

24-024
RECEIVED**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT**

JUL 15 2024

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

Facility Name: Vista Medical Center Freestanding Emergency Center			
Street Address: 1050 Red Oak Ln			
City and Zip Code: Lindenhurst, IL 60046			
County:	Lake	Health Service Area:	Emergency
		Health Planning Area:	Emergency

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

Exact Legal Name: WAUKEGAN ILLINOIS HOSPITAL COMPANY LLC DBA LINDENHURST FREESTANDING EMERGENCY CENTER	
Street Address: 1050 Red Oak Ln	
City and Zip Code: Lindenhurst, 60046	
Name of Registered Agent: CT CORP	
Registered Agent Street Address: 208 S. LaSalle St. Suite 814	
Registered Agent City and Zip Code: Chicago, IL 60604	
Name of Chief Executive Officer: Bianca DeFillipi	
CEO Street Address: 1324 N. Sheridan Rd	
CEO City and Zip Code: Waukegan IL, 60085	
CEO Telephone Number: 847-360-3000	

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: Bianca Defilippi
Title: CEO
Company Name: Vista Medical Center
Address: 1324 N. Sheridan Rd Waukegan IL, 60085
Telephone Number: 8473603000
E-mail Address: bdefilippi@amhealthsystems.com
Fax Number:

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

Name: Jonathan Burket

Title:Chief Compliance Officer
Company Name:American Healthcare Systems
Address:505 N Brand Blvd Suite 1110
Telephone Number:818-666-0602
E-mail Address:jburket@amhealthsystems.com
Fax Number:

Post Permit Contact

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

Name: Bianca Defilippi
Title: CEO
Company Name: Vista Medical Center
Address: 1324 N Sheridan Rd Waukegan IL, 60085
Telephone Number: 8473603000
E-mail Address: bdefilippi@amhealthsystems.com
Fax Number:

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: WAUKEGAN ILLINOIS HOSPITAL COMPANY LLC DBA LINDENHURST FREESTANDING EMERGENCY CENTER
Address of Site Owner: 1050 RED OAK LANE LINDENHURST, IL 60046
Street Address or Legal Description of the Site: Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease, or a lease.
APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee

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

Exact Legal Name: WAUKEGAN ILLINOIS HOSPITAL COMPANY LLC DBA LINDENHURST FREESTANDING EMERGENCY CENTER	
Address: 1050 RED OAK LANE LINDENHURST, IL 60046	
☐ Non-profit Corporation ☐ For-profit Corporation ☒ Limited Liability Company ☐ Other	☐ Partnership ☐ Governmental ☐ Sole Proprietorship
- 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>). **NOTE: A SPECIAL FLOOD HAZARD AREA AND 500-YEAR FLOODPLAIN DETERMINATION FORM** has been added at the conclusion of this Application for Permit that must be completed to deem a project complete.

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

Discontinuation of Lindenhurst Free Standing Emergency Department Center "Lindenhurst." Vista Medical Center would like to discontinue the operations of the Lindenhurst Stand Alone Emergency Department to better utilize resources in accordance with the needs of the community. Thus, Lindenhurst will no longer be staffed 24 hours a day, 7 days a week to meet the requirements imposed by a standalone emergency department in the state of Illinois.

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	n/a	n/a	n/a
Site Survey and Soil Investigation	n/a	n/a	n/a
Site Preparation	n/a	n/a	n/a
Off Site Work	n/a	n/a	n/a
New Construction Contracts	n/a	n/a	n/a
Modernization Contracts	n/a	n/a	n/a
Contingencies	n/a	n/a	n/a
Architectural/Engineering Fees	n/a	n/a	n/a
Consulting and Other Fees	n/a	n/a	n/a
Movable or Other Equipment (not in construction contracts)	n/a	n/a	n/a
Bond Issuance Expense (project related)	n/a	n/a	n/a
Net Interest Expense During Construction (project related)	n/a	n/a	n/a
Fair Market Value of Leased Space or Equipment	n/a	n/a	n/a
Other Costs to Be Capitalized	n/a	n/a	n/a
Acquisition of Building or Other Property (excluding land)	n/a	n/a	n/a
TOTAL USES OF FUNDS	n/a	n/a	n/a
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	n/a	n/a	n/a
Pledges	n/a	n/a	n/a
Gifts and Bequests	n/a	n/a	n/a
Bond Issues (project related)	n/a	n/a	n/a
Mortgages	n/a	n/a	n/a
Leases (fair market value)	n/a	n/a	n/a
Governmental Appropriations	n/a	n/a	n/a
Grants	n/a	n/a	n/a
Other Funds and Sources	n/a	n/a	n/a
TOTAL SOURCES OF FUNDS	n/a	n/a	n/a
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:	\$n/a	
Fair Market Value:	\$n/a	
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 \$ <u>n/a</u>		

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: n/a	
☐ None or not applicable	☐ Preliminary
☐ Schematics	☐ Final Working
Anticipated project completion date (refer to Part 1130.140): _____	
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
☐ APORS
☐ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
☐ All reports regarding outstanding permits

Failure to be up to date with these requirements will result in the application 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 departments or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

Not Reviewable Space (i.e., non-clinical): means an area for the benefit of the patients, visitors, staff, or employees of a health care facility and not directly related to the diagnosis, treatment, or rehabilitation of persons receiving services from the health care facility. "Non-clinical service areas" include, but are not limited to, chapels; gift shops; newsstands; computer systems; tunnels, walkways, and elevators; telephone systems; projects to comply with life safety codes; educational facilities; student housing; patient, employee, staff, and visitor dining areas; administration and volunteer offices; modernization of structural components (such as roof replacement and masonry work); boiler repair or replacement; vehicle maintenance and storage facilities; parking facilities; mechanical systems for heating, ventilation, and air conditioning; loading docks; and repair or replacement of carpeting, tile, wall coverings, window coverings or treatments, or furniture. Solely for the purpose of this definition, "non-clinical service area" does not include health and fitness centers. [20 ILCS 3950/3]

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	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Medical Surgical	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Intensive Care	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Diagnostic Radiology	n/a	n/a	n/a	n/a	n/a	n/a	n/a
MRI	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Total Clinical	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	n/a	n/a	n/a	n/a	n/a	n/a	n/a
NON-REVIEWABLE	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Administrative	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Parking	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Gift Shop	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Total Non-clinical	n/a	n/a	n/a	n/a	n/a	n/a	n/a
TOTAL	n/a	n/a	n/a	n/a	n/a	n/a	n/a

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

Facility Bed Capacity and Utilization

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 Lindenhurst Standalone ED			CITY: Lindenhurst		
REPORTING PERIOD DATES: From: 1/1/23 to:12/31/23					
Category of Service	Authorized Beds	Admissions	Patient Days	Bed Changes	Proposed Beds
Medical/Surgical	n/a	n/a	n/a	n/a	n/a
Obstetrics	n/a	n/a	n/a	n/a	n/a
Pediatrics	n/a	n/a	n/a	n/a	n/a
Intensive Care	n/a	n/a	n/a	n/a	n/a
Comprehensive Physical Rehabilitation	n/a	n/a	n/a	n/a	n/a
Acute/Chronic Mental Illness	n/a	n/a	n/a	n/a	n/a
Neonatal Intensive Care	n/a	n/a	n/a	n/a	n/a
General Long-Term Care	n/a	n/a	n/a	n/a	n/a
Specialized Long-Term Care	n/a	n/a	n/a	n/a	n/a
Long Term Acute Care	n/a	n/a	n/a	n/a	n/a
Other: Emergency Medicine	11	0 Admission transfers Vista Medical Center East: IP: 337 Obs: 210 Total: 547	n/a	11	0
TOTALS:	11	0 Admissions by transfer: 547	n/a	11	0

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

SIGNATURE

Bianca D'Filippi

PRINTED NAME

CFO

PRINTED TITLE

SIGNATURE

PRINTED NAME

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 4 day of June 2024

Notarization:

Subscribed and sworn to before me
this ____ day of ____

Signature of Notary

Signature of Notary

Seal

Seal

*Insert the EXACT PHOTOGRAPH of the applicant

OFFICIAL SEAL
HOLLY AZZONE
LAKE COUNTY
MY COMMISSION EXPIRES 11/29/2026

SECTION II. DISCONTINUATION

This Section is applicable to the discontinuation of a health care facility or the discontinuation of more than one category of service in a 6-month period. If the project is solely for a discontinuation of a health care facility the **Background of the Applicant(s) and Purpose of Project MUST** be addressed. A copy of the Notices listed in **Item 7** below **MUST** be submitted with this Application for Discontinuation <https://www.ilga.gov/legislation/ilcs/documents/002039600K8.7.htm>

Criterion 1110.290 – Discontinuation

READ THE REVIEW CRITERION and provide the following information:

GENERAL INFORMATION REQUIREMENTS

1. Identify the categories of service and the number of beds, if any that are to be discontinued.

11 Emergency Medicine Beds will be discontinued.

2. Identify all the other clinical services that are to be discontinued.

Twenty Four (24) hour, Seven (7) days a week of ancillary support (imaging and lab) for emergency medicine.

3. Provide the anticipated date of discontinuation for each identified service or for the entire facility.
July 14, 2024.

4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.

Outpatient Coinvent Care.

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.

Electronic and Paper Medical Records maintained by Lindenhurst's resource hospital, Vista Medical Center East. Medical records are kept within locked/secured areas for:

- Adults: ten (10) years post discharge
- Minors: seven (7) years after the patient's 18th birthday

6. Provide copies of the notices that were provided to the local media that would routinely be notified about facility events.

7. For applications involving the discontinuation of an entire facility, provide copies of the notices that were sent to the municipality in which the facility is located, the State Representative and State Senator of the district in which the health care facility is located, the Director of Public Health, and the Director of Healthcare and Family Services. These notices shall have been made at least 30 days prior to filing of the application.

8. 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 90 days following the date of discontinuation.

REASONS FOR DISCONTINUATION

The applicant shall state the reasons for the discontinuation and provide data that verifies the need for the proposed action. See criterion 1110.290(b) for examples.

Lack of sufficient staff to adequately provide the service and the facility or the service is not economically feasible, and continuation impairs the facility's financial viability;

IMPACT ON ACCESS

1. Document whether the discontinuation of each service or of the entire facility will have an adverse effect upon access to care for residents of the facility's market area.

The discontinuation will not have any negative/adverse affecting on the resident's access to emergency Healthcare. Currently, Lindenhurst stand-alone Emergency Department is surrounded by five (5) urgent care facilities within a five (5) mile radius. Additionally, Lindenhurst Stand Alone Emergency Department is located 11 miles from Vista Medical Center East's fully operational emergency department and acute care hospital.

2. Document that a written request for an impact statement was received by all existing or approved health care facilities (that provide the same services as those being discontinued) located within the **geographic service area**.

APPEND DOCUMENTATION AS **ATTACHMENT 10**, 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.

SECTION XI -SPECIAL FLOOD HAZARD AREA AND 500-YEAR FLOODPLAIN DETERMINATION FORM

In accordance with Executive Order 2006-5 (EO 5), the Health Facilities & Services Review Board (HFSRB) must determine if the site of the CRITICAL FACILITY, as defined in EO 5, is in a mapped floodplain (Special Flood Hazard Area) or a 500-year floodplain. All state agencies are required to ensure that before a permit, grant or a development is planned or promoted, the proposed project meets the requirements of the Executive Order, including compliance with the National Flood Insurance Program (NFIP) and state floodplain regulation.

1. Applicant: Bianca Defilippi 1050 red oak lane
(Name) (Address)
(City) Lindenhurst (State) IL (ZIP Code) 60046 (Telephone Number) (847)3564700

2. Project Location: _____
(Address) (City) (State)

(County) (Township) (Section)

3. You can create a small map of your site showing the FEMA floodplain mapping using the FEMA Map Service Center website (<https://msc.fema.gov/portal/home>) by entering the address for the property in the Search bar. If a map, like that shown on page 2 is shown, select the **Go to NFHL Viewer** tab above the map. You can print a

copy of the floodplain map by selecting the  icon in the top corner of the page. Select the pin tool icon  and place a pin on your site. Print a FIRMETTE size image.

If there is no digital floodplain map available select the **View/Print FIRM** icon above the aerial photo. You will then need to use the Zoom tools provided to locate the property on the map and use the **Make a FIRMette** tool to create a pdf of the floodplain map.

IS THE PROJECT SITE LOCATED IN A SPECIAL FLOOD HAZARD AREA: Yes___ No x

IS THE PROJECT SITE LOCATED IN THE 500-YEAR FLOOD PLAIN? n/a

If you are unable to determine if the site is in the mapped floodplain or 500-year floodplain, contact the county or the local community building or planning department for assistance.

If the determination is being made by a local official, please complete the following:

FIRM Panel Number: _____ Effective Date: _____

Name of Official: _____ Title: _____

Business/Agency: _____ Address: _____

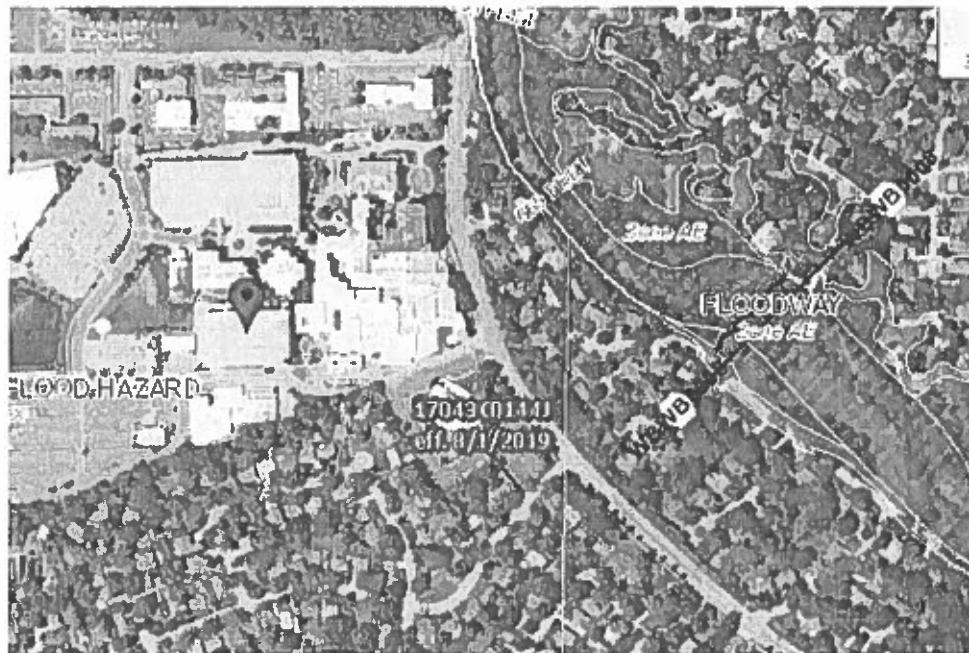
(City) (State) (ZIP Code) (Telephone Number)

Signature: _____ Date: _____

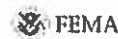
NOTE: This finding only means that the property in question is or is not in a Special Flood Hazard Area or a 500-year floodplain as designated on the map noted above. It does not constitute a guarantee that the property will or will not be flooded or be subject to local drainage problems.

If you need additional help, contact the Illinois Statewide Floodplain Program at 217/782-4428

The image below is an example of the floodplain mapping required as part of the IDPH swimming facility construction permit showing that the swimming pool, to undergo a major alteration, is outside the mapped floodplain.



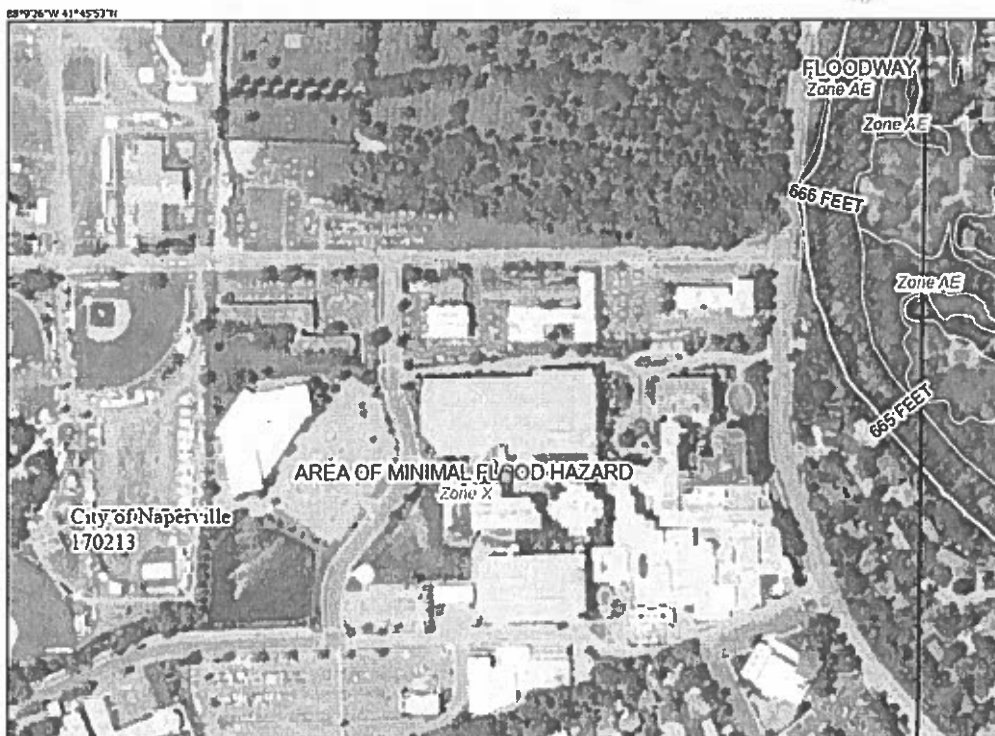
National Flood Hazard Layer FIRMette



Legend

SEE FIS REPORT FOR DETAILED LEGEND AND INDEX MAP FOR FIRM PANEL LAYOUT

- SPECIAL FLOOD HAZARD AREAS**
 - Without Base Flood Elevation (BFE) Zone A, V, X, Y
 - With BFE or Depth Zone AE, A1, A2, A3, V1, V2, V3, V4, V5, V6, V7, V8, V9, V10, V11, V12, V13, V14, V15, V16, V17, V18, V19, V20, V21, V22, V23, V24, V25, V26, V27, V28, V29, V30, V31, V32, V33, V34, V35, V36, V37, V38, V39, V40, V41, V42, V43, V44, V45, V46, V47, V48, V49, V50, V51, V52, V53, V54, V55, V56, V57, V58, V59, V60, V61, V62, V63, V64, V65, V66, V67, V68, V69, V70, V71, V72, V73, V74, V75, V76, V77, V78, V79, V80, V81, V82, V83, V84, V85, V86, V87, V88, V89, V90, V91, V92, V93, V94, V95, V96, V97, V98, V99, V100
 - Regulatory Floodway
- OTHER AREAS OF FLOOD HAZARD**
 - 0.2% Annual Chance Flood Hazard, Areas of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile Zone 1
 - Future Conditions 1% Annual Chance Flood Hazard Zone 2
 - Area with Reduced Flood Risk due to Levee, See Notes, Zone 3
 - Area with Flood Risk due to Levee Zone 4
- OTHER AREAS**
 - No SCREEN Area of Minimal Flood Hazard Zone 5
 - Effective LOMRIS
 - Area of Undetermined Flood Hazard Zone 6
- GENERAL STRUCTURES**
 - Channel, Culvert, or Storm Sewer
 - Levee, Dike, or Floodwall
- OTHER FEATURES**
 - Cross Sections with 1% Annual Chance Water Surface Elevation
 - Coastal Transect
 - Base Flood Elevation Line (BFE)
 - Limit of Study
 - Jurisdiction Boundary
 - Coastal Transect Baseline
 - Profile Baseline
 - Hydrographic Feature
- MAP PANELS**
 - Digital Data Available
 - No Digital Data Available
 - Unmapped



The pin displayed on the map is an approximate point selected by the user and does not represent an authoritative property location.

After paginating the entire completed application indicate, in the chart below, the page numbers for the included attachments:

INDEX OF ATTACHMENTS		
ATTACHMENT NO.		PAGES
1	Applicant Identification including Certificate of Good Standing	
2	Site Ownership	
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	
5	Flood Plain Requirements	
6	Historic Preservation Act Requirements	
7	Project and Sources of Funds Itemization	
8	Financial Commitment Document if required	
9	Cost Space Requirements	
10	Discontinuation	
11	Background of the Applicant	
12	Purpose of the Project	
13	Alternatives to the Project	
14	Size of the Project	
15	Project Service Utilization	
16	Unfinished or Shell Space	
17	Assurances for Unfinished/Shell Space	
	Service Specific:	
18	Medical Surgical Pediatrics, Obstetrics, ICU	
19	Comprehensive Physical Rehabilitation	
20	Acute Mental Illness	
21	Open Heart Surgery	
22	Cardiac Catheterization	
23	In-Center Hemodialysis	
24	Non-Hospital Based Ambulatory Surgery	
25	Selected Organ Transplantation	
26	Kidney Transplantation	
27	Subacute Care Hospital Model	
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Chicago Tribune Media Group does hereby certify that it is the publisher of the Lake County News Sun. The Lake County News Sun is a secular newspaper, has been continuously published for more than fifty (50) weeks prior to the first publication of the attached notice, is published in the City of Waukegan, Township of Waukegan, State of Illinois, is of general circulation throughout that county and surrounding area, and is a newspaper as defined by 715 IL CS 5/5.

This is to certify that a notice, a true copy of which is attached, was published 1 time(s) in the Lake County News Sun, namely one time per week or on 1 successive weeks. The first publication of the notice was made in the newspaper, dated and published on 7/04/2024, and the last publication of the notice was made in the newspaper dated and published on 7/04/2024.

This notice was also placed on a statewide public notice website as required by 715 ILCS 5/2. 1.

PUBLICATION DATES: Jul 04, 2024.

Lake County News Sun

In witness, an authorized agent of The Chicago Tribune Media Group has signed this certificate executed in Chicago, Illinois on this

9th Day of July, 2024, by

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Juneau ice field nears tipping

Study: Area's melt rate nearly 5 times faster than in 1980s

By Seth Borenstein
Associated Press

The melting of Alaska's Juneau ice field, home to more than 1,000 glaciers, is accelerating. The snow-covered area is now shrinking 4.6 times faster than it was in the 1980s, according to a new study.

Researchers meticulously tracked snow levels in the nearly 1,500-square mile icy expanse going back to 1948 with added data back to the 18th century. It slowly shriveled from its peak size at the end of the Little Ice Age around 1850, but then that melt rate sped up about 10 years ago, according to a study in Tuesday's *Nature Communications*.

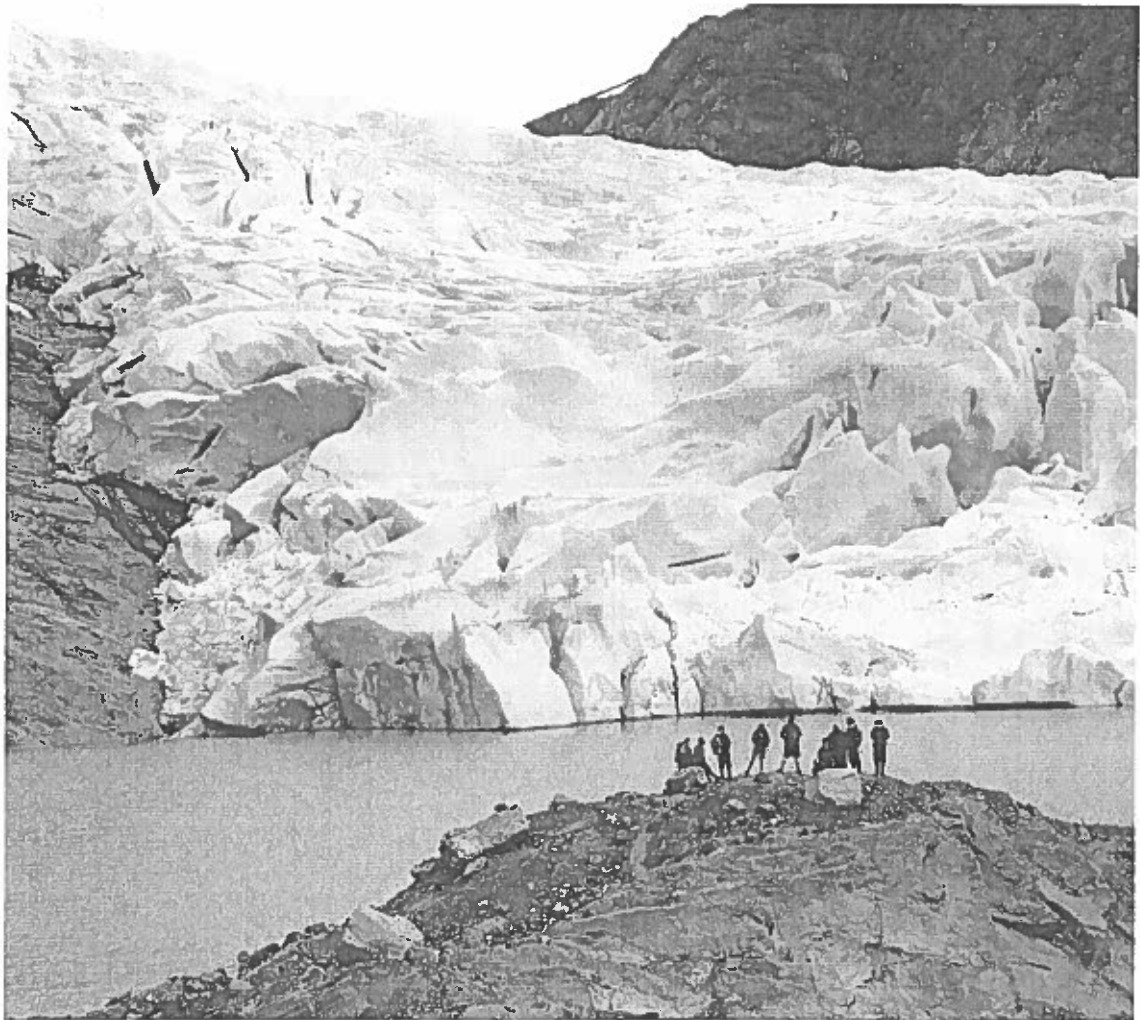
"What's happening is that as the climate is changing, we're getting shorter winters and longer summers," study lead author Bethan Davies, a glaciologist at Newcastle University in England. "We're having more melt, longer melt season."

It's melting so fast that the flow of ice into water now averages about 50,000 gallons every second, according to study co-author Mauri Pelto, a professor of environmental science at Nichols College in Massachusetts.

"In fact, glacier shrinkage in Alaska from the year 2000 to the year 2020, we're losing more ice in Alaska than anywhere else," Davies said.

Only four Juneau ice field glaciers melted out of existence between 1948 and 2005. But 64 of them disappeared between 2005 and 2019, the study said. Many of the glaciers were too small to name, but one larger one, Antler glacier, "is totally gone," Pelto said.

Alaska climatologist



A group takes in the views of the Mendenhall Glacier in Juneau, Alaska, the most famous glacier in the Juneau ice field. B

concerning, warning of "a death spiral" for the thinning ice field.

An ice field is a collection of glaciers, while an ice sheet is something continentwide and only two of those remain, in Greenland and Antarctica. The most famous glacier in the Juneau ice field is the Mendenhall Glacier, a tourist hot spot. The Arctic is warming about four times faster than the rest of the globe with Alaska warming 2.6 degrees since 1980, according to federal weather data.

"When you go there the changes from year to year are so dramatic that it just hits you over the head," Pelto

try to make the U.S. ski team and has continued to study it since, giving up competitive skiing for research.

"In 1981, it wasn't too hard to get on and off the glaciers. You just hike up and you could ski to the bottom or hike right off the end of these glaciers," Pelto said. But now they've got lakes on the edges from melted snow and crevasses opening up that makes it difficult to ski, he said.

It's also now like a staircase of bare rocks there, Pelto said. While snow and ice reflect the sun's heat, the dark rocks absorb it, making the ground warmer, melting more snow in a feed-

said.

Key is the snow elevation line. Below the snow line, snow can disappear in the summer, but there's snow cover year-round above. That snow line keeps moving upward, Pelto said.

The shape of Juneau's ice field, which is rather flat, "makes it vulnerable to particular tipping points" because once the snow line moves up, large areas are suddenly more prone to melt, Davies said.

"The tipping point is when that snow line goes above your entire icefield, ice sheet, ice glacier, whichever one," Pelto said. "And so for the Juneau icefield, 2019,

Even if all the snow Juneau ice field was and that's a long way it would not add to global sea levels, Pelto said. But it is a big tourism and cultural loss, Davies said.

"It is worrisome in the future the ice is going to be transformed beyond contemporary recognition," said Dr. Stroeve, a University of Manitoba ice scientist. "It wasn't part of the story just another sign of transformation in ice components (frost, sea ice, land ice). Communities dependent on the ice are

Davies said the t

11:52

5G% 



You

bdefilippi@amhealthsystems.com



To: George Bridges George.Bridges@waukeganIL.gov
emurkey@msn.com
bonpurpose@gmail.com
Donity1a@gmail.com
Acjenkins80@gmail.com
jstangel@thegroveatthelakes.com

Cc: Mona Armstrong
Mona.Armstrong@amhealthsystems.com
John Maslowski
John.Maslowski@amhealthsystems.com

Thursday, June 27, 1:41 PM

↓ Low Importance



SP0186MK1224062711560 (1)
PDF - 147 KB

Hello All,

Yes, please see the attached memo.

Kind Regards,
Bianca

Bianca Defilippi
Chief Executive Officer



✓ Reply to All



Mail



Calendar



Feed



Apps

Thu, Jun 27 at 1:16 PM

pdf

SP0186MK1224062711560
.pdf

PDF Document · 151 KB

Hello Mayor Taylor, How are you?

I wanted to share with you that Vista has requested to discontinue our CON for the Lindenhurst Stand Alone Emergency Department. We will be sharing this with the key members of the community this week. However, I wanted to share this with you prior to it being released.

Please give me a call to discuss further.

Kind Regards Always,
Bianca

Delivered

**Fwd: Re; Lindenhurst Free Standing
Emergency Center closure**

From: Jennifer Massey

Jennifer.Massey@amhealthsystems.com

To: Brianna Roark

broark@amhealthsystems.com, Jonathan Burket

JBurket@amhealthsystems.com

Sent: Friday, July 12 at 9:55 AM

Sent from my iPhone

Begin forwarded message:

From: Mona Armstrong

[<Mona.Armstrong@amhealthsystems.com>](mailto:Mona.Armstrong@amhealthsystems.com)

Date: July 12, 2024 at 11:53:19 AM CDT

To: Bianca Defilippi

[<bdefilippi@amhealthsystems.com>](mailto:bdefilippi@amhealthsystems.com), Jennifer

Massey

[<Jennifer.Massey@amhealthsystems.com>](mailto:Jennifer.Massey@amhealthsystems.com)

Subject: Fw: Re; Lindenhurst Free Standing
Emergency Center closure

Should you have any questions or need
additional information, please feel free to
contact me!

Have a good day!

Thank you!

Mona L. Armstrong

Executive Assistant

Vista Medical Center

1324 N Sheridan Road

Waukegan, IL 60085

O [847-360-4000](tel:847-360-4000) F [847-360-4269](tel:847-360-4269)

Exceeding the expectations of our patients,
providers, and hospital partners.SM

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From: Mona Armstrong

Sent: Thursday, June 27, 2024 3:42 PM

To: dmarturano@lindenhurstil.gov

[<dmarturano@lindenhurstil.gov>](mailto:dmarturano@lindenhurstil.gov)

Cc: Bianca Defilippi

[<bdefilippi@amhealthsystems.com>](mailto:bdefilippi@amhealthsystems.com)

Subject: Re; Lindenhurst Free Standing Emergency
Center closure

Afternoon!

On behalf of Bianca Defilippi please see the attached information regarding the closing of the Lindenhurst Free Standing emergency center which will cease operation on July 15 at 00:00 hours.

The information is being released to the public and want to give you a heads-up regarding it.

Should you have any questions or need additional information, please feel free to contact me!

Have a good day!

Thank you!

Mona L Armstrong

Executive Assistant

Vista Medical Center

1324 N Sheridan Road

Waukegan, IL 60085

O 847-360-4000 **F** 847-360-4269

mona.armstrong@amhealthsystems.com

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Illinois Facilities and Services Review Board
June 10, 2024

Re: Certificate of Need Discontinuation Application

Hello Illinois Review Board,

This letter relates to the attached application for discontinuation of the Vista Medical Center Freestanding Emergency Center in Lindenhurst, Illinois. This letter serves as the agreement that all questionnaires and data required by HFSRB or DPH will be provided through the date of discontinuation, and that the required information will be submitted no later than 90 days following the date of discontinuation.

Should you have any additional questions or concerns, please contact me at: (424) 440-4519 or via email at bdefilippi@amhealthsystems.com.

Thank you,

Bianca Defilippi

Bianca Defilippi, CEO