicaid (# of patients) | 0 | 0 | 0 |
| Medicaid (cost in dollars) | \$0 | \$0 | \$0 |

- C) Additional Information Relevant to Safety Net Services**
n/a

Section X, Charity Care Information

The table below provides charity care information for the most recent three years at the Existing ASTC.

| CHARITY CARE | | | |
|----------------------------------|-------------|-------------|-------------|
| | 2020 | 2021 | 2022 |
| Net Patient Revenue | \$0 | \$0 | \$0 |
| Amount of Charity Care (charges) | \$0 | \$0 | \$0 |
| Cost of Charity Care | \$0 | \$0 | \$0 |

Appendix I – Physician Referral Letter

Below is a letter from Dr. Vicko Gluncic, the Medical Director of the Existing ASTC projecting that 481 patients will be referred to the Replacement ASTC within 12 to 24 months of project completion based on the 2023 utilization reported at the Existing ASTC.



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SURGERY CENTER

www.rogersparksurgery.com

Ms. Debra Savage
Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Ms. Savage:

I am the medical director of Rogers Park One Day Surgery Center, and I am writing to you in connection with the surgery center's planned relocation approximately three miles from its current location to 2300 W. Peterson Ave, Chicago, IL 60659. This Relocation will be to a building that previously operated a surgery center, but which has been non-operational for a period of time. Moving to this building will alleviate many of the current issues that we are experiencing at the current location as further described in the CON permit application.

Over the last 12 months (1/1/23 to 12/31/23), physicians on staff at the surgery center performed a total of 481 outpatient surgical procedures at our current location. With the relocation of Rogers Park One Day Surgery Center, I expect these physicians to perform the same level of cases, consistent with their historical volumes at Rogers Park One Day Surgery Center as further described in Attachment-1.


A list of the zip codes of residence for the associated patients treated within the last 12 months is attached at Attachment-2.

Projected patient volume shall primarily come from the proposed geographic service area of Rogers Park One Day Surgery Center. The anticipated volumes represented in Attachment-1 have not been used to support another pending or approved certificate of need application.

The Information in this letter is true and correct to the best of my knowledge.

I support the proposed relocation of Rogers Park One Day Surgery Center.

Sincerely,


Dr Gluncic, Vicko, M.D. of Medical Director
Office Address-7616 N Paulina St,
Chicago, IL 60626

Subscribed and sworn to me.
This 1 day of Feb 2024


Notary Public



Phone: 773-761-0500
Fax: 773-761-1355

Email:
naaz@rogersparksurgery.com

Naaz Sultana, 7616 N Paulina St.
Chicago, IL 60626



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SURGERY CENTER

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ATTACHEMENT -1

| PHYSICIAN NAME | PHYSICIAN SPECIALITY | HISTORICAL CASES AT ROGERS PARK ONE DAY SURGERY CENTER (1/1/23 - 1/31/23) |
|-----------------------------|----------------------|---|
| Dr. Tim Heilzer | General Surgery | 1 |
| Dr. Robert Erickson | Neurosurgery | 6 |
| Dr. Samuel Park | Orthopedic Surgery | 17 |
| Dr. Chandrashekhar Sompalli | Orthopedic Surgery | 1 |
| Dr. Thomas Poepping | Orthopedic Surgery | 5 |
| Dr. Robert Fink | Orthopedic Surgery | 5 |
| Dr. Gregory Markarian | Orthopedic Surgery | 2 |
| Dr. Christos Giannoulas | Orthopedic Surgery | 2 |
| Dr. Shoeb Mohiuddin | Pain Management | 344 |
| Dr. Krishna Chunduri | Pain Management | 55 |
| Dr. Michell Malek | Pain Management | 32 |
| Dr. Joel Anderson | Podiatry | 11 |
| TOTAL | | 481 |



Phone: 773-761-0500
Fax: 773-761-1355



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naaz@rogersparksurgery.com



Naaz Sultana, 7616 N Paulina St.
Chicago, IL 60626



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ATTACHEMENT - 2

| ZIP CODE | CASES |
|----------|-------|
| 60629 | 21 |
| 60623 | 17 |
| 60617 | 24 |
| 60644 | 3 |
| 60639 | 23 |
| 60641 | 10 |
| 60632 | 7 |
| 60628 | 12 |
| 60621 | 5 |
| 60619 | 13 |
| 60643 | 3 |
| 60630 | 4 |
| 60625 | 3 |
| 60636 | 8 |
| 60649 | 10 |
| 60637 | 8 |
| 60620 | 11 |
| 60653 | 8 |
| 60634 | 5 |
| 60645 | 6 |
| 60647 | 4 |
| 60652 | 5 |
| 60608 | 8 |
| 60633 | 1 |
| 60651 | 4 |
| 60646 | 2 |
| 60659 | 3 |
| 60657 | 2 |
| 60622 | 2 |
| 60613 | 1 |
| 60618 | 1 |
| 60638 | 2 |
| 60624 | 2 |
| 60616 | 1 |
| 60660 | 1 |
| 60609 | 1 |
| 60615 | 1 |

Phone: 773-761-0500
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| | |
|-------|----|
| 60654 | 1 |
| 60447 | 11 |
| 60137 | 1 |
| 60555 | 2 |
| 60563 | 4 |
| 60527 | 1 |
| 60188 | 1 |
| 60505 | 8 |
| 60110 | 1 |
| 60123 | 5 |
| 60506 | 3 |
| 60118 | 1 |
| 60436 | 6 |
| 60432 | 2 |
| 60446 | 5 |
| 60435 | 4 |
| 60484 | 2 |
| 60586 | 1 |
| 60431 | 7 |
| 60401 | 1 |
| 60417 | 2 |
| 46405 | 1 |
| 46407 | 1 |
| 46324 | 1 |
| 60085 | 19 |
| 46323 | 1 |
| 60099 | 7 |
| 60040 | 1 |
| 46307 | 3 |
| 46342 | 3 |
| 46322 | 2 |
| 46320 | 3 |
| 60031 | 1 |
| 46394 | 3 |
| 60087 | 5 |
| 60073 | 2 |
| 60089 | 1 |
| 60064 | 2 |



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| | |
|--------|----|
| 46406 | 1 |
| 60827 | 6 |
| 60419 | 5 |
| 606153 | 1 |
| 60007 | 1 |
| 60411 | 8 |
| 60047 | 1 |
| 60428 | 2 |
| 60160 | 2 |
| 60501 | 1 |
| 60473 | 4 |
| 60804 | 10 |
| 60176 | 1 |
| 60426 | 1 |
| 60438 | 4 |
| 60104 | 5 |
| 60154 | 2 |
| 60120 | 5 |
| 60070 | 1 |
| 60466 | 3 |
| 60425 | 2 |
| 60409 | 6 |
| 60402 | 2 |
| 60443 | 1 |
| 60477 | 1 |
| 60008 | 1 |
| 60803 | 2 |
| 60067 | 1 |
| 60016 | 2 |
| 60415 | 1 |
| 60131 | 1 |
| 60445 | 1 |
| 60453 | 1 |
| 60406 | 4 |
| 60163 | 2 |
| 60090 | 2 |
| 60455 | 2 |
| 60706 | 1 |



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| | |
|-------|---|
| 60005 | 1 |
| 53208 | 1 |
| 46345 | 1 |
| 61866 | 1 |
| 53144 | 2 |
| 61764 | 2 |
| 60014 | 1 |
| 60180 | 1 |
| 62208 | 1 |
| 60915 | 3 |
| 60473 | 1 |
| 60415 | 1 |
| 60438 | 1 |
| | |
| | |

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