Northwestern Medicine®
Northwestern Memorial HealthCare

251 East Huron Street
Chicago, Illinois 60611-2908
312.926.2000
northwesternmedicine.org

January 31, 2017

RECEIVED
FEB 03 2017
HEALTH FACILITIES & SERVICES REVIEW BOARD

Mr. Mike Constantino
Illinois Health Facilities and Services Review Board
525 West Jefferson Street – 2nd Floor
Springfield, Illinois 62761

RE: CON Permit Application Requested Information
Northwestern Medicine Kishwaukee Health & Fitness Center
Kishwaukee Community Hospital
Project #16-054

Dear Mr. Constantino:

Attached are the materials that you requested on January 30, 2017 for the Northwestern Medicine Kishwaukee Health & Fitness Center Project application (CON Project #16-054).

If you have any questions/comments, please contact me at (312) 926-8650.

Sincerely,

Bridget S. Orth
Director, Regulatory Planning

attachments

BACKGROUND OF APPLICANT

Northwestern Medicine Kishwaukee Hospital's licensing, certification and accreditation identification information:

IDPH License, Permit, Certification, Registration I.D. Number: 0005470

Medicare Provider Number: 140286

Medicaid Provider Number: 237087041001

The Joint Commission Organization I.D. Number: 7325

Northwestern Memorial HealthCare is the parent corporation of Northwestern Medicine Kishwaukee Hospital.

Additional health care facilities owned and operated as part of Northwestern Memorial HealthCare:

Northwestern Memorial Hospital

Northwestern Lake Forest Hospital

Central DuPage Hospital

Delnor-Community Hospital

Marianjoy Rehabilitation Hospital

Valley West Community Hospital

Cadence Ambulatory Surgery Center

The Midland Surgical Center*

Illinois Proton Center*

*denotes partial ownership in excess of 51%

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January 31, 2017

Ms. Kathryn J. Olson
Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street – Second Floor
Springfield, Illinois 62751

Dear Ms. Olson:

As President and Chief Executive Officer of Northwestern Memorial HealthCare, I hereby certify that no adverse action has been taken against Kishwaukee Community Hospital, directly or indirectly, within three years prior to the filing of this application. For the purpose of this letter, the term "adverse action" has the meaning given to it in the Illinois Administrative Code, Title 77, Section 1130.

I hereby authorize HFPB and IDPH to access any documentation which it finds necessary to verify any information submitted, including, but not limited to: official records of IDPH or other State agencies and the records of nationally recognized accreditation organizations.

If you have questions or need additional information, please contact Bridget Orth at (312) 926-8650.

Sincerely,

Dean M. Harrison
President and Chief Executive Officer
Northwestern Memorial HealthCare

ATTACHMENT-11