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HEALTH FACILITIES &
SERVICES REVIEW BOARD

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Facility/Project Identification

Facility Name: Gottlieb Memorial Hospital (Acute Mental Illness Category of Service Discontinuation)		
Street Address: 701 West North Avenue		
City and Zip Code: Melrose Park, Illinois 60160		
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 Memorial Hospital		
Street Address: 701 West North Avenue		
City and Zip Code: Melrose Park, Illinois 60160		
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: Elizabeth Early (President)		
CEO Street Address: 701 West North Avenue		
CEO City and Zip Code: Melrose Park, Illinois 60160		
CEO Telephone Number: (708) 681-3200		

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**

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Street Address: 701 West North Avenue		
City and Zip Code: Melrose Park, Illinois 60160		
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

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SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Facility/Project Identification

Facility Name: Gottlieb Memorial Hospital (Acute Mental Illness Category of Service Discontinuation)		
Street Address: 701 West North Avenue		
City and Zip Code: Melrose Park, Illinois 60160		
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

- 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

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) 216-8059

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) 216-8059

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Gottlieb Memorial Hospital
Address of Site Owner: 701 West North Avenue, Melrose Park, Illinois 60160
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 Memorial Hospital
Address: 701 West North Avenue, Melrose Park, Illinois 60160
<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 Memorial Hospital ("Gottlieb"), Loyola University Health System d/b/a Loyola Medicine ("Loyola Medicine"), and Trinity Health Corporation ("Trinity," and collectively with Gottlieb 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 acute mental illness ("AMI") category of service at Gottlieb.

Gottlieb currently has 12 licensed AMI beds. The discontinuation of the AMI category of service at Gottlieb will have no impact on patient care because Gottlieb currently has zero AMI patients and has had zero AMI patients over the past 24 months primarily due to admission patterns shifting as a result of the COVID pandemic and staffing constraints. To the extent any AMI patients require admission, Gottlieb's affiliate, MacNeal Hospital, is located within five (5) miles of Gottlieb and serves the same population and geographic region as Gottlieb.

Upon approval of this COE Application, Gottlieb will immediately and formally discontinue its AMI category of service.

Pursuant to 77 Ill. Admin. §11110.20(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.**

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 Memorial 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.

Elizabeth Early
SIGNATURE

Jill Rappis
SIGNATURE

Elizabeth Early
PRINTED NAME

Jill Rappis, Esq.
PRINTED NAME

President
PRINTED TITLE

Secretary
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 18 day of December

Notarization:
Subscribed and sworn to before me
this 18th day of December

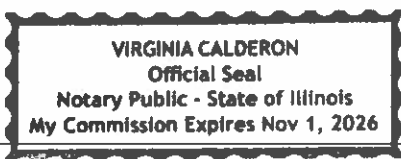
Diane M. Spisak
Signature of Notary

Virginia Calderon
Signature of Notary

Seal



Seal



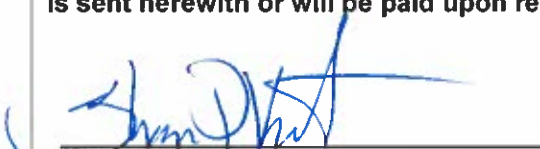
*Insert EXACT legal name of the applicant

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 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 Vincent
PRINTED NAME

President & Chief Executive Officer
PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 18 day of December



SIGNATURE

Jill Rappis, Esq.
PRINTED NAME

Regional Senior Vice President & General
Counsel
PRINTED TITLE

Notarization:

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


Signature of Notary

Seal **OFFICIAL SEAL**
JILL M RAPPIS
NOTARY PUBLIC, STATE OF ILLINOIS
*Insert EXACT legal name of the applicant
in Commission


Signature of Notary

Seal **VIRGINIA CALDERON**
Official Seal
Notary Public - State of Illinois
My Commission Expires Nov 1, 2026

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 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 Slubowski

SIGNATURE

Michael A. Slubowski
PRINTED NAME

President & Chief Executive Officer
PRINTED TITLE

Linda S. Ross

SIGNATURE

Linda S. Ross, Esq.
PRINTED NAME

Executive Vice President & Chief Legal Officer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 11th day of December

Lynn M. Wittman
Signature of Notary

Seal



LYNN M WITTMAN
My Commission Expires
September 25, 2029
County of Oakland
Acting in the County of Wayne

Notarization:
Subscribed and sworn to before me
this 11th day of December

Lynn M. Wittman
Signature of Notary

Seal



LYNN M WITTMAN
My Commission Expires
September 25, 2029
County of Oakland
Acting in the County of Wayne

SECTION II. DISCONTINUATION

Type of Discontinuation

Discontinuation of a single category of service

Criterion 1130.525 and 1110.290 - Discontinuation

READ THE REVIEW CRITERION and provide the following information:

GENERAL INFORMATION REQUIREMENTS

1. Identify the category of service and the number of beds, if any, that are to be discontinued.
2. Identify all of the other clinical services that are to be discontinued.
3. Provide the anticipated date of discontinuation for each identified service.
4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
5. Provide attestation that the facility provided the required notice of the 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-02/2024 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.

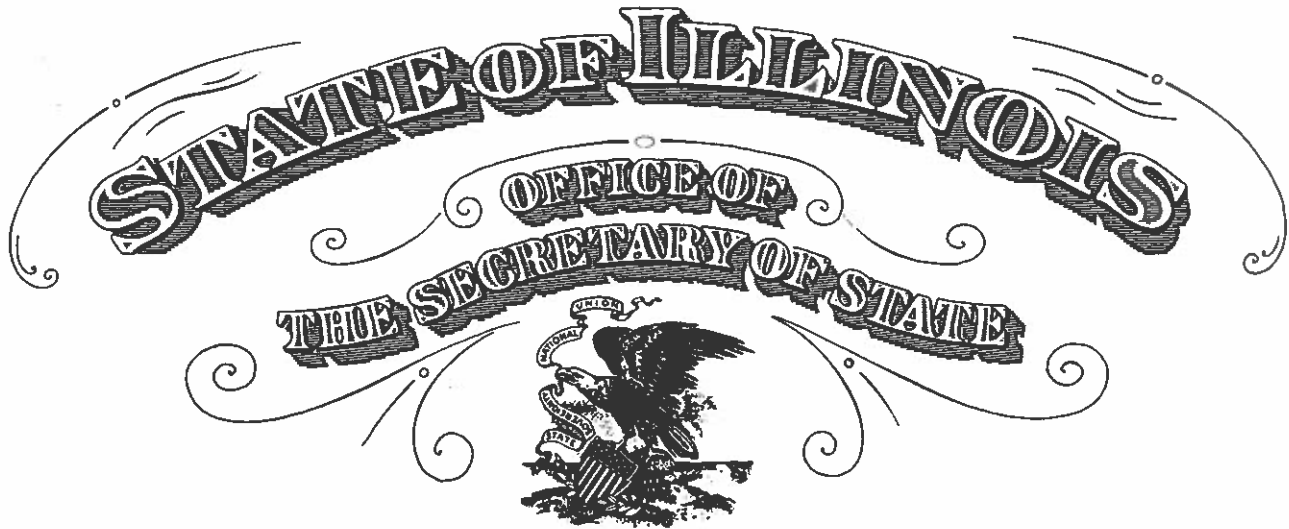
A table in the following format must be provided for all facilities as part of Attachment 10.

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 Memorial Hospital ("Gottlieb"), Loyola University Health System d/b/a Loyola Medicine ("Loyola Medicine"), and Trinity Health Corporation ("Trinity," and collectively with Gottlieb and Loyola Medicine, the "Applicants") are attached at ATTACHMENT 1.



To all to whom these Presents Shall Come, Greeting:

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

GOTTLIEB MEMORIAL HOSPITAL, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON AUGUST 08, 1956, 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 20TH day of DECEMBER A.D. 2024 .



Authentication #: 2435501482 verifiable until 12/20/2025
 Authenticate at: <https://www.ilsos.gov>

Alexi Giannoulas
 SECRETARY OF STATE



To all to whom these Presents Shall Come, Greeting:

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

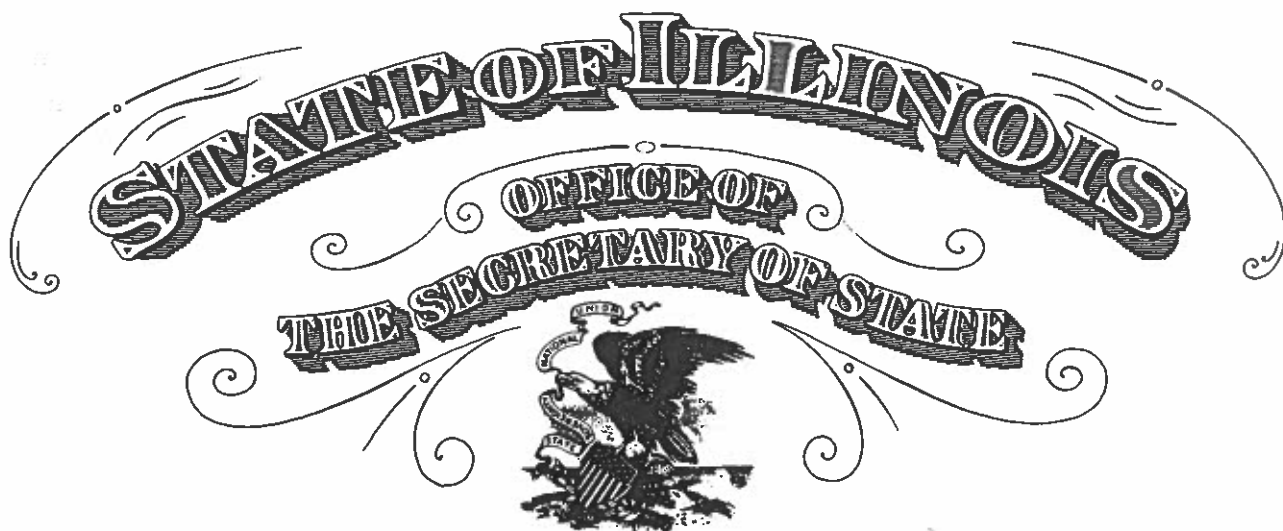
LOYOLA UNIVERSITY HEALTH SYSTEM, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JUNE 11, 1984, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE 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 20TH day of DECEMBER A.D. 2024 .



Authentication #: 2435501548 verifiable until 12/20/2025
 Authenticate at: <https://www.ilsos.gov>

Alexi Giannoulas
 SECRETARY OF STATE



To all to whom these Presents Shall Come, Greeting:

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

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 20TH day of DECEMBER A.D. 2024 .

Authentication #: 2435501566 verifiable until 12/20/2025

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

A handwritten signature in black ink, appearing to read "Alexi Giannoulas".

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 December 20, 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, December 20, 2024

Diego Morales

DIEGO MORALES
SECRETARY OF STATE

197811-279 / 20244136944

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

Expires on January 19, 2025.

Section I
Attachment 2
Site Ownership

Gottlieb owns and operates Gottlieb Memorial Hospital. An Affidavit from Elizabeth Early, the President of Gottlieb, in support of this Criterion is attached at ATTACHMENT 2.



**Gottlieb
Memorial
Hospital**

December 11, 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 Gottlieb Memorial Hospital
(AMI Category of Service Discontinuation)

Dear Mr. Constantino:

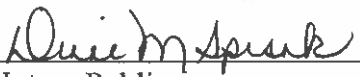
I hereby certify, under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109, that Gottlieb Memorial Hospital, a general acute care hospital located at 701 West North Avenue, Melrose Park, Illinois, is owned and operated by Gottlieb Memorial Hospital, an Illinois not-for-profit corporation.

Sincerely,

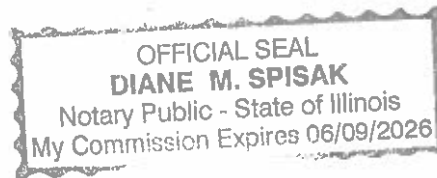


Elizabeth Early, FACHE, MHA
President

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



Notary Public



We also treat the human spirit.™

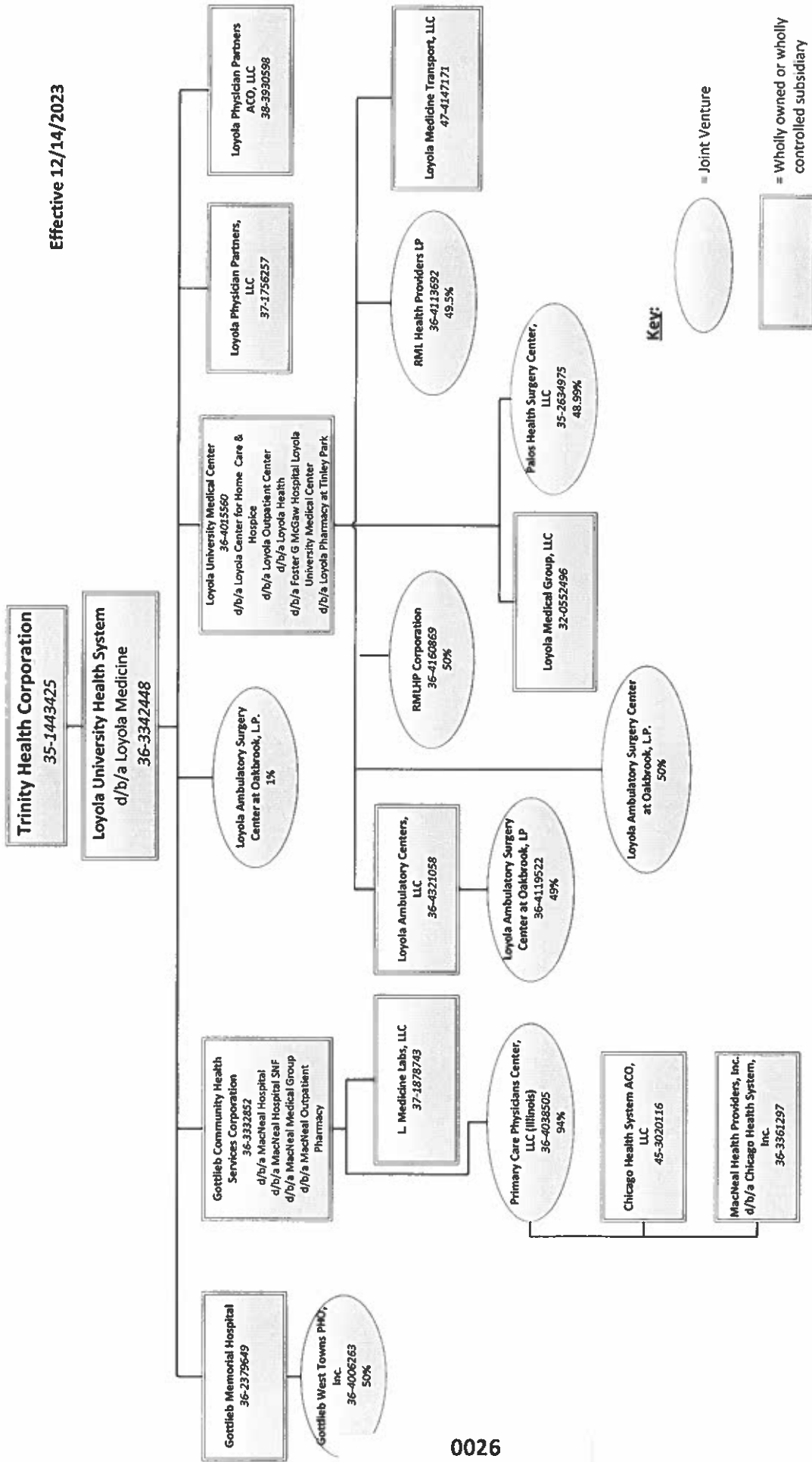
Section I
Attachment 3
Operating Entity/Licensee

Gottlieb owns and operates Gottlieb Memorial Hospital. The Certificate of Good Standing for Gottlieb is attached at ATTACHMENT 1.

Section I
Attachment 4
Organizational Relationships

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

Effective 12/14/2023



Key:



Section II
Discontinuation
Criterion 1130.290

Criterion 1110.290(a)
Attachment 5
General Information

1. The Applicants are seeking a COE to discontinue the acute mental illness ("AMI") category of service at Gottlieb. Gottlieb currently has 12 licensed AMI beds and zero AMI patients.
2. No other clinical services will be impacted by this COE Application.
3. Upon approval of this COE Application, Gottlieb will immediately and formally discontinue its AMI category of service.
4. All medical records related to the AMI category of service at Gottlieb will continue to be maintained at Gottlieb 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.
5. The Applicants provided a notice (the "Notice") of the proposed discontinuation to the local media on December 21, 2024, specifically, the Sun Times. The "proof of publication" certificate is attached at ATTACHMENT 5.

CHICAGO SUN★TIMES

Certificate of Publication

On Behalf of:

FOLEY & LARDNER LLP
COE Application

Customer No: 102175

Ad No: 4023

Amount: \$112.00

PO Number: COE Application

Gottlieb Memorial Hospital ("Gottlieb") in Melrose Park, 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 acute mental illness category of service at Gottlieb. Upon approval of the COE Application by the Review Board, Gottlieb will immediately and formally discontinue the acute mental illness category of service at Gottlieb. It is anticipated that the discontinuation of this service at Gottlieb will not impact patient care since Gottlieb's affiliate, MacNeal Hospital, is located five miles away and can provide that service. It is currently anticipated that the COE Application will be considered at the next regularly scheduled meeting of the Review Board (i.e., March 18, 2025). The COE Application could be approved sooner than March 18, 2025 by the Chair of the Review Board.
12/21/2024 #4023

FOLEY & LARDNER LLP

321 N CLARK ST STE 3000
ATTN: SHARON CARRARA
CHICAGO, IL 606544762

ATTESTATION OF PUBLIC LEGAL NOTICE

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.

As published in Chicago Sun Times in the issue(s) of:

12/21/2024

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



Robin Munoz
Manager | Recruitment
& Legals

Date: 12/21/2024

Criterion 1110.290(b)
Attachment 6
Reasons for Discontinuation

1. The Applicants are seeking a COE to discontinue the AMI category of service at Gottlieb due to low utilization. Gottlieb currently has zero AMI patients and has had zero AMI patients over the past 24 months due to admission patterns shifting as a result of the COVID pandemic and staffing constraints.

Gottlieb Acute Mental Illness Care Category of Service			
Year	Licensed Beds	Average Daily Census	CON Occupancy Rate
2018	12	9.0	75.0%
2019	12	7.6	63.4%
2020	12	8.4	70.4%
2021	12	7.3	61.1%
2022	12	0.0	0.1%
2023	12	0.0	0.0%

Criterion 1110.290(c)
Attachment 7
Impact on Access

1. The discontinuation of the AMI category of service at Gottlieb will have no impact on patient care because Gottlieb currently has zero AMI patients and has had zero AMI patients over the past 24 months primarily due to admission patterns shifting as a result of the COVID pandemic and staffing constraints. To the extent any AMI patients require admission, Gottlieb's affiliate, MacNeal Hospital, is located within five (5) miles of Gottlieb and serves the same population and geographic region as Gottlieb.

Criterion 1110.290(d)
Notice to Other Providers

1. Notices of the proposed discontinuation were sent to the other hospitals within ten (10) miles of Gottlieb that have an AMI category of service and are not affiliated with Gottlieb. Specifically, notices were sent to the following hospitals:

NAME	STREET	CITY	AMI BEDS
Adventist Hinsdale Hospital	120 North Oak Street	Hinsdale	17
Riveredge Hospital	8311 West Roosevelt Road	Forest Park	210
Loretto Hospital	645 South Central Avenue	Chicago	76
Garfield Park Hospital	520 Ridgeway Avenue	Chicago	88
Chicago Behavioral Hospital	555 Wilson Lane	Des Plaines	145
Advocate Lutheran General Hospital	1775 Dempster Street	Park Ridge	55
UHS Hartgrove Hospital	5730 West Roosevelt Road	Chicago	160
Mount Sinai Hospital Medical Center	1500 S Fairfield Ave	Chicago	28
Humboldt Park Health University of Illinois Hospital at Chicago	1044 North Francisco Avenue	Chicago	52
Rush University Medical Center	1740 West Taylor Avenue 1653 West Congress Parkway	Chicago	50 54

2. Copies of the notices are attached at ATTACHMENT 7.
3. Gottlieb did not send a notice to its affiliate, MacNeal Hospital, in Berwyn, Illinois.

December 27, 2024

VIA CERTIFIED MAIL (RETURN RECEIPT REQUESTED)

Adventist Hinsdale Hospital
120 North Oak Street
Hinsdale, IL 60521
Attention: CEO

Re: Gottlieb Memorial Hospital
Proposed Discontinuation of AMI 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 acute mental illness category of service at Gottlieb Memorial Hospital ("Gottlieb") due to low utilization. Gottlieb currently has 12 licensed acute mental illness beds. The discontinuation of the acute mental illness category of service at Gottlieb will have no impact on patient care because Gottlieb has had zero acute mental illness patients for the past 24 months primarily due to admission patterns shifting as a result of the COVID pandemic and staffing constraints. To the extent any acute mental illness patients require admission, Gottlieb's affiliate, MacNeal Hospital, is located within five (5) miles of Gottlieb and serves the same population and geographic region as Gottlieb.

Upon approval of the COE Application by the Review Board, Gottlieb will immediately and formally discontinue the acute mental illness category of service at Gottlieb. Presumably Gottlieb's COE Application will be considered at the next regularly scheduled meeting of the Review Board. That said, the COE Application could be approved sooner by the Chair of the Review Board.

In accordance with 77 Il. 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 Gottlieb's acute mental illness inpatient program. 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 acute mental illness category of service at Gottlieb will not have an adverse impact on your hospital.

Sincerely,



Edward Green
Counsel to Gottlieb Memorial Hospital

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CERTIFIED MAILER®

WALZ

Label #1
Adventist Hinsdale Hospital
120 North Oak Street
Hinsdale, IL 60521

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 5577 33

Certified Mail Fee	\$	
Return Receipt (Hardcopy)	\$	4.85
Return Receipt (Electronic)	\$	4.10
Certified Mail Restricted Delivery	\$	
Postage	\$	
Total Postage and Fees	\$	

Postmark Here

← TEAR ALONG THIS LINE

Sent to:

Adventist Hinsdale Hospital
120 North Oak Street
Hinsdale, IL 60521

Reference Information

048544-0381-2860-Green-Ed - 048544-0381 re Gottlieb



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B Label #5 (OPTIONAL)

Label #4
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SENDER'S RECORD

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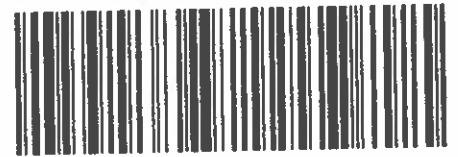


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Return Receipt (Form 3811) Barcode



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1. Article Addressed to:

Adventist Hinsdale Hospital
120 North Oak Street
Hinsdale, IL 60521

2. Certified Mail (Form 3800) Article Number

9414 7266 9904

0032

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

048544-0381-2860-Green-Ed - 048544-0381 re Gottlieb



Attachment

Thank you for using Return Receipt Service

December 27, 2024

VIA CERTIFIED MAIL (RETURN RECEIPT REQUESTED)

Riveredge Hospital
8311 West Roosevelt Road
Forest Park, IL 60130
Attention: CEO

Re: Gottlieb Memorial Hospital
Proposed Discontinuation of AMI 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 acute mental illness category of service at Gottlieb Memorial Hospital ("Gottlieb") due to low utilization. Gottlieb currently has 12 licensed acute mental illness beds. The discontinuation of the acute mental illness category of service at Gottlieb will have no impact on patient care because Gottlieb has had zero acute mental illness patients for the past 24 months primarily due to admission patterns shifting as a result of the COVID pandemic and staffing constraints. To the extent any acute mental illness patients require admission, Gottlieb's affiliate, MacNeal Hospital, is located within five (5) miles of Gottlieb and serves the same population and geographic region as Gottlieb.

Upon approval of the COE Application by the Review Board, Gottlieb will immediately and formally discontinue the acute mental illness category of service at Gottlieb. Presumably Gottlieb's COE Application will be considered at the next regularly scheduled meeting of the Review Board. That said, the COE Application could be approved sooner by the Chair of the Review Board.

In accordance with 77 Il. 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 Gottlieb's acute mental illness inpatient program. 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 acute mental illness category of service at Gottlieb will not have an adverse impact on your hospital.

Sincerely,



Edward Green
Counsel to Gottlieb Memorial Hospital

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FORM #45663 VERSION: E0423

U.S. Postal Service®
CERTIFIED MAIL® RECEIPT
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9414 7266 9904 2221 5576 34

Label #1 Riveredge Hospital
8311 West Roosevelt Road
Forest Park, IL 60130

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 Fee	\$	
Return Receipt (Hardcopy)	\$	4.85
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Certified Mail Restricted Delivery	\$	
Postage	\$	
Total Postage and Fees	\$	

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Sent to:

Riveredge Hospital
8311 West Roosevelt Road
Forest Park, IL 60130

Reference Information

048544-0381-2860-Green-Ed - Gottlieb
Memorial Hospital



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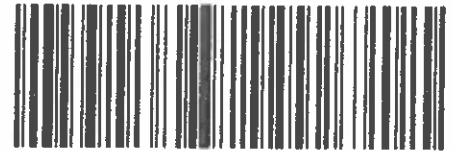


9590 9266 9904 2221 5576 37

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1. Article Addressed to:

Riveredge Hospital
8311 West Roosevelt Road
Forest Park, IL 60130

2. Certified Mail (Form 3811)

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0034

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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:

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Reference Information

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Memorial Hospital

Attachment

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December 27, 2024

VIA CERTIFIED MAIL (RETURN RECEIPT REQUESTED)

Loretto Hospital
645 South Central Avenue
Chicago, IL 60644
Attention: CEO

Re: Gottlieb Memorial Hospital
 Proposed Discontinuation of AMI 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 acute mental illness category of service at Gottlieb Memorial Hospital ("Gottlieb") due to low utilization. Gottlieb currently has 12 licensed acute mental illness beds. The discontinuation of the acute mental illness category of service at Gottlieb will have no impact on patient care because Gottlieb has had zero acute mental illness patients for the past 24 months primarily due to admission patterns shifting as a result of the COVID pandemic and staffing constraints. To the extent any acute mental illness patients require admission, Gottlieb's affiliate, MacNeal Hospital, is located within five (5) miles of Gottlieb and serves the same population and geographic region as Gottlieb.

Upon approval of the COE Application by the Review Board, Gottlieb will immediately and formally discontinue the acute mental illness category of service at Gottlieb. Presumably Gottlieb's COE Application will be considered at the next regularly scheduled meeting of the Review Board. That said, the COE Application could be approved sooner by the Chair of the Review Board.

In accordance with 77 Il. 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 Gottlieb's acute mental illness inpatient program. 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 acute mental illness category of service at Gottlieb will not have an adverse impact on your hospital.

Sincerely,



Edward Green
Counsel to Gottlieb Memorial Hospital

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Loretto Hospital
645 South Central Avenue
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

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Loretto Hospital
645 South Central Avenue
Chicago, IL 60644

Reference Information

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Memorial Hospital

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1. Article Addressed to:

Loretto Hospital
645 South Central Avenue
Chicago, IL 60644

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0036

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Reference Information

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Memorial Hospital



Attachment

7

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December 27, 2024

VIA CERTIFIED MAIL (RETURN RECEIPT REQUESTED)

Garfield Park Hospital
520 Ridgeway Avenue
Chicago, IL 60624
Attention: CEO

Re: Gottlieb Memorial Hospital
Proposed Discontinuation of AMI 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 acute mental illness category of service at Gottlieb Memorial Hospital ("Gottlieb") due to low utilization. Gottlieb currently has 12 licensed acute mental illness beds. The discontinuation of the acute mental illness category of service at Gottlieb will have no impact on patient care because Gottlieb has had zero acute mental illness patients for the past 24 months primarily due to admission patterns shifting as a result of the COVID pandemic and staffing constraints. To the extent any acute mental illness patients require admission, Gottlieb's affiliate, MacNeal Hospital, is located within five (5) miles of Gottlieb and serves the same population and geographic region as Gottlieb.

Upon approval of the COE Application by the Review Board, Gottlieb will immediately and formally discontinue the acute mental illness category of service at Gottlieb. Presumably Gottlieb's COE Application will be considered at the next regularly scheduled meeting of the Review Board. That said, the COE Application could be approved sooner by the Chair of the Review Board.

In accordance with 77 Il. 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 Gottlieb's acute mental illness inpatient program. 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 acute mental illness category of service at Gottlieb will not have an adverse impact on your hospital.

Sincerely,



Edward Green
Counsel to Gottlieb Memorial Hospital

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Sent to:

Garfield Park Hospital
520 Ridgeway Avenue
Chicago, IL 60624

Reference Information

048544-0381-2860-Green-Ed - Gottlieb
Memorial Hospital

Label #1
Garfield Park Hospital
520 Ridgeway Avenue
Chicago, IL 60624

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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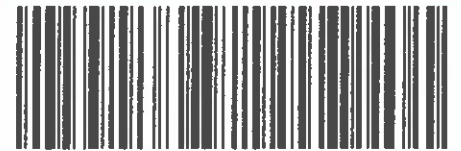


9590 9266 9904 2221 5577 12

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9590 9266 9904 2221 5577 12

1. Article Addressed to:

Garfield Park Hospital
520 Ridgeway Avenue
Chicago, IL 60624

2. Certified Mail (Form 38)

0038

9414 7266 99

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A. Signature Agent Addressee

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

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3. Service Type:

Certified Mail

Reference Information
048544-0381-2860-Green-Ed - Gottlieb
Memorial Hospital



Attachment

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December 27, 2024

VIA CERTIFIED MAIL (RETURN RECEIPT REQUESTED)

Chicago Behavioral Hospital
555 Wilson Lane
Des Plaines, IL 60016
Attention: CEO

Re: Gottlieb Memorial Hospital
Proposed Discontinuation of AMI 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 acute mental illness category of service at Gottlieb Memorial Hospital ("Gottlieb") due to low utilization. Gottlieb currently has 12 licensed acute mental illness beds. The discontinuation of the acute mental illness category of service at Gottlieb will have no impact on patient care because Gottlieb has had zero acute mental illness patients for the past 24 months primarily due to admission patterns shifting as a result of the COVID pandemic and staffing constraints. To the extent any acute mental illness patients require admission, Gottlieb's affiliate, MacNeal Hospital, is located within five (5) miles of Gottlieb and serves the same population and geographic region as Gottlieb.

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Sincerely,



Edward Green
Counsel to Gottlieb Memorial Hospital

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Label #1
Chicago Behavioral Hospital
555 Wilson Lane
Des Plaines, IL 60016

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 Fee	\$	
Return Receipt (Hardcopy)	\$	4.85
Return Receipt (Electronic)	\$	4.10
Certified Mail Restricted Delivery	\$	
Postage	\$	
Total Postage and Fees	\$	

Postmark
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Sent to:

Chicago Behavioral Hospital
555 Wilson Lane
Des Plaines, IL 60016

Reference Information

048544-0381-2860-Green-Ed - Gottlieb
Memorial Hospital

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9414 7266 9904 2221 5577 26
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Return Receipt (Form 3811) Barcode



9590 9266 9904 2221 5577 29

1. Article Addressed to:

Chicago Behavioral Hospital
555 Wilson Lane
Des Plaines, IL 60016

2. Certified Mail (Form 38C

9414 7266 990

0040

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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Certified Mail

Reference Information
048544-0381-2860-Green-Ed - Gottlieb
Memorial Hospital

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Attachment

7



December 27, 2024

VIA CERTIFIED MAIL (RETURN RECEIPT REQUESTED)

Advocate Lutheran General Hospital
1775 Dempster Street
Park Ridge, IL 60068
Attention: CEO

Re: Gottlieb Memorial Hospital
Proposed Discontinuation of AMI 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 acute mental illness category of service at Gottlieb Memorial Hospital ("Gottlieb") due to low utilization. Gottlieb currently has 12 licensed acute mental illness beds. The discontinuation of the acute mental illness category of service at Gottlieb will have no impact on patient care because Gottlieb has had zero acute mental illness patients for the past 24 months primarily due to admission patterns shifting as a result of the COVID pandemic and staffing constraints. To the extent any acute mental illness patients require admission, Gottlieb's affiliate, MacNeal Hospital, is located within five (5) miles of Gottlieb and serves the same population and geographic region as Gottlieb.

Upon approval of the COE Application by the Review Board, Gottlieb will immediately and formally discontinue the acute mental illness category of service at Gottlieb. Presumably Gottlieb's COE Application will be considered at the next regularly scheduled meeting of the Review Board. That said, the COE Application could be approved sooner by the Chair of the Review Board.

In accordance with 77 Il. 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 Gottlieb's acute mental illness inpatient program. 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 acute mental illness category of service at Gottlieb will not have an adverse impact on your hospital.

Sincerely,



Edward Green
Counsel to Gottlieb Memorial Hospital

WALZ
CERTIFIED
MAILER®

FROM

WALZ

FORM 3811 (Rev. 10-2010)

Label #1 Advocate Lutheran General Hospital
1775 Dempster Street
Park Ridge, IL 60068

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 5576 58

Certified Mail Fee	\$	
Return Receipt (Hardcopy)	\$	4.85
Return Receipt (Electronic)	\$	4.10
Certified Mail Restricted Delivery	\$	
Postage	\$	
Total Postage and Fees	\$	

Postmark
Here

Sent to:

Advocate Lutheran General Hospital
1775 Dempster Street
Park Ridge, IL 60068

Reference Information

048544-0381-2860-Green-Ed - Gottlieb
Memorial Hospital

TEAR ALONG THIS LINE

A FOLD AND TEAR THIS WAY → OPTIONAL

Label #5 (OPTIONAL)

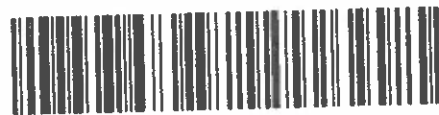
Label #4
Certified Article Number
9414 7266 9904 2221 5576 58
SENDER'S RECORD

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(affix to back of envelope)



CERT00893666

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



9590 9266 9904 2221 5576 51

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9414 7266 9904 2221 5576 58

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Return Receipt (Form 3811) Barcode



9590 9266 9904 2221 5576 51

1. Article Addressed to:

Advocate Lutheran General Hospital
1775 Dempster Street
Park Ridge, IL 60068

2. Certified Mail (Form 3800) Article Number

9414 7266 9904 0042

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
048544-0381-2860-Green-Ed - Gottlieb
Memorial Hospital



Attachment

Thank you for using Return Receipt Service

December 27, 2024

VIA CERTIFIED MAIL (RETURN RECEIPT REQUESTED)

UHS Hartgrove Hospital
5730 West Roosevelt Road
Chicago, IL 60644
Attention: CEO

Re: Gottlieb Memorial Hospital
Proposed Discontinuation of AMI 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 acute mental illness category of service at Gottlieb Memorial Hospital ("Gottlieb") due to low utilization. Gottlieb currently has 12 licensed acute mental illness beds. The discontinuation of the acute mental illness category of service at Gottlieb will have no impact on patient care because Gottlieb has had zero acute mental illness patients for the past 24 months primarily due to admission patterns shifting as a result of the COVID pandemic and staffing constraints. To the extent any acute mental illness patients require admission, Gottlieb's affiliate, MacNeal Hospital, is located within five (5) miles of Gottlieb and serves the same population and geographic region as Gottlieb.

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In accordance with 77 Il. 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 Gottlieb's acute mental illness inpatient program. 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 acute mental illness category of service at Gottlieb will not have an adverse impact on your hospital.

Sincerely,



Edward Green
Counsel to Gottlieb Memorial Hospital

WALZ
CERTIFIED
MAILER®

FROM **WALZ**

FORM #45663 VERSION: E0423

Label #1
UHS Hartgrove Hospital
5730 West Roosevelt Road
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

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

USPS® ARTICLE NUMBER

9414 7266 9904 2221 5576 65

Certified Mail Fee	\$	
Return Receipt (Hardcopy)	\$	4.85
Return Receipt (Electronic)	\$	4.10
Certified Mail Restricted Delivery	\$	
Postage	\$	
Total Postage and Fees	\$	

Postmark
Here

Sent to:

UHS Hartgrove Hospital
5730 West Roosevelt Road
Chicago, IL 60644

Reference Information

048544-0381-2860-Green-Ed - Gottlieb
Memorial Hospital



A FOLD AND TEAR THIS WAY → OPTIONAL

B Label #5 (OPTIONAL)

Label #4
Certified Article Number
9414 7266 9904 2221 5576 65
SENDER'S RECORD

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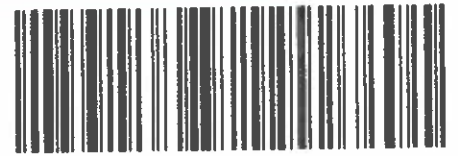


9590 9266 9904 2221 5576 68

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Return Receipt (Form 3811) Barcode



9590 9266 9904 2221 5576 68

1. Article Addressed to:

UHS Hartgrove Hospital
5730 West Roosevelt Road
Chicago, IL 60644

2. Certified Mail (Form 38

9414 7266 99

0044

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
048544-0381-2860-Green-Ed - Gottlieb
Memorial Hospital



Attachment

Thank you for using Return Receipt Service

December 27, 2024

VIA CERTIFIED MAIL (RETURN RECEIPT REQUESTED)

Mount Sinai Hospital Medical Center
1500 S Fairfield Ave
Chicago, IL 60608
Attention: CEO

Re: Gottlieb Memorial Hospital
Proposed Discontinuation of AMI 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 acute mental illness category of service at Gottlieb Memorial Hospital ("Gottlieb") due to low utilization. Gottlieb currently has 12 licensed acute mental illness beds. The discontinuation of the acute mental illness category of service at Gottlieb will have no impact on patient care because Gottlieb has had zero acute mental illness patients for the past 24 months primarily due to admission patterns shifting as a result of the COVID pandemic and staffing constraints. To the extent any acute mental illness patients require admission, Gottlieb's affiliate, MacNeal Hospital, is located within five (5) miles of Gottlieb and serves the same population and geographic region as Gottlieb.

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In accordance with 77 Il. 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 Gottlieb's acute mental illness inpatient program. 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 acute mental illness category of service at Gottlieb will not have an adverse impact on your hospital.

Sincerely,



Edward Green
Counsel to Gottlieb Memorial Hospital

WALZ
CERTIFIED
MAILER®

FROM

WALZ

FORM #3800 VERSION: 07/20

Label #1
Mount Sinai Hospital Medical Center
1500 S Fairfield Ave
Chicago, IL 60608

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 5576 72

Certified Mail Fee	\$	
Return Receipt (Hardcopy)	\$	4.85
Return Receipt (Electronic)	\$	4.10
Certified Mail Restricted Delivery	\$	
Postage	\$	
Total Postage and Fees	\$	

Postmark
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TEAR ALONG THIS LINE

Sent to:

Mount Sinai Hospital Medical Center
1500 S Fairfield Ave
Chicago, IL 60608

Reference Information

048544-0381-2860-Green-Ed - Gottlieb
Memorial Hospital



A FOLD AND TEAR THIS WAY → OPTIONAL

B Label #5 (OPTIONAL)

Certified Article Number

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9414 7266 9904 2221 5576 72

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9590 9266 9904 2221 5576 75

1. Article Addressed to:

Mount Sinai Hospital Medical Center
1500 S Fairfield Ave
Chicago, IL 60608

2. Certified Mail (Form 3811) Barcode

9414 7266 9904 2221 5576 75

0046

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

048544-0381-2860-Green-Ed - Gottlieb
Memorial Hospital



Attachment

7

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Thank you for using Return Receipt Service

December 27, 2024

VIA CERTIFIED MAIL (RETURN RECEIPT REQUESTED)

Humboldt Park Health
1044 North Francisco Avenue
Chicago, IL 60622
Attention: CEO

Re: Gottlieb Memorial Hospital
Proposed Discontinuation of AMI 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 acute mental illness category of service at Gottlieb Memorial Hospital ("Gottlieb") due to low utilization. Gottlieb currently has 12 licensed acute mental illness beds. The discontinuation of the acute mental illness category of service at Gottlieb will have no impact on patient care because Gottlieb has had zero acute mental illness patients for the past 24 months primarily due to admission patterns shifting as a result of the COVID pandemic and staffing constraints. To the extent any acute mental illness patients require admission, Gottlieb's affiliate, MacNeal Hospital, is located within five (5) miles of Gottlieb and serves the same population and geographic region as Gottlieb.

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Sincerely,



Edward Green
Counsel to Gottlieb Memorial Hospital

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FROM

WALZ

FORM #45663 VERSION: E0423

Label #1

Humboldt Park Health
1044 North Francisco Avenue
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

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

9414 7266 9904 2221 5576 89

Certified Mail Fee	\$	
Return Receipt (Hardcopy)	\$	4.85
Return Receipt (Electronic)	\$	4.10
Certified Mail Restricted Delivery	\$	
Postage	\$	
Total Postage and Fees	\$	

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Sent to:

Humboldt Park Health
1044 North Francisco Avenue
Chicago, IL 60622

Reference Information

048544-0381-2860-Green-Ed - Gottlieb
Memorial Hospital

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B Label #5 (OPTIONAL)

Certified Article Number

9414 7266 9904 2221 5576 89

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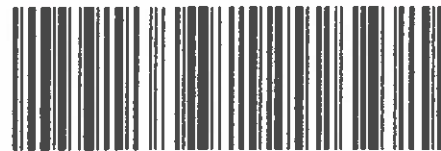


9590 9266 9904 2221 5576 82

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9590 9266 9904 2221 5576 82

1. Article Addressed to:

Humboldt Park Health
1044 North Francisco Avenue
Chicago, IL 60622

2. Certified Mail (Form 3811) Article Number

0048

9414 7266 9904 2221 5576 82

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
048544-0381-2860-Green-Ed - Gottlieb
Memorial Hospital



Attachment

7

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December 27, 2024

VIA CERTIFIED MAIL (RETURN RECEIPT REQUESTED)

University of Illinois Hospital at Chicago
1740 West Taylor Avenue
Chicago, IL 60612
Attention: CEO

Re: Gottlieb Memorial Hospital
Proposed Discontinuation of AMI 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 acute mental illness category of service at Gottlieb Memorial Hospital ("Gottlieb") due to low utilization. Gottlieb currently has 12 licensed acute mental illness beds. The discontinuation of the acute mental illness category of service at Gottlieb will have no impact on patient care because Gottlieb has had zero acute mental illness patients for the past 24 months primarily due to admission patterns shifting as a result of the COVID pandemic and staffing constraints. To the extent any acute mental illness patients require admission, Gottlieb's affiliate, MacNeal Hospital, is located within five (5) miles of Gottlieb and serves the same population and geographic region as Gottlieb.

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Sincerely,



Edward Green
Counsel to Gottlieb Memorial Hospital

WALZ
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MAILER®

FROM

WALZ

FORM #43003 VERSION: 09/20

Label #1
University of IL Hospital at Chgo
1740 West Taylor Avenue
Chicago, IL 60612

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

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

USPS® ARTICLE NUMBER
9414 7266 9904 2221 5576 96

Certified Mail Fee	\$		Postmark Here
Return Receipt (Hardcopy)	\$	4.85	
Return Receipt (Electronic)	\$	4.10	
Certified Mail Restricted Delivery	\$		
Postage	\$		
Total Postage and Fees	\$		

Sent to:
University of IL Hospital at Chgo
1740 West Taylor Avenue
Chicago, IL 60612

Reference Information
048544-0381-2860-Green-Ed - Gottlieb
Memorial Hospital

PS Form 3811, October 2009

TEAR ALONG THIS LINE

A FOLD AND TEAR THIS WAY → OPTIONAL

B Label #5 (OPTIONAL)

Label #4
Certified Article Number
9414 7266 9904 2221 5576 96
SENDER'S RECORD

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



9590 9266 9904 2221 5576 99

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9414 7266 9904 2221 5576 96

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DETACH ALONG PERFORATION

Return Receipt (Form 3811) Barcode

9590 9266 9904 2221 5576 99

1. Article Addressed to:
University of IL Hospital at Chgo
1740 West Taylor Avenue
Chicago, IL 60612

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
048544-0381-2860-Green-Ed - Gottlieb
Memorial Hospital

2. Certified Mail (Form 3811) Barcode
0050
9414 7266 9904 2221 5576 96



Attachment

Thank you for using Return Receipt Service

December 27, 2024

VIA CERTIFIED MAIL (RETURN RECEIPT REQUESTED)

Rush University Medical Center
1653 West Congress Parkway
Chicago, IL 60612
Attention: CEO

Re: Gottlieb Memorial Hospital
 Proposed Discontinuation of AMI 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 acute mental illness category of service at Gottlieb Memorial Hospital ("Gottlieb") due to low utilization. Gottlieb currently has 12 licensed acute mental illness beds. The discontinuation of the acute mental illness category of service at Gottlieb will have no impact on patient care because Gottlieb has had zero acute mental illness patients for the past 24 months primarily due to admission patterns shifting as a result of the COVID pandemic and staffing constraints. To the extent any acute mental illness patients require admission, Gottlieb's affiliate, MacNeal Hospital, is located within five (5) miles of Gottlieb and serves the same population and geographic region as Gottlieb.

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Sincerely,



Edward Green
Counsel to Gottlieb Memorial Hospital

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FROM **WALZ**

FORM #45663 VERSION: E0423

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

USPS® ARTICLE NUMBER

9414 7266 9904 2221 5577 02

Label #1
Rush University Medical Center
1653 West Congress Parkway
Chicago, IL 60612

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

TEAR ALONG THIS LINE

Certified Mail Fee	\$	
Return Receipt (Hardcopy)	\$	4.85
Return Receipt (Electronic)	\$	4.10
Certified Mail Restricted Delivery	\$	
Postage	\$	
Total Postage and Fees	\$	

Postmark
Here

Sent to:

Rush University Medical Center
1653 West Congress Parkway
Chicago, IL 60612

Reference Information

048544-0381-2860-Green-Ed - Gottlieb
Memorial Hospital



FOLD AND TEAR THIS WAY → OPTIONAL

Label #5 (OPTIONAL)

Certified Article Number
9414 7266 9904 2221 5577 02
SENDER'S RECORD

PS|Ship Tracking Label

(affix to back of envelope)



CERT00893673

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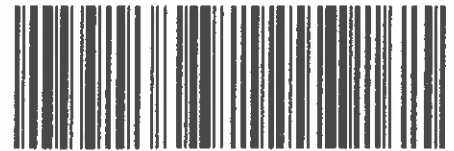


9590 9266 9904 2221 5577 05

Label #7 - Certified Mail Article Number

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OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

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9414 7266 9904 2221 5577 02

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RETURN RECEIPT REQUESTED
USPS® MAIL CARRIER
DETACH ALONG PERFORATION

Return Receipt (Form 3811) Barcode



9590 9266 9904 2221 5577 05

1. Article Addressed to:

Rush University Medical Center
1653 West Congress Parkway
Chicago, IL 60612

2. Certified Mail (Form 38C

9414 7266 990

0052

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
048544-0381-2860-Green-Ed - Gottlieb
Memorial Hospital



Attachment

Thank you for using Return Receipt Service

Section III
Attachment 8
Background

Gottlieb

1. Gottlieb is a fully licensed, Medicare-certified, Joint Commission accredited, Illinois not-for-profit general hospital. Copies of the current licenses and Joint Commission accreditation for Gottlieb are attached at ATTACHMENT 8.
2. Gottlieb is located at 701 West North Avenue, Melrose Park, Illinois.
3. There have been no adverse actions taken against any facility owned or operated by Gottlieb 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 Gottlieb 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 Gottlieb.
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) MacNeal Hospital, a general acute care hospital located in Berwyn, 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, Michigan, 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.



ILLINOIS DEPARTMENT OF PUBLIC HEALTH HF130808

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

Sameer Vohra, MD,JD,MA
Director

Issued under the authority of
the Illinois Department of
Public Health

EXPIRES 6/29/2025	CATEGORY	LICENSE NO. 0005793
General Hospital		
Effective: 06/30/2024		

Gottlieb Memorial Hospital
dba Loyola Health System at Gottlieb
701 W North Ave

Melrose Park, IL 60160

The face of this license has a colored background. • Printed by Authority of the State of Illinois • P.O. #4422001 10M 3/22

← **DISPLAY THIS PART IN A CONSPICUOUS PLACE**

Exp. Date 6/29/2025

Lic Number 0005793

Date Printed 5/14/2024

Gottlieb Memorial Hospital
dba Loyola Health System at Gottlieb
701 W North Ave
Melrose Park, IL 60160

FEE RECEIPT NO.



May 30, 2023

Elizabeth Early
Interim President
Gottlieb Memorial Hospital
701 West North Avenue
Melrose Park, IL 60160-1612

Re: # 7400
CCN: # 140008
Deemed Program: Hospital
Accreditation Expiration Date: March 31, 2026

Dear Ms. Early:

This letter confirms that your March 28, 2023 - March 30, 2023 unannounced full resurvey was conducted for the purposes of assessing compliance with the Medicare conditions for hospitals through The Joint Commission's deemed status survey process.

Based upon the submission of your evidence of standards compliance on May 25, 2023. The Joint Commission is granting your organization an accreditation decision of Accredited with an effective date of March 31, 2023.

The Joint Commission is also recommending your organization for continued Medicare certification effective March 31, 2023. Please note that the Centers for Medicare and Medicaid Services (CMS) Medicare Administrative Contractor (MAC) makes the final determination regarding your Medicare participation and the effective date of participation in accordance with the regulations at 42 CFR 489.13. Your organization is encouraged to share a copy of this Medicare recommendation letter with your State Survey Agency.

This recommendation applies to the following location:

Gottlieb Memorial Hospital
701 West North Avenue, Melrose Park, IL, 60160-1612

Please be assured that The Joint Commission will keep the report confidential, except as required by law or court order. To ensure that The Joint Commission's information about your organization is always accurate and current, our policy requires that you inform us of any changes in the name or ownership of your organization or the health care services you provide.

Sincerely,

A handwritten signature in cursive script that reads "Deborah A. Ryan".

Deborah A. Ryan, MS, RN



Executive Vice President
Division of Accreditation and Certification Operations

cc: CMS/Baltimore Office/Survey & Certification Group/Division of Acute Care Services
CMS/SOG Location 5 /Survey and Certification Staff



**Gottlieb
Memorial
Hospital**

December 11, 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
Gottlieb Memorial Hospital (AMI Category of Service Discontinuation)

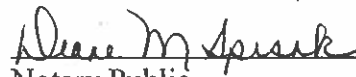
Dear Mr. Constantino:

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 Memorial Hospital, an Illinois not-for-profit corporation, during the three (3) years prior to the filing of this Certificate of Exemption Application.

Sincerely,


Elizabeth Early, FACHE, MHA
President

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


Notary Public



*We also treat the human spirit.**



**Gottlieb
Memorial
Hospital**

December 11, 2024

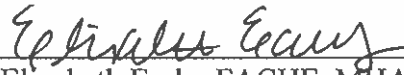
Mr. Michael Constantino
Project Review Supervisor
Illinois Health Facilities & Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: Authorization to Access Information
Gottlieb Memorial Hospital (AMI Category of Service Discontinuation)

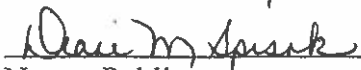
Dear Mr. Constantino:

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 Gottlieb Memorial Hospital 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,


Elizabeth Early, FACHE, MHA
President

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


Notary Public



We also treat the human spirit.



**LOYOLA
MEDICINE**

December 11, 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
Gottlieb Memorial Hospital (AMI Category of Service Discontinuation)

Dear Mr. Constantino:

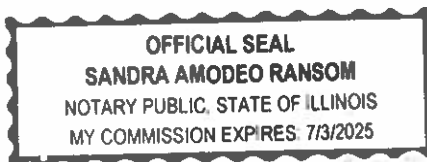
I hereby certify, under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109, that there have been no adverse actions taken against any facility owned or operated by Loyola University Health System d/b/a Loyola Medicine, an Illinois not-for-profit corporation,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

Sincerely,

Melissa Lukasick
Regional CFO
Loyola Medicine

SUBSCRIBED AND SWORN
to before me this 23rd day
of December, 2024.

Notary Public



4924-6588-2886.1

*We also treat the human spirit.**

Loyola Medicine | One Westbrook Cor

0060

Westchester, IL 60154

A Member of Trinity Health

Attachment

8



December 11, 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
Gottlieb Memorial Hospital (AMI Category of Service Discontinuation)

Dear Mr. Constantino:

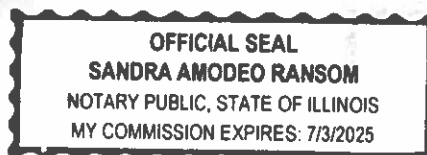
Pursuant to 77 Ill. Admin. Code § 1110.110(a)(2)(J), I hereby authorize the Illinois Health Facilities & Services Review Board (the "Board") and the Illinois Department of Public Health ("IDPH") to access all information necessary to verify any documentation or information submitted by Loyola University 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 Lukasick
Regional CFO
Loyola Medicine

SUBSCRIBED AND SWORN
to before me this 23rd day
of December, 2024.

Sandra Amodeo Ransom
Notary Public



4924-6588-2886.1



December 11, 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
Gottlieb Memorial Hospital (AMI 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 & CEO
Trinity Health Corporation

Subscribed and Sworn to before me
this 11th day of December, 2024.

Notary Public

LYNN M WITTMAN
My Commission Expires
September 25, 2029
County of Oakland
Acting in the County of Wayne





December 11, 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
Gottlieb Memorial Hospital (AMI 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 & CEO
Trinity Health Corporation

Subscribed and Sworn to before me
this 11th day of December, 2024.

Notary Public

LYNN M WITTMAN
My Commission Expires
September 25, 2029
County of Oakland
Acting in the County of Wayne

Section IV
Attachment 9
Safety Net Impact Statement

1. The discontinuation of the AMI category of service at Gottlieb will have no impact on patient care because Gottlieb currently has zero AMI patients and has had zero AMI patients over the past 24 months primarily due to admission patterns shifting as a result of the COVID pandemic and staffing constraints. To the extent any AMI patients require admission, Gottlieb's affiliate, MacNeal Hospital, is located within five (5) miles of Gottlieb and serves the same population and geographic region as Gottlieb.

2. The following chart sets forth the amount of charity care provided by Gottlieb in the last four years (as reported by Gottlieb on its Annual Hospital Questionnaires.)

	2020	2021	2022	2023
Number of Inpatient Charity Care Patients	169	165	164	91
Number of Outpatient Charity Care Patients	1,688	1,990	1,761	1,773
Total Number of Charity Care Patients	1,857	2,155	1,925	1,864
Inpatient Charity Care (Cost in Dollars)	\$555,208	\$2,135,788	\$2,556,019	\$1,727,916
Outpatient Charity Care (Cost in Dollars)	\$191,660	\$1,588,420	\$2,282,042	\$1,751,792
Total Charity Care (Cost in Dollars)	\$746,868	\$3,724,208	\$4,838,061	\$3,479,708

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

	2020	2021	2022	2023
Number of Inpatient Medicaid Patients	799	903	983	1,000
Number of Outpatient Medicaid Patients	4,229	5,329	4,733	10,495
Total Number of Medicaid Patients	5,028	6,232	5,716	11,495
Net Inpatient Medicaid Revenues	\$11,221,727	\$14,495,362	\$21,241,675	\$16,628,452
Net Outpatient Medicaid Revenues	\$6,634,617	\$10,649,724	\$11,804,336	\$11,151,308
Total Net Medicaid Revenues	\$17,856,344	\$25,145,085	\$33,046,011	\$27,779,760

Section V
Attachment 10
Charity Care Information

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

	2020	2021	2022	2023
Total Net Patient Revenue	\$139,225,038	\$161,217,095	\$170,497,785	\$165,248,236
Amount of Charity Care (Charges)	\$4,503,951	\$18,237,747	N/A	N/A
Cost of Charity Care	\$746,868	\$3,724,208	\$4,838,061	\$3,349,708
Cost of Charity Care/Total Net Patient Ratio	0.5%	2.3%	2.8%	2.1%

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	30-52
8	Background of the Applicant	53-63
9	Safety Net Impact Statement	64-65
10	Charity Care Information	66