

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Facility/Project Identification

Facility Name: MacNeal Hospital (Long Term Care Category of Service Discontinuation)
Street Address: 3249 South Oak Park Avenue
City and Zip Code: Berwyn, IL 60402
County: Cook Health Service Area: 007 Health Planning Area: A-06

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

Exact Legal Name: Gottlieb Community Health Services Corporation d/b/a MacNeal Hospital
Street Address: 3249 South Oak Park Avenue
City and Zip Code: Berwyn, IL 60402
Name of Registered Agent: CT Corporation
Registered Agent Street Address: 208 South LaSalle Street
Registered Agent City and Zip Code: Chicago, Illinois 60604
Name of Chief Executive Officer: Pierre Monice (President)
CEO Street Address: 3249 South Oak Park Avenue
CEO City and Zip Code: Berwyn, IL 60402
CEO Telephone Number:

Type of Ownership of Applicants

<input checked="" type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other

- o Corporations and limited liability companies must provide an **Illinois certificate of good standing**.
- o Partnerships must provide the name of the state in which 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: Edward J. Green, Esq
Title: Attorney
Company Name: Foley & Lardner LLP
Address: 321 North Clark Street, Suite 3000, Chicago, Illinois 60654
Telephone Number: (312) 832-4375
E-mail Address: egreen@foley.com
Fax Number: (312) 832-4700

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION**

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Facility/Project Identification

Facility Name: MacNeal Hospital (Long Term Care Category of Service Discontinuation)		
Street Address: 3249 South Oak Park Avenue		
City and Zip Code: Berwyn, IL 60402		
County: Cook	Health Service Area: 007	Health Planning Area: A-06

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

Exact Legal Name: Loyola University Health System d/b/a Loyola Medicine	
Street Address: 2160 South First Avenue	
City and Zip Code: Maywood, Illinois 60153	
Name of Registered Agent: CT Corporation	
Registered Agent Street Address: 208 South LaSalle Street	
Registered Agent City and Zip Code: Chicago, Illinois 60604	
Name of Chief Executive Officer: Shawn P. Vincent	
CEO Street Address: One Westbrook Corporate Center, Suite 840	
CEO City and Zip Code: Westchester, Illinois 60154	
CEO Telephone Number: (708) 216-3215	

Type of Ownership of Applicants

<input checked="" type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship
	<input type="checkbox"/> Other

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

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Primary Contact [Person to receive ALL correspondence or inquiries]

Name: Edward J. Green, Esq
Title: Attorney
Company Name: Foley & Lardner LLP
Address: 321 North Clark Street, Suite 2800, Chicago, Illinois 60654
Telephone Number: (312) 832-4375
E-mail Address: egreen@foley.com
Fax Number: (312) 832-4700

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION**Facility/Project Identification**

Facility Name: MacNeal Hospital (Long Term Care Category of Service Discontinuation)		
Street Address: 3249 South Oak Park Avenue		
City and Zip Code: Berwyn, IL 60402		
County: Cook	Health Service Area: 007	Health Planning Area: A-06

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

Exact Legal Name: Trinity Health Corporation		
Street Address: 20555 Victor Parkway		
City and Zip Code: Livonia, Michigan 46152		
Name of Registered Agent: CT Corporation		
Registered Agent Street Address: 208 South LaSalle Street		
Registered Agent City and Zip Code: Chicago, Illinois 60604		
Name of Chief Executive Officer: Michael A. Slubowski		
CEO Street Address: 20555 Victor Parkway		
CEO City and Zip Code: Livonia, Michigan 46152		
CEO Telephone Number: (734) 343-1000		

Type of Ownership of Applicants

- | | |
|--|--|
| <input checked="" type="checkbox"/> Non-profit Corporation | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> For-profit Corporation | <input type="checkbox"/> Governmental |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Sole Proprietorship |
| | <input type="checkbox"/> Other |

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

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

Primary Contact [Person to receive ALL correspondence or inquiries]

Name: Edward J. Green, Esq.
Title: Attorney
Company Name: Foley & Lardner LLP
Address: 321 North Clark Street, Suite 2800, Chicago, Illinois 60654
Telephone Number: (312) 832-4375
E-mail Address: egreen@foley.com
Fax Number: (312) 832-4700

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

Name: Jill M. Rappis, Esq.
Title: Regional Senior Vice President & General Counsel
Company Name: Loyola University Health System d/b/a Loyola Medicine
Address: One Westbrook Corporate Center, Suite 840, Westchester, Illinois 60154
Telephone Number: (708) 216-8073
E-mail Address: jrappis@lumc.edu
Fax Number: (708) 216-2450

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: Jill M. Rappis, Esq.
Title: Regional Senior Vice President & General Counsel
Company Name: Loyola University Health System d/b/a Loyola Medicine
Address: One Westbrook Corporate Center, Suite 840, Westchester, Illinois 60154
Telephone Number: (708) 216-8073
E-mail Address: jrappis@lumc.edu
Fax Number: (708) 216-2450

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Loyola University Health System d/b/a Loyola Medicine
Address of Site Owner: 2160 South First Avenue, Maywood, Illinois, 60153
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: Gottlieb Community Health Services Corporation d/b/a MacNeal Hospital		
Address: 3249 South Oak Park Avenue, Berwyn, Illinois 60402		
<input checked="" type="checkbox"/> Non-profit Corporation <input type="checkbox"/> Partnership	<input type="checkbox"/> For-profit Corporation <input type="checkbox"/> Governmental	<input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other
<ul style="list-style-type: none"> 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.

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.

Gottlieb Community Health Services Corporation d/b/a MacNeal Hospital ("MacNeal"), Loyola University Health System d/b/a Loyola Medicine ("Loyola Medicine"), and Trinity Health Corporation ("Trinity," and collectively with MacNeal and Loyola Medicine, the "Applicants"), are seeking a Certificate of Exemption ("COE") from the Illinois Health Facilities & Services Review Board (the "Review Board") to discontinue the long term care category of service at MacNeal due to low utilization.

MacNeal is seeking a COE to discontinue the long term care category of service at MacNeal due to low utilization since the COVID 19 pandemic started and due to staffing constraints.

MacNeal currently has 25 licensed long term care beds (consisting of 1 private room and 12 semi-private rooms), which will be converted to 13 private (single occupancy) medical/surgical beds upon approval of this COE Application.

The discontinuation of the long term care category of service at MacNeal will have no impact on patient care. The MacNeal service area has a number of hospitals and skilled nursing facilities offering the same types of long term care services offered in the MacNeal long term care unit, including, but not limited to, the long term care unit at Gottlieb Memorial Hospital, an affiliate of MacNeal.

MacNeal will formally discontinue the long term care category of service the date this COE Application is approved.

Pursuant to 77 Ill. Admin. §1110.20(c)(1)(B)(ii), this Project is considered "Substantive."

This Project has no project costs.

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 . 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.

Anticipated exemption completion date (refer to Part 1130.570): Upon Review Board 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 representative(s) of the applicant entity. The authorized representative(s) 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 manger 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 for Permit is filed on the behalf of Gottlieb Community Health Services Corporation d/b/a MacNeal 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.

P Monice
SIGNATURE

Pierre Monice
PRINTED NAME

President
PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 18 day of March, 2024

Cynthia I. Roche
Signature of Notary

Seal

CYNTHIA I ROCHE
Official Seal
Notary Public - State of Illinois
My Commission Expires Aug 16, 2025

*Insert EXACT legal name of the applicant

Jill Rappis
SIGNATURE

Jill Rappis, Esq.
PRINTED NAME

Secretary
PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 18 day of March, 2024

Meghan Kieffer
Signature of Notary

Seal

MEGHAN KIEFFER
Official Seal
Notary Public - State of Illinois
My Commission Expires Dec 14, 2024

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

CERTIFICATION

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- o in the case of a limited liability company, any two of its managers or members (or the sole manger 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 for Permit is filed on the behalf of Loyola University Health System d/b/a Loyola Medicine* 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

Shawn P. Vincent
PRINTED NAME

President & Chief Executive Officer
PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 18 day of March, 2024


Signature of Notary

Seal



*Insert EXACT legal name of the applicant


SIGNATURE

Jill Rappis, Esq.
PRINTED NAME

Regional Senior Vice President & General Counsel
PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 18 day of March, 2024


Signature of Notary

Seal



CERTIFICATION

The Application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are:

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- 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 Trinity Health Corporation* 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 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.

Michael A. Slubowski
SIGNATURE

Linda S. Ross
SIGNATURE

Michael A. Slubowski
PRINTED NAME

Linda S. Ross, Esq.
PRINTED NAME

President & Chief Executive Officer
PRINTED TITLE

Executive Vice President & Chief Legal Officer
PRINTED TITLE

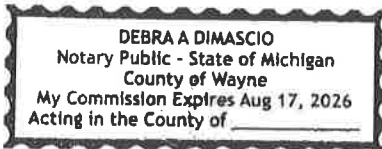
Notarization:
Subscribed and sworn to before me
this 14th day of March, 2014

Notarization:
Subscribed and sworn to before me
this 14th day of March, 2014

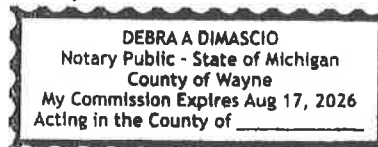
Debra A Dimascio
Signature of Notary

Debra A Dimascio
Signature of Notary

Seal



Seal



SECTION II. DISCONTINUATION

Type of Discontinuation

<input checked="" type="checkbox"/> 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 facility or 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 HEALTH CARE FACILITY OR CATEGORY OF SERVICE [20 ILCS 3960/5.4]:

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

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

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

A table in the following format must be provided as part of Attachment 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			
Medicaid (revenue)	Year	Year	Year
Inpatient			
Outpatient			

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

Total			
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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.

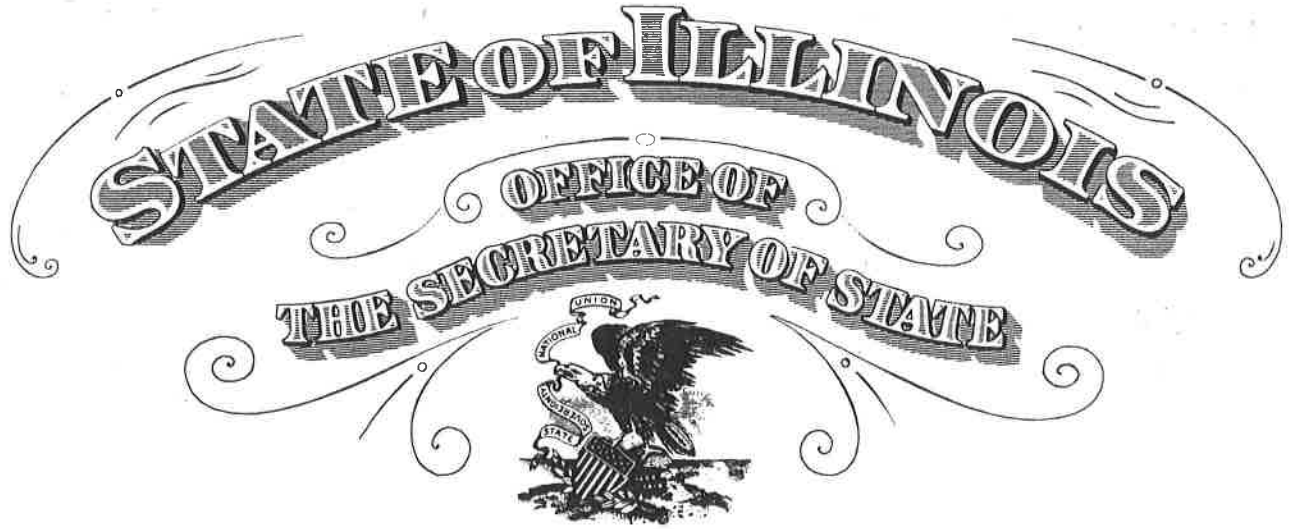
CHARITY CARE			
	Year	Year	Year
Net Patient Revenue			
Amount of Charity Care (charges)			
Cost of Charity Care			

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

Section I
Attachment 1
Applicant Identification

The Certificates of Good Standing for Gottlieb Community Health Services Corporation d/b/a MacNeal Hospital ("MacNeal"), Loyola University Health System d/b/a Loyola Medicine ("Loyola Medicine"), and Trinity Health Corporation ("Trinity," and collectively with MacNeal and Loyola Medicine, the "Applicants") are attached at ATTACHMENT 1.

File Number 5365-025-2



To all to whom these Presents Shall Come, Greeting:

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

GOTTLIEB COMMUNITY HEALTH SERVICES CORPORATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 13, 1984, 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 18TH day of MARCH A.D. 2024 .

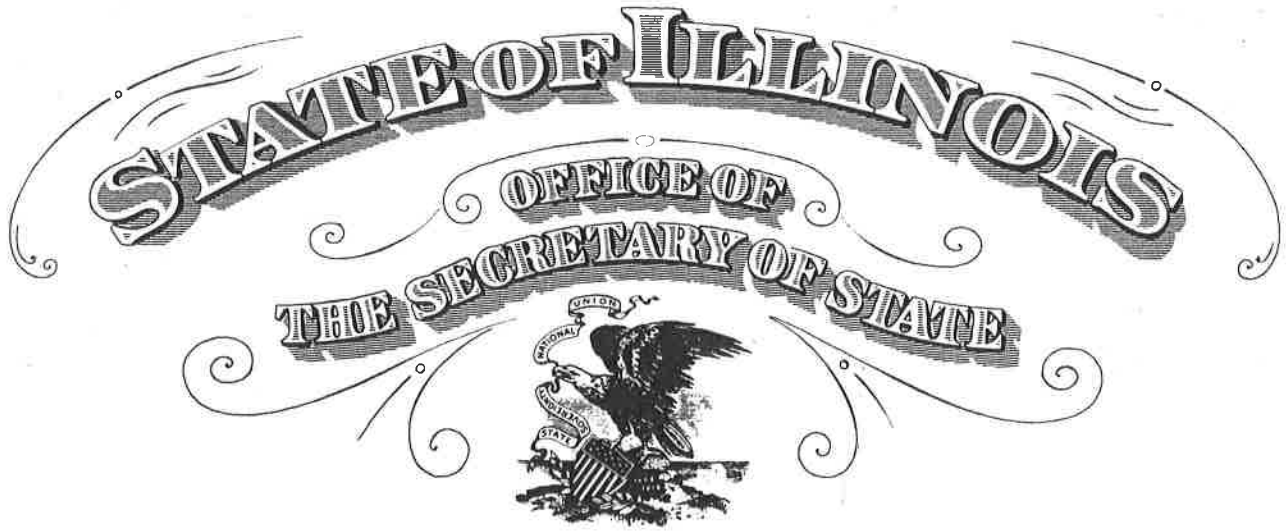


Authentication #: 2407801982 verifiable until 03/18/2025
Authenticate at: <https://www.ilsos.gov>

Alexi Giannoulis
SECRETARY OF STATE

File Number

5348-850-1



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

LOYOLA UNIVERSITY HEALTH SYSTEM, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JUNE 11, 1984, 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 18TH day of MARCH A.D. 2024 .



Authentication #: 2407801992 verifiable until 03/18/2025
Authenticate at: <https://www.ilsos.gov>

Alexi Giannoulis
SECRETARY OF STATE

**State of Indiana
Office of the Secretary of State**

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

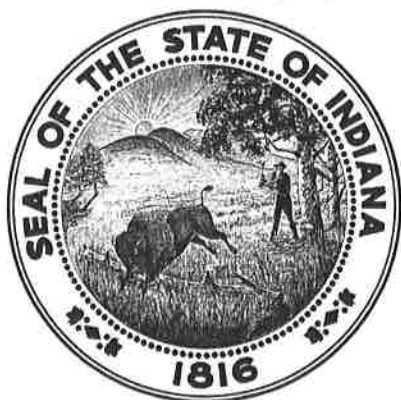
I, DIEGO MORALES, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

TRINITY HEALTH CORPORATION

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on November 10, 1978, and was in existence or authorized to transact business in the State of Indiana on March 18, 2024.

I further certify this Domestic Nonprofit Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, March 18, 2024

Diego Morales

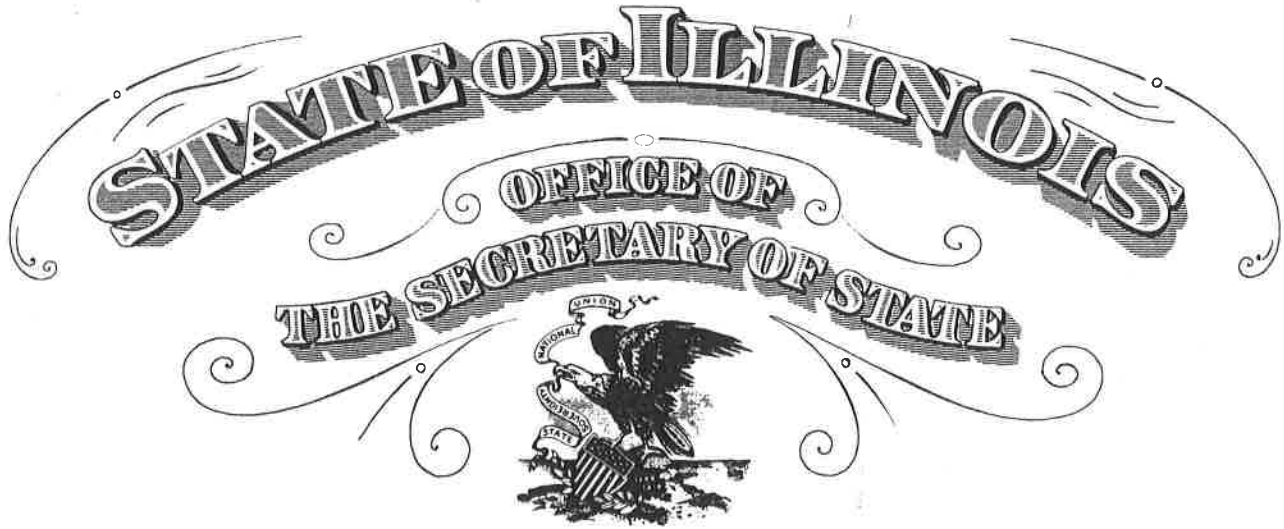
DIEGO MORALES
SECRETARY OF STATE

197811-279 / 20243673224

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on April 17, 2024.

File Number 6775-210-4



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

TRINITY HEALTH CORPORATION, INCORPORATED IN INDIANA AND LICENSED TO CONDUCT AFFAIRS IN THIS STATE ON MARCH 02, 2011, 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 A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO CONDUCT AFFAIRS 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 18TH day of MARCH A.D. 2024 .



Authentication #: 2407801996 verifiable until 03/18/2025
Authenticate at: <https://www.ilos.gov>

Alexi Giannoulis
SECRETARY OF STATE

Section I
Attachment 2
Site Ownership

Gottlieb Community Health Services Corporation d/b/a MacNeal Hospital ("MacNeal") is the licensed operator of MacNeal Hospital, a general acute care hospital located at 3249 South Oak Park Avenue, Berwyn, Illinois ("MacNeal Hospital").

MacNeal owns the buildings that comprise the MacNeal Hospital campus.

MacNeal's sole corporate member, Loyola University Health System d/b/a Loyola Medicine, owns the land upon which those buildings sit.

An Affidavit from Pierre Monice, the President of MacNeal, in support of this Criterion is attached at ATTACHMENT 2.



**MacNeal
Hospital**

March 14, 2024

Mr. Michael Constantino
Project Review Supervisor
Illinois Health Facilities & Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: Certification of Corporate Ownership of MacNeal Hospital
MacNeal Hospital (Long Term Care Category of Service Discontinuation)

Dear Mr. Constantino:

I hereby certify, under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109, that:

1. Gottlieb Community Health Services Corporation d/b/a MacNeal Hospital ("MacNeal") is the licensed operator of MacNeal Hospital, a general acute care hospital located at 3249 South Oak Park Avenue, Berwyn, Illinois ("MacNeal Hospital").
2. MacNeal owns the buildings that comprise the MacNeal Hospital campus.
3. MacNeal's sole corporate member, Loyola University Health System d/b/a Loyola Medicine, owns the land upon which those buildings sit.

Sincerely,

Pierre Monice
President

SUBSCRIBED AND SWORN
to before me this 18 day
of March, 2024.

Cynthia I. Roche
Notary Public



Section I
Attachment 3
Operating Entity/Licensee

Gottlieb Community Health Services Corporation d/b/a MacNeal Hospital ("MacNeal") is the licensed operator of MacNeal Hospital, a general acute care hospital located at 3249 South Oak Park Avenue, Berwyn, Illinois. The Certificate of Good Standing for MacNeal is attached at ATTACHMENT 1.

Section I
Attachment 4
Organizational Relationships

The organizational chart for the Applicants is attached at ATTACHMENT 4.

Section II
Discontinuation
Criterion 1130.290

Criterion 1110.290(a)
Attachment 5
General Information

1. The Applicants are seeking a COE to discontinue the long term care category of service at MacNeal.
2. No other clinical services will be impacted by this COE Application.
3. MacNeal will formally discontinue the long term care category of service the date this COE Application is approved.
4. MacNeal currently has 25 licensed long term care beds (consisting of 1 private room and 12 semi-private rooms), which will be converted to 13 private (single occupancy) medical/surgical beds upon approval of this COE Application.
5. All medical records related to the long term care category of service at MacNeal will continue to be maintained at MacNeal and/or maintained in the Loyola Medicine electronic medical records system for no less 10 years after discharge or 12 years if there is litigation, as set forth in 210 ILCS § 85/6.17.
6. The Applicants provided a notice (the "Notice") of the proposed discontinuation to the local media on March 16, 2024, specifically, the Sun Times. The "proof of publication" certificate is attached at ATTACHMENT 5.

FOLEY & LARDNER LLP
MacNeal Hospital

ADORDERNUMBER: 0001168674-01

PO NUMBER: MacNeal Hospital

AMOUNT: 336.00

NO OF AFFIDAVITS: 1

Chicago Sun-Times Certificate of Publication

State of Illinois - County of Cook

Chicago Sun-Times, does hereby certify it has published the attached advertisements in the following secular newspapers. All newspapers meet Illinois Compiled Statute requirements for publication of Notices per Chapter 715 ILCS 5/0.01 et seq. R.S. 1874, P728 Sec 1, EFF. July 1, 1874. Amended by Laws 1959, P1494, EFF. July 17, 1959. Formerly Ill. Rev. Stat. 1991, CH100, PI.

Note: Notice appeared in the following checked positions.

PUBLICATION DATE(S): 03/16/2024

Chicago Sun-Times

MacNeal Hospital ("MacNeal") in Berwyn, Illinois, intends to file a Certificate of Exemption Application (the "COE Application") with the Illinois Health Facilities & Services Review Board (the "Review Board") to discontinue the long term care category of service at MacNeal. It is anticipated that the discontinuation of this service at MacNeal will not impact patient care since the MacNeal service area has a number of hospitals and skilled nursing facilities offering the same types of long term care services offered in the MacNeal long term care unit, including, but not limited to, the long term care unit at Gottlieb Memorial Hospital, an affiliate of MacNeal. Upon approval of the COE Application by the Review Board, MacNeal will immediately and formally discontinue the long term care surgery category of service at MacNeal. It is currently anticipated that the COE Application will be considered at the next regularly scheduled meeting of the Review Board (i.e., May 9, 2024). The COE Application could be approved sooner by the Chairwoman of the Review Board.
3/16/2024 #1168674

IN WITNESS WHEREOF, the undersigned, being duly authorized, has caused this Certificate to be signed

By



Robin Munoz

Manager | Recruitment & Legals

This 16th Day of March 2024 A.D.

FOLEY & LARDNER LLP
321 N CLARK ST STE 3000
ATTN: SHARON CARRARA
CHICAGO, IL 60654-4762

Criterion 1110.290(b)
Attachment 6
Reasons for Discontinuation

1. The Applicants are seeking a COE to discontinue the long term care category of service at MacNeal due to low utilization since the COVID 19 pandemic started and due to staffing constraints.

MacNeal Long Term Care Category of Service			
Year	Licensed Beds	Average Daily Census	CON Occupancy Rate
2018	25	17.9	71.4%
2019	25	18.2	73.0%
2020	25	12.0	48.0%
2021	25	13.0	52.0%
2022	25	12.4	49.6%
2023	25	10.5	42.0%

Criterion 1110.290(c)
Attachment 7
Impact on Access

1. The discontinuation of the long term care category of service at MacNeal will have no impact on patient care. The MacNeal service area has a number of hospitals and skilled nursing facilities offering the same types of long term care services offered in the MacNeal long term care unit, including, but not limited to, the long term care unit at Gottlieb Memorial Hospital, an affiliate of MacNeal.

Criterion 1110.290(d)
Notice to Other Providers

1. Notices of the proposed discontinuation were sent to the hospitals and skilled nursing facilities within ten (10) miles of MacNeal that provide long term care services. Copies of the notices are attached at ATTACHMENT 7.

The Applicants did not send a notice to Gottlieb Memorial Hospital because it is an affiliate of MacNeal.



ATTORNEYS AT LAW
321 NORTH CLARK STREET, SUITE 3000
CHICAGO, IL 60654-4762
312.832.4500 TEL
312.832.4700 FAX
WWW.FOLEY.COM

WRITER'S DIRECT LINE
312.832.4375
egreen@foley.com EMAIL

CLIENT/MATTER NUMBER
048544-0397

March 18, 2024

VIA CERTIFIED MAIL (RETURN RECEIPT REQUESTED)

The Grove of Berwyn
3601 South Harlem Avenue
Berwyn, IL 60402

Re: MacNeal Hospital
Proposed Discontinuation of Long Term Care Category of Service

Dear CEO:

We are in the process of preparing a Certificate of Exemption Application (the "COE Application") for filing with the Illinois Health Facilities & Services Review Board (the "Review Board") to discontinue the long term care category of service at MacNeal Hospital ("MacNeal") due to low utilization and staffing constraints.

In 2020, MacNeal had 25 licensed long term care beds, and its long term care unit had an average daily census of 12 patients. In 2021, MacNeal had 25 licensed long term care beds, and its long term care unit had an average daily census of 13 patients. In 2022, MacNeal had 25 licensed long term care beds, and its long term care unit had an average daily census of 12.4 patients. In 2023, MacNeal had 25 licensed long term care beds, and its long term care unit had an average daily census of 10.5 patients.

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MacNeal will immediately and formally discontinue the long term care category of service the date the COE Application is approved. Presumably MacNeal's COE Application will be considered at the next regularly scheduled meeting of the Review Board (i.e., May 9, 2024). That said, the COE Application could be approved sooner by the Chairwoman of the Review Board.

AUSTIN
BOSTON
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DALLAS
DENVER

DETROIT
HOUSTON
JACKSONVILLE
LOS ANGELES
MADISON

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MIAMI
MILWAUKEE
NEW YORK
ORLANDO

SACRAMENTO
SAN DIEGO
SAN FRANCISCO
SILICON VALLEY
TALLAHASSEE

TAMPA
WASHINGTON, D.C.
BRUSSELS
TOKYO

March 18, 2024

Page 2

In accordance with 77 Ill. Admin. § 1110.290, we are providing you with notice of our COE Application and we are providing you with an opportunity to submit an impact letter to the Review Board. If you chose to submit an impact letter, please provide an explanation of any conditions, restrictions or limitations that would prevent your hospital from serving the patient population historically served by MacNeal's long term care unit. You can submit your response (if any) directly to the Review Board or to me and I will forward your response (if any) to the Review Board. If you chose not to respond, we will assume that the discontinuation of the open heart surgery category of service at MacNeal will not have an adverse impact on your hospital.

Sincerely,



Edward Green
Counsel to MacNeal Hospital

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FORM #45863 VERSION: E0423

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321 North Clark Street
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Chicago, IL 60654

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Foley & Lardner LLP
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3601 South Harlem Ave
Berwyn, IL 60402

Reference Information
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Berwyn, IL 60402

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WWW.FOLEY.COM

WRITER'S DIRECT LINE
312.832.4375
egreen@foley.com EMAIL

CLIENT/MATTER NUMBER
048544-0397

March 18, 2024

VIA CERTIFIED MAIL (RETURN RECEIPT REQUESTED)

Midway Neurological/Rehab Center
8540 South Harlem Avenue
Bridgeview, IL 60455

Re: MacNeal Hospital
Proposed Discontinuation of Long Term Care Category of Service

Dear CEO:

We are in the process of preparing a Certificate of Exemption Application (the "COE Application") for filing with the Illinois Health Facilities & Services Review Board (the "Review Board") to discontinue the long term care category of service at MacNeal Hospital ("MacNeal") due to low utilization and staffing constraints.

In 2020, MacNeal had 25 licensed long term care beds, and its long term care unit had an average daily census of 12 patients. In 2021, MacNeal had 25 licensed long term care beds, and its long term care unit had an average daily census of 13 patients. In 2022, MacNeal had 25 licensed long term care beds, and its long term care unit had an average daily census of 12.4 patients. In 2023, MacNeal had 25 licensed long term care beds, and its long term care unit had an average daily census of 10.5 patients.

The discontinuation of the long term care category of service at MacNeal will have no impact on patient care. The MacNeal service area has a number of hospitals and skilled nursing facilities offering the same types of long term care services offered in the MacNeal long term care unit, including, but not limited to, the long term care unit at Gottlieb Memorial Hospital, an affiliate of MacNeal.

MacNeal will immediately and formally discontinue the long term care category of service the date the COE Application is approved. Presumably MacNeal's COE Application will be considered at the next regularly scheduled meeting of the Review Board (i.e., May 9, 2024). That said, the COE Application could be approved sooner by the Chairwoman of the Review Board.

AUSTIN
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SAN FRANCISCO
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TALLAHASSEE

TAMPA
WASHINGTON, D.C.
BRUSSELS
TOKYO

March 18, 2024
Page 2

In accordance with 77 Ill. Admin. § 1110.290, we are providing you with notice of our COE Application and we are providing you with an opportunity to submit an impact letter to the Review Board. If you chose to submit an impact letter, please provide an explanation of any conditions, restrictions or limitations that would prevent your hospital from serving the patient population historically served by MacNeal's long term care unit. You can submit your response (if any) directly to the Review Board or to me and I will forward your response (if any) to the Review Board. If you chose not to respond, we will assume that the discontinuation of the open heart surgery category of service at MacNeal will not have an adverse impact on your hospital.

Sincerely,

A handwritten signature in black ink that reads "Edward Green". The signature is written in a cursive style with a large, sweeping "E" and "G".

Edward Green
Counsel to MacNeal Hospital

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Label #1 Midway Neurological/Rehab Center
8540 South Harlem Avenue
Bridgeview, IL 60455

Label #2 Ed Green
Foley & Lardner LLP
321 North Clark Street
Suite 3000
Chicago, IL 60654

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321 North Clark Street
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8540 South Harlem Avenue
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WWW.FOLEY.COM

WRITER'S DIRECT LINE
312.832.4375
egreen@foley.com EMAIL

CLIENT/MATTER NUMBER
048544-0397

March 18, 2024

VIA CERTIFIED MAIL (RETURN RECEIPT REQUESTED)

Bridgeview Health Care Center
8100 South Harlem Avenue
Bridgeview, IL 60455

Re: MacNeal Hospital
Proposed Discontinuation of Long Term Care Category of Service

Dear CEO:

We are in the process of preparing a Certificate of Exemption Application (the "COE Application") for filing with the Illinois Health Facilities & Services Review Board (the "Review Board") to discontinue the long term care category of service at MacNeal Hospital ("MacNeal") due to low utilization and staffing constraints.

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MacNeal will immediately and formally discontinue the long term care category of service the date the COE Application is approved. Presumably MacNeal's COE Application will be considered at the next regularly scheduled meeting of the Review Board (i.e., May 9, 2024). That said, the COE Application could be approved sooner by the Chairwoman of the Review Board.

AUSTIN
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LOS ANGELES
MADISON

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TALLAHASSEE

TAMPA
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March 18, 2024

Page 2

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Sincerely,



Edward Green
Counsel to MacNeal Hospital

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8100 South Harlem Ave
Bridgeview, IL 60455

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Bridgeview Health Care Center
8100 South Harlem Ave
Bridgeview, IL 60455

2. Certified Mail (Form 3800) Article Number

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321 NORTH CLARK STREET, SUITE 3000
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312.832.4500 TEL
312.832.4700 FAX
WWW.FOLEY.COM

WRITER'S DIRECT LINE
312.832.4375
egreen@foley.com EMAIL

CLIENT/MATTER NUMBER
048544-0397

March 18, 2024

VIA CERTIFIED MAIL (RETURN RECEIPT REQUESTED)

British Home
8700 West 31st Street
Brookfield, IL 60513

Re: MacNeal Hospital
Proposed Discontinuation of Long Term Care Category of Service

Dear CEO:

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BOSTON
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LOS ANGELES
MADISON

MEXICO CITY
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NEW YORK
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SACRAMENTO
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SAN FRANCISCO
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TALLAHASSEE

TAMPA
WASHINGTON, D.C.
BRUSSELS
TOKYO

March 18, 2024

Page 2

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Sincerely,



Edward Green
Counsel to MacNeal Hospital

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Brookfield, IL 60513

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Brookfield, IL 60513

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9590 9266 9904 2221 5614 67

1. Article Addressed to:

British Home
8700 West 31st. Street
Brookfield, IL 60513

2. Certified Mail (Form 3800) Article Number

9414 7266 9904 2221 5614 64

PS Form 3811, Facsimile, July 2015

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A. Signature Agent
X Addressee

B. Received by (Printed Name) C. Date of Delivery

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Reference Information

048544-0397-2860-Green-Ed



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ATTORNEYS AT LAW
321 NORTH CLARK STREET, SUITE 3000
CHICAGO, IL 60654-4762
312.832.4500 TEL
312.832.4700 FAX
WWW.FOLEY.COM

WRITER'S DIRECT LINE
312.832.4375
egreen@foley.com EMAIL

CLIENT/MATTER NUMBER
048544-0397

March 18, 2024

VIA CERTIFIED MAIL (RETURN RECEIPT REQUESTED)

Aperion Care Burbank
5701 West 79th Street
Burbank, IL 60459

Re: MacNeal Hospital
Proposed Discontinuation of Long Term Care Category of Service

Dear CEO:

We are in the process of preparing a Certificate of Exemption Application (the "COE Application") for filing with the Illinois Health Facilities & Services Review Board (the "Review Board") to discontinue the long term care category of service at MacNeal Hospital ("MacNeal") due to low utilization and staffing constraints.

In 2020, MacNeal had 25 licensed long term care beds, and its long term care unit had an average daily census of 12 patients. In 2021, MacNeal had 25 licensed long term care beds, and its long term care unit had an average daily census of 13 patients. In 2022, MacNeal had 25 licensed long term care beds, and its long term care unit had an average daily census of 12.4 patients. In 2023, MacNeal had 25 licensed long term care beds, and its long term care unit had an average daily census of 10.5 patients.

The discontinuation of the long term care category of service at MacNeal will have no impact on patient care. The MacNeal service area has a number of hospitals and skilled nursing facilities offering the same types of long term care services offered in the MacNeal long term care unit, including, but not limited to, the long term care unit at Gottlieb Memorial Hospital, an affiliate of MacNeal.

MacNeal will immediately and formally discontinue the long term care category of service the date the COE Application is approved. Presumably MacNeal's COE Application will be considered at the next regularly scheduled meeting of the Review Board (i.e., May 9, 2024). That said, the COE Application could be approved sooner by the Chairwoman of the Review Board.

AUSTIN
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DALLAS
DENVER

DETROIT
HOUSTON
JACKSONVILLE
LOS ANGELES
MADISON

MEXICO CITY
MIAMI
MILWAUKEE
NEW YORK
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SACRAMENTO
SAN DIEGO
SAN FRANCISCO
SILICON VALLEY
TAIPEH

TAMPA
WASHINGTON, D.C.
BRUSSELS
TOKYO

March 18, 2024
Page 2

In accordance with 77 Ill. Admin. § 1110.290, we are providing you with notice of our COE Application and we are providing you with an opportunity to submit an impact letter to the Review Board. If you chose to submit an impact letter, please provide an explanation of any conditions, restrictions or limitations that would prevent your hospital from serving the patient population historically served by MacNeal's long term care unit. You can submit your response (if any) directly to the Review Board or to me and I will forward your response (if any) to the Review Board. If you chose not to respond, we will assume that the discontinuation of the open heart surgery category of service at MacNeal will not have an adverse impact on your hospital.

Sincerely,



Edward Green
Counsel to MacNeal Hospital

CERTIFIED MAILER®

#E-007-24

Label #1
Aperion Care Burbank
5701 West 79th Street
Burbank, IL 60459

Label #2
Ed Green
Foley & Lardner LLP
321 North Clark Street
Suite 3000
Chicago, IL 60654

Label #3
Ed Green
Foley & Lardner LLP
321 North Clark Street
Suite 3000
Chicago, IL 60654


CERTIFIED MAIL
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USPS® ARTICLE NUMBER
9414 7266 9904 2221 5598 43

Certified Mail Fee	\$	4.40	Postmark Here
Return Receipt (Hardcopy)	\$	3.65	
Return Receipt (Electronic)	\$		
Certified Mail Restricted Delivery	\$		
Postage	\$		
Total Postage and Fees	\$		

Sent to:
Aperion Care Burbank
5701 West 79th Street
Burbank, IL 60459

Reference Information
048544-0397-2860-Green-Ed



PS Form 3800, Facsimile, July 2015

TEAR ALONG THIS LINE

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B Label #5 (OPTIONAL)

Label #4

Certified Article Number
E3 0455 1221 5598 43
414 7266 9904 2221 5598 43

SENDER'S RECORD

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9590 9266 9904 2221 5598 46

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Return Receipt (Form 3811) Barcode



9590 9266 9904 2221 5598 46

1. Article Addressed to:
Aperion Care Burbank
5701 West 79th Street
Burbank, IL 60459

2. Certified Mail (Form 3800) Article Number
9414 7266 9904 2221 5598 43

PS Form 3811, Facsimile, July 2015

COMPLETE THIS SECTION ON DELIVERY


A. Signature Agent Addressee
X

B. Received by (Printed Name) C. Date of Delivery

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If YES, enter delivery address below:

3. Service Type:
 Certified Mail

Reference Information
048544-0397-2860-Green-Ed



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0045

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ATTORNEYS AT LAW
321 NORTH CLARK STREET, SUITE 3000
CHICAGO, IL 60654-4762
312.832.4500 TEL
312.832.4700 FAX
WWW.FOLEY.COM

WRITER'S DIRECT LINE
312.832.4375
egreen@foley.com EMAIL

CLIENT/MATTER NUMBER
048544-0397

March 18, 2024

VIA CERTIFIED MAIL (RETURN RECEIPT REQUESTED)

Dimensions Living Burr Ridge
6801 Highgrove Boulevard
Burr Ridge, IL 60527

Re: MacNeal Hospital
Proposed Discontinuation of Long Term Care Category of Service

Dear CEO:

We are in the process of preparing a Certificate of Exemption Application (the "COE Application") for filing with the Illinois Health Facilities & Services Review Board (the "Review Board") to discontinue the long term care category of service at MacNeal Hospital ("MacNeal") due to low utilization and staffing constraints.

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TALLAHASSEE

TAMPA
WASHINGTON, D.C.
BRUSSELS
TOKYO

March 18, 2024
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Sincerely,



Edward Green
Counsel to MacNeal Hospital

CERTIFIED MAILER®

#E 007-24

Label #1
Dimensions Living Burr Ridge
6801 Highgrove Boulevard
Burr Ridge, IL 60527

Label #2
Ed Green
Foley & Lardner LLP
321 North Clark Street
Suite 3000
Chicago, IL 60654

Label #3
Ed Green
Foley & Lardner LLP
321 North Clark Street
Suite 3000
Chicago, IL 60654

CERTIFIED MAIL RECEIPT
Domestic Mail Only

USPS® ARTICLE NUMBER

9414 7266 9904 2221 5598 36

Certified Mail Fee	\$	4.40
Return Receipt (Hardcopy)	\$	3.65
Return Receipt (Electronic)	\$	
Certified Mail Restricted Delivery	\$	
Postage	\$	
Total Postage and Fees	\$	

Postmark Here

Sent to:

Dimensions Living Burr Ridge
6801 Highgrove Boulevard
Burr Ridge, IL 60527

Reference Information
048544-0397-2800-Green-LLP



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1. Article Addressed to:
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6801 Highgrove Boulevard
Burr Ridge, IL 60527

2. Certified Mail (Form 3800) Article Number
9414 7266 9904 2221 5598 36

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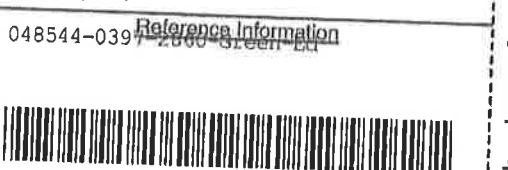
A. Signature Agent Addressee

B. Received by (Printed Name) C. Date of Delivery

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Reference Information
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ATTORNEYS AT LAW
321 NORTH CLARK STREET, SUITE 3000
CHICAGO, IL 60654-4762
312.832.4500 TEL
312.832.4700 FAX
WWW.FOLEY.COM

WRITER'S DIRECT LINE
312.832.4375
egreen@foley.com EMAIL

CLIENT/MATTER NUMBER
048544-0397

March 18, 2024

VIA CERTIFIED MAIL (RETURN RECEIPT REQUESTED)

King-Bruwaert House
6101 South County Line Road
Burr Ridge, IL 60527

Re: MacNeal Hospital
Proposed Discontinuation of Long Term Care Category of Service

Dear CEO:

We are in the process of preparing a Certificate of Exemption Application (the "COE Application") for filing with the Illinois Health Facilities & Services Review Board (the "Review Board") to discontinue the long term care category of service at MacNeal Hospital ("MacNeal") due to low utilization and staffing constraints.

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AUSTIN
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MADISON

MEXICO CITY
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NEW YORK
ORLANDO

SACRAMENTO
SAN DIEGO
SAN FRANCISCO
SILICON VALLEY
TALLAHASSEE

TAMPA
WASHINGTON, D.C.
BRUSSELS
TOKYO

March 18, 2024

Page 2

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Sincerely,



Edward Green
Counsel to MacNeal Hospital

CERTIFIED MAILER®

#E-007-24

Label #1 King-Bruwaert House
6101 South County Line Road
Burr Ridge, IL 60527

Label #2 Ed Green
Foley & Lardner LLP
321 North Clark Street
Suite 3000
Chicago, IL 60654

Label #3 Ed Green
Foley & Lardner LLP
321 North Clark Street
Suite 3000
Chicago, IL 60654

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USPS® ARTICLE NUMBER

9414 7266 9904 2221 5598 29

Certified Mail Fee	\$	4.40
Return Receipt (Hardcopy)	\$	3.65
Return Receipt (Electronic)	\$	
Certified Mail Restricted Delivery	\$	
Postage	\$	
Total Postage and Fees	\$	

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6101 South County Line Road
Burr Ridge, IL 60527

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9590 9266 9904 2221 5598 22

1. Article Addressed to:

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6101 South County Line Road
Burr Ridge, IL 60527

2. Certified Mail (Form 3800) Article Number

9414 7266 9904 2221 5598 29

PS Form 3811, Facsimile, July 2015

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type:

Certified Mail

048544-0397-2860-Green-Ed
Reference Information



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0051

Dor

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ATTORNEYS AT LAW
321 NORTH CLARK STREET, SUITE 3000
CHICAGO, IL 60654-4762
312.832.4500 TEL
312.832.4700 FAX
WWW.FOLEY.COM

WRITER'S DIRECT LINE
312.832.4375
egreen@foley.com EMAIL

CLIENT/MATTER NUMBER
048544-0397

March 18, 2024

VIA CERTIFIED MAIL (RETURN RECEIPT REQUESTED)

Symphony at Midway
4437 South Cicero
Chicago, IL 60632

Re: MacNeal Hospital
Proposed Discontinuation of Long Term Care Category of Service

Dear CEO:

We are in the process of preparing a Certificate of Exemption Application (the "COE Application") for filing with the Illinois Health Facilities & Services Review Board (the "Review Board") to discontinue the long term care category of service at MacNeal Hospital ("MacNeal") due to low utilization and staffing constraints.

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AUSTIN
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MILWAUKEE
NEW YORK
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SACRAMENTO
SAN DIEGO
SAN FRANCISCO
SILICON VALLEY
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TOKYO

March 18, 2024

Page 2

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Sincerely,



Edward Green
Counsel to MacNeal Hospital

CERTIFIED MAILER®

#E-007-24

Label #1
Symphony at Midway
4437 South Cicero
Chicago, IL 60632

Label #2
Ed Green
Foley & Lardner LLP
321 North Clark Street
Suite 3000
Chicago, IL 60654

Label #3
Ed Green
Foley & Lardner LLP
321 North Clark Street
Suite 3000
Chicago, IL 60654

CERTIFIED MAIL RECEIPT
Domestic Mail Only

USPS® ARTICLE NUMBER

9414 7266 9904 2221 5598 12

Certified Mail Fee \$ 4.40

Return Receipt (Hardcopy) \$ 3.65

Return Receipt (Electronic) \$

Certified Mail Restricted Delivery \$

Postage \$

Total Postage and Fees \$

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Sent to:

Symphony at Midway
4437 South Cicero
Chicago, IL 60632

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PS Form 3800, Facsimile, July 2015

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Label #6 - Return Receipt Barcode (Sender's Record)



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Certified Article Number

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Return Receipt (Form 3811) Barcode



9590 9266 9904 2221 5598 15

1. Article Addressed to:

Symphony at Midway
4437 South Cicero
Chicago, IL 60632

2. Certified Mail (Form 3800) Article Number

9414 7266 9904 2221 5598 12

PS Form 3811, Facsimile, July

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type:

Certified Mail

048544-0397-2860-Green-Ed
Reference Information



Thank you for using Return Receipt Service

0054

Domesti

Attachment



ATTORNEYS AT LAW
321 NORTH CLARK STREET, SUITE 3000
CHICAGO, IL 60654-4762
312.832.4500 TEL
312.832.4700 FAX
WWW.FOLEY.COM

WRITER'S DIRECT LINE
312.832.4375
egreen@foley.com EMAIL

CLIENT/MATTER NUMBER
048544-0397

March 18, 2024

VIA CERTIFIED MAIL (RETURN RECEIPT REQUESTED)

Aperion Care International
4815 South Western Avenue
Chicago, IL 60609

Re: MacNeal Hospital
Proposed Discontinuation of Long Term Care Category of Service

Dear CEO:

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March 18, 2024
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Sincerely,

A handwritten signature in black ink that reads "Edward Green". The signature is written in a cursive style with a prominent "E" and "G".

Edward Green
Counsel to MacNeal Hospital

CERTIFIED MAILER®

Label #1
Aperion Care International
4815 South Western Avenue
Chicago, IL 60609

Label #2
Ed Green
Foley & Lardner LLP
321 North Clark Street
Suite 3000
Chicago, IL 60654

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Ed Green
Foley & Lardner LLP
321 North Clark Street
Suite 3000
Chicago, IL 60654

#E-007-24

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9414 7266 9904 2221 5598 05

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Certified Mail Restricted Delivery	\$	
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048544-0397-2860-Green-Ed



PS Form 3800, Facsimile, July 2015

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Certified Article Number
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9414 7266 9904 2221 5598 05

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1. Article Addressed to:
Aperion Care International
4815 South Western Avenue
Chicago, IL 60609

2. Certified Mail (Form 3800) Article Number
9414 7266 9904 2221 5598 05

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

X

B. Received by (Printed Name) C. Date of Delivery

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ATTORNEYS AT LAW
321 NORTH CLARK STREET, SUITE 3000
CHICAGO, IL 60654-4762
312.832.4500 TEL
312.832.4700 FAX
WWW.FOLEY.COM

WRITER'S DIRECT LINE
312.832.4375
egreen@foley.com EMAIL

CLIENT/MATTER NUMBER
048544-0397

March 18, 2024

VIA CERTIFIED MAIL (RETURN RECEIPT REQUESTED)

Bethesda Rehab & Senior Care
2833 North Nordica Avenue
Chicago, IL 60634

Re: MacNeal Hospital
Proposed Discontinuation of Long Term Care Category of Service

Dear CEO:

We are in the process of preparing a Certificate of Exemption Application (the "COE Application") for filing with the Illinois Health Facilities & Services Review Board (the "Review Board") to discontinue the long term care category of service at MacNeal Hospital ("MacNeal") due to low utilization and staffing constraints.

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MacNeal will immediately and formally discontinue the long term care category of service the date the COE Application is approved. Presumably MacNeal's COE Application will be considered at the next regularly scheduled meeting of the Review Board (i.e., May 9, 2024). That said, the COE Application could be approved sooner by the Chairwoman of the Review Board.

AUSTIN
BOSTON
CHICAGO
DALLAS
DENVER

DETROIT
HOUSTON
JACKSONVILLE
LOS ANGELES
MADISON

MEXICO CITY
MIAMI
MILWAUKEE
NEW YORK
ORLANDO

SACRAMENTO
SAN DIEGO
SAN FRANCISCO
SILICON VALLEY
TALLAHASSEE

TAMPA
WASHINGTON, D.C.
BRUSSELS
TOKYO

March 18, 2024

Page 2

In accordance with 77 Ill. Admin. § 1110.290, we are providing you with notice of our COE Application and we are providing you with an opportunity to submit an impact letter to the Review Board. If you chose to submit an impact letter, please provide an explanation of any conditions, restrictions or limitations that would prevent your hospital from serving the patient population historically served by MacNeal's long term care unit. You can submit your response (if any) directly to the Review Board or to me and I will forward your response (if any) to the Review Board. If you chose not to respond, we will assume that the discontinuation of the open heart surgery category of service at MacNeal will not have an adverse impact on your hospital.

Sincerely,



Edward Green
Counsel to MacNeal Hospital

CERTIFIED MAILER®

#E-007-24

Label #1
Bethesda Rehab & Senior Care
2833 North Nordica Avenue
Chicago, IL 60634

Label #2
Ed Green
Foley & Lardner LLP
321 North Clark Street
Suite 3000
Chicago, IL 60654

Label #3
Ed Green
Foley & Lardner LLP
321 North Clark Street
Suite 3000
Chicago, IL 60654

CERTIFIED MAIL® RECEIPT
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USPS® ARTICLE NUMBER

9414 7266 9904 2221 5597 99

Certified Mail Fee	\$	4.40
Return Receipt (Hardcopy)	\$	3.65
Return Receipt (Electronic)	\$	
Certified Mail Restricted Delivery	\$	
Postage	\$	
Total Postage and Fees	\$	

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Sent to:

Bethesda Rehab & Senior Care
2833 North Nordica Avenue
Chicago, IL 60634

Reference Information
048544-0397-2860-Green-Ed



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Return Receipt (Form 3811) Barcode

9590 9266 9904 2221 5597 92

1. Article Addressed to:
Bethesda Rehab & Senior Care
2833 North Nordica Avenue
Chicago, IL 60634

2. Certified Mail (Form 3800) Article Number
9414 7266 9904 2221 5597 99

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) C. Date of Delivery

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Reference Information
048544-0397-2860-Green-Ed



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ATTORNEYS AT LAW
321 NORTH CLARK STREET, SUITE 3000
CHICAGO, IL 60654-4762
312.832.4500 TEL
312.832.4700 FAX
WWW.FOLEY.COM

WRITER'S DIRECT LINE
312.832.4375
egreen@foley.com EMAIL

CLIENT/MATTER NUMBER
048544-0397

March 18, 2024

VIA CERTIFIED MAIL (RETURN RECEIPT REQUESTED)

The Austin Oasis
901 South Austin
Chicago, IL 60644

Re: MacNeal Hospital
Proposed Discontinuation of Long Term Care Category of Service

Dear CEO:

We are in the process of preparing a Certificate of Exemption Application (the "COE Application") for filing with the Illinois Health Facilities & Services Review Board (the "Review Board") to discontinue the long term care category of service at MacNeal Hospital ("MacNeal") due to low utilization and staffing constraints.

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DENVER

DETROIT
HOUSTON
JACKSONVILLE
LOS ANGELES
MADISON

MEXICO CITY
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TALLAHASSEE

TAMPA
WASHINGTON, D.C.
BRUSSELS
TOKYO

March 18, 2024

Page 2

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Sincerely,



Edward Green
Counsel to MacNeal Hospital

#E-007-24

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Chicago, IL 60644

Label #2
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321 North Clark Street
Suite 3000
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321 North Clark Street
Suite 3000
Chicago, IL 60654

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9414 7266 9904 2221 5597 82		
Certified Mail Fee	\$ 4.40	
Return Receipt (Hardcopy)	\$ 3.65	
Return Receipt (Electronic)	\$	
Certified Mail Restricted Delivery	\$	
Postage	\$	
Total Postage and Fees	\$	

TEAR ALONG THIS LINE

Sent to:
The Austin Oasis
901 South Austin
Chicago, IL 60644

Reference Information
048544-0397-2860-Green-Ed



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9414 7266 9904 2221 5597 82
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Return Receipt (Form 3811) Barcode

9590 9266 9904 2221 5597 85

1. Article Addressed to:
The Austin Oasis
901 South Austin
Chicago, IL 60644

2. Certified Mail (Form 3800) Article Number
9414 7266 9904 2221 5597 82

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) C. Date of Delivery

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ATTORNEYS AT LAW
321 NORTH CLARK STREET, SUITE 3000
CHICAGO, IL 60654-4762
312.832.4500 TEL
312.832.4700 FAX
WWW.FOLEY.COM

WRITER'S DIRECT LINE
312.832.4375
egreen@foley.com EMAIL

CLIENT/MATTER NUMBER
048544-0397

March 18, 2024

VIA CERTIFIED MAIL (RETURN RECEIPT REQUESTED)

Mayfield Care and Rehabilitation
5905 West Washington
Chicago, IL 60644

Re: MacNeal Hospital
Proposed Discontinuation of Long Term Care Category of Service

Dear CEO:

We are in the process of preparing a Certificate of Exemption Application (the "COE Application") for filing with the Illinois Health Facilities & Services Review Board (the "Review Board") to discontinue the long term care category of service at MacNeal Hospital ("MacNeal") due to low utilization and staffing constraints.

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AUSTIN
BOSTON
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MIAMI
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0064

March 18, 2024

Page 2

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Sincerely,



Edward Green
Counsel to MacNeal Hospital

CERTIFIED MAILER®

#E 007 24

Label #1 Mayfield Care and Rehabilitation
5905 West Washington
Chicago, IL 60644

Label #2 Ed Green
Foley & Lardner LLP
321 North Clark Street
Suite 3000
Chicago, IL 60654

Label #3 Ed Green
Foley & Lardner LLP
321 North Clark Street
Suite 3000
Chicago, IL 60654

CERTIFIED MAIL RECEIPT
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9414 7266 9904 2221 5614 57

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Return Receipt (Hardcopy) \$ 3.65

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Certified Mail Restricted Delivery \$

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Mayfield Care and Rehabilitation
5905 West Washington
Chicago, IL 60644

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9590 9266 9904 2221 5614 50

1. Article Addressed to:

Mayfield Care and Rehabilitation
5905 West Washington
Chicago, IL 60644

2. Certified Mail (Form 3800) Article Number

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Reference Information

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321 NORTH CLARK STREET, SUITE 3000
CHICAGO, IL 60654-4762
312.832.4500 TEL
312.832.4700 FAX
WWW.FOLEY.COM

WRITER'S DIRECT LINE
312.832.4375
egreen@foley.com EMAIL

CLIENT/MATTER NUMBER
048544-0397

March 18, 2024

VIA CERTIFIED MAIL (RETURN RECEIPT REQUESTED)

Symphony of Chicago West
5130 West Jackson Boulevard
Chicago, IL 60644

Re: MacNeal Hospital
Proposed Discontinuation of Long Term Care Category of Service

Dear CEO:

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DENVER

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0067

March 18, 2024
Page 2

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Sincerely,



Edward Green
Counsel to MacNeal Hospital

CERTIFIED MAILER®

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Label #1
Symphony of Chicago West
5130 West Jackson Boulevard
Chicago, IL 60644

Label #2
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321 North Clark Street
Suite 3000
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Foley & Lardner LLP
321 North Clark Street
Suite 3000
Chicago, IL 60654


CERTIFIED MAIL
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USPS® ARTICLE NUMBER
9414 7266 9904 2221 5614 40

Certified Mail Fee	\$	4.40	Postmark Here
Return Receipt (Hardcopy)	\$	3.65	
Return Receipt (Electronic)	\$		
Certified Mail Restricted Delivery	\$		
Postage	\$		
Total Postage and Fees	\$		

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5130 West Jackson Boulevard
Chicago, IL 60644

Reference Information
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Return Receipt (Form 3811) Barcode



9590 9266 9904 2221 5614 43

1. Article Addressed to:
Symphony of Chicago West
5130 West Jackson Boulevard
Chicago, IL 60644

2. Certified Mail (Form 3800) Article Number
9414 7266 9904 2221 5614 40

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Reference Information
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321 NORTH CLARK STREET, SUITE 3000
CHICAGO, IL 60654-4762
312.832.4500 TEL
312.832.4700 FAX
WWW.FOLEY.COM

WRITER'S DIRECT LINE
312.832.4375
egreen@foley.com EMAIL

CLIENT/MATTER NUMBER
048544-0397

March 18, 2024

VIA CERTIFIED MAIL (RETURN RECEIPT REQUESTED)

Little Village Nursing & Rehab
2320 South Lawndale
Chicago, IL 60623

Re: MacNeal Hospital
Proposed Discontinuation of Long Term Care Category of Service

Dear CEO:

We are in the process of preparing a Certificate of Exemption Application (the "COE Application") for filing with the Illinois Health Facilities & Services Review Board (the "Review Board") to discontinue the long term care category of service at MacNeal Hospital ("MacNeal") due to low utilization and staffing constraints.

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AUSTIN
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DENVER

DETROIT
HOUSTON
JACKSONVILLE
LOS ANGELES
MADISON

MEXICO CITY
MIAMI
MILWAUKEE
NEW YORK
ORLANDO

SACRAMENTO
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SILICON VALLEY
TALLAHASSEE

TAMPA
WASHINGTON, D.C.
BRUSSELS
TOKYO

March 18, 2024

Page 2

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Sincerely,



Edward Green
Counsel to MacNeal Hospital

CERTIFIED MAILER®

#E-007-24

Label #1 Little Village Nursing & Rehab
2320 South Lawndale
Chicago, IL 60623

Label #2 Ed Green
Foley & Lardner LLP
321 North Clark Street
Suite 3000
Chicago, IL 60654

Label #3 Ed Green
Foley & Lardner LLP
321 North Clark Street
Suite 3000
Chicago, IL 60654

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Chicago, IL 60623

Reference Information

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1. Article Addressed to:

Little Village Nursing & Rehab
2320 South Lawndale
Chicago, IL 60623

2. Certified Mail (Form 3800) Article Number

9414 7266 9904 2221 5614 33

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Reference Information
048544-0397-2860-Green-Ed

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0072

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ATTORNEYS AT LAW
321 NORTH CLARK STREET, SUITE 3000
CHICAGO, IL 60654-4762
312.832.4500 TEL
312.832.4700 FAX
WWW.FOLEY.COM

WRITER'S DIRECT LINE
312.832.4375
egreen@foley.com EMAIL

CLIENT/MATTER NUMBER
048544-0397

March 18, 2024

VIA CERTIFIED MAIL (RETURN RECEIPT REQUESTED)

Central Nursing Home
2450 North Central Avenue
Chicago, IL 60639

Re: MacNeal Hospital
Proposed Discontinuation of Long Term Care Category of Service

Dear CEO:

We are in the process of preparing a Certificate of Exemption Application (the "COE Application") for filing with the Illinois Health Facilities & Services Review Board (the "Review Board") to discontinue the long term care category of service at MacNeal Hospital ("MacNeal") due to low utilization and staffing constraints.

In 2020, MacNeal had 25 licensed long term care beds, and its long term care unit had an average daily census of 12 patients. In 2021, MacNeal had 25 licensed long term care beds, and its long term care unit had an average daily census of 13 patients. In 2022, MacNeal had 25 licensed long term care beds, and its long term care unit had an average daily census of 12.4 patients. In 2023, MacNeal had 25 licensed long term care beds, and its long term care unit had an average daily census of 10.5 patients.

The discontinuation of the long term care category of service at MacNeal will have no impact on patient care. The MacNeal service area has a number of hospitals and skilled nursing facilities offering the same types of long term care services offered in the MacNeal long term care unit, including, but not limited to, the long term care unit at Gottlieb Memorial Hospital, an affiliate of MacNeal.

MacNeal will immediately and formally discontinue the long term care category of service the date the COE Application is approved. Presumably MacNeal's COE Application will be considered at the next regularly scheduled meeting of the Review Board (i.e., May 9, 2024). That said, the COE Application could be approved sooner by the Chairwoman of the Review Board.

AUSTIN
BOSTON
CHICAGO
DALLAS
DENVER

DETROIT
HOUSTON
JACKSONVILLE
LOS ANGELES
MADISON

MEXICO CITY
MIAMI
MILWAUKEE
NEW YORK

SACRAMENTO
SAN DIEGO
SAN FRANCISCO
SILICON VALLEY
ASSEE

TAMPA
WASHINGTON, D.C.
BRUSSELS
TOKYO

0073

March 18, 2024

Page 2

In accordance with 77 Ill. Admin. § 1110.290, we are providing you with notice of our COE Application and we are providing you with an opportunity to submit an impact letter to the Review Board. If you chose to submit an impact letter, please provide an explanation of any conditions, restrictions or limitations that would prevent your hospital from serving the patient population historically served by MacNeal's long term care unit. You can submit your response (if any) directly to the Review Board or to me and I will forward your response (if any) to the Review Board. If you chose not to respond, we will assume that the discontinuation of the open heart surgery category of service at MacNeal will not have an adverse impact on your hospital.

Sincerely,



Edward Green
Counsel to MacNeal Hospital

CERTIFIED MAILER®

Label #1
Central Nursing Home
2450 North Central Avenue
Chicago, IL 60639

Label #2
Ed Green
Foley & Lardner LLP
321 North Clark Street
Suite 3000
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Foley & Lardner LLP
321 North Clark Street
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Return Receipt (Electronic)	\$	
Certified Mail Restricted Delivery	\$	
Postage	\$	
Total Postage and Fees	\$	

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Central Nursing Home
2450 North Central Avenue
Chicago, IL 60639

Reference Information
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9590 9266 9904 2221 5614 12

1. Article Addressed to:
Central Nursing Home
2450 North Central Avenue
Chicago, IL 60639

2. Certified Mail (Form 3800) Article Number
9414 7266 9904 2221 5614 19

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee


X

B. Received by (Printed Name) C. Date of Delivery

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Reference Information
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321 NORTH CLARK STREET, SUITE 3000
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WWW.FOLEY.COM
WRITER'S DIRECT LINE
312.832.4375
egreen@foley.com EMAIL
CLIENT/MATTER NUMBER
048544-0397

March 18, 2024

VIA CERTIFIED MAIL (RETURN RECEIPT REQUESTED)

Symphony Encore
2829 South California Blvd
Chicago, IL 60608

Re: MacNeal Hospital
Proposed Discontinuation of Long Term Care Category of Service

Dear CEO:

We are in the process of preparing a Certificate of Exemption Application (the "COE Application") for filing with the Illinois Health Facilities & Services Review Board (the "Review Board") to discontinue the long term care category of service at MacNeal Hospital ("MacNeal") due to low utilization and staffing constraints.

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WASHINGTON, D.C.
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March 18, 2024

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Sincerely,



Edward Green
Counsel to MacNeal Hospital

CERTIFIED MAILER®

#E 007 24

Label #1
Symphony Encore
2829 South California Blvd
Chicago, IL 60608

Label #2
Ed Green
Foley & Lardner LLP
321 North Clark Street
Suite 3000
Chicago, IL 60654

Label #3
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Foley & Lardner LLP
321 North Clark Street
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CERTIFIED MAIL RECEIPT
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USPS® ARTICLE NUMBER

9414 7266 9904 2221 5614 02

Certified Mail Fee	\$	4.40
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Return Receipt (Electronic)	\$	
Certified Mail Restricted Delivery	\$	
Postage	\$	
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Sent to:

Symphony Encore
2829 South California Blvd
Chicago, IL 60608

Reference Information

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2829 South California Blvd
Chicago, IL 60608

2. Certified Mail (Form 3800) Article Number

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ATTORNEYS AT LAW
321 NORTH CLARK STREET, SUITE 3000
CHICAGO, IL 60654-4762
312.832.4500 TEL
312.832.4700 FAX
WWW.FOLEY.COM

WRITER'S DIRECT LINE
312.832.4375
egreen@foley.com EMAIL

CLIENT/MATTER NUMBER
048544-0397

March 18, 2024

VIA CERTIFIED MAIL (RETURN RECEIPT REQUESTED)

Center Home For Hispanic Elderly
1401 North California
Chicago, IL 60622

Re: MacNeal Hospital
Proposed Discontinuation of Long Term Care Category of Service

Dear CEO:

We are in the process of preparing a Certificate of Exemption Application (the "COE Application") for filing with the Illinois Health Facilities & Services Review Board (the "Review Board") to discontinue the long term care category of service at MacNeal Hospital ("MacNeal") due to low utilization and staffing constraints.

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AUSTIN
BOSTON
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DENVER

DETROIT
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LOS ANGELES
MADISON

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TALLAHASSEE

TAMPA
WASHINGTON, D.C.
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TOKYO

March 18, 2024
Page 2

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Sincerely,

A handwritten signature in black ink that reads "Edward Green". The signature is written in a cursive, slightly slanted style.

Edward Green
Counsel to MacNeal Hospital

CERTIFIED MAILER®

#E 007-24

Label #1 Center Home For Hispanic Elderly
1401 North California
Chicago, IL 60622

Label #2 Ed Green
Foley & Lardner LLP
321 North Clark Street
Suite 3000
Chicago, IL 60654

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Foley & Lardner LLP
321 North Clark Street
Suite 3000
Chicago, IL 60654

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Certified Mail Restricted Delivery \$
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Center Home For Hispanic Elderly
1401 North California
Chicago, IL 60622

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Center Home For Hispanic Elderly
1401 North California
Chicago, IL 60622

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9414 7266 9904 2221 5613 72

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321 NORTH CLARK STREET, SUITE 3000
CHICAGO, IL 60654-4762
312.832.4500 TEL
312.832.4700 FAX
WWW.FOLEY.COM

WRITER'S DIRECT LINE
312.832.4375
egreen@foley.com EMAIL

CLIENT/MATTER NUMBER
048544-0397

March 18, 2024

VIA CERTIFIED MAIL (RETURN RECEIPT REQUESTED)

Winston Manor Convalescent
2155 West Pierce
Chicago, IL 60622

Re: MacNeal Hospital
Proposed Discontinuation of Long Term Care Category of Service

Dear CEO:

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AUSTIN
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DENVER

DETROIT
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MADISON

MEXICO CITY
MIAMI
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March 18, 2024

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Sincerely,



Edward Green
Counsel to MacNeal Hospital

CERTIFIED MAILER®

Label #1 Winston Manor Convalescent
2155 West Pierce
Chicago, IL 60622

Label #2 Ed Green
Foley & Lardner LLP
321 North Clark Street
Suite 3000
Chicago, IL 60654

Label #3 Ed Green
Foley & Lardner LLP
321 North Clark Street
Suite 3000
Chicago, IL 60654

#E 007 24

CERTIFIED MAIL RECEIPT
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USPS® ARTICLE NUMBER

9414 7266 9904 2221 5613 65

Certified Mail Fee \$ 4.40

Return Receipt (Hardcopy) \$ 3.65

Return Receipt (Electronic) \$

Certified Mail Restricted Delivery \$

Postage \$

Total Postage and Fees \$

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Sent to:

Winston Manor Convalescent
2155 West Pierce
Chicago, IL 60622

Reference Information

048544-0397-2860-Green-Ed

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1. Article Addressed to:

Winston Manor Convalescent
2155 West Pierce
Chicago, IL 60622

2. Certified Mail (Form 3800) Article Number

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PS Form 3811, Facsimile, July 2015

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3. Service Type:
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Reference Information

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ATTORNEYS AT LAW
321 NORTH CLARK STREET, SUITE 3000
CHICAGO, IL 60654-4762
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WRITER'S DIRECT LINE
312.832.4375
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CLIENT/MATTER NUMBER
048544-0397

March 18, 2024

VIA CERTIFIED MAIL (RETURN RECEIPT REQUESTED)

Warren Barr Gold Coast
66 West Oak Street
Chicago, IL 60610

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Sincerely,



Edward Green
Counsel to MacNeal Hospital

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Foley & Lardner LLP
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Chicago, IL 60654

CERTIFIED MAIL RECEIPT
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USPS® ARTICLE NUMBER

9414 7266 9904 2221 5613 58

Certified Mail Fee	\$	4.40
Return Receipt (Hardcopy)	\$	3.65
Return Receipt (Electronic)	\$	
Certified Mail Restricted Delivery	\$	
Postage	\$	
Total Postage and Fees	\$	

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Sent to:

Warren Barr Gold Coast
66 West Oak Street
Chicago, IL 60610

Reference Information
048544-0397-2860-Green-Ed



PS Form 3800, Facsimile, July 2015

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B Label #5 (OPTIONAL)

PS Ship Tracking Label
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9590 9266 9904 2221 5613 51

Label #7 - Certified Mail Article Number

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9414 7266 9904 2221 5613 58
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Return Receipt (Form 3811) Barcode



9590 9266 9904 2221 5613 51

1. Article Addressed to:

Warren Barr Gold Coast
66 West Oak Street
Chicago, IL 60610

2. Certified Mail (Form 3800) Article Number

9414 7266 9904 2221 5613 58

PS Form 3811, Facsimile, July 2015

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type:
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Reference Information
048544-0397-2860-Green-Ed



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ATTORNEYS AT LAW
321 NORTH CLARK STREET, SUITE 3000
CHICAGO, IL 60654-4762
312.832.4500 TEL
312.832.4700 FAX
WWW.FOLEY.COM

WRITER'S DIRECT LINE
312.832.4375
egreen@foley.com EMAIL

CLIENT/MATTER NUMBER
048544-0397

March 18, 2024

VIA CERTIFIED MAIL (RETURN RECEIPT REQUESTED)

Warren Barr South Loop
60 East 18th Street
Chicago, IL 60616

Re: MacNeal Hospital
Proposed Discontinuation of Long Term Care Category of Service

Dear CEO:

We are in the process of preparing a Certificate of Exemption Application (the "COE Application") for filing with the Illinois Health Facilities & Services Review Board (the "Review Board") to discontinue the long term care category of service at MacNeal Hospital ("MacNeal") due to low utilization and staffing constraints.

In 2020, MacNeal had 25 licensed long term care beds, and its long term care unit had an average daily census of 12 patients. In 2021, MacNeal had 25 licensed long term care beds, and its long term care unit had an average daily census of 13 patients. In 2022, MacNeal had 25 licensed long term care beds, and its long term care unit had an average daily census of 12.4 patients. In 2023, MacNeal had 25 licensed long term care beds, and its long term care unit had an average daily census of 10.5 patients.

The discontinuation of the long term care category of service at MacNeal will have no impact on patient care. The MacNeal service area has a number of hospitals and skilled nursing facilities offering the same types of long term care services offered in the MacNeal long term care unit, including, but not limited to, the long term care unit at Gottlieb Memorial Hospital, an affiliate of MacNeal.

MacNeal will immediately and formally discontinue the long term care category of service the date the COE Application is approved. Presumably MacNeal's COE Application will be considered at the next regularly scheduled meeting of the Review Board (i.e., May 9, 2024). That said, the COE Application could be approved sooner by the Chairwoman of the Review Board.

AUSTIN
BOSTON
CHICAGO
DALLAS
DENVER

DETROIT
HOUSTON
JACKSONVILLE
LOS ANGELES
MADISON

MEXICO CITY
MIAMI
MILWAUKEE
NEW YORK
ORLANDO

SACRAMENTO
SAN DIEGO
SAN FRANCISCO
SILICON VALLEY
TALLAHASSEE

TAMPA
WASHINGTON, D.C.
BRUSSELS
TOKYO

March 18, 2024

Page 2

In accordance with 77 Ill. Admin. § 1110.290, we are providing you with notice of our COE Application and we are providing you with an opportunity to submit an impact letter to the Review Board. If you chose to submit an impact letter, please provide an explanation of any conditions, restrictions or limitations that would prevent your hospital from serving the patient population historically served by MacNeal's long term care unit. You can submit your response (if any) directly to the Review Board or to me and I will forward your response (if any) to the Review Board. If you chose not to respond, we will assume that the discontinuation of the open heart surgery category of service at MacNeal will not have an adverse impact on your hospital.

Sincerely,



Edward Green
Counsel to MacNeal Hospital

CERTIFIED MAILER®

Label #1
Warren Barr South Loop
60 East 18th Street
Chicago, IL 60616

Label #2
Ed Green
Foley & Lardner LLP
321 North Clark Street
Suite 3000
Chicago, IL 60654

Label #3
Ed Green
Foley & Lardner LLP
321 North Clark Street
Suite 3000
Chicago, IL 60654

#E-007-24

CERTIFIED MAIL RECEIPT
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USPS® ARTICLE NUMBER

9414 7266 9904 2221 5613 44

Certified Mail Fee	\$	4.40
Return Receipt (Hardcopy)	\$	3.65
Return Receipt (Electronic)	\$	
Certified Mail Restricted Delivery	\$	
Postage	\$	
Total Postage and Fees	\$	

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Sent to:

Warren Barr South Loop
60 East 18th Street
Chicago, IL 60616

Reference Information

048544-0397-2860-Green-Ed



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9590 9266 9904 2221 5613 44

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Certified Article Number

9414 7266 9904 2221 5613 44

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Thank you for using Return Receipt Service

Return Receipt (Form 3811) Barcode



9590 9266 9904 2221 5613 44

1. Article Addressed to:

Warren Barr South Loop
60 East 18th Street
Chicago, IL 60616

2. Certified Mail (Form 3800) Article Number

9414 7266 9904 2221 5613 44

PS Form 3811, Facsimile, July 20

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

X

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type:
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Reference Information

048544-0397-2860-Green-Ed



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ATTORNEYS AT LAW
321 NORTH CLARK STREET, SUITE 3000
CHICAGO, IL 60654-4762
312.832.4500 TEL
312.832.4700 FAX
WWW.FOLEY.COM

WRITER'S DIRECT LINE
312.832.4375
egreen@foley.com EMAIL

CLIENT/MATTER NUMBER
048544-0397

March 18, 2024

VIA CERTIFIED MAIL (RETURN RECEIPT REQUESTED)

Terraces at the Clare
55 EAST PEARSON
Chicago, IL 60611

Re: MacNeal Hospital
Proposed Discontinuation of Long Term Care Category of Service

Dear CEO:

We are in the process of preparing a Certificate of Exemption Application (the "COE Application") for filing with the Illinois Health Facilities & Services Review Board (the "Review Board") to discontinue the long term care category of service at MacNeal Hospital ("MacNeal") due to low utilization and staffing constraints.

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AUSTIN
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MADISON

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SAN FRANCISCO
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TALLAHASSEE

TAMPA
WASHINGTON, D.C.
BRUSSELS
TOKYO

March 18, 2024
Page 2

In accordance with 77 Ill. Admin. § 1110.290, we are providing you with notice of our COE Application and we are providing you with an opportunity to submit an impact letter to the Review Board. If you chose to submit an impact letter, please provide an explanation of any conditions, restrictions or limitations that would prevent your hospital from serving the patient population historically served by MacNeal's long term care unit. You can submit your response (if any) directly to the Review Board or to me and I will forward your response (if any) to the Review Board. If you chose not to respond, we will assume that the discontinuation of the open heart surgery category of service at MacNeal will not have an adverse impact on your hospital.

Sincerely,



Edward Green
Counsel to MacNeal Hospital

CERTIFIED MAILER®

#E-007-24

Label #1 Terraces at the Clare
55 East Pearson
Chicago, IL 60611

Label #2 Ed Green
Foley & Lardner LLP
321 North Clark Street
Suite 3000
Chicago, IL 60654

Label #3 Ed Green
Foley & Lardner LLP
321 North Clark Street
Suite 3000
Chicago, IL 60654

CERTIFIED MAIL RECEIPT
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USPS® ARTICLE NUMBER

9414 7266 9904 2221 5613 34

Certified Mail Fee	\$	4.40
Return Receipt (Hardcopy)	\$	3.65
Return Receipt (Electronic)	\$	
Certified Mail Restricted Delivery	\$	
Postage	\$	
Total Postage and Fees	\$	

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Sent to:
Terraces at the Clare
55 East Pearson
Chicago, IL 60611

Reference Information
048544-0397-2860-Green-Ed



PS Form 3800, Facsimile, July 2015

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CERT00867198

Label #6 - Return Receipt Barcode (Sender's Record)



9590 9266 9904 2221 5613 37

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Certified Article Number
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Return Receipt (Form 3811) Barcode

9590 9266 9904 2221 5613 37

1. Article Addressed to:
Terraces at the Clare
55 East Pearson
Chicago, IL 60611

2. Certified Mail (Form 3800) Article Number
9414 7266 9904 2221 5613 34

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) _____ C. Date of Delivery _____

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Reference Information
048544-0397-2860-Green-Ed

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ATTORNEYS AT LAW
321 NORTH CLARK STREET, SUITE 3000
CHICAGO, IL 60654-4762
312.832.4500 TEL
312.832.4700 FAX
WWW.FOLEY.COM

WRITER'S DIRECT LINE
312.832.4375
egreen@foley.com EMAIL

CLIENT/MATTER NUMBER
048544-0397

March 18, 2024

VIA CERTIFIED MAIL (RETURN RECEIPT REQUESTED)

Alden-Town Manor Rehab & Hhc
6120 West Ogden
Cicero, IL 60650

Re: MacNeal Hospital
Proposed Discontinuation of Long Term Care Category of Service

Dear CEO:

We are in the process of preparing a Certificate of Exemption Application (the "COE Application") for filing with the Illinois Health Facilities & Services Review Board (the "Review Board") to discontinue the long term care category of service at MacNeal Hospital ("MacNeal") due to low utilization and staffing constraints.

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AUSTIN
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DENVER

DETROIT
HOUSTON
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LOS ANGELES
MADISON

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TALLAHASSEE

TAMPA
WASHINGTON, D.C.
BRUSSELS
TOKYO

March 18, 2024

Page 2

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Sincerely,



Edward Green
Counsel to MacNeal Hospital

CERTIFIED MAILER®

Label #1 Alden-Town Manor Rehab & HHC
6120 West Ogden
Cicero, IL 60650

Label #2 Ed Green
Foley & Lardner LLP
321 North Clark Street
Suite 3000
Chicago, IL 60654

Label #3 Ed Green
Foley & Lardner LLP
321 North Clark Street
Suite 3000
Chicago, IL 60654

#E-007-24

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9414 7266 9904 2221 5613 27

Certified Mail Fee \$ 4.40
Return Receipt (Hardcopy) \$ 3.65
Return Receipt (Electronic) \$
Certified Mail Restricted Delivery \$
Postage \$
Total Postage and Fees \$

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Sent to:

Alden-Town Manor Rehab & HHC
6120 West Ogden
Cicero, IL 60650

Reference Information

048544-0397-2860-Green-Ed



PS Form 3800, Facsimile, July 2015

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B Label #5 (OPTIONAL)

Certified Article Number

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9590 9266 9904 2221 5613 20

1. Article Addressed to:

Alden-Town Manor Rehab & HHC
6120 West Ogden
Cicero, IL 60650

2. Certified Mail (Form 3800) Article Number

9414 7266 9904 2221 5613 27

PS Form 3811, Facsimile, July

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A. Signature Agent
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B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
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ATTORNEYS AT LAW
321 NORTH CLARK STREET, SUITE 3000
CHICAGO, IL 60654-4762
312.832.4500 TEL
312.832.4700 FAX
WWW.FOLEY.COM

WRITER'S DIRECT LINE
312.832.4375
egreen@foley.com EMAIL

CLIENT/MATTER NUMBER
048544-0397

March 18, 2024

VIA CERTIFIED MAIL (RETURN RECEIPT REQUESTED)

Cedar Pointe Rehab & Nursing
5825 West Cermak Road
Cicero, IL 60804

Re: MacNeal Hospital
Proposed Discontinuation of Long Term Care Category of Service

Dear CEO:

We are in the process of preparing a Certificate of Exemption Application (the "COE Application") for filing with the Illinois Health Facilities & Services Review Board (the "Review Board") to discontinue the long term care category of service at MacNeal Hospital ("MacNeal") due to low utilization and staffing constraints.

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AUSTIN
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MADISON

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SAN FRANCISCO
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TAMPA
WASHINGTON, D.C.
BRUSSELS
TOKYO

March 18, 2024
Page 2

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Sincerely,



Edward Green
Counsel to MacNeal Hospital

CERTIFIED MAILER®

Label #1 Cedar Pointe Rehab & Nursing
5825 West Cermak Road
Cicero, IL 60804

Label #2 Ed Green
Foley & Lardner LLP
321 North Clark Street
Suite 3000
Chicago, IL 60654

Label #3 Ed Green
Foley & Lardner LLP
321 North Clark Street
Suite 3000
Chicago, IL 60654

CERTIFIED MAIL #E-007-24
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USPS ARTICLE NUMBER

9414 7266 9904 2221 5613 10

Certified Mail Fee \$ 4.40
Return Receipt (Hardcopy) \$ 3.65
Return Receipt (Electronic) \$
Certified Mail Restricted Delivery \$
Postage \$
Total Postage and Fees \$

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Sent to:

Cedar Pointe Rehab & Nursing
5825 West Cermak Road
Cicero, IL 60804

Reference Information

048544-0397-2860-Green-Ed



PS Form 3800, Facsimile, July 2015

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B Label #5 (OPTIONAL)

Certified Article Number
01 E13 10
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9414 7266 9904 2221 5613 10

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CERT00867200

Label #6 - Return Receipt Barcode (Sender's Record)



9590 9266 9904 2221 5613 13

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USPS MAIL CARRIER
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Return Receipt (Form 3811) Barcode



9590 9266 9904 2221 5613 13

1. Article Addressed to:

Cedar Pointe Rehab & Nursing
5825 West Cermak Road
Cicero, IL 60804

2. Certified Mail (Form 3800) Article Number

9414 7266 9904 2221 5613 10

PS Form 3811, Facsimile, July 2015

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type:
 Certified Mail

Reference Information

048544-0397-2860-Green-Ed



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ATTORNEYS AT LAW
321 NORTH CLARK STREET, SUITE 3000
CHICAGO, IL 60654-4762
312.832.4500 TEL
312.832.4700 FAX
WWW.FOLEY.COM

WRITER'S DIRECT LINE
312.832.4375
egreen@foley.com EMAIL

CLIENT/MATTER NUMBER
048544-0397

March 18, 2024

VIA CERTIFIED MAIL (RETURN RECEIPT REQUESTED)

Bella Terra Elmhurst
420 W Butterfield Rd
Elmhurst, IL 60126

Re: MacNeal Hospital
Proposed Discontinuation of Long Term Care Category of Service

Dear CEO:

We are in the process of preparing a Certificate of Exemption Application (the "COE Application") for filing with the Illinois Health Facilities & Services Review Board (the "Review Board") to discontinue the long term care category of service at MacNeal Hospital ("MacNeal") due to low utilization and staffing constraints.

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DENVER

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SILICON VALLEY
TALLAHASSEE

TAMPA
WASHINGTON, D.C.
BRUSSELS
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March 18, 2024
Page 2

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Sincerely,



Edward Green
Counsel to MacNeal Hospital

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FROM

WALZ

FORM #4563 VERSION: E0422

U.S. Postal Service
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#E-007-24

USPS® ARTICLE NUMBER

9414 7266 9904 2208 5067 85

Label #1

Bella Terra Elmhurst
420 W Butterfield RD
Elmhurst, IL 30126

Label #2

Sharon Carrara
Foley & Lardner LLP
321 North Clark Street
Suite 3000
Chicago, IL 60654

Label #3

Sharon Carrara
Foley & Lardner LLP
321 North Clark Street
Suite 3000
Chicago, IL 60654

TEAR ALONG THIS LINE

Certified Mail Fee	\$	4.40
Return Receipt (Hardcopy)	\$	3.65
Return Receipt (Electronic)	\$	
Certified Mail Restricted Delivery	\$	
Postage	\$	
Total Postage and Fees	\$	

Postmark
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Sent to:

Bella Terra Elmhurst
420 W Butterfield RD
Elmhurst, IL 30126

Reference Information

048544-0397-2099-Carrara-Sharon



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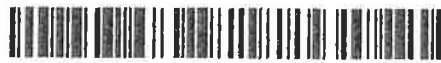
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9590 9266 9904 2208 5067 88

1. Article Addressed to:

Bella Terra Elmhurst
420 W Butterfield RD
Elmhurst, IL 30126

2. Certified Mail (Form 3800

9414 7266 9904

0102

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B. Received by (Printed Name) C. Date of Delivery

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Reference Information

048544-0397-2099-Carrara-Sharon

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ATTORNEYS AT LAW
321 NORTH CLARK STREET, SUITE 3000
CHICAGO, IL 60654-4762
312.832.4500 TEL
312.832.4700 FAX
WWW.FOLEY.COM

WRITER'S DIRECT LINE
312.832.4375
egreen@foley.com EMAIL

CLIENT/MATTER NUMBER
048544-0397

March 18, 2024

VIA CERTIFIED MAIL (RETURN RECEIPT REQUESTED)

Park Place Christian Community
1050 Euclid Avenue
Elmhurst, IL 60126

Re: MacNeal Hospital
Proposed Discontinuation of Long Term Care Category of Service

Dear CEO:

We are in the process of preparing a Certificate of Exemption Application (the "COE Application") for filing with the Illinois Health Facilities & Services Review Board (the "Review Board") to discontinue the long term care category of service at MacNeal Hospital ("MacNeal") due to low utilization and staffing constraints.

In 2020, MacNeal had 25 licensed long term care beds, and its long term care unit had an average daily census of 12 patients. In 2021, MacNeal had 25 licensed long term care beds, and its long term care unit had an average daily census of 13 patients. In 2022, MacNeal had 25 licensed long term care beds, and its long term care unit had an average daily census of 12.4 patients. In 2023, MacNeal had 25 licensed long term care beds, and its long term care unit had an average daily census of 10.5 patients.

The discontinuation of the long term care category of service at MacNeal will have no impact on patient care. The MacNeal service area has a number of hospitals and skilled nursing facilities offering the same types of long term care services offered in the MacNeal long term care unit, including, but not limited to, the long term care unit at Gottlieb Memorial Hospital, an affiliate of MacNeal.

MacNeal will immediately and formally discontinue the long term care category of service the date the COE Application is approved. Presumably MacNeal's COE Application will be considered at the next regularly scheduled meeting of the Review Board (i.e., May 9, 2024). That said, the COE Application could be approved sooner by the Chairwoman of the Review Board.

AUSTIN
BOSTON
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DENVER

DETROIT
HOUSTON
JACKSONVILLE
LOS ANGELES
MADISON

MEXICO CITY
MIAMI
MILWAUKEE
NEW YORK
ORLANDO

SACRAMENTO
SAN DIEGO
SAN FRANCISCO
SILICON VALLEY
TALLAHASSEE

TAMPA
WASHINGTON, D.C.
BRUSSELS
TOKYO

March 18, 2024
Page 2

In accordance with 77 Ill. Admin. § 1110.290, we are providing you with notice of our COE Application and we are providing you with an opportunity to submit an impact letter to the Review Board. If you chose to submit an impact letter, please provide an explanation of any conditions, restrictions or limitations that would prevent your hospital from serving the patient population historically served by MacNeal's long term care unit. You can submit your response (if any) directly to the Review Board or to me and I will forward your response (if any) to the Review Board. If you chose not to respond, we will assume that the discontinuation of the open heart surgery category of service at MacNeal will not have an adverse impact on your hospital.

Sincerely,



Edward Green
Counsel to MacNeal Hospital

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FORM #45653 VERSION: E0422

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Return Receipt (Hardcopy)	\$	3.65
Return Receipt (Electronic)	\$	
Certified Mail Restricted Delivery	\$	
Postage	\$	
Total Postage and Fees	\$	

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Sent to:

Park Place Christian Community
1050 Euclid Ave
Elmhurst, IL 60126

Reference Information

048544-0397-2099-Carrara-Sharon



PS Form 3800, Facsimile, July 2015

Label #1

Park Place Christian Community
1050 Euclid Ave
Elmhurst, IL 60126

Label #2

Sharon Carrara
Foley & Lardner LLP
321 North Clark Street
Suite 3000
Chicago, IL 60654

Label #3

Sharon Carrara
Foley & Lardner LLP
321 North Clark Street
Suite 3000
Chicago, IL 60654

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Return Receipt (Form 3811) Barcode



9590 9266 9904 2208 5068 49

1. Article Addressed to:

Park Place Christian Community
1050 Euclid Ave
Elmhurst, IL 60126

2. Certified Mail (Form 3800) Article I

9414 7266 9904 2208

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) C. Date of Delivery

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Reference Information

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Attachment



ATTORNEYS AT LAW
321 NORTH CLARK STREET, SUITE 3000
CHICAGO, IL 60654-4762
312.832.4500 TEL
312.832.4700 FAX
WWW.FOLEY.COM

WRITER'S DIRECT LINE
312.832.4375
egreen@foley.com EMAIL

CLIENT/MATTER NUMBER
048544-0397

March 18, 2024

VIA CERTIFIED MAIL (RETURN RECEIPT REQUESTED)

Generations at Elmwood Park
7733 Grand Avenue
Elmwood Park, IL 60635

Re: MacNeal Hospital
Proposed Discontinuation of Long Term Care Category of Service

Dear CEO:

We are in the process of preparing a Certificate of Exemption Application (the "COE Application") for filing with the Illinois Health Facilities & Services Review Board (the "Review Board") to discontinue the long term care category of service at MacNeal Hospital ("MacNeal") due to low utilization and staffing constraints.

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AUSTIN
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SAN FRANCISCO
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TALLAHASSEE

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WASHINGTON, D.C.
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TOKYO

March 18, 2024
Page 2

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Sincerely,



Edward Green
Counsel to MacNeal Hospital

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FORM #40003 VERSION: 00420

U.S. Postal Service
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9414 7266 9904 2221 5612 80

Certified Mail Fee	\$	4.40
Return Receipt (Hardcopy)	\$	3.65
Return Receipt (Electronic)	\$	
Certified Mail Restricted Delivery	\$	
Postage	\$	
Total Postage and Fees	\$	

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Sent to:

Generations at Elmwood Park
7733 Grand Ave
Emlwood Park, IL 60635

Reference Information

048544-0397-2099-Carrara-Sharon



PS Form 3800, Facsimile, July 2015

TEAR ALONG THIS LINE

Label #1
Generations at Elmwood Park
7733 Grand Ave
Emlwood Park, IL 60635

Label #2
Sharon Carrara
Foley & Lardner LLP
321 North Clark Street
Suite 3000
Chicago, IL 60654

Label #3
Sharon Carrara
Foley & Lardner LLP
321 North Clark Street
Suite 3000
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9590 9266 9904 2221 5612 83

1. Article Addressed to:
Generations at Elmwood Park
7733 Grand Ave
Emlwood Park, IL 60635

2. Certified Mail (Form 3800) #
9414 7266 9904

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X Addressee

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Reference Information
048544-0397-2099-Carrara-Sharon



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ATTORNEYS AT LAW
321 NORTH CLARK STREET, SUITE 3000
CHICAGO, IL 60654-4762
312.832.4500 TEL
312.832.4700 FAX
WWW.FOLEY.COM

WRITER'S DIRECT LINE
312.832.4375
egreen@foley.com EMAIL

CLIENT/MATTER NUMBER
048544-0397

March 18, 2024

VIA CERTIFIED MAIL (RETURN RECEIPT REQUESTED)

Aperion Care Forest Park
8200 West Roosevelt Road
Forest Park, IL 60130

Re: MacNeal Hospital
Proposed Discontinuation of Long Term Care Category of Service

Dear CEO:

We are in the process of preparing a Certificate of Exemption Application (the "COE Application") for filing with the Illinois Health Facilities & Services Review Board (the "Review Board") to discontinue the long term care category of service at MacNeal Hospital ("MacNeal") due to low utilization and staffing constraints.

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MacNeal will immediately and formally discontinue the long term care category of service the date the COE Application is approved. Presumably MacNeal's COE Application will be considered at the next regularly scheduled meeting of the Review Board (i.e., May 9, 2024). That said, the COE Application could be approved sooner by the Chairwoman of the Review Board.

AUSTIN
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TALLAHASSEE

TAMPA
WASHINGTON, D.C.
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March 18, 2024

Page 2

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Sincerely,



Edward Green
Counsel to MacNeal Hospital

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Label #1

Aperion Care Forest Park
8200 West Roosevelt RD
Forest Park, IL 60130

Label #2

Sharon Carrara
Foley & Lardner LLP
321 North Clark Street
Suite 3000
Chicago, IL 60654

Label #3

Sharon Carrara
Foley & Lardner LLP
321 North Clark Street
Suite 3000
Chicago, IL 60654

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Aperion Care Forest Park
8200 West Roosevelt RD
Forest Park, IL 60130

Reference Information

048544-0397-2099-Carrara-Sharon



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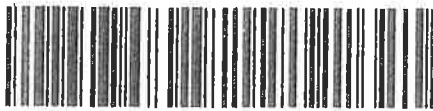
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1. Article Addressed to:

Aperion Care Forest Park
8200 West Roosevelt RD
Forest Park, IL 60130

2. Certified Mail (Form 3800) Art

9414 7266 9904 ;

0111

COMPLETE THIS SECTION ON DELIVERY

A. Signature	<input type="checkbox"/> Agent
X	<input type="checkbox"/> Addressee
B. Received by (Printed Name)	C. Date of Delivery
D. Is delivery address different from item 1? <input type="checkbox"/> Yes	
If YES, enter delivery address below: <input type="checkbox"/> No	

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321 NORTH CLARK STREET, SUITE 3000
CHICAGO, IL 60654-4762
312.832.4500 TEL
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WWW.FOLEY.COM

WRITER'S DIRECT LINE
312.832.4375
egreen@foley.com EMAIL

CLIENT/MATTER NUMBER
048544-0397

March 18, 2024

VIA CERTIFIED MAIL (RETURN RECEIPT REQUESTED)

Hickory Nursing Pavilion
9246 South Roberts Road
Hickory Hills, IL 60457

Re: MacNeal Hospital
Proposed Discontinuation of Long Term Care Category of Service

Dear CEO:

We are in the process of preparing a Certificate of Exemption Application (the "COE Application") for filing with the Illinois Health Facilities & Services Review Board (the "Review Board") to discontinue the long term care category of service at MacNeal Hospital ("MacNeal") due to low utilization and staffing constraints.

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AUSTIN
BOSTON
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DETROIT
HOUSTON
JACKSONVILLE
LOS ANGELES
MADISON

MEXICO CITY
MIAMI
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NEW YORK
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SACRAMENTO
SAN DIEGO
SAN FRANCISCO
SILICON VALLEY
TALLAHASSEE

TAMPA
WASHINGTON, D.C.
BRUSSELS
TOKYO

March 18, 2024

Page 2

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Sincerely,



Edward Green
Counsel to MacNeal Hospital

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9414 7266 9904 2208 5072 63

Label #1

Hickory Nursing Pavilion
9246 South Roberts Road
Hickory Hills, IL 60457

Label #2

Sharon Carrara
Foley & Lardner LLP
321 North Clark Street
Suite 3000
Chicago, IL 60654

Label #3

Sharon Carrara
Foley & Lardner LLP
321 North Clark Street
Suite 3000
Chicago, IL 60654

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Certified Mail Fee	\$	4.40
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Return Receipt (Electronic)	\$	
Certified Mail Restricted Delivery	\$	
Postage	\$	
Total Postage and Fees	\$	

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Sent to:

Hickory Nursing Pavilion
9246 South Roberts Road
Hickory Hills, IL 60457

Reference Information

048544-0397-2099-Carrara-Sharon



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1. Article Addressed to:
Hickory Nursing Pavilion
9246 South Roberts Road
Hickory Hills, IL 60457

2. Certified Mail (Form 3800)
9414 7266 9904

0114



Attachment

7

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
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3. Service Type:

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Reference Information

048544-0397-2099-Carrara-Sharon

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321 NORTH CLARK STREET, SUITE 3000
CHICAGO, IL 60654-4762
312.832.4500 TEL
312.832.4700 FAX
WWW.FOLEY.COM

WRITER'S DIRECT LINE
312.832.4375
egreen@foley.com EMAIL

CLIENT/MATTER NUMBER
048544-0397

March 18, 2024

VIA CERTIFIED MAIL (RETURN RECEIPT REQUESTED)

Oakridge Healthcare Center
323 Oakridge Avenue
Hillside, IL 60162

Re: MacNeal Hospital
Proposed Discontinuation of Long Term Care Category of Service

Dear CEO:

We are in the process of preparing a Certificate of Exemption Application (the "COE Application") for filing with the Illinois Health Facilities & Services Review Board (the "Review Board") to discontinue the long term care category of service at MacNeal Hospital ("MacNeal") due to low utilization and staffing constraints.

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LOS ANGELES
MADISON

MEXICO CITY
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SACRAMENTO
SAN DIEGO
SAN FRANCISCO
SILICON VALLEY
TALLAHASSEE

TAMPA
WASHINGTON, D.C.
BRUSSELS
TOKYO

March 18, 2024
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Sincerely,

A handwritten signature in black ink that reads "Edward Green". The signature is written in a cursive style with a large, prominent "E" and "G".

Edward Green
Counsel to MacNeal Hospital

WALZ
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MAILER®

FROM **WALZ**

FORM #45663 VERSION: E0422

U.S. Postal Service
CERTIFIED MAIL RECEIPT
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USPS® ARTICLE NUMBER

9414 7266 9904 2208 5072 56

Label #1

Oakridge Healthcare Center
323 Oakridge Ave
Hillside, IL 60162

Label #2

Sharon Carrara
Foley & Lardner LLP
321 North Clark Street
Suite 3000
Chicago, IL 60654

Label #3

Sharon Carrara
Foley & Lardner LLP
321 North Clark Street
Suite 3000
Chicago, IL 60654

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Certified Mail Fee	\$	4.40
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Certified Mail Restricted Delivery	\$	
Postage	\$	
Total Postage and Fees	\$	

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Sent to:

Oakridge Healthcare Center
323 Oakridge Ave
Hillside, IL 60162

Reference Information

048544-0397-2099-Carrara-Sharon



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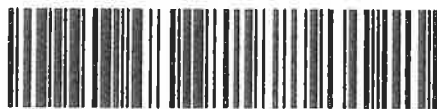
PS|Ship Tracking Label

(affix to back of envelope)



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Label #6 - Return Receipt Barcode (Sender's Record)



9590 9266 9904 2208 5072 59

Label #7 - Certified Mail Article Number

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Return Receipt (Form 3811) Barcode



9590 9266 9904 2208 5072 59

1. Article Addressed to:

Oakridge Healthcare Center
323 Oakridge Ave
Hillside, IL 60162

2. Certified Mail (Form 3800)

9414 7266 9904

0117

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery

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3. Service Type:

Certified Mail

Reference Information

048544-0397-2099-Carrara-Sharon



Attachment

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ATTORNEYS AT LAW
321 NORTH CLARK STREET, SUITE 3000
CHICAGO, IL 60654-4762
312.832.4500 TEL
312.832.4700 FAX
WWW.FOLEY.COM

WRITER'S DIRECT LINE
312.832.4375
egreen@foley.com EMAIL

CLIENT/MATTER NUMBER
048544-0397

March 18, 2024

VIA CERTIFIED MAIL (RETURN RECEIPT REQUESTED)

The Pearl of Hillside
4600 North Frontage Road
Hillside, IL 60162

Re: MacNeal Hospital
Proposed Discontinuation of Long Term Care Category of Service

Dear CEO:

We are in the process of preparing a Certificate of Exemption Application (the "COE Application") for filing with the Illinois Health Facilities & Services Review Board (the "Review Board") to discontinue the long term care category of service at MacNeal Hospital ("MacNeal") due to low utilization and staffing constraints.

In 2020, MacNeal had 25 licensed long term care beds, and its long term care unit had an average daily census of 12 patients. In 2021, MacNeal had 25 licensed long term care beds, and its long term care unit had an average daily census of 13 patients. In 2022, MacNeal had 25 licensed long term care beds, and its long term care unit had an average daily census of 12.4 patients. In 2023, MacNeal had 25 licensed long term care beds, and its long term care unit had an average daily census of 10.5 patients.

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MacNeal will immediately and formally discontinue the long term care category of service the date the COE Application is approved. Presumably MacNeal's COE Application will be considered at the next regularly scheduled meeting of the Review Board (i.e., May 9, 2024). That said, the COE Application could be approved sooner by the Chairwoman of the Review Board.

AUSTIN
BOSTON
CHICAGO
DALLAS
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HOUSTON
JACKSONVILLE
LOS ANGELES
MADISON

MEXICO CITY
MIAMI
MILWAUKEE
NEW YORK
ORLANDO

SACRAMENTO
SAN DIEGO
SAN FRANCISCO
SILICON VALLEY
TALLAHASSEE

TAMPA
WASHINGTON, D.C.
BRUSSELS
TOKYO

March 18, 2024
Page 2

In accordance with 77 Ill. Admin. § 1110.290, we are providing you with notice of our COE Application and we are providing you with an opportunity to submit an impact letter to the Review Board. If you chose to submit an impact letter, please provide an explanation of any conditions, restrictions or limitations that would prevent your hospital from serving the patient population historically served by MacNeal's long term care unit. You can submit your response (if any) directly to the Review Board or to me and I will forward your response (if any) to the Review Board. If you chose not to respond, we will assume that the discontinuation of the open heart surgery category of service at MacNeal will not have an adverse impact on your hospital.

Sincerely,

A handwritten signature in black ink that reads "Edward Green". The signature is written in a cursive style with a large, prominent "E" and "G".

Edward Green
Counsel to MacNeal Hospital

WALZ
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FROM

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FORM #45003 VERSION: E0422

U.S. Postal Service
CERTIFIED MAIL #E-007-24
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USPS® ARTICLE NUMBER

9414 7266 9904 2208 5072 49

Label #1

The Pearl of Hillside
4600 North Frontage Road
Hillside, IL 60162

Label #2

Sharon Carrara
Foley & Lardner LLP
321 North Clark Street
Suite 3000
Chicago, IL 60654

Label #3

Sharon Carrara
Foley & Lardner LLP
321 North Clark Street
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TEAR ALONG THIS LINE

Certified Mail Fee	\$	4.40
Return Receipt (Hardcopy)	\$	3.65
Return Receipt (Electronic)	\$	
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Postage	\$	
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Sent to:

The Pearl of Hillside
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Hillside, IL 60162

Reference Information

048544-0397-2099-Carrara-Sharon



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Return Receipt (Form 3811) Barcode



9590 9266 9904 2208 5072 42

1. Article Addressed to:

The Pearl of Hillside
4600 North Frontage Road
Hillside, IL 60162

2. Certified Mail (Form 3800)

9414 7266 9904

0120

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) _____ C. Date of Delivery _____

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below: _____

3. Service Type:

Certified Mail

Reference Information

048544-0397-2099-Carrara-Sharon



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ATTORNEYS AT LAW
321 NORTH CLARK STREET, SUITE 3000
CHICAGO, IL 60654-4762
312.832.4500 TEL
312.832.4700 FAX
WWW.FOLEY.COM

WRITER'S DIRECT LINE
312.832.4375
egreen@foley.com EMAIL

CLIENT/MATTER NUMBER
048544-0397

March 18, 2024

VIA CERTIFIED MAIL (RETURN RECEIPT REQUESTED)

Promedica Skilled Nursing Hinsdale
600 West Ogden Avenue
Hinsdale, IL 60521

Re: MacNeal Hospital
Proposed Discontinuation of Long Term Care Category of Service

Dear CEO:

We are in the process of preparing a Certificate of Exemption Application (the "COE Application") for filing with the Illinois Health Facilities & Services Review Board (the "Review Board") to discontinue the long term care category of service at MacNeal Hospital ("MacNeal") due to low utilization and staffing constraints.

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TAMPA
WASHINGTON, D.C.
BRUSSELS
TOKYO

March 18, 2024

Page 2

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Sincerely,



Edward Green
Counsel to MacNeal Hospital

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FORM #4363 VERSION: E0422

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Promedica Skilled Nursing Hinsdale
600 West Ogden Avenue
Hindale, IL 60521

Label #2

Sharon Carrara
Foley & Lardner LLP
321 North Clark Street
Suite 3000
Chicago, IL 60654

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Sharon Carrara
Foley & Lardner LLP
321 North Clark Street
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Return Receipt (Electronic)	\$	
Certified Mail Restricted Delivery	\$	
Postage	\$	
Total Postage and Fees	\$	

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Promedica Skilled Nursing Hinsdale
600 West Ogden Avenue
Hindale, IL 60521

Reference information

048544-0397-2099-Carrara-Sharon



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Return Receipt (Form 3811) Barcode



9590 9266 9904 2208 5072 35

1. Article Addressed to:

Promedica Skilled Nursing Hinsdale
600 West Ogden Avenue
Hindale, IL 60521

2. Certified Mail (Form 3800) Article Number

9414 7266 9904 2208 5072 32

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type:

Certified Mail

Reference information

048544-0397-2099-Carrara-Sharon

0123



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ATTORNEYS AT LAW
321 NORTH CLARK STREET, SUITE 3000
CHICAGO, IL 60654-4762
312.832.4500 TEL
312.832.4700 FAX
WWW.FOLEY.COM

WRITER'S DIRECT LINE
312.832.4375
egreen@foley.com EMAIL

CLIENT/MATTER NUMBER
048544-0397

March 18, 2024

VIA CERTIFIED MAIL (RETURN RECEIPT REQUESTED)

Rosary Hill Home
9000 West 81st Street
Justice, IL 60458

Re: MacNeal Hospital
Proposed Discontinuation of Long Term Care Category of Service

Dear CEO:

We are in the process of preparing a Certificate of Exemption Application (the "COE Application") for filing with the Illinois Health Facilities & Services Review Board (the "Review Board") to discontinue the long term care category of service at MacNeal Hospital ("MacNeal") due to low utilization and staffing constraints.

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MacNeal will immediately and formally discontinue the long term care category of service the date the COE Application is approved. Presumably MacNeal's COE Application will be considered at the next regularly scheduled meeting of the Review Board (i.e., May 9, 2024). That said, the COE Application could be approved sooner by the Chairwoman of the Review Board.

AUSTIN
BOSTON
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MADISON

MEXICO CITY
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MILWAUKEE
NEW YORK
OF

SACRAMENTO
SAN DIEGO
SAN FRANCISCO
SILICON VALLEY
E

TAMPA
WASHINGTON, D.C.
BRUSSELS
TOKYO

March 18, 2024
Page 2

In accordance with 77 Ill. Admin. § 1110.290, we are providing you with notice of our COE Application and we are providing you with an opportunity to submit an impact letter to the Review Board. If you chose to submit an impact letter, please provide an explanation of any conditions, restrictions or limitations that would prevent your hospital from serving the patient population historically served by MacNeal's long term care unit. You can submit your response (if any) directly to the Review Board or to me and I will forward your response (if any) to the Review Board. If you chose not to respond, we will assume that the discontinuation of the open heart surgery category of service at MacNeal will not have an adverse impact on your hospital.

Sincerely,

A handwritten signature in black ink that reads "Edward Green". The signature is written in a cursive style with a large, prominent "E" and "G".

Edward Green
Counsel to MacNeal Hospital

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FORM #45003 VERSION: E0422

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#E-007-24

USPS® ARTICLE NUMBER

9414 7266 9904 2208 5072 25

Label #1

Rosary Hill Home
9000 W 81st Street
Justice, IL 60458

Label #2

Sharon Carrara
Foley & Lardner LLP
321 North Clark Street
Suite 3000
Chicago, IL 60654

Label #3

Sharon Carrara
Foley & Lardner LLP
321 North Clark Street
Suite 3000
Chicago, IL 60654

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Return Receipt (Electronic)	\$		
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Postage	\$		
Total Postage and Fees	\$		

Sent to:
Rosary Hill Home
9000 W 81st Street
Justice, IL 60458

Reference Information
048544-0397-2099-Carrara-Sharon



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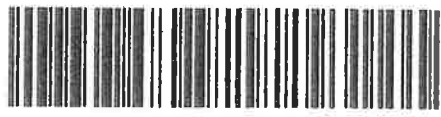
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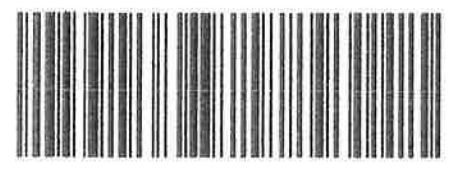


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9590 9266 9904 2208 5072 28

1. Article Addressed to:
Rosary Hill Home
9000 W 81st Street
Justice, IL 60458

2. Certified Mail (Form 3800) Article Number
9414 7266 9904 22

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type:
 Certified Mail

Reference Information
048544-0397-2099-Carrara-Sharon

0126



Attachment



ATTORNEYS AT LAW
321 NORTH CLARK STREET, SUITE 3000
CHICAGO, IL 60654-4762
312.832.4500 TEL
312.832.4700 FAX
WWW.FOLEY.COM

WRITER'S DIRECT LINE
312.832.4375
egreen@foley.com EMAIL

CLIENT/MATTER NUMBER
048544-0397

March 18, 2024

VIA CERTIFIED MAIL (RETURN RECEIPT REQUESTED)

Briar Place Nursing
6800 Joliet Road
LaGrange, IL 60525

Re: MacNeal Hospital
Proposed Discontinuation of Long Term Care Category of Service

Dear CEO:

We are in the process of preparing a Certificate of Exemption Application (the "COE Application") for filing with the Illinois Health Facilities & Services Review Board (the "Review Board") to discontinue the long term care category of service at MacNeal Hospital ("MacNeal") due to low utilization and staffing constraints.

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BOSTON
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DALLAS
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MIAMI
MILWAUKEE
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TALLAHASSEE

TAMPA
WASHINGTON, D.C.
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March 18, 2024
Page 2

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Sincerely,



Edward Green
Counsel to MacNeal Hospital

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FORM #45003 VERSION: E0942

U.S. Postal Service
CERTIFIED MAIL® #E-007-24
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USPS® ARTICLE NUMBER

9414 7266 9904 2208 5072 18

Label #1
Briar Place Nursing
6800 Joliet Road
Lagrange, IL 60525

Label #2
Sharon Carrara
Foley & Lardner LLP
321 North Clark Street
Suite 3000
Chicago, IL 60654

Label #3
Sharon Carrara
Foley & Lardner LLP
321 North Clark Street
Suite 3000
Chicago, IL 60654

Certified Mail Fee	\$	4.40
Return Receipt (Hardcopy)	\$	3.65
Return Receipt (Electronic)	\$	
Certified Mail Restricted Delivery	\$	
Postage	\$	
Total Postage and Fees	\$	

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TEAR ALONG THIS LINE

Sent to:
Briar Place Nursing
6800 Joliet Road
Lagrange, IL 60525

Reference Information
048544-0397-2099-Carrara-Sharon



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Certified Article Number
9414 7266 9904 2208 5072 18
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Return Receipt (Form 3811) Barcode

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1. Article Addressed to:
Briar Place Nursing
6800 Joliet Road
Lagrange, IL 60525

2. Certified Mail (Form 3800) Article N
9414 7266 9904 2208

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type:
 Certified Mail

Reference Information
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0129



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ATTORNEYS AT LAW
321 NORTH CLARK STREET, SUITE 3000
CHICAGO, IL 60654-4762
312.832.4500 TEL
312.832.4700 FAX
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WRITER'S DIRECT LINE
312.832.4375
egreen@foley.com EMAIL

CLIENT/MATTER NUMBER
048544-0397

March 18, 2024

VIA CERTIFIED MAIL (RETURN RECEIPT REQUESTED)

Bella Terra LaGrange
4735 Willow Springs Road
LaGrange, IL 60525

Re: MacNeal Hospital
Proposed Discontinuation of Long Term Care Category of Service

Dear CEO:

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DENVER

DETROIT
HOUSTON
JACKSONVILLE
LOS ANGELES
MADISON

MEXICO CITY
MIAMI
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SACRAMENTO
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TAMPA
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TOKYO

March 18, 2024

Page 2

In accordance with 77 Ill. Admin. § 1110.290, we are providing you with notice of our COE Application and we are providing you with an opportunity to submit an impact letter to the Review Board. If you chose to submit an impact letter, please provide an explanation of any conditions, restrictions or limitations that would prevent your hospital from serving the patient population historically served by MacNeal's long term care unit. You can submit your response (if any) directly to the Review Board or to me and I will forward your response (if any) to the Review Board. If you chose not to respond, we will assume that the discontinuation of the open heart surgery category of service at MacNeal will not have an adverse impact on your hospital.

Sincerely,



Edward Green
Counsel to MacNeal Hospital

FROM
WALZ
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FORM #45663 VERSION: E0422

U.S. Postal Service
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Label #1

Bella Terra Lagrange
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Lagrange, IL 60525

Label #2

Sharon Carrara
Foley & Lardner LLP
321 North Clark Street
Suite 3000
Chicago, IL 60654

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Reference Information

048544-0397-2099-Carrara-Sharon



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2. Certified Mail (Form 3800) Article

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A. Signature Agent
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ATTORNEYS AT LAW
321 NORTH CLARK STREET, SUITE 3000
CHICAGO, IL 60654-4762
312.832.4500 TEL
312.832.4700 FAX
WWW.FOLEY.COM

WRITER'S DIRECT LINE
312.832.4375
egreen@foley.com EMAIL

CLIENT/MATTER NUMBER
048544-0397

March 18, 2024

VIA CERTIFIED MAIL (RETURN RECEIPT REQUESTED)

Plymouth Place
315 North LaGrange Road
LaGrange, IL 60525

Re: MacNeal Hospital
Proposed Discontinuation of Long Term Care Category of Service

Dear CEO:

We are in the process of preparing a Certificate of Exemption Application (the "COE Application") for filing with the Illinois Health Facilities & Services Review Board (the "Review Board") to discontinue the long term care category of service at MacNeal Hospital ("MacNeal") due to low utilization and staffing constraints.

In 2020, MacNeal had 25 licensed long term care beds, and its long term care unit had an average daily census of 12 patients. In 2021, MacNeal had 25 licensed long term care beds, and its long term care unit had an average daily census of 13 patients. In 2022, MacNeal had 25 licensed long term care beds, and its long term care unit had an average daily census of 12.4 patients. In 2023, MacNeal had 25 licensed long term care beds, and its long term care unit had an average daily census of 10.5 patients.

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MacNeal will immediately and formally discontinue the long term care category of service the date the COE Application is approved. Presumably MacNeal's COE Application will be considered at the next regularly scheduled meeting of the Review Board (i.e., May 9, 2024). That said, the COE Application could be approved sooner by the Chairwoman of the Review Board.

AUSTIN
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March 18, 2024
Page 2

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Sincerely,



Edward Green
Counsel to MacNeal Hospital

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FORM #45663 VERSION: E0422

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315 North Lagrange Road
LaGrange, IL 30525

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Sharon Carrara
Foley & Lardner LLP
321 North Clark Street
Suite 3000
Chicago, IL 60654

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Sharon Carrara
Foley & Lardner LLP
321 North Clark Street
Suite 3000
Chicago, IL 60654

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Certified Mail Fee	\$	4.40
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Postage	\$	
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Plymouth Place
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Reference Information

048544-0397-2099-Carrara-Sharon



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2. Certified Mail (Form 3800) Article Number
9414 7266 9904

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ATTORNEYS AT LAW
321 NORTH CLARK STREET, SUITE 3000
CHICAGO, IL 60654-4762
312.832.4500 TEL
312.832.4700 FAX
WWW.FOLEY.COM

WRITER'S DIRECT LINE
312.832.4375
egreen@foley.com EMAIL

CLIENT/MATTER NUMBER
048544-0397

March 18, 2024

VIA CERTIFIED MAIL (RETURN RECEIPT REQUESTED)

Meadowbrook Manor LaGrange
339 9th Avenue
LaGrange, IL 60525

Re: MacNeal Hospital
Proposed Discontinuation of Long Term Care Category of Service

Dear CEO:

We are in the process of preparing a Certificate of Exemption Application (the "COE Application") for filing with the Illinois Health Facilities & Services Review Board (the "Review Board") to discontinue the long term care category of service at MacNeal Hospital ("MacNeal") due to low utilization and staffing constraints.

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SACRAMENTO
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SAN FRANCISCO
SILICON VALLEY
TAI LAHASSEE

TAMPA
WASHINGTON, D.C.
BRUSSELS
TOKYO

March 18, 2024
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Sincerely,

A handwritten signature in black ink that reads "Edward Green". The signature is written in a cursive style with a large, prominent "E" and "G".

Edward Green
Counsel to MacNeal Hospital

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FORM #43003 VERSION: 04/23

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Label #1

Meadowbrook Manor LaGrange
339 9th Avenue
LaGrange, IL 60525

Label #2

Sharon Carrara
Foley & Lardner LLP
321 North Clark Street
Suite 3000
Chicago, IL 60654

Label #3

Sharon Carrara
Foley & Lardner LLP
321 North Clark Street
Suite 3000
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339 9th Avenue
LaGrange, IL 60525

Reference Information

048544-0397-2099-Carrara-Sharon



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Label #5 (OPTIONAL)

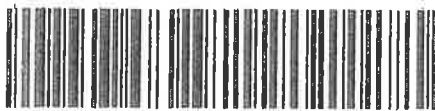
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1. Article Addressed to:

Meadowbrook Manor LaGrange
339 9th Avenue
LaGrange, IL 60525

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0138

9414 7266 9904

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X Addressee

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Reference Information

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321 NORTH CLARK STREET, SUITE 3000
CHICAGO, IL 60654-4762
312.832.4500 TEL
312.832.4700 FAX
WWW.FOLEY.COM

WRITER'S DIRECT LINE
312.832.4375
egreen@foley.com EMAIL

CLIENT/MATTER NUMBER
048544-0397

March 18, 2024

VIA CERTIFIED MAIL (RETURN RECEIPT REQUESTED)

The Grove of LaGrange Park
701 North Lagrange Road
LaGrange Park, IL 60526

Re: MacNeal Hospital
Proposed Discontinuation of Long Term Care Category of Service

Dear CEO:

We are in the process of preparing a Certificate of Exemption Application (the "COE Application") for filing with the Illinois Health Facilities & Services Review Board (the "Review Board") to discontinue the long term care category of service at MacNeal Hospital ("MacNeal") due to low utilization and staffing constraints.

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AUSTIN
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TALLAHASSEE

TAMPA
WASHINGTON, D.C.
BRUSSELS
TOKYO

March 18, 2024
Page 2

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Sincerely,



Edward Green
Counsel to MacNeal Hospital

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Label #1

The Grove of LaGrange Park
701 North Lagrange Rd
Lagrange Park, IL 60502

Label #2

Sharon Carrara
Foley & Lardner LLP
321 North Clark Street
Suite 3000
Chicago, IL 60654

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Sharon Carrara
Foley & Lardner LLP
321 North Clark Street
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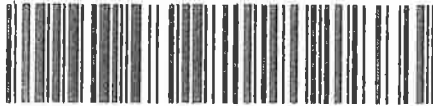
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CHICAGO, IL 60654-4762
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WWW.FOLEY.COM

WRITER'S DIRECT LINE
312.832.4375
egreen@foley.com EMAIL

CLIENT/MATTER NUMBER
048544-0397

March 18, 2024

VIA CERTIFIED MAIL (RETURN RECEIPT REQUESTED)

Scottish Old Peoples Home
2748 Des Plaines Avenue
North Riverside, IL 60546

Re: MacNeal Hospital
Proposed Discontinuation of Long Term Care Category of Service

Dear CEO:

We are in the process of preparing a Certificate of Exemption Application (the "COE Application") for filing with the Illinois Health Facilities & Services Review Board (the "Review Board") to discontinue the long term care category of service at MacNeal Hospital ("MacNeal") due to low utilization and staffing constraints.

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Sincerely,



Edward Green
Counsel to MacNeal Hospital

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Scottish Old Peoples Home
2748 Des Plaines Ave
North Riverside, IL 60546

Reference Information

048544-0397-2099-Carrara-Sharon



PS Form 3800, Facsimile, July 2015

Label #1

Scottish Old Peoples Home
2748 Des Plaines Ave
North Riverside, IL 60546

Label #2

Sharon Carrara
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321 North Clark Street
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Chicago, IL 60654

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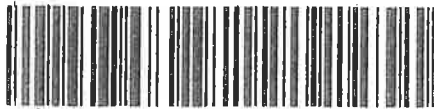
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1. Article Addressed to:

Scottish Old Peoples Home
2748 Des Plaines Ave
North Riverside, IL 60546

2. Certified Mail (Form 3800) /

0144

9414 7266 9904

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Reference Information

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321 NORTH CLARK STREET, SUITE 3000
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WRITER'S DIRECT LINE
312.832.4375
egreen@foley.com EMAIL

CLIENT/MATTER NUMBER
048544-0397

March 18, 2024

VIA CERTIFIED MAIL (RETURN RECEIPT REQUESTED)

Ascension Casa Scalabrini
480 North Wolf Road
Northlake, IL 60164

Re: MacNeal Hospital
Proposed Discontinuation of Long Term Care Category of Service

Dear CEO:

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The discontinuation of the long term care category of service at MacNeal will have no impact on patient care. The MacNeal service area has a number of hospitals and skilled nursing facilities offering the same types of long term care services offered in the MacNeal long term care unit, including, but not limited to, the long term care unit at Gottlieb Memorial Hospital, an affiliate of MacNeal.

MacNeal will immediately and formally discontinue the long term care category of service the date the COE Application is approved. Presumably MacNeal's COE Application will be considered at the next regularly scheduled meeting of the Review Board (i.e., May 9, 2024). That said, the COE Application could be approved sooner by the Chairwoman of the Review Board.

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March 18, 2024
Page 2

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Sincerely,



Edward Green
Counsel to MacNeal Hospital

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Ascension Casa Scalabrini
480 North Wolf Road
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Sharon Carrara
Foley & Lardner LLP
321 North Clark Street
Suite 3000
Chicago, IL 60654

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Foley & Lardner LLP
321 North Clark Street
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Chicago, IL 60654

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Reference Information

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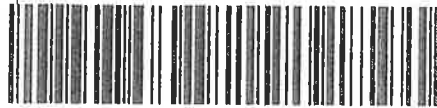
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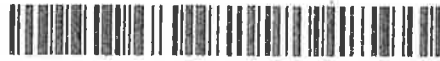


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312.832.4500 TEL
312.832.4700 FAX
WWW.FOLEY.COM

WRITER'S DIRECT LINE
312.832.4375
egreen@foley.com EMAIL

CLIENT/MATTER NUMBER
048544-0397

March 18, 2024

VIA CERTIFIED MAIL (RETURN RECEIPT REQUESTED)

Oak Brook Care
2013 Midwest Road
Oak Brook, IL 60521

Re: MacNeal Hospital
Proposed Discontinuation of Long Term Care Category of Service

Dear CEO:

We are in the process of preparing a Certificate of Exemption Application (the "COE Application") for filing with the Illinois Health Facilities & Services Review Board (the "Review Board") to discontinue the long term care category of service at MacNeal Hospital ("MacNeal") due to low utilization and staffing constraints.

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March 18, 2024
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Sincerely,



Edward Green
Counsel to MacNeal Hospital

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Sent to:
Oak Brook Care
2013 Midwest Road
Oak Brook, IL 60521

Reference Information

048544-0397-2099-Carrara-Sharon



PS Form 3800, Facsimile, July 2015

Label #1

Oak Brook Care
2013 Midwest Road
Oak Brook, IL 60521

Label #2

Sharon Carrara
Foley & Lardner LLP
321 North Clark Street
Suite 3000
Chicago, IL 60654

Label #3

Sharon Carrara
Foley & Lardner LLP
321 North Clark Street
Suite 3000
Chicago, IL 60654

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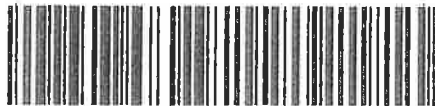
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1. Article Addressed to:
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2013 Midwest Road
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COMPLETE THIS SECTION ON DELIVERY

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WRITER'S DIRECT LINE
312.832.4375
egreen@foley.com EMAIL

CLIENT/MATTER NUMBER
048544-0397

March 18, 2024

VIA CERTIFIED MAIL (RETURN RECEIPT REQUESTED)

Oak Park Oasis
625 North Harlem Avenue
Oak Park, IL 60302

Re: MacNeal Hospital
Proposed Discontinuation of Long Term Care Category of Service

Dear CEO:

We are in the process of preparing a Certificate of Exemption Application (the "COE Application") for filing with the Illinois Health Facilities & Services Review Board (the "Review Board") to discontinue the long term care category of service at MacNeal Hospital ("MacNeal") due to low utilization and staffing constraints.

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March 18, 2024
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Sincerely,

A handwritten signature in black ink that reads "Edward Green". The signature is written in a cursive style with a large, prominent "E" and "G".

Edward Green
Counsel to MacNeal Hospital

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Certified Mail Restricted Delivery	\$	
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Total Postage and Fees	\$	

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625 North Harlem Ave
Oak Park, IL 60302

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048544-0397-2099-Carrara-Sharon



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TEAR ALONG THIS LINE

Label #1

Oak Park Oasis
625 North Harlem Ave
Oak Park, IL 60302

Label #2

Sharon Carrara
Foley & Lardner LLP
321 North Clark Street
Suite 3000
Chicago, IL 60654

Label #3

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Foley & Lardner LLP
321 North Clark Street
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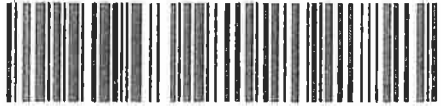
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WWW.FOLEY.COM

WRITER'S DIRECT LINE
312.832.4375
egreen@foley.com EMAIL

CLIENT/MATTER NUMBER
048544-0397

March 18, 2024

VIA CERTIFIED MAIL (RETURN RECEIPT REQUESTED)

Berkeley Nursing & Rehab. Ctr
6909 West North Avenue
Oak Park, IL 60302

Re: MacNeal Hospital
Proposed Discontinuation of Long Term Care Category of Service

Dear CEO:

We are in the process of preparing a Certificate of Exemption Application (the "COE Application") for filing with the Illinois Health Facilities & Services Review Board (the "Review Board") to discontinue the long term care category of service at MacNeal Hospital ("MacNeal") due to low utilization and staffing constraints.

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Sincerely,



Edward Green
Counsel to MacNeal Hospital

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6909 W North Ave
Oak Park, IL 60302

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Berkeley Nursing & Rehab. Ctr
6909 W North Ave
Oak Park, IL 60302

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Foley & Lardner LLP
321 North Clark Street
Suite 3000
Chicago, IL 60654

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Foley & Lardner LLP
321 North Clark Street
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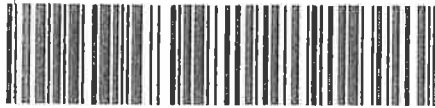
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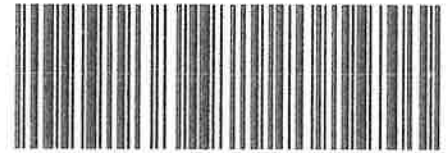


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egreen@foley.com EMAIL
CLIENT/MATTER NUMBER
048544-0397

March 18, 2024

VIA CERTIFIED MAIL (RETURN RECEIPT REQUESTED)

West Suburban Hospital & Med C
518 North Austin
Oak Park, IL 60302

Re: MacNeal Hospital
Proposed Discontinuation of Long Term Care Category of Service

Dear CEO:

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Sincerely,



Edward Green
Counsel to MacNeal Hospital

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FORM 3800 VERSION: 09/2015

#E-007-24

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321 North Clark Street
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Label #2

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Label #5 (OPTIONAL)

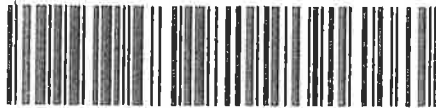
PS|Ship Tracking Label

(affix to back of envelope)



CERT00867168

Label #6 - Return Receipt Barcode (Sender's Record)



9590 9266 9904 2221 5614 74

Label #7 - Certified Mail Article Number

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

CERTIFIED MAIL



9414 7266 9904 2221 5614 71

Certified Article Number

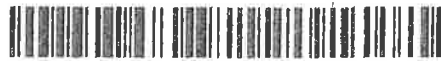
9414 7266 9904 2221 5614 71

SENDER'S RECORD

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Return Receipt (Form 3811) Barcode



9590 9266 9904 2221 5614 74

1. Article Addressed to:

West Suburban Hospital & Med C
518 North Austin
Oak Park, IL 60302

2. Certified Mail (Form 3800) Arti

9414 7266 9904 2

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type:

Certified Mail

Reference Information

048544-0397-2099-Carrara-Sharon

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED
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DETACH ALONG PERFORATION

0159



Attachment

7

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ATTORNEYS AT LAW
321 NORTH CLARK STREET, SUITE 3000
CHICAGO, IL 60654-4762
312.832.4500 TEL
312.832.4700 FAX
WWW.FOLEY.COM

WRITER'S DIRECT LINE
312.832.4375
egreen@foley.com EMAIL

CLIENT/MATTER NUMBER
048544-0397

March 18, 2024

VIA CERTIFIED MAIL (RETURN RECEIPT REQUESTED)

Ahva Care of Stickney
3900 South Oak Park Avenue
Stickney, IL 60402

Re: MacNeal Hospital
Proposed Discontinuation of Long Term Care Category of Service

Dear CEO:

We are in the process of preparing a Certificate of Exemption Application (the "COE Application") for filing with the Illinois Health Facilities & Services Review Board (the "Review Board") to discontinue the long term care category of service at MacNeal Hospital ("MacNeal") due to low utilization and staffing constraints.

In 2020, MacNeal had 25 licensed long term care beds, and its long term care unit had an average daily census of 12 patients. In 2021, MacNeal had 25 licensed long term care beds, and its long term care unit had an average daily census of 13 patients. In 2022, MacNeal had 25 licensed long term care beds, and its long term care unit had an average daily census of 12.4 patients. In 2023, MacNeal had 25 licensed long term care beds, and its long term care unit had an average daily census of 10.5 patients.

The discontinuation of the long term care category of service at MacNeal will have no impact on patient care. The MacNeal service area has a number of hospitals and skilled nursing facilities offering the same types of long term care services offered in the MacNeal long term care unit, including, but not limited to, the long term care unit at Gottlieb Memorial Hospital, an affiliate of MacNeal.

MacNeal will immediately and formally discontinue the long term care category of service the date the COE Application is approved. Presumably MacNeal's COE Application will be considered at the next regularly scheduled meeting of the Review Board (i.e., May 9, 2024). That said, the COE Application could be approved sooner by the Chairwoman of the Review Board.

AUSTIN
BOSTON
CHICAGO
DALLAS
DENVER

DETROIT
HOUSTON
JACKSONVILLE
LOS ANGELES
MADISON

MEXICO CITY
MIAMI
MILWAUKEE
NEW YORK
ORLANDO

SACRAMENTO
SAN DIEGO
SAN FRANCISCO
SILICON VALLEY
TALLAHASSEE

TAMPA
WASHINGTON, D.C.
BRUSSELS
TOKYO

March 18, 2024
Page 2

In accordance with 77 Ill. Admin. § 1110.290, we are providing you with notice of our COE Application and we are providing you with an opportunity to submit an impact letter to the Review Board. If you chose to submit an impact letter, please provide an explanation of any conditions, restrictions or limitations that would prevent your hospital from serving the patient population historically served by MacNeal's long term care unit. You can submit your response (if any) directly to the Review Board or to me and I will forward your response (if any) to the Review Board. If you chose not to respond, we will assume that the discontinuation of the open heart surgery category of service at MacNeal will not have an adverse impact on your hospital.

Sincerely,



Edward Green
Counsel to MacNeal Hospital

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FORM #43003 VERSION: E0423

#E-007-24

U.S. Postal Service
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9414 7266 9904 2221 5614 26

Certified Mail Fee	\$	4.40
Return Receipt (Hardcopy)	\$	3.65
Return Receipt (Electronic)	\$	
Certified Mail Restricted Delivery	\$	
Postage	\$	
Total Postage and Fees	\$	

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Here

TEAR ALONG THIS LINE

Sent to:

Ahva Care of Stickney
3900 South Oak Park Ave
Stickney, IL 60402

Reference Information

048544-0397-2099-Carrara-Sharon



PS Form 3800, Facsimile, July 2015

Label #1

Ahva Care of Stickney
3900 South Oak Park Ave
Stickney, IL 60402

Label #2

Sharon Carrara
Foley & Lardner LLP
321 North Clark Street
Suite 3000
Chicago, IL 60654

Label #3

Sharon Carrara
Foley & Lardner LLP
321 North Clark Street
Suite 3000
Chicago, IL 60654

FOLD AND TEAR THIS WAY → OPTIONAL

Label #5 (OPTIONAL)

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Label #6 - Return Receipt Barcode (Sender's Record)



9590 9266 9904 2221 5614 29

FOLD AND TEAR THIS WAY →

Label #7 - Certified Mail Article Number

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

CERTIFIED MAIL



9414 7266 9904 2221 5614 26

FOLD AND TEAR THIS WAY →

Return Receipt (Form 3811) Barcode



9590 9266 9904 2221 5614 29

1. Article Addressed to:

Ahva Care of Stickney
3900 South Oak Park Ave
Stickney, IL 60402

2. Certified Mail (Form 3800) /

9414 7266 9904

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type:

Certified Mail

Reference Information

048544-0397-2099-Carrara-Sharon



Attachment

7

Certified Article Number

9414 7266 9904 2221 5614 26

SENDER'S RECORD

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RETURN RECEIPT REQUESTED
USPS® MAIL CARRIER
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0162



ATTORNEYS AT LAW
321 NORTH CLARK STREET, SUITE 3000
CHICAGO, IL 60654-4762
312.832.4500 TEL
312.832.4700 FAX
WWW.FOLEY.COM

WRITER'S DIRECT LINE
312.832.4375
egreen@foley.com EMAIL

CLIENT/MATTER NUMBER
048544-0397

March 18, 2024

VIA CERTIFIED MAIL (RETURN RECEIPT REQUESTED)

Aperion Care Westchester
2901 Wolf Road
Westchester, IL 60154

Re: MacNeal Hospital
Proposed Discontinuation of Long Term Care Category of Service

Dear CEO:

We are in the process of preparing a Certificate of Exemption Application (the "COE Application") for filing with the Illinois Health Facilities & Services Review Board (the "Review Board") to discontinue the long term care category of service at MacNeal Hospital ("MacNeal") due to low utilization and staffing constraints.

In 2020, MacNeal had 25 licensed long term care beds, and its long term care unit had an average daily census of 12 patients. In 2021, MacNeal had 25 licensed long term care beds, and its long term care unit had an average daily census of 13 patients. In 2022, MacNeal had 25 licensed long term care beds, and its long term care unit had an average daily census of 12.4 patients. In 2023, MacNeal had 25 licensed long term care beds, and its long term care unit had an average daily census of 10.5 patients.

The discontinuation of the long term care category of service at MacNeal will have no impact on patient care. The MacNeal service area has a number of hospitals and skilled nursing facilities offering the same types of long term care services offered in the MacNeal long term care unit, including, but not limited to, the long term care unit at Gottlieb Memorial Hospital, an affiliate of MacNeal.

MacNeal will immediately and formally discontinue the long term care category of service the date the COE Application is approved. Presumably MacNeal's COE Application will be considered at the next regularly scheduled meeting of the Review Board (i.e., May 9, 2024). That said, the COE Application could be approved sooner by the Chairwoman of the Review Board.

AUSTIN
BOSTON
CHICAGO
DALLAS
DENVER

DETROIT
HOUSTON
JACKSONVILLE
LOS ANGELES
MADISON

MEXICO CITY
MIAMI
MILWAUKEE
NEW YORK
OF

SACRAMENTO
SAN DIEGO
SAN FRANCISCO
SILICON VALLEY
TALLAHASSEE

TAMPA
WASHINGTON, D.C.
BRUSSELS
TOKYO

March 18, 2024
Page 2

In accordance with 77 Ill. Admin. § 1110.290, we are providing you with notice of our COE Application and we are providing you with an opportunity to submit an impact letter to the Review Board. If you chose to submit an impact letter, please provide an explanation of any conditions, restrictions or limitations that would prevent your hospital from serving the patient population historically served by MacNeal's long term care unit. You can submit your response (if any) directly to the Review Board or to me and I will forward your response (if any) to the Review Board. If you chose not to respond, we will assume that the discontinuation of the open heart surgery category of service at MacNeal will not have an adverse impact on your hospital.

Sincerely,

A handwritten signature in black ink that reads "Edward Green". The signature is written in a cursive, slightly slanted style.

Edward Green
Counsel to MacNeal Hospital

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FROM

WALZ

FORM #45003 VERSION: E0423

#E-007-24

Label #1

Aperion Care Westchester
2901 Wold Road
Westchester, IL 60154

Label #2

Sharon Carrara
Foley & Lardner LLP
321 North Clark Street
Suite 3000
Chicago, IL 60654

Label #3

Sharon Carrara
Foley & Lardner LLP
321 North Clark Street
Suite 3000
Chicago, IL 60654

U.S. Postal Service
CERTIFIED MAIL RECEIPT
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USPS® ARTICLE NUMBER

9414 7266 9904 2221 5613 96

Certified Mail Fee \$ 4.40

Return Receipt (Hardcopy) \$ 3.65

Return Receipt (Electronic) \$

Certified Mail Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Postmark
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TEAR ALONG THIS LINE

Sent to:

Aperion Care Westchester
2901 Wold Road
Westchester, IL 60154

Reference Information

048544-0397-2099-Carrara-Sharon



PS Form 3800, Facsimile, July 2015

FOLD AND TEAR THIS WAY → OPTIONAL

Label #5 (OPTIONAL)

Certified Article Number

9414 7266 9904 2221 5613 96

SENDER'S RECORD

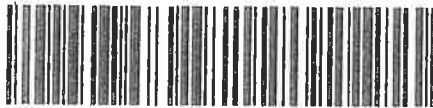
PS Ship Tracking Label

(affix to back of envelope)



CERT00867192

Label #6 - Return Receipt Barcode (Sender's Record)



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Label #7 - Certified Mail Article Number

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

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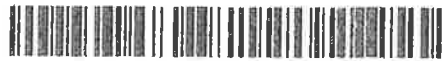


9414 7266 9904 2221 5613 96

FOLD AND TEAR THIS WAY →

FOLD AND TEAR THIS WAY →

Return Receipt (Form 3811) Barcode



9590 9266 9904 2221 5613 99

1. Article Addressed to:

Aperion Care Westchester
2901 Wold Road
Westchester, IL 60154

2. Certified Mail (Form 3800) Article

9414 7266 9904 2221

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type:

Certified Mail

Reference Information

048544-0397-2099-Carrara-Sharon

0165



Attachment

7

Thank you for using Return Receipt Service

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ATTORNEYS AT LAW
321 NORTH CLARK STREET, SUITE 3000
CHICAGO, IL 60654-4762
312.832.4500 TEL
312.832.4700 FAX
WWW.FOLEY.COM

WRITER'S DIRECT LINE
312.832.4375
egreen@foley.com EMAIL

CLIENT/MATTER NUMBER
048544-0397

March 18, 2024

VIA CERTIFIED MAIL (RETURN RECEIPT REQUESTED)

Chateau Nrsg & Rehab Center
7050 Madison Street
Willowbrook, IL 60521

Re: MacNeal Hospital
Proposed Discontinuation of Long Term Care Category of Service

Dear CEO:

We are in the process of preparing a Certificate of Exemption Application (the "COE Application") for filing with the Illinois Health Facilities & Services Review Board (the "Review Board") to discontinue the long term care category of service at MacNeal Hospital ("MacNeal") due to low utilization and staffing constraints.

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AUSTIN
BOSTON
CHICAGO
DALLAS
DENVER

DETROIT
HOUSTON
JACKSONVILLE
LOS ANGELES
MADISON

MEXICO CITY
MIAMI
MILWAUKEE
NEW YORK
ORLANDO

SACRAMENTO
SAN DIEGO
SAN FRANCISCO
SILICON VALLEY
TALLAHASSEE

TAMPA
WASHINGTON, D.C.
BRUSSELS
TOKYO

March 18, 2024

Page 2

In accordance with 77 Ill. Admin. § 1110.290, we are providing you with notice of our COE Application and we are providing you with an opportunity to submit an impact letter to the Review Board. If you chose to submit an impact letter, please provide an explanation of any conditions, restrictions or limitations that would prevent your hospital from serving the patient population historically served by MacNeal's long term care unit. You can submit your response (if any) directly to the Review Board or to me and I will forward your response (if any) to the Review Board. If you chose not to respond, we will assume that the discontinuation of the open heart surgery category of service at MacNeal will not have an adverse impact on your hospital.

Sincerely,



Edward Green
Counsel to MacNeal Hospital

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MAILER®

FROM

WALZ

FORM 3800 (VERSION 07/2015)

U.S. Postal Service
CERTIFIED MAIL RECEIPT
Domestic Mail Only

#E-007-24

USPS® ARTICLE NUMBER

9414 7266 9904 2221 5613 89

Certified Mail Fee \$ 4.40

Return Receipt (Hardcopy) \$ 3.65

Return Receipt (Electronic) \$

Certified Mail Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Postmark
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Sent to:

Chateau Nrsg & Rehab Center
7050 Madison Street
WillowBrook, IL 60521

Reference Information

048544-0397-2099-Carrara-Sharon



PS Form 3800, Facsimile, July 2015

← TEAR ALONG THIS LINE

Label #1

Chateau Nrsg & Rehab Center
7050 Madison Street
WillowBrook, IL 60521

Label #2

Sharon Carrara
Foley & Lardner LLP
321 North Clark Street
Suite 3000
Chicago, IL 60654

Label #3

Sharon Carrara
Foley & Lardner LLP
321 North Clark Street
Suite 3000
Chicago, IL 60654

FOLD AND TEAR THIS WAY → OPTIONAL

Label #5 (OPTIONAL)

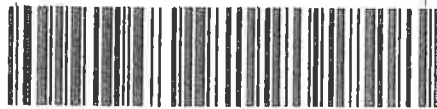
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CERT00867193

Label #6 - Return Receipt Barcode (Sender's Record)



9590 9266 9904 2221 5613 82

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Return Receipt (Form 3811) Barcode



9590 9266 9904 2221 5613 82

1. Article Addressed to:

Chateau Nrsg & Rehab Center
7050 Madison Street
WillowBrook, IL 60521

2. Certified Mail (Form 380)

0168

9414 7266 9904

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type:

Certified Mail

Reference Information

048544-0397-2099-Carrara-Sharon



Attachment

7

Certified Article Number

9414 7266 9904 2221 5613 89

SENDER'S RECORD

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Section III
Attachment 8
Background

MacNeal

1. MacNeal is a fully licensed, Medicare-certified, Joint Commission accredited, Illinois not-for-profit general hospital.
2. MacNeal is located at 3249 South Oak Park Avenue, Berwyn, Illinois 60402.
3. There have been no adverse actions taken against any facility owned or operated by MacNeal during the three (3) years prior to the filing of this Application. A letter certifying the above information is attached at ATTACHMENT 8.
5. An authorization letter granting access to the Review Board and IDPH to verify information about MacNeal is attached at ATTACHMENT 8.

Loyola Medicine

1. Loyola University Health System d/b/a Loyola Medicine ("Loyola Medicine"), an Illinois not-for-profit corporation, is the sole corporate member of MacNeal.
2. Loyola Medicine is located at 2160 South First Avenue, Maywood, Illinois.
3. Loyola Medicine is also the sole corporate member of the following licensed healthcare facilities in Illinois: (a) Loyola University Medical Center ("LUMC"), a general acute care hospital located in Maywood, Illinois; (b) LUMC Outpatient Dialysis Center, an end stage renal disease facility located in Maywood, Illinois; (c) LUMC Ambulatory Surgery Center, a provider based, ambulatory surgery center located in Maywood, Illinois; and (d) Gottlieb Memorial Hospital, a general acute care hospital located in Melrose Park, Illinois. Loyola Medicine, through its corporate members, also owns the Loyola Surgery Center in Oak Brook Terrace, Illinois.
4. There have been no adverse actions taken against any facility owned or operated by Loyola Medicine during the three (3) years prior to the filing of this Application.
5. A letter certifying the above information is attached at ATTACHMENT 8.
6. An authorization letter granting access to the Review Board and IDPH to verify information about Loyola Medicine is attached at ATTACHMENT 8.

Trinity

1. Trinity Health Corporation ("Trinity") is an Indiana non-profit corporation. Trinity is one of the largest multi-institutional Catholic health care delivery systems in the nation, caring for diverse communities across 25 states. Trinity includes 101 hospitals, 136 continuing care locations, the second largest PACE program in the country, 136 urgent care locations and many other health and well-being services. Based in Livonia, Mich., Trinity returns \$1.5 billion to its communities annually in the form of charity care and other community benefit programs. Trinity

employs about 121,000 colleagues, with 36,500 physicians and clinicians caring for patients across the communities it serves.

2. Trinity is the sole corporate member of Loyola Medicine.

3. Trinity is also the sole corporate member of Mercy Care Center, an Illinois not-for-profit corporation. Trinity and Mercy Care Center recently opened an ambulatory and diagnostic care center at 3753 South Cottage Grove Avenue, Chicago, Illinois 60653. The Mercy Care Center is not licensed by the State of Illinois because it only offers outpatient services.

4. There have been no adverse actions taken against any facility owned or operated in Illinois by Trinity during the three (3) years prior to the filing of this Application. A letter certifying the above information is attached at ATTACHMENT 8.

5. An authorization letter granting access to the Review Board and IDPH to verify information about Trinity is attached at ATTACHMENT 8.



**MacNeal
Hospital**

March 14, 2024

Mr. Michael Constantino
Project Review Supervisor
Illinois Health Facilities & Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: No Adverse Actions Certification
MacNeal Hospital (Long Term Care Category of Service Discontinuation)

Dear Mr. Constantino:

I hereby certify, under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109, that there have been no adverse actions taken against any facility owned or operated by Gottlieb Community Health Services Corporation d/b/a MacNeal Hospital, an Illinois not-for-profit corporation, during the three (3) years prior to the filing of this Certificate of Exemption Application.

Sincerely,

Pierre Monice
President

SUBSCRIBED AND SWORN
to before me this 18 day
of March, 2024.

Cynthia I. Roche
Notary Public





MacNeal
Hospital

March 14, 2024

Mr. Michael Constantino
Project Review Supervisor
Illinois Health Facilities & Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: Authorization to Access Information
MacNeal Hospital (Long Term Care Category of Service Discontinuation)

Dear Mr. Constantino:

I hereby authorize the Illinois Health Facilities & Services Review Board (the "Board") and the Illinois Department of Public Health ("IDPH") to access all information necessary to verify any documentation or information submitted by Gottlieb Community Health Services Corporation d/b/a MacNeal Hospital, an Illinois not-for-profit corporation, with this Certificate of Exemption ("COE") Application. I further authorize the Board and IDPH to obtain any additional documentation or information which the Board or IDPH finds pertinent and necessary to process this COE Application.

Sincerely,

Pierre Monice
President

SUBSCRIBED AND SWORN
to before me this 18 day
of March, 2024.

Cynthia I. Roche
Notary Public





LOYOLA
MEDICINE

March 14, 2024

Mr. Michael Constantino
Supervisor, Project Review Section
Illinois Health Facilities & Services Review
Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761-0001

Re: No Adverse Actions Certification
MacNeal Hospital (Long Term Care Category of Service
Discontinuation)

Dear Mr. Constantino:

I hereby certify, under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109, that there have been no adverse actions taken against any facility owned or operated by Loyola University Health System d/b/a Loyola Medicine, an Illinois not-for-profit corporation, during the three (3) years prior to the filing of this Certificate of Exemption Application.

Sincerely,

Melissa M. Lukasick
Regional CFO
Loyola Medicine

SUBSCRIBED AND SWORN
to before me this 18th day
of March, 2024.

Notary Public



LOYOLA
MEDICINE

March 14, 2024

Mr. Michael Constantino
Supervisor, Project Review Section
Illinois Health Facilities & Services Review
Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761-0001

Re: Authorization to Access Information
MacNeal Hospital (Long Term Care Category of Service
Discontinuation)

Dear Mr. Constantino:

Pursuant to 77 Ill. Admin. Code § 1110.110(a)(2)(J), I hereby authorize the Illinois Health Facilities & Services Review Board (the "Board") and the Illinois Department of Public Health ("IDPH") to access all information necessary to verify any documentation or information submitted by Loyola University Health System d/b/a Loyola Medicine with this Certificate of Exemption ("COE") Application. I further authorize the Board and IDPH to obtain any additional documentation or information which the Board or IDPH finds pertinent and necessary to process this COE Application.

Sincerely,

Melissa M. Lukasick
Regional CFO
Loyola Medicine

SUBSCRIBED AND SWORN
to before me this 18th day
of March, 2024.

Notary Public





March 14, 2024

Mr. Michael Constantino
Project Review Supervisor
Illinois Health Facilities & Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: No Adverse Actions Certification
MacNeal Hospital (Long Term Category of Service Discontinuation)

Dear Mr. Constantino:

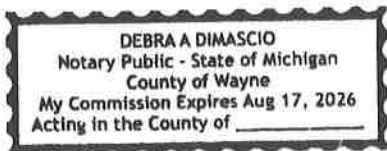
I hereby certify, under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109, that there have been no adverse actions taken against any Illinois licensed facility owned or operated by Trinity Health Corporation during the three (3) years prior to the filing of this Certificate of Exemption Application.

Sincerely,

Michael A. Slubowski
President & Chief Executive Officer
Trinity Health Corporation

Subscribed and Sworn to before me
this 14th day of March, 2024.

Debra A. DiMascio, Notary Public
Wayne County, Michigan
My Commission Expires: 08/17/2026





March 14, 2024

Mr. Michael Constantino
Project Review Supervisor
Illinois Health Facilities & Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: Authorization to Access Information
MacNeal Hospital (Long Term Category of Service Discontinuation)

Dear Mr. Constantino:

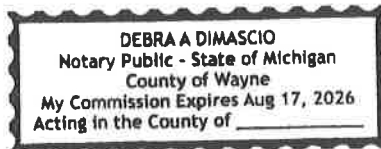
I hereby authorize the Illinois Health Facilities & Services Review Board (the "Board") and the Illinois Department of Public Health ("IDPH") to access all information necessary to verify any documentation or information submitted by Trinity Health Corporation, an Indiana nonprofit corporation, with this Certificate of Exemption ("COE") Application. I further authorize the Board and IDPH to obtain any additional documentation or information which the Board or IDPH finds pertinent and necessary to process this COE Application.

Sincerely,

Michael A. Slubowski
President & Chief Executive Officer
Trinity Health Corporation

Subscribed and Sworn to before me
this 14th day of March, 2024.

Debra A. DiMascio, Notary Public
Wayne County, Michigan
My Commission Expires: 08/17/2026



Section IV
Attachment 9
Safety Net Impact Statement

1. The discontinuation of the long term care category of service at MacNeal will have no impact on patient care. The MacNeal service area has a number of hospitals and skilled nursing facilities offering the same types of long term care services offered in the MacNeal long term care unit.
2. The following chart sets forth the amount of charity care provided by MacNeal in the last three years (as reported by MacNeal on its Annual Hospital Questionnaires.)

	2020	2021	2022
Number of Inpatient Charity Care Patients	565	576	353
Number of Outpatient Charity Care Patients	2,629	2,011	1,836
Total Number of Charity Care Patients	3,194	2,587	2,189
Inpatient Charity Care (Cost in Dollars)	\$2,360,560	\$3,653,689	\$4,095,462
Outpatient Charity Care (Cost in Dollars)	\$3,944,865	\$3,594,434	\$3,912,233
Total Charity Care (Cost in Dollars)	\$6,305,425	\$7,248,123	\$8,007,695

3. The following chart sets forth the amount of care provided to Medicaid patients by MacNeal in the last three years (as reported by MacNeal on its Annual Hospital Questionnaires).

	2020	2021	2022
Number of Inpatient Medicaid Patients	3,995	4,918	3,395
Number of Outpatient Medicaid Patients	63,237	91,864	84,362
Total Number of Medicaid Patients	67,232	96,782	87,757
Net Inpatient Medicaid Revenues	\$43,024,399	\$45,224,878	\$51,568,861
Net Outpatient Medicaid Revenues	\$46,804,325	\$39,193,510	\$44,919,769
Total Net Medicaid Revenues	\$89,828,724	\$84,418,388	\$96,488,630

Section V
Attachment 10
Charity Care Information

MacNeal's charity care for the last three years (as reported by MacNeal on its Annual Hospital Questionnaires) is set forth below:

	2020	2021	2022
Total Net Patient Revenue	\$312,945,576	\$343,534,972	\$362,230,568
Amount of Charity Care (Charges)	\$28,962,993	\$38,987,158	\$64,969,180
Cost of Charity Care	\$6,305,425	\$7,248,123	\$8,007,695
Cost of Charity Care/Total Net Patient Ratio	2.0%	2.1%	2.2%

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	17-21
2	Site Ownership	22-23
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	24
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	25-26
5	Discontinuation General Information Requirements	27-28
6	Reasons for Discontinuation	29
7	Impact on Access	30-168
8	Background of the Applicant	169-176
9	Safety Net Impact Statement	177-178
10	Charity Care Information	179