

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

APPLICATION FOR PERMIT-10/2019 EDITION

RECEIVED

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

Facility Name: Discontinuation of Rogers Park One Day Surgery Center, Inc.			
Street Address: 7616 N. Paulina St. Chicago, IL 60626			
City and Zip Code: Chicago, IL 60626			
County: Cook	Health Service Area: 006	Health Planning Area: 030	

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

Exact Legal Name: Rogers Park One Day Surgery Center, Inc.	
Street Address: 7616 N. Paulina St.	
City and Zip Code: Chicago 60626	
Name of Registered Agent: Warren Prescott	
Registered Agent Street Address: 1420 Renaissance Dr. Ste 406	
Registered Agent City and Zip Code: Park Ridge, IL 60068	
Name of Chief Executive Officer: Mohamed Sirajudeen	
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

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 39601**]

Name: Naaz Sultana

Title: Director & Administrator

Company Name: Rogers Park One Day Surgery Center, Inc.

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: 7616 N. Paulina St. Chicago, IL 60626

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: Rogers Park One Day Surgery Center, Inc.

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

- | | | |
|--|--|--------------------------------|
| ☐ Non-profit Corporation | ☐ Partnership | |
| ☒ For-profit Corporation | ☐ Governmental | |
| ☐ Limited Liability Company | ☐ 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.

Rogers Park One Day Surgery Center, Inc. as the operator (the "Applicant"), seeks authority from the Illinois Health Facilities and Services Review Board to discontinue an ASTC related to the effective relocation of the ASTC 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")

There are no costs associated with the discontinuation of Rogers Park One Day Surgery Center, Inc. While the project is effectively a relocation, it is classified as a substantive project.

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	\$0	\$0	\$0
Contingencies	\$0	\$0	\$0
Architectural/Engineering Fees	\$0	\$0	\$0
Consulting and Other Fees	\$0	\$0	\$0
Movable or Other Equipment (not in construction contracts)	\$0	\$0	\$0
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	\$0	\$0	\$0
Other Costs To Be Capitalized	\$0	\$0	\$0
Acquisition of Building or Other Property (excluding land)	\$0	\$0	\$0
TOTAL USES OF FUNDS	\$0	\$0	\$0
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	\$0	\$0	\$0
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)	\$0	\$0	\$0
Governmental Appropriations	\$0	\$0	\$0
Grants	\$0	\$0	\$0
Other Funds and Sources	\$0	\$0	\$0
TOTAL SOURCES OF FUNDS	\$0	\$0	\$0
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Related Project Costs

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

Land acquisition is related to project ☐ Yes ☒ No Purchase Price: \$ _____ Fair Market Value: \$ _____
The project involves the establishment of a new facility or a new category of service ☐ Yes ☒ No
If yes, provide the dollar amount of all non-capitalized operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100. Estimated start-up costs and operating deficit cost is \$ _____

Project Status and Completion Schedules

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

Indicate the stage of the project's architectural drawings:

- | | |
|--|--|
| ☒ None or not applicable | ☐ Preliminary |
| ☐ Schematics | ☐ Final Working |

Anticipated project completion date (refer to Part 1130.140): 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 Rogers Park One Day Surgery Center, Inc.* in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this Application on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the fee required for this application is sent herewith or will be paid upon request.

Armed S. Sir

SIGNATURE

SIGNATURE

Mohamed Sirajudeen
PRINTED NAME

PRINTED NAME

Authorized Representative
PRINTED TITLE

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 12th day of March 2020

Notarization:

Subscribed and sworn to before me
this _____ day of _____

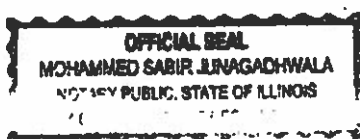
Signature of Notary

Signature of Notary

Seal

Seal

*Insert the EXACT legal name of the applicant



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.

The following Sections **DO NOT** need to be addressed by the applicants or co-applicants responsible for funding or guaranteeing the funding of the project if the applicant has a bond rating of A- or better from Fitch's or Standard and Poor's rating agencies, or A3 or better from Moody's (the rating shall be affirmed within the latest 18-month period prior to the submittal of the application):

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

VI. 1120.120 - AVAILABILITY OF FUNDS

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]:

_____	a) Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:
	1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and
	2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
_____	b) Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
_____	c) Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
_____	d) Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including:
	1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated;
	2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate;
	3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.;
	4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment;
	5) For any option to lease, a copy of the option, including all terms and conditions.
_____	e) Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
_____	f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
	g) All Other Funds and Sources – verification of the amount and type of any other

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

APPLICATION FOR PERMIT- 10/2019 Edition

	funds that will be used for the project.
n/a	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

D. Projected Operating Costs

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

E. Total Effect of the Project on Capital Costs

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

APPEND DOCUMENTATION AS ATTACHMENT 36, 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 39**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

CERTIFICATION

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

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

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

Mohamed S. Sirajudeen

SIGNATURE

SIGNATURE

Mohamed Sirajudeen

PRINTED NAME

PRINTED NAME

Authorized Representative

PRINTED TITLE

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 12th day of March 2024

Notarization:

Subscribed and sworn to before me
this ____ day of ____

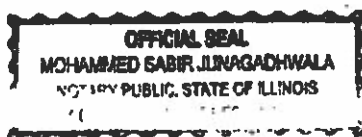
Signature of Notary

Signature of Notary

Seal

Seal

*insert the EXACT legal name of the applicant



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

Rogers Park One Day Surgery Center, Inc. is the licensee of the Existing ASTC. A Certificate of Good Standing for Rogers Park One Day Surgery Center, Inc. is attached below at Attachment – 1.

File Number 5966-472-7



To all to whom these Presents Shall Come, Greeting:

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

ROGERS PARK ONE DAY SURGERY CENTER, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 13, 1997, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication # 2405001080 verifiable until 02-19-2026
Authenticate at <https://www.issos.gov>

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 19TH day of FEBRUARY A.D. 2024 .

Alexi Giannoulas
SECRETARY OF STATE

Attachment – 1

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

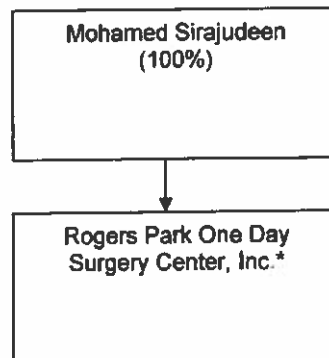
By signing the certification page within this application, the Applicant attests the operator has control of the real property located at 7616 N. Paulina St. Chicago, IL 60626 through a leasing arrangement.

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

Rogers Park One Day Surgery Center, Inc. is the licensee and operator of the Existing ASTC. A copy of the Existing ASTC's license is attached at Attachment- 11.

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

The organizational chart for Rogers Park One Day Surgery Center, Inc. is below:



* Rogers Park One Day Surgery Center, Inc. is the licensed entity.

Section I, Identification, General Information, and Certification

Flood Plain Requirements

This project does not involve construction or modernization of a health care facility. Accordingly, this criterion is not applicable.

Section I, Identification, General Information, and Certification

Historic Resources Preservation Act Requirements

This project does not involve construction or modernization of a health care facility. Accordingly, this criterion is not applicable.

Section I, Identification, General Information, and Certification
Project Costs and Sources of Funds

This project involves no costs. Accordingly, this criterion is not applicable.

Active CON Permits

Rogers Park One Day Surgery Center, Inc. does not have any active CON permits.

Cost Space Requirements

This project does not involve construction or modernization of a health care facility. Accordingly, this criterion is not applicable.

Section II, Discontinuation**Criterion 1110.290(a), General**

1. **Identify the categories of service and the number of beds, if any that is to be discontinued.**
The Affiliated Operators seek authority from the Health Facilities and Services Review Board (the "State Board") to discontinue, in its entirety the existing two operating room ASTC located 7616 N. Paulina St. Chicago, IL 60626 (the "Existing ASTC") in order to establish a new ASTC with one operating room to be located at 2300 W. Peterson Ave., Chicago, IL 60659 (the "Replacement ASTC").
2. **Identify all of the other clinical services that are to be discontinued.**
No other clinical services will be discontinued as a result of this project.
3. **Provide the anticipated date of discontinuation for each identified service or for the entire facility.**
Anticipated discontinuation date: June 30, 2025
4. **Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.**
Upon relocating, the Affiliated Operators plan to lease the real estate in which the Existing ASTC is located. Most moveable equipment in the Existing ASTC which has a useful life remaining at the time of the relocation will be transferred to the Replacement ASTC.
5. **Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued, and the length of time the records will be maintained.**
The Existing ASTC's medical records will transfer to the Replacement ASTC following the relocation.
6. **For applications involving the discontinuation of an entire facility, certification by an authorized representative that all questionnaires and data required by HFSRB or DPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 60 days following the date of discontinuation.**
This Project is a relocation and rightsizing of an Existing ASTC and not a true discontinuation. The Affiliated operators will continue to submit all questionnaires and data required by the HFSRB and IDPH going forward.

Criterion 1110.290(b), Reasons for Discontinuation

This discontinuation is necessary to establish a new Replacement ASTC to be located approximately 2.1 miles away from the Existing ASTC. As described in detail throughout the establishment CON application, there are several benefits to doing so:

- Enable the Affiliated Operators to obtain CMS certification
- Address patient and staff safety concerns at the Existing ASTC
- Resolve physical plant limitations at the Existing ASTC
- Reduce ongoing maintenance costs
- Solve parking shortage
- Expand access to underserved patient populations

Criterion 1110.290(c), Impact on Access

Document that the discontinuation of each service or of the entire facility will not have an adverse effect upon access to care for residents of the facility's market area.

The discontinuation of the Existing ASTC will not negatively impact access to care. To the contrary, it will improve access to high quality surgical procedures in a modern ASTC. As set forth above, the proposed project is for the discontinuation of an Existing ASTC and the establishment of a Replacement ASTC. No true discontinuation will occur as a result of the proposed project.

Criterion 1110.290(d), Notifications

Attached, each as Attachment 10, are the following:

- Letters to stakeholders
- Letters to area facilities
- Publication in Chicago Tribune

Attachment 10

Letters to Stakeholders

ATTACHMENT 10



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150 N. Riverside Plaza, Suite 3000, Chicago, IL 60606 • (312) 819-1900

February 2, 2024

Kara Friedman
312.873.3639
KFriedman@polsinelli.com

Via Certified Mail

The Honorable Laura Fine
Illinois State Senator, 9th District
1812 Waukegan Rd.
Glenview, IL 60025

Re: Rogers Park One Day Surgery Center Relocation (the "Relocation")

Dear Senator Fine:

This office represents Rogers Park One Day Surgery Center, Inc. ("Rogers Park ASC"). I am writing on behalf of Rogers Park ASC to provide clarification regarding the attached letter dated January 26, 2024 in which I provided notification that Rogers Park ASC intends to file a Certificate of Need application with the Illinois Health Facilities and Services Review Board related to the planned relocation of its Ambulatory Surgery Treatment Center ("ASTC") located at 7616 N. Paulina St., Chicago, IL 60626 to 2300 W. Peterson Ave., Chicago, IL 60659, about two miles away. This relocation will be accomplished through two separate, but related, Certificate of Need permit filings.

Please be aware that upon relocation, the legal entity that owns and operates the ASTC will change from Rogers Park One Day Surgery Center, Inc. to Peterson Surgery Center LLC, which is an entity affiliated with Rogers Park ASC through familial relationships.

Since the project is a relocation and not a true discontinuation, it will not affect access to ASTC services in the health service area. As described throughout the Certificate of Need permit application which will be available for public inspection, there are several benefits to the Relocation, including the following:

- Enable the ASTC to become certified by the Center for Medicare and Medicaid Services to provide services to federal health program enrollees
- Address patient and staff safety concerns at the existing location
- Resolve physical plant limitations at the current location
- Reduce ongoing maintenance costs
- Solve the parking shortage the ASTC currently is impeded by



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If you have any questions about Rogers Park ASC's planned relocation, please feel free to contact me or Naaz Sultana at naaz@rogersparksurgery.com.

Sincerely,

A handwritten signature in black ink that reads "Kara Friedman". The signature is fluid and cursive, with the first name "Kara" being more prominent.

Kara Friedman



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150 N. Riverside Plaza, Suite 3000, Chicago, IL 60606 • (312) 819-1900

January 26, 2024

Kara Friedman
312.873.3639
KFriedman@polsinelli.com

Via Certified Mail

The Honorable Laura Fine
Illinois State Senator, 9th District
1812 Waukegan Rd.
Glenview, IL 60025

Re: Rogers Park One Day Surgery Center Relocation (the "Relocation")

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Sincerely,

Kara Friedman

cc: Naaz Sultana, Rogers Park One Day Surgery Center, Inc.

Potsinelli
150 N Riverside Plaza, Suite 3000
Chicago, IL 60606

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9414 8149 0305 5743 0158 07

The Honorable Laura Fine
Illinois State Senator, 9th District
1812 WAUKEGAN RD
GLENVIEW, IL 60025-2112

Shipper Ref: Chicago



February 13, 2024

Dear Bryan White:

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Extra Services:	Certified Mail™ Return Receipt Electronic
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Shipment Details

Weight:	1.0oz
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Recipient Signature

Signature of Recipient:	
Address of Recipient:	

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February 2, 2024

Kara Friedman
312.873.3639
KFriedman@polsinelli.com

Via Certified Mail

Sameer Vohra, M.D., J.D., M.A.
Director
Illinois Department of Public Health
525 W. Jefferson St.
Springfield, IL 62761

Re: Rogers Park One Day Surgery Center Relocation (the "Relocation")

Dear Dr. Vohra:

This office represents Rogers Park One Day Surgery Center, Inc. ("Rogers Park ASC"). I am writing on behalf of Rogers Park ASC to provide clarification regarding the attached letter dated January 26, 2024 in which I provided notification that Rogers Park ASC intends to file a Certificate of Need application with the Illinois Health Facilities and Services Review Board related to the planned relocation of its Ambulatory Surgery Treatment Center ("ASTC") located at 7616 N. Paulina St., Chicago, IL 60626 to 2300 W. Peterson Ave., Chicago, IL 60659, about two miles away. This relocation will be accomplished through two separate, but related, Certificate of Need permit filings.

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If you have any questions about Rogers Park ASC's planned relocation, please feel free to contact me or Naaz Sultana at naaz@rogersparksurgery.com.

Sincerely,

A handwritten signature in black ink that reads 'Kara Friedman'.

Kara Friedman



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January 26, 2024

Kara Friedman
312.873.3639
KFriedman@polsinelli.com

Via Certified Mail

Sameer Vohra, M.D., J.D., M.A.
Director
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Springfield, IL 62761

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Sincerely,

Kara Friedman

cc: Naaz Sultana, Rogers Park One Day Surgery Center, Inc.

Polsinelli
150 N Riverside Plaza, Suite 3000
Chicago, IL 60606

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9414 8149 0305 5743 0157 91

Sameer Vohra, MD, JD, MA
Illinois Dept. of Public Health
525 W JEFFERSON ST
SPRINGFIELD, IL 62702-5056

Shipper Ref: Chicago



February 13, 2024

Dear Bryan White:

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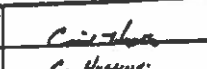
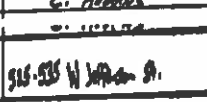
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Shipment Details

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Recipient Signature

Signature of Recipient:	
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February 2, 2024

Kara Friedman
312.873.3639
KFriedman@polsinelli.com

Via Certified Mail

Mayor Brandon Johnson
City Hall
121 N. LaSalle St.
Chicago, IL 60602

Re: Rogers Park One Day Surgery Center Relocation (the "Relocation")

Dear Mayor Johnson:

This office represents Rogers Park One Day Surgery Center, Inc. ("Rogers Park ASC"). I am writing on behalf of Rogers Park ASC to provide clarification regarding the attached letter dated January 26, 2024 in which I provided notification that Rogers Park ASC intends to file a Certificate of Need application with the Illinois Health Facilities and Services Review Board related to the planned relocation of its Ambulatory Surgery Treatment Center ("ASTC") located at 7616 N. Paulina St., Chicago, IL 60626 to 2300 W. Peterson Ave., Chicago, IL 60659, about two miles away. This relocation will be accomplished through two separate, but related, Certificate of Need permit filings.

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If you have any questions about Rogers Park ASC's planned relocation, please feel free to contact me or Naaz Sultana at naaz@rogersparksurgery.com.

Sincerely,

A handwritten signature in black ink that reads 'Kara Friedman'.

Kara Friedman



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150 N. Riverside Plaza, Suite 3000, Chicago, IL 60606 • (312) 819-1900

January 26, 2024

Kara Friedman
312.873.3639
KFriedman@polsinelli.com

Via Certified Mail

Mayor Brandon Johnson
City of Chicago
121 N. LaSalle St.
Chicago, IL 60602

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Sincerely,

Kara Friedman

cc: Naaz Sultana, Rogers Park One Day Surgery Center, Inc.

Polisnell
150 N Riverside Plaza, Suite 3000
Chicago, IL 60606

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9414 8149 0305 5743 0157 84

Mayor Brandon Johnson
City of Chicago
121 N LASALLE ST
CHICAGO, IL 60602

Shipper Ref: Chicago



February 13, 2024

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Recipient Signature

Signature of Recipient:

T. Johnson

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February 2, 2024

Kara Friedman
312.873.3639
KFriedman@polsinelli.com

Via Certified Mail

Elizabeth Whitehorn
Director
Illinois Department of Healthcare & Family Services
201 S. Grand Ave., East
Springfield, IL 62763

Re: Rogers Park One Day Surgery Center Relocation (the "Relocation")

Dear Director Whitehorn:

This office represents Rogers Park One Day Surgery Center, Inc. ("Rogers Park ASC"). I am writing on behalf of Rogers Park ASC to provide clarification regarding the attached letter dated January 26, 2024 in which I provided notification that Rogers Park ASC intends to file a Certificate of Need application with the Illinois Health Facilities and Services Review Board related to the planned relocation of its Ambulatory Surgery Treatment Center ("ASTC") located at 7616 N. Paulina St., Chicago, IL 60626 to 2300 W. Peterson Ave., Chicago, IL 60659, about two miles away. This relocation will be accomplished through two separate, but related, Certificate of Need permit filings.

Please be aware that upon relocation, the legal entity that owns and operates the ASTC will change from Rogers Park One Day Surgery Center, Inc. to Peterson Surgery Center LLC, which is an entity affiliated with Rogers Park ASC through familial relationships.

Since the project is a relocation and not a true discontinuation, it will not affect access to ASTC services in the health service area. As described throughout the Certificate of Need permit application which will be available for public inspection, there are several benefits to the Relocation, including the following:

- Enable the ASTC to become certified by the Center for Medicare and Medicaid Services to provide services to federal health program enrollees
- Address patient and staff safety concerns at the existing location
- Resolve physical plant limitations at the current location
- Reduce ongoing maintenance costs
- Solve the parking shortage the ASTC currently is impeded by



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150 N. Riverside Plaza, Suite 3000, Chicago, IL 60606 • (312) 819-1900

If you have any questions about Rogers Park ASC's planned relocation, please feel free to contact me or Naaz Sultana at naaz@rogersparksurgery.com.

Sincerely,

A handwritten signature in black ink that reads 'Kara Friedman'.

Kara Friedman



What a law firm
should be...

150 N. Riverside Plaza, Suite 3000, Chicago, IL 60606 • (312) 819-1900

January 26, 2024

Kara Friedman
312.873.3639
KFriedman@polsinelli.com

Via Certified Mail

Elizabeth Whitehorn
Director
Illinois Department of Healthcare & Family Services
201 S. Grand Ave., East
Springfield, IL 62763

Re: Rogers Park One Day Surgery Center Relocation (the "Relocation")

Dear Director Whitehorn:

This office represents Rogers Park One Day Surgery Center, Inc. ("Rogers Park ASC"). Pursuant to 20 Ill. Comp. Stat. 3960/8.7(a), I am writing on behalf of Rogers Park ASC to notify you that Rogers Park ASC intends to make filings with the Illinois Health Facilities and Services Review Board (the "State Board") to relocate its Ambulatory Surgery Treatment Center ("ASTC") located at 7616 N. Paulina St., Chicago, IL 60626 to 2300 W. Peterson Ave., Chicago, IL 60659, about two miles away. This relocation will be accomplished through two separate, but related Certificate of Need permit filings.

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Sincerely,

Kara Friedman

cc: Naaz Sultana, Rogers Park One Day Surgery Center, Inc.

Polsinelli
150 N Riverside Plaza, Suite 3000
Chicago, IL 60606

USPS CERTIFIED MAIL



9414 8149 0305 5743 0157 77

Elizabeth Whitehorn
IL Dept. of Healthcare & Family Services
201 S GRAND AVE E
SPRINGFIELD, IL 62763-1000

Shipper Ref: Chicago

Bryan White

From: auto-reply@usps.com
Sent: Tuesday, February 27, 2024 5:17 AM
To: Bryan White
Subject: USPS Return Receipt (Electronic) Info for 9414814903055743015777
Attachments: 9414814903055743015777.pdf

EXTERNAL EMAIL auto-reply@usps.com

 Tracking #: [9414814903055743015777](#)

Hello Bryan White,

Thank you for using USPS.com® to request a Return Receipt (Electronic) letter for your shipment.

Tracking #: [9414814903055743015777](#)

Service Type: First-Class Mail®

Attachment: Return Receipt (Electronic) letter (PDF) provided by the U.S. Postal Service®.

Your Return Receipt (Electronic) letter is in the attached PDF. You will need Adobe Acrobat Reader installed on your device to open the PDF. [Download Adobe Acrobat Reader for free.](#)

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February 2, 2024

Kara Friedman
312.873.3639
KFriedman@polsinelli.com

Via Certified Mail

John Kniery
Administrator
Illinois Health Facilities & Services Review Board
525 W. Jefferson St., 2nd Floor
Springfield, IL 62761

Re: Rogers Park One Day Surgery Center Relocation (the "Relocation")

Dear Mr. Kniery:

This office represents Rogers Park One Day Surgery Center, Inc. ("Rogers Park ASC"). I am writing on behalf of Rogers Park ASC to provide clarification regarding the attached letter dated January 26, 2024 in which I provided notification that Rogers Park ASC intends to file a Certificate of Need application with the Illinois Health Facilities and Services Review Board related to the planned relocation of its Ambulatory Surgery Treatment Center ("ASTC") located at 7616 N. Paulina St., Chicago, IL 60626 to 2300 W. Peterson Ave., Chicago, IL 60659, about two miles away. This relocation will be accomplished through two separate, but related, Certificate of Need permit filings.

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- Solve the parking shortage the ASTC currently is impeded by



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If you have any questions about Rogers Park ASC's planned relocation, please feel free to contact me or Naaz Sultana at naaz@rogersparksurgery.com.

Sincerely,

A handwritten signature in cursive script that reads 'Kara Friedman'.

Kara Friedman



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150 N. Riverside Plaza, Suite 3000, Chicago, IL 60606 • (312) 819-1900

January 26, 2024

Kara Friedman
312.873.3639
KFriedman@polsinelli.com

Via Certified Mail

John Kniery
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Illinois Health Facilities & Services Review Board
525 W. Jefferson St., 2nd Floor
Springfield, IL 62761

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Sincerely,

Kara Friedman

cc: Naaz Sultana, Rogers Park One Day Surgery Center, Inc.

Polsinelli
150 N Riverside Plaza, Suite 3000
Chicago, IL 60606

USPS CERTIFIED MAIL



9414 8149 0305 5743 0157 60

John Kniery
IL Health Fac & Services Review Bd
525 W JEFFERSON ST
SPRINGFIELD, IL 62702-5056

Shipper Ref: Chicago



February 26, 2024

Dear Bryan White:

The following is in response to your request for proof of delivery on your item with the tracking number: 9414 8149 0305 5743 0157 60.

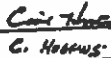
Item Details

Status:	Delivered, Front Desk/Reception/Mail Room
Status Date / Time:	February 20, 2024, 12:42 pm
Location:	SPRINGFIELD, IL 62702
Postal Product:	First-Class Mail®
Extra Services:	Certified Mail™ Return Receipt Electronic
Recipient Name:	John Kniery

Shipment Details

Weight: 1.0oz

Recipient Signature

Signature of Recipient:	 C. Hooper
Address of Recipient:	93-25 N Jefferson St

Note: Scanned image may reflect a different destination address due to Intended Recipient's delivery instructions on file.

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February 2, 2024

Kara Friedman
312.873.3639
KFriedman@polsinelli.com

Via Certified Mail

The Honorable Robyn Gabel
Illinois State Representative, 18th District
2100 Ridge Ave., Suite 2600
Evanston, IL 60201

Re: Rogers Park One Day Surgery Center Relocation (the "Relocation")

Dear Representative Gabel:

This office represents Rogers Park One Day Surgery Center, Inc. ("Rogers Park ASC"). I am writing on behalf of Rogers Park ASC to provide clarification regarding the attached letter dated January 26, 2024 in which I provided notification that Rogers Park ASC intends to file a Certificate of Need application with the Illinois Health Facilities and Services Review Board related to the planned relocation of its Ambulatory Surgery Treatment Center ("ASTC") located at 7616 N. Paulina St., Chicago, IL 60626 to 2300 W. Peterson Ave., Chicago, IL 60659, about two miles away. This relocation will be accomplished through two separate, but related, Certificate of Need permit filings.

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- Solve the parking shortage the ASTC currently is impeded by



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If you have any questions about Rogers Park ASC's planned relocation, please feel free to contact me or Naaz Sultana at naaz@rogersparksurgery.com.

Sincerely,

A handwritten signature in cursive script that reads 'Kara Friedman'.

Kara Friedman



What a law firm
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150 N. Riverside Plaza, Suite 3000, Chicago, IL 60606 • (312) 819-1900

January 26, 2024

Kara Friedman
312.873.3639
KFriedman@polsinelli.com

Via Certified Mail

The Honorable Robyn Gabel
Illinois State Representative, 18th District
2100 Ridge Ave., Suite 2600
Evanston, IL 60201

Re: Rogers Park One Day Surgery Center Relocation (the "Relocation")

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If you have any questions about Rogers Park ASC's planned relocation, please feel free to contact me or Naaz Sultana at naaz@rogersparksurgery.com.

Sincerely,

Kara Friedman

cc: Naaz Sultana, Rogers Park One Day Surgery Center, Inc.

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Polsinelli
150 N Riverside Plaza, Suite 3000
Chicago, IL 60606



9414 8149 0305 5743 0157 53

The Honorable Robyn Gabel
Illinois State Representative, 18th District
2100 RIDGE AVE
EVANSTON, IL 60201-2716

Shipper Ref: Chicago



February 7, 2024

Dear Bryan White:

The following is in response to your request for proof of delivery on your item with the tracking number:
9414 8149 0305 5743 0157 53.

Item Details

Status:

Delivered, Left with Individual

Status Date / Time:

February 5, 2024, 11:37 am

Location:

EVANSTON, IL 60201

Postal Product:

First-Class Mail®

Extra Services:

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Return Receipt Electronic

The Honorable Robyn Gabel

Recipient Name:

Shipment Details

Weight:

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Recipient Signature

Signature of Recipient:

Address of Recipient:

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Washington, D.C. 20260-0004

Letters to Area Facilities

ATTACHMENT 10



150 N. Riverside Plaza, Suite 3000, Chicago, IL 60606 • (312) 819-1900

March 14, 2024

Kara Friedman
(312) 873-3639
(312) 602-3917 Fax
kfriedman@polsinelli.com

Via Certified Mail

Lakeshore Surgery Center
7200 N Western Ave
Chicago, IL 60645
Attn: Administrator

Re: Notice of Planned Relocation of Rogers Park One Day Surgery Center

Dear Administrator:

This office represents Rogers Park One Day Surgery Center, Inc. ("Rogers Park ASC"). I am writing on behalf of Rogers Park ASC to notify you that Rogers Park ASC and an affiliated entity intend to make filings with the Illinois Health Facilities and Services Review Board (the "State Board") to close its Ambulatory Surgery Treatment Center ("ASTC") located at 7616 N. Paulina St., Chicago, IL 60626 and at the same time, an affiliated entity will open a new renovated ASTC at 2300 W. Peterson Ave., Chicago, IL 60659. This is about two miles away from the current ASTC location.

In accordance with applicable HFSRB rules, we are notifying healthcare facilities with similar programs in the area to advise each program of these plans, so each provider may assess whether it believes these plans will impact its program. As these plans are effectively a relocation and not a true discontinuation, we do not believe they will impact your program; however, you are receiving this letter based on HFSRB requirements because your facility is located within a certain proximity of Rogers Park ASC.

The closure is expected to occur by June 30, 2025. For your information, Rogers Park ASC performed 491 and 481 procedures in 2022 and 2023, respectively. The caseload of the program is expected to be accommodated in its entirety at the replacement ASC.

If you have any questions about Rogers Park ASC's planned relocation, please feel free to contact me or Naaz Sultana at naaz@rogersparksurgery.com.

Sincerely

A handwritten signature in black ink that reads 'Kara Friedman'.
Kara Friedman

cc: Naaz Sultana, Rogers Park One Day Surgery Center, Inc.

Atlanta | Boston | Chattanooga | Chicago | Dallas | Denver | Fort Lauderdale | Houston
Kansas City | Los Angeles | Miami | Nashville | New York | Phoenix | Raleigh | Salt Lake City
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Chicago, IL 60606

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9414 8149 0305 5743 0168 28

Administrator
Lakeshore Surgery Center
7200 N WESTERN AVE
CHICAGO, IL 60645-1812

Shipper Ref: Chicago



150 N. Riverside Plaza, Suite 3000, Chicago, IL 60606 • (312) 819-1900

March 14, 2024

Kara Friedman
(312) 873-3639
(312) 602-3917 Fax
kfriedman@polsinelli.com

Via Certified Mail

North Shore Surgical Center
3725 W Touhy Ave
Lincolnwood, IL 60712
Attn: Administrator

Re: Notice of Planned Relocation of Rogers Park One Day Surgery Center

Dear Administrator:

This office represents Rogers Park One Day Surgery Center, Inc. ("Rogers Park ASC"). I am writing on behalf of Rogers Park ASC to notify you that Rogers Park ASC and an affiliated entity intend to make filings with the Illinois Health Facilities and Services Review Board (the "State Board") to close its Ambulatory Surgery Treatment Center ("ASTC") located at 7616 N. Paulina St., Chicago, IL 60626 and at the same time, an affiliated entity will open a new renovated ASTC at 2300 W. Peterson Ave., Chicago, IL 60659. This is about two miles away from the current ASTC location.

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Sincerely

Kara Friedman

cc: Naaz Sultana, Rogers Park One Day Surgery Center, Inc.

Atlanta | Boston | Chattanooga | Chicago | Dallas | Denver | Fort Lauderdale | Houston
Kansas City | Los Angeles | Miami | Nashville | New York | Phoenix | Raleigh | Salt Lake City
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Administrator
North Shore Surgical Center
3725 W LOUHY AVE
LINCOLNWOOD, IL 60712-2003

Shipper Ref: Chicago



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March 14, 2024

Kara Friedman
(312) 873-3639
(312) 602-3917 Fax
kfriedman@polsinelli.com

Via Certified Mail

Western Diversey Surgical Center
2744 N Western Ave.
Chicago, IL 60647
Attn: Administrator

Re: Notice of Planned Relocation of Rogers Park One Day Surgery Center

Dear Administrator:

This office represents Rogers Park One Day Surgery Center, Inc. ("Rogers Park ASC"). I am writing on behalf of Rogers Park ASC to notify you that Rogers Park ASC and an affiliated entity intend to make filings with the Illinois Health Facilities and Services Review Board (the "State Board") to close its Ambulatory Surgery Treatment Center ("ASTC") located at 7616 N. Paulina St., Chicago, IL 60626 and at the same time, an affiliated entity will open a new renovated ASTC at 2300 W. Peterson Ave., Chicago, IL 60659. This is about two miles away from the current ASTC location.

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Sincerely

Kara Friedman

cc: Naaz Sultana, Rogers Park One Day Surgery Center, Inc.

Atlanta | Boston | Chattanooga | Chicago | Dallas | Denver | Fort Lauderdale | Houston
Kansas City | Los Angeles | Miami | Nashville | New York | Phoenix | Raleigh | Salt Lake City
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Chicago, IL 60606

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Administrator
Western Diversey Surgical Center
2744 N WESTERN AVE
CHICAGO, IL 60647-2017

Shipper Ref: Chicago



150 N. Riverside Plaza, Suite 3000, Chicago, IL 60606 • (312) 819-1900

March 14, 2024

Kara Friedman
(312) 873-3639
(312) 602-3917 Fax
kfriedman@polsinelli.com

Via Certified Mail

Illinois Sports Medicine & Orthopedic Surgery Cent
9000 Waukegan Road, Suite 120
Morton Grove, IL 60053
Attn: Administrator

Re: Notice of Planned Relocation of Rogers Park One Day Surgery Center

Dear Administrator:

This office represents Rogers Park One Day Surgery Center, Inc. ("Rogers Park ASC"). I am writing on behalf of Rogers Park ASC to notify you that Rogers Park ASC and an affiliated entity intend to make filings with the Illinois Health Facilities and Services Review Board (the "State Board") to close its Ambulatory Surgery Treatment Center ("ASTC") located at 7616 N. Paulina St., Chicago, IL 60626 and at the same time, an affiliated entity will open a new renovated ASTC at 2300 W. Peterson Ave., Chicago, IL 60659. This is about two miles away from the current ASTC location.

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Sincerely

A handwritten signature in black ink that reads 'Kara Friedman'.

Kara Friedman

cc: Naaz Sultana, Rogers Park One Day Surgery Center, Inc.

Atlanta | Boston | Chattanooga | Chicago | Dallas | Denver | Fort Lauderdale | Houston
Kansas City | Los Angeles | Miami | Nashville | New York | Phoenix | Raleigh | Salt Lake City
San Diego | San Francisco | Seattle | St. Louis | Washington, D.C. | Wilmington

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150 N Riverside Plaza, Suite 3000
Chicago, IL 60606

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9414 8149 0305 5743 0168 59

Administrator
Illinois Sports Medicine & Orthopedic Surgery Center
9000 WAUKEGAN RD
MORTON GROVE, IL 60053-2128

Shipper Ref: Chicago



150 N. Riverside Plaza, Suite 3000, Chicago, IL 60606 • (312) 819-1900

March 14, 2024

Kara Friedman
(312) 873-3639
(312) 602-3917 Fax
kfriedman@polsinelli.com

Via Certified Mail

Six Corners Sameday Surgery LLC
4211 N Cicero Avenue
Suite 400 Chicago, IL 60641
Attn: Administrator

Re: Notice of Planned Relocation of Rogers Park One Day Surgery Center

Dear Administrator:

This office represents Rogers Park One Day Surgery Center, Inc. ("Rogers Park ASC"). I am writing on behalf of Rogers Park ASC to notify you that Rogers Park ASC and an affiliated entity intend to make filings with the Illinois Health Facilities and Services Review Board (the "State Board") to close its Ambulatory Surgery Treatment Center ("ASTC") located at 7616 N. Paulina St., Chicago, IL 60626 and at the same time, an affiliated entity will open a new renovated ASTC at 2300 W. Peterson Ave., Chicago, IL 60659. This is about two miles away from the current ASTC location.

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Sincerely

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Kara Friedman

cc: Naaz Sultana, Rogers Park One Day Surgery Center, Inc.

Atlanta | Boston | Chattanooga | Chicago | Dallas | Denver | Fort Lauderdale | Houston
Kansas City | Los Angeles | Miami | Nashville | New York | Phoenix | Raleigh | Salt Lake City
San Diego | San Francisco | Seattle | St. Louis | Washington, D.C. | Wilmington

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Chicago, IL 60606

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9414 8149 0305 5743 0168 73

Administrator
Six Corners Sameday Surgery LLC
4211 N CICERO AVE
CHICAGO, IL 60641-1649

Shipper Ref: Chicago



150 N. Riverside Plaza, Suite 3000, Chicago, IL 60606 • (312) 819-1900

March 14, 2024

Kara Friedman
(312) 873-3639
(312) 602-3917 Fax
kfriedman@polsinelli.com

Via Certified Mail

Fullerton Kimball Medical & Surgical Center
3412 W Fullerton Ave.
Chicago, IL 60647
Attn: Administrator

Re: Notice of Planned Relocation of Rogers Park One Day Surgery Center

Dear Administrator:

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Kansas City | Los Angeles | Miami | Nashville | New York | Phoenix | Raleigh | Salt Lake City
San Diego | San Francisco | Seattle | St. Louis | Washington, D.C. | Wilmington

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Polsinelli
150 N Riverside Plaza, Suite 3000
Chicago, IL 60606

USPS CERTIFIED MAIL



9414 8149 0305 5743 0168 80

Administrator
Fullerton Kimball Medical & Surgical Center
3412 W FULLERTON AVE
CHICAGO, IL 60647-2416

Shipper Ref: Chicago



150 N. Riverside Plaza, Suite 3000, Chicago, IL 60606 • (312) 819-1900

March 14, 2024

Kara Friedman
(312) 873-3639
(312) 602-3917 Fax
kfriedman@polsinelli.com

Via Certified Mail

Chicago Surgery Center
3536 W Fullerton Avenue
Chicago, IL 60647
Attn: Administrator

Re: Notice of Planned Relocation of Rogers Park One Day Surgery Center

Dear Administrator:

This office represents Rogers Park One Day Surgery Center, Inc. ("Rogers Park ASC"). I am writing on behalf of Rogers Park ASC to notify you that Rogers Park ASC and an affiliated entity intend to make filings with the Illinois Health Facilities and Services Review Board (the "State Board") to close its Ambulatory Surgery Treatment Center ("ASTC") located at 7616 N. Paulina St., Chicago, IL 60626 and at the same time, an affiliated entity will open a new renovated ASTC at 2300 W. Peterson Ave., Chicago, IL 60659. This is about two miles away from the current ASTC location.

In accordance with applicable HFSRB rules, we are notifying healthcare facilities with similar programs in the area to advise each program of these plans, so each provider may assess whether it believes these plans will impact its program. As these plans are effectively a relocation and not a true discontinuation, we do not believe they will impact your program; however, you are receiving this letter based on HFSRB requirements because your facility is located within a certain proximity of Rogers Park ASC.

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If you have any questions about Rogers Park ASC's planned relocation, please feel free to contact me or Naaz Sultana at naaz@rogersparksurgery.com.

Sincerely

A handwritten signature in cursive script that reads 'Kara Friedman'.

Kara Friedman

cc: Naaz Sultana, Rogers Park One Day Surgery Center, Inc.

Atlanta | Boston | Chattanooga | Chicago | Dallas | Denver | Fort Lauderdale | Houston
Kansas City | Los Angeles | Miami | Nashville | New York | Phoenix | Raleigh | Salt Lake City
San Diego | San Francisco | Seattle | St. Louis | Washington, D.C. | Wilmington

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150 N Riverside Plaza, Suite 3000
Chicago, IL 60606

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9414 8149 0305 5743 0169 10

Administrator
Chicago Surgery Center
3536 W FULLERTON AVE
CHICAGO, IL 60647-2443

Shipper Ref: Chicago



150 N. Riverside Plaza, Suite 3000 Chicago, IL 60606 • (312) 819-1900

March 14, 2024

Kara Friedman
(312) 873-3639
(312) 602-3917 Fax
kfriedman@polsinelli.com

Via Certified Mail

Gold Coast Surgicenter, LLC
845 N. Michigan Ave, Suite 985W
Chicago, IL 60611
Attn: Administrator

Re: Notice of Planned Relocation of Rogers Park One Day Surgery Center

Dear Administrator:

This office represents Rogers Park One Day Surgery Center, Inc. ("Rogers Park ASC"). I am writing on behalf of Rogers Park ASC to notify you that Rogers Park ASC and an affiliated entity intend to make filings with the Illinois Health Facilities and Services Review Board (the "State Board") to close its Ambulatory Surgery Treatment Center ("ASTC") located at 7616 N. Paulina St., Chicago, IL 60626 and at the same time, an affiliated entity will open a new renovated ASTC at 2300 W. Peterson Ave., Chicago, IL 60659. This is about two miles away from the current ASTC location.

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Sincerely

A handwritten signature in cursive script that reads 'Kara Friedman'.
Kara Friedman

cc: Naaz Sultana, Rogers Park One Day Surgery Center, Inc.

Atlanta | Boston | Chattanooga | Chicago | Dallas | Denver | Fort Lauderdale | Houston
Kansas City | Los Angeles | Miami | Nashville | New York | Phoenix | Raleigh | Salt Lake City
San Diego | San Francisco | Seattle | St. Louis | Washington, D.C. | Wilmington

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Polsinelli
150 N Riverside Plaza, Suite 3000
Chicago, IL 60606

USPS CERTIFIED MAIL



9414 8149 0305 5743 0169 27

Administrator
Gold Coast Surgicenter LLC
845 N MICHIGAN AVE
CHICAGO, IL 60611-2218

Shipper Ref: Chicago



150 N. Riverside Plaza, Suite 3000, Chicago, IL 60606 • (312) 819-1900

March 14, 2024

Kara Friedman
(312) 873-3639
(312) 602-3917 Fax
kfriedman@polsinelli.com

Via Certified Mail

The Surgery Center at 900 North Michigan Avenue
60 East Delaware Place, 15th Floor
Chicago, IL 60611
Attn: Administrator

Re: Notice of Planned Relocation of Rogers Park One Day Surgery Center

Dear Administrator:

This office represents Rogers Park One Day Surgery Center, Inc. ("Rogers Park ASC"). I am writing on behalf of Rogers Park ASC to notify you that Rogers Park ASC and an affiliated entity intend to make filings with the Illinois Health Facilities and Services Review Board (the "State Board") to close its Ambulatory Surgery Treatment Center ("ASTC") located at 7616 N. Paulina St., Chicago, IL 60626 and at the same time, an affiliated entity will open a new renovated ASTC at 2300 W. Peterson Ave., Chicago, IL 60659. This is about two miles away from the current ASTC location.

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Sincerely


Kara Friedman

cc: Naaz Sultana, Rogers Park One Day Surgery Center, Inc.

Atlanta | Boston | Chattanooga | Chicago | Dallas | Denver | Fort Lauderdale | Houston
Kansas City | Los Angeles | Miami | Nashville | New York | Phoenix | Raleigh | Salt Lake City
San Diego | San Francisco | Seattle | St. Louis | Washington, D.C. | Wilmington

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Polsinelli
150 N Riverside Plaza, Suite 3000
Chicago, IL 60606

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9414 8149 0305 5743 0169 34

Administrator
The Surgery Center at 900 N Michigan Ave
60 E DELAWARE PL
CHICAGO, IL 60611-1998

Shipper Ref: Chicago



150 N. Riverside Plaza, Suite 3000, Chicago, IL 60606 • (312) 819-1900

March 14, 2024

Kara Friedman
(312) 873-3639
(312) 602-3917 Fax
kfriedman@polsinelli.com

Via Certified Mail

River North Sameday Surgery, LLC
1 East Erie, Suite 300
Chicago, IL 60625
Attn: Administrator

Re: Notice of Planned Relocation of Rogers Park One Day Surgery Center

Dear Administrator:

This office represents Rogers Park One Day Surgery Center, Inc. ("Rogers Park ASC"). I am writing on behalf of Rogers Park ASC to notify you that Rogers Park ASC and an affiliated entity intend to make filings with the Illinois Health Facilities and Services Review Board (the "State Board") to close its Ambulatory Surgery Treatment Center ("ASTC") located at 7616 N. Paulina St., Chicago, IL 60626 and at the same time, an affiliated entity will open a new renovated ASTC at 2300 W. Peterson Ave., Chicago, IL 60659. This is about two miles away from the current ASTC location.

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Sincerely

A handwritten signature in black ink that reads "Kara Friedman".
Kara Friedman

cc: Naaz Sultana, Rogers Park One Day Surgery Center, Inc.

Atlanta | Boston | Chattanooga | Chicago | Dallas | Denver | Fort Lauderdale | Houston
Kansas City | Los Angeles | Miami | Nashville | New York | Phoenix | Raleigh | Salt Lake City
San Diego | San Francisco | Seattle | St. Louis | Washington, D.C. | Wilmington

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Polsinelli
150 N Riverside Plaza, Suite 3000
Chicago, IL 60606

USPS CERTIFIED MAIL



9414 8149 0305 5743 0169 41

Administrator
River North Sameday Surgery LLC
1 E ERIE ST
CHICAGO, IL 60611-2770

Shipper Ref:

Chicago



150 N. Riverside Plaza, Suite 3000, Chicago, IL 60606 • (312) 819-1900

March 14, 2024

Kara Friedman
(312) 873-3639
(312) 602-3917 Fax
kfriedman@polsinelli.com

Via Certified Mail

Ascension Saint Francis Hospital
355 Ridge Avenue
Evanston, IL 60202
Attn: Administrator

Re: Notice of Planned Relocation of Rogers Park One Day Surgery Center

Dear Administrator:

This office represents Rogers Park One Day Surgery Center, Inc. ("Rogers Park ASC"). I am writing on behalf of Rogers Park ASC to notify you that Rogers Park ASC and an affiliated entity intend to make filings with the Illinois Health Facilities and Services Review Board (the "State Board") to close its Ambulatory Surgery Treatment Center ("ASTC") located at 7616 N. Paulina St., Chicago, IL 60626 and at the same time, an affiliated entity will open a new renovated ASTC at 2300 W. Peterson Ave., Chicago, IL 60659. This is about two miles away from the current ASTC location.

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Sincerely


Kara Friedman

cc: Naaz Sultana, Rogers Park One Day Surgery Center, Inc.

Atlanta | Boston | Chattanooga | Chicago | Dallas | Denver | Fort Lauderdale | Houston
Kansas City | Los Angeles | Miami | Nashville | New York | Phoenix | Raleigh | Salt Lake City
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150 N Riverside Plaza, Suite 3000
Chicago, IL 60606

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9414 8149 0305 5743 0169 58

Administrator
Ascension Saint Francis Hospital
355 RIDGE AVE
EVANSTON, IL 60202-3328

Shipper Ref: Chicago



150 N. Riverside Plaza, Suite 3000, Chicago, IL 60606 • (312) 819-1900

March 14, 2024

Kara Friedman
(312) 873-3639
(312) 602-3917 Fax
kfriedman@polsinelli.com

Via Certified Mail

Thorek Memorial Hospital Andersonville
5025 North Paulina Street
Chicago, IL 60640
Attn: Administrator

Re: Notice of Planned Relocation of Rogers Park One Day Surgery Center

Dear Administrator:

This office represents Rogers Park One Day Surgery Center, Inc. ("Rogers Park ASC"). I am writing on behalf of Rogers Park ASC to notify you that Rogers Park ASC and an affiliated entity intend to make filings with the Illinois Health Facilities and Services Review Board (the "State Board") to close its Ambulatory Surgery Treatment Center ("ASTC") located at 7616 N. Paulina St., Chicago, IL 60626 and at the same time, an affiliated entity will open a new renovated ASTC at 2300 W. Peterson Ave., Chicago, IL 60659. This is about two miles away from the current ASTC location.

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Sincerely

Kara Friedman

cc: Naaz Sultana, Rogers Park One Day Surgery Center, Inc.

Atlanta | Boston | Chattanooga | Chicago | Dallas | Denver | Fort Lauderdale | Houston
Kansas City | Los Angeles | Miami | Nashville | New York | Phoenix | Raleigh | Salt Lake City
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Chicago, IL 60606

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9414 8149 0305 5743 0169 65

Administrator
Thorek Memorial Hospital Andersonville
5025 N PAULINA ST
CHICAGO, IL 60640 2772

Shipper Ref: Chicago



150 N. Riverside Plaza, Suite 3000, Chicago, IL 60606 • (312) 819-1900

March 14, 2024

Kara Friedman
(312) 873-3639
(312) 602-3917 Fax
kfriedman@polsinelli.com

Via Certified Mail

Evanston Hospital
2650 Ridge Avenue
Evanston, IL 60201
Attn: Administrator

Re: Notice of Planned Relocation of Rogers Park One Day Surgery Center

Dear Administrator:

This office represents Rogers Park One Day Surgery Center, Inc. ("Rogers Park ASC"). I am writing on behalf of Rogers Park ASC to notify you that Rogers Park ASC and an affiliated entity intend to make filings with the Illinois Health Facilities and Services Review Board (the "State Board") to close its Ambulatory Surgery Treatment Center ("ASTC") located at 7616 N. Paulina St., Chicago, IL 60626 and at the same time, an affiliated entity will open a new renovated ASTC at 2300 W. Peterson Ave., Chicago, IL 60659. This is about two miles away from the current ASTC location.

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Sincerely

A handwritten signature in dark ink that reads "Kara Friedman".
Kara Friedman

cc: Naaz Sultana, Rogers Park One Day Surgery Center, Inc.

Atlanta | Boston | Chattanooga | Chicago | Dallas | Denver | Fort Lauderdale | Houston
Kansas City | Los Angeles | Miami | Nashville | New York | Phoenix | Raleigh | Salt Lake City
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Polsinelli
150 N Riverside Plaza, Suite 3000
Chicago, IL 60606

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9414 8149 0305 5743 0169 72

Administrator
Evanston Hospital
2650 RIDGE AVE
EVANSTON, IL 60201-1700

Shipper Ref: Chicago



150 N. Riverside Plaza, Suite 3000, Chicago, IL 60606 • (312) 819-1900

March 14, 2024

Kara Friedman
(312) 873-3639
(312) 602-3917 Fax
kfriedman@polsinelli.com

Via Certified Mail

Swedish Hospital
5145 N California Ave
Chicago, IL 60625
Attn: Administrator

Re: Notice of Planned Relocation of Rogers Park One Day Surgery Center

Dear Administrator:

This office represents Rogers Park One Day Surgery Center, Inc. ("Rogers Park ASC"). I am writing on behalf of Rogers Park ASC to notify you that Rogers Park ASC and an affiliated entity intend to make filings with the Illinois Health Facilities and Services Review Board (the "State Board") to close its Ambulatory Surgery Treatment Center ("ASTC") located at 7616 N. Paulina St., Chicago, IL 60626 and at the same time, an affiliated entity will open a new renovated ASTC at 2300 W. Peterson Ave., Chicago, IL 60659. This is about two miles away from the current ASTC location.

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Sincerely

Kara Friedman

cc: Naaz Sultana, Rogers Park One Day Surgery Center, Inc.

Atlanta | Boston | Chattanooga | Chicago | Dallas | Denver | Fort Lauderdale | Houston
Kansas City | Los Angeles | Miami | Nashville | New York | Phoenix | Raleigh | Salt Lake City
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Chicago, IL 60606

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9414 8149 0305 5743 0169 89

Administrator
Swedish Hospital
5145 N CALIFORNIA AVE
CHICAGO, IL 60625-3661

Shipper Ref: Chicago



150 N. Riverside Plaza, Suite 3000, Chicago, IL 60606 • (312) 819-1900

March 14, 2024

Kara Friedman
(312) 873-3639
(312) 602-3917 Fax
kfriedman@polsinelli.com

Via Certified Mail

Weiss Memorial Hospital
4646 N Marine Dr
Chicago, IL 60640
Attn: Administrator

Re: Notice of Planned Relocation of Rogers Park One Day Surgery Center

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Sincerely

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Atlanta | Boston | Chattanooga | Chicago | Dallas | Denver | Fort Lauderdale | Houston
Kansas City | Los Angeles | Miami | Nashville | New York | Phoenix | Raleigh | Salt Lake City
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Chicago, IL 60606

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9414 8149 0305 5743 0169 96

Administrator
Weiss Memorial Hospital
4646 N MARINE DR
CHICAGO, IL 60640-5759

Shipper Ref: Chicago



150 N. Riverside Plaza, Suite 3000, Chicago, IL 60606 • (312) 819-1800

March 14, 2024

Kara Friedman
(312) 873-3639
(312) 602-3917 Fax
kfriedman@polsinelli.com

Via Certified Mail

Kindred Hospital Chicago North
2544 W. Montrose Ave.
Chicago, IL 60618
Attn: Administrator

Re: Notice of Planned Relocation of Rogers Park One Day Surgery Center

Dear Administrator:

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Sincerely


Kara Friedman

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Atlanta | Boston | Chattanooga | Chicago | Dallas | Denver | Fort Lauderdale | Houston
Kansas City | Los Angeles | Miami | Nashville | New York | Phoenix | Raleigh | Salt Lake City
San Diego | San Francisco | Seattle | St. Louis | Washington, D.C. | Wilmington

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Polsinelli
150 N Riverside Plaza, Suite 3000
Chicago, IL 60606

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9414 8149 0305 5743 0170 09

Administrator
Kindred Hospital Chicago North
2544 W MONTROSE AVE
CHICAGO, IL 60618-1537

Shipper Ref: Chicago



150 N. Riverside Plaza, Suite 3000, Chicago, IL 60606 • (312) 819-1900

March 14, 2024

Kara Friedman
(312) 873-3639
(312) 602-3917 Fax
kfriedman@polsinelli.com

Via Certified Mail

Thorek Memorial Hospital
850 W. Irving Park Road
Chicago, IL 60613
Attn: Administrator

Re: Notice of Planned Relocation of Rogers Park One Day Surgery Center

Dear Administrator:

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Kara Friedman

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Atlanta | Boston | Chattanooga | Chicago | Dallas | Denver | Fort Lauderdale | Houston
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San Diego | San Francisco | Seattle | St. Louis | Washington, D.C. | Wilmington

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Polsinelli
150 N Riverside Plaza, Suite 3000
Chicago, IL 60606

USPS CERTIFIED MAIL



9414 8149 0305 5743 0170 16

Administrator
Thorek Memorial Hospital
850 W IRVING PARK RD
CHICAGO, IL 60613-3077

Shipper Ref: Chicago



150 N. Riverside Plaza, Suite 3000, Chicago, IL 60606 • (312) 819-1900

March 14, 2024

Kara Friedman
(312) 873-3639
(312) 602-3917 Fax
kfriedman@polsinelli.com

Via Certified Mail

NorthShore Univ HealthSystem Skokie Hospital
9600 Gross Point Road
Skokie, IL 60076
Attn: Administrator

Re: Notice of Planned Relocation of Rogers Park One Day Surgery Center

Dear Administrator:

This office represents Rogers Park One Day Surgery Center, Inc. ("Rogers Park ASC"). I am writing on behalf of Rogers Park ASC to notify you that Rogers Park ASC and an affiliated entity intend to make filings with the Illinois Health Facilities and Services Review Board (the "State Board") to close its Ambulatory Surgery Treatment Center ("ASTC") located at 7616 N. Paulina St., Chicago, IL 60626 and at the same time, an affiliated entity will open a new renovated ASTC at 2300 W. Peterson Ave., Chicago, IL 60659. This is about two miles away from the current ASTC location.

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Sincerely

Kara Friedman

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polsinelli.com

Polsinelli
150 N Riverside Plaza, Suite 3000
Chicago, IL 60606

USPS CERTIFIED MAIL



9414 8149 0305 5743 0170 23

Administrator
NorthShore Univ HealthSystem Skokie hospital
9600 GROSS POINT RD
SKOKIE, IL 60076-1214

Shipper Ref: Chicago



150 N. Riverside Plaza, Suite 3000, Chicago, IL 60606 • (312) 819-1900

March 14, 2024

Kara Friedman
(312) 873-3639
(312) 602-3917 Fax
kfriedman@polsinelli.com

Via Certified Mail

Ascension Saint Mary & Elizabeth Med Ctr – Chicago
2233 West Division Street
Chicago, IL 60622
Attn: Administrator

Re: Notice of Planned Relocation of Rogers Park One Day Surgery Center

Dear Administrator:

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In accordance with applicable HFSRB rules, we are notifying healthcare facilities with similar programs in the area to advise each program of these plans, so each provider may assess whether it believes these plans will impact its program. As these plans are effectively a relocation and not a true discontinuation, we do not believe they will impact your program; however, you are receiving this letter based on HFSRB requirements because your facility is located within a certain proximity of Rogers Park ASC.

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If you have any questions about Rogers Park ASC's planned relocation, please feel free to contact me or Naaz Sultana at naaz@rogersparksurgery.com.

Sincerely

Kara Friedman

cc: Naaz Sultana, Rogers Park One Day Surgery Center, Inc.

Atlanta | Boston | Chattanooga | Chicago | Dallas | Denver | Fort Lauderdale | Houston
Kansas City | Los Angeles | Miami | Nashville | New York | Phoenix | Raleigh | Salt Lake City
San Diego | San Francisco | Seattle | St. Louis | Washington, D.C. | Wilmington

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Potsinelli
150 N Riverside Plaza, Suite 3000
Chicago, IL 60606

USPS CERTIFIED MAIL



9414 8149 0305 5743 0170 30

Administrator
Ascension Saint Mary & Elizabeth Med Ctr - Chicago
2233 W DIVISION ST
CHICAGO, IL 60622-8151

Shipper Ref: Chicago



150 N. Riverside Plaza, Suite 3000, Chicago, IL 60606 • (312) 819-1900

March 14, 2024

Kara Friedman
(312) 873-3639
(312) 602-3917 Fax
kfriedman@polsinelli.com

Via Certified Mail

Ascension Saint Joseph Hospital – Chicago
2900 Lake Shore Drive
Chicago, IL 60657
Attn: Administrator

Re: Notice of Planned Relocation of Rogers Park One Day Surgery Center

Dear Administrator:

This office represents Rogers Park One Day Surgery Center, Inc. ("Rogers Park ASC"). I am writing on behalf of Rogers Park ASC to notify you that Rogers Park ASC and an affiliated entity intend to make filings with the Illinois Health Facilities and Services Review Board (the "State Board") to close its Ambulatory Surgery Treatment Center ("ASTC") located at 7616 N. Paulina St., Chicago, IL 60626 and at the same time, an affiliated entity will open a new renovated ASTC at 2300 W. Peterson Ave., Chicago, IL 60659. This is about two miles away from the current ASTC location.

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Sincerely

A handwritten signature in cursive script that reads 'Kara Friedman'.

Kara Friedman

cc: Naaz Sultana, Rogers Park One Day Surgery Center, Inc.

Atlanta | Boston | Chattanooga | Chicago | Dallas | Denver | Fort Lauderdale | Houston
Kansas City | Los Angeles | Miami | Nashville | New York | Phoenix | Raleigh | Salt Lake City
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9414 8149 0305 5743 0170 47

Administrator
Ascension Saint Joseph Hospital - Chicago
2900 N LAKE SHORE DR
CHICAGO, IL 60657-5640

Shipper Ref: Chicago



150 N. Riverside Plaza, Suite 3000, Chicago, IL 60606 • (312) 818-1900

March 14, 2024

Kara Friedman
(312) 873-3639
(312) 602-3917 Fax
kfriedman@polsinelli.com

Via Certified Mail

Illinois Masonic Medical Center Campus
836 West Wellington Avenue
Chicago, IL 60657
Attn: Administrator

Re: Notice of Planned Relocation of Rogers Park One Day Surgery Center

Dear Administrator:

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Chicago, IL 60606

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9414 8149 0305 5743 0170 54

Administrator
Illinois Masonic Medical Center Campus
836 W WELLINGTON AVE
CHICAGO, IL 60657-5147

Shipper Ref: Chicago



150 N. Riverside Plaza, Suite 3000, Chicago, IL 60606 • (312) 819-1900

March 14, 2024

Kara Friedman
(312) 873-3639
(312) 602-3917 Fax
kfriedman@polsinelli.com

Via Certified Mail

Ascension Resurrection Medical Center
7435 West Talcott Avenue
Chicago, IL 60631
Attn: Administrator

Re: Notice of Planned Relocation of Rogers Park One Day Surgery Center

Dear Administrator:

This office represents Rogers Park One Day Surgery Center, Inc. ("Rogers Park ASC"). I am writing on behalf of Rogers Park ASC to notify you that Rogers Park ASC and an affiliated entity intend to make filings with the Illinois Health Facilities and Services Review Board (the "State Board") to close its Ambulatory Surgery Treatment Center ("ASTC") located at 7616 N. Paulina St., Chicago, IL 60626 and at the same time, an affiliated entity will open a new renovated ASTC at 2300 W. Peterson Ave., Chicago, IL 60659. This is about two miles away from the current ASTC location.

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9414 8149 0305 5743 0170 61

Administrator
Ascension Resurrection Medical Center
7435 W TALCOTT AVE
CHICAGO, IL 60631-3707

Shipper Ref: Chicago



150 N. Riverside Plaza, Suite 3000, Chicago, IL 60606 • (312) 819-1900

March 14, 2024

Kara Friedman
(312) 873-3639
(312) 602-3917 Fax
kfriedman@polsinelli.com

Via Certified Mail

Community First Medical Center
5654 W Addison Street
Chicago, IL 60634
Attn: Administrator

Re: Notice of Planned Relocation of Rogers Park One Day Surgery Center

Dear Administrator:

This office represents Rogers Park One Day Surgery Center, Inc. ("Rogers Park ASC"). I am writing on behalf of Rogers Park ASC to notify you that Rogers Park ASC and an affiliated entity intend to make filings with the Illinois Health Facilities and Services Review Board (the "State Board") to close its Ambulatory Surgery Treatment Center ("ASTC") located at 7616 N. Paulina St., Chicago, IL 60626 and at the same time, an affiliated entity will open a new renovated ASTC at 2300 W. Peterson Ave., Chicago, IL 60659. This is about two miles away from the current ASTC location.

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9414 8149 0305 5743 0170 78

Administrator
Community First Medical Center
5654 W ADDISON ST
CHICAGO, IL 60634-4402

Shipper Ref: Chicago



150 N. Riverside Plaza, Suite 3000, Chicago, IL 60606 • (312) 819-1900

March 14, 2024

Kara Friedman
(312) 873-3639
(312) 602-3917 Fax
kfriedman@polsinelli.com

Via Certified Mail

Humboldt Park Health, Inc.
1044 N. Francisco Avenue
Chicago, IL 60622
Attn: Administrator

Re: Notice of Planned Relocation of Rogers Park One Day Surgery Center

Dear Administrator:

This office represents Rogers Park One Day Surgery Center, Inc. ("Rogers Park ASC"). I am writing on behalf of Rogers Park ASC to notify you that Rogers Park ASC and an affiliated entity intend to make filings with the Illinois Health Facilities and Services Review Board (the "State Board") to close its Ambulatory Surgery Treatment Center ("ASTC") located at 7616 N. Paulina St., Chicago, IL 60626 and at the same time, an affiliated entity will open a new renovated ASTC at 2300 W. Peterson Ave., Chicago, IL 60659. This is about two miles away from the current ASTC location.

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Polsinelli
150 N Riverside Plaza, Suite 3000
Chicago, IL 60606

USPS CERTIFIED MAIL



9414 8149 0305 5743 0170 85

Administrator
Humboldt Park Health Inc
1044 N FRANCISCO AVE
CHICAGO, IL 60622-2743

Shipper Ref: Chicago



150 N. Riverside Plaza, Suite 3000, Chicago, IL 60606 • (312) 819-1900

March 14, 2024

Kara Friedman
(312) 873-3639
(312) 602-3917 Fax
kfriedman@polsinelli.com

Via Certified Mail

Lurie Children's
225 E Chicago Ave.
Chicago, IL 60611
Attn: Administrator

Re: Notice of Planned Relocation of Rogers Park One Day Surgery Center

Dear Administrator:

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Chicago, IL 60606

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9414 8149 0305 5743 0170 92

Administrator
Lurie Children's
225 E CHICAGO AVE
CHICAGO, IL 60611-2991

Shipper Ref: Chicago

Publication in Chicago Tribune

ATTACHMENT 10

Pending approval from the Illinois Health Facilities and Services Review Board, Rogers Park One Day Surgery Center, Inc. intends to close its Ambulatory Surgical Treatment Center (ASTC) located at 7616 N. Paulina St., Chicago, IL 60626. The operator is closing this ASTC in connection with the planned opening of an ASTC at 2300 W. Peterson Ave., Chicago, IL 60659, about two miles away.

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

Background of the Applicant

1. Mohamed Sirajudeen owns and operates the following healthcare facility:
 - Rogers Park One Day Surgery Center, Inc.

Proof of current licensure for Rogers Park One Day Surgery Center, Inc. is attached at Attachment – 11A.

2. By signing the certification pages within this application, the Applicant attests 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 Applicant authorizes 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.

Attachment- 11A



ILLINOIS DEPARTMENT OF
PUBLIC HEALTH

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

Sameer Vohra, MD,JD,MA
Director

Issued under the authority of
the Illinois Department of
Public Health

EXPIRATION DATE 12/01/2024	CATEGORY	LIC NUMBER 7003218
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Ambulatory Surgery Treatment Center

Effective: 12/02/2023

Rogers Park One Day Surgery Center, Inc.
7616 N Paulina St
Chicago, IL 60626

The face of this license has a colored background. • Printed by Authority of the State of Illinois • P.O. #422031 10M 3/22

← DISPLAY THIS PART IN A
CONSPICUOUS PLACE

Exp. Date 12/01/2024

Lic Number 7003218

Date Printed 11/14/2023

Rogers Park One Day Surgery Center,

7616 N Paulina St
Chicago, IL 60626-1018

FEE RECEIPT NO.

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 close Rogers Park One Day Surgery Center's ASTC (the "Existing ASTC") is associated with a separate filing to open Peterson Surgery Center LLC (the "Planned ASTC"). The owner of the Planned ASTC operator, Peterson Surgery Center, is the spouse of the owner of the Existing ASTC. Together, these applications are effectively for 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 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 health

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

care inequities. 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 Applicant has 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.

A map of the market area of The Existing ASC is attached at Attachment – 12A. The distance from the Existing ASC to the GSA borders are as follows:

- East: 10 miles to Lake Michigan
- South: 10 miles to West Loop Chicago
- West: 10 miles to Des Plaines
- 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 Pctcrson 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.

Rogers Park One Day Surgery Center 10-mile Geographic Service Area



Section IX, Safety Net Impact Statement

This CON permit application to close Rogers Park One Day Surgery Center's ASTC (the "Existing ASTC") is associated with a separate filing to open Peterson Surgery Center LLC (the "Planned ASTC"). Together, these applications are effectively for the relocation of the Existing ASTC. 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.**
The Project will not impact other safety net providers, as it is not a true discontinuation. As discussed above the Project relates to the relocation to a Replacement ASTC located 2.1 miles from the Existing ASTC.

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

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