

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Facility/Project Identification

Facility Name:	Northwestern Medicine Valley West Hospital		
Street Address:	1302 North Main Street		
City and Zip Code:	Sandwich, IL 60548		
County:	DeKalb	Health Service Area:	1
		Health Planning Area:	B-04

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

Exact Legal Name:	Valley West Community Hospital
Street Address:	1302 North Main Street
City and Zip Code:	Sandwich, IL 60548
Name of Registered Agent:	Julia K. Lynch
Registered Agent Street Address:	211 East Ontario Street Suite 1800
Registered Agent City and Zip Code:	Chicago, IL 60611
Name of Chief Executive Officer:	Maura O'Toole
CEO Street Address:	1302 North Main Street
CEO City and Zip Code:	Sandwich, IL 60548
CEO Telephone Number:	815-766-7940

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:	Bridget Orth
Title:	Director, Regulatory Planning
Company Name:	Northwestern Memorial HealthCare
Address:	211 East Ontario Street Suite 1750
Telephone Number:	312-926-8650
E-mail Address:	borth@nm.org
Fax Number:	312-926-0373

RECEIVED

JAN 24 2024

HEALTH FACILITIES &
SERVICES REVIEW BOARD

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 09/2022 Edition

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Facility/Project Identification

Facility Name:	Northwestern Medicine Valley West Hospital		
Street Address:	1302 North Main Street		
City and Zip Code:	Sandwich, IL 60548		
County:	DeKalb	Health Service Area:	1
		Health Planning Area:	B-04

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

Exact Legal Name:	Northwestern Memorial HealthCare
Street Address:	251 East Huron Street
City and Zip Code:	Chicago, IL 60611
Name of Registered Agent:	Julia K. Lynch
Registered Agent Street Address:	211 East Ontario Street Suite 1800
Registered Agent City and Zip Code:	Chicago, IL 60611
Name of Chief Executive Officer:	Howard B. Chrisman, MD
CEO Street Address:	251 East Huron Street
CEO City and Zip Code:	Chicago, IL 60611
CEO Telephone Number:	312-926-0016

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:	Bridget Orth
Title:	Director, Regulatory Planning
Company Name:	Northwestern Memorial HealthCare
Address:	211 East Ontario Street Suite 1750
Telephone Number:	312-926-8650
E-mail Address:	borth@nm.org
Fax Number:	312-926-0373

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 09/2022 Edition

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

Name:	Ann Hall
Title:	Vice President, Administration
Company Name:	Northwestern Memorial HealthCare
Address:	211 East Ontario Street Suite 1750
Telephone Number:	312-926-6668
E-mail Address:	ann.hall@nm.org
Fax Number:	312-926-0373

Post Exemption Contact

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

Name:	Bridget Orth
Title:	Director, Regulatory Planning
Company Name:	Northwestern Memorial HealthCare
Address:	211 East Ontario Street Suite 1750
Telephone Number:	312-926-8650
E-mail Address:	borth@nm.org
Fax Number:	312-926-0373

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:	Valley West Community Hospital
Address of Site Owner:	1302 North Main Street, Sandwich, IL 60548
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:	Valley West Community Hospital		
Address:	1302 North Main Street, Sandwich, IL 60548		
☒	Non-profit Corporation	☐	Partnership
☐	For-profit Corporation	☐	Governmental
☐	Limited Liability Company	☐	Sole Proprietorship
		☐	Other
○ Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. ○ Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner. ○ Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.			
APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Organizational Relationships

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

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

Narrative Description

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

Valley West Community Hospital seeks to discontinue its 6-bed obstetric category of service. The applicants are Northwestern Memorial HealthCare and Valley West Community Hospital.

Valley West Community Hospital is located at 1302 North Main Street in Sandwich, Illinois.

The project is classified as substantive because it proposes the discontinuation of a category of service.

There is no project cost.

Project Status and Completion Schedules

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

Valley West Hospital does not have any outstanding permits; however, NMHC has the following
outstanding permits (none of which have any impact on the proposed exemption project):

CON #21-008 – Old Irving Park Medical Office Building

CON #21-015 – Winfield Town Center Medical Office Building

CON #21-032 – NM Cancer Center Delnor Modernization/Expansion

CON #22-011 – Oak Brook Medical Office Building

CON #22-046 – Bronzeville Medical Office Building

CON #22-047 – Lake Forest Hospital Expansion

COE #039-23 - River North Same Day Surgery LLC CHOW

Anticipated exemption completion date (refer to Part 1130.570): immediately following HFSRB approval

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 being deemed incomplete.

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 09/2022 Edition

CERTIFICATION

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

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

This Application is filed on the behalf of Valley West Community Hospital *

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.

Maura O'Toole
SIGNATURE

Maura O'Toole
PRINTED NAME

President
PRINTED TITLE

John A. Orsini
SIGNATURE

John A. Orsini
PRINTED NAME

Treasurer
PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 8th day of January 2024

Carrie M. Tucker
Signature of Notary

Seal

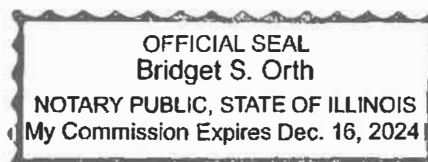


Notarization:

Subscribed and sworn to before me
this 15th day of January 2024

Bridget S. Orth
Signature of Notary

Seal



*Insert the EXACT legal name of the applicant

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 09/2022 Edition

CERTIFICATION

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

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

This Application is filed on the behalf of Northwestern Memorial HealthCare *

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

Howard B. Chrisman, MD

PRINTED NAME

President & CEO

PRINTED TITLE



SIGNATURE

John A. Orsini

PRINTED NAME

Treasurer

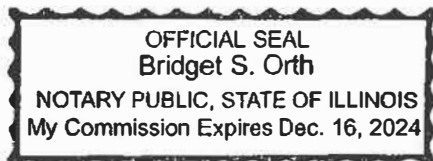
PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 11th day of January 2024


Signature of Notary

Seal



Notarization:

Subscribed and sworn to before me
this 15th day of January 2024


Signature of Notary

Seal



*Insert the EXACT legal name of the applicant

SECTION II. DISCONTINUATION**Type of Discontinuation**☒ Discontinuation of a single category of service**Criterion 1130.525 and 1110.290 - Discontinuation**

READ THE REVIEW CRITERION and provide the following information:

GENERAL INFORMATION REQUIREMENTS

1. Identify the category of service and the number of beds, if any, that are to be discontinued.
2. Identify all of the other clinical services that are to be discontinued.
3. Provide the anticipated date of discontinuation for each identified service.
4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
5. Provide attestation that the facility provided the required notice of the category of service closure to local media that the health care facility would routinely notify about facility events. The supporting documentation shall include a copy of the notice, the name of the local media outlet, the date the notice was given, and the result of the notice, e.g., number of times broadcasted, written, or published. Only notice that is given to a local television station, local radio station, or local newspaper will be accepted.

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

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 1110.130(b) for examples.

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

IMPACT ON ACCESS

1. Document whether or not the discontinuation will have an adverse effect upon access to care for residents of the facility's market area.
2. Provide copies of notification letters sent to other resources or health care facilities that provide the same services as those proposed for discontinuation. The notification letter must include at least the anticipated date of discontinuation and the total number of patients that received care or the number of treatments provided during the latest 24 months.

APPEND DOCUMENTATION AS ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION III. BACKGROUND

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 certified listing of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application.
3. 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.**
4. If, during a given calendar year, an applicant submits more than one application for permit or exemption, 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 8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 8.

SECTION IV. SAFETY NET IMPACT STATEMENT

SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL PROJECTS TO DISCONTINUE A CATEGORY OF SERVICE [20 ILCS 3960/5.4]:

1. The project's material impact, if any, on essential safety net services in the community **including the impact on racial and health care disparities 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 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 9.

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

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 09/2022 Edition

	Medicaid (revenue)			
	Inpatient			
	Outpatient			
	Total			

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

SECTION V. CHARITY CARE INFORMATION

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

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

A table in the following format must be provided for all facilities as part of Attachment 10.

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

APPEND DOCUMENTATION AS ATTACHMENT 10, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION- 09/2022 Edition

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	16-17	
2	Site Ownership	18-26	
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	N/A	
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	27	
5	Discontinuation General Information Requirements	28-29	
6	Reasons for Discontinuation	30	
7	Impact on Access	31-32	
8	Background of the Applicant	33-34	
9	Safety Net Impact Statement	35-36	
10	Charity Care Information	37	

File Number

6004-200-4



To all to whom these Presents Shall Come, Greeting:

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

VALLEY WEST COMMUNITY HOSPITAL, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JULY 14, 1998, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 8TH day of JANUARY A.D. 2024 .

Authentication #: 2400801408 verifiable until 01/08/2025

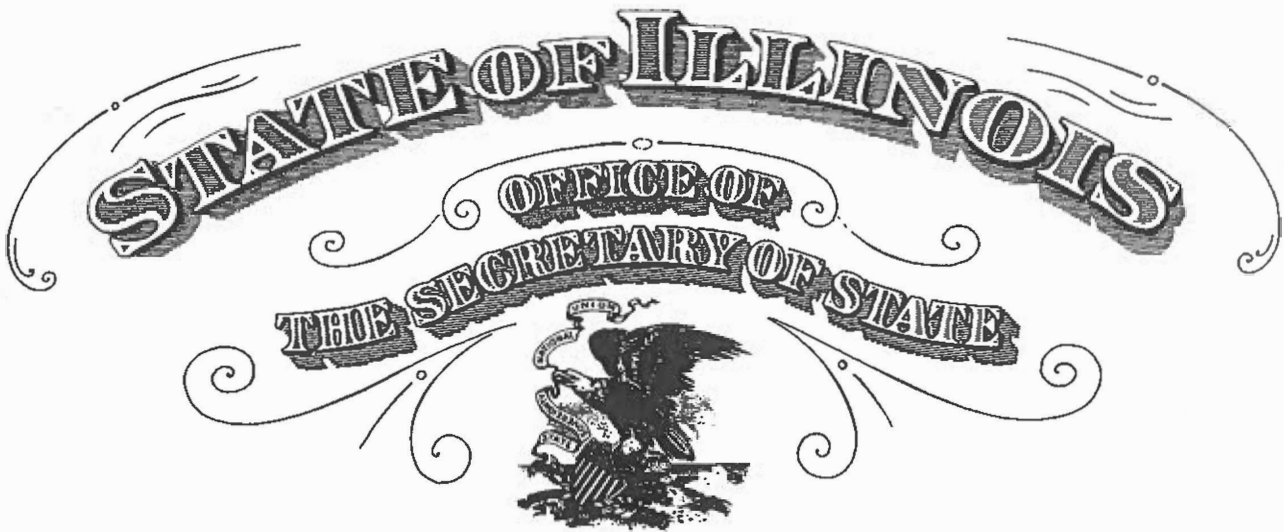
Authenticate at: <https://www.ilos.gov>

Alexi Giannoulis

SECRETARY OF STATE

File Number

5257-740-3



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

NORTHWESTERN MEMORIAL HEALTHCARE, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 30, 1981, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 31ST day of OCTOBER A.D. 2023 .

Authentication #: 2330402688 verifiable until 10/31/2024

Authenticate at: <https://www.ilsos.gov>

Alexi Giannoulas

SECRETARY OF STATE

ATTACHMENT-1

FILED FOR RECORD
DEKALB COUNTY, IL.

15 - 98 SEP 14 PM 12:24

WARRANTY DEED

Sharon L. Holmes
DEKALB COUNTY RECORDER

131648 / sent chg

THIS INDENTURE WITNESSETH that the Grantor, Sandwich Community Hospital Association, a Not-for-Profit corporation duly organized and existing under and by virtue of the laws of the State of Illinois, and duly authorized to transact business in the state where the following-described real estate is located, for and in consideration of the sum of One Dollar (\$1.00) and other good and valuable consideration, the receipt of which is hereby acknowledged and pursuant to authority given by the Board of Directors of said Corporation;

CONVEYS AND WARRANTS to Valley West Community Hospital Association, an Illinois Not-for-Profit corporation, whose address is 11 East Pleasant Avenue, Sandwich, Illinois, the following-described real estate to-wit:

See Exhibit "A" attached for Legal Description

subject to easements, restrictions and covenants of record and the general real estate taxes for the year 1998, and special assessments, if any, situated in the County of DeKalb in the State of Illinois.

IN WITNESS WHEREOF, said Grantor has caused its corporate seal to be hereto affixed and has caused its name to be signed to these presents by its President and attested by its Secretary this 10th day of September, 1998.

Exempt under provision of
Paragraph "B" Section 4,
Real Estate Transfer Tax Act
9-11-98 Date

Susan G. Rausch
Buyer, Seller or Representative

Sandwich Community Hospital Association, a
Not-for-Profit corporation,

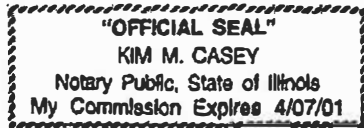
BY: Peter H. Henning
Its President Peter H. Henning

ATTEST: Sharon L. Holmes
Its Secretary
John L. Lewis

STATE OF ILLINOIS)
) SS
 COUNTY OF DEKALB)

I, the undersigned, a Notary Public, in and for said County and State aforesaid, do hereby certify that Peter H. Henning personally known to me to be the President of said Corporation who is the grantor, and John L. Lewis personally known to me to be the Secretary of said corporation, and personally known to me to be the same persons whose names are subscribed to the foregoing instrument, appeared before me this day in person and severally acknowledged that as such President and Secretary of said corporation, and caused the corporate seal of said corporation to be affixed thereto, pursuant to authority given by the Board of Directors of said corporation, as they free and voluntary act, and as the free and voluntary act of said corporation, for the purposes therein set forth.

Given under my hand and notarial seal this 09th day of September, 1998.



Kim M. Casey
 NOTARY PUBLIC

~~Send Future Taxes to Grantee~~
 Return this document to:

Richard X. Fischer, Esquire
 Sonnenschein Nath & Rosenthal
 8000 Sears Tower
 Chicago, IL 60606-6404

This Instrument was prepared by:

Kim M. Casey, Holmstrom & Kennedy, P.C.,
 800 N. Church Street, Rockford, IL 61103

Taxes to: Valley West Community Hospital
11 E. Pleasant Ave
Sandwich, IL 60548

98015545



CHICAGO TITLE INSURANCE COMPANY

ORDER NUMBER: 1410 000131648 DK
STREET ADDRESS: 11 EAST PLEASANT AVENUE
CITY: SANDWICH COUNTY: DEKALB
TAX NUMBER: 18-25-102-008-0000

LEGAL DESCRIPTION:

PARCEL 1:

LOTS 1, 2, 3, 4, 5 AND 6 IN BLOCK 6 OF KNIGHTS' SUBDIVISION, ACCORDING TO THE PLAT THEREOF RECORDED IN BOOK "J" OF PLATS, PAGE 66 IN THE DEKALB COUNTY RECORDER'S OFFICE; AND LOT 25 OF BLOCK 6 AND LOTS 1, 2, 3, 4, 5 AND 6 IN BLOCK 11 OF THE THIRD ADDITION TO KNIGHTS' SUBDIVISION, ACCORDING TO THE PLAT THEREOF RECORDED IN BOOK "L" OF PLATS, PAGE 60;

ALSO PART OF SECTION 25, TOWNSHIP 37 NORTH, RANGE 5, EAST OF THE THIRD PRINCIPAL MERIDIAN, DEKALB COUNTY, ILLINOIS, DESCRIBED AS FOLLOWS: BEGINNING AT THE NORTHWEST CORNER OF LOT 1, BLOCK 6 OF KNIGHTS' SUBDIVISION ON SAID SECTION 25; THENCE NORTHERLY ALONG THE WESTERLY LINE OF SAID LOT 1 EXTENDED NORTHERLY, A DISTANCE OF 132.0 FEET TO THE NORTHWEST CORNER OF PROPERTY MARKED AS THE SANDWICH HOSPITAL PROPERTY ON THE PLAT OF THIRD ADDITION TO KNIGHTS' SUBDIVISION; THENCE EASTERLY ALONG THE SOUTH LINE OF KNIGHTS' ROAD, A DISTANCE OF 495.0 FEET TO THE NORTHWEST CORNER OF LOT 25, BLOCK 6 OF SAID THIRD ADDITION; THENCE SOUTHERLY ALONG THE WEST LINE OF SAID LOT 25, A DISTANCE OF 132.0 FEET TO THE NORTH LINE OF LOT 5 OF BLOCK 6 OF KNIGHTS' SUBDIVISION; THENCE WESTERLY ALONG THE NORTH LINE OF LOTS 5, 4, 3, 2 AND 1, A DISTANCE OF 495.0 FEET TO THE POINT OF BEGINNING.

ALSO, BEGINNING AT THE NORTHEAST CORNER OF LOT 6 IN BLOCK 11 IN THE THIRD ADDITION TO KNIGHTS' SUBDIVISION AFORESAID; THENCE NORTH ALONG AN EXTENSION OF THE EAST LINE OF SAID LOT 6, 132.0 FEET; THENCE WEST PARALLEL WITH THE NORTH LINE OF SAID BLOCK 11, A DISTANCE OF 604.1 FEET TO THE WEST LINE OF LOT 1, IN SAID BLOCK 11, EXTENDED NORTHERLY; THENCE SOUTH ALONG THE EXTENDED WEST LINE OF SAID LOT 1 TO THE NORTHWEST CORNER THEREOF, 132.0 FEET; THENCE EAST ALONG THE NORTH LINE OF SAID BLOCK 11, 604.1 FEET TO THE POINT OF BEGINNING.

ALSO, ALL THAT PART OF KNIGHTS' ROAD AS SHOWN ON PLAT OF THIRD ADDITION TO KNIGHTS' SUBDIVISION ACCORDING TO THE PLAT THEREOF RECORDED IN BOOK "L" OF PLATS, PAGE 60 IN THE DEKALB COUNTY RECORDER'S OFFICE LYING WEST OF THE EAST LINE OF LOT 6 OF BLOCK 11 OF SAID THIRD ADDITION TO KNIGHTS' SUBDIVISION EXTENDED SOUTHERLY AND EAST OF THE EAST LINE OF MAIN STREET AS SHOWN ON PLAT OF SAID THIRD ADDITION TO KNIGHTS' SUBDIVISION, IN DEKALB COUNTY, ILLINOIS.

98015545



Illinois Department of Revenue

Local Government Services Bureau
REAL ESTATE TRANSFER DECLARATION

THE FOLLOWING INFORMATION IS REQUIRED BY THE REAL ESTATE TRANSFER TAX LAW (35 ILCS 200/31-25). PAGES 1 THROUGH 3 ARE TO BE FILLED OUT BY THE SELLERS* AND BUYERS* OR THEIR AGENTS. ANY WILLFUL FALSIFICATION OR WILLFUL OMISSION OF INFORMATION IS A CLASS B MISDEMEANOR (35 ILCS 200/31-50).

EXCEPT AS TO EXEMPT TRANSACTIONS, THE COUNTY RECORDER IS PROHIBITED BY LAW FROM ACCEPTING ANY DEED OR TRANSFER OF BENEFICIAL INTEREST OF A LAND TRUST (TRUST DOCUMENT) FOR RECORDATION UNLESS IT IS ACCOMPANIED BY THIS DECLARATION CONTAINING ALL OF THE INFORMATION REQUESTED HEREIN (35 ILCS 200/31-25).

FILED FOR RECORD DEKALB COUNTY, IL	
County	98 SEP 14 PM 12:24
Date	
Doc. No.	Sharon L. Holmes
Vol.	DEKALB COUNTY RECORDER
Page	
Rec'd. By:	

98015545

PROPERTY IDENTIFICATION

Address of Property 11 East Pleasant Avenue Sandwich Sandwich
 Street City or Village Township
 Permanent Real Estate Index No. 1 82 5-12-0008-0000 Date of Deed 9/98
 (or Trust Document) (Month/Year)
 Enter Legal Description on Page 2 of this form. Type of Deed Warranty
 (or Trust Document)
 NOTICE: The State of Illinois has enacted a Smoke Detector Act.

PROPERTY CHARACTERISTICS

Lot Size _____
 Acreage 7.30
 Check type of improvement on property
☐ Vacant land/lot
☐ Residence (Single family or duplex)
☐ Mobile home (see note on page 2)
☐ Apartment bldg. (6 units or less)
☐ Commercial apartment (Over 6 units)
☒ Store, office, commercial bldg.
☐ Industrial bldg.
☐ Farm, land only
☐ Farm, with bldgs.
☐ Other (Specify) _____

SALE INFORMATION (The following questions must be answered.)

NOTE: You do not have to complete the Finance Questions at the bottom of this page or the Finance Schedule at the top of pages 2 and 3 of this form, if you answer any of the following questions "Yes".

- | | Yes | No |
|---|--------------------------|-------------------------------------|
| 1. Is this a transfer between relatives or related parties? | ☐ | ☒ |
| 2. Is this a compulsory transaction in lieu of foreclosure, divorce, court order, condemnation, probate, etc.? | ☐ | ☒ |
| 3. Was this a transfer in settlement of an installment contract for deed initiated prior to the year of recording? | ☐ | ☒ |
| If "Yes", enter contract year _____ | | |
| SPECIAL NOTE: If contract year is the same as year of recording, answer this question "No". | | |
| 4. Was the deed any of the following types: | ☐ | ☒ |
| • Sheriff's Deed • Judge's Deed • Quit Claim Deed • Conveyance of Less than full interest
• Trust Document which Refers to COLLATERAL ASSIGNMENT of Beneficial Interest of Trust | | |

TERMS OF SALE

Full Actual Consideration (Sale Price) \$ 340,480.00
 Less amount of personal property included in purchase (Do not deduct value of beneficial interest of a land trust.) \$ _____
 Net consideration for real property \$ 340,480.00
 Less value of other real property transferred to seller as part of full consideration \$ _____
 Less outstanding amount of mortgage to which the transferred real property remains subject \$ _____
 Net taxable consideration subject to transfer tax \$ Exempt

CALCULATION OF TRANSFER TAX

Amount of State of Illinois tax stamps (\$.50 per \$500 or part thereof of taxable consideration) \$ Exempt
 Amount of county tax stamps (\$.25 per \$500 or part thereof of taxable consideration) \$ Exempt
 Total Transfer Tax Collected \$ Exempt

Use this space to describe any special circumstances involving this transaction:

Exempt under Section 31-45(b)3 of the Illinois Real Estate Transfer Tax Act, 35 ILCS 200/31-45

FINANCE QUESTIONS: If the answer is "No" to all of the above Sale Information questions, ALL of the following questions must be answered. If any of the questions below are answered "Yes" the buyer* or buyer's* representative MUST complete the Finance Schedule on the top of pages 2 and 3.

IF FINANCE QUESTIONS
1 through 5
are answered "No",
DO NOT complete
Finance Schedule
on Pages 2 and 3.

- | | Yes | No |
|--|--------------------------|-------------------------------------|
| 1. Does property REMAIN SUBJECT to a mortgage such as an assumed mortgage? | ☐ | ☒ |
| 2. Did the seller* provide a mortgage in partial or full consideration? | ☐ | ☒ |
| 3. Did the seller* pay points to secure the buyer's* mortgage, including VA and FHA insured loans? | ☐ | ☒ |
| 4. Did the seller's* mortgagee make interest concessions to the buyer*, i.e., offer a "blended" interest rate below market but greater than the seller's existing mortgage rate? | ☐ | ☒ |
| 5. Was the financing in any other manner unique or specifically associated with the property being transferred, e.g., builder "buy down" of interest, etc.? | ☐ | ☒ |

* If this transaction is a transfer of a beneficial interest of a land trust, substitute the word Assignor for Seller and Assignee for Buyer.

Finance Schedule Instructions:

The Real Estate Transfer Tax Law (35 ILCS 200/31-25) requires information regarding the financing of the purchase price of this property.

Lines A and C through I of the Finance Schedule must be filled out by the buyer* or buyer's* representative to account for financing of the purchase. Columns I through VI must be completed for each loan involved.

Information required in each column:

- I Principal of loan; for an assumed mortgage show principal being assumed.
 II Length of time on which monthly payments were calculated. If not applicable mark with an asterisk and explain repayment schedule in Box J on Page 3. For an assumed mortgage show years remaining from time of sale until loan is fully amortized (paid).
 III If applicable, length of time until mortgage loan must be paid off or renegotiated, or time until balloon payment is due.

- IV Nominal interest rate as stated in loan document. If Prime Rate is used, state rate used at time of transfer.
 V Indicate if this loan has a FIXED interest rate by entering F in the column, adjustable rate by entering A, or renegotiable by entering R in the column.
 VI Show the number of points and dollars paid. Enter points paid by the seller* only.
 Box J may be used to show more information regarding financing if necessary.

TYPE OF FINANCING: Enter cash downpayment on line A.

Account for financing the remainder of the purchase price on lines C through I. (If lines A through I do not add up to full consideration shown on Page 1 of declaration, explain in Box J.)

- A. Enter Cash Downpayment (include earnest money) - \$
 B. Enter remainder of Purchase Price on Lines C through I:
 C. Purchase Money Mortgage to Seller*
 D. New 1st Mtg. (specify type**)
 E. New 2nd Mtg. (specify type**)
 F. New 3rd Mtg. (specify type**)
 G. Assumption of existing 1st Mtg.
 H. Assumption of existing 2nd Mtg.
 I. Other Financing (specify type**)

** Specify type: e.g., Blend, Conventional, Seller* Financed, VA/FHA insured, etc.

SPECIAL NOTE: If your financing involves other than equal monthly payments you must explain in Box J on Page 3.

PARTIAL INTEREST (Complete if applicable.)

If less than a full interest in the real estate is being transferred, state the part being transferred:

LEGAL DESCRIPTION

Section 25 Township 37N Range 5E

Enter complete legal description in this area:

Lots 1, 2, 3, 4, 5 and 6 in Block 6 of Knights' Subdivision, according to the plat thereof recorded in Book "J" of Plats, page 66 in the DeKalb County Recorder's Office; and Lot 25 of Block 6 and Lots 1, 2, 3, 4, 5 and 6 in Block 11 of the Third Addition to Knights' Subdivision according to the plat thereof recorded in Book "L" of Plats, page 60;

Also part of Section 25, Township 37 North, Range 5 East of the Third Principal Meridian, DeKalb County, Illinois, described as follows: Beginning at the Northwest corner of Lot 1, Block 6 of Knights' Subdivision on said Section 25; thence North along the Westerly line of said Lot 1 extended North a distance of 132.0 feet to the Northwest corner of property marked as the Sandwich Hospital property on the Plat of Third Addition to Knights' Subdivision; thence Easterly along the South line of Knights' Road, a distance of 495.0 feet to the Northwest corner of Lot 25, Block 6 of said Third Addition; thence Southerly along the West line of said Lot 25, a distance of 132.0 feet to the North line of Lot 5 of Block 6 of Knights' Subdivision; thence Westerly along the North line of Lots 5, 4, 3, 2 and 1, a distance of 495.0 feet to the point of beginning.

Also beginning at the Northeast corner of Lot 6 in Block 11 in the Third Addition to Knights' Subdivision aforesaid; thence North along an extension of the East line of said Lot 6, 132.0 feet; thence West parallel with the North line of said Block 11, a distance of 604.1 feet to the West line of Lot 1, in said Block 11, extended Northerly; thence South along the extended West line of said Lot 1 to the Northwest corner thereof, 132.0 feet; thence East along the North line of said Block 11, 604.1 feet to the point of beginning.

Also all that part of Knights Road as shown on Plat of Third Addition to Knights' Subdivision according to the plat thereof recorded in Book "L" of Plats, page 60 in the DeKalb County Recorder Office lying West of the East line of Lot 6 of Block 11 of said Third Addition to Knights' Subdivision extended Southerly and East of the East line of Main Street as shown on Plat of said Third Addition to Knights' Subdivision in DeKalb County, Illinois.

NOTE: If a mobile home is included in the sale price, is the value of the mobile home being deducted as personal property on page 1?

Yes No
☐ ☐

BENEFICIAL INTEREST OF LAND TRUST (Complete if applicable.)

If this transaction is the transfer of a beneficial interest of a land trust, check this box: ☐

FINANCE SCHEDULE — DO NOT complete this schedule if FINANCE QUESTIONS 1 through 5 on Page 1 are all answered "No".

	I Amount of Principal (\$'s)	TERM		IV Interest Rate (%)	V Type of Interest Rate	VI Points Paid by SELLER* To Obtain Financing DO NOT SHOW POINTS PAID BY BUYER*	
		II Amortization Period (Years Remaining)	III Term To Balloon or Renegotiation (Years)			%	\$'s
A.	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXX	XXXXXXXXXX	XXXXXXXXXXXX
B.	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXX	XXXXXXXXXX	XXXXXXXXXXXX
C.						XXXXXXXXXX	XXXXXXXXXXXX
D.							
E.							
F.							
G.							
H.							
I.							

J. Use this space to explain replies in Finance Schedule if necessary and to explain any characteristics of the financing of this transaction that may have impacted the sale price.

BUYER*:

I hereby declare the Finance Schedule on Pages 2 and 3 of this declaration to be true and correct. (NOTE: Any person who willfully falsifies or omits any information required in this declaration shall be guilty of a Class B Misdemeanor.)

Buyer or Name of person filling out the Finance Schedule for the buyer: _____

Please Print

Signature

Address _____

Telephone () -

(If you prefer the Department contact the lending institution if further financing information is required, also provide the institution's name, address, and telephone number below.)

Name of Lending Institution _____

Address _____

() - Telephone

BUYER* & SELLER*:

The buyer* and seller* hereby declare the full actual consideration and above facts contained in this declaration (excluding the Finance Schedule) to be true and correct. If this transaction involves any real estate located in Cook County, the seller* or his agent hereby certifies that to the best of his knowledge, and the buyer* or his agent hereby certifies that, the name of the buyer* shown on the deed or assignment of beneficial interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, a partnership authorized to do business or acquire and hold title to real estate in Illinois, or other entity recognized as a person and authorized to do business or acquire and hold title to real estate under the laws of the State of Illinois. (NOTE: Any person who willfully falsifies or omits any information required in this declaration shall be guilty of a Class B Misdemeanor. Any person who knowingly submits a false statement concerning the identity of a grantee shall be guilty of a Class C Misdemeanor for the first offense and of a Class A Misdemeanor for subsequent offenses.)

Sandwich Community Hospital Association 11 East Pleasant Avenue Sandwich, IL 60548

Name and Current Residence of Seller* (Please Print) _____

Name and Address of Trustee if this is a transfer of beneficial interest of a land trust _____

Trust Number _____

Signature: Pete A. A.

Seller* or Agent

Valley West Community Hospital 11 East Pleasant Avenue Sandwich, IL 60548

Name and Current Residence of Buyer* (Please Print) _____

Signature: Meel Rohit Vekhar

Buyer* or Agent

Mail tax bill to: VALLEY WEST COMMUNITY HOSPITAL

Name

Street

City

60548

PREPARER:

Section 31-25 of the Property Tax Code (35 ILCS 200/31-25) requires the following information to be completed:

Name of person filling out the real estate transfer declaration for the buyer* and seller*: Kim M. Casey

Please Print

Address Holmstrom & Kennedy, P.C. P.O. Box 589, Rockford, IL 61105-589 Telephone (815) 962-7071

THIS BOX FOR USE BY DEPARTMENT OF REVENUE ONLY:

Initial _____ Date _____

ASSESSMENT INFORMATION ON SOLD PROPERTIES

This page is to be completed by the County Assessor or Supervisor of Assessments. The form is to be mailed to Illinois Department of Revenue, 101 West Jefferson, P.O. Box 19033, Springfield, IL 62794-9033 after being processed by county personnel.

1. ENTER BRIEF LEGAL DESCRIPTION OF PROPERTY AS IT APPEARS ON ASSESSMENT BOOKS.

2. INSTRUCTIONS FOR COMPLETING PROPERTY DESCRIPTION CODES:

- (a) Enter Permanent Real Estate Index Number. Enter the property use code in the Unit No. boxes if using the IL Real Property Appraisal Manual, or circle the appropriate letter if using the codes in the IL Property Tax Manual. Enter the assessment Quadrant if applicable.
- (b) County & Township: Use codes from Department Code Sheets.
- (c) Class of Property: For Cook County, see Property Type Code Sheet.
- (d) Date of Deed: Enter month and year from Page 1 of declaration.
- (e) Acreage: For Class 51 and 61 Property, enter number of acres; for Class 71 and 81 Property, leave blank.

For Downstate Counties: enter

51 (if assessed as farm (10-125) with no building)

71 (assessed as nonfarm with no building)

61 (if assessed as farm (10-125 and 10-140) with a building)

81 (assessed as nonfarm with a building)

PERMANENT REAL ESTATE INDEX NO.									
(a)									
	TWP.	SEC.	BLOCK	PARCEL	UNIT				
						F, FO, FI, C, I, R Circle One		☐ ASSM'T. QUAD.	
Comments by Supervisor of Assessments or County Assessor:									
(b) County									
Township									
(c) Class									
(d) Date of Deed Month Year									
(e) Acreage (Round to nearest full acre)									

3. ASSESSED VALUE DATA

Enter assessed value as finally adjusted by the Board of Review or Appeals for the year prior to the date of sale. Where assessment is partial or split, designate with a large "P" or "S" on the assessment boxes.

YEAR PRIOR TO SALE 19

Book No.	Page	Line

Land						
Bldgs.						
Total						

The following questions must be answered:

- Yes No
1. ☐ ☐ Is this a 10-125, formerly 20e, assessment? ("Farm Bill")
 2. ☐ ☐ Is this a partial assessment? (i.e., improvement not completed on assessment date)
 3. ☐ ☐ Will a split (division) be required to reflect the legal description on this deed (or Trust Document)?
 4. ☐ ☐ Has an improvement been added or removed since January 1 of the year prior to the sale, but before the sale date?
 5. ☐ ☐ Does assessment shown reflect all Board of Review or Appeals action for the year indicated (including Board of Review equalization factors)?
 6. ☐ ☐ Is this a 10-30, formerly 20g-4, assessment?
 7. ☐ ☐ If sale involves a mobile home, is the mobile home assessed as real estate?

I hereby certify that the information shown relates to the property described in the declaration and that the assessed valuations are for the property included in the transfer.

Dated this day of

, 19

Supervisor of Assessments or County Assessor

FOR DEPARTMENT USE ONLY

☐ ☐ Multiple Parcel Indicator

Full Consideration

, ,

Adjusted Consideration

, ,

Tab Number:

File Maintenance

FILED FOR RECORD
DEKALB COUNTY, IL.

99 MAR 17 PM 3:58

Shawn R. Holmes
DEKALB COUNTY RECORDER

99005547

WARRANTY DEED

15'
209

131648 Vanichg

THIS INDENTURE WITNESSETH that the Grantor, Sandwich Resolution Corporation f/k/a Sandwich Community Hospital Association, a Not-for-Profit corporation duly organized and existing under and by virtue of the laws of the State of Illinois, and duly authorized to transact business in the state where the following-described real estate is located, for and in consideration of the sum of One Dollar (\$1.00) and other good and valuable consideration, the receipt of which is hereby acknowledged and pursuant to authority given by the Board of Directors of said Corporation,

THIS DEED SUPPLEMENTS DEED RECORDED SEPTEMBER 14, 1998 AS DOCUMENT NO. 98015545.

CONVEYS AND WARRANTS to Valley West Community Hospital, an Illinois Not-for-Profit corporation, whose address is 11 East Pleasant Avenue, Sandwich, Illinois, the following-described real estate to-wit:

Lot 12 in Block 10 in the Third Addition to Knights Subdivision
in Plat Book "L", Page 60 as Document No. 305136 situated in
the City of Sandwich, DeKalb County, Illinois.

subject to easements, restrictions and covenants of record and the general real estate taxes for the year 1998, and following, and special assessments, if any.

Situated in the County of DeKalb in the State of Illinois.

IN WITNESS WHEREOF, said Grantor has caused its corporate seal to be hereto affixed and has caused its name to be signed to these presents by its President and attested by its Secretary this 17th day of November, 1998.

Exempt under provision of
Paragraph "D" Section 4,
Real Estate Transfer Tax Act
3-17-99 Date

Susan A. Rauch
~~Buyer, Seller or Representative~~

Sandwich Resolution Corporation f/k/a Sandwich Community Hospital Association, a Not-for-Profit corporation,

BY:

Peter H. Henning
Its President *Peter H. Henning*

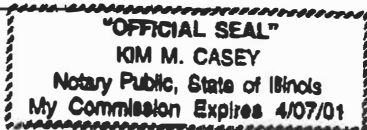
ATTEST:

Ronald E. Kieso
Its Secretary *Ronald E. Kieso*

STATE OF ILLINOIS)
) SS
 COUNTY OF DEKALB)

I, the undersigned, a Notary Public, in and for said County and State aforesaid, do hereby certify that Peter H. Henning personally known to me to be the President of said Corporation who is the grantor, and Donald E. Kieso personally known to me to be the Secretary of said corporation, and personally known to me to be the same persons whose names are subscribed to the foregoing instrument, appeared before me this day in person and severally acknowledged that as such President and Secretary of said corporation, and caused the corporate seal of said corporation to be affixed thereto, pursuant to authority given by the Board of Directors of said corporation, as they free and voluntary act, and as the free and voluntary act of said corporation, for the purposes therein set forth.

Given under my hand and notarial seal this 17th day of November, 1998.



Kim M. Casey
 NOTARY PUBLIC

Send Future Taxes to Grantee
 Return this document to:

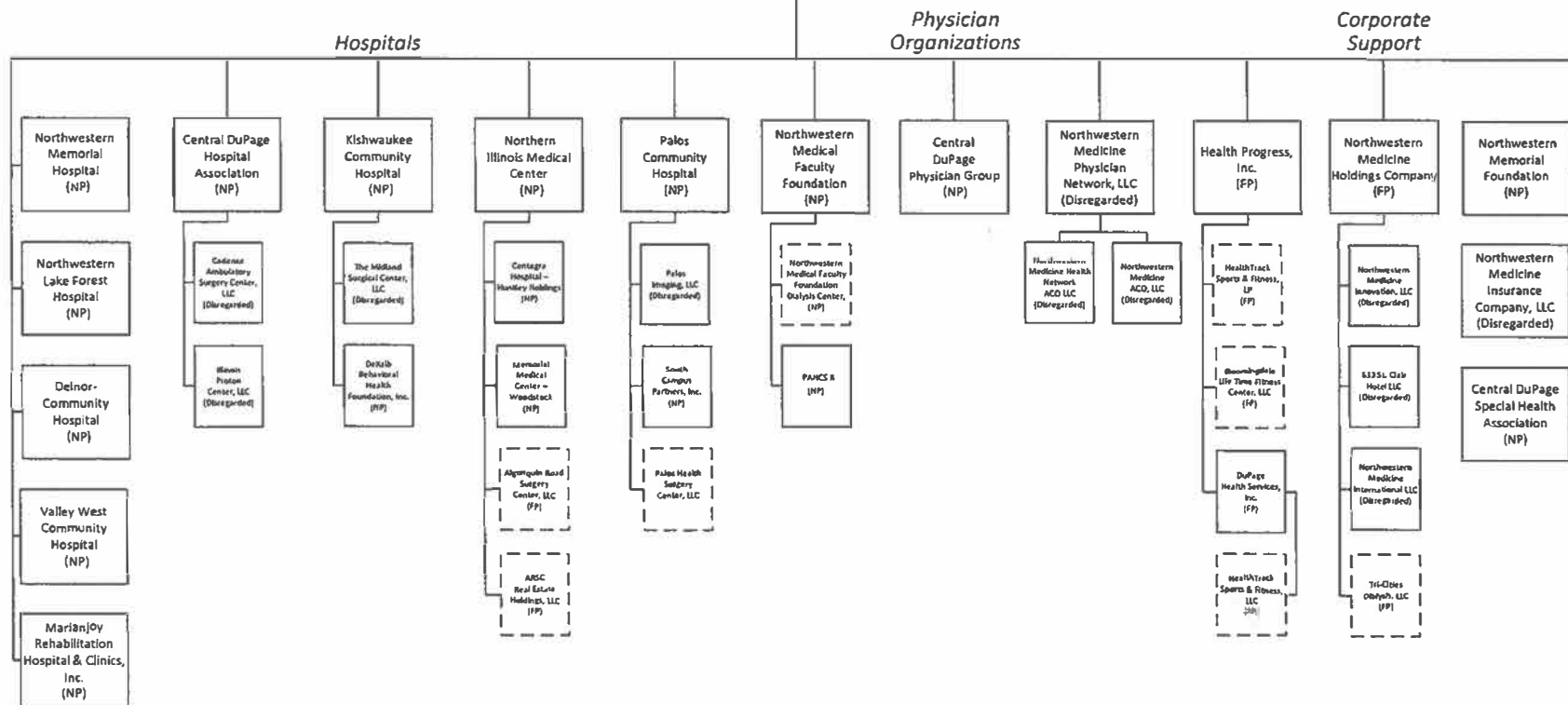
Richard X. Fischer, Esquire
 Foley & Lardner
 330 North Wabash, Suite 3300
 Chicago, IL 60611-3608

This Instrument was prepared by:

Kim M. Casey, Holmstrom & Kennedy, P.C.,
 800 N. Church Street, Rockford, IL 61103

99005547

Northwestern Memorial HealthCare



Subsidiary
NMHC is Sole
Member

Subsidiary
Wholly
owned

Joint
Venture
Other parties
involved

Effective October 18, 2023

SECTION II. DISCONTINUATION

1130.525 AND 1110.290 – Discontinuation

GENERAL INFORMATION REQUIREMENTS

1. Category of Service and Number of Beds that are to be Discontinued

Obstetric Care category of service – 6 LDRP beds

2. All other Clinical Services that are to be Discontinued

- 1 C-Section room
- 6 Level 1 nursery bassinets
- 2 Level 2 nursery bassinets

3. Anticipated Date of Discontinuation

It is anticipated that the discontinuation will occur immediately following HFSRB approval.

4. Anticipated use of the Physical Plant and Equipment after Discontinuation

Given the high volume of outpatient procedural volume at Valley West (90%), it is anticipated that the vacated OB spaces will be converted to accommodate outpatient services that are currently being provided in non-dedicated, shared spaces elsewhere in the hospital.

5. Attestation of Local Media Notification

The required legal notice was published in the Sandwich Record on December 28, 2023. Proof of publication is attached.

SHAW MEDIA
EST. 1851
PO BOX 250
CRYSTAL LAKE IL 60039-0250
(815) 459-4040

ORDER CONFIRMATION (CONTINUED)

Salesperson: KATE HOFFMILLER

Printed at 12/21/23 09:41 by kateh-sm

Acct #: 10218162

Ad #: 2132256

Status: New

NOTICE

Northwestern Medicine Valley West Hospital, located at 1302 N Main St in Sandwich, intends to permanently discontinue its inpatient obstetrics program following receipt of approval to do so from the Illinois Health Facilities and Services Review Board ("HFSRB"). Operations of the unit were temporarily suspended in Fall 2022. The hospital intends to file the required Certificate of Exemption application with the HFSRB by January 15, 2024; after which time additional information relating to the proposed discontinuation can be found on the HFSRB website at hfsrb.illinois.gov.

(Sandwich Record
Dec. 28, 2023) 2132256

REASONS FOR DISCONTINUATION

Northwestern Medicine Valley West Hospital is one of only five critical access hospitals in Illinois with Obstetrics beds. For the last five years, the average daily census of the 6-bed Obstetrics unit has been 1 patient (approximately 1 delivery every 2-3 days). In the first 8 months of CY22, there were only 110 deliveries at NM Valley West.

OBSTETRICS	CY15	CY16	CY17	CY18	CY19	CY20	CY21	CY22
Births	213	153	212	168	170	171	182	110
Admissions	219	158	213	178	197	163	191	114
Patient Days	466	310	436	383	368	355	393	236
ADC	1.3	0.8	1.2	1.0	1.0	1.0	1.1	1.0
Beds	6	6	6	6	6	6	6	6
Occupancy	21.3%	14.1%	19.9%	17.5%	16.8%	16.2%	17.9%	16.2%

On September 1, 2022, Valley West Hospital temporarily suspended the inpatient Obstetrics service due to the inability to maintain adequate labor & delivery staffing levels and the loss of anesthesia coverage.

Staffing of the Obstetrics unit has been exceptionally difficult for the past few years due to the current labor market, the required Labor & Delivery and Obstetrics expertise, and the extremely low number of deliveries at Valley West. In the months preceeding the temporary suspension, Valley West experienced the loss of 13 RNs, resulting in a vacancy rate of almost 60%.

In addition to the nursing staffing challenge, Valley West received notice from the anesthesia physician group that they could no longer provide call or obstetrics coverage as of September 1, 2022. The group did not have enough physicians to support the obstetrics service at Valley West and had been unsuccessful in recruiting additional physicians.

Prior to the temporary suspension, there were three physicians who delivered patients at NM Valley West, all of whom had privileges and were active at one or more other hospitals in the area. Since then, one physician retired and the other two resigned from the medical staff.

Given the continued nursing staffing challenges and loss of obstetricians on the medical staff, in addition to the loss of anesthesia coverage last year, NM determined that the obstetrics unit could not provide safe and efficient inpatient obstetrics care at Valley West.

NM Human Resources worked with the obstetrics staff to identify appropriate employment opportunities either in another NM Valley West department or within the NM system while the unit was temporarily suspended. Those reassignments will become permanent with the approval of this discontinuation.

IMPACT OF ACCESS

1. The two hospitals with authorized Obstetrics beds in the B-04 planning area are NM Kishwaukee Hospital (Kish) and NM Valley West Hospital. This project is not expected to have an adverse impact on access to care for residents of the B-04 planning area because Northwestern Medicine will continue to provide a comprehensive model of inpatient obstetrical and neonatal care in the planning area at Kish. Since the temporary discontinuation of OB services at Valley West, inpatient obstetrics care has been enhanced at Kish with the addition of 24/7 neonatologists (February 2023) and 24/7 laborists (June 2023), resulting in a 65.4% higher retention of newborns in the nursery.

Per IDPH data, births in Illinois have declined nearly 20% since 2010 (Birth Statistics (Illinois.gov)). As such, Kish has ample capacity to accommodate the 962 projected births for CY24 for the B-04 planning area in the State's Need Determination. In CY22, the 16 obstetrics beds at Kish had an average annual occupancy of 29.9%, with 789 births. Additionally, the 34-bed obstetrics unit at RUSH Copley Medical Center, located approximately the same distance away from Valley West as Kish, had an average annual occupancy of 37.1%, with 2,668 births in CY22.

The Emergency Department at NM Valley West will maintain competency to handle possible obstetrics emergencies by:

- In-person and on-line education plan that was developed through the Perinatal Level III affiliate Northwest Illinois Administrative Perinatal Center (Stork Training) in collaboration with the NM Professional Development team.
- Dedicated Clinical Practice Specialist (Educator) that will continue education plans ongoing based on a needs assessment and orientation for new hires.
- Orientation to supplies/equipment moved from the obstetrics unit to the emergency department
- Consultation and transfer process
- Maternal Hypertension and Hemorrhage education per TJC regulations
- In-Person and on-line education regarding maternal triage, laboring patient, and neonatal care
- In-Situ Drills

Since the temporary discontinuation of the obstetrics unit, only 4 obstetrics cases have presented to the Valley West ED: 2 antepartum patients who were safely transferred to the Level III perinatal center, 1 postpartum patient who had delivered/was discharged from another hospital who was safely transferred back to the delivering hospital, and 1 pre-term fetal demise (stillborn) delivery in the Valley West Emergency Department with subsequent safe maternal transfer to a Level III perinatal center.

2. As stated above, there is one other hospital with authorized Obstetrics beds in the B-04 planning area – NM Kishwaukee Hospital. Because NM Kishwaukee Hospital is part of the Northwestern Medicine system, no letters of notification were sent. The

Perinatal Network has been notified.

The following is a list of hospitals in the region that provide inpatient obstetrics services:

- 1) NM Kishwaukee Hospital – 25.7 miles (34 minutes)
- 2) RUSH Copley Medical Center – 23.2 miles (36 minutes)
- 3) NM Delnor Hospital – 26.4 miles (39 minutes)
- 4) NM Central DuPage Hospital – 36.9 miles (50 minutes)
- 5) Mercy Health Rockford – 65.9 miles (1 hour 11 minutes)

SECTION III. BACKGROUND**BACKGROUND OF APPLICANT**

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

Northwestern Memorial HealthCare (NMHC):

	IDPH License No.	Joint Commission Organization No.
Northwestern Memorial Hospital	0003251	7267
Northwestern Lake Forest Hospital	0005660	3918
Central DuPage Hospital Association	0005744	7444
Delnor-Community Hospital	0005736	5291
Marianjoy Rehabilitation Hospital	0003228	7445
Kishwaukee Community Hospital	0005470	7325
Valley West Community Hospital	0004690	382957
Northern Illinois Medical Center (McHenry)	0003889	7375
Northern Illinois Medical Center (Huntley)	0003890	7375
Memorial Medical Center (Woodstock)	0004606	7447
Palos Community Hospital	0003210	7306
Grayslake ASTC	7003156	3918
Grayslake Endoscopy ASTC	7003149	3918
Cadence Ambulatory Surgery Center (NMSC)	7003173	n/a
The Midland Surgical Center	7003148	n/a
Palos Health Surgery Center*	7003224	n/a
River North Sameday Surgery Center	7002090	n/a
Grayslake Freestanding Emergency Center	22002	3918
Illinois Proton Center	n/a	n/a

*denotes partial ownership > 50%

2. *A certified listing of any adverse action taken against any facility owned and/or operated by the applicants during the three years prior to the filing of the application.*

By their signatures on the Certification pages of this application, the applicants attest that no adverse action has been taken against any facility owned and/or operated by Northwestern Memorial HealthCare during the three years prior to the filing of this application. For the purpose of this letter, the term "adverse action" has the meaning given to it in the Illinois Administrative Code, Title 77, Section 1130.140.

3. *Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, by 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.*

By their signatures on the Certification pages of this application, the applicants authorize HFSRB and DPH access any documentation which it finds necessary to verify any information submitted, including, but not limited to: official records of DPH or other State agencies and the records of nationally recognized accreditation organizations.

SECTION IV. SAFETY NET IMPACT STATEMENT

- 1. The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible to have such knowledge.**

This project will not have a material impact on safety net services in the community because Northwestern Medicine will continue to provide a comprehensive model of inpatient obstetrical and neonatal care in the region/planning area at Kishwaukee Hospital. Additionally, the Emergency Department at NM Valley West will maintain competency to handle possible obstetrics emergencies.

- 2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services.**

For the reasons stated above, Valley West does not believe that this project will have a negative impact on any other provider or any safety net services.

- 3. How the discontinuation might impact the remaining safety net providers in a giving community, if reasonably known.**

The discontinuation of obstetrics beds at Valley West will have a positive impact on the two closest hospitals, NM Kishwaukee Hospital and RUSH Copley Medical Center, by increasing the utilization of obstetrics services at those two hospitals.

Charity Care and Medicaid

As with all Northwestern Medicine facilities, NM Valley West Hospital is committed to providing care for those unable to pay. Northwestern Medicine is the leading provider of charity care as well as Medicaid in Dekalb County.

NORTHWESTERN MEDICINE VALLEY WEST HOSPITAL

Safety Net Information per PA 96-0031				
CHARITY CARE				
Charity (# of patients)	FY20	FY21	FY22	
Inpatient	20	29	24	
Outpatient	456	493	480	
Total	476	522	504	
Charity (cost in dollars)				
Inpatient	\$ 127,015	\$ 206,889	\$ 129,746	
Outpatient	\$ 596,774	\$ 487,025	\$ 528,789	
Total	\$ 723,789	\$ 693,914	\$ 658,535	

MEDICAID			
Medicaid (# of patients)	FY20	FY21	FY22
Inpatient	76	109	62
Outpatient	3,955	5,504	5,443
Total	4,031	5,613	5,505
Medicaid (revenue)			
Inpatient	\$ 819,014	\$ 859,273	\$ 352,148
Outpatient	\$ 6,003,902	\$ 7,497,508	\$ 7,594,777
Total	\$ 6,822,916	\$ 8,356,781	\$ 7,946,925

Source: IDPH Annual Hospital Questionnaires

NM Kishwaukee Hospital and Valley West Hospital Community Benefit Activities

Through outreach services and health education programs, NM Kishwaukee and NM Valley West improve access to health-related services/activities for the residents of Dekalb County as well as surrounding counties. Examples include:

- Donations, Grants & Sponsorship Support
 - 35 Community organizations received funding support with nearly \$185K allocated to support their programs and services
- Community Programs
 - 91 programming events were submitted, 82 completed by the programming team
 - 4,746 people were reached through community programs
- Discovery Program
 - 20 students participated in the Discovery Program from 9 different high schools from 8 Dekalb County area high schools
- Team NM
 - 104 NM employees volunteered
 - 226 hours served in 22 events
 - Partners served include Barb Food Mart, Northern Illinois Food Bank, Dekalb Community Gardens, Drug Enforcement Administration

SECTION V. CHARITY CARE INFORMATION

With a mission-driven commitment to provide quality medical care regardless of the patient's ability to pay, NMHC is dedicated to improve the health of members of the community who are the most medically underserved. NMHC's financial assistance programs and outreach services enable NMHC to serve patients with the most socioeconomic needs in our communities. Through our financial assistance programs and Presumptive Eligibility policy, NMHC continues to provide medically necessary health care for those who do not have the resources to pay for it. Many NMHC hospitals are leaders in providing charity care in their respective communities, including in DeKalb, DuPage, Lake and McHenry counties. Three NMHC hospitals are among the top 10 leading charity care providers in Illinois: NMH (No. 6), NM CDH (No. 9) and NM LFH (No. 10). The unreimbursed cost of charity care for NMHC was approximately \$90.8 million in FY22.

NM hospitals are also leading providers of care for patients with Medicaid coverage in Illinois, handling more than 132,000 Medicaid inpatient days, more than 25,000 Medicaid admissions and more than 482,000 outpatient visits in FY21. Along with some of the area's safety-net hospitals, NMH has been among the top providers of care under the Medicaid program in Illinois for more than 15 years. Several other NMHC hospitals are also the top Medicaid providers in their respective communities. NM CDH is the single-largest Medicaid provider in DuPage County; NM Kishwaukee and NM Valley West are the top Medicaid providers in DeKalb County; and NM, through care provided by NM McHenry, NM Huntley and NM Woodstock, is the largest Medicaid provider in McHenry County. NM LFH continues to experience the highest growth rate in Medicaid days and admissions among Lake County hospitals.

NMHC is committed to benefiting the communities we serve. In FY22, NMHC contributed more than \$1.253 billion, or approximately 17.3% of net patient service revenue, including more than \$1.1 billion in community services and charity care and approximately \$147.5 million in research and education.

Northwestern Memorial HealthCare

	FY20	FY21	FY22
Net Patient Revenue	\$5,570,736,744	\$6,810,599,673	\$7,399,122,793
Amount of Charity Care (charges)	\$ 411,965,498	\$ 476,740,967	\$ 469,227,416
Cost of Charity Care	\$ 89,728,349	\$ 79,890,361	\$ 90,752,502

Northwestern Medicine Valley West Hospital

	FY20	FY21	FY22
Net Patient Revenue	\$ 46,722,486	\$ 57,009,574	\$ 56,771,489
Amount of Charity Care (charges)	\$ 3,126,875	\$ 3,647,759	\$ 3,575,468
Cost of Charity Care	\$ 723,789	\$ 693,914	\$ 658,536