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September 24, 2024

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Debra Savage, Chairperson
Illinois Health Facilities and Review Board
525 W. Jackson Boulevard, Second Floor
Springfield, Illinois 62761

Re: Peterson Surgery Center, Project 24-009 and 24-010

Dear Ms. Savage:

This letter is in response to the intent to deny that was issued by the Illinois Health Facilities and Services Review Board (HFSRB) relative to the above-referenced CON permit application (24-009) on September 19, 2024. As you know, the CON permit applications together relate to the relocation of an existing surgery center. Based on the results of that meeting, Peterson Surgery Center would like to appear at the October 29, 2024 HFSRB meeting to have its applications reconsidered. We appreciate that four of the members, including you, voted in favor of the project.

Based on the questions raised by certain members during the hearing last week, this letter provides more information on the building issues identified by accreditation surveyors that could not be overcome at the current ASTC location despite spending hundreds of thousands of dollars in capital expenditures to update the facilities. First, let me review the work that was done to the building after a 2019 accreditation survey.

1. A new handicap concrete ramp with steel handrails was added to the back alley.
2. A new generator was installed and significant electrical work was completed to add additional electrical outlets in each ORs and recovery area and a new electrical panel was installed among other electrical work.
3. More sprinkler lines and heads were installed and other plumbing work was completed.

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4. The flooring in the clinical area was replaced based on chips and cracks being noticed in the previous flooring.
5. An additional storage room was built.
6. Negative pressure was established to keep certain rooms at lower air pressure than surrounding areas in order to enhance the clean/dirty supply rooms and other clinical spaces. With a negative pressure room, surrounding areas air flows into the room but cannot flow out. This upgrade required specialized ventilation systems with HEPA filtration and self-closing doors and thoroughly sealed walls/floors/ceilings.
7. The recovery nursing area was relocated and a clinician washroom and changing area was built.
8. For security, the parking lot was upgraded with steel fencing and with a new automatic parking lot door. Note that this work was done on leased property and now the lease is terminating so parking will be a significant problem unless and until the ASTC is relocated.
9. Roof repairs were completed and two new rooftop HVAC units were installed.

Despite all of this work and despite the finding that the ASTC maintains a clean and sanitary environment, the ASTC could not attain AAAHC accreditation and associated Medicare enrollment due to failure to accomplish compliance with CMS CfCs 416.44 and 416.51. The ASTC did discontinue the performance of GI endoscopy to eliminate some of the issues identified with infection control. Problems that remain and cannot be resolved due to physical plant limitations are as follows:

- The ASTC's recovery bays which were cited for being small and tight could not be updated to satisfy the size requirements and stretcher clearance requirements due to physical plant constraints.
- The proper ventilation, lighting and exhaust as required by NFPA 99 and NFPA 68 could not be fully accomplished based on the building configuration.
- There is a shortage of space for sterilizing equipment and the configuration of the soiled equipment, clinical area and supplies room cannot be fully remedied due to physical plan constraints.
- Adequate parking will not be available.

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- The current location uses oxygen gas cylinders rather than a centralized medical gas facility. This support function will be updated at the new location.

Each item reviewed above relates to the interior of the building and the parking lot. We do want to reinforce that the safety issues outside of the building are also a significant limiting factor in operating the ASTC at the current location. Two weeks ago, someone was shot outside the building and the police seem unable to keep drug trafficking out of the neighborhood. The difficulties are exacerbated by the location near the end of a subway line and near a soup kitchen so unhoused people, many suffering from substance use disorder, are consistently loitering around the block which creates safety issues. A point of interest and as a reflection of the problems the applicant is facing is that the soup kitchen operator learned of the planned relocation and has contacted the ASTC indicating interest in occupying the ASTC space to operate a drug rehabilitation program.

Please note that the surveyors found that the staff of the ASTC was adhering to the safety practices outlined in the written safety program and employees and physicians are diligent in following guidelines to protect patients, visitors and themselves.

As a final note, please recognize that as a provider located in the City of Chicago, the ASTC serves a population that is predominantly Black or Hispanic and these populations are often negatively affected by health disparities. As such, so we appreciate your consideration that the ASTC is helping to improve the health of these populations by providing access to services.

We appreciate the assistance of the staff in moving this plan forward. As it is a relocation without increasing capacity and, in fact, which right-sizes the center to meet current surgical services demand, we believe that we will be well-positioned for approval at the upcoming meeting. This would be consistent with the HFSRB's consideration of other health care facility relocations.

Sincerely,



Kara Friedman