

Original

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

26-009

RECEIVED

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

FEB 19 2026

This Section must be completed for all projects.

HEALTH FACILITIES &
SERVICES REVIEW BOARD

Facility/Project Identification

Facility Name: Sycamore Specialty Hospital		
Street Address: 225 Edward Street		
City and Zip Code: Sycamore, Illinois 60178		
County: DeKalb	Health Service Area: 1	Health Planning Area: B-04

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

Exact Legal Name: Sycamore Specialty Hospital LLC	
Street Address: 225 Edward Street	
City and Zip Code: Sycamore, Illinois 60178	
Name of Registered Agent: Saifullah Nasir, M.D.	
Registered Agent Street Address: 225 Edward Street	
Registered Agent City and Zip Code: Sycamore, Illinois 60178-2337	
Name of Chief Executive Officer: Saifullah Nasir, M.D.	
CEO Street Address: 225 Edward Street	
CEO City and Zip Code: Sycamore, Illinois 60178	
CEO Telephone Number: 956-536-6650	

Type of Ownership of Applicants

- | | |
|---|--|
| ☐ Non-profit Corporation | ☐ Partnership |
| ☐ For-profit Corporation | ☐ Governmental |
| ☒ Limited Liability Company | ☐ Sole Proprietorship |
| | ☐ Other |

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

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

Primary Contact [Person to receive ALL correspondence or inquiries]

Name: Anne M. Cooper
Title: Attorney
Company Name: Aronberg Goldgehn Davis & Garmisa
Address: 225 West Washington Street, Suite 2800, Chicago, Illinois 60606
Telephone Number: 312-755-3169
E-mail Address: acooper@agdglaw.com
Fax Number:

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

Name: Herschel Carey
Title: Administrator
Company Name: Sycamore Specialty Hospital
Address: 225 Edward Street, Sycamore, Illinois 60178
Telephone Number:
E-mail Address: herschel.carey@gmail.com
Fax Number:

Additional Contact (Person who is also authorized to discuss the application for permit)

Name: Omar Darawsha
Title:
Company Name: Sycamore Specialty Hospital
Address: 225 Edward Street, Sycamore, Illinois 60178
Telephone Number:
E-mail Address: omardarawsha1357@gmail.com
Fax Number:

Facility/Project Identification

Facility Name: Sycamore Specialty Hospital		
Street Address: 225 Edward Street		
City and Zip Code: Sycamore, Illinois 60178		
County: DeKalb	Health Service Area: 1	Health Planning Area: B-04

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

Exact Legal Name: Accelerated Medical Facilities, LLC		
Street Address: 225 Edward Street		
City and Zip Code: Sycamore, Illinois 60178		
Name of Registered Agent: Lynn Lucchese-Soto		
Registered Agent Street Address: 1753 North Tripp Avenue		
Registered Agent City and Zip Code: Chicago, Illinois 60639-4861		
Name of Chief Executive Officer: Saifullah Nasir, M.D.		
CEO Street Address: 225 Edward Street		
CEO City and Zip Code: Sycamore, Illinois 60178		
CEO Telephone Number: 956-536-6650		

Type of Ownership of Applicants

☐ Non-profit Corporation	☐ Partnership	
☐ For-profit Corporation	☐ Governmental	
☒ Limited Liability Company	☐ Sole Proprietorship	☐ Other

- o Corporations and limited liability companies must provide an **Illinois certificate of good standing**.
- o Partnerships must provide the name of the state in which 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: Anne M. Cooper
Title: Attorney
Company Name: Aronberg Goldgehn Davis & Garmisa
Address: 225 West Washington Street, Suite 2800, Chicago, Illinois 60606
Telephone Number: 312-755-3169
E-mail Address: acooper@agdglaw.com
Fax Number:

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

Name: Herschel Carey
Title: Administrator
Company Name: Sycamore Specialty Hospital
Address: 225 Edward Street, Sycamore, Illinois 60178
Telephone Number:
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Additional Contact [Person who is also authorized to discuss the application for permit]

Name: Omar Darawsha
Title:
Company Name: Sycamore Specialty Hospital
Address: 225 Edward Street, Sycamore, Illinois 60178
Telephone Number:
E-mail Address: omardarawsha1357@gmail.com
Fax Number:

Post Permit Contact

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

Name: Herschel Carey
Title: Administrator
Company Name: Sycamore Specialty Hospital
Address: 225 Edward Street, Sycamore, Illinois 60178
Telephone Number:
E-mail Address: herschel.carey@gmail.com
Fax Number:

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Accelerated Medical Facilities, LLC
Address of Site Owner: 225 Edward Street, Sycamore, Illinois 60178
Street Address or Legal Description of the Site: 225 Edward Street, Sycamore, Illinois 60178
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: Sycamore Specialty Hospital, LLC		
Address: 225 Edward Street, Sycamore, Illinois 60178		
☐ Non-profit Corporation ☐ For-profit Corporation ☒ Limited Liability Company	☐ Partnership ☐ Governmental ☐ Sole Proprietorship	☐ Other
- o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. - o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner. - o Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.		
APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.		

Organizational Relationships

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

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

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Flood Plain Requirements

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2006-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements, please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at www.FEMA.gov or www.illinoisfloodmaps.org. **This map must be in a readable format.** In addition, please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2006-5 (<http://www.hfsrb.illinois.gov>). **NOTE:** A SPECIAL FLOOD HAZARD AREA AND 500-YEAR FLOODPLAIN DETERMINATION FORM has been added at the conclusion of this Application for Permit that must be completed to deem a project complete.

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

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

Provide documentation regarding compliance with the requirements of the Historic Resources Preservation Act.

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

DESCRIPTION OF PROJECT

1. Project Classification

[Check those applicable - refer to Part 1110.20 and Part 1120.20(b)]

Part 1110 Classification :

- ☒ Substantive
☐ Non-substantive

2. Narrative Description

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.

Sycamore Specialty Hospital, LLC and Accelerated Medical Facilities, LLC (collectively, the "Applicants") seek authority from the Illinois Health Facilities and Services Review Board (the "State Board") to establish a long-term acute care hospital with 40 long term acute beds and 12 rehabilitation beds a 225 Edward Street, Sycamore, Illinois (the "Project").

The total cost of the Project is \$10,700,000.

The Project constitutes a substantive project because it proposes the establishment of a health care facility.

Project Costs and Sources of Funds

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-reviewable components that are not related to the provision of health care, complete the second column of the table below. Note, the use and sources of funds must be equal.

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts	\$3,045,000		\$3,045,000
Contingencies	\$455,000		\$455,000
Architectural/Engineering Fees	\$200,000		\$200,000
Consulting and Other Fees			
Movable or Other Equipment (not in construction contracts)	\$6,252,800	\$747,200	\$7,000,000
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment			
Other Costs to Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	\$9,952,800	\$747,200	\$10,700,000
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	\$9,952,800	\$747,200	\$10,700,000
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	\$9,952,800	\$747,200	\$10,700,000
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Related Project Costs

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

Land acquisition is related to project Purchase Price: \$ _____ Fair Market Value: \$ _____	☐ Yes ☒ No
The project involves the establishment of a new facility or a new category of service ☒ Yes ☐ No	
If yes, provide the dollar amount of all non-capitalized operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.	
Estimated start-up costs and operating deficit cost is \$ <u>\$945,429</u>	

Project Status and Completion Schedules

For facilities in which prior permits have been issued please provide the permit numbers.	
Indicate the stage of the project's architectural drawings:	
☒ None or not applicable ☐ Schematics	☐ Preliminary ☐ Final Working
Anticipated project completion date (refer to Part 1130.140): <u>June 30, 2028</u>	
Indicate the following with respect to project expenditures or to financial commitments (refer to Part 1130.140):	
☐ Purchase orders, leases, or contracts pertaining to the project have been executed. ☐ Financial commitment is contingent upon permit issuance. Provide a copy of the contingent "certification of financial commitment" document, highlighting any language related to CON Contingencies ☒ Financial Commitment will occur after permit issuance.	
APPEND DOCUMENTATION AS ATTACHMENT 8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

State Agency Submittals [Section 1130.620(c)]

Are the following submittals up to date as applicable? ☐ Cancer Registry NOT APPLICABLE ☐ APORS NOT APPLICABLE ☐ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted NOT APPLICABLE ☐ All reports regarding outstanding permits NOT APPLICABLE Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.
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Cost Space Requirements

Provide in the following format, the **Departmental Gross Square Feet (DGSF)** or the **Building Gross Square Feet (BGSF)** and cost. The type of gross square footage either DGSF or BGSF must be identified. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the departments or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

Not Reviewable Space (i.e., non-clinical): means an area for the benefit of the patients, visitors, staff, or employees of a health care facility and not directly related to the diagnosis, treatment, or rehabilitation of persons receiving services from the health care facility. "Non-clinical service areas" include, but are not limited to, chapels; gift shops; newsstands; computer systems; tunnels, walkways, and elevators; telephone systems; projects to comply with life safety codes; educational facilities; student housing; patient, employee, staff, and visitor dining areas; administration and volunteer offices; modernization of structural components (such as roof replacement and masonry work); boiler repair or replacement; vehicle maintenance and storage facilities; parking facilities; mechanical systems for heating, ventilation, and air conditioning; loading docks; and repair or replacement of carpeting, tile, wall coverings, window coverings or treatments, or furniture. Solely for the purpose of this definition, "non-clinical service area" does not include health and fitness centers. [20 ILCS 3960/3]

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
REVIEWABLE							
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical							
NON-REVIEWABLE							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL							

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

Facility Bed Capacity and Utilization - NOT APPLICABLE

Complete the following chart, as applicable. Complete a separate chart for each facility that is a part of the project and insert the chart after this page. Provide the existing bed capacity and utilization data for the latest **Calendar Year for which data is available**. Include **observation days in the patient day totals for each bed service**. Any bed capacity discrepancy from the Inventory will result in the application being deemed **incomplete**.

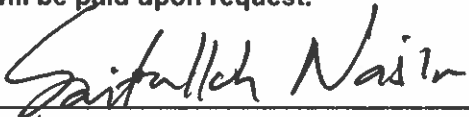
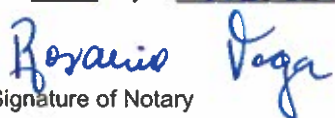
FACILITY NAME:		CITY:			
REPORTING PERIOD DATES:		From:		to:	
Category of Service	Authorized Beds	Admissions	Patient Days	Bed Changes	Proposed Beds
Medical/Surgical					
Obstetrics					
Pediatrics					
Intensive Care					
Comprehensive Physical Rehabilitation					
Acute/Chronic Mental Illness					
Neonatal Intensive Care					
General Long-Term Care					
Specialized Long-Term Care					
Long Term Acute Care					
Other ((identify))					
TOTALS:					

CERTIFICATION

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

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

This Application is filed on the behalf of **Sycamore Specialty Hospital, LLC** 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	Signature	SIGNATURE
Saifullah Nasir, M.D.		PRINTED NA
Printed Name	Printed Name	
Manager		PRINTED TIT
Printed Title	Printed Title	
Notarization: Subscribed and sworn to before me this <u>17th</u> day of <u>February</u>	Notarization: Subscribed and sworn to before me this _____ day of _____	Notarization: Subscribed at this _____ da
		Signature of N
Signature of Notary	Signature of Notary	Seal
Seal	Seal	

*Insert the EXACT legal name of the applicant

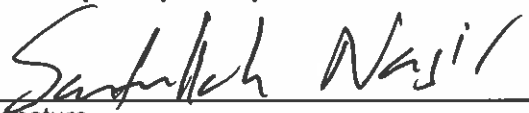


CERTIFICATION

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

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

This Application is filed on the behalf of Accelerated Medical Facilities, LLC 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

Saifullah Nasir, M.D.

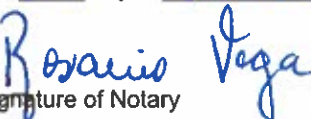
Printed Name

Manager

Printed Title

Notarization:

Subscribed and sworn to before me
this 17th day of February


Signature of Notary

Seal

*Insert the EXACT legal name of the applicant

Signature

Printed Name

Printed Title

Notarization:

Subscribed and sworn to before me
this ____ day of ____

Signature of Notary

Seal

SIGNATURE

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Notarization:
Subscribed at
this ____ da

Signature of Notary
Seal



SECTION III. BACKGROUND, PURPOSE OF THE PROJECT, AND ALTERNATIVES - INFORMATION REQUIREMENTS

This Section is applicable to all projects except those that are solely for discontinuation with no project costs.

1110.110(a) – Background of the Applicant

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.
2. A listing of all health care facilities currently owned and/or operated in Illinois, by any corporate officers or directors, LLC members, partners, or owners of at least 5% of the proposed health care facility.
3. For the following questions, please provide information for each applicant, including corporate officers or directors, LLC members, partners, and owners of at least 5% of the proposed facility. A health care facility is considered owned or operated by every person or entity that owns, directly or indirectly, an ownership interest.
 - a. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant, directly or indirectly, during the three years prior to the filing of the application.
 - b. A certified listing of each applicant, identifying those individuals that have been cited, arrested, taken into custody, charged with, indicted, convicted, or tried for, or pled guilty to the commission of any felony or misdemeanor or violation of the law, except for minor parking violations; or the subject of any juvenile delinquency or youthful offender proceeding. Unless expunged, provide details about the conviction, and submit any police or court records regarding any matters disclosed.
 - c. A certified and detailed listing of each applicant or person charged with fraudulent conduct or any act involving moral turpitude.
 - d. A certified listing of each applicant with one or more unsatisfied judgements against him or her.
 - e. A certified and detailed listing of each applicant who is in default in the performance or discharge of any duty or obligation imposed by a judgment, decree, order or directive of any court or governmental agency.
4. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**
5. If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest that the information was previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant can submit amendments to previously submitted information, as needed, to update and/or clarify data.

APPEND DOCUMENTATION AS ATTACHMENT 11, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 11.

Criterion 1110.110(b) & (d)

PURPOSE OF PROJECT

1. Document that the project will provide health services that improve the health care or well-being of the market area population to be served.
2. Define the planning area or market area, or other relevant area, per the applicant's definition.
3. Identify the existing problems or issues that need to be addressed as applicable and appropriate for the project.
4. Cite the sources of the documentation.
5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.
6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals **as appropriate**.

For projects involving modernization, describe the conditions being upgraded, if any. For facility projects, include statements of the age and condition of the project site, as well as regulatory citations, if any. For equipment being replaced, include repair and maintenance records.

NOTE: Information regarding the "Purpose of the Project" will be included in the State Board Staff Report.

APPEND DOCUMENTATION AS ATTACHMENT 12, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-6) MUST BE IDENTIFIED IN ATTACHMENT 12.

ALTERNATIVES

- 1) Identify **ALL** the alternatives to the proposed project:
Alternative options **must** include:
 - A) Proposing a project of greater or lesser scope and cost.
 - B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes.
 - C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and
 - D) Provide the reasons why the chosen alternative was selected.
- 2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality, and financial benefits in both the short-term (within one to three years after project completion) and long-term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED, THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**
- 3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

APPEND DOCUMENTATION AS ATTACHMENT 13, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION IV. PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE

Criterion 1110.120 - Project Scope, Utilization, and Unfinished/Shell Space

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

1. Document that the amount of physical space proposed for the proposed project is necessary and not excessive. **This must be a narrative and it shall include the basis used for determining the space and the methodology applied.**
2. If the gross square footage exceeds the BGSF/DGSF standards in Appendix B, justify the discrepancy by documenting one of the following:
 - a. Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies and certified by the facility's Medical Director.
 - b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that delineates the constraints or impediments.
 - c. The project involves the conversion of existing space that results in excess square footage.
 - d. Additional space is mandated by governmental or certification agency requirements that were not in existence when Appendix B standards were adopted.

Provide a narrative for any discrepancies from the State Standard. A table must be provided in the following format with Attachment 14.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?

APPEND DOCUMENTATION AS ATTACHMENT 14, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

PROJECT SERVICES UTILIZATION:

This criterion is applicable only to projects or portions of projects that involve services, functions, or equipment for which HFSRB has established utilization standards or occupancy targets in 77 Ill. Adm. Code 1100.

Document that in the second year of operation, the annual utilization of the service or equipment shall meet or exceed the utilization standards specified in 1110.Appendix B. **A narrative of the rationale that supports the projections must be provided.**

A table must be provided in the following format with Attachment 15.

UTILIZATION					
	DEPT./ SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD	MET STANDARD?
YEAR 1					
YEAR 2					

APPEND DOCUMENTATION AS ATTACHMENT 15, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

UNFINISHED OR SHELL SPACE:

Provide the following information:

1. Total gross square footage (GSF) of the proposed shell space.
2. The anticipated use of the shell space, specifying the proposed GSF to be allocated to each department, area, or function.
3. Evidence that the shell space is being constructed due to:
 - a. Requirements of governmental or certification agencies; or
 - b. Experienced increases in the historical occupancy or utilization of those areas proposed to occupy the shell space.
4. Provide:
 - a. Historical utilization for the area for the latest five-year period for which data is available; and
 - b. Based upon the average annual percentage increase for that period, projections of future utilization of the area through the anticipated date when the shell space will be placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT 16, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

ASSURANCES:

Submit the following:

1. Verification that the applicant will submit to HFSRB a CON application to develop and utilize the shell space, regardless of the capital thresholds in effect at the time or the categories of service involved.
2. The estimated date by which the subsequent CON application (to develop and utilize the subject shell space) will be submitted; and
3. The anticipated date when the shell space will be completed and placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT 17, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION VI. SERVICE SPECIFIC REVIEW CRITERIA

This Section is applicable to all projects proposing the establishment, expansion, or modernization of categories of service that are subject to CON review, as provided in the Illinois Health Facilities Planning Act [20 ILCS 3960]. It is comprised of information requirements for each category of service, as well as charts for each service, indicating the review criteria that must be addressed for each action (establishment, expansion, and modernization). After identifying the applicable review criteria for each category of service involved, read the criteria, and provide the required information APPLICABLE TO THE CRITERIA THAT MUST BE ADDRESSED:

B. Criterion 1110.205 - Comprehensive Physical Rehabilitation

- Applicants proposing to establish, expand and/or modernize the Comprehensive Physical Rehabilitation category of service must submit the following information:
- Indicate bed capacity changes by Service: Indicate # of beds changed by action(s):

Category of Service	# Existing Beds	# Proposed Beds
☒ Comprehensive Physical Rehabilitation	0	12

- READ the applicable review criteria outlined below and **submit the required documentation for the criteria:**

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.205(b)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (Formula calculation)	X		
1110.205(b)(2) - Planning Area Need - Service to Planning Area Residents	X	X	
1110.205(b)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	X		
1110.205(b)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service		X	
1110.205(b)(5) - Planning Area Need - Service Accessibility	X		
1110.205(c)(1) - Unnecessary Duplication of Services	X		
1110.205(c)(2) - Maldistribution	X		
1110.205(c)(3) - Impact of Project on Other Area Providers	X		
1110.205(d)(1), (2), and (3) - Deteriorated Facilities			X
1110.205(d)(4) - Occupancy			X
1110.205(e)(1) - Staffing Availability	X	X	
1110.205(f) - Performance Requirements	X	X	X
1110.205(g) - Assurances	X	X	

APPEND DOCUMENTATION AS ATTACHMENT <u>20</u>, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

L. 1110.265 - Long Term Acute Care Hospital

1. Applicants proposing to establish, expand and/or modernize Long Term Acute Care Hospital Bed projects must submit the following information:
2. Indicate the bed service(s) and capacity changes by Service:
Indicate the # of beds by action(s):

Category of Service	# Existing Beds	# Proposed Beds
☒ LTACH	0	40
☐ Intensive Care		
☐		

3. **READ the applicable review criteria outlined below and submit the required documentation for the criteria:**

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.265(b)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (Formula calculation)	X		
1110.265(b)(2) - Planning Area Need - Service to Planning Area Residents	X	X	
1110.265(b)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	X		
1110.265(b)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service		X	
1110.265(b)(5) - Planning Area Need - Service Accessibility	X		
1110.265(c)(1) - Unnecessary Duplication of Services	X		
1110.265(c)(2) - Maldistribution	X		
1110.265(c)(3) - Impact of Project on Other Area Providers	X		
1110.265(d)(1), (2), and (3) - Deteriorated Facilities			X
1110.265(d)(4) - Occupancy			X
1110.265(e) - Staffing Availability	X	X	
1110.265(f) - Performance Requirements	X	X	X
1110.265(g) - Assurances	X	X	
APPEND DOCUMENTATION AS ATTACHMENT 30, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

M. Criterion 1110.270 - Clinical Service Areas Other than Categories of Service

1. Applicants proposing to establish, expand and/or modernize Clinical Service Areas Other than categories of service must submit the following information:

2. Indicate changes by Service: Indicate # of key room changes by action(s):

Service	# Existing Key Rooms	# Proposed Key Rooms
☒ Emergency Services	0	0
☒ Diagnostic Radiology	0	
☒ Laboratory	0	1
☒ Pharmacy	0	1
☒ Occupational/Physical Therapy	0	1

3. READ the applicable review criteria outlined below and submit the required documentation for the criteria:

Project Type	Required Review Criteria
New Services or Facility or Equipment	(b) – Need Determination – Establishment
Service Modernization	(c)(1) – Deteriorated Facilities
	AND/OR
	(c)(2) – Necessary Expansion
	PLUS
	(c)(3)(A) – Utilization – Major Medical Equipment
	OR
	(c)(3)(B) – Utilization – Service or Facility
APPEND DOCUMENTATION AS ATTACHMENT 31, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

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

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

VII. 1120.120 - AVAILABILITY OF FUNDS

The applicant shall document those financial resources shall be available and be equal to or exceed the estimated total project cost plus any related project costs by providing evidence of sufficient financial resources from the following sources, as applicable [Indicate the dollar amount to be provided from the following sources]:

\$10,700,000	a) Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to: 1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and 2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion. b) Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated timetable of gross receipts and related fundraising expenses, and a discussion of past fundraising experience. c) Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated timetable of receipts. d) Debt – a statement of the estimated terms and conditions (including the debt time, variable or permanent interest rates over the debt time, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including: 1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated. 2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate. 3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc. 4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment. 5) For any option to lease, a copy of the option, including all
--------------	--

	terms and conditions.
_____	e) Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent.
_____	f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt.
_____	g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
\$10,700,000	TOTAL FUNDS AVAILABLE
APPEND DOCUMENTATION AS ATTACHMENT 34, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

SECTION VIII. 1120.130 - FINANCIAL VIABILITY

All the applicants and co-applicants shall be identified, specifying their roles in the project funding, or guaranteeing the funding (sole responsibility or shared) and percentage of participation in that funding.

Financial Viability Waiver

The applicant is not required to submit financial viability ratios if:

1. "A" Bond rating or better
2. All the project's capital expenditures are completely funded through internal sources
3. The applicant's current debt financing or projected debt financing is insured or anticipated to be insured by MBIA (Municipal Bond Insurance Association Inc.) or equivalent
4. The applicant provides a third-party surety bond or performance bond letter of credit from an A rated guarantor.

See Section 1120.130 Financial Waiver for information to be provided

APPEND DOCUMENTATION AS ATTACHMENT 35, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

The applicant or co-applicant that is responsible for funding or guaranteeing funding of the project shall provide viability ratios for the latest three years for which **audited financial statements are available and for the first full fiscal year at target utilization, but no more than two years following project completion.** When the applicant's facility does not have facility specific financial statements and the facility is a member of a health care system that has combined or consolidated financial statements, the system's viability ratios shall be provided. If the health care system includes one or more hospitals, the system's viability ratios shall be evaluated for conformance with the applicable hospital standards.

	Historical 3 Years			Projected
Enter Historical and/or Projected Years:				
Current Ratio				
Net Margin Percentage				
Percent Debt to Total Capitalization				
Projected Debt Service Coverage				
Days Cash on Hand				
Cushion Ratio				

Provide the methodology and worksheets utilized in determining the ratios detailing the calculation and applicable line item amounts from the financial statements. Complete a separate table for each co-applicant and provide worksheets for each.

Variance

Applicants not in compliance with any of the viability ratios shall document that another organization, public or private, shall assume the legal responsibility to meet the debt obligations should the applicant default.

APPEND DOCUMENTATION AS ATTACHMENT 36, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION IX. 1120.140 - ECONOMIC FEASIBILITY

This section is applicable to all projects subject to Part 1120.

A. Reasonableness of Financing Arrangements

The applicant shall document the reasonableness of financing arrangements by submitting a notarized statement signed by an authorized representative that attests to one of the following:

- 1) That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or
- 2) That the total estimated project costs and related costs will be funded in total or in part by borrowing because:
 - A) A portion or all the cash and equivalents must be retained in the balance sheet asset accounts to maintain a current ratio of at least 2.0 times for hospitals and 1.5 times for all other facilities; or
 - B) Borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

B. Conditions of Debt Financing

This criterion is applicable only to projects that involve debt financing. The applicant shall document that the conditions of debt financing are reasonable by submitting a notarized statement signed by an authorized representative that attests to the following, as applicable:

- 1) That the selected form of debt financing for the project will be at the lowest net cost available.
- 2) That the selected form of debt financing will not be at the lowest net cost available but is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs, and other factors.
- 3) That the project involves (in total or in part) the leasing of equipment or facilities and that the expenses incurred with leasing a facility or equipment are less costly than constructing a new facility or purchasing new equipment.

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

1. Identify each department or area impacted by the proposed project and provide a cost and square footage allocation for new construction and/or modernization using the following format (insert after this page).

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (List below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New	Circ.*	Gross Sq. Ft. Mod.	Circ.*	Const. \$ (A x C)	Mod \$ (B x E)	
Contingency									
TOTALS									

* Include the percentage (%) of space for circulation

D. Projected Operating Costs

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

E. Total Effect of the Project on Capital Costs

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

APPEND DOCUMENTATION AS ATTACHMENT 37, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION X. SAFETY NET IMPACT STATEMENT

SAFETY NET IMPACT STATEMENT that describes all the following must be submitted for **ALL SUBSTANTIVE PROJECTS AND PROJECTS TO DISCONTINUE HEALTH CARE FACILITIES** [20 ILCS 3960/5.4]:

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

Safety Net Impact Statements shall also include all the following:

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

A table in the following format must be provided as part of Attachment 37.

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

	Outpatient				
	Total				

APPEND DOCUMENTATION AS ATTACHMENT 38, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION X. CHARITY CARE INFORMATION

Charity Care information **MUST** be furnished for **ALL** projects [1120.20(c)].

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

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

A table in the following format must be provided for all facilities as part of Attachment 39.

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

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

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

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

1. Applicant: Sycamore Specialty Hospital 225 Edward Street
(Name) (Address)
Sycamore Illinois 60178 956-536-6650
(City) (State) (ZIP Code) (Telephone Number)

2. Project Location: 225 Edward Street Sycamore, IL
(Address) (City) (State)
DeKalb Sycamore
(County) (Township) (Section)

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

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

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

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

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

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

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

FIRM Panel Number: _____ Effective Date: _____

Name of Official: _____ Title: _____

Business/Agency: _____ Address: _____

(City) (State) (ZIP Code) (Telephone Number)
Signature: _____ Date: _____

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

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

Section I, Identification, General Information, and Certification
Applicants

Certificates of Good Standing for Sycamore Specialty Hospital, LLC (the "Hospital") and Accelerated Medical Facilities, LLC (collectively, the "Applicants") are attached at Attachment – 1.

Sycamore Specialty Hospital, LLC will be the operator/licensee of the Hospital.

Accelerated Medical Facilities, LLC owns site where the planned Hospital will be located.



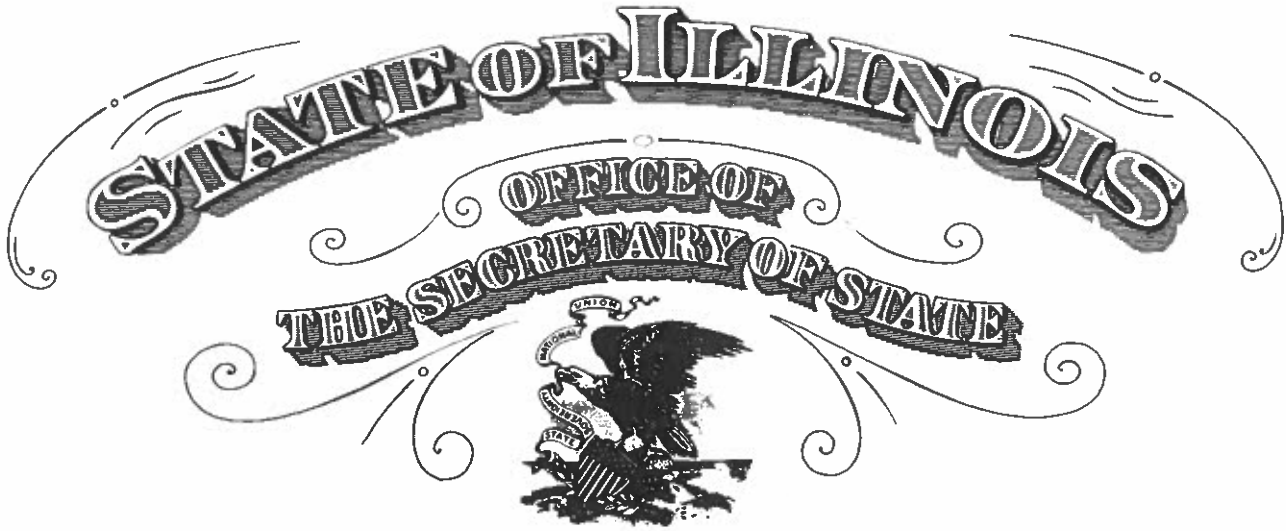
To all to whom these Presents Shall Come, Greeting:

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

SYCAMORE SPECIALTY HOSPITAL, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MAY 28, 2025, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY 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 4TH day of AUGUST A.D. 2025 .



To all to whom these Presents Shall Come, Greeting:

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

ACCELERATED MEDICAL FACILITIES, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON APRIL 28, 2025, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY 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 4TH day of AUGUST A.D. 2025 .

Authentication #: 2521601340 verifiable until 08/04/2026
Authenticate at: <https://www.ilsos.gov>

Alexi Giannoulis
SECRETARY OF STATE

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

The filed warranty deed conveying the site of the Hospital from 225 Sycamore LLC to Accelerated Medical Facilities, LLC is attached at Attachment – 2.



2025003364

Prepared by:
225 Sycamore LLC
1430 Meandro Ria Lane
Fairview, TX 75069

After recording return to and send
future tax bills to:

Accelerated Medical Facilities, LLC
225 Edward Street
Sycamore, IL 60178



TASHA SIMS
RECORDER - DEKALB COUNTY, IL
RECORDED: 5/7/2025 02:48 PM
REC FEE: 56.00 RHSPS FEE: 18.00
STATE TAX: 320.00
COUNTY TAX: 160.00
PAGES: 5

(For Recorder's Use Only)

SPECIAL WARRANTY DEED

THIS INDENTURE, made by 225 SYCAMORE LLC, a Texas limited liability company ("Grantor"), with an address of 1430 Meandro Ria Lane Fairview, TX 75069, and ACCELERATED MEDICAL FACILITIES LLC, a Illinois limited liability company ("Grantee"), with an address of 225 Edward Street, IL 60178, WITNESSETH, that Grantor for and in consideration of the sum of Ten and No/100 Dollars in hand paid by Grantee, the receipt whereof is hereby acknowledged, by these presents does GRANT, BARGAIN, SELL, REMISE, RELEASE AND CONVEY to Grantee all of that certain real property more particularly described in Schedule 1 attached hereto and incorporated herein by this reference, subject to (a) all non-delinquent real property taxes, (b) all non-delinquent special assessments, if any, and (c) all other liens, leases, easements, encumbrances, covenants, conditions, restrictions and other matters of record (collectively, the "Permitted Exceptions")

Grantor, for itself, and its successors, does covenant, promise and agree, to and with the Grantee, its heirs and assigns, that Grantor has not done or suffered to be done, anything whereby the said premises hereby granted are, or may be, in any manner encumbered or charged, and WILL WARRANT AND DEFEND against all persons lawfully claiming or to claim the same, by through or under it, subject to all liens and encumbrances that the Grantee is obligated to discharge and the Permitted Exceptions, and not otherwise.

[Signature Page Follows]

CITY OF SYCAMORE		REAL ESTATE TRANSFER TAX
CITY TAX 	5/7/25 DATE	\$ 1600 ⁰⁰
		8316
REAL ESTATE TRANSFER TAX		

Dated: 05/02/25

225 SYCAMORE, LLC. a Texas Limited Liability Company

By: [Signature]

Name: Saben Michael Emery

Title: Managing Member

By: [Signature]

Name: Miranda Nicole Emery

Title: Managing Member

STATE OF TEXAS

)
) ss.
)

COUNTY OF COLLIN

I certify that I know or have satisfactory evidence that the person appearing before me and making this acknowledgment is the person whose true signature appears on this document.

On this 2nd day of May, 2025, before me personally appeared Saben Michael Emery, Miranda Nicole Emery, to me known to be the Managing Members of 225 SYCAMORE, LLC. a Texas Limited Liability Company, Limited Partnership, a Texas limited partnership, the limited partnership that executed the within and foregoing instrument, and acknowledged the said instrument to be the free and voluntary act and deed of said limited partnership, for the uses and purposes therein mentioned, and on oath stated that he/she was authorized to execute said instrument.

WITNESS my hand and official seal hereto affixed the date and year first above written.

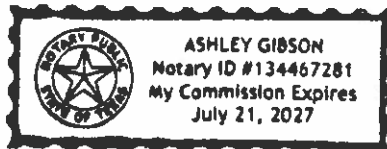
[Signature]
Notary Public in and for the State of Texas

Residing at McKinney

My commission expires: July 21, 2027

Ashley Gibson

Type or Print Notary Name



Schedule 1

Legal Description

Parcel 1

Lots 1, 2, 3, 4, 5, 6, and the East 13 feet of Lot 7, in Block 1 of the HENRY L. BOIES ADDITION TO THE VILLAGE (now city) of Sycamore, according to the plat thereof recorded in Book "A" of Plats, Page 39, together with Lot 2 of M.E. CHURCH ADDITION TO SYCAMORE according to the plat thereof recorded in Book "B" of Plats, Page 3, on June 7, 1876, all in the City of Sycamore, Dekalb County, Illinois.

Parcel 2

Lot 1 (except Westerly 10 feet thereof) in Block 2 of HENRY L. BOIES ADDITION TO THE VILLAGE (now city) of Sycamore according to the plat thereof recorded in Book "A" of Plats, Page 39, all in the City of Sycamore, Dekalb County, Illinois.

Permanent Real Estate Index Number(s): 06-32-451-003, 06-32-451-004, 06-32-452-009, 06-32-377-011, 06-32-377-012

Address of real estate: 225 Edward Street, Sycamore, Illinois

PLAT ACT AFFIDAVIT

State of: Texas)
) ss.

County of: Collin)

Saben Michael Emery and Miranda Nicole Emery, Managing Members of 225 Sycamore, LLC being duly sworn on oath, states that he/she/they reside(s) at *, that the attached deed is not in violation of Section 1 of the Plat Act (765 ILCS 205/1) for one of the following reasons:

* 1430 Meandro Rialane, Fairview, TX 75069

Section (A) Said deed is not applicable as the grantors own no adjoining property to the premises described in said deed.

OR

Section B. The conveyance falls within one of the following exemptions set forth in the Act at paragraph (b) of 1:

1. The division or subdivision of land into parcels or tracts of 5 acres or more in size which does not involved any new streets or easements of access;
2. The division of lots or blocks of less than 1 acre in any recorded subdivision which does not involve any new streets or easements of access;
3. The sale or exchange of parcels of land between owners of adjoining and contiguous land;
4. The conveyance of parcels of land or interests therein for use as a right of way for railroads or other public utility facilities and other pipe lines which does not involved any new streets or easements of access;
5. The conveyance of land owned by a railroad or other public utility which does not involved any new streets or easements of access;
6. The conveyance of land for highway or other public purposes or grants or conveyances relating to the dedication of land for public use or instruments relating to the vacation of land impressed with a public use;
7. Conveyances made to correct descriptions in prior conveyances;
8. The sale or exchange of parcels or tracts of land following the division into no more than 2 parts of a particular parcel or tract of land existing on July 17, 1959 and not involving any new streets or easements of access;
9. The sale of a single lot of less than 5 acres from a larger tract when a survey is made by an Illinois Registered Land Surveyor; provided, that this exemption shall not apply to the sale of any subsequent lots from the same larger tract of land, as determined by the dimensions and configurations of the larger tract on October 1, 1973, and provided also that this exemption does not invalidate any local requirements applicable to the subdivision of land.

CIRCLE LETTER OR NUMBER WHICH IS APPLICABLE TO ATTACHED DEED.

Affiant further states that he/she/they make(s) this affidavit for the purpose of inducing the Recorder of Deeds of Dekalb County, Illinois to accept the attached deed for recording.

225 Sycamore, LLC, a Texas limited liability company

By: 

Name: Saben Michael Emery

Title: Managing Member

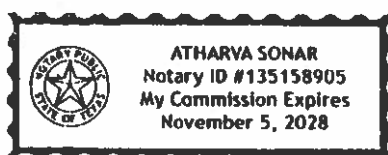
By: 

Name: Miranda Nicole Emery

Title: Managing Member

Subscribed and sworn to before me by the said affiant this 2nd day of May,
2025.

A. Sonar
Notary Public



Unofficial

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

The Illinois Certificate of Good Standing for Sycamore Specialty Hospital, LLC is attached at Attachment – 3.



To all to whom these Presents Shall Come, Greeting:

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

SYCAMORE SPECIALTY HOSPITAL, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MAY 28, 2025, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

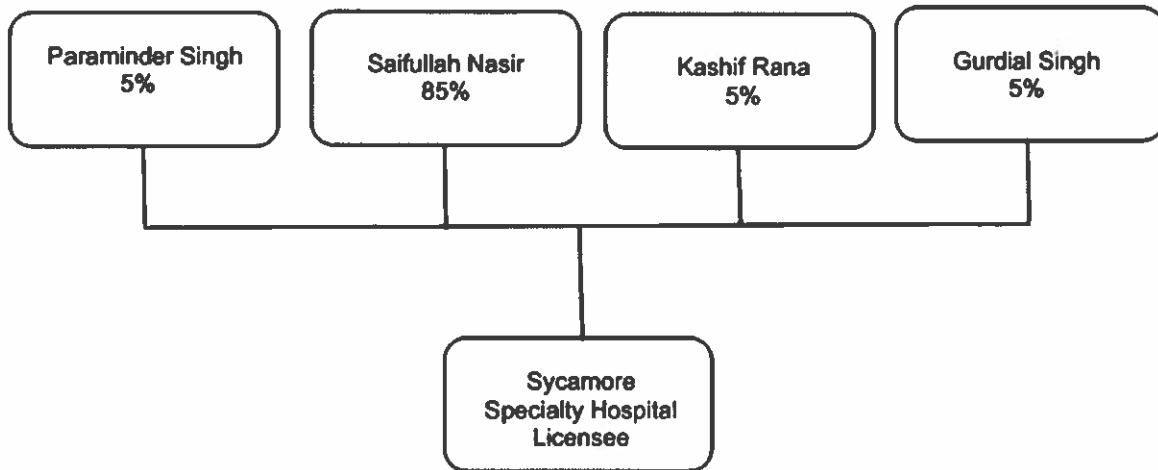


In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 4TH day of AUGUST A.D. 2025 .

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

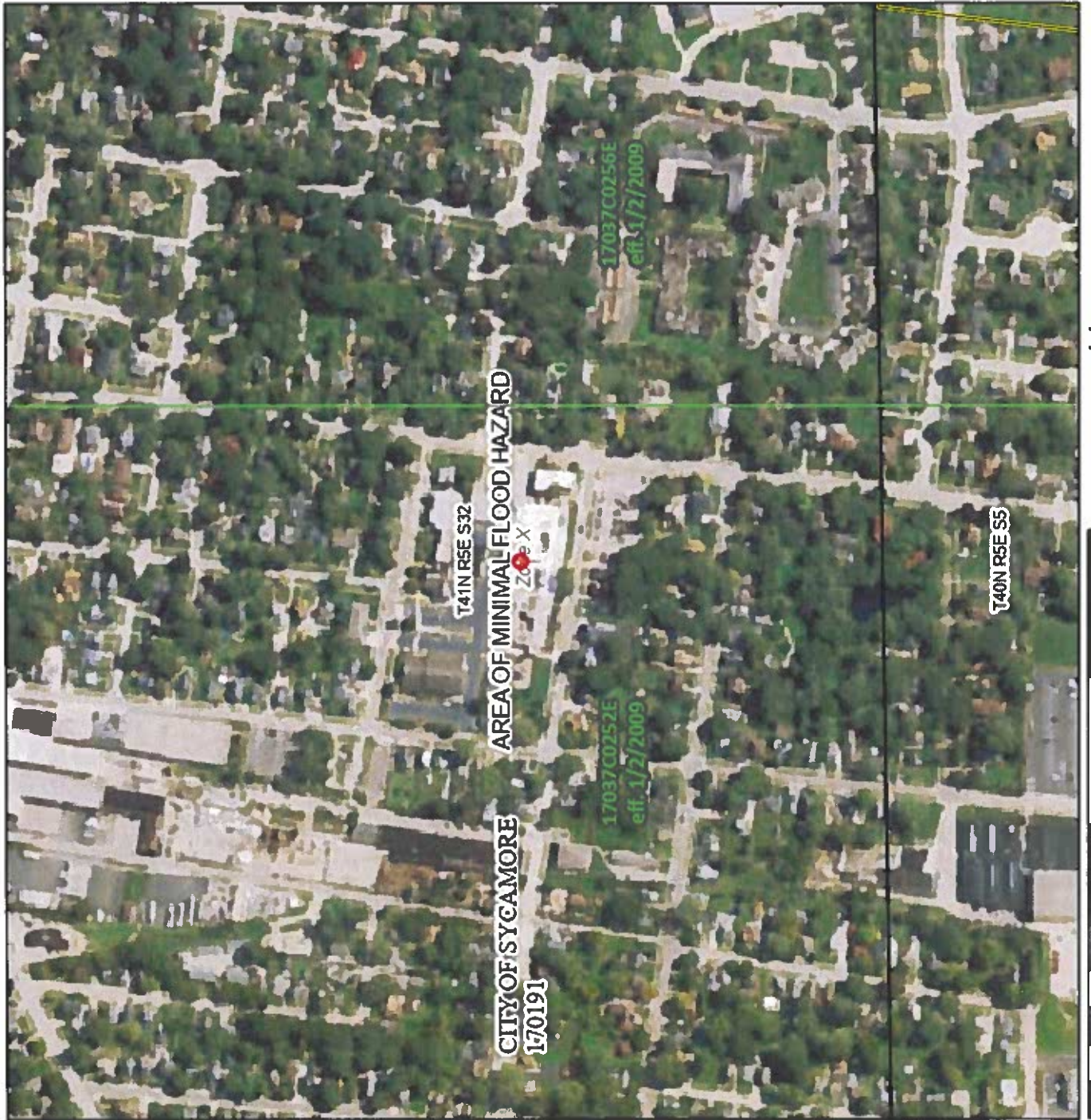
The organizational chart for Sycamore Specialty Hospital, LLC is attached at Attachment – 4.

**Sycamore Specialty Hospital
Organizational Chart**



Section I, Identification, General Information, and Certification
Flood Plain Requirements

The site of the Hospital complies with the requirements of Illinois Executive Order #2006-5. The Hospital is located at 225 Edward Street, Sycamore, Illinois 60178. As shown in the documentation from the FEMA Flood Map Service Center attached at Attachment - 5. The interactive map for Panel 17037C0252E reveals that this area is not located in a flood plain.



Section I, Identification, General Information, and Certification
Historic Resources Preservation Act Requirements

The Historic Preservation Act determination from the Illinois Historic Preservation Agency is attached at Attachment – 6.



DeKalb County
Sycamore
Modernization of Sycamore Specialty Hospital, 225 Edward St.
SHPO Log #017052825

June 2, 2025

Anne Cooper
Polsinelli
150 N. Riverside Plaza, Suite 3000
Chicago, IL 60606-1599

Thank you for your submission of the proposed modernization of the building at 225 Edward Street in Sycamore, Illinois, which we received on 5/28/25 (SHPO Log# 017052825). Due to permitting from the Illinois Health Facilities & Services Review Board, our comments are required by the [Illinois State Agency Historic Resources Preservation Act](#) (20 ILCS 3420) and [its implementing rules](#) (17 IAC 4180) (Act).

The subject property is a non-contributing resource within the boundaries of the Sycamore Historic District, listed on the National Register of Historic Places (NRHP) on May 2, 1978. Furthermore, the SHPO has determined that the property is not eligible for individual listing on the NRHP.

The project meets the Secretary of the Interior's Standards for Rehabilitation and will not adversely affect any historic properties. The project as proposed may proceed.

If the project's scope of work changes from that which has been submitted to and approved by this office, you must email those changes to Darius Bryjka (Darius.Bryjka@Illinois.gov) for review and comment. Failure to submit project changes for review and comment may result in an adverse effect determination pursuant to the Act.

Sincerely,

Carey L. Mayer, AIA
Deputy State Historic Preservation Officer

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

Use of Funds	Clinical	Nonclinical	Total
Modernization Contracts	\$3,045,000		\$3,045,000
Contingencies	\$455,000		\$455,000
Architectural/Engineering Fees	\$200,000		\$200,000
Movable and Other Equipment (not in construction contracts)			
Medical and Rehabilitation Equipment	\$4,000,000		\$4,000,000
Information Technology	\$2,252,800	\$747,200	\$3,000,000
Total Use of Funds	\$9,952,800	\$747,200	\$10,700,000

Section I, Identification, General Information, and Certification
Cost Space Requirements

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
REVIEWABLE							
Rehabilitation Beds	\$2,075,653	8,113	8,113		8,113		
LTAC	\$6,919,271	27,045	27,045		27,045		
Imaging	231,794	906	906		906		
Laboratory	219,769	859	859		859		
Pharmacy	228,724	894	894		894		
Physical Therapy	\$277,589	1,085	1,085		1,085		
Total Clinical	\$9,952,800	38,902	38,902		38,902		
NON-REVIEWABLE							
Support Areas	\$747,200	12,021	12,021		12,021		
Other	\$0	4,462	4,462		4,462		
Total Non-clinical	\$747,200	16,483	16,483		16,483		
TOTAL	\$10,700,000	55,385	55,385		55,385		

Section III, Project Purpose, Background and Alternatives – Information Requirements
Criterion 1110.230, Project Purpose, Background and Alternatives

Background of the Applicant

1. Neither Sycamore Specialty Hospital, LLC nor Accelerated Medical Facilities, LLC own or operate any health care facilities in Illinois.
2. The letter from Saifullah Nasir, M.D., Manager of Sycamore Specialty Hospital, LLC and Accelerated Medical Facilities, LLC, certifying no adverse action has been taken against any facility owned and/or operated by the Applicants during the three years prior to filing this application is attached at Attachment – 11.
3. Authorizations permitting HFSRB and the Illinois Department of Public Health ("IDPH") access to any documents necessary to verify information submitted, including, but not limited to: official records of IDPH or other State agencies; and the records of nationally recognized accreditation organizations is attached at Attachment – 11.
4. The Applicants have not previously submitted an application for permit during this calendar year. Accordingly, this criterion is not applicable.

Debra Savage
Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: Adverse Action and Access to Documents

Dear Chair Savage:

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 neither Sycamore Specialty Hospital, LLC nor Accelerated Medical Facilities, LLC has owned or operated any health care facilities in the State of Illinois during the three-year period prior to filing this application.

Additionally, pursuant to 77 Ill. Admin. Code § 1110.110(a)(2)(J), I hereby authorize the Health Facilities and Services Review Board ("HFSRB") and the Illinois Department of Public Health ("IDPH") access to any documents necessary to verify information submitted as part of this application for permit. I further authorize HFSRB and IDPH to obtain any additional information or documents from other government agencies which HFSRB or IDPH deem pertinent to process this application for permit.

Sincerely,

Saifullah Nasir

Saifullah Nasir, M.D.
Manager
Sycamore Specialty Hospital, LLC
Accelerated Medical Facilities, LLC

Subscribed and sworn to me
This 17th day of February, 2026

Rosario Vega

Notary Public



Section III, Project Purpose, Background and Alternatives – Information Requirements
Criterion 1110.230(b), Project Purpose, Background and Alternatives

Purpose of the Project

1. The purpose of the Project is to recommission the former Kindred Hospital – Sycamore located at 225 Edward Street, Sycamore, Illinois into a new post-acute care center, establishing both long-term acute care and inpatient rehabilitation programs under one roof (the "Project"). The Project will restore and repurpose this health care asset to fill critical service gaps in the community. The planned Sycamore Specialty Hospital will be a dual-service hospital offering both long-term acute care ("LTAC") and inpatient rehabilitation facility ("IRF") services. The hospital will include 52 post-acute inpatient beds divided between the LTAC and IRF units (40 LTAC beds and 12 IRF beds). By leveraging the existing building and infrastructure (36 patient rooms across multiple wings), the Project will be more cost effective and efficient than new construction in restoring access to specialized care in the region.

Due to the closure of Kindred Hospital – Sycamore, no LTAC or IRF beds exist within the 17-mile geographic service area of the planned Sycamore Specialty Hospital. Patients with chronic, complex, or severe medical conditions who need extended hospital-level treatment or intensive rehabilitation services must transfer to the Chicago Suburbs or Rockford or settle for lower-acuity settings. The absence of these services locally can lead to prolonged stays in general acute care hospitals or premature discharge to a skilled nursing facility, neither of which optimally serves patients who require specialized long-term care or intensive rehabilitation.

Clinically, LTAC and IRF services are complementary: LTACs focus on patients with complex medical conditions requiring extended acute care (with an average length of stay greater than 25 days) such as ventilator-dependence, respiratory failure, complex wounds, sepsis recovery, and other multi-system illnesses. IRFs, on the other hand, deliver intensive rehabilitation (typically two to three weeks of inpatient therapy) to patients recovering from serious injuries, strokes, surgeries, or debilitating illnesses – patients who can benefit from at least three hours of therapy in a hospital-like setting. By co-locating these services, the planned hospital can serve a broader range of patient needs and flexibly respond to post-acute care demands. For example, patients recovering from a critical illness may initially need LTAC-level care for medical stabilization and ventilator weaning, then transition seamlessly into the IRF unit for rehabilitative therapies once medically ready, all within the same facility. From a planning standpoint, this integration of services will facilitate smoother patient transitions and continuity of care, improving outcomes and patient satisfaction. It also differentiates the planned hospital as a one-stop specialty hospital for complex recovery, strengthening its value proposition to referring acute care hospitals.

The planned Sycamore Specialty Hospital's service area will include DeKalb County and adjacent counties in north-central Illinois. Local acute care hospitals currently have limited ability to place their chronically ill or intensive rehab patients in nearby facilities. In fact, among the seven hospitals within 20 miles, none have long-term acute care beds and only one hospital, Saint Joseph Hospital in Elgin, has inpatient rehabilitation beds. Accordingly, patients requiring LTAC services frequently transfer to LTAC hospitals in the Chicago area (over 50 miles away) or out of state, while rehab patients are sent to inpatient rehab facilities in Rockford, Aurora, or downtown Chicago. Many clinicians note patients who would benefit from inpatient rehab forgo it when the nearest IRF is far away and instead elect to transfer to

a skilled nursing facility or to home with home-health, which can lead to suboptimal recovery.

Finally, the aging of the population will increase demand for post-acute services. Over the past ten years (2013 – 2023), while the overall population of the Sycamore geographic service area decreased 8.6%, the age 65+ cohort increased 35%.

Table 1110.230(b) Sycamore Specialty Hospital Geographic Service Area Population by Age Cohort 2013 - 2023					
	2013	2021	2022	2023	Change
0-14 Years	44,960	37,818	36,869	37,982	-15.5%
15-44 Years	94,959	73,524	73,658	74,277	-21.8%
45-64 Years	55,481	57,293	57,047	56,203	1.3%
65-74 Years	13,631	19,740	19,582	19,711	44.6%
75+ Years	9,591	10,996	11,845	11,646	21.4%
Total	218,622	199,371	199,001	199,819	-8.6%

U.S. Census Bureau, 2013 - 2023: ACS 5-Year Estimates Data Profiles
available at <https://data.census.gov/table> (last visited Dec. 16, 2025)

Nationally, patients 65 years of age and older utilize LTAC services at significantly higher rates, require more complex care, and have longer stays than younger adults due to multiple chronic conditions, functional impairment, and prolonged recovery needs, e.g., after sepsis, heart failure, or COPD exacerbations. The planned Sycamore Specialty Hospital will be a strategic asset in managing capacity and throughput among existing hospitals by facilitating timely transfers out of ICU or medical-surgical units of patients who need weeks of care, thereby improving access to ICU and inpatient medical-surgical services for patients in the area.

2. Pursuant to Section 1100.510(d) of the State Board's rules, the intended geographic service area ("GSA") shall be a 17-mile radius from the proposed Hospital. A map of the GSA of the planned Hospital is attached at Attachment - 12. Travel times to and from the Hospital to the GSA borders are as follows:
 - East: Approximate 17 miles to South Elgin
 - Southeast: Approximate 17 miles to Blackberry
 - South: Approximate 17 miles to Squaw Grove
 - Southwest: Approximate 17 miles to Lee
 - West: Approximate 17 miles to Hillcrest
 - Northwest: Approximate 17 miles to Franklin
 - North: Approximate 17 miles to Riley
 - Northeast: Approximate 17 miles to Rutland
3. As discussed more fully above, due to the closure of Kindred Hospital – Sycamore, no LTAC or IRF beds exist within the 17-mile geographic services area of the planned Sycamore Specialty Hospital. Patients with chronic, complex, or severe medical conditions who need extended hospital-level treatment or intensive rehabilitation services must transfer to the Chicago Suburbs or Rockford or settle for lower-acuity settings. The absence of these

services locally can lead to prolonged stays in general acute care hospitals or premature discharge to a skilled nursing facility, neither of which optimally serves patients who require specialized long-term care or intensive rehabilitation.

4. Sources

Makam AN, Nguyen OK, Miller ME, Shah SJ, Kapinos KA, Halm EA. *Comparative effectiveness of long-term acute care hospital versus skilled nursing facility transfer.*, BMC Health Serv Res. 2020 Nov 11;20(1):1032. doi: 10.1186/s12913-020-05847-6. PMID: 33176767; PMCID: PMC7656509 available at https://pmc.ncbi.nlm.nih.gov/articles/PMC7656509/pdf/12913_2020_Article_5847.pdf (last visited Jun. 5, 2025).

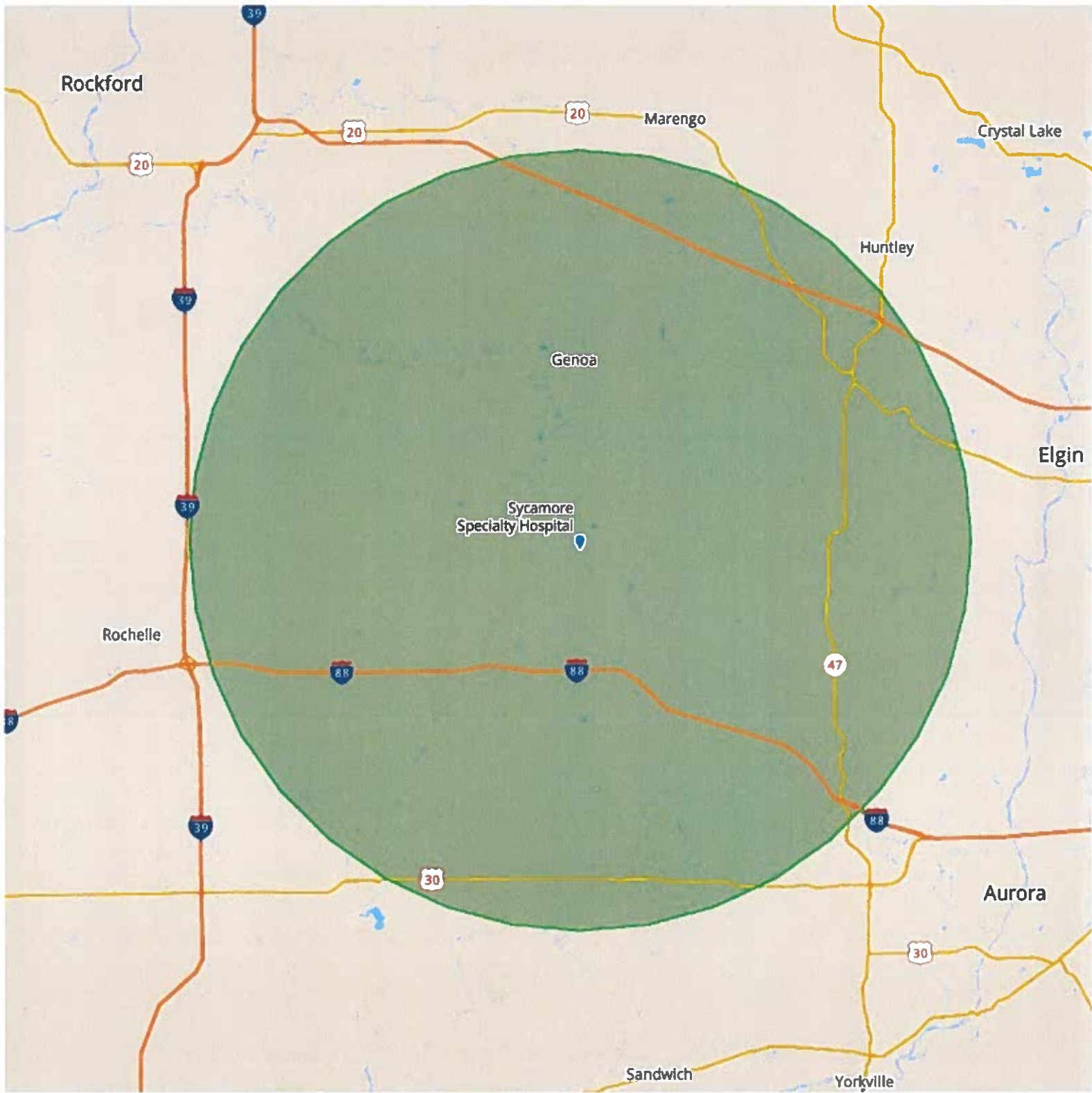
Kahn JM, Werner RM, David G, Ten Have TR, Benson NM, Asch DA. Effectiveness of long-term acute care hospitalization in elderly patients with chronic critical illness. Med Care. 2013 Jan;51(1):4-10. doi: 10.1097/MLR.0b013e31826528a7. PMID: 22874500; PMCID: PMC3500575 available at <https://pmc.ncbi.nlm.nih.gov/articles/PMC3500575/#:~:text=Conclusions,invoke%20higher%20overall%20Medicare%20payments>. (last visited Jun. 5, 2025).

Anica C. Law, M.D., Nicholas A. Bosch, M.D., Yang Song, MSc, et al., *Patient Outcomes After Long-Term Acute Care Hospital Closures*, JAMA Netw Open. 2023;6(11):e2344377. doi:10.1001/jamanetworkopen.2023.44377 (Nov. 21, 2023) available at <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2812084> (last visited Jun. 5, 2025).

Illinois Health Facilities and Services Review Board, Illinois Department of Public Health, Monthly Hospital Inventory Update May 2025.

5. The primary benefit of the planned Sycamore Specialty Hospital will be the restoration of local access to specialized care. Patients and families will no longer have to travel an hour or more for long-term acute care or rehabilitation services. Access to LTAC and IRF services close to home is critical for vulnerable patients. For example, an elderly ventilator-dependent patient's family can more easily visit and participate in the patient's care plan if the hospital is nearby, or a stroke survivor can undergo intensive rehab close to home, improving their support system engagement. Moreover, when patients can be discharged to a local LTAC or IRF, it frees up beds and resources at the referring general acute care hospital and ensures patients receive the right level of care. The COVID-19 pandemic highlighted that LTAC hospitals serve as a "pressure relief valve" for ICUs and acute care hospitals by taking on high-acuity long-stay patients and thereby easing capacity strains on the short-stay acute care system.

The planned Sycamore Specialty Hospital will be a strategic asset in managing capacity and throughput not only in crises but in day-to-day operations, e.g., facilitating timely transfers out of ICU or medical-surgical units of patients who need weeks of care, thereby improving access for ICU and medical-surgical patients in the area. Likewise, the IRF unit will improve outcomes by providing intensive rehab that is not available in nursing facilities. Studies consistently show that IRFs achieve better patient outcomes than skilled nursing facilities, e.g., IRF patients have significantly higher discharge-to-home rates and lower complication rates than clinically similar patients treated in nursing facilities. By enabling patients to receive a higher level of rehabilitative care, the planned Sycamore Specialty Hospital will improve recovery and independence, allowing patients to return to the community.



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

After a thoughtful deliberation process, the Applicants determined that establishing a long-term acute care hospital at the former site of Kindred Hospital Sycamore is the most effective and least costly alternative to the other alternatives considered when considering access, quality, and cost. The following narratives evaluate each alternative that was considered:

1. Maintain Status Quo/Do Nothing

Currently, there are no LTAC or IRF beds in HSA 1.¹ As a result, Sycamore residents must travel over an hour to obtain LTAC or IRF services. Due to complicated medical requirements, such as the management of several co-morbid medical conditions, complex wound or burn care, severe brain injuries, respiratory therapy or ventilator weaning, or the need for intravenous medications or fluids or receipt of nutrition through a feeding tube, skilled nursing facilities may not be an appropriate placement for these patients. Moreover, LTACHs provide daily physician care, more favorable nurse-to-patient ratios, and more intensive interdisciplinary care such as complex wound care, speech therapy, and dietary assessments that may be unavailable in skilled nursing facilities.²

Maintaining the status quo will not address the need for LTAC and IRF services in HSA 1. Accordingly, this option was rejected.

There is no cost with this option.

2. Construct a Long-Term Acute Care Hospital at Another Location

The Applicants considered building a new hospital of a similar scope at another location; however, that option would be far more costly and time consuming than recommissioning the former Kindred Hospital Sycamore. Accordingly, this option was rejected.

The cost of this option would be in excess of \$75 million.

3. Utilize Other Providers

As noted above, there are no LTAC or IRF beds in the planned Sycamore Specialty Hospital 17-mile geographic service area or HSA 1. Accordingly, utilizing other providers is not an option, and this option was rejected.

There is no cost with this option.

¹ Illinois Health Facilities and Services Review Board, Illinois Department of Public Health, Monthly Hospital Inventory Update May 2025.

² Makam AN, Nguyen OK, Miller ME, Shah SJ, Kapinos KA, Halm EA. *Comparative effectiveness of long-term acute care hospital versus skilled nursing facility transfer.*, BMC Health Serv Res. 2020 Nov 11;20(1):1032. doi: 10.1186/s12913-020-05847-6. PMID: 33176767; PMCID: PMC7656509 available at https://pmc.ncbi.nlm.nih.gov/articles/PMC7656509/pdf/12913_2020_Article_5847.pdf (last visited Jun. 5, 2025).

4. Establish Sycamore Specialty Hospital

Currently, there are no LTAC or IRF beds in Sycamore Specialty Hospital geographic service area.³ As a result, patients with chronic, complex, or severe medical conditions who need extended hospital-level treatment or intensive rehabilitation services must transfer to the Chicago Suburbs or Rockford or settle for lower-acuity settings. The absence of these services locally can lead to prolonged stays in general acute care hospitals or premature discharge to a skilled nursing facility, neither of which optimally serves patients who require specialized long-term care or intensive rehabilitation.

The planned Sycamore Specialty Hospital will restore and repurpose the former Kindred Hospital Sycamore to fill critical service gaps in the community. It will be a dual-service hospital offering both LTAC and IRF services. The hospital will include 52 post-acute inpatient beds divided between the LTAC and IRF units (40 LTAC beds and 12 IRF beds). By leveraging the existing building and infrastructure (36 patient rooms across multiple wings), the Project will be more cost effective and efficient than new construction in restoring access to specialized care in the region.

The cost of this option is \$10,700,000.

³ Illinois Health Facilities and Services Review Board, Illinois Department of Public Health, Monthly Hospital Inventory Update May 2025.

Section IV, Project Scope, Utilization, and Unfinished/Shell Space
Criterion 1110.120(a), Size of the Project

The Project proposes to establish a long-term acute care hospital with 40 long-term acute care beds, 12 comprehensive physical rehabilitation beds as well as physical therapy, radiology, pharmacy, and laboratory services.

DEPARTMENT/ SERVICE	PROPOSED DGSF	STATE STANDARD	MET STANDARD?
Rehabilitation Beds	8,113 GSF	7,920 GSF	Above
Long-Term Acute Care Beds	27,045 GSF	22,400 GSF	Above
Physical Therapy	1,085 GSF	No State Standard	No State Standard
Pharmacy	894 GSF	No State Standard	No State Standard
Imaging	906 GSF	6,600 GSF	Below
Lab	859 GSF	No State Standard	No State Standard
Total	38,902		

Section IV, Project Scope, Utilization, and Unfinished/Shell Space
Criterion 1110.120(b), Project Services Utilization

IRF

The planned Sycamore Specialty Hospital will have 12 comprehensive physical rehabilitation beds. Table 1110.120(b)(1) below shows the projected 2029 (second year after project completion) volume forecasts

Table 1110.120(b)(1) Comprehensive Physical Rehabilitation				
YEAR	PROJECTED REFERRALS	AVERAGE LENGTH OF STAY	PROJECTED UTILIZATION	STATE STANDARD
2028	203	14 days	2,842 patient days	3,721 patient days
2029	407	14 days	5,698 patient days	3,723 patient days

LTAC

The planned Sycamore Specialty Hospital will have 40 long-term acute care beds. Table 1110.120(b)(2) below shows the projected 2029 (second year after project completion) volume forecasts

Table 1110.120(b)(2) Comprehensive Physical Rehabilitation				
YEAR	PROJECTED REFERRALS	AVERAGE LENGTH OF STAY	PROJECTED UTILIZATION	STATE STANDARD
2028	406	25 days	10,150 patient days	12,410 patient days
2029	813	25 days	20,325 patient days	12,410 patient days

Section IV, Project Scope, Utilization, and Unfinished/Shell Space
Criterion 1110.120(d), Unfinished or Shell Space

The planned Sycamore Specialty Hospital will not include unfinished space designed to meet an anticipated future demand for service. Accordingly, this criterion is not applicable.

Section VI, Service Specific Review Criteria
Criterion 1110.205(b), Comprehensive Physical Rehabilitation Beds

1. Planning Area Need

There are no rehabilitation beds within the B-04 Health Planning Area or the planned Sycamore Specialty Hospital 17-mile geographic service area. The planned Sycamore Specialty Hospital will fill the gap in inpatient rehabilitation services in Sycamore and the surrounding communities that was left when Kindred Hospital Sycamore closed. The IRF unit will consist of 12 beds, focusing on patients recovering from stroke, traumatic brain injuries, spinal cord injuries, major orthopedic surgeries, amputations, and other conditions requiring intensive rehabilitation. Each IRF patient will receive at least three hours of therapy per day, 5 days a week in physical, occupational and/or speech therapy modalities, consistent with federal IRF standards.

2. Service to Planning Area Residents

The primary purpose of the Project is to restore and repurpose the former Kindred Hospital Sycamore to fill critical service gaps in the community. The planned Sycamore Specialty Hospital will be a dual-service hospital offering both LTAC and inpatient IRF services. The planned hospital anticipates 407 IRF admissions annually. Assuming an average length of stay of 14 days, annual inpatient days would be 5,698 (or an average daily census of 15.6 days), which is sufficient to justify the 12 IRF beds.

3. Service Demand

The planned Sycamore Specialty Hospital will provide intensive rehabilitation, typically two to three weeks of inpatient therapy, to patients recovering from serious injuries, strokes, surgeries, or debilitating illnesses – patients who can benefit from at least three hours of therapy in a hospital-like setting. It will benefit hospitals, like West Suburban Medical Center, which is a primary stroke center, but does not have an inpatient rehabilitation unit to provide long-term intensive rehab to patients once they are medically stable. Moreover, there are three general acute care hospitals in the B-04 Health Planning Area with intensive care units; however, none of these hospitals provide inpatient rehabilitation. Accordingly, the planned hospital will likely receive additional referrals from these hospitals.

4. Service Accessibility

There are no rehabilitation beds within the B-04 Health Planning Area or planned Sycamore Specialty Hospital 17-mile geographic service area. Accordingly, the establishment of the planned hospital will improve access to comprehensive physical rehabilitation services for planning area residents.

Section VI, Service Specific Review Criteria
Criterion 1110.205(c), Long-Term Acute Care Hospital Bed Projects

1. Unnecessary Duplication of Services

- a. The planned Sycamore Specialty Hospital will be located at 225 Edward Street, Sycamore, Illinois 60178. A map of the planned market area is attached at Attachment – 20C. A list of all Illinois zip codes located, in total or in part, within 17 miles of the site of the planned Sycamore Specialty Hospital as well as 2023 population estimates for each zip code is provided in Table 1110.265(c)(1)(A).

Table 1110.265(c)(1)(A)		
Population and Zip Codes within 17 Miles		
Zip Code	City	Population
60109	Burlington	520
60111	Clare	222
60112	Cortland	4,611
60113	Creston	301
60115	DeKalb	42,461
60119	Elburn	10,964
60124	Elgin	24,400
60129	Esmond	220
60135	Genoa	7,486
60140	Hampshire	21,844
60144	Kaneville	71
60145	Kingston	2,206
60146	Kirkland	2,241
60150	Malta	2,000
60151	Maple Park	4,295
60152	Marengo	12,006
60175	Saint Charles	26,528
60178	Sycamore	21,709
60511	Big Rock	1,588
60520	Hinckley	2,966
60530	Lee	1,022
60550	Shabbona	1,074
60556	Waterman	2,156
61008	Belvidere	33,697
Total		226,588

U.S. Census Bureau, 2023: ACS 5-Year Estimates Data Profiles available at <https://data.census.gov/table> (last visited June 3, 2025)

- b. There are no hospitals with comprehensive physical rehabilitation beds within the 17-mile geographic service area of Sycamore Specialty Hospital

2. Maldistribution of Services

The planned Sycamore Specialty Hospital will not result in a maldistribution of services. A maldistribution exists when an identified area has an excess supply of facilities, beds, and services characterized by such factors as, but not limited to: (1) ratio of beds to population exceeds one and one-half times the State Average; (2) historical utilization for existing facilities and services is below the State Board's utilization standard; or (3) insufficient population to provide the volume or caseload necessary to utilize the services proposed by the project at or above utilization standards.

a. Ratio of Beds to Population

As shown in Table 1110.265(c)(2)(A), the ratio of beds to population is 0% of the State Average. There are no comprehensive physical rehabilitation hospital beds in the Sycamore Specialty Hospital geographic service area.

Table 1110.200(c)(2)(A)				
Ratio of Beds to Population				
	Population	Beds	Beds to Population	Standard Met
Sycamore Specialty Hospital GSA	226,588	0	0	Yes
Illinois	12,549,689	1,629	1:7,704	

b. Historic Utilization of Existing Hospitals

There are no comprehensive physical rehabilitation hospital beds in the Sycamore Specialty Hospital geographic service area or the B-04 Health Planning Area. Accordingly, there is no historical utilization data for existing hospitals.

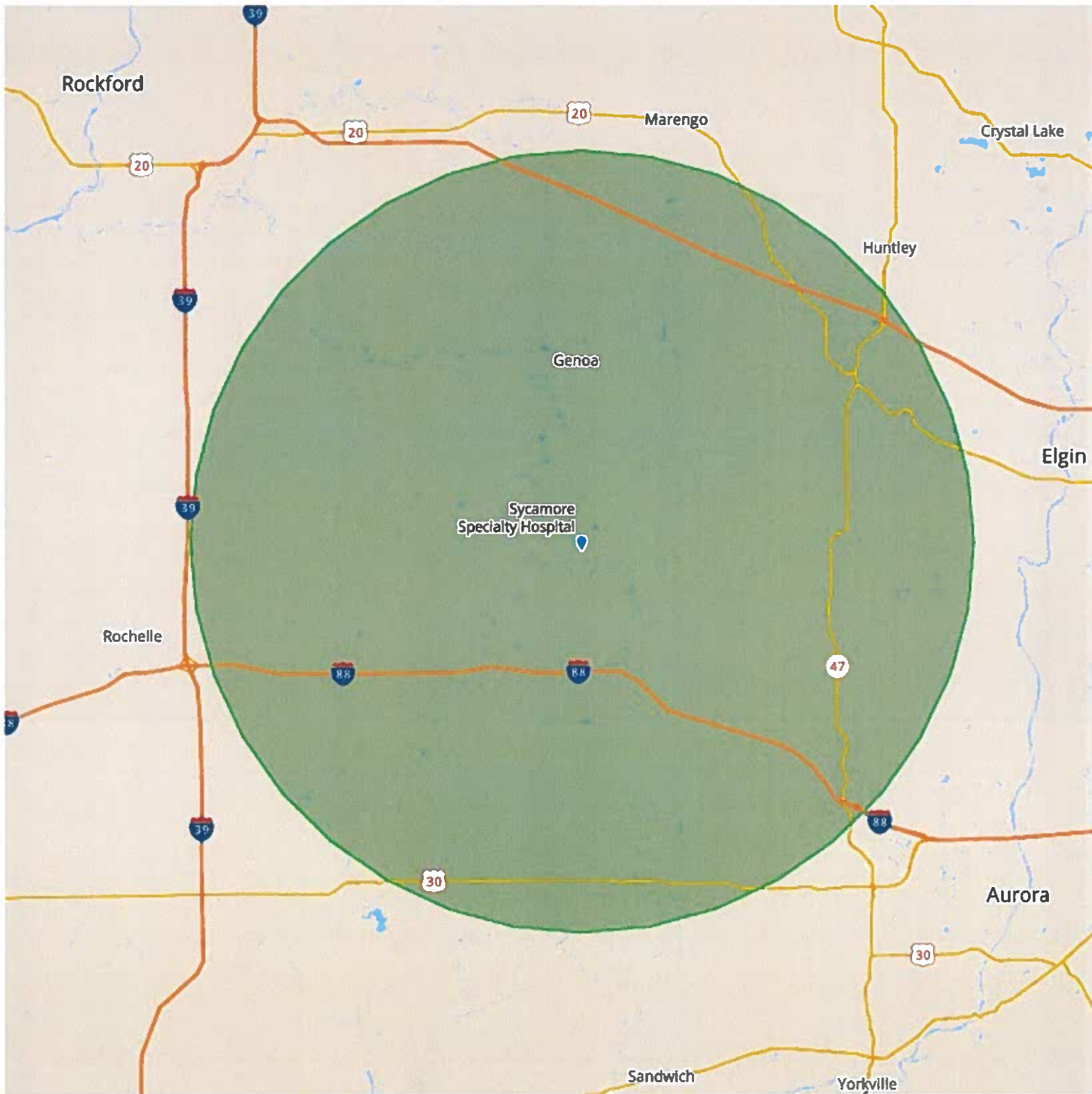
c. Sufficient Population to Achieve Target Utilization

There are no comprehensive physical rehabilitation hospital beds in the Sycamore Specialty Hospital geographic service area or the B-04 Health Planning Area. According to Medicare Post Acute Care Public Use Files ("Medicare PAC PUF") data from 2020 to 2023, more than 150 to 180 IRF-eligible Medicare patients from DeKalb County were referred to IRFs outside of the area. Accordingly, sufficient population exists to achieve target utilization.

d. Impact on Other Providers

There are no comprehensive physical rehabilitation beds in the Sycamore Specialty Hospital geographic service area or the B-04 Health Planning Area. Accordingly, the establishment of the planned Sycamore Specialty Hospital will

not lower the utilization of other area providers below State Board's occupancy standards.



Section VI, Service Specific Review Criteria
Criterion 1110.205(e), Comprehensive Physical Rehabilitation Beds

Staffing Availability

The daily operations of the planned Sycamore Specialty Hospital will be led by a cohesive administrative and clinical leadership team. A chief executive officer will oversee the entire hospital with a Director of Nursing and a Rehab Program Director supervising the IRF program reporting to the chief executive officer. Physician coverage will include on-site and on-call physicians 24/7.

Rehabilitation physicians (physiatrists) will lead care on the IRF unit, conducting frequent rounds and weekly team conferences with the physiatrist, therapists, nurses, and case management will set functional goals and plan discharge. There will be a strong emphasis on discharge planning from day one for IRF units. Case managers will coordinate with families and post-discharge providers to ensure smooth transitions whether to home, outpatient therapy, or a skilled nursing facility. Co-location of the LTAC and IRF will allow for intra-facility transfers when appropriate, e.g., an LTAC patient who recovers medically but needs rehab can be evaluated by the rehab team and transferred to the IRF unit, shortening wait times and avoiding an external transfer.

Clinical Staffing

The typical staffing pattern will be a nurse-to-patient ratio of 1:5 or 1:6 on the IRF unit, where patients are more stable but still require considerable care. Nurse staffing will meet or exceed Illinois minimum standards and follow best practices, e.g., nurse coverage in the IRF unit will be 24/7, with nurses trained in rehab techniques and pain management. All clinical staff will undergo ongoing professional development and quality improvement programs to maintain excellence in care delivery.

Role	Description	Coverage
Rehabilitation Physician (Physiatrist)	Oversees each IRF patient's POC	3 visits/week/patient
PT/OT/ST Therapists	Direct functional improvement	≥ 15 hours/week/patient
Rehab Nurse (CRRN preferred)	Delivers outcome-driven rehab	24/7 coverage
Neuropsychologist/ Psychologist	TBI, stroke, cognitive evals	As needed
IRF Program Coordinator	QA, IRF-PAI oversight, transitions	Required
FIM/Data Specialist	Outcomes scoring for CMS	Required for IRF-PAI compliance

Recruitment & Retention

Sycamore Specialty Hospital plans to recruit experienced IRF staff through various incentives and partner with local nursing and therapy schools. It will offer loan forgiveness programs for hard to fill roles, like certified rehabilitation registered nurses ("CRRN"). To provide more staffing flexibility to address census fluctuations and reduce the risk of understaffing, certain nurses will be cross trained for both the LTAC and IRF units and respiratory therapists will be able support both LTAC and IRF patients. Finally, digital onboarding and AI-enabled charting tools will reduce training friction and documentation time.

Section VI, Service Specific Review Criteria
Criterion 1110.265(f), Comprehensive Physical Rehabilitation Beds

Performance Requirements – Bed Capacity Minimums

The minimum bed capacity for a comprehensive physical rehabilitation unit is 16 beds. The planned Sycamore Specialty Hospital will be right sized to the planned mix of 12 beds consisting of private and semi-private rooms.

Section VI, Service Specific Review Criteria
Criterion 1110.205(g), Comprehensive Physical Rehabilitation Beds

Assurances

Attached at Attachment – 20G is a letter from Saifullah Nasir, M.D., Manager, Sycamore Specialty Hospital, LLC, certifying that the comprehensive physical rehabilitation unit at the planned Sycamore Specialty Hospital will achieve target utilization by the second year of operation.

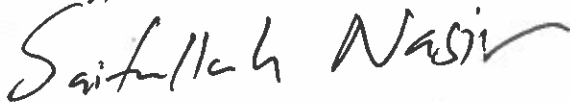
Debra Savage
Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: Comprehensive Physical Rehabilitation Services Assurances

Dear Chair Savage:

On behalf of Sycamore Specialty Hospital, LLC, I hereby certify that by the second year of operation after project completion, the annual utilization of the comprehensive physical rehabilitation services unit will meet or exceed the utilization standard specified in 77 Ill. Admin. Code §1100.550.

Sincerely,



Saifullah Nasir, M.D.
Manager
Sycamore Specialty Hospital, LLC

Subscribed and sworn to me
This 17th day of February, 2026



Notary Public

Section VI, Service Specific Review Criteria
Criterion 1110.265(b), Long-Term Acute Care Hospital Bed Projects

1. Planning Area Need

There are no LTAC beds within the B-04 Health Planning Area or the planned Sycamore Specialty Hospital 17-mile geographic service area. The planned Sycamore Specialty Hospital will improve access to LTAC services in Sycamore and the surrounding communities that was left when Kindred Hospital Sycamore closed. The LTAC unit will operate 40 beds, focusing on medically complex patients who need prolonged hospitalization, including patients needing extended ventilator support/weaning, complex IV medication regimens, acute inpatient dialysis, complex post-surgical cases, and those with multiple organ system issues that require daily physician oversight.

2. Service to Planning Area Residents

The primary purpose of the Project is to restore and repurpose the former Kindred Hospital Sycamore to fill critical service gaps in the community. The planned Sycamore Specialty Hospital will be a dual-service hospital offering both LTAC and inpatient IRF services. As documented in the attached referral letters, the planned hospital anticipates 813 LTAC admissions annually. Assuming an average length of stay of 25 days, annual inpatient days would be 20,325 (or an average daily census of 55.7 days), which is sufficient to justify the 40 LTAC beds

3. Service Demand

The planned Sycamore Specialty Hospital will focus on patients with complex medical conditions requiring extended acute care (with an average length of stay greater than 25 days) such as ventilator-dependence, respiratory failure, complex wounds, sepsis recovery, and other multi-system illnesses. The planned hospital's service area will include DeKalb County and adjacent counties in north-central Illinois. Local acute care hospitals currently have limited ability to place their chronically ill patients in nearby facilities. Among the seven hospitals within 20 miles, none have long-term acute care beds. Accordingly, patients requiring LTAC services frequently transfer to LTAC hospitals in the Chicago area (over 50 miles away) or out of state.

Finally, the aging of the population will increase demand for post-acute services. Over the past ten years (2013 – 2023), while the overall population of the Sycamore geographic service area decreased 8.6%, the age 65+ cohort increased 35%.

Table 1110.230(b) Sycamore Specialty Hospital Geographic Service Area Population by Age Cohort 2013 - 2023					
	2013	2021	2022	2023	Change
0-14 Years	44,960	37,818	36,869	37,982	-15.5%
15-44 Years	94,959	73,524	73,658	74,277	-21.8%
45-64 Years	55,481	57,293	57,047	56,203	1.3%
65-74 Years	13,631	19,740	19,582	19,711	44.6%

Table 1110.230(b) Sycamore Specialty Hospital Geographic Service Area Population by Age Cohort 2013 - 2023					
	2013	2021	2022	2023	Change
75+ Years	9,591	10,996	11,845	11,646	21.4%
Total	218,622	199,371	199,001	199,819	-8.6%

U.S. Census Bureau, 2013 - 2023: ACS 5-Year Estimates Data Profiles
available at <https://data.census.gov/table> (last visited Dec. 16, 2025)

Nationally, patients 65 years of age and older utilize LTAC services at significantly higher rates, require more complex care, and have longer stays than younger adults due to multiple chronic conditions, functional impairment, and prolonged recovery needs, e.g., after sepsis, heart failure, or COPD exacerbations. The planned Sycamore Specialty Hospital will be a strategic asset in managing capacity and throughput among existing hospitals by facilitating timely transfers out of ICU or medical-surgical units of patients who need weeks of care, thereby improving access to ICU and inpatient medical-surgical services for patients in the area

4. Service Accessibility

There are no LTACHs within the B-04 Planning Area. Accordingly, the establishment of the planned Sycamore Specialty Hospital to improve access to LTAC services for planning area residents.

Section VI, Service Specific Review Criteria
Criterion 1110.265(c), Long-Term Acute Care Hospital Bed Projects

1. Unnecessary Duplication of Services

- a. The planned Sycamore Specialty Hospital will be located at 225 Edward Street, Sycamore, Illinois 60178. A map of the planned market area is attached at Attachment – 30C. A list of all Illinois zip codes located, in total or in part, within 17 miles of the site of the planned Sycamore Specialty Hospital as well as 2023 population estimates for each zip code is provided in Table 1110.265(c)(1)(A).

Table 1110.265(c)(1)(A)		
Population and Zip Codes within 17 Miles		
Zip Code	City	Population
60109	Burlington	520
60111	Clare	222
60112	Cortland	4,611
60113	Creston	301
60115	DeKalb	42,461
60119	Elburn	10,964
60124	Elgin	24,400
60129	Esmond	220
60135	Genoa	7,486
60140	Hampshire	21,844
60144	Kaneville	71
60145	Kingston	2,206
60146	Kirkland	2,241
60150	Malta	2,000
60151	Maple Park	4,295
60152	Marengo	12,006
60175	Saint Charles	26,528
60178	Sycamore	21,709
60511	Big Rock	1,588
60520	Hinckley	2,966
60530	Lee	1,022
60550	Shabbona	1,074
60556	Waterman	2,156
61008	Belvidere	33,697
Total		226,588

U.S. Census Bureau, 2023: ACS 5-Year Estimates Data Profiles *available at* <https://data.census.gov/table> (last visited June 3, 2025)

- b. There are no hospitals with LTAC beds within the 17-mile geographic service area of Sycamore Specialty Hospital

2. Maldistribution of Services

The planned Sycamore Specialty Hospital will not result in a maldistribution of services. A maldistribution exists when an identified area has an excess supply of facilities, beds, and services characterized by such factors as, but not limited to: (1) ratio of beds to population exceeds one and one-half times the State Average; (2) historical utilization for existing facilities and services is below the State Board's utilization standard; or (3) insufficient population to provide the volume or caseload necessary to utilize the services proposed by the project at or above utilization standards.

a. Ratio of Beds to Population

As shown in Table 1110.265(c)(2)(A), the ratio of beds to population is 0% of the State Average. There are no LTAC beds in the Sycamore Specialty Hospital geographic service area.

Table 1110.265(c)(2)(A)				
Ratio of Beds to Population				
	Population	Beds	Beds to Population	Standard Met
Sycamore Specialty Hospital GSA	226,588	0	0	Yes
Illinois	12,549,689	624	1:20,112	

b. Historic Utilization of Existing Hospitals

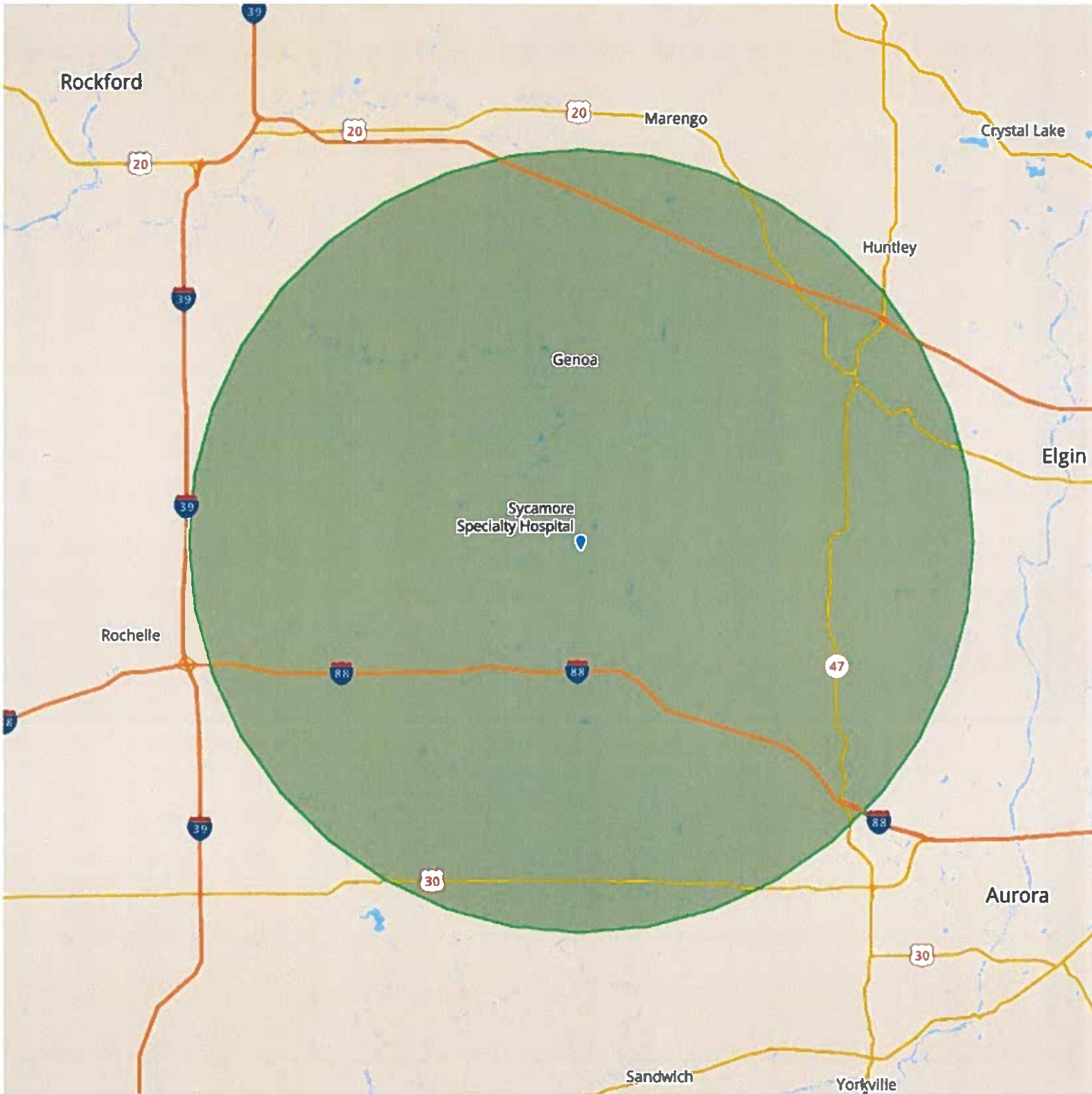
There are no LTAC beds in the Sycamore Specialty Hospital geographic service area. Accordingly, there is no historical utilization data for existing hospitals.

c. Sufficient Population to Achieve Target Utilization

There are no LTAC beds in the Sycamore Specialty Hospital geographic service area. Accordingly, sufficient population exists to achieve target utilization

d. Impact on Other Providers

There are no LTAC beds in the Sycamore Specialty Hospital geographic service area. Accordingly, the establishment of the planned Sycamore Specialty Hospital will not lower the utilization of other area providers below State Board's occupancy standards.



Section VI, Service Specific Review Criteria
Criterion 1110.265(e), Long-Term Acute Care Hospital Bed Projects

Staffing Availability

The daily operations of the planned Sycamore Specialty Hospital will be led by a cohesive administrative and clinical leadership team. A chief executive officer will oversee the entire hospital with a Director of Nursing supervising the LTAC program and reporting to the chief executive officer. Physician coverage will include on-site and on-call physicians 24/7.

As many LTAC patients are transferred from general acute care hospital ICUs, the LTAC unit will mirror a "step-down ICU" with intensivists or internal medicine physicians rounding daily and available for acute issues as well as high nurse-to-patient ratios and respiratory therapists on duty each shift. Each LTAC patient's care will be managed by a multidisciplinary team with daily huddles to address progress and any issues, which is integral for preventing complications given the long stays. There will be a strong emphasis on discharge planning from day one for the LTAC unit. Case managers will coordinate with families and post-discharge providers to ensure smooth transitions whether to home, outpatient therapy, or a skilled nursing facility. Co-location of the LTAC and IRF will allow for intra-facility transfers when appropriate, e.g., an LTAC patient who recovers medically but needs rehab can be evaluated by the rehab team and transferred to the IRF unit, shortening wait times and avoiding an external transfer.

Core Clinical Staffing

The typical staffing pattern will be a nurse-to-patient ratio of about 1:4 or 1:5 on the LTAC unit. LTAC nursing will emphasize critical care competencies, i.e., ventilator management, complex wound care, etc. Nurse staffing will meet or exceed Illinois minimum standards and follow best practices. All clinical staff will undergo ongoing professional development and quality improvement programs to maintain excellence in care delivery.

Role	Description	Coverage
Hospitalist	Daily rounding, medical oversight	7 days/week
Respiratory Therapists	Ventilator management, trach care	24/7
Critical Care RNs	Complex medication management	1:4 ratio
LPNs/CNAs	Supportive care, mobility, ADLs	Based on census
Wound Care Nurse	Specialized debridement, NPWT	5 days/week
Pharmacist	IV/PO therapy management, DME	On-side & on-call
Case Manager/Social Worker	Discharge planning, LOS MGT	1 per 15 patients
Infection Control RN	Compliance, surveillance	0.5 – 1.0 FTE
LTAC Medical Director	Strategy, peer review, utilization	0.5 – 1.0 FTE

Recruitment & Retention

Sycamore Specialty Hospital plans to recruit experienced LTAC staff through various incentives and partner with local nursing schools. It will offer loan forgiveness programs for hard to fill roles, like respiratory therapists. To provide more staffing flexibility to address census fluctuations and reduce the risk of understaffing, certain nurses will be cross trained for both the LTAC and IRF units and respiratory therapists will be able support both LTAC and IRF patients. Finally, digital onboarding and AI-enabled charting tools will reduce training friction and documentation time.

Section VI, Service Specific Review Criteria
Criterion 1110.265(f), Long-Term Acute Care Hospital Bed Projects

Performance Requirements

1. Minimum Bed Requirement

The minimum bed capacity for a new long-term acute care hospital service is 50 beds for an MSA. Currently, there is a need for 34 long-term acute care beds in the Long-Term Acute Planning Area. The planned Sycamore Specialty Hospital will be right sized to the planned mix of 40 beds in private and semi-private rooms.

2. Length of Stay

- a. As shown in Table 1110.265(f), the Health Planning Area B-04 3-year average long-term acute care average length of stay was 25.8 days. The Planned Sycamore Specialty Hospital's average length of stay will be approximately 25 days, which is consistent with the 3-year average in Health Planning Area B-04.

Table 1110.265(f)				
HPA B-04				
Average Length of Stay				
2021 – 2023				
	2021	2022	2023	Average
Admissions	405	371	337	371
Inpatient Days	10,582	9,591	8,592	9,588
Average Length of Stay	26.1	25.9	25.5	25.8

- b. Kindred Hospital Sycamore was the only long-term acute care hospital in Health Planning Area B-04 from 2021 to 2023. As shown in Table 1110.265(f) above, Kindred Hospital Sycamore's three-year average length was 25.8 days.
- c. There are no long-term acute care hospitals in the area. Accordingly, this criterion is not applicable.
- d. There are no long-term acute care hospitals in the area. Accordingly, this criterion is not applicable.

3. Medicare Certification

The planned Sycamore Specialty Hospital will be Medicare certified as a long-term acute care hospital within 12 months after the date of project completion.

Section VI, Service Specific Review Criteria
Criterion 1110.265(g), Long-Term Acute Care Hospital Bed Projects

Assurances

Attached at Attachment – 30G is a letter from Saifullah Nasir, M.D., Manager, Sycamore Specialty Hospital, LLC certifying that the planned Sycamore Specialty Hospital will achieve target utilization by the second year of operation.

Debra Savage
Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: Long-Term Acute Care Services Assurances

Dear Chair Savage:

On behalf of Sycamore Specialty Hospital, LLC, I hereby certify that by the second year of operation after project completion, the annual utilization of the long-term acute care services unit will meet or exceed the utilization standard specified in 77 Ill. Admin. Code §1100.810.

Sincerely,



Saifullah Nasir, M.D.
Manager
Sycamore Specialty Hospital, LLC

Subscribed and sworn to me
This 17th day of February, 2026



Notary Public

Section VI, Service Specific Review Criteria
Criterion 1110.270, Clinical Service Areas Other than Categories of Service

Need Determination

1. Emergency Services and/or Trauma

Pursuant to 89 Illinois Administrative Code Section 148.25(d)(4), to qualify as a long-term acute care hospital, a facility must be licensed by the Illinois Department of Public Health ("IDPH") as an acute care hospital and certified by Medicare as a long-term care hospital. Therefore, the planned Sycamore Specialty Hospital will initially provide standby emergency treatment services in compliance with Section 250.710 of the Illinois Hospital Licensing Requirements (77 Ill. Admin. Code § 250.710(3)). The hospital will not have emergency stations but will have a designated area for evaluation and treatment of patients presenting to the hospital requiring immediate first aid and emergency treatment. A registered nurse will be on duty in the hospital and available for emergency services at all times and a licensed physician shall be on call at all times. In the event a patient presents to the hospital requiring immediate cardiac surgery or complex ICU care beyond the scope of an LTAC hospital, Sycamore Specialty Hospital will have transfer agreements in place to rapidly send patients to short-term acute care hospitals, if necessary.

2. Diagnostic and Interventional Radiology

Imaging is one of the services associated with the planned Sycamore Specialty Hospital, for which the HFSRB has established utilization standards in 77 Ill. Admin Code 1100. Table 1110.270(b)(4)(C).

Table 1110.270(b)(4)(C) Diagnostic and Interventional Radiology			
IMAGING EQUIPMENT	PROJECTED UTILIZATION	STATE STANDARD	MEET STANDARD ?
General Radiology (X-Ray) (2)	1,021 procedures	16,000 procedures	Below
Fluoroscopy	511 procedures	6,500 procedures	Met
CT Scanner	511 procedures	7,000 visits	Met
Ultrasound	1,021 procedures	3,100 visits	Met

3. Laboratory

The planned Sycamore Specialty Hospital will include a laboratory. The laboratory volume will be based on 20 - 40 tests per LTAC admission and 10 - 20 tests per IRF admission, or a total of 12,660 – 25,320 lab tests annually (LTAC 10,000 – 20,000 lab tests; IRF – 2,660 – 5,320 lab tests). There is no State Standard for laboratory services

4. Pharmacy

The planned Sycamore Specialty Hospital will include a pharmacy. The pharmacy prescriptions will be based on 15 prescriptions per LTAC admission and 10 prescriptions per IRF admission, or a total of 10,160 prescriptions annually (LTAC – 7,500

prescriptions; IRF – 2,660 prescriptions). There is no State Standard for pharmacy services

5. Occupational Therapy/Physical Therapy

a. Service to Planning Area Residents

There are no rehabilitation beds within the B-04 Health Planning Area or the planned Sycamore Specialty Hospital 17-mile geographic service area. The planned Sycamore Specialty Hospital will fill the gap in inpatient rehabilitation services in Sycamore and the surrounding communities that was left when Kindred Hospital Sycamore closed. The IRF unit will consist of 12 beds, focusing on patients recovering from stroke, traumatic brain injuries, spinal cord injuries, major orthopedic surgeries, amputations, and other conditions requiring intensive rehabilitation. Each IRF patient will receive at least three hours of therapy per day, 5 days a week in physical, occupational and/or speech therapy modalities, consistent with federal IRF standards

b. Service Demand

The primary purpose of the Project is to restore and repurpose the former Kindred Hospital Sycamore to fill critical service gaps in the community. The planned Sycamore Specialty Hospital will be a dual-service hospital offering both LTAC and inpatient IRF services. The planned hospital anticipates 266 IRF admissions annually. Assuming an average length of stay of 14 days, annual inpatient days would be 3,724 (or an average daily census of 10.2 days), which is sufficient to justify the 12 IRF beds.

c. Impact of the Proposed Project on Other Area Providers

There are no rehabilitation beds within the B-04 Health Planning Area or planned Sycamore Specialty Hospital 17-mile geographic service area. Accordingly, the establishment of the planned hospital will not impact other area providers.

d. Utilization

The planned hospital anticipates 266 IRF admissions annually. Assuming an average length of stay of 14 days, annual inpatient days would be 3,724 (or an average daily census of 10.2 days), which is sufficient to justify the 12 IRF beds.

Section VI, Financial Feasibility
Criterion 1120.120 Availability of Funds

The Project will be funded with cash and cash equivalents. Attached at Attachment – 34 are letters from Community Bank of Pickens County and First National Community Bank, evidencing sufficient cash available to fund the Project.



P.O. Box 40 @ 15 Sammy McGhee Blvd. & 65 Cove Road @ Jasper, GA 30143

(706) 253-9600 @ Main Fax: (706) 253-9612, Cove Rd. Fax: (706) 253-9699
www.cbopc.com

January 8, 2026

RE: Kashif Rana

Mr. John Kniery, Administrator
Illinois Health and Facilities Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear M. Kniery:

This letter is to confirm that Kashif Rana of MK Group Properties has funds available up to \$4,000,000. Mr. Rana has been a valued customer of our bank for many years. He has handled his loan and deposit accounts in an excellent manner.

Should you have any questions or need further information, please do not hesitate to contact me at 706-253-9653.

Sincerely,

Lorrie L. Shaw

Lorrie L. Shaw
Chief Credit Officer

/LLS



January 8, 2026

To Whom it May Concern:

Please accept this letter to confirm that Parminder Singh has worked with First National Community Bank to obtain financing. He should be able to qualify for financing up for \$4 million with the bank.

Subject to satisfactory appraisal, title work, environmental and final underwriting on property.

Please feel free to call with any questions.

A handwritten signature in blue ink, appearing to read 'Alex Crenshaw', is positioned above a horizontal line.

Alex Crenshaw
SVP – Paulding Market President
678-708-1600
Alex.crenshaw@fncbank.com



January 8, 2026

To Whom it May Concern:

Please accept this letter to confirm that Gurdial Singh has worked with First National Community Bank to obtain financing. He should be able to qualify for financing up for \$4 million with the bank.

Subject to satisfactory appraisal, title work, environmental and final underwriting on property.

Please feel free to call with any questions.

A handwritten signature in blue ink, appearing to read 'Alex C'.

Alex Crenshaw
SVP – Paulding Market President
678-708-1600
Alex.crenshaw@fncbank.com

Section VII, Financial Viability
Criterion 1120.130 Financial Viability Waiver

The Project will be funded with cash and cash equivalents. Accordingly, the Applicants qualify for the financial viability waiver.

Section X, Economic Feasibility Review Criteria

Criterion 1120.140(a), Reasonableness of Financing Arrangements

Attached at Attachment – 37A is a letter from Dr. Saifullah Nasir, Manager, Sycamore Specialtiy Hospital, LLC attesting the total estimated project costs will be funded in total with cash and cash equivalents.

Debra Savage
Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: Reasonableness of Financing Arrangements

Dear Chair Savage:

I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109 and pursuant to 77 Ill. Admin. Code § 1120.140(a) that there will be no debt associated with the project and all project costs are related costs will be funded with acsh on hand.

Sincerely,



Saifullah Nasir, M.D.
Manager
Sycamore Specialty Hospital, LLC

Subscribed and sworn to me
This 12th day of February, 2026



Notary Public



Section X, Economic Feasibility Review Criteria
Criterion 1120.140(b), Conditions of Debt Financing

The total estimated project costs will be funded in total with cash and cash equivalents. Accordingly, this criterion is not applicable.

Section X, Economic Feasibility Review Criteria
Criterion 1120.140(c), Reasonableness of Project and Related Costs

1. The Cost and Gross Square Feet by Department is Provided in the Table below:

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot Mod.	New Mod.	Gross Sq. Ft. New Circ.*		Gross Sq. Ft. Mod. Circ.*		Const. \$ (A x C)	Mod. \$ (B x E)	
REVIEWABLE									
Inpatient Rehab Unit	\$84.02				8,113			\$681,624	\$681,624
LTAC Unit	\$84.02				27,045			\$2,272,219	\$2,272,219
Physical Therapy	\$84.02				1,085			\$91,157	\$91,157
Contingencies	\$12.55				36,243			455,000	455,000
Total Reviewable	\$96.57				36,243			\$3,500,000	\$3,500,000
NON-REVIEWABLE									
Support	\$0.00				12,021			\$0	\$0
Other	\$0.00				7,121			\$0	\$0
Total Non-Reviewable	\$0.00				19,142			\$0	\$0
TOTALS	\$63.19				55,385			\$3,500,000	\$3,500,000

* Include the percentage (%) of space for circulation

2. As shown in Table 1120.140(c) below, the project costs are below the State Standard

Table 1120.140(c)			
	Proposed Project	State Standard	Above/Below State Standard
Modernization Contracts and Contingencies	\$3,500,000	\$409.67 per GSF = \$409.67 x 36,243 GSF = \$14,849,669.81	Below
Contingencies	\$455,000	15% x Modernization Contracts = 15% x \$3,045,000 = \$456,750	Below
Architectural/Engineering Fees	\$200,000	6.54% - 9.82% x (Modernization Contracts + Contingencies) = 6.54% - 9.82% x (\$3,045,000 + \$455,000) = 6.54% - 9.82% x \$3,500,000 = \$228,900 - \$343,700	Below
Moveable Equipment	\$6,252,800	No State Standard	No State Standard

Section IX, Economic Feasibility Review Criteria
Criterion 1120.140(d), Projected Operating Costs

Operating Expenses:	\$3,881,714
Inpatient Days	27,311 inpatient days
Operating Expense per Inpatient Day	\$142.13 per inpatient day

Section IX, Economic Feasibility Review Criteria
Criterion 1120.140(e), Total Effect of Project on Capital Costs

Capital Costs:	\$1,258,714
Inpatient Days:	27,311 inpatient days
Capital Costs per Inpatient Day:	\$46.09 per inpatient day

Section XI, Safety Net Impact Statement

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

As noted throughout this application, there is no LTAC or IRF hospital within the B-04 Health Planning Area or the 17-mile geographic service area. The planned Sycamore Specialty Hospital will fill the gap in access to LTAC and IRF services that resulted from the closure of Kindred Hospital Sycamore.

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.**

The Project will not impact the ability of other providers or other health care facilities to cross-subsidize safety net services. As noted above, the planned Sycamore Specialty Hospital will fill the gap in access to LTAC and IRF services that resulted from the closure of Kindred Hospital Sycamore.

3. **Has the discontinuation of a facility or service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.**

The Project is for the establishment of a hospital location and not the discontinuation of a facility or service. Accordingly, this criterion is not applicable.

4. **Safety Net Information**

The planned Sycamore Specialty Hospital will be a new health care facility and has no historical Medicaid or charity care to report. The projected payor mix of the planned hospital is:

	LTAC	IRF
Medicare	70%	60%
Medicaid	10%	14%
Commercial	10%	13%
Other	10%	13%

Section XII, Charity Care Information

The planned Sycamore Specialty Hospital will be a new health care facility and has no historical Medicaid or charity care to report.

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

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

4. Applicant: Sycamore Specialty Hospital, LLC 225 Edward Street
(Name) (Address)

Sycamore Illinois 60178 815-895-2144
(City) (State) (ZIP Code) (Telephone Number)

5. Project Location: 225 Edward Sycamore, Illinois
(Address) (City) (State)

DeKalb Sycamore
(County) (Township) (Section)

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

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

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

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

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

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

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

FIRM Panel Number: _____ Effective Date: _____

Name of Official: _____ Title: _____

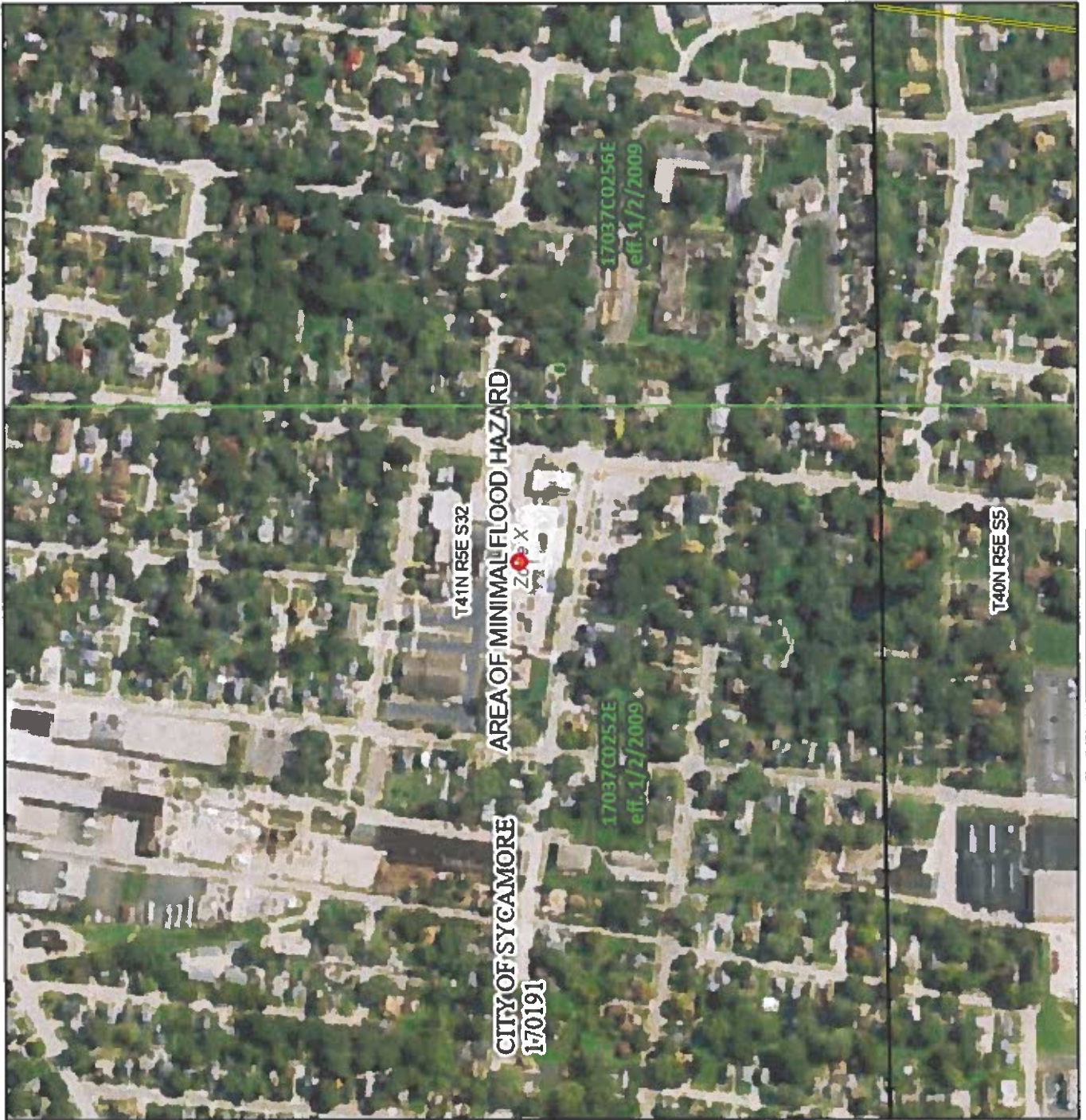
Business/Agency: _____ Address: _____

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

Signature: _____ Date: _____

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

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



170191



Appendix – 1
Physician Referral Letters

Attached at Appendix 1 please find referral letters projecting over 1,300 patients will be admitted to Sycamore Specialty Hospital within 2 years of project completion.

Debra Savage
Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Ms. Savage:

I am writing on behalf of Resilience Healthcare, which operates West Suburban Hospital, located at 3 Erie Street, Oak Park, Illinois 60302. Resilience Healthcare supports the proposed establishment of Sycamore Specialty Hospital (“SSH”) and submits this letter to verify the anticipated case volumes that would be referred to SSH.

Based on our historical patient admissions and referral patterns, and subject to final data validation, West Suburban Hospital anticipates referring approximately 215 patients annually to Sycamore Specialty Hospital for LTACH and inpatient rehabilitation level services. These projected referrals are derived from inpatient admissions data for the period January 1, 2024 through December 31, 2024, as reflected in hospital utilization and patient origin data, and represent patients who meet the clinical criteria for services to be provided by SSH.

The anticipated referrals originate primarily from patients residing within the proposed geographic service area of Sycamore Specialty Hospital. A summary of anticipated case volumes by patient zip code of residence is provided in Exhibit 1.

These anticipated referrals have not been used to support any other pending or approved Certificate of Need application.

The information contained in this letter is true and correct to the best of my knowledge.

Resilience Healthcare supports the proposed establishment of Sycamore Specialty Hospital.

Sincerely,


mkp [Dec 19, 2025 10:47:28 CST]

Signature

Manoj Prasad, M.D.
West Suburban Hospital
3 Erie Street,
Oak Park, IL 60302

Exhibit 1

Anticipated Case Volumes by Patient Zip Code of Residence
West Suburban Hospital → Sycamore Specialty Hospital
January 1, 2024 – December 31, 2024

Patient Zip Code	Anticipated Cases
60644	85
60651	56
60639	27
60624	16
60707	11
60302	5
60612	3
60623	2
60634	2
60641	2
All other ZIP Codes	6
TOTAL:	215

Anticipated case volumes are allocated proportionally based on historical inpatient discharge distribution within West Suburban Hospital's market service area.

Support Letter & Referral Zip-Codes - West Suburban Hospital

Final Audit Report

2025-12-19

Created:	2025-12-19
By:	Omar Darawsha (omardarawsha1357@gmail.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAwZINBZGYDq4uD5nhfYzvO1QKSzHU8IOu

"Support Letter & Referral Zip-Codes - West Suburban Hospital" History

 Document created by Omar Darawsha (omardarawsha1357@gmail.com)
2025-12-19 - 3:47:19 PM GMT

 Document emailed to mkp@westsubmc.com for signature
2025-12-19 - 3:47:35 PM GMT

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2025-12-19 - 4:46:33 PM GMT

 Signer mkp@westsubmc.com entered name at signing as mkp
2025-12-19 - 4:47:26 PM GMT

 Document e-signed by mkp (mkp@westsubmc.com)
Signature Date: 2025-12-19 - 4:47:28 PM GMT - Time Source: server

 Agreement completed.
2025-12-19 - 4:47:28 PM GMT

February 5, 2026

Debra Savage
Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Chair Savage:

I am a Nephrologist at UW Health SwedishAmerican Hospital in Rockford, Illinois. I am writing in support of the proposed establishment of Sycamore Specialty Hospital, a long-term acute care hospital to be located at 225 Edward Street, Sycamore Illinois. The planned hospital will restore and repurpose the former Kindred Hospital Sycamore to fill critical service gaps in the community. It will be a dual-service hospital offering both long-term acute care and inpatient rehabilitation services. Patients with chronic, complex, or severe medical conditions who need extended hospital-level treatment or intensive rehabilitation services currently must transfer to the Chicago Suburbs or Rockford or settle for lower-acuity settings. The absence of these services locally can lead to prolonged stays in general acute care hospitals or premature discharge to a skilled nursing facility, neither of which optimally serves patients who require specialized long-term care or intensive rehabilitation. The planned hospital will enable patients to receive a higher level of rehabilitative care closer to home and will improve recovery and independence, allowing patients to return to the community.

Over the twelve-month period from January 1, 2024, through December 31, 2024, for the zip codes listed on Exhibit 1, I encountered a total of 132 patients at the following hospital. With the establishment of Sycamore Specialty Hospital, I expect to refer patients as noted below.

Hospital	Hospital Encounters Calendar Year 2024	Projected Referrals to Sycamore Specialty Hospital after Project Completion
UW Health SwedishAmerican Hospital	132	13
Total	132	13

These referrals have not been used to support another pending or approved certificate of need application.

The information in this letter is true and correct to the best of my knowledge.

I support the establishment of Sycamore Specialty Hospital.

Sincerely,

Syed Mustafa Ahmed, MD
Rockford Nephrology Associates
612 Roxbury Rd
Rockford, IL 61107



Syed Ahmed (Feb 7, 2026 12:35:56 CST)

Signature

Exhibit 1

Referrals by Patient Zip Code

Zip Code	Number of Cases
61107	3
61108	2
61104	2
61103	1
61102	1
61101	1
61072	1
61080	1
Other	1
Total	13

The patient zip code distribution shown above was developed using historical inpatient patient-origin patterns for UW Health SwedishAmerican Hospital and applied proportionally to the projected referral volume for healthcare planning purposes.

Dr. Syed Mustafa Ahmed - Physician Referral Letter

Final Audit Report

2026-02-07

Created:	2026-02-05
By:	Omar Darawsha (omardarawsha1357@gmail.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAWI3R0-nGe7AOSz6WblOyrFRW8Xrwz5_q

"Dr. Syed Mustafa Ahmed - Physician Referral Letter" History

 Document created by Omar Darawsha (omardarawsha1357@gmail.com)

2026-02-05 - 7:17:30 PM GMT

 Document emailed to smus.ahmed@gmail.com for signature

2026-02-05 - 7:17:47 PM GMT

 Email viewed by smus.ahmed@gmail.com

2026-02-07 - 6:33:37 PM GMT

 Signer smus.ahmed@gmail.com entered name at signing as Syed Ahmed

2026-02-07 - 6:35:54 PM GMT

 Document e-signed by Syed Ahmed (smus.ahmed@gmail.com)

Signature Date: 2026-02-07 - 6:35:56 PM GMT - Time Source: server

 Agreement completed.

2026-02-07 - 6:35:56 PM GMT

February 5, 2026

Debra Savage
Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Chair Savage:

My name is Dr. Mukesh Singh, and I am a Cardiologist at UW Health SwedishAmerican Hospital in Rockford, Illinois. I am writing in support of the proposed establishment of Sycamore Specialty Hospital, a long-term acute care hospital to be located at 225 Edward Street in Sycamore, Illinois. In my practice, I routinely care for patients with advanced cardiovascular disease and medically complex conditions who require prolonged hospital-level care, close monitoring, and coordinated post-acute management. Due to the absence of local long-term acute care and inpatient rehabilitation services, some of these patients remain in general acute care hospitals longer than clinically necessary or are discharged to lower-acuity settings that may not adequately support their medical needs. The establishment of Sycamore Specialty Hospital would provide an appropriate setting for selected cardiology patients requiring extended medical management and rehabilitation closer to home, supporting safer care transitions and recovery.

Over the twelve-month period from January 1, 2024, through December 31, 2024, for the zip codes listed on Exhibit 1, I encountered a total of 2,837 patients at the following hospital. With the establishment of Sycamore Specialty Hospital, I expect to refer patients as noted below.

Hospital	Hospital Encounters Calendar Year 2024	Projected Referrals to Sycamore Specialty Hospital after Project Completion
UW Health SwedishAmerican Hospital	2,837	70
Total	2,837	70

These referrals have not been used to support another pending or approved certificate of need application.

The information in this letter is true and correct to the best of my knowledge.

I support the establishment of Sycamore Specialty Hospital.

Sincerely,

Mukesh Singh, MD
Cardiovascular Medicine Clinic
1340 Charles St Suite 300
Rockford, IL 61104

Mukesh Singh

Mukesh Singh (Feb 6, 2026 08:18:38 CST)

Signature

Exhibit 1

Referrals by Patient Zip Code

Zip Code	Number of Cases
61107	10
61108	9
61104	8
61103	7
61102	6
61101	5
61072	3
61080	3
61016	2
61065	2
61011	2
61008	1
Other	12
Total	70

The patient zip code distribution shown above was developed using historical inpatient patient-origin patterns for UW Health SwedishAmerican Hospital and applied proportionally to the projected referral volume for healthcare planning purposes.

Dr. Mukesh Singh - Physician Referral Letter

Final Audit Report

2026-02-06

Created:	2026-02-05
By:	Omar Darawsha (omardarawsha1357@gmail.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAIDpOPi9-ex4E2afkpagtfr7l_gUeLehs

"Dr. Mukesh Singh - Physician Referral Letter" History

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2026-02-05 - 6:10:26 PM GMT

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2026-02-05 - 6:10:42 PM GMT

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2026-02-06 - 2:17:35 PM GMT

 Signer singhm16@gmail.com entered name at signing as Mukesh Singh
2026-02-06 - 2:18:36 PM GMT

 Document e-signed by Mukesh Singh (singhm16@gmail.com)
Signature Date: 2026-02-06 - 2:18:38 PM GMT - Time Source: server

 Agreement completed.
2026-02-06 - 2:18:38 PM GMT

January 12, 2026

Debra Savage
Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Chair Savage:

I am an Internist. I am writing in support of the proposed establishment of Sycamore Specialty Hospital, a long-term acute care hospital to be located at 225 Edward Street, Sycamore Illinois. The planned hospital will restore and repurpose the former Kindred Hospital Sycamore to fill critical service gaps in the community. It will be a dual-service hospital offering both long-term acute care and inpatient rehabilitation services. Patients with chronic, complex, or severe medical conditions who need extended hospital-level treatment or intensive rehabilitation services currently must transfer to the Chicago Suburbs or Rockford or settle for lower-acuity settings. The absence of these services locally can lead to prolonged stays in general acute care hospitals or premature discharge to a skilled nursing facility, neither of which optimally serves patients who require specialized long-term care or intensive rehabilitation. The planned hospital will enable patients to receive a higher level of rehabilitative care closer to home and will improve recovery and independence, allowing patients to return to the community.

Over the past twelve months (from January 1, 2025 to December 31, 2025) for the zip codes listed on Exhibit 1, I admitted a total of 214 patients to the following hospitals. With the establishment of Sycamore Specialty Hospital, I expect to admit patients as noted below.

Hospital	Hospital Admissions Most Recent 12 Months	Projected Admissions to Sycamore Specialty Hospital after Project Completion
Advocate Lutheran General Hospital	62	6
Mount Sinai Hospital	152	15
Total	214	21

These referrals have not been used to support another pending or approved certificate of need application.

The information in this letter is true and correct to the best of my knowledge.

I support the establishment of Sycamore Specialty Hospital.

Sincerely,

Mohtasham Mohiuddin
MD
Mohtasham Mohiuddin PC
2608 Patriot Blvd, Suite 102
Glenview, IL 60026


Mohtasham Mohiuddin (Jan 12, 2026 14:05:17 CST)
Signature

Exhibit 1

Referrals by Patient Zip Code

Zip Code	Number of Cases
60629	3
60636	2
60620	2
60016	2
60714	2
60609	1
60612	1
60632	1
60621	1
60624	1
60623	1
60647	1
60619	1
60018	1
60053	1
Total	21

Mohiuddin Physician Referral Letter

Final Audit Report

2026-01-12

Created:	2026-01-12
By:	Omar Darawsha (omardarawsha1357@gmail.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAZ3oJemPg03edW3Q-p-4oRIK73YvK3486

"Mohiuddin Physician Referral Letter" History

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2026-01-12 - 8:04:02 PM GMT
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2026-01-12 - 8:05:15 PM GMT
-  Document e-signed by Mohtasham Mohiuddin (mohtasham.mohiuddin@sina.org)
Signature Date: 2026-01-12 - 8:05:17 PM GMT - Time Source: server
-  Agreement completed.
2026-01-12 - 8:05:17 PM GMT



Adobe Acrobat Sign

February 2, 2026

Debra Savage
Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Chair Savage:

I am a Hospitalist at UChicago Medicine AdventHealth Bolingbrook. I am writing in support of the proposed establishment of Sycamore Specialty Hospital, a long-term acute care hospital to be located at 225 Edward Street, Sycamore Illinois. The planned hospital will restore and repurpose the former Kindred Hospital Sycamore to fill critical service gaps in the community. It will be a dual-service hospital offering both long-term acute care and inpatient rehabilitation services. Patients with chronic, complex, or severe medical conditions who need extended hospital-level treatment or intensive rehabilitation services currently must transfer to the Chicago Suburbs or Rockford or settle for lower-acuity settings. The absence of these services locally can lead to prolonged stays in general acute care hospitals or premature discharge to a skilled nursing facility, neither of which optimally serves patients who require specialized long-term care or intensive rehabilitation. The planned hospital will enable patients to receive a higher level of rehabilitative care closer to home and will improve recovery and independence, allowing patients to return to the community.

Over the period from October 2023 through December 2024, for the zip codes listed on Exhibit 1, I treated a total of 1,542 patients in my capacity as a hospitalist. With the establishment of Sycamore Specialty Hospital, I expect to refer patients as noted below.

Hospital	Hospital Admissions Most Recent 12 Months	Projected Admissions to Sycamore Specialty Hospital after Project Completion
UChicago Medicine AdventHealth Bolingbrook	1,542	77
Total	1,542	77

These referrals have not been used to support another pending or approved certificate of need application.

The information in this letter is true and correct to the best of my knowledge.

I support the establishment of Sycamore Specialty Hospital.

Sincerely,

Muhammad Tahir, MD
Hospitalist
UChicago Medicine
AdventHealth Bolingbrook
500 Remington Blvd,
Bolingbrook, IL 60440

Muhammad Hammad Tahir (Feb 3, 2026 10:59:40 CST)

Signature

Exhibit 1

Projected Referrals

Zip Code	Number of Cases
60440	29
60446	16
60544	10
60490	4
60439	3
60517	3
60435	2
60586	2
60403	1
60561	1
Other	6
Total	77

The total patient volume referenced above is based on historical encounter data provided through hospital credentialing records for the period from October 2023 through December 2024. Patient zip code distributions shown in Exhibit 1 were derived by applying historical inpatient patient-origin patterns for the relevant service area to the projected referral volume, for healthcare planning purposes.

Dr. Muhammad Tahir Physician Referral Letter - Sycamore Specialty Hospital

Final Audit Report

2026-02-03

Created:	2026-02-02
By:	Omar Darawsha (omardarawsha1357@gmail.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAL7Gjlv3k2l22lo9gv0vs8F-kYrkul_A-

"Dr. Muhammad Tahir Physician Referral Letter - Sycamore Specialty Hospital" History

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-  Document emailed to hammad4u@gmail.com for signature
2026-02-02 - 8:25:21 PM GMT
-  Email viewed by hammad4u@gmail.com
2026-02-03 - 4:58:32 PM GMT
-  Signer hammad4u@gmail.com entered name at signing as Muhammad Hammad Tahir
2026-02-03 - 4:59:38 PM GMT
-  Document e-signed by Muhammad Hammad Tahir (hammad4u@gmail.com)
Signature Date: 2026-02-03 - 4:59:40 PM GMT - Time Source: server
-  Agreement completed.
2026-02-03 - 4:59:40 PM GMT

January 15, 2026

Debra Savage
Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Chair Savage:

I am an Internist writing in support of the proposed establishment of Sycamore Specialty Hospital, a long-term acute care hospital to be located at 225 Edward Street, Sycamore, Illinois. The planned hospital will restore and repurpose the former Kindred Hospital Sycamore to fill critical service gaps in the community. It will be a dual-service hospital offering both long-term acute care and inpatient rehabilitation services. Patients with chronic, complex, or severe medical conditions who need extended hospital-level treatment or intensive rehabilitation services currently must transfer to the Chicago suburbs or Rockford or settle for lower-acuity settings. The absence of these services locally can lead to prolonged stays in general acute care hospitals or premature discharge to a skilled nursing facility, neither of which optimally serves patients who require specialized long-term care or intensive rehabilitation. The planned hospital will enable patients to receive a higher level of rehabilitative care closer to home and will improve recovery and independence, allowing patients to return to the community.

Over the past twelve months (from January 1, 2025 to December 31, 2025) for the zip codes listed on Exhibit 1, I admitted a total of 208 patients to the following hospital. With the establishment of Sycamore Specialty Hospital, I expect to admit patients as noted below.

Hospital	Hospital Admissions Most Recent 12 Months	Projected Admissions to Sycamore Specialty Hospital after Project Completion
Advocate Lutheran General Hospital	208	21
Total	208	21

These referrals have not been used to support another pending or approved certificate of need application.

The information in this letter is true and correct to the best of my knowledge.

I support the establishment of Sycamore Specialty Hospital.

Sincerely,

Fanan M. Falouji, MD
870 West End Ct, Ste 202
Vernon Hills, IL 60061


Fanan Falouji (Feb 3, 2026 17:26:31 CST)

Signature

Exhibit 1

Referrals by Patient Zip Code

Zip Code	Number of Cases
60714	4
60016	4
60634	3
60053	2
60068	2
60504	2
60630	2
60631	1
60018	1
60047	1
Total	21

Falouji Letter in progress

Final Audit Report

2026-02-03

Created:	2026-02-03
By:	Omar Darawsha (omardarawsha1357@gmail.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAABAKb8ie0cSZeBR8bCO80RppEIEFY053F_G

"Falouji Letter in progress" History

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2026-02-03 - 11:25:40 PM GMT
-  Signer falouji@sbcglobal.net entered name at signing as Fanan Falouji
2026-02-03 - 11:26:29 PM GMT
-  Document e-signed by Fanan Falouji (falouji@sbcglobal.net)
Signature Date: 2026-02-03 - 11:26:31 PM GMT - Time Source: server
-  Agreement completed.
2026-02-03 - 11:26:31 PM GMT

February 5, 2026

Debra Savage
Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Chair Savage:

My name is Dr. Mohamed Zeater, and I am a Pulmonologist at UW Health SwedishAmerican Hospital in Rockford, Illinois. I am writing in support of the proposed establishment of Sycamore Specialty Hospital, a long-term acute care hospital to be located at 225 Edward Street in Sycamore, Illinois. In my practice, I routinely care for patients with severe respiratory disease and medically complex conditions who require prolonged hospital-level care, including advanced pulmonary management and rehabilitation. Due to the absence of local long-term acute care and inpatient rehabilitation services, many of these patients must be transferred to distant facilities or remain in general acute care hospitals longer than clinically necessary. The establishment of Sycamore Specialty Hospital would allow patients requiring extended respiratory and medical management to receive appropriate long-term acute care and rehabilitation closer to home, improving continuity of care and patient recovery.

Over the twelve-month period from January 1, 2024, through December 31, 2024, for the zip codes listed on Exhibit 1, I encountered a total of 4,077 patients at the following hospital. With the establishment of Sycamore Specialty Hospital, I expect to refer patients as noted below.

Hospital	Hospital Encounters Calendar Year 2024	Projected Referrals to Sycamore Specialty Hospital after Project Completion
UW Health SwedishAmerican Hospital	4,077	122
Total	4,077	122

These referrals have not been used to support another pending or approved certificate of need application.

The information in this letter is true and correct to the best of my knowledge.

I support the establishment of Sycamore Specialty Hospital.

Sincerely,

Mohamed Y. Zeater, MD
UW Health Clinic Pulmonary Medicine
1340 Charles St #405
Rockford, IL 61104

mzeater,MD

mzeater,MD (Feb 8, 2026 12:07:20 CST)

Signature

Exhibit 1

Referrals by Patient Zip Code

Zip Code	Number of Cases
61107	18
61108	16
61104	14
61103	12
61102	10
61101	8
61072	6
61080	5
61016	4
61065	3
61011	3
61008	2
Other	21
Total	122

The patient zip code distribution shown above was developed using historical inpatient patient-origin patterns for UW Health SwedishAmerican Hospital and applied proportionally to the projected referral volume for healthcare planning purposes.

Dr. Mohamed Y. Zeater Physician Referral Letter

Final Audit Report

2026-02-08

Created:	2026-02-05
By:	Omar Darawsha (omardarawsha1357@gmail.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAEbA3aTZORUHwU7SRfXiDorhZHmhCc-KD

"Dr. Mohamed Y. Zeater Physician Referral Letter" History

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2026-02-05 - 5:46:03 PM GMT
-  Email viewed by mzeater@uwhealth.org
2026-02-08 - 6:05:22 PM GMT
-  Signer mzeater@uwhealth.org entered name at signing as mzeater,MD
2026-02-08 - 6:07:18 PM GMT
-  Document e-signed by mzeater,MD (mzeater@uwhealth.org)
Signature Date: 2026-02-08 - 6:07:20 PM GMT - Time Source: server
-  Agreement completed.
2026-02-08 - 6:07:20 PM GMT

February 10, 2026

Debra Savage
Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Chair Savage:

I am a pulmonologist and critical care physician. I am writing in support of the proposed establishment of Sycamore Specialty Hospital, a long-term acute care hospital to be located at 225 Edward Street, Sycamore, Illinois. The planned hospital will restore and repurpose the former Kindred Hospital Sycamore to address gaps in access to long-term acute care and inpatient rehabilitation services in the region. In my practice, I frequently care for critically ill patients in the intensive care unit, including individuals with respiratory failure, prolonged mechanical ventilation, sepsis, and other complex medical conditions. A common challenge in caring for these patients is identifying appropriate post-ICU placement for those who are too medically complex for discharge to a skilled nursing facility but no longer require short-term acute hospital care.

Between October 29, 2023, and December 27, 2024, I was involved in the care of 660 unique patients. With the establishment of Sycamore Specialty Hospital, I expect to refer appropriate patients who would benefit from long-term acute care and inpatient rehabilitation services, as summarized in Exhibit 1.

Hospital	Hospital Encounters Calendar Year 2024	Projected Referrals to Sycamore Specialty Hospital after Project Completion
UChicago Medicine AdventHealth Bolingbrook	660	72
Total	660	72

These referrals have not been used to support another pending or approved certificate of need application.

The information in this letter is true and correct to the best of my knowledge.

I support the establishment of Sycamore Specialty Hospital.

Sincerely,

Arnon Rubin, MD
UChicago Medicine AdventHealth Bolingbrook
396 Remington Blvd Suite 360
Bolingbrook, IL 60440



Arnon Rubin (Feb 10, 2026 09:38:34 CST)
Signature

Exhibit 1

Referrals by Patient Zip Code

Zip Code	Number of Cases
60115	18
60178	12
60134	10
60510	6
60135	5
60145	4
60511	4
60151	3
60146	2
Other	8
Total	72

Arnon Rubin Physician Referral Letter

Final Audit Report

2026-02-10

Created:	2026-02-10
By:	Omar Darawsha (omardarawsha1357@gmail.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAKzzL_E2EPm1ksR9kyHtN9J1_rjWKX6rC

"Arnon Rubin Physician Referral Letter" History

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-  Document emailed to Arnon Rubin (arubinmd@gmail.com) for signature
2026-02-10 - 3:37:00 PM GMT
-  Email viewed by Arnon Rubin (arubinmd@gmail.com)
2026-02-10 - 3:37:35 PM GMT
-  Document e-signed by Arnon Rubin (arubinmd@gmail.com)
Signature Date: 2026-02-10 - 3:38:34 PM GMT - Time Source: server
-  Agreement completed.
2026-02-10 - 3:38:34 PM GMT

February 11, 2026

Debra Savage
Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Chair Savage:

I am a pulmonologist and critical care physician and a member of Respiratory, Critical Care, and Sleep Specialists. I am writing on behalf of our practice in support of the proposed reopening of long-term acute care services at the former Kindred Sycamore facility, to operate as Sycamore Specialty Hospital in Sycamore, Illinois.

Respiratory, Critical Care, and Sleep Specialists is a multi-physician practice specializing in pulmonary medicine, sleep medicine, and critical care. Our physicians routinely manage patients with complex respiratory failure, prolonged ventilator dependence, advanced COPD, interstitial lung disease, post-ICU complications, and other high-acuity conditions that frequently require extended hospital-level treatment beyond the traditional acute care setting.

Based on historical patient encounter data from the most recent twelve months, our physicians collectively treated 10,205 patients across the hospitals listed in Exhibit 1. Given the severity and complexity of the conditions we manage, we anticipate that approximately five percent (5%) of these patients would meet medical necessity criteria for long-term acute care services. This represents approximately 509 projected annual admissions to Sycamore Specialty Hospital following project completion.

Exhibit 1

Hospital	Hospital Encounters Most Recent 12 Months	Projected Referrals to Sycamore Specialty Hospital after Project Completion
West Suburban Hospital Medical Center	2,497	125
Community First Medical Center	2,304	115
Endeavor Health Northwest Community Hospital	1,787	89
Alexian Brothers Medical Center	1,296	65

Holy Family Medical Center	724	36
Advocate Lutheran General Hospital	664	33
Gottlieb Memorial Hospital	528	26
Illinois Masonic Medical Center	224	11
Resurrection Medical Center	181	9
Total	10,205	509

The availability of a local LTACH in Sycamore will improve continuity of care, facilitate ventilator weaning and pulmonary rehabilitation, reduce unnecessary prolonged acute hospital stays, and allow patients to receive specialized respiratory care closer to home.

These projected referrals have not been used to support another pending or approved certificate of need application.

The information in this letter is true and correct to the best of my knowledge.

Respiratory, Critical Care, and Sleep Specialists supports the establishment of Sycamore Specialty Hospital.

Sincerely,

Mukesh Ahluwalia, MD
Respiratory, Critical Care, and Sleep Specialists
1400 E Golf Rd #211,
Des Plaines, IL 60016


Mukesh K Ahluwalia (Feb 15, 2026 21:35:48 CST)

Signature

Respiratory, Critical Care, and Sleep Specialists Letter of Support - Sycamore Specialty Hospital

Final Audit Report

2026-02-16

Created:	2026-02-16
By:	Omar Darawsha (omardarawsha1357@gmail.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAI-ZaO9nJU55I7BnwDNI7FIh2kSTJ3CTJ

"Respiratory, Critical Care, and Sleep Specialists Letter of Support - Sycamore Specialty Hospital" History

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2026-02-16 - 3:34:38 AM GMT
-  Signer mukwalia8@gmail.com entered name at signing as Mukesh K Ahluwalia
2026-02-16 - 3:35:46 AM GMT
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Signature Date: 2026-02-16 - 3:35:48 AM GMT - Time Source: server
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2026-02-16 - 3:35:48 AM GMT

February 11, 2026

Debra Savage
Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Chair Savage:

I am an Internist. I am writing in support of the proposed establishment of Sycamore Specialty Hospital, a long-term acute care hospital to be located at 225 Edward Street, Sycamore Illinois. The planned hospital will restore and repurpose the former Kindred Hospital Sycamore to fill critical service gaps in the community. It will be a dual-service hospital offering both long-term acute care and inpatient rehabilitation services. Patients with chronic, complex, or severe medical conditions who need extended hospital-level treatment or intensive rehabilitation services currently must transfer to the Chicago Suburbs or Rockford or settle for lower-acuity settings. The absence of these services locally can lead to prolonged stays in general acute care hospitals or premature discharge to a skilled nursing facility, neither of which optimally serves patients who require specialized long-term care or intensive rehabilitation. The planned hospital will enable patients to receive a higher level of rehabilitative care closer to home and will improve recovery and independence, allowing patients to return to the community.

Based on historical encounter data reflecting approximately two years of patient contacts, I treated an average of approximately 1,833 patients annually in my capacity as an internist. With the establishment of Sycamore Specialty Hospital, I would expect to refer a portion of my patients to the proposed facility. The patient zip codes associated with these expected referrals are shown on Exhibit 1.

Hospital	Hospital Admissions Most Recent 12 Months	Projected Admissions to Sycamore Specialty Hospital after Project Completion
UChicago Medicine AdventHealth GlenOaks	1,833	92
Total	1,833	92

These referrals have not been used to support another pending or approved certificate of need application.

The information in this letter is true and correct to the best of my knowledge.

I support the establishment of Sycamore Specialty Hospital.

Sincerely,

Wahaj Ahmed, MD
Internist
Swan Primary Care
303 E Army Trail Rd Suite 111
Bloomington, IL 60108

 Wahaj Ahmed (Feb 11, 2026 15:07:42 CST)

Signature

Exhibit 1

Referrals by Patient Zip Code

Zip Code	Number of Cases
60108	29
60139	20
60101	8
60137	6
60188	5
60187	4
60185	3
60143	3
60172	2
60148	2
Other	10
Total	92

Dr. Wahaj Physician Referral Letter

Final Audit Report

2026-02-11

Created:	2026-02-11
By:	Omar Darawsha (omardarawsha1357@gmail.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAgfEilprTdQNTwuv1iEzW_syR801qWRpC

"Dr. Wahaj Physician Referral Letter" History

-  Document created by Omar Darawsha (omardarawsha1357@gmail.com)
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-  Document emailed to drwahaj@swanprimarycare.com for signature
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-  Email viewed by drwahaj@swanprimarycare.com
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-  Signer drwahaj@swanprimarycare.com entered name at signing as Wahaj ahmed
2026-02-11 - 9:07:40 PM GMT
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-  Agreement completed.
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Debra Savage
Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Ms. Savage,

On behalf of Rochelle Community Hospital, located in Rochelle, Illinois, we write in support of the proposed establishment of Sycamore Specialty Hospital, a long-term acute care hospital and inpatient rehabilitation facility to be located in Sycamore, Illinois.

Rochelle Community Hospital discharges patients who, in certain cases, require extended hospital-level care or intensive rehabilitation services that are not appropriately met in either a short-term acute care setting or a skilled nursing facility.

The availability of Sycamore Specialty Hospital will improve care transitions, reduce unnecessary prolonged acute hospital stays, and allow patients to receive the appropriate level of care locally.

For these reasons, Rochelle Community Hospital supports the approval of the Certificate of Need application for Sycamore Specialty Hospital.

The information in this letter is true and correct to the best of our knowledge.

Sincerely,

Karen Tracy
Chief Executive Officer
Rochelle Community Hospital
900 N 2nd St
Rochelle, IL 61068

Exhibit 1

Anticipated Case Volumes by Patient Zip Code of Residence
Rochelle Community Hospital → Sycamore Specialty Hospital
January 1, 2024 – December 31, 2024

Patient Zip Code	Anticipated Cases
61068	10
61061	4
61031	2
61021	2
61052	2
61080	1
All other ZIP Codes	4
TOTAL	25

Anticipated case volumes are estimated proportionally based on historical inpatient discharge distribution within Rochelle Community Hospital's market service area.

Source: American Hospital Directory (AHD), Medicare Hospital Market Service Area file for calendar year ending December 31, 2024.

February 11, 2025

Debra Savage
Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Chair Savage:

I am a Hospitalist practicing at Advocate Condell Medical Center, Advocate Lutheran General Hospital, and Encompass Health Rehabilitation Institute of Libertyville, where I routinely manage medically complex inpatients requiring coordinated post-acute care planning. I am writing in support of the proposed establishment of Sycamore Specialty Hospital, a long-term acute care hospital to be located at 225 Edward Street, Sycamore Illinois. The planned hospital will restore and repurpose the former Kindred Hospital Sycamore to fill critical service gaps in the community. It will be a dual-service hospital offering both long-term acute care and inpatient rehabilitation services. Patients with chronic, complex, or severe medical conditions who need extended hospital-level treatment or intensive rehabilitation services currently must transfer to the Chicago Suburbs or Rockford or settle for lower-acuity settings. The absence of these services locally can lead to prolonged stays in general acute care hospitals or premature discharge to a skilled nursing facility, neither of which optimally serves patients who require specialized long-term care or intensive rehabilitation. The planned hospital will enable patients to receive a higher level of rehabilitative care closer to home and will improve recovery and independence, allowing patients to return to the community.

During the past twelve months (January 2025 through December 2025), I provided inpatient care to 2,164 patients at the hospitals listed below. With the establishment of Sycamore Specialty Hospital, I anticipate referring appropriate medically complex patients who require long-term acute care services, as summarized below.

Hospital	Hospital Encounters Most Recent 12 Months	Projected Referrals to Sycamore Specialty Hospital after Project Completion
Advocate Condell Medical Center	1,266	63
Advocate Lutheran General Hospital	360	18
Encompass Health Rehab Institute	538	27
Total	2,164	108

These referrals have not been used to support another pending or approved certificate of need application.

The information in this letter is true and correct to the best of my knowledge.

I support the establishment of Sycamore Specialty Hospital.

Sincerely,

Eric Chuang, MD


Eric Chuang (Feb 11, 2026 21:51:19 CST)

Signature

Exhibit 1

Referrals by Patient Zip Code

Zip Code	Number of Cases
60016	12
60060	11
60073	10
60030	9
60085	8
60031	8
60048	7
60061	6
60008	6
60056	5
60004	4
60002	4
60006	4
Other	14
Total	108

The total patient volume referenced above is based on historical inpatient encounter data for the hospitals listed. Patient zip code distributions shown in Exhibit 1 were derived by applying historical inpatient patient-origin patterns for the relevant service areas to the projected referral volume, for healthcare planning purposes.

Dr. Eric Chuang - Physician Support Letter (Sycamore Specialty Hospital)

Final Audit Report

2026-02-12

Created:	2026-02-11
By:	Omar Darawsha (omardarawsha1357@gmail.com)
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"Dr. Eric Chuang - Physician Support Letter (Sycamore Specialty Hospital)" History

 Document created by Omar Darawsha (omardarawsha1357@gmail.com)
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 Email viewed by ericchuangmdsc@gmail.com
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 Signer ericchuangmdsc@gmail.com entered name at signing as Eric Chuang
2026-02-12 - 3:51:17 AM GMT

 Document e-signed by Eric Chuang (ericchuangmdsc@gmail.com)
Signature Date: 2026-02-12 - 3:51:19 AM GMT - Time Source: server

 Agreement completed.
2026-02-12 - 3:51:19 AM GMT

February 5, 2026

Debra Savage
Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Chair Savage:

I am a Hospitalist at UW Health SwedishAmerican Hospital in Rockford, Illinois. I am writing in support of the proposed establishment of Sycamore Specialty Hospital, a long-term acute care hospital to be located at 225 Edward Street, Sycamore Illinois. The planned hospital will restore and repurpose the former Kindred Hospital Sycamore to fill critical service gaps in the community. It will be a dual-service hospital offering both long-term acute care and inpatient rehabilitation services. Patients with chronic, complex, or severe medical conditions who need extended hospital-level treatment or intensive rehabilitation services currently must transfer to the Chicago Suburbs or Rockford or settle for lower-acuity settings. The absence of these services locally can lead to prolonged stays in general acute care hospitals or premature discharge to a skilled nursing facility, neither of which optimally serves patients who require specialized long-term care or intensive rehabilitation. The planned hospital will enable patients to receive a higher level of rehabilitative care closer to home and will improve recovery and independence, allowing patients to return to the community.

Over the twelve-month period from January 1, 2024, through December 31, 2024, for the zip codes listed on Exhibit 1, I encountered a total of 776 patients at the following hospital. With the establishment of Sycamore Specialty Hospital, I expect to refer patients as noted below.

Hospital	Hospital Encounters Calendar Year 2024	Projected Referrals to Sycamore Specialty Hospital after Project Completion
UW Health SwedishAmerican Hospital	776	38
Total	776	38

These referrals have not been used to support another pending or approved certificate of need application.

The information in this letter is true and correct to the best of my knowledge.

I support the establishment of Sycamore Specialty Hospital.

Sincerely,

Ravi Mohan, MD
UW Health SwedishAmerican Hospital
1401 E State St,
Rockford, IL 61104


Ravi Mohan (Feb 16, 2026 12:35:34 CST)
Signature

Exhibit 1

Referrals by Patient Zip Code

Zip Code	Number of Cases
61107	6
61108	5
61104	5
61103	4
61102	4
61101	3
61072	3
61080	3
61016	2
61065	1
Other	2
Total	38

The patient zip code distribution shown above was developed using historical inpatient patient-origin patterns for the relevant service area and applied proportionally to the projected referral volume for healthcare planning purposes.

Dr Ravi. Mohan - Physician Referral Letter

Final Audit Report

2026-02-16

Created:	2026-02-10
By:	Omar Darawsha (omardarawsha1357@gmail.com)
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"Dr Ravi. Mohan - Physician Referral Letter" History

-  Document created by Omar Darawsha (omardarawsha1357@gmail.com)
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-  Document emailed to Ravi Mohan (r3mohan@gmail.com) for signature
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-  Document e-signed by Ravi Mohan (r3mohan@gmail.com)
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-  Agreement completed.
2026-02-16 - 6:35:34 PM GMT

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

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