#E-047-19

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

RECEIVED
SEP 25 2019
HEALTH FACILITIES & SERVICES REVIEW BOARD

## SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

### Facility/Project Identification

| | | | |
|---|---|---|---|
| Facility Name: | St. Bernard Hospital and Health Care Center—discontinuation of a category of service | | |
| Street Address: | 326 West 64th Street | | |
| City and Zip Code: | Chicago, IL 60621 | | |
| County: Cook | Health Service Area VI | Health Planning Area: A-03 | |

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

| | |
|---|---|
| Exact Legal Name: | St. Bernard Hospital |
| Street Address: | 326 West 64th Street |
| City and Zip Code: | Chicago, IL 60621 |
| Name of Registered Agent: | Charles Holland |
| Registered Agent Street Address: | 326 West 64th Street |
| Registered Agent City and Zip Code: | Chicago, IL 60621 |
| Name of Chief Executive Officer: | Charles Holland |
| CEO Street Address: | 326 West 64th Street |
| CEO City and Zip Code: | Chicago, IL 60621 |
| CEO Telephone Number: | 773/962-3900 |

### 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: | Charles Holland |
| Title: | President & CEO |
| Company Name: | St. Bernard Hospital and Health Care Center |
| Address: | 326 West 64th Street Chicago, IL 60621 |
| Telephone Number: | 773/962-3900 |
| E-mail Address: | cholland@stbh.org |
| Fax Number: | |

**Site Ownership**
[Provide this information for each applicable site]

| | |
|---|---|
| Exact Legal Name of Site Owner: | St. Bernard Hospital |
| Address of Site Owner: | 326 West 64th Street Chicago, IL 60621 |
| Street Address or Legal Description of the Site: | 326 West 64th Street Chicago, IL 60621 |

**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: | St. Bernard Hospital |
| Address: | 326 West 64th Street Chicago, IL 60621 |

| | | | | | |
|---|---|---|---|---|---|
| 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.

St. Bernard Hospital proposes to discontinue its six-bed pediatrics category of service.

Because this application addresses the discontinuation of a HFSRB-designated category of service, the project is classified as being substantive.

## 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): _30 days following receipt of COE__

## 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 St. Bernard Hospital* in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this Application on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the fee required for this application is sent herewith or will be paid upon request.**

Charles Holland
SIGNATURE

CHARLES HOLLAND
PRINTED NAME

PRES/CEO
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 20th day of September 2019

Josephine Anzaldua
Signature of Notary

Seal

JOSEPHINE ANZALDUA
Official Seal
Notary Public – State of Illinois
My Commission Expires Jun 16, 2021

Robert Springer
SIGNATURE

Robert Springer
PRINTED NAME

Chief Financial Officer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 20th day of September 2019

Josephine Anzaldua
Signature of Notary

Seal

JOSEPHINE ANZALDUA
Official Seal
Notary Public – State of Illinois
My Commission Expires Jun 16, 2021

*Insert the EXACT legal name of the applicant

## SECTION II. DISCONTINUATION

### Type of Discontinuation

X Discontinuation of a single category of service

### Criterion 1130.525 and 1110.290 - Discontinuation

READ THE REVIEW CRITERION and provide the following information:

**GENERAL INFORMATION REQUIREMENTS**

1. Identify the category of service and the number of beds, if any, that are to be discontinued.
2. Identify all of the other clinical services that are to be discontinued.
3. Provide the anticipated date of discontinuation for each identified service.
4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
5. Provide attestation that the facility provided the required notice of the 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 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 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 | 494 | 633 | 890 |
| Outpatient | 14188 | 14938 | 18947 |
| **Total** | **14682** | **15571** | **19837** |
| **Charity (cost in dollars)** | | | |
| Inpatient | $881,461 | $941,954 | $1,188,361 |
| Outpatient | $2,267,342 | $2,325,717 | $3,591,885 |
| **Total** | **$3,148,803** | **$3,267,671** | **$4,780,246** |
| **MEDICAID** | | | |
| **Medicaid (# of patients)** | 2016 | 2017 | 2018 |
| Inpatient | 3448 | 4078 | 3977 |
| Outpatient | 37757 | 42051 | 39574 |
| **Total** | 41205 | 46129 | 43551 |
| **Medicaid (revenue)** | | | |
| Inpatient | $47,719,636 | $46,689,574 | $44,567,628 |
| Outpatient | $11,719,787 | $12,488,528 | $19,570,620 |
| **Total** | $59,439,423 | $59,178,12 | $64,181,799 |

**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** | **$86,827,750** | **$85,054,120** | **$85,502,171** |
| Amount of Charity Care (charges) | $6,542,125 | $6,899,644 | $9,422,917 |
| Cost of Charity Care | $3,148,803 | $3,267,671 | $4,780,246 |

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

#E-047-19

*File Number* 0925-506-1

## *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*

ST. BERNARD HOSPITAL, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 27, 1904, 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* 9TH *day of* SEPTEMBER *A.D.* 2019 .

Authentication #: 1925202006 verifiable until 09/09/2020
Authenticate at: http://www.cyberdriveillinois.com

Jesse White
SECRETARY OF STATE

ATTACHMENT 1

#E-047-19


# St. Bernard Hospital
AND HEALTH CARE CENTER

326 WEST 64TH STREET, CHICAGO, ILLINOIS 60621
TELEPHONE 773.962.3900 FACSIMILE 773.602.3849


September 20, 2019

Illinois Health Facilities and
Services Review Board
Springfield, IL 62761

To Whom It May Concern:

Please be advised that the site occupied by St. Bernard Hospital, that being 326 West 64th Street in Chicago, IL is owned by St. Bernard Hospital and Health Care Center.

Sincerely,

Charles Holland

Charles Holland
President and CEO

Notarized:

On this 20th day of September, 2019
in the State of Illinois
County of Cook.

Josephine Anzaldua

JOSEPHINE ANZALDUA
Official Seal
Notary Public – State of Illinois
My Commission Expires Jun 16, 2021

St. BERNARD HOSPITAL
GROWING GIVING
SINCE 1904

ATTACHMENT 2

#E-047-19

*File Number* 0925-506-1

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*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*

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***In Testimony Whereof,*** *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 9TH *day of* SEPTEMBER *A.D.* 2019 .

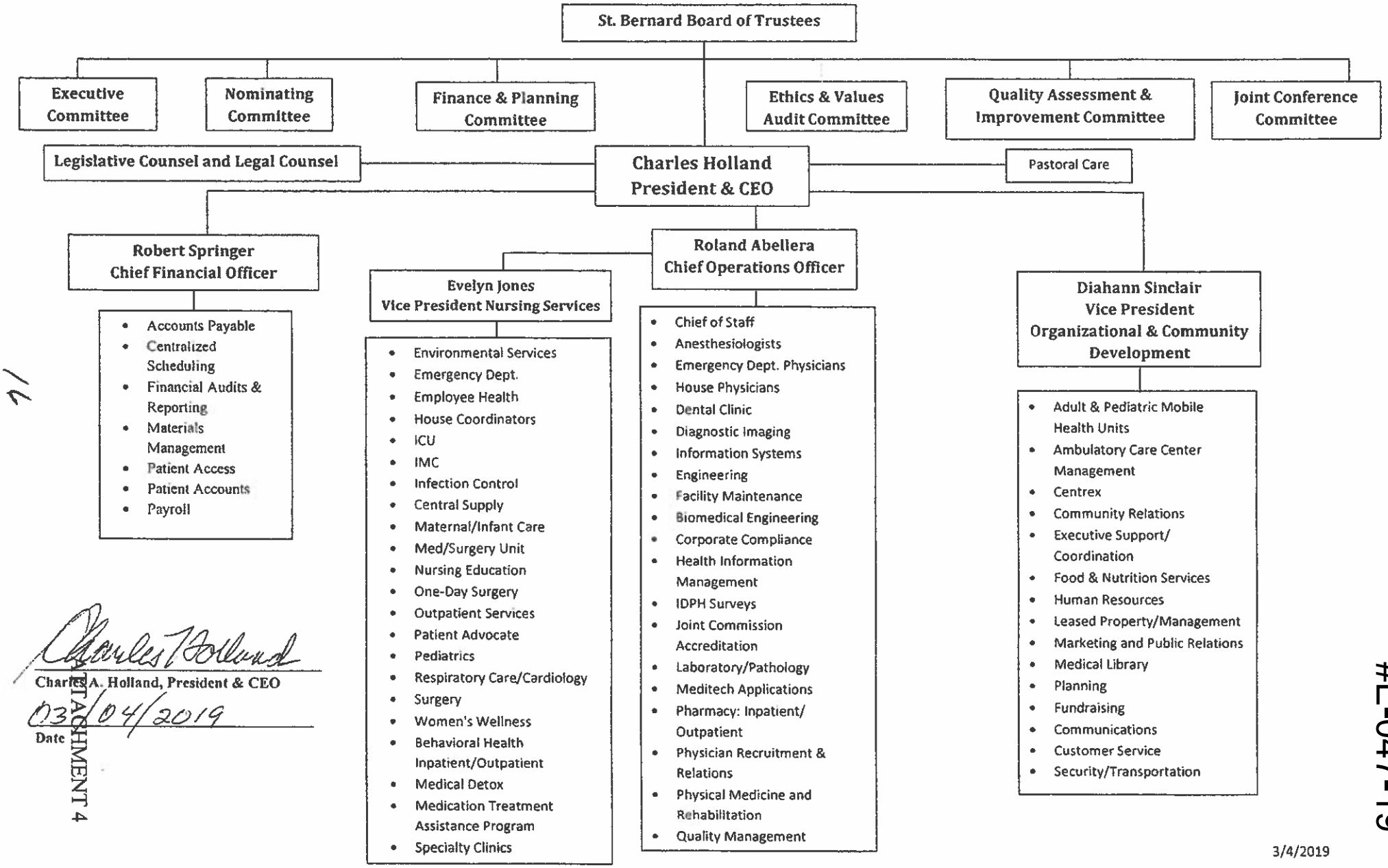
Authentication #: 1925202006 verifiable until 09/09/2020
Authenticate at: http://www.cyberdriveillinois.com

Jesse White
SECRETARY OF STATE

ATTACHMENT 3

St. BERNARD HOSPITAL
AND HEALTH CARE CENTER

# Organizational Chart




Charles A. Holland, President & CEO

03/04/2019
Date

ATTACHMENT 4

3/4/2019

#E-047-19

DISCONTINUATION

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

2. No clinical services, with the exception of the inpatient pediatrics unit are anticipated to be discontinued as a result of this Certificate of Exemption application.

3. It is anticipated that the pediatrics unit will be discontinued within 30 days following receipt of the request COE Permit. Discontinuation will occur via formal notification to the HFSRB.

4. As of the filing of this Certificate of Exemption application, a final decision has not been made relating to the future use of the unit. The unit's equipment will be used in other areas of the hospital, donated to not-for-profit organizations, or discarded. Last, the unit's employees have or will be offered other positions at the hospital or affiliated programs.

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.

7. The required legal notice was published in the *Chicago Sun Times* in September 18, 2019. Proof of publication is attached.

ATTACHMENT 5

ST BERNARD HOSPITAL
LEGAL NOTICE St. Bernard Hospital, located at 326 West 64th

**ADORDERNUMBER:** 0001093300-01
**PO NUMBER:** Pediatrics Inpatient Unit
**AMOUNT:** 240.00
**NO OF AFFIDAVITS:** 1

**LEGAL NOTICE**

St. Bernard Hospital, located at 326 West 64th Street in Chicago, intends to cease the operations of its pediatrics inpatient unit 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 December 31, 2019. The hospital intends to file the required Certificate of Exemption application with the IHFSRB by October 31, 2019; after which time additional information relating to the proposed discontinuation can be found on the IHFSRB website at hfsrb.illinois.gov.
9/18/19 #1093300

#E-047-19

# Chicago Sun-Times
# Certificate of Publication

**State of Illinois - County of** Cook

Chicago Sun-Times, does hereby certify it has published the attached advertisments 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, Pl.
Note: Notice appeared in the following checked positions.
**PUBLICATION DATE(S):** 09/18/2019

Chicago Sun-Times

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

by Mary Hoffman

Mary Hoffman
Account Manager - Public Legal Notices

This 18th Day of September 2019 A.D.

ST BERNARD HOSPITAL
326 W 64TH ST
ATTN: JOSEPHINE ANZALDUA
CHICAGO, IL 60621

ATTACHMENT 5

## REASONS FOR DISCONTINUATION

The proposed discontinuation is the result of a minimal demand for inpatient pediatrics services at the hospital, resulting in a census insufficient to support the operations of a designated pediatrics unit. During 2018, only six patients were admitted and 17 patient days of care were provided.

A number of trends, not related to St. Bernard Hospital in specific, have occurred in recent years that have impacted the unit's utilization in a negative fashion. First, there is a greater reliance on outpatient care, particularly for children. Second, pediatric admissions are declining, state-wide. Between 2014 and 2017, admissions to pediatrics units in Illinois were down 21%. Third, there is a greater reliance on hospitals dedicated to the care of children for inpatient care. And, in the case of St. Bernard Hospital, there are three children's hospitals located within ten miles: University of Chicago/Comer Children's Hospital (2.5 miles), Advocate Children's Hospital (8.1 miles), and Lurie Children's Hospital (9.9 miles).

IMPACT ON ACCESS

The proposed discontinuation of the pediatrics Category of Service at St. Bernard Hospital will not have any material impact on access for area residents. The applicant is confident that this is the case, both because in 2018, only six patients were admitted to the unit, and because there are thirteen other providers of inpatient pediatric services located within ten miles of St. Bernard Hospital.

Letters, requesting an impact assessment have been sent to the thirteen hospitals referenced above, and a notice, consistent with the requirements of Section 1110.290 was published on September 18, 2019 in the *Chicago Sun Times*. Any responses to the request for an impact assessment received by the applicant will be forward to HFSRB staff.

ATTACHMENT 7

#E-047-19

St. BERNARD HOSPITAL
AND HEALTH CARE CENTER

326 WEST 64TH STREET, CHICAGO, ILLINOIS 60621
TELEPHONE 773.962.3900 FACSIMILE 773.602.3849

***SENT VIA CERTIFIED MAIL***
***RETURN RECEIPT REQUESTED***

September 13, 2019

Ms. Sharon O'Keefe
Chief Executive Officer
UChicago Medicine
5841 S. Maryland Avenue M/C 1000
Chicago, IL 60637-1470

**RE: St. Bernard Hospital Proposed Discontinuation of Pediatrics Category of Service**

Dear Ms. O'Keefe:

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.

St. Bernard Hospital intends to file a Certificate of Exemption application within the next thirty days, seeking approval from the Illinois Health Facilities and Services Review Board to discontinue St. Bernard Hospital's 6-bed pediatrics category of service, and the formal discontinuation of that service will occur within thirty days following the IHFSRB's approval of that application.

During the 24-month period ending December 31, 2018, a total of 22 pediatric patients were admitted to the unit, and 72 patient days of care were provided to those patients.

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 inpatient pediatric 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,

Charles Holland

Charles Holland
President and CEO

ATTACHMENT 7

#E-047-19


# St. Bernard Hospital
AND HEALTH CARE CENTER

326 WEST 64TH STREET, CHICAGO, ILLINOIS 60621
TELEPHONE 773.962.3900 FACSIMILE 773.602.3849


***SENT VIA CERTIFIED MAIL***
***RETURN RECEIPT REQUESTED***

September 13, 2019

John J. Shannon, M.D.
Chief Executive Officer
John H. Stroger, Jr. Hospital
1901 West Harrison Street
Chicago, IL 60612

**RE: St. Bernard Hospital Proposed Discontinuation of Pediatrics Category of Service**

Dear Dr. Shannon:

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.

St. Bernard Hospital intends to file a Certificate of Exemption application within the next thirty days, seeking approval from the Illinois Health Facilities and Services Review Board to discontinue St. Bernard Hospital's 6-bed pediatrics category of service, and the formal discontinuation of that service will occur within thirty days following the IHFSRB's approval of that application.

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Sincerely,

Charles Holland

Charles Holland
President and CEO

ATTACHMENT 7

#E-047-19

St. BERNARD HOSPITAL
AND HEALTH CARE CENTER

326 WEST 64TH STREET, CHICAGO, ILLINOIS 60621
TELEPHONE 773.962.3900 FACSIMILE 773.602.3849

***SENT VIA CERTIFIED MAIL***
***RETURN RECEIPT REQUESTED***

September 13, 2019

Mr. Robert Dahl
Chief Executive Officer
St. Mary's Hospital
2233 W. Division Street
Chicago, IL 60622

**RE: St. Bernard Hospital Proposed Discontinuation of Pediatrics Category of Service**

Dear Mr. Dahl:

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.

St. Bernard Hospital intends to file a Certificate of Exemption application within the next thirty days, seeking approval from the Illinois Health Facilities and Services Review Board to discontinue St. Bernard Hospital's 6-bed pediatrics category of service, and the formal discontinuation of that service will occur within thirty days following the IHFSRB's approval of that application.

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Sincerely,

Charles Holland

Charles Holland
President and CEO

ATTACHMENT 7

#E-047-19


# St. Bernard Hospital
AND HEALTH CARE CENTER

326 WEST 64TH STREET CHICAGO, ILLINOIS 60621
TELEPHONE 773.962.3900 FACSIMILE 773.602.3849


***SENT VIA CERTIFIED MAIL***
***RETURN RECEIPT REQUESTED***

September 13, 2019

Mr. Guy A. Medaglia
Chief Executive Officer
Saint Anthony Hospital
2875 West 19th Street
Chicago, IL 60623-3501

**RE: St. Bernard Hospital Proposed Discontinuation of Pediatrics Category of Service**

Dear Mr. Medaglia:

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.

St. Bernard Hospital intends to file a Certificate of Exemption application within the next thirty days, seeking approval from the Illinois Health Facilities and Services Review Board to discontinue St. Bernard Hospital's 6-bed pediatrics category of service, and the formal discontinuation of that service will occur within thirty days following the IHFSRB's approval of that application.

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Sincerely,

Charles Holland

Charles Holland
President and CEO

ATTACHMENT 7

St. BERNARD HOSPITAL
AND HEALTH CARE CENTER

326 WEST 64TH STREET CHICAGO, ILLINOIS 60621
TELEPHONE 773.962.3900 FACSIMILE 773.602.3849

***SENT VIA CERTIFIED MAIL***
***RETURN RECEIPT REQUESTED***

September 13, 2019

Ms. Karen Teitelbaum
President and Chief Executive Officer
Sinai Health System
1500 S. Fairfield Avenue
Chicago, IL 60608

**RE: St. Bernard Hospital Proposed Discontinuation of Pediatrics Category of Service**

Dear Ms. Teitelbaum:

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.

St. Bernard Hospital intends to file a Certificate of Exemption application within the next thirty days, seeking approval from the Illinois Health Facilities and Services Review Board to discontinue St. Bernard Hospital's 6-bed pediatrics category of service, and the formal discontinuation of that service will occur within thirty days following the IHFSRB's approval of that application.

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Charles Holland
President and CEO

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326 WEST 64TH STREET CHICAGO, ILLINOIS 60621
TELEPHONE 773.962.3900 FACSIMILE 773.602.3849

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***RETURN RECEIPT REQUESTED***

September 13, 2019

Larry J. Goodman, M.D.
Chief Executive Officer
Rush University Medical Center
1653 West Congress Parkway
Chicago, IL 60612-3864

**RE: St. Bernard Hospital Proposed Discontinuation of Pediatrics Category of Service**

Dear Dr. Goodman:

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.

St. Bernard Hospital intends to file a Certificate of Exemption application within the next thirty days, seeking approval from the Illinois Health Facilities and Services Review Board to discontinue St. Bernard Hospital's 6-bed pediatrics category of service, and the formal discontinuation of that service will occur within thirty days following the IHFSRB's approval of that application.

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Charles Holland

Charles Holland
President and CEO

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#E-047-19

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326 WEST 64TH STREET, CHICAGO, ILLINOIS 60621
TELEPHONE 773.962.3900 FACSIMILE 773.602.3849

***SENT VIA CERTIFIED MAIL***
***RETURN RECEIPT REQUESTED***

September 13, 2019

Mr. José Sanchez
Chief Executive Officer
Norwegian Hospital
1044 North Francisco Avenue
Chicago, IL 60622-2794

**RE: St. Bernard Hospital Proposed Discontinuation of Pediatrics Category of Service**

Dear Mr. Sanchez:

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.

St. Bernard Hospital intends to file a Certificate of Exemption application within the next thirty days, seeking approval from the Illinois Health Facilities and Services Review Board to discontinue St. Bernard Hospital's 6-bed pediatrics category of service, and the formal discontinuation of that service will occur within thirty days following the IHFSRB's approval of that application.

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Charles Holland
President and CEO

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#E-047-19


# St. Bernard Hospital
AND HEALTH CARE CENTER

326 WEST 64TH STREET, CHICAGO, ILLINOIS 60621
TELEPHONE 773.962.3900 FACSIMILE 773.602.3849


***SENT VIA CERTIFIED MAIL***
***RETURN RECEIPT REQUESTED***

September 13, 2019

Ms. Carol Schneider
Chief Executive Officer
Mercy Hospital & Medical Center
2525 South Michigan Avenue
Chicago, IL 60616-2477

**RE: St. Bernard Hospital Proposed Discontinuation of Pediatrics Category of Service**

Dear Ms. Schneider:

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.

St. Bernard Hospital intends to file a Certificate of Exemption application within the next thirty days, seeking approval from the Illinois Health Facilities and Services Review Board to discontinue St. Bernard Hospital's 6-bed pediatrics category of service, and the formal discontinuation of that service will occur within thirty days following the IHFSRB's approval of that application.

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Charles Holland

Charles Holland
President and CEO

ATTACHMENT 7

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326 WEST 64TH STREET, CHICAGO, ILLINOIS 60621
TELEPHONE 773.962.3900 FACSIMILE 773.602.4849

***SENT VIA CERTIFIED MAIL***
***RETURN RECEIPT REQUESTED***

September 13, 2019

M.E. Cleary
Chief Executive Officer
Mac Neal Hospital
3249 South Oak Park Avenue
Berwyn, IL 60402-0715

**RE: St. Bernard Hospital Proposed Discontinuation of Pediatrics Category of Service**

Dear Ms. Cleary:

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.

St. Bernard Hospital intends to file a Certificate of Exemption application within the next thirty days, seeking approval from the Illinois Health Facilities and Services Review Board to discontinue St. Bernard Hospital's 6-bed pediatrics category of service, and the formal discontinuation of that service will occur within thirty days following the IHFSRB's approval of that application.

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Charles Holland

Charles Holland
President and CEO

ATTACHMENT 7

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# St. Bernard Hospital
AND HEALTH CARE CENTER

326 WEST 64TH STREET, CHICAGO ILLINOIS 60621
TELEPHONE 773.962.3900 FACSIMILE 773.602.3849


***SENT VIA CERTIFIED MAIL***
***RETURN RECEIPT REQUESTED***

September 13, 2019

John Hanlon, M.D.
Chief Executive Officer
Little Company of Mary Hospital
2800 W. 95th Street
Evergreen Park, IL 60805-2795

**RE: St. Bernard Hospital Proposed Discontinuation of Pediatrics Category of Service**

Dear Dr. Hanlon:

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.

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#E-047-19


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326 WEST 64TH STREET, CHICAGO, ILLINOIS 60621
TELEPHONE 773.962.3900 FACSIMILE 773.602.3849


***SENT VIA CERTIFIED MAIL***
***RETURN RECEIPT REQUESTED***

September 13, 2019

Mr. William Dorsey, M.D.
Chief Executive Officer
Jackson Park Hospital & Medical Center
7531 Stony Island Avenue
Chicago, IL 60649-3993

**RE: St. Bernard Hospital Proposed Discontinuation of Pediatrics Category of Service**

Dear Dr. Dorsey:

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.

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Charles Holland
President and CEO

ATTACHMENT 7

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St. BERNARD HOSPITAL
AND HEALTH CARE CENTER

326 WEST 64TH STREET, CHICAGO, ILLINOIS 60621
TELEPHONE 773.962.3900 FACSIMILE 773.602.3649

***SENT VIA CERTIFIED MAIL***
***RETURN RECEIPT REQUESTED***

September 13, 2019

Mr. Patrick M. Magoon
Chief Executive Officer
Ann & Robert H. Lurie Children's Hospital of Chicago
225 East Chicago Avenue
Chicago, IL 60611-2991

**RE: St. Bernard Hospital Proposed Discontinuation of Pediatrics Category of Service**

Dear Mr. Magoon:

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.

St. Bernard Hospital intends to file a Certificate of Exemption application within the next thirty days, seeking approval from the Illinois Health Facilities and Services Review Board to discontinue St. Bernard Hospital's 6-bed pediatrics category of service, and the formal discontinuation of that service will occur within thirty days following the IHFSRB's approval of that application.

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President and CEO

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***SENT VIA CERTIFIED MAIL***
***RETURN RECEIPT REQUESTED***

September 13, 2019

Mr. Matt Primack, PT, DPT, MBA
Chief Executive Officer
Advocate Christ Medical Center
4440 West 95th Street
Oak Lawn, IL 60453

**RE: St. Bernard Hospital Proposed Discontinuation of Pediatrics Category of Service**

Dear Mr. Primack:

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.

St. Bernard Hospital intends to file a Certificate of Exemption application within the next thirty days, seeking approval from the Illinois Health Facilities and Services Review Board to discontinue St. Bernard Hospital's 6-bed pediatrics category of service, and the formal discontinuation of that service will occur within thirty days following the IHFSRB's approval of that application.

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Charles Holland

Charles Holland
President and CEO

ATTACHMENT 7

#E-047-19

DISPLAY THIS PART IN A CONSPICUOUS PLACE

HF116930

# Illinois Department of PUBLIC HEALTH

## 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 | | 0002303 |

**General Hospital**

Effective: 01/01/2019

St. Bernard Hospital
326 W 64th Street
Chicago, IL 60621

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

Exp. Date 12/31/2019

Lic Number 0002303

Date Printed 11/14/2018

St. Bernard Hospital

326 W 64th Street
Chicago, IL 60621

FEE RECEIPT NO.

ATTACHMENT 8

#E-047-19


# St. Bernard Hospital
AND HEALTH CARE CENTER

326 WEST 64TH STREET, CHICAGO, ILLINOIS 60621
TELEPHONE 773.962.3900 FACSIMILE 773.602.3849


September 20, 2019

Illinois Health Facilities
and Services Review Board
Springfield, IL 62761

To Whom It May Concern:

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. St. Bernard Hospital and Health Care Center does not have any adverse actions against any facility owned and operated by the applicant during the three (3) year period prior to the filing of this application, and

2. St. Bernard Hospital and Health Care 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,

Charles Holland

Charles Holland
President and CEO

JOSEPHINE ANZALDUA
Official Seal
Notary Public – State of Illinois
My Commission Expires Jun 16, 2021

Notarized: On this 20th day of September, 2019
in the State of Illinois
County of Cook.
Josephine Anzaldua

SAFETY NET IMPACT STATEMENT

St. Bernard Hospital has a long history of being a safety net provider, and because of the low utilization of pediatric services at the hospital in recent years, the proposed discontinuation will have no material impact on the hospital's commitment to being a safety net provider; nor will the proposed discontinuation have a material impact on other safety net providers. During 2018, charity care (per the IDPH definition) equaled 5.6% of the hospital's net revenue, compared to 4.5% for all Chicago hospitals and 2.1% state-wide in 2017.

While the hospital is proposing to discontinue its pediatric category of service, the hospital will continue to provide a variety of clinical services to children. Among those services are care provided in the Emergency Department and Fast Track program, pediatric outpatient clinics through the SBH Immediate Care Center and Ambulatory Care Center, school physicals and immunizations through the hospital's Pediatric Mobile Medical Unit, special needs dental services, and ancillary services such as imaging and laboratory.

In addition, St. Bernard Hospital is an active sponsor of and participant in a broad range of community programming. Examples include:

- Pediatric Mobile Health Units that provide immunizations, screenings, physicals and health education programs throughout the south side of Chicago
- African Festival of the Arts Chicago
- Community Baby Shower, providing educational programming and gifts for expectant and new mothers
- Annual Community Health Fair located in the parking lot of the Ambulatory Care Center
- Englewood Back to School Parade

ATTACHMENT 9

- Adopt a Family Christmas, providing food, clothing, and gifts
- Health Task Force of Englewood Quality of Life Plan, focusing on initiative to improve the quality of life in the community.

#E-047-19

# Axel & Associates, Inc.

MANAGEMENT CONSULTANTS

RECEIVED
SEP 25 2019
HEALTH FACILITIES &
SERVICES REVIEW BOARD

**by FedEX**

September 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 pediatrics category of service at St. Bernard 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