ORIGINAL E-016-19

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
DISCONTINUATION APPLICATION FOR EXEMPTION

RECEIVED
APR 24 2019
HEALTH FACILITIES & SERVICES REVIEW BOARD

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

Facility/Project Identification

Facility Name:	Jackson Park Hospital and Medical Center		
Street Address:	7531 South Stony Island Avenue		
City and Zip Code:	Chicago, IL 60649		
County: Cool	Health Service Area VI	Health Planning Area: A-03	

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

Exact Legal Name: Jackson Park Hospital Foundation d/b/a Jackson Park Hospital and Medical Center	
Street Address:	7531 South Stony Island Avenue
City and Zip Code:	Chicago, IL 60649
Name of Registered Agent:	Alvin L. Kruse
Registered Agent Street Address:	253 South Wacker Drive #8000
Registered Agent City and Zip Code:	Chicago, IL 60606
Name of Chief Executive Officer:	William O. P. Dorsey, MD
CEO Street Address:	7531 South Stony Island Avenue
CEO City and Zip Code:	Chicago, IL 60649
CEO Telephone Number:	773-947-7500

Type of Ownership of Applicants

- [X] Non-profit Corporation
- [ ] For-profit Corporation
- [ ] Limited Liability Company
- [ ] Partnership
- [ ] Governmental
- [ ] 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:	Jacob M. Axel
Title:	President
Company Name:	Axel & Associates, Inc.
Address:	675 North Court, Suite 210 Palatine, IL 60067
Telephone Number:	847/776-7101
E-mail Address:	jacobmaxel@msn.com
Fax Number:	847/776-7101

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

Name:	none
Title:	
Company Name:	
Address:	
Telephone Number:	
E-mail Address:	
Fax Number:	

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

Name:	G. Randall Smith
Title:	Executive Vice President
Company Name:	Jackson Park Hospital and Medical Center
Address:	7531 South Stony Island Avenue Chicago, IL 60649
Telephone Number:	773-947-7500
E-mail Address:	randallsmith@jacsonpark.com
Fax Number:	773-947-7791

Site Ownership
[Provide this information for each applicable site]

Exact Legal Name of Site Owner:	Jackson Park Hospital Foundation
Address of Site Owner:	7531 South Stony Island Avenue Chicago, IL 60649

Street Address or Legal Description of the Site: 7531 South Stony Island Avenue Chicago, IL 60649
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:	Jackson Park Hospital a/k/a Jackson Park Hospital and Medical Center
Address:	7531 South Stony Island Avenue Chicago, IL 60649

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

- Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.
- Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.
- **Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.**

APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Organizational Relationships

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

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

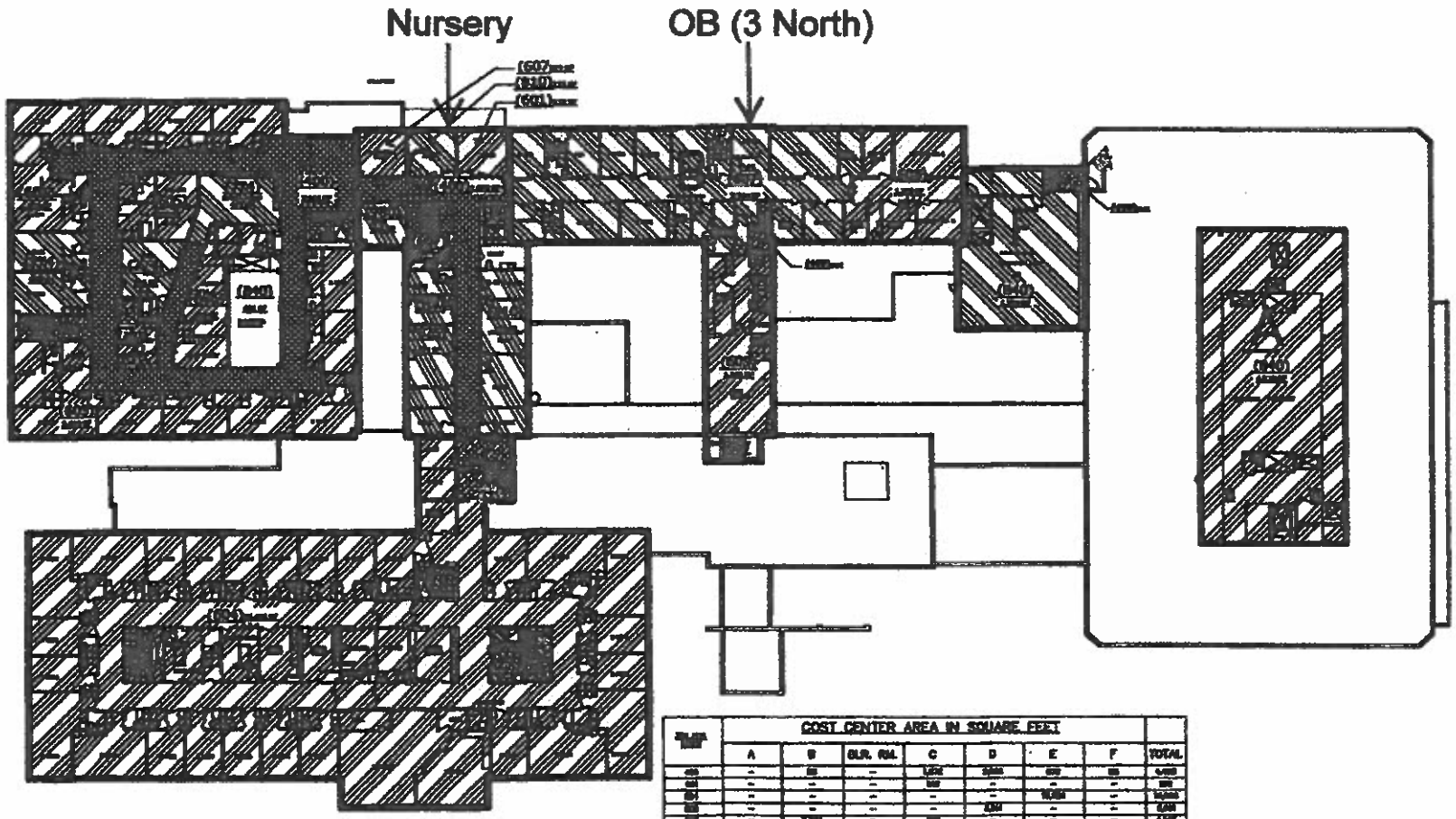
Narrative Description

In the space below, provide a brief narrative description of the project. Explain **WHAT** is to be done in **State Board defined terms**, **NOT WHY** it is being done. If the project site does NOT have a street address, include a legal description of the site. Include the rationale regarding the project's classification as substantive or non-substantive.

The applicants propose to, within sixty days of receiving a Certificate of Exemption to do so, discontinue Jackson Park Hospital and Medical Center's ("the hospital's") 17-bed obstetrics category of service. Concurrently, the applicants will also discontinue the hospital's Level I/Level II nursery and two labor-delivery-recovery ("LDR") rooms..

Under separate cover, and consistent with applicable notification requirements, the hospital has recently suspended admissions to its obstetrics unit, as a result of low utilization.

Because the proposed project involves the discontinuation of a category of service, the project is classified as being "substantive".



FLOOR	COST CENTER AREA IN SQUARE FEET							
	A	B	BLR. RM.	C	D	E	F	TOTAL
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
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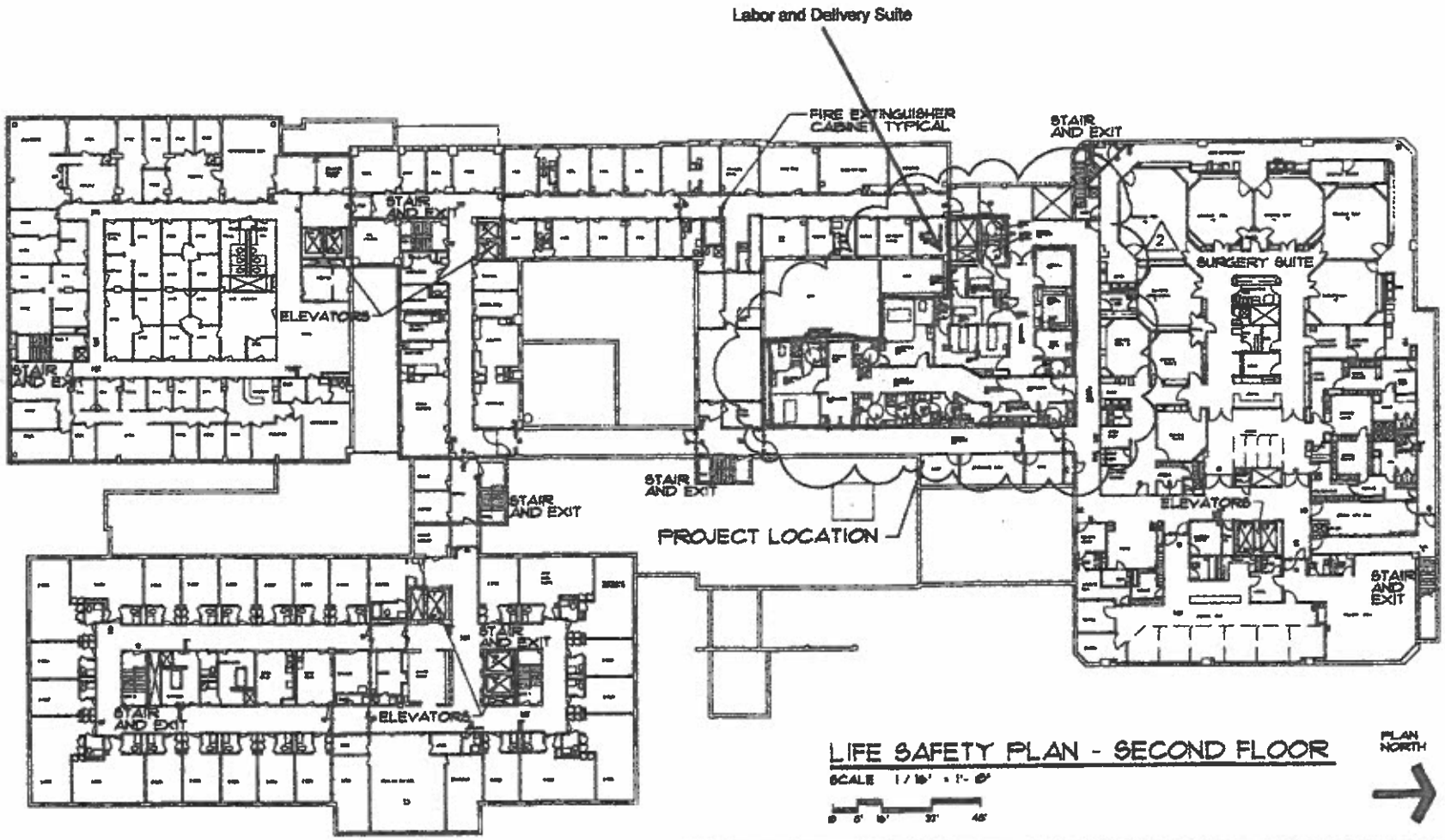
TOTAL	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

THIRD FLOOR PLAN



Richard J. Conklin, AIA

rjc

ARCHITECT

JPH

RENOVATIONS FOR NEW LOB UNIT:
JACKSON PARK HOSPITAL AND MEDICAL CENTER
7525 SOUTH CORNELL AVENUE
CHICAGO, ILLINOIS

A0.5

Project Status and Completion Schedules

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

_____

_____

_____

_____

_____

Anticipated exemption completion date (refer to Part 1130.570): _October 1, 2019_____

State Agency Submittals [Section 1130.620(c)]

Are the following submittals up to date as applicable:

X Cancer Registry
X APORS
X All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
X All reports regarding outstanding permits

Failure to be up to date with these requirements will result in the Application being deemed incomplete.

CERTIFICATION

The Application must be signed by the authorized 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 __Jackson Park Hospital Foundation__*

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

William Dorsey, M.D.

PRINTED NAME

CEO

PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 10th day of April, 2019

Signature of Notary

Seal

SETH K OWUSU
Official Seal
Notary Public - State of Illinois
My Commission Expires Apr 8, 2020

SIGNATURE

G. Randall Smith

PRINTED NAME

EVP

PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 10th day of April, 2019

Signature of Notary

Seal

SETH K OWUSU
Official Seal
Notary Public - State of Illinois
My Commission Expires Apr 8, 2020

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 __Jackson Park Hospital Foundation d/b/a Jackson Park Hospital and Medical Center__* 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

WILLIAM DORSEY, M.D.

PRINTED NAME

CEO

PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 10th day of April, 2019

Signature of Notary

Seal

SETH K OWUSU
Official Seal
Notary Public - State of Illinois
My Commission Expires Apr 8, 2020

SIGNATURE

G. RANDALL SMITH

PRINTED NAME

EVP

PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 10th day of April, 2019

Signature of Notary

Seal

SETH K OWUSU
Official Seal
Notary Public - State of Illinois
My Commission Expires Apr 8, 2020

SECTION II. DISCONTINUATION

Type of Discontinuation

☐ Discontinuation of an Existing Health Care Facility

X Discontinuation of a category of service

Criterion 1130.525 and 1110.290 - Discontinuation

READ THE REVIEW CRITERION and provide the following information:

GENERAL INFORMATION REQUIREMENTS

1. Identify the categories of service and the number of beds, if any, that are to be discontinued.
2. Identify all of the other clinical services that are to be discontinued.
3. Provide the anticipated date of discontinuation for each identified service or for the entire facility.
4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
5. Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued, and the length of time the records will be maintained.
6. For applications involving the discontinuation of an entire facility, provide certification by an authorized representative that all questionnaires and data required by HFSRB or DPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 90 days following the date of discontinuation.
7. Provide attestation that the facility provided the required notice of the facility or category of service closure to local media that the health care facility would routinely notify about facility events. The supporting documentation shall include a copy of the notice, the name of the local media outlet, the date the notice was given, and the result of the notice, e.g., number of times broadcasted, written, or published. Only notice that is given to a local television station, local radio station, or local newspaper will be accepted.

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

REASONS FOR DISCONTINUATION

The applicant shall state the reasons for the discontinuation and provide data that verifies the need for the proposed action. See criterion 1110.130(b) for examples.

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

IMPACT ON ACCESS

1. Document whether or not the discontinuation will have an adverse effect upon access to care for residents of the facility's market area.

2. Provide copies of notification letters sent to other resources or health care facilities that provide the same services as those proposed for discontinuation. The notification letter must include at least the anticipated date of discontinuation and the total number of patients that received care or the number of treatments provided during the latest 24 months.

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

SECTION III. BACKGROUND

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.

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

3. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**

4. If, during a given calendar year, an applicant submits more than one application for permit or exemption, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest that the information was previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

APPEND DOCUMENTATION AS ATTACHMENT 8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 8.

SECTION IV. SAFETY NET IMPACT STATEMENT

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

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

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

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

Safety Net Impact Statements shall also include all of the following:
1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.

2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.

3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

A table in the following format must be provided as part of Attachment 9.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	2016	2017	2018
Inpatient	311	265	474
Outpatient	2,638	1,277	3,664
Total	**2,949**	**1,542**	**4,138**
Charity (cost in dollars)			
Inpatient	$1,227,492	$1,563,642	$1,592,986
Outpatient	$1,548,081	$1,038,897	$1,956,254
Total	**$2,775,573**	**$2,602,539**	**$3,549,240**
MEDICAID			
Medicaid (# of patients)	2016	2017	2018
Inpatient	3,591	3,867	3,343
Outpatient	24,903	32,742	27,992
Total	28,494	36,609	31,335
Medicaid (revenue)			
Inpatient	$18,498,234	$22,704,787	$15,281,442
Outpatient	$12,545,543	$14,606,116	$10,706,252
Total	$31,043,777	$37,347,512	$25,987,694

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

SECTION V. CHARITY CARE INFORMATION

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.

2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.

3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

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

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

CHARITY CARE			
	2016	2017	2018
Net Patient Revenue	**80,636,255**	**$81,623,953**	**$56,878,189**
Amount of Charity Care (charges)	$10,762,000	$7,819,789	$13,935,890
Cost of Charity Care	$2,775,573	$2,602,539	$3,549,240

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

File Number 4013-680-1

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, 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

JACKSON PARK HOSPITAL FOUNDATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON AUGUST 03, 1960, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 13TH *day of* MARCH *A.D.* 2019 .

Authentication #: 1907201894 verifiable until 03/13/2020
Authenticate at: http://www.cyberdriveillinois.com

Jesse White
SECRETARY OF STATE

ATTACHMENT 1

JACKSON
PARK
HOSPITAL AND
MEDICAL CENTER

'TO SERVE AND TO GROW' 7531 STONY ISLAND AVENUE CHICAGO, ILLINOIS 60649 (773) 947-7500

Illinois Health Facilities and
Services Review Board
Springfield, IL

To Whom It May Concern:

I hereby attest that the site of Jackson Park Hospital and Medical Center, that being 7531 South Stony Island Avenue in Chicago, Illinois, is owned by Jackson Park Hospital Foundation.

Sincerely,

William O. P. Dorsey, MD
Chief Executive Officer

SETH K OWUSU
Official Seal
Notary Public - State of Illinois
My Commission Expires Apr 8, 2020

Notarized:

ATTACHMENT 2

CHARTERED IN THE STATE OF ILLINOIS AS A CORPORATION NOT FOR PROFIT

File Number 4013-680-1

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, 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

JACKSON PARK HOSPITAL FOUNDATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON AUGUST 03, 1960, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

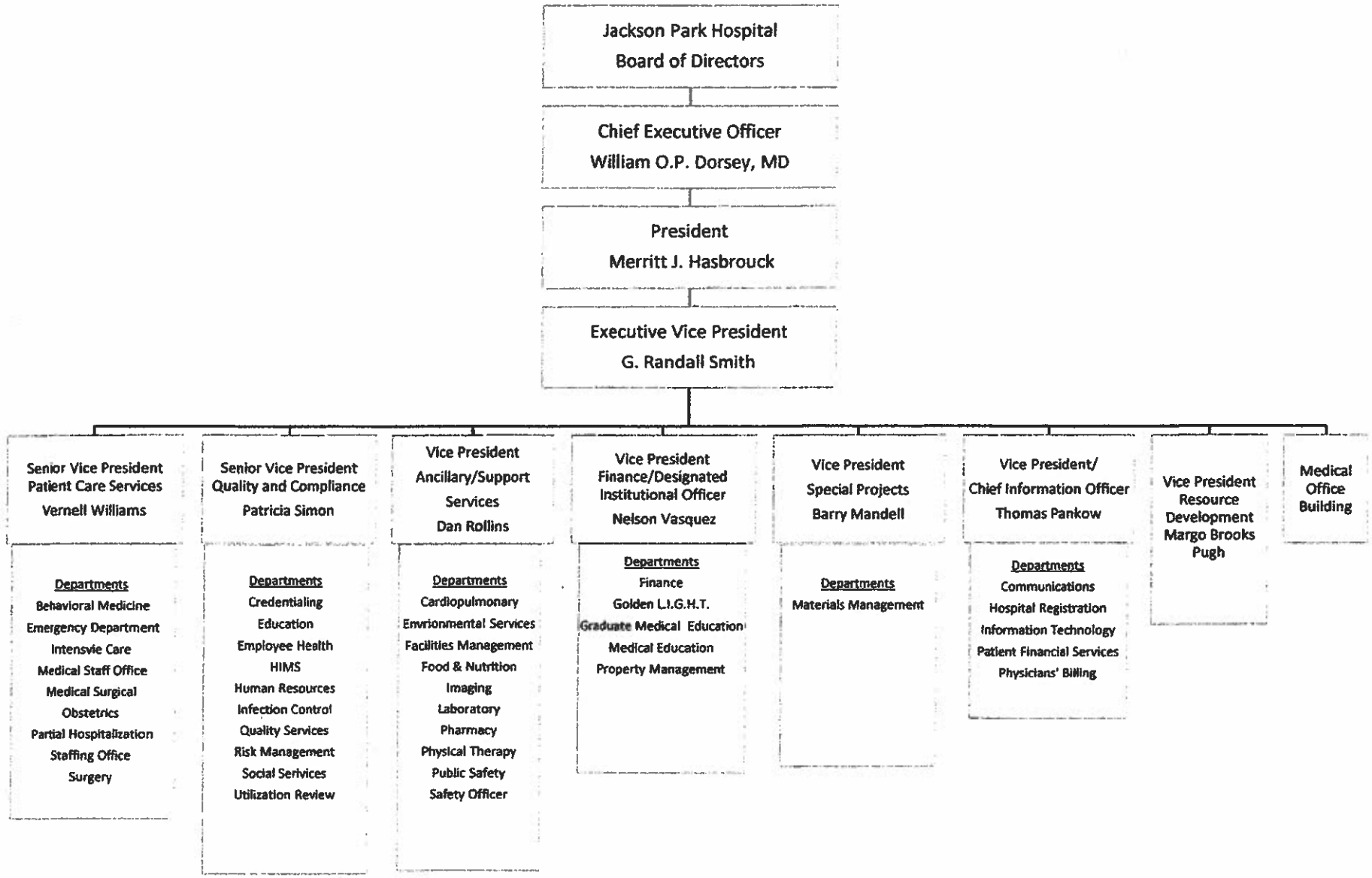
In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 13TH *day of* MARCH *A.D.* 2019 .

Authentication #: 1907201894 verifiable until 03/13/2020
Authenticate at: http://www.cyberdriveillinois.com

Jesse White
SECRETARY OF STATE

ATTACHMENT 3

JACKSON PARK HOSPITAL AND MEDICAL CENTER
TABLE OF ORGANIZATION



ATTACHMENT 4

Approved by _____
Merritt J. Hasbrouck, President
April 30, 2018

DISCONTINUATION

1. This Certificate of Exemption ("COE") application addresses the discontinuation of the applicant hospital's obstetrics category of service, which includes 17 authorized beds.

2. The following clinical areas/services, each of which is associated with obstetrics care, will also be discontinued:
    - two labor-delivery-recovery rooms ("LDRs")
    - seven Level 1 nursery stations/bassinettes
    - three Level 2 nursery stations/bassinettes

3. All of the clinical services identified in items 1 and 2, above, will be discontinued within 30 days following receipt of the request COE Permit. Discontinuation will occur via formal notification to the HFSRB.

4. The applicants are currently assessing the use of the areas identified in items 1 and 2 above, following the formal discontinuation of the obstetrics service. No decisions have been made to date. Equipment will be used in other areas of the hospital, as applicable, sold, or discarded.

5. The medical records of past patients will be retained by the hospital, consistent with licensure and accreditation requirements, as well as contemporary medical records retention practices.

6. This COE application is limited to the discontinuation of a category of service.

ATTACHMENT 5

7. The required legal notice was published in the Chicago Sun-Times on April 14, 2019. Proof of publication is attached.

ATTACHMENT 5

JACKSON PARK HOSPITAL
ADORDERNUMBER:-0001083150-01
PO NUMBER:Obstetrics Beds

NO. OF AFFIDAVITS 1
COST: $168.00

Chicago Sun-Times
Certificate of Publication

State of Illinois – County of Cook

Chicago Sun-Times, does hereby certify it has published the attached advertisements in the following secular newspapers. All newspapers meet Illinois Compiled Statue requirements for publication of Notices per Chapter 715 ILCS 5/0.01 et seq. R.S. 1874, P728 Sec 1, EFF. July 1, 1874. Amended By Laws 1959, P1494,EFF. July 17, 1959. Formerly Ill. Rev. Stat. 1991, CH100, P1..
Note: Notice appeared in the following checked positions.
PUBLICATION DATE(S): 04/14/2019

Chicago Sun-Times

LEGAL NOTICE

Jackson Park Hospital & Medical Center intends to cease the operations of its obstetrics beds following receipt of approval to do so from the Illinois Health Facilities and Services Review Board ("IHFSRB"). It is anticipated that the discontinuation will occur before June 30, 2019. The hospital intends to file the required Certificate of Exemption application with the IHFSRB by April 15, 2018; after which time additional information relating to the proposed discontinuation can be found on the IHFSRB website at hfsrb.illinois.gov.
4/14/19 #1083150

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

by

OFFICIAL SEAL
JENNIFER M STREFF
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:02/26/23

Mary Lou Davis
Account Manager – Public Legal Notices

This 14th Day of April 2019 A. D. .

NOTARY PUBLIC

JACKSON PARK HOSPITAL
7531 S STONY ISLAND AVE
ATTN: REBECCA MCCAULEY
CHICAGO, IL 60649

ATTACHMENT 5

REASONS FOR DISCONTINUATION

The proposed discontinuation is the result low and steadily decreasing obstetrical utilization at the hospital, as identified in the table below. Over past five years, admissions have decreased from 352 to 169, and patient days have decreased from 823 to 430, resulting in a drop in the unit's average daily census from 2.25 patients to 1.18 patients, with the unit being void of patients on a frequent basis.

	Adm.	Patient Days
2014	352	823
2015	332	773
2016	289	644
2017	225	520
2018	169	430

ATTACHMENT 6

IMPACT ON ACCESS

The discontinuation of obstetrical services at Jackson Park Hospital and Medical Center ("the hospital") will not have an appreciable impact on accessibility to obstetrics services for area residents. There are currently 19 other hospitals providing obstetrics services within the HFSRB-designated geographic service area, that being within ten miles of the hospital. Those hospitals are:

Advocate Illinois Masonic Medical Center
Advocate Trinity Hospital
Holy Cross Hospital
John H. Stroger, Jr. Hospital of Cook County
Little Company of Mary Hospital
Loretto Hospital
Mercy Hospital & Medical Center
Mount Sinai Hospital Medical Center
Northwestern Memorial Hospital
Norwegian-American Hospital
Roseland Community Hospital
Rush University Medical Center
Saint Elizabeth Hospital
Saint Joseph Hospital-Chicago
Saint Mary of Nazareth Hospital
St Bernard Hospital
St. Anthony Hospital
University of Chicago Medical Center
University of Illinois Hospital at Chicago

Notification letters, consistent with the provisions of Section 1110.290.d, have been sent to each of the hospitals identified above, and any responses received by the applicant will be forwarded to HFSRB staff. A copy of the letter is attached.

ATTACHMENT 7

April 9, 2019

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

name
title
hospital
street address
city/state/ZIP code

RE: Jackson Park Hospital
Proposed Discontinuation of Obstetrics
Category of Service

Dear :

This letter, addressing the subject above, is being sent in order to provide you an opportunity to submit an impact statement, should you choose to do so.

Jackson Park Hospital will suspend its obstetrics category of service on April 11, 2019, and anticipates the formal discontinuation of that service to occur within thirty days following the Illinois Health Facilities and Services Review Board's ("IHFSRB's") approval of the hospital's Certificate of Exemption application to discontinue the category of service. That application will be filed within the next sixty days.

During the 24-month period ending December 31, 2018, a total of 394 patients were admitted to the hospital's obstetrics unit, and 950 patient days of care were provided. 331 babies were born at the hospital during that period.

If you do elect to provide an impact statement, please include whether or not your hospital has any admission restrictions or limitations which would preclude it from providing obstetrical services to residents from our service area. Any impact statement received will be forwarded to the IHFSRB. If you do not respond, we will assume that the discontinuation has no impact on your hospital.

Sincerely,

Merritt J. Hasbrouck
President

ATTACHMENT 7

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mr. Rashand Johnson
President
Advocate Trinity Hospital
2320 E. 93rd St.
Chicago, IL 60617-3893

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Ryan Reigle
☐ Agent
☒ Addressee

B. Received by (Printed Name) RYAN REIGLE
C. Date of Delivery 4-12-19

D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:
2320 E 93

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7005 1820 0007 5262 1802

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mr. James L. Robinson, III
President
St. Joseph Hospital Chicago
2900 N. Lake Shore Dr.
Chicago, IL 60657-6275

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X B. Hunter
☐ Agent
☒ Addressee

B. Received by (Printed Name) B. Hunter
C. Date of Delivery 4/12/19

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

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7005 1820 0007 5262 1420

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

25

ATTACHMENT 7

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Dr. John Jay Shannon
President & CEO
Provident Hospital of Cook Co.
500 East 51st St.
Chicago, IL 60615

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Angela Way
☐ Agent
☑ Addressee

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

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

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7005 1820 0007 5262 1864

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mr. Michael Zenn
CEO
University of IL Hospital Chgo
1740 W. Taylor St.
Suite 1400, MC 693
Chicago, IL 60612-7236

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☑ Addressee

B. Received by (Printed Name) Simmons
C. Date of Delivery 4/16/14

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

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7005 1820 0007 5262 1635

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

ATTACHMENT 7

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mr. Dean Harrison
President & CEO
Northwestern Memorial Hosp.
251 E. Huron St.
Chicago, IL 60611

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X NITA (CARRIER) ☐ Agent ☑ Addressee

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

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

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7005 1820 0007 5262 1888

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

ATTACHMENT 7

JACKSON
PARK
HOSPITAL AND
MEDICAL CENTER

'TO SERVE AND TO GROW' 7531 STONY ISLAND AVENUE CHICAGO, ILLINOIS 60649 (773) 947-7500

Ms. Courtney Avery
Illinois Health Facilities
And Services review Board
525 West Jefferson
Springfield, IL 62761

Dear Ms. Avery:

Jackson Park Hospital and Medical Center ("the hospital") is the only IDPH-licensed health care facility owned or operated by the applicant. The hospital's license number is 0001115.

In accordance with Review Criterion 1110.230.b, Background of the Applicant, we are submitting this letter assuring the Illinois Health Facilities and Services Review Board that:

1. All adverse actions taken against the hospital during the past three years have been resolved to the satisfaction of the applicable agency or body. Those actions were:
    - March 24, 2017: The hospital was placed on "immediate jeopardy" relating to a patient's attempted suicide. On April 13, 2017 the hospital was determined to be in compliance with all applicable Medicare Conditions of Participation.
    - May 17, 2017: The hospital was placed on "immediate jeopardy" relating to its blood banking program. On June 6, 2017 the hospital was determined to be in compliance with all applicable Medicare Conditions of Participation.
    - May 18, 2017: The hospital self-reported to IDPH and others that a fire had been started by two patients, resulting in the hospital being was placed on "immediate jeopardy". On June 18, 2018 CMS rescinded the impending resultant Medicare termination.
    - June 5, 2018: The hospital was placed on "immediate jeopardy" relating to its failure to initiate a STAT ultrasound examination within 60 minutes of the physician order. A plan of correction was developed, and on July 16, 2019, IDPH notified the hospital that all deficiencies had been corrected to the satisfaction of IDPH/CMS.
    - July 6, 2018: The hospital was determined to not be in compliance with Medicare/Medicaid conditions of participation relating to patient rights. On

ATTACHMENT 8

CHARTERED IN THE STATE OF ILLINOIS AS A CORPORATION NOT FOR PROFIT

September 7, 2018 the hospital was re-surveyed and it was determined that the hospital was following the applicable Conditions of Participation.

2. Jackson Park Hospital and Medical Center authorizes the State Board and Agency access to information to verify documentation or information submitted in response to the requirements of Review Criterion 1110.230.b or to obtain any documentation or information which the State Board or Agency finds pertinent to this application.

If we can in any way provide assistance to your staff regarding these assurances or any other issue relative to this application, please do not hesitate to call me.

Sincerely,

William O. P. Dorsey, MD
Chief Executive Officer

Date: 4/10/19, 2019

SETH K OWUSU
Official Seal
Notary Public - State of Illinois
My Commission Expires Apr 8, 2020

Notarized:

ATTACHMENT 8

Illinois Department of PUBLIC HEALTH HF116912

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

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

Nirav D. Shah, M.D.,J.D.
Director

Issued under the authority of the Illinois Department of Public Health.

EXPIRATION DATE	CATEGORY	I.D. NUMBER
12/31/2019		0001115

General Hospital

Effective: 01/01/2019

Jackson Park Hospital
7531 S Stony Island Ave
Chicago, IL 60649

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #48240 5M 5/16

← DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 12/31/2019

Lic Number 0001115

Date Printed 11/14/2018

Jackson Park Hospital

7531 S Stony Island Ave
Chicago, IL 60649

FEE RECEIPT NO.

30

ATTACHMENT 8

JACKSON PARK HOSPITAL FOUNDATION

Chicago, IL

has been Accredited by

The Joint Commission

Which has surveyed this organization and found it to meet the requirements for the

Hospital Accreditation Program

December 1, 2018

Accreditation is customarily valid for up to 36 months.

Craig W. Jones, FACHE
Chair, Board of Commissioners

ID #7283
Print/Reprint Date: 03/27/2019

Mark R. Chassin, MD, FACP, MPP, MPH
President

The Joint Commission is an independent, not-for-profit national body that oversees the safety and quality of health care and other services provided in accredited organizations. Information about accredited organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding accreditation and the accreditation performance of individual organizations can be obtained through The Joint Commission's web site at www.jointcommission.org.

AMA AMERICAN MEDICAL ASSOCIATION

ATTACHMENT 8

SAFETY NET IMPACT STATEMENT

Jackson Park Hospital and Medical Center ("JPH") is and will continue to be a provider of safety net services to its community. The hospital primarily serves disadvantaged neighborhoods on the south side of Chicago, as reflected in a payer mix that consist of over 50% Medicaid patients, nearly 4% charity care patients, and less than 10% private insurance (inpatients, 2017). Given the low number (169) of patients admitted to the hospital's obstetrics unit in 2018, and with a number of other providers located in close proximity to the hospital, the proposed discontinuation will have minimal impact on accessibility to safety net services.

In addition, because of the low number of patients to be impacted, and because it is not anticipated that any single hospital in the area will be the sole provider of obstetrics services to those patients who otherwise would receive their care at JPH, it is not believed that the proposed discontinuation will have a material effect on other hospitals' ability to provide safety net services.

ATTACHMENT 9

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

INDEX OF ATTACHMENTS

ATTACHMENT NO.		PAGES
1	Applicant Identification including Certificate of Good Standing	15
2	Site Ownership	16
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	17
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	18
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6	Reasons for Discontinuation	22
7	Impact on Access	23
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9	Safety Net Impact Statement	32
10	Charity Care Information	14

Axel & Associates, Inc.

MANAGEMENT CONSULTANTS

RECEIVED
APR 24 2019
HEALTH FACILITIES &
SERVICES REVIEW BOARD

by FedEX

April 23, 2019

Ms. Courtney Avery
Administrator
Illinois Health Facilities and
Services Review Board
525 West Jefferson
Springfield, IL 62761

Dear Ms. Avery:

Enclosed please find two copies of a Certificate of Exemption ("COE") application addressing the discontinuation of the obstetrics category of service at Jackson park Hospital in Chicago

The application is accompanied by a check, in the amount of $2,500.00, as a filing fee.

Should any additional information be required, please do not hesitate to contact me.

Sincerely,

Jacob M. Axel
President

enclosures

675 North Court, Suite 210
Palatine, Illinois 60067

Phone (847) 776-7101
Fax (847) 776-7004